



# Northern Neonatal Network

## Quarterly Report

### Q3 Oct-Dec 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.***
- 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.”*

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

## Section 1 - Activity

Indicator	RVI	James Cook	Sunderland	North Tees	Cramlington	Carlisle	Darlington	UHND	Gateshead	West Cumberland
<b>Births</b>										
Total Births										
Live Births	1539	1167	915	595	712	367	456	619	427	255
<b>Live births by gestation (wks.)</b>										
<23										
23-27										
28-31										
32-36										
=>37										
Unknown										
<b>Live births by birthweight (g)</b>										
<750										
750-999										
1000-1499										
1500-1999										
2000-2499										
>2500										
<b>Admissions</b>										
Total Admissions	191	129	104	61	69	43	51	58	52	27
1st Admissions	154	104	66	48	54	34	38	47	40	23
Term admissions	70	38	33	21	28	16	18	27	29	10
% term admissions (births)	4.9%	3.5%	3.9%	3.8%	4.2%	4.7%	4.2%	4.7%	7.3%	47.2%
% term admissions (admissions)	45.5%	36.5%	50.0%	43.8%	51.9%	47.1%	47.4%	57.4%	72.5%	43.5%
<b>Care Days</b>										
IC days	820	423	315	7	11	11	8	12	6	6
HD days	725	735	277	73	37	27	33	57	17	14
SC days	746	1023	714	536	603	293	385	460	326	242
NC days	52	2	2	34	27	28	25	26	30	3
TC days	1096	514	220	217	185	81	255	393	322	40

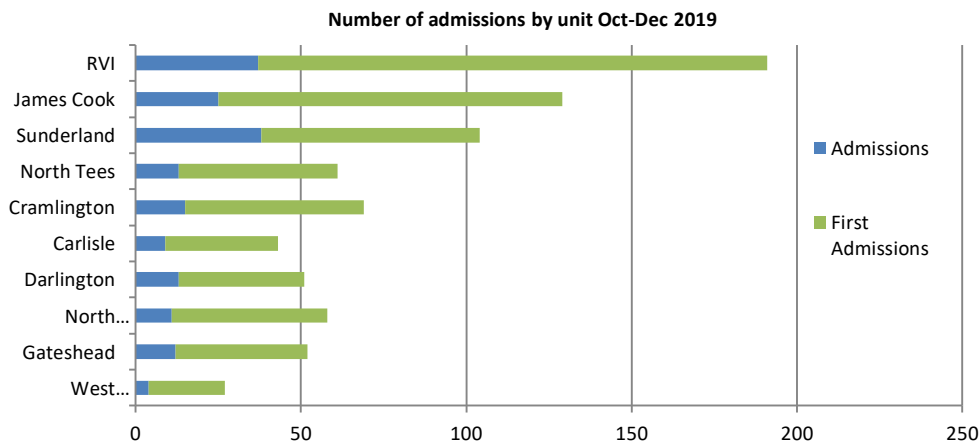
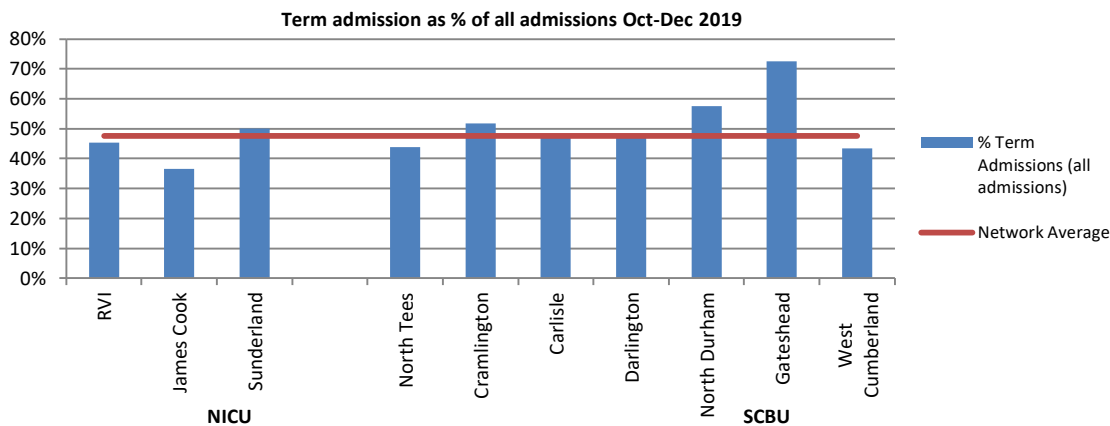
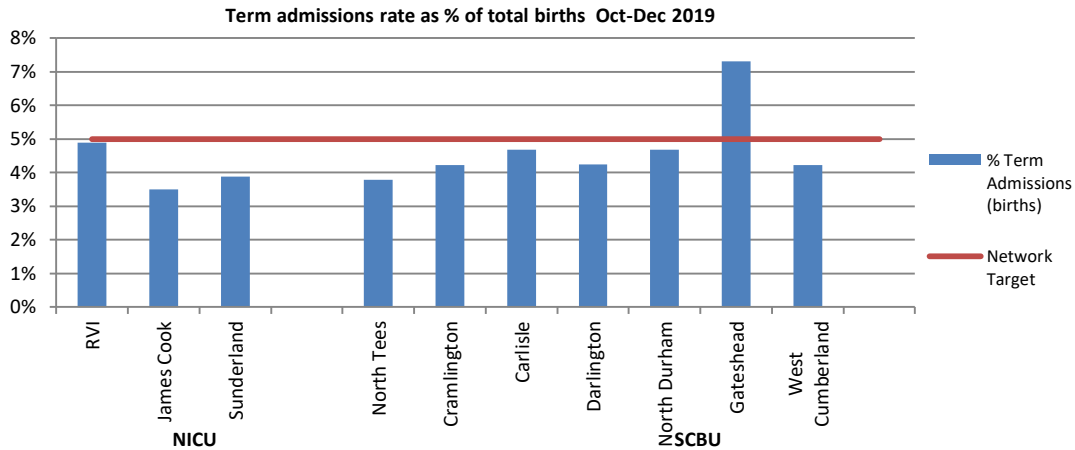
### <30 week Exceptions

BookingName	PlaceOfBirthName	GestationWeeks	DischargeHospitalName
Cumberland Infirmary	Cumberland Infirmary	27	The Royal Victoria Infirmary (Newcastle)
Darlington Memorial	Darlington Memorial	27	James Cook University Hospital
Darlington Memorial	Darlington Memorial	28	James Cook University Hospital
Darlington Memorial	James Cook University Hospital	27	
Darlington Memorial	The James Cook University Hospital	29	Darlington Memorial Hospital
Northumbria Specialist Emergency Care Hospital	Home	22	
Northumbria Specialist Emergency Care Hospital	Northumbria Specialist Emergency Care Hospital	29	Sunderland Royal
Queen Elizabeth Gateshead	Queen Elizabeth Gateshead	29	Sunderland Royal
Univ. Hospital of North Durham	James Cook University Hospital	29	University Hospital Of North Durham (Maternity)
Univ. Hospital of North Durham	Sunderland Royal	27	Univ. Hospital of North Durham
Univ. Hospital of North Tees	James Cook University Hospital	23	
Univ. Hospital of North Tees	James Cook University Hospital	25	Univ. Hospital of North Tees
Univ. Hospital of North Tees	James Cook University Hospital	26	Univ. Hospital of North Tees
Univ. Hospital of North Tees	James Cook University Hospital	29	University Hospital Of North Tees
Univ. Hospital of North Tees	The James Cook University Hospital	26	
Univ. Hospital of North Tees	Univ. Hospital of North Tees	29	James Cook University Hospital
West Cumberland Hospital	West Cumberland Hospital	26	The Royal Victoria Infirmary (Newcastle)
West Cumberland Hospital	West Cumberland Hospital	27	The James Cook University Hospital

Pathway Exception 44%

## Inpatient after 44 weeks

Unit	Admissions	I/P after 44wks	% still inpatient
RVI	191	3	1.6%
James Cook	129	0	0%
Sunderland	104	0	0%
North Tees	61	1	1.6%
Cramlington	69	0	0%
Carlisle	43	0	0%
Darlington	51	0	0%
North Durham	58	0	0%
Gateshead	52	2	3.8%
West Cumberland	27	0	0%



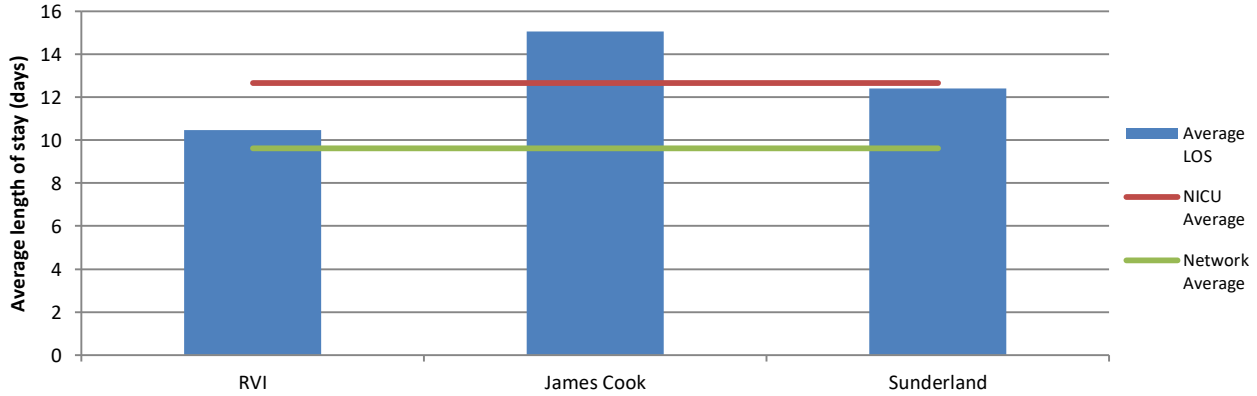
<sup>1</sup> Calculated using 1<sup>st</sup> episodes admissions and total births less 7% "preterm births" suggested average as per NNN agreement.

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

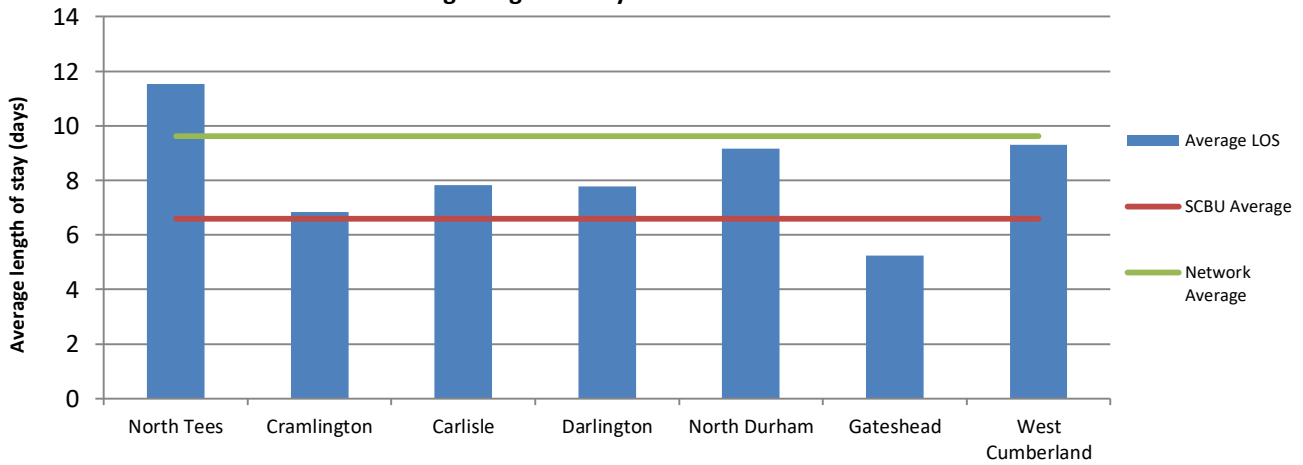
\*\*Excludes unavoidable "congenital abnormality" term admissions (admit principal reason = 22)

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

Average length of stay NICU's Oct-Dec 2019

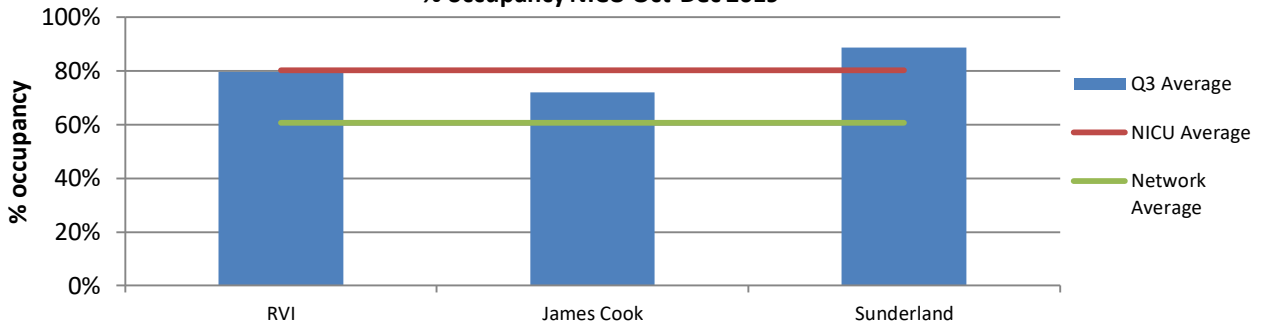


Average length of stay SCBU's Oct-Dec 2019

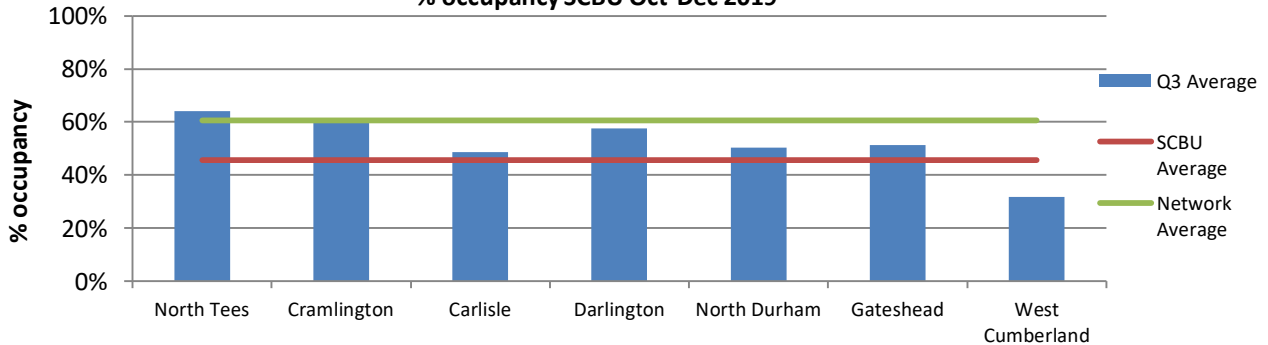


## Section 3 – Occupancy<sup>4</sup>

% occupancy NICU Oct-Dec 2019



% occupancy SCBU Oct-Dec 2019



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

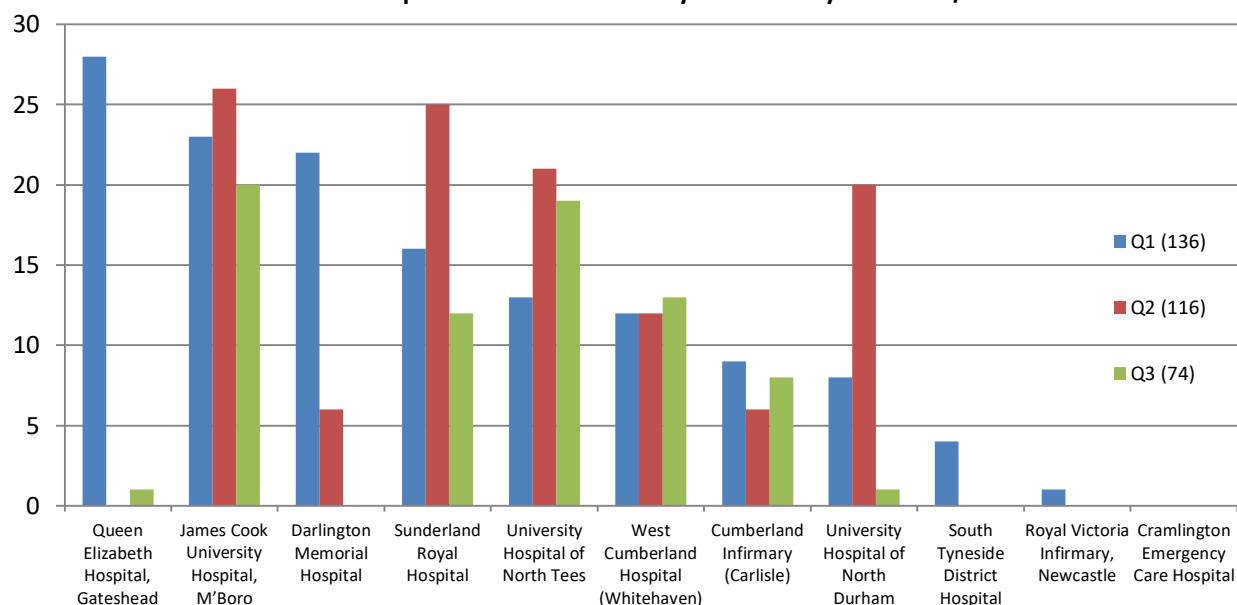
<sup>4</sup> Calculated using available total cot numbers and occupancy levels.

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

Period:	National CQUIN				NNAP					
	Q3 19-20				Q3 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	N/A	100%	80%	92%	84%	87%	10%	70%	100%	75%
James Cook	83%	93%	50%	91%	89%	100%	70%	92%	100%	90%
Sunderland	50%	92%	50%	95%	95%	97%	55%	89%	88%	100%
North Tees	40%	N/A	40%	86%	100%	86%	N/A	83%	100%	0%
Cramlington	100%	N/A	0%	100%	100%	94%	0%	75%	86%	50%
Carlisle	N/A	N/A	50%	100%	67%	73%	100%	100%	100%	0%
Darlington	67%	N/A	100%	100%	89%	88%	0%	100%	100%	100%
North Durham	50%	N/A	50%	100%	100%	74%	0%	100%	100%	N/A
Gateshead	0%	N/A	0%	0%	50%	79%	N/A	100%	0%	0%
West Cumberland	100%	N/A	N/A	0%	80%	65%	N/A	100%	100%	50%
Northern	61%	95%	47%	76%	85%	84%	34%	91%	87%	52%

## Section 4b – Non-clinical Indicators

**Number of parent satisfaction surveys returned by unit 2019/20**



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

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

<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)

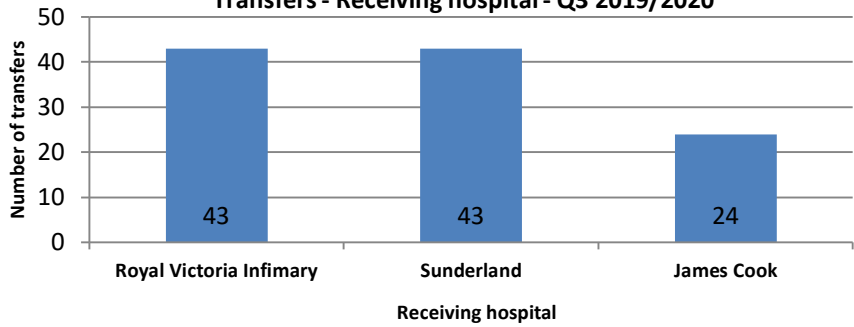
These figures represent the total number of transfers undertaken by each team per month, including back-transfers

Total transfers - Q3 2019/2020



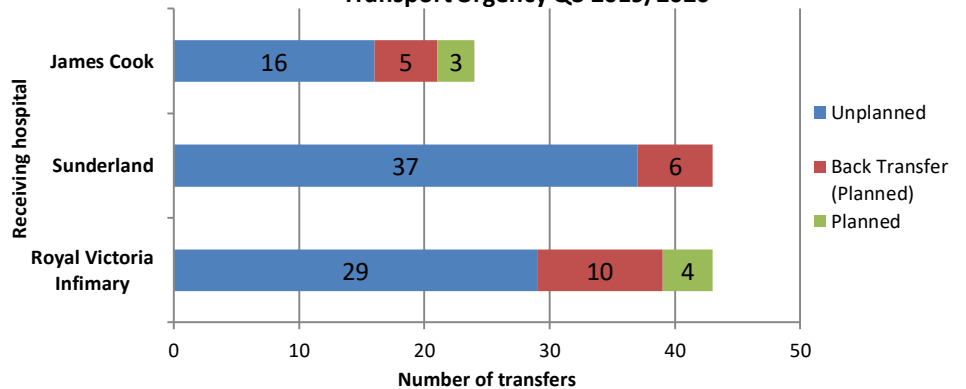
These figures represent the total number of transfers from each of the Level 3 (NICU) Units across the quarter. These include back-transfers (see next chart below).

Transfers - Receiving hospital - Q3 2019/2020



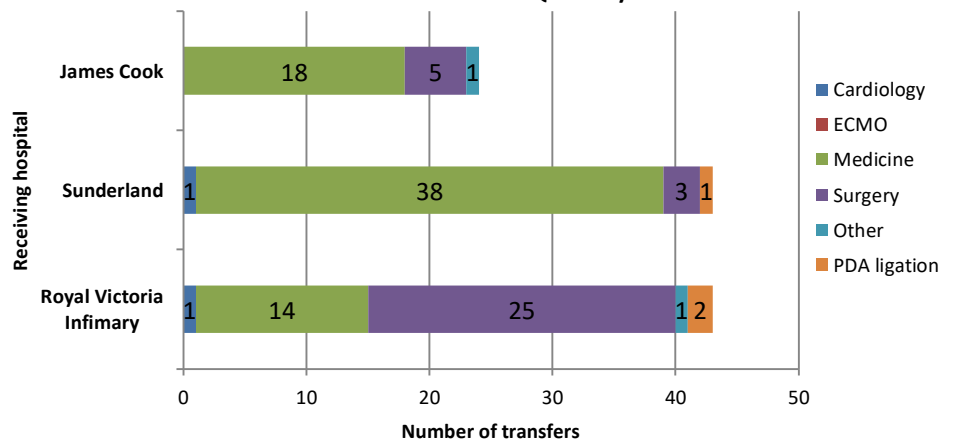
Definitions of urgency are subjective apart from planned back-transfers. The definition of “planned” here is where the need for transfer appears to have been known – such as for surgical cases and cardiac investigations etc. Unplanned would be defined as where transfer could not have been foreseen – such as a baby requiring ongoing care at another Unit that could not be provided at their own.

Transport Urgency Q3 2019/2020



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.

Reason for transfer Q3 2019/2020

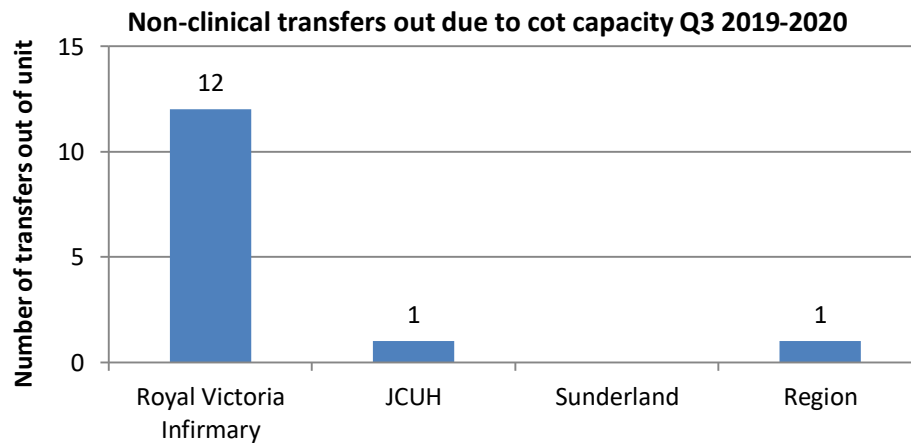


## Non-clinical transfers due to cot availability Q3 2018/19

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	12
JCUH	1
Sunderland	0
Region	1



### Out of network activity/transfers

NNN IUT'S THAT WENT OUT OF REGION BECAUSE REGION FULL				
Month	SINGLETON / MULTIPLE	REASON	FROM	TO