

Maternity Governance Meeting/LMNS/Divisional Committee/QSAC/Board

July 2024

Agenda item				
Report Title	CNST Year 6 Compliance – Safety Action 4b			
Executive Lead				
Report Author	Gauri Dasputre - Clinical Lead Obstetric Anaesthesia Cecile Pollitt – MTP – Assistant Project Manager			
	Link to strategic goal:		Link to CQC domain:	
	Our patients and community		Safe	√
	Our people		Effective	√
	Our service delivery	√	Caring	
	Our governance	√	Responsive	
	Our partners		Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√		
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting			
	For information			
	For consent			
Presented to:	<i>Maternity Governance – July 2024</i>			
Executive summary:	<p>Year 6 of the Clinical Negligence Scheme for Trusts, Maternity Incentive Scheme requires the following:</p> <p><i>4b - A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)</i></p> <p>This paper and its appendices demonstrate compliance with this requirement.</p>			
Appendices	<p>Appendix 1 - SOP - Staffing Level requirements in Obstetric Anaesthesia, SaTH</p> <p>Appendix 2 – Obstetric anaesthesia rota April 2024</p>			
Executive Lead	Hayley Flavell			

1. Introduction

1.1. CNST Maternity Incentive Scheme

The Maternity incentive Scheme Guidance was released in April 2024.

1.2. Safety Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

Specifically, within Safety Action 4, the following requirement applies to the obstetric Anaesthesia provision:

4b - A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)

Acceptable evidence for this requirement is a representative month of the rota.

2. Compliance

2.1. Appendix 1 – SOP – Staffing Level requirements in Obstetric Anaesthesia

The CNST requirement has been integrated into the Staffing level requirements for Obstetric Anaesthesia under section 2: The Duty Anaesthetist.

“Availability: The duty anaesthetist should be immediately available for the obstetric unit 24/7. The duty anaesthetist should be resident on the hospital site.”

2.2. Appendix 2 - Obstetric anaesthesia rota , April 2024

As required within CNST guidance, the rota for April 2024 has been provided as an appendix to this paper to demonstrate compliance.

3. Conclusion

3.1. The Committees and Boards are asked to take assurance from this paper and its appendices that the Trust is in compliance with Safety Action 4 – Requirement 4b regarding Obstetric Anaesthesia.