

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 3 February 2025
Title:	SPSP Perinatal Collaborative - Quality & Safety Neonatal workstream
Responsible Director:	Jennifer Wilson, Nurse Director
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1. Purpose

This is presented to the Committee for:

- Discussion

This paper relates to:

- Annual Operational Plan

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective

2. Report summary

2.1 Situation

This paper provides an overview of progress in relation to the core Scottish Patient Safety Programme (SPSP) measures and also the Excellence in Care (EiC) measures which apply to Neonatal services, to provide assurance to NHS Board.

2.2 Background

NHS Boards report regularly on SPSP performance measures to Healthcare Improvement Scotland (HIS) in order to enable Boards and the national programme team to understand overall progress in relation to the aims of SPSP and EiC.

The Maternity and Children Quality Improvement Collaborative (MCQIC) was launched in March 2013 and is a programme of quality improvement (QI). The MCQIC collaborative has now evolved into the SPSP perinatal collaborative and covers two work streams of SPSP Perinatal (Maternity and Neonatal services) and SPSP Paediatrics. This paper presents the Neonatal work carried out under the auspice of SPSP Perinatal improvement work.

The overall aim of the programme is to improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all women, babies, children and families across all care settings in Scotland.

A partnership agreement between SPSP previously MCQIC and NHS Ayrshire & Arran in relation to the way forward with new measurements was signed off and sent to all relevant parties on 29 January 2024.

The Neonatal work stream reports nationally on agreed measures within the Neonatal Care Measurement matrix. Under the terms of the joint Partnership Agreement with the SPSP Team, NHS Ayrshire & Arran have agreed to measure the following within maternity services:

Core

- Reduce 'term' admissions to the NNU
- To optimise the management of care of pre-term babies

Supplementary

- Percentage of infants with a measured documented temperature within one hour of admission

Excellence in Care (EiC) is a national approach which aims to ensure people have confidence that they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland. A temporary pause of national Excellence in Care work was assigned in the period April 2024 to August 2024. During the national pause period NHSAA have continued to deliver and report on all elements of the Excellence in Care Framework to provide local assurance. Key deliverables and measures of the SPSP Perinatal collaborative are complemented by EIC outcome measures for assurance, specifically neonatal temperature.

Locally, data is scrutinised for assurance and to identify areas for improvement. Quality Improvement workstreams have been identified using the perinatal change package and breakdown of information is provided within the pap Improvement activity is monitored. Current activity and performance is included in the assessment section below.

2.3 Assessment

• **Reduce 'term' admissions to the NNU**

Since 2021, improvement work has focused on reducing term admissions, resulting in a noticeable decrease in the number of term admissions to the Neonatal Unit. . We tested and implemented the use of the warm bundle, Introduced Transitional Care and provided training to all new doctors with the purpose of increasing confidence when assessing babies to avoid needless admissions to the Neonatal Unit, however this improvement was not sustained.

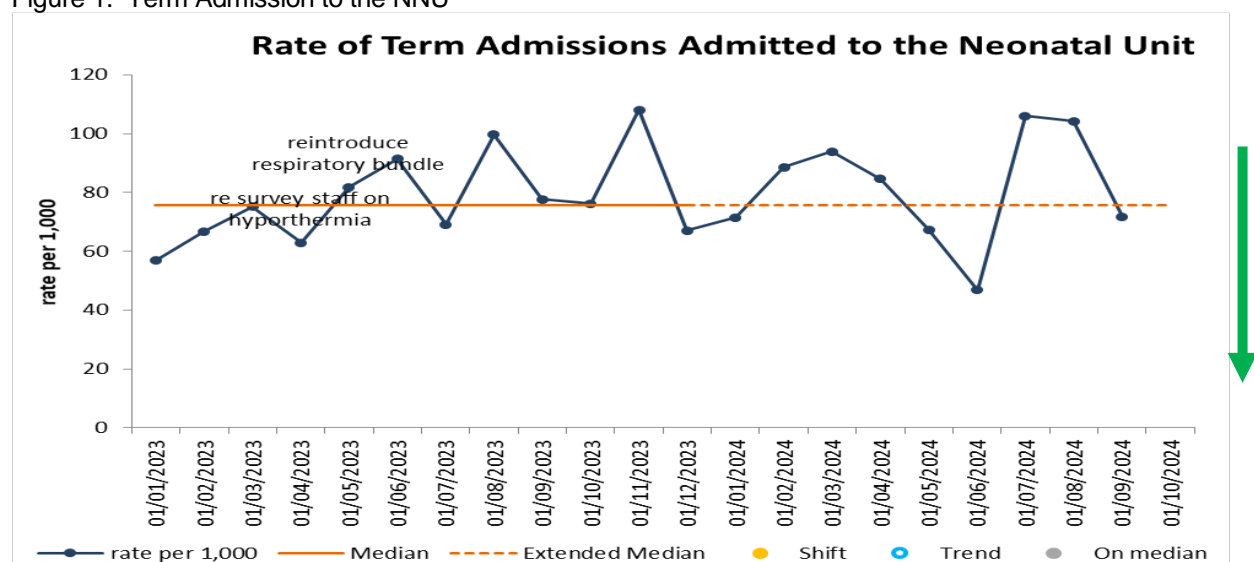
All term admissions admitted to the unit for less than 24 hours are reviewed by the Unit Coordinator and hot week Consultant. A proforma was developed to assist in identifying any themes. The data is variable at present. We are currently further scrutinising the data to establish why babies are being admitted to the unit at term,

where from and their length of stay. A full report on this data will be generated and discussed at the next Perinatal Quality Improvement meeting.

Early indications would suggest almost half the term admission stay for less than 24 hours, and the main reason for admission is respiratory distress.

Figure 1 below, has been taken from the new SPSP Toolkit and present data since January 23. We are currently sitting on a median of 75.7 / 1000 term babies admitted to the Neonatal Unit.

Figure 1. Term Admission to the NNU



• **Perinatal Wellbeing Package**

Prior to the introduction of the national measure, the Neonatal Unit (NNU) collected similar data for babies under 30 weeks' gestation, with favourable compliance rates. However, since the implementation of the SPSP package, some elements are now required for babies of various gestational ages, resulting in variable overall compliance.

Clarity has been sought with the national team on some of the aspects of this measurement package, as it has been noted that compliance with the pre-term wellbeing package is not always achievable due to an imminent delivery:

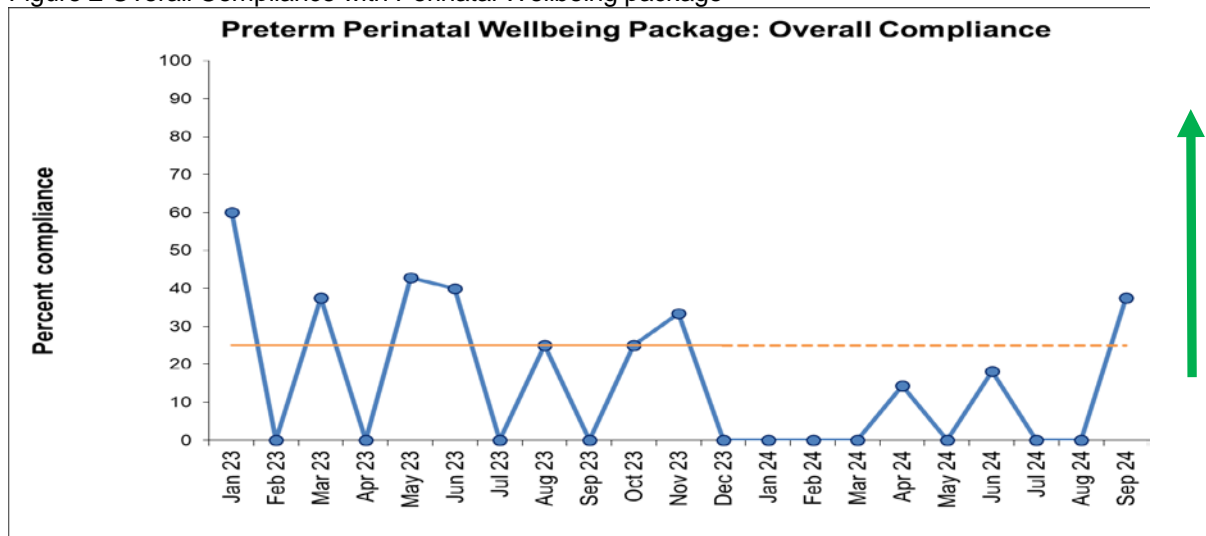
- <27 weeks born in NICU
- <30 weeks magnesium sulphate within 24 hours
- <34 weeks antenatal steroids (within 1 week of birth)

This was discussed at length at a recent SPSP site visit. As the national measures are based on the National Neonatal Audit Programme (NNAP), these cannot be changed. SPSP extract their data from the NNAP programme, however they do not receive a breakdown on individual elements of the bundle. It has been suggested that we continue to collate and annotate our data to identify improvement. This will be further discussed at the Perinatal QI meeting.

Benchmarking with national figures, our compliance, although variable, is in keeping with Health Boards of a similar size and reflects the small data set.

As this is an all or nothing bundle the mum / baby must receive every aspect to meet the criteria of a pass. Figure two demonstrates the data from January 2023.

Figure 2 Overall Compliance with Perinatal Wellbeing package



- **Neonatal Temperature (included in the EiC measures)**

Excellence in Care quality of care outcome measures have identified neonatal temperature as a key quality indicator. Hypothermia has long been recognised as a serious risk to newborn babies, especially premature and low birth weight infants.

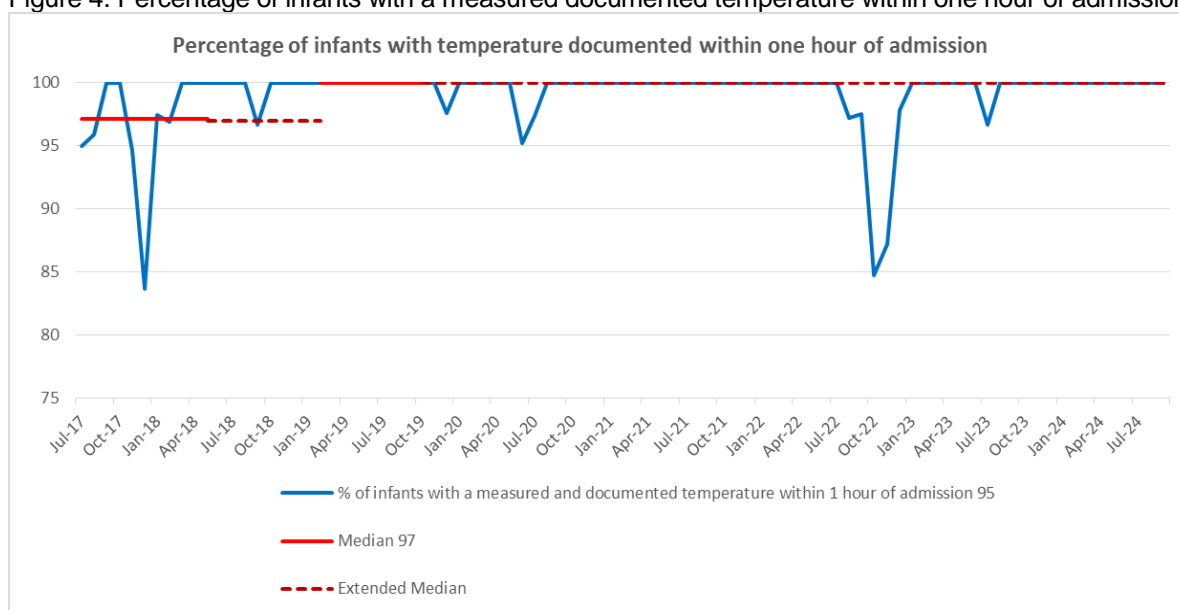
The provision of effective thermal care within one hour of birth will decrease the likelihood of hypothermia and deterioration. Timely recording of temperature of all babies (<24hours old) within one hour of admission to the neonatal unit supports the assessment and plan of care to promote normothermia. Neonatal temperature is recorded on Badgernet. Data extraction and national submission of the measure has been challenging due to the interface of Badgernet with local Business Intelligence.

This has been highlighted as a national issue and explored through EiC national team. A local review of the Badgernet process has enabled progression of digital extraction with anticipated data submission by spring 2025.

Therefore, as per the Preterm Wellbeing Package, local scrutiny of neonatal data continues to be discussed at the Perinatal QI meeting providing assurance. Data has suggested that documented recording of the baby’s temperature has almost always been above the target achievement of >95%, with the exception of October and November 2022, however, having reviewed this data, this could have been an issue with where the data was recorded as opposed to if it was it recorded. 100% is observed in the majority of occasions.

During the period of transition with the national programme the data collection stopped for this measure, however we are currently discussing the parameters for collection to exclude pre-term admissions as this is already one of the Preterm Wellbeing measures

Figure 4. Percentage of infants with a measured documented temperature within one hour of admission



The data above is presented to September 2024

2.3.1 Quality/patient care

The overall aim of the programme is to improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all women, babies, children and families across all care settings in Scotland.

- The number of reductions in term admissions to the neonatal unit had previously been enhanced with the development of training and a robust pathway for junior medical staff and midwives to increase confidence in assessing these babies. However the data remains variable and there is ongoing discussion nationally as to whether it would be more appropriate to report on the avoidable term admissions moving forward. We are currently scrutinising this data.
- For the perinatal wellbeing bundle we are currently sitting on a median of 25%, due to the challenges within the bundle measures. Measurements which have been deemed challenging to achieve due to the imminent birth of the baby that should be delivered in a tertiary centre. These challenges have been raised with the National SPSP team not only by NHS Ayrshire and Arran but by other national boards. Benchmarking with national figures, our compliance, although variable, is in keeping with Health Boards of a similar size and reflects the small data set.
- Sustained improvement continues to be observed with the number of babies temperature being recorded within one hour of admission to the Neonatal Unit >95% compliant since February 2018, with the exception of three months where we believe the issue was the location of where the information was recorded.

2.3.2 Workforce

There can be issues with demands on staffing due to unplanned leave and re-deployment to areas. This results in staff, (including the QI Champion) being required to undertake additional clinical duties, which may have an impact on ongoing improvement work/data submission.

2.3.3 Financial

There may be financial implications identified as new National Standards of care are identified. This will be discussed as the programme progresses.

2.3.4 Risk assessment/management

Delivery of the programme is aimed at reducing harm within Women & Children's services. Non-compliance with the programme could impact on the provision of a safe service and reputation of the organisation if timely effective implementation does not happen.

2.3.5 Equality and diversity, including health inequalities

By working toward compliance with each of the measures as agreed with the SPSP Partnership, we aim to protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

No impact assessment has been completed as the operational definitions as outlined by the SPSP programme set out the inclusion of the population to be included in any measurement and this is a national programme of work.

2.3.6 Other impacts

The delivery of the elements contained within the SPSP programme and EIC will support the Board's commitment to safe, effective and person centred care.

We aim to provide compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values, and result in the people using our services having a positive experience of care to get the outcome they expect.

We will protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- A partnership agreement between SPSP and NHS Ayrshire & Arran in relation to the way forward with new measurements was signed off and sent to all relevant parties on 21 December 2018. Since rebranding from MCQIC to SPSP Perinatal, new measures have been agreed between the national team and all local Board areas, with effect from January 2024.
- The work contained within these measures is discussed at the Perinatal Quality Improvement Group meetings. A full programme of meetings is currently being set up for 2025.
- Any issues arising are taken forward at the Maternity Clinical Governance meetings and Paediatric Clinical Governance also has sight of the papers for information.

2.3.8 Route to the meeting

This is the first point of contact for this paper, however as above the work detailed in this paper is discussed at the Perinatal Quality Improvement Meetings and the Maternity / Paediatric Clinical Governance meetings as required. A version of this paper was submitted to Healthcare Governance Committee on 13 January 2025.

2.4 Recommendation

For discussion. The Board are asked to note and discuss the quality improvement and safety activity in Neonatal Services as part of the SPSP and EiC programme of work.