



Anaesthesia Clinical Services Accreditation (ACSA) Accredited Departments



Bolton NHS Foundation Trust June 2017

Dr Lucy McManamon (ACSA lead):

'The staff of the Anaesthetic Department at Bolton NHS Foundation Trust are always striving to deliver optimal care to our patients whilst providing support and education to our staff and trainees. The ACSA process gave us a structure against which we could assess the whole department, establishing where we were and implementing change in areas that required development. We are delighted to announce that we have achieved accreditation from the Royal College of Anaesthetists, assuring our patients, frontline staff, managers and regulators that the service we provide is of the best standard. We are immensely proud of our achievement and will continue our philosophy of constant improvement.'

Areas of good practice

The care pathway

The ACSA RT was informed that the emergency call system in the main theatre suite can also be heard within the anaesthetic department offices, which are located in close proximity [1.4.1.2]. This is deemed to be a beneficial aspect of the system.

Equipment, facilities and staffing

Within the anaesthetic department there is dedicated office space for consultants, with access to 10 computers [2.4.1.2]. The refreshment facilities are deemed of good quality, with access to hot food until 2am [2.4.2.2]. However it was expressed that this is likely to be reduced within the next year. The department has dedicated rest facilities for oncall/on duty staff [2.4.2.1], including a room with a bed in the obstetrics unit. There are oncall rooms for staff covering theatres and the intensive care unit (ITU) as well.

The standardised use of dedicated shadow boards for storing and locating equipment is deemed an area of good practice. The ACSA RT viewed these boards throughout the hospital within all the relevant areas including the recovery areas (both theatres and day surgery unit) and accident and emergency (A&E).

The use of a standardised 'Rapid Sequence Induction Checklist' mounted on the emergency drugs box was deemed good practice by the ACSA RT [2.2.1.3]. This was also visible in recovery, ICU and emergency department.

Patient experience

The offsite preassessment unit consisted of an efficient and spacious layout, including 11 treatment rooms [3.2.2.1a] [3.2.2.1b] and a spacious waiting area for patients. Patient appointments are allocated in 45 minutes slots [3.1.2.1]. An element for deliberation regarding the preassessment unit is its location offsite. This will be addressed later in the report.

During weekday office hours, two translators in four South Asian languages are onsite at the hospital, helping to ensure that patients have timely access to information about their care [3.3.2.2]. Translation services at other times and in other languages are usually provided via telephone.

The review team were impressed by the leaflet provided for information on the procedure for spinal anaesthesia. It managed to convey the information in a very clear way without causing undue anxiety.



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Other areas

The obstetric unit is highly organised with excellent multidisciplinary communication and cohesion. An electronic database records the anaesthesia input from the antenatal referral to post-intervention follow-up [2.6.5.6] [4.1.0.5] [4.4.1.1]. Any changes made to the rota are done electronically and individuals are alerted to these changes via the electronic rota system and via text message. All staff can access the rota system via a computer or download an application on their smart phone [1.2.4.4]. The rota system also contains useful information about the supervisory consultant anaesthetist [2.6.3.2] [2.6.4.2] and the oncall paediatric anaesthetic consultant for advice [1.1.1.2].

The ACSA RT regarded the hospitals' simulation training as high quality [4.4.3.2].

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