The Royal College of Anaesthetists
ACCREDITATION STANDARD 2014

The Anaesthesia Clinical Services Accreditation (ACSA) standard has five 'domains':

1 The Care Pathway (page 1–14)
2 Equipment, Facilities and Staffing (page 14–21)
3 Patient Experience (page 22–25)
4 Clinical Governance (page 25–31)
5 Sub-specialties

'Domains' one to four aim to cover all aspects of surgical anaesthetic care in non-specialist hospitals in the UK. The fifth domain, Sub-specialties, will be addressed at a later stage.

Within each 'domain' (e.g. 1 The Care Pathway) there are a number of 'sub-domains' (e.g. 1.1 General). Within each 'sub-domain' there are a number of 'areas' (e.g. 1.1.1 Policies) and the standards themselves are grouped into those 'areas'. This is so that the standards are categorised and easy to find. Each standard has a number, which is shown in the left hand column. If a standard is removed during editing, the number is not re-used, so some numbers are missing.

Standards are **Priority 1** if they **must be achieved** in order for accreditation to be awarded. **Priority 2** standards should be achievable by most departments; however, they may not be achievable because of resource or geography issues and may form part of ongoing action plans. As yet, there are no defined **Priority 3** standards and these will be aspirational for most; however, they will provide targets for the highest performing departments to achieve.

The text underneath each standard describes the evidence required to determine whether or not that standard is met.

The standards all have one or more references to Guidance for the Provision of Anaesthetic Services (GPAS) which was published in January 2014. References to GPAS are hyperlinked from the standards below. All ACSA standards have been mapped to the new CQC Key Lines of Enquiry, furthering our commitment to ensuring that ACSA is both relevant to, and falls in line with, the major regulating body within the UK.

Please note:
1 All questions are mandatory and the form cannot be submitted unless all questions are answered.

2 You will find it easier to select 'save as' from the file menu and save this form locally so that you can complete your answers in stages without losing any information.

Any questions on the content of this document, or its intended use, should be directed to ACSA@rcoa.ac.uk.

Name of Department

1 THE CARE PATHWAY

1.1 General
1.1.1 Policies

1.1.1.1   All patients should have a named and documented supervisory anaesthetist who has overall responsibility for the care of the patient

This should be visible on the anaesthetic chart, on the rota and on display in the department

Priority 1
Reference: 1.1.10, 5.5.9, 9.1.15

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.2   A consultant paediatrician is available for advice for every paediatric patient undergoing anaesthesia

This should be a duty paediatrician or a local arrangement with a nearby hospital and staff should be able to provide a verbal account of the local policy. A hospital policy document should be available.

Priority 1
Reference: 10.1.6

CQC KLOEs: Safe, Effective, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.3   There is a resuscitation policy

A copy of the policy should be provided

Priority 1
Reference: 5.5.20, 6.2.7, 8.3.4, 8.6.1

CQC KLOEs: Safe, Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.4   Where sedation is provided by an anaesthetist there is a policy for the provision of this service including all sub-specialty areas and the specifications of the facilities provided.

A copy of the policy should be provided

Priority 1
Reference: 7.3.8, 10.2.17, 20.2.11, 20.3.29

CQC KLOEs: Safe, Effective, Caring

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.5   There are documented and agreed policies and documentation for the handover of care of patients from one team to another throughout the perioperative pathway

A copy of the policy should be provided

Priority 1
Reference: 4.1.4, 4.2.12

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.6   There is a documented policy for the transfer of patients requiring anaesthetic supervision and care, including any additional requirements for transfers to another geographical site.

A copy of the policy should be provided

Priority 1
Reference: 7.3.3, 9.2.36, 9.2.37, 10.3.7

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.7   Guidelines for the management of anaesthetic emergencies are displayed prominently in sites where anaesthesia and sedation is provided and include guidelines for children

Copies of policies which are required for emergencies that may occur (based on the services being provided) should be visibly displayed

Priority 1
Reference: 3.2.18, 5.5.24, 5.5.25, 10.2.12, 20.2.7

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.8   There are documented policies for the management of acute pain and post-operative nausea and vomiting, including for those with special needs, e.g. chronic pain, drug dependency

A copy of the policies should be provided

Priority 1
Reference: 4.2.12, 10.2.13, 11.2.4, 11.3.2, 11.6.3

CQC KLOEs: Caring, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.9   There is a policy for the management of morbidly obese patients

 A copy of the policy should be provided

Priority 1
Reference: 5.4.5, 5.4.6, 9.2.12, 9.2.13

CQC KLOEs: Safe, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.10   There is a policy for the post-procedural review of all patients

All doctors working in the department including trainees, are informed and can relay the post-procedural review for different groups of patients. How this information is shared with new staff members should be relayed

Priority 2
Reference: 4.1.9, 9.2.30

CQC KLOEs: Safe, Responsive, Caring

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.11   There are multidisciplinary guidelines for care of the obstetric patient

Previous CNST evidence should be provided

Priority 1
Reference: 9.2.44, 9.3.10, 9.3.11, 9.3.12

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.12   An appropriate Modified Early Warning Score (MEWS) is in use for all patients, including emergencies and obstetric patients

MEWS and MEOWS should be visible on patient observation charts

Priority 1
Reference: 5.5.17, 9.3.12

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.13   There is a policy in place for the handling of complaints

A copy of the policy should be provided

Priority 1
Reference: 9.3.16

CQC KLOEs: Caring, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.14   There is a locally agreed policy for the 24-hour cover of emergency surgery

The local arrangements should be verbally relayed by staff members

Priority 1
Reference: 5.2.2

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.15   There is a locally agreed and documented policy for the provision of anaesthetic care, with or without transfer, for specialties not available on-site, e.g. paediatric care

The service level agreement should be relayed by staff members

Priority 1
Reference: 5.2.5, 10.2.8

CQC KLOEs: Safe, Effective, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.17   There is a documented policy to address death in the operating theatre

A copy of the policy should be provided

Priority 2
Reference: 5.5.21

CQC KLOEs: Caring, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.18   There is a documented policy to address the airway management of patients in the emergency department

The policy should be provided, its location should be pointed out and should be easily accessible, staff should be able to verbally relay the main points in the policy

Priority 1
Reference: 7.3.2

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.19   There are documented policies for the anaesthetic management of patients in radiology and MRI suites

A copy of the policy/policies should be provided

Priority 1
Reference: 7.3.3

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.20   Where ECT is performed the department has been accredited against the relevant national accreditation scheme

Documentation of the accreditation should be provided

Priority 1
Reference: 7.3.4

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.1.1.21   There is a documented policy for the interdisciplinary management of critically ill children including short term admission to a general ICU

The policy should be verbally relayed and should include retrieval policy and contact with paediatricians

Priority 1
Reference: 10.3.4, 10.3.5

CQC KLOEs: Safe, Effective, Caring, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2 Pre-procedure
1.2.1 Pre-assessment

1.2.1.1   All patients undergoing anaesthesia or sedation have an appropriate preoperative assessment by an anaesthetist

Verbal explanation should be given of the procedure for triage of patients including how test results and potential problems are flagged in a timely manner to aid list planning: (refer to references: 2.2.2 and 2.2.9 in particular)

Priority 1
Reference: 2.1.1, 5.5.10, 6.2.10, 9.2.17, 9.2.18, 10.2.10, 10.3.11, 10.6.6, 20.1.1, 20.3.8

CQC KLOEs: Safe, Effective, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.1.2   There is a consultant anaesthetist with responsibility to lead the anaesthetic preoperative assessment service, and this is factored into their job plan. Additional consultant anaesthetic input is available as required.

Documented evidence should be provided, e.g. job plan or rota

Priority 1
Reference: 2.1.3, 6.1.5, 6.2.11, 6.2.12

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.1.3   The appropriate level of postoperative care is planned and arranged preoperatively

A verbal explanation should be provided regarding how patients are ranked in urgency when there is competition for beds, how patients are recovered when anaesthetised remotely (outside main theatres), and what plans are in place for booking level 2 and level 3 care and the access of obstetric patients to level 2 and level 3 care

Priority 1
Reference: 2.2.9, 5.5.12, 5.5.13, 5.5.14, 5.5.15, 7.1.4, 7.3.6, 9.3.1, 10.2.10, 10.3.3

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.1.4   All patients undergoing anaesthesia or sedation are seen by an anaesthetist after admission, prior to the procedure

Patient charts should have evidence that patients have been seen. Staff should be able to give verbal confirmation that the assessment happens privately

Priority 1
Reference: 2.1.1, 2.2.1, 6.1.3, 6.2.14, 10.6.6, 20.1.2

CQC KLOEs: Safe, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.1.5   There are agreed local policies for preoperative preparation as listed; fasting, investigations, cross-match, thromboprophylaxis, diabetes, latex-allergy, antacid prophylaxis and elderly patients.

A copy of the policy/policies should be provided and staff should give verbal confirmation that these are fit for purpose and followed

Priority 1
Reference: 2.2.4, 2.2.5, 2.2.12, 2.3.4, 2.3.5, 2.3.6, 2.3.7, 2.3.8, 3.2.23, 3.2.25, 6.2.11, 6.2.13, 9.2.19, 10.2.11

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.1.6   There is a designated area for private communication with patients

The designated area should at least be a curtain around a bed and should be seen

Priority 1
Reference: 6.2.4

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.1.7   There is adequate time allowed for consultant assessment of antenatal referrals

Verbal confirmation should be given that a system which staff are satisfied allows enough time is in place

Priority 1
Reference: 9.1.10

CQC KLOEs: Safety, Caring, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.2 Consent

1.2.2.1 Patients are given adequate information upon which to base their decision about informed consent

Leaflets are given and the anaesthetic chart (or an equivalent) shows a record that patients having epidurals or regional blocks have had risks explained to them. The system should be robust

Priority 1
Reference: 2.7.1, 2.7.2, 2.7.3, 2.7.4, 2.7.5, 5.5.4, 6.7.4, 10.7.1, 11.7.1

CQC KLOEs: Caring, Responsive

☐ Met ☐ Not Met ☐ Not Applicable

1.2.2.2 Staff have documented knowledge of national guidelines and the trust/board policy on informed consent

A copy of the staff induction pack should be provided and include specification that consent is taken by a qualified person

Priority 1
Reference: 2.7.6, 2.7.7, 2.7.8, 2.7.9, 10.7.4

CQC KLOEs: Effective, Well-led

☐ Met ☐ Not Met ☐ Not Applicable

1.2.2.3 There are written arrangements to cover consent for patients agreeing to participate in research studies

A copy of the policy should be provided

Priority 1
Reference: 2.7.10

CQC KLOEs: Safe, Effective, Well-led

☐ Met ☐ Not Met ☐ Not Applicable

1.2.2.4 Separate written arrangements for consent apply for children under 16 years of age

A copy of the national policy for consent should be provided

Priority 1
Reference: 2.7.9, 10.7.4. 10.7.5, 10.7.6

CQC KLOEs: Effective, Caring

☐ Met ☐ Not Met ☐ Not Applicable

1.2.3 Access to investigations

1.2.3.1   A process is in place to ensure that abnormal results of investigations are flagged to the relevant person in a timely manner

Verbal or written confirmation that test results reach the right person should be provided as well as confirmation that staff are satisfied that information can be found if it is looked for. Staff should be able to describe a system by which lists can be amended or planned days and/or weeks before, based on the results of investigations

Priority 1
Reference: 2.2.2, 2.2.9, 2.6.7, 6.2.14

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.3.2   Services are available for: haematology, blood transfusion, chemical pathology and appropriate cardiopulmonary assessment, including for emergencies

Verbal confirmation should be given that services are satisfactory for planned cases and in an emergency

Priority 1
Reference: 2.1.3, 2.2.5, 2.2.12, 3.2.22, 6.2.15, 10.2.11

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.4 List planning

1.2.4.1   National policy for patient identification is followed

Evidence that patients are labelled, that labels are replaced and that patient name and number are both used at every stage of the WHO process (all checks) should be seen

Priority 1
Reference: 2.2.10

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.4.2   The specific needs of children are considered at all stages of peri-operative care, including emergencies and parental accommodation

Evidence should include sight of a separate area in recovery for children, documentation of special considerations in patient notes and pre-assessment records, patient information and patient satisfaction audits

Priority 1
Reference: 2.3.1, 2.3.2, 2.3.3, 5.5.22, 6.3.1, 6.3.2, 6.3.3, 6.3.4, 6.3.5, 6.3.6, 6.3.7, 6.3.8, 6.3.9, 6.3.10, 6.3.11, 7.3.1, 10.2.18, 10.2.19, 10.2.20, 10.2.22, 10.2.23, 10.6.5, 11.1.2, 11.3.1

CQC KLOEs: Caring, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.4.3   Arrangements are in place for the multidisciplinary management of patients with multiple co-morbidities, including the elderly

A copy of a policy should be provided. The policy should include the involvement of physicians. Evidence that audit takes place, including audit data, should be provided

Priority 1
Reference: 2.3.4, 2.3.5, 2.6.4, 5.5.23

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.4.4   Any changes to lists are agreed by all relevant parties

Verbal confirmation should be given that protocols are in place and that they comply with the WHO Checklist

Priority 1
Reference: 3.5.3

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.4.5   There are dedicated arrangements for day surgery

Operating lists should be seen to allocate the first slots of the list to day-case patients

Priority 1
Reference: 6.2.1, 6.2.3

CQC KLOEs: Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.2.4.6   There are elective caesarean section lists with dedicated obstetric, anaesthesia, theatre and midwifery staff

A copy of rotas and lists showing dedicated theatre lists should be provided

Priority 1
Reference: 9.6.4

CQC KLOEs: Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.3 During the procedure
1.3.1 Assistance for medical staff

1.3.1.1   A dedicated and appropriately trained anaesthetic assistant or PAA is present throughout the entire anaesthetic procedure, including sedation

A written policy should be provided and verbal confirmation should be given that it is used for 100% of anaesthetic procedures in all areas at all times including out of hours and emergencies

Priority 1
Reference: 3.1.4, 3.1.5, 5.3.2, 6.1.4, 7.1.1, 9.1.17, 9.1.18, 9.1.19, 9.4.9, 10.1.3, 20.1.3, 20.3.11

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.3.2 Equipment

1.3.2.1   All anaesthetic equipment is checked before use according to AAGBI published guidelines and the checks are documented

A copy of documented checks should be provided

Priority 1
Reference: 3.2.5, 20.2.3

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.3.2.2   Devices for maintaining or raising the temperature of the patient are available, including control of theatre temperature

Devices need to be seen and need to be in working order so that they can be used intraoperatively

Priority 1
Reference: 3.2.10, 4.2.11, 5.4.8, 5.4.9, 10.2.1, 10.2.4

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.3.2.3   Equipment must be available to administer oxygen to all patients undergoing procedures under sedation by an anaesthetist

Equipment must be signed

Priority 1
Reference: 20.2.5

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.3.3 Monitoring

1.3.3.1   Recommended standards of monitoring are met for each patient

This should be visible on the anaesthetic chart

Priority 1
Reference: 3.2.12, 3.2.13, 3.2.14, 3.2.15, 3.2.16, 5.4.10, 5.4.11, 6.2.6, 10.2.1, 10.2.5, 10.2.6, 10.2.4, 20.2.1, 20.2.2, 20.2.3, 20.2.4

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.3.4 Theatre access

1.3.4.1   There is either a fully equipped obstetric theatre in the delivery suite or facilities for rapid transfer from the delivery suite to a theatre

Verbal confirmation regarding what happens if all theatres are occupied should be given. This should include knowledge of a policy allowing inclusion on an existing theatre list or use of the first available theatre

Priority 1
Reference: 9.2.34

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.3.5 Access to periprocedural investigations

1.3.5.1   Services are available for: haematology, blood transfusion, chemical pathology, blood gas analysis, radiology, electrocardiography

Verbal confirmation of how services would be accessed during a procedure should be given

Priority 1
Reference: 3.2.22, 7.3.2, 9.2.20, 9.2.21, 9.2.22, 9.2.23, 9.2.24, 10.2.11

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4 Post-procedure
1.4.1 Recovery facilities

1.4.1.1   After general or regional anaesthesia, or sedation, all patients recover in a specially designated area which meets AAGBI and DH guidelines (e.g. oxygen, suction and monitoring)

The recovery area should be seen

Priority 1
Reference: 4.2.1, 4.2.6, 4.2.7, 4.2.8, 4.2.9, 7.1.4, 20.1.4

CQC KLOEs: Safe, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.1.2   An emergency call system is in place and understood by all relevant staff

Verbal confirmation of the system and how it is used should be given by any member of staff when asked

Priority 1
Reference: 4.2.4

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.1.3   Devices for maintaining or raising the temperature of the patient are available

Devices should be seen

Priority 1
Reference: 4.2.11

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.1.4   Particular provision is made for the care of children including nurses/ODPs trained in paediatric resuscitation

Verbal confirmation should be sought from staff in the recovery area, including the qualifications of individuals in that area

Priority 1
Reference: 4.3.1, 8.3.1, 10.1.4, 20.3.2

CQC KLOEs: Safe, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.1.5   Patients being discharged from the hospital following general, regional or local anaesthesia or sedation must be accompanied by a responsible third party

Discharge criteria on a form

Priority 1
Reference: 20.1.5

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.2 Staffing

1.4.2.1   The recovery room staff are appropriately trained in all relevant aspects of post-operative care

A written policy should be provided describing which members of staff, based on their qualifications, should be present in recovery for each of the procedures being undertaken

Priority 1
Reference: 9.1.20, 9.4.10, 11.1.7

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.2.2   Until patients can maintain their airway, breathing and circulation they are cared for on a one-to-one basis with an additional member of staff available at all times

Verbal confirmation that this is met for 100% of anaesthetic procedures should be given

Priority 1
Reference: 4.1.1, 6.1.4, 6.2.16, 6.2.17

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.2.4   Critically ill patients in the recovery area are cared for by appropriately trained staff and have appropriate monitoring and support

A written policy should be provided and this should be seen in the recovery area

Priority 1
Reference: 4.3.2

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.2.5   Whenever emergency surgery is undertaken, the recovery unit is open continuously and adequately staffed

Verbal confirmation should be given that there is one more staff member than there are patients at all times

Priority 1
Reference: 4.1.3

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.2.6   At any given time at least one member of recovery staff present is certified as an advanced life support provider

Verbal confirmation should be given

Priority 2
Reference: 4.4.2

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.3 Escalation of level of care

1.4.3.1   There is a recognised process in place for the referral of patients requiring inpatient admission to an appropriate facility

A written policy should be provided

Priority 1
Reference: 6.2.18, 6.2.19, 7.2.7, 7.3.2

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.3.2   There is a recognised process in place for the referral of patients requiring critical care, including paediatric patients, to an appropriate facility

A written policy should be provided

Priority 1
Reference: 7.3.2, 10.2.7, 10.3.1, 10.3.6

CQC KLOEs: Safe, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.4 Pain management

1.4.4.1   Methods of postoperative pain management are discussed with the patient

This should be visible on the anaesthetic chart. Written evidence that it is covered in induction should be given

Priority 1
Reference: 2.1.2, 2.7.2, 2.7.3, 6.2.22, 10.7.5, 11.3.3

CQC KLOEs: Caring

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.4.2   Pain management for day surgery patients includes prescription for pain relief medication after discharge

This should be visible on the anaesthetic chart and a written proforma or policy should be provided

Priority 1
Reference: 6.2.21, 11.3.3

CQC KLOEs: Caring, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.4.3   Specialist acute pain management advice and intervention are available at all times

A system by which anaesthetic trainees can be called at any time for advice should be relayed verbally by any member of staff, including nursing staff

Priority 1
Reference: 9.2.29, 10.2.13, 11.1.3, 11.1.6

CQC KLOEs: Safe, Effective, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.4.4   There is a dedicated acute pain nurse specialist service

Verbal confirmation should be given

Priority 1
Reference: 11.1.4

CQC KLOEs: Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.4.5   Multi-modal analgesia for children should be available in all settings.

A policy document on analgesia in paediatrics should be available

Priority 1
Reference: 10.2.14

CQC KLOEs: Effective, Caring

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.5 Handover

1.4.5.1   The anaesthetist carries out handover of the patient to the recovery room staff

This should be visible on the anaesthetic chart

Priority 1
Reference: 4.1.4

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.5.2   There is an agreed procedure for the removal of endotracheal tubes and supraglottic airways

A written policy should be provided

Priority 1
Reference: 4.1.5, 4.1.6

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.5.3   There are agreed criteria for discharge from recovery

A written policy should be provided

Priority 1
Reference: 4.2.12, 6.2.20

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.4.5.4   After agreed criteria for discharge have been met, an appropriately trained member of staff accompanies patients during transfer

This should be included as part of the policy provided for standard 1.4.5.3

Priority 1
Reference: 4.1.8

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.5 Emergencies

1.5.0.1   Fully resourced, dedicated daytime emergency and trauma lists are provided

Lists should be provided. Half-day NCEPOD lists are acceptable

Priority 1
Reference: 3.5.2, 5.1.2, 5.1.3, 5.1.4, 5.1.5

CQC KLOEs: Safety, Responsiveness, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.5.0.2 **There is access to all clinical areas for appropriate staff at all times, e.g. with swipe cards**

Evidence of this should be visible

Priority 1
Reference: 9.2.31

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.5.0.3 **There is a clear method of communication between theatre teams (including midwives where appropriate) concerning the category of urgency of an emergency**

Verbal confirmation should be given and must include a process for multidisciplinary communication

Priority 1
Reference: 9.3.10

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.5.0.4 **There are clear guidelines available on whom to call if two emergencies occur simultaneously**

Verbal confirmation should be given and evidence should be seen in the staff induction pack

Priority 1
Reference: 9.1.6, 9.3.1

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.5.0.5 **There is adequate staffing of emergency areas to allow safe movement and transfer of emergency patients**

Verbal confirmation should be given that staff are aware where additional staff will come from in an emergency hospital-wide, departmental policies should be provided verbally

Priority 1
Reference: 5.3.3, 7.3.2, 7.3.3

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.5.0.6 **Patients have an anaesthetic risk assessment performed which informs the process of consent**

Details of the scoring system for emergencies must be provided

Priority 1
Reference: 5.5.4

CQC KLOEs: Caring

☐ Met   ☐ Not Met   ☐ Not Applicable

1.5.0.7   High risk patients are managed either directly or under the immediate supervision of a consultant anaesthetist

Evidence should be seen on the anaesthetic record

Priority 1
Reference: 5.5.6, 5.5.7

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.6 Management of complications

1.6.0.1   There is a policy for the management of complications of neuraxial blockade

A written policy should be provided

Priority 1
Reference: 11.3.4

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

1.7 Resuscitation

1.7.0.1   A person skilled in intubation is available to support the resuscitation team when requested

Either verbal confirmation that the resuscitation includes an anaesthetist, or a written policy that there is anaesthetic support for the team, should be provided

Priority 1
Reference: 8.1.1

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

1.7.0.2   There is a trained resuscitation team for adults, children and neonates as appropriate

Verbal confirmation should be given

Priority 1
Reference: 9.1.21, 10.1.4

CQC KLOEs: Safe, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2 EQUIPMENT, FACILITIES AND STAFFING

2.1 Anaesthetic equipment and monitoring
2.1.1 Range available

2.1.1.1   Appropriate equipment is available at all sites where anaesthesia is undertaken

Staff should be asked if they encounter any difficulties with equipment in remote sites

Priority 1
Reference: 5.4.19, 7.2.3, 7.3.3, 9.2.1, 9.2.2. 9.2.3, 9.2.6, 9.2.7, 9.2.8, 9.2.9, 10.2.1

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.1.2   Equipment for monitoring, including capnography, ventilation of patients' lungs and resuscitation including defibrillation, are available at all sites where patients are anaesthetised or sedated and on the delivery suite

Defibrillators, bag and masks, and capnography should be seen in remote locations

Priority 1
Reference: 3.2.1, 3.2.12, 3.2.16, 5.4.1, 5.4.10, 5.4.11, 6.2.7, 7.2.1, 7.3.2, 8.2.2, 8.2.3, 8.2.4, 9.2.16, 10.2.1, 10.2.2

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.1.3   Facilities for external cardiac pacing are available

Defibrillators should be checked to ensure they include pacing mode

Priority 1
Reference: 7.3.5

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.1.4   Equipment is provided for a full range of anaesthesia and resuscitation techniques

Staff should be asked what equipment they feel is lacking based on the procedures they undertake

Priority 1
Reference: 5.4.17, 10.2.1, 10.2.2, 20.3.8, 20.3.9

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.1.5   Equipment to provide a full range of local and regional blocks is available

Staff should be asked what range of local and regional blocks they feel is lacking based on the procedures they undertake

Priority 1
Reference: 3.2.2, 5.4.16, 6.2.8, 10.2.1

CQC KLOEs: Safe, Effective, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.1.6　　Ultrasound imaging equipment is available for the placement of central venous access and regional anaesthesia

Verbal confirmation should be given

Priority 1
Reference: 5.4.15, 9.2.14, 10.2.1

CQC KLOEs: Safe, Effective, Responsive, Well-led

☐ Met　　　　　　☐ Not Met　　　　　☐ Not Applicable

2.1.1.7　　There is specialised equipment for the management of difficult airways available in every area where anaesthesia is given

The difficult airway trolley should be seen and the equipment on it should be checked. All members of staff should be able to confirm its location

Priority 1
Reference: 3.2.3, 5.4.13, 5.4.14, 9.2.10

CQC KLOEs: Safe, Effective, Well-led

☐ Met　　　　　　☐ Not Met　　　　　☐ Not Applicable

2.1.1.8　　There are scavenging systems that meet the Health & Safety Executive's occupational exposure standards for anaesthetic agents

Verbal confirmation should be given

Priority 1
Reference: 3.2.20, 7.2.6

CQC KLOEs: Safe

☐ Met　　　　　　☐ Not Met　　　　　☐ Not Applicable

2.1.1.10　　Appropriate equipment is available for all patient transfers

Portable ventilators and monitoring should be seen

Priority 1
Reference: 5.5.26, 7.3.3, 8.2.5, 10.3.2, 10.3.7

CQC KLOEs: Safe, Effective, Responsive, Well-led

☐ Met　　　　　　☐ Not Met　　　　　☐ Not Applicable

2.1.1.11　　There is specialised equipment for the management of postoperative pain

An adequate number of PCA epidural pumps and the arrangements for their use should be available for the services being provided

Priority 1
Reference: 9.2.11, 11.2.1

CQC KLOEs: Effective, Caring, Responsive

☐ Met　　　　　　☐ Not Met　　　　　☐ Not Applicable

2.1.1.12   There is equipment available to monitor and maintain patient temperature

Equipment should be seen

Priority 1
Reference: 5.4.4

CQC KLOEs: Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.1.13   Where piped oxygen is not available there is an adequate supply from cylinders which are checked regularly

Cylinders should be seen and paper records of checks should be provided

Priority 1
Reference: 7.2.2

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.2 Maintenance and replacement policies

2.1.2.1   A named consultant oversees the provision of anaesthetic equipment

The name of this person should be given

Priority 1
Reference: 3.2.8

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.2.2   There is a planned maintenance and replacement programme for all anaesthetic equipment as required

The age of the oldest equipment should be given and written evidence of the replacement programme should be provided

Priority 1
Reference: 3.2.9, 5.4.3, 9.2.35, 11.2.1

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.2.3   No anaesthetic machine is able to supply a hypoxic gas mixture

Equipment, especially in remote locations including A&E, should be checked to ensure this

Priority 1
Reference: 3.2.6

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.1.3 Storage, cleaning and sterilisation

2.1.3.1   Policies and equipment are in place to protect patients and staff from cross-infection

Written policies, including those regarding sterilisation procedures and gloves, should be provided

Priority 1
Reference: 3.2.19

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

2.2 Drugs, fluids and blood
2.2.1 Availability

2.2.1.1   Copies of the British National Formulary (BNF) and the BNF for Children are available

Written copies or verbal evidence of a procedure to access the information by phone should be provided

Priority 1
Reference: 10.2.12, 10.6.7

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

2.2.1.2   Equipment and drugs to deliver suitable anaesthesia are available for day surgery

Drugs should be seen

Priority 1
Reference: 6.2.9

CQC KLOEs: Effective, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

2.2.1.3   In every site where anaesthesia is given, emergency drugs including intralipid, sugammadex and dantrolene are available and in-date supply is maintained

Drugs should be seen

Priority 1
Reference: 4.2.9, 7.2.4, 9.2.27

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

2.2.1.4   In every site where sedation is given emergency drugs including naloxone and flumazanil are available and in-date supply is maintained

Drugs should be seen in sites where sedation procedures are undertaken by an anaesthetist

Priority 1
Reference: 7.2.4

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

2.2.3 Access to blood and blood conservation techniques (cell salvage or acute normovolaemic haemodilution)

2.2.3.1   Blood storage facilities are in close proximity to emergency theatres and contain O rhesus negative blood

Facilities should be seen

Priority 1
Reference: 5.4.18, 9.2.5

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

2.2.3.2   Equipment for fluid and blood warming and rapid infusion is available

Equipment should be seen

Priority 1
Reference: 7.3.2, 9.2.21, 9.2.7, 10.2.1, 10.2.6

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

2.2.3.3   A cell salvage machine and trained staff are available for appropriate patients

Equipment should be seen

Priority 1
Reference: 5.4.9, 9.2.8

CQC KLOEs: Effective, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.2.4 Storage and security

2.2.4.1   Drugs intended for regional anaesthesia are stored separately from those intended for intravenous use

Separate areas should be seen

Priority 1
Reference: 9.2.26 11.2.2

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

2.3 Anaesthetic records
2.3.1 Documentation

2.3.1.1   All records for anaesthesia and sedation contain the relevant portion of the recommended anaesthetic data set and are kept as a permanent document in the patient's case notes

Anaesthetic records and case notes should be seen

Priority 1
Reference: 7.3.2, 3.2.21, 20.2.8

CQC KLOEs: Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.4 Department accommodation
2.4.1 Guidelines on space

2.4.1.1   The anaesthetic room and operating theatre conform to Department of Health building standards

Priority 2
Reference: 3.2.24

CQC KLOEs: Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

2.4.1.2   Appropriate office space is provided for all aspects of the anaesthesia service

Priority 2
Reference: 9.2.38, 9.2.39, 11.2.3

CQC KLOEs: Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.4.2 Hotel services

2.4.2.1   Appropriate facilities for rest are available for on-call staff

A quiet area with comfortable seating must be seen. Staff should report that they are satisfied

Priority 1
Reference: 9.2.40, 9.2.41, 9.2.42, 9.2.43

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

2.4.2.2   Appropriate facilities for refreshments are available for on-call staff

Staff should report that they are satisfied

Priority 2
Reference: 9.2.43

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.4.3 Teaching facilities

2.4.3.1   Space is made available for resuscitation training

Space for resuscitation training should be seen

Priority 1
Reference: 8.2.10

CQC KLOEs: Safe

☐ Met   ☐ Not Met   ☐ Not Applicable

2.5 Non-medical staff
2.5.1 Staffing numbers

2.5.1.1   There are sufficient administrative staff to support all aspects of the anaesthesia service

Staff should report that they are satisfied

Priority 1
Reference: 6.6.1, 11.1.10

CQC KLOEs: Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.5.2 Adequacy of training

2.5.2.1   There is evidence that emergency lists are being used as a key area of whole team training for both technical and non-technical skills

Verbal confirmation should be given

Priority 2
Reference: 5.7.1

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.5.2.2   Midwives trained to an agreed standard in the management of regional analgesia are available before an obstetric epidural block is established

Staff working in obstetric anaesthesia should report that they are satisfied with local arrangements and that epidurals are not being denied to patients due to the availability of trained staff. Departments which have achieved CNST level 1 or 2 automatically meet this standard

Priority 1
Reference: 9.3.3, 9.3.4, 9.4.11

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6 Medical staff
2.6.1 Rota management

2.6.1.1   Where transfer is necessary, patients are always accompanied by appropriately trained staff

A written policy should be provided

Priority 1
Reference: 5.5.26, 7.3.2, 7.3.3, 10.3.7

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.2 Consultants

2.6.2.1   There is a consultant clinical lead with responsibility in the following areas: Resuscitation, day surgery, acute pain management, obstetrics, emergency anaesthesia, remote sites (including the emergency department), ECT, paediatrics, ICM, anaesthetic, pre-operative assessment, simulator training (if available), airway management (to include difficult and awake intubation management protocols)

The names of individuals should be provided

Priority 1
Reference: 5.1.1, 5.3.1, 6.1.1, 7.1.5, 7.3.2, 7.3.3, 8.1.6, 9.1.8, 10.3.7, 10.4.5, 11.1.1

CQC KLOEs: Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.3 Career grade and specialty doctors

2.6.3.1   Career grade and specialty doctors have specific training and demonstrated competence in relevant areas before working solo

Specific groups should be interviewed about their practices and training

Priority 1
Reference: 6.1.2, 9.4.8, 10.1.2

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.3.2   Career grade and specialty doctors have unimpeded access to a nominated consultant for advice and supervision at all times

Written policies should be provided and specific groups should be able to relay how they would know whom to contact. For example, names are displayed or on the rota

Priority 1
Reference: 5.3.1, 5.5.9, 6.1.2, 9.1.2, 10.1.2

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.4 Trainees

2.6.4.1   Trainees have specific training and demonstrated competence in relevant areas before working solo

Specific groups should be interviewed about their practices and training

Priority 1
Reference: 6.1.2, 10.1.2, 20.4.1

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.4.2   Trainees have unimpeded access to a nominated consultant for advice and supervision at all times

Written policies should be provided and specific groups should be able to relay how they would know whom to contact. For example, names are displayed or on the rota

Priority 1
Reference: 5.3.1, 5.5.9, 6.1.2, 9.1.2, 9.1.15, 10.1.2

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.5 Obstetrics

2.6.5.1   A duty anaesthetist is available for the obstetric unit 24 hours a day, and where there is a 24-hour epidural service the anaesthetist is resident

If this service is offered, rotas should be provided as evidence. If this service is not provided, patient information should be seen which relays exactly what services can be offered

Priority 1
Reference: 9.1.2, 9.1.4, 9.1.5

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.5.2   A separate anaesthetist is allocated for elective obstetric work

A copy of the rota should be provided

Priority 1
Reference: 9.1.14

CQC KLOEs: Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.5.3   Where the duty anaesthetist has other responsibilities, obstetrics takes priority

The rota should be seen to allow obstetrics to take priority where the duty anaesthetist has other responsibilities. A policy should be made available at staff induction regarding prioritising at night, and junior staff should provide verbal confirmation that they have been inducted in this way. CNST evidence and audits should also be provided

Priority 1
Reference: 9.1.5, 9.1.6

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.5.4   Consultant-led obstetric units have a minimum of ten consultant anaesthesia DCCs per week

A copy of the rota should be provided

Priority 1
Reference: 9.1.9

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.5.5   There is a named consultant anaesthetist or intensivist responsible for all level 2 maternal critical care patients

Verbal confirmation that there is a system in place to make sure level 2 patients on a labour ward are cared for by a consultant anaesthetist/intensivist

Priority 1
Reference: 9.3.14

CQC KLOEs: Safe, Effective

☐ Met   ☐ Not Met   ☐ Not Applicable

2.6.5.6   The duty anaesthetist for obstetrics should participate in delivery suite ward rounds

A copy of the rota to demonstrate duty consultant availability at a time when delivery suite ward rounds are taking place

Priority 1
Reference: 9.1.7

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

3 PATIENT EXPERIENCE

3.1 Preoperative assessment
3.1.2 Patient decision making

3.1.2.1   The time allocated for preoperative assessment is adequate to allow the patients to understand the information they are given

Verbal confirmation should be given that adequate time to allow understanding is allocated, and clinic lists should provide additional evidence of this

Priority 1
Reference: 2.1.2, 2.1.4, 2.2.1, 10.2.10, 20.7.1

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.1.2.2   Patients and their advocates understand the possible side effects of their anaesthetic procedure

Patient information and feedback should be provided

Priority 1
Reference: 2.7.3, 2.7.4, 2.7.5, 10.2.10

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.1.2.3   Patients and their advocates understand the risks and outcomes associated with their procedure

Patient information and feedback should be provided

Priority 1
Reference: 2.7.5, 11.3.2, 11.7.2, 20.7.1

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.1.2.4   Alternatives are explained to patients and their advocates

Patient information and feedback should be provided

Priority 1
Reference: 2.7.1

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.1.2.5   Patients and/or their advocates are given information about the possible side effects of pain relief drugs

Patient information and feedback should be provided

Priority 1
Reference: 2.7.2, 10.2.10

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.2 Care of the individual
3.2.2 Dignity

3.2.2.1.a   There is an appropriate facility for privacy and confidentiality for pre-operative discussion about anaesthetic care

An area where confidential discussions can take place should be seen

Priority 1
Reference: 6.2.4, 6.2.14

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.2.2.1.b   Adequate rooms are available for multiple patients to have private conversations at the same time, according to needs

Appropriateness of size is assessed on the size of the department and the number of consultants working at the same time who may need use of a private and confidential area. Appropriateness of type of room is assessed to ensure that the room is sufficient for the needs of the conversation

Priority 1
Reference: 6.2.4, 6.2.14

CQC KLOEs: Caring, Responsive

3.2.2.2   There is support for patients with individual or special needs, including children

Staff should report that they are satisfied

Priority 1
Reference: 6.7.2, 10.6.8, 11.3.1, 11.3.2

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3 Communication
3.3.1 Patients

3.3.1.1   Day surgery patients must have access to a 24-hour staffed telephone line for advice after discharge

Verbal confirmation should be given

Priority 1
Reference: 6.2.24

CQC KLOEs: Safe, Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.1.2   Day surgery patients should be given clear and concise written information prior to discharge

This information should include warning signs of serious complications and appropriate actions to take.

Priority 1
Reference: 6.7.1, 20.1.5

CQC KLOEs: Safe, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.2 Language resources

3.3.2.1   Foreign language leaflets are available appropriate to the needs of the local population

Copies of leaflets should be provided

Priority 2
Reference: 3.6.2, 6.7.2, 9.7.2, 9.7.3, 9.7.4, 11.7.2

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.2.2   Patients and/or advocates have access to an interpreter

Verbal confirmation should be given

Priority 1
Reference: 3.6.2, 9.7.4, 11.7.2

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.3 Patient information

3.3.3.1   Verbal and written information given to patients and/or advocates includes what to expect in the anaesthetic room, operating theatre and recovery room

Verbal confirmation and copies of written information should be provided

Priority 1
Reference: 4.6.1, 6.7.1, 10.2.10, 10.7.1

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.3.2   Patients and/or advocates are informed of what anaesthesia services are available in the obstetrics department

A copy of a patient induction pack, particularly if a 24-hour epidural service is not provided, should be given or shown to be available online

Priority 1
Reference: 9.3.1, 9.7.1

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.3.3   Information on what to do, and what not to do, preoperatively and following discharge is provided verbally and in writing. This includes post-discharge analgesia protocols

These should include information for patients who have had neuraxial blockade as in-patients, especially late-complication of infection and haematoma

Priority 1
Reference: 6.2.23, 10.2.10, 10.3.11, 10.3.12

CQC KLOEs: Safe, Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.3.4   Patients and/or advocates are provided with information that is specific to their level of understanding

Simplified versions of leaflets and children's leaflets should be provided. Verbal confirmation of the discussion around the consent process should be given

Priority 1
Reference: 3.6.3, 6.7.3, 10.7.2, 11.7.1

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.3.5   Patients and/or advocates are fully informed regarding the hospital's written resuscitation policy where appropriate. This includes any decision not to resuscitate where appropriate and the information provided to each patient is regularly reviewed according to their circumstances

This process, a well as the information given, should be described

Priority 1
Reference: 17.7.10

CQC KLOEs: Effective, Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.3.4 Advocates

3.3.4.1   A system is in place to enable the presence of parents and/or advocates at induction of anaesthesia in children or patients with special needs

A copy of a written policy on the presence of parents in the anaesthetic room and recovery should be provided

Priority 1
Reference: 3.2.26, 9.7.6, 10.2.10, 10.6.8

CQC KLOEs: Caring, Responsive

☐ Met   ☐ Not Met   ☐ Not Applicable

3.4 End of life care

3.4.0.1   Senior clinicians are involved in the discussion of end of life pathways

Written policy should be provided as well as a verbal account of discussions of end of life pathways

Priority 1
Reference: 5.5.20

CQC KLOEs: Effective, Caring, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4 CLINICAL GOVERNANCE

4.1 Patient safety

4.1.0.1   If appropriate resources are not available, the level of clinical activity is limited to ensure a safe provision of care

Verbal confirmation of managerial support should be given. Staff should relay anecdotal evidence of times that this has been handled well

Priority 1
Reference: 3.5.1, 9.3.3

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.1.0.2   The whole theatre and maternity team engage in, and document, the use of the WHO Checklist in all settings where anaesthesia is administered

Records should be provided

Priority 1
Reference: 3.5.3, 7.2.6, 9.6.2, 9.3.10, 10.5.1

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.1.0.3   Up-to-date, clear and complete information about operating lists is printed and displayed, and any changes are agreed by all relevant parties

Written documentation should be provided and display should be seen

Priority 1
Reference: 3.5.3

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.1.0.4   Arrangements for the cover of obstetrics, ICM and general work are monitored with respect to the workload

Evidence of audit should be provided, and verbal confirmation that there is a mechanism to recognise issues should be given

Priority 1
Reference: 9.1.6

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.1.0.5   There is a formal handover process between shifts, multidisciplinary where appropriate

Rotas should be provided and include the allocation of time and place as well as which staff should be present at handover

Priority 1
Reference: 5.5.18, 9.1.7

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.1.0.6   The name and method of contact for the consultant on-call (e.g. bleep number) are prominently displayed in appropriate areas

Prominent display should be seen

Priority 1
Reference: 9.1.15

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.1.0.7   If anaesthesia or sedation is given in an isolated/single specialty unit, there are appropriate medical cover and nursing care

Either a written policy or verbal confirmation, as well as rota evidence, should be provided and show that there is assistance for the anaesthetist and specific arrangements for remote sites

Priority 1
Reference: 7.1.3

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.2 Critical incidents
4.2.1 Reporting incidents

4.2.1.1   There is a system in place to allow reporting and regular audit of critical incidents and near-misses

Verbal confirmation should be given

Priority 1
Reference: 3.4.2, 11.5.2

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.3 Morbidity and Mortality
4.3.1 Outcome measurements

4.3.1.1   There is documentary evidence of morbidity and mortality reviews of all anaesthetic activity and all untoward incidents

Copies of an incident reporting form and information provided on induction should be seen. Knowledge of College feedback mechanisms and use of the Safe Anaesthesia Liaison Group (SALG) Patient Safety Update in M&M meetings should be demonstrated verbally

Priority 1
Reference: 1.4.4, 5.6.2, 5.6.3, 10.5.3, 10.5.4

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.4 Learning from experience
4.4.1 Quality improvement

4.4.1.1   An obstetric anaesthetist takes part in regular multidisciplinary 'labour ward forum' meetings

Minutes of meetings should be provided

Priority 1
Reference: 9.6.3, 9.6.5

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.4.3 Skills and drills

4.4.3.1   A representative range of resuscitation equipment, matching that in use and including mannikins, is available for training purposes

Equipment should be shown by the resuscitation training officer

Priority 1
Reference: 8.2.6

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.4.3.2   There is regular multidisciplinary training for emergency situations

Documentation should be provided

Priority 2
Reference: 5.7.1, 9.4.13

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.5 Audit
4.5.1 Participation

4.5.1.1   The department has evidence of engagement with national audit projects, including obstetrics

Written and verbal evidence should be provided

Priority 1
Reference: 1.5.10, 5.6.1, 8.5.1, 9.1.16, 9.5.1, 9.5.2, 9.5.3, 10.5.2

CQC KLOEs: Effective, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.5.1.2   Regular audits of elective and emergency anaesthesia activities are undertaken

Written and verbal evidence should be provided

Priority 1
Reference: 1.5.10, 2.5.2, 3.4.1, 4.5.1, 5.6.1, 6.5.1, 7.1.5, 7.3.2, 9.1.6, 10.5.1, 11.5.1

CQC KLOEs: Safe, Effective, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.5.1.3   The emergency surgery workload is continually monitored and reviewed

Verbal evidence should be given by the clinical director including seven-day, late-night and fasting policies as well as examples of subsequent improvements

Priority 1
Reference: 5.2.3, 5.6.1, 5.6.2

CQC KLOEs: Safe, Effective, Caring, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.5.1.4   The department has evidence of implementation of appropriate local and national audit recommendations, e.g. NAP and NCEPOD

Written evidence should be provided

Priority 1
Reference: 1.5.10, 6.6.8

CQC KLOEs: Safe, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6 Staff
4.6.1 Induction

4.6.1.1   There is documented evidence that all anaesthetists and anaesthetic assistants, including locum, agency and trust grade staff, have undergone an appropriate induction process to the anaesthetic department

Documentation for anaesthetic department induction should be provided

Priority 1
Reference: 1.1.11, 3.1.1, 4.2.4, 7.3.3, 9.4.6, 11.1.6, 11.2.1

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.1.2   All anaesthetists and anaesthetic assistants receive systematic training in the use of new equipment and the training is documented

Documentation of training should be provided

Priority 1
Reference: 3.2.7, 11.1.6, 11.2.1

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.2 Job plan and review

4.6.2.1   Staff with specific training commitments to courses, e.g. APLS and ATLS, have appropriate support

Staff with specific training commitments in these areas should give verbal confirmation that they are supported

Priority 2
Reference: 8.4.3

CQC KLOEs: Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.2.2   There is a resuscitation officer responsible for coordinating and training of staff

The name of this person should be provided

Priority 1
Reference: 8.2.7

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.3 CPD

4.6.3.1   Resources are available for all staff to have up-to-date training, which is appropriately funded, in resuscitation relevant to their clinical practice, including paediatric resuscitation and obstetrics where relevant

Records of funded training should be seen and the name of the person within the department with responsibility for ensuring all staff are up to date with mandatory training should be given

Priority 1
Reference: 6.2.7, 8.3.1, 8.4.1, 8.4.2, 9.4.11, 10.4.1, 10.4.4, 10.4.8, 10.4.9, 11.4.2

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.3.2   All staff have up-to-date training relevant to their clinical practice including emergency surgery

Records that the training has happened and rotas for emergency surgery lists should be provided

Priority 1
Reference: 5.7.2, 6.1.2, 6.4.1, 9.4.7, 9.4.8, 11.4.1, 11.4.2, 11.4.3, 11.4.4

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.3.3   All staff undertaking paediatric practice have evidence of maintaining their knowledge and skills as defined by the CPD matrix and including child protection

Records of training should be seen and the name of the person within the department with responsibility for ensuring all staff are up to date with mandatory training should be given

Priority 1
Reference: 8.3.1, 10.1.1, 10.4.1, 10.4.6, 10.4.7

CQC KLOEs: Safe, Effective, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.4 Supervision of staff

4.6.4.1   Non-consultant staff have unimpeded access, for advice, to a nominated consultant

Written policies should be provided and specific groups should be able to relay how they would know whom to contact. For example, names are displayed or on the rota

Priority 1
Reference: 6.1.2, 10.1.2

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.4.2   Physician's Assistants (Anaesthesia) must work under the supervision of a consultant at all times when administering general anaesthesia or sedation

A copy of the rota should be provided showing allocation of PA(A)s to lists should be seen

Priority 1
Reference: 1.1.5

CQC KLOEs: Safe, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable

4.6.5 Staff safety

4.6.5.1　There is adequate protection provided for staff in hazardous situations

The staff member with responsibility for safety of X-ray, chemicals and infection control should be named. Staff should be asked if they have any concerns

Priority 1
Reference: 5.4.7, 7.2.6, 7.3.3

CQC KLOEs: Safe, Well-led

☐ Met　　　　☐ Not Met　　　　☐ Not Applicable

4.7 Research

4.7.0.1　All research is R&D reviewed and REC reviewed

Written documentation from the ethics committee should be provided

Priority 1
Reference: 9.5.4, 10.5.6

CQC KLOEs: Caring, Well-led

☐ Met　　　　☐ Not Met　　　　☐ Not Applicable

4.8 Business planning

4.8.0.1　The department has a business plan to ensure necessary resources for perioperative care

The clinical director should provide verbal confirmation

Priority 1
Reference: 2.6.2, 3.5.1

CQC KLOEs: Safe, Effective, Well-led

☐ Met　　　　☐ Not Met　　　　☐ Not Applicable

4.8.0.2　The department has a business plan in place to ensure an adequately funded and staffed acute pain service

The clinical director should provide verbal confirmation

Priority 1
Reference: 11.6.1, 11.6.2

CQC KLOEs: Effective, Caring, Well-led

☐ Met　　　　☐ Not Met　　　　☐ Not Applicable

4.8.0.3　Anaesthesia is represented as part of the planning of maternity services

The names of the representatives should be given

Priority 1
Reference: 9.6.5

CQC KLOEs: Safe, Effective, Well-led

☐ Met　　　　☐ Not Met　　　　☐ Not Applicable

4.8.0.4   The department has a business plan in place for the delivery of safe emergency surgical workload

The Clinical Director should provide verbal confirmation

Priority 1
Reference: 5.1.4

CQC KLOEs: Safe, Effective, Caring, Responsive, Well-led

☐ Met   ☐ Not Met   ☐ Not Applicable