



Northern Neonatal Network

Quarterly Report

Q2 Jul-Sep 19



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.***
- The SCU at South Tyneside closed as from 05/08/2019, so data was not included in this Report as it was incomplete and not fully supplied prior to closure.
- 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 new 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.

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.”*

Section 1 - Activity

Indicator	RVI	James Cook	Sunderland	North Tees	Cramlington	Carlisle	Darlington	UHND	Gateshead	West Cumberland
Births										
Total Births										
Live Births	1649	1198	896	694	717	430	462	710	524	273
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	198	138	99	91	76	44	50	69	40	25
1st Admissions	157	97	58	68	60	40	36	56	31	17
Term admissions	71	33	27	40	30	19	20	32	23	9
% term admissions (births)	4.6%	3.0%	3.2%	6.2%	4.5%	4.8%	4.7%	4.8%	4.7%	3.5%
% term admissions (admissions)	45.2%	34.0%	46.6%	58.8%	50.0%	47.5%	55.6%	57.1%	74.2%	52.9%
Care Levels										
IC days	925	421	270	6	9	9	7	13	3	3
HD days	724	835	284	57	26	29	22	74	10	10
SC days	1035	1063	691	755	455	349	414	599	347	241
NC days	28	0	0	35	38	24	14	13	11	1
TC days	1220	287	185	267	211	168	249	451	167	35

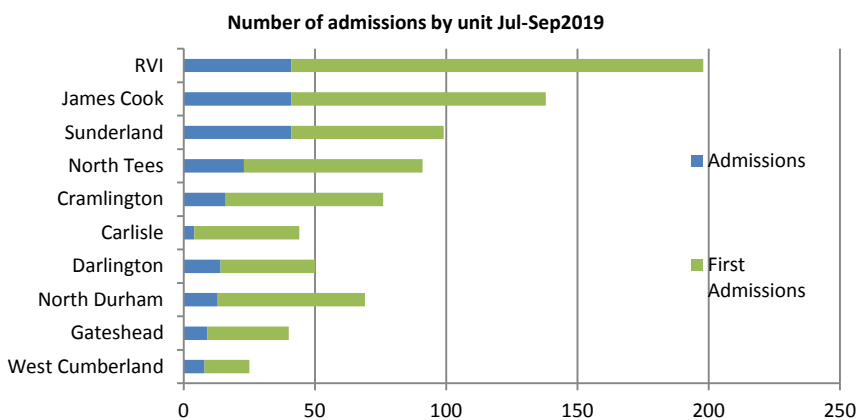
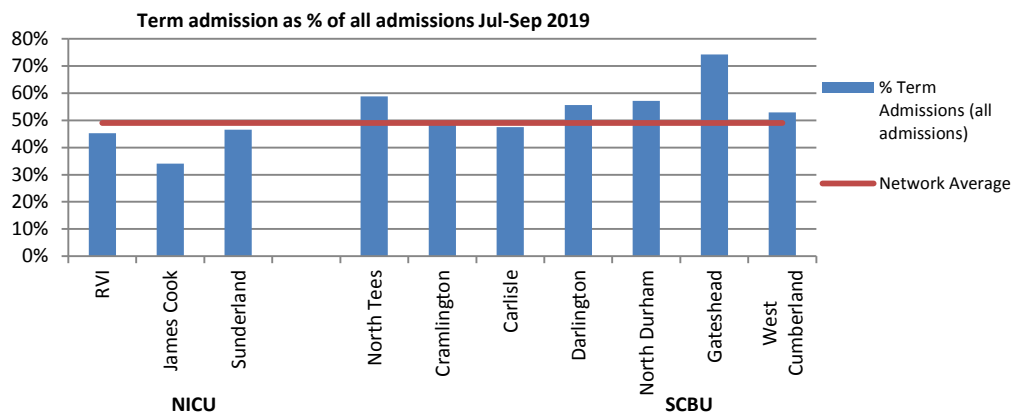
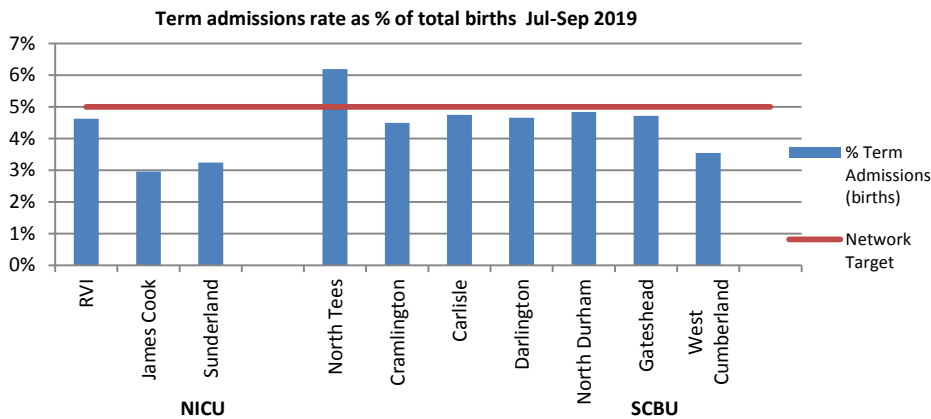
<30 week Exceptions

Booking Hospital	Place of Birth	Gestation (weeks)	Discharge Hospital
Cumberland Infirmary	Cumberland Infirmary	22	The Royal Victoria Infirmary (Newcastle)
Darlington Memorial	James Cook University Hospital	25	
Darlington Memorial	James Cook University Hospital	25	
Darlington Memorial	Darlington Memorial	27	James Cook University Hospital
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	24	Sunderland Royal
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	24	Sunderland Royal
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	27	The Royal Victoria Infirmary (Newcastle)
Northumbria Specialist Emergency Care Hospital	James Cook University Hospital	28	
Northumbria Specialist Emergency Care Hospital	James Cook University Hospital	27	
Northumbria Specialist Emergency Care Hospital	James Cook University Hospital	27	
Northumbria Specialist Emergency Care Hospital	Sunderland Royal	25	
Northumbria Specialist Emergency Care Hospital	James Cook University Hospital	29	
Queen Elizabeth Gateshead	Queen Elizabeth Gateshead	27	Sunderland Royal
Univ. Hospital of North Durham	Univ. Hospital of North Durham	23	James Cook University Hospital
Univ. Hospital of North Durham	Univ. Hospital of North Durham	29	James Cook University Hospital
Univ. Hospital of North Durham	Sunderland Royal	28	
Univ. Hospital of North Durham	The Royal Victoria Infirmary (Newcastle)	28	
Univ. Hospital of North Durham	The Royal Victoria Infirmary (Newcastle)	28	
Univ. Hospital of North Tees	James Cook University Hospital	28	
West Cumberland Hospital	West Cumberland Hospital	29	James Cook University Hospital

Pathway Exception 45%

Inpatient after 44 weeks

Unit	Admissions	I/P after 44wks	% still inpatient
RVI	198	4	2.02%
James Cook	138	0	0%
Sunderland	99	0	0%
North Tees	91	0	0%
Cramlington	76	0	0%
Carlisle	44	0	0%
Darlington	50	0	0%
North Durham	69	0	0%
Gateshead	40	0	0%
West Cumberland	25	0	0%

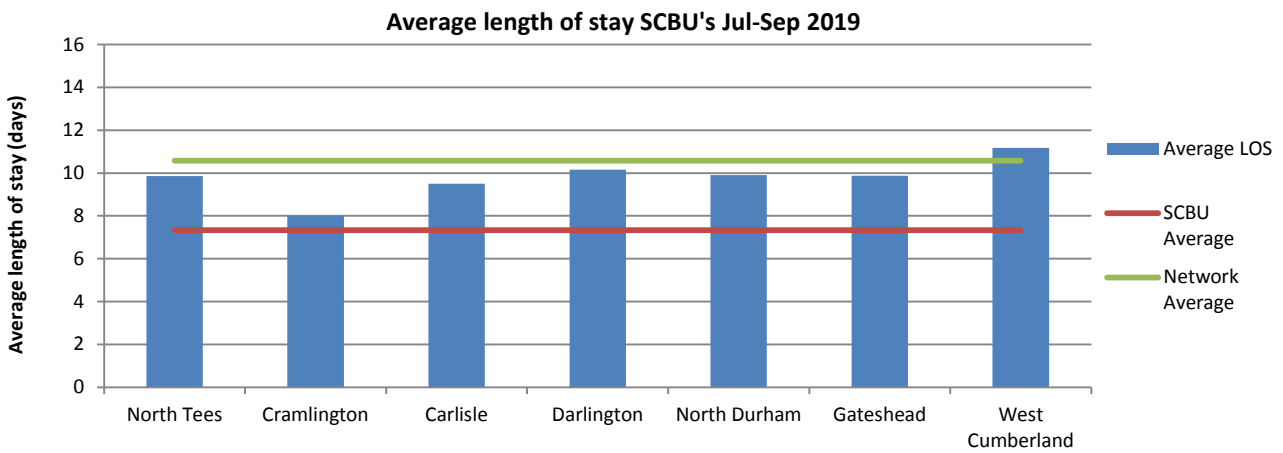
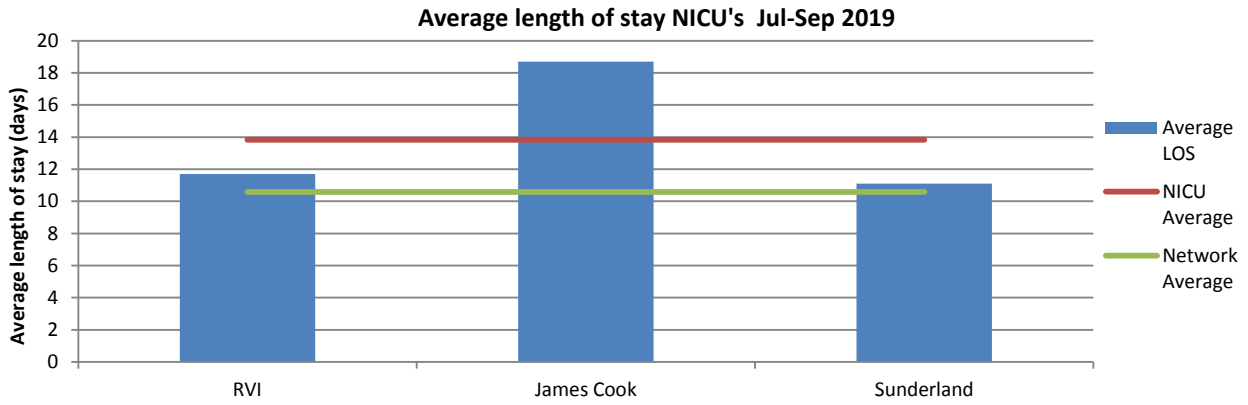


¹ Calculated using 1st episodes admissions and total births less 7% "preterm births" suggested average as per NNN agreement.

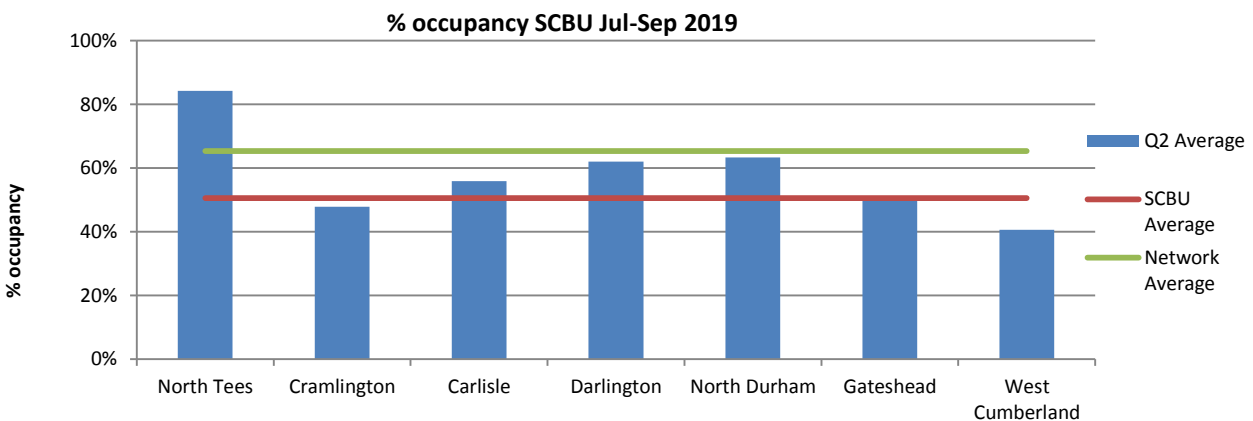
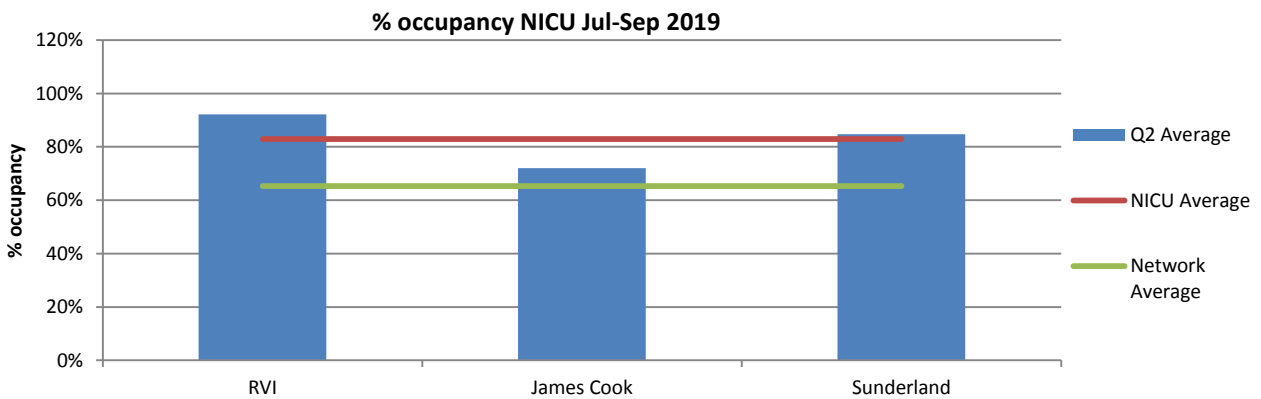
² Calculated using 1st episodes term admission as a percentage of 1st admissions.

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

Section 2 – Length of Stay³



Section 3 – Occupancy⁴



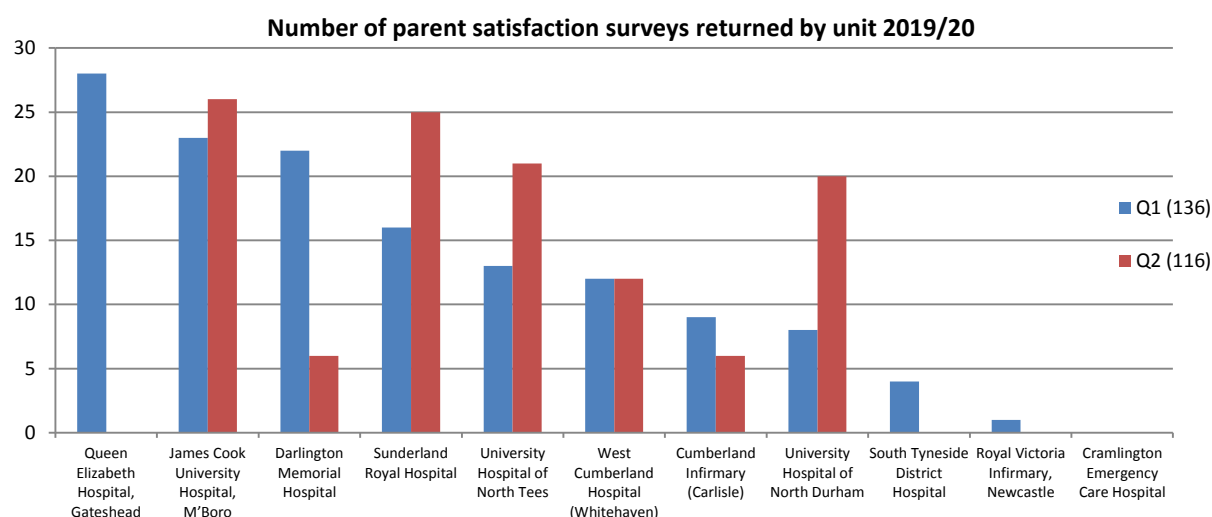
³ Calculated using total discharges >4hrs, not died, and total length of stay.

⁴ Calculated using available total cot numbers and occupancy levels.

Section 4a – Clinical Indicators⁵

Period:	National CQUIN				NNAP					
	Q2 19-20				Q2 19-20					
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 (Benchmarking)
RVI	0%	91%	80%	88%	89%	78%	69%	63%	96%	76%
James Cook	86%	90%	25%	95%	98%	100%	44%	94%	100%	79%
Sunderland	100%	100%	0%	100%	100%	94%	33%	100%	100%	80%
North Tees	60%	N/A	50%	90%	60%	94%	N/A	60%	50%	N/A
Cramlington	17%	N/A	0%	90%	90%	93%	100%	75%	100%	100%
Carlisle	0%	N/A	N/A	83%	17%	74%	N/A	100%	80%	100%
Darlington	67%	N/A	100%	67%	100%	93%	50%	100%	100%	50%
North Durham	100%	N/A	75%	100%	90%	87%	0%	63%	100%	50%
Gateshead	N/A	N/A	0%	100%	50%	91%	N/A	100%	100%	0%
West Cumberland	N/A	N/A	0%	100%	100%	46%	N/A	100%	N/A	N/A
Northern	54%	94%	37%	91%	79%	85%	49%	86%	92%	67%

Section 4b – Non-clinical Indicators



Section 5 – Network Audit & data/information compliance⁶

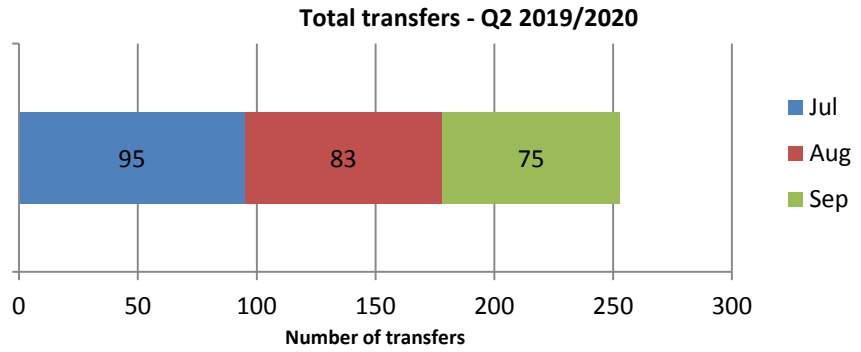
Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
North Cumbria	2018	Nov-19
CDDFT	2018	Aug-19
RVI	2017	Sep-18
North Tees	2017	Jul-18
JCUH	2016	Nov-17
Sunderland	2016	Nov-17
Cramlington	2016	Aug-17
Gateshead	2016	Dec-17

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

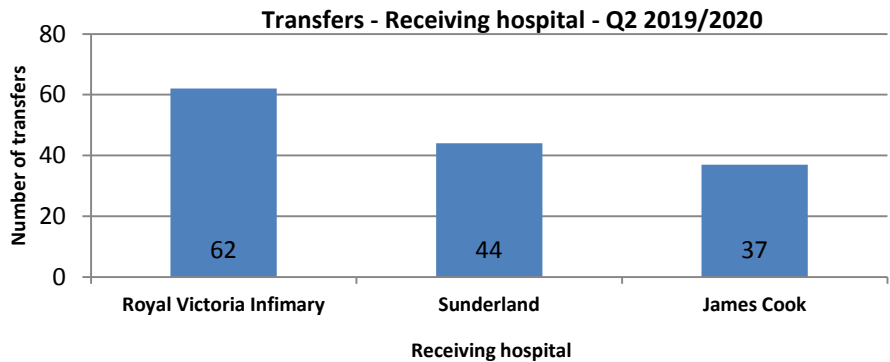
⁶ Requested items as identified and defined by the Network as auditable – green if returned by deadline, amber if returned following reminder, red if no response received. For Dashboard returns, the deadline for submission will be 6 weeks after the end of the quarter being requested.

Section 6 – Northern Neonatal Transport Service (NNeTS)

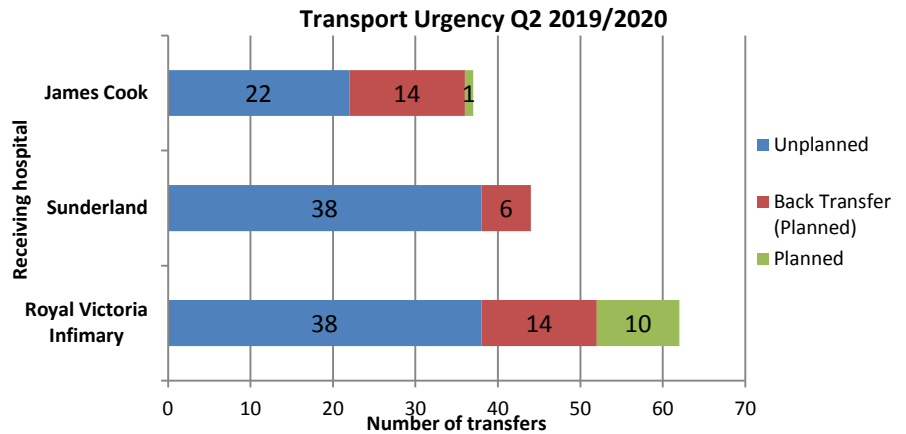
These figures represent the total number of transfers undertaken by each team per month, including back-transfers



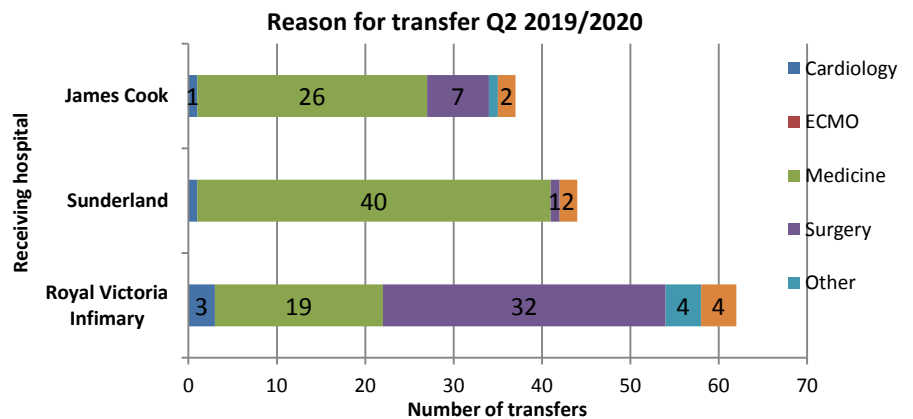
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).



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.



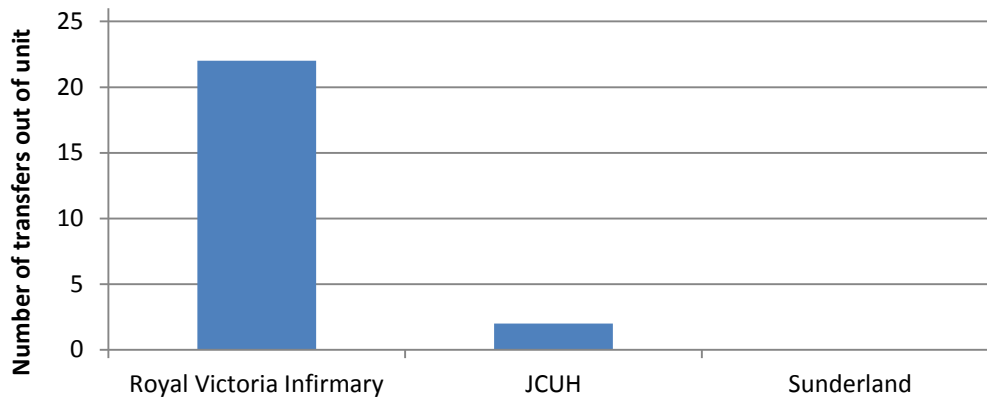
Non-clinical transfers due to cot availability Q2 2018/19

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	22
JCUH	2
Sunderland	0

Non-clinical transfers out due to cot capacity Q2 2019-2020



Out of network activity/transfers

NNN IUT'S THAT WENT OUT OF REGION BECAUSE REGION FULL				
Month	SINGLETON / MULTIPLE	REASON	FROM	TO
August	Singleton	Gestation	NSECH	Bradford Royal Infirmary