

Programme Aim:

ITEM 19bi

The Best Start Programme is a five year programme for NHS Scotland which places the current and future needs of women, babies and families, person centred and relationship care, at the heart of redesigned maternity and neonatal services. NHS Lanarkshire was selected as one of five early adopter boards to lead on transforming local services in relation to 23 local recommendations that focus on:

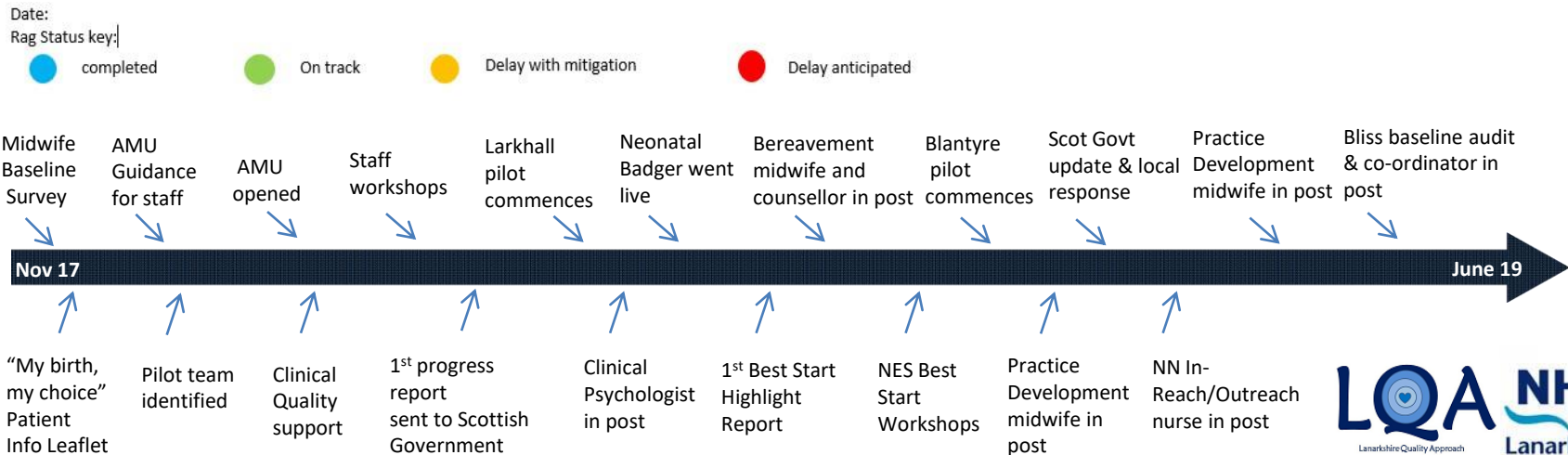
- Continuity of Carer
- Person Centred Maternity & Neonatal Care
- Multi-Professional Working
- Safe, High Quality & Accessible Care
- Redesigning Neonatal Care and Services

Stakeholder Engagement & Communication:

- ✓ Continuity of carer group and perinatal group are both represented to ensure local progress is noted and key challenges highlighted
- ✓ Approximately 120 staff attended a unit meeting in January and in March, the Royal College of Midwives were in attendance at a local early adopter board listening event. These events provided an opportunity for staff to voice any concerns both within the unit and to their professional representatives
- ✓ In March NHSL presented their work on keeping families together and transitional care as well as facilitating two breakout seminars on implementing Continuity of Care. Both sessions were well received
- ✓ Also in March, 30 midwives attended a National Education for Scotland (NES) 'how to become a Best Start Midwife' workshop. The midwives on both days were responsive and respectful and very willing to be engaged with the education and discussions

Aim to:

- Agree stakeholder engagement and communication plan
- Identify any current gaps and arrange communications which are acceptable to all stakeholders
- Continue to present NHSL at national Continuity of Carer and Early Adopter Board meetings
- Report local progress and keep staff informed of any national work that has an impact locally



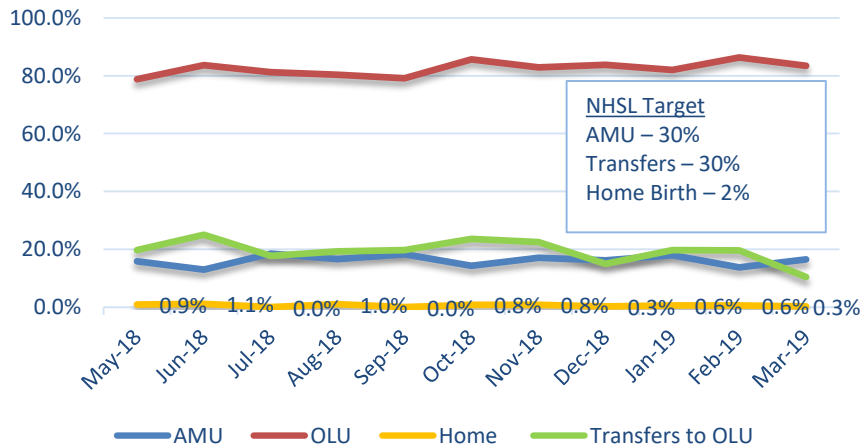
Recommendation	Progress & Aims
Birth Plan & Postnatal Care (2,19)	<ul style="list-style-type: none"> ✓ Every woman has a documented care plan for pregnancy, birth & postnatal care with monthly auditing in place. The average overall compliance is 83% ➤ Improve documented discussions of woman's planned preferences for labour and birth recorded on badger ➤ Seek further clarity on the revised measures and if there is scope for a national audit tool to ensure a consistent approach
Link GP (3,36)	<ul style="list-style-type: none"> ✓ NHSL has a mechanism to support two way communication and information sharing with GP services. North & South Lanarkshire Health & Social areas have a GP representative at the Excellence in Care Best Start steering group ✓ Currently moving from GP attached midwife care to a corporate model which necessitates a link GP for women with complex needs ➤ Identify link GP and robust pathway for women with complex needs
New Model of NN Care (4,5,7,39,43)	<i>See progress on next pages</i>
Partners to Stay (6)	<ul style="list-style-type: none"> ✓ Person-Centred Visiting Policy has been developed which will propose open visiting to facilitate partners/significant others working together as a family unit ➤ Continue to capture patient feedback and monitor if new policy has had a positive impact on patient experience
Antenatal Education (9)	<ul style="list-style-type: none"> ✓ A variety of pre-natal and antenatal classes offered in active birth, infant feeding as well as additional support for teenagers ➤ Seek further clarity on the revised measures and how we can capture if needs were met via patient experience questions
Multi-professional Teams (12)	<ul style="list-style-type: none"> ✓ Practice Development Midwife now in post to develop robust system for monitoring all core mandatory training via a training database. A skills gap analysis booklet has been produced to identify individual skills need and plans are in place to increase the number of PROMPT sessions and SNRC study days each year ✓ Shared access is given to records and clinical information via badger, mobile APP and MIDAS systems ✓ A variety of multidisciplinary forums meet regularly including a morning and afternoon maternity huddle ➤ Work with Clinical Audit to develop first core mandatory training progress report
Choice – place of birth (15)	<i>See progress on next pages</i>
Pain relief (16)	<ul style="list-style-type: none"> ✓ A wide range of natural pain relief and comfort options available ✓ An alternative set of questions have been suggested by NHSL to the Scottish Government to better measure patient experience on pain relief ➤ Continue to work with clevermed to ensure all methods of natural pain relief are added to badger ➤ Update maternity patient experience once we have agreed questions
Postnatal Stay (20)	<ul style="list-style-type: none"> ✓ NHSL does not currently have a discharge policy. Women are transferred to community care in accordance to their individual needs. No update can be provided until further clarity is given on what is being asked to measure ➤ Seek further clarity on the revised measures, a working definition on what clinical and social grounds are seen as barriers is required before this can be progressed locally
Fetal Medicine (30)	<ul style="list-style-type: none"> ✓ NHS lead has been identified ➤ Ensure process is in place for this recommendation to remain complete
Critical care staff/Theatre staff (32,33)	<ul style="list-style-type: none"> ✓ Maternity theatres have dedicated staff trained and appropriately managed ✓ Collaborative work with anaesthetics to address the training needs of midwives providing recovery care, ensuring national standards are met ✓ Preliminary discussions and planning have taken place to identify core midwifery staff requiring critical care training ➤ Identify the most appropriate steering group to review and take this work forward
Vulnerable Women (34,35)	<ul style="list-style-type: none"> ✓ All pregnant women have a robust GIRFEC assessment carried out at booking, recorded electronically via MIDAS system and updated as required. ✓ Agreed pathways with access to key services including multi agency, first steps, child protection, PNMH, addictions, gender based violence & financial difficulties ➤ Work with other boards to agree a national core vulnerability list, a minimal standard of support for each identified vulnerability and a minimal standard of education required for staff for each vulnerability ➤ Work with clevermed to improve the vulnerability report to allow comparisons between those identified, numbers referred and current uptake
Perinatal Mental Health - PNMH (37)	<ul style="list-style-type: none"> ✓ Dedicated PNMH team, community CPN with interest in PNMH and 1 PNMH specialist midwife with clear referral pathway well established ✓ Robust multi-disciplinary links with PNMH midwife, community teams and psychiatric services ➤ Seek further clarity from National Education for Scotland (NES) on education and training needs of midwives
Third Sector (40)	<ul style="list-style-type: none"> ✓ Third sector directory available to all midwives with guidance on areas such as financial inclusion, parenting support, housing support and women's aid ➤ Identify if there is a regular review process in place to keep the directory up to date
Bereavement Support (41)	<ul style="list-style-type: none"> ✓ Bereavement Specialist Midwife and a Specialist Midwife Counsellor lead the Maternity & Neonatal Bereavement Counselling Service. ✓ NHS Lanarkshire are meeting and in most cases exceeding the expectations set out in the Scottish Bereavement Care Pathway with the exception of the provision of a Bereavement Suite which should be ready for use in the next 8-12 weeks ➤ Continue to provide a high standard of care and ensure any new guidance is adhered to

Choice - Place of Birth (Rec 15)

Data source: *Local ward stats*

- ✓ Three levels of choice of place of birth available with monthly monitoring in place for use of each setting
- ✓ Patient information leaflet is now available for all women
- ✓ A new home birth team due to commence in August 2019
- ✓ On average 16.2% of women are currently delivering in the Alongside Midwifery Unit (AMU)
- ✓ Transfers to the Obstetric Led Unit (OLU) have remained below 20% for most months
- Increase the number of deliveries in AMU, local target reduced to 30%
- Keep transfer rates to OLU below 20% for all births
- Improve awareness and uptake of home births

Place of Birth

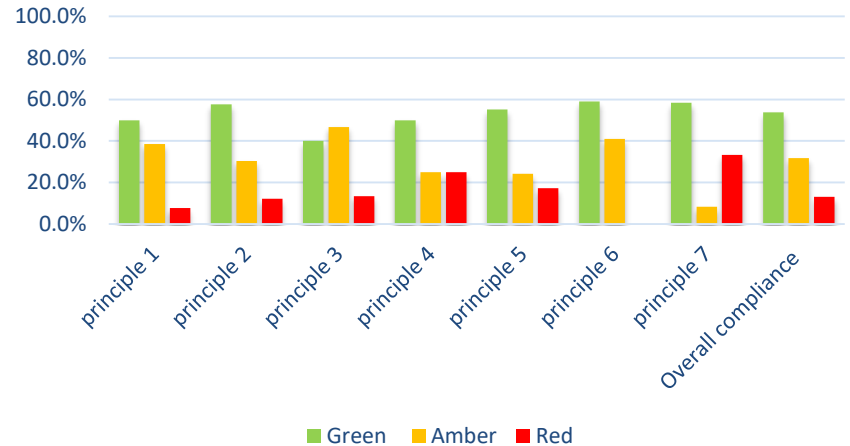


Neonatal – New Model of Care (Rec 4,5,7,39,43)

Data source: *Local ward stats/Bliss RAG audit tool*

- ✓ Bliss Baby Charter accreditation process has begun in NHSL with a Neonatal Nurse seconded to co-ordinate this work
- ✓ Baseline audit complete, NHS currently sitting at 54.5% **Green**, 31.7% **Amber**, 13.8% **Red** for achieving all 7 principles
- ✓ Bliss action plan written and steering & implementation group set up
- ✓ A new neonatal patient experience survey has been developed to capture feedback on key recommendations from Best Start and Bliss
- Progress with local Bliss action plan, focusing on those audited as Amber or Red, with support from Clinical Audit
- Work with Clinical Audit to finalise patient experience questionnaire to test thoroughly before adding electronically

Bliss Baseline Audit

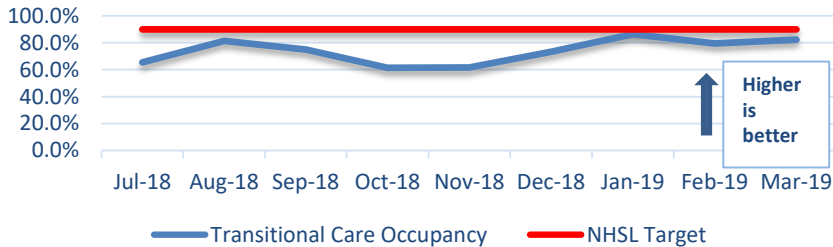


Neonatal - New Model of Care (Rec 5)

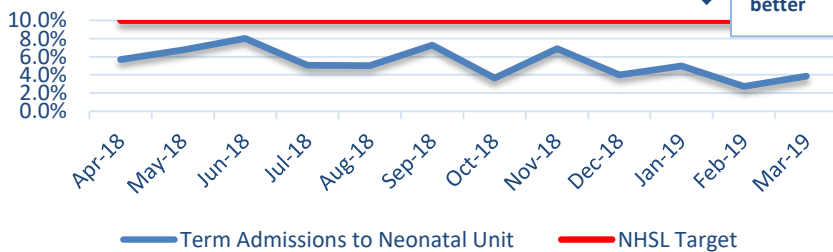
Data source: *Local ward stats/Badger (TCU occupancy - 4 per day)*

- ✓ On average 74.0% of Transitional Care Occupancy (TCU) beds are occupied each month
- ✓ Term admissions to the Neonatal Unit (NNU) have consistently been below 8%, with an overall reduction of 2.3% in the last 2 years
- ✓ Local improvement work is tracking unnecessary separation
- ✓ An In-reach/Outreach Co-ordinator is in post to lead on delivering a 7 day service discharge planning
- Keep TCU Occupancy high and Term Admissions to NNU low
- Continue improvement work to reduce avoidable separation

Transitional Care



Term Admissions to NNU

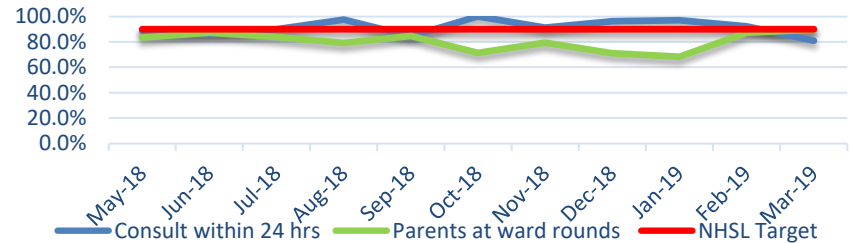


Neonatal – New Model of Care (Rec 4,7,43)

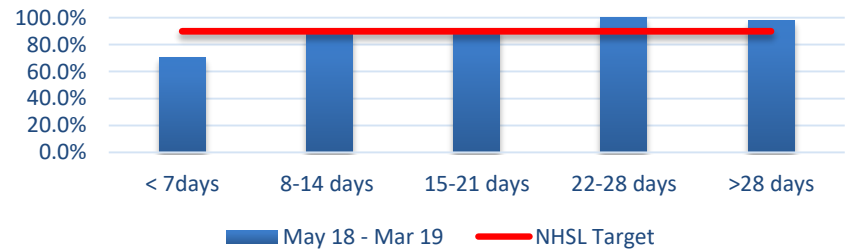
Data source: *Neonatal Badger*

- ✓ On average 91.7% of consultations occur within the first 24 hours
- ✓ On average 80.5% of parents are attending ward rounds overall. It is at its highest from 15 days and at its lowest under 7 days
- ✓ Family accommodation is continually assessed. In the last 12 months, 31 families have been accommodated
- ✓ Local improvement work is measuring skin to skin for every baby
- Improve uptake of parents attending ward rounds in the first 7 days

Neonatal - Parental Involvement



Ward Rounds per Length of Stay



Continuity of Carer *Model roll out & implementation*

Activity	Progress & Aims
Staff awareness & engagement	<ul style="list-style-type: none"> ➤ Staff awareness & engagement has been a priority in NHSL with key aims to inform and generate discussion as well as gathering baseline information for developing to a new way working ➤ Staff are regularly informed through newsletters and have been asked to participate in staff surveys, drop in buzz sessions, supervision meetings and national events ➤ Continue with awareness & engagement to ensure staff are fully informed and provided with a platform to voice any issues or concerns ➤ Repeat midwife survey end of 2019 to compare to original results
HR processes & workload	✓ Ongoing consultation between midwifery leads, HR, staff side reps and senior management as required
Pilot - caseload midwifery teams	See progress on next page
Cross boundary care pathway	<ul style="list-style-type: none"> ✓ Established links with Greater Glasgow & Clyde to improve continuity of care when women receive care from both health boards ✓ Group practice model identified for cross boundary care that fits the national criteria for excellence in care ➤ Explore suitability of Camglen for potential main care hub for all risk women residing in that area ➤ Identify and address potential barriers to provision of continuity of care to cross boundary areas
Integrated team care – local community hubs	<ul style="list-style-type: none"> ✓ Five community hubs have been identified so far for localised care ➤ Continue to identify and establish community based facilities to create community hubs for localised care
Education & support for staff	<ul style="list-style-type: none"> ✓ Education & training provided to reflect new model with any needs identified via skills passports ✓ Practice development supported workshops on continuity of carer themes and local and national events have also supported learning. ✓ Dedicated support and guidance from consultant midwife and senior management ➤ Continue to provide education and support to all teams using new rostered model
Measurement & Evaluation	<ul style="list-style-type: none"> ✓ Local GANTT chart developed to track local progress using agreed timeframes ✓ Monthly process measure report and 6 monthly highlight reports sent to all key stakeholders ✓ Consultant midwife providing input to working group responsible for production of a national continuity of carer measurement plan ➤ Seek further clarification on national measurement plan and suggested audit tool, timeframes for implementation and potential impacts this may have locally given the number of data points being asked to measure ➤ Agree timeline and plan for developing an overall evaluation report once the rostered model has been fully rolled out, mapping out entire journey, process outcomes and staff and patient feedback

Additional Note:

On Wednesday 29th May NHS Lanarkshire will receive a visit from the Executive Group for Early Adopter Boards to reflect on the progress made so far and future timelines towards full implementation of a caseload model of midwifery care.

Continuity of Carer All women will have continuity of carer from a primary midwife, providing the majority of their A/N, intrapartum & P/N care

Data source: Local stats – Continuity of Carer, pilot data/staff diaries

Process Aims: to achieve 75% of all caseload by December 2019

1. A team midwife to be present for intrapartum care
2. Documented entry of meeting the midwife present prior to labour
3. Women will see no more than 2 midwives during scheduled A/N & P/N care
4. Documented evidence of a named midwife

NB:

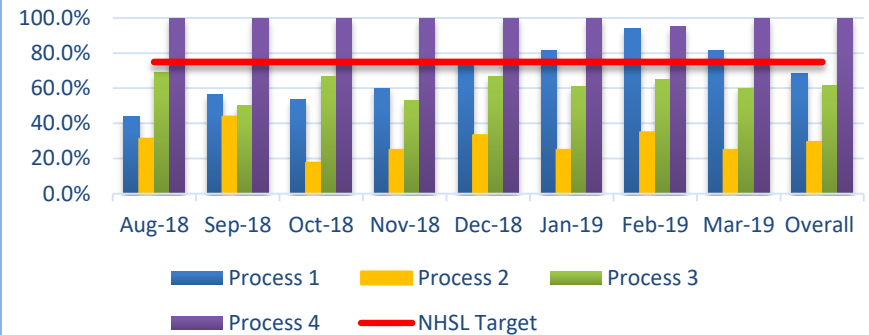
- One staff member is on long term sick
- 4 women were given P/N visits from the other best start team. This occurred on 2 weekends when the best start midwife was caring for a woman in labour and postnatal women required a home visit at the same time

- ✓ NHSL is currently running two caseload midwifery teams. Larkhall has been using an on-call rostered model since July 2018. Staff experience remains positive and the team are now collating patient experience feedback. Blantyre began using the rostered model in February 2019.
- ✓ Since July 2018, NHSL has seen 138 women receive caseload midwifery care throughout their entire pregnancy journey, with a further 412 women currently being cared for in this mode of care. This equates to 9.5% of the total pregnant population who will birth their baby in UHW maternity. *(25% of pregnant population should receive caseload maternity care by December 2019)*
- ✓ Flexibility with providing team accommodation has been challenging, however a room has now been secured in Larkhall
- ✓ A first 'meet the team' event was held where women could experience various aspects of birth, healthy lifestyles and community support. The intention is to hold this 4 times per year
- ✓ A third team is prepared to commence in August 2019 along with a homebirth team

Aim to:

- Scope out possibility of easing clinical pressure by reducing roster shift from 12 hours to 9 hours, using an on-call system for the last three hours
- Continue to roll out to further teams, capturing process aims, staff and patient feedback

Larkhall Team - Process Aims



Delivery Outcomes for Larkhall team

