

CTMUHB Neonatal Self-assessment against RCOG Plan				
Title		CTMUHB Neonatal Self-assessment against RCOG Plan		
Directorate		Children & Young People and CAMHS		
Lead Officer for Action Plan (name & title)		Senior Management Team and Neonatal Leads		
Date action plan commenced		18.05. 2020		
Current version dated		05.08.2020		
RCOG Recommendations for IMSOP sign-off				
RCOG Recommendation	Action needed	Actions to date	RAG-rating & Lead	Assurances
RECOMMENDATIONS OUTSTANDING				
7.3 Audit	Mandate and support full programme of clinically led audit with a nominated consultant lead to measure performance and outcomes against guidelines	Identified Consultant Audit leads for each site: Dr Iyad Al-Muffazar and Dr Shikha Jain. A CTM Clinical Audit Annual Plan for CYP including joint Maternity & Neonatal audits is in the process of development.	March 2021 Audit Lead and Neonatal Guidelines Lead	
7.56 Communication Skills Training	Provide training for staff in communication skills, in particular on:- Empathy, compassion and kindness	Nursing staff had been due to join Maternity colleagues on this training – cancelled due to Covid-19	Date TBC Senior Nurse/CD	

		POW - Training has been sourced and awaiting implementation through Samaritans		
RECOMMENDATIONS IN PROGRESS				
7.1 Review current systems & 7.63	<p>A review into the systems in place for:-</p> <ul style="list-style-type: none"> ➤ Data collection ➤ Clinical validation ➤ Checking the accuracy of data used to monitor clinical practice and outcomes ➤ What information is supplied to national audits 	<p>Badgernet and NNAP data completion and quality is monitored and checked regularly by the Neonatal Clinical lead with support from Senior Nurse at PCH however there is no formal system established in POW.</p> <p>CSG to look at possible admin role for data management.</p> <p>Data completion / quality has however been completed for year 2019 NNAP. Data is cross-referenced with Qlick/MIT for accuracy.</p> <p>Waiting for HB updated paper on data quality.</p> <p>Neonatal network meeting on 11/09/2020 for all wales approach</p>	<p>Date TBC</p> <p>NNU Clinical Lead & Senior Nurse</p> <p>Nick Lyons</p>	NNAP audit measures 2019
7.2 NNU Guidelines	<p>Identify nominated individuals to ensure that all NNU guidelines:-</p> <ul style="list-style-type: none"> ➤ Are up to date and regularly reviewed 	<p>Dr Ferdous ElHasan is the lead for Neonatal guidelines.</p> <p>Numerous Neonatal Policies are out of date on SharePoint. These are a mix of HB policies and All</p>	<p>Date Jan 2021</p> <p>Neonatal Guidelines Lead</p>	<p>Draft Terms of Reference</p> <p>Minutes from meeting</p>

	<ul style="list-style-type: none"> ➤ Are readily available to all staff ➤ Have a multi-disciplinary approach ➤ Are adhered to in practice 	<p>Wales Neonatal Network guidelines. Staff currently access policies through the Neonatal Network website.</p> <p>A Policy working group led by Dr ElHasan has been established to prioritise, review and develop policies. Draft Terms of Reference have been developed.</p>	Senior Nurse for Neonates	
7.6 Induction for Medical Staff	<p>Consultant staff must deliver:-</p> <ul style="list-style-type: none"> ➤ A standard induction programme for all junior medical staff ➤ A standard induction programme for all locum doctors 	<p>There is a standard structured induction programme for all junior doctors overseen by college tutor. Established inductions for new middle grades.</p> <p>PCH – locum doctors receive induction.</p> <p>In addition there is bespoke whole day 'newborn boot camp' organised by the neonatal lead for all new doctors as well as midwives and nurses that has been running 3 times a year for past 3 years with excellent feedback. An example of best practice (won an improvement award 2019)</p> <p>(Require induction lists for POW Create Induction booklet, programme & handbook for PCH.</p>	February 2021 Neonatal Leads Dr Hildebrandt (POW) and Dr Deekollu	<p>Induction attendance lists – PCH</p> <p>Induction booklet, induction programme and SHO induction handbook- POW</p> <p>Newborn Bootcamp Handbook – PCH Newborn Bootcamp plan - PCH</p>

		Induction programme needs to be revised to reflect CTM. (Extend Newborn Bootcamp to POW.)		
7.9 Trigger list for situations requiring Consultant presence	Develop a trigger list for situations which require attendance at delivery by neonatal staff There must be a mechanism for auditing the use of the trigger list.	A trigger list has been developed, agreed by all consultants, gone through wide consultation and ratified by Q&S The trigger list needs to be incorporated into the CYP Audit work plan.	October 2020 Neonatal Audit Lead	Trigger list for attendance at delivery by Neonatal staff
	Develop a trigger list for situations which require a Consultant presence on the NNU which must be:- Agreed by all Consultants Audited and reported on	Policy to be developed addressing Neonatal medical/nursing attendance at delivery. Policy under development for escalation of the sick neonate.	December 2020 Neonatal Policy Lead Dr ElHasan	
7.19 Serious Incidents	Ensure that a system for the identification, grading and investigation of SI's is embedded in practice through:- ➤ Appropriate training to key staff members Making investigations multi-disciplinary and including external assessors	The SI trigger list from the Neonatal Network is still in draft version and requires formal approval prior to training staff in its use. RCA training has been provided to a couple of identified individuals and will be extended as required. The SI toolkit will support proportionate investigation and quality assurance of the investigations. SI investigation in the Directorate has been	February 2021 Senior Nurse for Quality & Risk / Senior Nurse / Neonatal Lead	SI review toolkit including quality assurance checklist (Appendix 5) NN Network SI trigger list – draft

		supported by the Corporate Patient Safety team. Senior Nurse for Quality & Risk supporting cross-Directorate collaboration with Maternity. Require final version of SI trigger list from Network. Require evidence of use of SI quality assurance checklist. Require Training Needs Analysis for staff requiring RCA training.		
7.22 Outcomes of Serious Incidents	Actively discuss the outcomes of SI's in which individual consultants were involved in their appraisal.	In line with HB appraisal and revalidation processes It is the Doctor's responsibility to discuss in their appraisal – failure to do so leads to RO/ GMC's attention This is a Health board wide practice.	Clinical Director Date TBC	
7.26 Jointly owned NNU & Maternity services audits	Agree jointly owned neonatal and maternity services audits of neonatal service data including:- <ul style="list-style-type: none"> ➤ Neonatal outcome data ➤ Perinatal deaths ➤ Transfer of term babies to Neonatal unit ➤ Babies sent for cooling ➤ Each Baby Counts reporting ➤ MBRRACE reporting ➤ Breast feeding rates 	CYP Annual Audit Plan being developed which will align with Obs & Gynae Annual Audit Plan referencing where there is shared ownership or where joint-working is required.	Neonatal lead Date TBC	POW Baby Friendly accredited stage 3. POW Bliss audit 2019. PCH Baby Friendly accredited stage 2.

	<ul style="list-style-type: none"> ➤ Skin to skin care after birth ➤ Neonatal infection ➤ Baby Friendly accreditation <p>Bliss baby charter accreditation</p>			
7.27 Governance and risk & 7.10 , 7.12, 7.14	<p>Ensure that Datix are reviewed, graded and actioned in an appropriate and timely manner</p> <ul style="list-style-type: none"> ➤ Introduce regular risk management meetings which must be open to all staff ➤ Conducted in an open and transparent way ➤ Held at a time and place to allow for maximum attendance. ➤ Undertake multidisciplinary debriefing sessions facilitated by senior maternity staff after an unexpected outcome. <p>Consultant meetings should</p> <ul style="list-style-type: none"> ➤ Be regular in frequency ➤ Have a standing agenda item on governance 	<p>Governance Manager prompts on timely review & investigation of incidents. (Investigations & grading require some form of quality control governance lead)</p>	<p>Date February 2021 Consultant Governance Lead, Senior Nurse for Quality & Risk, Governance Lead</p>	

	➤ Be joint meetings with anaesthetic and paediatric colleagues.			
COMPLETED RECOMMENDATIONS				
7.13 Clinical Lead for Governance	<p>Identify a clinical lead for good governance from within the consultant body. This individual must:-</p> <ul style="list-style-type: none"> ➤ Be accountable for good governance ➤ Attend governance meetings to ensure leadership and engagement 	Identified leads on each site (TH and HO)	08/07/2020 Dr Hildebrandt (POW) and Dr Deekollu (formerly Dr Elhenaway) (PCH)	Minutes from Risk Review meetings Q&S meeting attendance and minutes advising of Clinical Lead co-Chair. IPC forum minutes with Consultant Chair
7.16 Consultant availability	Ensure that Consultants are available to attend the site in an appropriate time-scale during on-call work.	<p>RCOG recommendation is for Consultant Obstetricians. There is no consistent guidance from RCPCH.</p> <p>The Clinical Director has discussed with the Medical Director and agreed that Consultants are required to live in a location which is within reasonable travelling time from place of work as agreed by the Clinical Director.</p>	Clinical Director / Directorate Manager / Medical Director	SOP out for consultation with Neonatal Network

		There is an existing practice where a Consultant remains resident on-site in specific clinical situations. A SOP has been drafted and is being circulated for external opinion from RCPCH. Formal ratification of SOP at CYP Quality and safety.		
7.29 Staffing	<p>Closely monitor bank hours undertaken to ensure:</p> <ul style="list-style-type: none"> ➤ The total number of hours is not excessive ➤ The Health Board complies with the European Working Time Directive ➤ These do not compromise safety 	<p>Nursing overtime and bank usage is monitored via the e-rostering system. If staff members go over the working time directive the e-roster highlights this in yellow.</p> <p>Medical staffing is in line with EWTD and number of locum/ bank hours are monitored through the rota co-ordinator.</p>	Complete 04/06/2020	<p>Nursing E-roster example timesheet</p> <p>Medical rotas showing working hours</p>
7.40 Extended practice roles	<p>Review the skills and competencies of ANNPs/ staff covering for Tier 1 doctors to ensure:</p> <ul style="list-style-type: none"> ➤ Their scope of practice is clearly defined ➤ The Health Board and the individuals are protected against litigation risk for their extended roles 	<p>PCH – ANNP in post. It is covered in monitored by clinical and educational supervisors. Skills and induction and competencies reviewed through PDR process.</p> <p>POW – PNP</p> <p>Inequity across the two sites</p>		<p>ANNP Job Description</p> <p>Named supervisor: Dr Afifi</p>

		Extended practice roles established on both sites		
7.55 Bereavement Service	Review the level and effectiveness of the bereavement service:- <ul style="list-style-type: none"> ➤ Ensure that appropriate support and counselling is available for all families as required ➤ Consider implementing the National Bereavement Care Pathway 	There is a link Neonatal Nurse who works closely with the Bereavement Midwife. The link nurse has been provided with specialist training in this area. POW – Luka Williams (B6) PCH – Joanne Jones ‘Wish Upon a Star’ support box. They have provided training on the unit.	Complete 18/05/20	IUD 24week + Checklist POW Bereavement checklist POW Link Nurse training certificate CTM Neonatal Death Checklist Wish Upon a Star referral form

RCOG Recommendations for Maternity Improvement Board (MIB)				
Recommendation	Action needed	Actions to date	RAG-rating & Lead	Assurances
RECOMMENDATIONS OUTSTANDING				

7.8 External expert facilitation.	<p>Ensure external expert facilitation to allow a full review of working practices to ensure :</p> <ul style="list-style-type: none"> ➤ Patient safety is considered at all stages of service delivery ➤ A full review of roles and responsibilities within the Obstetric Team ➤ The development and implementation of guidelines ➤ An appropriately trained and supported system for clinical leadership ➤ A long term plan and strategy for the service ➤ There is a programme of cultural development to allow true multi-disciplinary working. 	<p>Neonatologist from UHW as a governance lead external member of team member of the team.</p> <p>Review of job plans and additional responsibilities.</p> <p>Implementation of guidelines group and attendance at All Wales neonatal network Guidelines work stream</p>	<p>Date TBC DR Deekollu/ Directorate manager</p>	<p>Neonatologist from UHW JD/contract.</p>
7.18 Consultant Working	<p>Agree cohesive methods of consultant working after the merger with input from anaesthetic and paediatric colleagues</p>	<p>Work in progress</p>	<p>Date TBC</p>	

7.37 Multi-disciplinary Teaching Programme	<p>Develop an effective department wide multi-disciplinary teaching programme</p> <ul style="list-style-type: none"> ➤ This must be adequately resourced and time allocated for attendance by all staff groups <p>Attendance must be monitored and reviewed at appraisal</p>	<p>MDT Neonatal boot camp to be cascaded to POW. NLS</p> <p>Monitored via annual appraisal/PDR</p>	<p>February 2021 Neonatal Leads</p>	
7.70 Service Change	<p>Ensure that any future service change for the development process of the maternity service as a whole is inclusive for all staff and service users.</p> <ul style="list-style-type: none"> ➤ Ensure the service is adequately staffed to ensure that all staff groups are to participate in developing the vision ➤ Consider an externally facilitated and supported process for review <p>Consider seeking continued support from HIW and the Royal Colleges to undertake a diagnostic review of the service particularly in relation to changes in service provision</p>	<p>NNU in PCH and POW are staffed within the BPAM requirements.</p>	<p>Date TBC Senior Nurse/Neonatal leads</p>	

RECOMMENDATIONS IN PROGRESS

7.11 Mandatory attendance at meetings	<p>Ensure mandatory attendance at the following meetings for all appropriate staff. Attendance must be recorded and included in staff appraisals. Ensure the meetings are to be scheduled or elective clinical activity modified to allow attendance at;</p> <ul style="list-style-type: none"> ➤ Governance meetings ➤ Audit meetings ➤ Perinatal mortality meetings. 	<p>Draft Terms of reference for Risk and governance. Terms of reference for Audit meetings PMRT terms of reference have circulated for comment. All have outlined membership.</p> <p>Minutes collated from meeting and shared with wider team.</p>	<p>Date December 2020 Senior Nurse/ Senior Nurse for Quality & Risk, Governance Lead</p>	<p>Draft TOR to be collated</p> <p>Waiting for final draft of PMRT TOR</p>
7.15 Risk Management.	<p>Educate all staff on the accountability and importance of risk management, DATIX reporting and review and escalating concerns in a timely manner. Include this at:</p> <ul style="list-style-type: none"> ➤ Junior Doctor Induction ➤ Locum Staff Induction ➤ Midwifery staff induction ➤ Annual mandatory training. 	<p>Junior doctor induction programme in underdevelopment Locum doctor induction programme developed in PCH needs implementation in POW Discussion if session could be included in Neonatal boot camp? Governance manager programme of teaching Potential of being added to ESR/HB mandatory training.</p>	<p>March 2021 Senior Nurse/ Senior Nurse for Quality & Risk, Governance Lead/CD</p>	

7.20 Culture	Actively seek to remove the "blame culture" to allow all staff to develop a willingness to report and learn from SIs	<p>Lessons learnt are shared via: Newsletter Risk review group Neonatal forum Staff meetings Ward notice boards</p> <p>PCH - The minutes of the meetings are shared with staff via email and are on display on the joint information with Maternity in the coffee room.</p> <p>There is further work to do on ensuring that there is cross-cutting sharing of learning across the Health Board.</p>	<p>March 2021</p> <p>Senior Nurse/HON/CD</p>	<p>Word Art from compliments</p> <p>Log of formal concerns since October 2018 – PCH</p> <p>How Can I Help You poster – POW PCH Newsletter</p> <p>Risk review groups Terms of Reference</p> <p>Neonatal Forum Terms of Reference</p> <p>Images of PCH ward notice boards</p> <p>Ward meeting minutes POW and PCH</p>
7.4 Monitoring of Clinical Practice	Ensure monitoring of clinical practice of all staff is undertaken by the Clinical Director and Head of Nursing to:-	Clinical practice is monitored via line management, PDRs, appraisal and professional revalidation. Nursing PDR compliance: POW 92% (remainder are shielding)	<p>December 2020</p> <p>HON/Senior Nurse/CD/DM</p>	

	<ul style="list-style-type: none"> ➤ Ensure compliance with guidelines ➤ Ensure competency and consistency of performance is included in annual appraisal 	<p>PCH 75% (remainder on LTS and ML)</p> <p>For medical staff, this is monitored through the appraisal and revalidation process.</p> <p>Require ESR compliance report for Nursing PDR</p> <p>Require report on % of medics appraised</p>		
7.21 Improve incident reporting	<p>Improve incident reporting by:-</p> <ul style="list-style-type: none"> ➤ Delivering training of the use of Datix system for all staff ➤ Encouraging the use of Datix system to record clinical incidents <p>Monitor the usage of the incident reporting system</p>	<p>There is no rolling training programme on risk management or incident reporting. The Datix team and Governance manager are delivering training to our clinical services. A Health Board incident reporting policy is in final stages of review prior to ratification.</p> <p>Monitoring the use of Datix is to be included in ToR for risk review meetings.</p> <p>Minutes to be provided from Risk Review meetings to demonstrate that incident reporting rates are being monitored.</p>	January 2021 Senior Nurse / Clinical Director / Senior Nurse for Quality & Risk	
7.35 Training Needs Analysis	<p>Undertake a training needs assessment for all staff to identify skill gaps and target additional training</p>	<p>Mandatory training identified and monitored via ESR. Additional training needs identified through PDR and appraisal processes.</p> <p>There is an ongoing programme of training and education for both nursing and doctors.</p>	January 2021 Neonatal Lead / Senior Nurse/ Neonatal lead	Nursing Training Needs Action Plan

		<p>PCH: There is a practice development neonatal nurse in post</p> <p>NLS = 72.7%</p> <p>Qualified in Speciality training:</p> <p>QIS – Mod 1 = 91.1%</p> <p>QIS – Mod1&2 = 68.9% staff group waiting to attend course when programme restarts following covid.</p>		
7.42 Professional Behaviours	<p>In conjunction with Organisational Development undertake work with all grades of staff around communication, mutual respect and professional behaviours:-</p> <p>Staff must be held to account for poor behaviours and understand how this impacts on safety and outcomes</p>	<p>Staff have been encouraged to participate in the organisational development of a Values & Behaviour Framework.</p> <p>All Datix which include behaviour concerns are addressed with each individual by the relevant manager</p> <p>POW: A monthly "How can we help you?" session is held by the governance consultant lead and matron and open to all staff to drop in and discuss concerns.</p> <p>Dignity at Work training compliance rates TBC</p>	TBC Health board Values and behaviours work stream	
7.43 Future Improvement	<p>Undertake an in-depth assessment of the service as it moves into the future with its new ways of working and the likelihood of an increased demand for services:-</p>	<p>Detailed demand and capacity monitoring required for the unit, including impact of changes to the RGH maternity unit and removal of the neonatal unit. Need some</p>	Date TBC CD/HON	

	<p>This can determine the structures and competencies of clinical leadership and governance that will support the service</p>	<p>evidence of how this is being done.</p> <p>Demand and capacity monitoring undertaken through performance management processes. Projected increases in demand are proactively planned for via business cases and inclusion into IMTP where appropriate. Examples?</p> <p>Clinical leadership & governance resource have been strengthened through the HB's new operational model.</p> <p>Unit non-compliance with BAPM standards has been raised to corporate level, with a plan to re-model the unit accordingly. – What's the plan?</p>		
<p>7.44 Clinical Leadership & 7.69 Leadership</p>	<p>Training in clinical leadership must be supported and adequate time allowed for clinical leadership to function Identify and nurture local leadership talent</p>	<p>There is Peer support and Training for CDs via Medical Leadership Forum that occurs Monthly. Minutes & Agenda are circulated by Nick Lyon's PA Senior Nurse meetings are held regularly to support development of leadership skills. POW - No identified clinical lead for neonates.</p>	<p>Date TBC</p> <p>CD</p>	

				MLF minutes
7.46 Clinical Lead Roles	<p>Appoint clinical leads in a structure that supports the service with defined role descriptions and objectives to include an individual responsible for each of the following:-</p> <ul style="list-style-type: none"> ➤ Governance and clinical quality to include guideline updating ➤ Data quality ➤ Medical staff education and training ➤ Multi-disciplinary training ➤ Audit ➤ Risk management ➤ Incident review ➤ Complaints handling 	<p>Governance Leads and Guidelines Leads appointed</p> <p>Data quality – Neonatal Lead</p> <p>Staff training – LPD (College Tutor) and Nurse education Lead</p> <p>Incident review, Complaints handling – Senior Nurse Neonates (supported by Senior Nurse for Quality & Risk)</p> <p>Paediatric Audit lead – Dr Okuonghae</p> <p>Neonatal Audit Lead – Dr Al-Muzaffar</p> <p>POW Audit Lead (Paeds & NN) – Dr Jain</p> <p>POW - Leads in place for some of these areas – governance, med staff education, audit, risk, however, no role descriptions defined or set objectives</p>	February 2021 CD/ Senior Nurse	
7.51 Concerns	<p>Ensure responses to concerns is core to the work being undertaken to improve governance and patient safety:-</p> <ul style="list-style-type: none"> ➤ Review and enhance staff training on the 	<p>Complaints and compliments are logged on Datix and HCMS.</p> <p>POW – ‘Have your say’ forms are available.</p>	March 2021 Senior Nurse / Clinical Director / Senior Nurse for Quality & Risk	<p>Word Art from compliments</p> <p>Log of formal concerns since October 2018 – PCH</p>

	<p>value of listening to women to families</p> <ul style="list-style-type: none"> ➤ Review the process of investigation of concerns, compiling responses, handling "on the spot" issues and ensure that all responses and discussions are informed by comprehensive investigations and accurate notes ➤ Prioritise the key issues to improve response ➤ Clarify the process regarding the triangulation of the range of information sources on patient experience, SI's, complaints and concerns and other data to ensure rigorous approach to make sense of patterns of safety and quality issues 	<p>'How Can I Help?' drop-in sessions held weekly with Matron and Consultant Lead. Cwtch Neonatal Group, meeting once a month.</p> <p>PCH – included in real-time feedback implemented in Maternity. Need examples of feedback received and how practice has been improved as a result.</p> <p>Use baby friendly audit as a tool for patient stories. Work to be progressed under quality of family experience work stream. There have only been 3 formal complaints regarding the PCH NNU since Oct.2018. Need to update this for both sites</p> <p>Formal complaints follow the health board procedure. Informal concerns are addressed "on the spot" and documented in the notes, or via the matron for response within two working days as per concerns policy.</p> <p>POW – 'How can I help you?' session available with matron and</p>		<p>Parent communication form – POW</p> <p>How Can I Help You poster - POW</p>
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		<p>clinical lead. Need an example of feedback through this route.</p> <p>Response times & quality control enacted through process of upwards escalation. Collaborative work between Concerns team and Directorate Governance resource.</p> <p>Triangulation of quality intelligence regarding concerns captured in QSR papers.</p> <p>Training on PTR has now been uploaded to ESR and is part of mandatory HB training. – Compliance % rates</p>		
COMPLETED RECOMMENDATIONS				
7.36 Clinical supervision	Clinical and consultant oversight must be in place for all staff	With the centralisation of neonatal service, we have introduced a good practice model of consultant of the week for neonates. There is consultant cover for neonatal service dedicate for the morning and shared with paediatrics for the rest of the day 24/7. Rotas compiled by Directorate admin manager. Any shortfall will be escalated and datixed	Complete 18/05/20	Medical rotas showing Consultant of the week / Covering Consultant

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