

Proposed process for reporting and monitoring KPIs in partnership with Maternity Services across Yorkshire & Humber – LMS Board Approval sought.

To support the ongoing Implementation and KLOEs associated with *Better Births & Better Newborn Care*;

Maternity services cannot be considered in isolation and are inextricably linked to neonatal services, which are key in delivering optimal outcomes for babies.

Neonatal services provide, alongside maternity staff, an oversight of care for all babies who are at risk of, or have developed complications. This includes babies born too early, babies with congenital abnormalities and babies who experienced complications during birth.

Neonatal care is categorised as special, high dependency or intensive care, depending on the level of support babies require. Not all specialist neonatal care requires admission to a neonatal unit; many babies needing treatment or observation now receive this without being separated from their mothers and is commonly known as transitional care.

Depending on the level of care provided neonatal units are designated nationally as special care baby units (SCBU), local neonatal units (LNU) and neonatal intensive care units (NICU).

Neonatal services form part of an integrated pathway for high quality maternity, paediatric and family centred care. As a specialised service they are commissioned by NHS England, provided in a variety of settings dependent upon the needs of a baby and managed within Operational Delivery Networks (ODNs) serving a defined regional population.

The Yorkshire & Humber ODN has within its boundaries 4 NICUs, 10 LNUs, 4 SCBUs and 1 Surgical Unit. It spans 4 LMS/STP footprints; Humber Coast & Vale, West Yorkshire & Harrogate, South Yorkshire & Bassetlaw and North Derbyshire. The Yorkshire & Humber neonatal service operates as a region-wide service with units providing specialist care for the whole region, depending on a unit's designation, as well providing care for their own local population. In addition it is supported by the regional Paediatric Critical Care & Neonatal dedicated transport service called Embrace. Transformation Plans therefore recognise current working arrangements as well as reflecting on the potential impact of change within our own LMS, neighbouring LMSs and the overall regional specialist service provision ie NICUs and Embrace transport services.

In order to deliver improvements a partnership approach based on collaborative working in order to co-develop overarching regional strategies is proposed which includes the following key areas:

- Improving Perinatal Outcomes
- Workforce Planning
- Education & Training

These will be under pinned and supported by the following workstreams:

Action on Mortality e.g pre delivery transfers
Developing models of care eg transition, outreach etc
Understanding demand & optimising capacity
Pricing & Commissioning

As a Local Maternity System there is an expectation to work with the Y&H Neonatal ODN to ensure that there are joint policies on the care for women where there is an anticipated need for neonatal services at and after birth. This systematic approach should ensure that all women at high risk of extremely preterm labour (<27 weeks gestation) are delivered in a centre designated as a neonatal intensive care unit.

Maternity and neonatal teams will work together with the focus on the quality of access to service provision ensuring that there is appropriate capacity to accommodate both mothers and babies in order to achieve delivery of the 'Right Care' principles. The programme of work will include the development and implementation of policies which support:

- the appropriate screening of women at high risk of premature delivery and therefore in utero transfer.
- the use of antenatal steroids and intra partum magnesium sulphate as a maternal administered medicine to contribute to improving outcomes.
- reduction of inappropriate term admissions.

Furthermore, these plans recognise that appropriate pathways of care do not always neatly comply within our geographical boundaries and therefore inter dependencies and key relationships need to be identified and developed.

The Y&H ODN is already proven as being successful in delivering real benefits and the LMS recognises the invaluable role they play in bringing together clinical expertise, knowledge and professional operational management to inform and support commissioner decision making. As an LMS you will therefore support ODNs in continuing to be the vehicle through which neonatal transformation will take place and together we are fully committed to help implement Better Births and Better Newborn Care in collaboration.

The agreed work programme and which should be reflected in LMS Plans includes:

- Work with the Neonatal Operational Delivery Networks to ensure shared clinical and operational governance.
- Where clinically possible we will avoid admission to a neonatal unit and therefore unnecessary separation of mother and baby.
- A clear policy to offer screening to those at high risk of premature delivery and therefore transfer, and use of antenatal steroid and intrapartum magnesium sulphate as maternally administered medicines to provide for improved outcomes will be developed and implemented.
- We will ensure effective neonatal pathways are in place to include: Repatriation and Surge & Escalation.
- All women at high risk of extremely preterm birth (<27 weeks of gestation inclusive) will be delivered in a centre with a designated neonatal intensive care unit.
- There will be appropriate capacity to accommodate the women whose babies need to be cared for in neonatal units.
- To ensure that babies requiring neonatal services receive that care from a unit with the appropriate level of care as close to home as possible to the family.
- Monitor levels of term baby admissions in neonatal units and address variation.
- We will minimise neonatal transfers away from the family's locality and ensure prompt return when specialised services are no longer necessary.

- Implement processes where all <30/40 + other babies with risk factors need longer term follow up as per NICE Guideline NG72 (2017).
- Report and investigate exceptions to off pathway care. Feedback of lessons learnt to the local team, and through the LMS, Maternity Clinical Network and ODN for wider dissemination where appropriate.
- Review the outcomes of the QST reviews and ensure work is being undertaken to address the risks and concerns identified as part of the local transformation planning.
- Specialised Commissioning Hub teams to share the quality dashboard metrics relevant to the providers within the local maternity system to inform local transformation planning.
- Local Maternity System Transformation Plans must be jointly developed and delivered by neonatal and maternity services, the ODN and their respective commissioners.

Suggested process to underpin the work programme : **LMS Board sign off sought**

- Neonatal ODN to identify the <27 week deliveries on a monthly basis (in the same way that they do at the moment & within 7 working days after the end of the month).
- The ODN team will continue to alert individual units where exceptions have taken place (both off pathway deliveries and off pathway care) via email.
- This email will be sent to Lead Neonatal Clinician and Lead neonatal nurse (as it is currently) and the email will also include the HOM* for that unit. It will be the responsibility of the Maternity network &/or LMSs to ensure that contact details for the HOMs are provided and kept updated with the neonatal ODN.
- This email will include (as it does at the moment) – Badger ID & Gestation (along with any off pathway care that has been delivered – these will continue to be reviewed by the neonatal leads as they are currently).
- The HOM would then take the responsibility for completing the review paperwork that has been developed by the Maternity network to review the <27 week deliveries.
- Learning points and feedback from the reviews should be collated by LMSs and fed back to the Neonatal Exec on a quarterly basis.

Sample text included in the email sent to units:

Dear XX & Dr YY

Many thanks for your help with the exception reporting process, please find below queries from Month & Year.

<27wk admissions:

Badger ID	Birth Gestation	Multiplicity	Unit Booked At	Unit Delivered At	Transferred To	Final Outcome	Days/Age
A8ICKC	25+0	Singleton	Unit X	Unit X	Unit A		Still in Unit Day 34

*Or unit nominated Maternity Lead,

Alongside this the ODN will develop a report to be issued to the LMSs on a monthly basis, identifying <27 week deliveries, Antenatal steroid provision, magnesium sulphate provision, >36 deaths, HIE/Cooling, term admissions & admission temperatures.

This report would allow LMSs to monitor <27 week deliveries alongside the other maternity focused elements of care & ensure there is a feedback mechanism for the <27 week reviews and appropriate collation of learning points from these cases.

As a member of the Y&H Neonatal ODN Executive Group there will be an expectation for quarterly feedback, action/mitigation plans, learning outcomes and shared learning to be reported from the respective appropriate LMS representatives.

The Y&H Neonatal ODN therefore respectfully requests feedback, implementation and support of the proposed processes.

Helen Brown
ODN Director
on behalf of the Y&H Neonatal Executive Group

February 2019