



Northern Neonatal Network

Quarterly Report

Q2 Jul-Sep 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.

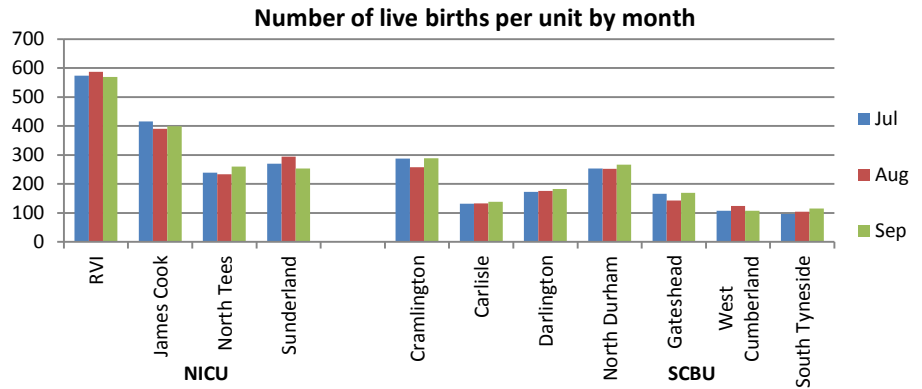
As always, the aim of this is to provide the very best service available to the babies and families within our Network and thus meet our one core principle – *“To give the highest possible standard of safe, effective care to babies and their families.”*

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

Section 1 - Activity

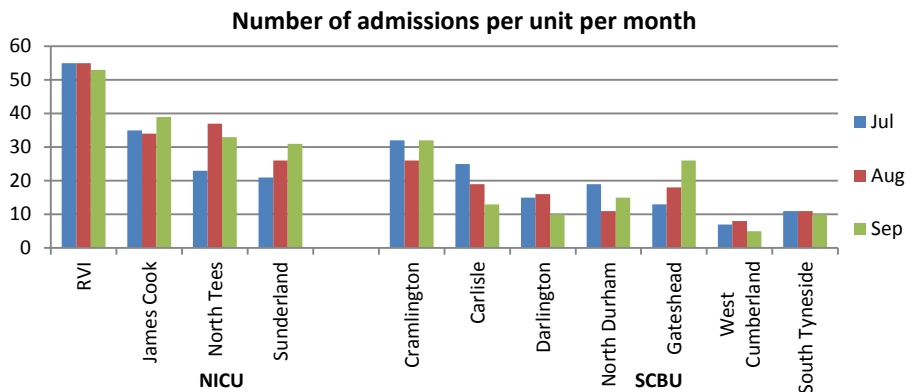
Live Births

Unit	Jul	Aug	Sep	Total
RVI	574	587	569	1730
James Cook	416	390	399	1205
North Tees	239	233	260	732
Sunderland	270	294	253	817
Cramlington	287	258	288	833
Carlisle	131	133	138	402
Darlington	172	176	182	530
North Durham	253	252	266	771
Gateshead	166	143	169	478
West Cumberland	107	124	107	338
South Tyneside	96	104	115	315
Total	2711	2694	2746	8151



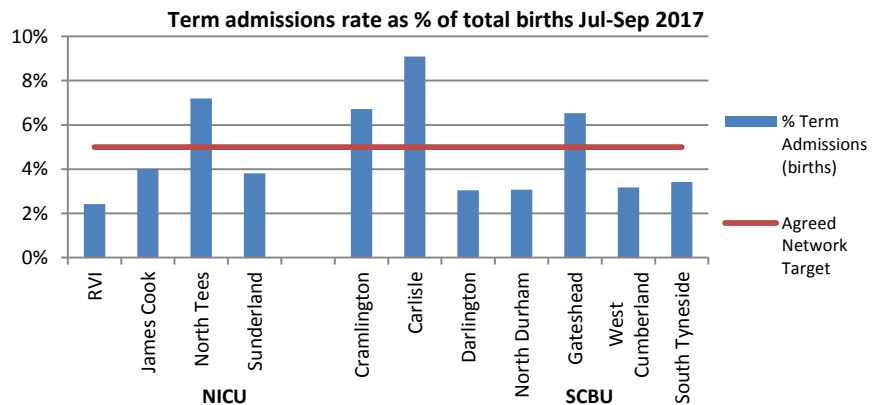
Admissions

Unit	Jul	Aug	Sep	Total
RVI	55	55	53	163
James Cook	35	34	39	108
North Tees	23	37	33	93
Sunderland	21	26	31	78
Cramlington	32	26	32	90
Carlisle	25	19	13	57
Darlington	15	16	10	41
North Durham	19	11	15	45
Gateshead	13	18	26	57
West Cumberland	7	5	5	20
South Tyneside	11	11	10	32
Total	256	261	267	784



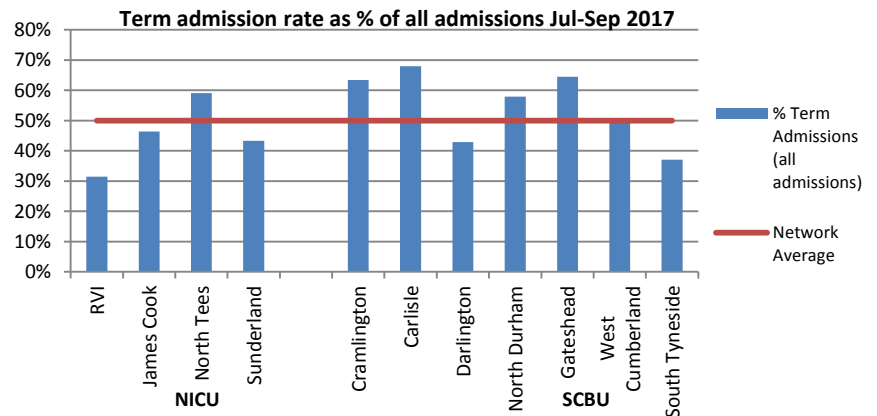
Term Admissions¹

Unit	Jul	Aug	Sep	Total
RVI**	2.6%	2.2%	2.5%	2.4%
James Cook	3.9%	4.1%	4.0%	4.0%
North Tees	6.3%	9.2%	6.2%	7.2%
Sunderland	3.2%	4.0%	4.3%	3.8%
Cramlington	7.1%	5.0%	7.8%	6.7%
Carlisle	9.8%	11.3%	6.2%	9.1%
Darlington	2.5%	4.9%	1.8%	3.0%
North Durham	3.0%	2.6%	3.6%	3.1%
Gateshead	4.5%	7.5%	7.6%	6.5%
West Cumberland	4.0%	3.5%	2.0%	3.2%
South Tyneside	4.5%	4.1%	1.9%	3.4%
Network Average	4.5%	5.1%	4.8%	4.8%



Term Admissions²

Unit	Jul	Aug	Sep	Total
RVI**	36.8%	28.6%	29.5%	31.5%
James Cook	50.0%	48.4%	41.7%	46.4%
North Tees	63.6%	57.1%	57.7%	59.0%
Sunderland	42.1%	45.8%	41.7%	43.3%
Cramlington	61.3%	54.5%	72.4%	63.4%
Carlisle	61.9%	82.4%	66.7%	70.0%
Darlington	28.6%	66.7%	33.3%	42.9%
North Durham	50.0%	60.0%	64.3%	57.9%
Gateshead	63.6%	66.7%	63.2%	64.4%
West Cumberland	57.1%	50.0%	40.0%	50.0%
South Tyneside	50.0%	40.0%	22.2%	37.0%
Network Average	53.0%	51.3%	48.5%	50.9%



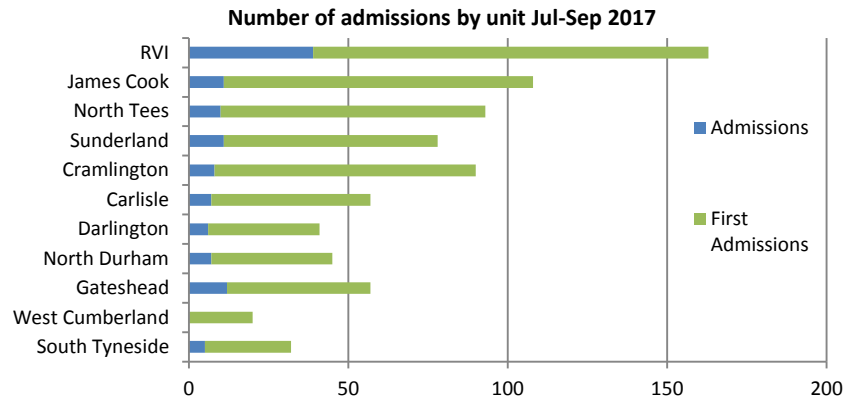
¹ Calculated using 1st episodes admissions and total births less 7% "preterm births" suggested average as per NNN agreement.

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

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

All Admissions

Unit	Total Admissions	1st Admissions	Term Admissions
RVI**	163	124	39
James Cook	108	97	45
North Tees	93	83	49
Sunderland	78	67	29
Cramlington	90	82	57
Carlisle	57	50	35
Darlington	41	35	15
North Durham	45	38	22
Gateshead	57	45	29
West Cumberland	20	20	10
South Tyneside	32	27	10
Total	784	668	340



IC Days

Unit	Jul	Aug	Sep	Total
RVI	247	203	275	725
James Cook	52	77	114	243
North Tees	16	49	96	161
Sunderland	62	28	64	154
Cramlington	1	1	3	5
Carlisle	0	2	1	3
Darlington	3	4	3	10
North Durham	0	2	3	5
Gateshead	2	0	3	5
West Cumberland	0	0	3	3
South Tyneside	1	0	1	2
Total	384	366	566	1316

HD Days

Unit	Jul	Aug	Sep	Total
RVI	193	232	228	653
James Cook	140	139	92	371
North Tees	115	43	79	237
Sunderland	82	34	98	214
Cramlington	9	33	6	48
Carlisle	8	12	4	24
Darlington	12	1	8	21
North Durham	16	2	5	23
Gateshead	1	6	10	17
West Cumberland	0	0	0	0
South Tyneside	4	7	6	17
Total	580	509	536	1625

SC Days

Unit	Jul	Aug	Sep	Total
RVI	374	276	366	1016
James Cook	306	299	335	940
North Tees	229	218	281	728
Sunderland	210	216	233	659
Cramlington	116	171	166	453
Carlisle	119	149	110	378
Darlington	146	129	115	390
North Durham	224	189	102	515
Gateshead	187	89	126	402
West Cumberland	82	75	50	207
South Tyneside	55	97	53	205
Total	2048	1908	1937	5893

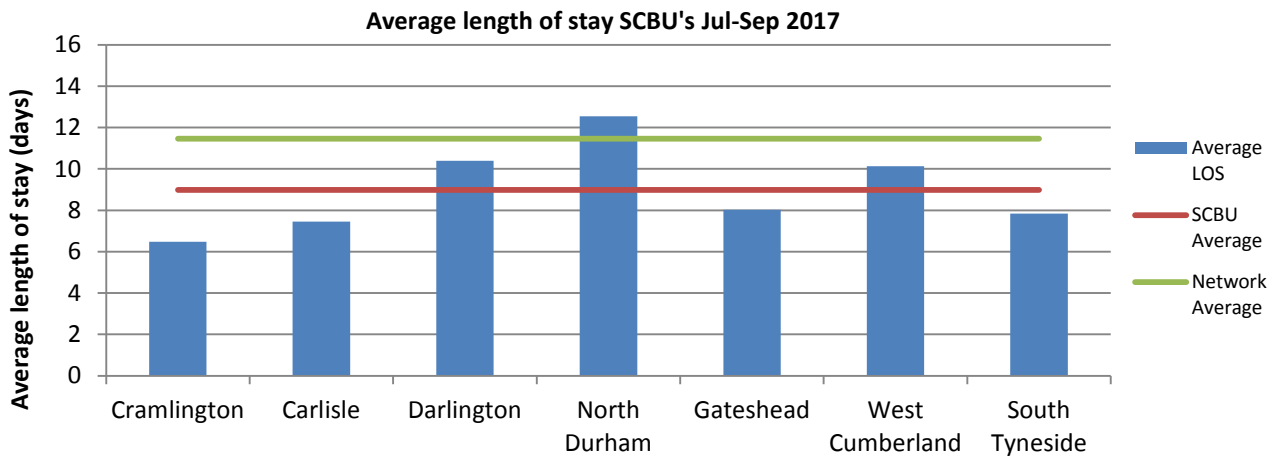
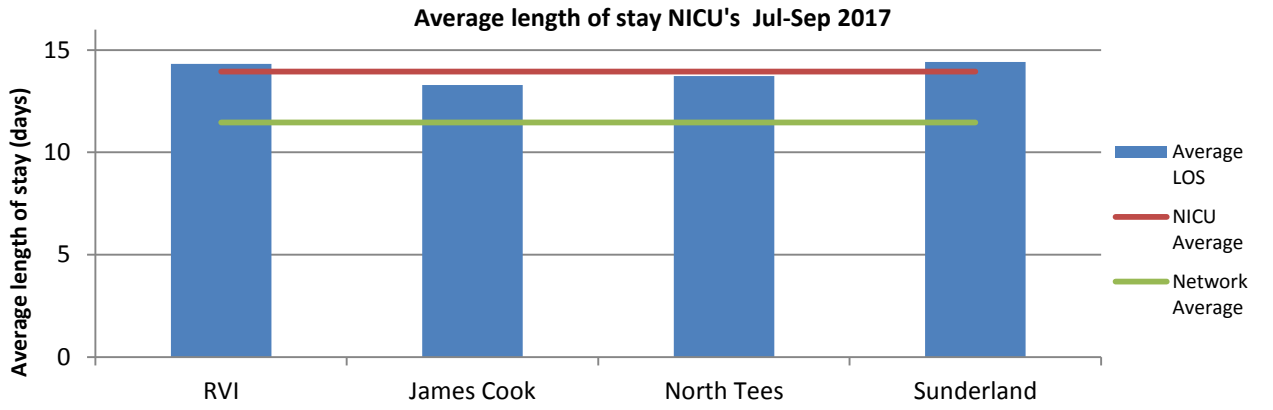
NC Days

Unit	Jul	Aug	Sep	Total
RVI	8	29	31	68
James Cook	0	0	0	0
North Tees	6	7	22	35
Sunderland	0	0	0	0
Cramlington	16	8	10	34
Carlisle	3	10	3	16
Darlington	3	1	3	7
North Durham	6	5	4	15
Gateshead	4	13	6	23
West Cumberland	1	0	0	1
South Tyneside	0	0	0	0
Total	47	73	79	199

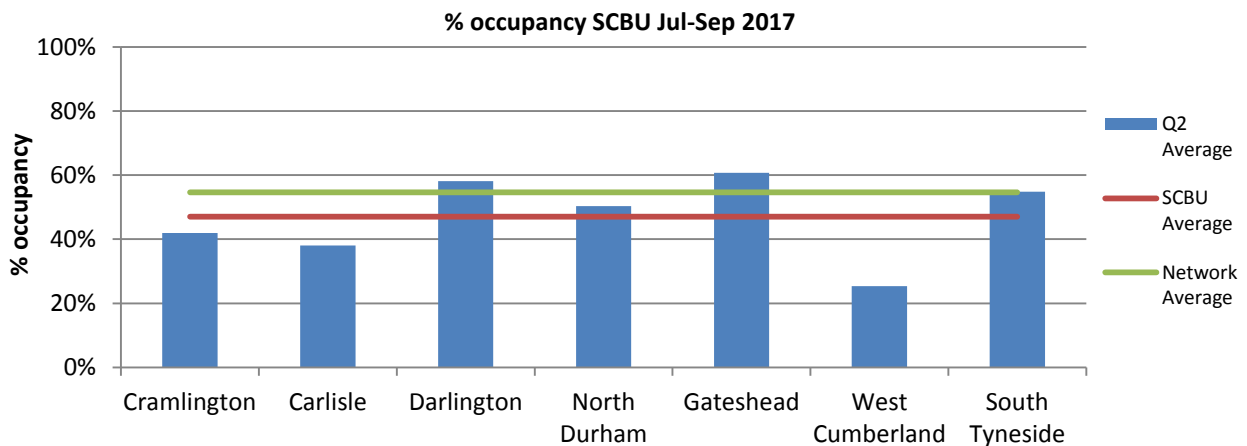
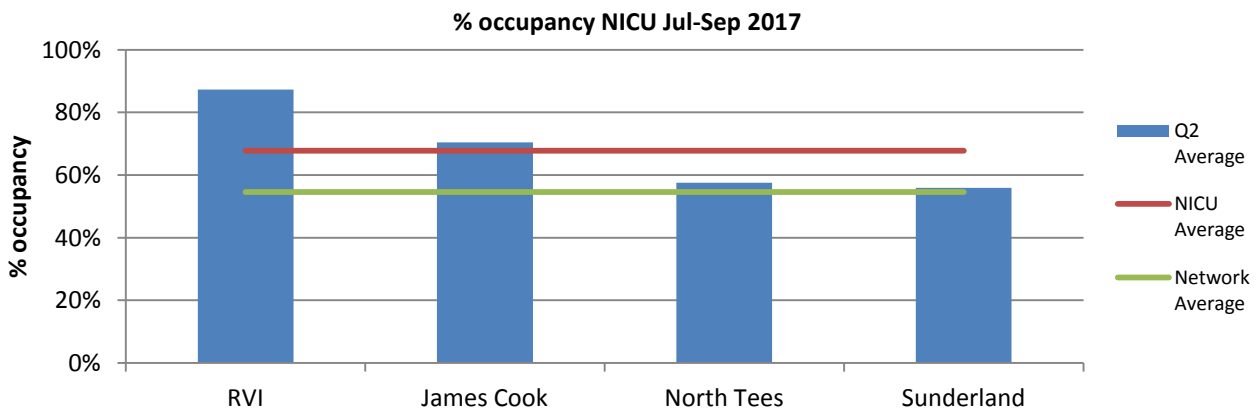
TC Days

Unit	Jul	Aug	Sep	Total
RVI	332	291	376	999
James Cook	0	0	0	0
North Tees	18			
Sunderland	0	0	0	0
Cramlington	36	60	69	165
Carlisle	17	14	10	41
Darlington	87	119	102	308
North Durham	146	110	150	406
Gateshead	0	0	0	0
West Cumberland	0	0	0	0
South Tyneside	0	0	0	0
Total	636	594	707	1937

Section 2 – Length of Stay³



Section 3 – Occupancy⁴



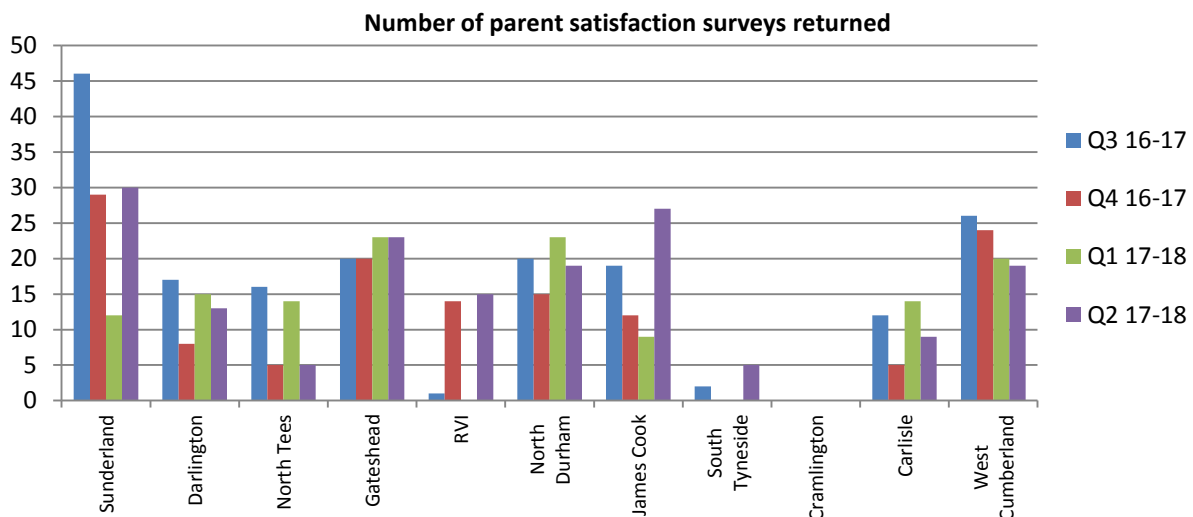
³ Calculated using total discharges >4hrs, not died, and total length of stay.

⁴ Calculated using available total cot numbers and occupancy levels.

Section 4a – Clinical Indicators⁵

Period:	National CQUIN				NNAP					
	Q2 17-18				Q2 17-18					
	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)	Mag Sulph (Benchmarking)
RVI	33%	100%	83%	88%	78%	70%	33%	86%	96%	31%
James Cook	88%	90%	55%	91%	86%	100%	54%	100%	96%	50%
North Tees	100%	75%	50%	88%	79%	93%	40%	67%	100%	25%
Sunderland	100%	100%	100%	100%	100%	100%	50%	89%	92%	60%
Cramlington	50%	N/A	N/A	100%	93%	98%	0%	100%	100%	50%
Carlisle	0%	N/A	33%	100%	60%	74%	N/A	0%	N/A	N/A
Darlington	0%	N/A	N/A	100%	85%	79%	0%	80%	100%	N/A
North Durham	33%	N/A	100%	100%	92%	75%	0%	100%	100%	100%
Gateshead	100%	N/A	0%	100%	80%	77%	100%	83%	100%	N/A
West Cumberland	N/A	N/A	0%	100%	33%	100%	N/A	100%	100%	N/A
South Tyneside	N/A	N/A	0%	100%	50%	100%	N/A	100%	100%	N/A
Northern	56%	91%	47%	97%	76%	88%	35%	82%	98%	53%

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	

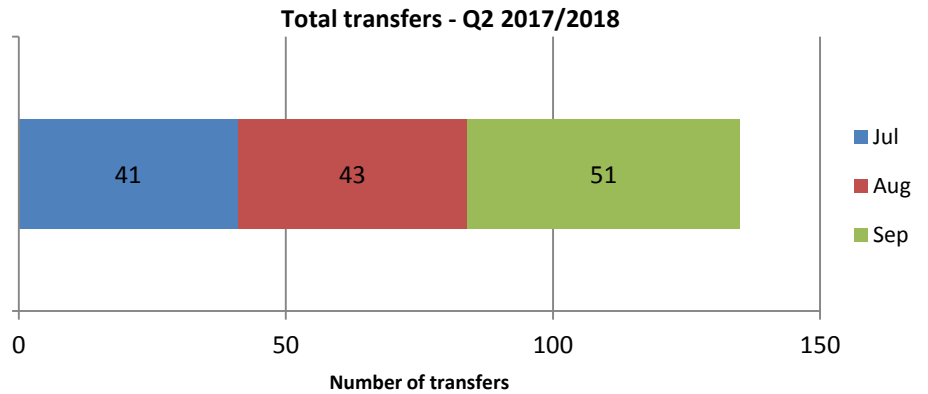
Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
RVI	2016	Aug-17
JCUH	2016	Nov-17
Sunderland	2016	Nov-17
North Tees	2015	Mar-17
CDDFT	2016	Jun-17
Cramlington	2016	Aug-17
North Cumbria	2016	Sep-17
Gateshead	N/A	N/A
South Tyneside	N/A	N/A

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

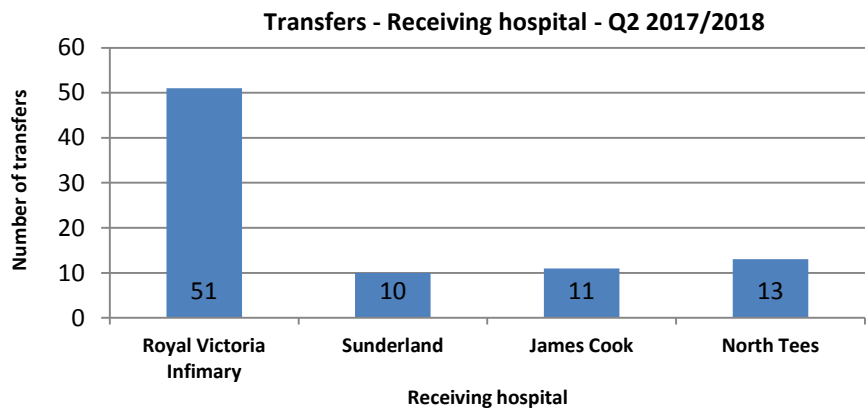
⁶ Requested items as identified and defined by the Network as auditable will appear here in future reports, including Monthly Dashboard returns, where the deadline for submission will be 6 weeks after the end of the quarter being requested.

Section 6 – Northern Neonatal Transport Service (NNeTS)

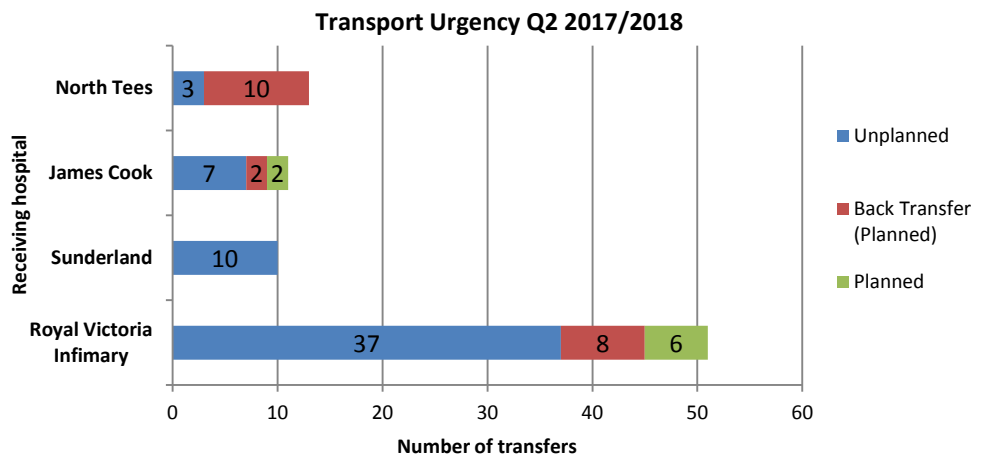
These figures represent the total number of transfers undertaken by each team per month, including back-transfers



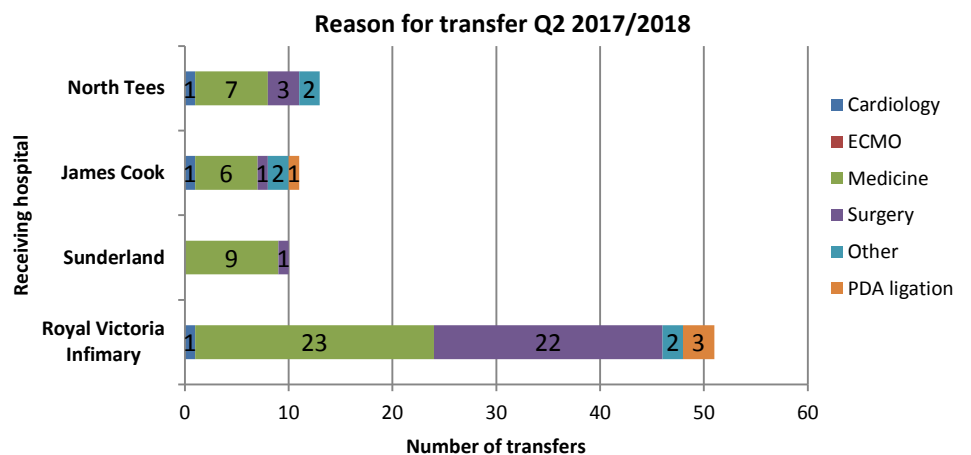
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).



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 Q2 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	4
JCUH	0
Sunderland	0
North Tees	0

