National Maternity Network
ANNUAL REPORT 2020/21

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Executive Summary

2020/21 was a challenging year as the global Covid-19 pandemic necessitated significant and rapid changes at many levels. For the National Maternity Network (NMN), new during this financial year, this meant initiating and forming against a landscape of urgent work priorities to support the Covid-19 response in maternity services. With challenges have come opportunities.

Delays to developing the network mandate and implementing its governance structures brought opportunity to find and try out innovative and creative approaches to delivering effective solutions quickly and safely. Limitations to travel and face to face meetings brought opportunity to expand technical abilities in many ways. Technology became an enabler for forging relationships between and across a new national network of professionals in Scotland. Technology also facilitated new ways of delivering maternity care. Initially, as a way of reducing footfall to busy hospitals and clinics as a safeguarding measure for pregnant women, especially those shielding against the virus. Later, as a new 'informed choice' offered by professionals, as appropriate, to any woman as part of her antenatal care.

Successes included the appointment of a full complement of skilled and experienced colleagues to the new NMN programme team through which to progress development of the network. Relationships within the team and with colleagues in the already established National Neonatal Network (NNN) evolved throughout the year. Governance and oversight of both the NMN and NNN, under the umbrella of the Scottish Perinatal Network, was explored and developed as both networks aimed to improve collaboration and perinatal approaches to caring for women and babies during pregnancy, birth and those who go on to need neonatal care.

Interim governance arrangements were considered, aligned and implemented in parallel with the Best Start Programme. Their effectiveness was supported by relationships with colleagues at the Scottish Government, which were explored, developed and became established.

Early work streams were driven by the ever-changing demands of the Covid-19 pandemic. As the year progressed, work streams evolved to reflect wider stakeholder priorities. The fantastic engagement of all 14 Health Boards in a series of introductory meetings with senior maternity colleagues provided the Network Team with a wealth of insights that will inform the development of the network work plan in 2021/22.

The work progressed in 2020/21 forms a solid foundation from which to grow the network, its activities and impacts. We look forward to establishing the NMN Core Steering Group in 2021/22 and to building a strategic delivery plan through which to deliver stakeholder priorities.

Scottish Perinatal Network MATERNITY

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1. The Strategic and Service Context

1.1 Strategic Context

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.

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."

This would involve implementation of a national maternity network, which did not exist previously at local, regional or national level in Scotland. A single national neonatal network would replace three Managed Clinical Networks (MCNs), which did exist previously for the North, West and South East & Tayside regions.

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.

1.2. National Strategic Networks

Within NHS Scotland, 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.

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

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[2] 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.

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 Scottish Perinatal Network (SPN).

1.3 Service Delivery Context

In Scotland, maternity services are delivered through 44 units. In figure 1, below, maternity units are represented by pink pins. Blue pins represent neonatal units, for babies who need extra care.

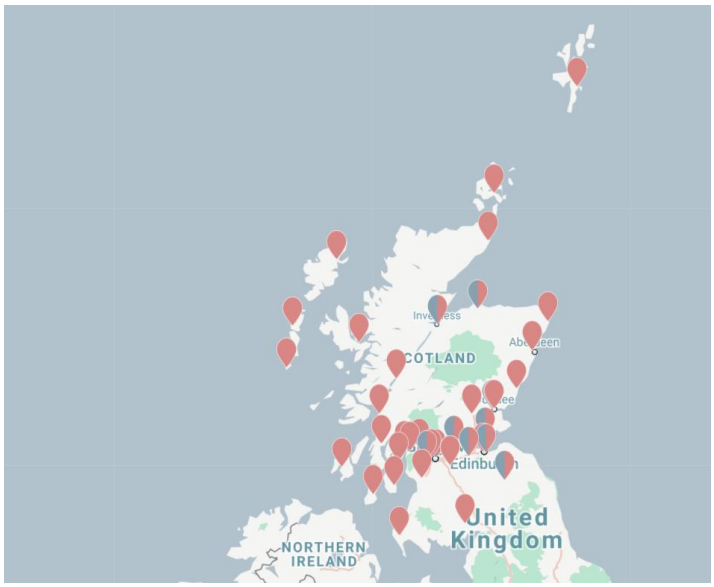

Figure 1: Map of Maternity Units in Scotland

Depending on where women live, they will be offered choice of giving birth at home, in an obstetric unit or in a midwife-led unit (freestanding or alongside an obstetric unit). There are 18 Obstetric Units, and 26 Midwife-led Units. Six of the Midwife-led units are 'alongside' an Obstetric Unit, usually on the same site, and care is delivered by midwives but with access to Obstetric care if it is needed. The remaining twenty units are Freestanding, sometimes known as Community, Midwife-led units and can be located far from

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

Obstetric Care services. Therefore, many considerations surround professional risk-assessment and decisions about where to give birth, perhaps especially in Island Boards or in remote and rural areas, and women are supported by their maternity care teams to make informed choices about what feels right for them. More information about birth choices in Scotland can be found at NHS Inform / Ready Steady Baby. Figure 2 shows a break-down of unit type by NHS board.

NHS Board	Obstetric Unit	Freestanding Midwife-led Unit	Alongside Midwife-led unit
NHS Ayrshire & Arran	1	1	1
NHS Borders	1		
NHS Dumfries & Galloway	1	1	
NHS Fife	1		1
NHS Forth Valley	1		
NHS Grampian	2	1	1
NHS Greater Glasgow & Clyde	3	2	1
NHS Highland	2	8	
NHS Lanarkshire	1		
NHS Lothian	2		1
NHS Orkney	1		
NHS Shetland		1	
NHS Tayside	1	3	1
NHS Western Isles	1	2	
Total	**18**	**20**	**6**

Figure 2: Maternity Units in Scotland as shown at www.gov.scot/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/appendix B

In 2019 there were 51,201 live births in Scotland. Figure 3 shows the number of live births in Scotland over a ten year period from 2010 to 2019. 2019 data are provided as 2020 data have not yet been published by Public Health Scotland – although draft 2020 data is available at isdscotland.org/topics/maternity-and-births.

As seen in Figure 3, notable decline in birth rate of around 13% is evident over the last 10 years. Once published, 2020 data may also demonstrate the impact of the Covid-19 pandemic.

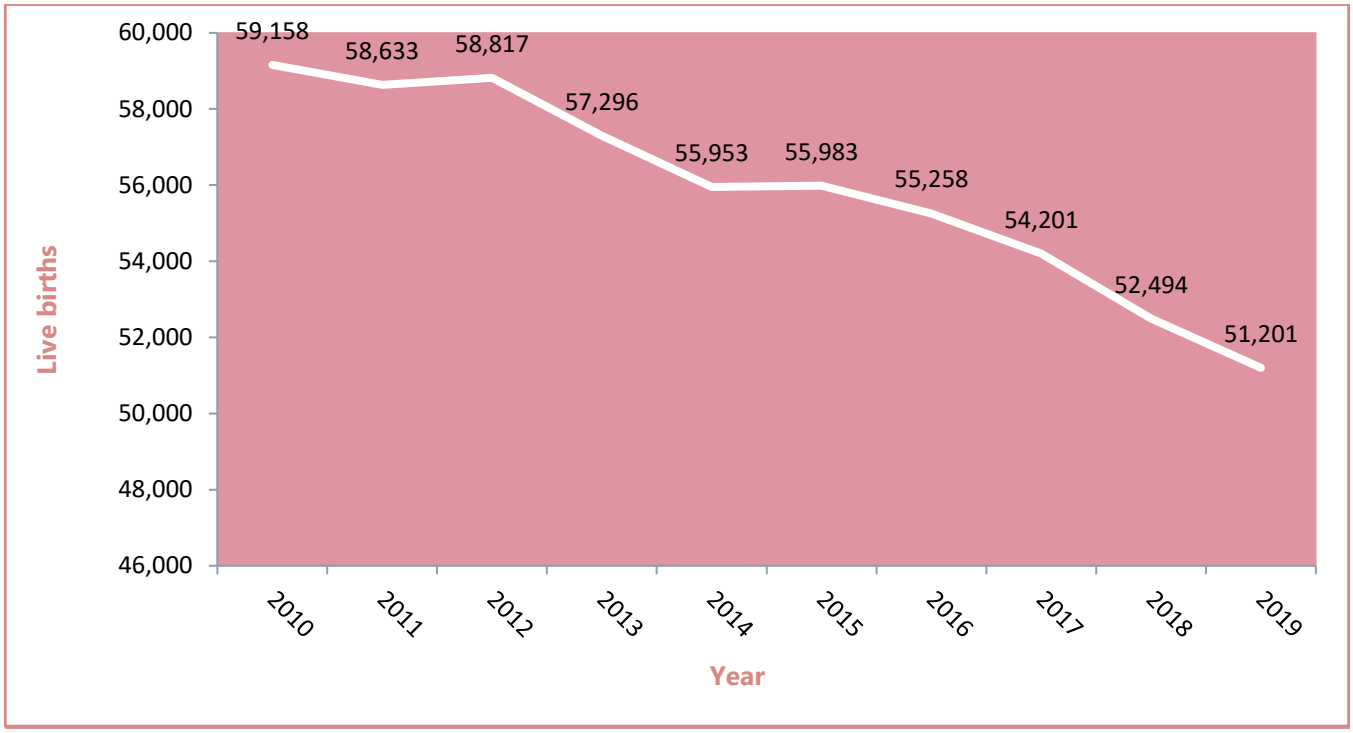

Figure 3: National Records of Scotland Data on Live Births 2010-2019 (year to 31 March). For more information on this data please see: isdscotland.org/births-in-Scottish-hospitals/Data file Table 1

The Public Health Scotland Data & Intelligence Team observes that:

> *"Deprivation continued to influence the health of pregnant women and babies across Scotland. Women from deprived areas were more likely to be overweight or obese, smoke, book later for antenatal care, have a low birthweight baby and to deliver their babies early compared to those from less deprived areas".*
>
> *Public Health Scotland, Data & Intelligence Team at isdscotland.org/births-in-Scottish-hospitals*

As demonstrated in figure 4, women from the most deprived areas were more likely to be younger at midwifery booking appointment for their first birth than women from the least deprived areas. The most common age at booking of women from the most deprived areas was 24 and for those from least deprived areas it was 30. This gap has narrowed over the last 10 years, with the most common age for women from the most deprived areas increasing from 20 to 24 years but remaining the same for those from the least deprived areas. This perhaps reflects improvements in reproductive education and support for young women most affected by deprivation.

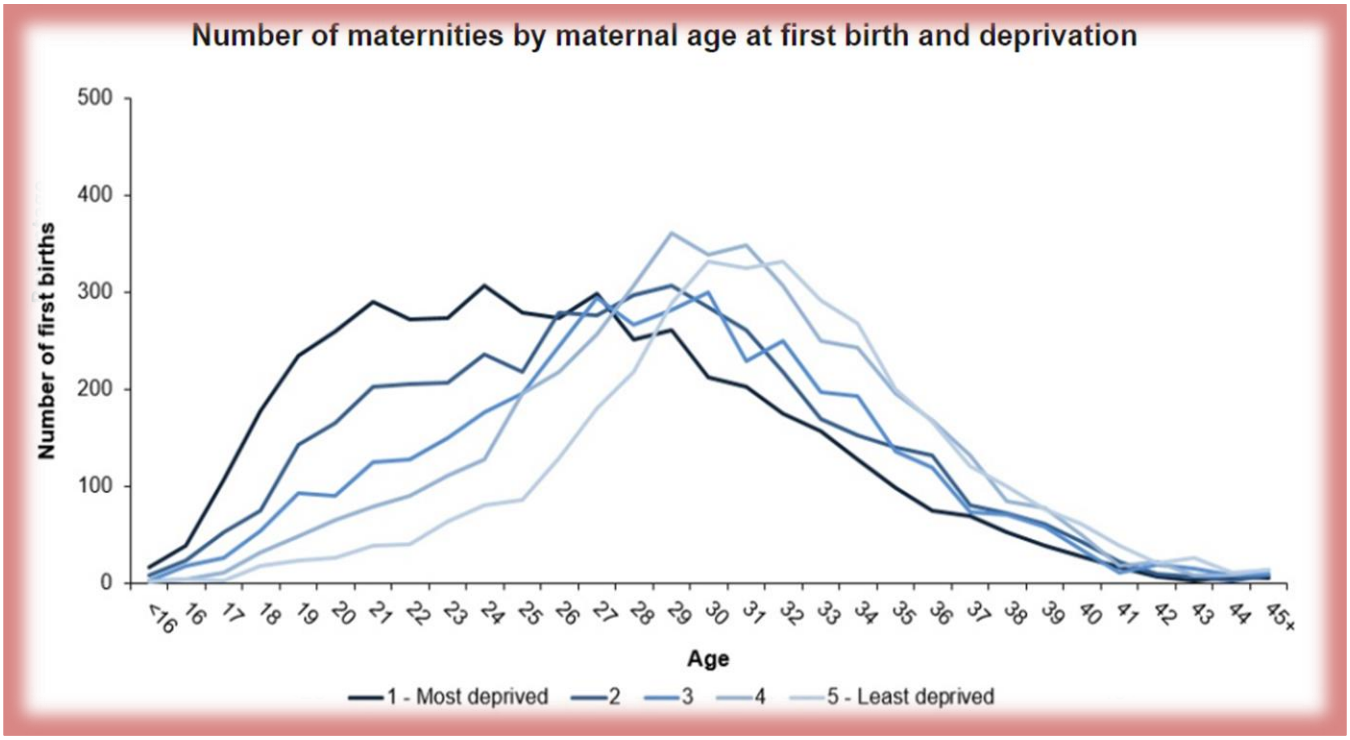

Figure 4: SMR02 Data on Antenatal Booking within 12 weeks, by maternal age, 2010-2019 (year to 31 March). For more information on this data please see: isdscotland.org/births-in-Scottish-hospitals

2. Network Governance and Mandate

2.1. Network Structure and Governance

As shown at figure 5, Network governance is shared across the SPN. In line with best practice for national strategic networks, the proposed SPN governance structure includes four elements:

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

It has been proposed that for the duration of the Best Start Implementation Programme the SPN Oversight Board function will be provided by the Best Start Implementation Programme Board (IPB), in recognition of the significant synergies and overlap in membership for both groups. However, due to the impact of the Covid-19 pandemic, it was not possible to finalise this aspect of the SPN governance structure during 2020/21. Interim arrangements were agreed in February 2021, whereby governance would be provided collectively by Chief Midwife, Ann Holmes, Senior Medical Officer and Obstetrician, Dr Corinne Love, and Maternal & Infant Health Team Leader at the Scottish Government, Kirstie Campbell.

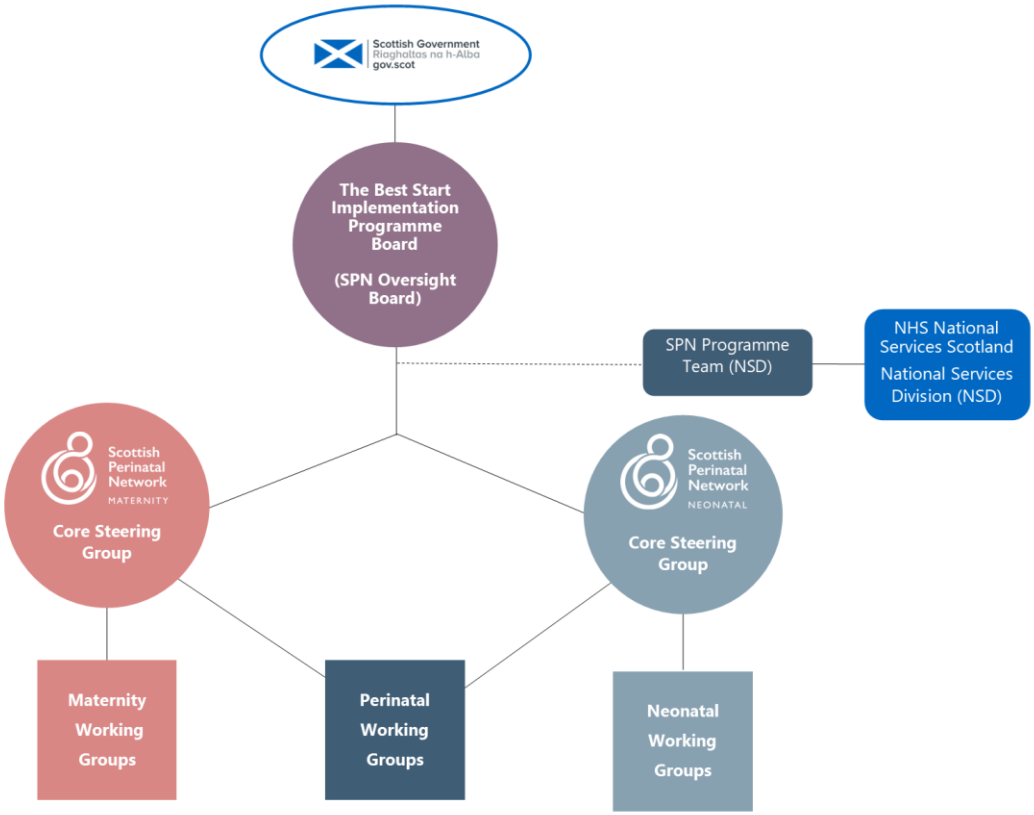

Figure 5: NMN governance structure and lines of accountability

Also due to the pandemic and resulting pressures on clinical time, it was not possible to convene an NMN Core Steering Group during 2020/21. However, doing so will be a priority following the first meeting of the SPN Oversight Board on 14 May 2021.

2.2 Network Programme Team

Despite the pandemic, the NMN successfully recruited to all posts during 2020/21; with the Programme Manager joining from Public Health Scotland in March 2020. Clinical Leads with expertise in Obstetrics and Midwifery, from NHS Grampian and NHS Ayrshire & Arran / Health Improvement Scotland respectively, joined on 3rd August. An experienced Programme Support Officer with previous strategic network experience also joined in August and the NMN quickly benefited from her strong communications skill-set to promote the SPN and enhance its digital profile.
SPN Senior Programme Manager, Carsten Mandt, was appointed during 2019 and provides oversight to both NMN and NNN. The SPN programme team is accountable to Associate Director for Strategic Networks, Kate Burley. Figure 6 shows the full SPN programme team.

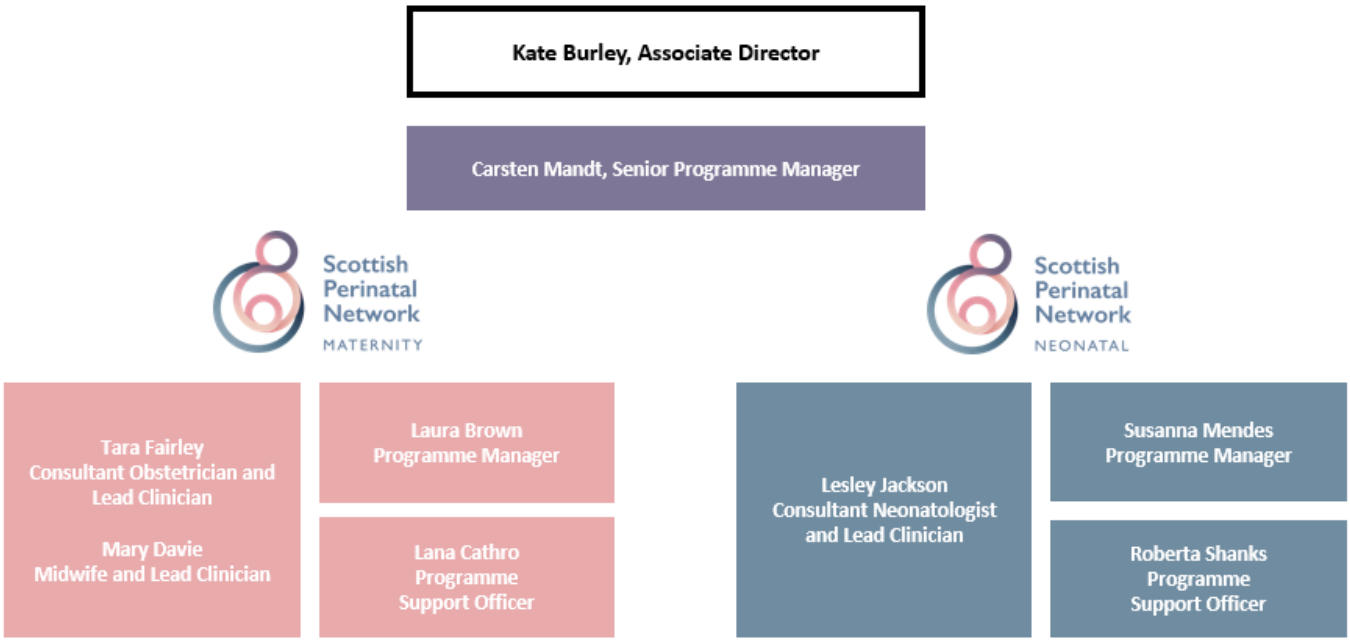

Figure 6: SPN Programme Team 2020-21

Information about other NHS National Services Scotland strategic networks can be accessed from here.

2.3 Network Mandate

2.3.1 SPN Objectives

As part of the SPN, the NMN will deliver added value to its stakeholders across the SPN's core objectives. These objectives are:

- To provide a forum to lead collaborative and collective development and improvement of services and sharing of expertise in neonatal and maternity services, across all key stakeholders;
- To work across geographical and organisational boundaries to support a 'Once for Scotland' approach to improvement activity in neonatal and maternity 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;
- 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 neonatal and maternity 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.

2.3.2 NMN Facets and Work Plans

The NMN has a draft facet diagram (see figure 7 below), which outlines the spectrum of work the network encompasses to be able to deliver on its objectives. The draft takes into account the recommendations in *The Best Start* to ensure the work of the network is strategically aligned with the programme and can support it effectively.

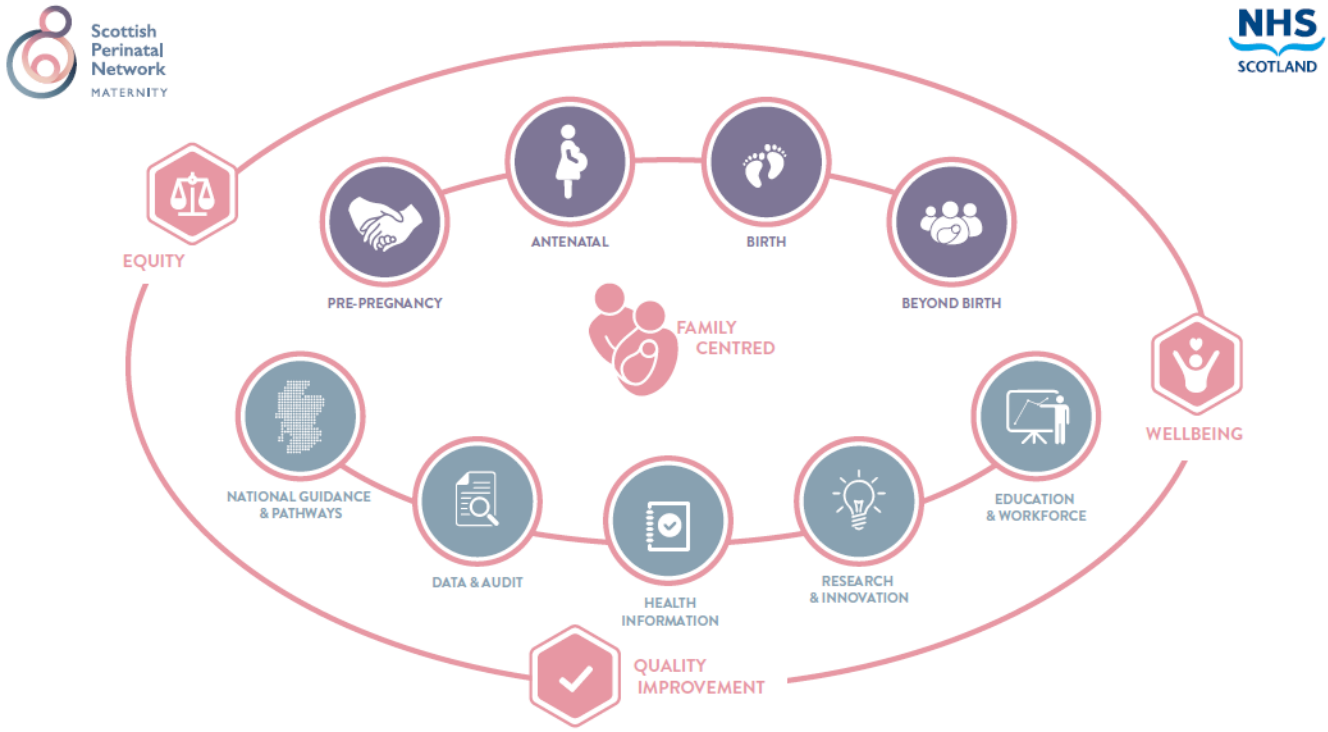

Figure 7: NMN Facet diagram

An early role of the NMN Steering Group will be to endorse an approach for consultation with stakeholders on the draft facets and, subsequently, endorsement of the final diagram.
In keeping with the core values of NHS Scotland and scope of the network, maternity service users (pregnant women, their partners and babies and their families) are at the centre.

2.3.3 Scope of NMN Facets

Recognising the role of strategic networks in driving improvements in relation to whole pathways of care, the facets reflect all stages of the perinatal journey. NMN facets consider pre-pregnancy, antenatal, birth and postnatal care. The postnatal period is usually for the first 10 days after birth. After this, health visiting professionals provide the care for most babies and their families. For some mothers and babies, postnatal care can be provided by maternity services for longer. Scope of the NMN is preconception (including family planning and preparing for pregnancy) until the date of the child's 6 – 8 week GP Health Check. More information about antenatal care is available on NHS Inform.

2.3.4 Cross-cutting Themes of NMN Facets

The 'whole pathways' approach is underpinned by cross-cutting themes common to other strategic networks, including the National Neonatal Network (NNN). Around 5% of babies need neonatal care and requirement for this care is often identified antenatally. Therefore, NNN facets consider, in parallel, the

whole journey from the start of care through discharge from neonatal services and longer term follow-up for these babies.

The cross-cutting themes represent *how* the NMN and NNN collectively will facilitate family centred improvements and services. 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.

3. Detailed Description of Progress During 2020/21

Work that progressed during 2020/21 has been largely driven by the need to adapt maternity care provision during the Covid-19 pandemic. Therefore, establishing and building the network, identifying and engaging with stakeholders, has taken place so far in a landscape of crisis response. However, despite, and sometimes because of that landscape, considerable progress has been made. Key work packages are summarised in figure 8.

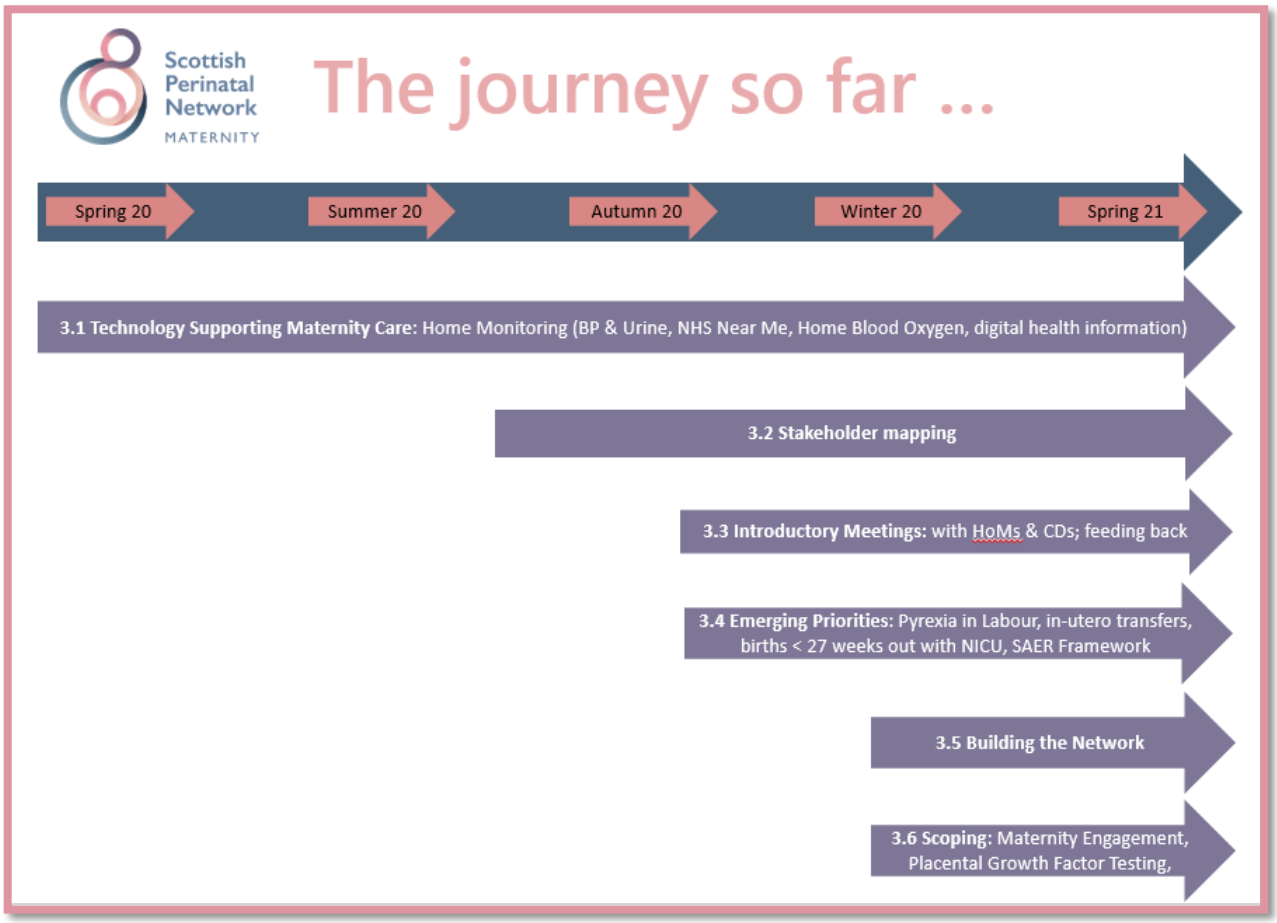

Figure 8: Summary of NMN Progress

3.1 Technology Supporting Maternity Care

While the Covid-19 pandemic severely restricted the SPN in its ability to make strategic progress, it also created opportunities. NMN resources were deployed to support rapid implementation of initiatives to safeguard pregnant women, especially those shielding against the virus. In this context, the benefits of

strategic network approaches were demonstrated, recognised and welcomed. Professional relationships were forged quickly under pressure and strengthened through positive reflection on all that was accomplished within a very short timescale.

The NMN:

- Established and facilitated a Technology Supporting Maternity Care Clinical Oversight Group chaired by Senior Medical Officer and Obstetrician, Dr Corinne Love. The role of the Group was to support rapid implementation of digital solutions in all NHS Boards, safeguarding pregnant women by offering informed choice and a remote face-to-face alternative to avoidable travel and attendance at busy antenatal clinics during the pandemic.
- Co-ordinated rapid roll-out of NHS Near Me video conferencing service and home monitoring of blood pressure (BP) and urinalysis technologies in all Scottish maternity services; aligning appropriately with other technologies used by Boards.
- Supported procurement and delivery of home monitoring devices to NHS Boards, as funded by the Scottish Government, for onward distribution to pregnant women through therapeutic 'teach-back' conversations with Midwives and Obstetricians.
- Identified clinical implementation leads within NHS Boards and facilitated communication flows between these leads and the Clinical Oversight Group.
- Provided and maintained a learning-sharing platform for NHS Boards on the SPN website.

3.1.1 Technology Supporting Maternity Care and Clinical Guidance

The NMN supported the Clinical Oversight Group to develop and appropriately govern clinical guidance and implementation documents specific to the Covid-19 pandemic. These were published on the Home Blood Pressure and Urine Monitoring and NHS Near Me pages of the SPN website in May 2021.

Over the critical period of the first wave of the pandemic, technologies offered many person-centred and sustainable benefits for both service users and clinicians. In November 2020, context of guidance was expanded by the Clinical Oversight Group beyond Covid-19 by removing all clinical eligibility criteria. This enabled antenatal care teams to offer home monitoring choices to all women.

3.1.2 Technology Supporting Maternity Care and Health Information for Parents

Leaflets for parents have been available in print since June 2020, updated in November 2020 in parallel with updates to the clinical guidance, for Home Blood Pressure and Urine Monitoring and NHS Near Me.

Figure 9: Front covers of the first health information for parents published by NMN

PDF versions of the leaflets will be added to the BadgerNet library in May 2021. This will enable midwives to add them as appropriate to women's maternity records on their BadgerNet portals in 13 of the 14 NHS Boards. NHS Lothian does not use BadgerNet and its TrakCare system does not have this facility, so alternatives are being explored. Content within the leaflets has also been optimised for web and will be available from May 2021 at nhsinform.scot/ready-steady-baby. Work continues to increase reach and accessibility of information for parents; including alternative language options. SPN Processes and governance structures also assure accessibility of future leaflets or digital health information.

3.1.3 Technology Supporting Maternity Care and Sharing Learning: Home Blood Pressure and Urine Monitoring

The NMN facilitated highlight reporting to evaluate and support initial stages of implementation. Figure 10 below shows an example of the highlight reporting template, which NHS Boards were asked to complete at 3 and 6 months post-implementation.

Ten of the 14 NHS Boards returned highlight reports (NHS Highland reported separately for North and Argyll and Bute) detailing the number of monitors issued to date and the number of women monitoring at home, as at 16th July 2020. The data included the three largest Boards (NHS Greater Glasgow & Clyde, NHS Lothian and NHS Lanarkshire) and reported a Scottish total of 163 Home Monitoring kits issued during the first 3 months of implementation. At that point in time, 113 women in Scotland were monitoring at home and it was estimated at 6 months post-implementation a total of 634 Home monitoring kits would have been issued. Direct comparison between Boards was not possible, as implementation was phased and Boards were at different stages of roll-out. However, a breakdown by NHS Board is at Appendix 1.

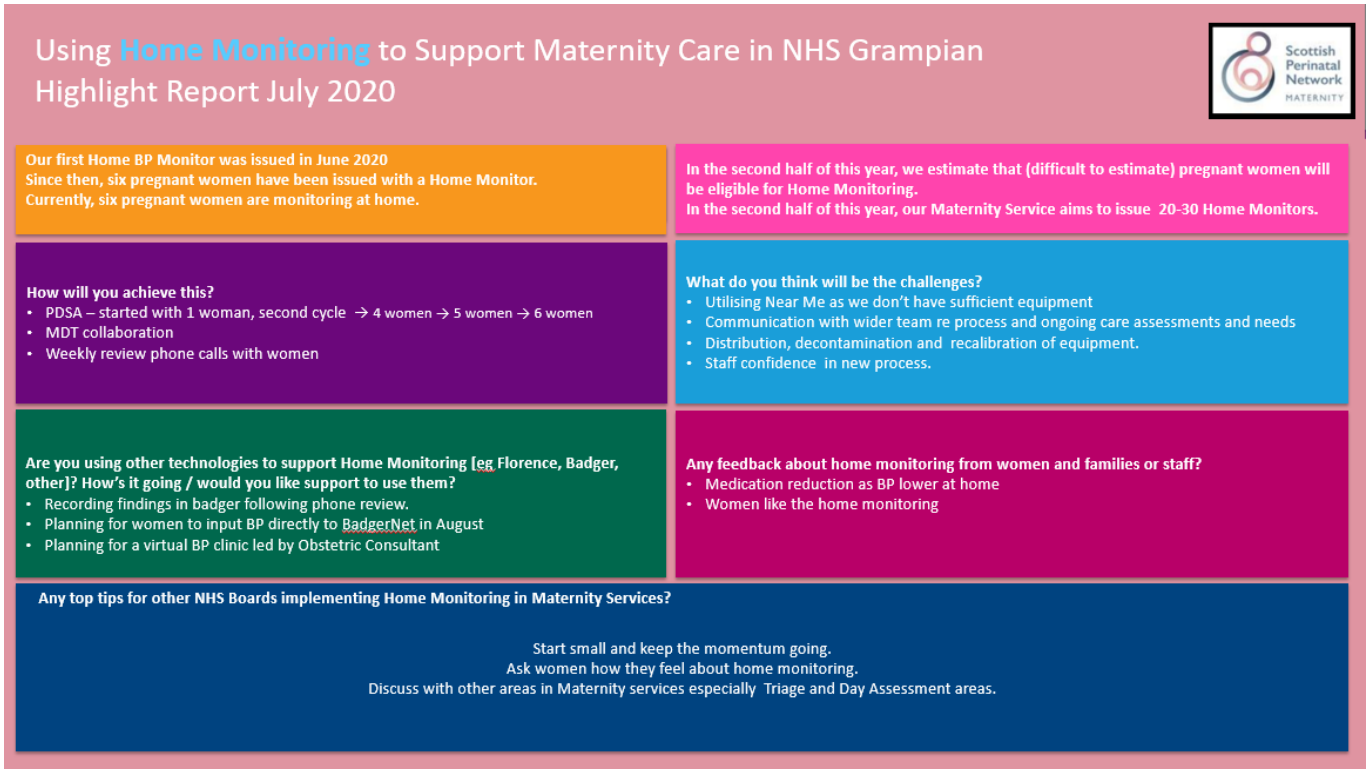

Figure 10: Home Blood Pressure and Urine Monitoring Highlight Report – NHS Grampian example.

Boards shared learning from their experiences of implementation through a webinar hosted by NHS Healthcare Improvement Scotland (HIS) and information was also added to the SPN website. Further learning and updates have also been signposted from the SPN Newsletter.

By November 2020, unfortunately, the country was experiencing a second wave of the Covid-19 pandemic which significantly curtailed highlight reporting activities within NHS Boards. Only five Boards reported and data were variable and inconclusive. In light of Covid-19 pressures on Boards, the Technology Supporting Maternity Care Clinical Oversight Group agreed not to pursue further highlight reporting and to await findings of the academic evaluation of the programme commissioned through Universities of Stirling and Edinburgh, due to report in early 2021/22.

3.1.4 Technology Supporting Maternity Care and Sharing Learning: NHS Near Me

The NMN facilitated highlight reporting to evaluate and support initial stages of implementing NearMe appointments in maternity. Figure 11 shows an example of the highlight reporting template, which NHS Boards were asked to complete at 3 and 6 months post-implementation.

As evaluation of the national roll-out of NHS Near Me across all clinical specialties sits within the remit of the Technology Enabled Care (TEC) team, the NMN did not carry out a detailed analysis of maternity services data on NHS Near Me. The TEC evaluation is available at here.

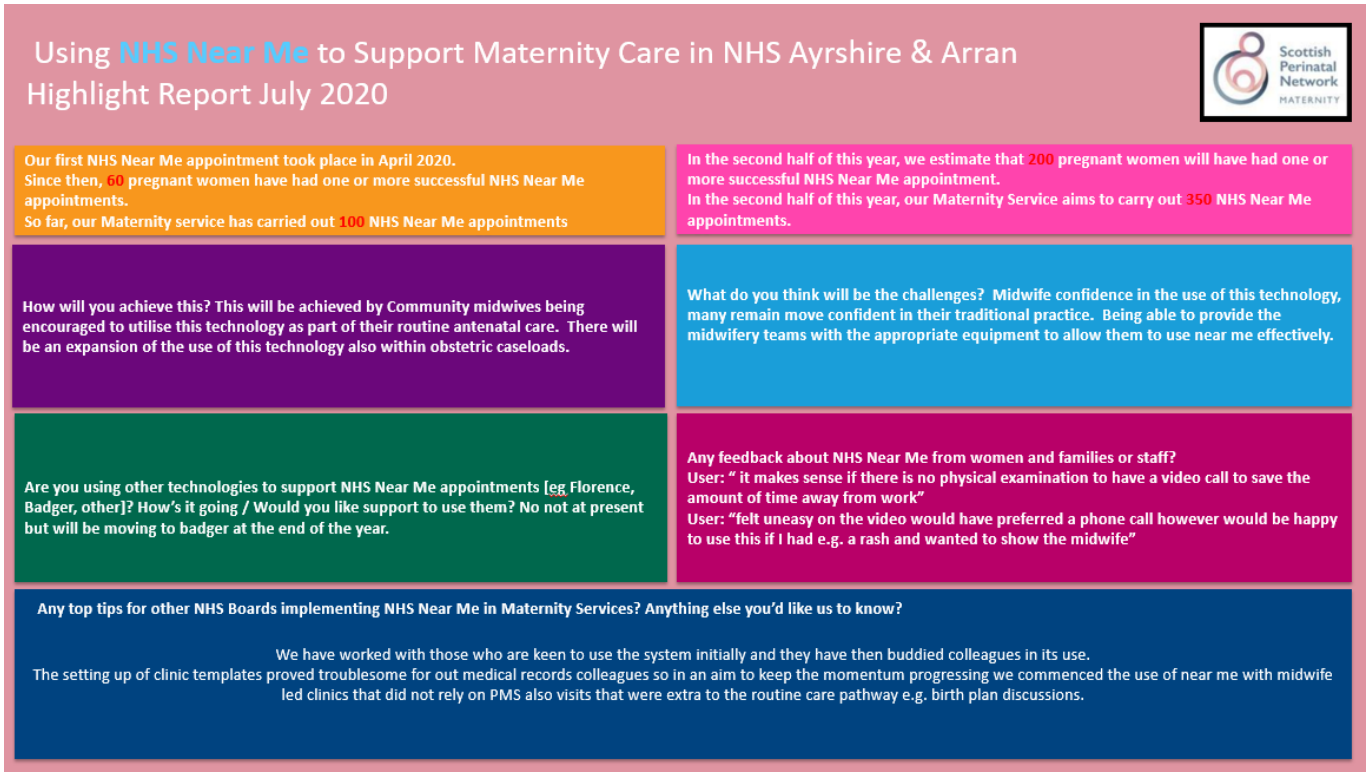

Figure 11: NHS Near Me Highlight Report – NHS Ayrshire & Arran example

As with home monitoring, comparison between Boards in the highlight reports was not possible as implementation had been phased and maternity services are at different stages of NHS Near Me roll-out. By July 2020, three months post implementation, 2,571 women were reported to have had a maternity NearMe appointment, with a total of 3,243 appointments. Further breakdown of this data by NHS Health Board area is in Appendix 2. Full reports on the highlight reporting for July and December 2020 are available from the Network Programme Team.

Some NHS Boards chose to share learning from their experiences of implementation through a webinar hosted by HIS and learning sharing documents were added to the Maternity Near Me page of the SPN website. Learning and updates have also been signposted from the SPN Newsletter. As mentioned in section 4.1.3, by November 2020 the second wave of the Covid-19 pandemic significantly curtailed NMN highlight reporting activities.

3.1.5 Technology Supporting Maternity Care - Evaluation

Findings from overall NHS Near Me Public Engagement and Equality Impact Assessment were published by the (TEC) team in September 2020 and evaluation, by University of Oxford, in March 2021. This includes, but is not limited to, the maternity context. Results from evaluation of the Home Blood Pressure Monitoring programme by Stirling and Edinburgh Universities will be presented to the Clinical Oversight Group in May 2021 and, thereafter, learning shared with Boards.

3.1.6 Technology Supporting Maternity Care – Next Steps

Building on the success of the roll out of NearMe and home monitoring work, the NMN will continue to support ongoing roll-out and evaluation of Near Me and home monitoring technologies, incorporating learning from the evaluative work and ongoing governance of both programmes.

Next steps being considered include:

- Development of a framework or forum for sharing home monitoring learning and experiences.
- Guidance on use of NHS Near Me to facilitate multi-disciplinary or cross-Board consultations.
- Support for remote and rural colleagues considering whether women who live far away from maternity units are suitable for home monitoring.

3.1.7 Technology Supporting Maternity Care and Home Oxygen Saturation Monitoring

Building on learning and successes from the rapid-rollout of NHS Near Me and home monitoring across maternity services, the NMN was asked by the Scottish Government to collaborate further with the national TEC Team to support management of pregnant women who test positive for Covid-19 and are symptomatic but do not require inpatient care. A working group was formed with colleagues from NHS Lanarkshire and the TEC team to adapt the national general adult pathway to enable pregnant women to monitor blood oxygen level at home, if considered appropriate by her antenatal team. A leaflet for women has also been adapted.

3.2 Stakeholder Mapping

Following appointment of the NMN Clinical Leads in August 2020, the team undertook a comprehensive stakeholder mapping exercise to inform how the NMN could engage with the maternity community and develop effective approaches for delivering on its objectives. The NMN stakeholder map as at 31st March 2021 is shown in figure 12.

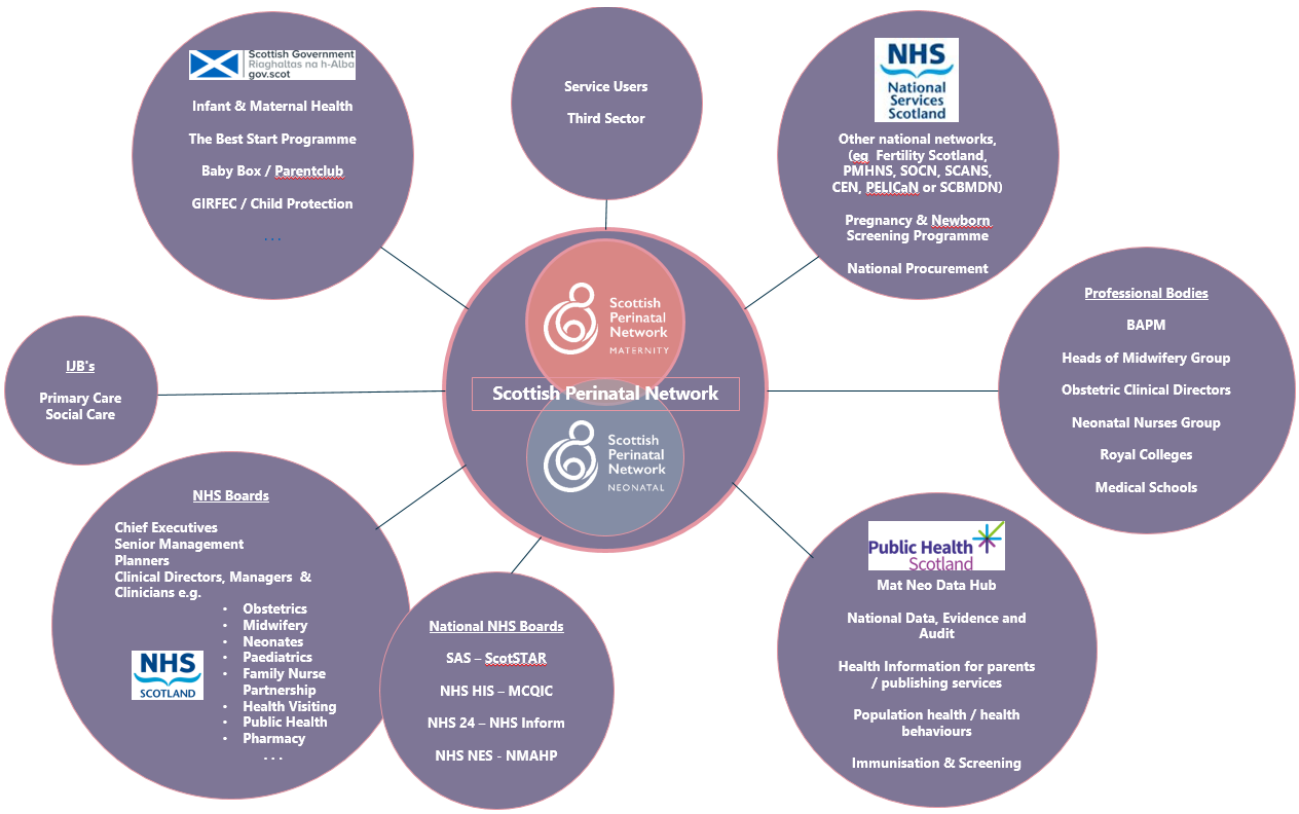

Figure 12: Network stakeholder map

Figure 13 gives an overview of the connections the NMN has already been able to make and the plans to expand on that further in 2021/22 to enhance the NMN profile and influence.

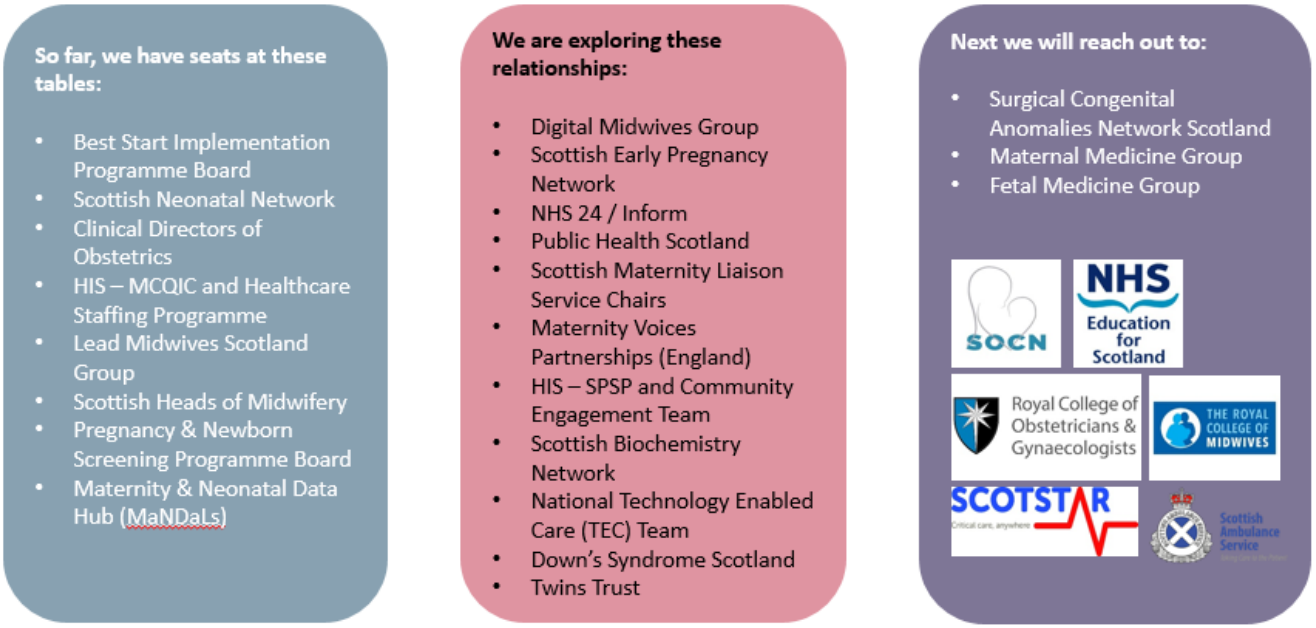

Figure 13: Building the Network and relationships

3.2.1 Building the Network: Digital Communications and Engagement

3.2.1.1 Twitter

SPN capacity to engage digitally with its stakeholders increased quickly with the appointment of an experienced Programme Support Officer with strong communications skill-set in August 2020. The SPN's enhanced digital profile can be seen in the chart of Twitter activity in figure 14 below[3].

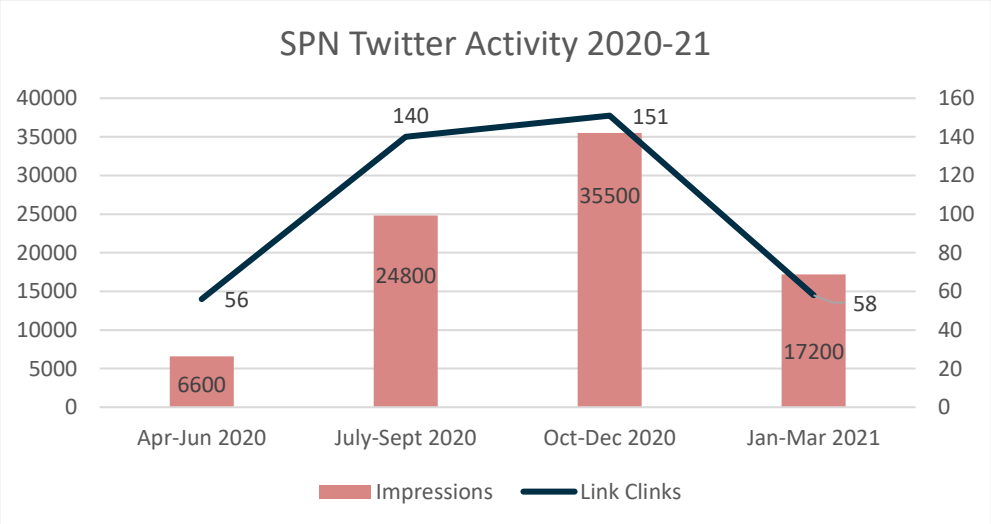

Figure 14: SPN Twitter activity

[3] 'Link Clicks' refers to clicks on a URL in a tweet. 'Impressions' refers to the total number of times a tweet has been seen (i.e. seen on our followers' timeline, from a search result and as a result of someone else liking our tweet.

The decline in Twitter activity Jan – March 2021 coincides with a second wave of the Covid-19 pandemic and national lock-down, during which time professional capacity was significantly stretched. The decline may be explained by reduced professional time available for social media activity.

The following images show the SPN's most successful Tweets:

	Impressions	Engagements	Engagement rate
Scottish Perinatal Network @ScotPerinatal · Jan 12 The coronavirus vaccine guidance for pregnant and breastfeeding women can be found on our website: perinatalnetwork.scot/pregnancy-brea… twitter.com/scotgovhealth/…	9,097	83	0.9%

	Impressions	Engagements	Engagement rate
Scottish Perinatal Network @ScotPerinatal · Nov 3 .**@NHS_Education** has developed a range of educational and training resources to support health and social care professionals working with women, babies and families in the perinatal period. Find out more here: learn.nes.nhs.scot/10382/perinata… **@SGChildMaternal @PMHN_Scot** pic.twitter.com/mW9ntnX59b	3,919	220	5.6%

The most successful Tweet for the NMN had 8.4% engagement, signposting free online antenatal classes for women and families:

	Impressions	Engagements	Engagement rate
Scottish Perinatal Network @ScotPerinatal · Jun 26 Learners in Scotland can access the courses free with the access code 'TARTAN' at inourplace.co.uk **@scotgovhealth @sgchiefmidwife @jakilambert @mcqicspsp @scotlandrcm @ihubscot @SGChildMaternal** pic.twitter.com/gp48V0Qfgj	1,978	166	8.4%

3.2.1.2 SPN Website

The SPN website (https://www.perinatalnetwork.scot/) has continued to develop as a resource for both professionals and families. The website has been a core part of the network's approach to supporting services during the Covid-19 pandemic, sharing the latest government and professional guidance via a dedicated page. The NMN team has continually made improvements to the maternity pages on the site to make it easier for professionals and families to find the information they are looking for. Further improvements will be made to the site in 2021/22. In particular, the NMN team hopes to add more information to the Maternity Units page to ensure this a useful resource for families.

3.2.1.3 SPN Newsletter

Starting in November 2020, the SPN team has issued a monthly newsletter as a tool to collate and share relevant and valuable information with the network. Each newsletter contains an update from both the Maternity and Neonatal networks, as well as perinatal news and signposting to events. The newsletter is distributed directly to around 360 stakeholders who cascade further through their local channels.

The SPN PSO's in particular have worked hard to familiarise with new digital platforms as they have become available. With effect from April 2021, the SPN newsletter will be cascaded on the Sway platform, which is mobile responsive – it automatically resizes and can be accessed from any device. Sway also brings enhanced analytic facilities, which will enable enhanced measurement of the newsletter's reach and how stakeholders interact with it.

3.3 Introductory Meetings with NHS Boards

Between November of 2020 and March of 2021, the NMN Programme Team met (virtually) with Heads of Midwifery, Clinical Directors of Obstetrics, and other key maternity service colleagues in each of the 14 territorial Health Boards. The aim of the meetings was to establish relationships, give an overview of the Network and invite open discussion around service configuration, successes, and challenges. Each Board was asked how national network approaches and supports could be most useful to them. The purpose was to inform development of a 2021 – 23 Maternity Network plan that is reflective of and responsive to local challenges and ambitions.

Insights provided by NHS Boards have been synthesised and themed under four headings:

i. **Initial and Existing Work** the Maternity Network has already started. Detail on progress with these work streams is covered in this report under section 4.1 and 4.2.
ii. **Emerging Priorities Identified by Stakeholders** which could be included in the NMN's strategic 2021 – 23 work plan. This will be expanded in section 4.4.
iii. **Joining up Conversations and Building the Network** where work is beyond scope of the NMN, there is a role to ensure local views and issues are raised with the Scottish Government, strategic partners and other groups with remits to work on the issues and suggestions put forward by various stakeholders. More detail is in section 4.5.
iv. **Proposed Topics for National Approaches, Guidelines and Pathways**. Appetite to work with the NMN to develop national approaches, guidelines and pathways has been very positive and very welcome. This will be expanded at section 5.

A paper presenting Themes and Findings from Introductory Meetings will be shared with the NHS Board senior teams NMN met with, for onward cascading to front-line colleagues.

3.4 Emerging Priorities

3.4.1 In-utero Transfer, Extreme Pre-term Births and Neonatal Transfer

Work has started to support a Best Start remote and rural transfer working group, to develop user-friendly materials to help midwives assess women in acute situations for appropriateness and urgency of maternal transfer and to easily access the multidisciplinary help they need to move pregnant women quickly and safely. The group may also consider development of risk management guidance for colleagues caring for women who are unable to have their preferred birth due to local criteria or who choose to give birth locally against professional advice.

A case review meeting has been organised for June 2021 to share learning from births in 2020 at less than 27 weeks gestation in a maternity unit without a neonatal intensive care unit (NICU). The event will be a multi-disciplinary collaboration between National Maternity and Neonatal Network colleagues. Future steps in 2021/22 may include a virtual education event on perinatal optimisation for the smallest babies, development of governance and review structure, share learning for improvement as appropriate. In parallel, the Neonatal Network is working to improve all communications surrounding post-transfer discharge with a 'perinatal' context.

3.4.2 Management of Maternal Pyrexia in Labour

The NMN is leading work to support clinical interpretation and application of national guidance around the treatment of maternal pyrexia in labour. A clinical working group has been established to develop and recommend a standardised approach to operationalising the existing evidence base. It met for the first time in March 2021 and hopes to publish guidance in the autumn of 2021.

3.4.3 Significant Adverse Events Review (SAER) Framework

The Scottish Government has asked the SPN to support implementation of a new maternity and neonatal SAER framework which is expected to launch in September of 2021. The SPN is currently engaging with HIS colleagues to explore current approaches to recording, collating, governing and sharing learning from SAERs at a national level. This will inform how implementation of the new framework can best be supported and applied consistently and effectively across all Boards.

3.5 Joining up Conversations and Building the Network

Insights from Boards and stakeholders highlighted a clear role for the NMN in providing platforms and support to help colleagues share information, collaborate, support each other and get better at listening to and learning from women and families. Crucially, this will allow the NMN to have a strategic role in joining up conversations to best enable collaboration and progress.

3.6 Scoping

3.6.1 Maternity Voices

The Scottish Government has commissioned the NMN to scope possible approaches for a national forum through which to engage with pregnant women and facilitate peer support. This work follows recommendations of a HIS Report on engagement with the maternity community and the current Maternity Services Liaison Committee model, which was published in October of 2020.

Recognising the strategic importance of engaging pregnant women as part of the network, it was decided that the NMN Programme Support Officer (PSO) would be leading on the Maternity Voices scoping work as a key priority. For the duration of that project (March to August 2021), PSO resource for other network activities will be reduced. Initial project priorities will include:

- Liaising with the HIS Community Engagement Team to better understand the background and process of developing the report mentioned above.
- Arranging meetings with existing MSLC and MVP Chairs to learn more about current approaches
- Reporting to Scottish Government on a monthly basis to update on progress.

Early stages of project planning and reporting have been well received. The NMN will submit an options appraisal with recommendations to the Scottish Government in August 2021.

3.6.2 Placental Growth Factor (PlGF) Testing

The NMN and Scottish Clinical Biochemistry Managed Diagnostic Network (SCBMDN) have formed a working group to assess the evidence base, cost-benefit and effectiveness of Placental Growth Factor (PlGF) testing in Scotland as an early test for pre-eclampsia.

The most widely used PlGF test in other parts of the UK is not a cost effective option for most Scottish Health Boards and the proposal is to pilot a PlGF 'point of care' triage test in a large NHS Board to ascertain if this would provide a viable pathway for PlGF testing in Scotland.

Findings and recommendations will be reported collaboratively by NMN and SBN to the Scottish Government to inform decisions around implementation.

4. Plans for 2021/22

The NMN is in the process of developing a strategic work plan for 2021/22, co-produced with its stakeholders, to identify and address key priorities within the scope and cross-cutting themes defined by the NMN facets. This work has been delayed, as referenced above, by the impact of the Covid-19 pandemic on establishment of the network Steering Group and Oversight functions.

Development of the work plan will be iterative and the plan will form the basis of the ongoing programme management of the NMN. Aspects of work with perinatal focus will be managed jointly between the NMN and NNN with oversight provided through the overarching SPN.

A key part of the work will involve engaging further with stakeholders to prioritise the very substantial list of potential work streams suggested to the NMN Team, in particular in relation to developing national guidance and pathways. The main vehicle for this prioritisation work will be the NMN Core Steering Group. Establishing this group will be the first priority in 2021/22. Longer-term, aspiration of the NMN is to extend reach to all maternity stakeholders, growing the network and influencing engagement.

The development of the NMN work plan will also have to take cognisance of the overall resource available in the NMN Programme Team to provide effective programme management support to the agreed work streams, thus ensuring that actions can be delivered effectively and to agreed timescales.

As mentioned in section 3.3, a paper presenting Themes and Findings from Introductory Meetings will be shared with NHS Board senior teams the NMN Team met with, for onward cascading to front-line colleagues. As part of this communication, expressions of interest will be invited from any perinatal colleague wishing to be considered as a working group member for any of the proposed topics by the NMN Core Steering Group (once established).

A Senior Information Manager (Shruti Babre) has been employed by the Strategic Networks to advise and support on reporting the effectiveness of the Networks. The SPN has already started employing the services of the Senior Information Manager and will further develop this programme of work over the next year as facets of work become more clear.

5. Risks and Issues

5.1 Delays to mandate, governance and work planning

Delays in establishing the network governance structure and the impact of Covid-19 have led to delays in engagement with senior network stakeholders, such as Chief Executives, Clinical Directors of Obstetrics or Heads of Midwifery, and the wider maternity community. As such, the ability to define and progress the NMN's formal mandate and work plan was reduced in 2020/21. However, with SPN Oversight Board arrangements now confirmed and a first meeting of the group on 14th May 2021, it is anticipated rapid progress will follow.

Appendix 1 – Technology Supporting Maternity Care: National Implementation of Home Blood Pressure and Urine Monitoring in Pregnancy

NHS Board	2019 birth rate	Number of Monitors allocated or delivered to Board (May - August 2020)	Total number of home monitors issued to women (as at 16 July 2020)	Number of women currently monitoring at home (as at 16 July 2020)	Estimated number of women eligible to monitor at home (July-Dec 2020)	Estimated number of eligible women who will monitor at home (July-Dec 2020)	12-month forecast: number of monitors issued to women (scaled up)	12-month forecast: Percentage of birth rate likely to monitor at home (scaled up)	12 month forecast: Minimum national excess stock (stock delivered – forecast stock issued)
Ayrshire and Arran	3137	333	tbc	tbc	tbc	tbc	333	N/A	0
Borders	916	100	20	14	24	24	48	5	52
Dumfries and Galloway	1153	133	1	1	20	20	40	3	93
Fife	3325	333	tbc	tbc	tbc	tbc	333	N/A	0
Forth Valley	2611	266	0	0	5	5	10	0	256
Grampian	5476	566	6	6	30	30	60	1	506
GG&C	11424	1165	26	24	tbc	tbc	1165	N/A	0
Highland (North) Highland (Argyll & Bute)	2597	267	45	16	90	90	180	7	87
			7	5	30	30	60	9	-60
Lanarkshire	6547	666	19	17	tbc	tbc	666	N/A	0
Lothian	8511	832	30	23	100	100	200	2	632
Orkney	182	33	tbc	tbc	tbc	tbc	33	N/A	0
Shetland	205	33	tbc	tbc	tbc	tbc	33	N/A	0
Tayside**	3579	366	8	6	325	325	650	18	-284
Western Isles	200	33	1	0	10	10	20	10	13
TOTAL	**49863**	**5128**	**163**	**112**	**634**	**634**	**3832**	**6**	**1297**

*NHS Boards still to confirm actual or predicted data are reflected as 'tbc'. However, for the purpose of forecasting the number of monitors which could be issued annually by the Board, it has been assumed as 10% of the birth rate. This is to mitigate against underestimation of missing data.

** NHS Tayside estimate that 10-15 pregnant women per week will be eligible for Home Monitoring. Therefore, a figure of 325 (12.5 pregnant women x 26 weeks) has been estimated. However, this estimate would mean 1.8 out of 10 women are eligible for Home Monitoring.

Appendix 2 – Technology Supporting Maternity Care: National Implementation of NHS Near Me in Maternity Services

NHS Board	2019 birth rate	NHS Near Me Implemented within the Board's maternity service	Number of pregnant women who have had an NHS Near Me appointment so far (as at 16 July 2020)	Number of NHS Near Me Appointments which have taken place across the maternity service so far (as at 16 July 2020)	Number of pregnant women predicted to have an NHS Near Me appointment July - December 2020	Number of NHS Near Me Appointments predicted to take place July - December 2020
Ayrshire and Arran	3137	Apr-20	60	100	200	350
Borders	916	Apr-20	400	540	460	1500
Dumfries and Galloway	1153	Apr-20	200	386	500	850
Fife	3325	tbc	tbc	tbc	tbc	tbc
Forth Valley	2611	Mar-20	12	12	tbc	tbc
Grampian	5476	Jan-20	656	901	tbc	tbc
GG&C	11424	Early 2020	79	79	tbc	tbc
Highland (North) Highland (Argyll & Bute)	2597	Mar-20	466	466	800	800
		2018	300	250	200	200
Lanarkshire	6547	Apr-20	268	268	tbc	500
Lothian	8511	May-20	112	216	2000	2000
Orkney	182	tbc	tbc	tbc	tbc	tbc
Shetland	205	tbc	tbc	tbc	tbc	tbc
Tayside**	3579	May-20	8	15	150	200
Western Isles	200	Apr-20	10	10	20	20
TOTAL	**49863**		**2571**	**3243**	**3870**	**6420**

*NHS Borders estimate that all pregnant women will have had one or more successful NHS Near Me appointments in the second half of 2020. Based on the 2019 rate of 916 live births, this figure has been estimated as approximately 460 pregnant women.

**In NHS Lothian, Near Me consultations will be offered to all women as an option for elements of antenatal and postnatal care. By the end of the year, NHS Lothian hopes that Near Me will have been made available for up to 2,000 pregnant women. Therefore, a minimum of 2,000 NHS Near Me appointments with pregnant women has been assumed.

Appendix 3: Finance

Details of the 2020/21 SPN budget and spend for both network staff salaries and non-pay expenditure are stated in the table below. This shows underspend of £69,480.

		Budgeted (£)	Actual (£)	Variance (£)
Income		-430,229	-430,229	0
Pay		363,229	354,442	8,787
Non-Pay		67,000	6,307	60,693
	Office Running	0	695	-695
	Other Operating Costs	17,000	0	17,000
	Personnel Costs	50,000	0	50,000
	Professional Fees	0	5,461	-5,461
	Property Costs	0	0	0
	Staffing Costs	0	-81	81
		0	232	-232
TOTAL		0	**-69,480**	**69,480**

A portion of the underspend is the result of some delays in network staff taking up post, slightly reducing the actual pay cost compared what was anticipated. The main factor, however, was the impact of Covid-19. The move to deliver all network meetings online rather than face to face, as a result of the Covid-19 pandemic, has reduced costs associated with the venue hire, catering and travel that would be usual in the initiation phase of a new network.

At this stage it is not anticipated that network activities would continue to be delivered without any form of face to face interaction with network stakeholders. The programme team also now has a full complement of staff. Therefore, 2020/21 is underspend is very unlikely to be representative of future network costs.