



Scottish  
Perinatal  
Network



# Scottish Perinatal Network Annual Report 2021/22



## Contents

1. Executive Summary and Introduction
2. Scottish Perinatal Network Governance
3. Stakeholder Engagement
4. Scottish Perinatal Network Strategy - Progress in 2021/22
  - i. The Impact of COVID-19
  - ii. Maternity Priorities
  - iii. Neonatal Priorities
  - iv. Perinatal Priorities
5. Next Steps: 2022/23 Priorities
6. Finance



# Executive Summary

Welcome to the 2021/22 Annual Report from the Scottish Perinatal Network (SPN), the national strategic network incorporating the National Maternity Network (NMN) and the National Neonatal Network (NNN).

Throughout 2021/22 the SPN continued to work in partnership, across traditional organisational and geographical boundaries, to realise a programme of work that supports the delivery of maternity and neonatal care in Scotland.

As much of this year's work has been truly perinatal in nature, we are pleased to be able to share this report from the perspective of the whole SPN, rather than its constituent parts, for the first time.

Key priorities for this year related to the safe and effective transfer of women and babies across Scotland to ensure timely access to the right level of care, bringing a voice to women and perinatal staff in remote and rural communities, national support to learn from perinatal significant adverse events and improving care for babies born at less than 27 weeks at a unit without neonatal intensive care facilities.

At the time of publication of this Annual Report Perinatal Services across the UK are in the process of reflecting and responding to the recommendations contained within the Ockenden Report. We envisage the SPN having a key role in facilitating discussions between Boards and supporting learning and education that will follow.

A range of issues have arisen from the impacts of the COVID-19 pandemic on women, babies and the health professionals looking after them in challenging and unprecedented circumstances. The pandemic has also created prioritisation challenges for SPN, alongside reduced capacity of its governance structures.

Despite these ongoing challenges we hope you will agree a significant amount of important progress has been made towards the objectives agreed with our stakeholders. This would not have been possible without the hard work and dedication of colleagues from all over the Perinatal landscape and we are very grateful to you for your ongoing support of the work.

*Tara Fairley, Lead Clinician National Maternity Network & Lesley Jackson, Lead Clinician National Neonatal Network*



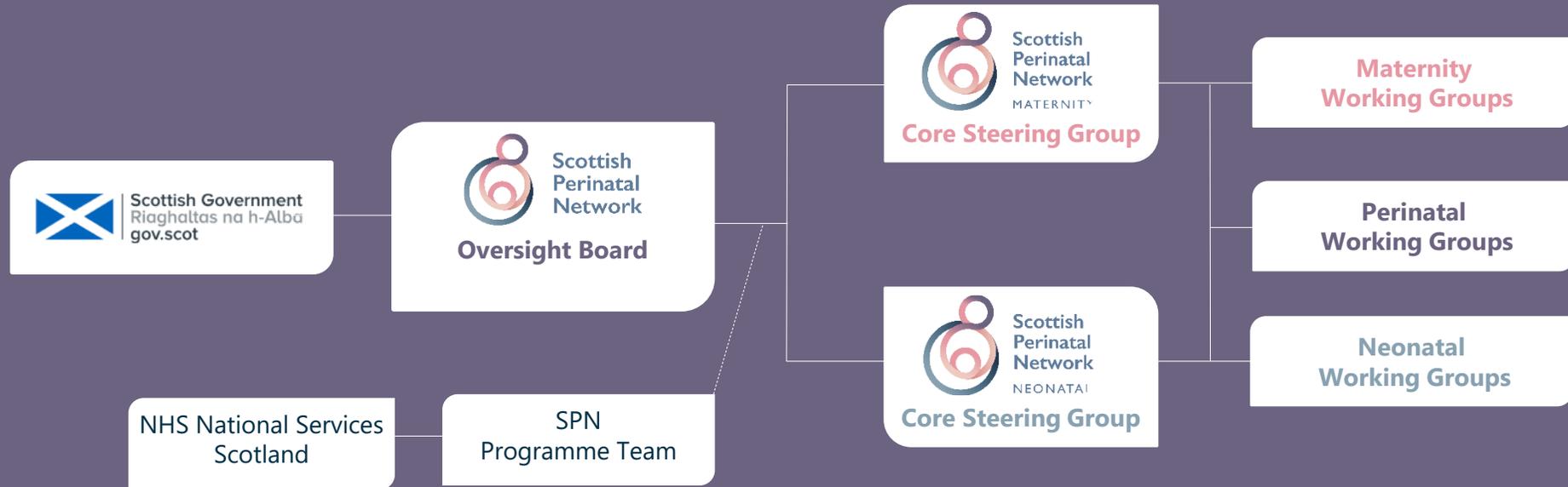
## Introduction

In 2017, the Scottish Government published a review of maternity and neonatal services in Scotland, *The Best Start*, providing a five-year forward plan for the improvement of maternity and neonatal services in Scotland. This included recommendations to create National Maternity and Neonatal Networks to promote sharing of experience and expertise and ensure integrated working across NHS Board boundaries. The two Networks were commissioned in 2019 and 2020 and are managed together as the Scottish Perinatal Network (SPN).

The aim of the Annual Report is to provide stakeholders with an update on the work of the SPN, focusing on key achievements during the financial year from 1 April 2021 to 31 March 2022.

Achieving the progress outlined in this Annual Report would not have been possible without the energy, time, advice and expertise the Network's stakeholders have continued to invest, even in the face of the additional pressures on NHS services during the COVID-19 pandemic.

The Network Programme Team would like to take this opportunity to thank members for their commitment and contributions, with special thanks to those who have given their time to chair the SPN's working groups. In particular, the Team would like to acknowledge the leadership Kate Burley (Associate Director for National Strategic Networks in NHS National Services Scotland) had brought to the Network from its inception, and wish her well in her new role in NHS England.



## SPN Oversight Board

The SPN Oversight Board, chaired by Jane Grant (Chief Executive, NHS Greater Glasgow and Clyde), held its first meeting on 14 May 2021.

The role of the Board is to provide national strategic leadership to the SPN and advise NHS Boards and other partners in relation to the delivery of maternity and neonatal care, using the most up to date evidence base and in line with strategic local, regional and national NHS and Scottish Government priorities.

For the duration of the Scottish Government's Best Start Implementation Programme, the SPN Oversight Board is aligned to the Best Start Implementation Programme Board, with shared membership across both functions.

# Maternity and Neonatal Core Steering Groups

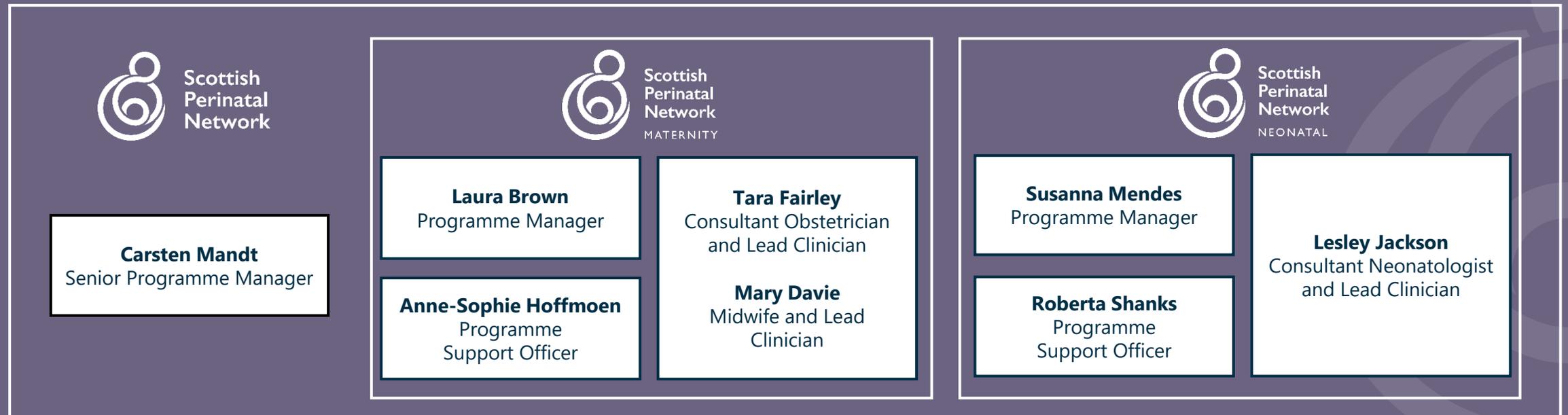
Reporting to the SPN Oversight Board, the Maternity and Neonatal Network Core Steering Groups are responsible for overseeing the Networks' work programme. The purpose of the groups is to work across geographical and organisational boundaries to support a 'Once for Scotland' approach to the planning, design and delivery of maternity and neonatal care in Scotland.

Each Core Steering Group is chaired by the respective Network Lead Clinicians (see Programme Team chart below for details).

The Neonatal Core Steering Group had its inaugural meeting on 7 December 2020, with the Maternity Core Steering Group meeting for the first time on 29 October 2021.

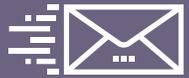
## SPN Programme Team

The Programme Team is hosted by NHS National Services Scotland and provides programme management support to the Network.



# Stakeholder Engagement

Over the course of 2021/22 the Network steadily increased its reach and engagement with its stakeholders by developing communication channels via a monthly **newsletter**, the SPN **website** and **Twitter** feed. The Network Programme Team has been investing in the use of analytics for these communication channels to continually drive improvements in making Network communication more effective and reach a broader audience. Some key metrics on SPN communication channel usage and reach are given below.



## Newsletter

681

**subscribers**

With onward cascading  
to other frontline  
staff

3-5  
mins

**average reading  
time**



## SPN Website

270%

**increase in  
website users**

4,430

**website users**



## Twitter

52%

**increase in  
Twitter  
followers**

(from 370 to 562)

33,265

**impressions  
(views on  
Twitter)**



Since its inception, the Network has engaged extensively with its stakeholders across neonatal and maternity services, as well as with Scottish Government and patient organisations, to identify how best the Network can support and deliver value to its stakeholders.

On the basis of the intelligence gathered throughout this stakeholder engagement, the Network developed a Strategy that defines how the Network operates and what its objectives and strategic priorities are. This Strategy was ratified by the Oversight Board in March 2022.

The following section of this report sets out the progress and benefits achieved in the delivery of the Network's strategic maternity, neonatal and perinatal objectives.



## SPN Strategy 2021-24



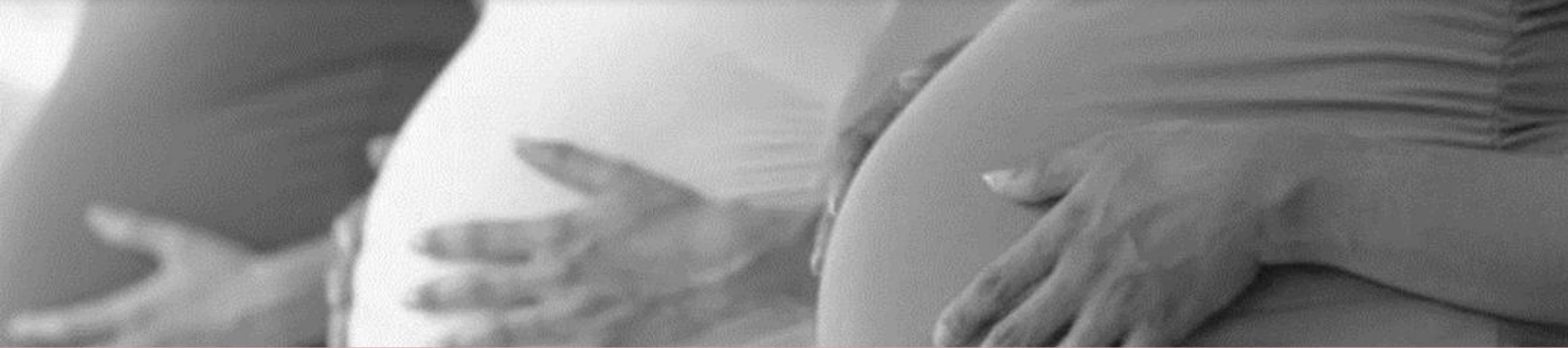
## The Impact of COVID-19

The COVID-19 pandemic necessitated a re-evaluation of Network plans and priorities, recognising the changed service context the Network was operating in during the pandemic. The planned establishment of the Network governance structure was impacted, due to delays in being able to set up the SPN Oversight Board and the Maternity Core Steering Group, but other aspects of the SPN work programme progressed well. COVID-19 also gave rise to additional work streams for the Network to support perinatal service responses to the pandemic.

Throughout the pandemic, the National Neonatal Network played a key role in agreeing nationally-consistent responses and facilitating dialogue between Scottish Government and the clinical community, ensuring that new guidance was fully informed by and responsive to the needs of the neonatal community. Some Network work streams were delayed but in general, momentum with the programme of work was maintained.

At the outset of the pandemic the National Maternity Network was at the early stage of engagement with its stakeholders and establishing its mandate and governance structure. Despite a necessary shift to remote working, the Network managed to engage very successfully with senior stakeholders, testament to the enthusiasm within the community and their understanding of the value of having a National Network.

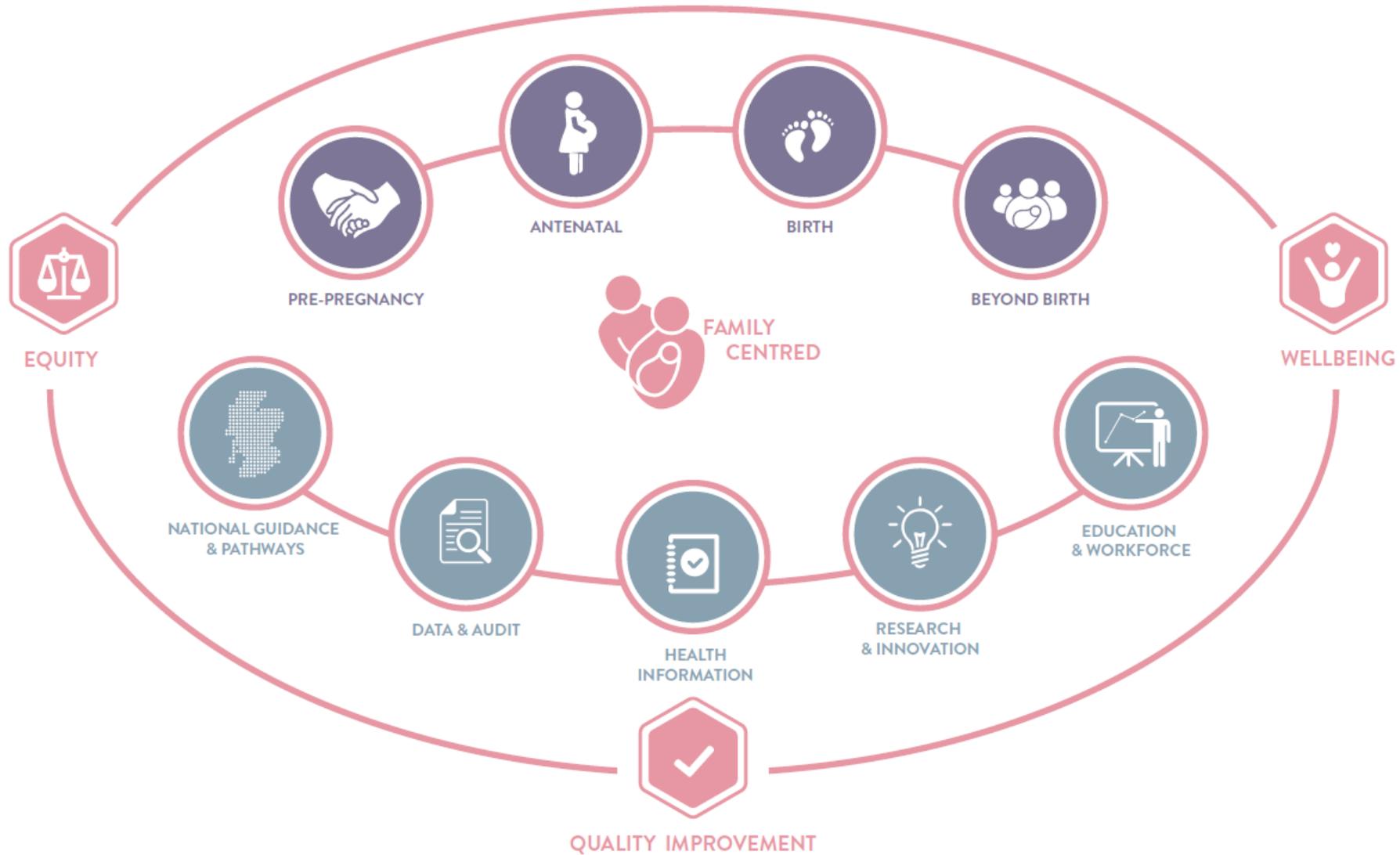
In addition, key actions in support of the COVID-19 response in maternity services were delivered successfully by the Network, e.g., by using the Network's digital platforms to facilitate communications from the Royal Colleges and other strategic partners to promote COVID-19 public health advice and guidance, such as promoting the uptake of vaccination in pregnancy. However, some planned strategic developments, such as work on digital approaches and innovation, had to be postponed.



## Maternity Priorities – Progress in 2021/22



# Maternity Facet Diagram





## Maternity 1: Develop and support implementation of a national structure for effective service user engagement to ensure the voice of women and families is heard at a local and national level in Scotland

### Key activities in 2021/22:

- ✓ Following a report by Healthcare Improvement Scotland on the current level of maternity service user engagement in Scotland, Scottish Government commissioned the Network to undertake an options appraisal on ways to improve engagement.
- ✓ Submitted a project plan to implement national infrastructure for maternity service user engagement to Scottish Government for consideration.
- ✓ Developed links with the chairs of the three established Maternity Voice Partnerships in Scotland who will join the Maternity Network Core Steering Group from April 2022 to provide service user input to the Network.

### Benefits:

- Identified best practice from other parts of the UK to establish viable, sustainable national platforms to enable lived experience of maternity care to inform strategy and service planning and delivery in Scotland.
- Implementation of these platforms will facilitate:
  - women and their families to engage with maternity services, and seek peer support, in the way and to the extent that feels right to them.
  - policy makers and health providers to reach out to and engage with service users as part of their strategic planning processes.



## Maternity 2: Facilitate improvements in the equitable and consistent delivery of effective care for miscarriage and other early pregnancy loss

### Key activities in 2021/22:

- ✓ Collaboration with Scottish Government, Tommy's, the Fertility Scotland Network and Public Health Scotland to deliver a roundtable event on 14<sup>th</sup> March 2022, outlining current challenges for miscarriage care in Scotland.
- ✓ This will inform further discussions to define a programme of work and delivery mechanisms in order to meet Scottish Government Programme for Government commitments on improving miscarriage care by December 2023.



### Benefits:

- Established links between different strategic partners necessary to deliver improvements in miscarriage care.
- A consistent, dignified, compassionate miscarriage service tailored to the needs of women will help address inequalities in service provision and offer person-centred care when, where and how women and families need it.





## Maternity 3: Establish processes for the development and management of national maternity clinical pathways, guidance and processes

### Key Activities in 2021/22:

- ✓ Created a new repository for SPN-developed guidance on the [SPN website](#). Three suites of clinical guidance, implementation guidance and information for parents have been published on the website so far.
- ✓ Identified pathways for utilising synergies with national strategic partners, such as Public Health Scotland, NHS24 / NHS Inform and the national TEC team, regarding development and publication of patient information.
- ✓ Set up a new Network Guidelines Governance Group, chaired by Dr Marie-Anne Ledingham who will direct the prioritisation and delivery of this work, with oversight from the Maternity Core Steering Group. Due to COVID-19 pressures the first meeting of the group was delayed until May 2022.
- ✓ A national guideline on Management of Maternal Pyrexia in Labour guideline is in development and, following COVID-19 related delays, will be amongst the first to be considered by the new group.
- ✓ The Obstetric Neurology Group have been producing guidelines on the management of headache and epilepsy in pregnancy and requested that this guidance be adopted by the Network guidelines group for peer review and governance purposes

### Benefits:

- Easy access to Scottish guidance from a central repository, reducing duplication in developing local guidance and unwarranted variation across Scotland.
- Efficiency in developing and publishing patient information through better coordination across multiple national agencies.



## Maternity 4: Support national implementation of innovations in maternity care

### Key Activities in 2021/22:

- ✓ Updated guidance on NHS Near Me and home monitoring, initially developed in 2020 in response to COVID-19, to routinely offer these approaches to women as an informed choice. Evaluation was postponed due to COVID-19 and will be progressed together with the national TEC Team in 2022/23.
- ✓ Liaison with NHS 24 to include guidance for women and families on these innovations within the health information for women and families on NHS Inform and in Public Health Scotland's universal pregnancy resource, *Ready Steady Baby!*
- ✓ Collaboration with the national TEC team, building on earlier successes, to develop a parallel suite of Home Oxygen Monitoring guidance for pregnant women testing positive and symptomatic with COVID-19, as an early detection and patient safety tool.
- ✓ Liaison with Scottish Government and the Scottish Clinical Biochemistry Diagnostic Network to explore options to introduce Placental Growth Factor testing in Scotland. In response to COVID-19 and winter pressures this work was paused in November 2021 until the end of the NHS emergency footing on 31 March 2022.



### Benefits:

- Increased person-centred choices for service users, in line with the aims of *Realistic Medicine*.
- Synergies with strategic partners to support fast and efficient development of information for staff and women and families navigating the pandemic, making this information available where women routinely seek pregnancy information
- Supported midwives to identify escalation of COVID-19 symptoms in pregnant women early, while enabling those well enough to stay at home and avoid precautionary admission.
- Consistent implementation of innovative approaches or technologies across Scotland, supporting healthcare professionals to be confident to use them.



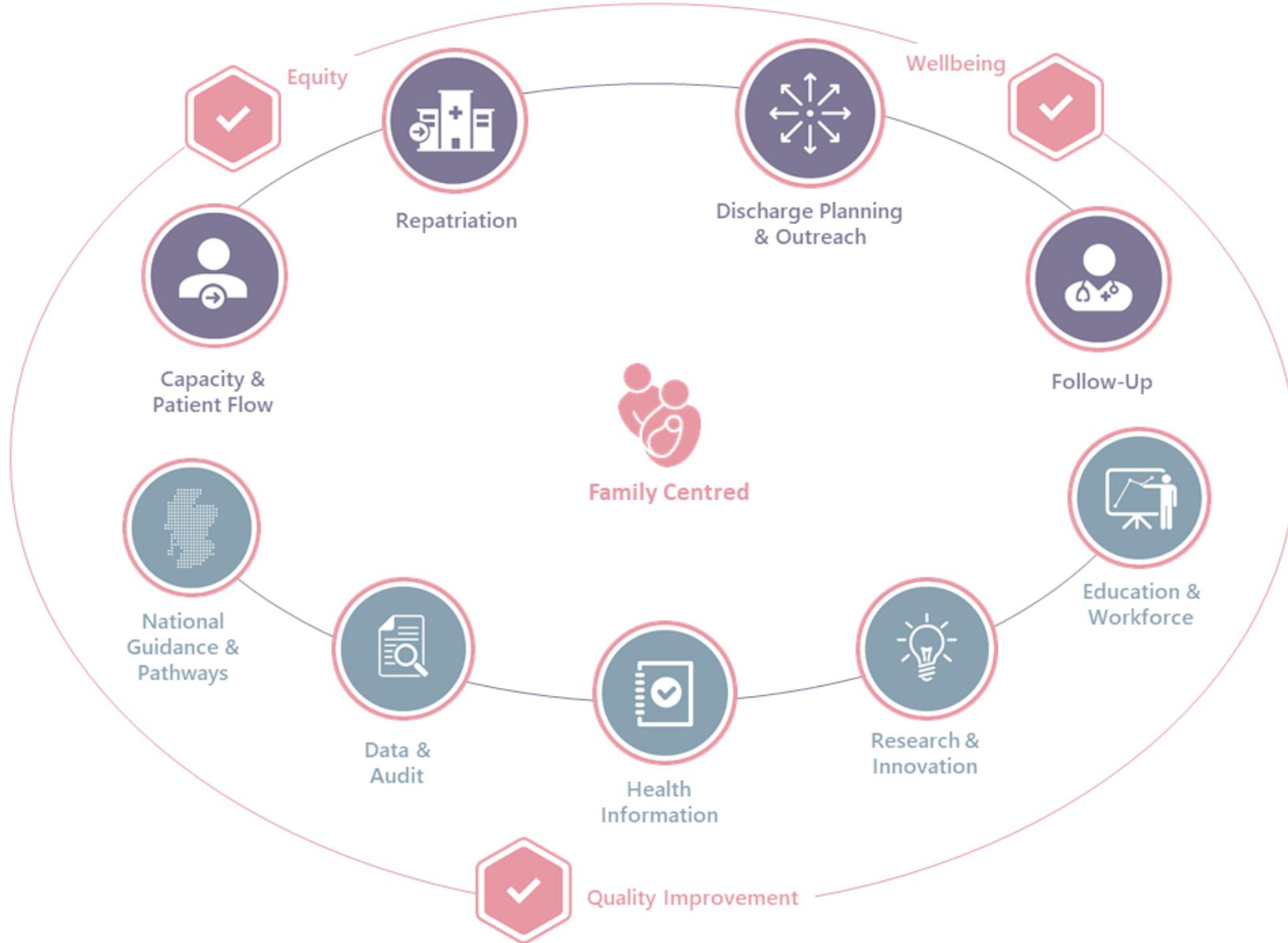


Scottish  
Perinatal  
Network  
NEONATAL

## Neonatal Priorities – Progress in 2021/22



# Neonatal Facet Diagram





## Neonatal 1: Develop nationally-agreed and standardised processes to manage neonatal unit capacity across the network in support of the new neonatal service model for Scotland

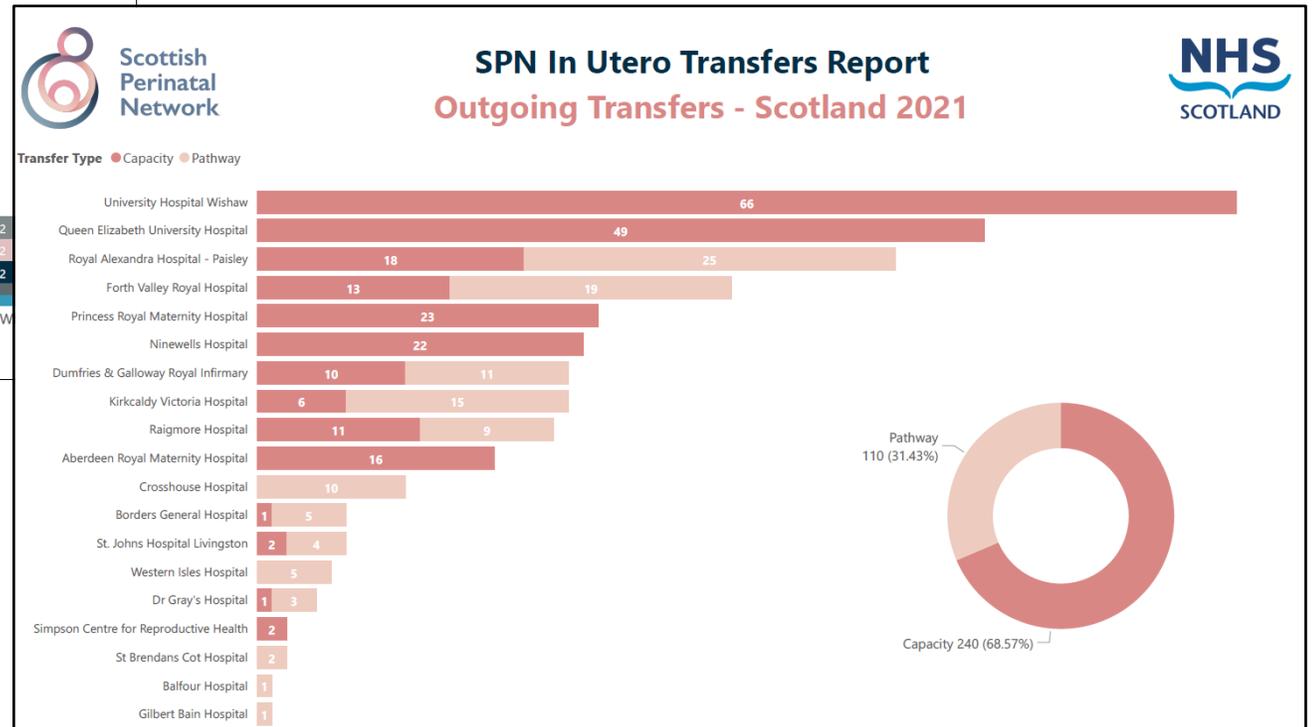
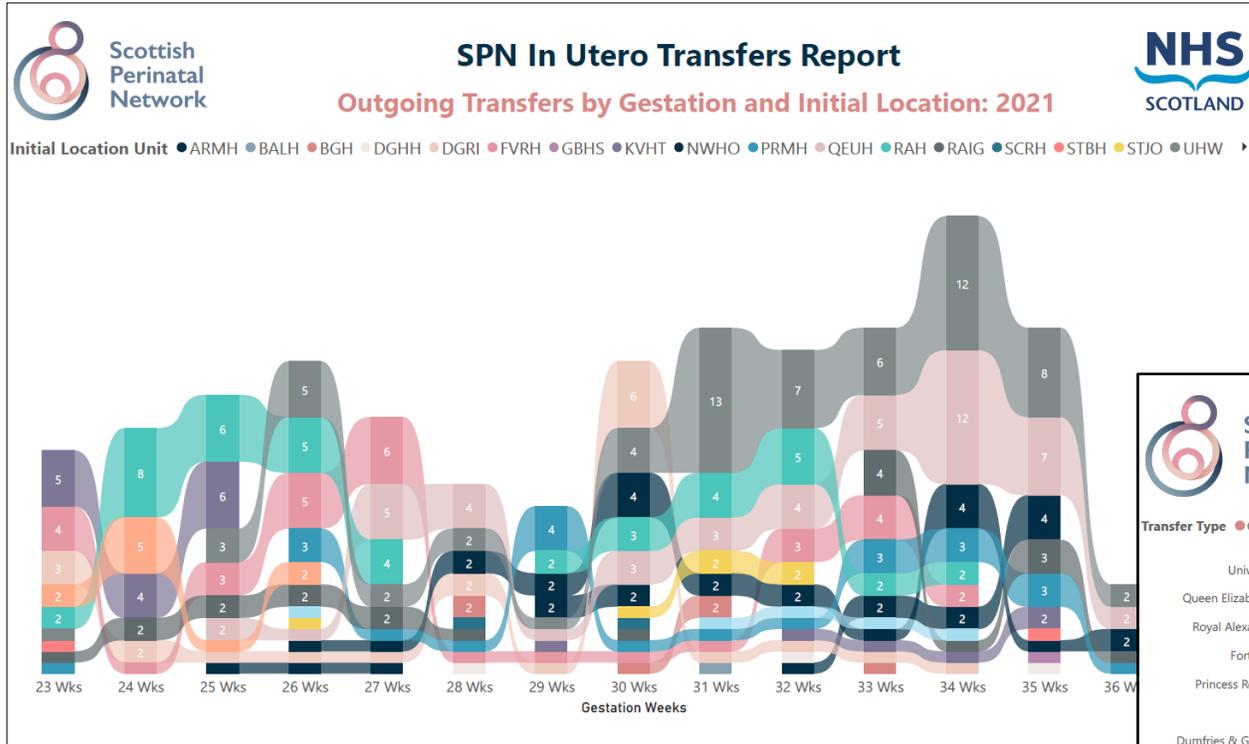
### Key Activities in 2021/22:

- ✓ Developed a standard operating procedure on reporting unit capacity to enable national co-ordination of neonatal capacity across Scotland. Monitoring arrangements under discussion as part of move to national implementation in 2022/23.
- ✓ Drafted a repatriation pathway to identify core expectations of care for the timely and effective repatriation of neonates to their home unit.
- ✓ Established weekly conference calls between neonatal units to facilitate effective repatriation discussions. A survey of units on the effectiveness of these calls reported all 14 respondents found these calls beneficial to aid communication between units (see examples of unit feedback overleaf).
- ✓ In partnership with NHS Education for Scotland (NES), established nurse education 'Qualified in Specialty' working group to improve provision of neonatal nurse education; agreed work plan to commence in 2022/23 as a key strategic development with two initial priorities: competencies & capability, and sustainability of the training programme.
- ✓ Set up a 'Monthly Grand Round' from November 2021 to provide an opportunity for units to present a clinical case/ to promote collaborative working between units and consistency in practice across Scotland.
- ✓ Collate and circulate bi-annual Scotland-wide in-utero transfer data reports to all neonatal units in Scotland (see examples on the next page)

### Benefits:

- National co-ordination of neonatal capacity to facilitate timely location of required cots.
- Standardised repatriation pathway to ensure equitable delivery and standard of care throughout Scotland
- Home units aware of full details of care babies received in tertiary units, therefore reducing the need for babies to require additional transfer
- Sharing of best practice and learning from unique cases among neonatal clinical staff in Scotland to improve patient outcomes and reduce harm.

# Example of Scotland-wide in-utero transfer reports



Great to catch up with other teams, maintaining inter unit communication and relations, up to speed with the babies.

Streamlined flow by ensuring local unit involved in families journey from the beginning.

Local unit maintains knowledge of patient progress, more ready for repatriation.

**Feedback on weekly repatriation calls by clinical and nursing staff across Scottish neonatal units**

Keeps channels of communication open, avoids last minute repatriation, aids information sharing.

Makes us focus on those patients and repatriation issues which easily get pushed aside in a busy service week.

Makes those of us working at RHC to remember that patients often do not need to stay at RHC.



## Neonatal 2: Agree processes for the development and management of national neonatal clinical guidelines and drug monographs

### Key Activities in 2021/22:

- ✓ Established a Neonatal Guideline Oversight Group to identify a programme of national guideline development and coordinate their implementation.
- ✓ Published national guidance on Term Respiratory Failure and on Home Oxygen on the [SPN website](#).
- ✓ Initiated development of national guidance on the Management of the Extreme Preterm Infant, to be completed 2022/23.
- ✓ Development of breast milk decontamination and storage guideline in draft and is to be considered by the Guideline Oversight Group.



### Benefits:

- National standardisation of practice across Scotland, delivering equitable and safe neonatal care through implementation of national Term Respiratory and Home Oxygen Guidelines.





## **Neonatal 3:** Establish current neonatal AHP provision in Scotland and identify models for improving consistency and capacity in AHP provision

### **Key Activities in 2021/22:**

- ✓ Established a Scottish Government funded project to identify current neonatal AHP provision in Scotland and develop discipline-specific approaches to improve AHP input to neonatal care, in line with Best Start and British Association for Perinatal Medicine (BAPM) recommendations. The AHP project team aim to report findings and recommendations early in 2022/23 to support planning and delivery of the new neonatal model of care.

### **Benefits:**

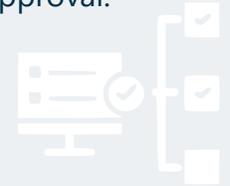
- Gap analysis of Scottish neonatal AHP provision compared to national professional standards to provide a basis for planning service developments that can facilitate enhanced AHP provision across neonatal services in Scotland.
- Increased capacity for successful and timely repatriation of babies back to home units. Ensuring health outcomes for neonates are optimised through appropriate AHP provision across Scotland.
- Opportunities to develop multidisciplinary educational resources for health care support workers, nurses, midwives and AHPs to learn together within neonatal care.



## Neonatal 4: Develop national guidance and pathways for effective long term neuro-developmental follow-up of babies after discharge from a neonatal unit.

### Key Activities in 2021/22:

- ✓ Established a neurodevelopmental follow-up group
- ✓ Developed a core dataset for 2-year follow-up; a data access request to analyse Scotland wide data is awaiting information governance approval.
- ✓ Designed a 4-year follow-up questionnaire for implementation across Scotland.
- ✓ Established links with Children with Exceptional Needs (CEN) network.
- ✓ National Neonatal Community Outreach Team established. Network of contacts has been developed and this provides a platform to share and discuss best practice in neonatal community liaison work across Scotland.



### Benefits:

- National standardisation of 2-year follow-up assessment and data collection across Scotland to ensure equitable care and regular review of best practice.
- Avoidance of duplication of work through links with CEN network.
- Standardisation of practice delivered by the Neonatal Community Outreach Teams across Scotland, ensuring if a baby is repatriated that they will receive the same level of care and parental guidance.

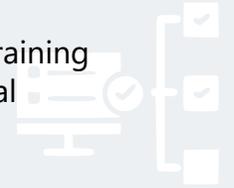




## Neonatal 5: Support national implementation of innovations in neonatal care

### Key Activities in 2021/22:

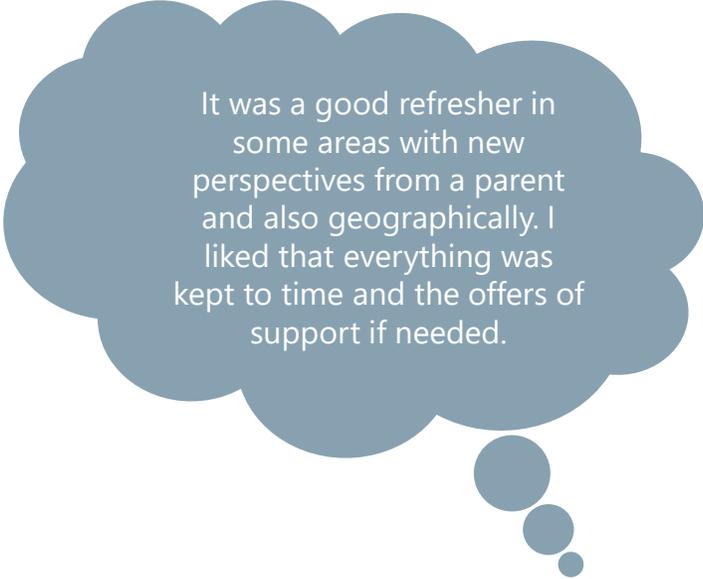
- ✓ The Network supported national implementation of BAPM Therapeutic Cooling guidance, including delivery of 3 education days, and training resources (see examples of delegate feedback on the next page). This will be complemented by NES/Scottish Cooling Group educational animations, which are in development and will be launched imminently.
- ✓ The Network worked with National Procurement in NHS NSS to facilitate national procurement of equipment ensuring consistency and value for money. All interested neonatal units have now purchased the equipment.



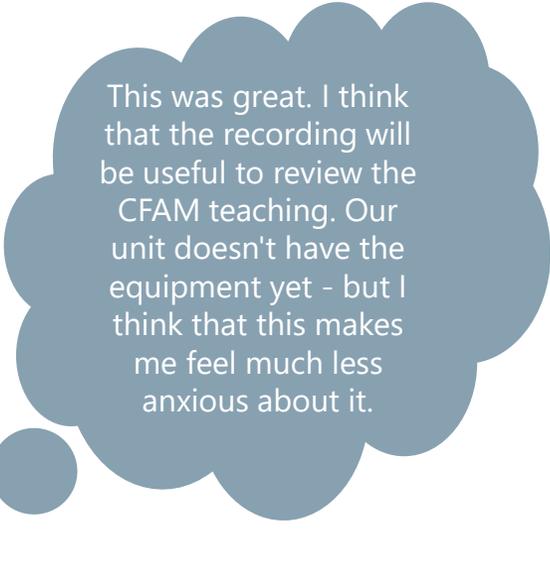
### Benefits:

- Raising awareness of and providing education of cooling techniques and best practice for referring centres and trainees across Scotland to ensure equitable, timely and clinically appropriate delivery of neonatal cooling where required.
- Ensuring best value for money and standardisation of equipment through liaison and national agreements made through National Procurement.



A blue thought bubble with a trail of three smaller circles leading to it.

It was a good refresher in some areas with new perspectives from a parent and also geographically. I liked that everything was kept to time and the offers of support if needed.

A blue thought bubble with a trail of three smaller circles leading to it.

This was great. I think that the recording will be useful to review the CFAM teaching. Our unit doesn't have the equipment yet - but I think that this makes me feel much less anxious about it.

## Feedback from National Cooling Education Day in March 2022

A blue thought bubble with a trail of three smaller circles leading to it.

Good course. Some hands on sessions would be helpful but I appreciate that is difficult in current climate.



Scottish  
Perinatal  
Network

## Perinatal Priorities – Progress in 2021/22





## **Perinatal 1:** Facilitate national consistency and coordination of processes for effective movement of women and babies across Scotland for ongoing or additional clinical care

### **Key Activities in 2021/22:**

- ✓ A directory of 'first point of contact' numbers for each obstetric unit to support the ScotSTAR In-Utero Coordination Service to more quickly reach the decision-makers within all units, book ambulances earlier and, in turn, help facilitate safer transfers.
- ✓ Established improved quarterly reporting of in-utero transfers at unit, Board and Scotland level; further enhanced reporting to also include information on deliveries is awaiting information governance approvals.
- ✓ Establishment of a Transport Group to oversee a programme of work to improve national consistency and effectiveness of perinatal transport pathways.
- ✓ Agreement on two priority working groups on *In-Utero Transfers* and *Remote & Rural Transport*. The Remote & Rural Transport working group will finalise the guidance and tools initially taken forward by the Best Start Transport Group and the SPN Remote & Rural Forum.

### **Benefits:**

- More streamlined and efficient decision-making process for in-utero transfers, coordinating both maternity and neonatal service capacity to identify a suitable receiving unit for a transfer.
- Better understanding of in-utero transfer activity across Scotland to understand system capacity and inform further improvement activity.
- Service capacity to accommodate a growing demand for maternity and neonatal transfers, especially in light of moving to the Best Start model of neonatal care.



## Perinatal 2: Facilitate national consistency and coordination of processes for the effective management of pre-term labour

### Key Activities in 2021/22:

- ✓ Organised a national learning event in June 2021 for case review of babies born at <27 weeks gestation at a unit without neonatal intensive care (NICU) capacity. Following the success of the national case review meeting, a second event is planned for June 2022.
- ✓ An exception reporting pro-forma has been developed, based on learning and best practice in the Operational Delivery Networks in NHS England. This has been ratified by both Core Steering Groups and the Oversight Board in March 2022 and will be implemented as a national tool in Scotland in 2022/23.



### Benefits:

- Enhanced collaboration across maternity and neonatal services in Scotland to identify and learn from instances where delivery in a unit with NICU capacity was not possible.
- Improved outcomes for women and their babies.





## **Perinatal 3:** Develop and implement national processes for sharing learning from significant adverse event reviews (SAER)

### **Key Activities in 2021/22:**

- ✓ Establishment of an SAER Group to oversee a programme of work to support Boards with implementation of new Scottish Government guidance on SAER in maternity and neonatal services.
- ✓ Links with national strategic partners involved in SAER processes, e.g. NHS Education for Scotland, Healthcare Improvement Scotland and Scottish Government.



### **Benefits:**

- Mutual support across Health Board boundaries in a nationally consistent approach to conducting SAER in maternity and neonatal services.
- Synergy in supporting effective SAER processes across multiple national agencies.
- Greater capacity to shared learning from SAERs across Scotland and the ability to identify issues for national improvement action.





## **Perinatal 4:** Analyse maternity and neonatal audit data to provide intelligence about effectiveness of care and inform future improvement priorities.

### **Key Activities in 2021/22:**

- ✓ Liaison with Public Health Scotland on the development of the Maternity and Neonatal Data Hub core dashboards for maternity and neonatal.
- ✓ Created Data Hub pages on the SPN website to provide a central point for accessing information about the Hub's services .
- ✓ Established National Neonatal Data Oversight Group who have commenced work on identifying a set of Key Performance Indicators (KPIs) for the neonatal network.



### **Benefits:**

- Core dashboards are developed in line with the needs of the clinical community.



## **Perinatal 5:** Develop and implement pathways and guidance for effective perinatal bereavement support

### **Key Activities in 2021/22:**

- ✓ This work stream had not yet started in 2021/22 but will be part of the 2022/23 work programme.





**Perinatal 6:** Facilitate and coordinate perinatal community engagement in existing national processes delivered by strategic partners, e.g. NHS HIS or NES, and maximise available synergies and efficiencies.

**Key Activities in 2021/22:**

- ✓ Established links with key national strategic partners in NHS Education for Scotland, Public Health Scotland, the Maternity and Children Quality Improvement Collaborative (MCQIC) and Healthcare Improvement Scotland, as well as with other national networks, e.g. the Perinatal Mental Health Network Scotland, Children with Exceptional Care Needs, Surgical Conditions Affecting Newborns Scotland or the Scottish Obstetric Cardiology Network.



**Benefits:**

- Effective communication channels to utilise synergies across multiple national programmes of work related to maternity and neonatal care, reducing duplication of effort, enhancing efficiencies and minimising the risk of competing demands being placed on stakeholders that are common to these national programmes.





## Perinatal 7: Develop effective national approaches to engaging service users

### Key Activities in 2021/22:

- ✓ Initiated a national work stream on maternity service user engagement – please refer to objective **Maternity 1** for more detail.
- ✓ Liaison with English Neonatal Operational Delivery Networks to learn from their best practice in engaging parents and families. Linked with neonatal services in March 2022 to establish a national Parent Reference Group.



### Benefits:

- Identified best practice from other parts of the UK to establish viable, sustainable national platforms to enable lived experience of maternity and neonatal care to inform strategy and service planning and delivery in Scotland.



## Perinatal 8: Assess and where possible mitigate inequalities in perinatal outcomes

### Key Activities in 2021/22:

- ✓ Added home monitoring in pregnancy resources to digital editions of Ready Steady Baby.



### Benefits:

- increased reach and reduced inequity in access as resources are now more readily available in more languages.





## Plans for 2022/23

Building on the progress achieved in 2021/22, the Network will focus on the following strategic priorities in 2022/23, some of which are a continuation of existing work streams.

# 2022/23 Work Plan Prioritisation

The 2022/23 SPN work plan will focus on the following strategic objectives, ranked by order of priority as agreed by the SPN Oversight Board.

High

**Perinatal 1:** Facilitate national consistency and coordination of processes for effective movement of women and babies across Scotland for ongoing or additional clinical care

- (a) Improve pathways and support available for remote and rural services to enable safe and effective maternity and neonatal transport in remote and rural areas
- (b) Develop standardised risk assessments for antenatal, intrapartum and postnatal transfers
- (c) Develop national processes for exception reporting and case reviews for babies born < 27 weeks gestation at a unit without a NICU
- (d) Improve processes to facilitate effective in-utero transfers

**Perinatal 2:** Facilitate national consistency and coordination of processes for the effective management of pre-term labour

**Neonatal 1:** Develop nationally agreed and standardised processes to manage neonatal unit capacity across the network in support of the new neonatal service model

- (a) Develop a capacity management protocol, based on universal use of cot locator function in Neonatal Badgernet.
- (b) Develop monitoring process for units declaring cot capacity and managing escalation
- (c) Develop pathways, guidance and parent information for effective and timely repatriation of babies to their home neonatal unit.
- (d) Develop robust guidelines and processes to facilitate effective discharge planning and management across Scotland.
- (e) Facilitate national planning of neonatal nurse education provision in Scotland to ensure sustainable 'Qualified in Specialty' neonatal staffing in line with Best Start and BAPM recommendations

**Perinatal 3:** Develop and implement national processes for sharing learning from significant adverse event reviews (SAER)

**Perinatal 7:** Develop effective national approaches to engaging service users

**Maternity 1:** Develop and support implementation of a national structure for effective service user engagement to ensure the voice of women and families is heard at a local and national level in Scotland

Continued on next page

**Maternity 3:** Establish processes for the development and management of national maternity clinical pathways, guidance and processes

**Neonatal 2:** Agree processes for the development and management of national neonatal clinical guidelines and drug monographs

**Perinatal 8:** Assess and where possible mitigate inequalities in perinatal outcomes

**Maternity 2:** Facilitate improvements in the equitable and consistent delivery of effective care for miscarriage and other early pregnancy loss

**Neonatal 3:** Establish current neonatal AHP provision in Scotland and identify models for improving consistency and capacity in AHP provision

**Neonatal 4:** Develop national guidance and pathways for effective long term neurodevelopmental follow-up of babies after discharge from a neonatal unit

**Neonatal 5:** Support national implementation of innovations in neonatal care

**Maternity 4:** Support national implementation of innovations in maternity care

**Perinatal 4:** Analyse maternity and neonatal audit data to provide intelligence about effectiveness of care and inform future improvement priorities

**Perinatal 5:** Develop and implement pathways and guidance for effective perinatal bereavement support

**Perinatal 6:** Facilitate and coordinate perinatal community engagement in existing national processes delivered by strategic partners, e.g. NHS HIS or NES, and maximise available synergies and efficiencies



## Finance

The Network is funded entirely by an allocation from Scottish Government to cover SPN Programme Team staffing costs and non-pay expenditure.

It operated within budget for the financial year 2021/22.



For more information about the Network please visit: <https://www.perinatalnetwork.scot/>

You can contact the SPN Programme Team at: [nss.perinatalnetwork@nhs.scot](mailto:nss.perinatalnetwork@nhs.scot)

or via Twitter [@ScotPerinatal](https://twitter.com/ScotPerinatal)

