



# Northern Neonatal Network

## Quarterly Report

### Q4 Jan-Mar 19



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;

- The final phase of the Tees reconfiguration took place in September, which resulted in all intensive care on the North Tees Unit ceasing and being transferred to JCUH, so as from Monday 3<sup>rd</sup> September, North Tees was re-designated as an 11 cot SCU, with the remaining 3 NIC cots moving over along with some nursing and medical staff.
- 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 supplied manually via the Monthly data Dashboards and reported where available. No Unit currently admit TC babies onto Badgernet so any “TC days” on the system typically refer to pre-discharge “rooming in” activity or “place of care” being wrongly ticked.
- 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 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.

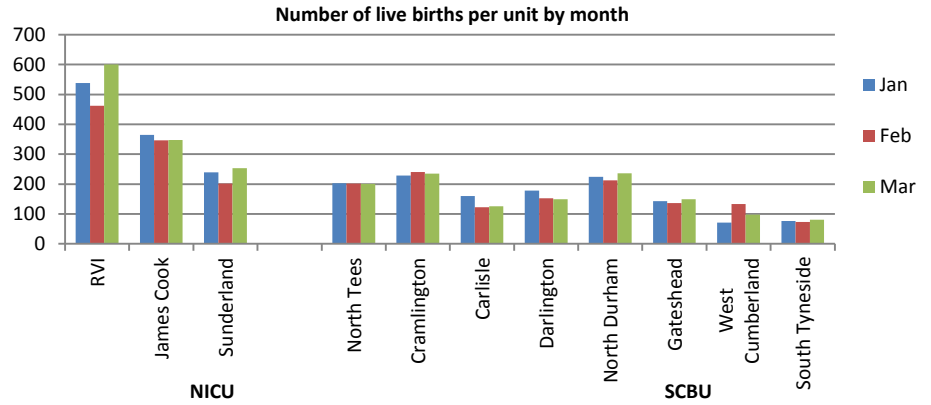
As always, the aim of this is to provide the very best service available to the babies and families within our Network and thus meet our one core principle – *“To give the highest possible standard of safe, effective care to babies and their families.”*

Martyn Boyd, Network Manager/Mark Green, Network Data Manager  
May 2019

## Section 1 - Activity

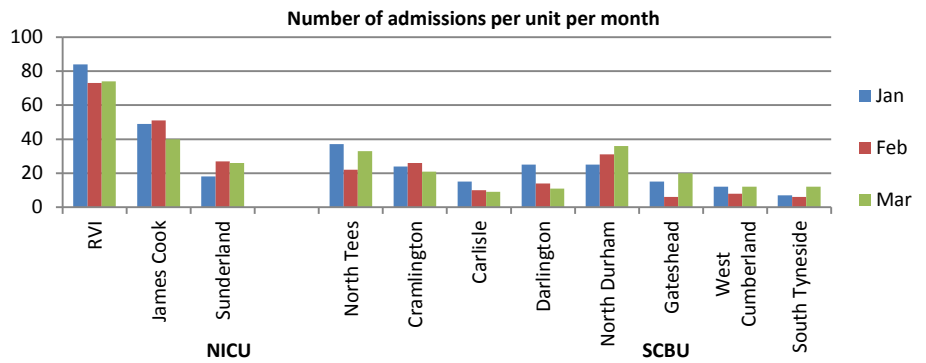
### Live Births

Unit	Jan	Feb	Mar	Total
RVI	538	462	600	1600
James Cook	365	346	347	1058
Sunderland	239	202	253	694
North Tees	203	202	201	606
Cramlington	229	240	235	704
Carlisle	160	122	126	408
Darlington	178	153	149	480
North Durham	224	212	236	672
Gateshead	143	136	149	428
West Cumberland	71	133	98	302
South Tyneside	76	73	81	230
<b>Total</b>	<b>2426</b>	<b>2281</b>	<b>2475</b>	<b>7182</b>



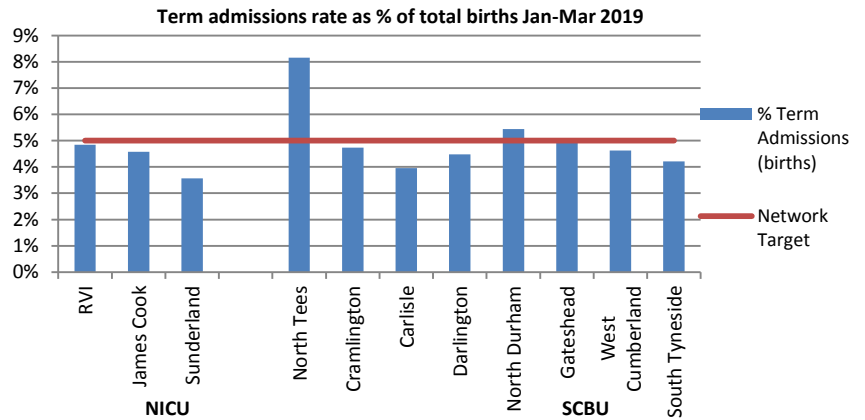
### Admissions

Unit	Jan	Feb	Mar	Total
RVI	84	73	74	231
James Cook	49	51	40	140
Sunderland	18	27	26	71
North Tees	37	22	33	92
Cramlington	24	26	21	71
Carlisle	15	10	9	34
Darlington	25	14	11	50
North Durham	25	31	36	92
Gateshead	15	6	20	41
West Cumberland	12	8	12	32
South Tyneside	7	6	12	25
<b>Total</b>	<b>311</b>	<b>274</b>	<b>294</b>	<b>879</b>



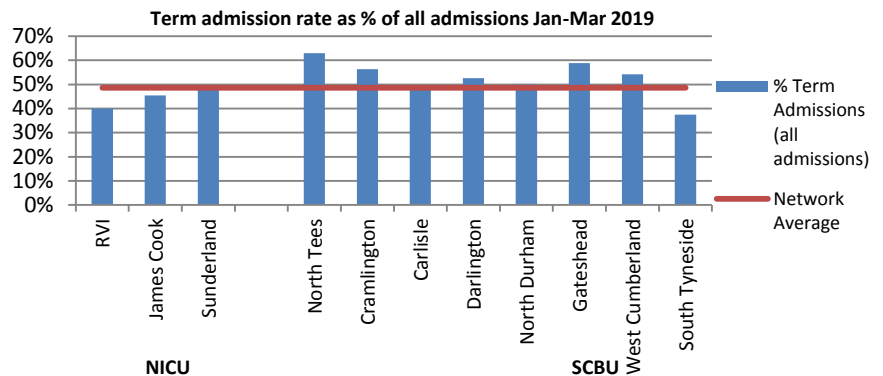
### Term Admissions<sup>1</sup>

Unit	Jan	Feb	Mar	Average
RVI**	5.2%	5.8%	3.8%	4.8%
James Cook	4.1%	6.2%	3.4%	4.6%
Sunderland	1.3%	4.8%	4.7%	3.6%
North Tees	8.5%	5.9%	10.2%	8.2%
Cramlington	5.6%	4.5%	4.1%	4.7%
Carlisle	5.4%	3.5%	2.6%	4.0%
Darlington	5.4%	4.2%	3.6%	4.5%
North Durham	3.8%	4.6%	7.7%	5.4%
Gateshead	5.3%	4.0%	5.8%	5.0%
West Cumberland	7.6%	1.6%	6.6%	4.6%
South Tyneside	4.2%	2.9%	5.3%	4.2%
<b>Network Average</b>	<b>5.4%</b>	<b>5.3%</b>	<b>5.4%</b>	<b>5.4%</b>



### Term Admissions<sup>2</sup>

Unit	Jan	Feb	Mar	Average
RVI**	40.6%	48.1%	32.8%	40.0%
James Cook	58.3%	45.5%	35.5%	45.5%
Sunderland	27.3%	50.0%	57.9%	47.9%
North Tees	59.3%	57.9%	70.4%	63.0%
Cramlington	66.7%	52.6%	50.0%	56.4%
Carlisle	57.1%	44.4%	37.5%	48.4%
Darlington	47.4%	54.5%	62.5%	52.6%
North Durham	57.1%	37.5%	56.7%	50.0%
Gateshead	63.6%	100.0%	44.4%	58.8%
West Cumberland	62.5%	33.3%	60.0%	54.2%
South Tyneside	50.0%	33.3%	33.3%	37.5%
<b>Network Average</b>	<b>51.4%</b>	<b>48.4%</b>	<b>46.5%</b>	<b>47.5%</b>



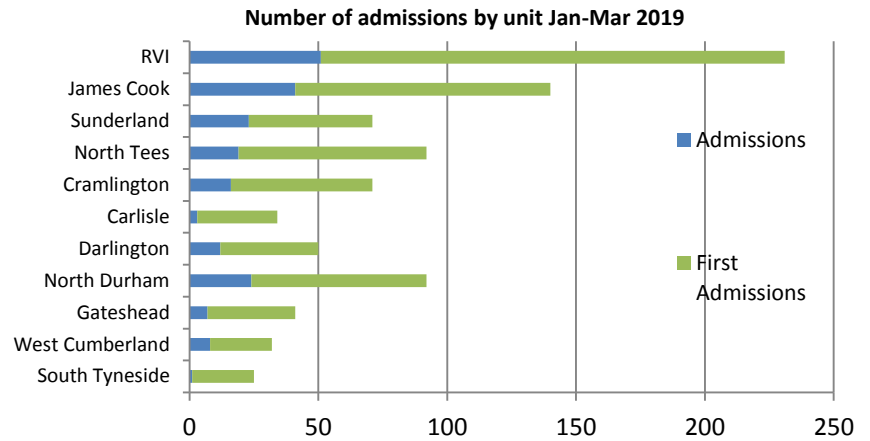
<sup>1</sup> Calculated using 1<sup>st</sup> episodes admissions and total births less 7% "preterm births" suggested average as per NNN agreement.

<sup>2</sup> Calculated using 1<sup>st</sup> episodes term admission as a percentage of 1<sup>st</sup> admissions.

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

## All Admissions

Unit	Total Admissions	1st Admissions	Term Admissions
RVI**	231	180	72
James Cook	140	99	45
Sunderland	71	48	23
North Tees	91	73	46
Cramlington	71	55	31
Carlisle	34	31	15
Darlington	50	38	20
North Durham	92	68	34
Gateshead	41	34	20
West Cumberland	32	24	13
South Tyneside	25	24	9
<b>Total</b>	<b>879</b>	<b>674</b>	<b>328</b>



## IC Days

Unit	Jan	Feb	Mar	Total
RVI	313	148	209	670
James Cook	149	93	99	341
Sunderland	93	39	66	198
North Tees	1	1	0	2
Cramlington	4	2	1	7
Carlisle	1	0	0	1
Darlington	3	4	0	4
North Durham	0	4	3	7
Gateshead	1	1	0	2
West Cumberland	3	1	4	8
South Tyneside	1	0	2	3
<b>Total</b>	<b>569</b>	<b>290</b>	<b>384</b>	<b>1243</b>

## HD Days

Unit	Jan	Feb	Mar	Total
RVI	263	279	313	855
James Cook	239	185	165	589
Sunderland	101	115	78	294
North Tees	16	19	16	51
Cramlington	24	12	25	61
Carlisle	5	7	9	21
Darlington	7	4	3	14
North Durham	10	22	17	49
Gateshead	0	2	3	5
West Cumberland	0	0	2	2
South Tyneside	6	26	3	35
<b>Total</b>	<b>671</b>	<b>671</b>	<b>934</b>	<b>1976</b>

## SC Days

Unit	Jan	Feb	Mar	Total
RVI	466	389	394	1249
James Cook	417	304	403	1124
Sunderland	245	139	226	610
North Tees	305	144	147	596
Cramlington	176	173	104	453
Carlisle	126	57	125	308
Darlington	164	116	98	378
North Durham	218	197	224	639
Gateshead	123	25	123	271
West Cumberland	103	78	62	243
South Tyneside	62	45	58	165
<b>Total</b>	<b>2405</b>	<b>1667</b>	<b>1964</b>	<b>6036</b>

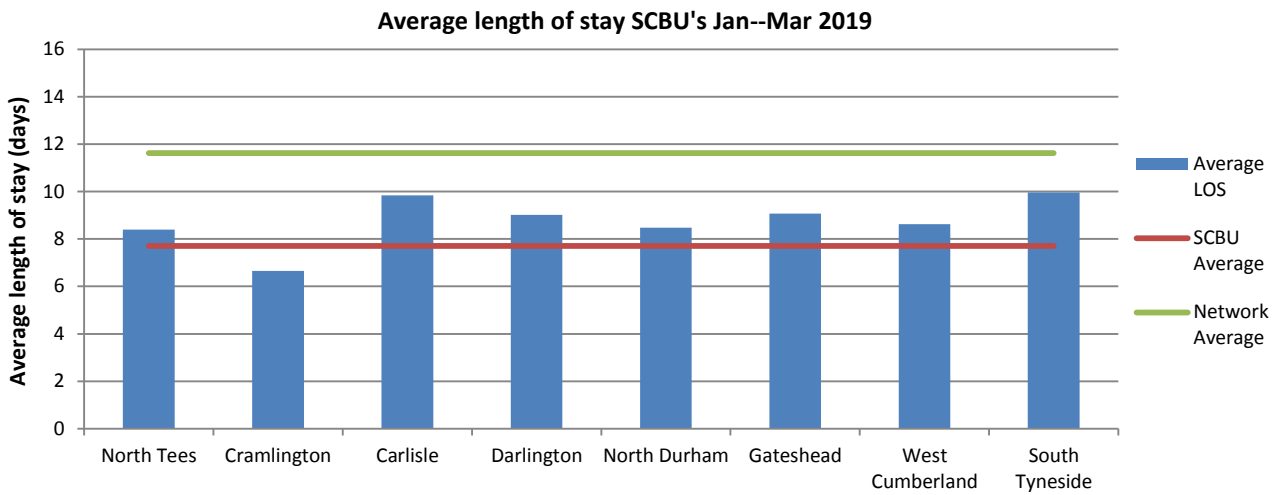
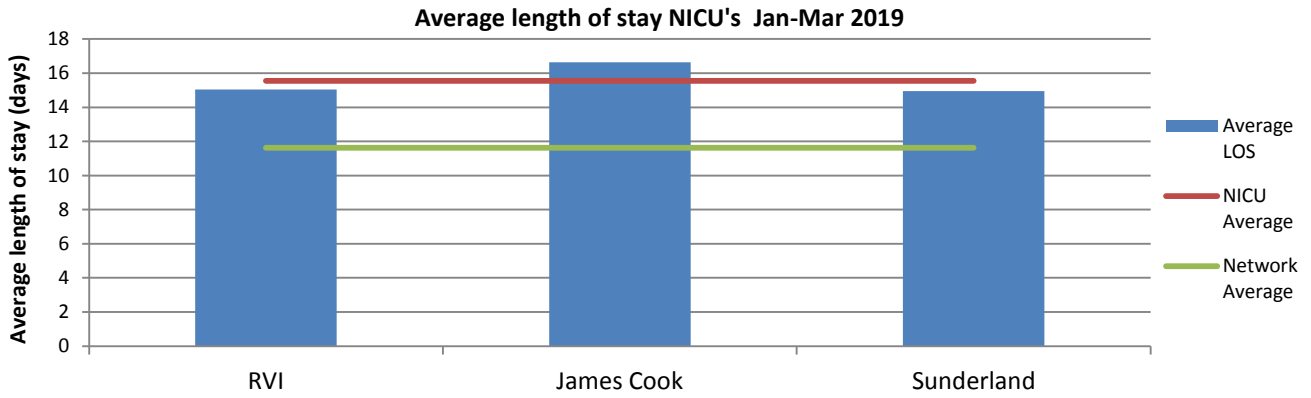
## NC Days

Unit	Jan	Feb	Mar	Total
RVI	5	17	20	42
James Cook	4	4	0	8
Sunderland	0	0	0	0
North Tees	11	14	15	40
Cramlington	2	8	4	14
Carlisle	15	0	2	17
Darlington	2	4	1	7
North Durham	8	10	11	29
Gateshead	10	9	8	27
West Cumberland	1	0	3	4
South Tyneside	0	0	0	0
<b>Total</b>	<b>58</b>	<b>66</b>	<b>64</b>	<b>188</b>

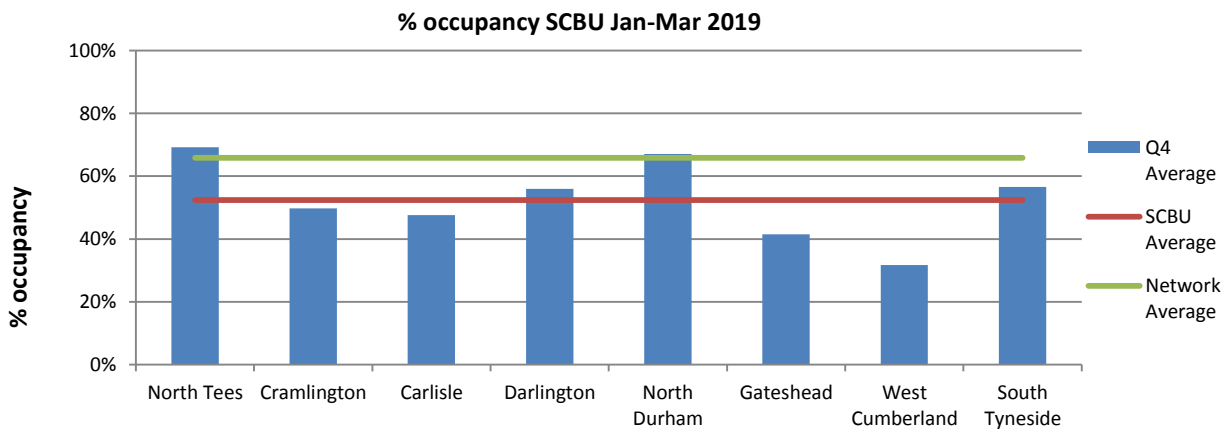
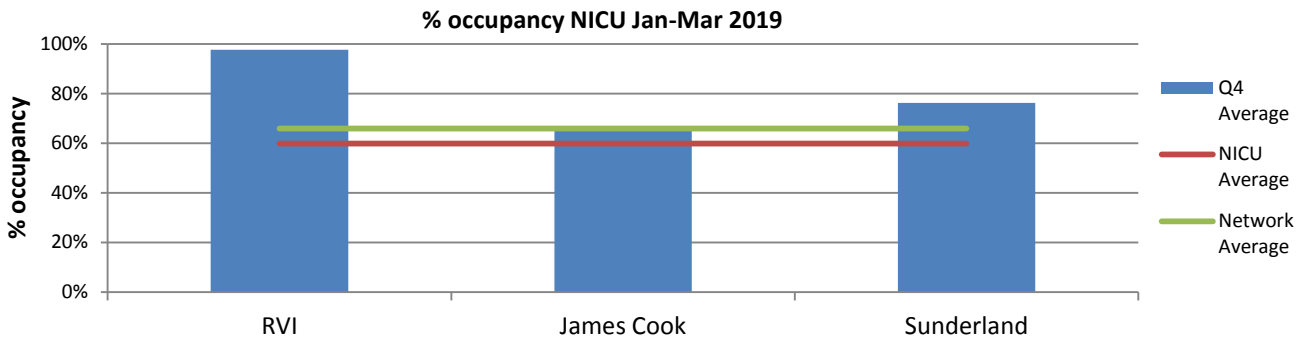
## TC Days

Unit	Jan	Feb	Mar	Total
RVI	412	380	416	1208
James Cook	150	155	140	445
Sunderland	34	42	37	113
North Tees	55	33	51	139
Cramlington	45	47	62	154
Carlisle	21	19	17	57
Darlington	70	104	70	244
North Durham	153	119	154	426
Gateshead	8	3	8	19
West Cumberland	16	16	16	48
South Tyneside*				
<b>Total</b>				

## Section 2 – Length of Stay<sup>3</sup>



## Section 3 – Occupancy<sup>4</sup>



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

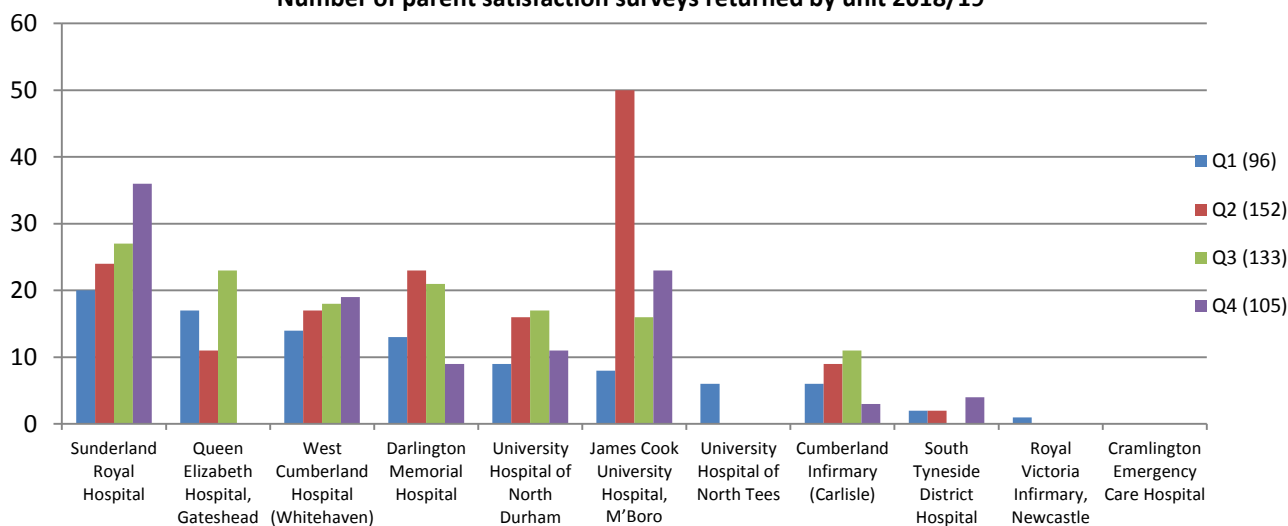
<sup>4</sup> Calculated using available total cot numbers and occupancy levels.

## Section 4a – Clinical Indicators<sup>5</sup>

Period:	National CQUIN				NNAP					
	Q4 18-19				Q4 18-19					
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	N/A	89%	79%	90%	58%	89%	63%	62%	85%	45%
James Cook	90%	90%	100%	97%	84%	100%	31%	86%	100%	85%
Sunderland	100%	100%	78%	100%	100%	98%	57%	85%	100%	100%
North Tees	100%	N/A	50%	100%	100%	93%	50%	80%	100%	0%
Cramlington	100%	N/A	100%	100%	100%	83%	N/A	75%	100%	100%
Carlisle	100%	N/A	0%	100%	67%	91%	50%	100%	67%	100%
Darlington	33%	N/A	0%	100%	71%	93%	100%	100%	100%	100%
North Durham	83%	N/A	0%	100%	100%	93%	0%	100%	100%	N/A
Gateshead	100%	N/A	0%	50%	100%	81%	100%	100%	N/A	N/A
West Cumberland	0%	N/A	0%	67%	50%	87%	N/A	75%	67%	0%
South Tyneside	100%	N/A	0%	100%	100%	100%	N/A	100%	100%	N/A
Northern	73%	93%	37%	91%	85%	92%	56%	88%	92%	66%

## Section 4b – Non-clinical Indicators

Number of parent satisfaction surveys returned by unit 2018/19



## Section 5 – Network Audit & data/information compliance<sup>6</sup>

Unit	Dashboard returns
RVI	Green
JCUH	Green
Sunderland	Green
North Tees	Green
Cramlington	Green
Carlisle	Green
Darlington	Green
North Durham	Green
Gateshead	Green
West Cumberland	Green
South Tyneside	Green

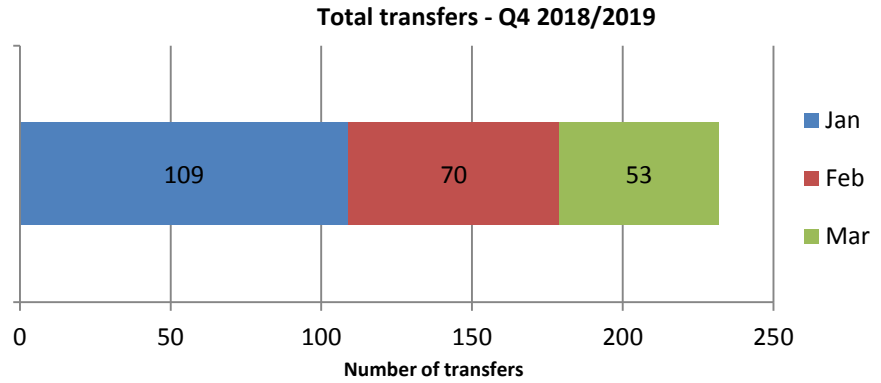
Latest Annual Reports – Northern Neonatal Network		
Unit/Trust	Year	Produced
North Cumbria	2017	Nov-18
RVI	2017	Sep-18
North Tees	2017	Jul-18
CDDFT	2017	Feb-19
JCUH	2016	Nov-17
Sunderland	2016	Nov-17
Cramlington	2016	Aug-17
Gateshead	2016	Dec-17
South Tyneside	2016	Dec-17

<sup>5</sup> 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

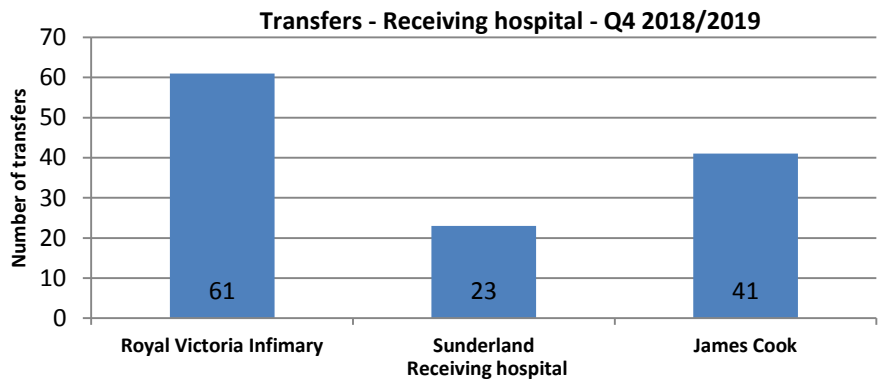
<sup>6</sup> Requested items as identified and defined by the Network as auditable – green if returned by deadline, amber if returned following reminder, red if no response received. For Dashboard returns, the deadline for submission will be 6 weeks after the end of the quarter being requested.

## Section 6 – Northern Neonatal Transport Service (NNeTS)

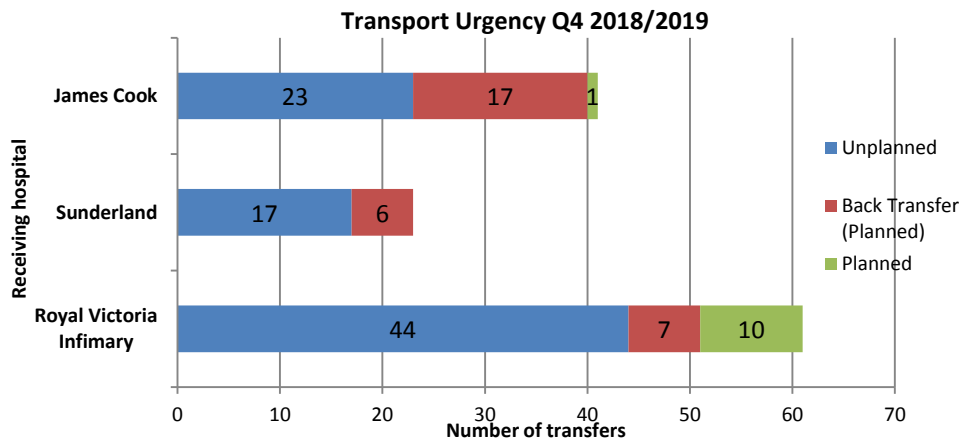
These figures represent the total number of transfers undertaken by each team per month, including back-transfers



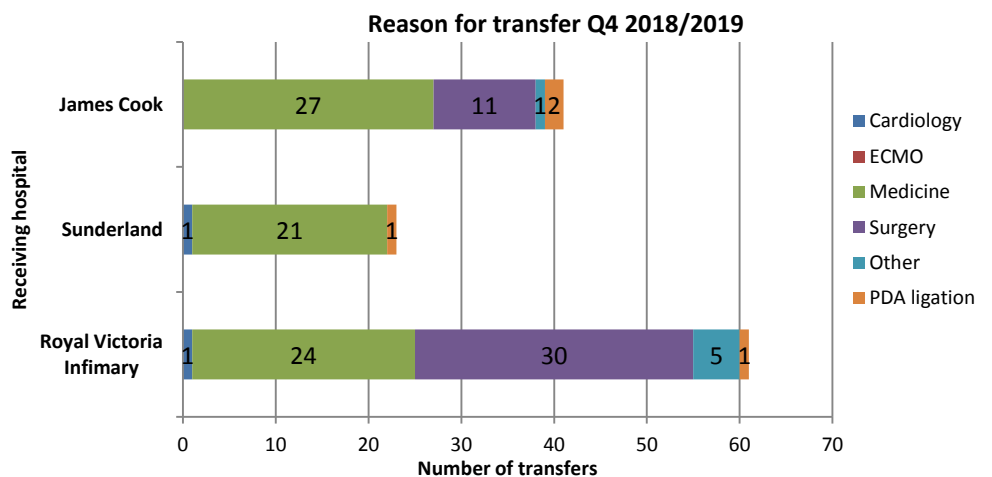
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).



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.



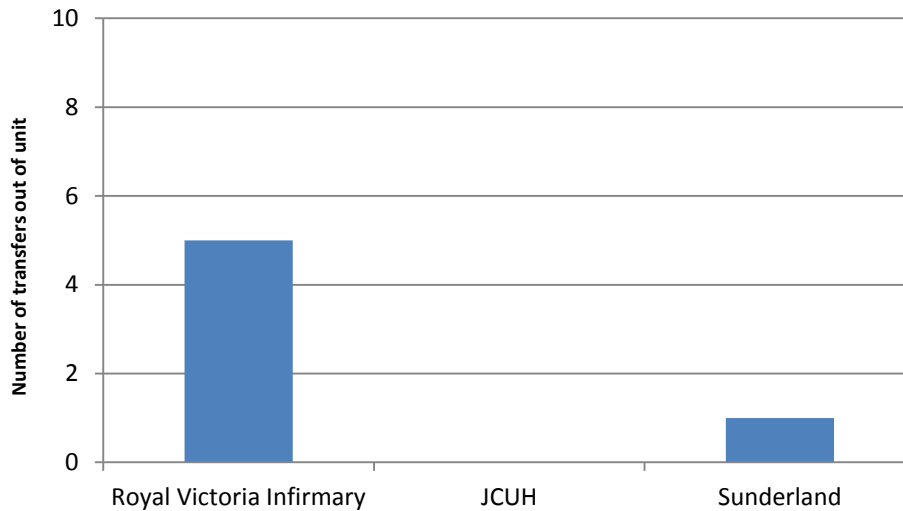
## Non-clinical transfers due to cot availability Q4 2018/19

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	5
JCUH	0
Sunderland	1

**Non-clinical transfers out due to cot capacity Q4 2018-2019**



## Out of network activity/transfers

NNN IUT'S THAT WENT OUT OF REGION BECAUSE REGION FULL				
	SINGLETON / MULTIPLE	REASON	FROM	TO
	TW	Capacity	N tees	LIVERPOOL Women's
	S	RVI full - needed surgical bed	Carlisle	Glasgow QE