## Programme Management Changes Milestone Plan

Last up	dated: 7th December 2021																					
Key to type:  1 2 3	Green - target completion on track  Amber - at risk  Red - delayed or will be delayed  Black - original milestone date (where change has been agreed)  Completed milestone		21-May-21	28-May-21	11-Jun-21	18-Jun-21	25-Jun-21	02-Jul-21	09-Jul-21	16-Jul-21	23-Jul-21	30-Jul-21	06-Aug-21	13-Aug-21	20-Aug-21	27-Aug-21	03-Sep-21	10-Sep-21	17-Sep-21	24-Sep-21	01-Oct-21	08-Oct-21
		Resources																				
	Review Recommendations definitions at IMSOP		$\sqcup$																		<b>  </b>	
	Culture Baseline Completed		$\vdash$		_															$\longrightarrow$	$\vdash \vdash \vdash$	
	Design New Evidence Process Initial Roadmap		$\vdash$			<u> </u>														$\longrightarrow$	$\vdash$	-
j t	Workstream Plans Reviewed					+														$\rightarrow$	-	
nagement	IPAAF Review		$\vdash$	+	+	+				-+										$\rightarrow$	$\longrightarrow$	
age	Review programme management framework in place (MNIP)		$\vdash$	+		<del> </del>				-	$\overline{}$									$\longrightarrow$	$\longrightarrow$	
ਰ	Establishment of MNIB Huddle		$\vdash$	+		+				-										$\longrightarrow$	$\longrightarrow$	
<b>∑</b>	Staff Newsletter		$\vdash$	+	+	+					$\dashv$	-								$\rightarrow$	$\vdash \vdash$	
E	Staff intranet developed and handed over to service		$\vdash$	+	+	+					+	-+								$\rightarrow$	$\vdash \vdash \vdash$	
gra	IMSOP Publish Progress Report		$\vdash$	+		+														$\longrightarrow$		
Programm	Self Assessment using new IPAAF		$\vdash \vdash$	+	+	+				-+	$\dashv$	$\dashv$	-+					-		$\longrightarrow$		
"	<u> </u>		$\vdash$	+	+	+		$\vdash$		$\dashv$	$\dashv$	$\dashv$	-+		-	-+	-+	-		$\longrightarrow$	$\vdash$	
	Communication & Engagement Plan		$\vdash$	+	+	+		$\vdash$	-+	$\dashv$	$\dashv$	$\dashv$	-+		-	-+	-+	-		$\longrightarrow$	$\vdash \vdash \vdash$	
	IMSOP Publish next Progress Report		$\vdash$	-		+					$\dashv$	$\dashv$								$\longrightarrow$	$\longrightarrow$	
	Review Ways of working with IMSOP		$\vdash$	+	_	+					+									$\longrightarrow$	$\vdash$	
	Agree de-escalation criteria with IMSOP		$\vdash$																			

15-Oct-21	22-Oct-21	29-Oct-21	05-Nov-21	12-Nov-21	19-Nov-21	26-Nov-21	03-Dec-21	10-Dec-21	17-Dec-21	24-Dec-21	31-Dec-21	07-Jan-22	14-Jan-22	21-Jan-22	28-Jan-22	04-Feb-22	11-Feb-22	18-Feb-22	25-Feb-22	04-Mar-22	11-Mar-22	18-Mar-22	25-Mar-22	01-Apr-22	08-Apr-22	15-Apr-22	22-Apr-22	29-Apr-22	06-May-22	13-May-22	20-May-22	27-May-22	03-Jun-22	10-Jun-22	17-Jun-22	24-Jun-22	01-Jul-22	08-Jul-22	15-Jul-22	22-Jul-22	29-Jul-22	05-Aug-22	12-Aug-22	19-Aug-22
$\vdash$																							$\dashv$	$\dashv$		$\dashv$		$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$				$\vdash \vdash$	$\vdash \vdash$						$\vdash$	$\vdash$
																							$\dashv$	$\dashv$		$\dashv$		$\dashv$	$\dashv$	$\dashv$	_	-				$\vdash \vdash$	$\vdash\vdash$	igwdapsilon					┢	
																							$\dashv$	$\dashv$		$\dashv$	$\dashv$	+	+		$\dashv$	$\dashv$	$\dashv$			$\vdash \vdash$	$\vdash \vdash$	$\vdash$					┢	$\vdash$
																							_	_		_	$\Box$			_	$\dashv$						$\Box$						igsqcup	
																			Н	$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$	-	$\dashv$	$\vdash \vdash$			$\vdash\vdash$	$\vdash\vdash$	$\vdash$		_			$\vdash$	$\vdash$						
																				$\dashv$			$\dashv$	$\dashv$		$\dashv$	$\vdash$			$\vdash \vdash$	H	$\vdash$					$\vdash$	$\vdash$						
																								$\Box$		$\Box$	$\Box$	$\Box$															igsqcut	
																							$\dashv$	_						_						$\square$	Ш						lacksquare	

	ty QWE Work Stream ne Plan:																								
Koy to typo:																									
Key to type:	Green - target completion on track																					+		+	Ŧ
2	Amber - at risk		Σ.	7	7	21	7 2	2	2	2	2   2	.   5	2	ᄝ	ᅱᇶ	.   5	2	2	7	را ہے	ا ۲	ᅬ	;   2		
3	Red - delayed or will be delayed		23-Jul-21	30-Jul-21	06-Aug-21	13-Aug-21	20-Aug-21	03-Sep-21	10-Sep-21	eb-,	24-Sep-21	등   공	15-Oct-21	[당]	;   날		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	\ <u>`</u>	ec-,	ec-	- - -	24-Dec-21 31-Dec-21	07-Jan-22	14-Jan-22	
4	Black - original milestone date (where change has been agreed)		6	<u>ا</u>	9-A	3-A	4 4	3.5	0-0	1-S	4-S	김	50	[유	၀   z		i Z	Z 9	3-D	9	연!	<u> </u>	.   숯	<del>1</del>	ı
\	Completed milestone		17	3	ŏ	7	7 6		-	-	م ام	<b>`</b>  °	7	7	م ا م	٦ (	1	Ď	0	-	-   '	N m	' °	1-	
	Completed milestone	Resources																							Ī
v	Agree reporting cycle for PREM responses																					+	+	$\top$	_
PREMS	Refine and improve WESEE reporting and include PREMS							+		$\Box$	+	+		$\vdash$	$\dashv$	$\top$	+					十	十	+	
A	Ensure Partner survey sent out automatically via Civica system																								
	Davider CTM Metarity Visian Company for W0.5																					4	4	4	
_	Develop CTM Maternity Vision Survey for W&F						_	4	<u> </u>	$\sqcup$	4	4	<u> </u>	$\vdash$	_	_	_					+	—	┿	_
<u>R</u>	Survey to go live on Civica								<u> </u>	$\sqcup$					_	_	_					+	_	┿	_
egy	Community Engagement events (locally established groups)						_	4		Ш	_	4		Ш								$\bot$			
yem rrat	Hold Digital Engagement Event to launch maternity strategy work	linked to QLM								Ш				Ш								丄	丄		
gaç St	Analysis of staff engagement data	linked to QLM																							
Engagement For Strategy	Analysis of womens engagement data																								
	Staff engagement plan for strategy development	linked to QLM																							
7	Review and agree engagement plan for Jan-Dec 2022																					+	+		
Enga geme nt Plan 2022	Formal agreement at MNIB for Implementation of revised plan													$\Box$		+						十	十	╈	
																									Ī
충	Launch of public and internal facing Maternity Services webpage									П				П								丁		1	
- Ipa	Birth Rights video to be embedded in service- wide training package (midwifery																								
Jo r	training programme, Drs Induction, Newly Qualified midwives induction, audit &																								
n / F	governance days)  Development of QR codes "Have your say" cards						_	+				+		$\vdash$	+	+	+		$\dashv$		+	+	+	+	
Provision of rmation / Feedback	Include feedback from have your say cards into Civica maternity dashboard and include in WEESEE reporting														+	+	1				$\dagger$		+	$\dagger$	
o lie	Review 15 Steps Project plan and approve	on hold due to Covid			$\vdash$		$\dashv$	+		$\vdash \vdash$	$\dashv$	+		$\vdash \vdash$	$\dashv$	+	+		$\dashv$	$\dashv$	$\dashv$	+	+	+	•

28-Jan-22	04-Feb-22	11-Feb-22	18-Feb-22	25-Feb-22	04-Mar-22	11-Mar-22	18-Mar-22	25-Mar-22	01-Apr-22	08-Apr-22	15-Apr-22	22-Apr-22	29-Apr-22

### Maternity QLM Workstream Milestone

Key to type	e;																																						
1 2 3	Green - target completion on track Amber - at risk Red - delayed or will be delayed Black - original milestone date (where change has been agreed) Completed milestone		17-Sep-21 24-Sep-21	01-Oct-21	08-Oct-21	15-0ct-21 22-0ct-21	29-Oct-21	05-Nov-21	12-Nov-21	19-Nov-21	26-Nov-21 03-Dec-21	10-Dec-21	17-Dec-21	24-Dec-21	31-Dec-21	07-Jan-22	14-Jan-22	21-Jan-22	28-Jan-22 04-Feb-22	11-Feb-22	18-Feb-22	25-Feb-22	04-Mar-22	11-Mar-22 18-Mar-22	25-Mar-22	01-Apr-22	08-Apr-22	15-Apr-22	22-Apr-22	29-Apr-22	13-Mav-22	20-May-22	27-May-22	03-Jun-22 10-Jun-22	17-Jun-22 24-Jun-22	01-Jul-22	08-Jul-22 15-Jul-22	22-Jul-22 29-Jul-22	05-Aug-22
		Resources	1																																				
Strategy	Understand current working model and scope data sources	QI Improvement Lead / CSG									Т						Т	Т						Т		Τ		Т				$\top$	$\top \top$			$\top \top$		$\prod$	
#	Undertake population health analysis and data collection	Information Heads	$\vdash$	_	$\vdash$					$\vdash$	_	_	-	-			_	_	_		-	-	_		_	_	<del>├                                    </del>	_	_			+-	+		$\vdash \vdash$	++	_	++-	$\overline{}$
tra	Develop Staff engagement proposal to inform strategy	Linked to QWE	$\vdash\vdash$	+	$\vdash$		-		-	$\vdash$	_	+	+	<del>                                     </del>		-+		_	_	+-	+	$\vdash$		_	+	_	$\vdash$			-	_	+	++	_	++	++		+-+-	-
ပ်	Hold staff engagement sessions / workshops to review	LITIKEG TO QVVE				_	+				_	+	+			-	_			+		$\vdash$	-	+	+	+	<del>   </del>	-	_	_		+-	++	-	$\vdash$	++		+	$\overline{}$
Yea	where we are now and idenify future model  Develop digital engagement event for Staff and user	Linked to QWE					-				_	_	-							1		$\vdash$		_	_	_				_	_	+	++		$\vdash$	++		<del>                                     </del>	—
O U	engagement	Linked to QVVE																															$\perp \perp$		igspace	$\bot\bot\bot$		<u>                                     </u>	$\blacksquare$
	Design Future Operating Model																																$\bot$		┷	+		'	
	Develop Long term Strategy & Implementation plan																																$\bot$		$\perp \perp$	$\bot$		!	
																				-					_		-					4	44		++	44		+	
	Review results of baseline culture survey to senior staff		$\vdash$						-			_	-	$\vdash$						-				_	_	_	<del>                                     </del>		_			$\bot$	+		$\vdash \vdash$	+		<b>┴</b>	
	Feedback results of culture survey		$\vdash$	_	$\vdash$				-			_	-	$\sqcup$						-				_	_	_	<del>                                     </del>		_			$\bot$	+		$\vdash \vdash$	+		<b>┴</b>	
=	Active listening programme follow up event			_						$\vdash$	_	_	-					_		-				_	_	_	$\vdash$		_		_		_		<del>⊢</del> ⊢	+			_
Culture	Repeat culture survey (May 22)  Culture Development Plan	CSG Leadership	$\vdash$			_		+			-	-				-	_	-	-	+					-	+				_	-	_	4-		<del>├</del>	++	-	+-+-	$\overline{}$
Ū	· · · · · · · · · · · · · · · · · · ·	Team																															$\bot$		$\sqcup$	$\bot\bot$		'	
	Develop communication and engagement plan																																$\bot$		$\sqcup$	$\bot\bot$		'	
	Develop QI Improvement Plan																																$\bot$		$\sqcup$	$\bot$		'	
																											$oxed{oxed}$						44		igspace	44			
Le ad er	Develop Leadership Development plan																																$\perp \downarrow$						
	Learning Needs Analysis										_	+-				_	_	_		+				_	_			_		_	_	4	+		$\leftarrow$	++		+	
l in	,	SAS Tutors / College			<del>                                     </del>		+	+		$\vdash$	+	+	+				_	+		+	+	<del>                                     </del>		+	+	+	<del>   </del>	+	+	+		+-	++		$\vdash$	++		++-	
Trainin	Develop Training Matrix for SAS Drs	Tutor SAS Tutors / College	$\vdash$	_	$\vdash$		_	+	_			_	-				_	_	_	-	$\vdash$	$\vdash$	_	_	_	+-	$\vdash$		_	_	_	+	++	_	$\vdash$	++	-		H
=	Credentialling processto be completed	Tutor																																	1				,

# Maternity Safe and Effective Care Workstream Milestone Plan

Last u	odat	ted: 16th December 2021																											
Key to type	1	Green - target completion on track																								,	[		
	2	Amber - at risk  Red - delayed or will be delayed		27-Aug-21 03-Sep-21	10-Sep-21	17-Sep-21 24-Sep-21	)ct-21	15-Oct-21	22-Oct-21	29-Oct-21 05-Nov-21	12-Nov-21 19-Nov-21	26-Nov-21	10-Dec-21	9c-21	Dec-21	14-Jan-22	21-Jan-22 28-Jan-22	eb-22	eb-22	25-Feb-22	04-Mar-22 11-Mar-22	18-Mar-22 25-Mar-22	pr-22	pr-22	pr-22	13-May-22 20-May-22	lay-22 un-22	un-22	24-Jun-22 01-Jul-22
	4	Black - original milestone date (where change has been agreed)		27-A 03-S	10-8	24-8	2 8	8 6	22-0	29-C	12 P-N	26-N	9-0-1	24-0	31-0	14-	28.2	4-F	£ 8	25-F	4 ±	18-N 25-N	2 8	5 5	2 3-6	20 H 4	27-M	10-2	24.2
	\	Completed milestone	Resources																										
		review process for learning from serious incidents for those involved and wider learning							1 1			_								1 1			1 1				1 1	1 1	
		Strengthen Datix system to capture themes & share learning from all incidents											+					+											+
g s		Re-run reporting incidents survey																+						+	+				++-
aty and levels		refresh 'risk wise' newsletter to include thematic learning from incidents, concerns, compliments, audit,																										T	+
safety it all lev		learning external to the HB Recruitment of Improvement Lead to embed QI at front line										+	+					$\Box$		H			++	+					++
o sa at a		Develop programme of QI training for clinicans																											
a t		Develop senior team walk about/drop in sessions/concerns boxes to ensure staff are able to raise concerns freely	cross reference with QLM																										
Jue Jue	_	Follow up and review that staff are able to raise concerns freely and see senior team regular - re-run	CW Culture										+	-		+		+					++	++	+			++	+
Ş i		culture survey	survey																										
commitment to s improvement at		develop Maternity Assurrance Framework (Mat & Neo AF - before departure)																											
۰. ه		review service governance team structure (draft before departure)																											
		align WESEE TORS to ILG assurance meeting TORs once approved (Now aligned, however CSG to sign off their TOR)																											
4		Develop a learning needs analysis to supplement the TNA	also on QLM																										Ш
Juc e		Approach external company to pilot Human Factors Taining with cohort of Maternity Team																											
lpte		Establish a mechanism to monitor mandatory training recovery compliance (via WESEE)				П						П	$\Box$			П		П								П			Ш
, E		Review mechanism to monitor mandatory training recovery compliance			$\Box$											Ш		Ш					Ш						$\perp \perp$
<u> </u>	$\vdash$	develop journal club for Midwives  Establish a safe social space for staff to support informal knowledge sharing		$\vdash$		+		_	$\vdash$			+		$\perp$		+		+	_		-		+	$\perp$	+			11	$+\!\!+\!\!\!+$
Technical comptence	-	develop annual programme of skills drills with clear measurable objectives		$\vdash$	+	+	$\vdash$	+	+	-	$\vdash$	++	+	+		+		++	-	+	+		+	+	++	+		++	++
5		review developmental needs of SAS doctors																											+
		Identify SAS development lead																											
																													44
Positive working relations	v.	_																											
osit ork lati	said	Linked to QLM and Neonatal Plan												+									+						++-
r ≯ 5																													
= =		review induction programmes for all new staff																											
sate, respectful behaviour																		$\perp$											$\perp$
sate, spect	v.	-										+	+					+											++
5 2									Ш			ш						ш		ш				ш					#
		Scope of current ILG concerns reponse process																											++-
us u		Scope of current ILG learning from concerns process												+									+		+				++-
ster		Develop and strengthen learning from staff experience and engagement																											++-
S		Develop Engagement and Experience dashboard																											
sing systems		Ensure appropriate SI training is available to all staff  Ensure System for identifying, grading and investigating SI's is embedded in practice through implementation	ahawaaa at 4 daa															Ш											$\perp \perp$
sens		of new all Wales approach	Showcase pt 1 dem	onstrated	now in pi	acc																							
Ę		Ensure investigations are multidisciplinary and include " external "assessors (assume DU is classed as external)	showcase pt 1 dem	onstrated	now in pl	ace			$\Box$				+	$\top$		П		$\Box$					$\dagger \dagger$		$\top$				+
problem		Complete backlog of RCA's with support from DU																											
		Arrange showcase event for IMSOP		$\vdash$	+	+	$\vdash$	+	+		$\vdash$	+	+	+		+		+		+			+	+	+			+	+
Multiple		Develop thematic review of SI backlog to ensure learning is shared throughout the service		$\vdash$	+	+	$\vdash$	+	+		$\vdash$	+	+	+		+		+		+			+	+	+			+	+
불		Develop monthly clinical dashboard and share monthly with all staff																											
		Initiate monthly WESEE comms	will happen, current	capacity is	ssues)																								
r review of systems	L	Ensure implimentation of computerised fetal surveillance system														⊥ l													
/iew		Implement AMAT reporting into WESEE reports to ensure H+S/safety checks are reported				$\Box$							$\Box$			$\Box$									$\prod$				
sys		Review joint Neonatal and maternity meetings to ensure effective MDT attendance																											+++
ular		Undertake further review of effective MDT attendance at joint neonatal and maternity meetings																					+					+	++-
Regular safety s	-	Ensure mechanism in place for structured handovers to involve ward staff and neontatal team		$\vdash$		+	$\vdash$		+		$\vdash$	++	++	+	++	+						$\vdash$	+	+	+	++		+	+
L																													+
0.0.1		ensure utilisation of whiteboard installed at PCH for effective handover and up to date clinical																											
is to		information Establish TV screen with live patient data (to be included in Estates changes to rest and handover		$\vdash$	+	+	$\vdash$	+	+		$\vdash$	++	+	+		+		+		+	+		+	+	+	+		+	+
Effective ability to	$\vdash$	soaces) Ensure MDT handover attendance audit completed monthly (consider AMAT)		$\vdash$	+		+	+	+	+	$\vdash$			+		Н		+	+	+	+		+	+	+	+		+	+
ш≅Е									П														Ш	П	П			Ш	工
ical		Identify a dedicated environment of privacy and dignity for women undergoing abortion or miscarriage		$\sqcup \!\!\! \perp$		$\perp \!\!\! \perp \!\!\! \perp$				$\perp$		$\perp \perp$	$\perp \perp$	$\perp$		$\perp$		$\sqcup$				$\perp \perp$	$\perp \perp$		$\perp \perp$				$\bot\!\!\!\!\bot$
Clinical	$\vdash$	Capacity and Training for commissioning of new GAU/EPAU Scanner  Review arrangements for recurrent miscarriage clinic	-	$\vdash$	+	+			$\vdash$	+	$\vdash$	++	++	+		+		+	+	+	+		+	+	+	++		+	$+\!\!+$

## **Neonatal Ir**

### Last updated: 14th

Key to type:	
1	
2	
4	
\	
	Accountable
	Lead
Prescribing (Make	Chief
Safe)	Pharmacist
	1 Hallilacist
Relationship with	Paediatric
Maternity	Consultants

#### **Consultant Cover**

Paediatric Consultant

#### Access to Tertiary **Expertise (Make** Safe)

Paediatric Consultant

### **Cooling Practice**

Paediatric Consultants

#### Unplanned **Extubations** (Make Safe)

Paediatric Consultant & Senior Nurse Neonates

#### **Clinical Reviews**

Deputy Head of Nursing

Term Admissions	Paediatric Consultant
Radiology Reporting	Deputy Medical Director
Documentation	Senior Nurse Neonates
Family Engagement	Head of Nursing (CYP & CAMHS)
Culture Development	Clinical Service Group Manager & Deputy head of Nursing
Improvement Hub	Deputy Head of Nursing & Senior Nurse Neonates
Audit	Paediatric Consultants
Risk Register	Clinical Service Group Manager & Deputy head of Nursing
Vorkforce - Non Escalation	ТЬА

<b>&gt; "</b>	
r.	
ļ i	
<u>                                   </u>	
၂ ႏွ	
Non Escalation	
uc	
Ž	

## mprovement Plan (to June 2022)

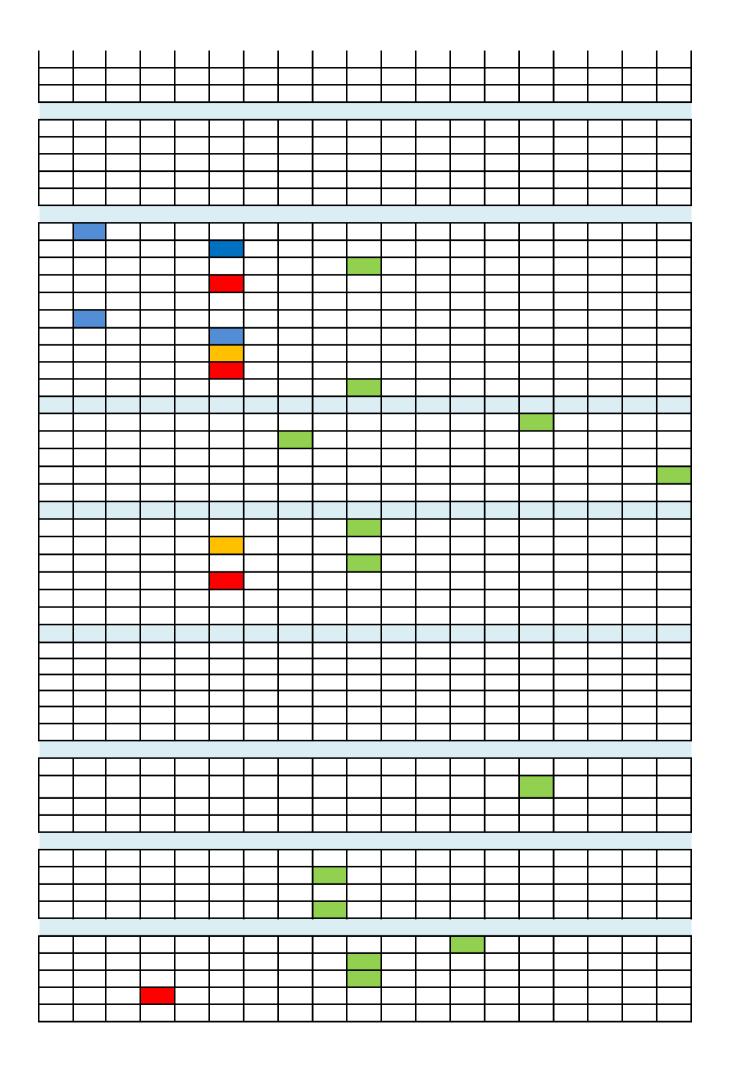
### n December 2021

Green - target completion on track		
Amber - at risk		-21
Red - delayed or will be delayed		17-Sep-2
Black - original milestone date (where change has been agreed)		3-2
Completed		
Key Activities	WG	
	Milestone	
Standard Operating Procedure for Prescribing and Medicines administration in place		
MDT Training Sessions on Prescribing		
Appoint Pharmacy lead capacity for PCH and PoW Units		
Clear aversight of access where HIT is not possible with a vidence of vicences as vicence.		l I
Clear oversight of cases where IUT is not possible with evidence of rigorous review of factors associated with maternity decision making and management.		
CTM Maternity and Neonatal Reflection Model Initiated		
•		
Joint staff engagement sessions		
Dadwar Niverkan of Canavillanta Offician NIN accom	atarta Dan	
Reduce Number of Consultants Offering NN cover Cover to be extended to 9am to 5pm, Monday to Friday	starts Dec	
Newly appointed Paediatric Consultant with Neonatal contribution due to commence		
in post		
Recruitment of additional Consultant with Neonatal contribution		
Tertiary Centre (UHW) formalised Consultant support arrangements in place		
Establish Tertiary Centre (UHW) support programme for nurses in place		
Approve and Commence Nursing rotation to tertiary centre (UHW)		
Undertake cooling pathway and guideline training		
Ordertake cooling patriway and guideline training		
Improvements put in place to reduce extubations		
Design Extubation audit / review		
LR/AK create template for extubations		
Neonatal Datix Trigger list to be updated to include: transfers out, infants born		
<32/40, term admissions, unplanned extubations.		
Check Nurse rotation - and link to Access to Tertiary expertise (SS to check)		
Definition of the second secon		
Datix competed for every term admission		

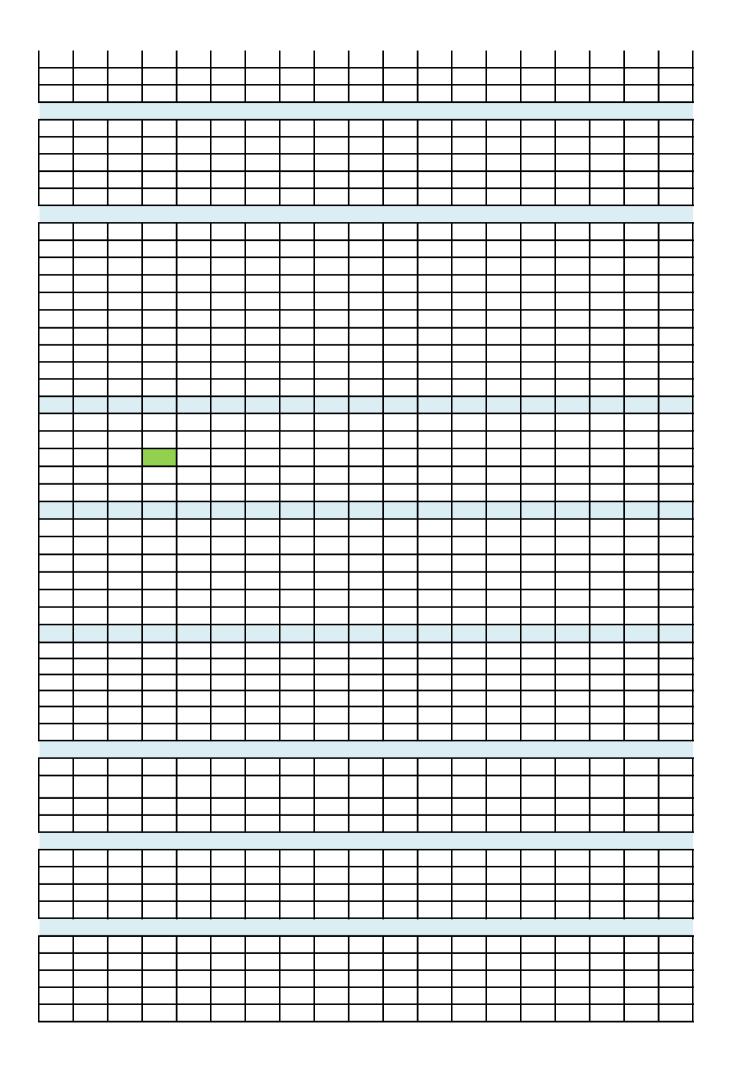
		<b>-</b> ,
		+
	1	
tbd		
Documentation improvement plan developed		
Routine snapshot notes audit		
Establish and launch Documentation standards and training Programme		
Develop and implement IMSOP suggested proformas		
Develop procedure charts for; Itubation, central access and chest drains (LOKSIP)		
Establish Documentation Group		
Recruit to Data Officer role		
Dashboard Development Plan		
Documentation Training Plan		
Review Document Systems (electronic and paper)		
Redesign Admission Packs at PCH - Draft for Engagement		
Engagement Strategy Draft		+
Engagement Strategy Drait Engagement Strategy Finalised		+
Neonatal PREMS Go Live		
Neonatal PREMS Go Live		
Culture Development Plan		
Rollout Maternity (inc TALK) debrief tool		
QI LIFE training commences again		
Review Culture Baseline		
tbd		
Joint Neonatal / maternity Audit Plan Review		
•		
		+
	I	<del>     </del>
Initial Dials Deviates Deviates		+
Initial Risk Register Review		+
Risk Meeting to be included in Governance Meetings	NI 04	+
Add Neonates dropdown to the Datix system (to filter from CYP wide)	Nov-21	
Review need for Shift co-ordinator role and case		$\perp$
Identify MDT Training Need (statutory and non-statutory)		
Develop MDT Training Plan		
Ensure NLS training up to date		

Dates for Neonatal Policy Group	
QI Project on Thermoregulation (extreme preterm babies)	
Review and Refresh Handover Process	
Fetal Medicine Identifiers - review and refresh	
Blood Gas Monitor insitu to aid reducing Hypoglycaemia	
Implement Hypoglycaemia Pathway	
Implement HIE pathway	

24-56p-21 19-Nov-21 19-Nov-21 10-Dec-21 11-Dec																			
	24-Sep-21	01-Oct-21	08-Oct-21	15-Oct-21	22-Oct-21	29-Oct-21	05-Nov-21	12-Nov-21	19-Nov-21	26-Nov-21	03-Dec-21	10-Dec-21	17-Dec-21	24-Dec-21	31-Dec-21	07-Jan-22	14-Jan-22	21-Jan-22	28-Jan-22



04-Feb-22	11-Feb-22	18-Feb-22	25-Feb-22	04-Mar-22	11-Mar-22	18-Mar-22	25-Mar-22	01-Apr-22	08-Apr-22	15-Apr-22	22-Apr-22	29-Apr-22	06-May-22	13-May-22	20-May-22	27-May-22	03-Jun-22	10-Jun-22
0	11	18	25	40	11.	18	25	10	80	15	22	29	90	13	20	27.	03	10



17-Jun-22	24-Jun-22	01-Jul-22

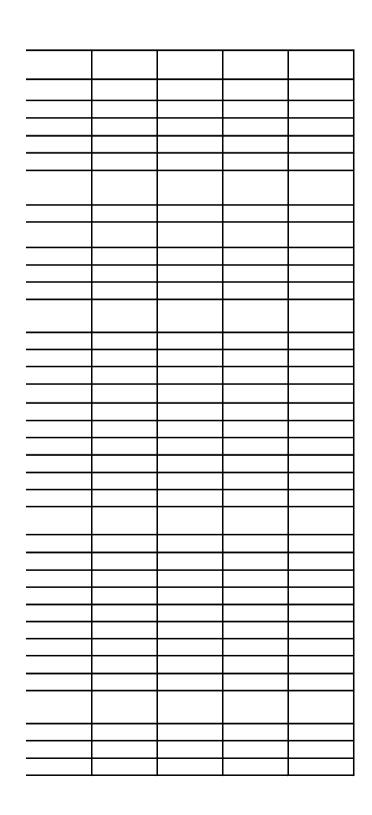
ı		
,		
ļ		

	_		
	_		














<u> </u>					



<u> </u>					

_					



<u> </u>					

				·	



<u> </u>					

				·	



<u> </u>					



<u> </u>					




# **Clinical Review Milestone Plan**

Last updated: 21st October 2021

Key to type:  1 2 3 4	Green - target completion on track  Amber - at risk  Red - delayed or will be delayed  Black - original milestone date (where change has been agreed)  Completed milestone		21-May-21	28-May-21	04-Jun-21	11-Jun-21	18-Jun-21	25-Jun-21	02-Jul-21	09-Jul-21	16-Jul-21
		Resources									
	Clinical Review Feedback Stillbirth Category										
= > [	Neonatal category reviews received from IMSOP										
ie ie	Neonatal category reviews clinical cabinet process										
Clinical	Neonatal category initial letter cycle										
0 22	Stillbirth thematic report										
	Stillbirth feedback and Health Board response letters										

23-Jul-21	30-Jul-21	06-Aug-21	13-Aug-21	20-Aug-21	27-Aug-21	03-Sep-21	10-Sep-21	17-Sep-21	24-Sep-21	01-Oct-21	08-Oct-21	15-0ct-21	22-Oct-21	29-Oct-21	05-Nov-21	12-Nov-21	19-Nov-21	26-Nov-21	03-Dec-21	10-Dec-21	17-Dec-21	24-Dec-21	31-Dec-21	07-Jan-22	14-Jan-22	21-Jan-22	28-Jan-22	04-Feb-22	11-Feb-22	18-Feb-22	25-Feb-22	04-Mar-22	11-Mar-22	18-Mar-22	25-Mar-22	01-Apr-22
																																				<u> </u>
																																				<u> </u>

	_	
	_	

# Milestone Plan: Guide

#### What is it?

This plan is focused on milestones. It is used to track the due date and performance against achievement of the milestone.

Focusing on milestones over detailed schedule planning enables a project team to be flexible. This allows the project to adapt to a changing environment whilst maintaining a focus on delivering the project objectives via the key milestones.

## Planning (before completing the template):

The project should first undertake a planning process before completing the template. More details on planning can be found in the Planning presention on Huddle, however briefly, this is to agree upon:

- Are we clear about what we are trying to achieve? (what does success look like?)
- Are we clear about what we are delivering to achieve this?
- Does it make sense to group the deliverables or activity into workstreams or workpackages? (e.g. manageable chunks of activity that can be given to a project team member to be responsible for)
- Do you understand how the activities relate to each other? e.g. what needs to happen before each one can be delivered?
- Agree the key milestones:

What is a key milestone? A key deliverable or important decision - Usually summed up in a few words - Usually described in the past & specific e.g. Service model live - Zero duration (it is a yes / no activity, symbolises an achievement) - A high level point of control for stakeholders (focus on the milestones not the detailed tasks to complete it)

#### Creating the milestone plan:

Add the milestones and any relevant related activites into column C.

Add the agreed due date for the task or milestone by entering "1" into the relevant box. To start with all your milestones will be green. Utilise the following keys to reflect updated performance:

- 1 = Green: Targeted completion date. Remains Green whilst the project is on track to achieve it on the date
- 2 = Amber: The milestone is at risk of not being achieved, or only partially being achieved on the agreed date
- 3 = Red: The milestone is already delayed or will be delayed. For key milestones this should remain red until agreement is received from the Project Board or SRO to deliver to a revised date.
- 4 = Black: Once agreement has been received to revise a milestone, the original milestone date should be turned black. The revised date is now entered as green. The plan no longer shows the red milestone however the black indicates that an original date has not been achieved.
- / = Complete milestone

#### Owner:

Add in the name of the person responsible for ensuring the task / milestone is complete

#### Resources required:

Add in the names or groups of people who will undertake the task

## Using the plan:

Once the plan is produced it should be reviewed by all stakeholders and resources (those who will complete tasks)

Highlight reports now reflect these key milestones

Any changes to key milestones need to be agreed by MNIB Huddle

#### Review progress against the plan -

To assess the impact of change

Review the plan regularly to check you are on course

Be flexible, adjust as the project requires it, but stay focused on the objectives / milestones