



Northern Neonatal Network

Quarterly Report

Q3 Oct-Dec 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.

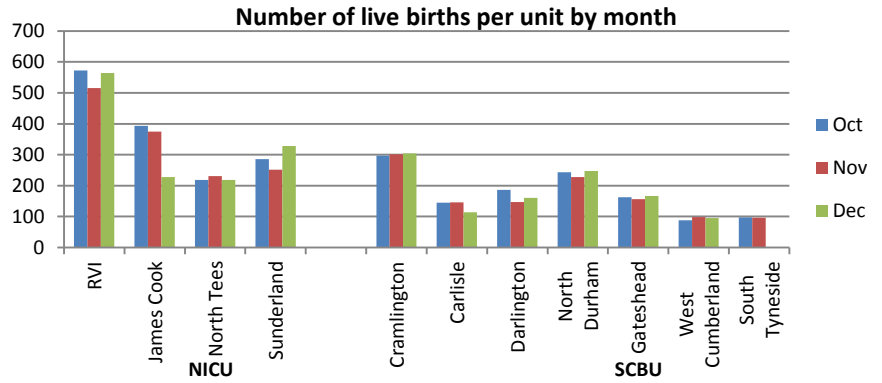
As always, the aim of this is to provide the very best service available to the babies and families within our Network and thus meet our one core principle – *“To give the highest possible standard of safe, effective care to babies and their families.”*

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

Section 1 - Activity

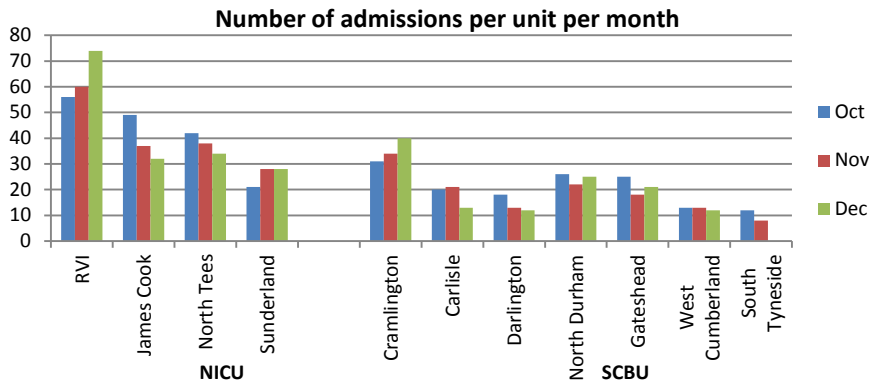
Live Births

Unit	Oct	Nov	Dec	Total
RVI	572	516	564	1652
James Cook	393	375	228	996
North Tees	218	231	218	667
Sunderland	286	252	328	866
Cramlington	297	301	304	902
Carlisle	145	146	114	405
Darlington	186	147	160	493
North Durham	243	228	247	718
Gateshead	162	156	167	485
West Cumberland	88	98	95	281
South Tyneside	97	96	*	193
Total				



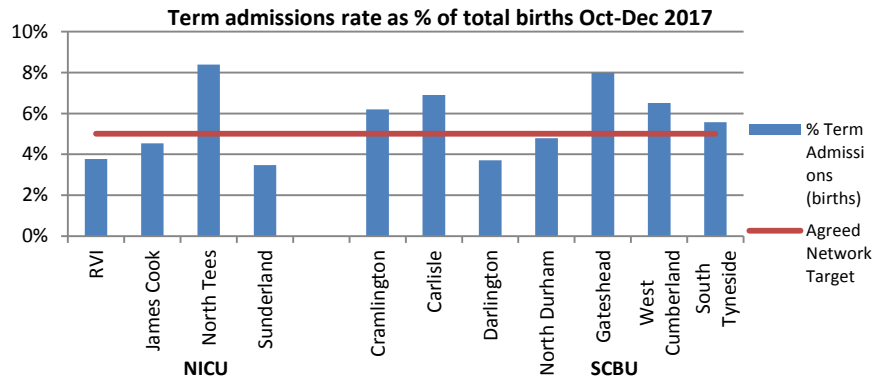
Admissions

Unit	Oct	Nov	Dec	Total
RVI	56	60	74	190
James Cook	49	37	32	118
North Tees	42	38	34	114
Sunderland	21	28	28	77
Cramlington	31	34	40	105
Carlisle	20	21	13	54
Darlington	18	13	12	43
North Durham	26	22	25	73
Gateshead	25	18	21	64
West Cumberland	13	13	12	38
South Tyneside	12	8	*	20
Total	313	292	291	896



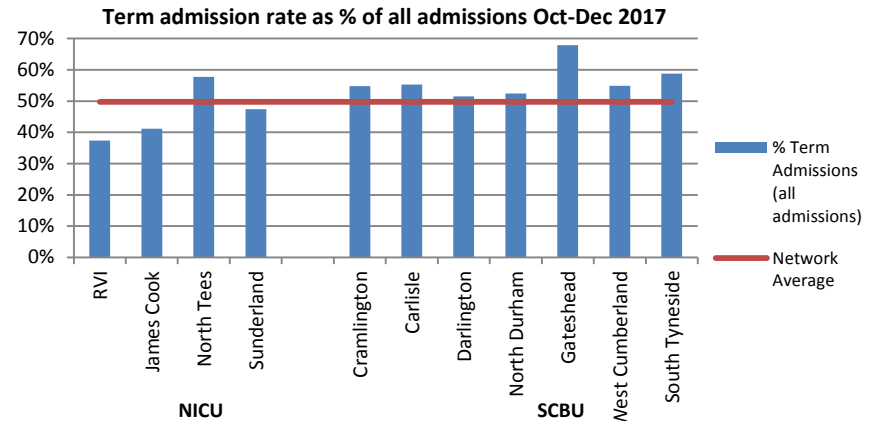
Term Admissions¹

Unit	Oct	Nov	Dec	Total
RVI**	2.6%	4.2%	4.6%	3.8%
James Cook	5.5%	2.6%	6.1%	4.5%
North Tees	9.4%	9.8%	5.9%	8.4%
Sunderland	3.4%	4.3%	3.0%	3.5%
Cramlington	6.2%	7.1%	5.3%	6.2%
Carlisle	9.6%	7.4%	2.8%	6.9%
Darlington	3.5%	3.7%	4.0%	3.7%
North Durham	5.8%	4.2%	4.4%	4.8%
Gateshead	11.9%	6.9%	5.2%	8.0%
West Cumberland	8.6%	6.6%	4.5%	6.5%
South Tyneside	6.7%	4.5%	*	5.6%
Network Average	5.7%	5.2%	4.6%	5.2%



Term Admissions²

Unit	Oct	Nov	Dec	Total
RVI**	32.6%	40.8%	38.1%	37.4%
James Cook	46.5%	29.0%	46.4%	41.2%
North Tees	55.9%	72.4%	44.4%	57.8%
Sunderland	52.9%	45.5%	45.0%	47.5%
Cramlington	58.6%	60.6%	45.5%	54.7%
Carlisle	68.4%	58.8%	27.3%	55.3%
Darlington	40.0%	62.5%	60.0%	51.5%
North Durham	56.5%	47.4%	52.6%	52.5%
Gateshead	78.3%	66.7%	53.3%	67.9%
West Cumberland	63.6%	60.0%	40.0%	54.8%
South Tyneside	66.7%	58.2%	*	58.4%
Network Average	53.4%	51.5%	44.1%	49.8%



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

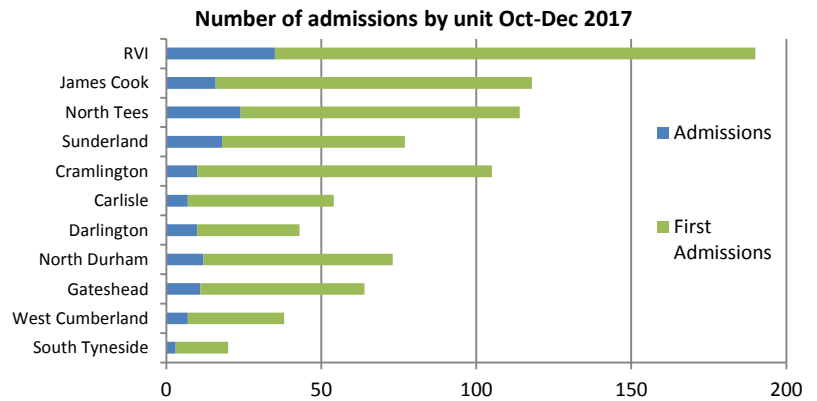
² Calculated using 1st episodes term admission as a percentage of 1st admissions.

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

* Unit closed

All Admissions

Unit	Total Admissions	1st Admissions	Term Admissions
RVI**	190	155	58
James Cook	118	102	42
North Tees	114	90	52
Sunderland	77	59	28
Cramlington	105	95	52
Carlisle	54	47	26
Darlington	43	33	17
North Durham	73	61	32
Gateshead	64	53	36
West Cumberland	38	31	17
South Tyneside	20	17	10
Total	869	743	370



IC Days

Unit	Oct	Nov	Dec	Total
RVI	319	241	219	779
James Cook	136	129	65	330
North Tees	37	33	51	121
Sunderland	79	30	47	156
Cramlington	2	4	8	14
Carlisle	0	0	1	1
Darlington	2	1	0	3
North Durham	1	4	3	8
Gateshead	1	2	3	6
West Cumberland	0	3	1	4
South Tyneside	1	0	*	1
Total	578	447	398	1423

HD Days

Unit	Oct	Nov	Dec	Total
RVI	195	250	271	716
James Cook	180	227	214	621
North Tees	114	62	58	234
Sunderland	75	106	93	274
Cramlington	21	14	31	66
Carlisle	10	17	14	41
Darlington	7	6	0	13
North Durham	14	8	11	33
Gateshead	7	3	2	12
West Cumberland	5	27	31	63
South Tyneside	2	0	*	2
Total	578	447	398	1423

SC Days

Unit	Oct	Nov	Dec	Total
RVI	371	292	399	1062
James Cook	336	277	316	929
North Tees	260	266	282	808
Sunderland	165	229	218	612
Cramlington	118	224	242	584
Carlisle	122	151	200	473
Darlington	126	139	77	342
North Durham	211	192	178	581
Gateshead	145	118	155	418
West Cumberland	112	170	162	344
South Tyneside	91	38	*	129
Total	2057	1996	2229	6282

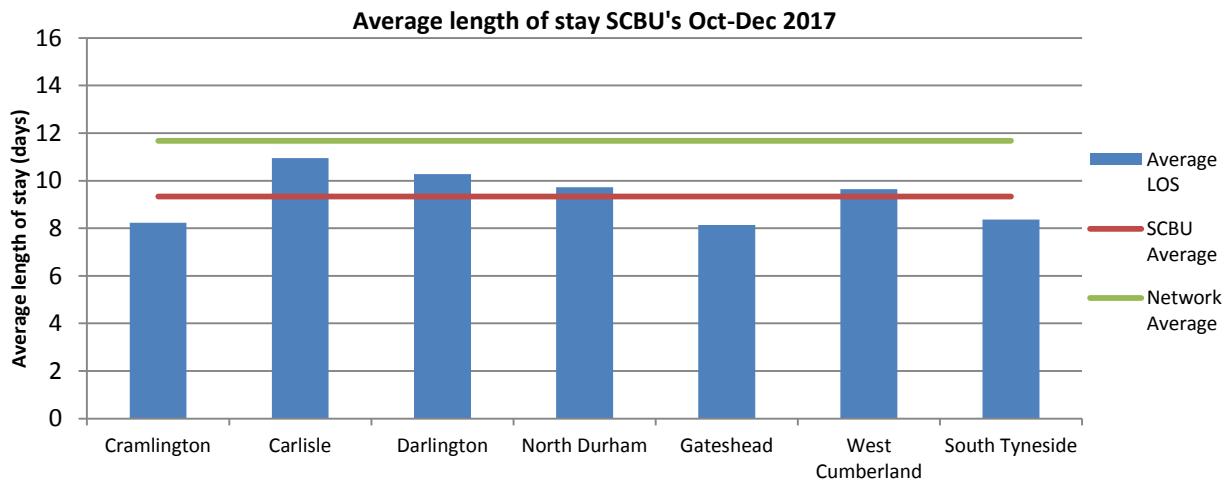
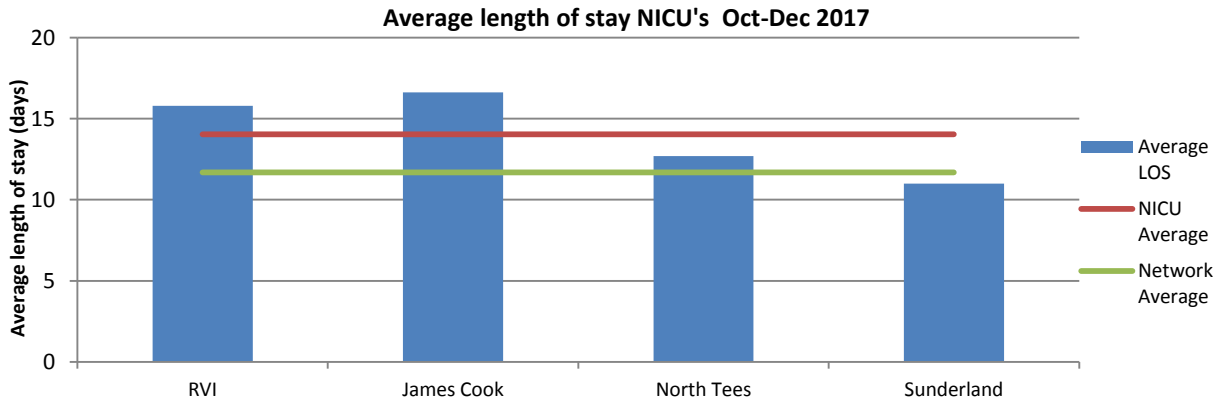
NC Days

Unit	Oct	Nov	Dec	Total
RVI	14	27	16	57
James Cook	0	1	0	1
North Tees	22	12	11	45
Sunderland	0	0	0	0
Cramlington	14	13	28	55
Carlisle	5	11	13	29
Darlington	3	2	1	6
North Durham	6	9	2	17
Gateshead	21	7	14	42
West Cumberland	0	1	0	1
South Tyneside	0	0	*	0
Total	85	83	85	253

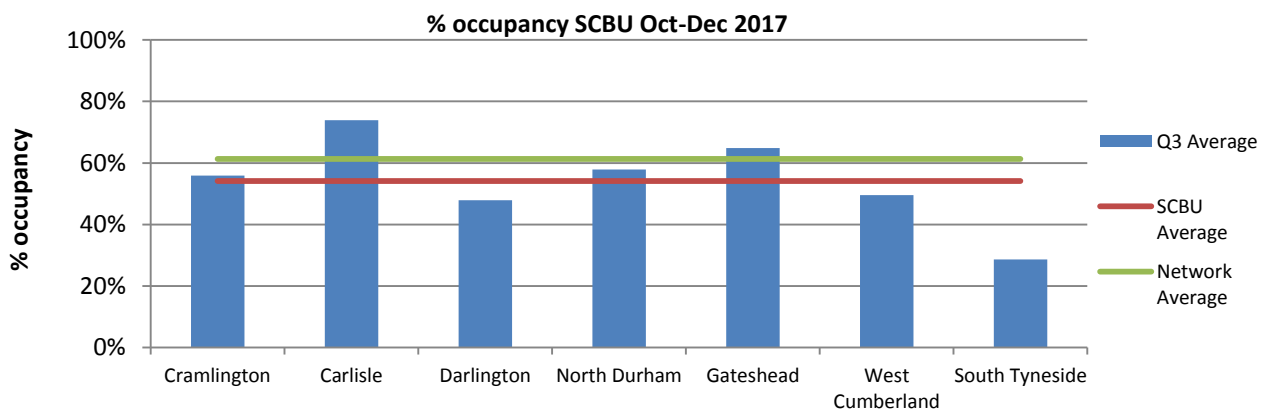
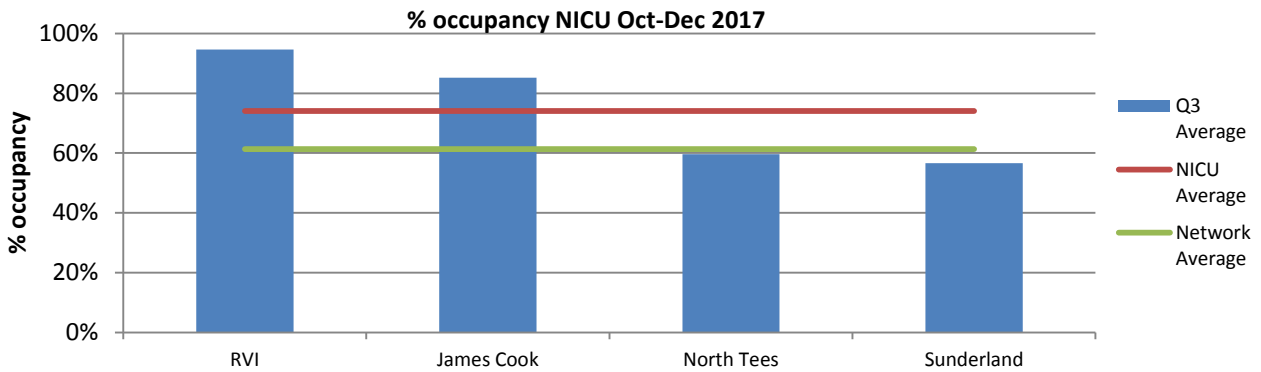
TC Days

Unit	Oct	Nov	Dec	Total
RVI	282	270	342	894
James Cook	0	0	0	0
North Tees	35	22	13	70
Sunderland	0	0	0	0
Cramlington	67	46	66	179
Carlisle	19	14	31	64
Darlington	99	85	83	267
North Durham	123	132	159	414
Gateshead	0	0	0	0
West Cumberland	0	0	0	0
South Tyneside	0	0	*	0
Total	620	547	681	1848

Section 2 – Length of Stay³



Section 3 – Occupancy⁴



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

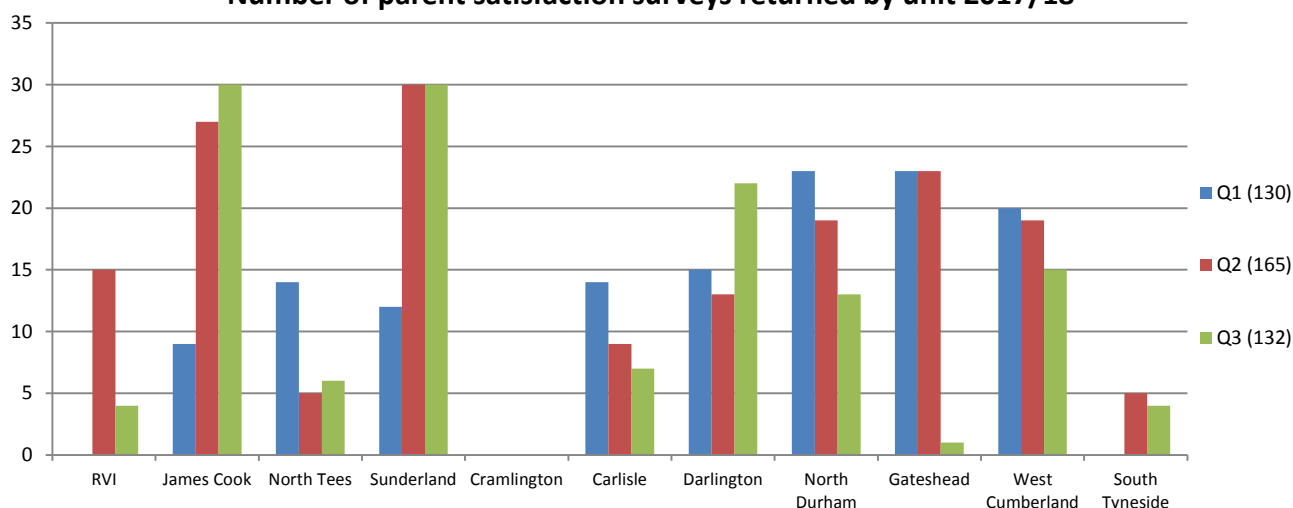
⁴ Calculated using available total cot numbers and occupancy levels.

Section 4a – Clinical Indicators⁵

Period:	National CQUIN				NNAP					
	Q3 17-18				Q3 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%	100%	88%	93%	74%	77%	53%	88%	97%	59%
James Cook	100%	91%	25%	93%	93%	98%	71%	70%	95%	60%
North Tees	0%	100%	100%	100%	86%	87%	100%	89%	100%	100%
Sunderland	100%	100%	43%	94%	100%	95%	43%	100%	100%	57%
Cramlington	100%	N/A	N/A	92%	100%	100%	33%	60%	100%	0%
Carlisle	33%	N/A	100%	100%	57%	84%	0%	100%	100%	0%
Darlington	50%	N/A	0%	100%	100%	81%	50%	75%	100%	0%
North Durham	67%	N/A	17%	100%	75%	76%	50%	100%	100%	N/A
Gateshead	50%	N/A	N/A	0%	100%	85%	100%	50%	N/A	N/A
West Cumberland	100%	N/A	0%	100%	100%	64%	0%	100%	100%	N/A
South Tyneside	0%	N/A	N/A	100%	33%	100%	N/A	33%	N/A	N/A
Northern	64%	98%	47%	88%	83%	86%	50%	79%	99%	39%

Section 4b – Non-clinical Indicators

Number of parent satisfaction surveys returned by unit 2017/18



Section 5 – Network Audit & data/information compliance⁶

Unit	Dashboard returns	Network Lead Roles Audit	Peer Review Feedback request	Patient Safety Alert Response 19/12	Transitional Care Survey 19/12/17
RVI	Green	Green	Green	Green	Green
JCUH	Green	Yellow	Yellow	Green	Green
North Tees	Yellow	Yellow	Red	Yellow	Yellow
Sunderland	Green	Yellow	Yellow	Green	Yellow
Cramlington	Green	Green	Green	Green	Yellow
Carlisle	Green	Green	Green	Red	Green
Darlington	Green	Yellow	Green	Yellow	Green
North Durham	Green	Green	Green	Yellow	Green
Gateshead	Green	Yellow	Red	Red	Red
Whitehaven	Green	Yellow	Red	Green	Green
South Tyneside	Yellow	Red	Red	Green	Yellow

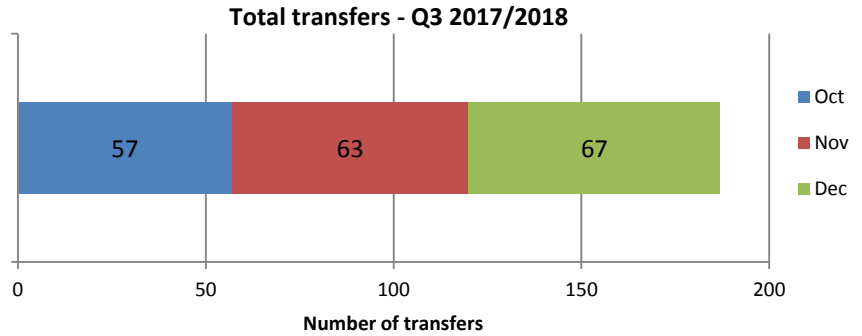
Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
RVI	2016	Aug-17
JCUH	2016	Nov-17
Sunderland	2016	Nov-17
North Tees	2016	Dec-17
CDDFT	2016	Jun-17
Cramlington	2016	Aug-17
North Cumbria	2016	Sep-17
Gateshead	2016	Dec-17
South Tyneside	2016	Dec-17

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

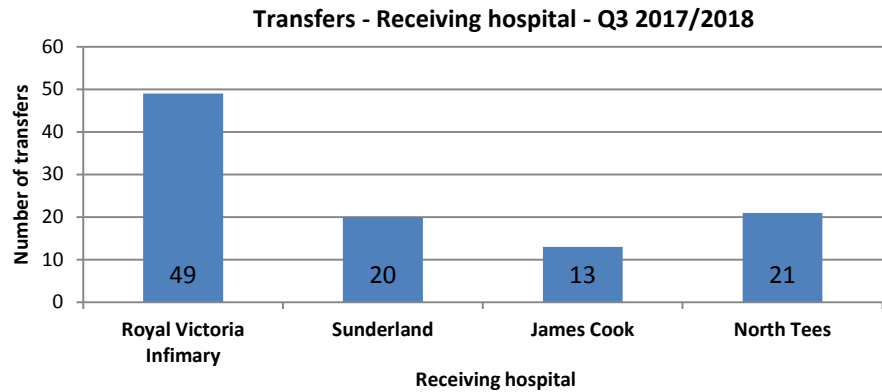
⁶ Requested items as identified and defined by the Network as auditable will appear here in future reports, including Monthly Dashboard returns, where the deadline for submission will be 6 weeks after the end of the quarter being requested.

Section 6 – Northern Neonatal Transport Service (NNeTS)

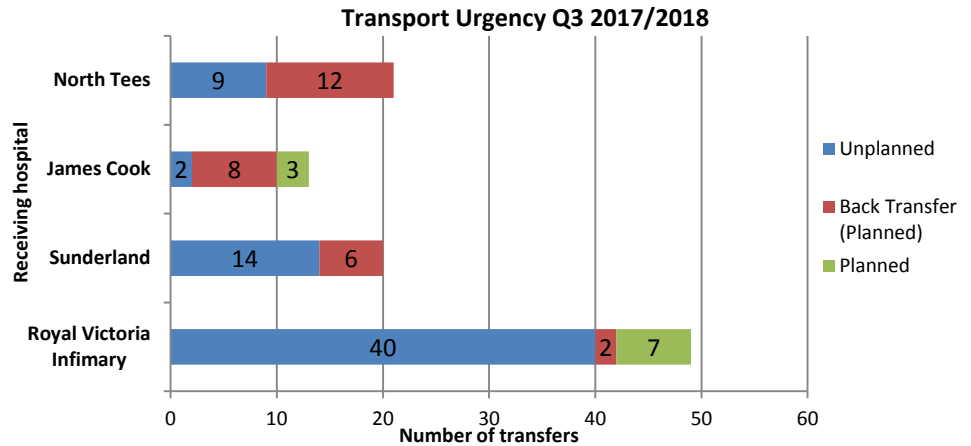
These figures represent the total number of transfers undertaken by each team per month, including back-transfers



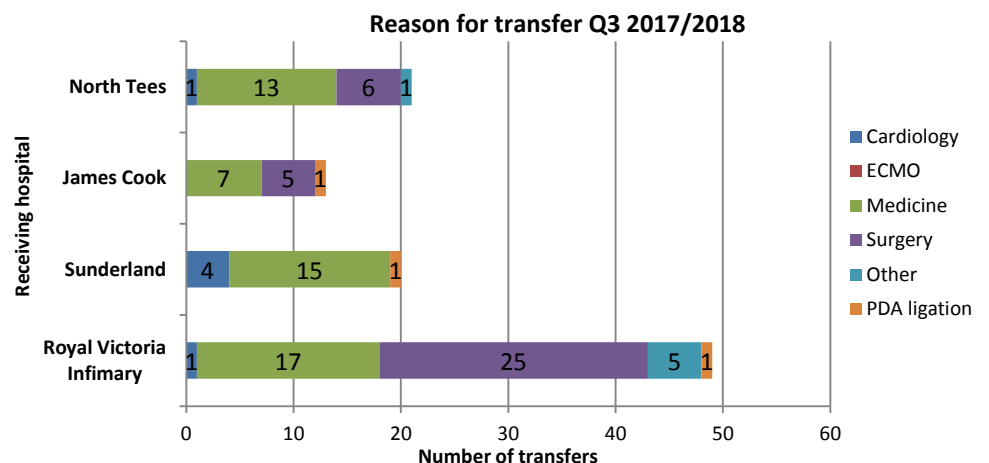
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).



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

Non-clinical transfers out due to cot capacity Q3 2017-2018

