Scottish Perinatal Network

Strategy 2021-2024

Document Version History

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Contents

1 Introduction

This strategy sets out how the Scottish Perinatal Network (SPN) will bring partners together from across healthcare, service users, third sector and Scottish Government to collaborate on improving the quality of maternity and neonatal services in NHSScotland. This document describes:

- The strategic drivers and rationale for the network
- The scope, objectives and strategic priorities of the network
- The network structure and the way in which it will deliver its programme of work

2 Rationale

2.1 Strategic Drivers

2.1.1 The Best Start

The Scottish Government published a review of maternity and neonatal services in Scotland, *The Best Start*[1], in 2017. This details a five-year forward plan for the improvement of maternity and neonatal services in Scotland in order to realise a vision of maternity and neonatal services across Scotland where:

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

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[1] Available at: https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/.

This vision provides the overarching strategic framework within which the SPN operates.

As part of the new model of maternity and neonatal service provision in Scotland, *The Best Start* recommended the creation of two national networks for maternity and neonatal care:

> "[Recommendation] 73: A single Maternity Network Scotland should be created to promote sharing of experience and expertise and to create regional or national protocols, for example to manage the most complex conditions at a national level.
>
> [Recommendation] 74: There should be a single Neonatal Managed Clinical Network for Scotland with the new model to ensure integrated working across NHS Board boundaries, including input from service management and clinical staff. The maternity and neonatal networks should come together formally on at least an annual basis to promote integrated services."

Implementing these recommendations involves creating a single national neonatal network (to replace three regional Managed Clinical Networks (MCNs) in the North, West and South East & Tayside regions), as well as establishing a national maternity network, which does not have any precursor at either local, regional or national level in Scotland.

2.1.2 Other Strategic Drivers

In supporting the realisation of that vision, the work of the network will also adhere to other key strategic drivers pertinent to the delivery of maternity and neonatal services in NHS Scotland, most notably Getting It Right for Every Child (GIRFEC), the United Nations Convention on the Rights of the Child, the principles of Realistic Medicine and the wider NHSScotland strategic plan (see 2.1.3).

2.1.3 The Impact of Covid-19

From the beginning of the Covid-19 pandemic maternity and neonatal services have been recognised as essential services that would need to continue to care for pregnant women, babies and their families. The pandemic has nonetheless impacted on maternity and neonatal care, both in terms of necessitating changes to how services are delivered and in relation to activities focussed on developing and improving services - which to a large extent have either been paused or scaled back during the pandemic. This has also had an effect on network activity and timescales.

It is vital that plans to progress the work of the network are cognisant of the challenges presented by Covid-19 and are taken forward in line with the Scottish Government's Framework for NHSScotland remobilisation, *Re-mobilise, Recover, Re-design* (2020) and the subsequent *NHS Recovery Plan* (2021)[2]. The proposed work of the network will be relevant to delivery against a number of principles that underpin the Framework:

- Achieving greater integration
- Quality, values & experience

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[2] See: https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/ and https://www.gov.scot/publications/nhs-recovery-plan/

- Services that promote equality
- Sustainability

Scottish Government has also issued specific guidance for the recovery and remobilisation of maternity and neonatal services[3]. Development of the SPN and its work programme will progress within the principles and sequencing laid out in this guidance. Each facet work stream will consider its objectives in the context of this Covid-19 guidance to ensure that work is undertaken in ways and to timescales that meet the requirements laid out by Scottish Government.

2.2   Service Context

2.2.1   Maternity Services

Maternity care covers the whole pathway through all stages of pregnancy, labour and birth until care for mother and baby transitions from maternity to health visiting services. Maternity services cover a wide range of obstetric and hospital and community midwifery services delivered across 43 maternity units in 14 territorial Health Boards in Scotland. In 2019/20 there were 48,912 live births in Scotland[4].

Maternity units include obstetric-led units, alongside midwifery units (midwifery units that are located next to an obstetric-led unit) and freestanding midwifery units. Appendix 1 shows the geographical spread of Scottish maternity units across both urban and remote and rural locations.

2.2.2   Neonatal Care

Neonatal services deliver special, high-dependency, intensive or surgical care to newborn babies who are born premature or sick. The neonatal period usually covers the first 28 days of life. Approximately 11% of live births each year require some form of neonatal care[5].

In Scotland neonatal care is provided by a total of 15 neonatal units, comprising local neonatal units, special care units, and neonatal intensive care units (NICUs). Appendix B shows the locations of all neonatal units.

2.3   Strategic Networks

The *Best Start* recommendations to establish national maternity and neonatal networks were implemented through national commissioning processes hosted by NHS National Services Scotland. The National Specialist Services Committee (NSSC) approved the commissioning of the National Neonatal Network (NNN) and the National Maternity Network (NMN) as national strategic networks in April and June 2019, respectively.

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[3] See: https://www.gov.scot/publications/covid-19-remobilisation-guidance-maternity-neonatal-services/
[4] See: https://beta.isdscotland.org/find-publications-and-data/population-health/births-and-maternity/births-in-scottish-hospitals/
[5] See: https://beta.isdscotland.org/media/6649/mat_bb_table9.xlsx

Within NHSScotland, networks are used to bring together stakeholders across traditional professional and geographical boundaries. National strategic networks 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, co-produced with all stakeholder groups.

Both the NMN and NNN were commissioned on the basis that their model of delivery would follow the established model for national strategic networks. This model builds on best practice for MCNs[6] and includes five core elements:

a) An effective structure that is organised, resourced and governed to deliver network objectives, as agreed with Scottish Government, NHS Board Chief Executives and other key stakeholders;
b) A recognisable identity/platform on which to build the network;
c) An agreed mandate, co-produced with network stakeholders;
d) A focus on whole pathways of care;
e) The ability to effect strategic change across those pathways of care.

All national strategic networks are supported by the Strategic Networks Team in NHS National Services Scotland. The Strategic Networks Team provides an appropriate level and range of managerial, administrative and organisational support to individual networks to enable them to demonstrate measurable progress against aims and objectives agreed through national commissioning processes. It also facilitates links to integrate networks into operational management and local, regional and national planning and prioritisation systems and structures.

2.4 Synergies and the Rationale for a Scottish Perinatal Network

While the NMN and NNN have been commissioned as two separate national strategic networks, *The Best Start* and the respective NSSC applications recognise the interdependencies and synergies between both networks, suggesting close collaboration and joined-up management, oversight and governance. The NMN and NNN have therefore been developed together under the umbrella of the SPN.

3 Network Identity

As described in section 2, a key element of a national strategic network is having a recognisable, shared identity that can provide a platform on which to build mechanisms for collaboration across its whole community of stakeholders.

The visual identity for the SPN and its associated sub-brands for the NNN and NMN are shown below:

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[6] See CEL (2012) 29, available at: http://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf.

Figure 5: SPN, NMN and NNN identities

The SPN identity acknowledges:

- the unique identity of each of its constituent networks, as well as the interconnection between them and opportunities for synergistic working;
- the positive elements of pregnancy and early parenting, while remaining sensitive to this not being the experience of every family;
- principles of equality, diversity and inclusion;
- the political and clinical context that impacts on health professionals working in maternity and neonatal services and on the people who use these services.

4 Network Mandate

4.1 Objectives

The primary purpose of the SPN is:

- To provide a forum to lead collaborative and collective development and improvement of services and sharing of expertise in maternity and neonatal services, across all key stakeholders;
- To work across geographical and organisational boundaries to support a 'Once for Scotland' approach to improvement activity in maternity and neonatal services;
- To deliver on specific projects linked to recommendations contained within the *Best Start,* as commissioned by the Best Start Programme Board and/or Scottish Government;
- To create nationally consistent protocols, guidance and care pathways across maternity and neonatal services;
- To support NHS Boards with implementation of national or regional pathways at local level as agreed by The Best Start Implementation Programme Board/SPN Oversight Board;
- To critically analyse UK and national reports, audits and recommendations to inform improvement work, taking account of context and potential application;
- To communicate key messages for maternity and neonatal services, and to support appropriate quality assurance, clinical pathways and continuous improvement to further enhance standards of care and outcomes for women and babies;
- To work with stakeholders to develop and support the implementation of clinical practice and pathways supported by mechanisms for assurance and improvement;
- To support CPD and training opportunities where needs are identified or arise, in collaboration with other training providers.

4.2   Network Facets

Each strategic network has a facet diagram, which outlines the appropriate and necessary scope of the network to be able to deliver on its objectives. In the case of the SPN, facets specific to the NNN and NMN respectively were developed with input from a wide range of stakeholders, the maternity and neonatal clinical communities and the Scottish Government. The development of the facets also took into account the recommendations in *The Best Start* to ensure the work of the networks is strategically aligned with the programme and can support it effectively.

In keeping with the core values of NHS Scotland and scope of the networks, maternity and neonatal service users (pregnant women, their partners and babies and their families) are at the centre of each facet diagram.

Recognising the role of strategic networks in driving improvements in relation to whole pathways of care, the facets for the NNN and NMN reflect all stages of the perinatal journey:

- NMN facets consider pre-pregnancy, antenatal, birth and, usually, the first 10 days of post-natal care. After this, health visiting professionals provide the care for most babies and their families, which is not considered in scope for the SPN.

- NNN facets consider the whole journey from the start of care through to discharge from neonatal services and longer term follow-up.

This 'whole pathways' approach is underpinned by a range of enabling facets common to both networks (and other strategic networks). These facets represent *how* the network will deliver on its objectives in relation to family centred improvements along the maternity and neonatal journey, for example by developing national guidance and pathways, by analysing and interpreting data to inform quality improvement or by sharing best practice and supporting the development of the professional communities in the maternity and neonatal workforce.
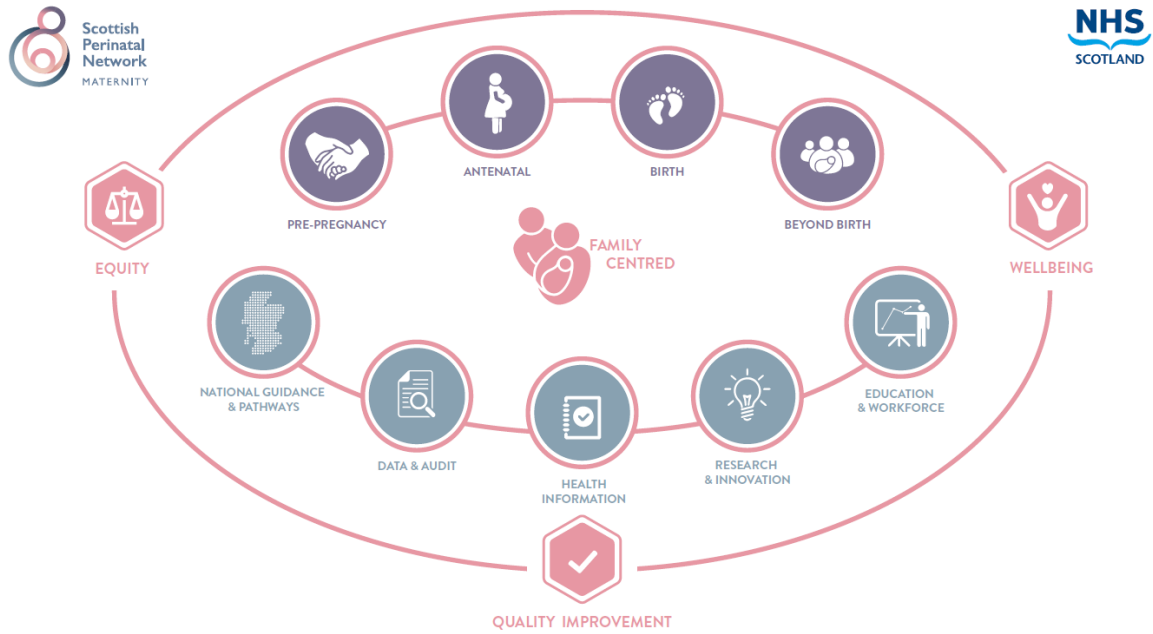
Figure 6: *NMN facet diagram*
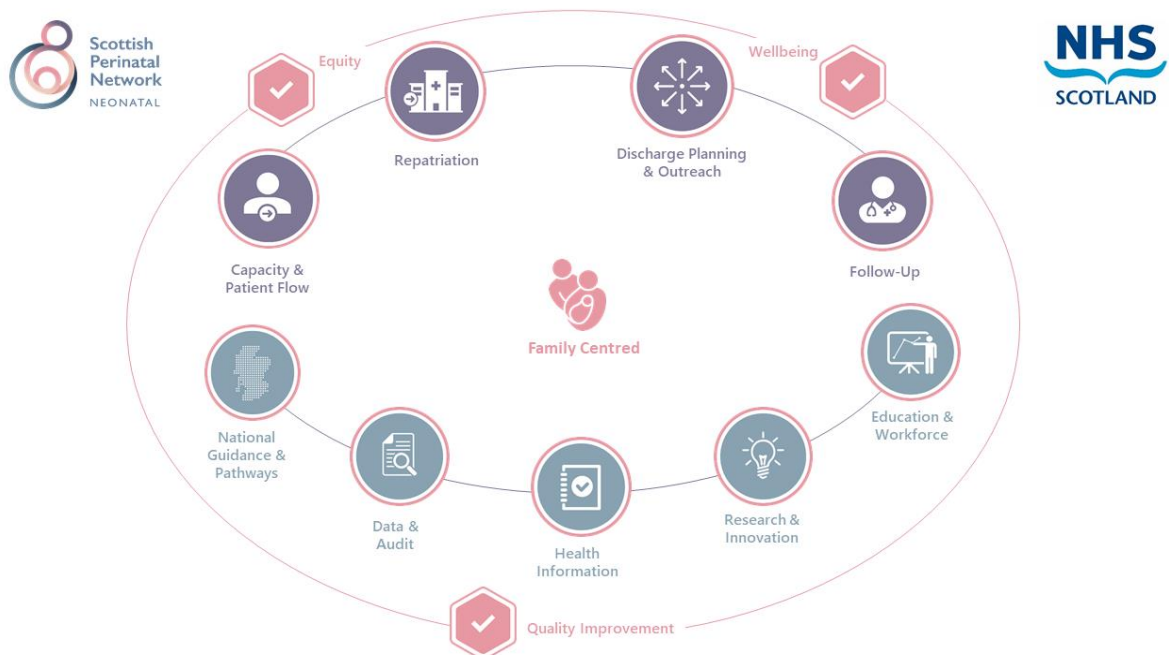
Figure 7: *NNN facet diagram*

4.3 Strategic Priorities

Within the scope outlined by the facet diagrams the network will take forward work plans focussed on key strategic maternity, neonatal and perinatal priorities. These priorities have been developed through engagement with the network's stakeholders and are aligned with the network's objectives (section 4.1). They describe a set of strategic aims that the network will set out to accomplish over the course of this strategy (2021-24). This is intended to provide

a strategic planning platform on which the network, through its governance structure, chiefly the Matenrity and Neonatal Core Steering Groups and the SPN Oversight Board, will develop and agree detailed work plans that deliver against those strategic priorities. These plans will be co-produced with network stakeholders and evolve over time to respond to stakeholder needs. It is not envisaged that over the course of this strategy there would be amendments to the strategic priorities described here but the operational work plans are expected to be under constant review and adaptation, subject to SPN governance processes (see section 6). Aspects of work with a perinatal focus will be managed jointly between the NMN and NNN.

By the end of this strategy the network will have accomplished the following priorities:

4.3.1 Maternity Priorities

Priority	Timescale	Strategic Links & Drivers
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**	By the end of 2023	NHS HIS; SG; chairs of current MSLCs & MVPs; PMHNS; Best Start 4, 43, 76.
2. **Facilitate improvements in the equitable and consistent delivery of effective care for miscarriage and other early pregnancy loss**	By the end of 2023	Scottish Government Programme for Government; SG Stillbirth Group; Early Pregnancy Network
3. **Establish processes for the development and management of national maternity clinical pathways, guidance and processes**		
a) Establish a national platform for sharing locally developed pathways and guidance	By the end of 2022	Health Board Guideline Committees; SOCN; SCANS;
b) Set up a mechanism for developing national maternity guidelines, pathways and processes	By the end of 2022	Best Start 22, 23, 28, 29, 45, 46, 47, 48; Health Board Maternity and Neonatal Services; SOCN; SCANS; Scottish Diabetes Group; Royal Colleges
c) Agree and deliver a programme of guideline and pathway development focussed on agreed national clinical priorities (including the review of existing guidance)	By the end of 2024	
d) Deliver a corresponding programme of patient information, utilising synergies with national strategic partners (see perinatal priority 6)	By the end of 2024	
4. **Support national implementation of innovations in maternity care**		
a) Explore options for adopting Placental Growth Factor (PlGF) testing for pre-eclampsia in Scotland.	By the end of 2022	Scottish Government; Scottish Clinical Biochemistry Network
b) Establish a strategic approach to utilising digital technology to drive improvements in maternity care provision	By the end of 2023	Scottish Government; Best Start 62; National TEC Team
c) Lead on delivery of national Covid-19 response measures in maternity e.g. home monitoring approaches	By the end of 2022	Scottish Government; Health Board Maternity and Neonatal Services;

4.3.2 Neonatal Priorities

Priority	Timescale	Strategic Links & Drivers
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		
a) Agree a consistent Scotland-wide methodology for calculating and declaring capacity in neonatal units	By the end of 2022	Best Start 56, 57
b) Agree a consistent Scotland-wide process for escalating neonatal unit closure to incoming transfers	By the end of 2022	Best Start 57
c) Develop guidance and processes for the effective and timely repatriation of babies who receive care outwith their nearest neonatal unit	By the end of 2022	Best Start 5, 6, 22, 23, 45, 46, 47, 49, 59
d) Improve neonatal discharge processes by identifying and sharing current best practice and addressing gaps in the use of the 2019 national discharge planning framework	By the end of 2023	Best Start 5, 6, 22, 23, 45, 46, 47, 48, 49
2. Agree processes for the development and management of national neonatal clinical guidelines and drug monographs	By the end of 2023	Best Start 22, 23, 45, 46, 47, 48
3. Establish current neonatal AHP provision in Scotland and identify models for improving consistency and capacity in AHP provision	By the end of 2023	Best Start 47
4. Develop national guidance and pathways for effective long term neurodevelopmental follow-up of babies after discharge from a neonatal unit.	By the end of 2023	Best Start 49
5. Support national implementation of innovations in neonatal care		
a) Support adoption of pulse oximetry testing of neonates to support better identification of cardiac issues.	By the end of 2024	Health Board Neonatal Services;
b) Support national implementation of new BAPM guidelines on Therapeutic Hypothermia Cooling.	By the end of 2024	BAPM; Health Board Neonatal Services;

4.3.3 Perinatal Priorities

Priority	Timescale	Strategic Links & Drivers
1. Facilitate national consistency and coordination of processes for effective movement of women and babies across Scotland for ongoing or additional clinical care		Best Start 55
a) Improved support for remote and rural services to enable safe and effective maternal and neonatal transport	By the end of 2022	Best Start 55
b) Implement standardised risk assessments for transfer	By the end of 2023	Best Start 55
c) Develop national proforma and guidance for exception reporting on babies <27 week gestation born outwith sites with a NICU	By the end of 2023	Best Start 45, 55

	d) Standardise processes for matching maternity and neonatal capacity to facilitate effective in-utero transfers	By the end of 2022	Best Start 55; ScotSTAR; SAS
2.	**Facilitate national consistency and coordination of processes for the effective management of pre-term labour**	By the end of 2023	Best Start 44; BAPM
3.	**Develop and implement national processes for sharing learning from significant adverse event reviews (SAER)**		
	a) Establish a mechanism for Boards to access peer support with implementing effective local SAER processes	By the end of 2022	NHS HIS; MCQIC; Scottish Government; Best Start 68
	b) Create a mechanism for national learning from SAER to inform the development of national responses to improve care	By the end of 2023	NHS HIS; MCQIC; Scottish Government; Best Start 68; Health Board Maternity and Neonatal Services;
4.	**Analyse maternity and neonatal audit data to provide intelligence about effectiveness of care and inform future improvement priorities.**		
	a) Agree network-wide maternity audit measures	By the end of 2023	Best Start 23, 67, 68, 69, 70
	b) Agree network-wide neonatal audit measures	By the end of 2023	Best Start 23, 67, 68, 69, 70
	c) Together with strategic partners develop mechanisms for effective review of national audit data (e.g. NNAP, NMPA, MBRRACE reports) to identify areas for improvement action	By the end of 2024	MCQIC; Scottish Government; Best Start 67 and 70 (MatNeo Data Hub)
5.	**Develop and implement pathways and guidance for effective perinatal bereavement support**	By the end of 2023	Scottish Government Best Start 41, 42
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.**		
	a) Facilitate clinical guidance for the development of national patient information, e.g. Ready Steady Baby or NHS Inform resources	By the end of 2024	Health Board Maternity and Neonatal Services; NHS Inform / PHS
	b) Utilise synergies with national processes delivered by NHS HIS and PHS to aid delivery of patient information developed by the network (see maternity priority 3d)	By the end of 2024	Health Board Maternity and Neonatal Services; NHS Inform / PHS
	c) Enhance effective dialogue between the perinatal community and national improvement programmes	By the end of 2024	Health Board Maternity and Neonatal Services; NHS HIS / MCQIC
7.	**Develop effective national approaches to engaging service users**		
a.	Develop and support implementation of a national structure for effective service maternity user engagement (See maternity priority 1)	By the end of 2023	NHS HIS, SG, chairs of current MSLCs & MVPs, PMHNS.

		Best Start 4, 76.
b. Develop national channels for effective engagement with parents of babies in neonatal care	By the end of 2023	NHS HIS; SG; Best Start 43, 76; Bliss
8. Assess and where possible mitigate inequalities in perinatal outcomes	By the end of 2024	RCOG; Scottish Government; Best Start 34, 35

A roadmap summarising these strategic priorities is included in Appendix D.

4.3.4 Strategic Links and Synergies

It is recognised that many aspects of the priorities outlined above relate to areas where the network's work will build on or dovetail with programmes of work already being progressed by other key partners, including for example work being delivered by the Maternity and Children Quality Improvement Collaborative (MCQIC) or by other national networks such as the Perinatal Mental Health Network Scotland or the Scottish Obstetric Cardiology Network.

4.3.5 Equality Impact Assessment

The SPN is committed to ensuring that all its work is delivered in a way that takes full cognisance of the equality impact and identify opportunities to reduce inequalities. The work will be assessed robustly to ascertain where such impacts require further action or mitigation.

4.4 Demonstrating Network Impact and Sustainability

It is essential that as the network matures and evolves it is able to demonstrate that its activities deliver value to its stakeholders and have a positive impact on perinatal services and the care they provide to women, babies and their families. In addition to standard reporting on progress against the agreed priorities to the Oversight Board, the network Core Steering Groups will oversee the development of robust evaluation models for the work of the network. These will utilise existing mechanisms such as national audits and the core data measures being developed by the Maternity and Neonatal Data Hub but also give consideration to any additional data collection and analysis that may be required to be able to evaluate network impact effectively.

The network will also plan for the sustainability of the outputs it generates so that their positive impact can be safeguarded in the long term. Each working group will be expected to consider the long-term sustainability of its work. These individual considerations will then be developed into an overarching network sustainability strategy as the network evolves.

5 Clinical Engagement

5.1 Clinical Leadership

In line with all other strategic networks, the NNN and NMN are led by a Lead Clinician. For the NMN the Lead Clinician role is shared between an Obstetrician and a Midwife. The Lead Clinicians are responsible for:

- Leading the development and delivery of a strategic vision for the network, involving key stakeholders.
- Leading the design and delivery of strategies for education, stakeholder communication and engagement and continuous quality improvement.
- Providing effective clinical leadership for the network in line with national policy, standards and clinical evidence base.
- Promoting effective multidisciplinary/multi-professional working within the network across Scotland, ensuring clarity of roles and responsibilities.
- Working collaboratively with the SPN Programme Team and colleagues, providing guidance and advice on relevant clinical matters.
- Promoting the work and achievements of the network, engaging appropriately with relevant stakeholders through the development and delivery of an effective communication strategy.

5.2 Clinical Governance

NHS Boards retain statutory responsibility and accountability for the delivery of healthcare services. If, in carrying out its role, each Network identifies areas of concern at individual or organisational level (e.g. regarding clinical practice or service delivery) which are not consistent with agreed clinical/professional standards, the Network has a legitimate role in escalating these. The Lead Clinician, Associate Director or Network Programme Manager, on behalf of the Oversight Board/Core Steering Group, will escalate the issue through NSD to the relevant organisation. NSD is entitled to make any enquiries it considers appropriate and may recommend to those in the Network a course of action to resolve the issues. Any issues of performance at an individual level are a matter for the employing NHS Board and the employee to resolve in the first place in accordance with accepted procedures.

6 Network Governance

6.1 Governance Structure

In line with best practice for national strategic networks, the proposed SPN governance structure includes four elements:

1) SPN Oversight Board
2) Maternity and Neonatal Core Steering Groups
3) Working groups/sub-groups
4) Network Programme Team

This governance structure will:

- Provide clear governance and lines of accountability.
- Ensure channels of communication are appropriate.
- Create a strong identity for the SPN, which network stakeholders can identify with.

- Represent the needs of those that require maternity or neonatal care in NHS Scotland.
- Ensure that there is appropriate expertise at every level of the SPN, so that it delivers effectively on its objectives.

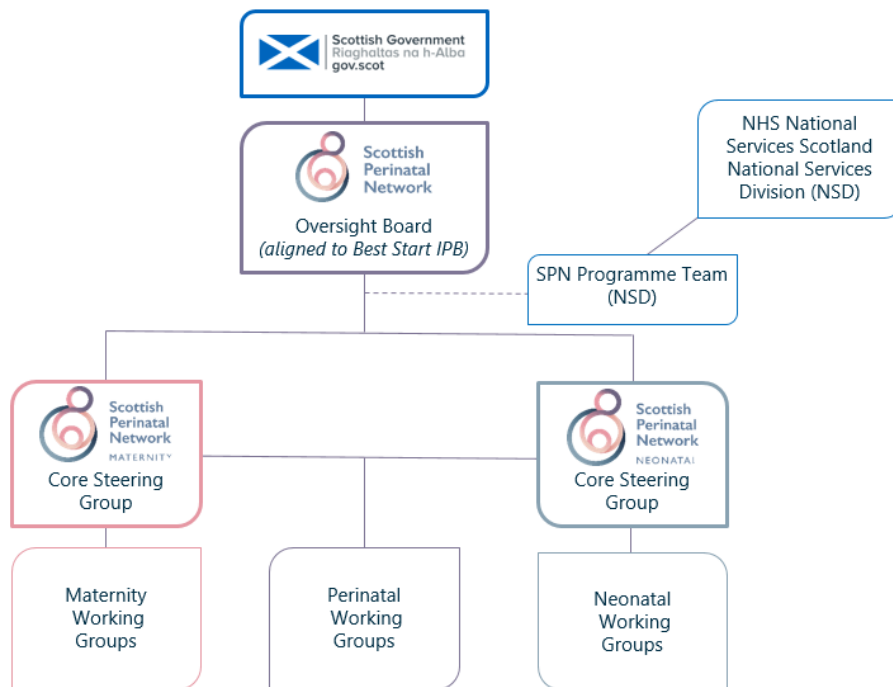Figure 8 below outlines the SPN governance structure.

Figure 8: *The Governance Structure for the SPN.*

Each group within the governance structure of the SPN will have an agreed Terms of Reference.

Membership of the groups will be drawn from a wide range of key stakeholders who can provide effective leadership, decision-making and expertise to the network, in line with each group's Terms of Reference. The ability to effectively represent their respective constituencies and service users – professionally or geographically – will be fundamental to each group's membership. This will enable inclusive and effective dialogue within each network, between the networks and between the network and its external stakeholders.

Appendix C maps the main stakeholders of the network.

6.2 Accountability and Escalation

Overarching responsibility for the strategic direction and performance of the SPN sits with the SPN Oversight Board, which itself is accountable to NHS National Services Scotland as commissioners of the network, to Board Chief Executives and ultimately to Scottish Government.

The maternity and neonatal Core Steering Groups are responsible for the definition and delivery of their respective work plans, reporting to the Oversight Board on progress against the network's agreed strategic priorities.

Working groups have delegated responsibility for their defined area of work, reporting on progress to the relevant Core Steering Group(s).

Sign-off of output from agreed work streams sits with the relevant Core Steering Group unless escalation to the Oversight Board is required.

Figure 9 summarises the lines of accountability and escalation within the SPN governance structure.
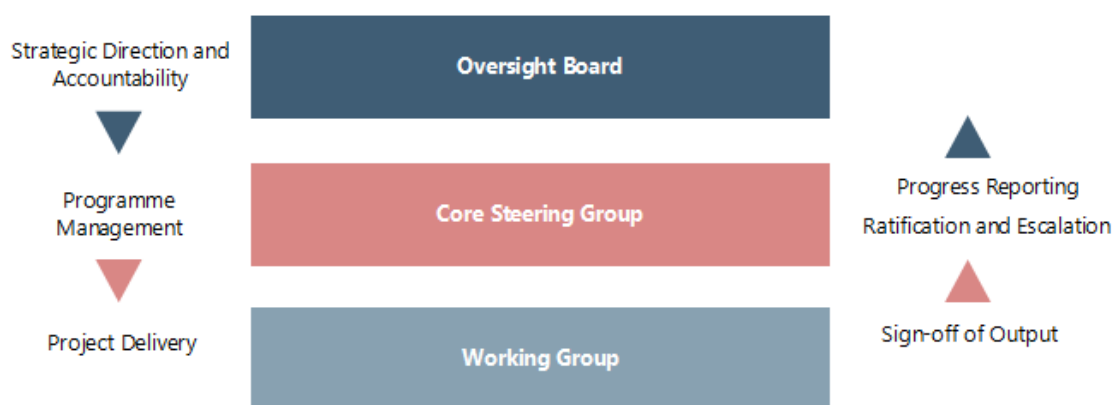
Figure 9: SPN Lines of Accountability.

The following sub-sections explain the roles of the different elements of the SPN governance structure more fully.

6.3   Oversight Board

For the duration of the Best Start Implementation Programme, the SPN Oversight Board function will be provided by the Best Start Implementation Programme Board.

The Oversight Board will:

- Provide overall strategic leadership in relation to the Network programme delivery.
- Approve the Network's strategy and monitor delivery of associated work plans to ensure the Network remains focused on delivery against the Network's mandate as set out in Section 4.
- Endorse recommendations for national adoption as advised by the Maternity and Neonatal Core Steering Groups.
- Horizon scan to ensure that all partners are kept abreast of organisational or policy developments which may impact on service delivery.

6.4   Maternity and Neonatal Core Steering Groups

Each network's Core Steering Group will:

- Act as a forum for interchange and linking between the Oversight Board, working groups, clinical and other stakeholders that make up the Network.
- Coordinate and oversee the work of Network Working Groups, providing a forum for liaison and collaboration between Network Working Groups.
- Be responsible for drawing up and agreeing the network's work plan, setting objectives and timescales, within the parameters set by the strategic priorities agreed by the Oversight Board.
- Make recommendations for national adoption to the Oversight Board.
- Provide advice and guidance to the Oversight Board in relation to service delivery.
- Provide a forum for partnership working and resolution of issues requiring national agreement between partners through consensual collaboration and escalating issues to the Oversight Board where necessary.
- Monitor the Network's work plan to ensure the Network remains focused on delivery.
- Provide advice and critical challenge to Network Working Groups.
- Provide an authorising environment to support implementation of approved recommendations, including addressing identified barriers to collaborative working[7].

6.5 Working Groups

Network working groups will be set up as required with a specific work programme aligned with the network's agreed priorities.

Each working group will be responsible for drawing up and agreeing its work plan, setting the deliverables and timescales, in line with the network's objectives and work plan.

6.6 Programme Team

The SPN Programme Team provides managerial, leadership, administrative and organisational support to the network to enable it to demonstrate measurable progress against agreed aims and objectives.

The SPN Programme Team consists of:
- NMN and NNN Lead Clinicians,
- Associate Programme Director for Strategic Networks,
- SPN Senior Programme Manager,
- NMN and NNN Programme Managers,
- NMN and NNN Programme Support Officers,
- National Strategic Networks Data Lead.

The Team's roles and responsibilities are to:
- Coordinate the programme of work across the breadth of the SPN
- Ensure effective links between the NMN and NNN, especially where programmes of work align across both networks
- Identify risks to delivery and issues for escalation

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[7] It is recognised that NHS Boards are accountable for service delivery (see section 5.2) and the implementation of any recommendations will be up to NHS Boards and Scottish Government to consider.

- Ensure that the SPN uses effective change management strategies where relevant, including appropriate stakeholder engagement that includes people with lived experience and the public.
- Ensure that there are active and effective links to other structures and initiatives, where relevant, by identifying the key linkages, representing the Network on other Groups/Boards and developing joint working where required.
- Ensure the Network meets the requirements of national commissioning policy and NSS Standing Financial Instructions, as well as all other relevant internal and external policies and procedures.
- Produce annual reports on Network activity and progress for review by the Core Steering Groups and sign-off by Oversight Board.
- Provide secretariat to the SPN Oversight Board, Core Steering Groups and working groups.

7 Appendices

7.1 Appendix A – Map of Maternity Units

Service

■ Maternity

- - - - - - - - - - - - - - - - - -

Health Board

■ Ayrshire and Arran
■ Borders
■ Dumfries and Galloway
■ Fife
■ Forth Valley
■ Grampian
■ Greater Glasgow and Clyde
□ Highland
■ Lanarkshire
■ Lothian
■ Orkney
■ Shetland
■ Tayside
■ Western Isles
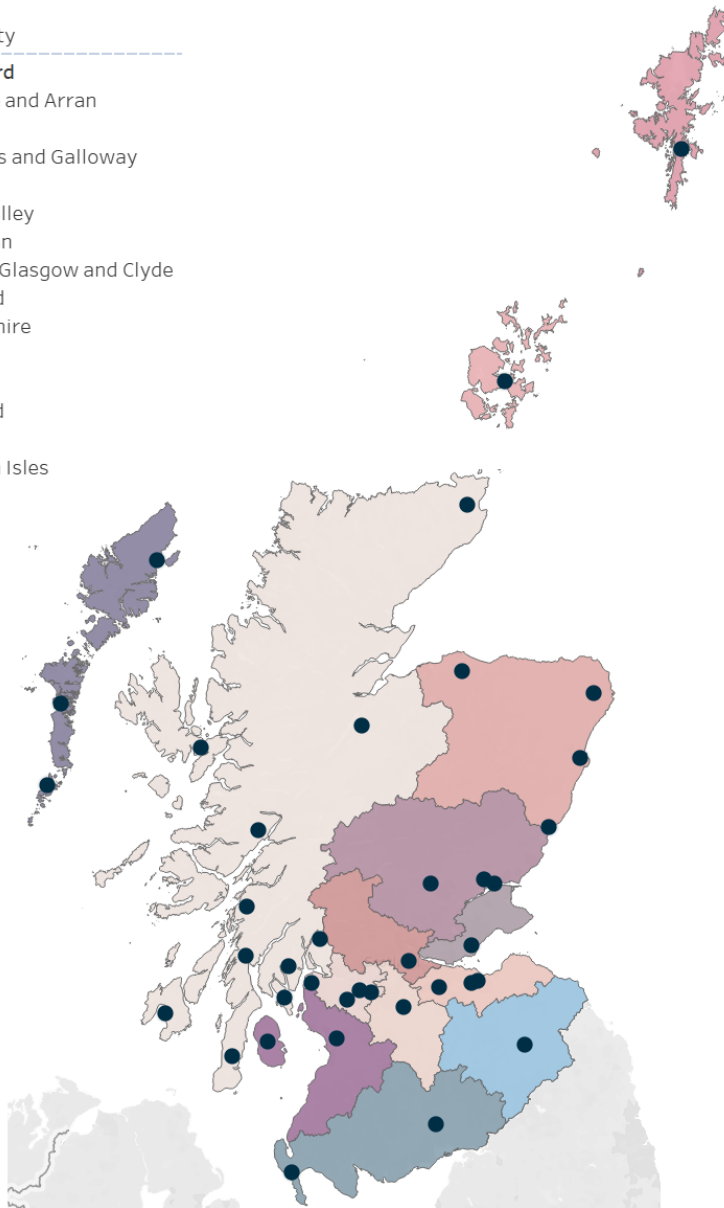
7.2 Appendix B – Map of Neonatal Units

Service
- ■ Neonatal

Health Board
- ■ Ayrshire and Arran
- ■ Borders
- ■ Dumfries and Galloway
- ■ Fife
- ■ Forth Valley
- ■ Grampian
- □ Greater Glasgow and Clyde
- □ Highland
- □ Lanarkshire
- □ Lothian
- □ Orkney
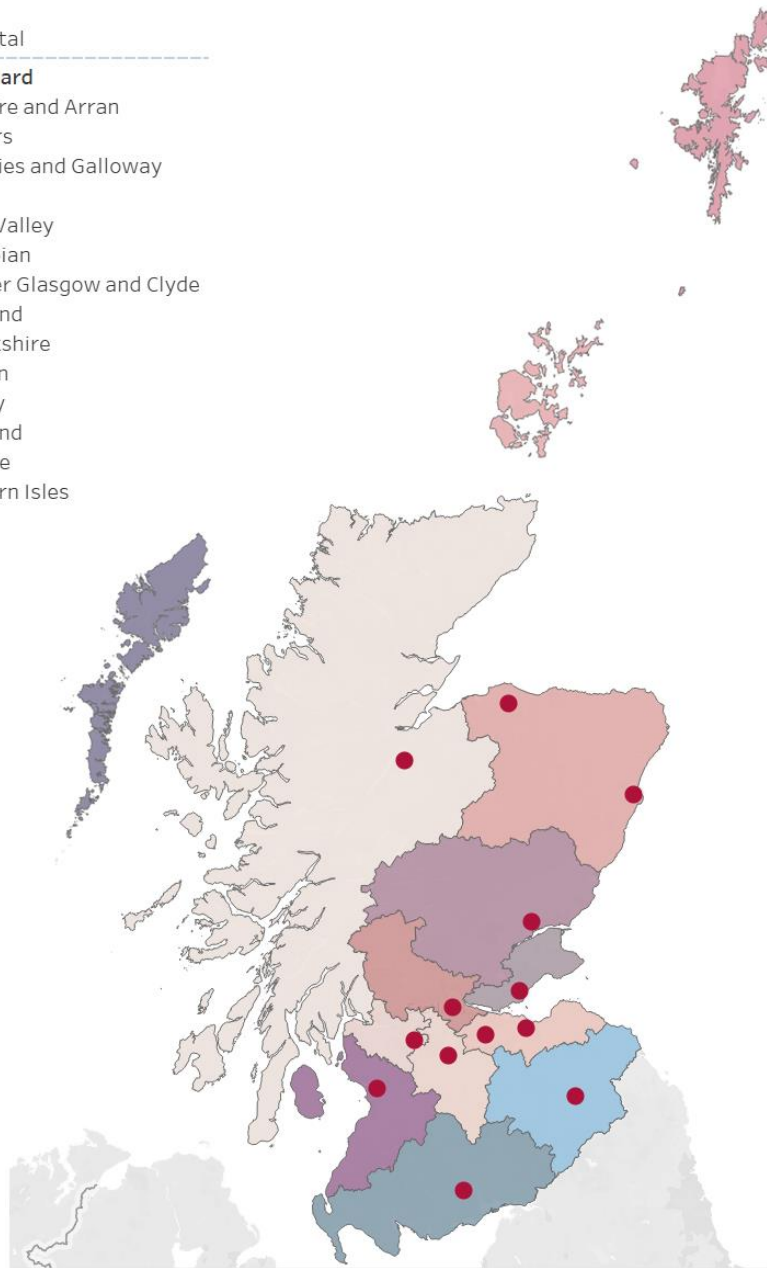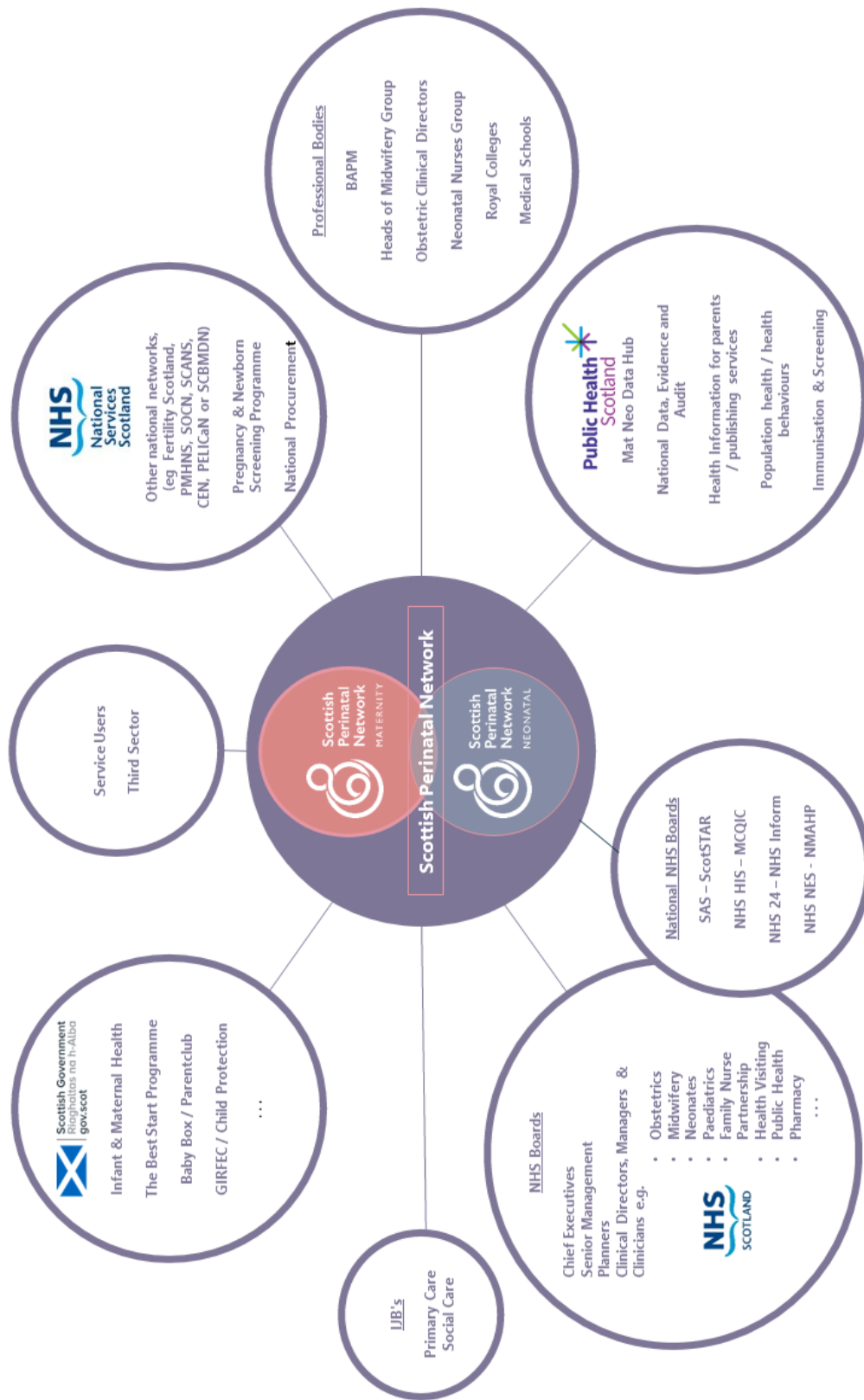- ■ Shetland
- ■ Tayside
- ■ Western Isles

7.3 Appendix C - Stakeholder Mapping

Professional Bodies
- BAPM
- Heads of Midwifery Group
- Obstetric Clinical Directors
- Neonatal Nurses Group
- Royal Colleges
- Medical Schools

NHS National Services Scotland
- Other national networks, (eg Fertility Scotland, PMHNS, SOCN, SCANS, CEN, PELiCaN or SCBMDN)
- Pregnancy & Newborn Screening Programme
- National Procurement

Public Health Scotland
- Mat Neo Data Hub
- National Data, Evidence and Audit
- Health Information for parents / publishing services
- Population health / health behaviours
- Immunisation & Screening

Scottish Perinatal Network
- Scottish Perinatal Network MATERNITY
- Scottish Perinatal Network NEONATAL

Service Users
Third Sector

National NHS Boards
- SAS – ScotSTAR
- NHS HIS – MCQIC
- NHS 24 – NHS Inform
- NHS NES - NMAHP

Scottish Government Riaghaltas na h-Alba gov.scot
- Infant & Maternal Health
- The Best Start Programme
- Baby Box / Parentclub
- GIRFEC / Child Protection
- …

NHS Boards
Chief Executives
Senior Management
Planners
Clinical Directors, Managers & Clinicians e.g.
NHS SCOTLAND
- Obstetrics
- Midwifery
- Neonates
- Paediatrics
- Family Nurse Partnership
- Health Visiting
- Public Health
- Pharmacy
- …

IJB's
Primary Care
Social Care

7.4 Appendix D – Strategic Priorities Roadmap

Reference #	Priority	Timescale
Maternity 1	**Maternity service user engagement**	By the end of 2023
Maternity 2	**Improvements in care for miscarriage and early pregnancy loss**	By the end of 2023
Maternity 3	**National maternity clinical pathways, guidance and processes**	
	a) Establish a national platform for sharing locally developed pathways and guidance	By the end of 2022
	b) Mechanism for national maternity guidelines, pathways and processes	By the end of 2022
	c) Guideline and pathway development focussed on agreed national clinical priorities	By the end of 2024
	d) Patient information (see perinatal priority 6)	By the end of 2024
Maternity 4	**Support national implementation of innovations in maternity care**	
	a) Placental Growth Factor (PlGF) testing for pre-eclampsia	By the end of 2022
	b) Strategic approach to utilising digital technology	By the end of 2023
	c) National Covid-19 response measures in maternity	By the end of 2022
Neonatal 1	**Neonatal unit capacity**	
	a) Processes for assessing neonatal unit capacity	By the end of 2022
	b) Escalating neonatal unit closure to incoming transfers	By the end of 2022
	c) Effective and timely repatriation	By the end of 2022
	d) Improve neonatal discharge processes	By the end of 2023
Neonatal 2	**National neonatal clinical guidelines and drug monographs**	By the end of 2023
Neonatal 3	**Improving consistency and capacity in AHP provision**	By the end of 2023
Neonatal 4	**Long term neurodevelopmental follow-up**	By the end of 2023
Neonatal 5	**Support national implementation of innovations in neonatal care**	
	a) Adoption of pulse oximetry testing of neonates	By the end of 2024
	b) Implementation of new BAPM guidelines on Therapeutic Hypothermia Cooling	By the end of 2024
Perinatal 1	**Effective movement of women and babies for ongoing or additional clinical care**	
	a) Improved support for remote and rural maternal and neonatal transport	By the end of 2022
	b) Implement standardised risk assessments for transfer	By the end of 2023
	c) Exception reporting on babies <27 week gestation born outwith sites with a NICU	By the end of 2023
	d) Maternity and neonatal capacity to facilitate effective in-utero transfers	By the end of 2022
Perinatal 2	**Management of pre-term labour**	By the end of 2023
Perinatal 3	**Significant adverse event reviews (SAER)**	
	a) Peer support with implementing effective local SAER processes	By the end of 2022
	b) Create a mechanism for national learning from SAERs	By the end of 2023
Perinatal 4	**Audit to provide intelligence about effectiveness of care and inform future improvement priorities**	
	a) Maternity audit measures	By the end of 2023
	b) Neonatal audit measures	By the end of 2023
	c) Effective review of national audit data to identify areas for improvement action	By the end of 2023
Perinatal 5	**Effective perinatal bereavement support**	By the end of 2024
Perinatal 6	**Perinatal community engagement in existing national processes**	
	a) Clinical guidance for national patient information	By the end of 2024
	b) Synergies with national processes for patient information (see maternity priority 3d)	By the end of 2024
	c) Effective dialogue with national improvement programmes	By the end of 2024
Perinatal 7	**7. Develop effective national approaches to engaging service users**	
	a) Effective service maternity user engagement (See maternity priority 1)	By the end of 2023
	b) Effective engagement with parents of babies in neonatal care	By the end of 2023
Perinatal 8	**Assess and where possible mitigate inequalities in perinatal outcomes**	By the end of 2024