

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 <i>e.g. REF XX, Project and Report title</i>	The National Neonatal Audit Programme (NNAP) The NNAP 2020 report on 2019 data
1. What is the report looking at/what is the project measuring?	Neonatal care and follow up for pre-term neonates
2. What countries are covered?	England, Scotland and Wales
3. The number of previous projects (e.g. whether it is the 4 th project or if it is a continuous project)	The NNAP is a continuous project, having been established in 2006 and continues until the present day.
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)	For annualised measures 1 January 2019 to 31 December 2019 For longitudinal measures 1 January 2017 to 31 December 2019
5. Any links to NHS England/NHS Improvement objectives or professional work-plans (only if you are aware of any)	PReCePT: Reducing cerebral palsy through improving uptake of magnesium sulphate in preterm deliveries, https://www.ahsnnetwork.com/case-study/precept-reducing-cerebral-palsy-through-improving-uptake-of-magnesium-sulphate-in-preterm-deliveries

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	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
Rec 1	<p>Work as a perinatal team to:</p> <ul style="list-style-type: none"> • Optimise the timing and dosing of antenatal steroids for eligible babies • Avoid the inappropriate use of multiple courses • Adopt evidence-based practices to predict preterm birth, by using the following guidance and methodologies to guide improvement: <ul style="list-style-type: none"> – BAPM Perinatal Optimisation Care Pathway Toolkit – Prevention of Cerebral Palsy in PreTerm Labour (PRCePT) quality improvement programme – Scottish Patient Safety Programme 	Neonatal units and obstetric services	<i>At least one dose of antenatal steroids was administered to 91.3% (11,277 of 12,348) of women whose baby was born at 23-33 weeks gestation and was admitted for neonatal care (Page 18).</i>	<i>85% of eligible mothers should receive at least one steroid dose</i>	<i>None</i>	<p>NICE guideline [NG25], Preterm Labour and Birth</p> <p>NHS England, Neonatal Critical Care Service Specification</p> <p>Developmental standards set by clinical consensus.</p>	<i>2018 data – 90.5%</i>

<p>Rec 1 (Continued)</p>	<p>To help reduce the severity of respiratory disease and other serious complications in preterm babies</p> <p>The National Maternity and Perinatal Audit (NMPA) should:</p> <p>Consider developing reporting of antenatal steroid use in order to encourage timely exposure of eligible infants to it.</p>	<p>National Maternity and Perinatal Audit (NMPA)</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>
-------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	------------------------	------------------------	------------------------	------------------------	------------------------

Rec 2	<p>Neonatal networks, units and obstetric services should work as a perinatal team to:</p> <ul style="list-style-type: none"> • Ensure that all women who may deliver their baby at less than 30 weeks gestational age are offered magnesium sulphate where possible • Adopt and implement the following guidance and methodologies to guide improvement: <ul style="list-style-type: none"> o BAPM Perinatal Optimisation Care Pathway Toolkit o Prevention of Cerebral Palsy in PreTerm Labour (PReCePT) quality improvement programme o Scottish Patient Safety Programme 	Neonatal networks, units and obstetric services	<i>82.1% of eligible mothers were given magnesium sulphate (Page 19, Table 2).</i>	<i>85% of mothers should be given magnesium sulphate in the 24 hours prior to delivery.</i>	None	<p>NICE guideline [NG25], Preterm Labour and Birth</p> <p>NHS England, Neonatal Critical Care Service Specification</p> <p>Developmental standards set by clinical consensus.</p>	<i>2018 data result: 72%</i>
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------

	To help reduce the risk of babies who are born prematurely developing cerebral palsy.						
Rec 3	<p>Departments of Health in England, Scotland and Wales and Neonatal Networks should:</p> <p>Prioritise structural changes and operational management to ensure that babies who require intensive care are cared for in the units best equipped to deliver it.</p>	<p>Departments of Health in England, Scotland and Wales and Neonatal Networks</p>	<p><i>77.5% of babies were delivered in a maternity service on the same site as a NICU. (Page 23, Table 3)</i></p>	<p><i>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.</i></p>	<p>None</p>	<p>NICE guideline [NG25], Preterm Labour and Birth</p> <p>NHS England, Neonatal Critical Care Service Specification</p> <p>Developmental standards set by clinical consensus.</p>	<p><i>2018 data results: 74.3%</i></p>
Rec 3 (Continued)	<p>Local Maternity Systems (LMS) and equivalent bodies in devolved nations should:</p> <ul style="list-style-type: none"> • Ensure that appropriate clinical pathways exist <p>To enable delivery of intensive care to all infants where this is required, with a</p>	<p>Local Maternity Systems (LMS) and equivalent bodies in devolved nations</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>

	minimum of postnatal transfers.						
Rec 4	<p>Neonatal units with lower rates of parental consultation, and particularly those with low outlying performance, should:</p> <ul style="list-style-type: none"> • Reflect on their rates of parental consultation • Use a quality improvement approach and consider using novel means such as video calls where parents are unable to enter the neonatal unit <p>In order to improve parental partnership in care.</p>	Neonatal units with lower rates of parental consultation, and particularly those with low outlying performance	<i>96.7% of parental consultation occurred within 24 hours of admission. (Table 5, page 27)</i>	<i>NNAP developmental standards: A consultation should take place within 24 hours of first admission for every baby.</i>	<i>None</i>	<p>Scottish Government, Neonatal Care in Scotland: A Quality Framework</p> <p>NHS Wales. All Wales Neonatal Standards – 2nd Edition.</p> <p>DH. Toolkit for high quality neonatal services</p>	<i>2018 data result: 95.9%</i>

Rec 5	<p>Neonatal units, in collaboration with parents, should:</p> <p>Build relationships and trust between parents, family members and neonatal unit staff by:</p> <ul style="list-style-type: none"> • Understanding the unique role of parents as partners in care, and involving them in developing and updating care plans and decision making • Empowering parents to feel comfortable and able to contribute to discussions about their baby's care • Taking the time to explain to parents why decisions about aspects of care are being suggested • Reflecting on audit results with parents, identifying the reasons for any gaps in parental 	Neonatal units, in collaboration with parents	83.2% of parents attended one or more ward rounds during their baby's stay. (Table 6, Page 30).	None	None	<p>Scottish Government, Neonatal Care in Scotland: A Quality Framework</p> <p>NHS Wales. All Wales Neonatal Standards – 2nd Edition.</p> <p>DH. Toolkit for high quality neonatal services</p>	2018 data result: 79.1%
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------------------------------------------------------------	------	------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------

	<p>presence on ward rounds, any lack of consultant wards or documentation or consultant ward rounds, and working with parents to address any barriers to participation identified</p> <p>So that parents are partners in the care of their baby in the neonatal unit.</p>						
Rec 6	<p>Neonatal Intensive Care Units (NICUs) with persistently low levels of ROP screening should ensure that:</p> <ul style="list-style-type: none"> • Babies requiring ROP screening are accurately identified • Safety systems for appropriate ROP screening are in place <p>So that babies who are at the highest risk of loss of vision, can be screened and receive timely</p>	Neonatal Intensive Care Units (NICUs)	<i>95.7% of babies were screened on time. (Table 7, Page 32)</i>	<i>Babies born weighing less than 1501g or born prior to 32 weeks gestational age should be screened within a 3 week window centred on the target week.</i>	<i>None</i>	<i>RCPCH guideline for the screening and treatment of ROP (2008)</i>	<i>2018 data result: 95.6%</i>

	treatment if required.						
Rec 6 (Continued)	<p>Neonatal Networks with low rates of ROP screening should:</p> <ul style="list-style-type: none"> Implement a mechanism for real time measurement of their unit's adherence to ROP screening guidelines <p>So that they can identify where related quality improvement activities need to be undertaken.</p>	Neonatal Networks	As above	As above	As above	As above	As above
Rec 7	<p>Neonatal units with higher reported rates of infection should:</p> <ul style="list-style-type: none"> Compare practices with units with lower rates of infection, identified via NNAP Online and consider whether their rates of infection could be decreased Ensure that their use of evidence- 	Neonatal units	<i>472 (raw data) /408 (validated units) babies were shown to have growth of a clearly pathogenic organism. (Tables 8a and 8b, Page 37)</i>	<i>None</i>	<i>None</i>	<i>No guidance available</i>	<i>2018 data result: 1,019 babies had a clearly pathogenic organism, though we are using a different denominator this year so they should not be compared.</i>

<p>Rec 7 (Continued)</p>	<p>based infection reduction strategies is optimised</p> <p>In order to minimise the number of babies infected in their units.</p> <p>Neonatal networks and units with both low and high rates of infection should:</p> <ul style="list-style-type: none"> • Facilitate invitations for units with higher rates of infection to visit units with lower rates in order to jointly agree whether potentially better practices could be used and consider requiring units to participate in such quality improvement activity • Ensure that the proposed visits should be multidisciplinary and focussed on identification and implementation of potentially better 	<p>Neonatal networks and units</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>
-------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------	------------------------	------------------------	------------------------	------------------------	------------------------

	practices including “infection prevention bundles”. In order to reduce the risk of exposing sick and premature babies to infection.						
Rec 8	Neonatal units with high treatment effect should: <ul style="list-style-type: none"> • Seek to identify potentially better practices from neonatal units with lower treatment effect 	Neonatal units	<i>Figure 17, Page 42: treatment effect (for BPD)</i>	<i>None</i>	<i>None</i>	NICE guideline; [NG124] Specialist neonatal respiratory care for babies born preterm.	<i>2016-2018 result: 36.5% of babies experienced BPD or death.</i>
Rec 8 (Continued)	Neonatal units and networks should <ul style="list-style-type: none"> • Seek to understand the extent to which care practices explain the differences in rates of BPD • Implement potentially better care practices, including any identified from NICE guidance about specialist respiratory care 	Neonatal units and networks	<i>36.6% of babies discharged between 1 January 2017 and 31 December 2019 experienced BPD or death. (Table 10, Page 41 or Table 11, Page 43)</i>	As above	As above	As above	As above

Rec 8 (Continued)	<p>The British Association of Perinatal Medicine (BAPM) should:</p> <ul style="list-style-type: none"> • Develop a care pathway identifying potentially better practices and the optimal means for their implementation <p>In order to reduce the proportion of babies affected by bronchopulmonary dysplasia.</p>	British Association of Perinatal Medicine (BAPM)	<i>As above</i>	<i>As above</i>	<i>As above</i>	As above	<i>As above</i>

Rec 9	<p>Units with validated NEC data should:</p> <ul style="list-style-type: none"> Compare their rates of NEC to those of other comparable units with validated data, and if their rates of NEC are relatively high, seek to identify and implement potentially better practices <p>In order to reduce the associated higher risk of mortality and, for those babies who survive, the risk of longer term developmental, feeding and bowel problems.</p>	Neonatal units	<p><i>5.5% of babies developed NEC, this has not changed from 2018. (Table 12, Page 45).</i></p>	None	None	None	<p><i>2018 results: 5.5% of babies developed NEC</i></p>
Rec 9 (continued)	<p>All neonatal units should:</p> <ul style="list-style-type: none"> Ensure the accurate recording of NEC diagnoses <p>In order to facilitate valid comparisons of the rates of NEC, and the development of preventative</p>	Neonatal units	<p><i>For the 2019 data year, 65% of units validated their NEC data (Page 45).</i></p>	As above	As above	As above	<p><i>2018 data: 71% of units validated their NEC data</i></p>

	measures based on variations in rates of NEC.						
Rec 10	<p>Neonatal networks should:</p> <ul style="list-style-type: none"> Review the admission durations of their units, alongside admission rates, as part of planning maximally effective use of neonatal bed days. 	Neonatal networks	<p><i>On average, term babies spent 2.9 days in special /normal care (Table 15 and Table 16, Page 49).</i></p> <p><i>On average, preterm babies spent 6.5 days in special /normal care (Table 15 and Table 16, Page 49).</i></p>	None	None	None	<p><i>On average, term babies spent 3 days in special /normal care.</i></p> <p><i>On average, preterm babies spent 6.6 days in special /normal care.</i></p>
Rec 10 (Continued)	<p>Neonatal and maternity teams should:</p> <ul style="list-style-type: none"> Ensure discharge practices minimise inappropriate separation of mother and baby Consider introducing measures to facilitate timely discharge such as criterion-based discharge 	Neonatal units	As above	As above	As above	As above	As above

	<ul style="list-style-type: none"> Consider delivering some care as transitional care <p>So that babies born at term and late pre-term admitted to neonatal units are not separated from their mothers for longer than is necessary.</p>						
Rec 11	<p>Neonatal units and networks should:</p> <p>Focus on both the early initiation and sustainment of breastmilk feeding in conjunction with parents by:</p> <ul style="list-style-type: none"> Reviewing data and processes in order to undertake selected quality improvement activities suited to the local context Removing barriers to successful breastmilk feeding by ensuring that appropriate and comfortable areas are provided with 	Neonatal units and networks	<i>58.3% of babies were receiving their own mother's milk at the time of their discharge from neonatal care (Table 19, page 53).</i>	<i>None</i>	<i>None</i>	<i>None</i>	2018: 59.6% of eligible babies were receiving their own mother's milk, either exclusively or with another form of feeding, at the time of their discharge from neonatal care.

	<p>adequate, regularly cleaned expressing equipment</p> <ul style="list-style-type: none"> • Seeking and acting on feedback from local parents on their experience of starting and sustaining breast feeding • Working to achieve and sustain both UNICEF UK Baby Friendly Initiative Neonatal Unit accreditation and Bliss Baby Charter accreditation • Implementing the guidance and evidence-based care practises set out in the BAPM Maternal Breastmilk Toolkit • Working with local parents to review and improve local practices around the early communication of the benefits of breastmilk, ideally 						
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--

	<p>prior to birth wherever possible</p> <p>So that the many health benefits to the preterm baby and the mother of breastfeeding can be realised.</p>						
Rec 12	<p>Neonatal units should:</p> <p>Produce detailed plans to provide or organise follow up of care for preterm babies in accordance with NICE guidance and consider arrangements for:</p> <ul style="list-style-type: none"> • Communicating with families about follow up at discharge • Families who live far from the hospital of care • Families who do not attend appointments 	Neonatal units	<i>70.8% of children had some data entered at 2 years of age. (Figure 23, Page 57)</i>	NNAP developmental standard: 90% of babies with two-year follow-up data entered.	NHS England, Neonatal Critical Care Service Specification	<p>NICE guideline [NG72] Developmental follow-up of children and young people born preterm.</p> <p>Developmental standard for documented follow up is set by clinical consensus.</p>	<i>2018 data – 69.9% had some health data entered at 2 years.</i>

<p>Rec 12 (continued)</p>	<ul style="list-style-type: none"> • Families who move to different areas • Completing and documenting assessments made <p>So that very preterm babies can be monitored and checked for any problems with movement, the senses, delays in development or other health problems and so that parents can get reassurance about how their baby is developing, and any support that they might need.</p> <p>The British Association for Neonatal Neurodevelopmental Follow Up (BANNFU) should:</p> <ul style="list-style-type: none"> • Describe and promote best practice and 	<p>The British Association for Neonatal Neurodevelopmental Follow-Up (BANNFU)</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>
--------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------

	<p>successful models of delivery of high rates of follow up using appropriate instruments</p> <p>To improve the long-term outcomes of all babies that have had neonatal care.</p>						
Rec 13	<p>Neonatal networks and their constituent neonatal units should, following a review of local mortality results, take action to:</p> <ul style="list-style-type: none"> • Consider whether a review of network structure, clinical flows, guidelines and staffing may be helpful in responding to local mortality rates. • Consider a quality improvement approach to the delivery of evidence-based strategies in the following areas to reduce mortality: timely antenatal steroids, deferred cord clamping, 	Neonatal networks and constituent neonatal units	<p><i>6.6% of very preterm infants born 1st July 2016 – 30th June 2019 died before discharge (crude mortality). Table 20, Page 60).</i></p> <p><i>Where the mortality for a network's cases is compared to mortality of a similar group of babies cared for in the whole country, significant differences in outcome are seen. These are presented as estimated treatment effect for care of very preterm babies admitted in the units of each network, and vary</i></p>	None	None	None	<p><i>Our analysis for mortality changed this year and so cannot be accurately compared to the previous year's data.</i></p>

<p>Rec 13 (Continued)</p>	<p>avoidance of hypothermia and management of respiratory disease.</p> <ul style="list-style-type: none"> • Ensure that shared learning from locally delivered, externally supported, multi-disciplinary reviews of deaths (including data from the local use of the Perinatal Mortality Review Tool) informs network governance and unit level clinical practice. <p>The patient safety team in NHS Improvement and equivalent bodies in the devolved nations should:</p> <ul style="list-style-type: none"> • Facilitate national dissemination of learning from mortality reviews 	<p>The patient safety team in NHS Improvement and equivalent bodies in the devolved nations</p>	<p><i>from negative 2.5% to positive 2.6%.</i> (Figure 24, Page 61)</p> <p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>
<p>Rec 14</p>	<p>Departments of Health in England, Scotland and Wales should:</p> <ul style="list-style-type: none"> • Ensure that sufficient resources 	<p>Departments of Health in England, Scotland and Wales</p>	<p><i>69% of shifts are numerically staffed according to national guidelines; and 44.2% of all nursing shifts have sufficient staff</i></p>	<p>Direct caring staffing ratios of one nurse per intensive care baby, one nurse to two high dependency babies, and one nurse for four special care babies</p>	<p><i>None</i></p>	<p>NHS England. Neonatal Critical Care Service Specification</p>	<p>2018 results: 63.9% of shifts are numerically staffed according to national guidelines; and 44.1% of all</p>

	are available for the education and employment of suitably trained professionals to meet and maintain nurse staffing ratios described in service specifications		<i>qualified in specialty to care for the babies present.</i> (Page 65, Table 22).	with an additional shift coordinator are mandated. Further, at least 70% of registered nursing staff on duty should have a neonatal specialist qualification.		Department of Health. Toolkit for high quality neonatal services BAPM. Service Standards for Hospitals Providing Neonatal Care	nursing shifts have sufficient staff qualified in specialty to care for the babies present.
Rec 14 (Continued)	Universities and Health Education England or equivalent bodies in the devolved nations should: • Consider revising, renewing and standardising models of specialist neonatal nursing education	Universities and Health Education England or equivalent bodies	As above	As above	As above	As above	As above
Rec 14 (Continued)	Neonatal Units and Neonatal Networks should: • Prioritise data quality assurance in submitting nurse staffing data • Monitor adherence to recommended nurse staffing standards	Neonatal units and networks	<i>173 units were eligible for inclusion in this measure; 7 units were excluded, as less than 25% of their shifts were recorded and 1 unit did not enter any shifts for the period.</i> (Page 64)	As above	As above	As above	<i>2018 results: units with more than 50% of shifts staffed by three registered nurses or fewer are excluded from the calculation of the number of shifts meeting the qualified in specialty (QIS) specification. This is because of the applicability of the QIS criteria to shifts with small numbers of nurses. This left 86,139 eligible shifts from 118 units.</i>

	<ul style="list-style-type: none">• Develop action plans to address any deficits in nursing staffing and skill mix <p>So that babies and their parents are cared for at all times by the recommended number of trained professionals.</p>						
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--