



# Northern Neonatal Network

## Quarterly Report

### Q1 Apr-Jun 16



This report is a summary of the dashboard data submitted every month by each of the 9 Trusts that make up the Northern Neonatal Network. These figures are taken from both the BadgerNet Database where the required data is available and the Dashboard returns that have been supplied to Mark each month.

It is important to note the following when looking at these reports;

- As from 1<sup>st</sup> April 2015, all reports use the BAPM 2011 definitions, NOT the previous BAPM 2001 used in all reports to date. There are significant differences in how these newer levels of care are calculated and these newer reports need to be considered accordingly. There are significant differences, for example, in how IC no longer routinely includes babies on CPAP by default, rather taking account of other clinical indicators – weight, gestation etc.
- The BAPM 2011 definitions include a new “Normal Care” category. If ONLY “Carer resident – caring for baby” or the “None or >4hourly intervals” for observations/monitoring on the “general summary” page is ticked, this will classify as a “normal care” day. Under current commissioning guidance, unlike “special care” days, these are not funded. We have included these days as they are what the system reflects for each Unit. ***You may wish to check these for future reporting purposes.***
- The staffing level reports are now calculated by mapping nurse staffing levels submitted against the activity generated by the new BAPM 2011 definitions and have altered from typical levels under BAPM 2001 accordingly.
- The definitions for each of the included items are those given on the dashboard.
- The reports relating to transfers in Section 3 are taken entirely from the transport record sheets completed by the two teams from the RVI and JCUH. Interpretation of these in respect of some of the coding (particularly relating to “urgency”) is often highly subjective, but to minimise this, we have tried to rely on just a few key definitions that may still provide a useful indication of our Network’s transport team’s activity. The charts are therefore accompanied by some boxes that explain the basis for the definitions used.

We continue to invite constructive criticism and feedback from all our Stakeholders across the Network and have taken into account some of these in this latest version of quarterly reports. It is our hope that these quarterly Reports will continue to provide a rich but useful source of data for both Network and individual Units/Trusts and help determine issues across the Network in all our Units in relation to their activity and capacity, thus informing future strategic discussions and planning of neonatal services.

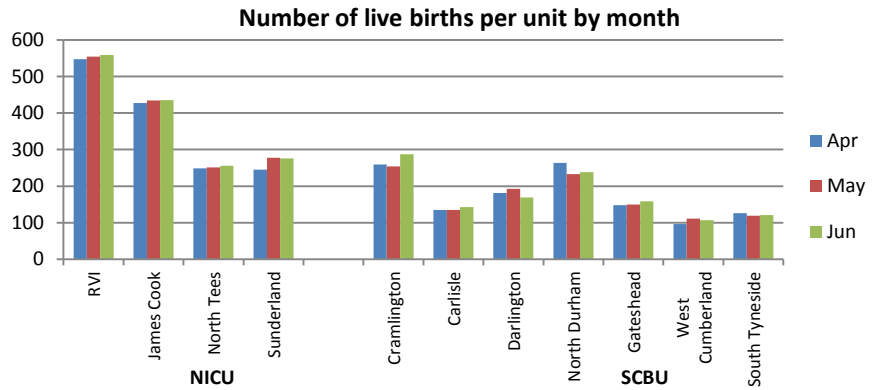
As always, the aim of this is to provide the very best service available to the babies and families within our Network and thus meet our one core principle – *“To give the highest possible standard of safe, effective care to babies and their families.”*

Martyn Boyd, Network Manager/Mark Green, Network Data Manager  
August 2016

## Section 1 - Activity

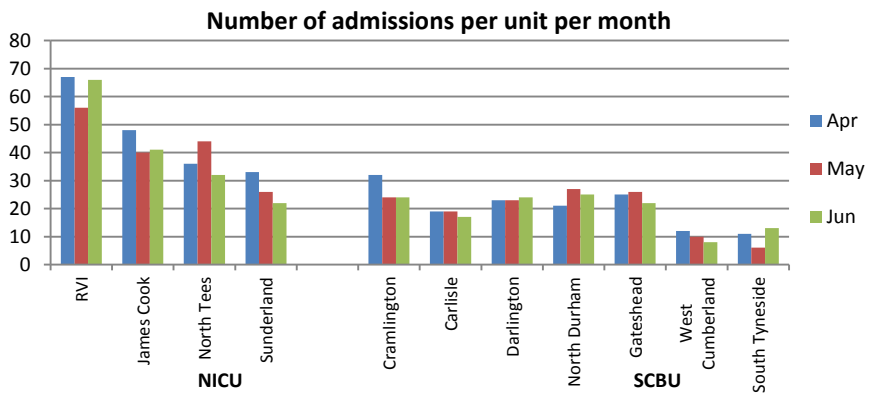
### Live Births

Unit	Apr	May	Jun	Total
RVI	547	554	559	1660
James Cook	427	434	435	1296
North Tees	249	251	256	756
Sunderland	245	278	276	799
Cramlington	259	254	287	800
Carlisle	135	135	143	413
Darlington	191	193	169	543
North Durham	264	233	238	735
Gateshead	148	150	159	457
West Cumberland	96	111	107	314
South Tyneside	126	119	121	366
<b>Total</b>	<b>2677</b>	<b>2712</b>	<b>2750</b>	<b>8139</b>



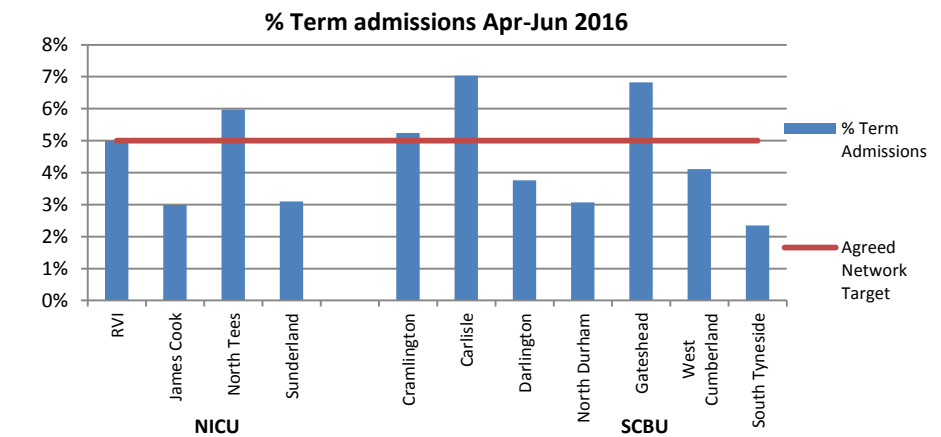
### Admissions

Unit	Apr	May	Jun	Total
RVI	67	56	66	189
James Cook	48	40	41	129
North Tees	36	44	32	112
Sunderland	33	26	22	81
Cramlington	32	24	24	80
Carlisle	19	19	17	55
Darlington	23	23	24	70
North Durham	21	27	25	73
Gateshead	25	26	22	73
West Cumberland	12	10	8	30
South Tyneside	11	6	13	30
<b>Total</b>	<b>327</b>	<b>301</b>	<b>294</b>	<b>922</b>



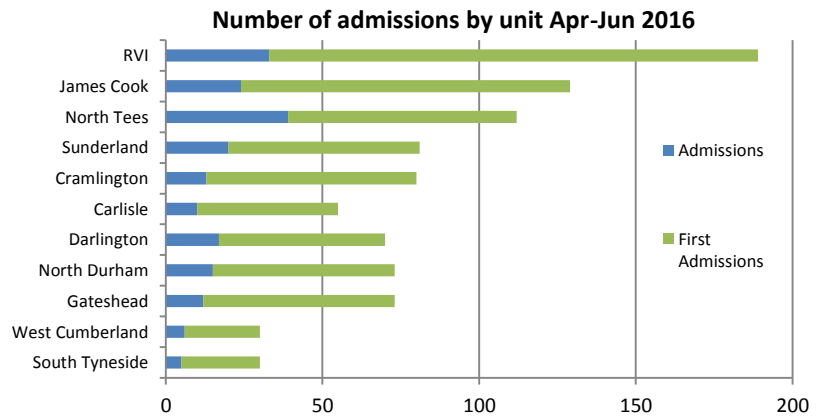
### Term Admissions<sup>1</sup>

Unit	Apr	May	Jun	Average
RVI**	5.7%	3.3%	6.0%	5.0%
James Cook	3.8%	2.7%	2.5%	3.0%
North Tees	5.6%	6.4%	5.9%	6.0%
Sunderland	3.1%	4.3%	1.9%	3.1%
Cramlington	7.5%	5.1%	3.4%	5.2%
Carlisle	7.2%	8.8%	5.3%	7.0%
Darlington	2.4%	4.5%	4.5%	3.8%
North Durham	3.3%	3.7%	2.3%	3.1%
Gateshead	5.8%	9.3%	5.4%	6.8%
West Cumberland	2.2%	4.8%	5.0%	4.1%
South Tyneside	4.3%	1.8%	0.9%	2.4%
<b>Network Average</b>	<b>4.7%</b>	<b>4.5%</b>	<b>4.0%</b>	<b>4.4%</b>



### All Admissions

Unit	Total Admissions	1st Admissions	Term Admissions
RVI**	189	156	77
James Cook	129	105	36
North Tees	112	73	42
Sunderland	81	61	23
Cramlington	80	67	39
Carlisle	55	45	25
Darlington	70	53	19
North Durham	73	58	21
Gateshead	73	61	30
West Cumberland	30	24	12
South Tyneside	30	25	9
<b>Total</b>	<b>922</b>	<b>728</b>	<b>333</b>

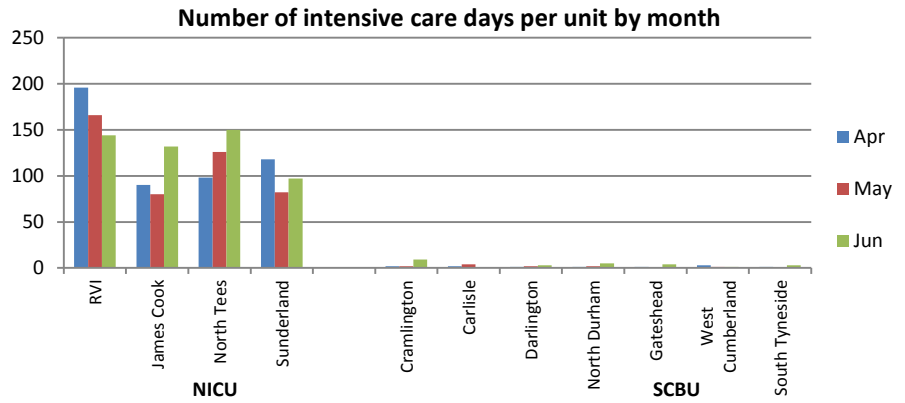


<sup>1</sup> Calculated using 1<sup>st</sup> episodes admissions and total births less 7% "preterm births" suggested average as per NNN agreement.

\*\*RVI includes unavoidable "congenital abnormality" term admissions.

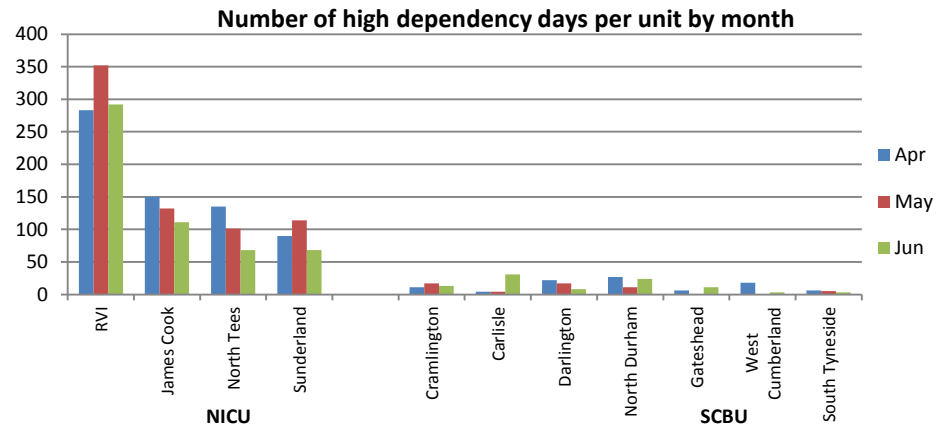
### IC Days

Unit	Apr	May	Jun	Total
RVI	196	166	144	506
James Cook	90	80	132	302
North Tees	98	126	150	374
Sunderland	118	82	97	297
Cramlington	2	2	9	13
Carlisle	2	4	0	6
Darlington	1	2	3	6
North Durham	1	2	5	8
Gateshead	1	0	4	5
West Cumberland	3	1	1	5
South Tyneside	1	0	3	4
<b>Total</b>	<b>513</b>	<b>465</b>	<b>548</b>	<b>1526</b>



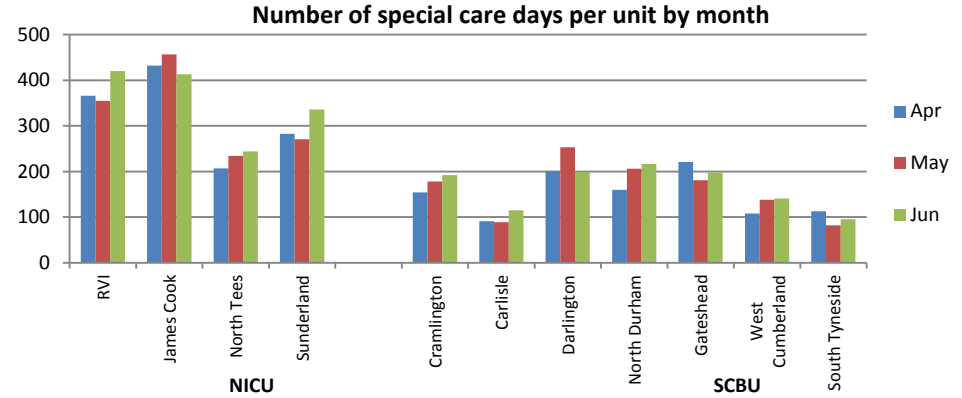
### HD Days

Unit	Apr	May	Jun	Total
RVI	283	352	292	927
James Cook	150	132	111	393
North Tees	135	101	68	304
Sunderland	90	114	68	272
Cramlington	11	17	13	41
Carlisle	4	4	31	39
Darlington	22	17	8	47
North Durham	27	11	24	62
Gateshead	6	1	11	18
West Cumberland	18	0	3	21
South Tyneside	6	5	3	14
<b>Total</b>	<b>752</b>	<b>754</b>	<b>632</b>	<b>2138</b>



### SC Days

Unit	Apr	May	Jun	Total
RVI	366	355	420	1141
James Cook	432	457	413	1302
North Tees	207	234	244	685
Sunderland	283	271	336	890
Cramlington	154	178	192	524
Carlisle	91	89	115	295
Darlington	201	253	199	653
North Durham	160	206	217	583
Gateshead	221	181	198	600
West Cumberland	108	138	141	387
South Tyneside	113	82	95	290
<b>Total</b>	<b>2336</b>	<b>2444</b>	<b>2570</b>	<b>7350</b>



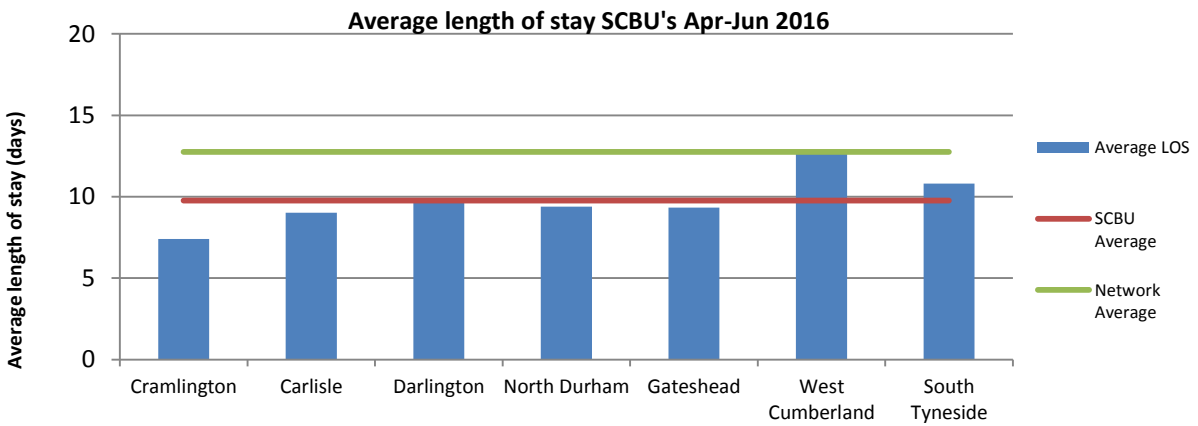
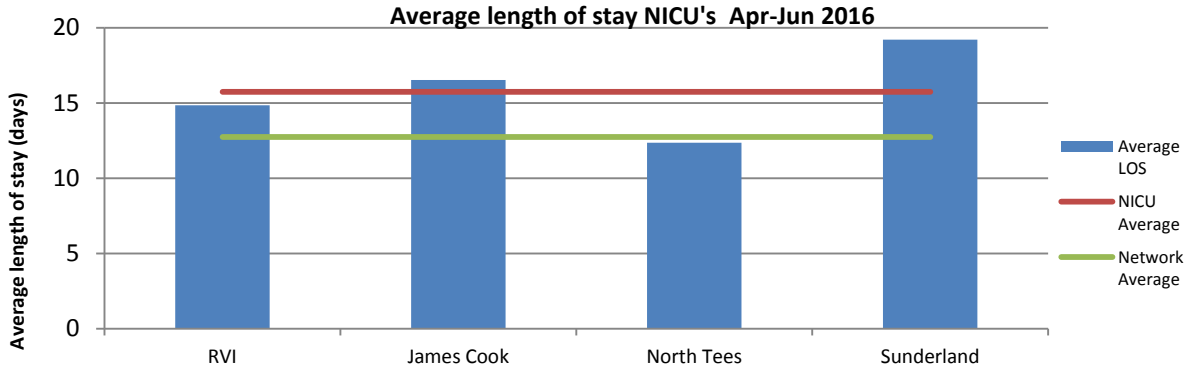
### NC Days

Unit	Apr	May	Jun	Total
RVI	12	14	37	63
James Cook	0	0	0	0
North Tees	9	8	13	30
Sunderland	0	0	0	0
Cramlington	7	8	27	42
Carlisle	51	38	17	106
Darlington	1	1	4	6
North Durham	4	1	0	5
Gateshead	18	12	10	40
West Cumberland	1	0	0	1
South Tyneside	0	0	0	0
<b>Total</b>	<b>103</b>	<b>82</b>	<b>108</b>	<b>293</b>

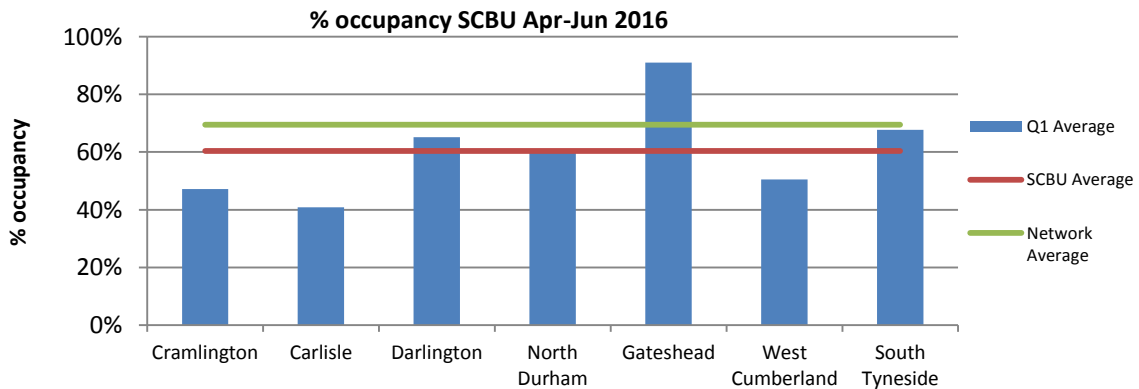
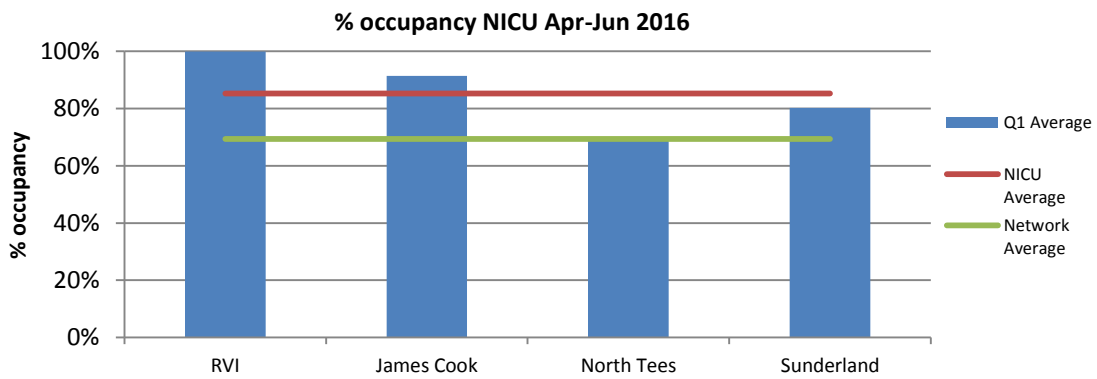
### TC Days

Unit	Apr	May	Jun	Total
RVI	391	316	395	1102
James Cook	0	0	0	0
North Tees	18	26	18	62
Sunderland	0	0	0	0
Cramlington	23	23	19	65
Carlisle	4	18	9	31
Darlington	115	87	89	291
North Durham	115	160	112	387
Gateshead	0	0	0	0
West Cumberland	0	0	0	0
South Tyneside	0	0	0	0
<b>Total</b>	<b>666</b>	<b>630</b>	<b>642</b>	<b>1938</b>

## Section 2 – Length of Stay<sup>2</sup>



## Section 3 – Occupancy<sup>3</sup>



<sup>2</sup> Calculated using total discharges >4hrs, not died, and total length of stay.

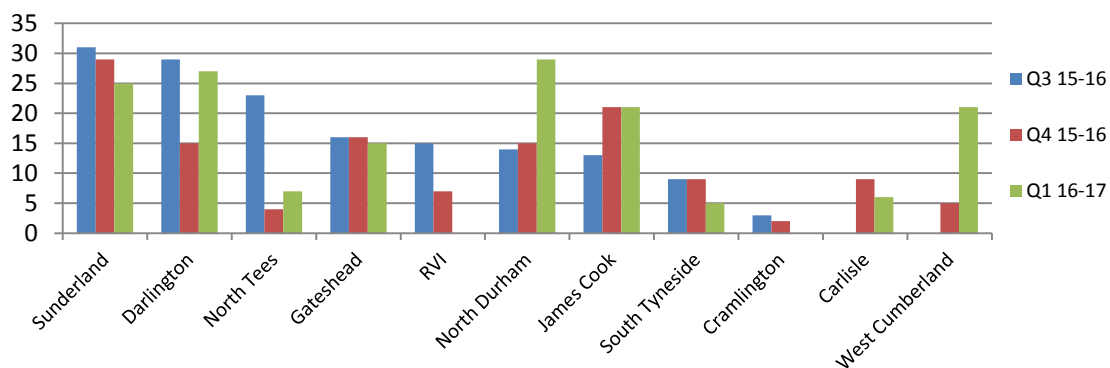
<sup>3</sup> Calculated using available total cot numbers and occupancy levels

## Section 4a – Clinical Indicators<sup>4</sup>

Period:	National CQUIN				NNAP				
	Q1 16-17				Q1 16-17				
	Timely discharge eligible babies	TPN by Day 2 of Life	2yr Follow up form complete	Temperature on admission >=36	Temperature Taken within 1hr (<29/40)	Antenatal Steroids Given	First Consultation within 24hrs	Breast Milk at Discharge Home (<33/40)	ROP screening
Unit A	90%	N/A	N/A	100%	100%	95%	96%	50%	0%
Unit B	N/A	100%	0%	79%	90%	79%	88%	0%	100%
Unit C	25%	100%	100%	78%	71%	70%	73%	29%	85%
Unit D	100%	N/A	0%	80%	100%	86%	50%	50%	100%
Unit E	57%	N/A	N/A	93%	100%	81%	69%	0%	80%
Unit F	0%	0%	N/A	100%	100%	71%	95%	33%	50%
Unit G	88%	55%	100%	95%	100%	92%	72%	30%	80%
Unit H	100%	100%	70%	96%	89%	80%	96%	50%	62%
Unit I	100%	N/A	N/A	100%	100%	82%	80%	100%	100%
Unit J	0%	N/A	N/A	80%	100%	80%	88%	100%	100%
Unit K	100%	N/A	0%	92%	100%	95%	74%	50%	67%
Northern	66%	71%	45%	90%	95%	83%	80%	45%	75%

## Section 4b – Non-clinical Indicators<sup>5</sup>

Number of parent satisfaction surveys returned



## Section 5 – Network Audit & data/information compliance<sup>5</sup>

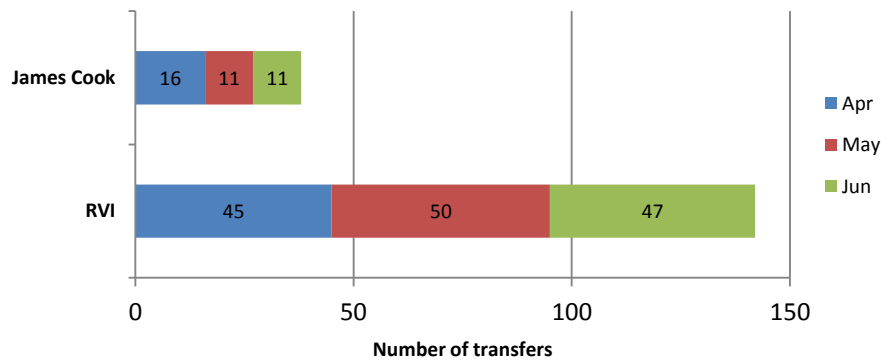
Unit	Dashboard returns	BAPM Mortality Survey	Network App update	Latest Annual Reports – Northern Neonatal Network		
				Unit/Trust	Year	Produced
RVI	No reminder			RVI	2015	Aug-16
JCUH	No reminder			JCUH	2014	Sep-15
North Tees	No reminder			Sunderland	2014	Oct-15
Sunderland	No reminder			North Tees	2014	Mar-15
Cramlington	1 reminder			CDDFT	2015	Feb-16
Carlisle	No reminder			Cramlington	2013	Oct-14
Darlington	1 reminder			North Cumbria	N/A	N/A
North Durham	1 reminder			Gateshead	N/A	N/A
Gateshead	1 reminder			South Tyneside	N/A	N/A
West Cumberland	No reminder					
South Tyneside	1 reminder					

<sup>4</sup> These are taken from the BadgerNet Dashboard reports for national CQUINs and NNAP Metrics. The former may not be what individual Units have signed up to but are included with the NNAP figures (which will appear on their reports in due course) for benchmarking purpose only

<sup>5</sup> Requested items as identified and defined by the Network as auditable will appear here in future reports, including Monthly Dashboard returns, where the deadline for submission will be 6 weeks after the end of the quarter being requested.

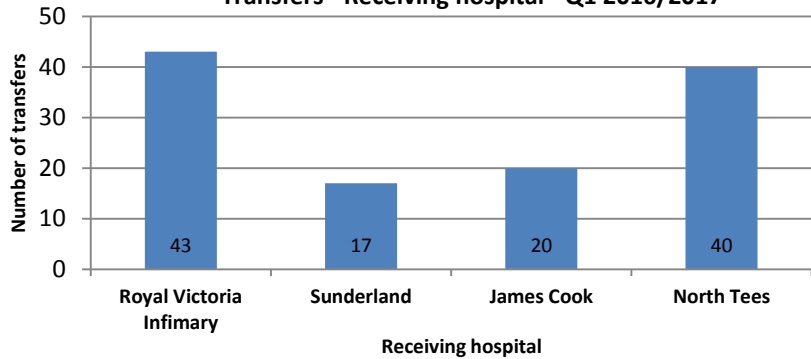
## Section 6 – Transport

**Total transfers by squad - Q1 2016/2017**



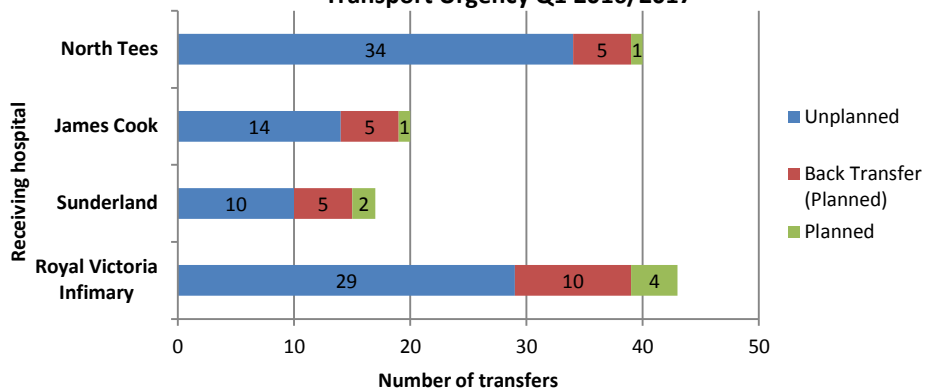
These figures represent the total number of transfers undertaken by each team per month, including back-transfers

**Transfers - Receiving hospital - Q1 2016/2017**



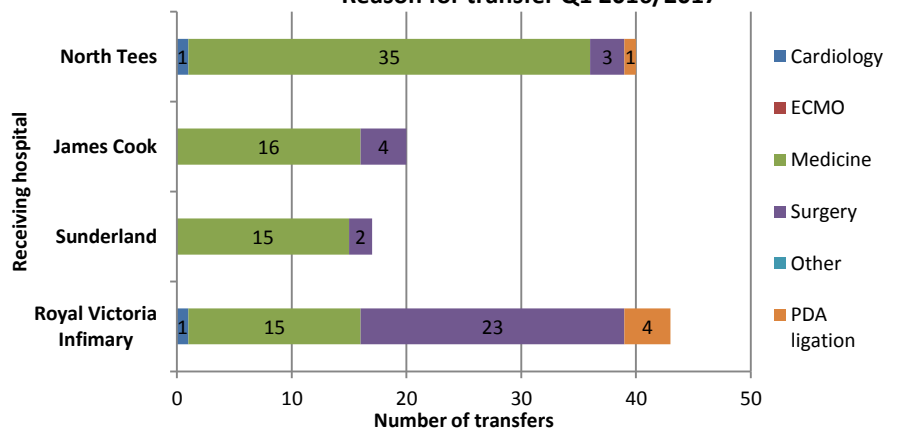
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).

**Transport Urgency Q1 2016/2017**



Definitions of urgency are subjective apart from planned back-transfers. The definition of “planned” here is where the need for transfer appears to have been known – such as for surgical cases and cardiac investigations etc. Unplanned would be defined as where transfer could not have been foreseen – such as a baby requiring ongoing care at another Unit that could not be provided at their own.

**Reason for transfer Q1 2016/2017**



Such classifications can again also be subjective, but where there is enough clarity to suggest it, they have been coded as such in the following table. “Other” covers occasional cases such as ROP screening or laser surgery. PDA ligations usually go direct to the Freeman, but if they are referred to another NICU first, they will be coded as a PDA Ligation accordingly.

## Non-clinical transfers due to cot availability Q1 2016/17

These transfers refer to those cases where babies need to be moved following birth from their hospital of booking and delivery for non-clinical reasons – lack of capacity and cots. We are monitoring these as part of our reconfiguration data work on patient flows.

These figures are taken directly from the Infant Transport Records (ITRs) that the teams complete and state that the Unit is “full” and/or then cross-referenced with Badger if necessary to check occupancy levels.

NICU	Transfers out
RVI	18
JCUH	2
Sunderland	3
North Tees	0

**Non-clinical transfers out due to cot capacity Q1 2016-2016**

