Scottish Perinatal Network

NHS SCOTLAND

Scottish Perinatal Network Annual Report 2024/25

Contents

This document has been prepared by NHS National Services Scotland (NSS) on behalf of the Scottish Perinatal Network (SPN). Accountable to Scottish Government, NSS works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. SPN is a collaboration of stakeholders involved in maternity and neonatal care who are supported by an NSS Programme Team to drive improvement across the care pathway.

Foreword

We are pleased to share this 2024/25 Annual Report from the Scottish Perinatal Network (SPN).

Early in the year, the Network agreed its refreshed strategy, which was published in May 2024, alongside a Delivery Plan for 2024/25. The SPN has worked in partnership across organisational and geographical boundaries to progress the ambitious and wide-ranging programme of work set out in the Delivery Plan.

The role of networks in NHS Scotland has been under review by Scottish Government during 2024/25. While the final outputs from this review have not yet been published, the SPN focussed on the delivery of its main strategic priorities, which covered:

- Mechanisms for ongoing professional development, peer support and education.
- Improvement and re-design initiatives, pathways, clinical guidelines and drug monographs.
- Supporting maternity and neonatal services across Scotland to engage effectively with service users and facilitate pregnant women and families to be active partners in their care.

It would not have been possible to achieve the progress described in this Annual Report without the significant time, commitment and expertise the Network's stakeholders have continued to invest in working collaboratively, even in the face of pressures on NHS services in a challenging financial context.

The Network Programme Team would like to take this opportunity to thank members for their ongoing commitment and contributions, with particular thanks to those who have given their time to chair the SPN's working groups, and to the pregnant women and families who have shared their experiences and insights with us.

A particular thank you goes to Lesley Jackson who left the role of Neonatal Lead Clinician in November 2024. Her outstanding contributions have been instrumental in driving forward the development of the Network since its inception.

Tara Fairley & Jennie Wild, Lead Clinicians

Introduction

In 2017, the Scottish Government published *The Best Start*, a review of maternity and neonatal services in Scotland, 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.

Scottish Government commissioned NHS National Services Scotland (NSS) to set up and host the two networks in 2019 (Neonatal) and 2020 (Maternity). Both networks were established as separate national strategic networks, but they have increasingly been managed together under the umbrella of the Scottish Perinatal Network (SPN) since then.

"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."

Best Start, Recommendation 73

"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."

Best Start, Recommendation 74

Governance and Programme Support

SPN Governance

The SPN **Core Steering Group (CSG)** is responsible for delivery of the SPN work programme and making recommendations to the Oversight Board. It applies 'Once for Scotland' principles to the planning and delivery of maternity and neonatal care in Scotland.

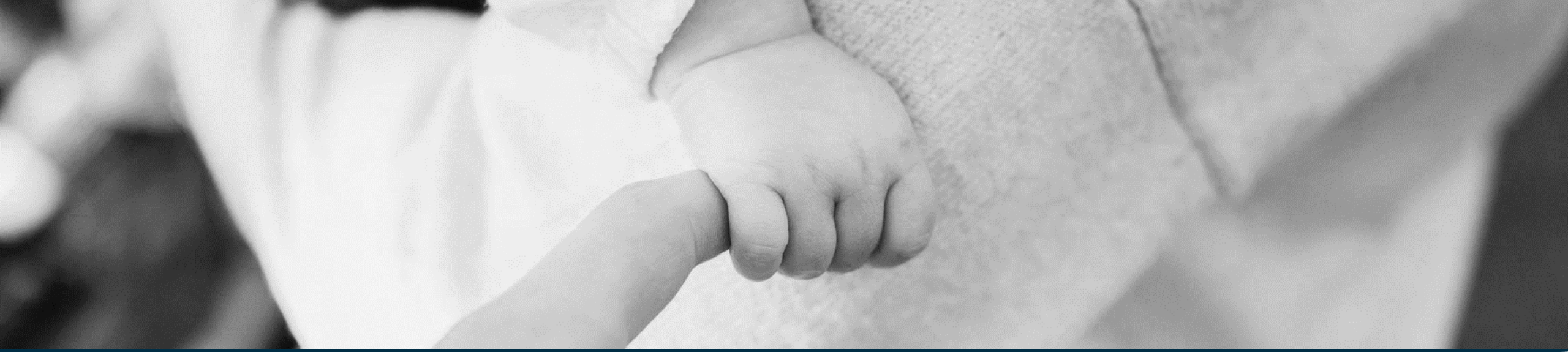
The SPN **Oversight Board (OSB)** determines the strategic direction of the network in response to emerging needs and priorities of the perinatal community. It provides the authorising environment for SPN work programmes and outputs, as well as provide an escalation route for managing risks and issues.

The SPN OSB was co-located with the Scottish Government's Best Start Implementation Programme Board (IPB). The IPB completed within 2024/25, with a last meeting held in December 2024. Publication of a closure report is anticipated in Q1 of 2025/26.

Following the conclusion of the IPB and SPN OSB, a refreshed SPN governance arrangement will be developed in 2025/26, pending recommendations of the Scottish Government's review of networks.

SPN Programme Team

The **Programme Team** is hosted by the NSS National Services Directorate (NSD) to provide programme management support and coordination and clinical leadership to the Network.



Scottish Perinatal Network

SPN Strategy Refresh

In consultation with Network stakeholders, a new SPN Strategy was developed that provides a framework for effective work planning, decision making and accountability for the Network . The new Strategy was published in May 2024, alongside a Delivery Plan for 2024/25.

SPN Strategy

The Strategy is centred around six overarching strategic goals:

1. **Perinatal Focus**
2. **Integration and Partnership Working**
3. **Agile Work Planning and Delivery**
4. **Effective Governance**
5. **Strategic Use of Data and Measuring Impact**
6. **Sustainability**

Delivery of these strategic goals is focussed on 6 priorities, with associated outcomes as per the SPN strategic logic model (see next page):

- **1 - Governance and Communications**
- **2 - Development, Peer Support and Education**
- **3 – Clinical Guidance**
- **4 – Service Improvement and Re-Design**
- **5 – Person centred / family integrated care**
- **6 - Data**

Strategic Logic Model

Scottish Perinatal Network

OUTCOMES

INPUTS	PRIORITIES	OUTPUTS	Level 1	Level 2	IMPACT
Scottish Government funding	**Governance and Communication**	Channels for national planning and collaboration	Sustainable staff education and training	Right workforce with the right support	**Scottish maternity, neonatal and perinatal services deliver consistent, high-quality care to all women, their babies and families**
SPN community and structures	**Professional Development, Peer Support and Education**	Opportunities for shared learning	Learning from exceptions and good practice	National co-ordination and collaboration across all services	
Service / clinical expertise	**Clinical Guidance**	Staff training / education packages	Clinical best practice is applied nationally	Access to the right care at the right time	
Service user voice / lived experience	**Service Improvement and Re-Design**	National guidelines, pathways and monographs	Service capacity and flow is managed system wide	Minimise unwarranted variations in care	Services are: • Effective • Safe • Nationally consistent • Accessible to all • Sustainable
SPN programme management resources	**Person-centred / Family Integrated Care**	National consensus on service models	Reduced inequalities in care between different service user populations	Effective perinatal learning system	
Service data, benchmarking and national audits, e.g. MatNeo Data Hub, NNAP, MBRRACE etc	**Data and Evidence**	Recommendations on service improvement for local, regional and national implementation	Effective service user engagement	Person centred / family integrated care	
Work undertaken by strategic partners (e.g. PHS, NES, SPSP, SG or third sector)		Mechanisms for service user engagement	Women and families are active partners in care		

Ongoing monitoring and evaluation to inform overall delivery

Core Principles

Delivery of the SPN Strategy is underpinned by the application of the following core principles:

National approach

The SPN will plan its work and develop solutions nationally to improve consistency of care across Scotland.

Evidence-based / data-driven

The SPN will use evidence and data to inform decisions.

Collaboration

The SPN will collaborate across all maternity, neonatal and perinatal services and with national strategic partners.

Leadership

The SPN will articulate national consensus and recommendations, recognising the need for local decision-making on their implementation.

Service user / family centred

The SPN will involve service users and third sector partners in its work and its governance and consider inequalities and their impacts.

Scottish Perinatal Network

Progress in 2024/25

This report summarises the progress achieved in 2024/25 towards delivering its strategic priorities. The Key Performance Indicators on pages 11 and 12 provide a high-level overview of Network performance. More information on the individual work streams delivered under each of the SPN strategic priorities is given on pages 14 to 28. This shows which objectives were completed and which are still in progress. It also captures work streams that were not started as anticipated, or have been paused, in response to the need to prioritise work plans in the context of the ongoing review of networks and limited capacity.

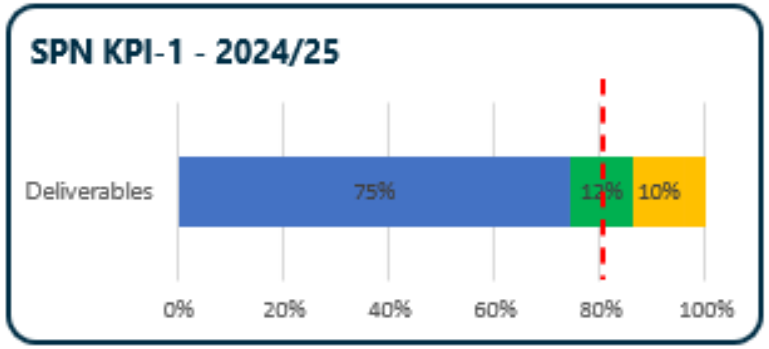
Key to progress RAGB status:

- The network is unlikely to achieve the objective by the agreed end date / major barriers to progress.
- A risk the network will not achieve the objective by the agreed end date, but progress has been made.
- The network is on track to achieve the objective by the agreed end date.
- The network achieved the objective.

Key Performance Indicators - Network Impact

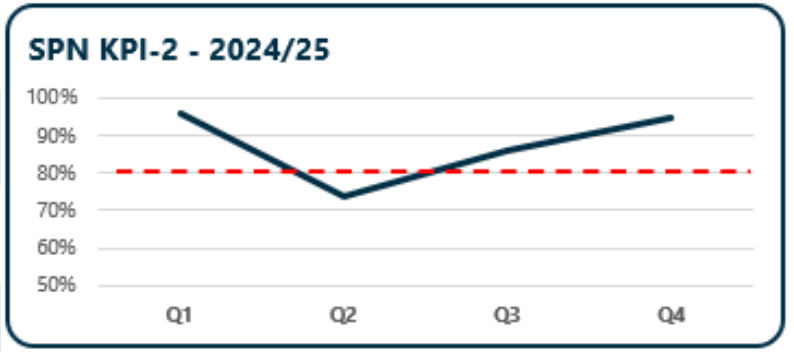
KPI-1 – Annual work plan deliverables achieved

(target (red line): RAGB status blue and green combined = 80% or above)



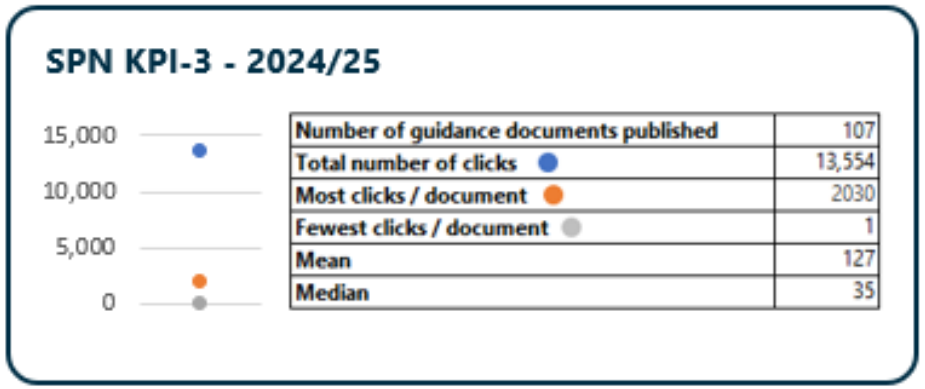
KPI-2 – Quarterly work plan milestones achieved

(target (red line): 80% or more of project milestones met in each quarter)



KPI-3 – Uptake of SPN guidance

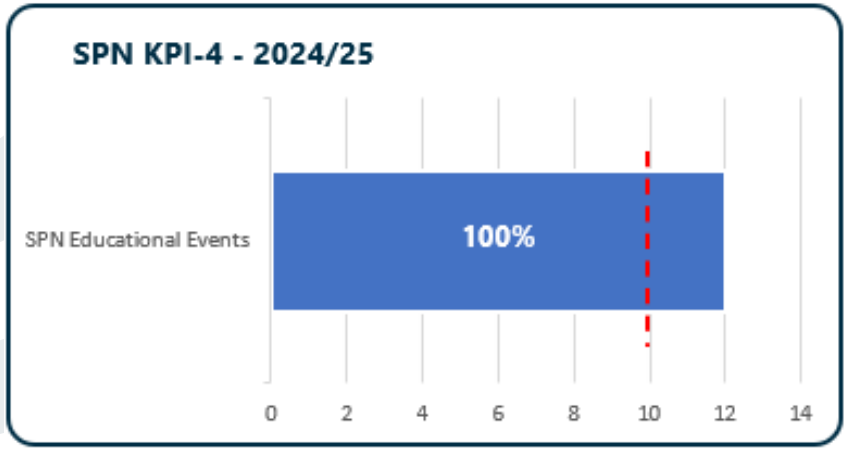
(target: guidance published in the 2024 calendar year has been accessed on the SPN website in the 2024/25 reporting period)



Number of guidance documents published	107
Total number of clicks	13,554
Most clicks / document	2030
Fewest clicks / document	1
Mean	127
Median	35

KPI-4 – Attendance at SPN education events

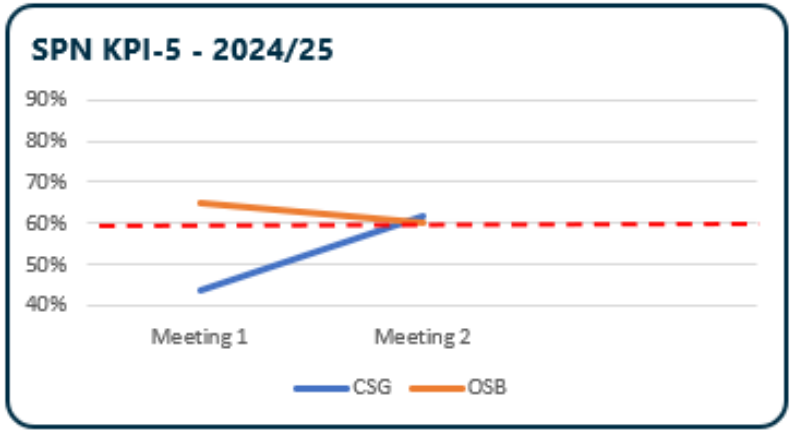
(target (red line): 80% of SPN educational events had an audience that represented 10 or more Health Boards)



Key Performance Indicators - Network Engagement and Reach

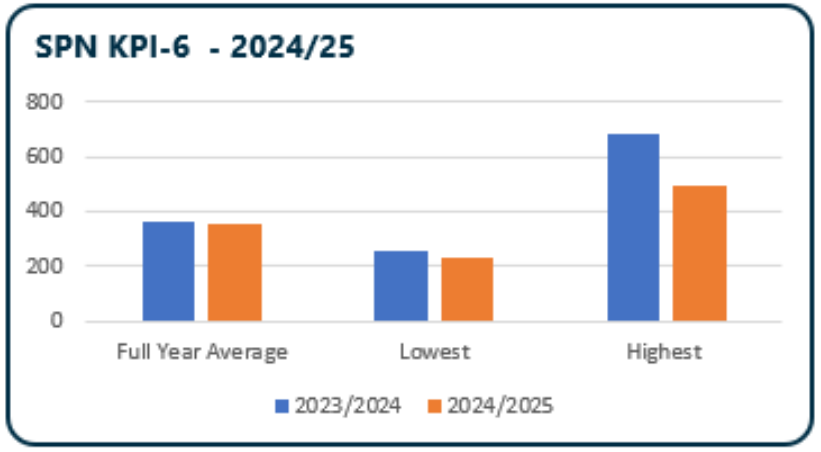
KPI-5 – Attendance at Core Steering Group and Oversight Board meetings

(target (red line): >60% of members attend each meeting)



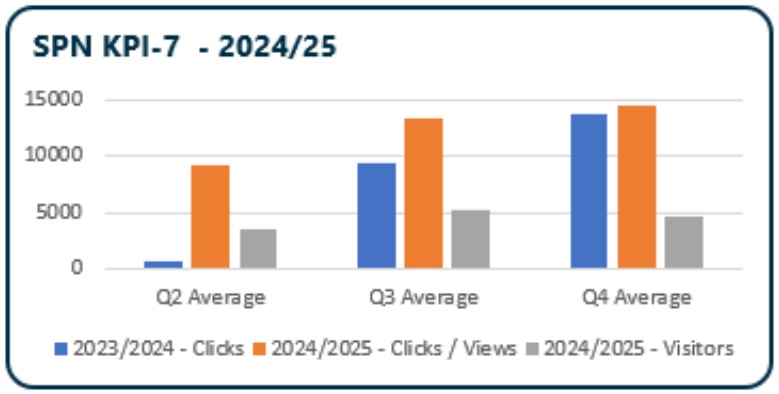
KPI-6 – Newsletter engagement

(target: increase in monthly views on previous year)



KPI-7 – Website engagement

(target: increase in activity on the previous year)



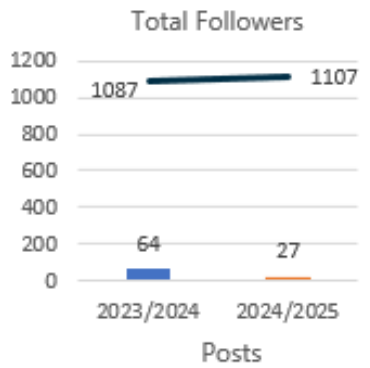
Due to technical issues quarter 1 data was not available. For 2024/25, updated web statistics allow both discreet visitors and clicks/views to be reported.

KPI-8 – Twitter engagement

(target: increase on the previous year)

SPN KPI-8 - 2024/25

	2023/2024	2024/2025
Tweets posted	64	27
Reach	31348	9201
Engagement	1220	478
Average engagement / post	19	18
Total followers	1087	1107



Stakeholder Feedback

"As a small nation, Scotland is in a unique position for shared learning and collaborative working. This forum definitely strengthens this. (…) It is important to see where we can learn from others."

(Under 27 week event)

"Helpful to see how things could be improved from an obstetrics point of view." "It was good to hear the experiences of different units from both the obstetric and neonatal aspect."

(Under 27 week event)

"Really well run course. I found the course really beneficial. I have not had much experience of cooling in my clinical practice and found that it was a source of anxiety. I now feel much more confident that if I should encounter a baby requiring therapeutic cooling I will be much more competent in recognition and providing care."

(Annual Neonatal Cooling Study Day)

Priority 1 - Governance and Communications

Develop, maintain and support effective governance and communication processes to facilitate effective decision-making, leadership and engagement in the network.

Activities

1. Review Oversight Board and Core Steering Group membership and terms of reference
2. Deliver secretariate support for Oversight Board and Core Steering Group
3. Manage SPN comms channels: Shared mailbox; Website; Newsletter; Social media
4. Host strategic partners forum

Key Outputs

- Revised Oversight Board and Core Steering Group terms of reference and membership
- Comms plan and key performance indicators
- Effective SPN comms outputs

Outcomes

- Effective governance and strategic leadership of the network
- Engaged and well-informed stakeholders
- Improved national collaboration and efficiency of networked ways of working across perinatal services in Scotland
- Productive collaboration with strategic partners

Priority 1 - Governance and Communications

Progress in 2024/25

I. Completed Work

1. SPN Core Steering Group (CSG) meetings were held in May and November 2024 and a third meeting was rescheduled from March to April 2025. Secretariat for all CSG meetings was provided by the SPN programme team.
2. An SPN Oversight Board (OSB) meeting was held in June 2024, with secretariat provided by the SPN programme team. The Best Start Implementation Programme Board (IPB) and SPN OSB shared their final meeting in December 2024. Interim arrangements were put in place to govern SPN work until refreshed OSB level governance arrangements are confirmed (please see Work in Progress below).
3. As well as presenting and networking at a range of national events and meetings, the programme team managed the SPN communication channels. The priority focus was on email, website and monthly newsletters, with less capacity available for social media than previous years.
4. SPN hosted a Perinatal Strategic Partners Forum, which met bi-monthly throughout 2024/25. It is co-chaired with the Scottish Patient Safety Programme (SPSP) Perinatal and aims to facilitate discussion, collaboration and share learning on perinatal workstreams across Scotland. Links have also been established with NHS Wales.
5. The SPN was represented on a range of national governance groups, including the Scottish Government Midwifery Directors and Obstetric Clinical Directors groups, NSS Pregnancy and Newborn Screening Programme Board, HIS SPSP Perinatal Programme Board, HIS Adverse Events Network, HIS Perinatal Standards Group, PHS / HIS Excellence in Care Group, and the Mat Neo Data Hub.

II. Work in Progress

1. Work is underway to change web hosting arrangements for the SPN website, bringing it in line with other NSD hosted national networks. — *Completion by: Sept 2025*
2. Following publication of the SPN SAER Group Scoping Report in December 2023 and closure of the SPN adverse event work stream at the end of 2023/24, the SPN had retained membership of the national HIS Adverse Events Network until appropriate strategic perinatal representation could be identified. This is now being explored through the national Midwifery Directors group, and a closure report is being developed to formally conclude the SPN role in perinatal SAER processes. — *Completion by: Sept 2025*

III. Worked Paused/Not Started

1. Reviews of SPN OSB and CSG membership and terms of reference were deferred pending recommendations from the Scottish Government review of networks, which will shape the future remit, work and governance of the SPN. — *Paused*

Priority 2 – Professional Development, Peer Support and Education

Create and maintain mechanisms for ongoing professional development, peer support and education and build an open, transparent and collaborative organisational culture within the network.

Activities

i. Professional education:

1. **Maternal Medicine**: Collaborate with NES to explore the feasibility of a Scottish acute maternal medicine fellowship; Explore the delivery of maternal medicine simulation courses (M-Moet) in Scotland
2. **Neonatal**: Monthly grand round; Annual neonatal cooling study day
3. **SAER** best practice and case study learning events
4. **Annual learning event**: births <27 weeks case studies
5. **SPSP / SPN** joint perinatal webinar

ii. Host channels for professional peer support and development:

1. **Fetal Medicine**: Fetal Medicine Midwives; Fetal Medicine Sonographers; Fetal Medicine Forum
2. **Maternal Medicine**: Maternal Medicine Group
3. **Safeguarding**: Safeguarding Forum; Safeguarding Midwives Group; Safeguarding Obstetricians Group
4. **Neonatal**: Monthly planning call, Consultant Group, AHP forum, Scottish Community Neonatal Nurses Group

Key Outputs

- Channels for national planning and collaboration across maternity, neonatal and perinatal services
- Links with relevant groups outside of the network structure (e.g. Scottish Neonatal Nurses Group, CMidO or HoMs)
- Education events that are relevant and accessible to professional network audiences

Outcomes

- Maternity and neonatal staff are enabled and supported
- Improved access to relevant professional maternity and neonatal training and education
- Increased sharing of best practice and solutions to common issues among perinatal teams
- Improved national collaboration and efficiency of networked ways of working across services and multi-disciplinary teams

Maps to strategic outcomes:

- Learning from exceptions and good practice
- Sustainable staff education and training
- National co-ordination and collaboration
- Effective perinatal learning system
- Right workforce with the right support

Priority 2 – Professional Development, Peer Support and Education

Progress in 2024/25

I. Completed Work

i. Professional education:

1. **Maternal Medicine**: The SPN collaborated with NES to review the feasibility of a Scottish acute maternal medicine fellowship. This has been agreed in principle and NES will explore further development of a fellowship curriculum.
2. **Neonatal Grand Rounds**: Nine neonatal grand rounds were held in 2024/25, sharing best practice and learning from case studies across neonatal services. Recordings can be accessed at https://perinatalnetwork.scot/neonatal/grand-rounds/.
3. **Neonatal Cooling Day**: The SPN hosted an annual neonatal cooling study day in November 2024 at Perth Royal Infirmary. The course had 40 delegates in attendance and was oversubscribed. Feedback from the evaluation was excellent. The study day is due to run again in September 2025.
4. **Significant Adverse Event Reviews (SAER):** Due to ongoing challenges in securing suitable speakers, the SAER best practice and case study learning event series were discontinued. However, the option remains open for the SPN to host an SAER webinar on request.
5. **<27 Week Annual Learning Event**: An SPN case review learning event on babies born <27 weeks outwith a neonatal intensive care unit during 2023 took place in June 2024. It was a truly perinatal event with obstetric and neonatal representation from each Health Board. It was attended by over 130 perinatal professionals and evaluated very positively. Delegate feedback and learning on improvements will be incorporated in the planning for the 2025 event.

ii. Host channels for professional peer support and development:

1. The Network has continued to support neonatal channels for peer support and development, including monthly planning calls, the Neonatal Consultant Group (which met three times in 2024/25), the Neonatal AHP Forum (which had two meetings) and the Community Nurses Group (which also met twice).
2. Peer Support channels for Safeguarding Midwives and Obstetricians are operational. Fetal Medicine Midwives have formed as a national peer support group and a new peer support channel was established in 2024/25.

Priority 2 – Professional Development, Peer Support and Education

Progress in 2024/25

II. Work in Progress

i. Professional education:

1. As part of the maternal medicine education work with NES, the delivery of maternal medicine simulation courses (M-Moet) in Scotland was also agreed. A pilot maternal medicine simulation course is being planned with Royal College of Physicians of Edinburgh (RCPE), with a half day lecture on 9 September followed by simulation training on 16 September.

Completion by Sept 2025

III. Work Paused/Not Started

1. SPN programme support capacity was not available as anticipated to develop peer support mechanisms for Fetal Medicine Obstetricians and Obstetric Sonographers, and to re-establish the former Best Start Fetal Medicine Subgroup during 2024/25. These have been deferred, pending outputs of the Scottish Government review of networks.

Paused

Priority 3 – Clinical Guidance

Develop nationally consistent clinical guidance to minimise unwarranted variation in clinical practice and support the delivery of safe and effective maternity and neonatal care across Scotland.

Activities

1. Prioritise recommendations in UK **maternity guidance** (e.g. SIGN, NICE, RCOG) for consistent implementation in Scotland
2. Develop national **fetal medicine** guidance, pathways and patient information
3. Develop national **maternal medicine** guidance: Initial Management of Suspected Ischaemic Stroke in Pregnancy; First Principles for Managing Diabetic Ketoacidosis in Pregnancy
4. Develop **transport** guidance and pathways: Pre-hospital Emergency Transport; Remote and Rural Intrapartum Transfers; standardised information sharing for in-utero transfers (links with SPSP work on perinatal passport)
5. Develop nationally consistent approaches for **safeguarding**: National wellbeing assessment; Minimum standards of care for teenage parents
6. Review and update existing **neonatal** guidelines and drug monographs for national use
7. Develop national **neonatal** guidelines: Blood Borne Viruses; Management of babies born with Down's Syndrome; Management of Post Haemorrhagic Hydrocephalus; Enteral Nutrition; Bilious Vomiting
8. Link with the Surgical Conditions Affecting Newborns Scotland Network to maximise synergies in guideline development

Key Outputs

- Updated and new national guidelines, pathways and drug monographs available on the SPN website

Outcomes

- Reduced unwarranted variation in clinical practice with improved outcomes for pregnant women, their babies and families
- Translation of new evidence into clinical practice
- Women and babies consistently receive the right level of care in the right place regardless of geographical location
- Fewer women are transferred when they ultimately do not require escalation of care (e.g. in-utero transfers that do not result in a birth)
- Improved, nationally consistent identification of and support for vulnerable pregnant women and families
- Improved management of maternity and neonatal capacity across Scotland
- Improved national collaboration and efficiency of networked ways of working across services and multi-disciplinary teams

Maps to strategic outcomes:

- Clinical best practice is applied nationally
- Service capacity and flow is managed system wide
- Reduced inequalities in care between different service user populations
- National co-ordination and collaboration
- Access to the right care at the right time
- Minimise unwarranted variations in care
- Person centred / family integrated care

Priority 3 – Clinical Guidance

Progress in 2024/25

I. Completed Work

1. The SPN developed and published **eight new national guidelines** in 2024/25:
    1. Hepatitis B virus Prevention of perinatal transmission
    2. Management of Infants exposed to HIV in pregnancy
    3. Neonatal Infant Feeding
    4. Optimal decontamination of breast pump equipment in hospital
    5. Managing Breastmilk - Mother's own and donor within maternity, neonatal and hospital-based children's services
    6. Scottish Standard Care Pathway for Babies Born with Down's Syndrome
    7. Guideline for the Management of Suspected Stroke in Pregnancy
    8. Guidance on the Management of Diabetic Ketoacidosis DKA in Pregnancy

2. Legacy neonatal guidelines and drug monographs developed through the previous regional programmes are still widely used. They are being actively maintained by the West of Scotland (WoS) Guideline Group (with SPN support). **Twenty WoS guidelines were reviewed in 2024/25** and are available from the SPN WoS Clinical Guidance page:

    1. Resuscitation Training Neonates
    2. Oxygen Saturation Neonates
    3. Nitric Oxide Therapy in the Neonate
    4. Bloodspot Screening of the Neonate
    5. Attendance at Delivery by Neonatal Staff
    6. Anti-Ro & Anti-La Antibodies SLE
    7. Vitamin K Neonates
    8. Syphilis Neonates
    9. Resuscitation-Training-Neonates
    10. Arterial Thrombosis Neonates
    11. Immunisation Guideline for Neonates
    12. PICC lines peripherally inserted central catheters
    13. LMA Surfactant Neonates
    14. HHFNC Humidified High Flow Nasal Cannulae
    15. HFOV High Frequency Oscillatory Ventilation Neonates
    16. Apnoea of Prematurity
    17. Renal Anomalies Neonates
    18. Virological Assessment of Fetuses and Neonates
    19. Enteral Feeding Neonates
    20. Hypothyroidism Congenitally Acquired

Priority 3 – Clinical Guidance

Progress in 2024/25

I. Completed Work (continued)

3. In addition, **25 West of Scotland Drug Monographs** were reviewed and published on the SPN WoS Drug Monographs page.

Intravenous (IV)

1. Vancomycin Continuous Infusion
2. Varicella Immunoglobulin
3. Pyridoxine
4. Milrinone
5. Meningococcal B Vaccine
6. Hepatitis B Immunoglobulin
7. Aciclovir WoS
8. 6 in 1 vaccine
9. Vancomycin Continuous Infusion
10. Furosemide
11. Furosemide in Albumin
12. Artesunate
13. Palivizumab
14. Zidovudine
15. VZIG
16. Immunoglobulin
17. Immunoglobulin PEP of Varicella
18. Aciclovir
19. Gentamicin
20. Ketamine

Oral/Other Routes (OOR)

1. Fentanyl Nasal
2. Proxymetacaine
3. Calcium Carbonate
4. Aciclovir
5. Vitamin K

Priority 3 – Clinical Guidance

Progress in 2024/25

II. Work in Progress

1. Development of **neonatal guidance** on:
    1. Enteral Nutrition: A guideline development group was established in December 2024. Sub-group membership has been identified and dates for sub-group meetings are scheduled for Q1 2025/26. — *Completion by: March 2026*
    2. Bilious Vomiting: A working group was convened in December 2024 to produce a national Patient Information Leaflet. Work is underway to develop this national resource. — *Completion by: Dec 2025*
2. Development of **perinatal transport guidance and pathways** on: — *Completion by: Dec 2025*
    1. Pre-hospital emergency transport guidance for paramedics;
    2. Pathway for remote and rural unscheduled, urgent community to Consultant-led unit transfers
    3. Standardised information sharing for in-utero transfers (links with SPSP work on a 'perinatal passport')
3. The SPN linked with the Surgical Conditions Affecting Newborns Scotland Network (SCANS) to maximise synergies in guideline development through joint governance of new SCANS inpatient management guidelines (due to be finalised in Q1 2025/26) — *Completion by: June 2025*
4. SPN is supporting the Scottish Consultant Research Active Midwives (SCRAM) group in the development of national guidance on Alternative Birth Choices, for maternity staff who support women making an informed choice that may be different from clinical recommendations. — *Completion by: Sept 2025*

III. Work Paused/Not Started

Development of the following guidance has been deferred following review of work plan priorities for delivery pending outcomes of the review of networks:

1. Management of Post Haemorrhagic Hydrocephalus — *Not started*
2. Prioritisation of recommendations in UK **maternity guidance** (e.g. SIGN, NICE, RCOG) for consistent implementation in Scotland — *Not started*
3. National **fetal medicine** guidance, pathways and patient information — *Not started*
4. Minimum standards of care for teenage parents — *Not started*

Priority 4 – Service Improvement and Re-Design

Support the development and implementation of improvement and re-design initiatives in line with evidence-based best practice and Scottish Government policy such as Best Start.

Activities

1. Map specialist **maternal medicine** clinics for acutely unwell pregnant women; liaison with the Scottish Obstetric Cardiology Network
2. Support the development of an effective networked model of **fetal medicine** provision across Scotland
3. Map **safeguarding** midwife roles in Scottish maternity services and link with Scottish Government 'Racialised Inequalities in Maternity' Group
4. Develop processes for effective and timely **neonatal repatriation** in support of the Best Start model of neonatal care
5. Evaluate and report **neonatal AHP** workforce project and develop recommendations to inform implementation of the Best Start model of neonatal care
6. Neonatal **neuro-developmental follow-up**: Establish BadgerNet Neonatal data extract for national audit of 2-year follow-up; Develop nationally consistent model

Key Outputs

- Service map of specialist maternal medicine clinics
- Defined 'One Scotland' approach to fetal medicine care
- Service map of safeguarding midwife roles in Scotland
- Report and action plan for further development of neonatal AHP workforce
- Defined 'One Scotland' approach to neonatal neurodevelopmental follow-up

Outcomes

- Improved patient outcomes and care experience
- Consistent maternal medicine service provision across Scotland
- Nationally consistent access to fetal medicine care across Scotland
- Better understanding of safeguarding midwife roles and service gaps across Scotland
- Timely repatriation of babies requiring neonatal care to the nearest clinically appropriate unit
- Progress in improving access to AHP expertise across neonatal services
- Consistent model of neurodevelopmental neonatal follow-up

Maps to strategic outcomes:

- Service capacity and flow is managed system wide
- Reduced inequalities in care between different service user populations
- National co-ordination and collaboration
- Access to the right care at the right time
- Minimise unwarranted variations in care
- Person centred / family integrated care

Priority 4 – Service Improvement and Re-Design

Progress in 2024/25

I. Completed Work

1. The **neonatal AHP** workforce project concluded in August 2024, with the final report published in October 2024. Recommendations to inform implementation of the Best Start model of neonatal intensive care were shared with Scottish Government and Regional Planners.

II. Work in Progress

1. A paper with recommendations for a National Wellbeing Assessment was endorsed for by SPN CSG for transition from SPN Safeguarding Midwives Group to SG Digital Midwives Group for ongoing discussion with System C and implementation on maternity BadgerNet in 2025/26. — *Completion by: Dec 2025*
2. Data were gathered from NHS Boards and analysed to understand how **safeguarding midwifery** is delivered across Scotland, in liaison with Scottish Government Racialised Inequalities in Maternity and Maternity Pathways groups, and NES. A report is being developed for publication on the SPN website in Q1 of 2025/26. Work is ongoing to develop an action plan to respond to the findings. — *Completion by: Sept 2025*
3. 2021/22 data mapping specialist **maternal medicine** clinics for acutely unwell pregnant women is scheduled to be refreshed in Q1 of 2025/26 and data will be analysed and presented to SPN CSG for review in Q2. — *Completion by: Sept 2025*
4. Neonatal **neuro-developmental follow-up**: Establish BadgerNet Neonatal data extract for national audit of 2-year follow-up; Develop nationally consistent model. Caldicott Guardian approval has been granted by all 14 Boards. The Information Management Team within NSD are now in the process of liaising with System C to progress next steps relating to access of the data. — *Completion by: Dec 2025*
5. An output from the July 2024 SPN case review event of babies born <27 weeks outwith a neonatal intensive care unit was to develop a national 'Once for Scotland' resource with advice for mothers on the signs of early labour, based on an example of good practice from NHS Lothian. Consultation is underway in May 2025 with national publication anticipated in June 2025. — *Completion by: June 2025*

III. Work Paused/Not Started

1. Develop processes for effective and timely **neonatal repatriation** in support of the Best Start model of neonatal care. — *Paused*
2. Support the development of an effective networked model of **fetal medicine** provision across Scotland. — *Not started*

Priority 5 – Person-centred / Family Integrated Care

Support maternity and neonatal services across Scotland to engage effectively with service users and facilitate pregnant women and families to be active partners in their care

Activities

i. Service User Engagement

1. Finalise and publish the SME framework and toolkit
2. Provide initial advice to Boards with implementation
3. Liaison with HIS to develop the National Maternity Engagement Coordinator role
4. Expand the neonatal Parent Advisory Group
5. Establish mechanisms for active service user input to SPN work streams

ii. Family Integrated Neonatal Care

1. Plan and host a 'FICare Together' event
2. Develop a national FICare approach, with priority focus on:
   - Support for effective transition
   - Psychology support
   - Orientation in neonatal units
   - AHP support (links with Priority 4- Activity 5)
   - Access to neonatal units

Key Outputs

- Scottish Maternity Engagement framework and toolkit
- Active service user representation and engagement in the network governance and working groups
- Common national family integrated care (FICare) approach

Outcomes

- Consistent models for maternity service user engagement across Scotland
- Increased engagement with maternity and neonatal service users in the Network
- Shared, nationally consistent model for FICare in Scotland
- Improved support for parents of babies in neonatal care

Maps to strategic outcomes:

- Effective service user engagement
- Women and families are active partners in care
- Person centred / family integrated care
- National co-ordination and collaboration

Priority 5 – Person-centred / Family Integrated Care

Progress in 2024/25

I. Completed Work

i. Service User Engagement

1. The Scottish Maternity Engagement Framework and Toolkit was published in September 2024. SPN promoted and distributed the Framework to senior midwives and other key contacts across maternity services in NHS Scotland, including attendance at the Royal College of Midwives conference on 28 November 2024. The SPN Programme Manager has also been invited to present the new Framework at the Scottish Government Joint Directors of Obstetrics and Midwives meeting in May 2025. Development of a national Maternity Engagement Coordinator post is being discussed between Healthcare Improvement Scotland and Scottish Government. A closure report on the SPN work stream with lessons learnt from this work is being developed, for submission to Scottish Government in Q1 of 2025/26.

ii. Family Integrated Neonatal Care

1. Work with families and neonatal units has been completed to improve consistency in parental information about each unit, supporting access and orientation for parents, especially in the context of transfers between units.

II. Work in Progress

1. An evaluation form for the parental information launched by the FICare group is currently being developed and will be circulated in Q1 25/26 to parents and clinicians across the country to identify any areas for improvement. *Completion by: Sept 2025*
2. The Network has been in the process of developing mechanisms for active service user input to SPN work streams. To date, the SPN has had input to its governance group via Maternity Voices Partnership lay chairs, the SPN's Neonatal Parent Advisory Group and links with third sector partners such as Bliss and the National Childbirth Trust. *Ongoing*

Priority 6 – Data and Evidence

Develop Network capacity to interrogate relevant maternity and neonatal service data, produce data analysis and reporting and use data to identify areas for improvement.

Activities

1. Annual NNAP data sharing meeting
2. Link with SAS/ScotSTAR and PHS to produce in-utero and ex-utero transfer reporting at unit and Scotland level, as well as reports on linked pregnancy outcomes (links to Priority 3 – Activity 4)
3. Further develop Network data capacity, building on the existing Neonatal Data Oversight Group and links with PHS
4. Establish access to routine national reporting in BadgerNet Neonatal, in line with English ODNs
5. Develop national reporting on difficult neonatal airway management
6. Support exception reporting process to align with models of care

Key Outputs

- National reports on in-utero and ex-utero transfer activity and linked pregnancy outcomes
- Mechanism for network level access to routine national reports on BadgerNet Neonatal
- Submission of consistent data to National Neonatal Audit Programme (NNAP)

Outcomes

- Improved quality of national audit data
- Improved availability of relevant data to inform improvement activities
- Improved ability to demonstrate the impact of Network activities

Maps to strategic outcomes:

- Learning from exceptions and good practice
- National co-ordination and collaboration
- Minimise unwarranted variations in care
- Person centred / family integrated care
- Effective perinatal learning system

Priority 6 – Data and Evidence

Progress in 2024/25

I. Completed Work

1. An annual National Neonatal Audit Programme (NNAP) data sharing meeting took place in March 2024 ahead of final NNAP data submissions for 2024/25.
2. Links with SAS/ScotSTAR and PHS to produce in-utero (IUT) and ex-utero transfer (EUT) reporting at unit and Scotland level are established. IUT reports have been reinstated following resolution of previous data collection and data quality concerns.

II. Work in Progress

1. Data linkage with Public Health Scotland (PHS) birth data (SMR-02) to establish outcomes of IUT transfers recommenced in Q4, although there is a 6-month time-lag in reporting due to linkage challenges with SMR-02. (This links with Priority 3, Activity 4). — *Completion by: June 2025*
2. Distribution of IUT and Data Linkage reporting on the outcomes of these transfers is being expanded to include Clinical Directors of Obstetrics and Midwifery, having previously been shared only with neonatal colleagues. — *Completion by: Sept 2025*
3. Work is underway to establish access to routine national reporting in BadgerNet Neonatal, in line with English ODNs. This will provide read only access of non-patient identifiable aggregated national reports. Health Board Caldecott guardian approvals of network access to these routine reports have been obtained from all 14 Boards. Data access is anticipated to be actioned by System C (BadgerNet supplier) in Q1 and 2 of 25/26. — *Completion by: Sept 2025*

III. Work Paused/Not Started

The following objectives have been deferred following review of work plan priorities for delivery:

1. Further develop Network data capacity, building on the existing Neonatal Data Oversight Group and links with PHS — *Not started*
2. Develop national reporting on difficult neonatal airway management — *Not started*

Finance & Sustainability

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 2024/25.

This was supported by the continuation of virtual meetings, and in-person meetings were only scheduled when there was a business need.

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

You can contact the SPN Programme Team at: nss.perinatalnetwork@nhs.scot

or via Twitter @ScotPerinatal