



Northern Neonatal Network

Quarterly Report

Q4 Jan-Mar 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, 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.

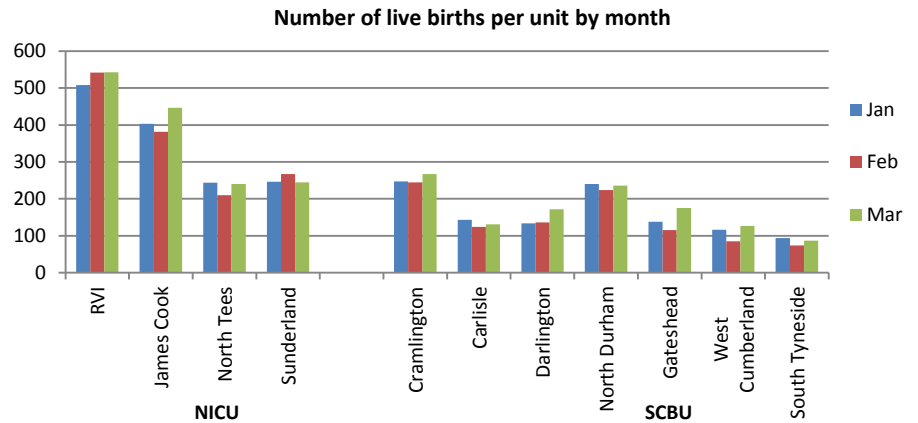
As always, the aim of this is to provide the very best service available to the babies and families within our Network and thus meet our one core principle – *“To give the highest possible standard of safe, effective care to babies and their families.”*

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

Section 1 - Activity

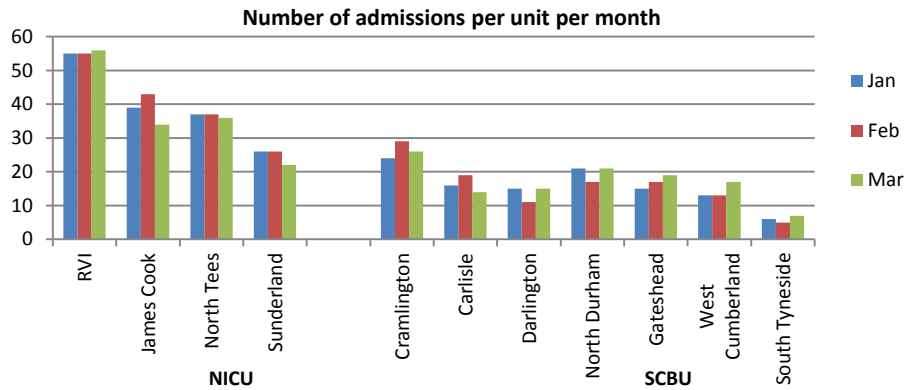
Live Births

Unit	Jan	Feb	Mar	Total
RVI	508	542	543	1593
James Cook	403	382	447	1232
North Tees	244	210	240	694
Sunderland	246	267	245	758
Cramlington	247	245	267	759
Carlisle	143	124	131	398
Darlington	134	136	172	442
North Durham	240	224	236	700
Gateshead	138	115	175	428
West Cumberland	116	85	127	328
South Tyneside	94	74	87	255
Total	2513	2404	2670	7587



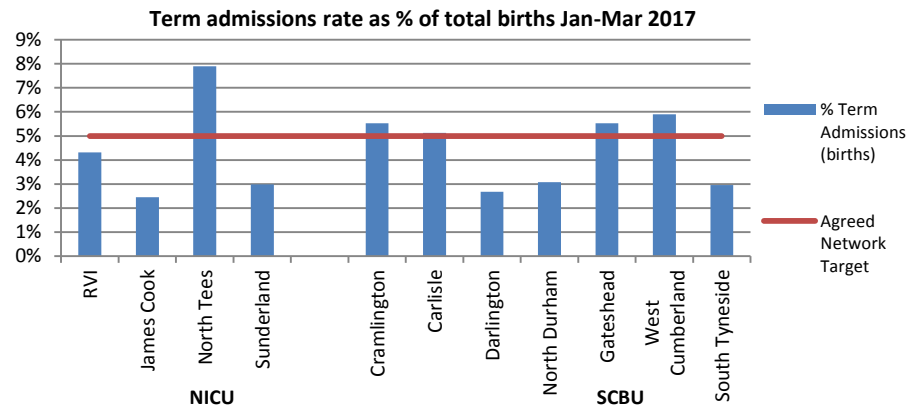
Admissions

Unit	Jan	Feb	Mar	Total
RVI	55	55	56	166
James Cook	39	43	34	116
North Tees	37	37	36	110
Sunderland	26	26	22	74
Cramlington	24	29	26	79
Carlisle	16	19	14	49
Darlington	15	11	15	41
North Durham	21	17	21	59
Gateshead	15	17	19	51
West Cumberland	13	13	17	43
South Tyneside	6	5	7	18
Total	267	272	267	806



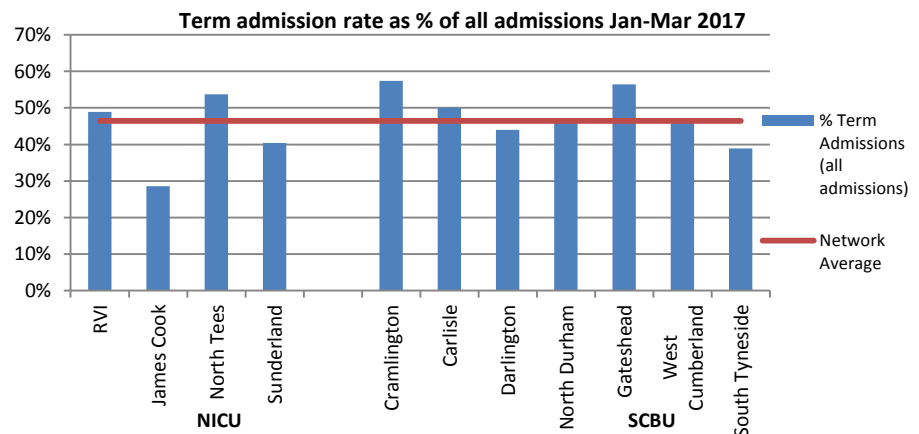
Term Admissions¹

Unit	Jan	Feb	Mar	Average
RVI**	5.3%	4.0%	3.8%	4.3%
James Cook	2.7%	3.9%	1.0%	2.4%
North Tees	6.2%	9.2%	8.5%	7.9%
Sunderland	2.2%	4.0%	2.6%	3.0%
Cramlington	3.5%	7.0%	6.0%	5.5%
Carlisle	5.3%	5.2%	4.9%	5.1%
Darlington	3.2%	1.6%	3.1%	2.7%
North Durham	2.7%	3.8%	2.7%	3.1%
Gateshead	4.7%	4.7%	6.8%	5.5%
West Cumberland	5.6%	5.1%	6.8%	5.9%
South Tyneside	2.3%	4.4%	2.5%	3.0%
Network Average	4.0%	4.7%	4.1%	4.3%



Term Admissions²

Unit	Jan	Feb	Mar	Average
RVI**	50.0%	47.6%	48.7%	48.9%
James Cook	31.3%	40.0%	12.9%	28.6%
North Tees	46.7%	54.5%	59.4%	53.7%
Sunderland	33.3%	50.0%	35.3%	40.4%
Cramlington	44.4%	57.1%	68.2%	57.4%
Carlisle	50.0%	46.2%	54.5%	50.0%
Darlington	44.4%	33.3%	50.0%	44.0%
North Durham	33.3%	88.9%	37.5%	46.5%
Gateshead	50.0%	45.5%	68.8%	56.4%
West Cumberland	46.2%	40.0%	50.0%	46.2%
South Tyneside	33.3%	60.0%	28.6%	38.9%
Network Average	42.9%	50.0%	46.5%	46.4%



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

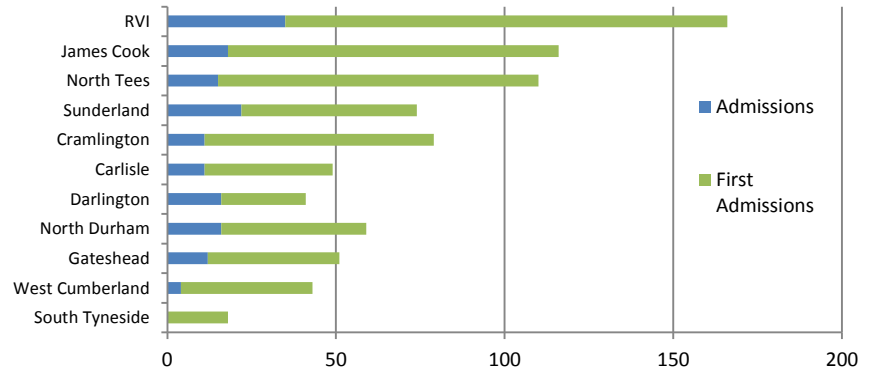
² Calculated using 1st episodes term admission as a percentage of 1st admissions.

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

All Admissions

Unit	Total Admissions	1st Admissions	Term Admissions
RVI**	166	131	64
James Cook	116	98	28
North Tees	110	95	51
Sunderland	74	52	21
Cramlington	79	68	39
Carlisle	49	38	19
Darlington	41	25	11
North Durham	59	43	20
Gateshead	51	39	22
West Cumberland	43	39	18
South Tyneside	18	18	7
Total	806	646	300

Number of admissions by unit Jan-Mar 2017



IC Days

Unit	Jan	Feb	Mar	Total
RVI	139	209	201	549
James Cook	72	60	117	249
North Tees	49	39	35	123
Sunderland	87	100	51	238
Cramlington	2	4	6	12
Carlisle	0	1	3	4
Darlington	5	5	3	13
North Durham	2	0	1	3
Gateshead	2	2	1	5
West Cumberland	0	1	2	3
South Tyneside	2	2	2	6
Total	360	423	422	1205

HD Days

Unit	Jan	Feb	Mar	Total
RVI	271	176	193	640
James Cook	134	110	114	358
North Tees	100	101	112	313
Sunderland	81	83	123	287
Cramlington	18	6	17	41
Carlisle	9	2	0	11
Darlington	3	0	1	4
North Durham	12	39	17	68
Gateshead	4	3	3	10
West Cumberland	9	6	15	30
South Tyneside	1	0	1	2
Total	642	526	596	1764

SC Days

Unit	Jan	Feb	Mar	Total
RVI	350	256	279	885
James Cook	444	346	365	1155
North Tees	288	307	308	903
Sunderland	180	186	211	577
Cramlington	156	163	160	479
Carlisle	107	136	168	411
Darlington	84	98	100	282
North Durham	255	199	127	581
Gateshead	144	167	164	475
West Cumberland	143	116	126	385
South Tyneside	60	53	52	165
Total	2211	2027	2060	6298

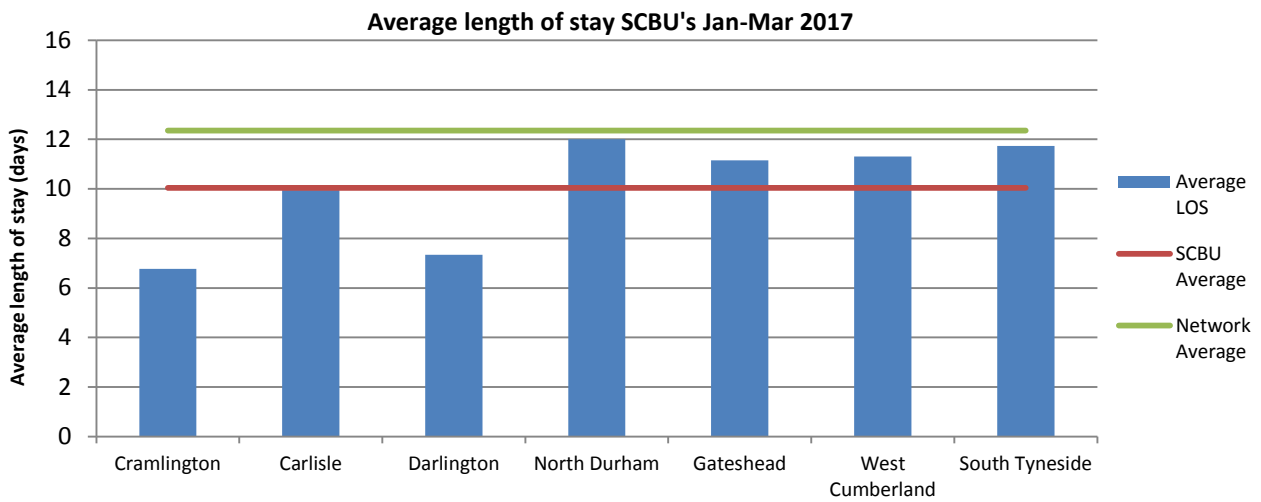
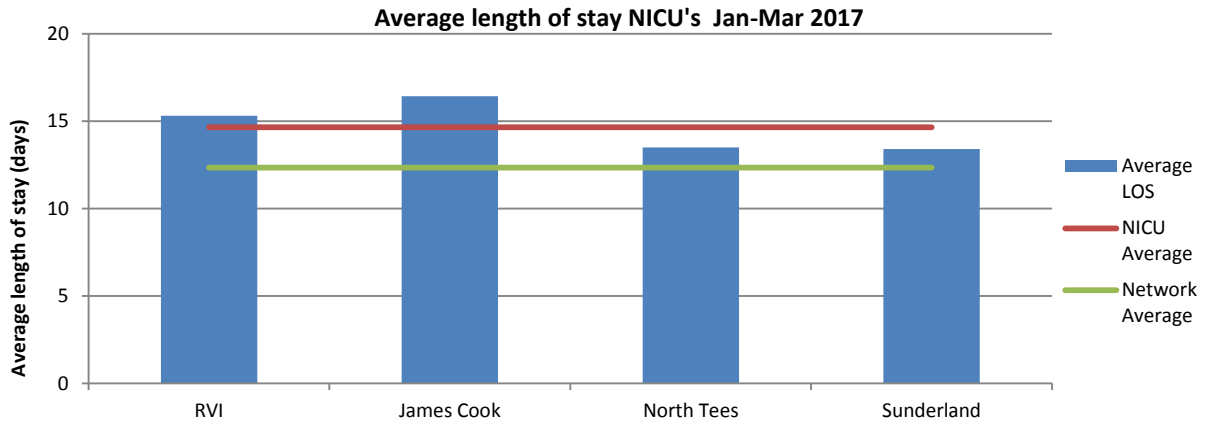
NC Days

Unit	Jan	Feb	Mar	Total
RVI	26	14	30	70
James Cook	0	0	0	0
North Tees	23	16	25	64
Sunderland	0	0	0	0
Cramlington	17	19	10	46
Carlisle	3	4	10	17
Darlington	1	5	1	7
North Durham	1	6	6	13
Gateshead	16	6	2	24
West Cumberland	0	2	6	8
South Tyneside	0	0	0	0
Total	87	72	90	249

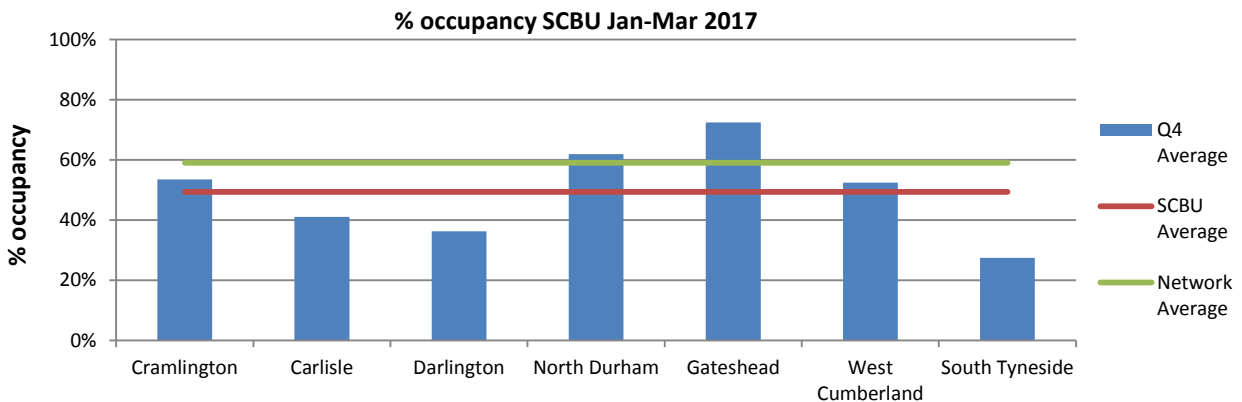
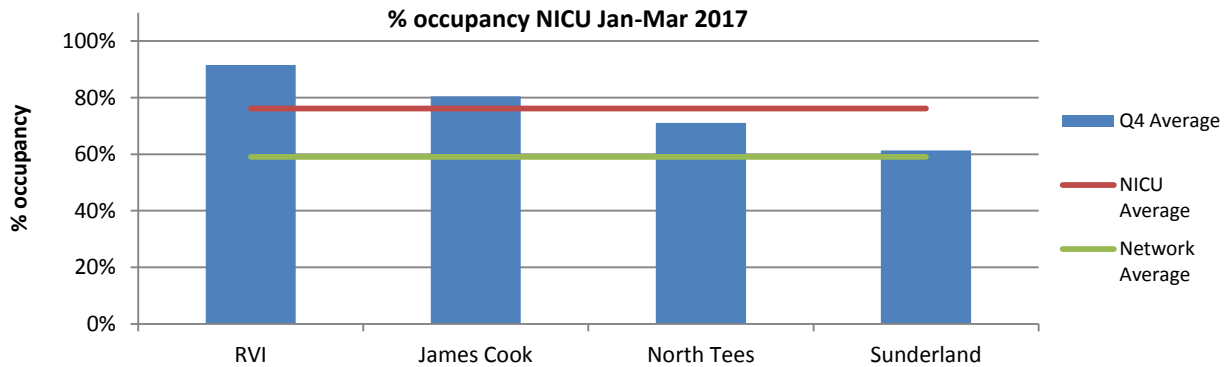
TC Days

Unit	Jan	Feb	Mar	Total
RVI	278	304	250	832
James Cook	0	0	0	0
North Tees	27	36	43	106
Sunderland	0	0	0	0
Cramlington	20	12	33	65
Carlisle	17	18	14	49
Darlington	55	47	89	191
North Durham	136	113	134	383
Gateshead	1	0	0	1
West Cumberland	0	0	0	0
South Tyneside	0	0	0	0
Total	534	530	563	1627

Section 2 – Length of Stay³



Section 3 – Occupancy⁴



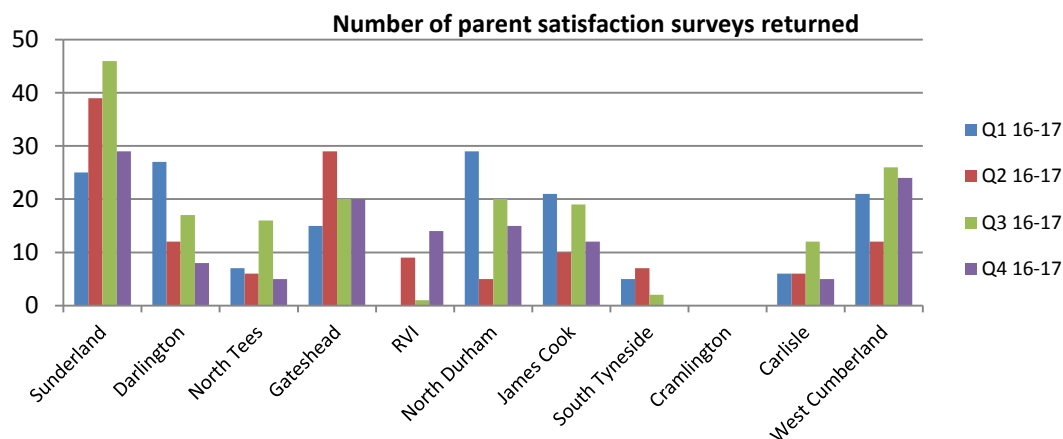
³ Calculated using total discharges >4hrs, not died, and total length of stay.

⁴ Calculated using available total cot numbers and occupancy levels.

Section 4a – Clinical Indicators⁵

Period:	National CQUIN				NNAP				
	Q4 16-17				Q4 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	63%	100%	85%	93%	100%	70%	81%	64%	95%
James Cook	82%	82%	100%	95%	100%	92%	84%	67%	76%
North Tees	20%	100%	75%	94%	100%	85%	87%	43%	100%
Sunderland	75%	100%	75%	95%	100%	68%	100%	43%	100%
Cramlington	100%	N/A	N/A	100%	100%	81%	96%	100%	100%
Carlisle	0%	N/A	0%	100%	67%	100%	77%	0%	75%
Darlington	67%	N/A	25%	100%	100%	80%	53%	N/A	100%
North Durham	50%	N/A	50%	100%	100%	83%	74%	75%	86%
Gateshead	33%	N/A	0%	100%	100%	78%	90%	0%	57%
West Cumberland	0%	N/A	N/A	100%	N/A	63%	61%	0%	75%
South Tyneside	100%	N/A	N/A	100%	N/A	100%	100%	N/A	N/A
Northern	54%	96%	51%	98%	96%	82%	82%	44%	86%

Section 4b – Non-clinical Indicators



Section 5 – Network Audit & data/information compliance⁶

Unit	Dashboard returns
RVI	
JCUH	
North Tees	
Sunderland	
Cramlington	
Carlisle	
Darlington	
North Durham	
Gateshead	
West Cumberland	
South Tyneside	

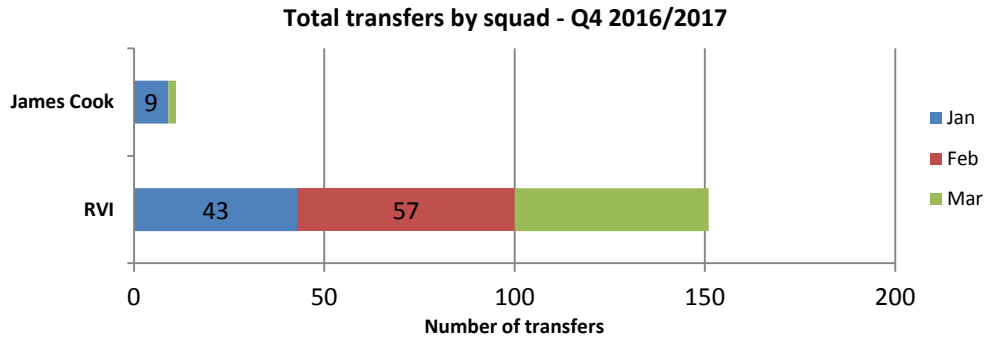
Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
RVI	2015	Aug-16
JCUH	2015	Jan-17
Sunderland	2015	Nov-16
North Tees	2015	Mar-17
CDDFT	2015	Feb-16
Cramlington	2013	Oct-14
North Cumbria	N/A	N/A
Gateshead	N/A	N/A
South Tyneside	N/A	N/A

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

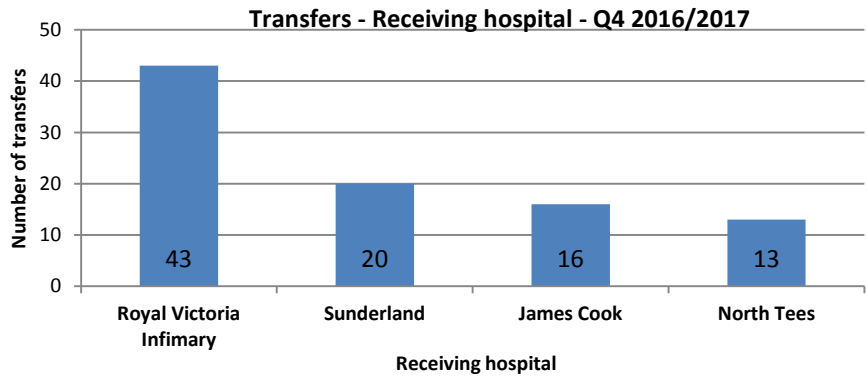
⁶ Requested items as identified and defined by the Network as auditable will appear here in future reports, including Monthly Dashboard returns, where the deadline for submission will be 6 weeks after the end of the quarter being requested.

Section 6 – Transport

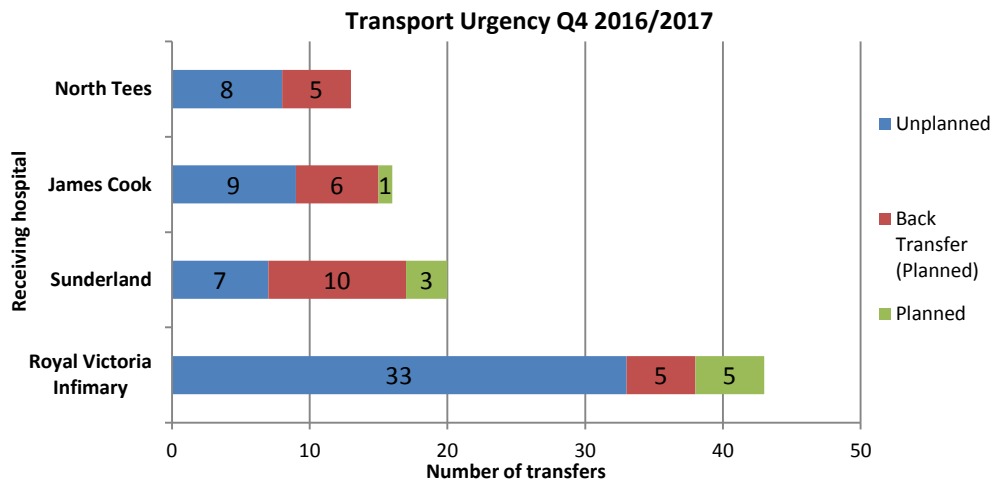
These figures represent the total number of transfers undertaken by each team per month, including back-transfers



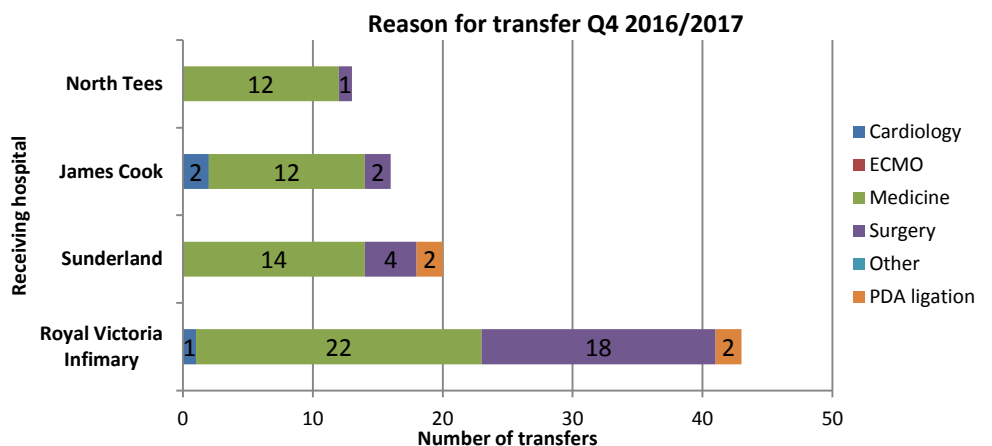
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).



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.



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 Q4 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	2
JCUH	0
Sunderland	4
North Tees	0

