



Northern Neonatal Network

Quarterly Report

Q1 Apr-Jun 17



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 1st April 2015, all reports use the BAPM 2011 definitions, which differ from the previously used BAPM 2001 ones. This is particularly evident in how Intensive Care (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 calculated by mapping nurse staffing levels submitted against the activity generated by the new BAPM 2011 definitions.
- 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 (NNeTS) and JCUH who now undertake very few transfers. 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.

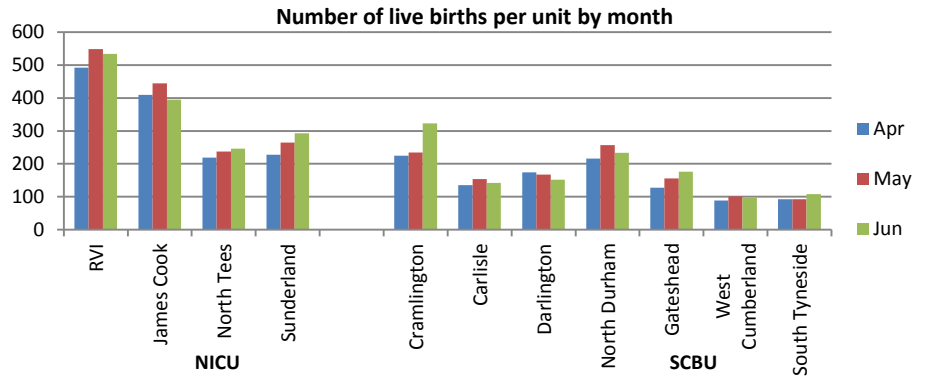
As always, the aim of this is to provide the very best service available to the babies and families within our Network and thus meet our one core principle – *“To give the highest possible standard of safe, effective care to babies and their families.”*

Martyn Boyd, Network Manager/Mark Green, Network Data Manager
August 2017

Section 1 - Activity

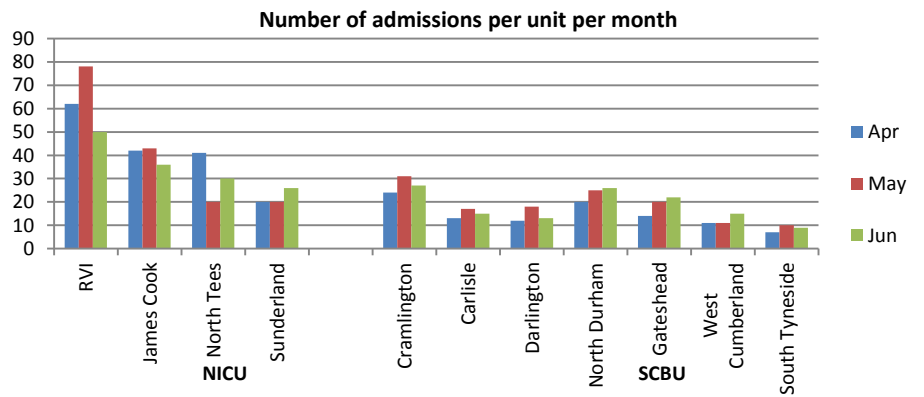
Live Births

Unit	Apr	May	Jun	Total
RVI	492	548	534	1574
James Cook	409	444	395	1248
North Tees	219	265	293	786
Sunderland	228	265	293	786
Cramlington	225	234	323	782
Carlisle	135	154	142	431
Darlington	174	167	152	493
North Durham	216	257	233	706
Gateshead	128	156	176	460
West Cumberland	89	101	97	287
South Tyneside	93	93	108	294
Total	2408	2656	2699	7763



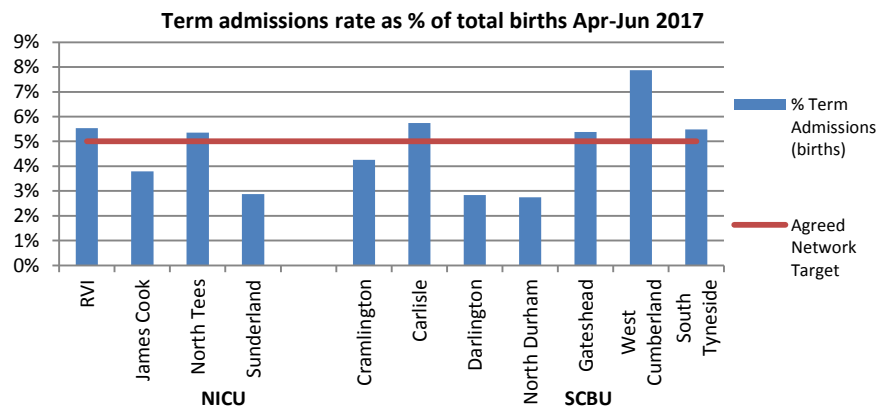
Admissions

Unit	Apr	May	Jun	Total
RVI	62	78	50	190
James Cook	42	43	36	121
North Tees	41	20	30	91
Sunderland	20	20	26	66
Cramlington	24	31	27	82
Carlisle	13	17	15	45
Darlington	12	18	13	43
North Durham	20	25	26	71
Gateshead	14	20	22	56
West Cumberland	11	11	15	37
South Tyneside	7	10	9	26
Total	266	293	269	828



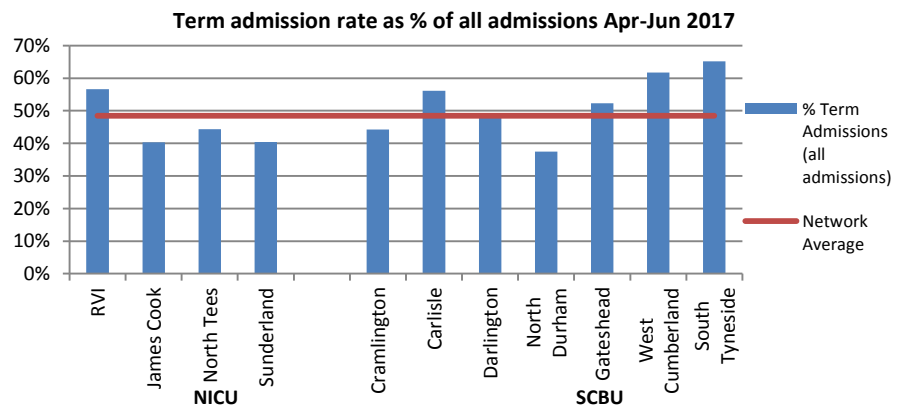
Term Admissions¹

Unit	Apr	May	Jun	Average
RVI**	6.1%	7.3%	3.2%	5.5%
James Cook	3.2%	3.9%	4.4%	3.8%
North Tees	6.4%	2.7%	7.0%	5.4%
Sunderland	2.8%	3.2%	2.6%	2.9%
Cramlington	5.3%	4.6%	3.3%	4.3%
Carlisle	4.0%	7.0%	6.1%	5.7%
Darlington	1.9%	3.9%	2.8%	2.8%
North Durham	3.0%	1.7%	3.7%	2.7%
Gateshead	5.9%	6.9%	3.7%	5.4%
West Cumberland	8.5%	4.3%	11.1%	7.9%
South Tyneside	5.8%	5.8%	5.0%	5.5%
Network Average	4.6%	4.7%	4.2%	4.5%



Term Admissions²

Unit	Apr	May	Jun	Average
RVI**	63.2%	59.7%	44.4%	56.6%
James Cook	30.8%	42.1%	50.0%	40.4%
North Tees	41.9%	31.6%	55.2%	44.3%
Sunderland	33.3%	57.1%	35.0%	40.4%
Cramlington	50.0%	35.7%	40.0%	44.3%
Carlisle	41.7%	66.7%	57.1%	56.1%
Darlington	42.9%	42.9%	66.7%	48.1%
North Durham	40.0%	25.0%	47.1%	37.5%
Gateshead	53.8%	66.7%	37.5%	52.3%
West Cumberland	63.6%	36.4%	83.3%	61.8%
South Tyneside	83.3%	62.5%	55.6%	65.2%
Network Average	47.0%	48.3%	50.2%	48.5%



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

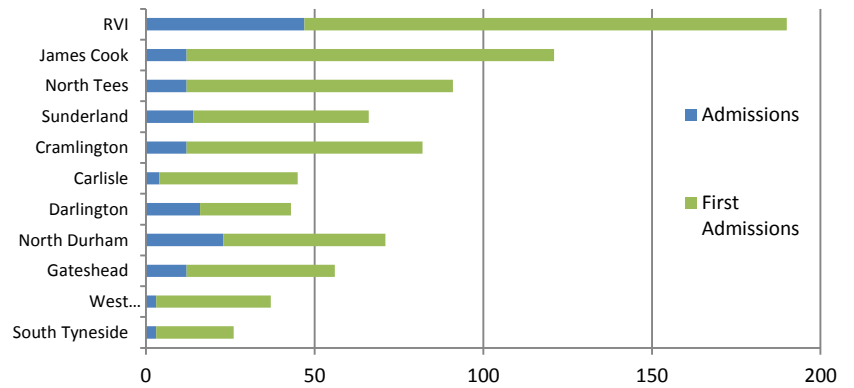
² Calculated using 1st episodes term admission as a percentage of 1st admissions.

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

All Admissions

Unit	Total Admissions	1st Admissions	Term Admissions
RVI**	190	143	81
James Cook	121	109	44
North Tees	91	79	35
Sunderland	66	52	21
Cramlington	82	70	31
Carlisle	45	41	23
Darlington	43	27	13
North Durham	71	48	18
Gateshead	56	44	23
West Cumberland	37	34	21
South Tyneside	26	23	15
Total	828	670	325

Number of admissions by unit Apr-Jun 2017



IC Days

Unit	Apr	May	Jun	Total
RVI	195	309	241	745
James Cook	112	80	64	256
North Tees	29	135	32	196
Sunderland	29	61	39	129
Cramlington	3	5	3	11
Carlisle	2	2	2	6
Darlington	4	1	0	5
North Durham	1	4	4	9
Gateshead	2	2	0	4
West Cumberland	1	2	4	7
South Tyneside	1	0	1	2
Total	379	601	390	1370

HD Days

Unit	Apr	May	Jun	Total
RVI	189	228	276	693
James Cook	140	136	129	405
North Tees	60	103	142	305
Sunderland	104	117	69	290
Cramlington	4	11	10	25
Carlisle	10	9	9	28
Darlington	1	13	2	16
North Durham	15	12	13	40
Gateshead	1	2	9	12
West Cumberland	15	5	11	31
South Tyneside	0	15	6	21
Total	539	651	676	1866

SC Days

Unit	Apr	May	Jun	Total
RVI	314	300	302	916
James Cook	375	417	220	1012
North Tees	270	276	216	762
Sunderland	334	246	176	756
Cramlington	161	223	187	571
Carlisle	125	182	129	436
Darlington	165	137	172	474
North Durham	200	231	228	659
Gateshead	97	148	160	405
West Cumberland	54	89	106	249
South Tyneside	51	89	53	193
Total	2146	2338	1949	6433

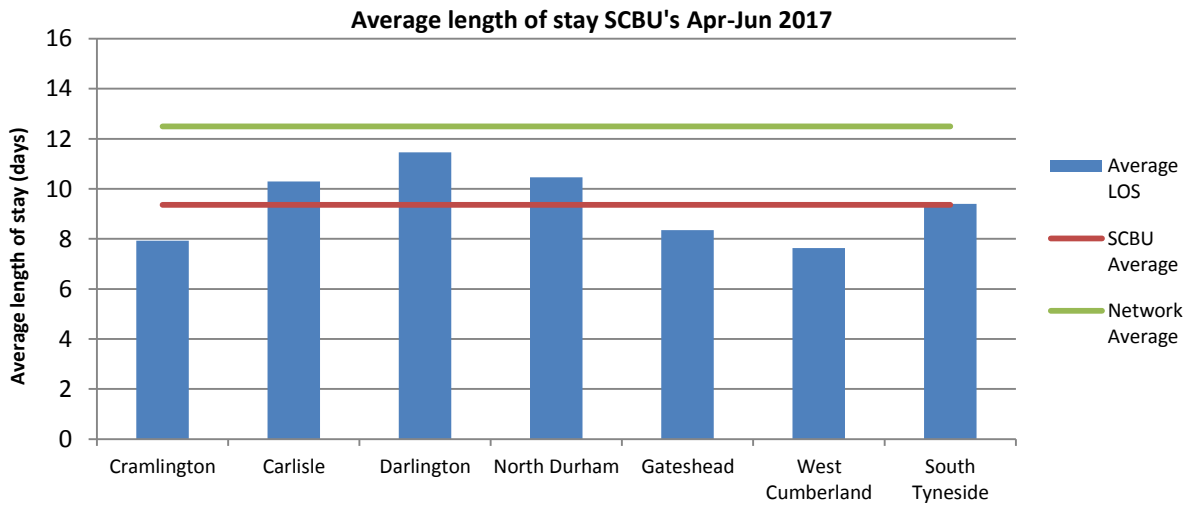
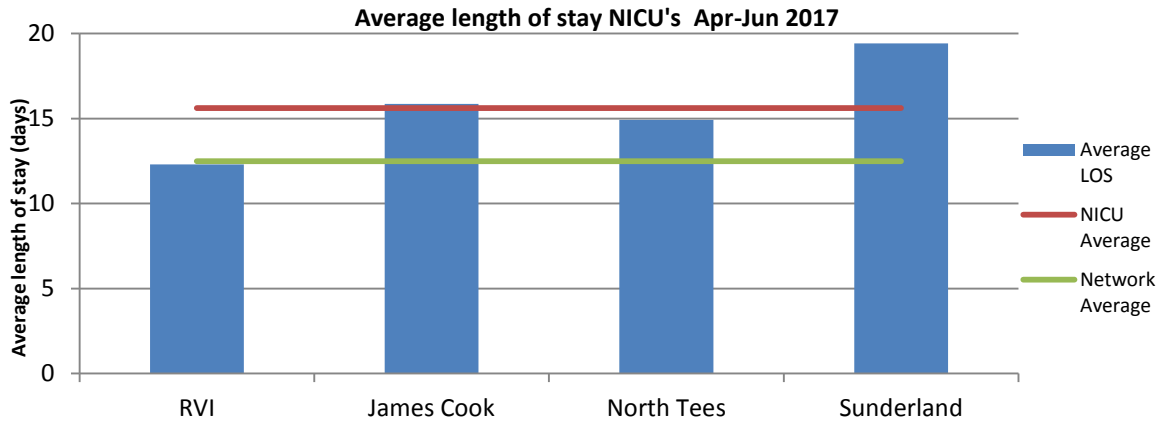
NC Days

Unit	Apr	May	Jun	Total
RVI	19	18	23	60
James Cook	0	0	0	0
North Tees	16	7	12	35
Sunderland	0	0	0	0
Cramlington	28	20	9	57
Carlisle	5	18	7	30
Darlington	2	6	3	11
North Durham	13	6	3	22
Gateshead	8	4	3	15
West Cumberland	0	5	4	9
South Tyneside	0	0	0	0
Total	91	84	64	239

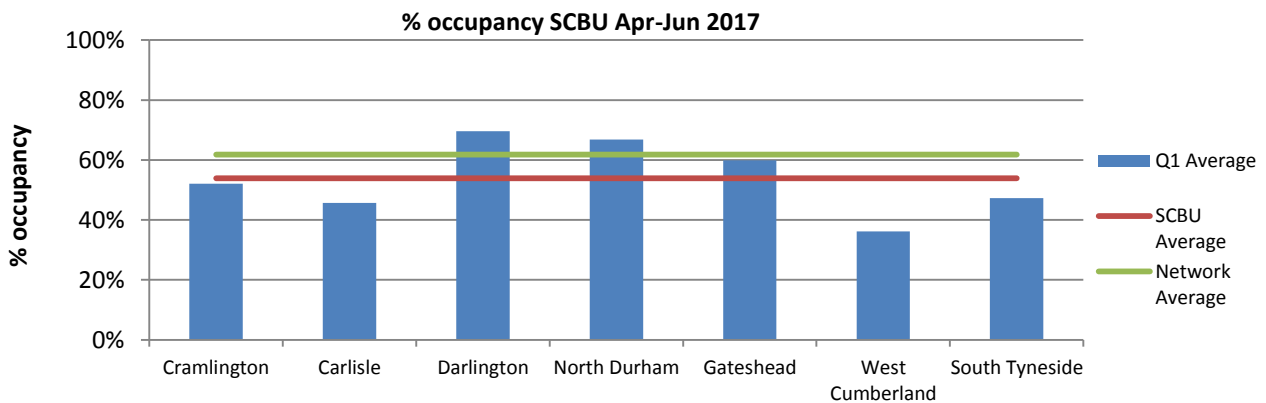
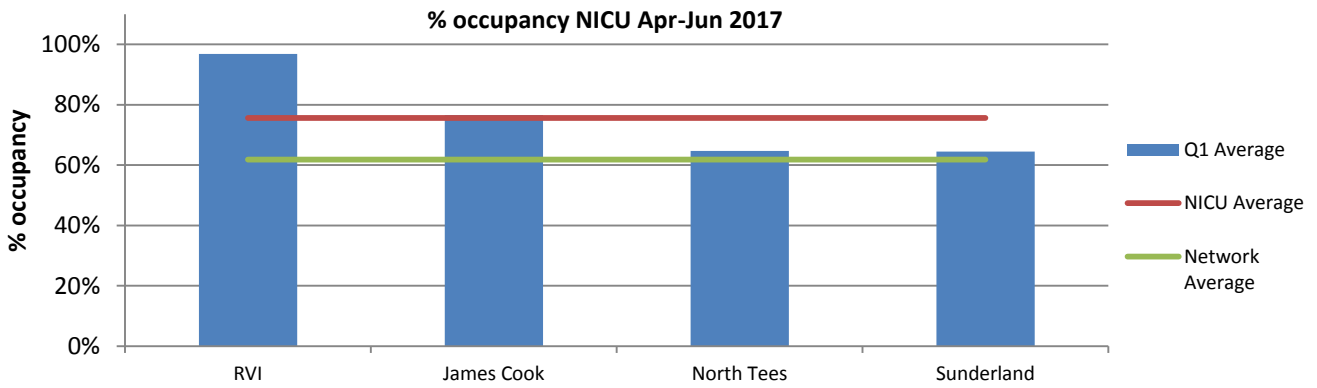
TC Days

Unit	Apr	May	Jun	Total
RVI	268	344	260	872
James Cook	0	0	0	0
North Tees	24	16	23	63
Sunderland	0	0	0	0
Cramlington	47	41	31	119
Carlisle	14	24	15	53
Darlington	70	97	70	237
North Durham	99	153	132	384
Gateshead	0	0	0	0
West Cumberland	0	0	0	0
South Tyneside	0	0	0	0
Total	522	675	531	1728

Section 2 – Length of Stay³



Section 3 – Occupancy⁴



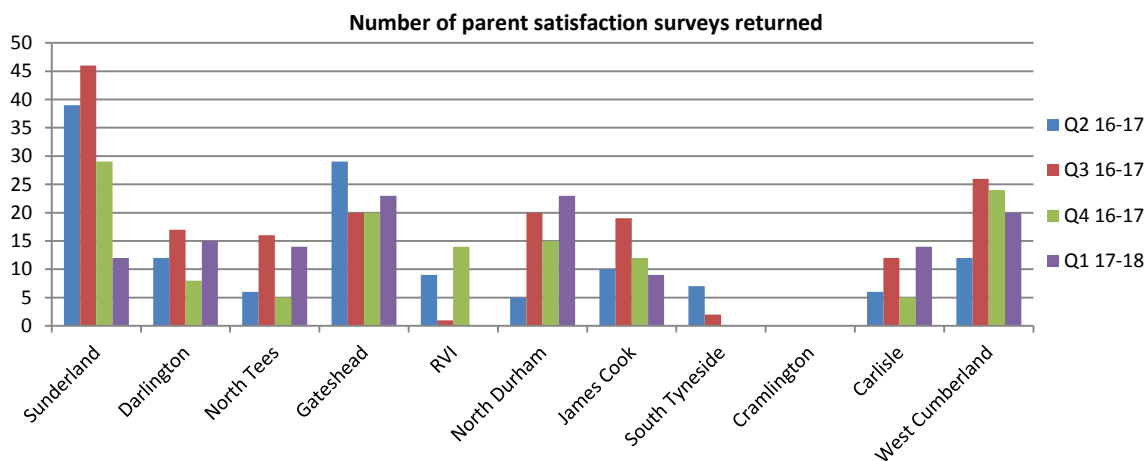
³ Calculated using total discharges >4hrs, not died, and total length of stay.

⁴ Calculated using available total cot numbers and occupancy levels.

Section 4a – Clinical Indicators⁵

Period:	National CQUIN				NNAP				
	Q1 17-18				Q1 17-18				
Unit	Timely discharge eligible babies	TPN by Day 2 of Life	2yr Follow up	Temperature on admission >=36	Antenatal Steroids Given	First Consultation within 24hrs	Breast Milk at Discharge Home (<33/40)	ROP screening	Temperature Taken within 1hr (<29/40)
RVI	33%	85%	100%	91%	74%	85%	44%	88%	97%
James Cook	69%	100%	89%	94%	85%	99%	47%	52%	100%
North Tees	67%	80%	75%	100%	96%	92%	14%	91%	100%
Sunderland	83%	100%	90%	88%	89%	100%	30%	100%	92%
Cramlington	63%	N/A	N/A	89%	89%	96%	40%	50%	100%
Carlisle	N/A	N/A	0%	100%	100%	90%	N/A	100%	100%
Darlington	60%	N/A	100%	83%	67%	81%	50%	71%	N/A
North Durham	33%	N/A	83%	93%	79%	86%	0%	100%	100%
Gateshead	100%	N/A	0%	75%	63%	91%	N/A	100%	100%
West Cumberland	100%	N/A	0%	75%	60%	72%	100%	0%	67%
South Tyneside	0%	N/A	N/A	100%	100%	100%	0%	100%	100%
Northern	61%	91%	60%	90%	82%	90%	36%	77%	96%

Section 4b – Non-clinical Indicators



Section 5 – Network Audit & data/information compliance⁶

Unit	Dashboard returns	Renewal of UK Neonatal Collaborative Agreement
RVI		
JCUH		
North Tees		
Sunderland		
Cramlington		
Carlisle		
Darlington		
North Durham		
Gateshead		
West Cumberland		
South Tyneside		

Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
RVI	2016	Aug-17
JCUH	2015	Jan-17
Sunderland	2015	Nov-16
North Tees	2015	Mar-17
CDDFT	2015	Feb-16
Cramlington	2013	Oct-14
North Cumbria	N/A	N/A
Gateshead	N/A	N/A
South Tyneside	N/A	N/A

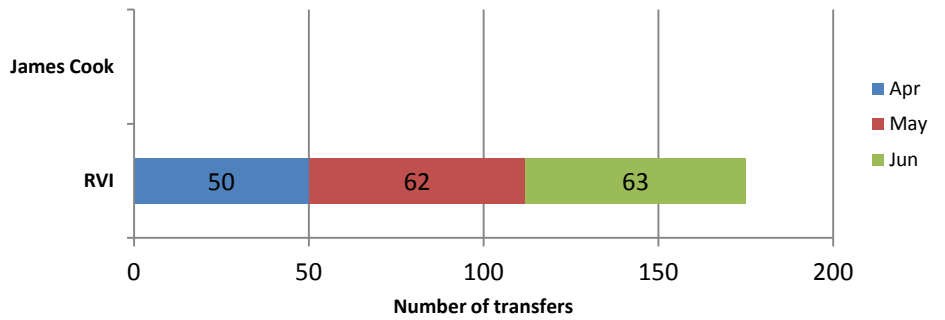
⁵ These are taken from the BadgerNet Dashboard reports for national CQUINs and NNAP Metrics. The former may not be what individual Units have signed up to but are included with the NNAP figures (which will appear on their reports in due course) for benchmarking purpose only

⁶ 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

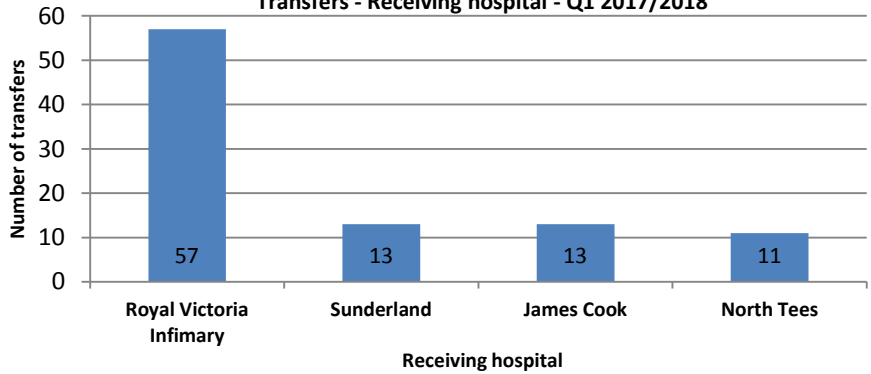
These figures represent the total number of transfers undertaken by each team per month, including back-transfers

Total transfers by squad - Q1 2017/2018



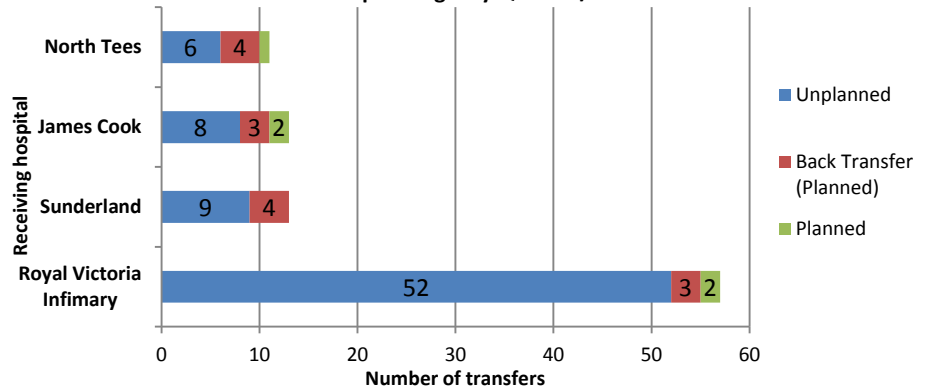
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).

Transfers - Receiving hospital - Q1 2017/2018



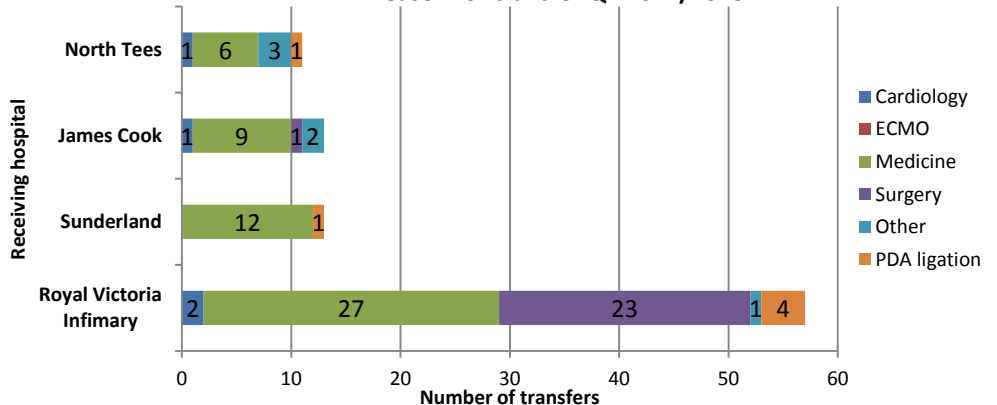
Definitions of urgency are subjective apart from planned back-transfers. The definition of “planned” here is where the need for transfer appears to have been known – such as for surgical cases and cardiac investigations etc. Unplanned would be defined as where transfer could not have been foreseen –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

Transport Urgency Q1 2017/2018



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.

Reason for transfer Q1 2017/2018



Non-clinical transfers due to cot availability Q1 2017/18

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	3
JCUH	3
Sunderland	0
North Tees	0

Non-clinical transfers out due to cot capacity Q1 2017-2018

