

Flagging of Dashboards Outliers, from Quarter 1 2021/22

From 1st April 2020 a new dashboard flagging system was introduced. Any quarterly dashboard measures which fall below the agreed target for units, localities or across the NWNODN are flagged as detailed below. It is acknowledged changes to both the flag targets and flagging/follow-up process may need to be made.

1. From Quarter 1 2020/21 dashboard data has been presented in full quarters, not individual months (i.e. April – June Q1, July – Sept Q2, Oct-Dec Q3 & Jan to March Q4).
2. Where unit data is outside the target for a particular measure for a quarter, it will be flagged on the dashboard in a red box. On unit dashboards if locality or NWNODN data is outside the target it will be highlighted in red writing.
3. If the data is incorrect due to missing data this should be amended and communicated at NSG, but the dashboard will not be up-dated until the following quarter. If there are any data analyst errors then these need to be highlighted by contacting d.williams9@nhs.net and they will be amended before the locality dashboards are shared with the Local Maternity Systems (LMS).
4. Flags will be added to the draft dashboards prior to them being shared with units, enabling them to be reviewed in preparation for discussion at NSG.
5. If there are two consecutive quarters flagged then the unit or locality will become an outlier. The NWNODN Director and Clinical Lead will contact units individually, via e-mail, to offer support and review action plans to bring outcomes in-line with flag targets.
6. If a unit becomes an outlier for more than two consecutive quarters, then the unit leads will be contacted by the NWNODN Director and Clinical Lead to request a meeting.
7. The locality dashboards will continue to be presented at NSG and give an overall view of outliers across the locality for each measure. Any discussions with regards to locality will be logged and if necessary escalated to the Senior Management Team (SMT) for review.
8. The NWNODN dashboards will continue to be presented at the quarterly SMT meetings with locality outlier flags being highlighted.
9. The measure definitions for all the flags below can be found in the NWNODN Guide to the North West Dashboard Measures 21/22 which can be viewed at: <https://www.neonatalnetwork.co.uk/nwnodn/network-guidelines/>
10. If you have any queries, wish to clarify any data or have any feedback then please e-mail the NWNODN Lead Nurse responsible for data, catherine.nash@Alderhey.nhs.uk
11. Where a development target has been specified in the NNAP standards this will be the flag used for that particular measure. If there is no target then the NNAP mean for all neonatal units will be used as flag for those measures, as taken from the NNAP report published in November 2020.

If an ODN only measure the flag will be set by the NWNODN data group, and where appropriate calculated using the previous years' mean across the NWNODN.

Flags & Measures Summary

| Activity and Transfers: | Flag | National standard |
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| Term Admissions Admissions to NNU for babies born ≥ 37 weeks gestation, by first admission only | >5.6% | ODN standard based on 2020 mean |
| <27 Weeks in LNU Number of deliveries <27 weeks gestation at an LNU & the number still there at >24 hrs | >1 per quarter <85% born at a NICU for locality | ODN measure NNAP standard |
| Minimising Separation of Mothers & Babies (Term & Late Preterm) Average number of days babies received special or normal care when oxygen was not being administered. Excludes transfers and surgical babies | >2.9 Term >6.5 Preterm | NNAP National Average |
| <32 Weeks in SCU The number of deliveries below 32 weeks gestation born in a Special Care Unit (SCU) | >1 per quarter | ODN measure |
| Percentage of Network IC Activity in NICUs Percentage of IC activity taking place in a NICU | <90% | ODN measure Mean for 19/20 |
| Inappropriate Transfers out of NWNODN Percentage of postnatal transfers out of the ODN, shown by NWNODN & locality | >0% | ODN measure |
| Inappropriate Transfers out of Locality (within NWNODN) Percentage of postnatal transfers out of locality, within the NWNODN, by locality | >1% | ODN measure |
| Closed to External Admissions No. of whole days (i.e. 24 hrs+) when closed to external admissions | >10 days | ODN measure |
| Nurse Staffing Measures Numerically staffed Correct proportion of QIS nurses Shifts short | 100% >0.5 | NNAP Development standard is 100% NNAP National Average |
| Clinical Outcomes: | | |
| Temperature recorded within 1 hour Babies <32 weeks gestational age admitted to a NNU who have their temperature recorded within one hour of birth, where the measurement is within the range of 36.5°C – 37.5°C | <90% for both taken within an hour & within range | NNAP standard |
| ROP Screening Babies with a gestational age of <32 weeks or <1501g at birth undergoing first Retinopathy of Prematurity (ROP) screening accordingly | <100% | NNAP Standard |
| Preterm Brain Injury Babies born <32 weeks gestation with a diagnosis of Germinal matric/ intraventricular haemorrhage within 28 days of life, post haemorrhagic ventricular dilation or cystic periventricular leukomalacia at any time. | No flag for 21/22 | NNAP Measure |
| Early Breastmilk Feeding The proportion of babies of <32 weeks gestation at birth receiving any of their mother's milk at day 14 of life. | <82% | NNAP National average |

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| Breastmilk at Discharge* The proportion of babies of <32 weeks gestation at birth receiving any of their mother's milk when discharged from the NNU and the proportion of all babies, irrespective of gestation at birth, receiving any of their mother's milk when discharged from the NNU | <58% | NNAP National average |
| Bronchopulmonary Dysplasia Percentage of babies born at <32 weeks gestational age who develop significant Bronchopulmonary Dysplasia | >36.5% | NNAP National average |
| Necrotising Enterocolitis (NEC) Percentage of babies born at <32 weeks gestational age who meet the NNAP surveillance definition for Necrotising enterocolitis. | >5.5% | NNAP National average |
| Central line associated bloodstream infection The blood stream infection rate per 1,000 central line days, taken after 72 hours of age | >6.21 per 1000 line days | NNAP National average |
| Cooling per 1,000 Live Births The number of babies cooled per 1,000 live births | > 2 SD's outside previous rolling year ODN average | ODN measure |
| HIE (Grade 2 or 3) per 1000 live births Babies born ≥35wks gestation, HIE Diagnosis grade 2 or 3, per 1,000 live births | > 2 SD's outside previous rolling ear ODN average | ODN measure |
| Mortality All Deaths occurring in neonatal units per 1,000 live births and percentages of babies born at less than 32 weeks gestational age who die before discharge home or 44 weeks post-menstrual age (whichever occurs sooner) | All mortalities - Rate per 1000 > 2 SD's outside previous rolling ODN average Pre-term (24-31 wks) >6.6% 24 -27 wks - >15.9% | ODN measure NNAP National Average New National Average for 24-27 wks gestation |
| Antenatal Magnesium Sulphate (MgsO4) Mother of babies born < 30 weeks gestational age who were given MgsO4 | <85% | NNAP standard |
| Antenatal Steroids Mothers of babies born at gestational age 23 to 33 weeks inclusive, who were given antenatal steroids | <93% | NNAP National Average as development measure achieved |
| Deferred cord clamping for very preterm babies** Number of babies born at less than 32 weeks gestation who have their cord clamped at or after 1 minute of age | <100% | New NNAP standard for 2020 |
| Caffeine before Day 4 | <86% | ODN Measure Mean for 2020 |
| Follow-up at two years of age Babies born at < 30 weeks gestational age who have a follow-up appointment within 18-30 months | <90% | NNAP Standard |
| Parental Outcomes: | | |
| Parental consultation within 24 hours of admission Documented consultation between a senior member of the NNU team and a parent within 24 hours of first admission, excluding babies receiving TC regardless of location | 100% | NNAP standard |
| Parental presence at consultant ward rounds | <83% | NNAP National |

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| Parental presence during at least one Consultant ward round for babies admitted to the NNU for more than 24 hours, excludes TC. | | average |
| % of Consultant Led ward rounds where a parent is present. New measure for 21/22 so flag will be against data completeness initially | 100% | ODN measure Data completeness |

All NNAP National averages are taken from the 2019 data (NNAP Report, Published November 2020)