

NHS Board Meeting
30 October 2019

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: BEST START UPDATE

1. PURPOSE

This paper is to update the Board on the implementation of The Best Start Five-Year Forward Plan for Maternity and Neonatal Care in Scotland led by the Scottish Government. NHS Lanarkshire are one of five early adopters testing this new model of care.

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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This paper has been prepared by Lyn Clyde Chief Midwife/Operational Manager

3. SUMMARY OF KEY ISSUES

The aim of Best start is to provide person centred care to all pregnant women in Scotland. This will provide the correct care at the correct time by the correct professional ensuring children are given the best start in life.

This will be carried out by the following principles:

Keeping Families Together

- Transitional Care Unit – Already a service provided within NHS Lanarkshire.
- NHS Lanarkshire has provided on-site accommodation for families out with the area to facilitate them being near their baby.
- Guidelines in place to inform staff, improve care and reduce separation of mum & baby within the acute hospital setting
- Caring for transitional care criteria babies within the postnatal ward with mum. Improvement work within NHS Lanarkshire has been successful in caring for babies needing additional support beside their mum. This results in a negative impact on length of stay mums may have in postnatal wards, delaying discharge home.
- Work continues around caring for babies with additional support within the community setting with the appropriate support and skills set to do so safely. This is managed by a community liaison service which runs 5 days a week

Provide choice of birth setting.

- NHS Lanarkshire have developed an Alongside Midwife Unit, this was reconfigured into the current footprint of maternity to provide 3 key recommended choices for place of

birth (Home, Midwife only care, & Obstetric led care birth environments). Providing an environment is key but offering true choice to woman is to actively encourage the safest environment for each risk assessed woman.

Continuity of Carer.

- Midwifery care will change from a traditional care model to a caseload care model on a phased approach. At present NHS Lanarkshire are testing this new model in some test teams while still providing the traditional model. NHS Lanarkshire has currently 3 teams in an on-call caseload model providing care to all women in Hamilton/Blantyre/Larkhall.
- Caseloads will reduce from approx. 110 women per midwife for ante & postnatal community care, to 42 women per annum, per midwife for antenatal, intrapartum & postnatal care. These figures are in line with the national guidance associated with Best Start programme. This model is to improve continuity of care for women. It is expected that by doing this there will be a reduction in preterm deliveries and induction of labour resulting in improved outcomes for mother and baby.
- There is a need to understand the workforce and population profile within midwifery care. A significant proportion of midwives are leaving due to retirement age with others seeking opportunities of alternative careers within the health profession. This has led to a decrease in experienced staff within the midwifery workforce. A number of retirees have returned on 15 hr contracts. Whilst the service have recruited to 100% some of these new midwives will require a settling in period to ensure confidence in their role.

Neonatal Unit

- There is significant uncertainty of the Neonatal unit remaining a Level 3 unit while this has had an effect on staff morale the feedback from the “Tiny Lives” documentary from staff and the public has greatly improved this. However there is still the risk that if the unit is downgraded to level 2 this will have an impact of staff retention at all levels.
- At present there are 2 pilots on going including NHS Greater Glasgow & Clyde/NHS Ayrshire & Arran and NHS Lothian/NHS Fife. These pilots are to transfer any 27 weeks and below babies from NHS Ayrshire & Arran and NHS Fife to the two larger boards. This is expected to take approximately 6 months to gather the information required to assess if this is achievable. NHS Lanarkshire at present will still receive under 27 week babies from all other boards. The pilots commenced in August 2019. The output of this work will form the decision of the number of level 3 units and their geographical location.

4. STRATEGIC CONTEXT

The Best Start Five-Year Forward Plan for Maternity and Neonatal Care in Scotland (2017) was the result of a Strategic Review of Maternity and Neonatal Services in Scotland. The Review group was tasked with making recommendations for a Scottish model of care that would contribute to the Scottish Government’s overall aim of delivering person-centred, safe and effective care.

The Best Start aligns with the National Clinical Strategy for Scotland (2016) and sits within the context of Realistic Medicine (2014-15) requiring transformational change to redesign services with a focus on local care, built around families and communities and the key concept of continuity of carer. Reflecting Scotland’s asset based approach to promoting the wellbeing of families and children through the Getting it Right for Every Child (GIRFEC) model, the Best Start recognises that maternity and neonatal care services matter to the health and wellbeing of Scotland’s people. The health, development, social, and economic

consequences of childbirth and the early weeks of life are profound, and the evidence shows that this is felt by individual families and communities as well as across the whole of society.

Best Start is about transformational change and the clear values and philosophy that underpins all 76 recommendations are clearly set out:

- All mothers and babies are offered a truly family-centred, safe and compassionate approach to their care.
- Fathers, partners and other family members are actively encouraged and supported to become an integral part of all aspects of care.
- Women experience real continuity of care and carer across the whole maternity journey, with families being offered any additional tailored support they may require.
- Services are redesigned using the best available evidence, to ensure optimal outcomes and sustainability, and maximise the opportunity to support normal birth processes and avoid unnecessary interventions.
- Staff are empathetic, skilled and well supported to deliver high quality, safe services, every time.
- Multi-professional team working is the norm within an open and honest team culture, with everyone's contribution being equally valued.

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

NHS Lanarkshire representatives have contributed to the development of national measures to assess continuous improvement in care to women and families aligned against the agreed 23 recommendations. There is still work ongoing in regards to refining these measures which NHS Lanarkshire are part of. All Boards will report on these measures on a 6 monthly period. Additionally, all 5 early adopter Boards are asked to measure processes which evidence the impact a relationship based model of care brings. (Please see appendix 1 Update report)

7. FINANCIAL IMPLICATIONS

There is work ongoing to complete a workforce plan to establish the financial implications of implementing Best Start.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

As an early adopter NHS Lanarkshire as part of the implementation plan have carried out a detailed risk assessment and have identified some risks which have been added to the risk register. (Please see appendix 2)

The high risk in NHS Lanarkshire is in relation to the target set by Scottish Government who have advised that all five early adopter boards should reach 25% of women receiving continuity of care and carer including during labour by December 2019. NHS Lanarkshire will not meet this target. Scottish Government have acknowledged that NHS Lanarkshire have tested this model in great depth adjusting as it evolves. At present there are 3 teams who have adopted this model with further role out of another 2 teams in January 2020.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

This has been carried out previously

11. CONSULTATION AND ENGAGEMENT

- There are meetings with the Early Adopter/Leads Group and Scottish Government
- There is an Achieving Excellence /Best Start Steering Group led by the Executive Director for NMAHP's
- There are updates to DMT and CMT given in regards to Best Start progress.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

- Note the content of the report;
- Note the neonatal participation in the Tiny Lives documentary;
- Note the risk that University Hospital Wishaw neonatal unit may not retain a level 3 status and that the outcome of national review is awaited; and
- Consider a further update in due course.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Irene Barkby, Executive Director of NMAHP's, Telephone: 01698 858194