

NHS Greater Glasgow & Clyde

NHS Board Meeting

Dr Margaret McGuire
Nurse Director

21 August 2018



Paper No:18/40

The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland – Progress Report

Recommendation:-

Board Members are asked to note the progress made in implementation of The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland.

Purpose of Paper:-

This paper provides Board members with an update to the Board paper No 17/17 delivered to NHSGGC at its meeting of 27 June 2017.

Key Issues to be considered:-

1. Implementation of the 'Best Start' Programme will be a significant change initiative for services across NHS Greater Glasgow & Clyde.
2. Patient, Public and Staff engagement will be central to the effective development and implementation of the changes to be made to our models of care.
3. The Board has made good progress with implementation of 'The Best Start' as evidenced by 23 recommendations been progressed locally.
4. The 'Early Adopter Board' project involving collaboration with NHS Highland services has commenced and progress will be monitored with key milestones reported to the Neonatal and Maternity Executive Group.

Any Patient Safety /Patient Experience Issues:-

None.

Any Financial Implications from this Paper:-

Not at this stage in progress report. As part of the early adopter work it is expected that the financial implications of introducing neonatal transitional care and changing models of care will be identified.

Any Staffing Implications from this Paper:-

Not at this stage in progress report. As part of the early adopter work it is expected that the staffing implications of introducing neonatal transitional care and changing models of care will be identified.

Any Equality Implications from this Paper:-

None.

Any Health Inequalities Implications from this Paper:-

None.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

No.

Highlight the Corporate Plan priorities to which your paper relates:-

Better Care; Better Health; Better Value; Better Workplace.

Author – Evelyn Frame, Chief Midwife and Board Lead for Best Start

Tel No - 07772633627

Date – 9 August 2018

The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland

Progress Report August 2018

Executive Summary

1. This paper provides Board members with an update to the Board paper No 17/17 delivered to NHSGGC at its meeting of 27 June 2017.
2. It outlines the current status of work ongoing on The Best Start and implementing the recommendations contained within the report against the context of national planning and support; including the Early Adopter work in Clyde carried out, some in conjunction with Highland Health Board.
3. Progress is on schedule with the 23 local recommendations that are within the remit of NHS GG&C.
4. The issues with potential implications of significance to NHS GG&C services are:
 - The Framework for Community Hubs and Free standing Maternity Units.
 - The Early Adopter Board pilot in Clyde, including partnership with NHS Highland.
 - Potential resources in relation to introducing a continuity of carer model, midwifery birthing unit and neonatal transitional care.
 - Perinatal Models of Care.

Context

5. *'Best Start' – A five year forward plan for Maternity and Neonatal Care in Scotland* was published by the Scottish Government in January 2017. This set out a vision for the future planning, design and safe delivery of high quality maternity and neonatal services in Scotland. It puts the family at the centre of decisions so that all women, babies and their families get the highest quality of care according to their needs.
6. The report identified 76 recommendations of which 23 are to be taken forward by NHS Boards locally, with the remainder being co-ordinated with other agencies on a national basis or by the Scottish Government. The 23 local recommendations have been prioritised by the Scottish Government into short term 0-12 months (January 19), medium term 6-18 months (July 19) and long term 18+ month timeframes. NHS Boards are required to provide a six monthly progress report to the Scottish Government on the 23 recommendations , the first report (July 2018) is attached as Appendix 1.
7. National Sub-Groups have been established and are focused on:
 - Perinatal Models of Care
 - Maternity Models of Care
 - Workforce & Education

8. The Scottish Government have sponsored 5 “Early Adopter Boards” to implement and lead learning and develop National Frameworks around Continuity of Carer, Community Hubs, Community Hubs – Freestanding Midwifery Units (FMU's) and Neonatal Transitional Care which will be shared with non Early Adopter Boards to support implementation. The Clyde Sector of NHS GG&C, with NHS Highland, has been supported as one of the Early Adopter Boards and is receiving funding to support local planning and project management.

Current Position

9. The Board has established the Maternity and Neonatal Executive Group to oversee implementation of ‘The Best Start’ programme.

Recommendations for Local Implementation

10. Good progress is being made on the recommendations for local implementation as detailed in the July 2018 submission to Scottish Government (Appendix 1). Of the 9 recommendations due by January 2019, two are complete and the remaining seven are on track. The next milestone will be July 2019 with the completion of an additional 10 recommendations, with the remainder still to have a delivery date agreed.
11. Of this cohort, the most challenging is recommendation 15 which relates to ensuring provision of full range of choice of place of birth to be delivered by July 2019. All options are currently available within the Clyde Sector. However, neither the The Queen Elizabeth University Hospital Maternity Unit nor The Princess Royal Maternity currently has a Midwife Birthing Unit. Areas have been identified in both units and feasibility studies commenced in August 2018 to assess suitability and associated costs. The findings will inform the business plans to meet this requirement. National work is progressing to agree pathways for women suitable to birth in the MBU's and the relevant education and training required.

National Sub Groups

12. *Perinatal Models of Care*: The review included a review of the whole model of neonatal care and concluded that all current neonatal units remain, however the intensive care element will be considered as part of the national work. The Sub Group has only recently been convened and is in the early stages of its work programme.
13. *Maternity Models of Care*: Four draft frameworks which are being developed nationally were released in Spring 18 and set out the direction for new models of continuity of carer and local delivery of care which are being tested by the Early Adopter Boards. Within NHS GG&C, this will work will progress in the Clyde Sector as a designated early adopter pilot site.

a. Community Hub

The framework describes how community hubs will be designed to meet the needs of the locality and may in some cases include Free Standing Midwifery Units such as the Birthing Units at the Vale of Leven. Using nationally agreed criteria NHSGGC will complete an

assessment of the scope, viability and potential impact of the hubs in local areas, ensuring that they meet the needs of the locality while balancing access needs and ensuring resources are used to their maximum effect.

The current services provided at the Vale of Leven (VoL) and Inverclyde Royal Hospital (IRH) CMU's are ideal to allow classification as Hubs. There has been progress at the VOL in alignment of midwifery staffing into teams of 6 midwives and alignment of obstetricians to the teams in line with recommendations.

The context in Paisley is more complex as currently midwives are based in a large number of GP practices. Scoping of current antenatal care provision is underway. Development of the 'hubs' will be dependent on availability of suitable premises.

b. Neonatal Transitional Care Framework

Based on the British Association of Perinatal Medicine (BAPM 2017) resource document, 'A Framework for Neonatal Transitional Care (NTC)', Boards should review their current service pathways to ensure mothers and babies stay together where possible. NHS GG&C has limited provision of Neonatal Transitional Care (NTC) across the three maternity units. A plan has been developed to provide a dedicated 4-6 bedded area on each site. The facility would provide access on a 24 hour, 365 day basis. A business case is being drafted with the view to establishing a pilot at the QEUH from January 2019 subject to available resources. Staff education required for NTC has been developed and piloted in NHS GG&C and will be used as national training with support from National Education for Scotland (NES). Any resource implications will need to be considered in due course.

c. Delivering Continuity of Carer

This framework outlines requirements to introduce continuity of carer from a primary midwife by reviewing models of care so that women receive the majority of their care from the primary midwife. The framework sets a target for 75% of women to be receiving continuity of carer by the primary midwife by the end of 2019. There are a range of requirements for early adopter Boards to work through including obstetric continuity of carer, core hospital staffing, defining optimum size of a caseload to include vulnerability, role of support staff, staff training and education. With this framework now being available a full implementation plan will be agreed in September.

As an early adopter Board work is already progressing on elements of the framework for example:

- Vale of Leven: realignment of midwives into teams of 6, linked to an obstetrician with changes to midwives on-call arrangements, all of which is designed to strengthen continuity of carer.
- Introduction of "Attend Anywhere" with NHS Highland enabling continuity to be delivered using video appointments, reducing travel for women and staff.

- Introduction of honorary contracts and standard operating procedures to allow midwives to work across Health Board boundaries. This is to be adopted nationally.
 - Plan under development for a team of 6 midwives to test a continuity of carer model from Royal Alexandra Hospital. This work will support planning around realignment of resources and identification of any additional resources.
14. *Workforce and Education*: This sub group will draw from the learning of the Early Adopter Boards and the National Frameworks once these have been assessed. Preparatory work will involve a stock take of education and training requirements from the Heads of Midwifery and the broader midwifery workforce. This is being taken forward in conjunction with the National Education for Scotland.

Stakeholder Engagement and Communications

15. A core principle through the 'Best Start' Programme is ensuring continuous engagement with our service users and staff. This will inform how developments will progress and help our stakeholders understand changes that we are making to improve the quality and safety of services and the health and wellbeing of mothers and babies.
16. The Maternity and Neonatal Executive Group have published a communications plan which includes a web page link: [NHSGGC Maternity & Neonatal Review Information](#). Staff engagement events have been underway since the publication of The Best Start Report in January 2017 and a rolling programme will continue for the duration of the implementation. Local and national learning events for staff have also been held in conjunction with the Royal College of Midwives.
17. There is a working group supported by the Board's Patient Experience, Public Involvement Team. This is developing a framework of activities, using a broad range of tools, and building on existing Stakeholder Reference Groups to ensure we can reach the different communities across NHS GG&C.
18. With the Early Adopter work in Clyde, there is a priority to start sooner than across the rest of The Health Board area. In addition to the engagement sessions noted above, a questionnaire is being distributed to Clyde Midwives and can be extended to all staff groups. We are also working with the Stakeholder Reference Groups in Vale of Leven and Inverclyde to design a service user questionnaire. This questionnaire will provide baseline data around women's current experience of continuity of carer and will be repeated to measure women's experience as the new model of care is implemented. A workshop with stakeholders is planned for the autumn. The approach used in Clyde will be extended across Glasgow to ensure service user engagement and supplement the current, ongoing engagement sessions with the multidisciplinary team.

Conclusions/Recommendations

19. Implementation of the 'Best Start' Programme will be a significant change initiative for services across NHS Greater Glasgow & Clyde.

BOARD OFFICIAL

20. Patient, Public and Staff engagement will be central to the effective development and implementation of the changes to be made to our models of care.
21. The Board has made good progress with implementation of 'The Best Start' as evidenced by 23 recommendations been progressed locally.
22. The 'Early Adopter Board' project involving collaboration with NHS Highland services has commenced and progress will be monitored with key milestones reported to the Neonatal and Maternity Executive Group.

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>2. Birth Plan: Every woman will have a clear birth plan developed for her needs which is updated regularly throughout her maternity journey.</p>	<p>Boards will ensure that all women have a dynamic and regularly updated plan for care covering pregnancy, birth and postnatal care and that this is record (e.g. in SWHMR)</p>	<p>Paper based audit in final stages of development that will facilitate monitoring to ensure all women have a clear birth plan and it is updated regularly.</p> <p>SCM's will commence monthly audits of care which will be reported through the professional route.</p> <p>Clinical Management Plans developed and form part of BADGER electronic patient record.</p> <p>BADGER to be explored regarding possibility of audit reports</p>	<p>Completed by January 2019</p>	<p>Green</p>	

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>19. Postnatal Care: Options for postnatal care should be discussed with women throughout pregnancy and a plan agreed which takes account of their unique circumstances</p>	<p>As above.</p>	<p>Paper based audit in final stages of development that will facilitate monitoring to ensure all women have a clear birth plan and it is updated regularly.</p> <p>SCM's will commence monthly audits of care which will be reported through the professional route.</p> <p>BADGER to be explored regarding possibility of audit reports.</p>	<p>Completed by January 2019</p>	<p>Green</p>	

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>4. Parents of babies in neonatal care should be involved in decisions about the care of their baby and in providing as much care for their baby as possible</p>	<p>1. All parents should have a consultation with a Consultant within 24hr (NNAP measure) 2. Parents should be involved in ward rounds 3. Parents should be encouraged to carry out personal care for their baby where possible and parent training should be provided to support this.</p>	<p>1.Data consultations within 24hrs of admission is recorded on Neonatal Badger IT system 2. Parents/carers presence and involvement on ward rounds is welcomed and recorded on Neonatal Badger IT system 3. Parents are encouraged to be actively involved in all aspects of the care for their baby. Parents/Carers are provided with support and education to provide care for their baby.</p>	<p>Completed by January 2019</p>	<p>Blue</p>	

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>43. Parents should be involved In decision-making throughout and involved in practical aspects of care as much as possible. This includes the provision of facilities for overnight accommodation, encouraging kangaroo skin-to- skin care and early support for breastfeeding.</p>	<p>1. Units should provide facilities to support kangaroo care, support for breastfeeding and breast milk feeding. 2. Units should demonstrate implementation of neonatal quality framework section 3.1 on person centered care.</p>	<p>1. All units within GG&C have overnight accommodation, expressing rooms and breast pumps. Kangaroo care is supported, stickers in use. UNICEF Stage 3 accreditation achieved at RHC and PRM NNU. RAH Stage 2 Accreditation, Stage 3 Audit 2018. 2. Annual self evaluation of Section 3.1 of Quality Framework.</p>	<p>Completed by January 2019</p>	<p>Blue</p>	

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>12. Multi-professional team work: All NHS Boards should ensure that high performing, multi-professional teams are developed, and supported, to operate effectively and that this team development is afforded the highest priority at NHS Board level. Multi-professional team training opportunities should be explored and should include all levels of staff within Boards.</p>	<p>Boards to ensure local systems for MDT Training are in place and ongoing. This is also a feature of Core Mandatory Updating for midwives and obstetricians which will be issued in 2018.</p>	<p>There are a number of working groups which are all multidisciplinary and report into the Clinical Governance or local Operational Management Groups.</p> <p>The following education programmes are multidisciplinary and involve local staff managing and attending the programmes:</p> <ul style="list-style-type: none"> ▪ Neonatal resuscitation ▪ Neonatal Qualification in specialty ▪ PROMPT ▪ SCOTTIE ▪ Neonatal resuscitation - Examination of the newborn - K2/RCOG (cardiotocograph interpretation) ▪ REACTS <p>There is an annual perinatal meeting and an annual Clinical Risk NHSGGC wide event, both of which are multidisciplinary.</p> <p>There are a number of quality improvement projects which include joint working.</p> <p>Core Mandatory training will be reviewed following receipt of National guidance.</p>	<p>Completed by January 2019</p>	<p>Green</p>	

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>20. Postnatal stay: For the majority of women, all key processes should be aligned and streamlined to ensure early discharge is the norm.</p>	<p>Boards should plan requirements to support early transfer home including: Routine Examination of the Newborn in a range of care settings.</p>	<p>This is the philosophy of the service in accord with individual patient needs.</p> <p>Examination of the Newborn is undertaken in hospital and community settings.</p> <p>Enhanced Recovery processes in place for Caesarean Section demonstrating real improvements in preparation and timely discharge.</p> <p>Review of current pathway patient information to streamline the process.</p>	<p>Completed by January 2019</p>	<p>Green</p>	

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>40. Third Sector: All staff in maternity and neonatal units should be aware of third sector support organisations operating in their area and be able to signpost them to women and families in their care.</p>	<p>Boards to review existing local third sector directory [note: National List is available via Ready Steady Baby]</p>	<p>All staff have access to a directory of local information on third sector organisations to provide support in maternity and neonatal settings.</p> <p>All neonatal sites have NCT and BLISS peer support volunteers.</p> <p>Parents are directed to other support organisations including SANDs and TAMBA.</p> <p>Family and Financial support services are also available.</p> <p>There is a midwife in Glasgow dedicated to Homeless issues and has links with 3rd sector services and is used as a resource by other midwives.</p> <p>To complete review of local third sector directory with Ready Steady Baby.</p>	<p>Completed by January 2019</p>	<p>Green</p>	

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>41. Bereavement support: in every case where a family is bereaved they should be offered access to appropriate bereavement support before they leave the unit, and each maternity and/or neonatal unit should have access to staff members trained in bereavement care. Families should also be provided with appropriate information about bereavement services locally, both in hospital and third sector services, and also information on follow up care and what happens next.</p>	<p>Boards to develop a plan to ensure:</p> <ol style="list-style-type: none"> 1. Each maternity and neonatal unit has access to staff members trained in bereavement care and pathways are in place to access this support 2. Information is available on bereavement services locally 3. All staff are aware of this and can provide information on follow up care. 	<p>Bereavement Support is offered via a small number of maternity staff trained in bereavement care over and above that provided as part of undergraduate education and via the third sector.</p> <p>Work is ongoing to ensure current information about local bereavement services is available and in line with recent National guidance and is being undertaken by multi-agency input.</p> <p>Each maternity unit has a dedicated resourced area to accommodate bereaved parents.</p> <p>Parents can take their baby home with support and memory boxes are provided.</p> <p>The local chaplaincy service provides a full package of support and there are dedicated memorial services throughout GGC.</p> <p>NHSGGC Family Bereavement Service is re-established led by Child Bereavement UK as part of the Glasgow Bereavement Services Network.</p>	<p>Completed by January 2019</p>	<p>Green</p>	

Reporting Template
Short Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
41. Continued		<p>Access to Bereavement Support Staff pre, at time and post bereavement, at a location of choice within GGC.</p> <p>Counselling available for immediate family members.</p> <p>Training for staff x12 per annum.</p> <p>Prior to and following discharge patient information leaflets are give which detail support available, what happens next and follow up care.</p> <p>Bereavement training plan for staff being developed which will include evaluation and monitoring.</p>	Completed by January 2019	Green	

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated

Reporting Template
Medium Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
6. Partners to stay: All units should take a flexible approach to the presence of partners, to ensure that families can stay together, with suitable accommodation being provided.	Board to realign facilities to implement nationally agreed framework.		Completed by July 2019.	TBC	
9. Antenatal Education: High quality prenatal and antenatal education must be available to all, and NHS Boards should continue to promote and improve early access to antenatal education.	Boards to review existing education. NHS Health Scotland and NES will be commissioned to review and, where appropriate, refresh the national programme and resources.		Completed by July 2019.	TBC	

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated

Reporting Template
Medium Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>15. Choice: Each NHS Board should ensure that they are able to provide the full range of choice of place of birth within their area.</p>	<p>Every OU should have facilities for midwife led care and/or specifically allocated midwife led rooms within the OU. Home birth is a viable option for appropriate women.</p>	<p>CLYDE All option choice of place of birth currently available within Clyde. Review to be undertaken for current stand alone CMU's within Clyde against national framework. GLASGOW Proposals in principle to establish alongside midwife birthing units in QEUH & PRM complete. Feasibility studies for above underway at QEUH and PRM. Current Clyde guidelines on pathway for midwife led birth being updated to reflect current evidence base. Home Birth is an option across GGC.</p>	<p>Completed by July 2019.</p>	<p>Green</p>	

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated

Reporting Template
Medium Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>30. Fetal Medicine: Each unit must identify a lead obstetrician who has or will develop appropriate expertise in fetal medicine. There must be on-going good communication with and information for parents as well as robust referral pathways in each Board to ensure strong links between local and regional/national centre's.</p>	<p>All Boards currently have a lead identified. We will ensure this is reviewed in 12 months.</p>	<p>All three GGC units have Obstetric Leads with Fetal Medicine infrastructures.</p> <p>QEUH has the National Fetal Medicine Unit. There is a lead consultant obstetrician for this service.</p> <p>All Scottish Boards refer into the FMU at QEUH and if and when required patients may be referred on to the Queen Elizabeth Hospital, Birmingham.</p> <p>Current referral pathways being described.</p>	<p>Completed by July 2019.</p>	<p>Green</p>	

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated

Reporting Template
Medium Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
32. Critical Care Staff: Staff providing critical care in theatre, recovery or high dependency must comply with national standards, be appropriately trained and regularly maintain competencies. Adequate staffing levels must be in place within theatres, recovery and high dependency areas.	Review existing staff training and workforce and develop a local plan to ensure that appropriate workforce will be in place.		Completed by July 2019		
33. Theatre staff: Maternity theatres should have dedicated theatre staffing, and these staff are appropriately trained and managed.	Review existing staff training and workforce and develop a local plan to ensure that appropriate workforce will be in place.		Completed by July 2019		

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated

Reporting Template
Medium Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
34. Vulnerable women: All NHS Boards should conduct a systematic needs assessment focused on the pattern of vulnerable women of child bearing age in their area and develop specific, targeted services for women with vulnerabilities, with team care constructed around women's needs.	Systematic needs analysis undertaken by Boards to determine local population need based on the core vulnerability criteria		Completed by July 2019		

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated

Reporting Template
Medium Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
<p>35. Vulnerable women: All staff should receive a level of training to support them to identify and support vulnerable women as part of routine care, and women with the most complex vulnerabilities should have access to a specialist team. Midwives in these roles will continue to provide continuity of carer, should have reduced caseload in recognition of the complexity of the women, and will act as the co-coordinator of team care for the woman.</p>	<p>Boards to carry out a systematic needs assessment of staff training and updating required.</p>		<p>Completed by July 2019</p>		

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated

Reporting Template
Medium Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
37. Perinatal Mental Health: All NHS Boards should review their current access to perinatal mental health services to ensure early and equitable access is available to high quality services, with clear referral pathways. NHS Boards should ensure adequate provision of staff training to allow staff to deliver services to the appropriate level. Primary midwives should play a proactive and systematic role in the identification and management of perinatal mental health care.	Boards to undertake systematic review of current access and provision of mental health services.	<p>Perinatal Mental Health (PMH) inpatient services are available within GGC with clear referral pathways.</p> <p>A mapping of current services in each Board in Scotland took place in March 2017 by PMH MCN and report awaited.</p> <p>A team approach to supporting PMH is in place including a Consultant Perinatal, Psychiatrist and Nurse Consultant for PMH.</p> <p>An established service pathway is in place with service access and advice available for midwives via the PMHS advice line. This covers all women in pregnancy that has an existing mental illness, develop a mental health illness during pregnancy, or have a family history of mental illness i.e. bipolar disorder, post-partum psychosis or a history themselves.</p>	Completed by July 2019	Green	

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated

Reporting Template
Medium Term Actions

BOARD OFFICIAL

Recommendation	Action	Update	Estimated timescale	RAG	Mitigating Actions
39. Psychological Services: NHS Boards should ensure all neonatal staff can refer parents of babies in neonatal care to local psychological services within the hospital.	Boards to undertake systematic review of current access and provision of psychological services.	All units within NHS GG&C have access to local psychology services. Review of access, pathways and waiting time currently being undertaken.	Completed by July 2019	Green	

Date:

Rag Status key:



completed



On track



Delay with mitigation



Delay anticipated