Provider line of sight table on report recommendations for submission to the funders							
Please can the provider complete the following details to allow for ease of access and rapid review							
Project and Title of report, including HQIP Ref. ***e.g., Ref. XXX, Project and report title***			Ref 580, National Neonatal Audit Programme, NNAP Summary Report on 2024 Data				
1. What is the report looking at/what is the project measuring?			The audit reports on key measures of the process, outcomes and structure of care delivered to babies admitted to in NHS neonatal units.				
2. What countries are covered?			England, Scotland, Wales, Isle of Man				
3. The number of previous projects (e.g., whether it is the 4th project or if it is a continuous project)			The audit has been running annually since its inception in 2006. The RCPCH is currently contracted to deliver the audit to March 2027.				
4. The date the data is related to (please include the start and end points – e.g., from 1 January 2016 to 1 October 2016)			Babies who were either born, experienced their first neonatal admission, final neonatal discharge or turned 44 weeks post menstrual age (PMA) in the calendar year 1 January 2024 to 31 December 2024, depending on the measure. The exception to this is the dataset used for two-year follow-up, which includes babies who were born between July 2021 to June 2022.				
5. Any links to NHS England objectives or professional work-plans (only if you are aware of any)							
Please can the provider complete the below for each recommendation in the report							
No.	**Recommendation**	**Intended audience for recommendation**	**Evidence in the report which underpins the recommendation** *(including page number)*	**Current national audit benchmarking standard if there is one**	**Associated NHS payment levers or incentives'**	**Guidance available (for example, NICE guideline)**	**% project result if the question previously asked by the project (date asked and result). If not asked before please denote N/A. This is so that there is an indication of whether the result has increased or decreased and over what period of time**
1	**Neonatal networks** should: a. Review their mortality data and, where rates are higher than expected, develop locally prioritised improvement plans.	• Neonatal Networks	Overall, the proportion of very preterm babies, born between 24 and 32 weeks gestational age, who die before discharge home from the neonatal unit is	No national standard. National ambition: https://www.gov.uk/government/news/new-ambition-to-halve-rate-of-stillbirths-and-infant-deaths	NA		Overall mortality (2023): 6.4%

	Quality improvement activity should focus on best practices identified from Neonatal Networks exhibiting low mortality, with particular attention given to differences in network structure, staffing, clinical governance, and clinical practices. Recommendation repeated from the 2023 data report). b. With their constituent units, undertake reviews of deaths in accordance with the BAPM Framework for Practice: Neonatal Mortality Governance (expected to be published in the second part of 2025) and engage with other statutory death review processes. Shared learning from these reviews should inform network governance and unit level clinical practice.		unchanged from 2023 at 6.4% (451 of 7,038) and has not improved over recent years. Unacceptable geographical variation persists between neonatal networks, which is not explained by the clinical or demographic background characteristics of babies cared for in the neonatal network ***(Error! Reference source not found.****, NNAP Online and extended analysis report).* *Summary report, p6.*				
2	**NHS England5** and **health departments in Devolved Governments** should: a. issue clear guidance to neonatal services around the correct reporting of preterm brain injury including PHVD, so that robust data collection can support the achievement of the national ambition for neonatal brain injury.	• NHS England • Health departments in Devolved Governments	This year, the highest proportion to date of neonatal units were able to provide assurance that all required data relating to key complications of prematurity were submitted to the audit (bloodstream infection – 90% (161 of 179), necrotising enterocolitis – 92% (164 of 179), preterm	No national standard. National ambition: https://www.gov.uk/government/news/new-ambition-to-halve-rate-of-stillbirths-and-infant-deaths	NA		2023, % units assuring their data: BSI – 85% NEC – 87.6% Brain injury – 84.5% 2023: IVH ¾: 6.6%

	b. develop a mandatory NHS neonatal information standard to ensure that clinical reporting systems are interoperable, ensuring robust data collection to support effective measurement and reporting of all neonatal processes and outcomes.		brain injury – 89% (160 of 179). However, caution should continue to be exercised in interpreting measure results due to continuing levels of missing data and unclear quality assurance, as well as the risk of imprecision in reporting cases of preterm brain injury and necrotising enterocolitis. The completeness of **preterm brain injury** data reported in the NNAP continues to improve year on year, with only two networks with missing data over 20% in 2024 for each of the reported brain injury types (IVH grades 3 or 4, cPVL and PHVD) *(NNAP Online, extended analysis report)*. However, data quality issues and reporting of PHVD mean that NNAP cannot yet confidently describe rates of brain injury and trends over time. *Summary report, p8.*				IVH ¾ missing data: 13% cPVL: 2.5% cPVL missing data: 11.3% PHVD: 4.4% PHVD missing data: 11.4%
3	As recommended in the NNAP Summary Report on 2023 Data:	• Neonatal Networks	Despite rapid improvement in the proportion of babies	NNAP Improvement Goal (2022-2025):	NA	National Institute for Health and Care	2023: Babies receiving all reported

	Neonatal Networks should ensure that their constituent units are using the NNAP restricted access dashboard to regularly review their rates of optimal perinatal care delivery, identifying instances of non-adherence, and implementing quality improvement activities in response to them.		receiving all reported **perinatal optimisation** measures[1], only 1 in 5 babies (21.9%, 2,849 of 13,023) currently receives a complete optimal perinatal care journey, increased from 7.7% in 2021 (*extended analysis report*). There is evidence that optimal perinatal interventions are linked to key outcomes such as mortality and brain injury.[2, 3, 4] Therefore, there is an important opportunity to address more rapid improvement in perinatal optimisation nationally, to increase the proportion of babies receiving an optimal perinatal care journey and reduce regional variation	*For babies born at less than 34 weeks gestation, increase the proportion receiving all measured elements of the MatNeoSIP perinatal optimisation plan by 2% per year over a ten-year period based on an estimated baseline proportion of 7.7% observed in the NNAP 2021 data*.* NNAP developmental standards: Antenatal steroids: *None* Antenatal magnesium sulphate: *Ninety percent (90%) of eligible mothers should receive antenatal magnesium sulphate.* Birth in a centre with a NICU: *Eighty-five (85%) of babies born at less than 27 weeks gestational age should be delivered in a maternity service on the same site as a NICU.* Deferred cord clamping: *Seventy-five percent (75%) of*		Excellence. Preterm labour and birth. NICE guideline (NG25), 2015. Available at: https://www.nice.org.uk/guidance/ng25	perinatal optimisation measures: 18.6%

[1] Antenatal steroids, antenatal magnesium sulphate, birth in a centre with a NICU, deferred cord clamping, normal temperature on admission, breastmilk feeding in the first 2 days of life.

[2] Fogarty, M. et al. Delayed vs early umbilical cord clamping for preterm infants: a systematic review and meta-analysis. *Am J Obstet Gynecol.* 2018 Jan;218(1):1-18. doi: 10.1016/j.ajog.2017.10.231. Available at: https://pubmed.ncbi.nlm.nih.gov/29097178/

[3] Oddie S., Tuffnell D. J., McGuire W. Antenatal magnesium sulfate: Neuro-protection for preterm infants. *Archives of Disease in Childhood - Fetal and Neonatal Edition* 2015; 100: F553-F557. Available at: https://fn.bmj.com/content/100/6/F553

[4] McCall EM, Alderdice F, Vohara S, et al. Interventions to prevent hypothermia at birth in preterm and/or low birthweight infants. Cochrane Database of Systematic Reviews 2018, Issue 2. Available at: www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004210.pub5/full

			in mortality and brain injury. *Summary report, section 3 p10.* *See also all other findings included in section 3, p10-11.*	*babies born at less than 34 weeks gestational age should have their cord clamped at or after one minute.* Normal temperature on admission: *The composite measure of timeliness and normal temperature should be met for at least ninety percent (90%) of babies.* Breastmilk feeding by day 2: *Sixty percent (60%) of babies born at less than 34 weeks should receive any of their own mother's milk in the first 2 days of life.*			
4	**Neonatal networks** and **local maternity and neonatal systems** should ask their constituent units with below average rates of breastmilk feeding by day 2 to: a. investigate reasons for variation in uptake locally, and b. with families, co-design targeted, quality improvement programmes.	• Neonatal networks • Local maternity and neonatal systems	There is an encouraging increase in the proportion of babies receiving **breastmilk in their first two days of life**, from 52.4% in 2022, to 66.8% (8,586 of 12,847) in 2024, with minimal missing data (0.7% in 2024). Opportunities do however exist for improvement; there is striking unit level variation, from 38.4% to 91.6% across NICUs, and 21.4% to 100% across all levels of neonatal unit *(Figure 7)*.	NNAP developmental standard: *Sixty percent (60%) of babies born at less than 34 weeks should receive any of their own mother's milk in the first 2 days of life.*	NA		Breastmilk feeding by day 2 (2023): 62.1%

			Summary report, section 4, p12. Use of **breastmilk** amongst preterm babies varies by ethnicity. A lower proportion of babies born to Black and Asian mothers (62.2%, 680 of 1,093; and 65.5%, 1,370 of 2,091 respectively) received any of their mother's milk in their first 2 days of life than babies born to White mothers (67.5%, 5,367 of 7,949) and those grouped as Mixed/Other (70.9%, 464 of 654). Summary report, section 7, p14.				
5	**Neonatal networks** and **local maternity and neonatal systems** should work with the perinatal teams in their constituent neonatal units to: a. ensure that staff receive appropriate and consistent training to confidently ask families about their ethnicity and that of their	• Neonatal networks • Local maternity and neonatal systems	Among babies born in 2024 and admitted to a neonatal unit, 11.4% had missing ethnicity (8.5% of babies born at less than 34 weeks gestational age), after using baby's ethnicity if a mother's ethnicity was not recorded.	No national standard.	NA	NA	NA

	baby, and to accurately record demographic information, b. use the NNAP dashboard to review how well NNAP process measures are delivered locally, and whether this differs by ethnicity c. where differences exist, seek to understand the underlying causes, and d. with families, co-design quality improvement programme that directly address those causes.		*Summary report, section 7, p14.* *All other findings included in section 7 of the Summary report, p14.*				