



Northern Neonatal Network

Quarterly Report

Q2 Jul-Sep 20



This report is a summary of the dashboard data submitted every month by each of the 8 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;

- All reports use the BAPM 2011 definitions. This includes a “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 accuracy of reporting purposes.
- Transitional Care (TC) activity is usually supplied manually via the Monthly data Dashboards and reported where available. Some Units are moving to admit TC babies onto Badgernet but currently other “TC days” on the system typically refer to pre-discharge “rooming in” activity or “place of care” being wrongly ticked. However, all are included as available
- The staffing level reports are calculated by mapping nurse staffing levels submitted by Unit managers via Badgernet against the activity (baby numbers and their level of care) generated by the 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 NNeTS (Northern Neonatal Transport Service). 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.
- Many of these metrics and reports are replicated for the three Local Maternity Systems (LMS) in our region and distributed separately to the appropriate stakeholders in them where they are discussed in their relevant Board meetings
- We are working with the Maternity Network to try and get gestational birth data for more accurate reporting, however, this is a work in progress, hence the incomplete charts on page 2 but this remains our aim and will be in the format as laid out there once available.
- Rolling 1-year IC and VLBW (<1500g) admissions data is now included for the 3 NICUs to monitor the impact of the now fully operational 4 new IC cots at the RVI.

We continue to invite constructive criticism and feedback from all our Stakeholders across the Network to further refine and improve them. 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 December 2020

Section 1 - Activity

Indicator	RVI	James Cook	Sunderland	North Tees	Cramlington	Carlisle	Darlington	UHND	Gateshead	West Cumberland
Births										
Live Births	1418	1053	994	624	846	408	484	669	456	293
Live births by gestation (wks.)										
<23										
23-27										
28-31										
32-36										
=>37										
Unknown										
Live births by birthweight (g)										
<750										
750-999										
1000-1499										
1500-1999										
2000-2499										
>2500										
Admissions										
Total Admissions	181	99	96	69	57	28	42	60	53	29
1st Admissions	142	82	76	57	41	25	31	47	43	19
Term admissions	79	32	38	36	24	12	17	17	25	8
VLBW admissions	25	15	11	*	*	*	*	6	*	*
1 Year rolling VLBW	91	105	55							
% term admissions (births)	6.0%	3.3%	4.1%	6.2%	3.1%	3.2%	3.8%	2.7%	5.9%	2.9%
% term admissions (admissions)	55.6%	39.0%	50.0%	63.2%	58.5%	48.0%	54.8%	36.2%	58.1%	42.1%
TC admissions	346	168	103	120	56	35	118	173	110	13
Care Days										
IC days	708	430	198	3	6	12	7	5	3	7
1 year rolling IC	2995	1776	1043							
HD days	688	766	335	73	33	28	23	48	23	37
SC days	1019	825	721	610	485	325	287	511	367	276
NC days	37	2	0	0	7	23	21	16	53	6
TC days	1104	588	233	273	174	82	286	435	372	32

<30 week Exceptions

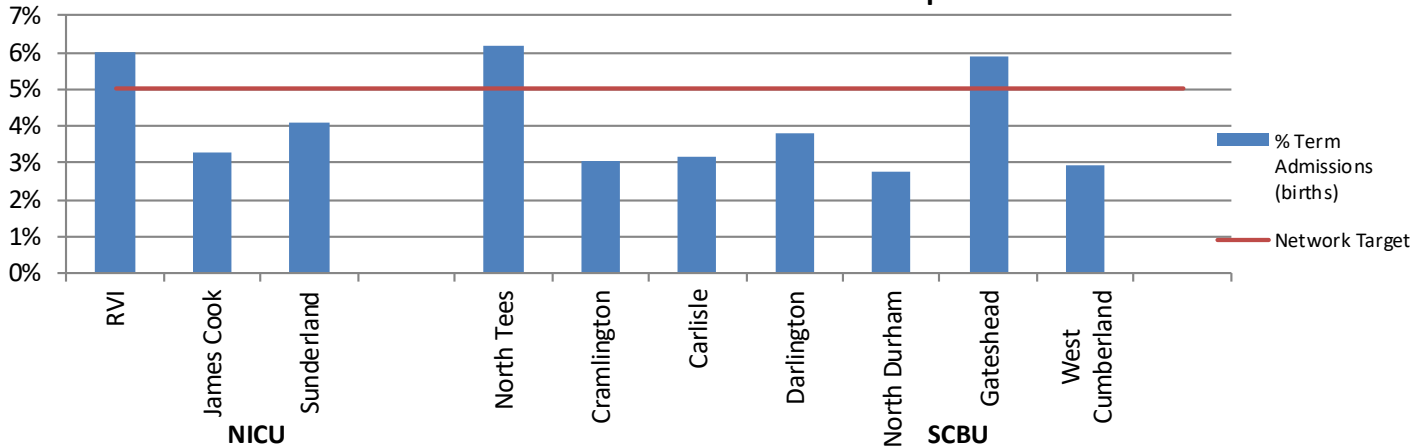
BookingName	PlaceOfBirthName	GestationWeeks	DischargeHospitalName
Cumberland Infirmary (Maternity)	Cumberland Infirmary (Maternity)	25	The Royal Victoria Infirmary (Newcastle)
Cumberland Infirmary (Maternity)	Cumberland Infirmary (Maternity)	25	The Royal Victoria Infirmary (Newcastle)
Darlington Memorial	Darlington Memorial	28	James Cook University Hospital
Darlington Memorial	James Cook University Hospital	29	
Darlington Memorial	James Cook University Hospital	24	
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	29	The Royal Victoria Infirmary (Newcastle)
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	29	The Royal Victoria Infirmary (Newcastle)
Univ. Hospital of North Durham	Univ. Hospital of North Durham	24	The Royal Victoria Infirmary (Newcastle)
Univ. Hospital of North Durham	Univ. Hospital of North Durham	29	Sunderland Royal
Univ. Hospital of North Durham	Univ. Hospital of North Durham	25	The Royal Victoria Infirmary (Newcastle)
Univ. Hospital of North Tees	Univ. Hospital of North Tees	27	The Royal Victoria Infirmary (Newcastle)
West Cumberland Hospital (Mat)	West Cumberland Hospital (Mat)	28	Sunderland Royal
West Cumberland Hospital (Mat)	West Cumberland Hospital (Mat)	28	The Royal Victoria Infirmary (Newcastle)

Pathway Exception 85%

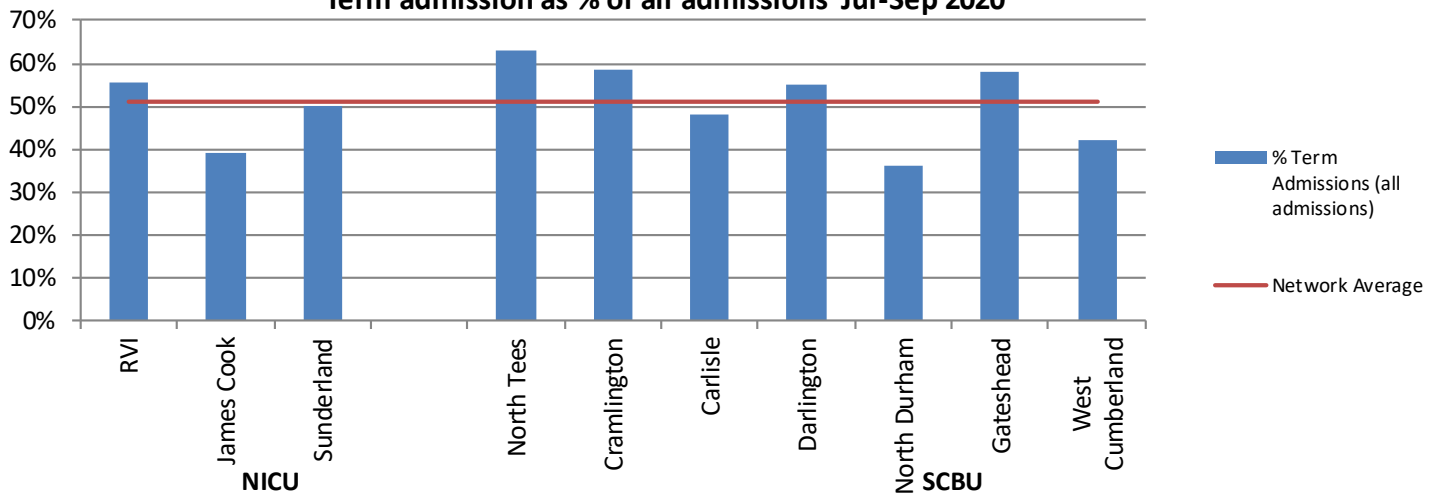
Inpatient after 44 weeks

Unit	Admissions	I/P after 44wks	% still inpatient
RVI	181	0	
James Cook	99	1	1%
Sunderland	96	1	1%
North Tees	69	2	2.9%
Cramlington	57	0	
Carlisle	28	3	10.7%
Darlington	42	1	2.4%
North Durham	60	0	
Gateshead	53	0	
West Cumberland	29	1	3.4%

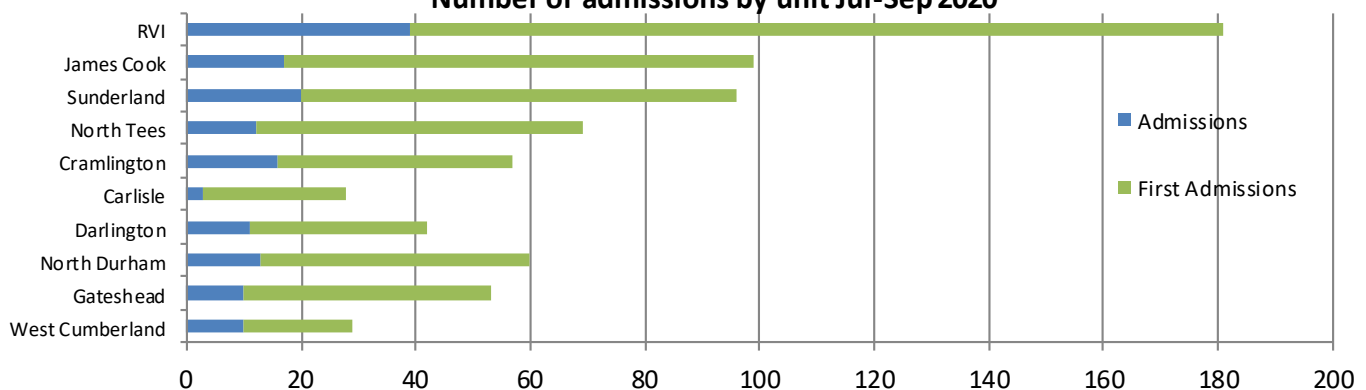
Term admissions rate as % of total births Jul-Sep 2020



Term admission as % of all admissions Jul-Sep 2020



Number of admissions by unit Jul-Sep 2020



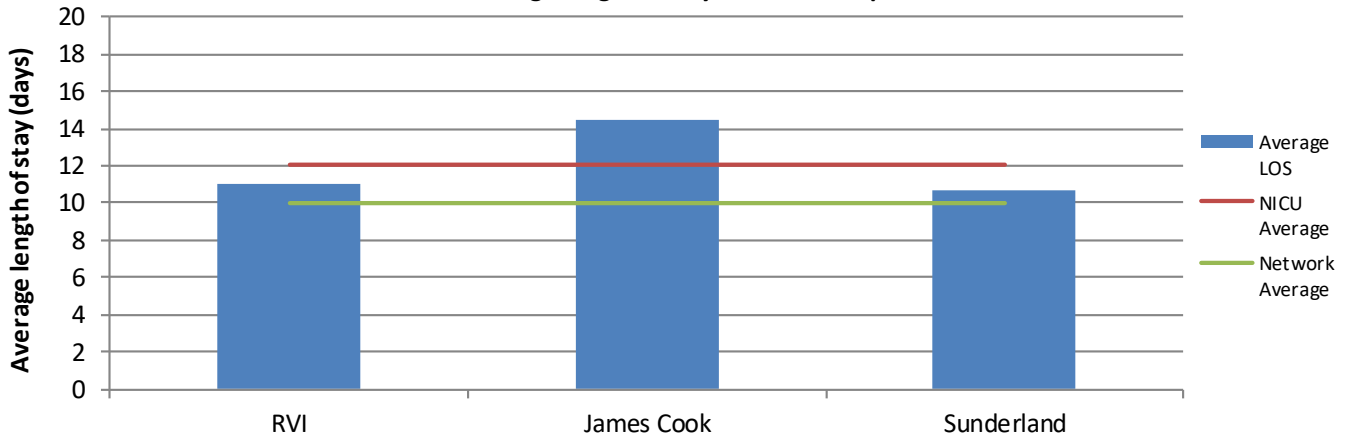
¹ Calculated using 1st episodes admissions and total births less 7% "preterm births" suggested average as per NNN agreement.

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

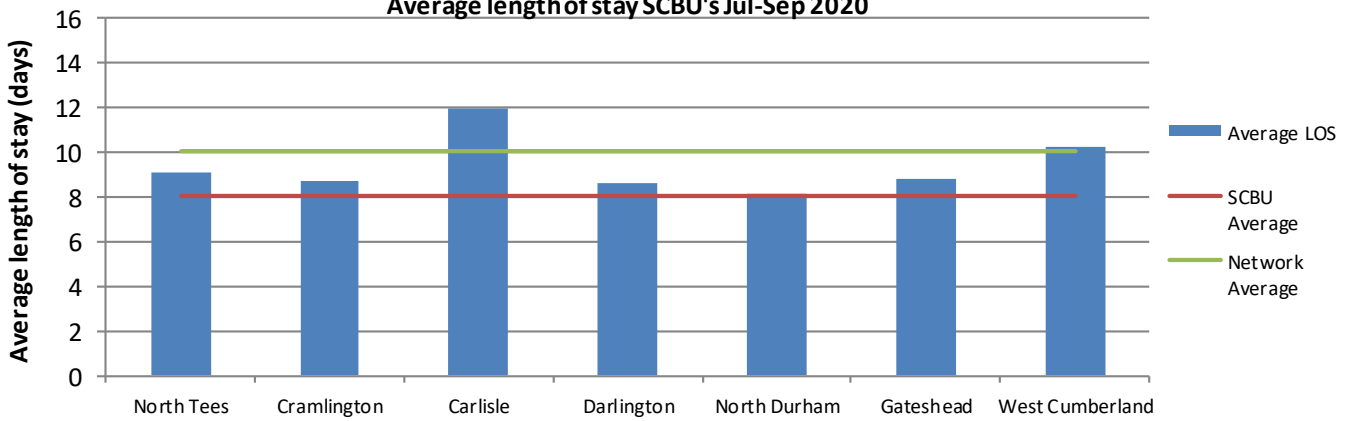
**Excludes unavoidable "congenital abnormality" term admissions (admit principal reason = 22)

Section 2 – Length of Stay³

Average length of stay NICU's Jul-Sep 2020

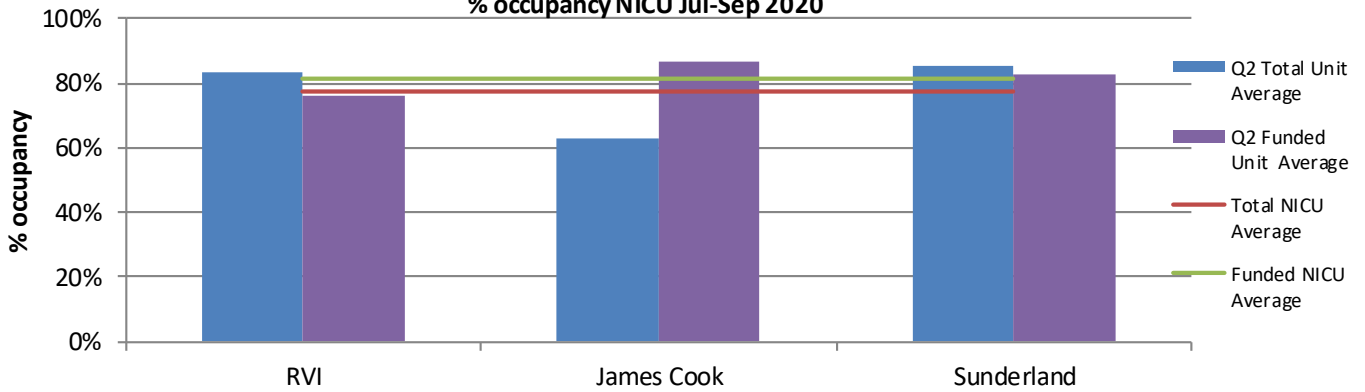


Average length of stay SCBU's Jul-Sep 2020

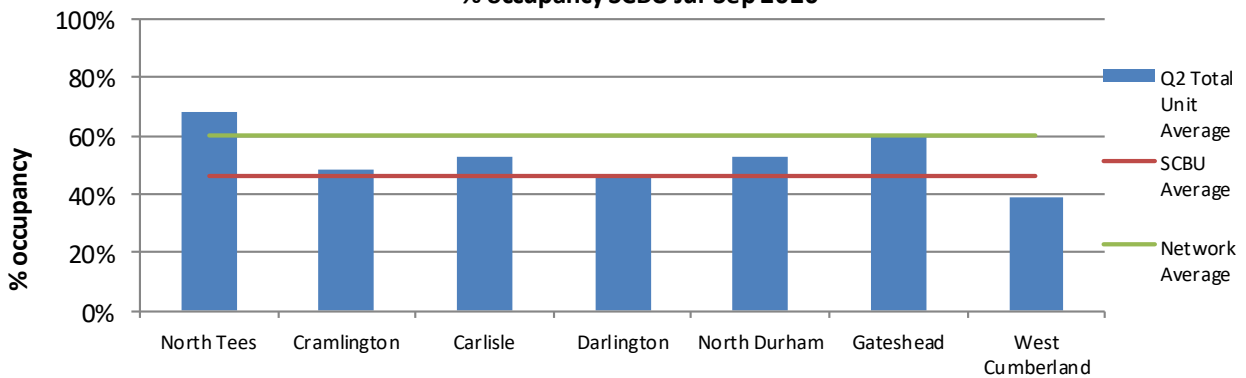


Section 3 – Occupancy⁴

% occupancy NICU Jul-Sep 2020



% occupancy SCBU Jul-Sep 2020



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

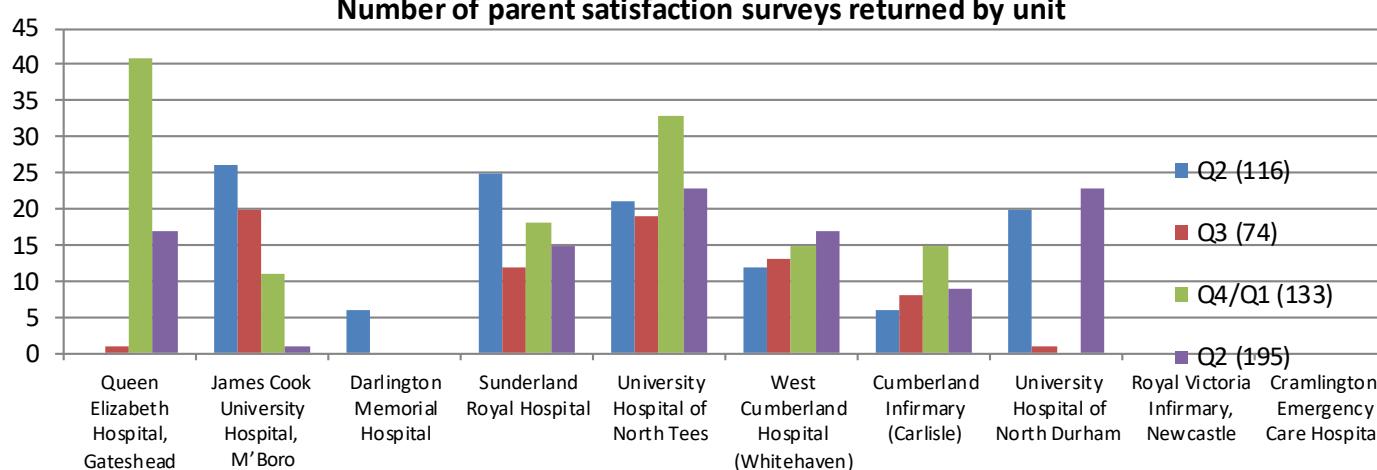
⁴ Calculated using available total cot numbers and occupancy levels.

Section 4a – Clinical Indicators⁵

Period:	National CQUIN				NNAP						
	Q2 20-21				Q2 20-21						
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 (<32/40)	ROP screening	Temperature Taken within 1hr (<32/40)	Mag Sulph	
RVI	100%	91%	100%	91%	91%	80%	50%	42%	92%	90%	
James Cook	100%	85%	100%	90%	94%	94%	20%	74%	100%	82%	
Sunderland	75%	88%	0%	100%	94%	87%	80%	88%	100%	50%	
North Tees	100%	N/A	67%	100%	100%	74%	50%	50%	100%	0%	
Cramlington	67%	N/A	N/A	100%	75%	98%	73%	33%	100%	50%	
Carlisle	33%	N/A	0%	75%	33%	59%	100%	100%	100%	50%	
Darlington	100%	N/A	100%	100%	89%	78%	100%	0%	100%	100%	
North Durham	80%	N/A	100%	100%	77%	60%	33%	83%	75%	0%	
Gateshead	100%	N/A	0%	100%	100%	48%	40%	57%	100%	N/A	
West Cumberland	100%	N/A	0%	83%	67%	71%	71%	43%	100%	0%	
Northern	86%	88%	52%	94%	82%	75%	62%	57%	97%	47%	

Section 4b – Non-clinical Indicators

Number of parent satisfaction surveys returned by unit



Section 5 – Network Audit & data/information compliance⁶

Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
Sunderland	2018	May-20
North Cumbria	2018	Nov-19
CDDFT	2018	Aug-19
RVI	2017	Sep-18
North Tees	2017	Jul-18
JCUH	2016	Nov-17
Cramlington	2016	Aug-17
Gateshead	2016	Dec-17

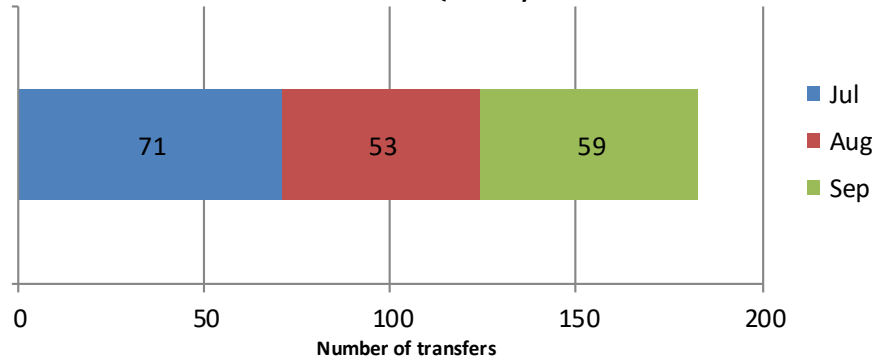
⁵ These are taken from the BadgerNet Dashboard reports for national CQUINs and NNAP Metrics. The former may not be what individual Units have signed up to but are included with the NNAP figures (which will appear on their reports in due course) for benchmarking purpose only

⁶ Requested items as identified and defined by the Network as auditable – green if returned by deadline, amber if returned following reminder, red if no response received. For Dashboard returns, the deadline for submission will be 6 weeks after the end of the quarter being requested.

Section 6 – Northern Neonatal Transport Service (NNeTS)

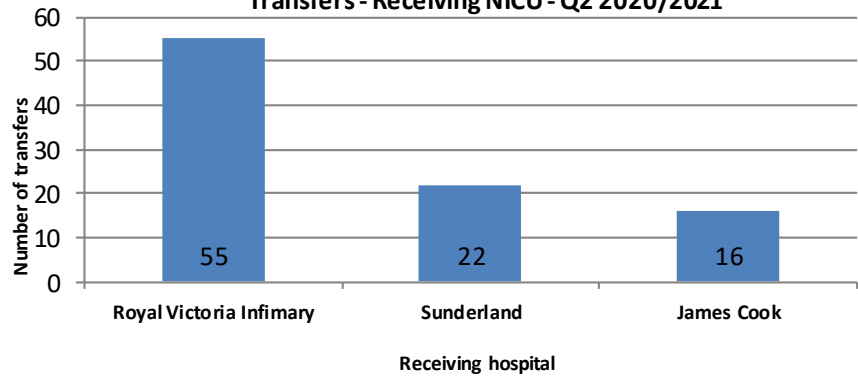
These figures represent the total number of transfers undertaken by each team per month, including back-transfers

Total transfers - Q2 2020/2021



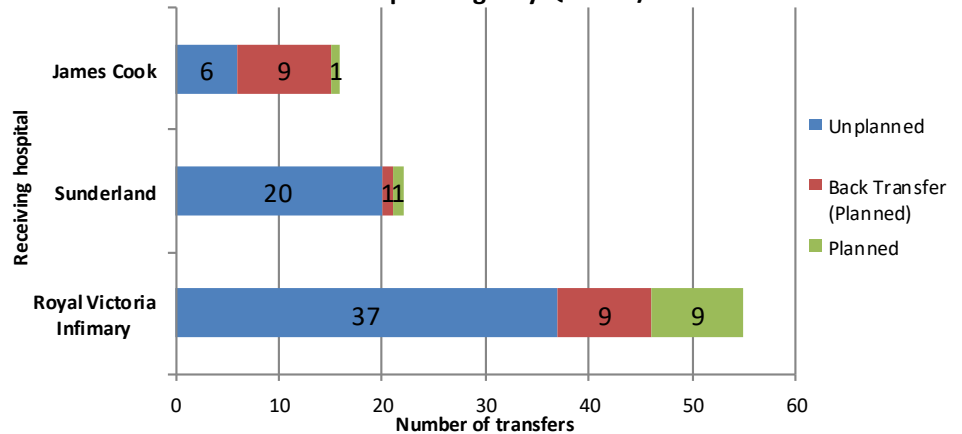
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).

Transfers - Receiving NICU - Q2 2020/2021



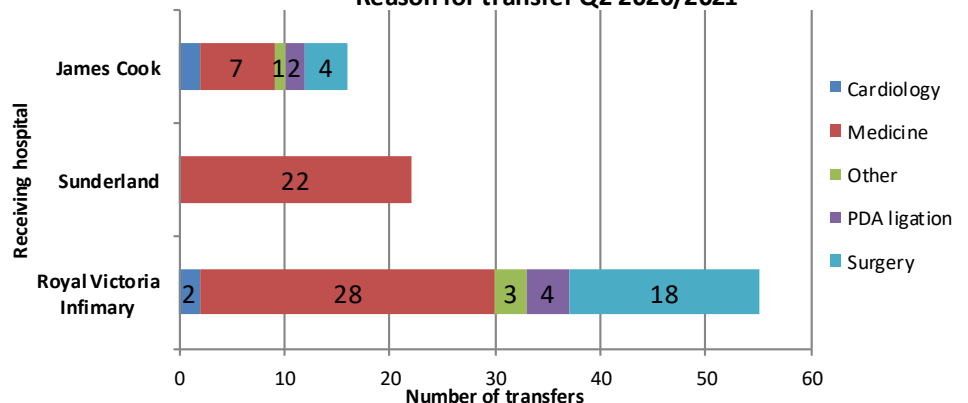
Definitions of urgency are subjective apart from planned back-transfers. The definition of "planned" here is where the need for transfer appears to have been known – such as for surgical cases and cardiac investigations etc. Unplanned would be defined as where transfer could not have been foreseen –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

Transport Urgency Q2 2020/2021



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 Q2 2020/2021



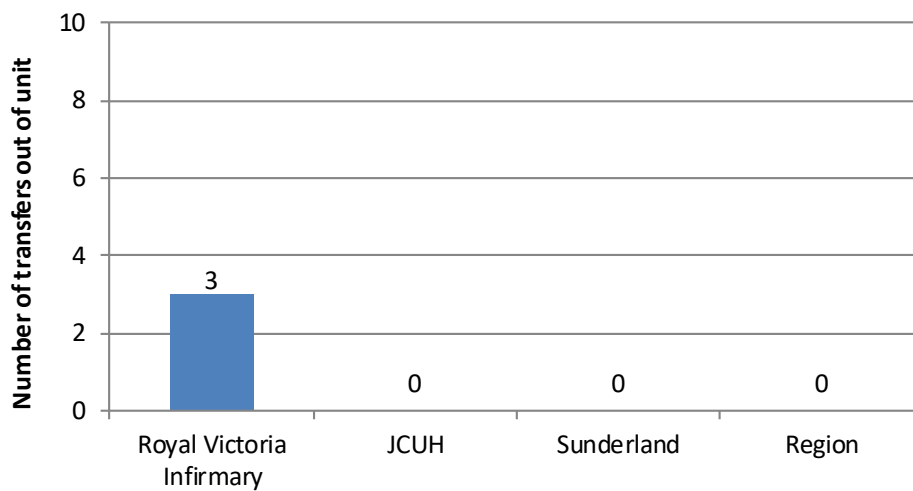
Non-clinical transfers due to cot availability Q2 2020/21

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	0
Sunderland	0

Non-clinical transfers out due to cot capacity Q2 2020-2021



Out of network activity/transfers

NNN IUT'S THAT WENT OUT OF REGION BECAUSE REGION FULL		
Gest	FROM	TO
36+6	RVI	LGI