

Neonatal External Mortality Review

Ref	Action required	Delivery Status	Progress Status	Status Commentary (This Period)	Timeline set out in Report	Delivery Due Date (Amber)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
NEMR1/I_NEMR2	The service, an LNU, has retained equipment to provide nitric oxide even though changes have been made nationally to focus the provision of nitric oxide within NICUs. The equipment was rarely used and yet associated with anxiety among nursing staff, many of whom were said to lack experience or training in its use. It is therefore recommended that the nitric oxide equipment should be removed from the unit where currently it poses a risk.	Evidenced and Assured	Completed	This action was approved as 'Evidenced and Assured' at Jan-25's MNTAC. <u>Evidence Requirements for Assurance:</u> Letter from the Network Addition to Risk Register Updated Persistent Pulmonary Hypertension of the newborn (PPHN) guideline following nitric oxide removal Engineering services email confirming removal	Immediate (0-3 months)		14/01/2025		14/01/2025	Dr John Jones	CD's	Monday.com
NEMR2/I_NEMR3	The unit should develop a first hour (golden hour) checklist to facilitate delivery and documentation of time critical interventions within the first hour from birth for all infants admitted for intensive care.	Delivered, Not Yet Evidenced	On Track	An exception report was approved at Jan-25's MNTAC changing the deadline for green to Apr-25 so the audit can be repeated. Initial audit did not show sufficient compliance to ensure the action is fully embedded. <u>Evidence Requirements for Delivery:</u> Golden Hour Guideline - validated at Apr-24 Neonatal Governance Golden Hour Checklist - validated at Apr-24 Neonatal Governance <u>Evidence Requirements for Assurance:</u> Audit of compliance against guideline	Immediate (0-3 months)	30/09/2024	08/10/2024	30/04/2025		Dr John Jones	CD's	Monday.com
NEMR3a/I_NEMR5	There are several areas where the unit should undertake audits to better understand its current care provision. These include the following: a. The unit should collaborate with the ODN to review the number of intensive care days (HRG1) within the unit. The review team observed that for a birth denominator of 4,100, intensive care days appeared to be high, potentially indicating an interventionist approach to neonatal care.	Delivered, Not Yet Evidenced	On Track	This audit has been undertaken further to receipt of the initial letter following the review. This action was accepted as "Delivered, Not yet Evidenced" at Nov-24'MNTAC. Further to this, evidence of learning from the completed audit will be taken through the specialty governance processes and then presented to MNTAC as evidence of embedded practice. <u>Evidence Requirements for Delivery:</u> Intensive Care Days Audit - causes <u>Evidence Requirements for Assurance:</u> Listed audits integrated into Forward Audit Plan	Immediate (0-3 months)	31/12/2024	12/11/2024	28/02/2025		Dr John Jones	CD's	Monday.com
NEMR3b/I_NEMR5	There are several areas where the unit should undertake audits to better understand its current care provision. These include the following: b. The unit should undertake quarterly audit of all neonatal resuscitations that extend beyond initial inflation breaths, against UK Resuscitation Council Newborn Life Support guidance, with specific focus on timeliness and sequence of interventions, escalations for additional senior help, response, and documentation on advanced resuscitation proforma.	Delivered, Not Yet Evidenced	On Track	Quarterly audit of neonatal resuscitation of all babies requiring more than inflation breaths for 6 months then quarterly for a total of a year completed. Outcome from audit - CD and maternity education team to incorporate neonatal resuscitation education into NLS update teaching. This action was accepted as "Delivered, Not yet Evidenced" at Nov-24'MNTAC and will be followed by further evidence of learning from audit to be presented in February 2025. <u>Evidence Requirements for Delivery:</u> Resuscitation Audit <u>Evidence Requirements for Assurance:</u> Listed audits integrated into Forward Audit Plan	Immediate (0-3 months)	30/11/2024	12/11/2024	28/02/2025		Dr John Jones	CD's	Monday.com
NEMR3c/I_NEMR5	There are several areas where the unit should undertake audits to better understand its current care provision. These include the following: c. The unit should undertake a gap analysis of how its Family Integrated Care provision aligns with national guidelines.	Delivered, Not Yet Evidenced	On Track	This action was approved as 'Delivered, Not Yet Evidenced' at October 2024 MNTAC. <u>Evidence Requirements for Delivery:</u> Family Integrated Care benchmark, gap analysis and action plan <u>Evidence Requirements for Assurance:</u> Family Integrated Care action plan fully implemented Family Integrated Care action plan audited Listed audits integrated into Forward Audit Plan	Immediate (0-3 months)	30/09/2024	08/10/2024	31/08/2025		Dr John Jones	CD's	Monday.com

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NEMR3d/I_NEMR5	There are several areas where the unit should undertake audits to better understand its current care provision. These include the following: d. The unit should review National Neonatal Audit Programme (NNAP) quality outcome trends, particularly bronchopulmonary dysplasia, brain injury, non-invasive ventilation rates, and create quality improvement projects to address any issues identified.	Delivered, Not Yet Evidenced	On Track	The clinical team have undertaken a review of NNAP data for 2022/23 and is in the process of reviewing the outcome of the 2023 data, evidence to demonstrate this will be presented to MNTAC in December 2023. Further evidence of any amended practice or dissemination of learning will be presented to MNTAC in due course to provide evidence of embedded practice. <u>Evidence Requirements for Delivery:</u> NNAP review undertaken for latest available data through governance processes <u>Evidence Requirements for Assurance:</u> Robust Process in place for receiving and responding to national reports Evidence of QI projects delivered and audited	Immediate (0-3 months)	31/12/2024	10/12/2024	31/08/2025		Dr John Jones	CD's	Monday.com
NEMR4	The unit should develop a training programme on approaches to ventilation that reflect expectations in BAPM's Neonatal Airway Safety Standard, drawing on supporting training materials (for example, including for videolaryngoscopy).	Not Yet Delivered	On Track	Further to receipt of the final report, the clinical team have identified a series of actions required to demonstrate compliance with this recommendation. Current consultant staffing on the unit does not allow for a lead to be appointed until recruitment needs are met, which would be required to develop BAPM compliant training programme. An exception report was submitted to Feb-25's MNTAC and accepted, allowing for additional time while recruitment is underway. While a programme has not yet been developed that meets all requirements from the BAPM standard, training on airway safety continues to be delivered on the unit. Delivery and evidence dates were changed to Jul-25 and Oct-25 respectively. <u>Evidence Requirements for Delivery:</u> Training plan in line with BAPM Airway/ventilation standards (including cross speciality simulations) Training plan - competencies in place for members of the team Clinical Processes aligned with training plan <u>Evidence Requirements for Assurance:</u> Audits against standards in the training plan Training compliance from the LMS - 90% across all staff groups Rotas - all shifts have competent member of staff - Medical & Nursing	Short Term (0-6 months)	31/07/2025		31/10/2025		Dr John Jones	CD's	Monday.com
NEMR5/I_NEMR4	All neonatal nursing staff should be given protected time to attend mandatory training, equipment training and simulation sessions as a minimum. Simulation sessions should be regularly timetabled. To avoid nurses being pulled away from clinical duties, the trust could consider allocating one to two days over the year to complete mandatory training and attend multidisciplinary simulation training (like the approach taken in maternity services).	Delivered, Not Yet Evidenced	On Track	This action was approved as 'Delivered, Not Yet Evidenced' at October 2024 MNTAC. <u>Evidence Requirements for Delivery:</u> Training needs analysis Training plan for 2 day mandatory training Rosters and rotas demonstrating allocated time for training <u>Evidence Requirements for Assurance:</u> Compliance against TNA Rotas demonstrating staff being released for training	Short Term (0-6 months)	31/10/2024	08/10/2024	31/10/2025		Dr John Jones	CD's	Monday.com
NEMR6/I_NEMR4	Nursing quality roles must be allocated, with a particular focus on education, governance and Family Integrated Care, and staff given protected time to fulfil these roles.	Not Yet Delivered	On Track	Further to a benchmarking exercise comparing the establishment for the neonatal unit against BAPM standards, a business case was submitted requesting funding for the required posts to achieve best practice compliance with BAPM standards (including dedicated quality lead posts). This business case has been approved and is in the process of implementation. A balanced approach to recruitment is required to mitigate the risk of depleting the units core clinical workforce, consequently, there is a recruitment plan in place over a 12 month period, delivery of this is overseen by the Divisional Director of Nursing. Evidence of delivery of this action will be presented to MNTAC in March 2025. <u>Evidence Requirements for Delivery:</u> Planning in place to deliver recruitment trajectory Quality Roles in post - Education, Governance, Family Integrated Care <u>Evidence Requirements for Assurance:</u> Evidence of delivery within roles Rosters demonstrating protected time - 3 months	Short Term (0-6 months)	31/03/2025		31/08/2025		Paula Gardner	Julie Plant	Monday.com

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NEMR7	There should be protected time for bereavement quality roles in the neonatal service to work alongside the bereavement midwives.	Not Yet Delivered	On Track	Further to a benchmarking exercise comparing the establishment for the neonatal unit against BAPM standards, a business case was submitted requesting funding for the required posts to achieve best practice compliance with BAPM standards (including a dedicated bereavement lead post). This business case has been approved and is in the process of implementation. A balanced approach to recruitment is required to mitigate the risk of depleting the units core clinical workforce, consequently, there is a recruitment plan in place over a 12 month period, delivery of this is overseen by the Divisional Director of Nursing. An exception report was presented and accepted at Feb-25's MNTAC adjusting the delivery and evidence timescales to Jan-26 and Apr-26 respectively to adhere to the current trajectory for recruitment. <u>Evidence Requirements for Delivery:</u> Backfill in place to cover for quality roles duties Bereavement lead in post <u>Evidence Requirements for Assurance:</u> Evidence of delivery withing the roles Roster demonstrating protected time - 3 months	Short Term (0-6 months)	31/01/2026		30/04/2026		Paula Gardner	Julie Plant	Monday.com
NEMR8/I_NEMR4	ANNPs should receive 20% protected time to ensure they complete all four pillars of advanced practice and must be able to access their allocated time to update their skills on a NICU.	Delivered, Not Yet Evidenced	On Track	This action was approved as 'Delivered, Not Yet Evidenced' at October 2024 MNTAC. <u>Evidence Requirements for Delivery:</u> Rotas demonstrating planning allows for protected time for four pillars and allocated time on NICUs (3 months) ANNP rotation time allocated and rotations commenced (Ockenden LAFL 4.100 - validated through MNTAC in May-24) <u>Evidence Requirements for Assurance:</u> Audit demonstrating staff are released as required (including for rotation to NICU)	Short Term (0-6 months)	30/09/2024	08/10/2024	31/08/2025		Dr John Jones	CD's	Monday.com
NEMR9	Team building should be undertaken to reflect on this review and enable the multidisciplinary team to identify actions. This should provide the following opportunities: a. For more junior nursing staff to develop effective working relationships with senior doctors on the unit and collaborate in projects to take the unit forward. b. To ensure debriefs, learning events, meetings, teaching and education aim for a multidisciplinary and multiprofessional theme to reflect the work environment and how care is delivered. c. To encourage psychological safety in ways of working, events, education and training, to ensure a safe space for colleagues to flag any concerns and worries.	Not Yet Delivered	On Track	Further to publication of the final report, a workshop has been held with the specialty clinical teams to discuss this recommendation. A number of actions were identified by the team that will be implemented to ensure this recommendation is delivered. Evidence of delivery will be provided to MNTAC in June 2025 followed by evidence of embedded practice by September 2025 in line with the timescale provided within the report. <u>Evidence Requirements for Delivery:</u> Agile workshop - Actions Review Multidisciplinary training Representation of every tier of staff at Neonatal Workstream Learning events rolled out and open to all staff Unit meetings in place All members of the team invited to governance meetings Learning meetings integrated into preceptorship programme Internal meetings and communication strategy in place (Inc tea trolleys/social events) Process in place for debrief after acute events Civility saves lives and Human Factor Training part of TNA <u>Evidence Requirements for Assurance:</u> Meeting and events attendance records Measure of culture shift (survey results, recruitment & retention, reporting culture) Evidence of process being followed for acute events Civility saves lives and Human Factors training compliance	Medium Term (6-12 months)	01/06/2025		01/09/2025		Executive Triumvirate	Mr Andrew Sizer	Monday.com
NEMR10/I_NEMR4	Neonatal nursing leaders (eg senior sisters) should be given protected time to undertake management and leadership responsibilities.	Delivered, Not Yet Evidenced	On Track	This action was approved as 'Delivered, Not Yet Evidenced' at October 2024 MNTAC. <u>Evidence Requirements for Delivery:</u> Planning in place to deliver recruitment trajectory - funding in place Leadership roles appointed to - email <u>Evidence Requirements for Assurance:</u> Evidence of delivery within the roles - probationary objectives completed Rosters demonstrating protected time - 3 months	Short Term (0-6 months)	30/09/2024	08/10/2024	31/01/2025		Paula Gardner	Julie Plant	Monday.com

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NEMR11	This review highlights the benefits realised with excellence in clinical leadership. The Trust should build on this with specific leadership development investment for medical and nursing leaders within the neonatal unit (eg Neonatal Clinical Lead, Clinical Director, Neonatal Matron). This could be executive coaching or specific leadership development programmes to include topics such as embedding psychological safety in teams, leadership succession planning etc.	Not Yet Delivered	On Track	<p>The division has recently appointed a new clinical leadership team for the specialty. Two new CD's (job share) have commenced in post in September 2024, a new Ward Manager also commenced in post in September and a new Neonatal Matron has been appointed and will take up post in November 2024. Plans are in place to ensure each clinical leaders has an appropriate and bespoke personal development plan in place to equip them with the necessary leadership skills to succeed in their posts. Evidence of compliance with this will be presented to MNTAC in June 2025.</p> <p><u>Evidence Requirements for Delivery:</u> Neonatal Leadership enrolled on SaTH leadership programmes</p> <p><u>Evidence Requirements for Assurance:</u> Compliance with Leadership Programme Succession planning in place with development identified through appraisal process Attendance of Clinical directors to quarterly CD meetings MDT feedback for Leadership Team</p>	Medium Term (6-12 months)	31/06/2025		30/09/2025		Dr John Jones & Paula Gardner	Dr Andrew Sizer & Julie Plant	Monday.com
NEMR12	The maternity service has had a new level of stability, following patterns of high turnover across all senior management roles, which has boosted recruitment (section 6.3.4). Trust leaders should facilitate learning from what has worked well in maternity and how this can be translated to neonatal consultant and nursing leadership development on an ongoing basis.	Not Yet Delivered	On Track	<p>The divisional senior team responsible for maternity services in SaTH is also responsible for neonatal services. Consequently, learning from what has worked well in transforming maternity services has informed operational and clinical planning for the neonatal service. Fundamentally, a business case was submitted to the system by the division in March 2023 to seek funding for both clinical and governance roles to bring the service workforce establishment in line with BAPM best practice standards. The funding required has now been provided and recruitment to the identified roles is underway.</p> <p>In addition to this, the Maternity Transformation Programme has been expanded to incorporate delivery of this action plan, adopting the same improvement methodology which has proven to be successful for maternity service transformation.</p> <p>Evidence of compliance with this recommendation will be presented to MNTAC in June 2025.</p> <p><u>Evidence Requirements for Delivery:</u></p> <p><u>Evidence Requirements for Assurance:</u></p>	Medium Term (6-12 months)	31/06/2024		30/09/2025		Dr John Jones & Paula Gardner	Dr Andrew Sizer & Julie Plant	Monday.com

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NEMR13	The PMRT process needs further development to become a useful mechanism for learning, including securing neonatal consultant as well as fetal medicine externality, protected time for neonatal nurse participation, and a clear mechanism for sharing learning with respect to the network. A network-wide approach may be needed to make best use of available resources and expertise, given the tension between a neonatal unit functioning with significant workforce gaps alongside a need of more from this same workforce in terms of PMRT attendance.	Delivered, Not Yet Evidenced	On Track	<p>Actions have been identified by the clinical leadership team to deliver this recommendation. In addition to this, discussions will be held with network colleagues regarding the potential for developing a network wide approach. This action was agreed as 'Delivered, Not Yet Evidenced' at Feb-25's MNTAC.</p> <p><u>Evidence Requirements for Delivery:</u> PMRT Business Case including PMRT resources PMRT ToRs inc. externality requirement Agendas and Minutes from Quarterly Network Mortality meetings</p> <p><u>Evidence Requirements for Assurance:</u> Evidence of delivery against PMRT action plans - completed to agreed standards</p>	Short Term (0-6 months)	31/01/2025	11/02/2025	31/03/2025		Dr John Jones	CD's	Monday.com
NEMR14/_NEMR1	Learning and actions from PMRT and incidents must be clearly documented and there must be a robust mechanism for feedback to the multidisciplinary team.	Delivered, Not Yet Evidenced	On Track	<p>This action was approved as 'Delivered, Not Yet Evidenced' at October 2024 MNTAC. An exception report was accepted at Feb-25's MNTAC moving the evidence date to May-25 while the team continues to embed the PMRT processes and improves delivery of actions plans linked to PMRT.</p> <p><u>Evidence Requirements for Delivery:</u> ANNP mortality lead in post Monthly PMRT update template and schedule - Q2 through October Governance Quarterly joint mortality meetings (Shared with maternity) Section at governance meetings dedicated to the sharing of learning from PMRT</p> <p><u>Evidence Requirements for Assurance:</u> Evidence of compliance with process Multiple examples of the monthly PMRT update Evidence of shared learning at meetings</p>	Short Term (0-6 months)	30/09/2024	08/10/2024	31/05/2025		Dr John Jones	CD's	Monday.com
NEMR15	The service should ensure compliance with the medical and nursing standards as listed in BAPM Service and Quality Standards for Provision of Neonatal Care in the UK, November 2022.	Not Yet Delivered	On Track	<p>Further to a benchmarking exercise comparing the establishment for the neonatal unit against BAPM standards, a business case was submitted requesting funding for the required posts to achieve best practice compliance with BAPM standards. This business case has been approved and is in the process of implementation. A balanced approach to recruitment is required to mitigate the risk of depleting the units core clinical workforce, consequently, there is a recruitment plan in place over a 12 month period, delivery of this is overseen by the Divisional Director of Nursing. Evidence of delivery of this action will be presented to MNTAC in June 2025 to allow time for recruitment into the new posts identified.</p> <p><u>Evidence Requirements for Delivery:</u> Benchmark against all standards Action plan for any identified gaps</p> <p><u>Evidence Requirements for Assurance:</u> Completion of the action plan</p>	Short Term (0-6 months)	31/06/2025		30/09/2025		Dr John Jones & Paula Gardner	Dr Andrew Sizer & Julie Plant	Monday.com

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NEMR16	The neonatal service should review its 'golden hour' care practices for preterm infants and sick term infants born within the service, with a focus on implementing evidence-based care practices around resuscitation, stabilisation, surfactant administration and other supportive measures in the first few hours after birth.	Not Yet Delivered	Off Track (see exception report)	A golden hour checklist has been produced and implemented within the department however it only accounted for preterm babies. A review is underway to include sick term babies as per the recommendation. To complete this work, the team requested additional time through an exception report which was accepted at Dec-24's MNTAC. This amended the deadlines to Jan-25 for amber and May-25 for green. This action has been agreed as 'Off Track' at feb-25's MNTAC. With no national guidance available for a golden hour checklist for term babies, the team has contacted the reviewers for more information. A meeting is being organised and new timelines will be proposed once guidance has been received. <u>Evidence Requirements for Delivery:</u> Amended guideline and checklist <u>Evidence Requirements for Assurance:</u> Audit of guideline and checklist implementation	Short Term (0-6 months)	31/01/2025		31/05/2025		Dr John Jones	Mr Andrew Sizer	Monday.com
NEMR17	The trust should expedite consideration of the business case for an electronic patient record to enhance the accurate recording of the clinical journey for babies admitted to the neonatal unit.	Not Yet Delivered	On Track	A business case for the implementation of an electronic patient record for the neonatal service has been produced and will be presented to the Women & Children's Divisional Committee in October 2024. Further to approval via divisional committee, the case will be submitted to Trust executives for review/ approval. Evidence of these actions will be provided to MNTAC in January 2025. <u>Evidence Requirements for Delivery:</u> Updated costings for NNU EPR Decision for implementation of NNU EPR <u>Evidence Requirements for Assurance:</u> Implementation of NNU EPR	Medium Term (6-12 months)	31/01/2025		31/09/2025		Ned Hobbs	Carol McInnes	Monday.com
NEMR18	The trust should engage the network in discussions over having a robust 24/7 cot locator service for antenatal and acute postnatal transfers, and for a review to take place into NICU capacity. Consideration could be given to a digital solution that also incorporates maternal bed availability and to learn from exemplar networks with well-developed cot locator services.	Not Yet Delivered	Not Started	Initial discussions with the network regarding the outcome of the review and the associated network wide recommendations to be scheduled. Dates for implementation to be agreed with network colleagues. <u>Evidence Requirements for Delivery:</u> <u>Evidence Requirements for Assurance:</u>	Medium Term (6-12 months)	TBC		TBC		Dr John Jones	Mr Andrew Sizer	Monday.com
NEMR19	The trust should engage the neonatal network in the findings of this review, and specifically: a. Questions raised by the review team over the functioning of the network, with the LNU at times left caring for extremely sick premature babies for longer than it ought to. b. The impact of instances when the NICU appeared reluctant to accept patients for transfer from the LNU (section 6.1.4) on the likelihood or readiness for staff at the LNU to make a referral, and on timely transfer. questions raised during interviews over whether escalation to NICUs happened sufficiently early and 'assertively enough' (section 6.2.2).	Not Yet Delivered	Not Started	Initial discussions with the network regarding the outcome of the review and the associated network wide recommendations to be scheduled. Dates for implementation to be agreed with network colleagues. <u>Evidence Requirements for Delivery:</u> <u>Evidence Requirements for Assurance:</u>	No Timeline Allocated	TBC		TBC		Dr John Jones	Mr Andrew Sizer	Monday.com

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NEMR20	The neonatal team should review the feedback provided on the 18 cases reviewed as an opportunity to consider learning for the whole MDT.	Not Yet Delivered	On Track	Further to receipt of the final report, the clinical team have identified a series of actions required to demonstrate compliance with this recommendation. Evidence will be submitted to MNTAC to demonstrate compliance in December 2024. An exception report was submitted and accepted at Dec-24's MNTAC requesting additional time to conduct a thorough review of the feedback and sharing of the learning from that review thereafter. deadlines were amended to Mar-25 for amber and Jun-25 for green. <u>Evidence Requirements for Delivery:</u> Plan for communication around the action plan and staff involvement in the delivery of the work Plan for the communication of the content of the report itself Review of the 18 cases feedback <u>Evidence Requirements for Assurance:</u> Evidence of communication Evidence of learning from the review being shared appropriately Evidence of attendance to relevant meetings	Short Term (0-6 months)	31/03/2025		30/06/2025		Dr John Jones & Paula Gardner	Mr Andrew Sizer & Julie Plant	Monday.com
NEMR21	The unit should develop a clear programme of quality improvement and audit linked to clinical incidents and PMRT. Audits may include: airway management, golden hour timings, stabilisation, prescribing, documentation. It may be advisable to ask comparable units within a different ODN to share details of their audit programmes and examples of audit proformas, in addition to linking with audits taking place across the ODN.	Not Yet Delivered	On Track	Further to receipt of the final report, the clinical team have identified a series of actions required to demonstrate compliance with this recommendation. To note, additional capacity for clinical audit and quality improvement was incorporated into the aforementioned business case. An exception report was approved at Jan-25's MNTAC changing the delivery and evidence dates to Feb-25 and Jun-25 respectively. This will allow the processes to go through appropriate governance. <u>Evidence Requirements for Delivery:</u> Audit lead in post Forward audit plan in place Quality Improvement lead in post Quality Improvement plan in place Monthly dashboard with review of trends and themes Share QI plan and practices with other networks Process - what triggers a QI project & how we do QI (Improvement hub) <u>Evidence Requirements for Assurance:</u> Evidence of audits completed according to the Forward Audit Plan Evidence of QI projects delivery	Short Term (0-6 months)	28/02/2025		30/06/2025		Dr John Jones & Paula Gardner	Mr Andrew Sizer & Julie Plant	Monday.com
NEMR22	The trust should consider sharing the conclusions of this review with families (in particular the parents of the babies whose cases were reviewed), and other service users.	Evidenced and Assured	Completed	The Committee agreed this action was fully evidenced and assured following the engagement with the families impacted in the report and the report's presentation at Public Board. <u>Evidence Requirements for Assurance:</u> - Report presented at Public Board and associated minutes - Evidence of meetings with families available due to confidentiality considerations.	Short Term (0-6 months)	31/12/2024	10/12/2024	31/03/2025	10/12/2024	Dr John Jones	Dr John Jones	Monday.com
NEMR23	The service must implement Family Integrated Care and regularly seek out family feedback and involvement in service improvements and redesign. This could be done by using network parent advisory groups, for example.	Not Yet Delivered	On Track	The clinical teams have identified a series of actions to fully deliver this recommendation. To note, a dedicated FIC' post was included within the aforementioned business case which has been approved. This will allow dedicated resource to deliver the required service. Evidence of compliance with this recommendation will be presented to MNTAC in June 2025 in line with the independent review timescale of required delivery within 6-12 months. <u>Evidence Requirements for Delivery:</u> Patient Experience Group - Neonates Nurse Specialist in post MNVP surveys and meetings Local Parent Advisor 'Champion' Benchmark against BAPM PIC standard - Gap Analysis <u>Evidence Requirements for Assurance:</u> Evidence of Nurse Specialist delivering in role Compliance with BAPM OIC standards Evidence of deliverables from PEG meetings and survey findings	Medium Term (6-12 months)	31/03/2025		31/06/2025		Paula Gardner	Julie Plant	Monday.com

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Neonatal External Mortality Review

Ref	Action required	Delivery Status	Progress Status	Status Commentary (This Period)	Timeline set out in Report	Delivery Due Date (Amber)	Actual Completion Date	Date to be evidenced by	Date evidenced by	Lead Executive	Accountable Person	Location of Evidence
NEMR24	This report should be shared with the trust board, which should have oversight of any action plan developed to address the recommendations.	Delivered, Not Yet Evidenced	On Track	<p>The report and the associated action plan will be presented to the Trust Board in November 2024. This will be followed by regular reports on progress of delivery aligned with the assurance processes incorporated into the MNTAC process. This action was agreed as 'Delivered, Not Yet Evidenced' at Jan-25's MNTAC.</p> <p><u>Evidence Requirements for Delivery:</u> Agenda and Minutes from Board BoD Neonatal Review appendix</p> <p><u>Evidence Requirements for Assurance:</u> Evidence of progress being shared at agreed intervals</p>	Medium Term (6-12 months)	31/12/2024	14/01/25	31/05/25		Dr John Jones	Carol McInnes	Monday.com

Colour	Status	Description
Red	Not yet delivered	Recommendation is not yet in place; there are outstanding tasks.
Yellow	Delivered, Not Yet Evidenced	Recommendation is in place with all tasks complete, but has not yet gone through the assurance and sign-off process.
Green	Evidenced and Assured	Recommendation is in place, evidence proving this has been approved by executive and signed off by committee.

Counts

NEMR

Delivery Status

Action Type	Total number of actions	Not yet delivered	Delivered, Not Yet Evidenced	Evidenced and Assured
Actions	27	14	11	2
Total	27	14	11	2

Progress Status

Action Type	Total number of actions	Not Started	On Track	At Risk (see exception report)	Off Track (see exception report)	Completed	Descoped (See exception report)
Action	27	2	22	0	1	2	0
Total	27	2	22	0	1	2	0

Glossary and Index to the Neonatal Mortality Review Action Plan

Colour coding: Delivery Status

Colour	Status	Description
	Not Yet Delivered	Action is not yet in place; there are outstanding tasks to deliver.
	Delivered, Not Yet Evidenced	Action is in place with all tasks completed, but has not yet been assured/evidenced as delivering the required improvements.
	Evidenced and Assured	Action is in place; with assurance/evidence that the action has been/continues to be addressed.

Colour coding: Progress Status

Colour	Status	Description
	Not started	Work on the tasks required to deliver this action has not yet started.
	Off track	Achievement of the action has missed or the scheduled deadline. An exception report must be created to explain why, along with mitigating actions, where possible.
	At risk	There is a risk that achievement of the action may miss the scheduled deadline or quality tolerances, but the owner judges that this can be remedied without needing to escalate. An exception report must nonetheless be created to explain why exception may occur, along with mitigating actions, where possible.
	On track	Work to deliver this action is underway and expected to meet deadline and quality tolerances.
	Complete	The work to deliver this action has been completed and there is assurance/evidence that this action is being delivered and sustained.
	Descoped	The work to deliver this action is not within the Trust's control to deliver. It is therefore descoped until such time that Local or National progress is made to enable the Trust to implement and embed this action.

Accountable Executive and Owner Index

Name	Title and Role	Project Role
Paula Gardner	Executive Director of Nursing	Overall MNTP Executive Sponsor
John Jones	Executive Medical Director	Overall MNTP Executive co-sponsor
Andrew Sizer	Medical Director, Women & Children's Division	Senior Responsible Officer, MNTP and Accountable Action Owner
Carol McInnes	Director of Operations, Women & Children's Division	Accountable Action Owner
Julie Plant	Divisional Director of Nursing	Accountable Action Owner
Alison Belfitt	Co-Clinical Director - Neonatal	Accountable Action Owner
Jen Brindley	Co-Clinical Director - Neonatal	Accountable Action Owner