NHS North West Neonatal Operational Delivery Network

NORTH WEST NEONATAL OPERATIONAL DELIVERY NETWORK

A Guide to the NWNODN Dashboard 2024/2025, including flags (V1 2025)

NORTH WEST OPERATIONAL DELIVERY NETWORK:
A Guide to the NWNODN Dashboard (2025/26)

This document sets out the details of the NWNODN Dashboard measures, excluding further analysis.

Sources of standard

This document has been designed to match the standards set out in the National Neonatal Audit Programme (NNAP): A guide to the 2024 audit measures. (RCPCH, January 2024 v1.2). This will be updated once the 2025 guide is available. It is recommended that you refer to the NNAP document if you require further information or clarification of the audit measure.

Term Admission information has been collated in-line with the national ATAIN data collection standards – Reducing Harm Leading to Avoidable Admissions of Full-term Babies into Neonatal Units: Findings & resources for improvement. (NHS England, February 2017). NWNODN standards are additional measures agreed by the NWNODN Data Group and ratified by the NWNODN Senior Management Team (SMT).

The following documents have also been referred to in this document:

NHS England. Neonatal Critical Care Service Specification. 2016. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e08-serv-spec-neonatalcritical.pdf.

British Association for Perinatal Medicine (2011) Service Standards for Hospitals Providing Neonatal Care (3rd edition). Available at: https://www.bapm.org/resources/service-standards-hospitals-providing-neonatal-care-3rd-edition-2010.

Department of Health. Toolkit for high quality neonatal services. 2009. Available at: http://webarchive.nationalarchives.gov.uk/20130123200735/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107845.

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Notes

Numerators and denominators stated in this document are for the unit dashboards. For locality and NWNODN dashboards, data from individual units will be combined and the appropriate numerators and denominators for the wider groups applied.

Activity and Transfers

TERM ADMISSIONS

Admissions to NNU for babies born ≥37weeks' gestation, by first admission only, shown as a percentage of total births

Source of Standard: ATAIN

Numerator: The number of babies born ≥37 weeks gestation admitted to a neonatal unit.

Denominator: Total number of live births (all gestations)

Inclusion Criteria : Term Admission data from Badgernet download, based on admission date where episode 1, any day location of care NNU (not PNW, OBS, or TC) and gestation weeks ≥37 weeks.

MINIMISING INAPPROPRIATE SEPARATION OF MOTHER AND LATE PRETERM & TERM BABIES

Average number of special care or normal care days, when oxygen was not administered, for babies born at term or late pre-term (34 to 36weeks' gestational age) who did not have any surgery or a transfer during any admission

Source of Standard: NWNODN Measure

Numerator: Number of NNU SC and NC days, when oxygen, CPAP, ventilation or respiratory support was not administered.

Denominator: Measure 1 = Number of NNU admissions episode 1, with at least 12 hours of care and without major surgery and without any transfer of care location and gestation ≥34 weeks and <37weeks.
Measure 2 = Number of NNU admissions episode 1, with at least 12 hours of care and without major surgery and without any transfer of care location and gestation ≥37weeks.

Inclusion Criteria: NNU admission episode 1s lasting at least 12 hours, with all babies' care at that unit, excluding babies who did not have any major surgery (Excludes PNW, TC).

PERCENTAGE OF NETWORK IC ACTIVITY IN NICUs

Percentage of IC activity taking place in a NICU

Source of Standard: NWNODN

Numerator: The number of IC care days in a NICU.

Denominator: The number of IC care days within locality.

Inclusion Criteria:
IC Care days at a NICU as a percentage of total IC care days, IC care day based upon BAPM 2011 (level 1), reported by care day date

INAPPROPRIATE TRANSFERS OUT OF LOCALITY (WITHIN NWNODN)

Number of postnatal transfers out of locality but within the NWNODN, shown by locality.

Source of Standard: NWNODN

Numerator: The number of inappropriate transfers out of locality (Within NWNODN)

Denominator: N/A

Inclusion Criteria:
Based upon discharge date from locality during reporting period.

CLOSED TO EXTERNAL ADMISSIONS

The number of whole days (i.e. 24 hrs +) when closed to external admissions.

Source of Standard: NWNODN

Numerator: The number of whole days (i.e. 24 hrs +) when unit was closed to external admissions.

Denominator: N/A

Inclusion Criteria: Unit Closures for 24 hours as per the ConnectNW - daily ring round data

PERCENTAGE OF PRETERM DELIVERIES

Pre-term births as a percentage of live births 22 to 36 weeks

Source of Standard: NWNODN

Numerator: Maternity return live birth data filtered for gestation ≥ 22 weeks and <37 weeks

Denominator: Maternity return live birth data filtered for gestation ≥ 22 weeks

Inclusion Criteria:
All live births by episode 1 of care

Optimal perinatal care

BIRTH IN A CENTRE WITH A NICU

The number of deliveries below 27 weeks gestational age (<28 if multiple delivery) or with birthweight < 800g delivered in a maternity service on same site as a NICU.

Source of Standard: NNAP, NWNODN

Numerator: Total number of mothers who delivered at gestation < 27weeks', or for multiples gestation <28 weeks, or baby's birth weight is < 800g and unit level is NICU, by locality

Denominator: Total number of mothers who delivered at gestation <27weeks' OR for multiples gestation <28 weeks OR baby's birth weight is < 800g, by locality

Inclusion Criteria:
Deliveries admitted to a LNU or SCU, with a gestation <27weeks' or <28weeks' multiple delivery or birthweight <800g. Multi births count as 1 delivery, as per NHSE quarterly submission.

<32 WEEKS IN SCU

The number of first episodes below 32 weeks gestation born in Special Care Unit (SCU).

Source of Standard: NWNODN

Numerator: The number of first episodes below 32 weeks gestation born in SCU.

Denominator: N/A

Inclusion Criteria: First episodes admitted to SCU where gestation is <32 weeks.

ANTENATAL STEROIDS

Proportion of mothers who deliver a baby at less than 34 weeks' gestational age who receive a full course of antenatal corticosteroids within 1 week prior to delivery

Source of Standard: NNAP Measure

Numerator: Number of mothers who delivered at less than 34weeks' gestation who were given a full course of steroids and first or last dose is within 7 days of birth.

Denominator: Total number of mothers who delivered at less than 34 weeks gestation.

Inclusion Criteria: Count of deliveries grouped by mother's anonymised NHS code**,** based upon admission date**,** episode 1**,** gestation <34weeks'**,** day one location of care NNU, mothers given antenatal steroids (multiple births- best outcome)

ANTENATAL MAGNESIUM SULPHATE

Proportion of mothers of babies born less than 30weeks' gestational age who were given magnesium sulphate

Source of Standard: NNAP Measure

Numerator: Number of mothers who delivered <30weeks' gestation and were given magnesium sulphate.

Denominator: Number of mothers who delivered at <30weeks' gestation.

Inclusion Criteria: Count of deliveries grouped by mother's anonymised NHS code, based upon admission date, episode 1, gestation weeks <30, day one location of care NNU, mothers given Magnesium Sulphate (multiple births - best outcome used).

ANTENATAL ANTIBIOTICS

Proportion of mothers who deliver a baby at less than 34 weeks' gestational age who receive a course of antenatal antibiotics

Source of Standard: Measure 1: MatNeo SIP & SBL Element 5

Numerator: Number of mothers who delivered at less than 34 weeks gestation who were given a course of antibiotics more than 4 hours before delivery.

Denominator: Total number of mothers who delivered at less than 34 weeks gestation.

Inclusion Criteria: Count of deliveries grouped by mother's anonymised NHS code**,** based upon admission date**,** episode 1**, <**34weeks' gestation**,** day one location of care NNU, mothers given antenatal antibiotics (multiple births- best outcome)

DEFERRED CORD CLAMPING FOR VERY PRETERM BABIES

Percentage of babies born <34 weeks' gestational age who had their cord clamped at or after 1 minute of age

Source of Standard: NNAP Measure

Numerator: The number of babies admitted to NNU whose cord was clamped at or after one minute.

Denominator: The denominator is the number of babies born <34 weeks & admitted to NNU.

Inclusion Criteria:
All babies born at <34weeks gestation who were admitted to an NNU. Babies whose place of birth is listed as Home or Transit will have their network of birth updated to the provider network of their earliest episode.

PROMOTING NORMAL TEMPERATURE ON ADMISSION FOR PRETERM BABIES

Percentage of babies <34 weeks gestation age admitted to a NNU who have their temperature recorded within one hour of birth & the measurement is within the range of 36.5 °C – 37.5 °C

Source of Standard: NNAP Measure

Numerator: The numerator is the number of babies <34 weeks who had their temperature taken within one hour of birth and where the measurement was in the specified range.

Denominator: The denominator is number of babies <34 weeks admitted who were admitted to the NNU within one hour of birth.

Inclusion Criteria:
Count of babies based upon admission date**,** episode 1**,** day one location of care NNU

BREASTMILK FEEDING IN THE FIRST 2 DAYS OF LIFE

The proportion of babies born at <34 weeks' gestational age who receive their own mother's milk in the first 2 days of life

Source of Standard: NNAP

Numerator: The number of babies born <34weeks' gestation who were receiving their mother's own in the first 2 days of life.

Denominator: The number of babies born <34weeks' gestation who survived to age 48 hours

- **Inclusion Criteria:** Episode 1 of care and gestation <34weeks. Babies who received their own mother's breast milk on day 1 or day 2 of life. Babies will be classified as meeting the standard if they receive any of the following on Day 1 or day 2 of life: Mother's fresh expressed breast milk. Suckling at the breast, Mother's frozen expressed breastmilk, Colostrum.

TYPE AND DURATION OF RESPIRATORY SUPPORT

Proportion of babies born <32 weeks' gestation who only receive non-invasive respiratory support during the first week of life

Source of Standard: NNAP

Numerator: Number of babies born <32weeks' gestation who did not have any invasive respiratory support for all first 7 days of admission without any surgery on these days and still admitted at day 8 of life.

Denominator: Number of babies admitted to NNU at <32weeks' gestation (without any surgery within first week of life who survived to day 8 on a neonatal unit).

Inclusion Criteria:
Based upon admission date, babies <32weeks' gestation, attributed to episode 1 and survive and on a unit at day 8 of life with no surgery in first 7 days of life.

CAFFEINE

Percentage of babies born at <30 weeks' gestational age given caffeine within the 1st 2 days of life

Source of Standard: MatNeo SIP measure

Numerator: Number of babies born <30weeks gestation who were given caffeine in the first 2 days of life.

Denominator: Number of babies admitted to NNU at <30 weeks gestation who survived to 48 hours of life.

Inclusion Criteria:
Attributed to episode 1 and gestation <30weeks. Babies who received caffeine on day 1 or day 2 of life on an NNU ward, having a NWNODN location of care at 48 hrs of life.

Parental Partnership

PARENTAL CONSULTATION WITHIN 24 HOURS OF ADMISSION

Percentage of documented consultation between a senior member of the NNU team and a parent within 24 hours of the admission, excluding babies receiving TC care

Source of Standard: NNAP Measure

Numerator: Number of NNU admissions where there is a documented parental consultation with a senior team member within 24 hours of admission.

Denominator: Number of NNU admissions admitted for more that 12 hours where baby is receiving intensive, high dependency or special care. Babies admitted to more than one unit will count as multiple admissions.

Inclusion Criteria: admissions lasting at least 12 hours, receiving SC HD or IC, on an NNU Ward (Excludes PNW, TC). Babies admitted to more than one unit will count as multiple admissions.

PARENTAL PRESCENCE AT CONSULTANT WARD ROUNDS

Percentage of ward rounds (care days) that include a parent, excluding babies receiving TC

Source of Standard: NNAP Measure (measure 1)

Numerator: The number of NNU care days during entire stay where a parent was present on ward round.

Denominator: The number of NNU care days for NNU admissions that are at least 24 hours in length where parents on ward round field has been populated.

Inclusion Criteria: Admissions lasting at least 24 hours**,** total episodes of care where baby was on NNU,

Care processes

EARLY BREASTMILK FEEDING

The proportion of babies <34weeks' gestation at birth receiving any of their mother's milk at day 14 of life.

Source of Standard: NNAP

Numerator: Number of babies born <34weeks' gestation who were receiving their mother's own milk at day 14

Denominator: Number of babies with a gestation of less than 34 weeks who have survived to day 14 of life

Inclusion Criteria: Count of episodes based upon care data at day 14 of life and gestation< 34weeks. Babies who received their own mother's breast milk at day 14 of life (if missing data then best result from day 13 or 15) on an NNU ward, having a NWNODN location of care at 48 hrs of life.

Babies will be classified as meeting the standard if they receive any of the following on Day 14 of life, or the best of day 13 or 15 when day 14 feeding data has not been completed: mother's fresh expressed breast milk, suckling at the breast or mother's frozen expressed breastmilk.

BREAST MILK AT DISCHARGE

Proportion of babies <34 weeks' gestation at birth receiving any of their mother's milk when discharged from the NNU and the proportion of babies, any gestation at birth, receiving any of their mother's milk when discharged from the NNU

Source of Standard: NNAP measure and NWNODN additional standard

Numerator: The number of babies born <34weeks' / any gestation who were receiving any of their mother's own milk at discharge or penultimate day of care.

Denominator: Number of NNU admissions where the discharge destination is Home, feeding data is available on final or penultimate day of care and gestation at birth <34 weeks' / any gestation

Inclusion Criteria: Count of episodes based upon discharge date**.**
Discharge Destination = Home. Daily record on last day or penultimate day
Enteral feeds = breast milk, breast milk & formula or formula only.

ROP SCREENING

Percentage of babies with a gestational age of <31weeks gestational age or <1501g at birth undergoing first Retinopathy of Prematurity (ROP) within the specified time window

Source of Standard: NNAP Measure

Numerator: The number of eligible babies who have had ROP screening in-line with the national guideline.

Gestational age at birth (completed weeks)	National guideline ROP screening window
Less than 31 weeks' gestational age	31+0 and 31+6weeks' postmenstrual age, or at 4 completed weeks' postnatal age (28-34 days), whichever is later.
At or after 31 weeks' gestational age, with birthweight less than 1501g	36 weeks' postmenstrual age or 4 completed weeks' postnatal age (28–34 days), whichever is sooner.

Denominator: All babies eligible for ROP screening.

Inclusion Criteria: Eligible babies: gestation <31 weeks or birth weight < 1501g; alive at start of ROP window**,** Count of episodes of eligible babies
Reporting period based on eligible babies' final discharge
Reported at NNU where discharged before screening window closed.
Reported at NNU where first screening took place during screening window.
Reported at NNU where admitted when screening window closed but not screened

FOLLOW UP AT TWO YEARS OF AGE

Percentage of babies born at <30weeks' gestational age who have a follow-up appointment at 2 yrs gestationally corrected age (18-30 months' gestationally corrected acceptable range)

Source of Standard: NNAP Measure

Numerator: Number of babies born <30weeks' gestation who have had a medical follow-up at 2 years of age (appointment between 547 days & 913 days after corrected gestational age).

Denominator: Number of babies born at <30 weeks gestation that have been discharged home or to foster care this excludes babies who died prior to discharge.

Inclusion Criteria:
Based upon birth date, babies with gestation <30 weeks, only babies with final discharge alive, attributed to & reported at NWNODN final discharge unit.

NURSE STAFFING – numerically staffed

Proportion of shifts numerically staffed according to guidelines & service specification

Source of Standard: NNAP Measure

Numerator: The number of shifts where nurse staffing met or exceeded recommended staffing levels as per service specification rules (NHS England, 2016)

Denominator: The number of shifts per period (2 per day)

Inclusion Criteria:
Count of shifts (based on a two-shift model of each calendar day), Service specification rules: 1:1 intensive care; 1:2 high dependency care; 1:4 special care; additional shift coordinator

Clinical Outcomes

Preterm brain injury – IVH 3 or 4 or death

Proportion of babies born at less than 32weeks' who experience intraventricular haemorrhage (IVH) grade 3 or 4 or died.

Source of Standard: NNAP Measure

Numerator: Number of babies born <32 weeks gestational age with IVH3/4 or die before discharge.

Denominator: Number of babies < 32 weeks gestational age with a complete scan in first 28 days of life or died within 7 days of birth.

Inclusion Criteria: Based on date that baby reached 44 weeks PMA and attributed to the unit and network of birth. When babies are born at home or in transit they are assigned to Other.

Preterm brain injury – cPVL or death

Proportion of babies born at less than 32 weeks who experience cystic periventricular leukomalacia (cPVL) or died.

Source of Standard: NNAP Measure

Numerator: Number of babies born <32 weeks gestational age with cPVL or died before discharge.

Denominator: Number of babies < 32 weeks gestational age with a complete cPVL scan or died before discharge.

Inclusion Criteria: Based on date that baby reached 44 weeks PMA and attributed to the unit and network of birth. When babies are born at home or in transit they are assigned to Other.

Preterm brain injury – cPVL

Proportion of babies born at less than 32 weeks who experience cystic periventricular leukomalacia (cPVL)

Source of Standard: NNAP measure

Numerator: Number of babies born <32 weeks gestational age with cPVL .

Denominator: Number of babies born <32 weeks gestational age.

Inclusion Criteria: Based on date that baby reached 44 weeks PMA and attributed to the unit and network of birth. When babies are born at home or in transit they are assigned to Other.

Preterm brain injury – cPVL or IVH

Proportion of babies born at less than 32 weeks who experience cystic periventricular leukomalacia (cPVL) or intraventricular haemorrhage (IVH) grade 3 or 4.

Source of Standard: NNAP measure

Numerator: Number of babies born <32 weeks gestational age with IVH grade 3 or 4.

Denominator: Number of babies born <32 weeks gestational age.

Inclusion Criteria: Based on date that baby reached 44 weeks PMA and attributed to the unit and network of birth. When babies are born at home or in transit they are assigned to Other.

Preterm brain injury – Missing data

Percentage of babies born at less than 32 weeks with missing head scan data for intraventricular haemorrhage (IVH) grade 3 or 4.

Source of Standard: NWNODN measure (To support Saving Babies Lives)

Numerator: Number of babies born <32weeks gestational age with no head scan for IVH

Denominator: Number of babies born <32 weeks gestational age.

Inclusion Criteria: Based on date that baby reached 44 weeks PMA and attributed to the unit and network of birth. When babies are born at home or in transit they are assigned to Other.

BLOODSTREAM INFECTION

Percentage of babies <32weeks' gestation at birth who have one or more episodes of bloodstream infection, characterised by one or more positive blood cultures taken, after 72 hours of age

Source of Standard: NNAP Measure

Numerator: The number of admitted babies born <32 weeks' gestation with clear pathogenic infections & remain on the unit at 72hrs of age.

Denominator: Number of Admissions babies <32weeks' gestation discharged in reporting period who are present on neonatal unit at 72 hours of age.

Inclusion Criteria: Babies who experience their final discharge in the reporting quarter and where present on the neonatal unit at 72 hours of age.

BRONCHOPULMONARY DYSPLASIA

Percentage of babies born at <32weeks' gestational age who develop significant Bronchopulmonary Dysplasia or die

Source of Standard: NNAP Measure

Numerator: The number of babies born <32 weeks' gestation inclusive, who developed BPD or died.

Denominator: Number of babies born <32 weeks' gestation who were still an inpatient in neonatal unit at 36 weeks' postmenstrual age, had been discharge alive from neonatal care at less than 36 weeks' postmenstrual age, or had died before 36 weeks postmenstrual age, and who have complete respiratory data at 36 weeks of life.

Inclusion Criteria: BPD will be defined by the level of respiratory support at 36 weeks postmenstrual age or if baby died by 36 weeks postmenstrual age**,** BPD defined by receiving any ventilation, CPAP, Non-invasive ventilation, hi flow nasal cannula or oxygen treatment. If missing data, then 1 day subsequently/prior to this date will be used, will also include babies who died pre 36 weeks postmenstrual age.

NEC

Percentage of babies born at <32weeks' gestational age who meet the NNAP surveillance definition for necrotising enterocolitis

Source of Standard: NNAP Measure

Numerator: The number of babies born <32weeks' gestation who survived to at least 48 hours after birth who are defined as having NEC.

Denominator: All babies born <32weeks' gestation who survived to at least 48 hours after birth and have a complete NEC diagnosis field.

Inclusion Criteria: Count of babies born <32 weeks, with final discharge from care, who are diagnosed as having NEC at Surgery, post-mortem or based upon the following clinical and radiographic signs. At least one clinical feature from:

- Bilious gastric aspirate or emesis
- Abdominal distension
- Occult or gross blood in stool (no fissure)

  and at least one radiographic feature from:
- Pneumatosis
- Hepato-biliary gas
- Pneumoperitoneum

Babies who are found to have 'Focal Intestinal Perforation' at surgery or post-mortem should not be recoded as having NEC. Data will be collated by month of discharge and attributed to the hospital where baby was resident at 48 hours of life.

COOLING PER 1,000 LIVE BIRTHS

The rate of babies cooled per 1,000 live births (recorded for all gestations & 37 wks and above

Source of Standard: NWNODN

Numerator: Number of babies actively cooled (all gestations) / 37 weeks & above only

Denominator: Total number of live births divided by 1000

Inclusion Criteria: Based upon admission date of episode 1, for babies actively cooled in any episode. Attributed to place of birth, not location of cooling.

HIE PER 1,000 LIVE BIRTHS

The number of babies born ≥35weeks' (and ≥37weeks) gestation, having a diagnosis of HIE grade 2 or 3, per 1,000 live births

Source of Standard: NWNODN

Numerator: Measure 1: Number of babies born ≥35 weeks who have a diagnosis of HIE grade 2 or 3 as per inclusion criteria.
Measure 2: Number of babies born ≥37 weeks who have a diagnosis of HIE grade 2 or 3 as per inclusion criteria

Denominator: Total number of live births divided by 1000

Inclusion Criteria: Attributed to episode 1 with gestation ≥35 (or ≥37) weeks, for babies diagnosed with HIE grade 2 or 3 on any daily care day or at discharge, during any episode of care, including babies who died.

MORTALITY

All Deaths occurring in neonatal units per 1,000 live births
Gestation group deaths as percentages of babies born 22to23weeks gestation, 24to31 weeks' gestation and all gestations (NNU admissions only) who die pre 44 weeks post-menstrual age.

Source of Standard: NNAP Measure & additional NWNODN standards

Numerator: Rate per 1000 - number of babies who die on an NNU any gestation
Gestational group percentages - number of deaths for babies born at the specified gestations, pre 44 weeks post-menstrual age.

Denominator: Rate - number of live births divided by 1,000.
Gestational Group percentages - Number of episode 1 admissions for the specified gestations.

Inclusion Criteria:
Attributed to episode 1, for babies with discharge destination = 3 (died)
All deaths are attributed to place of birth, not the unit where baby died or was transferred to including hospice.

Data quality

Ethnicity of Mother and Baby Data Quality

Percentages of babies where mother's ethnicity and baby's ethnicity are recorded.

Source of Standard: NWNODN standards

Numerator: Measure 1: Number of babies with 'mother's ethnicity' recorded.
Measure 2: Number of babies with 'baby's ethnicity' recorded.

Denominator: Number of episode 1 admissions.

Displayed as: Measure 1: Percentage of babies with mother's ethnicity recorded.
Measure 2: Percentage of babies with baby's ethnicity is recorded.

Inclusion Criteria:
Episodes 1 (babies) all gestations.

Flagging of Dashboards Outliers

Quarterly dashboard data which fall below the agreed target for units, localities or across the NWNODN are flagged as detailed below. Amber flags highlight where units have achieved in-line with the national average but have not yet achieved the national target or the ODN mean for the previous year.

1. Dashboard data is presented in full quarters (i.e. April – June Q1, July – Sept Q2, Oct-Dec Q3 & Jan to March Q4).

2. Where data is outside the mean or target for a measure for a quarter, it will be flagged on the dashboard in a red or amber box, as detailed in the summary below.

3. If the unit data is incorrect due to missing data this should be amended and will be updated when the dashboard is refreshed.

4. The NNAP mean for all neonatal units will be used as the red flag for measures, as taken from the NNAP report published in November 2024.

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

6. Some measures have an amber flag. This is where the outcome does not meet the NNAP development standard or where a unit performs better than the NNAP national average, as taken from the latest report (2023 data published in November 2024) but below the 2024 ODN mean.

7. For the ATAIN measure units will flag red if below the national target of 6% and amber if they are above the ODN target based on the previous year's mean.

8. If there are two consecutive quarters flagging red, then the unit or locality will become an outlier. Depending upon the measure, the NWNODN Director and Clinical Lead may contact units individually to request further information or offer support.

9. Flags for mortality will be escalated via NSG to the provider. A local review and report back to NSG will then be requested to understand any learning or local requirement for further investigation. A guide for reporting back local review will be shared with a provider with local data when identified as an outlier

10. The locality dashboards will continue to be presented at NSG and give an overall view of outliers across the locality for each measure. Discussions at locality level, if necessary, will be escalated to the Senior Management Team (SMT) for review.

11. The NWNODN dashboards will continue to be presented at the quarterly SMT meetings with locality outlier flags being highlighted.

Flags Summary 2025

Activity and Transfers:	Flag	Old flag	National standard
Term admissions - percentage of live births	>6% red >4.9% to 6% amber	>6% red >4.9% to 6% amber	ATAIN national target ODN standard based on 2024 mean
Minimising separation late preterm (34-36wk)	>5.9% red	>5.7%	ODN measure based on 2024 mean rate
Minimising separation term (37wk+)	>2.8% red	>2.8%	ODN measure based on 2024 mean rate
Percentage of network IC activity in NICUs	<90% red	<90%	ODN measure agreed by data group
Inappropriate transfers out of locality (within NWNODN)	No Flag	No flag	ODN measure
Closed to external admissions Unit	>10 days	>10 days	ODN Measure agreed by data group
Percentage of preterm deliveries 24-<37	No Flag	No flag	New dashboard tab in 2025/24 Q3 for maternity purposes only
Optimal perinatal care:	Flag	Old flag	National standard
>27 weeks in LNU No. of deliveries <27 weeks gestation (or <28wks if multi) or 800g at an LNU	>1 red 85% born at a NICU for locality	>1 red	ODN Measure NHSE standard
Birth in a centre with a NICU <27wks – still in LNU after 24hrs	>1 red	>1 red	ODN Measure Neonatal Service Specification
The number of deliveries below 32 weeks gestation born in a Special Care Unit (SCU)	>1 red	>1 red	ODN measure
Antenatal steroids (<34 wks) **Full course given & last dose <7 days**	<53% red >53% to <55% amber	<52%	NNAP National Average red. SBL mean 2024 55%
Antenatal magnesium sulphate (<30 wks) **Within 24hrs prior to birth**	<85% red >85% to 90% amber	<87% red >87% to 90% amber	NNAP National Average NNAP development standard 90%

Antenatal antibiotics (<34wks) **>4hrs prior to delivery**	36% red No amber	No flag	ODN Mean for 2024
Deferred cord clamping (<34 wks) **1 min or longer**	<68% red >68% to < 80% amber	<60% red 60-<75% amber	NNAP National Average ODN Mean for 2024
Promoting normal temperature on admission for preterm babies (<34wks) **36.5-37.5 on NNU within 1 hour of birth**	<80% red >80% to 90% amber	<77% red 77% to 90% amber	NNAP national average NNAP development standard 90%
Breastmilk feeding in first 2 days of life (< 34wks) **Mothers milk to include suckling, tube feed, mouth care or buccal administration**	<62% red >62% to 70% amber	<49% 49-69% amber	NNAP National Average ODN mean for 2024
Type and duration of respiratory support (<32 wks, non-invasive)	<49% red		NNAP National Average No amber flag as NW below national mean
Caffeine (<30 wks) **Commenced by end of day 2 of life**	<96% red	<94% red	ODN measure based on 2024 percentage
Parental Partnership:	Flag	Old flag	National standard
Parent consultation within 24hrs of admission	<95% red	<96% red	NNAP National Average No amber as high red flag
Consultant ward rounds when parent present	<39% red	>96	NNAP National Average No amber as ODN below NNAP mean
Care processes:	Flag	Old flag	National standard
Early breastmilk feeding Day 14 (<34wks)	<80% red	<79% red	NNAP National Average No amber as ODN mean the same
Breastmilk at discharge (<34wks)	<63% red	<63%	NNAP National average No amber as ODN mean the same
Breastmilk at discharge (All)	<59% red		ODN mean for 2024
ROP screening	<78% red >78% to 100% amber	<69% red >78% to 100% amber	NNAP National Average NNAP development standard 100%
Follow-up at two years of age	<77% red >77% to 90% amber	<73% red >73% to 90% amber	NNAP National Average NNAP development standard 90%
Nurse staffing - numerically staffed	<79% red >79% to 100% amber	<74% red >74% to 100% amber	NNAP National Average red NNAP development standard 100%

Clinical outcomes	Flag	Old flag	National standard
Bloodstream infections (<32wks) – Unit	>4.6% red	>5.4%	NNAP National average No amber as ODN mean the same
Bronchopulmonary dysplasia and death (<32wks)	>40% red	>39%	NNAP National average No amber as ODN mean the same
NEC (<32wks)	>5.5% red <5.5% to >4.1% amber	>6.2%	NNAP National average ODN mean for 2024
Cooling per 1000 live births	>1.8	>1.6	ODN measure > 2 SD's outside 2024 ODN Mean
HIE grade 2 or 3 per 1000 live births (>= 35wks)	>1.1	>1.2	ODN measure > 2 SD's outside 2024 ODN Mean
HIE grade 2 or 3 per 1000 live births (>= 37wks)	>1.3	New measure	ODN measure > 2 SD's outside 2024 ODN Mean
Mortality per 1000 live births – NICU / Non- NICU	No flag	No flag	No agreed flag. Will continue to develop a way to flag rates
Mortality as per NNAP definition			
Mortality gestation 22-23 weeks	No flag	No flag	For monitoring only
Mortality gestation 24-27 weeks	No flag	No flag	For monitoring only
Mortality gestation 28-31 weeks	No flag	No flag	For monitoring only
Mortality gestation 24-31 weeks **(Reported at 44wks)**	>4.2% NON-NICU >7.4% NICU >6.4% overall mean	>4.2% NON-NICU >7.8% NICU >6.4% locality – check	Taken from NNAP restricted dashboard Dec 2024 (as split by level of unit)
Mortality gestation 32+ weeks	No flag	No flag	For monitoring only
Mortality gestation all weeks	No flag	No flag	For monitoring only
Preterm brain injury as per NNAP definition (note only IVH missing data flagged as cPVL missing data is a very low %)			
Preterm brain injury: IVH missing data **(Brain Injury data is reported at 44 wks)**	<10%	New flag	ODN flag. National missing data is 13% but ODN is considerably lower
Preterm brain injury: IVH3/4 only	>7%	New flag	NNAP mean 2023 data No amber flag this year as only recently added to DB
Preterm brain injury: IVH3/4 or death	>14%	New flag	NNAP mean 2023 data No amber flag this year as only recently added to DB

Preterm brain injury: cPVL only	>3%	New flag	NNAP mean 2023 data No amber flag this year as only recently added to DB
Preterm brain injury: cPVL or death	>10%	New flag	NNAP mean 2023 data No amber flag this year as only recently added to DB
Data quality:			
Ethnicity baby % of babies with ethnicity entered	<90% red	<90% red	NNAP requirement to enter ethnicity data but not reported. Currently an ODN measure
Ethnicity mother % of mothers with ethnicity entered	<90% red	<90% red	NNAP requirement to enter ethnicity data but not reported. Currently an ODN measure

All NNAP National averages are taken from the 2023 data (NNAP Report, Published November 2024)