Updates from Early Adopter Boards

Forth Valley
- Four pilot teams working across Forth Valley.
- Stirling health & care village identified as the first community hub.
- Alongside Midwifery Unit, Forth Valley Royal Hospital opened on 30th August 2018 by Jeane Freeman – Cabinet Secretary for Health and Sport. Read the blog here
- Neonatal Transitional Care being implemented in three phases.

Clyde
- Two pilot teams started in December 2018.
- Vale of Leven and Inverclyde hospitals set up as Community Hubs.
- Looking at potential locations for an Alongside Midwifery Unit at the Queen Elizabeth and Princess Royal Maternity hospitals.
- Looking to introduce Neonatal Transitional Care units across the whole Board area.

Highland
- First Attend Anywhere clinic held between Oban and consultants in Clyde. Planning to roll out further across the Board.
- Community Hub is to be created in Inverness, in addition to three well established Hubs throughout North Highland.
- Identifying space for an AMU at Raigmore.
- Midwives from Argyll following women to Clyde for intrapartum care.

Lanarkshire
- Neonatal Transitional Care model already in place, planning underway to implement Bliss Baby Charter.
- Alongside Midwifery Unit has been set up since April 2018.
- First pilot team went out in August 2018.
- Currently working on policy for caring for cross-boundary women.
- Community Hubs identified.

Lothian
- First pilot team started on 29 October 2018 and 2nd team planned soon.
- Working on up-skilling staff and allocating obstetricians to pilot teams.
- Neonatal Transitional Care established with very positive feedback being received and 18 babies being able to remain with their mother since NTC started.
Continuity of Care — Case Study, NHS Lanarkshire Larkhall Team

Elaine John from NHS Lanarkshire shares her thoughts on how the new model of care is being delivered in her local area.

“We started implementing Best Start on 30th July 2018 in the Larkhall area (210 deliveries per year). Our pilot team consists of seven midwives (6 WTE), three from ward areas and four from the community. We have a good mix of skills and experience and individuals with different family backgrounds and responsibilities. Each midwife is working towards caseloads of 35 women each.

We allocated women to a named midwife prior to starting, with a second midwife named as a contingency. We meet once a week as a team and discuss our caseloads, upcoming due dates and any issues with individuals.

We work an on call rota: 2-3 on calls per week; either 8am to 8pm or 8pm to 8am. We triage all of our own women from 37-42 weeks via an on-call phone so we can then assess them at home or meet them in the AMU and then stay with them throughout labour. The named midwife or team member does the paediatric check on baby and completes all postnatal care.

Overall, the team are enjoying the experience. One of our biggest challenges has been accommodation: we only have two hot desks within the local health centre and limited clinic room spaces. We do have remote access laptops which work well from home. Also, all of the ward staff coming out feel they need to work alongside community staff to gain experience.

“I felt Gillian really respected how I felt this time and when in labour really listened to how I was feeling, went out her way to see me and examine me at home so I could stay here as long as possible and only be in hospital as long as I really had to.” Service user

Did you know?

NHS Lanarkshire opened an Alongside Midwifery Unit (AMU) in April 2018 and since then, 32% of all births have been in the AMU

“My new allocated midwife Gillian was so attentive and personal but still gave me my space and listened to my opinion without making me feel like an over anxious expectant mother.” Service user
Setting up Transitional Care — Case Study, NHS Forth Valley

Kirsty MacInnes from the Best Start project team in Forth Valley shares how neonatal transitional care has been set up in her local health Board.

How have you set up transitional care in your Board?

I worked with the ward managers for both Postnatal Ward and Neonatal Unit to identify and reconfigure bed space within the Postnatal Ward and staffing within the Maternity Unit. We then developed an admission criteria based on the BAPM Framework for Neonatal Transitional Care. A Parent information leaflet was also developed so that parents were informed why their baby was being admitted to Transitional Care. Implementation was taken forward on a phased basis with full implementation from 3 December 2018.

Staff questionnaires were carried out prior to implementation to give staff the opportunity to highlight any clinical skills they felt required updating.

Nasogastric tube (NGT) feeding was the main clinical skill that staff felt they required support, therefore a competency booklet was developed and all staff were given a practical demonstration of how to pass a NGT. A training package was also devised for staff to access.

What has been the experience of staff involved?

Staff were unsure at first what their role would be. Evaluations and a daily diary were used to highlight any concerns, which were then actioned and fed back to staff. Staff were informed what Transitional Care is and the role they would play in delivering this service. Transitional Care has been staffed by both midwifery and neonatal staff which has supported greater collaborative working.

What works best about the new model?

The feedback that we have received from families who have been cared for within Transitional care has been extremely positive and sharing this feedback with staff has helped highlight just how important this new service is. There has also been a 10% reduction in the number of admissions to the Neonatal Unit, which has an impact not only cot availability, but more importantly improving attachment and bonding at the earliest and most important stage in a baby’s life.

Did you know?

Since establishing Neonatal Transitional Care, NHS Forth Valley has seen a 10% reduction in admissions to the Neonatal Unit.
### Other Best Start progress and news...

#### Continuity of Carer and Local Delivery of Care sub group
- Developing an evaluation and monitoring framework for Early Adopter Boards to test.
- Finalising frameworks for remaining Boards to aid their planning.

#### Perinatal Services sub group
- Testing the new model of Neonatal Care from end to end through early implementer Boards.
- Developing a risk assessment tool for in-utero transfers.
- Developing discharge planning guidance to allow early discharge of well preterm babies.

#### Workforce and Education sub group
- Development of training package to support new model of continuity of carer.
- Developing remote and rural skills framework.
- Considering medical workforce numbers for new model of care.
- New Co-Chair appointed—Maria Pollard from NES.

#### National Linked projects
- Telemedicine short life working group established.
- Refresh of current Pathways for Maternity Care underway.
- A single Neonatal network is currently in development to replace the 3 regional MCNs that existed previously. We The network is expected to formally launch early this year and will be managed by NHS NSS. Recruitment for the network is underway and the Scottish Government have worked closely with the regional leads to ensure that the learning from the regional networks is transferred into the national network. Work is also underway to develop a maternity network and we anticipate close links between these in due course.
- Working with ISD to create a National Data Hub—update below:

Recommendation 70 of *The Best Start* is to develop a national maternity and neonatal care data hub. This should "coordinate collection and verification of all Scottish related neonatal and maternity data, streamline data collection and reduce duplication of data entry".

The Scottish Government has now commissioned ISD Scotland (part of NHS National Services Scotland) to develop a detailed, costed proposal for establishing such a hub. The proposal will include a description of what the hub needs to do - including which topics need to be covered, which products and services provided; consideration of which partner organisations should be involved and how the work of the hub will be prioritised. The proposal will be ready by April 2019.

Considerable engagement with clinicians and managers has already taken place to gather their thoughts on what would be useful in a data hub. They have also already assessed what data is already available and gathered relevant experience from colleagues in England, Wales and Northern Ireland. A summary of requirements, based on what they've been told is needed is available [here](#). Your thoughts are welcome by e-mail to Alastair.Philp@nhs.net They are now considering how these requirements can be met.

In a related commission, ISD are also developing an all-Scotland minimum dataset for neonatal care. During 2018 ISD consulted with the neonatal community to understand what questions a minimum dataset for neonatal care needs to answer, and so what data items need to be collected. They are now working with Clevermed, who provide the BadgerNet Neonatal Clinical Information System, to test data extraction. Following some test collection and analysis, they will prepare a costed proposal for how routine capture can be achieved, again by April 2019.

More information is available by contacting [alastair.philp@nhs.net](mailto:alastair.philp@nhs.net)
Embedding evidence into routine care is challenging! The Scottish Improvement Science Collaborating Centre (SISCC), is working with all neonatal units to explore how to improve breastfeeding and skin-to-skin kangaroo care and examine the Evidence-into-Practice approach to evaluate whether this can help accelerate change and deliver evidence-based improvements in care.

Working with a wide range of neonatal staff and third sector organisations we have conducted a consultation process starting with systematic review level interventions to support breastfeeding and kangaroo care and exploring the barriers and enablers to reliably deliver these practices within units. This culminated in a national event on the 1st of May 2018, where the consultation findings were presented to over 70 delegates. Participants were encouraged to consider their own unit’s priorities and develop action plans to identify activities supporting neonatal staff and families to increase breastfeeding and kangaroo care.

This work sits alongside the implementation of the locally delivered Best Start recommendation #43 which states “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” and the implementation of the UNICEF Neonatal Standards and BLISS accreditation scheme.

Following on from the national workshop, SISCC undertook visits to the units to find out how they are getting on and what additional support might be required to support units actions plans and improvement activities. Alongside this a qualitative evaluation is being conducted on the Evidence-into-Practice approach. Resources from the consultation and the workshop presentations can be found on the SISCC website: https://siscc.dundee.ac.uk/work/maternal-child-health/
Two years on from the publication of The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland we are starting to see real changes in the way that maternity and neonatal services are being delivered across Scotland. The positive impact on women, babies and families who receive that care and the staff who deliver the service is evident. As the rate of change gathers pace and we start to realise the future vision of maternity and neonatal care in Scotland, we want to share learning and good practice to help and inspire you on your own implementation journey.

That is why the Scottish Government will be hosting a Best Start Two Year On event on 1st March 2019 at BT Murrayfield Stadium, Edinburgh. The aim of the event will be to:

♦ Showcase progress being made primarily by the Early Adopter Boards
♦ Share best practice and practical help on implementing continuity of carer and local delivery of care
♦ Explore good practice in keeping families together, Bliss Baby Charter and the use of telemedicine.

Jane Grant, Chair of the Best Start Implementation Programme Board and Chief Executive of NHS Greater Glasgow and Clyde will host the event and the Cabinet Secretary for Health and Sport, Jeane Freeman MSP will deliver the opening address.

To book your place please click here

I look forward to seeing you soon.

#BestStart2YearsOn