

# Challenges in achieving Anaesthesia Clinical Services Accreditation (ACSA) in labour ward at a busy district general

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## Introduction

The anaesthetic department at Calderdale and Huddersfield foundation trust is aiming to achieve ACSA accreditation. An audit of obstetric duty anaesthetist cover on labour ward, attendance at morning multi-disciplinary team (MDT) handovers and ward round and follow up of women who needed anaesthetic intervention was conducted. This helped us benchmark our performance against standards based on the College’s guidelines for provision of anaesthetic services (GPAS) (1). GPAS recommends two duty anaesthetists should be available in addition to a supervising autonomously practising anaesthetist and that the duty anaesthetist should participate in multidisciplinary delivery suite handovers and ward rounds. The recent Ockenden review (2) suggests early anaesthetic involvement to enable good quality timely care.

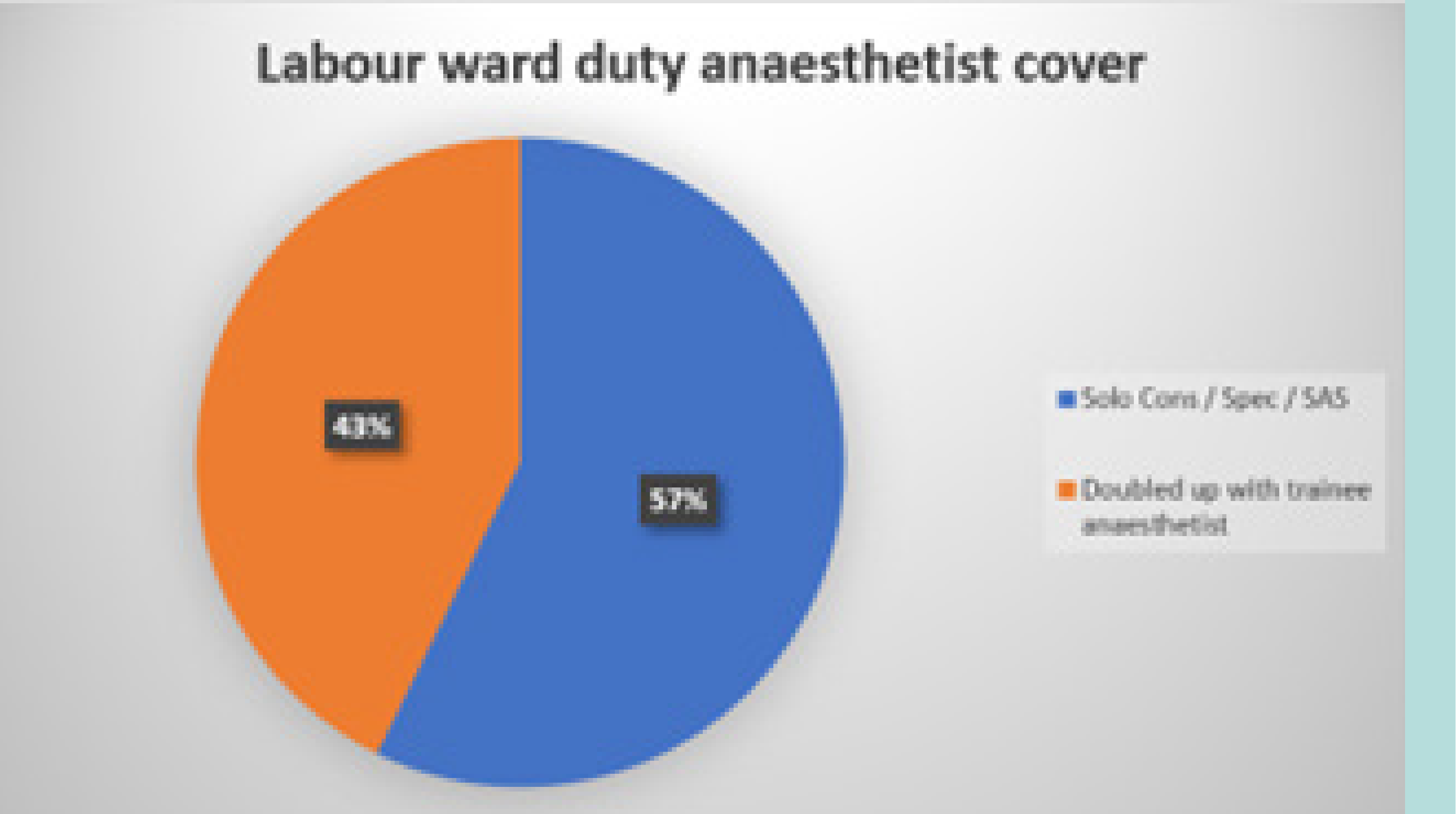
## References

1) Royal College of Anaesthetists, Guidelines for the provision of anaesthesia services for an obstetric population  
Chapter 9: Guidelines for the Provision of Anaesthesia Services for an Obstetric Population 2023 | The Royal College of Anaesthetists (rcoa.ac.uk)  
2) Donna Ockenden, Ockenden report- final, 2022  
Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust - final Ockenden report (publishing.service.gov.uk)

## Methods

Data was collected retrospectively from the 1st of November 2022 to 31st January 2023 (92 days) from computerised Athena reports and CLW rota. It was peer reviewed and the audit was registered after approval from the local audit committee.

## Results



- Duty anaesthetist present at handover and MDT ward round: 85/92 days - 92%
- Follow up after anaesthetic intervention: 106/418 patients - 25.4%

## Discussion

Achieving 100% participation in the MDT allows for safe and effective planning of delivery. Achieving 100% follow up helps in dealing with complications post anaesthesia and thus improves patient satisfaction. Anaesthetic workforce is experiencing gaps across all grades in the national health service. This has an impact on providing a safe and prompt service and is a big challenge in achieving standards. Our results demonstrate that we were unable to achieve 100 % due to acuity on the labour ward. We recommend further staff recruitment and suggest better resource allocation. Clear communication and documentation during handovers is paramount if unable to attend the ward round. We also suggest to the midwives to improve documentation when anaesthetists are present during the MDT to help us assess performance.

