



Northern Neonatal Network

Quarterly Report

Q4 Jan-Mar 18



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;

- All reports use the BAPM 2011 definitions, NOT the previous BAPM 2001 ones. There are differences in how these latest levels of care are calculated and these 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 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 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.

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.

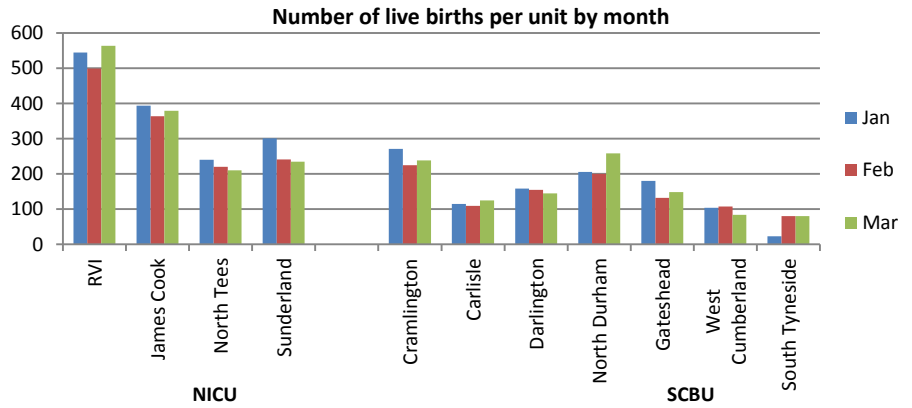
As always, the aim of this is to provide the very best service available to the babies and families within our Network and thus meet our one core principle – *“To give the highest possible standard of safe, effective care to babies and their families.”*

Martyn Boyd, Network Manager/Mark Green, Network Data Manager
May 2018

Section 1 - Activity

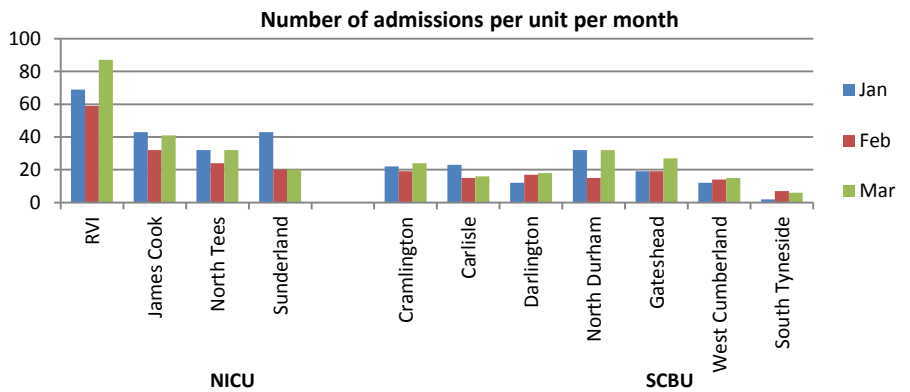
Live Births

Unit	Jan	Feb	Mar	Total
RVI	545	499	564	1608
James Cook	394	364	379	1137
North Tees	240	220	210	670
Sunderland	301	241	235	777
Cramlington	271	225	238	734
Carlisle	115	109	125	349
Darlington	158	155	145	458
North Durham	206	200	258	664
Gateshead	180	132	148	460
West Cumberland	104	108	84	296
South Tyneside*	23	80	80	183
Total	2537	2333	2466	7336



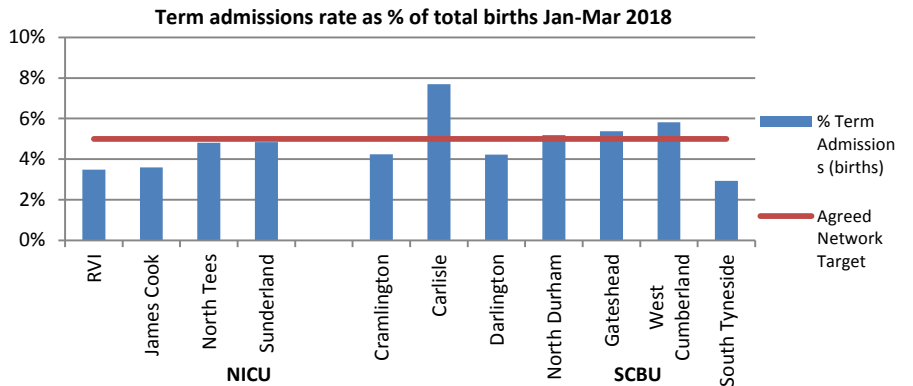
Admissions

Unit	Jan	Feb	Mar	Total
RVI	69	59	87	215
James Cook	43	32	41	116
North Tees	32	24	32	88
Sunderland	43	20	20	83
Cramlington	22	19	24	65
Carlisle	23	15	16	54
Darlington	12	17	18	47
North Durham	32	15	32	79
Gateshead	19	19	27	65
West Cumberland	12	14	15	41
South Tyneside*	2	7	6	15
Total	309	241	318	868



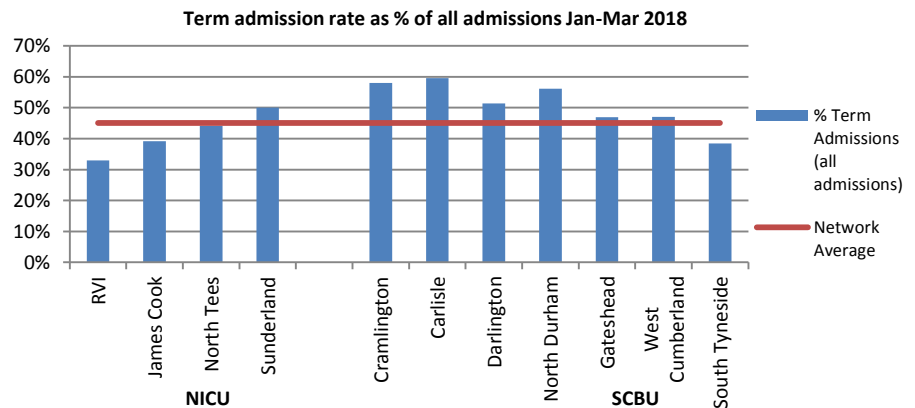
Term Admissions¹

Unit	Jan	Feb	Mar	Total
RVI**	4.1%	3.0%	3.2%	3.5%
James Cook	3.3%	3.8%	3.7%	3.6%
North Tees	4.9%	5.4%	4.1%	4.8%
Sunderland	7.1%	3.6%	3.2%	4.0%
Cramlington	4.4%	6.7%	1.8%	4.2%
Carlisle	12.2%	5.9%	5.2%	7.7%
Darlington	3.4%	4.2%	5.2%	4.2%
North Durham	5.7%	4.3%	5.4%	5.2%
Gateshead	4.8%	5.7%	5.8%	5.4%
West Cumberland	6.2%	5.0%	6.4%	5.8%
South Tyneside*	9.4%	4.0%	0.0%	2.9%
Network Average	5.1%	4.4%	3.8%	4.4%



Term Admissions²

Unit	Jan	Feb	Mar	Total
RVI**	40.4%	31.1%	27.3%	32.9%
James Cook	34.3%	44.8%	39.4%	39.2%
North Tees	42.3%	61.1%	33.3%	44.1%
Sunderland	54.1%	44.4%	46.7%	50.0%
Cramlington	61.1%	82.4%	26.7%	58.0%
Carlisle	72.2%	54.5%	46.2%	59.5%
Darlington	62.5%	40.0%	58.3%	51.4%
North Durham	55.0%	53.3%	59.1%	56.1%
Gateshead	53.3%	43.8%	44.4%	46.9%
West Cumberland	50.0%	45.5%	45.5%	47.5%
South Tyneside*	100.0%	50.0%	0.0%	38.5%
Network Average	49.4%	47.3%	38.4%	45.0%



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

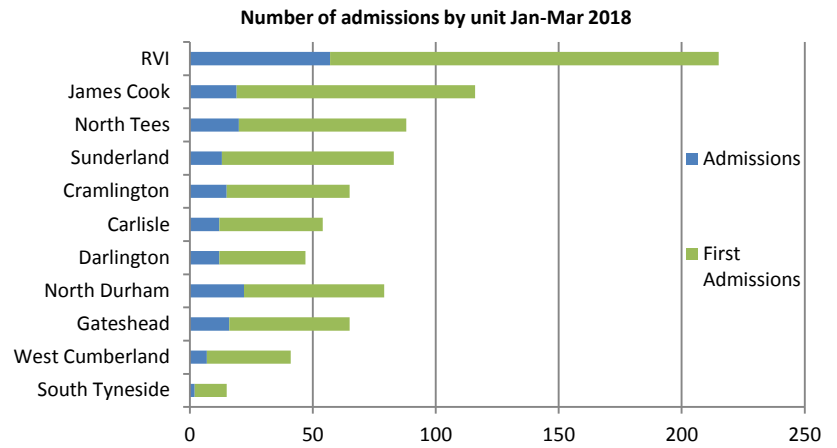
² Calculated using 1st episodes term admission as a percentage of 1st admissions.

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

* Reopened January 24th 2018

All Admissions

Unit	Total Admissions	1st Admissions	Term Admissions
RVI**	215	158	52
James Cook	116	97	38
North Tees	88	68	30
Sunderland	83	70	35
Cramlington	65	50	29
Carlisle	54	42	25
Darlington	47	35	18
North Durham	79	57	32
Gateshead	65	49	23
West Cumberland	41	34	16
South Tyneside	15	13	5
Total	868	673	303



IC Days

Unit	Jan	Feb	Mar	Total
RVI	248	258	254	760
James Cook	121	144	175	440
North Tees	46	69	66	181
Sunderland	86	58	47	191
Cramlington	2	3	1	6
Carlisle	1	2	3	6
Darlington	0	2	4	6
North Durham	2	0	3	5
Gateshead	0	2	0	2
West Cumberland	1	2	2	5
South Tyneside	0	0	0	0
Total	507	540	555	1602

HD Days

Unit	Jan	Feb	Mar	Total
RVI	294	205	261	760
James Cook	188	173	185	546
North Tees	83	68	79	230
Sunderland	62	100	112	274
Cramlington	7	23	15	45
Carlisle	11	8	18	37
Darlington	5	10	12	27
North Durham	14	8	19	41
Gateshead	1	6	13	20
West Cumberland	16	10	6	32
South Tyneside	0	4	3	7
Total	681	615	723	2019

SC Days

Unit	Jan	Feb	Mar	Total
RVI	347	353	428	1128
James Cook	318	326	336	980
North Tees	328	264	287	879
Sunderland	249	303	216	768
Cramlington	159	119	206	484
Carlisle	220	218	160	598
Darlington	128	123	136	387
North Durham	258	218	233	709
Gateshead	207	110	201	518
West Cumberland	83	117	131	331
South Tyneside	3	37	49	89
Total	2300	2188	2383	6871

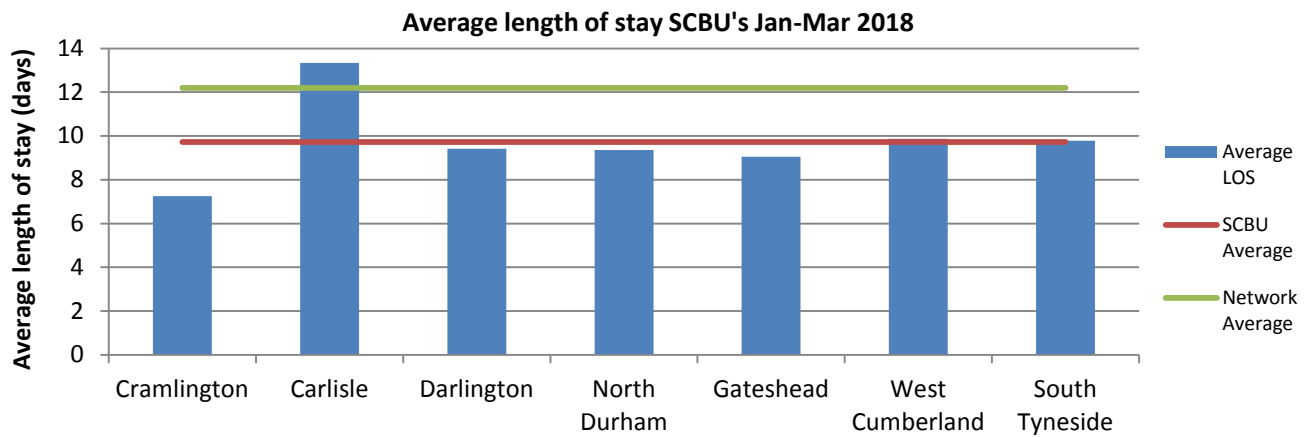
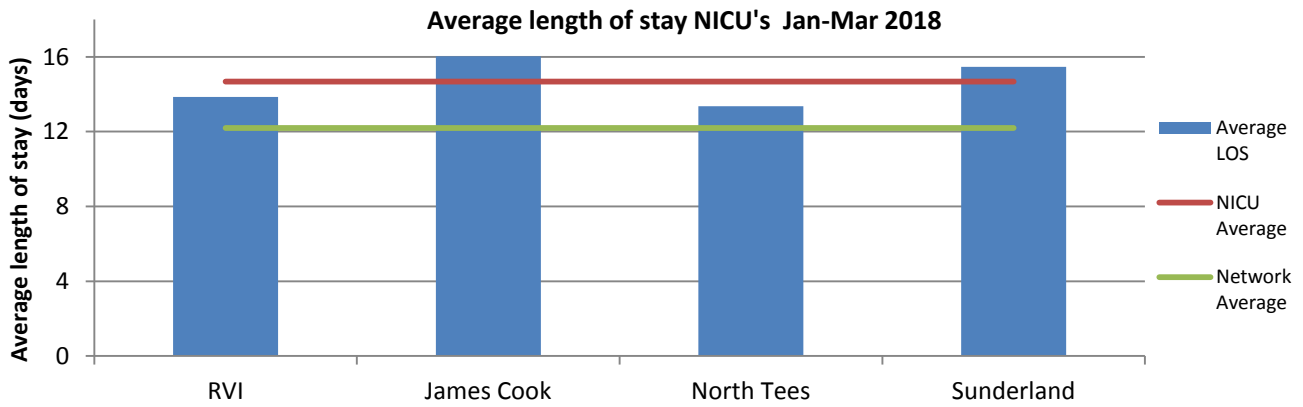
NC Days

Unit	Jan	Feb	Mar	Total
RVI	13	8	14	35
James Cook	0	0	0	0
North Tees	9	9	12	30
Sunderland	0	0	0	0
Cramlington	7	5	20	32
Carlisle	11	5	8	24
Darlington	0	1	3	4
North Durham	3	11	2	16
Gateshead	4	3	16	23
West Cumberland	0	0	1	1
South Tyneside	0	0	0	0
Total	47	42	76	165

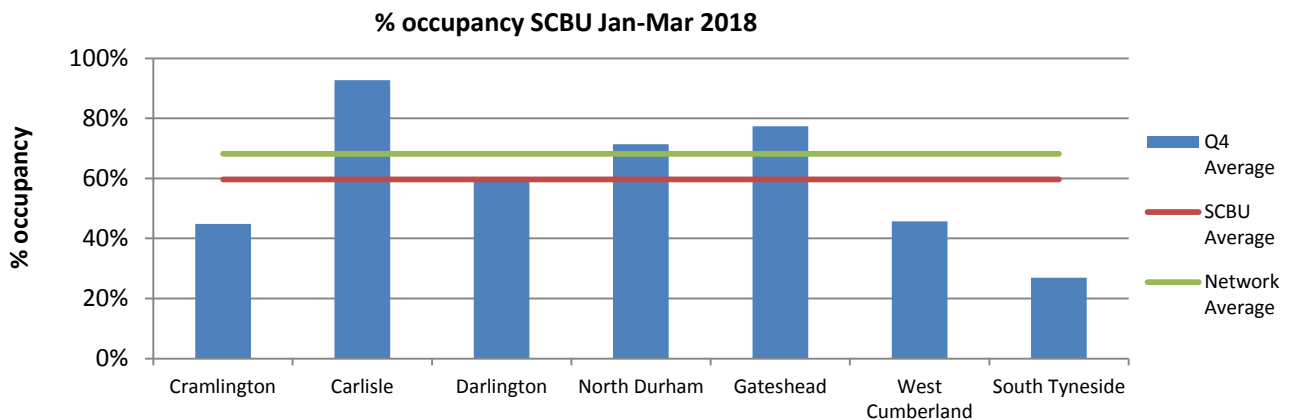
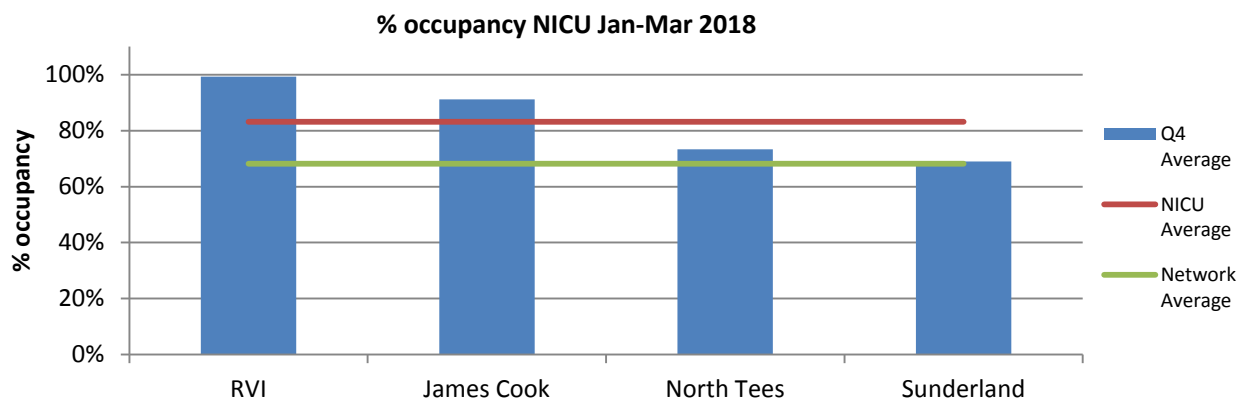
TC Days

Unit	Jan	Feb	Mar	Total
RVI	346	296	430	1072
James Cook	274	236	301	811
North Tees	44	16	14	74
Sunderland	0	0	0	0
Cramlington	48	43	47	138
Carlisle	31	7	22	60
Darlington	86	86	95	267
North Durham	119	156	145	420
Gateshead	0	0	0	0
West Cumberland	0	0	0	0
South Tyneside	0	0	0	0
Total	674	604	753	2031

Section 2 – Length of Stay³



Section 3 – Occupancy⁴



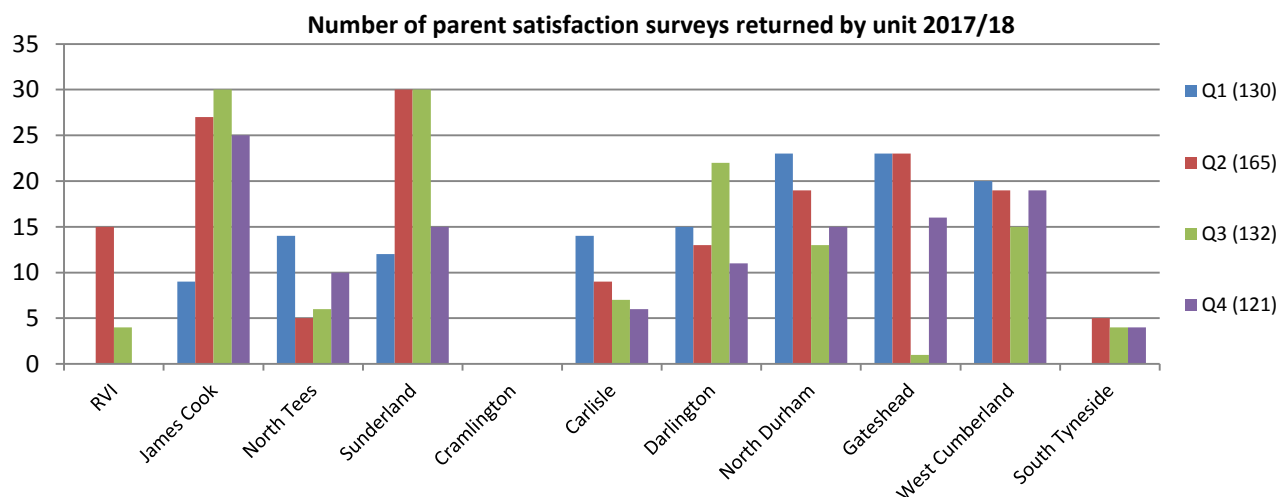
³ Calculated using total discharges >4hrs, not died, and total length of stay.

⁴ Calculated using available total cot numbers and occupancy levels.

Section 4a – Clinical Indicators⁵

Period:	National CQUIN				NNAP					
	Q4 17-18				Q4 17-18					
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 (<33/40)	ROP screening	Temperature Taken within 1hr (<32/40)	Mag Sulph (Benchmarking)
RVI	100%	91%	100%	93%	62%	55%	10%	81%	95%	21%
James Cook	71%	84%	80%	88%	94%	78%	64%	64%	93%	67%
North Tees	67%	100%	100%	91%	91%	90%	50%	78%	100%	100%
Sunderland	100%	100%	80%	95%	87%	97%	82%	100%	94%	58%
Cramlington	100%	N/A	N/A	100%	100%	95%	100%	86%	100%	100%
Carlisle	40%	N/A	0%	75%	100%	74%	100%	100%	100%	N/A
Darlington	67%	N/A	0%	100%	100%	69%	100%	100%	100%	100%
North Durham	40%	N/A	0%	100%	75%	86%	100%	100%	83%	50%
Gateshead	40%	N/A	0%	92%	77%	78%	100%	100%	100%	0%
West Cumberland	N/A	N/A	0%	67%	83%	71%	N/A	100%	100%	0%
South Tyneside	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A
Northern	69%	94%	40%	90%	87%	81%	78%	92%	97%	55%

Section 4b – Non-clinical Indicators



Section 5 – Network Audit & data/information compliance⁶

Unit	Dashboard returns	Cot Capacity Audit 11/01/18	Work Plan survey 25/01/18
RVI	Green	Green	Yellow
JCUH	Green	Green	Yellow
North Tees	Green	Green	Yellow
Sunderland	Green	Green	Yellow
Cramlington	Green	Green	Yellow
Carlisle	Green	Green	Yellow
Darlington	Green	Green	Yellow
North Durham	Green	Green	Yellow
Gateshead	Green	Green	Yellow
West Cumberland	Green	Red	Yellow
South Tyneside	Green	Green	Yellow

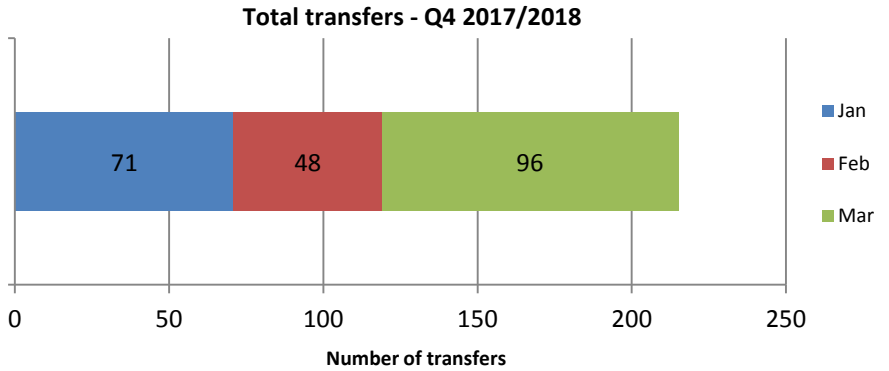
Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
RVI	2016	Aug-17
JCUH	2016	Nov-17
Sunderland	2016	Nov-17
North Tees	2016	Dec-17
CDDFT	2016	Jun-17
Cramlington	2016	Aug-17
North Cumbria	2016	Sep-17
Gateshead	2016	Dec-17
South Tyneside	2016	Dec-17

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

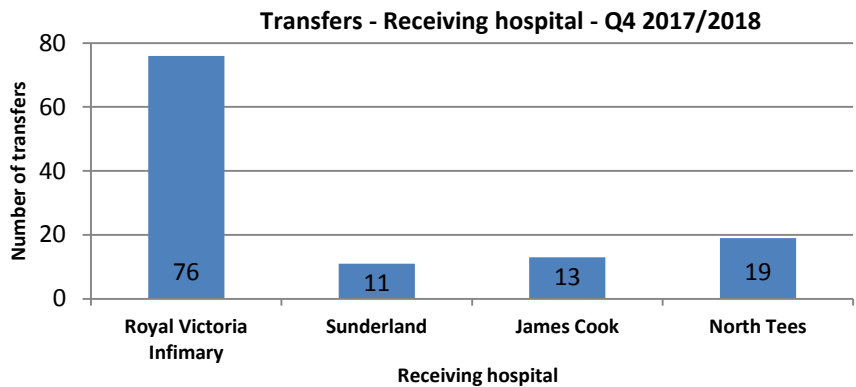
⁶ Requested items as identified and defined by the Network as auditable – green if returned by deadline, amber if returned following reminder, red if no response received. For Dashboard returns, the deadline for submission will be 6 weeks after the end of the quarter being requested.

Section 6 – Northern Neonatal Transport Service (NNeTS)

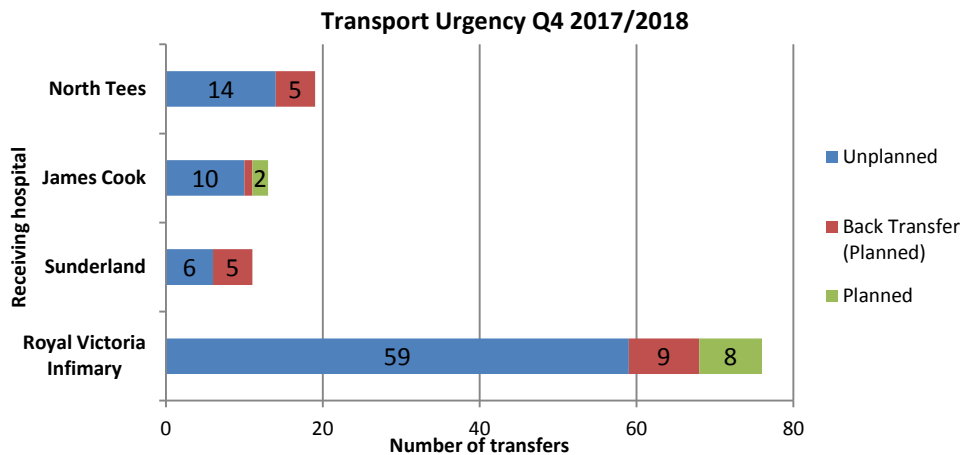
These figures represent the total number of transfers undertaken by each team per month, including back-transfers



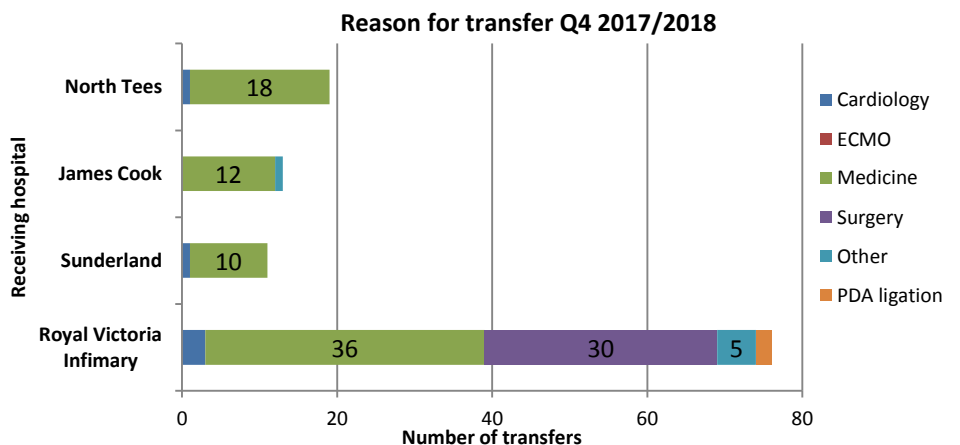
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).



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 Q4 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	6
JCUH	1
Sunderland	1
North Tees	0

Non-clinical transfers out due to cot capacity Q4 2017-2018

