Welcome to the first issue of the Neonatal Managed Clinical Network (West of Scotland) Newsletter

This newsletter will be produced and distributed on a 6 monthly basis. It will contain network information, highlight progress, and will include information you have requested.

We hope that this will keep you up to date with our network news as well as news and information from the 8 neonatal units, 16 Community Maternity Units and Neonatal Transport Services within the West of Scotland.

Please get in touch with any of the network team if you have a story you wish to share or an issue you wish to highlight.

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This newsletter has been produced for the staff and families of the Neonatal Managed Clinical Network, West of Scotland

To submit content/suggestions for the next issue, to provide feedback or to be added to our newsletter distribution list please contact:
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ABOUT THE NETWORK

Which Health Boards are included within this network?
The West of Scotland MCN for Neonatology consists of 5 Health Boards:
- Ayrshire and Arran
- Dumfries and Galloway
- Forth Valley
- Greater Glasgow and Clyde
- Lanarkshire
This network also includes the Western Isles and certain areas of the Highlands to reflect the patient journey where a transfer is required. It also includes the 16 Community Maternity Units (CMU’s) within this Region.

The network has 2 representatives from each of the hospitals/Boards within the network which provide neonatal care, as well as representatives from neonatal surgery, Allied Health Professionals, neonatal anaesthesia, Regional Planning, Regional Workforce, parent/user representative/s, Obstetrics and CMU’s. These representatives, along with network staff, are the networks Steering Group. Other representatives may join the group from time to time as needed for specific projects. A workplan has been developed for the steering group and is updated to demonstrate progress. Specific pieces of work are progressed through the networks subgroups, who also have workplans to keep track of progress.

The reporting route for the network is through regional planning to the Chief Executives of the 5 West Health Boards. Network updates are also submitted to the National Planning Forum on a regular basis.

What are the aims of this network?
- To support the delivery of high quality neonatal services
- To ensure that mothers and babies are treated in the right hospital at the right time and by the right staff with the appropriate skills
- To involve users of the service to enhance their experiences of family centred care
- To agree a model of care based on core values where provision of care should be provided as close to home as possible, minimising transport where possible, but accepting that some babies may require transfer for intensive care or specialist services
- Agree pathways of care and develop regional clinical guidelines
- Address key issues such as data collection, capacity, workforce, patient safety and education and training of staff
- To audit activity and outcomes both across the network and against national standards and be able to demonstrate and share areas of good practice and support improvement programmes where required
- To work inter-regionally with the North of Scotland (NoS) and South East and Tayside (SEAT) Neonatal MCN’s.

The current practice
In the current financial climate we have to ensure we are providing a safe, efficient and person centred service, which is sustainable. The baby and family will remain as the focus along the whole pathway of care. We will work with staff and families of babies needing the support of neonatal services to ensure the delivery of a safe, efficient, equitable service for all.

How will the network improve care for neonates?
Staff across the network can work together and build on the high quality services already delivered by addressing key issues such as workforce, education and training and data support. By designating the neonatal services appropriately across the network, sharing good practice and working towards common guidelines the overall quality of care will be enhanced. The aim is to look after babies within our own network, accepting that it may sometimes be necessary to transfer outwith the region for specialist services. Transfers between units will be managed and supported by our dedicated neonatal transport service and will be managed effectively along the care pathways, which will be developed and audited to ensure effectiveness.
What activities are undertaken in the network?
Subgroups have been developed to undertake the main work identified by the Steering Group. The subgroups consist of members from each of the Health Board areas identified by the Boards/unit staff. Each subgroup reports progress to the Steering Group quarterly. Workplans have been developed for each of the subgroups to demonstrate progress. More detailed information on the work of the subgroups will feature in the next newsletter. The subgroups are:

- Neonatal Education and Training (NEAT), led by Dr Chris Lilley, Consultant Neonatologist
- Parents group, led by Gayle Paris, Parent representative
- Data and Audit group, lead to be confirmed
- West of Scotland clinical guidelines group, led by Dr Andrew Powls, Consultant Neonatologist
- Neonatal Coordinators group, led by Ann Marie Wilson, National Strategic Service Manager for Scottish Neonatal Transport Services

NEONATAL SERVICE EVALUATION
All neonatal services within the West of Scotland have been evaluated against the draft document ‘Neonatal care in Scotland: A Quality Framework’. Publication of this document is awaited. Most units achieved most of the recommendations within the document which is very encouraging, however there were gaps in neonatal service delivery, which were common across the region. These were:

- Workforce issues (medical and nursing), including staff training and development
- Data collection to enable quality data to be submitted for benchmarking, local, regional and national audit purposes and demonstration of quality outcomes
- Support for parents and consistency of that support where a baby requires to be transferred
- Delays in repatriation of babies back to their base units following transfer
- Inequity in access to services provided by Allied Health Professionals (AHPs)
- Inconsistency in 2 year follow ups

Significant improvements in each of these areas is already evident throughout the region. For example one of the Boards has committed to improving accredited resuscitation training of staff by ring fencing money specifically for this purpose until the minimum recommendations are achieved and to maintain thereafter. This is just one example of the commitment but there are many more examples which will feature in subsequent publications. The network will also publish an annual report and demonstrate areas where progress has been achieved within the network. We will continue to work with each Health Board to enhance neonatal services by working as a region.

Our NEONATAL MANAGED KNOWLEDGE NETWORK and WEBSITE are currently under construction. More news about these in our next issue.

DATES FOR YOUR DIARY

**Friday 19th October**
The Scottish Neonatal Managed Clinical Networks Annual Education Day
Medicina, Yorkhill Hospital, Glasgow
Places limited but VC facilities available for all neonatal and maternity staff

Contact josephineelliot@nhs.net to register interest / information on VC bookings

Antenatal treatment therapies / options for complex anomalies/role of fetal MRI
Management and outcomes of multiple births
Post mortem examination
End of life care options

**Educational sessions by VC**
for all medical, nursing staff and AHPs working in neonatal units, maternity services, remote and rural Community Maternity Units.

Details will be circulated, including topics for discussion, to your managers soon.

Provisional dates:
- Nov 27th
- March 26th
- July 30th (poss)

If you have any topic suggestions contact us!
"In April 2009, my daughter Abby was born 11 weeks too early. Weighing 3lbs 7oz, she was a healthy weight for her gestation but still needed a lot of care. She spent 6 weeks in a neonatal unit.

During her stay in hospital, I was grateful for the levels of care Abby received and had absolutely no doubt she was in the best hands. Many of the nurses also spent time making sure parents were coping too and overall my experience was a very good one. But still, I found there were some areas which we found difficult. I desperately wanted to challenge these but found I had no voice. As time passed, and emotions settled down, I started to wonder how I could help. Through my work with Bliss it was recommended that I become a member of the parent group of the Neonatal Managed Clinical Network and I jumped at the chance to be involved. The parent group consists of parents/carers/voluntary sector representatives who represent parents/carers experiences and views. This group is involved in discussions regarding evaluations of neonatal service provision and future development of neonatal services within the West of Scotland region.

I am passionate about parent involvement in neonatal services consultation and practices. I believe every unit should concentrate on "family led" care. Parents need to be informed and involved in their child's care, including constructing a care plan for their child. Simple things like inclusive visiting policies, informative induction processes and a clear explanation of what can be expected from a neonatal unit stay can make a massive difference to parents. Rules should be applied uniformly regardless of which member of staff is on duty and continuity in staff would mean parents aren't left wondering who is looking after their child today and who to ask about last night. These issues from a clinical point of view are mostly irrelevant but from a support point of view for parents can make a difficult time easier to bear. The most common complaint I hear about neonatal units across the country is how staff sometimes forget what it's like to be a parent and this can lead to some insensitive treatment.

During my time on the parents group, I have learned much about the pressures and issues faced by neonatal unit staff and appreciate the work being done behind the scenes to provide high quality care for all the little miracles who need neonatal care. I have been very impressed by the positive way in which the networks Parent Group input has been received and actioned and look forward to our continuing partnership.

3 years on, Abby is doing very well. Damage to her brain means she has Cerebral Palsy. This affects only her gross motor skills and she is unable to walk. She is developing well in all other areas and is a funny, chatty little girl with a heart of gold and a will of steel. She talks about her time in her "little plastic box" and tells me she loves the nurses for giving her lots of cuddles."