



# Northern Neonatal Network

## Quarterly Report

### Q3 Oct-Dec 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.

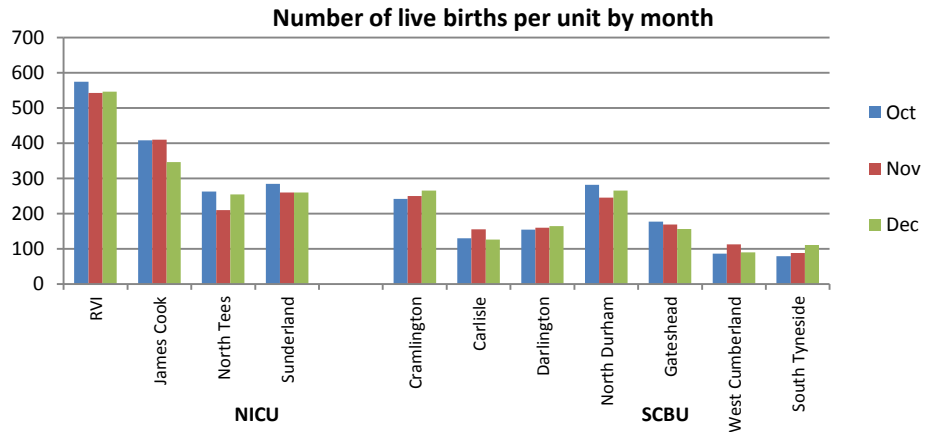
As always, the aim of this is to provide the very best service available to the babies and families within our Network and thus meet our one core principle – *“To give the highest possible standard of safe, effective care to babies and their families.”*

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

## Section 1 - Activity

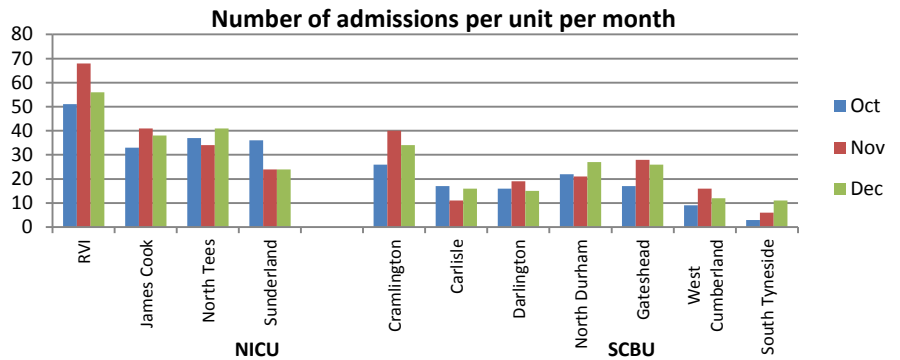
### Live Births

Unit	Oct	Nov	Dec	Total
RVI	574	543	546	1663
James Cook	408	410	346	1164
North Tees	263	210	254	727
Sunderland	284	260	260	804
Cramlington	242	250	265	757
Carlisle	130	155	126	411
Darlington	154	160	164	478
North Durham	282	245	265	792
Gateshead	177	169	156	502
West Cumberland	86	113	90	289
South Tyneside	79	88	111	278
<b>Total</b>	<b>2679</b>	<b>2603</b>	<b>2583</b>	<b>7865</b>



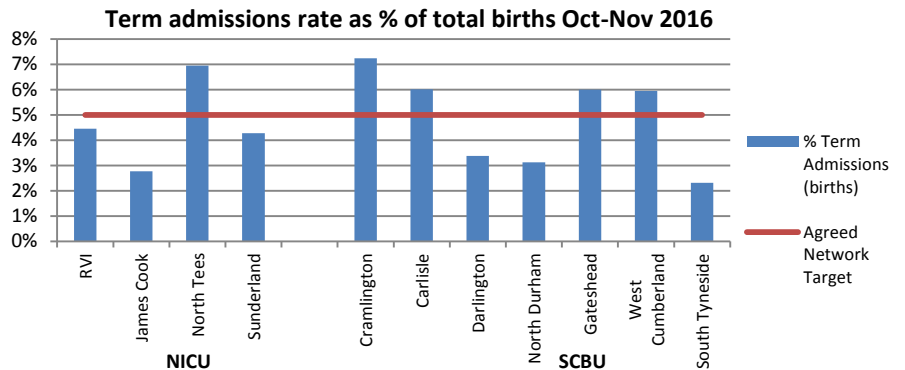
### Admissions

Unit	Oct	Nov	Dec	Total
RVI	51	68	56	175
James Cook	33	41	38	112
North Tees	37	34	41	112
Sunderland	36	24	24	84
Cramlington	26	40	34	100
Carlisle	17	11	16	44
Darlington	16	19	15	50
North Durham	22	21	27	70
Gateshead	17	28	26	71
West Cumberland	9	16	12	37
South Tyneside	3	6	11	20
<b>Total</b>	<b>267</b>	<b>308</b>	<b>300</b>	<b>875</b>



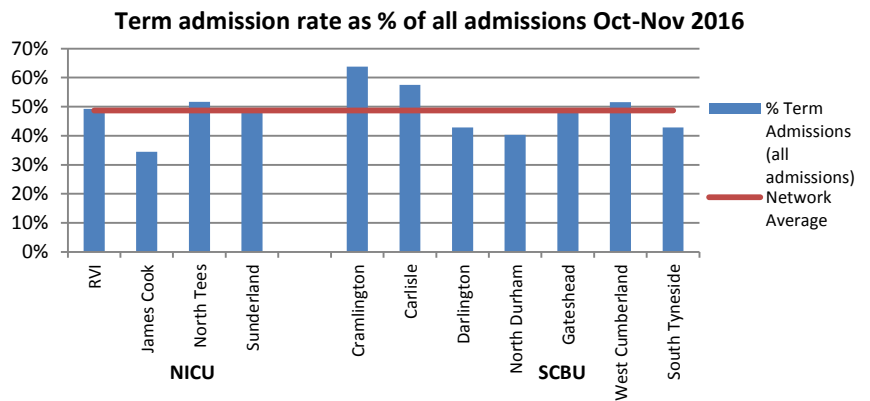
### Term Admissions<sup>1</sup>

Unit	Oct	Nov	Dec	Average
RVI**	4.7%	5.1%	3.5%	4.5%
James Cook	2.4%	3.1%	2.8%	2.8%
North Tees	7.8%	7.7%	5.5%	7.0%
Sunderland	5.7%	4.1%	2.9%	4.3%
Cramlington	6.2%	7.7%	5.5%	7.2%
Carlisle	6.6%	3.5%	8.5%	6.0%
Darlington	2.8%	3.4%	3.9%	3.4%
North Durham	3.1%	2.6%	3.7%	3.1%
Gateshead	3.0%	8.3%	6.9%	6.0%
West Cumberland	2.5%	7.6%	7.2%	6.0%
South Tyneside	1.4%	1.2%	3.9%	2.3%
<b>Network Average</b>	<b>4.4%</b>	<b>4.9%</b>	<b>4.6%</b>	<b>4.6%</b>



### Term Admissions<sup>2</sup>

Unit	Oct	Nov	Dec	Average
RVI**	53.2%	53.1%	40.9%	49.3%
James Cook	32.1%	42.9%	29.0%	34.5%
North Tees	54.3%	50.0%	50.0%	51.6%
Sunderland	55.6%	47.6%	38.8%	48.5%
Cramlington	63.6%	56.3%	73.1%	63.8%
Carlisle	50.0%	50.0%	71.4%	57.5%
Darlington	33.3%	45.5%	50.0%	42.9%
North Durham	44.4%	37.5%	39.1%	40.4%
Gateshead	31.3%	56.5%	55.6%	49.1%
West Cumberland	25.0%	61.5%	60.0%	51.6%
South Tyneside	50.0%	25.0%	50.0%	42.9%
<b>Network Average</b>	<b>47.6%</b>	<b>50.2%</b>	<b>48.3%</b>	<b>48.7%</b>



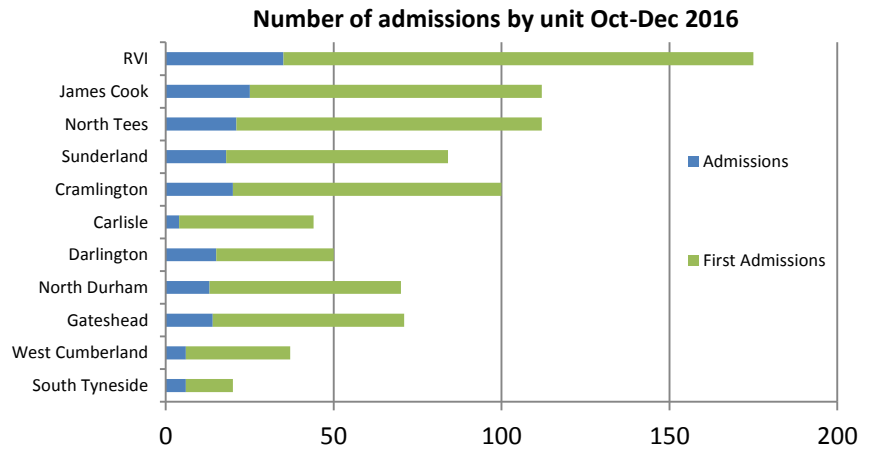
<sup>1</sup> Calculated using 1<sup>st</sup> episodes admissions and total births less 7% "preterm births" suggested average as per NNN agreement.

<sup>2</sup> Calculated using 1<sup>st</sup> episodes term admission as a percentage of 1<sup>st</sup> admissions.

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

## All Admissions

Unit	Total Admissions	1st Admissions	Term Admissions
RVI**	175	140	69
James Cook	112	87	30
North Tees	112	91	47
Sunderland	84	66	32
Cramlington	100	80	51
Carlisle	44	40	23
Darlington	50	35	15
North Durham	70	57	23
Gateshead	71	57	28
West Cumberland	37	31	16
South Tyneside	20	14	6
<b>Total</b>	<b>875</b>	<b>698</b>	<b>340</b>



## IC Days

Unit	Oct	Nov	Dec	Total
RVI	286	167	210	663
James Cook	133	82	35	250
North Tees	93	117	97	307
Sunderland	78	30	58	166
Cramlington	1	3	3	7
Carlisle	2	3	0	5
Darlington	4	4	3	11
North Durham	1	6	6	13
Gateshead	0	2	3	5
West Cumberland	0	0	2	2
South Tyneside	0	2	3	5
<b>Total</b>	<b>598</b>	<b>416</b>	<b>420</b>	<b>1434</b>

## HD Days

Unit	Oct	Nov	Dec	Total
RVI	194	283	192	669
James Cook	168	216	161	545
North Tees	53	130	112	295
Sunderland	82	168	91	341
Cramlington	17	11	17	45
Carlisle	12	1	9	22
Darlington	2	14	12	28
North Durham	20	18	18	56
Gateshead	1	3	3	7
West Cumberland	0	14	12	26
South Tyneside	0	2	5	7
<b>Total</b>	<b>549</b>	<b>860</b>	<b>632</b>	<b>2041</b>

## SC Days

Unit	Oct	Nov	Dec	Total
RVI	299	242	380	921
James Cook	265	369	549	1183
North Tees	285	280	255	820
Sunderland	277	199	187	663
Cramlington	123	234	221	578
Carlisle	143	92	110	345
Darlington	124	196	230	550
North Durham	259	132	212	603
Gateshead	192	263	229	684
West Cumberland	174	149	148	471
South Tyneside	65	92	68	225
<b>Total</b>	<b>2206</b>	<b>2248</b>	<b>2589</b>	<b>7043</b>

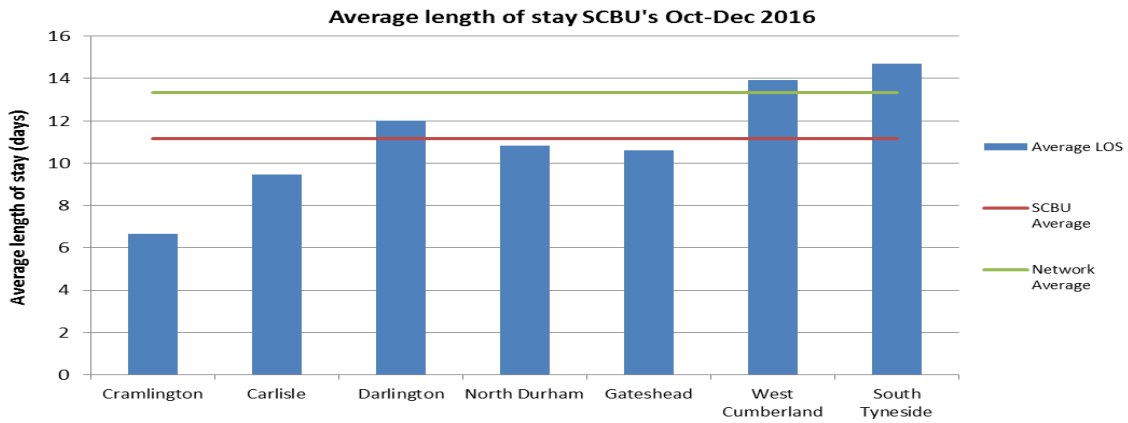
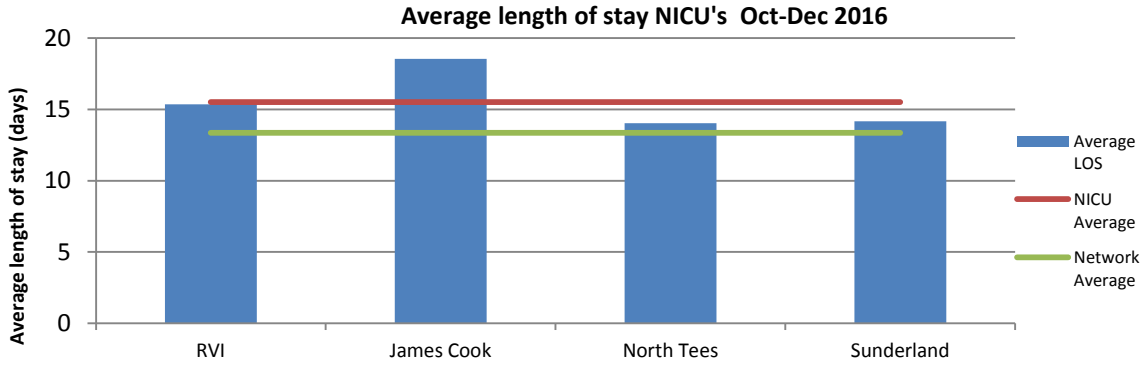
## NC Days

Unit	Oct	Nov	Dec	Total
RVI	26	22	18	66
James Cook	0	0	0	0
North Tees	15	22	14	51
Sunderland	0	0	0	0
Cramlington	4	15	17	36
Carlisle	3	5	0	8
Darlington	0	3	5	8
North Durham	4	1	2	7
Gateshead	10	9	6	25
West Cumberland	7	8	4	19
South Tyneside	0	0	0	0
<b>Total</b>	<b>69</b>	<b>85</b>	<b>66</b>	<b>220</b>

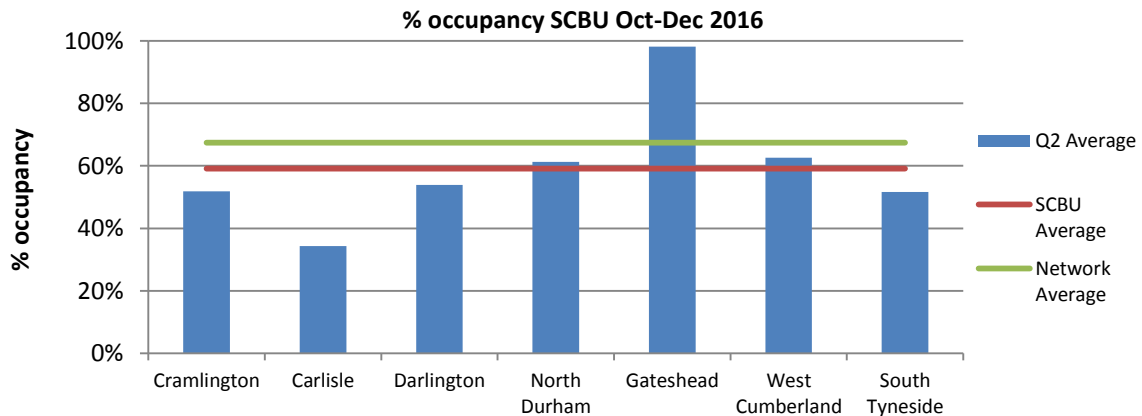
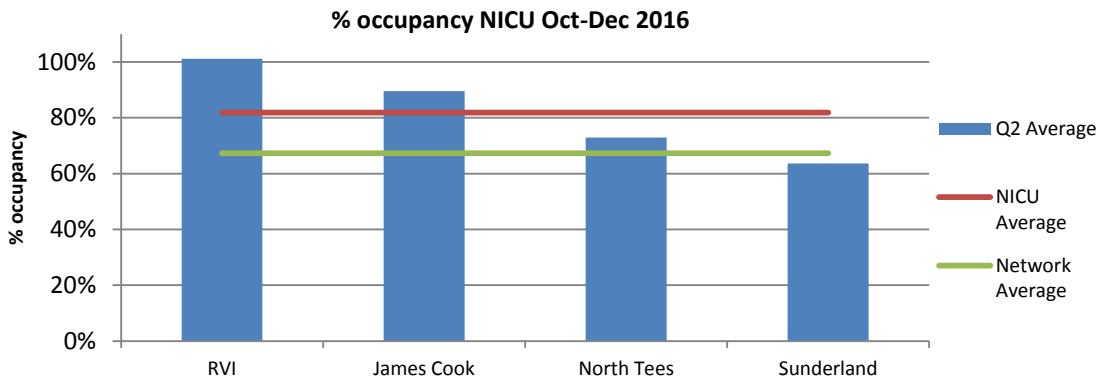
## TC Days

Unit	Oct	Nov	Dec	Total
RVI	336	355	282	973
James Cook	0	0	0	0
North Tees	27	39	20	86
Sunderland	0	0	0	0
Cramlington	67	94	44	205
Carlisle	13	29	31	73
Darlington	82	75	80	237
North Durham	134	109	104	347
Gateshead	0	0	0	0
West Cumberland	0	0	0	0
South Tyneside	0	0	0	0
<b>Total</b>	<b>659</b>	<b>701</b>	<b>561</b>	<b>1921</b>

## Section 2 – Length of Stay<sup>3</sup>



## Section 3 – Occupancy<sup>4</sup>



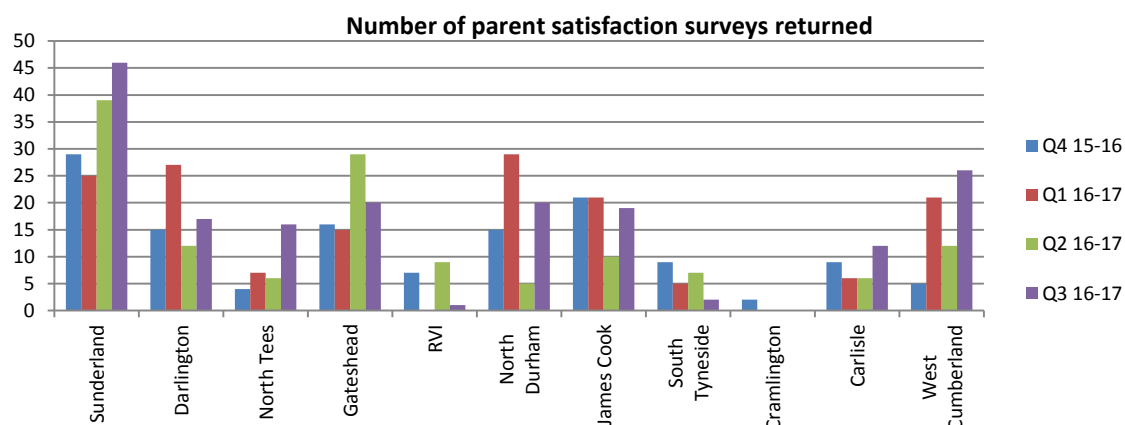
<sup>3</sup> Calculated using total discharges >4hrs, not died, and total length of stay.

<sup>4</sup> Calculated using available total cot numbers and occupancy levels.

## Section 4a – Clinical Indicators<sup>5</sup>

Period:	National CQUIN				NNAP				
	Q3 16-17				Q3 16-17				
Unit	Timely discharge eligible babies	TPN by Day 2 of Life	2yr Follow up	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
RVI	0%	90%	100%	98%	97%	91%	91%	39%	96%
James Cook	82%	86%	20%	97%	94%	95%	78%	42%	77%
North Tees	50%	100%	75%	95%	90%	88%	79%	0%	63%
Sunderland	100%	100%	100%	100%	100%	86%	96%	71%	100%
Cramlington	60%	N/A	N/A	100%	100%	79%	98%	33%	57%
Carlisle	50%	N/A	N/A	86%	100%	92%	77%	100%	100%
Darlington	67%	N/A	40%	91%	80%	81%	90%	0%	100%
North Durham	71%	N/A	75%	100%	100%	76%	87%	67%	100%
Gateshead	75%	N/A	0%	75%	100%	62%	85%	100%	70%
West Cumberland	0%	N/A	0%	50%	100%	40%	60%	100%	100%
South Tyneside	N/A	N/A	0%	N/A	N/A	50%	92%	N/A	100%
Northern	56%	94%	46%	89%	96%	76%	85%	55%	88%

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



## Section 5 – Network Audit & data/information compliance<sup>6</sup>

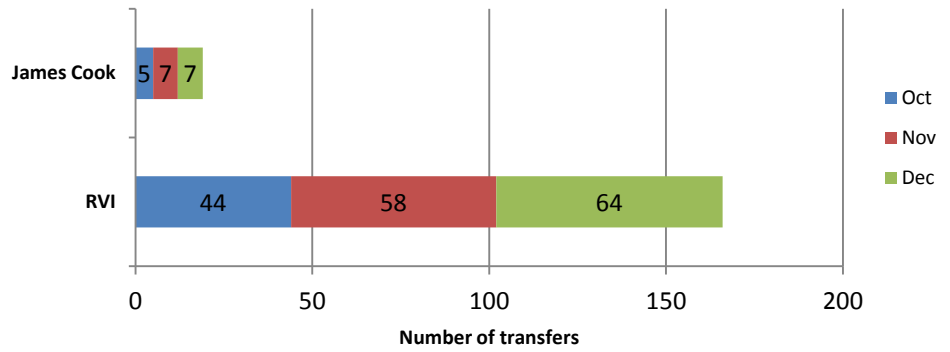
Unit	Dashboard returns	National Neonatal Review Template returns	Latest Annual Reports – Northern Neonatal Network		
			Unit/Trust	Year	Produced
RVI			JCUH	2015	Jan-17
JCUH			Sunderland	2015	Nov-16
North Tees			North Tees	2015	Mar-17
Sunderland			CDDFT	2015	Feb-16
Cramlington			Cramlington	2013	Oct-14
Carlisle			North Cumbria	N/A	N/A
Darlington			Gateshead	N/A	N/A
North Durham			South Tyneside	N/A	N/A
Gateshead					
West Cumberland					
South Tyneside					

<sup>5</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>6</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.

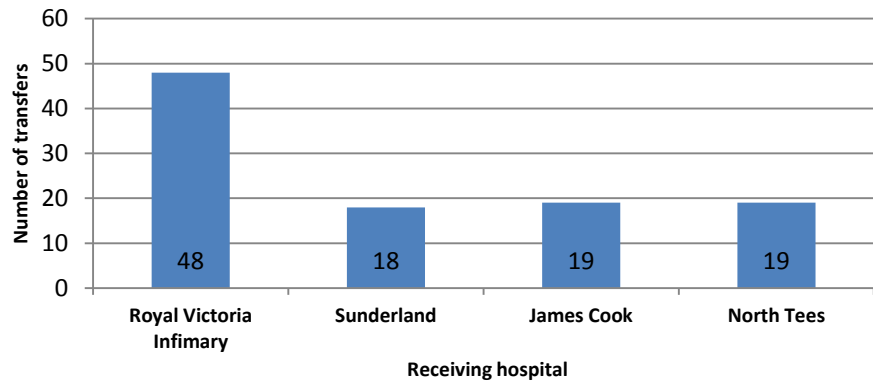
## Section 6 – Transport

Total transfers by squad - Q3 2016/2017



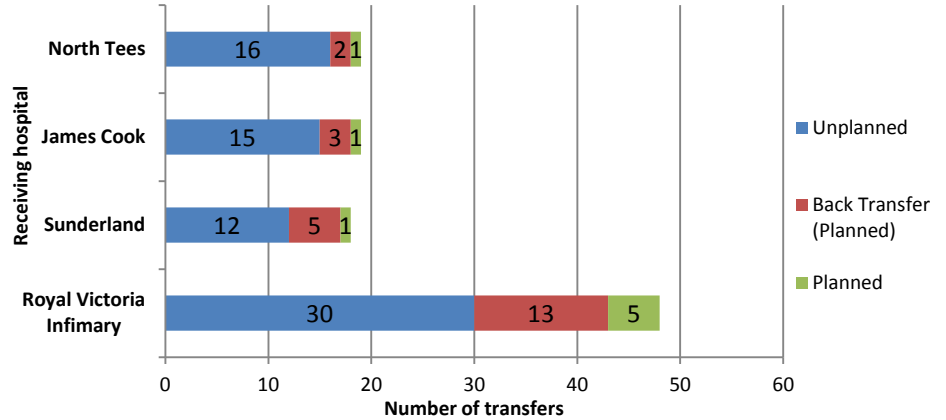
These figures represent the total number of transfers undertaken by each team per month, including back-transfers

Transfers - Receiving hospital - Q3 2016/2017



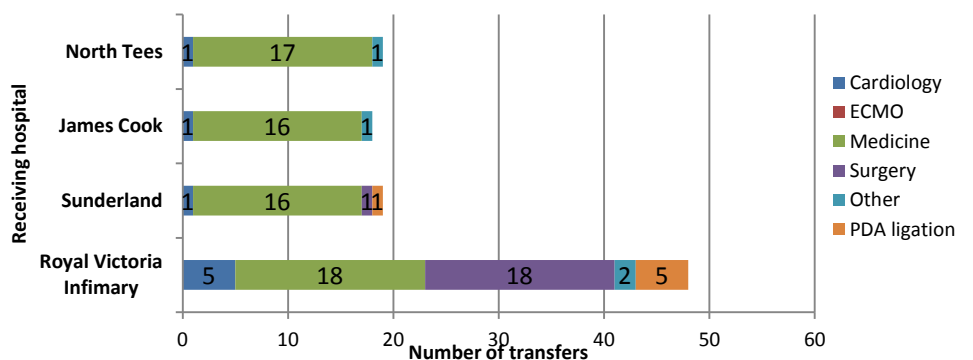
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).

Transport Urgency Q3 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 Q2 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 Q3 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	19
JCUH	0
Sunderland	0
North Tees	0

**Non-clinical transfers out due to cot capacity Q3 2016-2016**

