National Neonatal Network
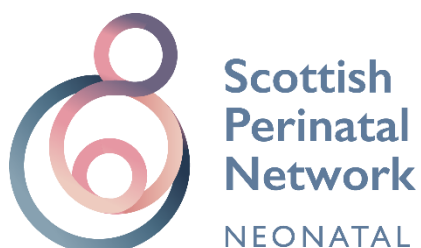
ANNUAL REPORT 2019/20

NHS SCOTLAND

Scottish Perinatal Network

NEONATAL

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Programme Support Officer: Roberta Shanks

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Executive Summary

I am pleased to be able to present the first annual report from the National Neonatal Network summarising the progress since its creation as a specific recommendation from *Best Start: a five-year plan for Maternity and Neonatal Care* in April 2019. As a National Network we have been fortunate to have benefited from the relationships made possible by the preceding three Regional Managed Clinical Networks.

As a National Neonatal Network, working collaboratively with the National Maternity Network, it is an exciting time for perinatal services across Scotland. We now have an opportunity to work nationally to deliver consistency across services to improve outcomes for babies and mothers across Scotland, recognising that families will increasingly move between centres to receive elements of their care.

The enthusiasm to be part of this network has been heartening and the Network team has benefited enormously from visiting individual clinical and management teams and listening to local priorities and challenges, the commonality in these priorities has been significant and has directly shaped the work plan. Ensuring families and service users are integral members of the Network has been central to the development of the Network structure and we have worked closely with the third sector and external organisations to achieve this.

As this annual report was being complied the Covid-19 pandemic was impacting on services across Scotland and the Network focused its role on being the conduit for communicating and sharing information from Scottish Government, our professional bodies and clinical colleagues. The close collaboration and the real sense of working as one Neonatal Service this enabled has been evident.

With this continued support and enthusiasm from colleagues and service users across Scotland I look forward to the future developments and output from the National Neonatal Network.

Lesley Jackson

National Clinical Lead

1. Introduction

Around 55,000 babies are born in Scotland each year. Approximately 1 in 9 of these babies will require neonatal care. In 2016 nearly 6,700 babies required some level of neonatal care with nearly 1,500 needing neonatal intensive care. At present there are 15 neonatal units (NNUs) including 8 neonatal intensive care units (NICUs). The *Best Start*[1] review commissioned by Scottish Government and published in January 2017 recommended a new model of neonatal intensive care. 15 NNUs would remain, with 3-5 of these to become specialist centres for neonatal intensive care of the sickest and smallest babies. In order to keep families together and as close to home as possible, units move babies with complex needs back to their local neonatal or special care unit when they no longer need ICU level care. Local neonatal units need to be supported to provide ongoing care for those babies who have received part of their care in a NICU.

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[1] *The Best Start: A Five-Year Plan for Maternity and Neonatal Care in Scotland* (Scottish Government 2017). URL: https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/

In response to recommendations in the *Best Start,* the National Neonatal Network (NNN) was commissioned as a national strategic network in April 2019, replacing the three previous Regional Managed Clinical Networks (MCNs): North, West and South East & Tayside. It supports and facilitates the delivery of consistent, equitable, high quality services across NHS Scotland, providing continued improvements in neonatal care to meet the needs of all neonates and their families.

Following on from the success of the Scottish Trauma Network, NHS National Services Scotland (NSS) have been commissioned to host both the NNN and the National Maternity Network (NMN), coming together under the umbrella of the Scottish Perinatal Network (SPN).

2. Report on Progress against Network Objectives in 2019/20

National strategic networks (NSNs) have agreed core objectives that reflect the Scottish Government's expectations for managed clinical networks, as described in CEL (2012) 29[2].

NSNs work across geographical and organisational boundaries to support a 'Once for Scotland' approach to the planning, design and delivery of an integrated, holistic, person-centred care pathway across the health and social care system. Under the chairmanship of a neutral individual agreed by NHS Board Chief Executives, NSNs provide national strategic leadership and advice to NHS Boards, Integrated Joint Boards (IJBs) and other partners in relation to the delivery of services, using the most up to date evidence base and in line with strategic local, regional and national NHS and IJB priorities.

The NNN will deliver added value to its stakeholders across five broad areas.

Network Governance and Structure
1. Co-produce in partnership with people with lived experience, Scottish Government, NHS Board Chief Executives, Chief Officers of IJBs and wider stakeholders, a Network strategy which sets out: the rationale; scope of the Network illustrated through a facet diagram; its key objectives and priorities; and a structured work plan. In certain instances, the majority of the strategy and the network mandate will be set out in Scottish Government policy, i.e. *The Best Start*.
2. Design and ongoing development of an effective Network structure that is organised, resourced and governed to deliver its agreed objectives, as agreed with Scottish Government, NHS Chief Executives Group, IJB Chief Officers Group and others as required.
3. Establish robust governance arrangements, led by a neutral chair agreed by the NHS Chief Executives Group.
4. Create a unique identity/platform on which to build the network.

Communicating and Engaging with stakeholders / Leadership and partnership working
1. Provide national strategic leadership and advice to NHS Boards, IJBs and other partners in relation to the delivery of neonatal services.
2. Provide a strategic overview of the current landscape and horizon scan, thus ensuring the Network engages with the appropriate stakeholders to define and provide the vision and leadership for the Network. This will include the development and implementation of a Communications and Engagement Strategy.
3. Engage with organisations to advocate for service users and services and influence policy and strategy.

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[2] Please see: https://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf

4. Provide a forum for partnership working and resolving issues requiring national agreement between partners through consensual collaboration.

Strategic Service Planning and Development
1. Develop a 'Once for Scotland' approach to the planning, design and delivery of services, that are equitable, evidence based and aligned with current strategic local, regional and national Scottish Government and NHS policy, planning and service priorities. This includes support for major service change and SG national policy direction/change where required.
2. Support services to ensure a person centred, holistic approach to care, recognising the whole care pathway.
3. Develop clinically assured, evidence based guidance to support the delivery of consistently high quality services.

Continuous Improvement
1. Support the consistent delivery of the best care possible, through agreed and clearly defined clinical pathways, with appropriate quality assurance and improvement arrangements.
2. Drive improvement in outcomes through the use of good data and create an excellent environment across Scotland for openness, learning, teaching, research and development.
3. Work with all relevant partners to ensure information and intelligence can be used to inform Network activities and demonstrate the Network's value in delivering best practice, improving standards of care and ultimately health and wellbeing outcomes for service users
4. Collaborate with relevant scrutiny bodies to inform the development of clinical and service standards where appropriate.
5. Provide a forum for peer support of services against nationally agreed guidance and standards where available. This does not include performance management or inspection.

Education, training and development
1. Work with relevant organisations to improve capability and capacity in care through the delivery of an Education Strategy that reflects and meets stakeholder needs and takes cognisance of the broader strategic education context and other bodies such as NHS Education for Scotland.
2. Provide a forum for peer support for healthcare professionals to support continuous professional development.
3. Work with appropriate partners to support the development of training courses or resources where training needs are identified.

This report gives an overview of progress against these objectives in the year 2019/20.

2.1. Effective Network Structure and Governance
As a new network, a significant proportion of work in 2019/20 was focussed on establishing effective governance structures for the SPN, including the recruitment of the network programme team. Due to the delays that have resulted from the Covid-19 pandemic the development of the governance structure of the SPN has not yet been finalised. This is expected to resume in the autumn of 2020.

2.1.1 Network Programme Team
Recruitment to the SPN programme team at NSS is now largely completed, including:

- Kate Burley, Programme Associate Director for Strategic Networks
- Dr Lesley Jackson, Consultant Neonatologist and Lead Clinician, NNN
- Carsten Mandt, Senior Programme Manager, SPN
- Emma Wylie, Programme Manager, NNN

- Roberta Shanks, Project Support Officer, NNN
- Laura Brown, Programme Manager, NMN

A Lead Clinician, Lead Midwife and Programme Support Officer for the NMN are expected to join the team in summer 2020.

2.1.2 SPN Oversight Board and Steering Group

A single Board, the Scottish Perinatal Network Oversight Board, accountable to Scottish Government, will oversee the work of both the NNN and the NMN and provide effective links into key national stakeholder groups, e.g. the Board Chief Executives Group or the Integrated Joint Board Chief Officers Group. This Board will provide strategic direction and sign-off of the work of the SPN, supported by a Steering Group for the NNN and a Steering Group for the NMN. The two Steering Groups will be responsible for managing the work plans for their respective network and provide multi-professional expertise and guidance to direct the work of the various work streams in each network.

The SPN structure and governance arrangements will dovetail into existing structures (most importantly, the Best Start Implementation Programme) and link effectively with relevant bodies and stakeholders. It has been proposed to attach the SPN Oversight Board function to the existing Best Start Implementation Programme Board (IPB), recognising the significant overlap in membership for both groups and utilising synergies and efficiencies. Due to Covid-19 related delays, this arrangement has not yet been finalised.

Membership will be drawn from a wide range of key stakeholders who can provide effective leadership, decision-making and expertise to the network (membership is listed in appendix 1). The ability to effectively represent their respective constituencies – professionally or geographically – will be fundamental for members of the Oversight Board and Steering Groups to enable an inclusive and effective dialogue between the network and its stakeholders.

The diagram below outlines the planned SPN governance structure and lines of accountability:
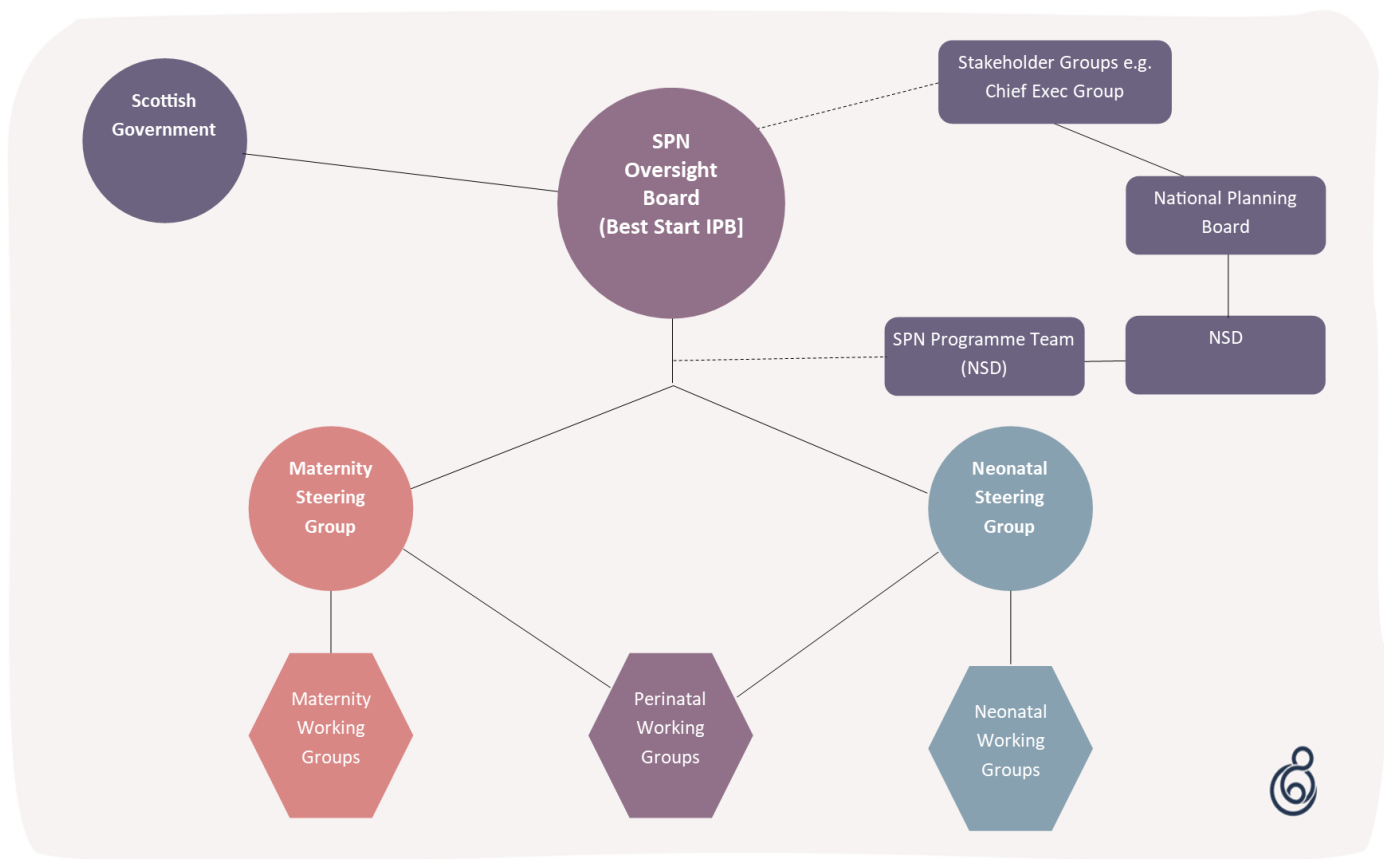
2.1.3 NNN Work Plans

A draft NNN strategic work plan was developed, collating the priorities taken from the network's commissioning papers, Scottish Government policy, notably *The Best Start*, and stakeholder feedback (see section 2.2.3).

A high level representation of the NNN work priorities in shown in the 'facet diagram' below. The full draft strategic work plan is included in section 4 of this report. Due to the aforementioned delays in finalising network governance arrangements, the work plan has not yet been ratified.
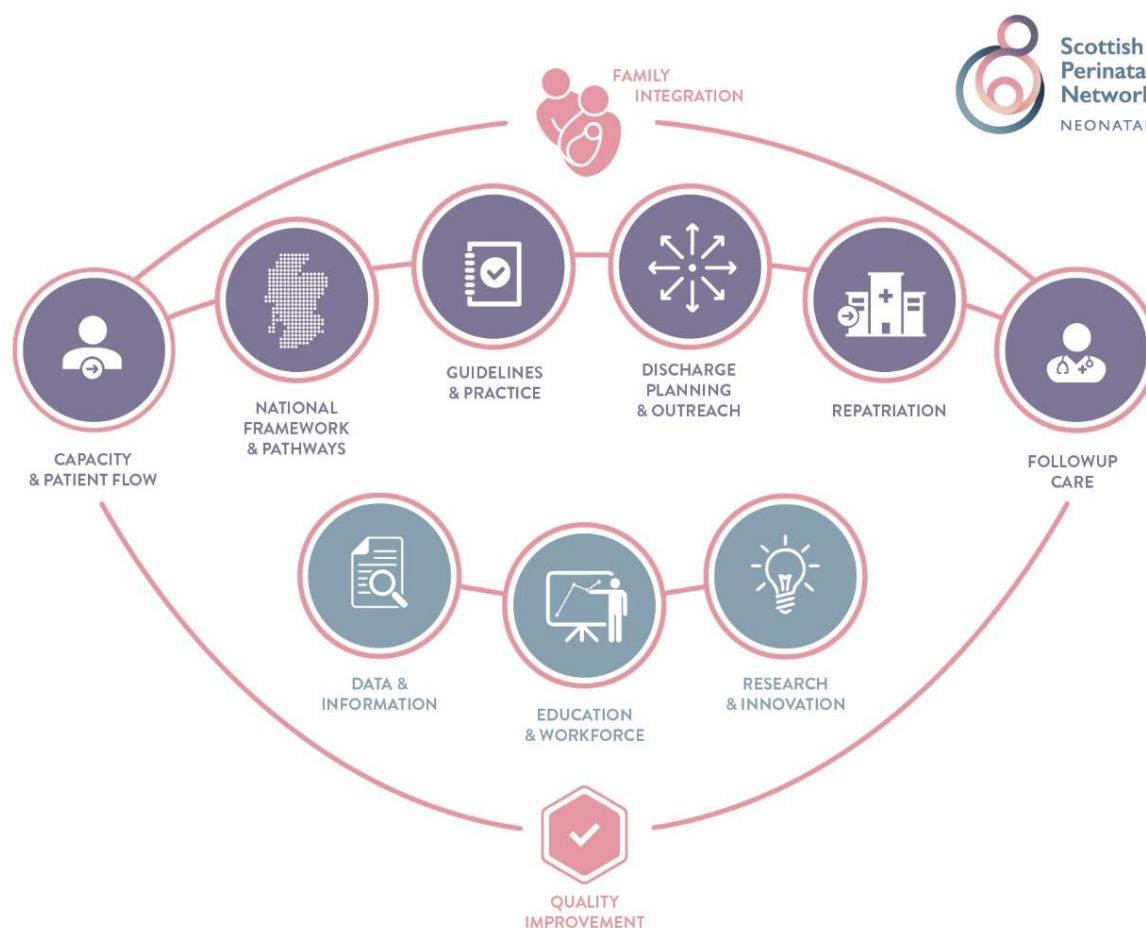
The network has set up a number of working groups, or in some cases taken on working groups that were in place before the creation of the NNN. The purpose of these groups is to progress specific pieces of work as noted on the strategic work plan and then report progress back to the Steering Group when it is established. These work streams have been on hold since March 2020 due to the Covid-19 pandemic. More detail on these working groups is provided in section 2.3 of this report.

2.2 Stakeholder Communication and Engagement

2.2.1 SPN / NNN Visual Identity
The SPN has developed a strong and recognisable visual identity to the network. This includes a logo for the SPN, with variations specifically for the NNN and NMN, as pictured below.

The NNN visual identity has been applied to a number of publications since the work of the network started. Examples of these include:

2.2.2 SPN Website and Social Media

The SPN website (www.perinatalnetwork.scot) was launched in November 2019. It was designed using the network visual identity. The SPN Team has begun to populate the network website, with a view to developing it as a resource for both professionals and families. It provides information about the SPN and about maternity and neonatal services in Scotland. Most recently, the SPN website has been a core part of the network's approach to supporting services during the Covid-19 pandemic, sharing the latest government and professional guidance via a dedicated web page. There is also a blog and Twitter (ScotPerinatal) that the SPN team will continue to populate to further engage both professional colleagues and families.
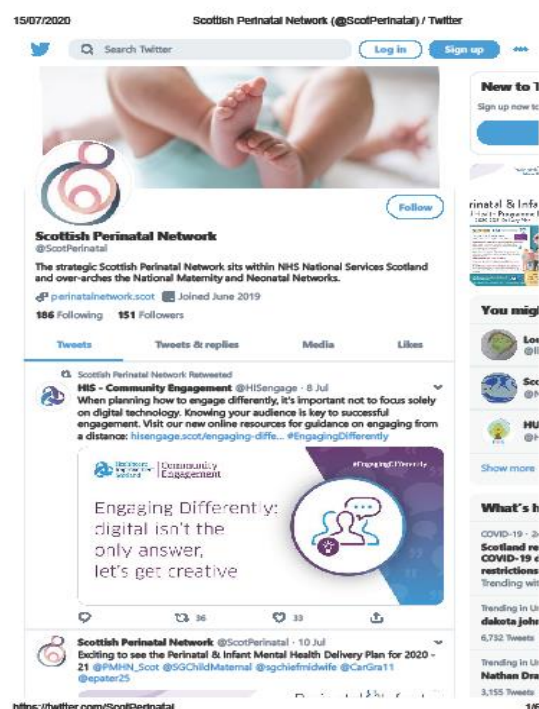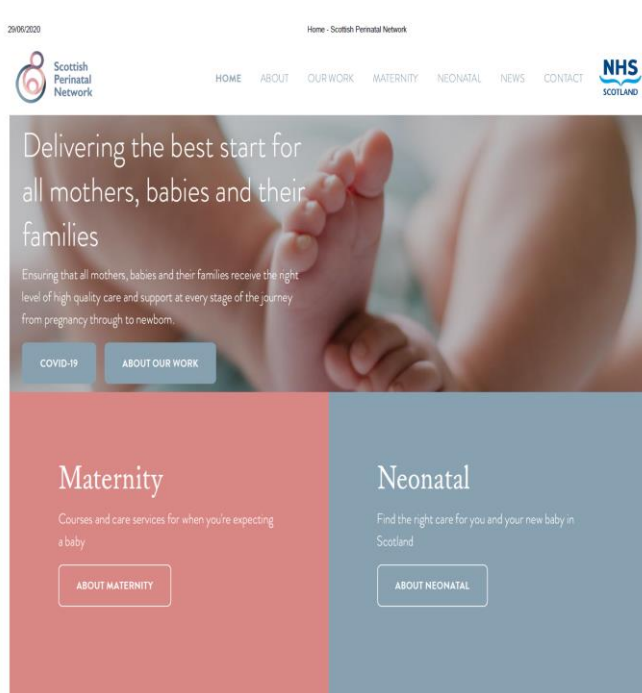
2.2.3 Neonatal Network Stakeholder Engagement

Throughout 2019/2020 the NNN programme team undertook to engage with network stakeholders. This includes the fifteen Scottish NNUS, community midwifery units in remote areas that provide a level of neonatal care and third sector partners. Twelve units were visited by the team (eleven were in person and

one, Western Isles, was conducted per video call) and the remaining five are planned to be visited in 2020/21, either in person or virtually. The team also engaged with BLISS, one of the main neonatal patient organisations, and is planning to engage with further organisations in 2020/21.

The main outcomes of these discussion were firstly to re-engage the neonatal community and secondly to get an accurate account of the issues that are facing clinicians and service users, ensuring that the network work plan addresses these issues (see section 2.1.3).
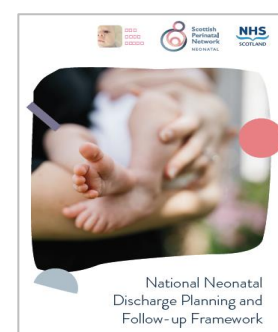
The network also made links with other relevant agencies and networks such as the Scottish Congenital Anomalies Network Scotland (SCANS), the Paediatric End of Life Care Network (PELiCaN), the Perinatal Mental Health Network (PMHN) and the Perinatal and Infant Mental Health Programme to avoid duplication of work and effort and to ensure open communication and collaboration.

2.3. Service Development and Delivery

2.3.1 NNN Discharge Planning Launch

The NNN hosted an event on 28th November 2019 to launch the Discharge Planning Framework which was developed by a working group, originally set up under the auspices of the Best Start Perinatal Sub Group and transferred to the network once it had been established. This Framework describes the principles and criteria for neonatal community liaison to support the implementation of recommendations 47, 48 and 49 in *The Best Start* for preterm babies and term, complex babies.

The event was well received by attendees. As well as presentations from fellow professionals there were group discussions and workshops covering as wide range of topics including engaging colleagues from community such as Health Visitors and Community Midwifes.

National Neonatal Discharge Planning and Follow-up Framework

The graphs below summarise the very positive event feedback.

Overall Event Evaluation

	Yes	Neutral
Programme was relevant	38	2
Expectations were met	33	6
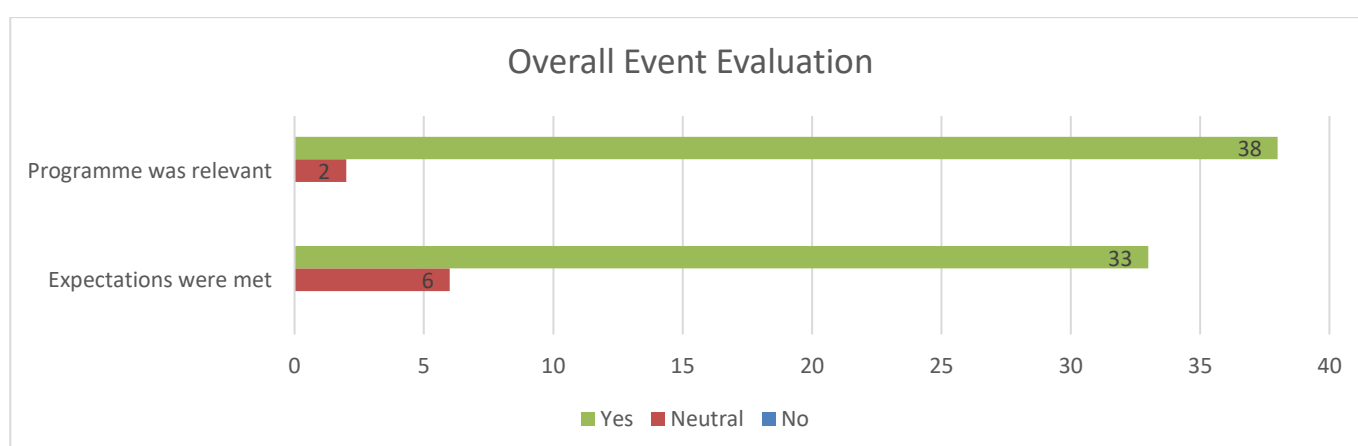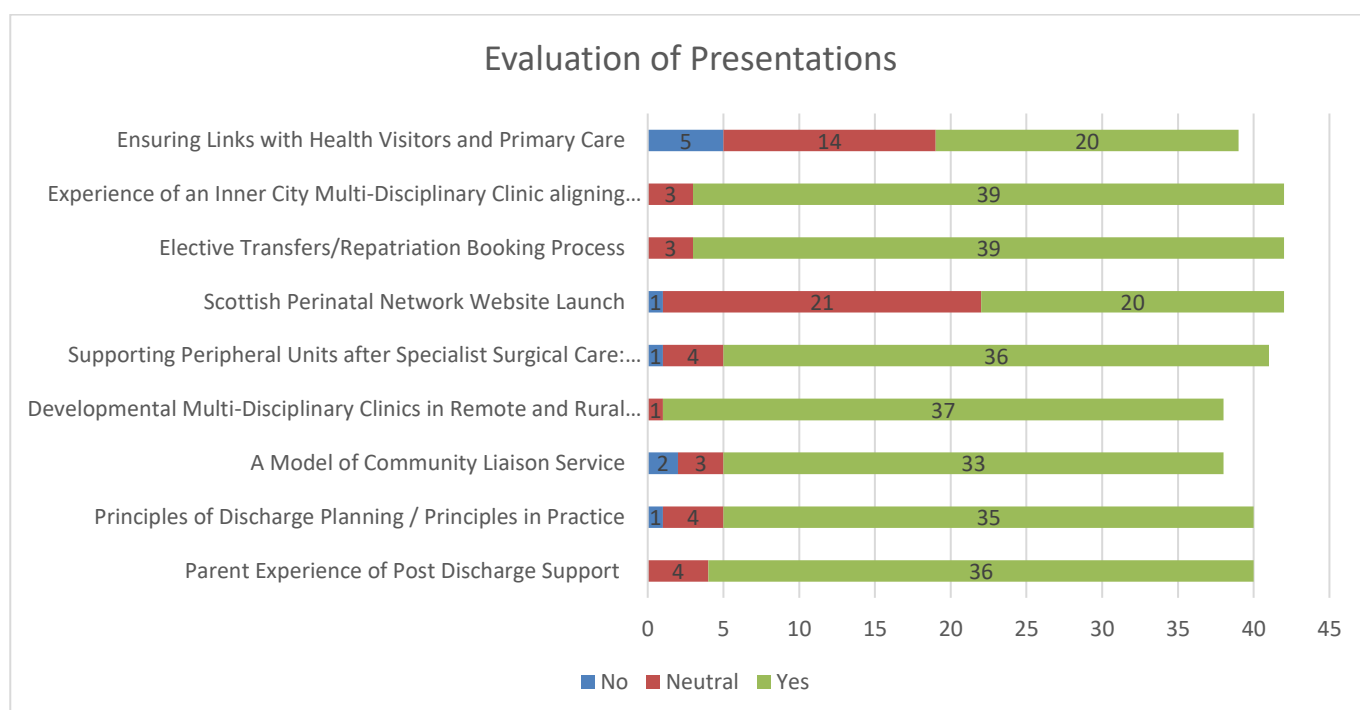
To follow up the excellent work done by this group the NNN will set up a working group to support the implementation of the framework.

2.3.2 Escalation and Cot Capacity Working Group

The aim of the Escalation and cot capacity working group is to develop processes, tools, guidance and resources for the management of escalation and neonatal cot capacity in Scotland to ensure effective transfer for Neonates across Scotland, including the effective management of maternity service capacity to facilitate in-utero transfers.

During 2019/20 the group drafted a Scottish Neonatal Unit Closure and Escalation Pathway / Standard Operating Procedure, which aims to ensure that across NHS Scotland closure of a NNU to new admissions:

1. Follows a consistent and objective process
2. That process supports staff in their decision making
3. Is recorded reliably and consistently, thereby facilitating regular audit and scrutiny
4. Is done in a way that maintains quality of care and minimises the adverse impact on patient flow, particularly repatriation

It is the aim of the NNN that this group will resume work in the autumn of 2020.

2.3.3 SPN Perinatal Palliative Care Sub Group

The aim of the SPN Perinatal Palliative Care Sub Group is to develop guidance and resources for national perinatal palliative and end of life care pathways. The group will also design and inform education and training to support implementation of the pathways.

During 2019/20 the group worked on mapping the end of life care pathways and drafting a document called 'My Antenatal Anticipatory Care Plan'. It was important to the group to be collaborating with a wide range of organisations including PELiCaN, SANDS, Bliss, and ARC.

It is the aim of the SPN that this group will resume work in Autumn 2020.

2.3.4 NNN Home Oxygen Working Group

The aim of the NNN Home Oxygen Working Group is to develop consistent national guidance and resources for determining the requirement for home oxygen for neonates. It will work towards developing a national approach for the identification and management of babies requiring oxygen at the time of discharge from a NNU.

It is the aim of the NNN that this group will resume work in autumn 2020.

2.3.5 Covid-19 Response

Starting in mid-March 2020, the network established a number of mechanisms to support clinical services with their response to the Covid-19 pandemic. These focussed on facilitating dialogue between all NNUs to share learning and have timely, streamlined access to fast-evolving guidance and best practice. It also provided a platform for effective engagement between the neonatal clinical community and Scottish Government, allowing issues to be escalated quickly and Scottish Government guidance to be disseminated efficiently.

The network achieved this by:
- Hosting weekly Covid-19 calls involving all NNUs and Scottish Government
- Issuing daily bulletins to disseminate information efficiently
- Making links to UK and Scottish Government and professional guidance accessible through a dedicated page on the SPN website
- Creating resilience in services e.g. by brokering cross-boundary ophthalmology support for neonatal retinopathy screening
- Facilitating data sharing to support Public Health Scotland Covid-19 data returns

2.4 Continuous Improvement

2.4.1. Neonatal Transfer Data

The NNN has worked with colleagues within ScotSTAR, the Neonatal transport section of the Scottish Ambulance Service, to share data about the transfers of neonatal babies, both before they are born and after. This data is analysed by the NNN team and shared with units individually to highlight areas where further improvements can be made and to inform any areas of best practice that can be replicated throughout the country. The NNN are planning to roll this data analysis out throughout 2020/21.

2.4.2. National Neonatal Audit Programme Support

Scottish neonatal services are all established participants in the UK-wide National Neonatal Audit Programme (NNAP) run by the Royal College of Paediatrics and Child Health. Discussions were started about the wider role of the network going forward in terms of supporting Scottish data collection and review of / response to NNAP findings. These will continue into 2020/21. In March 2020 the network held its first NNAP Data Sharing meeting, providing a platform for all NNUs to review their data and share learning, ahead of submitting data returns to NNAP.

2.5 Education

2.5.1 NNN Clinical Forum

The NNN hosted our first clinical forum on 3rd December 2019. This presented an opportunity to meet the Network team, learn about the aims and priorities of the Network and how colleagues can become involved.

The meeting also included a presentation on the BAPM 'Framework for Practice' relating to revised guidance on the perinatal management of extreme preterm deliveries before 27 weeks. This was presented by the BAPM Honorary President Dr Helen Mactier.

3. Plans for the Year Ahead

There are a number of key priorities outlined for NNN in 2020-21, as per its draft five-year work plan. The full impacts of the COVID-19 pandemic on the work plan are not yet known, however it is hoped that ultimately all work scheduled will go ahead in the next reporting period. Stakeholders will be notified of any changes as required.

3.1 Network Governance

The main priority for 2020/21 is finalising the SPN governance arrangements, with a view to holding a first SPN Oversight Board meeting in September 2020, followed by a NNN Steering Group soon thereafter. The intention is to ratify the draft strategic work plan at this stage.

3.2 Work Streams

The network's immediate priorities are to host the meetings of all work streams as soon as possible. In the established groups the chairs have been contacted to restart these groups. For the new groups the first meeting will be arranged where a Chair and Vice Chair will be elected.

3.2.1 Escalation and Cot Capacity Working Group

In 2020/21 the group will:

- Continue to develop a Scottish Neonatal Unit Closure and Escalation Pathway SOP with a view towards a national launch.
- Work with Clevermed to test the BadgerNet app cot capacity feature and work with NNUs to continue refining the app.
- Review any training needs for the NNU managers who complete the cot capacity data recording.
- Co-ordinate with Scottish Government and PHS colleagues the mechanics of the current cot capacity data recording and collaborate to avoid duplication and improve the quality of the data captured.

3.2.2 SPN Perinatal Palliative Care Sub Group

In 2020/21 the group will:

- Continue to develop a 'My Antenatal Anticipatory Care Plan' with a view towards a national launch.
- Review any training needs for the NNU staff so that they have access to any palliative care learning.
- Liaise with NES for reviewing current neonatal palliative care learning materials.

3.2.3 NNN Home Oxygen Working Group

In 2020/21 the group will:

- Draft a Home Oxygen Guideline for Scotland.
- Liaise with NES for reviewing current neonatal home oxygen learning materials.

3.2.4 NNN Guideline Group
In 2020/21 the group will:

- Establish the working group and agreeing terms of reference, focussed on developing a national process for developing and managing neonatal clinical guidelines.
- Begin to review which of the current guidelines can be rewritten as a national piece of work.

3.2.5 NNN Pharmacy Working Group
In 2020/21 the group will:

- Establish the working group and agree the chair and terms of reference.
- Develop a Once for Scotland approach to providing neonatal pharmacy guidance (in particular drug monographs).

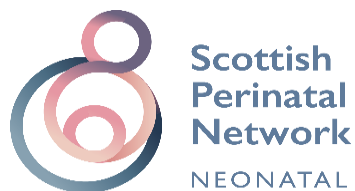### 3.2.6 NNN Discharge Planning Working Group
In 2020/21 the group will:

- Establish the working group and agree the chair and terms of reference.
- Support the implementation of the National Discharge Planning Framework published in November 2019.
- Agree how to review the needs of each NNU to roll out the framework and support collaboration with community colleagues.

4. Detailed Description of Progress in 2019/20

WORKPLAN – 2019-20

RAG status	Description
RED (R)	The network is unlikely to achieve the objective/standard within the agreed timescale
AMBER (A)	There is a risk that the network will not achieve the objective/standard within the agreed timescale, however progress has been made
GREEN (G)	The network is on track to achieve the objective/standard within the agreed timescale
BLUE (B)	The network has been successful in achieving the network objective/standard to plan

	Objective Reference	SMART Objective	Description of progress towards meeting objective as at *31.03.2020*	Anticipated Outcome	Notes	RAGB Status
Network Governance and Structure	GS-01	**Establish SPN Oversight Board with agreed terms of reference**	Agreement in principle for the Best Start IPB to take on Oversight Board function. Detailed arrangements still to be finalised, including revised IPB membership and agreed ToR. Extended completion date to accommodate Covid-19 delays.	Appropriate network governance in line with established national commissioning processes	Action covers whole SPN (maternity and neonatal)	

	GS-02	**Establish NNN Steering Group with agreed terms of reference**	In process of setting up membership; ToR to be drafted. Extended completion date to accommodate Covid-19 delays.	Appropriate network governance in line with established national commissioning processes	
	GS-03	**Sign off Network service agreement with NSD**	Work ongoing on SA template for all strategic networks; NNN SA to be created once this has concluded. Extended completion date to accommodate Covid-19 delays.	Appropriate network governance in line with established national commissioning processes	
	GS-04	**Establish Network work streams / sub-groups**	On Pause/ Plan to restart after Covid-19 lockdown has eased.	Effective structure to progress the work objectives of the NNN	
	GS-05	**Establish links with other relevant networks: SCANS, PMHN and PIMH Prog Board;**	EW member of SCANS Steering Group; CM member of PIMH Prog Board; overlap in clinical personnel between NNN and PMHN	Effective partnership working, avoiding waste and duplication	
	GS-06	**Agree NNN mandate and strategic work plan**	Work plan to be tabled at next IPB. Extended completion date to accommodate Covid-19 delays.		
Communicating and Engaging with stakeholders	CE-01	**Engage with neonatal community through a series of local neonatal unit visits**	Completed. Carried out visits/meetings between Sep 2019 and Apr 2020. Discussed network structure, facets and local unit priorities.		

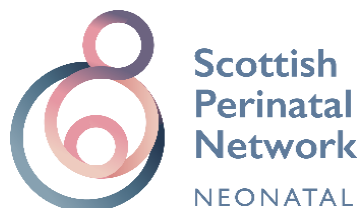| / Leadership and partnership working					
	CE-02	**Develop a Communication and Engagement strategy**	To be completed, on pause due to Covid-19 priorities.		
	CE-03	**Establish Network communication channels: website, MS Teams, email distribution, social media**	Website launched in Nov 2019 and Twitter active.		
	CE-04	**Maintain network communication channels to facilitate effective neonatal service response to Covid-19 pandemic**	Completed. Establish process for weekly (later fortnightly) national neonatal Covid-19 calls (incl. Scot Gov representation) and daily bulletins to ensure sharing of guidance and best practice. Created dedicated Covid-19 page on SPN website.		
Strategic Service Planning and Development	SP-02	**Develop capacity management protocol, based on universal use of cot locator function in Neonatal Badgernet,**		Linked to Best Start recommendation 56, 57	

The text "and meetings with other key stakeholders" appears at the top of the third column.

		including development of a monitoring process and regular reporting on compliance with agreed approach/protocol	Working group is on pause due to Covid-19 priorities.	
	SP-04	**Develop national neonatal end of life care pathway**	Working group is on pause due to Covid-19 priorities.	Linked to Best Start recommendation 41, 42
Continuous Improvement	CI-04	**Provide strategic guidance to the Mat Neo Data Hub on neonatal priorities**	Working with PHS colleagues to provide regular data about covid-19 positive patients and outcomes.	Linked to Best Start recommendation 67
Education, training and development	ETD-01	**Create a Neonatal Consultants Group as a forum for peer support, development and sharing best practice**	On pause due to Covid-19 priorities	

5. Proposed 3 Year Work Plan for 2020/23

WORKPLAN – 2020-23

RAG status	Description
RED (R)	The network is unlikely to achieve the objective/standard within the agreed timescale
AMBER (A)	There is a risk that the network will not achieve the objective/standard within the agreed timescale, however progress has been made
GREEN (G)	The network is on track to achieve the objective/standard within the agreed timescale
BLUE (B)	The network has been successful in achieving the network objective/standard to plan

Scottish Perinatal Network NEONATAL

	Objective Reference	SMART Objective	Completion Date	Anticipated Outcome	Notes of current status as of June 2020	RAGB Status
Network Governance and Structure	GS-01	Establish SPN Oversight Board with agreed terms of reference	Sep-20	Appropriate network governance in line with established national commissioning processes	First meeting of the new oversight board scheduled for September 2020	
	GS-02	Establish NNN Steering Group with agreed terms of reference	Sep-20	Appropriate network governance in line with established national commissioning processes	Membership list is being edited and emails drafted	
	GS-03	Sign off Network service agreement with NSD	Oct-20	Appropriate network governance in line with established national commissioning processes	SMT of NSS will be kept updated as to the progress of the	

					governance of the NNN		
	GS-04	Establish Network work streams / sub-groups	Mar-21	Effective structure to progress the work objectives of the NNN	Emails have been sent to all chairs of sub-groups to schedule group meetings		
	GS-06	Agree NNN mandate and strategic work plan	Sep-20	Agreed NNN Work plan for 2020-21 and 5 year plan drafted	Draft of NNN Work plan has been populated with revised timelines		
Communicating and Engaging with stakeholders / Leadership and partnership working	CE-02	Develop a Communication and Engagement strategy	Oct-20	Communication and engagement plan drafted and agreed	Stakeholder mapping completed. Draft of communication plan to be drafted		
	CE-05	Develop mechanisms for family involvement and engagement, utilising existing infrastructure for service user involvement	Mar-21	Links with third sector organisations to engage with families.	Meetings with third sector organisations to be arranged		
	CE-06	Evaluate mother / family experience	Jan-21	Links with third sector organisations to engage with families.	Meetings with third sector organisations to be arranged		
	CE-07	Provide information about the neonatal	Aug-20		Website is being edited and new content added.		

	CE-08	expenses fund on the network website Link with Ready Steady Baby to ensure that family information materials (print/digital) support the delivery of the agreed model of neonatal care	Dec-20	Informative pages on SPN website that link to the latest SG advice/information Link with Ready, Steady Baby team to ensure that we support the delivery of the agreed model of care wherever possible.	Arrange initial meeting to discuss how we link into their information materials.
Strategic Service Planning and Development	SP-01	Develop national standardised risk assessment tool for neonatal transfer	Mar-21	Deliver risk assessment tool that has been piloted in NNUs to ensure an effective tool.	Set up working group to deliver this tool
	SP-02	Develop capacity management protocol, based on universal use of cot locator function in Neonatal Badgernet, including development of a monitoring process and regular reporting on compliance with agreed approach/protocol	Mar-21	Set-up working group to deliver this protocol.	Research and understand the reaches of cot locator, PBPP and the potential use of data to add regular reporting

	SP-03	Develop national Neonatal Framework for Practice	Mar-21	Deliver the National Neonatal Framework for practice	Assemble a working group to deliver this framework.		
	SP-04	Develop national neonatal end of life care pathway	Mar-21	Deliver National Neonatal End of Life care pathway	Re-start the working group who are delivering this work.		
	SP-05	Develop national guideline development and management process	Jan-21	Develop a National 'Once for Scotland' Guideline group	Start the working group who are delivering this work.		
	SP-06	Agree a standardised national approach to neonatal medicines and develop a single set of drug monographs	Jan-21	Develop a National 'Once for Scotland' drug monograph group	Start the working group who are delivering this work.		
	SP-07	Implement discharge planning framework for neonatal care	Feb-21	Follow-up the discharge planning framework document implementation	Start the working group who are delivering this work.		
	SP-08	Develop pathways and guidance for effective repatriation	Mar-21	Pathways and guidance for effective repatriation	Convene a working group to develop this work.		
	SP-09	Develop pathways and guidance for neonatal follow-up care	Mar-21	Pathways and guidance for effective follow-up care	Convene a working group to develop this work.		
	SP-10	Develop consistent national approach for use of remote	Feb-21	National approach for use of remote consultation	Convene a working group to develop this work.		

		consultation in neonatal care			
	SP-11	Develop and roll out the My Neonatal Journey book	Mar-21	Deliver 'My Neonatal Journey'	Continue this work by producing the document for families and piloting in a number of sites.
Continuous Improvement	CI-01	Make information about third sector services (service directory) readily accessible	Mar-21	Link an accurate service directory	Access an accurate service directory
	CI-02	Audit unit capacity, demand and model patient flows	Dec-20	Deliver accurate data analysis to NNUs	Produce data for each NNU across Scotland
	CI-03	Develop audit measures / KPIs for neonatal care to assess effectiveness of neonatal service model	Mar-21	Audit measures and KPI for neonatal service model	Develop audit measures of data
	CI-04	Provide strategic guidance to the Mat Neo Data Hub on neonatal priorities	Feb-21	Strategic guidance to the Mat/Neo data hub on priorities	Liaise with HPS colleagues
	CI-05	Establish a process with MCQIC and Scot Gov to inform Scottish neonatal QI planning	Feb-21	Establish QI process with MCQIC and SG colleagues	Liaise with MCQIC after the Covid-19 measures are lifted

	CI-06	Together with Scot Gov and SNAP, develop a process for action on outliers / unwarranted variation shown in national audit data, e.g. NNAP	Feb-21	Establish NNAP process with SNAP and SG colleagues	Liaise with SG and SNAP after the Covid-19 measures are lifted
	CI-07	Develop a process for Scotland to undertake significant adverse event analysis and share learning across Boards / with Scot Gov	Mar-21	Develop the SARs planning and analysis	Re-start the work that had begun with SG colleagues
Education, training and development	ETD-01	Create a Neonatal Consultants Group as a forum for peer support, development and sharing best practice	Sept-20	Re-start the previous neonatal consultants group	Colleagues have been asked for feedback to assess the appetite for the group restarting. The first meeting is to be arranged for September 2020.
	ETD-02	Develop a NNN education strategy, within the context of existing neonatal	Mar-21	NNN education strategy for all different members of the neonatal multi-disciplinary team.	Link with colleague at NES and NNUs to determine which education to prioritise.

		training and education provision			
	ETD-03	Deliver an annual 'Cooling Day' neuroprotection education event	Sep-20	Successful delivery of the annual cooling education event	Save the date has been circulated, draft agenda, with list of presenters has been compiled and Eventbrite registration page is in draft form.

Appendix 1: Proposed Steering Group Membership

- Lead Clinician (chair)
- Neonatal Consultants (representing all levels of units as well as geographically across Scotland)
- Neonatal Nurses (representing all levels of units as well as geographically across Scotland)
- AHP Representation
- Scottish Government Policy and Professional Leads
- BAPM
- ScotSTAR/SAS
- Pharmacy
- MCQIC
- Chairs of working groups
- Third Sector (e.g. Bliss and SANDS)
- Health Visitor/Primary Care
- Trainee
- Data representative(s)
- Obstetric / Fetal medicine / Midwifery representation from Maternity Network Steering Group
- Paediatric surgeon (Surgical Congenital Anomalies Network Scotland (SCANS) representation)
- Perinatal Mental Health Network (PMHN) / Perinatal and Infant Mental Health Programme representation
- SPN Management Team

Appendix 2: Finance

Details of the 2019/20 network budget and spend for both network staff salaries and expenditure is stated in the table below.

	Salaries	Expenditure	Total
Budget 2019/20	£146,326	£26,749	£173,075
Spend 2019/20	£111,744	£17,453	£129,196
Variance	*-£34,582*	*-£9,297*	*-£43,879*