

Growth Assessment Protocol (GAP) Service Specification and Agreement New Zealand

PI_NZ01_GAP SLA – Version 1.1



Reviewers

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1 | Introduction

The Growth Assessment Protocol New Zealand (GAP-NZ) service specification details the agreement entered into by the District Health Board (DHB) in collaboration with Perinatal Institute (PI). The GAP-NZ programme is subsidised by National Funding from the Accident Compensation Corporation (ACC) for 3 years. Once this project ends, it shall remain the responsibility of the DHB to pay for services supplied and used.

This document shall form the agreement between both Parties as detailed below, specifying the roles and responsibilities of each that is to be adhered to throughout its contractual period.

Parties

The parties to this service level agreement (Agreement) are:

1. Perinatal Institute of Chamber of Commerce House, 75 Harborne Road, Birmingham, UK, B15 3BU (PI) and;
2. District Health Board

2 | Background

Fetal growth restriction (FGR) is associated with stillbirth, neonatal death and perinatal morbidity. Confidential Enquiries in the UK have demonstrated that most stillbirths with fetal growth restriction are associated with suboptimal care and are potentially avoidable. Epidemiological analyses in the UK and in New Zealand have highlighted the link between fetal growth restriction and stillbirth risk, and the reduction in risk if the growth problem is recognised antenatally. Customised assessment of birthweight and fetal growth has been recommended by the RCOG's 2002 and 2013 revision of the Green Top Guidelines as well as the SGA guidelines of the New Zealand Maternal Fetal Medicine Network.

The Perinatal Institute (PI), a not-for-profit organisation based in Birmingham, UK, provides international services including tools for the assessment of fetal growth and birth weight. The Gestation Related Optimal Weight (GROW) software defines each pregnancy's growth potential through GROW-App - a web-based application that produces a customised growth chart for fetal growth during pregnancy and for calculation of customised birthweight centiles for each baby at birth; or GROW-Services API - a web service that links to the local maternity information system (e.g. MCIS) to produce the customised growth chart at the beginning of pregnancy. It auto-plots fundal height and ultrasound estimated fetal weight and calculates the customised birthweight centile for each baby at birth. PI is collaborating with the New Zealand's national maternity clinical information system (MCIS) and Midwifery & Maternity Provider Organisation (MMPO), to integrate GROW into their systems.

Historically, the customised growth chart software was provided for free by PI with limited support in its implementation. However, audits in the UK have shown that antenatal detection of fetal growth restriction was directly related to the degree of training and implementation of standardised protocols for measurement of fundal height, referral and investigation of FGR. Therefore, since 2013, continued provision of the software requires maternity service providers to be accredited in the Growth Assessment Protocol (GAP). The GAP programme has resulted in significant reductions in stillbirths in each of the UK NHS regions where it was implemented and has been associated with recent year on year drops in national stillbirth rates in England to their lowest ever levels. These successes have been recognised by successive British Patient Safety Awards in 2013, 2014 and 2015, a 2016 Queens Award and a 2018 Princess Royal Training Award.

3 | Principles

The Parties agree to adopt the following (non-legally binding) principles in relation to this agreement:

- (a) Collaborate and co-operate to ensure correct use of GAP products and services;
- (b) Communicate openly about any issues or opportunities relating to this agreement;
- (c) Learn, develop and seek to achieve the full potential of the project. Share information, experience and skills to learn from each other and to identify solutions and mitigate risk to the project;
- (d) Comply with all applicable laws and standards throughout the duration of this agreement along with [PI standard terms of service](#) and [privacy policy](#);
- (e) Act in a timely manner, recognising the time-critical nature of aspects in this agreement

4 | Service Specification

This section outlines the service specification and agreement PI proposes to enter with the DHB, with respective roles and responsibilities (also summarised in Annex [A]). It is based on the following elements:

1. Facilitation of the project by a local 'champion' (designated clinical midwife - DCM) and GAP team in collaboration with the New Zealand national GAP leads
2. Training and accreditation of all staff involved in maternity care (including LMCs)
3. Adoption of evidence-based protocols and guidelines
4. Rolling audit, reporting and benchmarking of performance (Annex [C] - GROW software)
5. Integration with MCIS/MMPO (or GROW-App) and helpdesk support

4.1. Designated Clinical Midwife and GAP Team

Rationale: The GAP programme includes the surveillance of fetal growth and wellbeing from early pregnancy to birth with the involvement of numerous speciality care providers. Successful implementation of this stillbirth reduction strategy requires coordination and comprehensive engagement and collaboration between a number of different specialities and departments.

Aim: To establish regular communication with nominated 'link persons' in each speciality, including midwifery (e.g. head of midwifery, clinical risk manager, practice educator); obstetrics / maternal fetal medicine, ultrasonography, neonatology and IT to facilitate the project in their respective departments. This will be coordinated by a designated clinical midwife who assists the initial implementation of the project. These links are intended to serve as conduits for regular communication and feedback on progress, ensuring comprehensive implementation and DHB ownership of the GAP programme.

Roles and Responsibilities

Perinatal Institute:

- provide initial GAP team training workshop within the adopting DHB
- provide the GAP team and DCM with supporting documentation and reference material to assist in local implementation
- provide regular support from the national GAP leads (one-to-one or via monthly conference calls)
- provide reports back to the DHB on implementation, and share good practice from other DHBs
- provide funding to backfill the DCM for the first 6 months to assist in the initial implementation

DHB:

- nominate the DCM and local GAP team
- provide backfill for the DCM to enable capacity to coordinate local implementation
- ensure the local GAP team meet regularly to monitor performance and share good practice

4.2. Training

Rationale: Fetal growth restriction is one of the most common complications in pregnancy. Alongside many competing priorities, competency in fetal growth assessment is essential to ensure clinical alertness and ability to make the expectant mother aware that her baby is at increased risk because of suboptimal fetal growth. Standardised assessment improves detection and reduces unnecessary investigations.

Aim: all maternity care providers who are engaged in maternity care should receive instruction on:

- awareness of risk factors for FGR and perinatal mortality, including medical, social and obstetric history
- principles and use of customised charts
- standardised fundal height measurement and recording on the GROW chart
- clinical implications and referral pathways

Roles and Responsibilities

Perinatal Institute:

- provide an initial 'train the trainer' workshop within the adopting DHB
- provide the designated GAP trainers with training slides and notes and supporting documentation including test papers, competency template etc
- provide access to the GAP e-learning package adapted for NZ use and send reminders when training renewal is required
- provide reports back to the DHB on utilisation and SGA/FGR surveillance

DHB:

- ensure all maternity care clinicians who use GROW receive training by the designated GAP trainers (initial face-to-face training for clinicians who have never received training, and face-to-face or e-learning for yearly updates)
- forward all care provider email addresses to PI to set up e-learning accounts (or maintain the admin of the e-learning application locally) and maintain training and competency logs. E-learning will provide an auto-report to assist
- enable maternity care providers to complete the face-to-face or e-learning package and assessment on an annual basis

4.3. Protocols

Rationale: Internationally there is wide variation in protocols and guidelines for risk assessment, fetal growth surveillance and referral pathways. The national New Zealand guidelines present an opportunity to implement standardised, evidence-based protocols tailored to the needs of individual DHBs.

Aim: To assist with the implementation of:

- risk assessment and definition of low and high-risk care pathways at booking / early pregnancy according to the national NZ guidelines
- indications for serial scans and guidelines for frequency and timing
- indications for referral for further investigations and obstetric review where required

Roles and Responsibilities

Perinatal Institute:

- will provide, where appropriate, template protocols for local adaptation, representing the latest evidence for surveillance, referral and investigation of pregnancies suspected of fetal growth problems
- will provide up to date, quality assured software which is consistent with supporting national guidelines for the assessment of fetal growth

DHB:

- will agree to implement DHB wide protocols which are consistent with national guidelines
- will monitor adherence to these protocols through regular audit (see section 4.4)

NB - guidelines are not intended to replace clinical considerations in the management of individual pregnancies.

4.4. Audit

Rationale: Experience has shown that ‘antenatal detection’ of the SGA baby is an auditable indicator and collection of this information itself promotes learning opportunities and improvement.

Aim: Working along local and national guidelines, to facilitate a rolling audit programme to provide for the DHB:

- the SGA / FGR rate (proportion of babies born with a birthweight below the 10th customised centile)
- rate of antenatal referral for suspected SGA / FGR, and antenatal detection/diagnosis of SGA
- tool which can be used for case-note audit of SGA/FGR cases not detected antenatally (GAP SCORE)

Roles and Responsibilities

Perinatal Institute:

- will work with MCIS/MMPO, DHB clinical representatives and the national maternity clinical reference group to facilitate data capture of relevant fields, to calculate the customised birthweight centile to determine SGA / FGR rates, and to record antenatal referral and detection rates
- will provide an online audit tool (GROW-Baseline) to enable the collection of a cohort of cases to determine SGA / FGR rates and antenatal referral and detection rates prior to implementing the GAP programme
- will provide regular reports to the DHB and ACC (anonymised) to feedback and benchmark performance
- will provide an online tool for case note audit of SGA / FGR cases not detected antenatally (GAP SCORE)

DHB:

- will record birthweight, sex and gestation to derive the customised birthweight centile for each baby at birth
- will record baseline and ongoing referral / detection rates of SGA / FGR where GROW is in use and set hospital specific targets for antenatal referral / detection
- will aim to undertake regular case note audit and review, as agreed by DHB / GAP team. It is suggested to review a minimum 20-30 missed SGA cases per 6 months to identify potential learning points and possible hurdles or system failures

4.5. IT Integration and Helpdesk Support

Rationale: The standard for growth assessment is provided by the GROW software chart which needs to be readily available for clinicians to provide day to day care. Advantages of using GROW via the MCIS/MMPO system includes

- reduced need for double entry of data, saving clinicians' time
- reducing opportunity for human error by auto-plotting of fundal height and estimated fetal weight measurements
- allowing the customised centiles to be part of the electronic patient record for future reference, audit and informing the management plan.

Aim: To provide an up-to-date, reliable and quality assured customised GROW software and service (Annex [C] - GROW software)

Roles and Responsibilities

Perinatal Institute:

- will provide latest updates of the GROW software
- will work with MCIS and MMPO to integrate GROW and make it continuously available to users while on-line
- will provide the GROW-App if no MCIS/MMPO system available
- will test and quality assure the application
- will provide a service desk in collaboration with the local maternity information system (MMPO/MCIS) and local IT helpdesk as per the helpdesk support specification and process map – Annex [B]

DHB agrees to use reasonable efforts to:

- require its MCIS/MMPO/maternity information system to work with all PI - GROW policies, integration and upgrades
- require its MCIS/MMPO/maternity information system to provide first line support and to inform local IT helpdesk of any service desk calls
- ensure end users are informed of the service desk incident reporting process and to assist where issues arise
- ensure that all maternity care providers using GROW have received training in its use

5 | Information Governance and Data Sharing & Processing

5.1. Legislation

Information Governance compliance shall be the responsibility of both parties. The PI is based in England, and subject to the requirements of the GDPR concerning data protection.

You hereby warrant that you have notified us of any requirements of New Zealand Information Governance and relevant legislations for us to provide the services described such that these can be reflected in the contractual documents. It is of the understanding that the authorising person(s) signing this agreement on behalf of the DHB confirms that the DHB is and shall remain compliant with all information governance and legislative requirements.

5.2. Accreditation and Commitment

PI is accredited in ISO27001:2013 and is committed to ensuring our Information Security Management System (ISMS) is embedded in all aspects of our business. This framework is regularly reviewed as well as being internally and externally audited to ensure we continue to uphold our high level of compliance.

5.3. Training and Monitoring

All PI staff are mandated to complete the Information Governance training as well as the General Data Protection Regulation (GDPR) training modules which became effective from 25th May 2018. All training requirements are monitored and reviewed internally by the Information Security Lead.

5.4. Notifying and Reporting Incidents

Where there is a concern from either party that a breach has occurred, it is the responsibility of the information security officer to inform each party and the New Zealand Privacy Commissioner and follow the processes of GDPR and the New Zealand Privacy Bill.

5.5. Data Sharing

In order to fulfil the Purpose of the GAP programme, GROW data items (Annex C) will be shared between the DHB (either through the GROW software directly or via the DHBs maternity information system) and PI. PI agree to use patient data for the provision of direct care to mothers and babies or to provide the audit element of the GAP programme in a manner consistent with PI's [terms of service](#) data processing arrangements and NZ legislative requirements. PI will also store anonymised data for continued improvements in the quality and accuracy of its growth chart tools.

All GROW software is held on NZ ministry of health approved servers with VPN access to two nominated, appropriately qualified and vetted PI staff (system administrator and developer) to maintain the system and carry out upgrades.

6 | Performance Management

6.1. Relationship Manager

The Parties shall appoint a dedicated relationship manager to act as a contact point for the management of this agreement and the services used throughout the duration of this agreement. Should it be necessary to change the relationship manager it is the Parties for whom the relationship manager is changing to notify the other Party with immediate effect.

6.2. Products and Services Performance

Where performance of the GAP product(s)/service(s) and or any other obligations under this Agreement fall below the service requirements set out in Annex [A] or could be reasonably expected from a Party to this Agreement. A corrective action plan shall be written and agreed by both the Parties, setting out the improvement in performance that should be achieved by both/either Party prior to a performance review meeting.

Where there is persistent failure to meet the expected performance; or a corrective action plan is not complied with, then the Lead shall be notified, if the issue(s) remain unresolved this shall then be escalated to the appropriate manager as determined by the individual Parties. Final escalation point shall be with the Director of each Party. At such point it may be agreed for the Parties to exercise the right to terminate this agreement to allow the DHB to procure an alternative solution.

Records shall be kept detailing any corrective action plans along with any consequences exercised.

7 | Monitoring and Reporting

7.1. Training and User Records

The DHB's appointed NZ DCM shall facilitate and record all internal training conducted, ensuring records are kept and maintained. They shall also notify PI of new users and leavers for the GROW software including GAP SCORE and e-learning applications. Where a user leaves the DHB, it will remain the responsibility of the DHB DCM to update PI so that the account access can be disabled.

7.2. Software and System Monitoring

The DHB shall be informed of scheduled downtime and maintenance for all products and services used within a reasonable timeframe. Annex [B] outline these expected timeframes and PI's level of commitment during the agreement's lifecycle.

7.3. Reporting

The DHB shall have access to automated reporting for the GROW-App; GROW-Service API and GAP E-Learning. GROW baseline and GAP-SCORE reporting is available upon request via grow@perinatal.org.uk. Anonymised aggregated reports on performance will be shared with ACC and published nationally. Good practice will also be documented and shared in order to facilitate learning across all DHBs.

8 | Fees

8.1. National Funding

During the period of 23/07/18 to 22/07/2021 it has been agreed that the services within this agreement will be funded fully by ACC. This funding includes:

- The GAP licence including all software, training, supporting documentation and ongoing support supplied by the national GAP leads
- ** days (18 days per 3,000 births per year for backfill time for the DCM, 5 days DCM time for completion of the baseline audit and 5 days per 3,000 births per year for additional LMC training / support).

Excluded from funding is the time for the local GAP team and backfill for the initial clinician training as this is seen as part of standard education requirements and service provision.

8.2. DCM Funding

The DHB will receive two payments from ACC for the DCM backfill (3 months and 6 months following the initial training workshop). DCMs will be required to submit a monthly timesheet to their manager, outlining the hours worked on the project, signed by the line manager and then forwarded to PI finance manager [Christine Fernyhough – cfernyhough@perinatal.org.uk]. If timesheets are not submitted, payments will not be processed. Any further queries regarding payments should be addressed to [Christine Fernyhough - cfernyhough@perinatal.org.uk].

9 | Approval Signatures

To accept this Service License Agreement, please sign and return to grow@perinatal.org.uk.

On behalf of: Perinatal Institute

Date: 11/06/2019

Name: Professor Jason Gardosi

Position: Executive Director

Email: grow@perinatal.org.uk

Phone Number: +44 121 607 0101

Signature:



On behalf of: DHB

Date:

Name:

Position:

Email:

Phone Number:

Signature:

SERVICE AGREEMENT

New User

Perinatal Institute (PI) - Growth Assessment Protocol (GAP) programme

I agree the GAP outline specification, with the programme starting on the 23/07/2018 until 22/07/2021 and have read and agree with PI's [terms of service](#).

Please complete - NB All information is required; should any of these details change, please update PI.

Name			
Position			
DHB Name			
DHB Address			
Size of DHB (No. of births)			
HoM / Manager Details	Name:	Email:	Tel No.
CD Details	Name:	Email:	Tel No.

Link person(s) details for the DHB and number of staff per speciality:

GAP Lead(s)	Name	Position	Email	No. of staff
DCM				N/A
DCM 2 (if applicable)				N/A
Midwifery				
Obstetrics/MFM				
Ultrasound				
Neonatology				
IT				N/A

Maternity Information System: _____

Annex A – Key Responsibilities

GAP Element	Hospital responsibilities	PI responsibilities
Local GAP team	<p>To nominate and support 4 clinicians to act as GAP leads for their speciality (including midwifery, obstetrics / MFM, ultrasound and neonatology) and a DCM to coordinate the project.</p> <p>The local GAP team will facilitate implementation of the GAP programme and serve as conduits for regular communication and feedback on progress with PI</p>	<p>To ensure all GAP leads are trained in the GAP programme and have all supporting documentation</p> <p>To regularly communicate with the DCM and GAP team with any new evidence/changes/good practice examples/support etc</p>
Training	<p>Ensure GAP lead and DCM attend an initial training workshop with the national GAP lead.</p> <p>At least 75% of staff engaged in maternity care (including LMCs) and their managers are trained and accredited in GAP (minimum of face-to-face with test for year 1 and E-learning and competency assessment year 2 onwards)</p> <p>Maintain a training and competency log and forward email addresses of all clinicians requiring access to e-learning to PI (or maintain e-learning admin locally)</p> <p>Ongoing training of GAP elements is included in the DHB Training Needs Analysis (TNA)</p>	<p>Free initial GAP workshop within the DHB to ensure as many clinicians are trained in GAP prior to going live with the programme.</p> <p>Free rolling programme of training workshops held centrally for any DHB and LMC clinicians to attend</p> <p>Provide a GAP e-learning package and supporting documentation to enable training locally</p> <p>Provide training on specific GROW software where required (GROW-baseline, GAP-SCORE).</p>
Protocol	<p>Agree a DHB wide policy which is consistent with national guidelines</p> <p>Monitor and ensure that these are adhered to through regular audit</p>	<p>Provide software and template protocols representing the latest evidence for surveillance, referral and investigation of pregnancies suspected to have fetal growth problems</p>
Audit	<p>Prior to implementation, to complete a valid baseline audit (400 cases Jan-Jun 2017) to determine rates of SGA, referral and detection</p> <p>Record required information to generate a customised birthweight centile for each baby delivered at that DHB</p> <p>Record specific details of antenatal care and outcome, as set out on the data collection form</p> <p>Review quarterly reports of referral and detection rates of abnormal growth and set DHB specific targets</p> <p>Undertake a six-monthly case note audit and review of at least 20-30 cases of SGA babies not antenatally detected to be SGA, and produce relevant action plans (using GAP-SCORE)</p>	<p>Provide the GROW-baseline software and training</p> <p>Provide the relevant GROW software to calculate the customised birthweight centile and record antenatal detection of abnormal growth as an integral part</p> <p>Provide quarterly reports to feedback and benchmark performance</p> <p>Provide an audit tool (including reporting functionality) and training for case note audit of SGA / FGR cases not detected antenatally (GAP-SCORE)</p>

<p>Software integration</p>	<p>To support collaboration between the local maternity information system provider and PI to facilitate integration and upgrades of the GROW-API</p> <p>To assist in the service desk work in line with the helpdesk support specification and process map</p>	<p>To provide and maintain quality assured GROW software in line with project requirements</p> <p>To collaborate with the local maternity information system provider to facilitate integration and upgrades of the GROW-API</p> <p>To provide a service desk in collaboration with the local maternity information system and local IT helpdesk as per the helpdesk support specification and process map</p>
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Annex B – Service Desk Services

Definitions

PI/us/we	Perinatal Institute: UK-based provider of GROW software
User	Clinical user of GROW software
1st Line support	Initial contact for all user support – system provider if using GROW Services API (MCIS/MMPO); PI service desk if using any other GROW software (e.g. GROW-App, E-learning etc)
2nd Line Support	All specific clinical and technical queries relating to GROW – PI midwives or PI IT department

Introduction

This document outlines the support that DHBs and individual users can expect when assistance is required from PI. The agreement covers the duration of your GAP Contract with PI.

We aim for 99.5% availability of the software during the agreement period, including weekends and bank holidays. The system will experience some disruption during routine maintenance of the NZ servers. Users will be informed of any such planned work in advance and disruption will be kept to a minimum during these time periods.

If there is a problem with the software outside of routine maintenance, the GAP service desk is available to log and resolve issues.

Service desk – contact and process

The GAP service desk provides a helpdesk for logging and managing all incidents and requests from the user. The service desk is open between 08.30 and 16.30 Monday to Fridays, Local UK Time. Please click the [link](#) if you have a helpdesk query.

Outside of working hours, if a user is unable to obtain a birthweight centile, the automated email response from the service desk will supply access to a stand-alone birth weight centile calculator as an interim measure.

What do we support?

Members of the service desk team at PI will provide the following services:

- Log, track, maintain support and troubleshoot the GROW software in accordance with agreed support contract
- Provide general consultation and advice for end users

The performance of the service desk is monitored regularly, and reports can be provided upon request.

Responsibilities of those making a request

When logging a helpdesk query, please give as much information as possible to assist to resolve the issue as quickly as possible:

- Country / Hospital Site / Location details
- Your full name, role and contact details
- Prioritisation of the problem (priority 1-4 according to the severity of the problem – see table).

- Description of your problem, including GROW software used, browser type and version, details of the problem including any error messages, screen shot, business areas and users affected

Logging procedures and service level monitoring

The service desk treats all issues as important and will make its best effort to resolve all reported problems in a timely fashion. Please see the [helpdesk process map](#) for further details how the service desk deals with issues with the GROW systems.

Each issue is logged as a ticket in the tracking database and a unique ID number allocated. The initial response will take the form of an automated email to the user informing them that their issue has reached PI. This will then be followed up with a call or email confirming the existence of the issue and to gather additional information if required. The service desk team will use this response as an opportunity to triage and establish an estimated timeframe to resolution. Local IT and the hospital 's maternity information system provider (e.g. MCIS) will also be informed where required. PI will prioritise the issue into one of four levels according to whether the system is for clinical use (GROW-App or GROW-Services API) or a support system not required for the delivery of clinical care (e.g. GAP SCORE, E-learning).

Priority	Definition	Clinical System		Support System	
		Response Time	Resolution Time	Response Time	Resolution Time
Priority 1	Inability to use functionality that is core to the user's business. This would include system outages	A plan to fix the issue will be provided within 1 UK working hour	A solution will be provided within 4 UK working hours	A plan to fix the issue will be provided within 4 UK working hours	A solution will be provided within 2 UK working days
Priority 2	System performance is so poor that it prevents normal service. E.g. slow operation	Within 2 UK working hours	Within 8 UK working hours	Within 4 UK working hours	Within 3 UK working days
Priority 3	System is functioning and can be used but is suffering from fault(s) that affect user experience	Within 4 UK working hours	Within 5 UK working days	Within 1 UK working day	Within 10 UK working days
Priority 4	Non-support issue (e.g. change request)	Within 1 UK working day	This will form part of the next scheduled upgrade.	Within 5 UK working days	This will form part of the next scheduled upgrade.

If the user is not available on email / call-back, a voicemail, email or physical message will be left. If the user does not respond within five working days (minimum three attempts), the ticket will be closed. An issue will be considered resolved when a solution or a workaround that is acceptable to the user has been implemented. In the event where an issue cannot be resolved or is not meeting the resolution time target, the incident will be brought to the attention of the 2nd line support the - GAP team and escalated to PI IT manager if appropriate.

Annex C – GROW Software, data Items and User accounts

Please see PI [Terms of Service](#) Schedule 1 for further information on the data processing arrangements

Software products

GAP has a number of software products alongside the services provided which consist of:

- The Gestation Related Optimal Weight (GROW) software that defines each pregnancy's growth potential: -
 - **GROW-App** – a web-based application that produces a customised growth chart for fetal growth during pregnancy and for calculation of customised birthweight centiles for each baby at birth; or
 - **GROW-Services API** – a web service that links to the local maternity information system to produce the customised growth chart at the beginning of pregnancy. It auto-plots fundal height and ultrasound estimated fetal weight during pregnancy and calculates the customised birthweight centile for each baby at birth
- **GROW-baseline** electronic audit tool to establish a baseline detection rate of fetal growth restriction prior to implementation of the GAP programme
- **GROW-Demo** a replica of the GROW-App that trainers can use to demonstrate the GROW-App to their users
- **Individual centile calculator** a web-based application that produces a customised birthweight (and estimated fetal weight) centile
- **GAP-SCORE (Standardised Case Outcome Review Evaluation)** - An electronic audit tool to assist clinicians in reviewing clinical care of 'missed cases' of fetal growth restriction within their DHB}
- **GAP E-Learning:** For online clinical training in relation to NZ national guidance to reinforce face-to-face training provided by PI and the NZ GAP lead

Data Items

GROW-App /API

Data will be passed from either the GROW-App, GROW-Baseline or local Maternity information system provider (GROW-Services API) to PI securely over https, to enable the development of GROW charts and centiles. Data items sent to the web service will include:

- Reference Number* (local/national)
- First name*
- Surname*
- Date of birth*
- Maternal Height

- Maternal Weight (at booking)
- Ethnicity
- Parity (number of previous babies)
- EDD*
- Fundal height (cm) [API]
- Scan measurements (Estimated Fetal Weight) [API]
- Date of measurement [API]
- Date of birth of the baby*
- Sex of baby
- Birth weight
- Gestation (generated by web service)
- Pregnancy outcome (livebirth/stillbirth)
- Antenatal referral for suspected SGA or FGR by fundal height
- SGA detected antenatally by Ultrasound
- Birth weight centile (generated by web service)

All the above data items are stored to enable automated reporting for the audit element of the GAP programme. ‘*’ patient identifiable fields are processed in order to produce PDF printable charts; the mother’s name, reference number and date of birth will be passed to the web service for inclusion on the PDF; however, they will not be stored.

PI will continue to retain and process certain data following the provision of clinical care in order to continue to develop the GROW-App/API specifically and more generally for the development of further tools for medical diagnoses and care. As such this shall be retained for scientific and statistical purposes. The Data shall be held with such technical and security systems in place that is not reasonably practicable for the re-identification of patients from the retained data. As such, we do not consider this retained data to be personal data within the meaning of the GDPR.

E-learning

Clinicians names, role, MC number and email address are collected and stored within the e-learning application in order to monitor training locally and nationally for the project.

GAP SCORE

The dataset for GAP SCORE is currently being reviewed and will be finalised by the working group following consultation. Data items are expected to contain:

- Risk factors at booking and relevant serial growth scanning protocol (to be inline with NZ national guidance)
- Pregnancy related complications resulting in serial growth scans

- Accuracy of the data items on the GROW chart (height, weight, ethnicity, parity, EDD and previous baby details)
- Fundal height measurements, recognition of abnormal growth and subsequent management
- Estimated fetal weight measurements, recognition of abnormal growth and subsequent management
- Birth details

The Chart ID number produced by the GROW-App / Services API is the unique identifier used within the record. No further patient identifiable data is processed or stored.

User Accounts

Management of user accounts is dependent on which tool is being accessed and utilised, as outlined below:

- (a) **GROW-App, GROW-Baseline and GROW-Services API**– the user account for access to these applications are DHB specific and shall only be issued once training requirements have been satisfied as detailed in Annex [A] and the SLA is in place. These user accounts shall remain valid throughout the life cycle of the SLA and shall only become invalid if the agreement is terminated by either party.
- (b) **GAP-SCORE and GAP E-Learning** – User accounts are caregiver specific and shall only be issued once all training requirements are satisfied as detailed in Annex [A] and the NZ GAP Lead has approved access for the user(s) through the completion of a relevant documentation (new user form) for user permissions.

All software shall undergo regular updates in accordance with the latest evidence and national guidance as well as collaborative feedback from the working group.