



AGENDA ITEM

7.6.1

CTM BOARD

**NEONATAL SERVICES -
ESCLATION AND MANAGEMENT OF SERVICE PROVISION CONCERNS**

Date of meeting

30/09/2021

FOI Status

Open/Public

**If closed please indicate
reason**

Not Applicable - Public Report

Prepared by

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Director

Presented by

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Approving Executive Sponsor

Executive Medical Director

Report purpose

FOR NOTING

**Engagement (internal/external) undertaken to date (including
receipt/consideration at Committee/group)**

Committee/Group/Individuals

Date

Outcome

Exec Board

13/09/2021

ENDORSED FOR
APPROVAL

ACRONYMS

IMSOP

Independent Maternity services oversight panel

PCH

Prince Charles Hospital

RCOG

Royal College Of Gynaecologists

UHW

University Hospital Wales (Cardiff)

1. SITUATION/BACKGROUND

- 1.1 In September 2020 a formal programme of work was agreed between the Health Board and IMSOP in relation to Neonatal services subsequent to the RCOG review of Maternity services in January 2019.
- 1.2 In February 2021 the Health Minister formally announced the inclusion of Neonatal Services within the IMSOP Programme of work. The IMSOP team subsequently recruited a team of experts in Neonatology who commenced a *deep dive* review of Neonatal services at PCH in May 2021.
- 1.3 In August 2021 the Neonatal IMSOP team members escalated a series of concerns relating to current practice, service provision and also issues identified by families as part of their family engagement exercise.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Prior to the Ministerial announcement, work had already progressed at pace within the Health Board to deliver against the RCOG recommendations that were specific or applicable to Neonatal services.
- 2.2 The work already completed was acknowledged in the Ministerial announcement of the 7th September 2021 (Appendix A).
- 2.3 More recently the focus has been on progressing the improvement agenda and priorities against national Neonatal standards; providing opportunities to illustrate and build upon good practice whilst focusing on areas that required greater improvement.
- 2.4 The following actions have already been taken, either recently as part of the ongoing improvements or accelerated due to the receipt of the recent escalation of concerns:

Actions completed

No.	Completed
1	Tertiary centre (UHW) contacted to seek support with a programme of training and mentorship.
2	Tertiary centre (UHW) consultant rota cascaded to the PCH medical team



3	Experienced tertiary centre team Neonatal nurse recently recruited to the improvement programme and allocated 1 day per week onto the PCH unit.
4	Additional pharmacy support agreed for the PCH unit with daily checking of all prescriptions. – see Ministerial Announcement
5	Prescribing guidance posted prominently on the unit.
6	CHANTS contacted to provide the required additional assurances regarding transfers.
7	New Securing tape now being used to reduce unnecessary extubation
8	Dashboard developed to monitor changes being made – e.g. Hypothermia, term admissions
9	Revision of medical workforce; Increased intensity of consultants overseeing the unit and increased time allocated to the unit – see Ministerial Announcement
10	Preterm labour guidelines reviewed and audit initiated re the transfer element of the guidelines
11	Revised observation chart developed and launched on both units
12	Staff briefed on the IMSOP concerns

2.5 The following illustrates activity being progressed and the associated key milestones:

No.	Activity	Proposed timescales
1	New Paediatric Consultant with Neonatal interest due to commence in post – see Ministerial Announcement	Nov 21
2	Recruitment of additional Consultant with Neonatal interest - see Ministerial Announcement	Feb 22
3	Tertiary Centre (UHW) formalised Consultant support arrangements in place - see Ministerial Announcement	Nov 21
4	Establish Tertiary Centre (UHW) support programme for nurses in place – see Ministerial Announcement	Dec 21
5	Standard Operating Procedure for Prescribing and Medicines administration in place	Sept 21
6	Improvements currently being put in place to reduce extubations	Sept 21
7	Documentation improvement plan to be developed which will incorporate the following: A snapshot notes audit	Sept 21 October 21 November 21



	Establish and launch Documentation standards and training Programme and associated audit tool see Ministerial Announcement	
8	Develop and implement the IMSOP suggested proformas	Oct 21
9	Blood gas monitor insitu to aid reducing Hypothermia	Sept 21
10	Culture development Plan	Nov 21

These milestones will shape the ongoing improvement work and be supported by a Kanban approach (a framework to allow full visual transparency of work required to be done and what stage it is at). This will aid in supporting rapid progress in complex and fast moving situations.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

The following have been identified as risks to the delivery of the proposed activity:

3.1 Insufficient Resources (capacity and capability)

This has been identified and recently escalated within the Health Board. Notwithstanding the challenges, additional support is being provided in key areas e.g. Pharmacy, and support agreed to progress posts that will support data management, engagement and additional medical sessions.

3.2 Network and Tertiary Centre support

Current workforce pressures in Neonatal services across South Wales may equate with challenges for neighbouring Units to respond to support the teams and an initial planning meeting has been diarized to review the same.

3.3 Neonatal Unit Culture Change Programme

The improvement programme has included a communications strategy from the outset and steps continue to engage staff and take them on the improvement journey. Support is also being provided by the Organisational Development team and Executive leadership support to the team.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Relevant to ongoing IMSOP review
	Safe Care



Related Health and Care standard(s)	Governance, Leadership and Accountability
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Not a new, changed or withdrawn policy or service
Legal implications / impact	Yes (Include further detail below)
	Potential and actual claims currently being processed under Putting Things Right activity and legal interventions
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	As above
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Board are asked to **NOTE** the progress being made to address the immediate issues of concern and progress the required improvements.

Appendix A

[Written Statement: Cwm Taf Morgannwg University Health Board – Interim findings from the Independent Maternity Services Oversight Panel’s deep-dive review of neonatal care \(7 September 2021\) | GOV.WALES](#)