



National Neonatal Audit Programme

Understanding Practice in Clinical Audit and Registries (UPCARE): 1.0 Programme name	National Neonatal Audit Programme
1.1 Abbreviation	NNAP
1.2 Audit or non-audit	Audit
1.3 HQIP commissioned	Yes
1.4 Programme unique identifier	HQIP117
Contract status	Ongoing
HQIP AD	TS
HQIP PM	VED
1.5 Lead organisation	Royal College of Paediatrics and Child Health
1.6 Programme homepage	http://www.rcpch.ac.uk/about-nnap
1.7 Programme summary	The NNAP assesses whether babies admitted to neonatal units receive consistent high quality care. We identify areas for quality improvement in relation to the delivery and outcomes of care.
2.1 Organogram	https://www.rcpch.ac.uk/work-we-do/clinical-audits/nnap/about
2.2 Organisations involved in delivering the programme	<p>Royal College of Paediatrics and Child Health (RCPCH) www.rcpch.ac.uk</p> <p>The RCPCH is the professional body for paediatricians (doctors specialising in child health) in the United Kingdom. It is responsible for the postgraduate training of paediatricians. The RCPCH is contracted to deliver the NNAP from April 2022 to March 2025.</p> <p>Bliss www.bliss.org.uk</p> <p>The leading UK charity for babies born needing neonatal care. The charity is a member of the NNAP Project Board.</p> <p>British Association of Perinatal Medicine (BAPM) www.bapm.org</p> <p>The British Association of Perinatal Medicine (BAPM) is a professional association and registered charity. Established in 1976, BAPM improves standards of perinatal care by supporting all those involved in perinatal care to optimise their skills and knowledge, promote high quality, safe and innovative practice, encourage</p>

research, and speak out for the needs of babies and their families. The association is a member of the NNAP Project Board.

Neonatal Nurses Association (NNA) www.nna.org.uk

The Neonatal Nurses Association is a national organisation representing neonatal nurses, steered by neonatal nurses to promote neonatal nursing for the benefit of sick newborns and their families throughout the country. The association is a member of the NNAP Project Board.

The Neonatal Society <http://www.neonatalsociety.ac.uk/>

The Neonatal Society is a leading academic society, the aim of which is to promote neonatal science. The society is a member of the NNAP Project Board.

2.3 Governance arrangements

The audit is governed by a Project Board, which meets four times a year. The Board is chaired by the RCPCH Vice President, Science and Research, and includes the organisations and individuals listed on the organogram (see section 2.1)

The Board is responsible for overseeing the audit and providing oversight and advice to the programme. The Board is the guarantor of the data from the audit and is responsible for signing off the annual report. Overall clinical accountability is provided by the Vice President, Science and Research. Overall organisational and contractual accountability is provided by the Director of Research and Quality Improvement, RCPCH.

The Project Team reports to the Project Board and is responsible for delivering the audit.

Further details on the NNAP's governance arrangements can be found here: <https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/national-neonatal-audit-programme/governance-delivery>

2.4 Stakeholder engagement

A range of representatives from the neonatal community are members of the Project Board, including clinicians and parents. The purpose and remit of the Project Board is:

- To ensure the audit programme is positioned to accurately and efficiently assess whether babies admitted to a neonatal unit in England, Wales & Scotland receive consistent high-quality care in relation to audit questions.
- To identify areas and make recommendations for quality improvement in neonatal units in relation to delivery of outcomes of care.
- Ensure clinically meaningful data collection and analysis; providing clinical advice and support to help undertake project work.
- Advise the College on required resources.
- Collaborate with stakeholders to ensure interests are aligned.
- Support the College communication of project in neonatal sector.

A similar range of representatives from the neonatal community are members of the Methodology and Dataset Group. The objectives of the Methodology and Dataset Group is:

- To review professionally developed guidance and standards relating to key areas of neonatal care and submit proposals for changes to the NNAP audit measures to the NNAP Project Board for review and approval.

- To develop a statistical analysis plan for the NNAP and to make recommendations to the Project Board relating to methodology.
- To make recommendations to the project board on how the results of the NNAP should be reported and disseminated in order to have the maximum impact on improving care.
- To review the NNAP benchmarking and reporting functions within BadgerNet and makes suggestions for amendments for review by the project board.

The recently established Parent Partnership Group aims to ensure that the parent voice is central to the audit's work. The purpose and remit of this group is:

- To provide advice to the Methodology and Dataset Group and Project Board on developing appropriate and useful audit measures which will effectively measure and report on parental partnership in neonatal care
- To advise the NNAP project team on the most appropriate way to communicate information about the NNAP to parents and the public, including to co-produce parent and family-focused resources
- To provide a parent perspective on the appropriate use of personal information about mothers and babies receiving neonatal care by the NNAP; employing wider engagement methods such as focus groups to ensure a range of views are considered.
- To advise the NNAP project team when wider parent consultation may be appropriate, and the method of engagement.
- To develop NNAP communications and resources which use accessible, appropriate and inclusive language and which provide support for all parents and families throughout their neonatal journey; employing wider engagement methods where required to ensure a range of views are considered.
- To ensure that the parent voice contributes towards NNAP activities aimed at addressing health inequalities in neonatal care.
- To make recommendations to the Project Board relating to the above remit.

Audit participants are involved by:

- Providing feedback via an annual user feedback survey which seeks feedback on various aspects of the audit.
- Completing the annual data quality assurance survey confirming the level of accuracy on data completeness across specific audit measures
- Attending, presenting and providing feedback at stakeholder events such as the annual conference and webinars
- Using, and providing feedback on, quarterly reports designed to ensure data quality and completeness

2.5 Conflict of interest policy

Members of the Project Board have completed a declaration of interests, as part of the RCPCH register of interests process. A standing item is included on the Project Board agenda notifying members of their responsibility to ensure that their declaration is up to date.

3.1 Quality improvement goals

Full details of the NNAP's quality improvement goals can be found in the Healthcare Improvement Strategy (HIS): <https://www.rcpch.ac.uk/work-we-do/clinical-audits/nnap/healthcare-improvement-strategy>.

The HIS outlines three improvement goals:

1. Reduce the difference between the networks with the most negative and most positive treatment effect^[1] for mortality until discharge home (3.8% based on 2021 results) by 0.3% per year over a 10-year period, with no associated increase in mortality in the network with the lowest observed rate.^{[2] [3]}
1. 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 6.8% observed in the NNAP 2021 data.^[4]
1. For babies born at less than 32 weeks gestation, increase the proportion discharged home from neonatal care having experienced no serious complication of prematurity (late onset bloodstream infection, NEC, BPD and serious preterm brain injury and mortality) by 1% per year over a ten-year period based on an estimated baseline proportion of 51% observed in the NNAP 2021 data. ^[5]

^[1] The NNAP uses a case mix/risk adjustment method called balancing, which gives a “treatment effect” for a neonatal network. A negative treatment effect suggests that the babies were more likely to survive in the network than elsewhere in the country, and a positive treatment effect suggests that the babies would have been more likely to survive had they been born and treated elsewhere.

^[2] Here we consider the variation between networks, and not the overall absolute mortality. It is possible, but unlikely, that overall mortality could worsen, while variation between networks reduces. Absolutely mortality will remain under review.

^[3] We consider the difference between the best and the worst performing network; those will each be subject to statistical variation from the fact that, in any given period, they are assessed on the babies they encountered. These babies might by chance have been healthier or less healthy in ways that we do not and perhaps cannot measure; therefore, small changes in this metric should not be taken as evidence of changes in NHS neonatal care.

^[4] Note that this 2021 proportion is based on data available in April 2023 and is calculated according to the 2023 measure criteria. Therefore, for some of the component measures, such as antenatal steroids, services will not have been reviewing and cleaning these data as they are currently measured. Data quality issues may therefore impact this baseline proportion.

^[5] Note that this 2021 proportion is based on data available in April 2023 and is calculated according to the 2023 measure criteria. Therefore, for some of the component measures, services will not have been reviewing and cleaning these data as they are currently measured. Data quality issues may therefore impact this baseline proportion.

3.3a Methods for stimulating quality improvement

Sharing good practice repository; Action plan template; Workshops; National Clinical Audit Benchmarking (NCAB) tool (via CQC); NHS England improvement programme

4a) Please add the most recent date that you have reviewed and updated an online

13/12/2023

**version of UPCARE
(Programme &
Workstream sections)
on your project's
website (see pop-up
guidance).**

**4b) Please add a
hyperlink to UPCARE
on your website (see
pop-up guidance).**

<https://www.rcpch.ac.uk/work-we-do/clinical-audits/nnap/about>