

# The Future of the NNAP

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# Operational updates

# NNAP response to COVID19

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- NNAP Collaborators' Meeting - initially planned for March 2020, postponed to 22 November 2021
- All project meetings currently conducted virtually, this will continue into 2021
- Adapted communication due to removal of mandated data entry (Sam we could remove this?)
- 2020 data will be evaluated as normal, but with caveats

# Outliers and outlier management

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- 2019 data:
  - 19 confirmed alarm level outliers at 19 units (down from 27 alarm at 26 units last year)
- 2020 data:
  - Outliers will be calculated as normal

# Current NNAP activities

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- Provision of results to support:
  - GIRFT neonatal work stream
  - CQC inspection process and NCAB
- Linking with MatNeoSIP/ BAPM QI toolkit groups
  - Unifying the measurement conversation
- Quarterly reporting to units and networks - 2020 data submission
- Development of 2021 measures and communications with audit participants

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# Clinical and pathway updates

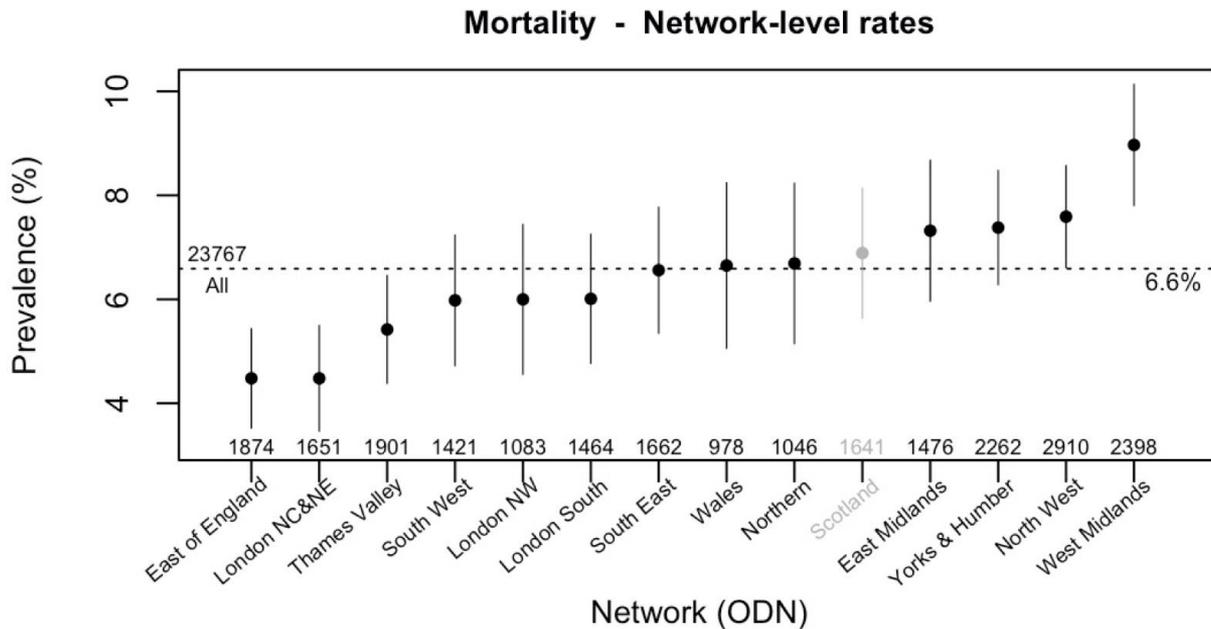
# New reporting formats and analysis

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- Mortality and BPD
  - Matching analysis
- Maternal Breast Milk feeding
- Nurse Staffing
- Spine Plots

# Mortality: very preterm infants (July 2016 – June 2019)

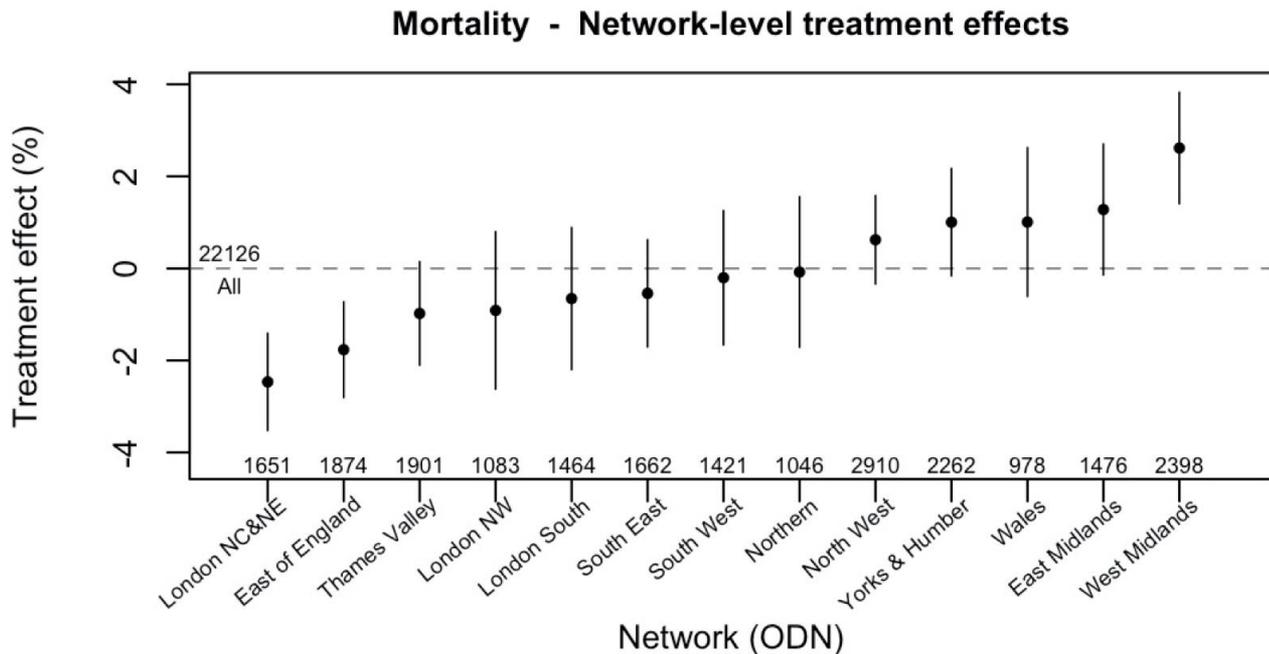
## Network level rate of crude mortality



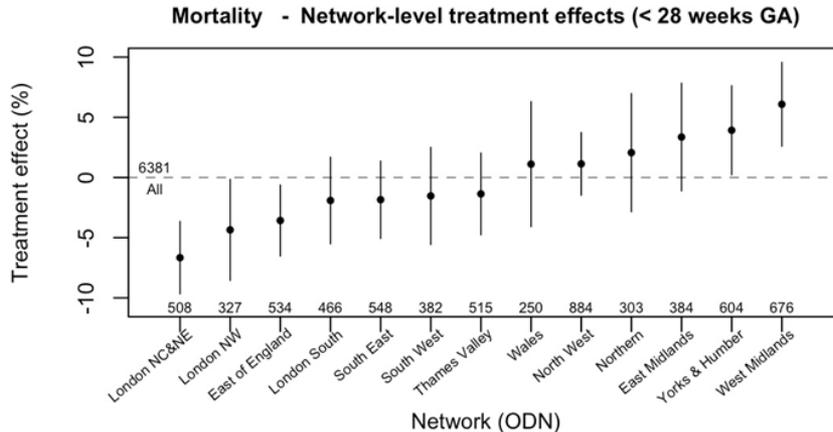
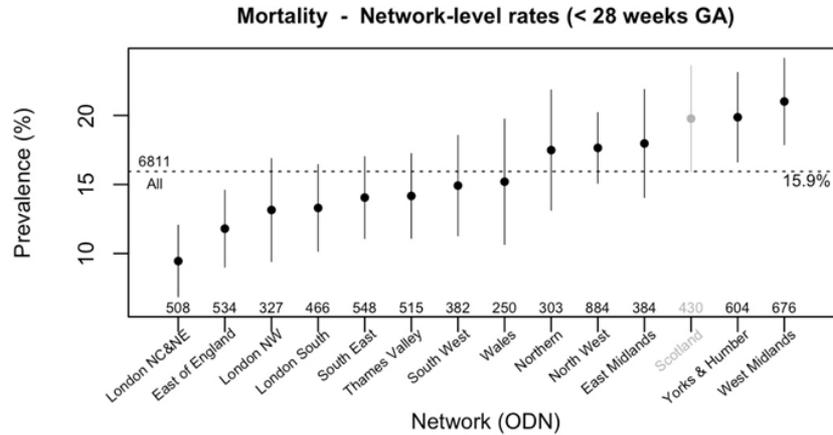
Please note these findings are from the NNAP 2020 annual report on 2019 data that has not yet published and therefore these results may be subject to change and are not for onward sharing.

# Mortality: very preterm infants

## Network level treatment effect

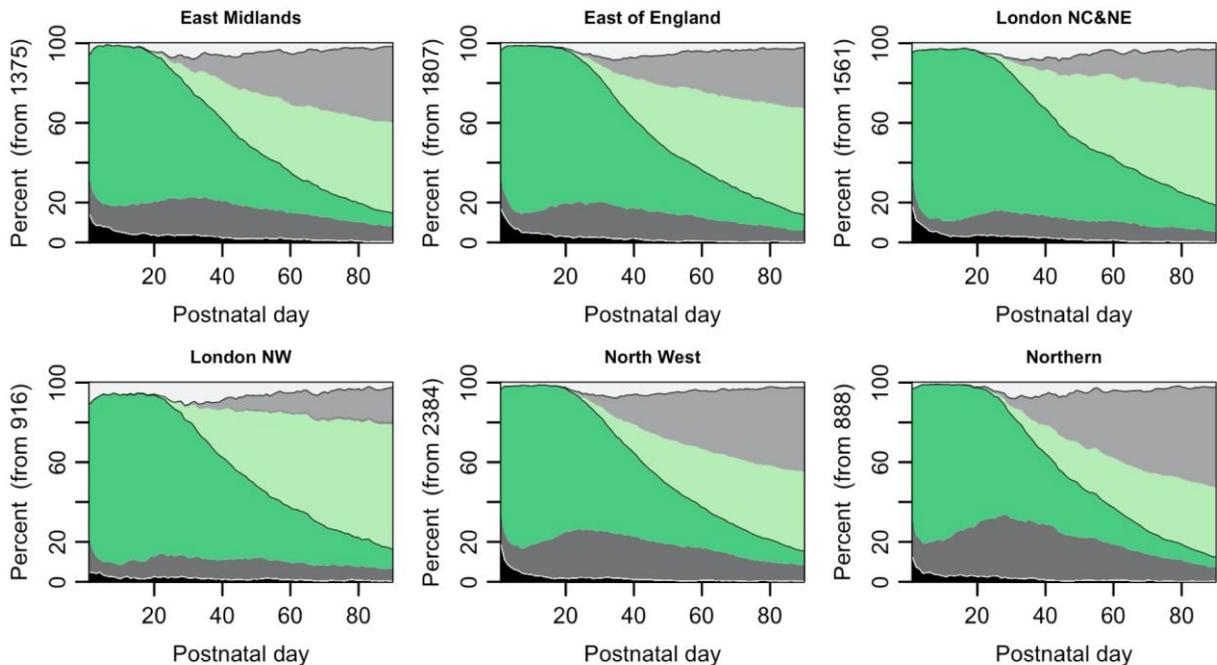


# Mortality extremely preterm infants (<28/40).



# Maternal Breast Milk Feeding

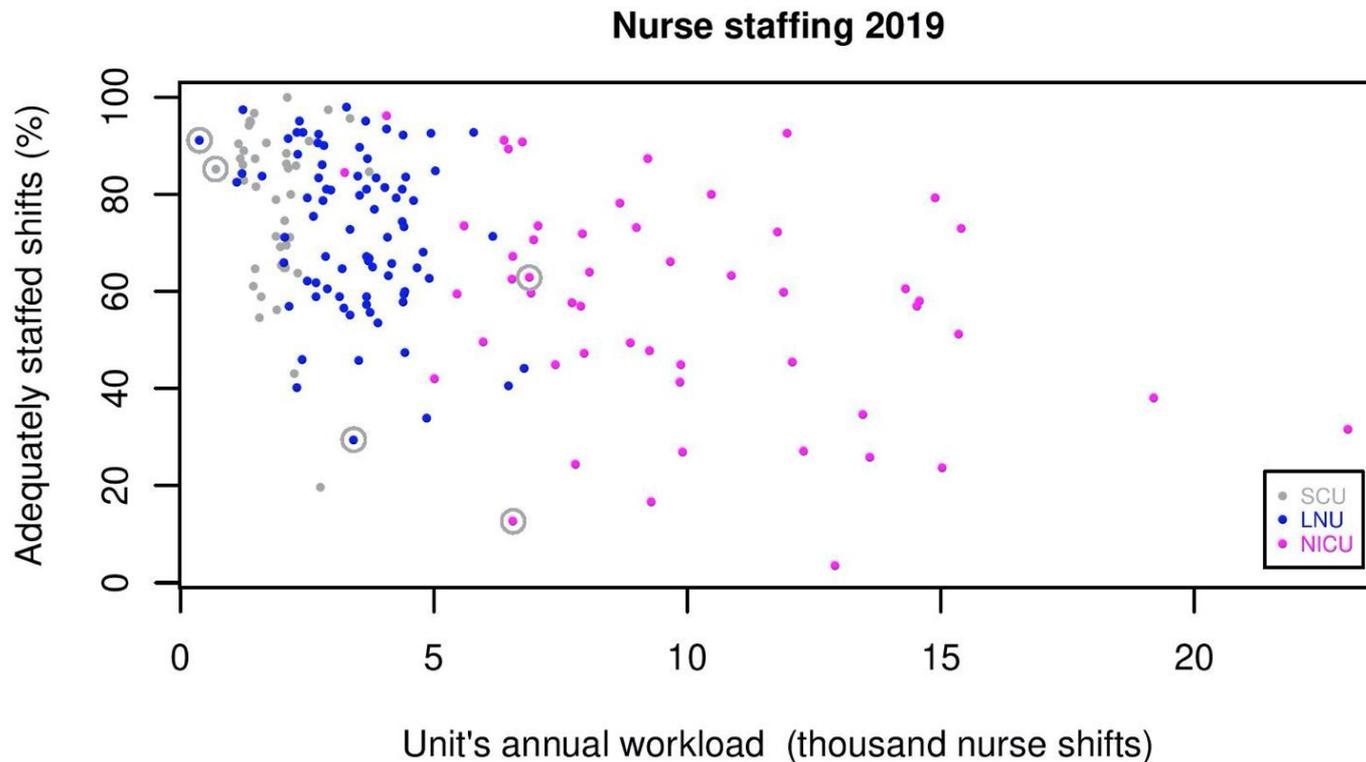
## Use of mother's own milk in very preterm infants by day of life (sample of networks)



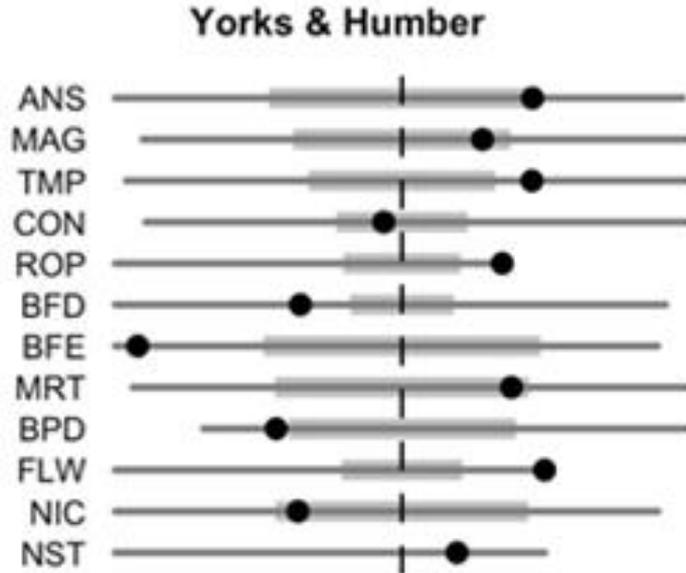
### Key

- Black: nil by mouth
- Dark grey: inpatient and not fed own mother's milk
- Green: inpatient and fed at least partially with own mother's milk
- Light grey: discharged home after receiving none of own mother's milk on last day of hospitalisation
- Light green: discharged home after receiving some own mother's milk on last day of hospitalisation
- White: missing data

# Adherence to recommended staffing levels



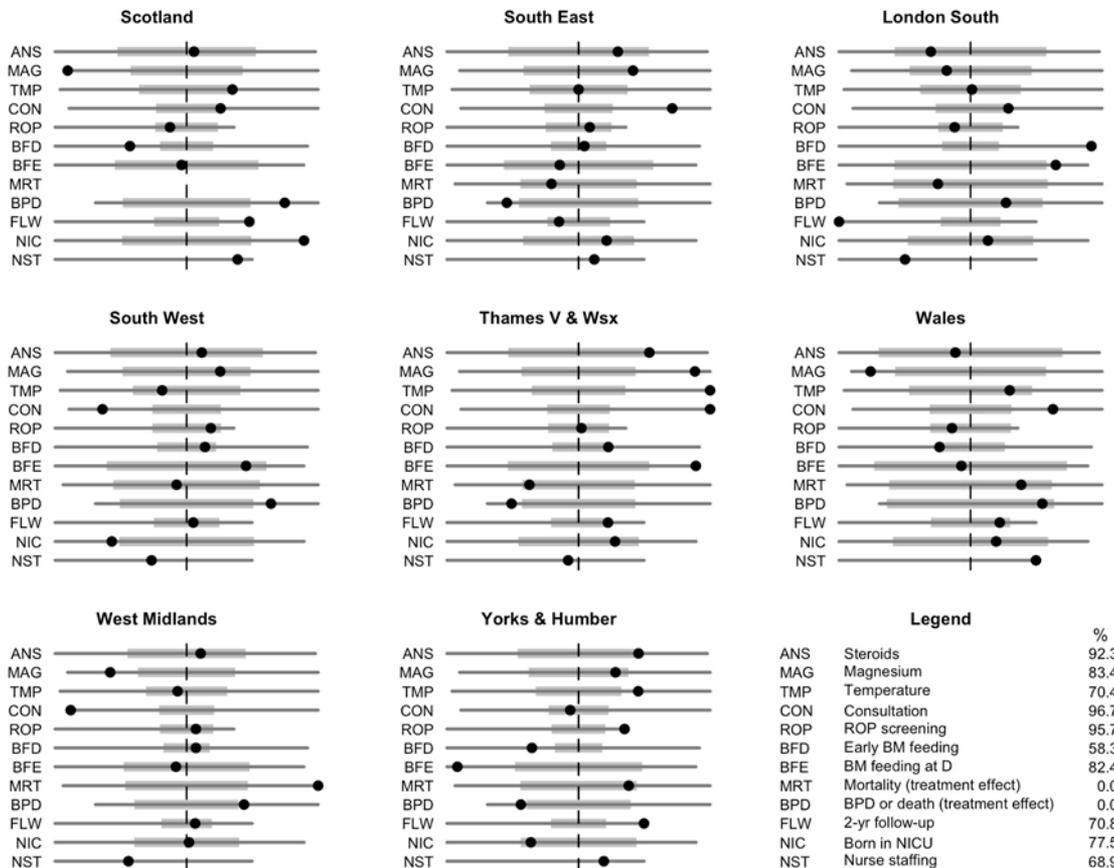
# Spine plots



**Legend**

|     |                                 | %    |
|-----|---------------------------------|------|
| ANS | Steroids                        | 92.3 |
| MAG | Magnesium                       | 83.4 |
| TMP | Temperature                     | 70.4 |
| CON | Consultation                    | 96.7 |
| ROP | ROP screening                   | 95.7 |
| BFD | Early BM feeding                | 58.3 |
| BFE | BM feeding at D                 | 82.4 |
| MRT | Mortality (treatment effect)    | 0.0  |
| BPD | BPD or death (treatment effect) | 0.0  |
| FLW | 2-yr follow-up                  | 70.8 |
| NIC | Born in NICU                    | 77.5 |
| NST | Nurse staffing                  | 68.9 |

# Spine plots



# Future reporting developments

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- 2020
  - Antenatal steroids – co-reporting with the NMPA
  - New measure of deferred cord clamping
- 2021
  - Preterm birth associated brain injury
  - Proportion of consultant-led ward rounds where parents are present (sub measure)

# Measuring brain haemorrhage & cystic PVL in preterm babies

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Expert group



Presented to MADG and PB



Implemented on BadgerNet



Widely supported

# Parents attending ward rounds

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- Supplementary analysis rather than new measure
- Suggested by parent representatives

| Name                     | Number of eligible admissions | Number of eligible admissions with outcome entered | Parent present for at least one consultant ward round during entire admission (%) | Number of eligible care days within these admissions | Number of eligible care days where a consultant ward round occurred | Number of eligible care days where a consultant ward round occurred and a parent was present (%) |
|--------------------------|-------------------------------|--|---|--|---|--|
| Bradford Royal Infirmary | 448                           | 446  | 389 (87.2%)   | 10,167   | 8,985   | 1,951 (21.7%)  |

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# Strategic overview and future direction for the NNAP

# 2020 onwards

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Granted extension year April 2021 to 31 March 2022



Would like to consult with HQIP on the potential to publish some of the analysis of audit results at the point of submission of the draft national report.

## Links to the national agenda/long term plan

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- NNAP aligns with the NHS Long Term Plan priorities outlined in the Maternity and Neonatal chapter
- The NNAP covers an integrated whole-pathway of care.
- Keen to support the work of the LTP Neonatal Implementation Board

# Programme next steps

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- Reduce unit & network level variation
- Potential to further demonstrate clinical and financial impact of improvements to audit participants.
- Nationally, to seek to reach agreed developmental standards for process measures where care currently falls below those standards.
- Continue to develop reporting of outcome measures
- Collaborate with other audits in developing and delivering audit to improve neonatal care (e.g. NMPA)
- Adapt to new QI priorities; e.g. introduction of a measure of optimal cord clamping in line with current best practice and guidelines.