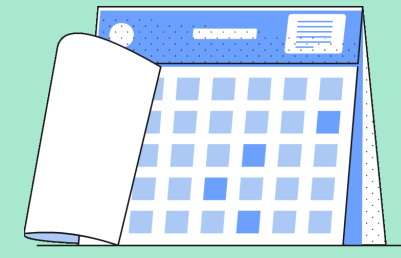


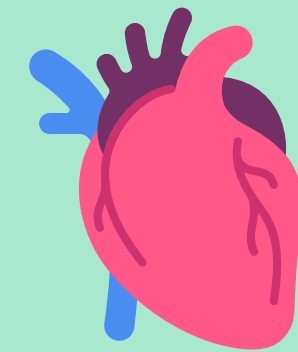
KEY FACTS

BABY R:

BORN ON 22.02.20



WAS NOT FEEDING FOLLOWING DISCHARGE ON 23.02.20



RETURNED TO HOSPITAL ON 24.02.20 DIAGNOSED WITH ANORECTAL MALFORMATION AND A HEART MURMUR

UNDERWENT SURGERY ON THE 25TH FEB 2020 FOR THE FORMATION OF A COLOSTOMY.



CARDIAC SURGERY WAS PERFORMED IN JUNE OF THE SAME YEAR



BABY R HAD NOT BEEN VISITED OR WEIGHED BY THE HEALTH VISITING TEAM SINCE THE NEW BIRTH VISIT ON 06.03.20, PARTLY DUE TO BEING ALLOCATED TO UNIVERSAL CASELOAD

ON 07.07.20 IT WAS IDENTIFIED THAT BABY R'S WEIGHT HAD CROSSED 3 CENTILES IN A DOWNWARD TRAJECTORY SINCE HIS BIRTH



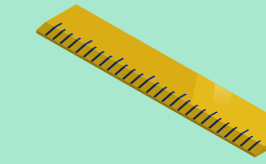
LEARNING BOARD

BABY R SHOULD HAVE HAD:

UNIVERSAL PARTNERSHIP PLUS REFERRAL



GROWTH AND DEVELOPMENT MONITORING



DISCUSSION POINTS

WHEN DID YOU LAST HAVE A BABY/CHILD WITH AN ADDITIONAL HEALTH CONDITION?

- **HOW DID YOU MANAGE THE CASE?**
- **WERE THERE ANY GAPS IN YOUR UNDERSTANDING?**
- **DID YOU REQUIRE ADDITIONAL SUPPORT?**
- **DID YOU DISCUSS THE FAMILY AT CLINICAL SUPERVISION?**

ARE YOU CONFIDENT WITH ADDING AND REMOVING REFERRAL ALLOCATIONS ON S1 AND KNOW WHEN TO DO IT?

HOW DOES YOUR TEAM MANAGE TASKS?

HOW COULD YOU/YOUR TEAM IMPROVE TEAM WORKING AND SUPPORT TO NEW STAFF?



GOOD PRACTICE



A HEALTH VISITOR IDENTIFIED ADDITIONAL NEEDS AND SUGGESTED A NAMED HV BE ALLOCATED

ANOTHER HV RECOGNISED BABY R'S WEIGHT HAD CROSSED 3 CENTILES IN A DOWNWARD TRAJECTORY AND THEN ENSURED BABY R WAS SEEN, HIS WEIGHT RECORDED AND REFERRAL COMPLETED



WHAT HAVE WE DONE?



UPDATED THE SOG TO REFLECT

- **CALCULATION OF FORMULA FEEDS**
- **NEED TO CONSIDER HEALTH CONDITIONS**
- **NEED FOR LIASON WITH OTHER PROFESSIONALS**
- **REWORDING OF UNIVERSAL PARTNERSHIP PLUS DESCRIPTOR**

CASELOAD SIZE IS MONITORED AGAINST STAFFING LEVELS



WHY WASN'T BABY R REFERRED AND MONITORED?



**LACK OF ANALYSIS BASED ON
BABY R'S MEDICAL CONDITIONS**



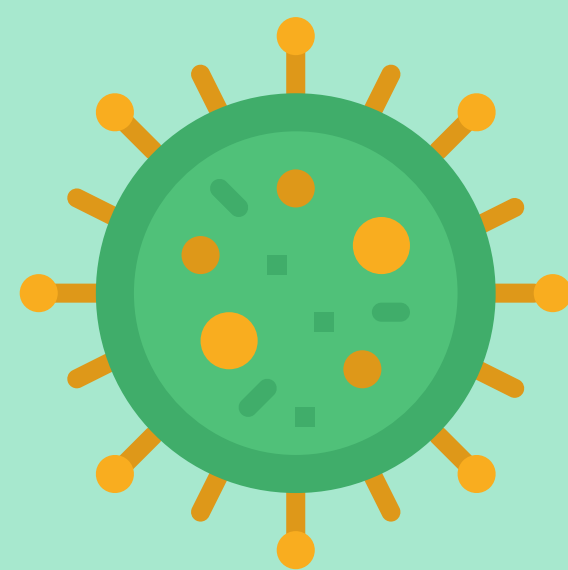
**THE SOG LACKED CLARITY
REGARDING THE USE OF
UNIVERSAL
PLUS/PARTNERSHIP PLUS
REFERRAL ALLOCATIONS**



**THERE WAS NO LIASON BETWEEN
LPT AND UHL PROFESSIONALS**



**TEAM DYNAMICS LEAD TO
SILO WORKING AND POOR
COMMUNICATION**



**IMPACT OF COVID AND
PRIORITISATION OF
SERVICES**



**SICKNESS AND VACANCIES
MEANT STAFF HAD LARGE
CASELOADS**