

**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**

<b>Project and Title of report, including HQIP REF</b> <i>e.g. REF XX, Project and Report title</i>	<b>REF 369, National Neonatal Audit Programme (NNAP) Summary report on 2021 data</b>  <b>Appendix A: NNAP 2021 data – results</b>
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 and Wales. Where previous years' results are referenced, they include all nations in the audit at that time.
3. The number of previous projects (e.g. whether it is the 4 <sup>th</sup> project or if it is a continuous project)	The audit has been running annually since its inception in 2006. The RCPCCH is currently contracted to deliver the audit to March 2025.
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)	Discharges from care between 1 January 2021 to 31 December 2021, with the exception of the following measures:  Mortality until discharge/44 weeks PMA – 1 July 2018 to 31 June 2021.  Bronchopulmonary dysplasia – 1 January 2019 to 31 December 2021.  Two-year follow up – births between July 2018 and June 2019.
5. Any links to NHS England/NHS Improvement 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**

<b>No.</b>	<b>Recommendation</b>	<b>Intended audience for recommendation</b>	<b>Evidence in the report which underpins the recommendation</b>	<b>Current national audit benchmarking standard if there is one</b>	<b>Associated NHS payment levers or incentives'</b>	<b>Guidance available (for example, NICE guideline)</b>	<b>% 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</b>

1.	<p>All neonatal networks and their constituent neonatal units should, following a review of local mortality results, and relevant national and regional reviews (such as the <a href="#">Getting It Right First Time</a> (GIRFT) neonatal report, the <a href="#">Neonatal Critical Care Review action plan in England</a>, and <a href="#">Independent Maternity Oversight Panel reviews</a> in Wales) take action to:</p> <ul style="list-style-type: none"> <li>• <b>consider a quality improvement approach to the delivery of evidence-based strategies</b> in the following areas to reduce mortality: timely antenatal steroids, deferred cord clamping, avoidance of hypothermia and management of respiratory disease. Such quality improvement activity should pay due regard to relevant guidance and resources, such as the <a href="#">NICE guidance for specialist respiratory care</a> and the <a href="#">BAPM and NNAP quality improvement toolkits</a>.</li> <li>• <b>ensure that shared learning from locally delivered, externally supported,</b></li> </ul>	<p>All neonatal networks (ODNs in England)</p> <p>All neonatal units.</p>	<p>The variation in rates of key outcomes of neonatal care, including mortality, bronchopulmonary dysplasia (BPD), necrotising enterocolitis (NEC) and late onset bloodstream infection in babies born at less than 32 weeks gestational age, remains wide and concerning both across neonatal networks and between neonatal units of similar types. Across neonatal networks, the following variation is seen:</p> <ul style="list-style-type: none"> <li>o Observed mortality varies two-fold, from 4% to 8%. Among babies born between 24 and 27 weeks gestational age,</li> </ul>	Not applicable	Not applicable	<p><a href="#">NHS England, Neonatal Critical Care Service Specification</a></p>	<p>2020: Overall rate of mortality: 6.3%</p> <p>Observed range between neonatal networks: 4% to 8.3%</p>
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	<p><b>multidisciplinary reviews of deaths</b> (including data from the local use of the <a href="#">Perinatal Mortality Review Tool</a>) informs network governance and unit level clinical practice.</p>		<p>this ranges from 7.8% to 19.3%.</p> <ul style="list-style-type: none"> <li>o Observed rates of BPD or death range from 33.5% to 46%.</li> <li>o Observed rates of necrotising enterocolitis range from 3.1% to 8.9%.</li> <li>o Observed rates of late onset bloodstream infection range from 2.5% to 7.6%.</li> </ul> <p>This indicates a need and opportunity to deliver significantly improved outcomes for babies if the poorest performing networks across each measure improved to the performance of the best performing.</p>				
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			<p><i>Summary report, p6, bullet 1.</i></p> <p><i>Appendix A, section 2.1, p7-11.</i></p>				
2.	<p>All neonatal and perinatal networks (including Local Maternity Systems (LMS) and Local Maternity and Neonatal Systems (LMNS) in England) <b>should undertake exception reporting</b> for all cases where a baby of less than 27 weeks' gestation (less than 28 weeks' for multiple births) is <b>not born at a maternity service on the same site as a NICU</b>, and should adopt evidence-based practices, using the following guidance and methodologies to support improvement:</p> <ul style="list-style-type: none"> <li>• <a href="#">Maternity and Neonatal Safety Improvement Programme</a></li> <li>• <a href="#">BAPM and NNAP Antenatal Optimisation Toolkit</a></li> <li>• Healthcare Improvement Scotland, Maternity and Children Quality Improvement Collaborative (MCQIC) <a href="#">Preterm Perinatal Wellbeing Package</a>.</li> <li>• BAPM Building Successful Perinatal Teams Resource (Publication due late 2022)</li> </ul>	<p>All neonatal networks, perinatal networks, Local Maternity Systems (LMS) and Local Maternity and Neonatal Systems (LMNS) in England.</p>	<p>In 2021, 21.1% of babies of less than 27 weeks' gestational age were not born in a maternity unit with a neonatal intensive care unit (NICU) on site (78.9% were delivered in the most appropriate location). Overall, 1% fewer babies were delivered in the most appropriate maternity unit compared to 2020, following a year-on-year improvement since the introduction of the measure in 2017. Evidence shows that birth in the right place reduces mortality and rates of preterm brain injury.</p>	<p>NNAP developmental standard:</p> <p>Eighty-five percent (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.</p>	<p>Not applicable</p>	<p><a href="#">NHS England, Neonatal Critical Care Service Specification</a>  <a href="#">British Association for Perinatal Medicine, Perinatal Management of Extreme Preterm Birth before 27 weeks of gestation A Framework for Practice</a></p>	<p>2020: 79.9% of babies born at less than 27 weeks gestation were born at a maternity service on the same site as a NICU.</p>

			<p><i>Summary report, p7, bullet 1.</i></p> <p><i>Appendix A, section 3.1, p35-37.</i></p>				
3.	<p>NHS England and the Welsh Government should require neonatal networks to work with their constituent neonatal units to ensure they:</p> <ul style="list-style-type: none"> <li>• <b>identify an infant feeding lead to train and support staff</b>, with protected time within their job plan for this role.</li> <li>• <b>use the following tools and resources to support their maternal breastmilk focussed quality improvement initiatives:</b> <ul style="list-style-type: none"> <li>○ <a href="#">BAPM and NNAP Maternal Breast Milk Toolkits</a></li> <li>○ <a href="#">UNICEF Neonatal Baby Friendly Initiative</a></li> <li>○ Bliss resources, including <a href="#">information for families</a>, support services and the <a href="#">Bliss Baby Charter</a></li> <li>○ <a href="#">PERIPrem bundle: Maternal Early Breast Milk</a></li> <li>○ Neonatal Network Care Coordinators (England).</li> </ul> </li> </ul>	NHS England, Welsh Government	<p>Rates of breastmilk feeding at discharge from neonatal care remain static (60.6% in 2021; 60.1% in 2020). Breastmilk feeding rates are higher at 14 days of age (80.5% in 2021) than at discharge, but there has been a 1.7 percentage point reduction compared to the first year of reporting in 2020. This decline may be related to COVID-19 related impacts on unrestricted parental access to neonatal units.</p> <p><i>Summary report, p8, bullet point 1.</i></p>	<p>NNAP developmental standard: 80% of babies should receive at least some of their mother's milk at discharge home.</p> <p>NNAP developmental standard: A consultation should take place within 24 hours of first admission for every baby.</p>	Not applicable	<p><a href="#">Scottish Government, Neonatal Care in Scotland: A Quality Framework</a></p> <p><a href="#">NHS Wales. All Wales Neonatal Standards – 2nd Edition.</a></p> <p><a href="#">Department of Health. Toolkit for high quality neonatal services</a></p> <p><a href="#">Bliss Family Friendly Accreditation Scheme</a></p>	<p>2020: Breastmilk feeding at discharge home: 60.1%</p> <p>Breastmilk feeding at 14 days of age: 82.2%</p> <p>Proportion of ward rounds with at least one parent present: Not reported.</p> <p>Parents attending a least one ward round during a baby's stay: 84.2%</p> <p>Consultation within 24 hours: 95.5%</p>

	<ul style="list-style-type: none"> <li>• <b>ensure unrestricted access for parents to the neonatal unit and their baby</b>, and as full as possible for the wider family, including a return to pre-Covid visiting policies if not yet achieved.</li> <li>• ensure that <b>parent presence on the consultant ward round is recorded daily</b>.</li> <li>• seek to <b>learn from neonatal units that are achieving high rates of parent involvement</b>, making use of available resources including those provided by Bliss.</li> <li>• ask parents for their views and suggestions for how to improve parental partnership in care, including how to increase parent involvement in consultant ward rounds and how to best ensure that parents meet a senior member of the neonatal team within 24 hours of admission.</li> </ul>		<p>There is wide variation in both breastmilk feeding rates at 14 days of age and at discharge. At network level, variation in breastmilk feeding at discharge is widest, ranging from 52% to 75.6%. Rates at 14 days of age range from 75.9% to 86.3%. Admission to a neonatal unit may mean that parents are unable to achieve the type of feeding they had intended. Neonatal services may also be limited in their ability to affect long-term feeding intentions, which may be influenced by socio-demographic factors.</p>				
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*Summary report, p8, bullet point 2.*

*Appendix A, sections 4.1 and 4.2, p52-55.*

For the first year, the NNAP reports the proportion of consultant ward rounds with at least one parent present, in addition to the proportion of admissions where a parent attended at least one consultant ward round during their baby's stay on the neonatal unit. Data on whether parents were present were missing for 220,913 out of 808,697 (27.3%) days of admission, but where data was provided, at least one parent was present for 44.1% of consultant ward rounds.

			<p><i>Summary report, bullet point 3, p8.</i></p> <p><i>Appendix A, sections 4.5 and 4.6, p59-67.</i></p>				
4.	<p>Commissioners of nursing training in England and Wales should <b>ensure that the number of neonatal nurses is increased.</b> This will require training by higher education institutions of greater numbers of specialist nurses, and continued support by the Neonatal Nurses Association and neonatal networks to promote neonatal nursing as a positive career choice.</p>	<p>Commissioners of nursing training in England and Wales.</p> <p>Neonatal Nurses Association.</p> <p>Neonatal networks</p>	<p>Neonatal nurse staffing levels have deteriorated with 26.1% of nursing shifts not meeting recommended levels in 2021 (73.9% of shifts met recommended levels), compared to 21.4% in 2020. In NICUs, 42.3% of shifts did not meet recommended staffing. Wide unit and network level variation exists in the achievement of recommended nurse staffing levels.</p> <p><i>Summary report, bullet point 1, p9.</i></p> <p><i>Appendix A, section 5.1, p70-77.</i></p>	Not applicable	Not applicable	<p><a href="#">NHS England. Neonatal Critical Care Service Specification. 2016.</a></p> <p><a href="#">Department of Health. Toolkit for high quality neonatal services. 2009.</a></p> <p><a href="#">British Association of Perinatal Medicine. Service Standards for Hospitals Providing Neonatal Care (3rd edition). 2010.</a></p>	<p>2020: 78.6% of shifts met recommended staffing levels.</p>



5.	<p>All Health Boards and Trusts providing neonatal services should work with neonatal networks to:</p> <ul style="list-style-type: none"> <li>• <b>develop action plans and workforce strategies</b>, alongside measures to improve recruitment and retention, for the use of Neonatal Critical Care Review funding for nurse staffing (England only).</li> <li>• <b>invest in staff wellbeing, career progression and training opportunities</b> for nursing associate roles and apprenticeship roles, following the guidance in the <a href="#">GIRFT neonatology supplementary workforce report</a> on nurse career frameworks.</li> </ul>	<p>All Health Boards and Trusts providing neonatal services.</p> <p>Neonatal networks.</p>	<p>Neonatal nurse staffing levels have deteriorated with 26.1% of nursing shifts not meeting recommended levels in 2021 (73.9% of shifts met recommended levels), compared to 21.4% in 2020. In NICUs, 42.3% of shifts did not meet recommended staffing. Wide unit and network level variation exists in the achievement of recommended nurse staffing levels.</p> <p><i>Summary report, Neonatal nurse staffing, bullet point 1, p9.</i></p> <p><i>Appendix A, section 5.1, p70-77.</i></p>	Not applicable	Not applicable	<p><a href="#">NHS England. Neonatal Critical Care Service Specification. 2016.</a>  <a href="#">Department of Health. Toolkit for high quality neonatal services. 2009.</a>  <a href="#">British Association of Perinatal Medicine. Service Standards for Hospitals Providing Neonatal Care (3rd edition). 2010.</a></p>	2020: 78.6% of shifts met recommended staffing levels.
6.	<p>All neonatal units and networks should:</p> <ul style="list-style-type: none"> <li>• ensure that they have <b>safe screening processes</b> that</li> </ul>	All neonatal units and networks	In 2021, 95.4% of eligible babies received on time screening for	NNAP developmental standard: 100% of	Not applicable	<p><a href="#">RCPC, RCOphth, BAPM, BLISS. Guideline for the Screening and Treatment of</a></p>	2020: 95.1%

	<p>adhere to the updated UK screening of retinopathy of prematurity guideline.</p> <ul style="list-style-type: none"> <li>work with their <b>local ophthalmology team</b> to ensure processes are in place to cover staff sickness or absence to ensure that screening can be undertaken 52 weeks per year.</li> </ul>		<p>retinopathy of prematurity (ROP) according to the NNAP definition of the screening window. This has remained between 95.1% and 95.7% over the last four years. Babies nursed in Special Care Units were less likely to be screened on time (88.6%), possibly reflecting challenges with providing in-reach ROP screening to smaller neonatal services. The NNAP 2023 report on 2022 data will report adherence to the new UK screening of retinopathy of prematurity guideline, published in March 2022.</p> <p><i>Summary report, Care processes bullet point 1, p9.</i></p>	<p>eligible babies should receive ROP screening within the recommended time windows for first screening.</p>		<p><a href="#">Retinopathy of Prematurity.</a></p> <p>New guideline published March 2022:  <a href="#">Royal College of Paediatrics and Child Health. UK Screening of Retinopathy of Prematurity Guideline, March 2022.</a></p>	
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			<i>Appendix A, section 6.1, p78- 81.</i>				
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