

<b>Date of Meeting:</b> 22/1/ 2013	<b>Agenda Item No:</b> 2	<b>Enclosure:</b> 1
<b>Intended Outcome:</b>		
<b>For noting</b>	<b>For information</b>	<b>For decision</b> ✓
<b>Title of Report:</b> Plan for achieving CNST Maternity Level Three		
<b>Aims:</b> To outline to the Trust Board the plan to achieve Clinical Negligence Scheme for Trusts (CNST) Level Three by 2015.		
<b>Executive Summary:</b>  During recent months the maternity team has been reviewing the plans in place to achieve CNST level three. This work has also been done with colleagues from Northumbria NHS FT. This paper outlines to the Board the core building blocks which are being established in order to put in place an achievable plan that will see the maternity service achieve CNST Level Three by February 2015.		
<b>Specific implications and links to the Trust's Strategic Aims:</b>		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
<b>Recommendations:</b>  The Board is recommended to note the information provided and seek any further assurance on any of the items reported in relation to the Governance of the organisation.		
<b>Prepared by:</b>  Mr Mohammed Matar, Consultant Obstetrician and Gynaecologist/Clinical Director  Anne Musgrave, Head of Midwifery  Ramona Duguid, Acting Director of Governance	<b>Presented by:</b>  Mr Mohammed Matar, Consultant Obstetrician and Gynaecologist/Clinical Director	

**TRUST BOARD – JANUARY 2013**  
**CNST – ACHIEVING LEVEL THREE**

**1. INTRODUCTION**

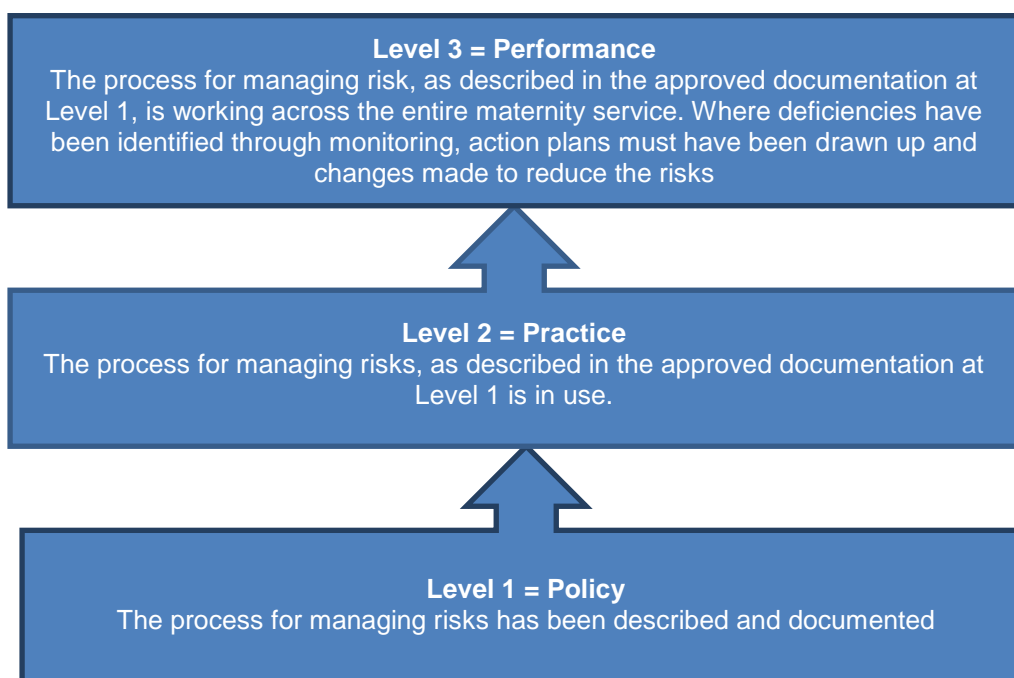
Since 2004 the Maternity department has undergone five CNST assessments successfully achieving Level One on each occasion.

One of the key priorities for the maternity department and the Trust is to put in place an achievable plan that will deliver level three CNST and ultimately improve the quality of care given to patients.

There have been a number of historical challenges in achieving higher levels of CNST, including setting a clear strategic direction and support as well as engagement with other departments. It is also important to highlight that achieving CNST level three requires organisations to have in place a sound clinical governance system that allows for continuous improvement and learning.

**2. ACHIEVING LEVEL THREE**

There are three levels to achieve in CNST which are summarised below:



Each level contains five standards and within each standard there are ten criteria which are equally weighted (see appendix 2).

As part of the acquisition of the Trust with Northumbria NHS Foundation Trust, who are CNST level three, an approach has been agreed with the NHS Litigation Authority for the Trust to achieve CNST level three. What this means in practice is that the following timescales will be agreed and followed:

- Level One re-assessment – February 2014
- Level Two Mock Assessment - October 2014
- Level Three Assessment - February 2015

The key challenge for the Trust is achieving CNST level two, which is evidencing that the written procedures and policies are in use across the maternity service. The next stage in terms of level three is evidencing that through monitoring the use of the policies and procedures changes and improvements to care are being made and can be demonstrated.

The Maternity Team have agreed to the above timeframe, which is essential to ensure ownership and accountability for delivery.

### **3. PLANNING FOR DELIVERY**

In December 2012, a multidisciplinary away day was held with representatives from obstetrics, midwifery paediatrics and anaesthetics across both hospital sites. The day was facilitated by Northumbria NHS Foundation Trust and NHS Litigation Authority (NHLA) and focussed on the practical arrangements and evidence needed to progress to the next level of CNST. The away day also looked at some clinical guidelines and how these could be improved to provide greater clarity and ultimately safer care for mothers and babies.

It was agreed that a plan would be developed to outline what needed to be put in place in preparation for being assessed at level three in 2015. It is important to emphasise that this is not a detailed project plan but ensures that the correct foundations are in place in order to start preparing for the assessment by March 2013.

The action plan is attached at Appendix One.

#### **3.1 Resources and project framework**

One of the key outcomes from the away day was ensuring that the correct resources and project framework is in place. This has been a key issue on previous assessments and the learning from other Trusts highlights that clarity of roles and responsibilities as well as dedicated leads is essential.

Currently the Trust receives £521k (10% discount for level one) from its premium from NHLA. If the Trust was to achieve Level Three it is anticipated that this would increase to approximately £1,565k (30% discount for level three).

Table one outlines the additional resources which need to be identified in order to achieve Level Three CNST in 2015. It is important to highlight that these roles are established as part of the maternity infrastructure and are not stand alone project appointments for CNST.

**Table 1: Additional Resources for CNST**

<b>Role</b>	<b>Level</b>	<b>Funding Source</b>
CNST Lead Midwife	Band 8a	Funding will be sourced through the midwifery review.
CNST Lead Administrator	Band 4	Additional funding to be agreed with Surgical Business Unit.
Clinical Audit Facilitator	Band 5	The Clinical Audit Facilitator for Family Services is now part of the project team for CNST, which is a key component of achieving CNST level two.

In addition to the above, it has been agreed that there will be Clinical Standard Leads for each of the standards and criteria (See Appendix Two). Where specific clinical directorates have a significant impact, for example anaesthetics, dedicated time to lead on the requirements will be identified as part of the Job Planning process.

### **3.2 Getting to work now**

One of the key posts for CNST is the CNST Lead Midwife. However as the midwifery review will not be concluded for some months it is important that work starts now, particularly on the building blocks that need to be put in place.

The following key actions have been agreed within the maternity team to assist this process:

- Site specific teams consisting of the following roles have been established
  - Consultant Obstetrician Lead for Risk
  - Clinical Midwifery Manager
  - Risk Midwife
  - Community Midwife

The Clinical Director will have overall accountability for the plan and the work that the site specific teams focus on.

- Single (Cross Site) North Cumbria Maternity Governance Group to be established for the Maternity Service first meeting to be held on 11<sup>th</sup> February 2013.
- Meeting set up to review the position on the clinical guidelines and the approach the team will adopt to update them, including reviewing the guidelines from Northumbria NHS FT, this meeting will take place on 17<sup>th</sup> January 2013.
- Additional administrative support to be accessed until the dedicated appointment to the CNST role can be made.

### 3.3 Reporting and Monitoring

Achieving CNST Level Three is a key strategic priority for the current Trust and the new organisation once the Trust has been acquired by Northumbria NHS FT. It is therefore important to ensure that there are clear reporting and monitoring systems in place. CNST will be reported through the following structures highlighted table two below:

**Table 2: Reporting Structures**

Meeting	Purpose	Frequency
Trust Board	To assure the Trust Board that the plan is on track and highlight any risks to delivery and how they are being managed.	Quarterly
NHS Litigation Authority London	To report to the NHSLA on the current position of the plan and progress against the key milestones for delivery.	Quarterly
Governance Committee	To provide evidence to the Governance Committee that the key milestones for delivery are being achieved and the overall plan is on track. This will include a specific Maternity Governance Report being submitted as part of the Surgical Business Unit quarterly reporting to Governance.	Quarterly
Senior Management Team	To update SMT on progress with delivering the action plan and seek support or decisions where necessary.	Quarterly
Surgical Business Unit (BU) Board	To update the BU on progress with delivering the action plan and seek agreement on key issues regarding clinical care or guidelines associated with CNST. The Business Unit will also support the maternity team on mitigating any barriers across other directorates/services.	Bi-monthly
North Cumbria Maternity Governance Group	Achieve specific aspects of work in relation to the wider action plan for CNST and ensure evidence and recording is in place in accordance with the risk management strategy.	Monthly

In addition to the above, the Clinical Director and Head of Midwifery will meet on a monthly basis with the Director of Governance to review the position and achievement of key milestones. Any exceptions will be escalated to the Senior Management Team.

### 4. RECOMMENDATION

That the Trust Board:

- APPROVES the timescales for achievement of CNST level three
- SUPPORTS the additional resources identified in section 3.1
- NOTES the action plan attached at appendix 1
- APPROVES to receive a progress report on a quarterly basis

## APPENDIX ONE – ACTION PLAN

	CORE AREA	ACTION	BY WHEN	LEAD
1.	<b>Roles and Responsibilities</b>	1.1 Dedicated roles to focus on CNST to be identified and agreed. 1.2 Clinical leads for the standards to be agreed. 1.3 Project reporting and monitoring to be agreed.	January 2013	MM/AM
2.	<b>Risk Management Strategy and Structure for Maternity</b>	1.1 Risk management strategy and structure for maternity to be reviewed in view of new Business Unit Structure and to ensure Cross Site Clinical Governance arrangements are clear.	February 2013	MM/AM/RD
3.	<b>Clinical Guidelines</b>	3.1 Position statement on current guidelines to be completed with gap analysis on key issues.	March 2013	MM/AM
4.	<b>Clinical Audit</b>	4.1 Clinical Audit Programme for 2013/14 to be developed, to include: <ul style="list-style-type: none"> <li>• where the outcomes will be reported and actions monitored across the two sites (link to 1.1).</li> <li>• continuous audit cycle</li> </ul>	March 2013	MM/AM
5.	<b>Records management</b>	5.1 Standards being developed as part of Trust wide action plan on records to be reviewed for maternity.	March 2013	(JR) MM AM
6.	<b>Education and Training</b>	6.1 Evidence requirements for education and training to be reviewed in order to ensure the correct systems for recording and monitoring against the standards are in place from April 2013 (including induction programmes)	April 2013	MM/AM
7.	<b>Communication and Engagement</b>	7.1 Communications plan for maternity and links to other departments to be developed (to include topic of the week/month). This will include a 're-launch' of the CNST plans with the maternity staff.	March 2013	MM AM

## APPENDIX TWO – CNST STANDARDS

Standard ⇒	1	2	3	4	5
Criterion ↓	Organisation	Clinical Care	High Risk Conditions	Communication	Postnatal & Newborn Care
1	Risk Management Strategy (Organisation)	Care of <a href="#">Women in Labour</a>	Severe Pre-Eclampsia	Booking Appointments	Referral When a Fetal Abnormality is Detected
2	Risk Management Strategy (Leadership)	Intermittent Auscultation	Eclampsia	Missed Appointments	<a href="#">Newborn</a> Life Support
3	Staffing Levels (Midwifery & Nursing Staff)	Continuous Electronic Fetal Monitoring	Operative Vaginal Delivery	Clinical Risk Assessment (Antenatal)	Admission to Neonatal Unit
4	Staffing Levels (Obstetricians)	Fetal Blood Sampling	Multiple Pregnancy & Birth	Patient Information	Immediate Care of the <a href="#">Newborn</a>
5	Staffing Levels (Anaesthetists & Assistants)	Use of Oxytocin	Perineal Trauma	Maternal Antenatal Screening Tests	<a href="#">Newborn</a> Feeding
6	Labour Ward Staffing	Caesarean Section	Shoulder Dystocia	Mental Health	Examination of the <a href="#">Newborn</a>
7	Maternity Records	Induction of Labour	<a href="#">Postpartum Haemorrhage</a>	Clinical Risk Assessment (Labour)	Bladder Care
8	Incidents, Complaints & Claims	Severely Ill Women	Venous Thromboembolism	Handover of Care (Onsite)	Support for Parent(s)
9	<a href="#">Training Needs Analysis</a>	High Dependency Care	Pre-Existing Diabetes	Maternal Transfer by Ambulance	Postnatal Care
10	Skills and Drills	Vaginal Birth after Caesarean Section	Obesity	Non-Obstetric Emergency Care	Recovery