



Scottish Perinatal Network

Delivery Plan 2024/25

The following core principles underpin how the network operates:

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 national strategic partners.



Scottish
Perinatal
Network

Leadership

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



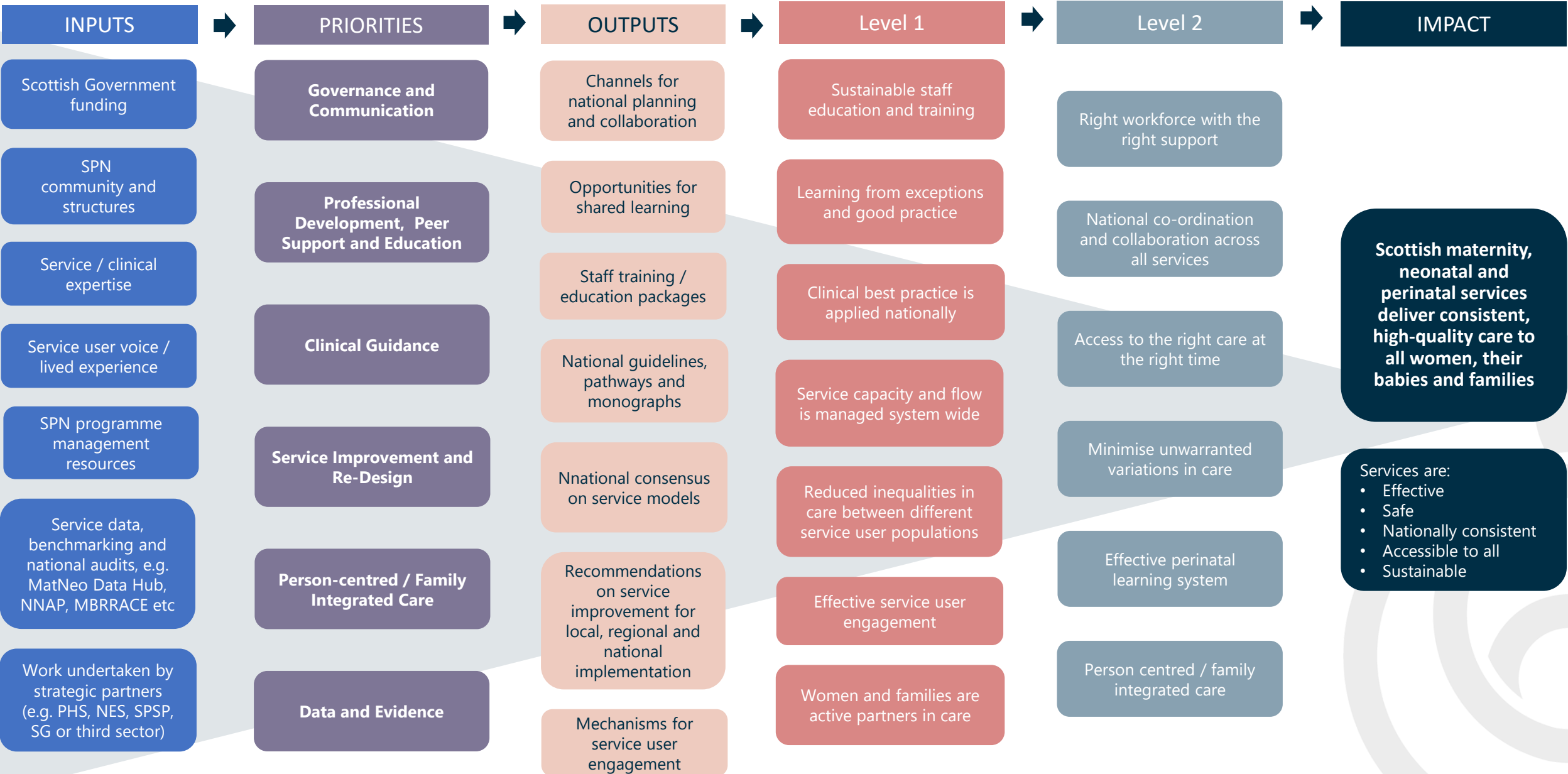
Service user / family centred

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



Strategic Logic Model

OUTCOMES



Scottish maternity, neonatal and perinatal services deliver consistent, high-quality care to all women, their babies and families

- Services are:
- Effective
 - Safe
 - Nationally consistent
 - Accessible to all
 - Sustainable

Ongoing monitoring and evaluation to inform overall delivery

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 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

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 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

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 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

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 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

Effective service user engagement

Women and families are active partners in care

Person centred / family integrated care

National co-ordination and collaboration

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

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