



Northern Neonatal Network

Quarterly Report

Q3 Oct-Dec 21



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 recently commissioned and 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 March 2022

Section 1 - Activity

Indicator	RVI	James Cook	Sunderland	North Tees	Cramlington	Carlisle	Darlington	UHND	Gateshead	West Cumberland
Births										
Live Births	1509	1203	947	618	871	389	484	658	520	278
Live births by gestation (wks.)										
<23									0	
23-27									1	
28-31									2	
32-36									21	
=>37									496	
Unknown									0	
Live births by birthweight (g)										
<750									1	
750-999									0	
1000-1499									3	
1500-1999									7	
2000-2499									19	
>=2500									490	
Unknown									0	
Admissions										
Total Admissions	202	135	107	73	83	47	72	74	43	38
1st Admissions	144	90	86	52	53	38	48	55	23	28
Term admissions	68	30	36	21	21	21	29	29	14	17
VLBW admissions	31	31	25	7	7	3	1	3	4	1
1 Year rolling VLBW	114	114	64							
% term admissions (births)	4.8%	2.7%	4.1%	3.7%	2.6%	5.8%	6.4%	4.7%	2.9%	6.6%
% term admissions (admissions)	47.2%	33.3%	41.9%	40.4%	36.9%	55.3%	60.4%	52.7%	60.9%	60.7%
TC admissions	165	200	71	47	39	30	131	155	71	15
Care Days										
IC days	798	473	324	9	10	11	12	15	3	6
1 year rolling IC	3042	1668	1063							
HD days	1081	863	319	66	74	27	18	30	18	23
SC days	777	1077	812	754	655	303	469	616	499	256
NC days	29	2	0	17	27	17	17	33	94	5
TC days	659	570	157	104	135	139	265	321	246	44

<30 week Exceptions

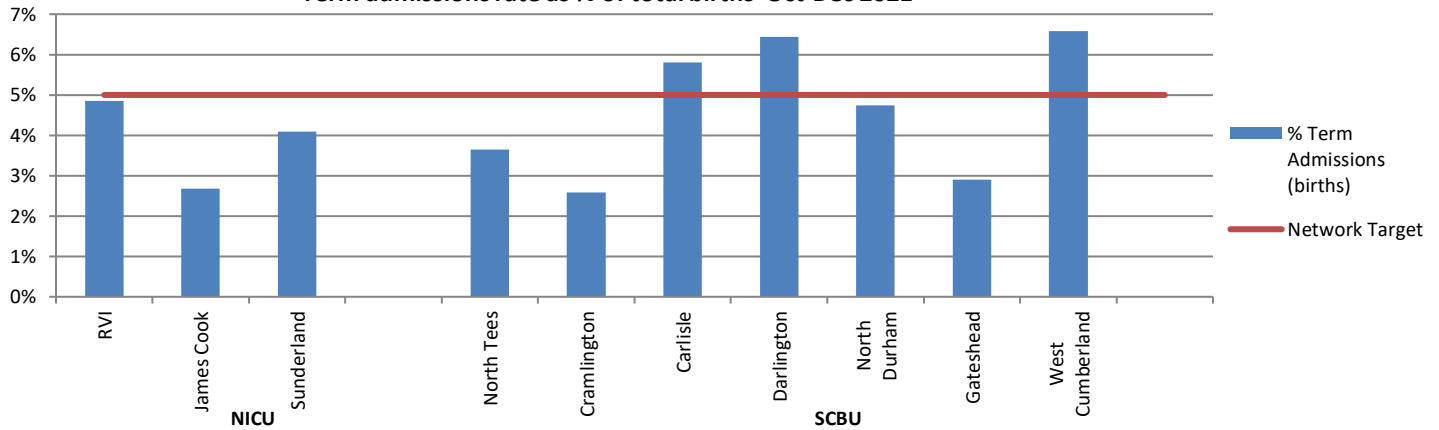
BookingName	PlaceOfBirthName	GestationWeeks	DischargeHospitalName	BadgerUniqueID
Cumberland Infirmary (Maternity)	Cumberland Infirmary (Maternity)	26	Sunderland Royal Maternity	ADIUYD
Cumberland Infirmary (Maternity)	Cumberland Infirmary (Maternity)	27	James Cook University Hospital	A9C11D
Darlington Memorial Hospital	Sunderland Royal	26		A3PWWD
Northumbria Specialist Emergency Care Hospital	Home	29	Sunderland Royal	ASU8YD
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	28	The Royal Victoria Infirmary (Newcastle)	A9WB1D
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	26	Sunderland Royal	AVASZD
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	29	South Tees Hospitals NHS FoundationTrust	ATSJZD
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	26	Sunderland Royal	ARKVYD
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	29	The Royal Victoria Infirmary (Newcastle)	AIV8XD
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	26	Sunderland Royal	AHBSZD
Queen Elizabeth Gateshead	James Cook University Hospital	26		AXBUZD
Queen Elizabeth Gateshead	Queen Elizabeth Gateshead	25	The Royal Victoria Infirmary (Newcastle)	A3SQXD
Univ. Hospital of North Durham	University Hospital Of North Durham	26	James Cook University Hospital	AXC5XD
Univ. Hospital of North Tees	Univ. Hospital of North Tees	29	James Cook University Hospital	AMTZZD
Univ. Hospital of North Tees	Univ. Hospital of North Tees	27	James Cook University Hospital	AE57XD
Univ. Hospital of North Tees	Univ. Hospital of North Tees	25	The Royal Victoria Infirmary (Newcastle)	AELYD
University Hospital Of North Tees	James Cook University Hospital	29		AW9AZD
University Hospital Of North Tees	James Cook University Hospital	28		ADIUXD
West Cumberland Hospital (Mat)	West Cumberland Hospital (Mat)	26	James Cook University Hospital	ASD3WD

Pathway Exception 74%

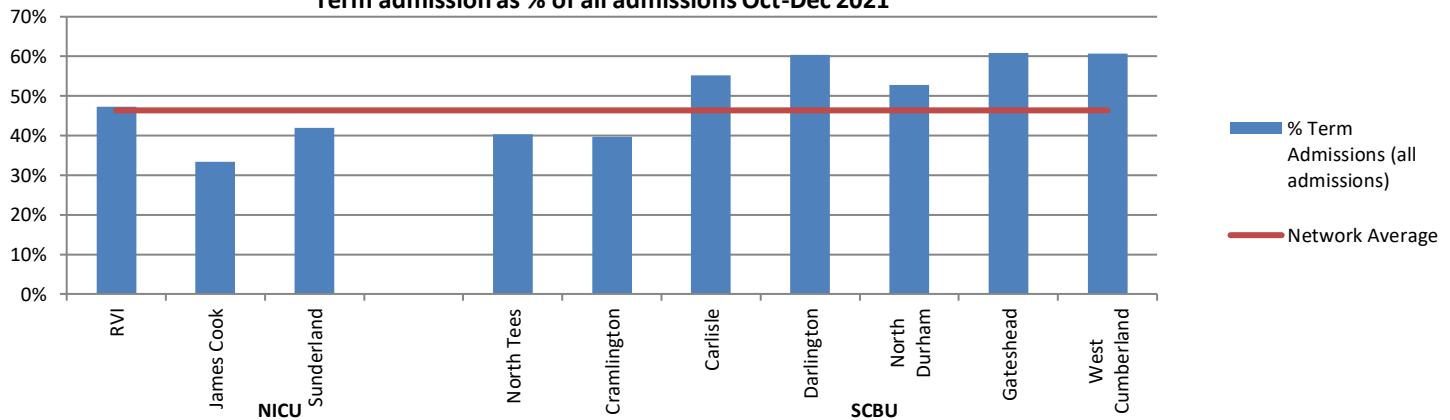
Inpatient after 44 weeks

Unit	Admissions	I/P after 44wks	% still inpatient
RVI	202	1	0.5%
James Cook	135	0	0.0%
Sunderland	107	1	0.9%
North Tees	73	2	2.7%
Cramlington	83	0	0.0%
Carlisle	47	1	2.1%
Darlington	72	1	1.4%
North Durham	74	0	0.0%
Gateshead	43	0	0.0%
West Cumberland	38	1	2.6%

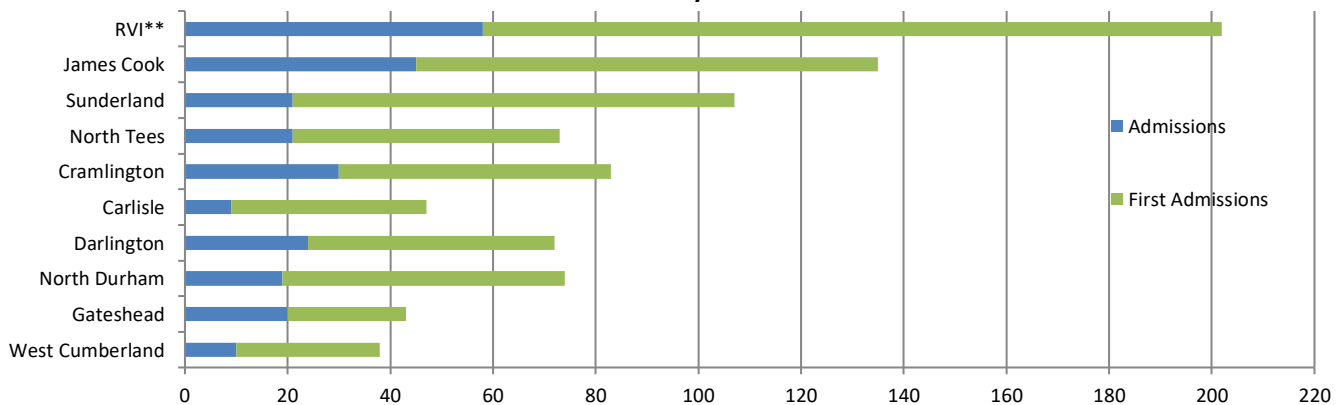
Term admissions rate as % of total births Oct-Dec 2021



Term admission as % of all admissions Oct-Dec 2021



Number of admissions by unit Oct-Dec 2021

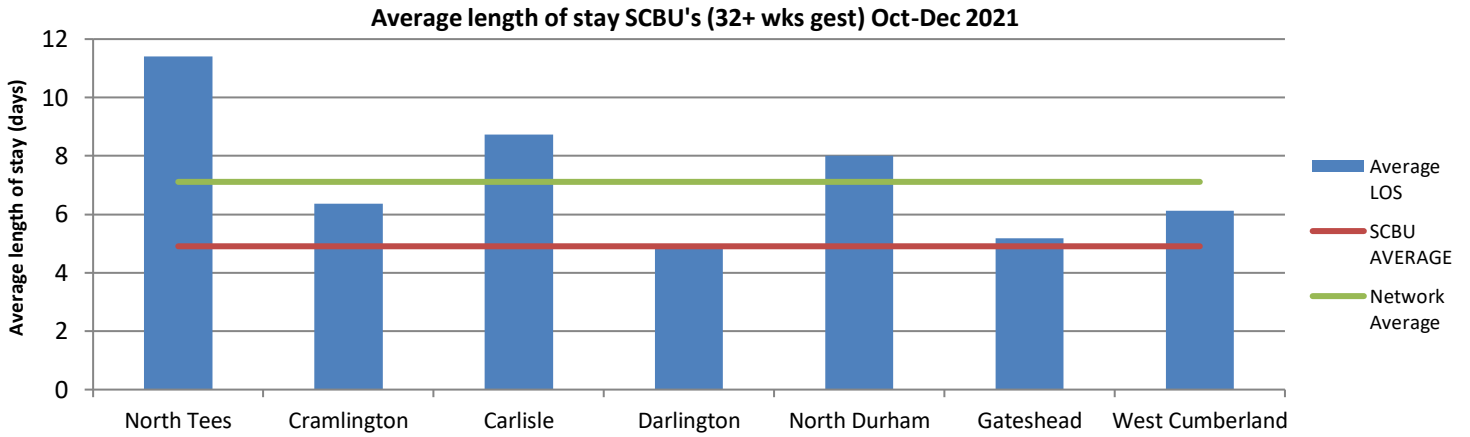
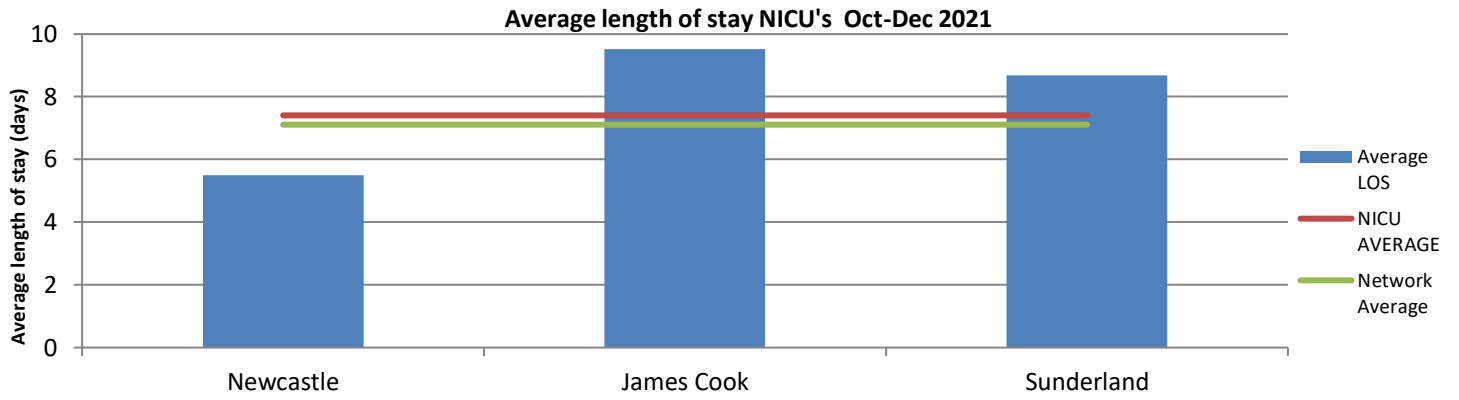


¹ Calculated using 1st episodes admissions and total births less 7% "preterm births" suggested average as per NNN agreement.

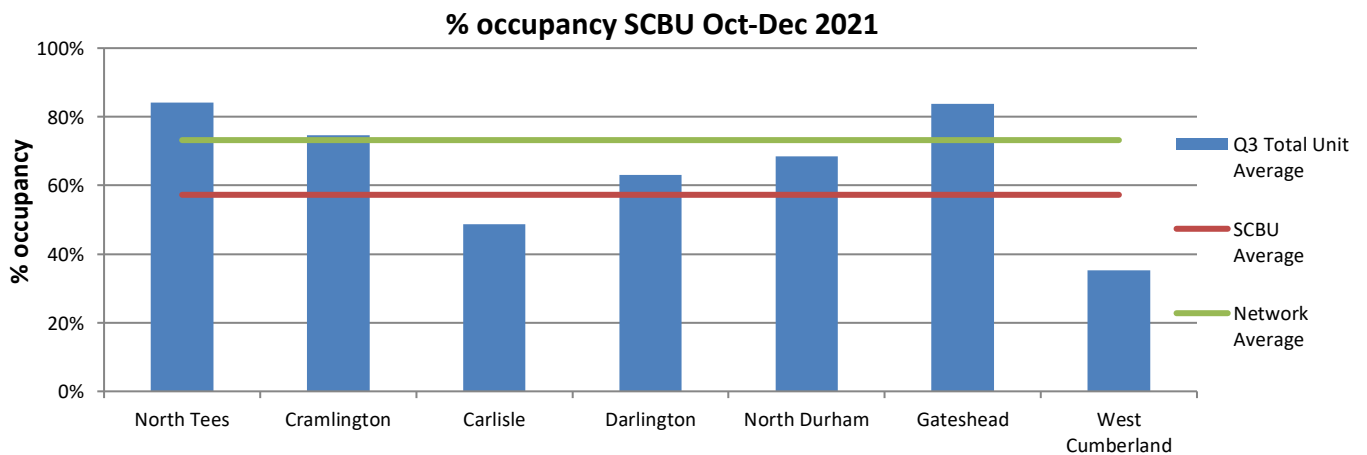
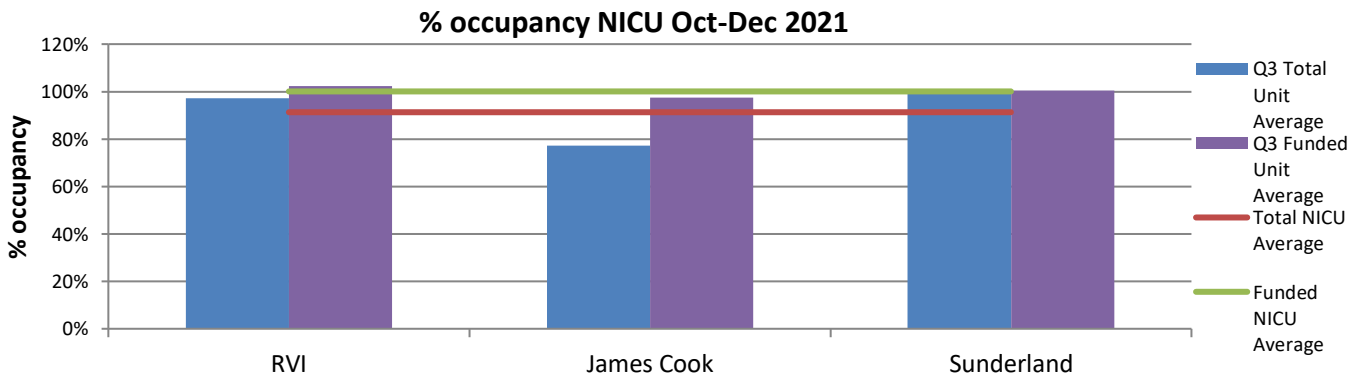
² Calculated using 1st episodes term admission as a percentage of 1st admissions.

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

Section 2 – Length of Stay³



Section 3 – Occupancy⁴



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

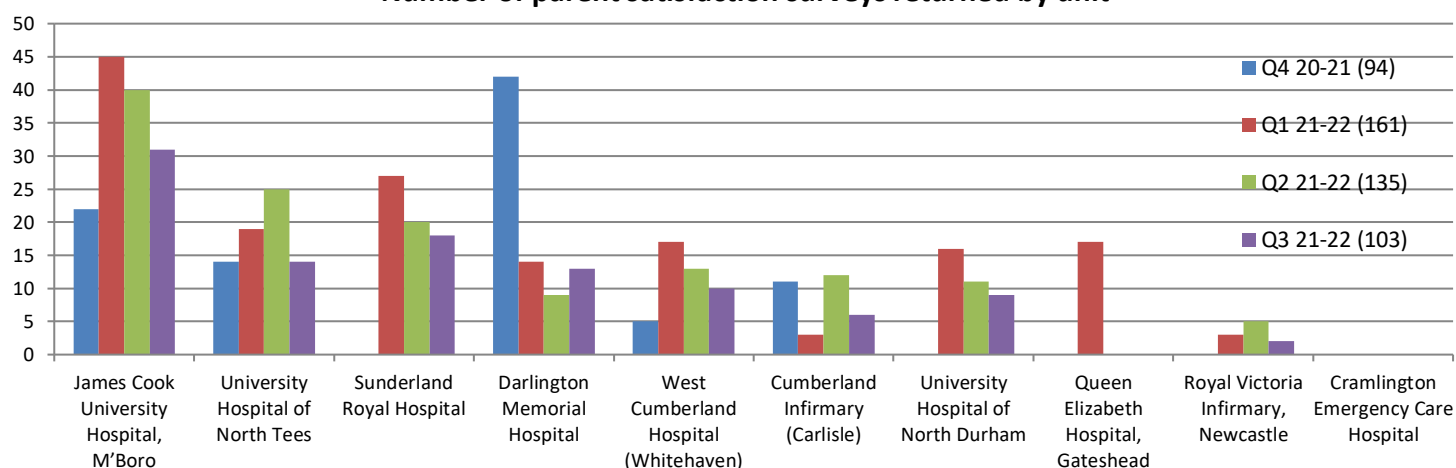
⁴ Calculated using available total cot numbers and occupancy levels.

Section 4a – Clinical Indicators⁵

Period:	National CQUIN				NNAP					
	Q3 21-22				Q3 21-22					
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	N/A	85%	43%	91%	81%	88%	73%	45%	88%	78%
James Cook	71%	83%	36%	89%	90%	77%	67%	86%	85%	77%
Sunderland	47%	100%	100%	90%	84%	92%	10%	81%	94%	90%
North Tees	70%	N/A	44%	94%	100%	89%	20%	60%	100%	100%
Cramlington	100%	N/A	50%	89%	64%	67%	31%	36%	83%	43%
Carlisle	0%	N/A	0%	88%	88%	61%	N/A	0%	100%	100%
Darlington	100%	N/A	100%	80%	80%	84%	67%	88%	100%	N/A
North Durham	50%	N/A	33%	92%	77%	83%	83%	100%	100%	100%
Gateshead	20%	N/A	0%	100%	71%	85%	0%	88%	100%	0%
West Cumberland	N/A	N/A	N/A	100%	100%	75%	33%	100%	100%	100%
Northern	57%	89%	45%	91%	84%	80%	43%	68%	95%	76%

Section 4b – Non-clinical Indicators

Number of parent satisfaction surveys returned by unit



Section 5 – Network Audit & data/information compliance⁶

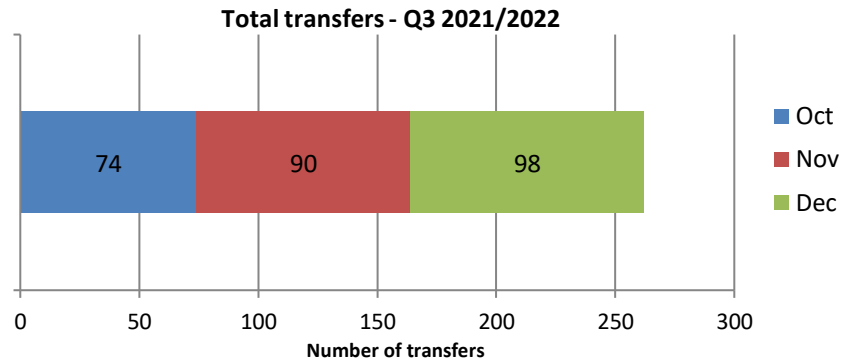
Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
Sunderland	2018	May-20
North Cumbria	2018	Nov-19
CDDFT	2018	Aug-19
RVI	2017	Sep-18
North Tees	2017	Jul-18
JCUH	2016	Nov-17
Cramlington	2016	Aug-17
Gateshead	2016	Dec-17

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

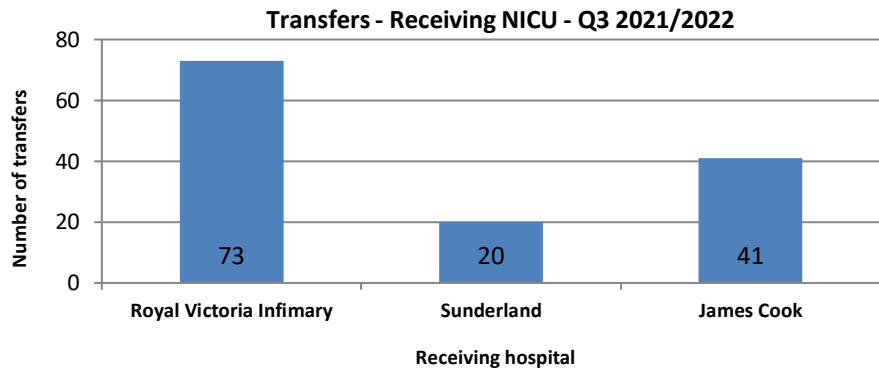
⁶ Requested items as identified and defined by the Network as auditable – green if returned by deadline, amber if returned following reminder, red if no response received. For Dashboard returns, the deadline for submission will be 6 weeks after the end of the quarter being requested.

Section 6 – Northern Neonatal Transport Service (NNeTS)

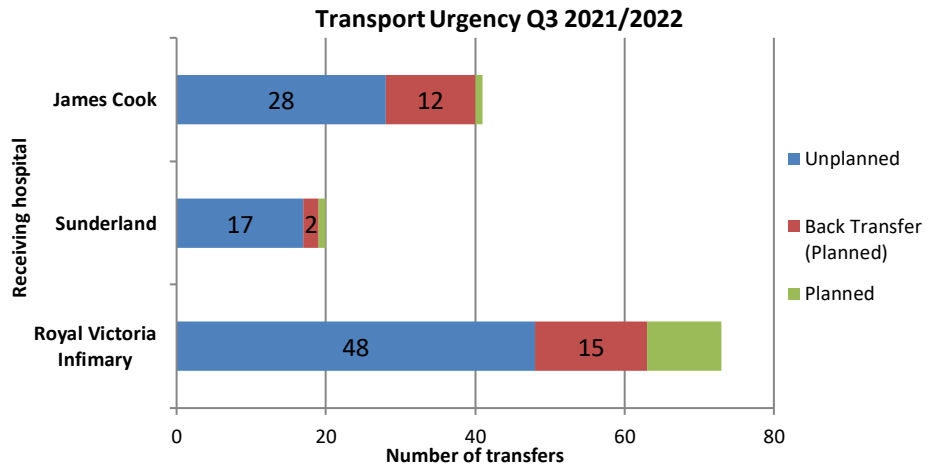
These figures represent the total number of transfers undertaken by each team per month, including back-transfers



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.

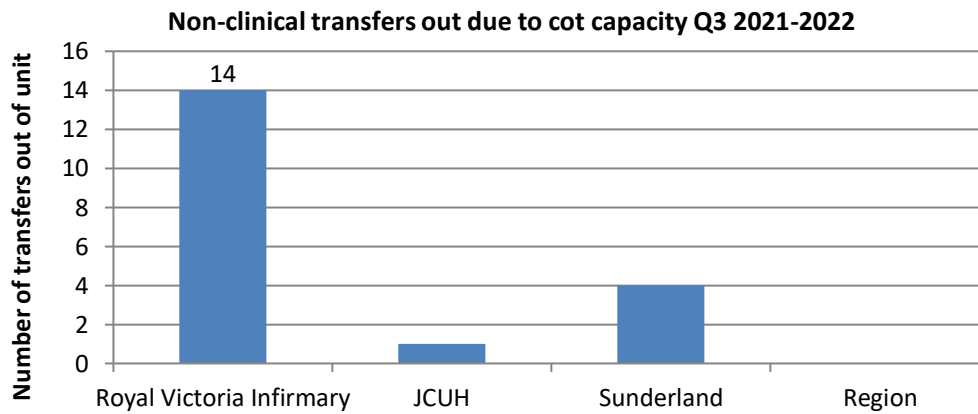


Non-clinical transfers due to cot availability Q3 2021/22

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
Royal Victoria Infirmary	14
JCUH	1
Sunderland	4
Region	0



Out of network activity/transfers

NNN IUT'S THAT WENT OUT OF REGION BECAUSE REGION FULL		
Gest	FROM	TO