



**A guide  
for departments**

April 2022

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# 1 Introduction and background

This guide is designed for anaesthesia departments who are considering participating in (or are already engaged in) the Anaesthesia Clinical Services Accreditation (ACSA) scheme provided by the Royal College of Anaesthetists (the College). It provides an overview of the ACSA process, including information on the input from departments and the support available from the College.

Insight is also provided from departments that are engaged and/or accredited, including their experiences of the ACSA process, benefits gained and 'top tips.' ACSA recognises the value of sharing good practice, in particular, for departments who are just starting out in the scheme.

## 1.1 What is ACSA?

ACSA is a voluntary accreditation scheme for NHS and independent sector organisations which supports continuous quality improvement through peer review. The scheme is underpinned by a mechanism for participating departments to self-assess local guidelines and practice as the first steps in working towards accreditation. The self-assessment is measured against a set of nationally recognised, evidence-based standards, which reflect the College's [Guidelines for the Provision of Anaesthetic Services \(GPAS\)](#), produced via a National Institute for Health and Care Excellence (NICE) accredited process.

The ACSA review team provide external scrutiny of self-assessments completed by departments of anaesthesia. Once all priority one standards are satisfactorily evidenced as met, accreditation is awarded. There is a subscription fee payable for engagement and there are different payment agreement options available for each four-year term.



The benefits of engaging with ACSA were four fold:

- 1 identified where we had deficiencies
- 2 we gained leverage from ACSA to obtain finances to make improvements, eg new drug cupboards to allow us to separate out local anaesthetics from intravenous drugs
- 3 other departments were much more receptive, eg to developing standard operating procedures when we had an external institution asking and a deadline to meet
- 4 identified what we have done well over the years, it is easy to concentrate on the negatives and forget what you have achieved as a department. This galvanises you to continue improving!

**Alder Hey Children's NHSFT**

## 1.2 Why engage with ACSA?

As a continuous quality improvement and service development scheme, ACSA provides a number of benefits to anaesthesia departments and healthcare organisations, including:

- ACSA accreditation is a marker of care for patients
- it facilitates a proactive, structured and supported process for improving services
- it provides a mechanism to self-assess local guidelines and practice against nationally recognised, evidence-based standards. ACSA leads and their colleagues can do the self-assessment collaboratively, both effectively and efficiently through the ACSA online portal
- it encourages engagement in continuous quality improvement and service development from all staff within the department and at management level
- the provision of comprehensive peer review with direct feedback on service delivery

- the ACSA report provided, includes recommendations to help guide local quality improvement discussions and help support funding and resource bids
- access to a network of accredited departments to enable the sharing of best practice and service improvement initiatives
- the expertise of an assigned College Guide to provide support and guidance through the accreditation process
- access to the ACSA 'Good Practice Library'; a database that includes examples of good practice from departments of anaesthesia which have had their ACSA review
- year-on-year comparison with local, regional and national standards of performance
- accredited departments will project a more attractive professional environment to potential employees and trainees.

To see more quotes from accredited departments about how ACSA has benefited them [please go to Section 6](#).

TOP TIP  
#1

Using ACSA as a lever has been very useful in a number of different circumstances as it has enabled us to provide evidence for funding in several areas. We will continue to use ACSA guidance, as well as information from our report, to ensure we get the appropriate resources required to maintain our service and ensure high quality anaesthesia is provided.

Liverpool University Hospitals  
NHSFT



Patients may not notice the ACSA plaque on the wall, but they will experience the improvements made by the department in order to achieve accreditation. Whether it is ensuring that they have an appropriate preoperative assessment before surgery, that information provided to them is clear and accessible or that there are robust systems in place to ensure their safety, patients are at the heart of the ACSA standards. Through the inclusion of lay reviewer on every review visit, we ensure that the patient voice is heard.

**RCoA Lay Committee**



Overall the experience was an extremely valuable one for our department and has resulted in beneficial changes, including providing us with independent evidence/support for workforce changes.

**National Hospital for Neurology and Neurosurgery**

### 1.3 What do official bodies think of ACSA?

In England, ACSA is recognised by the Care Quality Commission (CQC) as an approved accreditation scheme for NHS trusts and independent providers and participation in ACSA can inform their inspection activity. For more details see the CQC website.<sup>††</sup>

It commented specifically:

*'The CQC welcomes the continued development and spread of the ACSA scheme. Participation in the scheme provides valuable assurance about anaesthetic services and we regard it as important evidence about the safety, effectiveness and responsiveness of services.'*

*'I strongly support the work on accreditation being undertaken by the Royal College of Anaesthetists. The ACSA accreditation programme should in due course be a very useful source of information on the quality of anaesthetic service for the Care Quality Commission.'*

**Professor Sir Mike Richards (when he was CQC Chief Inspector of Hospitals).**

Comments on the ACSA scheme from other official bodies in England, Scotland and Wales include:

*'I would encourage medical directors to consider going through this accreditation process as it will help more hospitals provide even higher quality patient care.'*

**NHS England National Medical Director, Professor Steve Powis, welcoming the award of a hospital receiving ACSA accreditation in April 2018.**

*'Healthcare Improvement Scotland (HIS) recognises the value of professional accreditation. Our quality of care approach recognises ACSA standards and will take ACSA accreditation into consideration as part of the package of information about an organisation that informs review and inspection activity.'*

**Healthcare Improvement Scotland (HIS).**

*'Health Inspectorate Wales (HIW) recognises ACSA standards and takes account of the ACSA accreditation status of services as part of its surgical inspection methodology introduced in 2017.'*

**Health Inspectorate Wales (HIW).**

The College has information sharing agreements in place with the CQC, HIW and HIS and confirms a department's status within the ACSA scheme. That is: registered, subscribed, reviewed, accredited, or not engaged. The College does not share ACSA reports or other information submitted by departments with the regulators.

TOP TIP  
#2

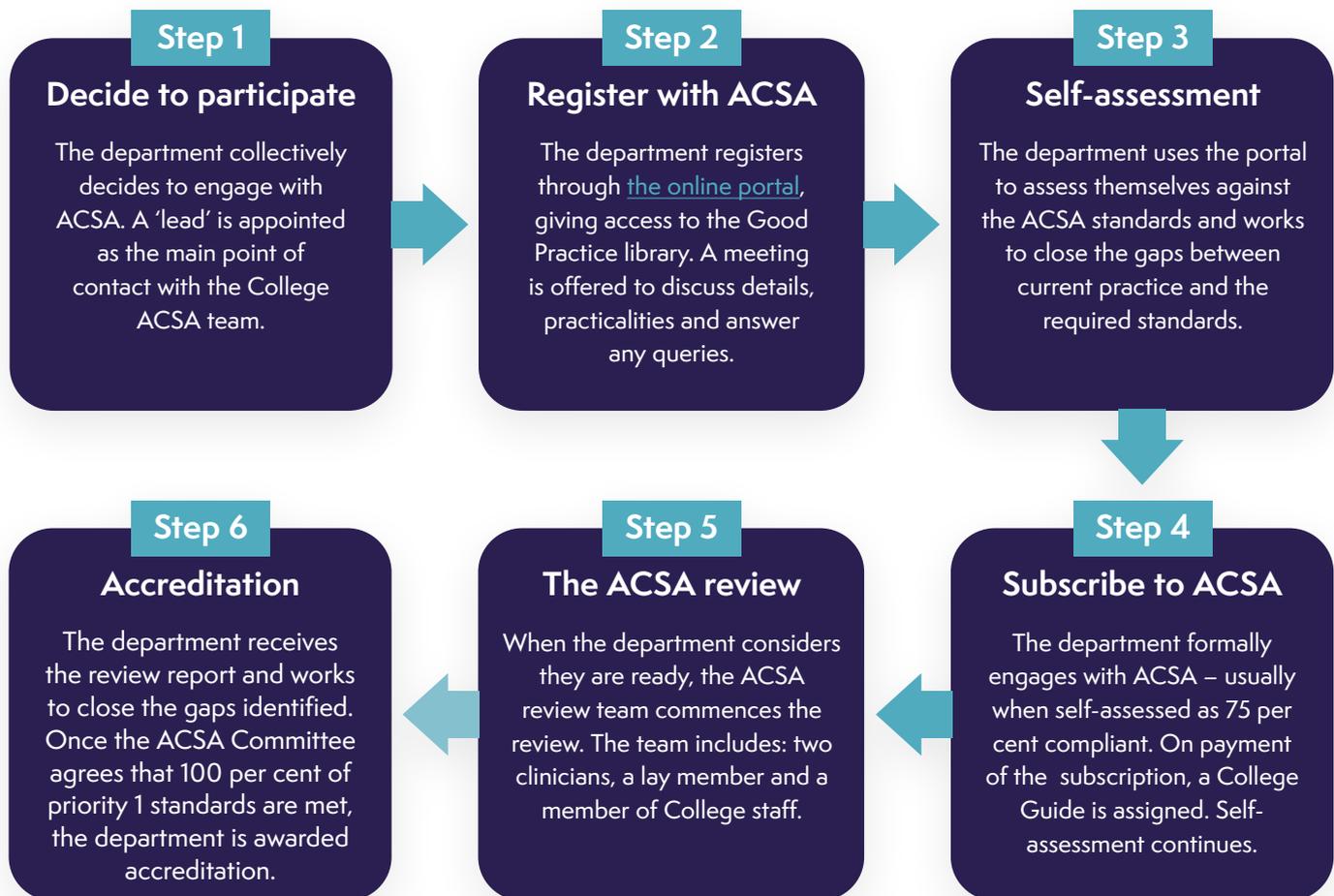
The ACSA standards are mapped against CQC key lines of enquiry (KLOE), HIW and HIS domains.

<sup>†</sup>CQC website ['How we take accreditation schemes into account: NHS trusts.'](#)

<sup>††</sup>CQC website ['How we take accreditation schemes into account: independent healthcare providers.'](#)

## 2 The ACSA process

The flowchart below details the ACSA process from the point of engagement by a department of anaesthesia through to accreditation being awarded. Further information is available under the relevant headings.



## 2.1 Decide to participate

It is important that departments make a collective decision to participate in ACSA to ensure shared ownership.

In addition to agreeing and appointing the ACSA lead to liaise with the College ACSA team, it is recommended that deputies are put in place to help spread the workload and to aid with succession planning. Furthermore, a whole-team approach and commitment alongside the wider involvement of others working with the team are key to implementing sustainable improvements. Involving as many people as possible from the start will also make it easier to identify issues and spread the workload. Support from management at the outset and throughout is essential.

If you would like to find out more about ACSA and take the opportunity to ask questions to help inform your decision regarding engagement and participation in the scheme, the following are available:

- events held across the country and online. For up to date information, please [see the College website here](#)
- a virtual meeting with one of our clinical representatives to discuss any queries about the ACSA process or specific standards
- a free presentation to the department (onsite or via videoconferencing) delivered by a clinical representative and a member of the College ACSA team, including opportunity for questions.

Please contact the College ACSA team directly via [acsa@rcoa.ac.uk](mailto:acsa@rcoa.ac.uk) or on 020 7092 1697 regarding any of these options or with any questions about ACSA.

## 2.2 Register with ACSA

To register your department, please create a free account through our online portal at [acsa.rcoa.ac.uk](https://acsa.rcoa.ac.uk)

A guide for registering and using the portal [can be found here](#). Whilst registering does not commit your department in any way, it does:

- enable inclusion on the mailing list for ACSA news and events
- provide easy access to the ACSA standards and a single place to record your self-assessment, and easily collate the evidence (see screenshot 1 below for an example of a registered department dashboard)
- provide access to our library of good practice
- help the College ACSA team's understanding of the scope of your service when considering embarking on the accreditation process.

The registration form on the portal will ask for contact details of the person in your department who has agreed to be responsible for co-ordinating participation in ACSA and for liaising with the College ACSA team. This person is referred to as the ACSA lead and there can be more than one lead for the department.

### TOP TIP #3

The ACSA lead should have a deputy to share the burden and for succession planning.

**Harrogate Hospital**

### TOP TIP #4

- 1 Ask your department for their three top issues that affect their work or patient care. Don't mention ACSA at this point.
- 2 Analyse what the problems are and compare to the ACSA requirements.
- 3 Present the issues to the department and discuss how ACSA could be used to improve things.
- 4 Once you have the majority on board, discuss with lower management how accreditation will benefit the department
- 5 Take it to divisional management and eventually onto executive team as you gain support/momentum. This should help secure funding

**Alder Hey Children's NHSFT**

### TOP TIP #5

I would encourage inviting the senior department management team to attend one of the ACSA regional events, which the College run in conjunction with many of the accredited departments. This was extremely helpful in gaining the extra support required to make the necessary progress in ensuring progressive change to meet the standards.

**Liverpool University Hospitals NHSFT**

**TOP TIP  
#6**

It's too much work for one person! You need a core team of people overseeing it. The whole department must be engaged with this as it will involve all the specialty leads in some capacity.

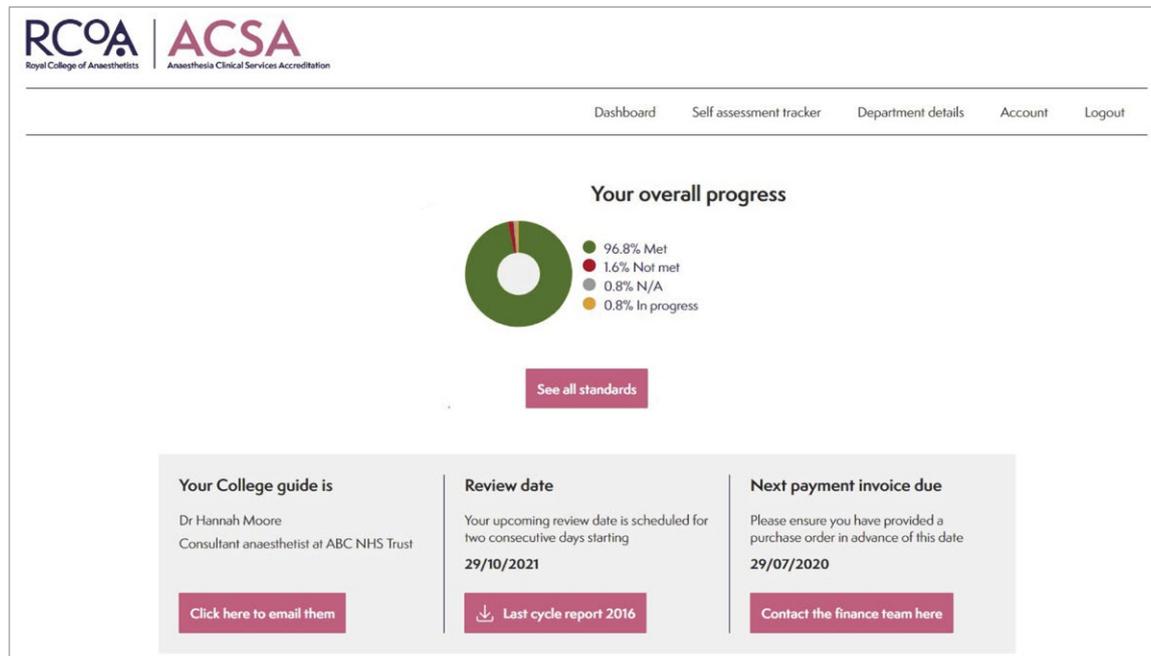
Wirral University Teaching Hospital NHSFT

**TOP TIP  
#7**

It is unquestionably not a one person job. Depending on the size of the hospital it helps to have a team. Agree adequate SPA time to do this if there is a lot of work.

York Hospital

Screenshot 1 The ACSA portal dashboard for registered departments



## 2.3 Self-assess against the ACSA standards

All departments seeking accreditation will be assessed against domains 1–4 of the ACSA standards:

- the care pathway
- equipment, facilities and staffing
- patient experience
- clinical governance.

Domains 1–4 cover all aspects of general anaesthetic care provided in all hospitals in the UK and include standards that cover both adult and paediatric services. The ACSA standards also contain a fifth domain. This focuses on the provision of additional levels of specialised care delivered in specialist hospitals or general hospitals with a large and separate sub-specialty unit.

The anaesthesia sub-specialties currently included within ACSA domain five are: cardiothoracic services, neuroanaesthesia and neurocritical care, ophthalmic services, and vascular services.

ACSA requires specialist hospitals to include the relevant sub-specialty. It is optional for general hospitals to include sub-specialties; please liaise with the College ACSA team if this is something you wish to include.

### 2.3.1 The self-assessment process by departments

Self-assessment enables a department to carry out a gap analysis of their service against the ACSA standards. The ACSA lead (and other colleagues as agreed within the department) will do this on the ACSA online portal, prior to the ACSA review for consideration by the appointed ACSA review team.

It is recommended that a plan of action with clear responsibilities is agreed, and which includes the trainee cohort. This can help to maintain the shared ownership and team commitment at the time the collective decision to engage in ACSA was taken. Multiple colleagues can be registered to the department's online portal account, allowing collaborative working.

Before beginning the self-assessment, it can be helpful to divide the ACSA standards into sections and agree which individuals and teams will complete each section. This shares the workload (as opposed to being dependent on one individual) and helps to ensure that changes made are sustainable.

Evidence to support the rating should be uploaded to the portal, including:

- anonymised and redacted anaesthetic charts
- a copy of the induction pack/department handbook for staff
- rotas
- patient leaflets available
- meeting minutes (departmental, morbidity and mortality, labour ward)
- copies of policies
- audit data.

Collaboration and discussion will help agreement to be reached regarding the rating for each standard, which will need to be marked on the online portal as one of five categories:

- not yet rated
- met
- in progress
- not met
- non applicable.

Further detail on these ratings is provided below in section 2.3.2.

When logged on to the online portal, you can view all the self-assessed standards by selecting 'all ratings' from the drop-down menu. Alternatively, you can filter standards to highlight any marked as 'not yet rated,' 'met,' 'in progress,' 'non applicable' and 'not met.' You can also include notes for each standard to explain the reason for assigning that rating and upload evidence to support the rating.

The online portal also includes for each standard (see screenshot 2 below):

- references to the relevant official body's guidance (England-CQC Key Lines Of Enquiry (KLOEs), Wales – HIW Domains, Scotland – HIS Domains)
- links to the relevant GPAS recommendations (see screenshot 3 below)
- help notes
- references to examples from the 'Good Practice Library.'

Further information on the ACSA good practice library is provided below in 2.3.4.

TOP TIP  
#8

Start early – there are some easy wins, but identify your most timing consuming projects – such as audits not completed, adequacy of patient information, equipment deficits, training needs etc.

**Wirral University Teaching Hospital NHSFT**

TOP TIP  
#9

We had a small amount of job planned time in newly appointed consultants job plans to do ACSA. Other standards we shared out amongst the department. Trainees and locum consultants are also keen to help, it is good for CVs to have undertaken some important work on policies and standards.

**St George's Hospital**

TOP TIP  
#10

Once I reduced the number of standards that needed working on to 60 or so, I analysed which standards required work that would be suitable for trainees. For more junior trainees, areas that required audit seemed appropriate. More senior trainees I got involved with writing some of the simpler policies with consultant supervision.

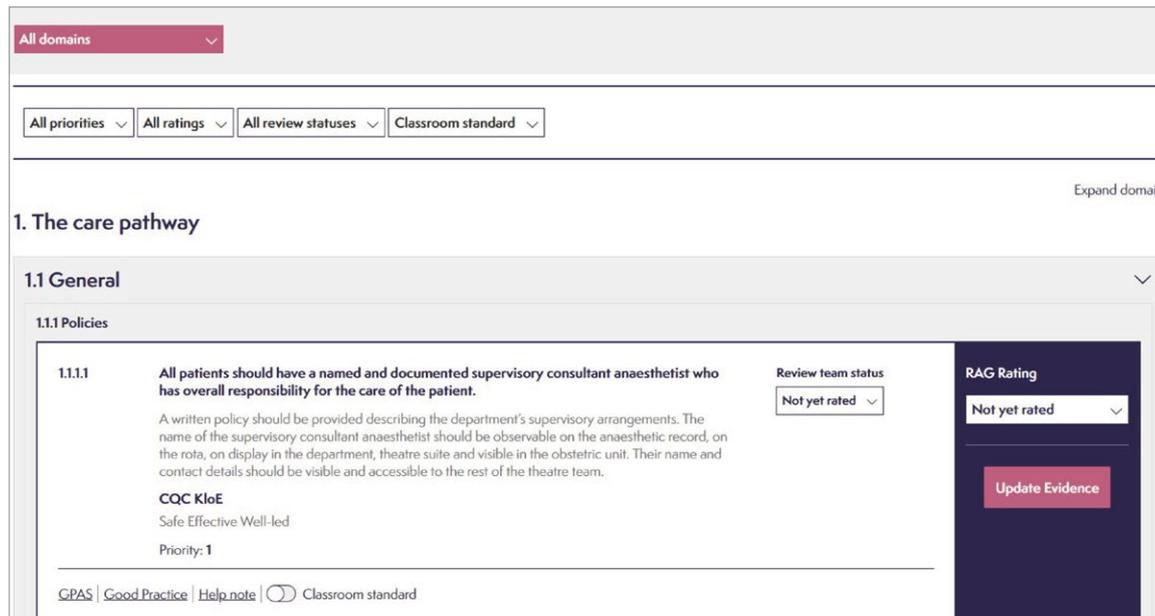
**Central Manchester University Hospitals NHSFT**

TOP TIP  
#11

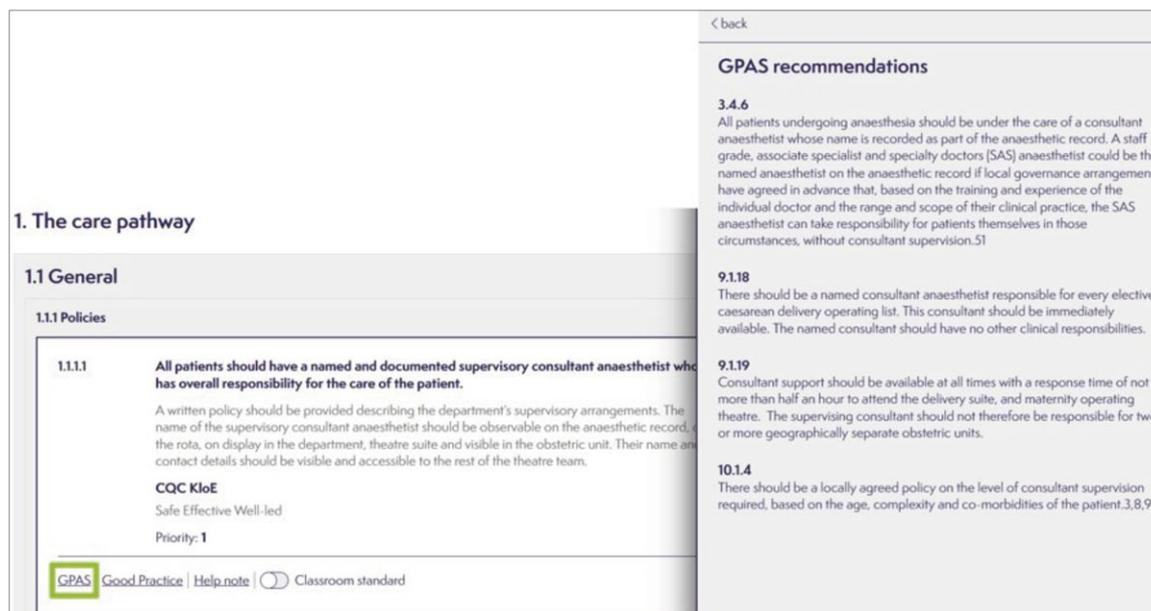
Delegate to sub specialty leads and work with them on the gap analysis to create solutions to problems.

**Harrogate Hospital**

Screenshot 2 ACSA portal self-assessment highlighting evidence upload and links to GPAS, Good Practice and Helpnote



Screenshot 3 ACSA portal self-assessment highlighting linked GPAS references



If you are unsure and require clarification on a standard, please consult the relevant GPAS reference(s) to elucidate what the standard is looking for. You can also contact the College ACSA team, and, once subscribed, your College Guide.

It may be useful to meet with colleagues who have completed other sections of the self-assessment process to consider any themes emerging in standards self-assessed as not met (for example, these may be clustered around a particular patient group or part of the patient pathway). Depending on the number of standards that are 'not met' and their complexity, a single meeting or a series of meetings within the department will be helpful to discuss the gap analysis and agree actions.

### 2.3.2 The self-assessed ratings of standards

- i For those self-assessed as '**not met**', it may be helpful to consider:
  - what are the actions required (current situation and possible solutions)
    - departments report that it is helpful if the actions agreed are 'SMART' (specific, measurable, agreed, realistic, and time-bound)?
  - who is the implementation lead?
  - what are the resource requirements (financial, human or time)?
  - what are the potential barriers to change?
- ii Any standards which are not applicable to the services within a department can be marked as '**non applicable**' (N/A). The ACSA Review Team may still ask about these if they are unsure about why they have been marked as such and the following specific guidance should be followed:
  - obstetric specific standards can be marked N/A where obstetric services are not provided
  - a department which does not routinely treat patients under 18 years of age (or, in Scotland, under 16 years of age), can mark child specific standards as N/A. Where the standard refers to both children and adults, the paediatric aspect can be disregarded and the standard self-assessed for adult care only
  - if children are treated as emergency patients or those that are 16–17 years old, then the paediatric standards would still be considered applicable and further information on the pathway for these patients should be provided. This will assist the ACSA review team in considering how to proportionately apply those particular standards.
- iii The '**in progress**' rating is available to assist with the initial gap analysis and in identifying how close the department is to being ready for review. However, once ready to submit the ratings for an accreditation review or compliance, standards must be rated as: 'met', 'not met' or 'N/A,' as these are the only valid ratings accepted at that stage.

### 2.3.3 The prioritisation of standards

Every ACSA standard is assigned a priority:

- priority 1 standards must be achieved for accreditation to be awarded
- priority 2 standards, whilst they should be achievable by most departments, are not required to be met for accreditation. There is however, an expectation that you should be working towards meeting them
- priority 3 standards will be aspirational for most; however, they will provide targets for the highest performing departments to achieve.

The priority of individual standards may be changed as part of the annual standards review process.

TOP TIP  
#12

Use the College Guide, ours was a great source of clarity when standards were ambiguous.

**Wirral University Teaching Hospital NHSFT**

TOP TIP  
#13

We gave monthly updates on making progress and stumbling blocks. We produced an excel dashboard with links to the evidence we were collecting for each standard and colour coded it when met, partially met and unmet so we had a visual reminder of where we were up to. We also had a shared drive for the core team to add to supporting evidence.

**Wirral University Teaching Hospital NHSFT**

TOP TIP  
#14

The challenging things are always the parts you need someone else's help to meet- policies like the trust DNAR policy aren't under your control, or changing the estates in theatres to enable appropriate drug storage. I have used the link with the CQC and said as ACSA is recognised by the CQC, this will help us in subsequent CQC inspections.

**St George's Hospital**

### 2.3.4 The ACSA good practice library

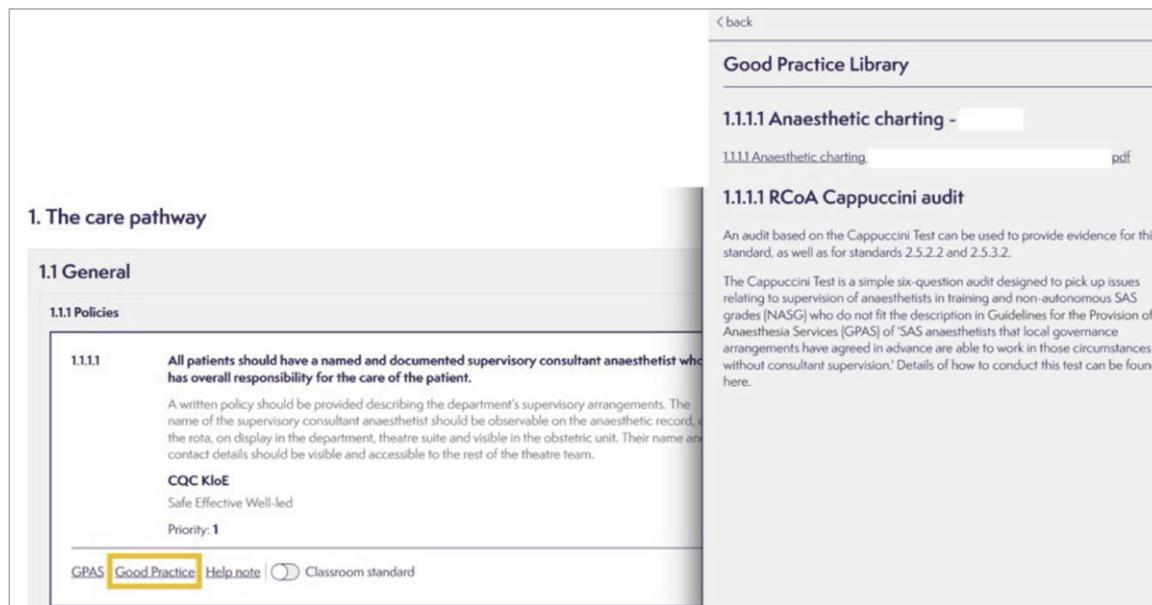
This is a database available on the portal (within the self-assessment tracker) of examples of good practice from departments who have completed an ACSA review (see screenshot 4 for example). The aim is to help provide ideas which may be adapted to local needs. The good practice library is a developing resource that is continually expanding, so if you do not find what you need in the library, please contact the ACSA team and we will try to source it from one of our accredited departments.

TOP TIP  
#15

The good practice library is both a valuable and easily accessible resource to support bench-marking standards.

**Epsom and St Helier University Hospitals NHST**

#### Screenshot 4 The ACSA Portal highlighting linked Good Practice Library examples



### 2.3.5 Annual review of ACSA standards

The ACSA standards are reviewed, revised, and published annually to ensure that they reflect the latest guidance and to enable feedback from departments and reviewers to be considered to ensure clarity of wording. Following review, standards may be removed, added, amended with additional wording/clarification, or change priority rating. All new standards are assigned a priority 2 or 3 in the first year but may become a priority 1 in subsequent years.

The standards are normally published annually in late Spring. Departments are assessed against the standards which are current at the time of the review, and, therefore, it is important that you assess your department against these. If your ACSA review date is likely to fall close to the standards publication date, please speak to the College ACSA team who will confirm which standards your department will be assessed against.

## 2.4 Subscribe to ACSA

Whilst the length of time taken by departments to complete their initial self-assessment will vary, they are normally ready for additional support from the scheme once they have self-assessed in the region of 75 per cent of standards as met. Progress against the standards is shown in the portal on a chart in the department's dashboard. At this stage, the next step is subscription to the ACSA scheme, the cost of which is calculated according to the size of department, the number of sites and whether any subspecialty domains are to be included. These factors will also determine the number of days needed for the ACSA review.

Departments of anaesthesia may apply to accredit the whole trust/board, part of the trust/board or a single hospital. For applications to accredit the whole trust/board which has several sites, it is advisable to have a discussion with the College ACSA team about how best to do this.

The minimum term of engagement is four years and, in order to establish an invoicing process, the payment agreement covering the four-year period must be signed on behalf of the organisation and returned to the ACSA team. Subscription fees can be paid on an annual basis or in advance for the four-year term.<sup>§</sup> Subscription commences on the date of signing by the department recorded on the payment agreement.

From experience, departments are normally ready for the ACSA review within approximately 12–18 months after they have formally subscribed to the scheme. Whilst ACSA review timeframes may be discussed at any time after registration on the portal, dates will only be scheduled once the signed payment agreement is received by the College and will normally be at least three months afterwards to allow adequate time for planning and preparation.

### 2.4.1 The benefits of subscribing

Once subscribed to the ACSA scheme, the subscription fees include all costs relating to the ACSA review, including onsite visit, accreditation plaques (one per site) and the accreditation cycle for the entire four-year subscription period.

It also includes access to an assigned College Guide to provide support throughout the four-year subscription period. This includes guidance on how to interpret and evidence standards, preparation for the ACSA review and support with any challenges. They can also help identify solutions and overcome any barriers to change.

College Guides are either a current member of the ACSA committee, an ACSA lead of an accredited department, an experienced reviewer or hold a combination of these roles. The College Guide supports you through the ACSA process.

### 2.4.2 How to help secure funding

The College views ACSA as a valuable tool for anaesthetic departments which supports quality improvement and patient safety. Engagement with the ACSA scheme is an excellent way to demonstrate a department's commitment to quality improvement. Improvements in the quality of services provided, may be associated with cost efficiencies and the ACSA subscription costs compare favourably with similar schemes in other clinical areas.

ACSA is recognised by the Care Quality Commission (CQC) as an approved accreditation scheme for departments in England. For departments in Scotland and Wales, the value of ACSA is also recognised by Healthcare Improvement Scotland (HIS) and Health Inspectorate Wales (HIW).

For departments with obstetric services, ACSA standards are recognised by NHS Resolution's Clinical Negligence Scheme for Trusts (CNST); meeting obstetrics-related ACSA standards are a key part of the maternity incentive scheme safety actions. Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their financial contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

<sup>§</sup>Under an annual payment agreement, the fee payable annually may increase in line with UK inflation rates. A payment agreement under which the four annual subscription fees are paid in advance will not be liable to inflationary increases for the four-year term agreed.

#### TOP TIP #16

We tried to prepare as much before enrolling to reduce the costs of joining the scheme, but this meant we had no deadline to meet, and it didn't help motivation levels. Once subscribed, we set ourselves a deadline of being ready for the onsite review and were able to encourage colleagues to progress the areas they were responsible for.

**Wirral University Teaching Hospital NHSFT**

#### TOP TIP #17

I engaged with senior clinical managers, including the medical director, as a means of facilitating recognition and understanding of the capital expenditure likely to be required to maintain and improve safety and high clinical standards. My experience is that ACSA was an effective vehicle for persuading the executive board to fund anaesthetic machines and a surgical admission suite when other measures failed.

**Epsom and St Helier University Hospitals NHST**

#### TOP TIP #18

As a trust, we had recently been through a CQC inspection, and the ACSA process was seen as a method of ensuring quality was improved and maintained within anaesthesia AND theatres. This, coupled with the relatively low cost in comparison to other trust investment ideas, was seen as a positive way forward to ensure quality was maintained.

**Liverpool University Hospitals NHSFT**

## 2.5 The ACSA review

As outlined previously, whilst timeframes for completion of the initial self-assessment varies, the review date will typically be within approximately 12–18 months of a department subscribing to ACSA (their subscription date being the date on the signed returned payment agreement). The ACSA review is prearranged on a date mutually agreed between the College and the department, and as noted previously, will only be scheduled once the signed payment agreement is received by the College.

Some elements of the ACSA review can be delivered remotely but will always include an onsite visit of clinical areas, even if for practical reasons this is scheduled at a different time to any remote elements. The College ACSA team will discuss the options with you when you book your ACSA review and keep in touch in case arrangements need to be adjusted by mutual agreement.

Following a request for the ACSA review by an engaged department, the College ACSA team will assemble a review team with appropriate experience, expertise and specialty interest (including in a domain 5 sub-specialty where relevant). Once the team has been finalised, the ACSA review dates will be confirmed.

### 2.5.1 Review preparation

The department will be asked to:

- i complete the self-assessment against the latest set of ACSA standards on the online portal, including the associated evidence uploaded. Please note:
  - the College ACSA team will advise the date by which this should be completed (normally eight weeks before the start of the review). After this date, the portal will be 'locked' to pause any further edits being made. This ensures certainty regarding what information has been provided up to and including that date and that the appointed ACSA review team has adequate time to consider the self-assessment and information provided
  - once the portal is 'locked', you will be able to continue with the self-assessment. At this stage, please contact the College ACSA team by email so that they are aware there is updated/new information which you want to provide. We ask you to be aware of allowing adequate time for the appointed review team to consider additional information
  - the appointed review team is provided with secure viewing access to the information uploaded to the portal by the department and with any additional information provided outside of the portal. They will consider this information and meet to plan how the standards will be assessed and to determine which standards to assess in more detail
- ii complete the review information form. This provides contextual information and an overview of the configuration of the anaesthesia services, including staffing and bed numbers
- iii consider the draft agenda provided and start to make arrangements for the sessions, including: timings, preparing a list of attendees for each of the sessions and areas to be visited. The agenda can be amended according to the department. (Please see 2.5.2 below for further details on the agenda)
- iv circulate the respective links for two different surveys as follows:
  - survey 1 – for Trainees, Staff Grade, Associate Specialist and Specialty (SAS) Doctors
  - survey 2 – for Consultant Anaesthetists

These surveys are one of the tools used to gather information for the ACSA review and responses are received anonymously and treated confidentially.

#### TOP TIP #19

Choose a time outside of the summer holidays and discourage the department from taking leave for the duration of the visit. This enables full engagement and releases the relevant people to come and speak to the review team.

**Harrogate Hospital**

#### TOP TIP #20

Don't worry about not meeting everything before the review. The most difficult standards were easy to overcome once the review visit had been completed. The report raised the ones that needed attention and that we hadn't been able to achieve, eg increasing acute pain job planning and acute pain nurse, all of which happened afterwards without a problem.

**Wirral University Teaching Hospital NHSFT**

Following the review team's private meeting ahead of a review, the department will be provided with the following:

- i confirmation of the standards which the appointed review team will assess in more detail in the classroom session. Please note:
  - the College ACSA team will mark the standards selected by the review team on the online portal as 'classroom standards' and where applicable, include, a note of any further documentation requested by the review team
  - departments can filter to show the list of 'classroom standards' so that evidence to present in the classroom session can be prepared
- ii a review presentation template – to prepare for the classroom session (normally held as the first session on day one)
- iii details of any further information requested by the review team. Documentation which is frequently requested includes:
  - anonymised and redacted anaesthetic charts
  - a copy of the induction pack/department handbook for staff
  - rotas
  - patient leaflets and other information provided to patients
  - meeting minutes, eg departmental, morbidity and mortality, labour ward.
- iv a summary of any changes in the current years' standards compared to those of the previous year
- v a briefing note and poster – these are helpful for raising awareness of the ACSA review, in particular, the onsite visit.

### 2.5.2 Review agenda

The agenda for the ACSA review will vary slightly depending on the size of the department. The main elements comprise of:

- i an introductory presentation by the host department and classroom session with the review team. A template is provided for the presentation and the requested classroom standards will be discussed in detail allowing the reviewers to go through the evidence for these standards
- ii discussions with staff groups which are split into several sessions:
  - senior nurses and key staff who assist the anaesthetic team
  - trainees
  - staff grade, associate specialist and specialty doctors
  - anaesthesia associates
  - clinical director and managers
  - consultants and service leads
- iii accompanied walkabout of clinical areas: the review team will visit all sites where anaesthesia is provided and will lead the discussion as required to enable clarification and testing of compliance with standards
- iv sessions for the review team only: these provide protected time for discussion
- v feedback from the review team to the department and debrief of the ACSA review: the review team will summarise areas of good practice and those requiring improvement they have noted against the ACSA standards. The department will not be informed of any accreditation decision on the day but will be given an indication of key areas to address. The accreditation decision is confirmed once the report has been written and finalised by the ACSA committee.

#### TOP TIP #21

We wrote a departmental standard operating procedure which helped to explain how the department runs. This meant that we could also include some of the things that we did already (like postop visits) but that there was no policy or evidence for.

**York Hospital**

#### TOP TIP #22

I found creating a departmental operational policy useful as a place to collate an overview of the department and reference to valuable policies/guidelines and this can be updated annually as things evolve. It's useful to bring trainees and new members of the department up to speed and we had an abridged version for locums.

**Harrogate Hospital**

#### TOP TIP #23

Our audit lead keeps a record of the key departmental audits and does a monthly spot audit, eg of anaesthetic charts and keeps an excel spreadsheet of this. Really useful and ensures we meet a number required standards on an ongoing basis. This is probably one of the most useful things we did.

**National Hospital for Neurology and Neurosurgery**

### 2.5.3 Practical arrangements

The departmental ACSA lead will be responsible for confirming the agenda and making arrangements for staff availability for the sessions. Some of the elements of the review can be delivered remotely, but the accompanied walkabout of clinical areas will always be onsite. The ACSA team will discuss the best options with the ACSA lead and the review team; this is an ongoing discussion to reflect any circumstances associated with the ability of the hospital to host and/or the review team to visit.

For the onsite parts of the ACSA review, the following should be provided to ensure the smooth running of the visit:

- a dedicated meeting room
- refreshments including tea/coffee/water and lunch
- a computer with intranet access to view policies and documents
- appropriate attire for the walkabout of clinical areas (scrubs/theatre shoes etc).

## 2.6 Accreditation

### 2.6.1 The ACSA report

Following the review, the College staff reviewer manages the report-writing process with contributions from and collaboration with all other members of the ACSA review team to ensure accuracy and agreement.

The report will include the following:

- introductory background to the department
- summary of good practice
- summary of areas for improvement
- summary of discussions held with the staff groups and clinical areas visited
- compliance with ASCA standards
- met/not met/non-applicable standards
- detailed recommendations to assist the department in achieving any unmet standards.

If there is a time gap greater than three months between any remote and onsite elements of the ACSA review, the department will be provided with an interim report with a summary of the information collated to date and any interim recommendations.

**TOP TIP**  
#24

There is flexibility within the agenda to alter timings in order ensure the visit flows smoothly. The idea is to maximise the number of individuals who can attend the various sessions so you will need to think about how people can be freed up to attend.

**TOP TIP**  
#25

Plan the visit well in advance as there is always more to do than you think. Get all the logistics right (the room, the food, access to IT etc) as there is plenty to stress about without worrying about these issues. Our visit ended up being on a teaching /clinical governance day which meant the department was more free of clinical duties than usual. This worked quite well for us. On the visit have two of you available. One to show the team around and one to trouble shoot, find people etc.  
**York Hospital**

**TOP TIP**  
#27

Brief all key players before the walkabout. Our department really bought into the visit and were able to talk to the reviewers about their clinical area. In the week leading up to the visit is it key to engage the entire department so that everyone is on side and aware of its importance.  
**York Hospital**

**TOP TIP**  
#26

Engage with all ancillary and management staff to make them aware of the visit well ahead of schedule because they will need to be involved in the walkabout process and/or discussions with the review team.  
**Harrogate Hospital**

The report will make clear the changes which must be implemented, in order for the department to be considered for accreditation. The conclusions and recommendations will enable the department to address these and, if relevant, support the preparation of a business case for where additional resources may be needed (if necessary) to present to the executive board, or equivalent.

There are several stages involved in the production of the report, which are summarised as follows:

- i the report is prepared by the College staff reviewer with input from the review team to achieve an agreed draft. It then goes through the College internal quality assurance process for proof reading
- ii the report is sent to the ACSA lead of the anaesthetic department to check factual accuracy and make any factual corrections accordingly
- iii the ACSA committee reviews the report and may include requests for further clarification. The following is noted:
  - the ACSA committee makes the final decision regarding if the evidence presented appropriately demonstrates that the standards are met and on the award of accreditation
  - the ACSA committee therefore, reserves the right to change a standard from 'met' to 'not met', if they consider that the evidence presented in the report and/or subsequent to the visit does not, in their collective opinion, meet the standard required
- iv the report is finalised and provided to the department with the decision of either approving accreditation or 'not yet accredited' which means that accreditation is conditional upon implementation of a number of recommendations. It is rare for a department to be accredited immediately following a visit and it is highlighted that ACSA is not designed to be a 'pass/fail' exercise. The aim is to support a process of continual quality improvement, including providing opportunity for a department to gain accreditation if they are able to provide evidence to demonstrate that any priority one standards which were previously not met, are now 'met'.

### 2.6.2 Evidence submission

Following publication of the final report, the anaesthesia department reviews the standards which were not met, takes any action required and submits the requested evidence to ACSA as each is addressed.

On the online portal, the department is able to:

- view the current review team assessment status from the 'All review statuses' tab
- filter the current review team rating status (using the dropdown menu) and any standards that the review team considered as not met, and requests for further relevant evidence to be uploaded.

All evidence is reviewed by the original review team and the ACSA committee to determine whether the evidence submitted adequately demonstrates that the standard is met. As/when standards are accepted as met, the College ACSA team will update the 'review team status' through the online portal accordingly.

Once all priority one standards are accepted as met, then accreditation will be awarded to the anaesthetic department which will receive:

- a plaque to display
- a letter of acknowledgement from the RCoA President
- continued access to the appointed College Guide for the duration of the four year accreditation cycle
- use of the ACSA quality mark, denoting the anaesthetic department's commitment to quality and patient care, when advertising to potential employees and trainees.

**TOP TIP**  
#28

Due to the number of stages involved it will be a while before you receive your finalised report. You will have received feedback at the end of your review visit and seen a draft of the report when you check if for factual accuracy. You will therefore have a good indication of any areas to address and there is nothing to stop you working towards addressing these straight away. This means that evidence submission can take place quicker when you receive your finalised report.

### 2.6.3 Revisits

It is expected that a department should be able to meet the standards highlighted in the report as not met, within twelve months of the final report being issued and it is recognised that some changes will take time to embed. The ACSA Committee will consider the need for a revisit by a new review team under the current standards if accreditation is not achieved within twelve months of the final report being issued to the anaesthetic department. This is determined on a case-by-case basis, taking into account local circumstances and will be communicated to the department by the College ASCA team. If it is anticipated that accreditation is unlikely to be awarded before eighteen months, the department may be asked to submit supporting documentation against other standards to assure the ACSA committee that compliance is being maintained in respect of these standards before accreditation can be awarded.

### 2.6.4 Continued compliance with the ACSA standards

Accredited departments will be required annually to demonstrate continued compliance (against the latest set of standards) on the anniversary of the date of accreditation. This is done on the portal and is essentially an updated self-assessment to allow you to record any changes and upload any new associated evidence.

Please note; you will not need to re-upload to the portal the evidence you have already provided. We will work with departments accredited before the portal was established to support them according to their specific situation and to allow them to prioritise updating their self-assessment.

Once you have completed your updated self-assessment, you will be asked to submit evidence against a selected list of standards, which will include:

- any which are new since your last self-assessment, or which have changed to a higher priority
- any which were marked as 'met with recommendations' in the previous year (highlighted in the report and seen on the portal by filtering 'all review statuses')
- approximately 5–10 other standards selected either at random or based on those which you have marked as 'not met.'

This will be reviewed by the ACSA committee. If accepted as compliant, (and upon receipt by the College of the annual subscription fee), the anaesthetic department will be advised of their compliance, and therefore, their accreditation will be maintained for the next year of the four-year cycle.

This compliance process applies for years two, three and four after the initial accreditation, and each year will be against the latest set of standards at that time. Any self-assessment work that the department has completed on the portal will be transitioned over when a new set of standards are uploaded, allowing them to focus on any new standards or existing standards which have changed. At the end of the initial four-year cycle, the reaccreditation process begins (see Section 3 below).

## 3 Reaccreditation

Accreditation is awarded for a period of four years and in the final year, the College ACSA team will be in contact to recommend scheduling dates for a reaccreditation review. It is suggested that this takes place two to three months before the initial four-year period of accreditation ends.

Reaccreditation reviews follow a similar process to the steps outlined previously in section steps [2.3](#), [2.5](#) and [2.6](#).

Seeking reaccreditation provides the following benefits for anaesthesia departments:

- continued engagement with quality improvement in a structured and supported way
- builds on the momentum established in the department in striving for and achieving service improvements
- assessment against the latest ACSA standards, which are underpinned by the latest developments and guidance in anaesthesia care
- continued access to the expertise of your College Guide for any queries you may have
- encourages continued team-working and can help sustain and boost morale
- a newly assigned ACSA peer review team provides a fresh perspective and additional feedback on service delivery
- access to the latest examples collated in the expanding ACSA 'Good Practice Library'
- a new ACSA report to support funding and resource bids.



Now that we are accredited, I think the next phase is the most exciting for our department. Having gone through the accreditation process, we have a solid foundation for maintaining high quality services moving forward. The ACSA process will continue to benefit us year on year as it serves as a guide and a benchmark for continuing improvement.

**Dr Maria Garside, Bradford Teaching Hospitals NHS  
Foundation Trust (May 2021)**



It has also been a real privilege to benefit from the expertise of our peers throughout the reaccreditation process, and revalidation has empowered us to put in place systems to raise our own game, highlighted opportunities to further improve care, and the high standards of care we are continuing to offer patients.

**Dr Karl Brennan, Sheffield Teaching Hospitals  
NHS Foundation Trust (July 2021)**

## 4 Roles and responsibilities

### 4.1 The ACSA Committee

The ACSA committee is chaired by Dr Russell Perkins, RCoA Council Member and clinical lead for ACSA. In addition, there are two deputy chairs, Dr Emma Hosking and Dr Jon Chambers.

Membership of the committee includes members of RCoA Council and representation from the following groups; Lay Committee, Clinical Quality and Research Directorate, Clinical Directors Network, experienced reviewers and members of College staff responsible for the running of the ACSA scheme.

The ACSA Committee oversees the ACSA scheme and has a number of responsibilities, including:

- development and annual review of the ACSA standards, including the evidence required for each of the standards and the associated help notes
- development and refinement of the accreditation process
- providing a central reference point for enquiries about the ACSA standards
- appointment of reviewers
- awarding accreditation and providing feedback to departments.

## 4.2 College Staff

The ACSA scheme is supported by the College's Clinical Quality team who manage and coordinate the ACSA project by:

- developing documents and paperwork
- promoting the scheme to departments considering engagement
- supporting anaesthesia departments to complete and return their self-assessment
- organising reviewer training days, information days and regional events
- scheduling and coordinating reviews
- providing a point of contact for reviewers and engaged departments
- attending onsite and remote reviews as staff reviewers
- producing and circulating reports following reviews.

## 4.3 Reviewers

The ACSA review team includes two senior clinical reviewers, a lay representative, and a member of the Clinical Quality team in the capacity of a staff reviewer. Up to two observers may also attend.

Clinical reviewers are highly experienced consultant anaesthetists who have:

- completed the application process and been approved by the ACSA Committee
- attended an initial ACSA training day and are committed to continued ACSA training at least every three years
- attended ACSA reviews initially in as an observer. Lead clinical reviewers will have had previous experience in the second clinical reviewer role.

The Lay members of the review team have completed ACSA reviewer training and are approved by the ACSA Committee. Their role is to provide:

- a non-clinical, independent viewpoint. This mirrors their role as current or former members of the College Lay Committee
- a voice for the needs of patients and seek improvements in the quality of care provided.

Staff reviewers are members of the College Clinical Quality team and are responsible for:

- ensuring the smooth running of the ACSA review
- guiding discussions to ensure standards are accurately assessed
- recording the decisions made by the review team and taking additional notes
- producing the report including the input from the review team.

All members of the ACSA review team must be an arbiter of the ACSA standards in order to fulfil their role effectively. This requires their:

- assurance that the ACSA standards document is a valid tool for measuring high quality service provision
- in-depth knowledge of the ACSA standards and their supporting reference material
- knowledge of the type/amount of evidence required for each standard (agreed standards are provided to the reviewers prior to the onsite review).

All ACSA reviewers complete training provided by the College designed to provide the skills required to undertake the ACSA review. Following training, reviewers are required to observe ACSA reviews to enable them to experience the review process and to ensure that they are confident in their role. They are also expected to complete further ACSA training at least once every three years.

Anaesthetists that are interested in becoming a clinical reviewer can find out more information on the [RCoA website here](#).

## 4.4 Feedback on the standards

Anaesthesia department ACSA leads and ACSA reviewers are invited to feed information back to the ACSA Committee (via the College ACSA team) when they consider that a particular standard:

- does not measure what it is supposed to measure
- is unrealistic or difficult to measure
- is unclear or open to misinterpretation.

Feedback will be forwarded for discussion by the ACSA Committee, and the standard will be considered for revision or rewording if required.

## 5 ACSA standards which are most frequently not met

These standards are commonly assessed as 'not met' at onsite reviews. The standard wording is from the ACSA standards published in 2021.

Number	Text	Top tip
1.1.1.2	There are policies and documentation for the structured handover of care of patients from one clinical team to another throughout the perioperative pathway including intraoperative handover.	<p>Ensure there is a formal structure of handover between all teams in the perioperative pathway and between shifts (4.1.0.5). This should be understood by staff and be clearly documented.</p> <p>Handover checklists and audits into the quality of handover are useful to demonstrate compliance with this standard.</p>
1.1.2.5	The trust/board has a sedation committee or similar appropriate governance committee with anaesthetic representation.	<p>The trust should ensure that the full range of sedation committee responsibilities, as defined in the Academy of Medical Royal College's 'Safe sedation practice for healthcare procedures' 2013, are managed by an appropriate governance committee.</p> <p>The committee should be established to 'develop and review local guidelines; review pharmacovigilance of sedative drugs, including midazolam and flumazenil storage and use; review reported clinical incidents where sedation is a factor; annual audit of numbers of sedation cases and the incidence of complications within the institution; have an overview of staff training and continuing personal development in sedation practice.'</p> <p>The committee membership should include clinical teams using procedural sedation and there should be anaesthetic representation.</p> <p>If sedation is only provided by anaesthetists then this standard may be considered non-applicable.</p> <p>Review teams will request terms of reference, meeting minutes and confirmation of the regularity of meetings as supporting evidence.</p>
1.3.1.3	The whole theatre team engage in the five steps to safer surgery (including team brief and debrief) in any situation where anaesthesia or sedation is administered by an anaesthetist.	<p>In order for this standard to be met, the full five steps of surgical safety should be included. Review teams frequently find that there is a lower rate of compliance with the debrief portion of the process. The WHO process and its five steps should be fully embedded with all staff and in all settings where anaesthesia is administered.</p> <p>Audit data of compliance is useful to evidence this standard and can be used in gap analysis to identify any issues. This should be disseminated to staff including recommendations and areas for improvement. It is also recommended that never events be fed into this audit.</p>

Number	Text	Top tip
1.3.1.5	Recommended standards of monitoring are met for each patient	Monitoring equipment should be used in accordance with the current Association of Anaesthetists minimum standards of monitoring so please refer to this document for further guidance. Patients must be monitored until they are conscious so adequate monitoring, including capnography must either be available in recovery or the patient should be kept in theatre until they are awake. If not already available, the department should be able to confirm that there is an approved plan within the next equipment upgrade to facilitate continuous waveform capnography monitoring between theatres and recovery for appropriate patients.
1.4.2.2	All recovery staff should be trained to an appropriate level in life support and maintain their competencies.	<p>Members of clinical staff working within the recovery area should be certified to a standard equivalent to immediate life support (ILS).</p> <div style="border: 1px solid #008080; padding: 10px; margin-top: 10px;"> <p style="text-align: right; font-weight: bold; color: #008080;">TOP TIP #29</p> <p>The standard reads ILS or equivalent so your own internal training rather than an external course would suffice if the content/training records are provided and considered satisfactory.</p> </div>
1.4.4.2	Appropriate pathways are in place for the post procedural review of patients which includes criteria led discharge.	<p>There should be a formal process to ensure the post procedural review of all patients is consistent. This should be clearly communicated to staff, including trainees.</p> <p>There is often a well-established process for obstetrics and pain but outside of this, departments can struggle to demonstrate that there is a process in place.</p>
1.7.2.5	Where there are elective caesarean section lists, there are dedicated obstetric, anaesthesia, theatre and midwifery staff.	<p>It is the anaesthetic workload from elective caesareans that is important. The review team would want to know how many elective sections you undertake. If it were very few then there would not be an expectation of a dedicated list.</p> <p>An audit is required where there is not a dedicated elective caesarean list to establish minimal delays to elective procedures. If there are delays then this audit data together with a recommendation from ACSA could be used to support a business case for separate lists.</p> <p>If you have dedicated elective caesarean lists then the reviewers would want to see copies of rotas and lists showing demonstrating that there are dedicated obstetric, anaesthesia, theatre and midwifery staff.</p>

Number	Text	Top tip
2.2.1.2	Local anaesthetic agents (ampoules and bags) must be stored separately from other drugs and intravenous fluids.	<p>In any part of the hospital where local anaesthetic agents are kept for use by anaesthetic staff these must be 'stored separately' from other drugs and intravenous fluids – at the least this is behind different doors which in practice means different cupboards. A locked box is considered acceptable as an interim measure. Storage areas should be clearly labelled and where possible the layout standardised across locations/sites.</p> <p>Check, check and double check. This is the most commonly unmet standard – It would be worth having someone go round and spot check the storage of drugs in the lead up to the visit to identify any areas where it may be inconsistent.</p> <div data-bbox="719 680 1294 898" style="border: 1px solid #0070C0; padding: 10px; margin-top: 10px;"> <p style="text-align: right; margin: 0;"><b>TOP TIP #30</b></p> <p>Commonly it is the drug cupboards in remote sites or in epidural trolleys where review teams locate inadequate storage.</p> </div>
2.4.1.2	An emergency call system is in place and understood by all relevant staff. Where there are multiple locations the system must clearly indicate in which location the emergency is occurring.	This standard pertains to being able to summon anaesthetic assistance in an emergency. If there are several locations, including remote areas, the alarm must be both audible and visual so that the location of the emergency can be identified. In remote areas, other robust systems may be appropriate such as bleeping the on call anaesthetist directly.
3.1.2.2	Day surgery patients are given clear and concise written information after discharge including access to a 24/7 staffed telephone line for advice.	<p>Ensure leaflets given to all day surgery patients include a phone number, which is staffed 24-hours a day so they can access advice.</p> <p>Ideally, the phone number should be for the relevant acute surgical area and not be an answer phone.</p> <p>A number for A+E/111/GP out of hours is not considered acceptable.</p>
4.1.1.1	The department has a live and annually reviewed strategic plan describing planned service changes, estates developments, workforce development and other relevant operational improvements or changes, to ensure the department is responsive to requests for additional resources required for perioperative care of elective and emergency patients and the non-theatre anaesthetic workload.	A written copy of the Annual Operating Plan should be provided. The plan needs to be strategic and should include provision for any physical works; a programme of equipment replacement; workforce and training requirements; and requirements for staff recruitment and welfare. It should also include plans on how to recommence planned work alongside managing the COVID-19 pandemic. The Annual Plan for the anaesthetic department should be a living document that is developed collaboratively within the department and has clear links to the overall hospital plan. Additional supporting evidence could include risk registers.

## 6 Quotes from accredited departments

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**Northumbria Healthcare**  
NHS Foundation Trust

**Dr Catherine Rafi, Northumbria Healthcare NHS Foundation Trust (December 2021)**

*'We are delighted to have finally achieved our ACSA accreditation. It has been a long process especially during a pandemic. In 2015 we opened the first dedicated Specialist Emergency Care Hospital (NSECH) in the country – so we now have that plus three district general hospitals which undertake the vast majority of our elective surgery, one dedicated day case unit and also provide anaesthesia for ECT in the local mental health trust.*

*With the opening of NSECH, we already had to put a lot of work into creating safe pathways for our patients – looking at everything from how we staffed the base sites, selected which patients needed to be done at NSECH and how we developed guidelines and protocols for the care of postoperative patients at the base sites where there were no out of hours on-site anaesthetic cover. We standardised much of what we did with equipment, monitoring, recipes, training. Upon our visit we knew we were generally doing a good job and that was reflected in the feedback.*

*We knew we had areas that we needed improvement in – and the ACSA process gave us the impetus to do this. We now get 500+ members of the theatres MDT through in situ low fidelity training which runs every month. We have theatre alarm systems which are now fit for purpose. We have an ILS equivalent course running for our anaesthetic assistants and recovery nurses.*

*The whole process was a great insight into how the department and the Trust ran, and to be engaged in a meaningful, supported QI project. It was a great way to get to know the movers and shakers, and how to get things done! My 4 domain leads were beyond brilliant and helping to move the project forwards. And now onwards and upwards as we start the re-accreditation process!'*

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**GIG Cymru NHS Wales**  
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**Dr Tony Shambrook, Ysbyty Gwynedd, Betsi Cadwaladr University Health Board (March 2021)**

*'We are extremely proud and honoured to be the first hospital in Wales to receive ACSA accreditation. It has been a long process over two years to meet all 145 standards to achieve this award. A great deal of work has gone on behind the scenes, from investing in new equipment to updating policies and guidelines to ensure we achieved it.*

*Our main focus is putting our patients first and ensuring patient safety is at the heart of everything we do. The ACSA process has helped to highlight how we can improve as a department to ensure we are delivering safer patient care and better patient experience.'*

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**Royal United Hospitals Bath**  
NHS Foundation Trust

**Dr Alex Goodwin, Royal United Hospitals Bath NHS Foundation Trust (March 2021)**

*'As a department we feel proud to have achieved ACSA accreditation. We feel justified in all we have done to strive for high quality patient care.'*

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**Northern Care Alliance**  
NHS Group

### Dr Andrew Brammar, Oldham Hospital, Northern Care Alliance NHS Group (March 2021)

*'We are delighted to have achieved ACSA accreditation and extremely proud of the way our department has worked with very many people across our hospital services to meet the standards required. It really has been a team effort.'*

*It has been very rewarding to evaluate every aspect of our anaesthetic and theatre services, to highlight areas of good practice whilst using the process to drive forward improvements in service provision and patient care. We are particularly proud that we were able to meet the last outstanding standards through targeted multidisciplinary staff training and strengthened preoperative assessment provision despite the challenges caused by COVID-19.'*

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**Countess of Chester Hospital**  
NHS Foundation Trust

### Dr Mary Cardwell, Countess of Chester Hospital NHS Foundation Trust (August 2020)

*'The department is delighted and proud to have achieved ACSA accreditation. Accreditation is not possible without involvement of the whole department, advice from the College Guide and support from the College. Although this was a rigorous process with challenges that at times seemed insurmountable, the experience has been a positive one, an opportunity to be proud of the things we were doing well and to improve in areas that required development.'*

*We initially started working through the standards prior to gaining formal management support from the trust. The process has required perseverance and engagement with other departments in the hospital to achieve success. This has undoubtedly led to improvements in other departments in the hospital, which ultimately benefits patients.'*

*The ACSA process has allowed us to overcome some longstanding barriers to change, giving fresh impetus and clarity. Without ACSA, this would have been much less likely to happen. The COVID-19 pandemic added an additional challenge, but also provided an opportunity for change.'*

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**Frimley Health**  
NHS Foundation Trust

### Dr Amer Qureshi, Frimley Health NHS Trust (August 2020)

*'All members of Frimley Health Anaesthesia, which comprises three separate hospitals, are very proud to have been awarded its accreditation simultaneously. ACSA has been one of our Trust's strategic plans, for its clear evidence of our commitment to high quality standards of patient centred care. It has provided clear proof of our Directorate's unification, so that a patient may be reassured that regardless of which hospital in the Trust they present to, the high standards of anaesthetic care will be the same.'*

*However we are not going to stop just because this strategic plan is complete. We are going to use this, not only to promote recruitment, but to promote the speciality within the Trust, Primary care and the public. This is to further our strategic goals relating to Integrated Care Pathways. And, of course to sustain the achievement.'*

*The ACSA inspection itself is extraordinarily thorough – they check everything and more! All those organisations that have passed this test should be very proud, as we are, of what has been accomplished. I would recommend all anaesthetic departments to work towards accreditation as a way to pull themselves up towards excellence.'*

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### Dr Moira O'Meara, Leeds Teaching Hospitals NHS Trust (August 2020)

*'In Leeds we have a very large department on multiple sites with a diverse range of specialities. We needed something to hinge our structures around which would pull us together. It has been very helpful to have this laid out clearly by the accreditation process. In particular we have previously been described as a 'sleeping giant' and we have tended to downplay our achievements – the process has enabled us a team to really think about what we do well and celebrate that but also to identify what we could do better. Gaining ACSA approval has given us collective confidence to continue on the improvement journey from a very good starting point. This can only be good for patients. We would like to thank the visiting ACSA team who were fair, encouraging and thoughtful.'*

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### Dr Matthew Cheesman, South Tees Hospitals NHS Foundation Trust (March 2020)

*'As a department we are delighted to receive our ACSA accreditation. For us, it has been genuinely been a journey due to the challenges of limited and land-locked infrastructure within our main theatre complex. Although we met the standard in terms of governance, I am convinced that without the support of ACSA we would not have achieved what we have that in terms of recovery bed expansion and providing a suitable environment for our patients.'*

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### Dr Nick Preston, North Bristol NHS Trust (January 2020)

*'North Bristol went through an incredible journey of quality and safety improvement – ACSA helped us to improve so many areas both for us and for the patients, it also bonded our two merged departments and was thoroughly worthwhile. I would encourage every department to jump into it – It has helped us get the resources and processes in place to be a truly awesome anaesthetic Service, fit for today's NHS – we are all proud to be No. 34.'*

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### Dr Adrian Jennings, The Dudley Group NHS Foundation Trust (August 2019)

*'In challenging times for the NHS and NHS staff, ACSA has given us something very positive to pursue. While there are often many issues outside of the anaesthetic department's control, ACSA was an opportunity to improve the quality and safety of patient care in areas that were within our remit. It also offered an opportunity to galvanise the department towards a shared goal, generating some positive feedback and reward. The process itself was very clear and the standards felt relevant and achievable. While there were many hours of work, it was great to see the number of unmet standards slowly reducing, knowing that continuous improvement was occurring. Engagement is key and we had clear leadership whom had both a mandate and time to dedicate to the task. Finally achieving ACSA has been a welcome success for the Trust and we all feel immensely proud. All levels of the management structure have offered their congratulation and ACSA has reinforced the department's profile in the wider Trust. We can now clearly evidence our care is of a high standard and hope this will bring further benefits in terms of recruitment and staff retention.'*

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**Dr Vimmi Oshan, Royal Manchester Children's Hospital (July 2019)**

*'Our journey through the process of ACSA accreditation has been an extremely rewarding experience for our department. It provided us with a comprehensive framework to review every single aspect of our Paediatric anaesthesia services with a fine tooth comb. We were able to evaluate areas that needed improvement and further strengthen the services that were doing well to ensure that we provided excellent care to our patients in all domains. We are proud to be the first department in the country to be awarded accreditation without having had to submit further evidence for any standard after our Peer review visit. This is a testament to the brilliant work carried out every day by a highly motivated and committed team that has the ethos of providing a high quality, safe and effective patient care embedded in its culture.*

*We look forward to continued engagement with the accreditation process in the future.'*

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