



Anaesthesia Clinical Services Accreditation (ACSA) Accredited Departments

The Walton Centre **NHS**
NHS Foundation Trust

The Walton Centre NHS Foundation Trust December 2017

Dr Sandeep Lakhani (ACSA lead):

'Engaging with the ACSA process unified the whole department in working towards a common goal of ensuring high quality & safe service delivery for our patients. Like a domino effect, it also influenced our theatre staff and specialist nurses to evaluate their practice and ensure highest standards of care. We were really impressed with the thorough but friendly nature of the ACSA review process and are immensely proud to have achieved ACSA accreditation.'

Areas of good practice identified by the ACSA review team (RT)

The care pathway

The ACSA RT deemed the department's process for handover for long operations to be good practice [1.1.1.5, 5.1.1.15]. Where operations are anticipated to finish later than 8:00pm, a second consultant anaesthetist is scheduled to take over from 6:00pm, following an hour long handover, in order to prevent excessive fatigue.

The ACSA RT found the Walton Centre's death in theatre policy to be a good policy that included appropriate provision for the pastoral care of the staff involved following an incident [1.1.1.17].

Equipment, facilities and staffing

The ACSA RT noted that new monitoring equipment was being installed across the Trust at the time of the review visit [2.1.1.2]. When functioning, this will enable patients to be fully monitored during their transfer between theatres and recovery as per the latest revision of the AAGBI's minimum monitoring standards. The ACSA RT also found that the department were in process of replacing all of their anaesthetic machines, which would ensure consistency across the Trust [2.1.2.2].

The ACSA RT deemed the provision of rest facilities for staff on call at night to be excellent practice [2.4.2.1]. Staff have access to a private room with a bed, which can also be used following their on call shift if they need to rest before driving home.

Patient experience

The Walton Centre has sub-specialty based specialist nurses for spinal, functional neurosurgery, oncology and vascular who manage the patients in their areas for the entire patient journey. They run outpatients clinics alongside the surgeon and perform the preoperative assessment of these patients. As they are experienced in their sub-specialty, they are able to provide patients with high quality information about what to expect throughout their patient journey [3.1.2.2, 3.3.3.1].

The Walton Centre provides in person interpreters for patients who require it [3.3.2.2], which the ACSA RT deemed to be good practice. If a patient with unexpected language needs attends a clinic, language line is used in this instance.

Clinical governance

The ACSA RT was impressed by the multidisciplinary engagement in the review of incidents [4.2.1.1]. There is a joint monthly M&M meeting with the neurosurgeons and neuro-radiologists

[4.3.1.1]. Any adverse anaesthetic incidents are reported via the Datix system, discussed in the consultants monthly meeting if needed and feedback communicated to appropriate members of staff. An additional separate anaesthetic M&M meeting is held as required, usually every 4-6 months depending on the number of cases to discuss.



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The ACSA RT found that the whole team engaged with the WHO brief, checklist and debrief, and that compliance was regularly audited [4.1.0.2]. The Walton Centre has customised the documentation for the WHO process to ensure that it is appropriate for neurological cases and this was deemed by the ACSA RT to be good practice.

Subspecialties

The ACSA RT confirmed that the neurotheatres, ICU and radiological facilities are in close proximity on the same floor, which was deemed good practice to minimise transfer times for ventilated patients between these areas [5.1.1.14].

The ACSA RT found the information provided to relatives of patients requiring neurocritical care to be of good quality [5.1.1.24]. This included materials specifically for child relatives of patients to explain the ICU.

Other

The ACSA RT was impressed by the work of the Surgical and Medical Acute Response Team (SMART). The SMART team are band 8A, 7 and 6 nurses who see all emergency patients – patients who have been stepped down from ICU, patients with tracheostomies and any unwell, deteriorating patients on the ward. They provide support and training to other staff members, as well as coordinating emergency admissions and acting as the bed managers for the Trust out of hours.

ACSA visit report (pages 4–5)

Author: Dr Rahul Bajekal

Royal College of Anaesthetists

Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1500 | acsa@rcoa.ac.uk | www.rcoa.ac.uk/acsa

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