

Title	North West Neonatal Operational Delivery Network (NWNODN) Exception Reporting Process		
Reference	GL-ODN-01		
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Target Audience	NWNODN clinicians North West, North Wales and Isle of Man Children's Heart Network SMT and Board members		
Ratified by	SMT		
Date ratified	12/12/18		
Date for review	30/06/22		
Version	FINAL		
Document status	Circulated at locality NSGs February & March 2019 Extended by 6 months December 2021 pending service spec review & NCCR		
Document history			
Date	Version	Co-Ordinator	Notes
22/4/21	V25	CN	Amendment made to Whiston gestation for transferring out from >28 to >27 wks to bring in-line with practice
31/12/21	V26	CN	Extended end date by 6 months, as directed by LWL. Pending Service Spec review & NCCR

North West Neonatal Operational Delivery Exception Reporting Guideline

Introduction

The Toolkit for High Quality Neonatal Care (2009) and NICE Quality Standards for Neonatal Care (2010) make explicit the requirements for monitoring and reporting deviations from care provided outside agreed care pathways.

'...ensure Network Guidelines are followed when transferring babies for neonatal special, high dependency, intensive and surgical care pathways and invoke a report/alert mechanism where this is not possible' NICE (2010).

This guideline draws on the Neonatal Critical Care Service Specification (2014/15 E08/S/a), BAPM Categories of Care (2011), National Neonatal Critical Care HRG's (2015), Neonatal Intensive Care Transport Specification (2014 /15 E08/s/b) and Transport minimum data set (NTG/BAPM 2012).

'ODNs are responsible for monitoring adherence to agreed pathways' and the NWNODN Exception reporting guideline details the criteria used to generate an exception report and the processes involved in reviewing information and implementing change and/or learning where necessary.

For purposes of consistency a time period of six hours has been assigned as a reasonable timeframe to allow stabilisation and deployment of the transport service prior to transfer out of an LNU or SCBU for an up-lift of care. Specialist care that is provided on the SCBU or LNU that extends beyond this six hour period will be flagged as an exception. Care that can only be provided in an NICU or on transport service such as Nitric Oxide will be flagged but not exception reported if it is clear the infant was transferred out in a timely fashion.

Purpose

To standardise the mechanism for exception reporting for infants whose care falls outside the agreed pathways and service specification, details are provided below

Exception Criteria According to Neonatal Unit Designation:

Special Care Unit (SCU)

- Care provided to babies less than 32 weeks gestation
- Care provided to babies with a birth weight < 1000g
- Intensive care (as per BAPM 2011) categories of care, except for initial stabilization (<6hours) prior to transfer
- High dependency Care including:

- Non Invasive ventilation
- Peripheral long line
- Umbilical Venous Line
- Seizures/continuous CFAM
- TPN only
- Receiving Blood Products
- Trachesotomy
- TAT tube
- Naso-Pharyngeal Airway
- Ventricular tap
- Insulin only
- HDU care to be provided at a SCBU includes Barrier Nursing if staffing allows and senior clinician/manager agrees this is safe. NAS will also be cared for within a SCBU if no complicating factors identified.

In addition all LNU criteria listed below will be exception reported for SCBUs.

Local Neonatal Units (LNU)

- Care provided to infants below accepted gestation limits for LNU:
 - singleton babies < 27+0 weeks
 - multiple birth <28+0/40
- On going care beyond initial stabilization* and intensive care to babies < 800g
- Complex intensive care
- Support for more than one organ e.g. ventilation and inotropes
- High frequency oscillatory ventilation (HFOV)
- Therapeutic hypothermia
- Prolonged intensive care (ventilatory support) >48 hours
- Deviation from NWNODN Antenatal & Acute Postnatal Cardiac Pathway, for example prostaglandin infusion.
- Deviation from NWNODN Surgical Referral Pathway for example presence of a replogle tube etc.
- Administration of Adrenaline
- Presence of an umbilical arterial line >48 hrs
- Presence of a peripheral arterial line >48 hrs
- Insulin infusion
- Presence of a chest drain
- Exchange partial/dilution/transfusion
- Presence of epidural catheter
- Presence of silo for Gastroschisis
- Presence of external ventricular drain
- Dialysis (any type)

Note: ***initial stabilization**** is defined as a period of <6hours either following delivery or acute deterioration. Stabilization beyond 6 hours will be exception reported.

Exception reports relating to Neonatal transport service Connect North West (CNW)

- All out of network transfers of mother or baby.

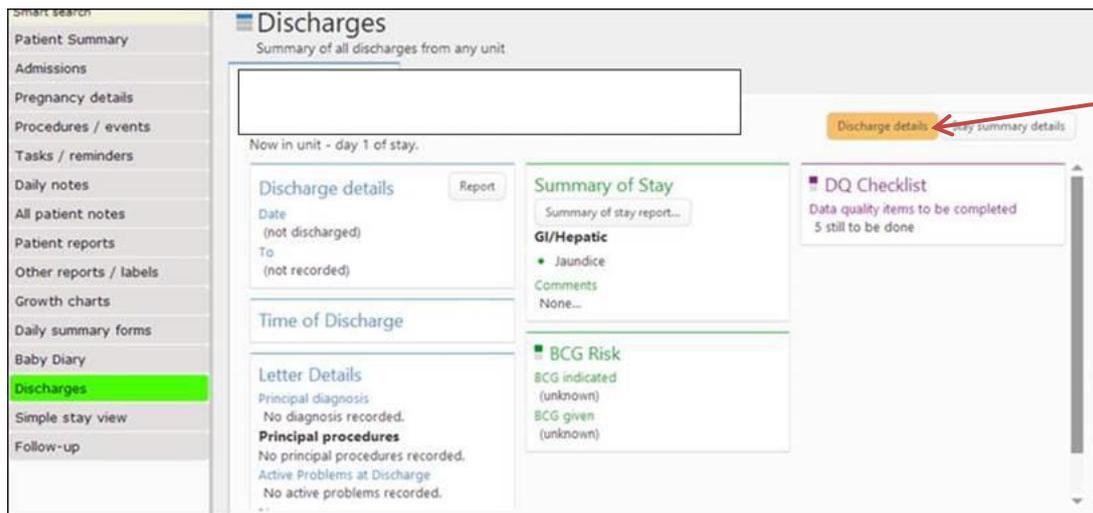
The NWNODN are currently working with CNW to look at the processes around flagging the exceptions listed below which are currently not being collated in the exception reporting process:

- Non-availability of transport team to undertake a Network transfer
- Standard for time critical dispatch times not met
- Standard for response times not met
- Deviation from Cot Bureau Algorithm.

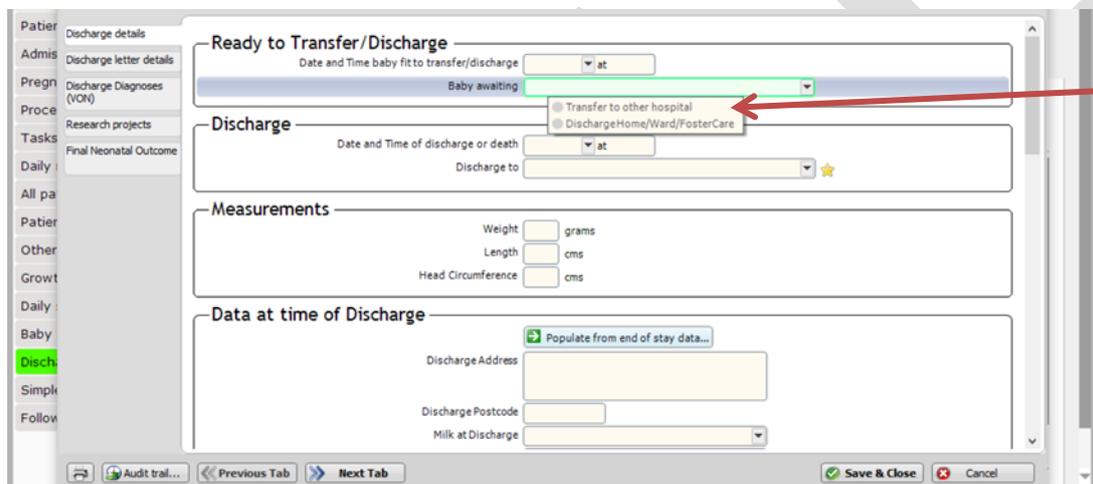
Exception reports relating to transport should be brought to NWNODN Senior Management Team (SMT) for review prior to locality NSGs.

Exception reports relating to ALL Units

- On-going care for babies > 44 weeks gestational age. we will exception report all babies >44/40 once the provider acknowledges the baby is cared for under a sub-specialty we will flag the infant again at 60 weeks corrected gestational age.
- Inability to transfer baby back to step down/local unit within 48 hours of repatriation request.
 - These exceptions will be identified through providers noting on the badger summary when the baby is fit for discharge to their local neonatal unit.
 - If the transfer is then not undertaken within 48 hours of this date this will be classified as an exception to the NWNODN Repatriation guideline and a form will be sent to understand reasons around the delay.
 - For details of how to begin the timing for a 48hr repatriation exception please see Badgernet screen shots below.



Click here



Complete the data...
Time and then click
Awaiting transfer
click save and close

Exception Reports relating to the Countess of Chester Neonatal Unit

Following an ongoing Police investigation at the Countess of Chester Neonatal Unit, the unit has been re-designated to a SCBU in line with recommendations made by NHS England. Due to the change in designation exception reports generated for the Countess of Chester Neonatal Unit from September 2018 are based on BAPM SCBU criteria. Badger data analysed for exception reporting will be based on SCBU criteria.

Transfer out within 6 hours for babies requiring stabilisation: it has been agreed within the ODN team that for more mature babies born at the Countess of Chester of Chester, who are not acutely unwell or in need of specialist services but require transfer out to meet the current re-designation criteria of the unit, a slightly longer time period than the usual 6 hours assigned to SCBUs will be permitted.

Please see Appendix 3.1.12 for a more detailed overview of the provision of neonatal care provided by the Countess of Chester.

Responsibilities

Following designation, care provision in SCU's, LNU's and NICUs have been agreed (appendix 3).

- Each neonatal unit has an agreed set of clinical indicators that provide the criteria for decision making for care of the infant. Where the clinical indicators fall outside the criteria for local care, transfer to tertiary care should be arranged.
- Babies at the threshold of the criteria may stay within the referring unit only following discussion and agreement with a consultant in an NICU.
- Monitoring will be via the data analyst for the NWNODN
- Transport exceptions will be via data collated within individual transport services.
- Transport team to supply details of exceptions quarterly to local QIL for inclusion in report.
- The quality improvement leads will monitor the exceptions reported on a weekly basis (quarterly in relation to transport) and submit an exception form for completion to the provider trust.
- The management team collates the information and prepares a report that will be disseminated at the Network Steering Groups.
- The management team will be responsible for assessing clinical governance risks and working with providers to address areas of concern.
- Should a baby be deemed fit for repatriation yet still above the criteria for LNU care, Consultant to Consultant discussion should take place

NWNODN Sharing of Exception Reporting Learning

The NWNODN are responsible for identifying learning through the exception reporting process and sharing this learning appropriately.

- A summary of exception reporting data and learning identified will be shared in the NWNODN quarterly governance reports
- A summary of the exception reports and learning will be shared at each locality Neonatal Steering Group meeting with locality specific learning as well a regional learning identified.
- Exception reports for infants born <27/40 (singleton) or <28/40 (multiple) births will be shared with the maternity services to understand maternity factors around birth outside an NICU.

- A summary of learning from these cases will be shared back through maternity governance systems on a locality.

The process for exceptions around place of birth is described within a flow chart in Appendix 4.



References

1. Toolkit for High Quality Neonatal Services (2009) Department of Health
2. NICE Quality Standards for Neonatal Care (2010) National Institute of Clinical Excellence Page 3
3. BAPM Categories of Care (2011), BAPM
4. National Neonatal HRG descriptors (2015)
5. Neonatal Critical Care Service Specifications EO8/S/a
6. Neonatal Critical Care Retrieval (Transport) EO8/S/b
7. Operational Delivery Network. Memorandum of Understanding (Partnership Agreement) January 2014 NHS England

Appendix 1 – NWNODN Exception Reporting Process

Data Analyst generates weekly exception reports from Badger data based on criteria stated within the NWNODN Exception reporting guideline. Report sent to NWNODN administrator.

Administrator assigns the report an ODN exception tracker ID and adds it to the tracker database.
Administrator disseminates the reports to the appropriate Quality Improvement Lead Nurses according to network.

QILN reviews the data:

- If an exception has been generated a request for more information is sent out the neonatal unit involved.

NWNODN administrator up-dates the tracker and sends out relevant reporting form requesting more information to unit manager/risk leads. The exception form sent will depend on the exception query generated.

Neonatal unit to return completed exception form to QILN

QILN reviews the information returned on the exception form.

Information provided describes why care outside of service spec undertaken and whether this was avoidable or if appropriate action was taken.

Tracker database up-dated

More information around the case required. QILN shares the report & discusses the case with network clinical lead. Request for more information sent back to neonatal unit.

Additional information returned: QILN & Clinical Lead review & satisfied that locally appropriate learning, lessons learnt have been disseminated and where appropriate initiatives have been implemented to mitigate against the exception happening again.

Tracker database up-dated with additional information

At network level: Governance Lead Nurse, NSG and CEG informed of any actions/ learning / changes in practice introduced as a result points generated by the exception report.

Dissemination of information across the whole NWNODN if appropriate.

Appendix 2 – NWNODN Unit Designation by Provider

Cheshire & Mersey	Unit Level
Arrowe Park, Wirral	NICU
Countess of Chester	LNU/SCBU
Leighton	LNU
Liverpool Womens Hospital	NICU
Macclesfield District General	SCBU
North Cheshire Hospitals Nhs Trust Warrington	LNU
Ormskirk	LNU
Whiston	LNU
Greater Manchester	
Newborn Intensive Care - Manchester	NICU
North Manchester General	LNU
Royal Albert Edward Infirmary	LNU
Royal Bolton	NICU
Royal Oldham	NICU
Stepping Hill Stockport	LNU
Tameside General	LNU
Wythenshawe	LNU
Lancashire & South Cumbria	
Furness General	SCBU
Royal Lancaster Infirmary	LNU
Royal Preston	NICU
The Lancashire Women and Newborn Centre, Burnley	NICU
Victoria Blackpool	LNU

APPENDIX 3 Network Care Service provision

3.1 Cheshire & Merseyside

Cheshire & Merseyside Neonatal Care Service Provision		
Neonatal Unit	Care provided	Patient flows OUT
Liverpool Women's NHS Foundation Trust	All gestations Long Term Ventilation Oscillation Nitric Oxide CPAP Therapeutic Hypothermia Total Parental Nutrition High Flow	ECMO Surgery
Wirral University Teaching Hospital NHS Foundation Trust Arrowe Park Hospital	All gestations Long Term Ventilation Nitric Oxide CPAP Total Parental Nutrition Therapeutic Hypothermia High Flow	ECMO Oscillation Surgery
Countess of Chester Hospital	Babies 32 weeks and over Short Term Ventilation CPAP Total Parental Nutrition High Flow	ECMO Oscillation Nitric Oxide Therapeutic Hypothermia Any complex case requiring tertiary centre care Surgery
Warrington Hospital	Babies 27 weeks and over Short Term Ventilation CPAP Total Parental Nutrition High Flow	ECMO Oscillation Nitric Oxide Therapeutic Hypothermia Any complex case requiring tertiary centre care Surgery
Leighton Hospital	Babies 27 weeks and over Short Term Ventilation CPAP Total Parental Nutrition High Flow	ECMO Oscillation Nitric Oxide Therapeutic Hypothermia Any complex case requiring tertiary centre care Surgery
Macclesfield Hospital	Babies over 32+0 weeks gestation Babies >1000g	ECMO Oscillation

	<p>Babies meeting HD criteria due to:</p> <ul style="list-style-type: none"> • Barrier nursing • NAS. 	<p>Nitric Oxide Therapeutic Hypothermia Surgery All ICU and HD care other than stated beyond initial stabilisation.</p>
Whiston Hospital	<p>Babies 27 weeks and over Short Term Ventilation Total Parental Nutrition High Flow</p>	<p>ECMO Oscillation Nitric Oxide Therapeutic Hypothermia Any complex case requiring tertiary centre care Surgery</p>
Ormskirk Hospital	<p>Babies 27 weeks and over Short Term Ventilation Total Parental Nutrition High flow NCPAP BiPap</p>	<p>ECMO Oscillation Nitric Oxide Therapeutic Hypothermia Any complex case requiring tertiary centre care Surgery</p>

Appendix 3.1.2 Countess of Chester Redesignation Plan

Countess of Chester Hospital NHS Foundation Trust

Proposed provision of neonatal care at Countess of Chester Hospital NHS Foundation Trust pending external peer review 2016

Current designation and care provision:

Local Neonatal Unit (LNU) within Cheshire and Merseyside Neonatal Network. Care for babies 27 weeks and over, birth weight >800g, short term ventilation (<48 hrs), TPN, CPAP.

Patient flow out includes:

<27 weeks gestation,

ECMO, Oscillation, Nitric oxide,

Cooling (beyond initial stabilisation),

Support for more than one organ e.g. ventilation and inotropes,

Prolonged intensive care (ventilatory support) greater than 48 hours,

Cardiac abnormalities according to regional antenatal cardiac disorders pathway,

Surgical conditions according to network surgical disorders pathway.

Repatriation criteria:

On CPAP

Stable for transfer

TPN

Proposed designation and care provision pending peer review:

Care for babies 32 weeks and over, emergency ventilation prior to transfer out, TPN, CPAP/high flow therapy. Stabilisation of babies <32 weeks gestation (In-utero transfer not possible) prior to transfer out.

Patient flow out includes:

<32 weeks gestation,

CPAP **and** TPN requirement

Optiflow **and** TPN

Umbilical lines (Umbilical venous or arterial catheters)

ECMO, Oscillation, Nitric oxide,

Cooling (beyond initial stabilisation),

Support for more than one organ e.g. ventilation and inotropes,

Prolonged intensive care (ventilatory support) beyond initial stabilisation,

Cardiac abnormalities according to regional antenatal cardiac disorders pathway,

Surgical conditions according to network surgical disorders pathway.

Repatriation criteria:

32 weeks gestation and above

On CPAP (or high flow therapy) and <30% FiO₂ but no parenteral nutrition.

TPN but no respiratory support

Stable for transfer

No babies from units other than Chester

APPENDIX 3.2 Greater Manchester

Greater Manchester Neonatal Unit Designation and Care Provision		
Neonatal Unit & Designation	Care provided	Patient flows <u>OUT</u>
Royal Bolton Hospital NICU	All gestations Long Term Ventilation Complex Intensive Care High Frequency Oscillation Ventilation Inhaled Nitric Oxide Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O ₂	ECMO Surgery Complex Cardiac
St Mary's Hospital NICU	All gestations Long Term Ventilation Complex Intensive Care High Frequency Oscillation Ventilation Inhaled Nitric Oxide Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O ₂ Surgery	ECMO Complex Cardiac
Royal Oldham Hospital NICU	All gestations Long Term Ventilation Complex Intensive Care High Frequency Oscillation Ventilation Inhaled Nitric Oxide Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O ₂	ECMO Surgery Complex Cardiac
North Manchester General Hospital LNU	Babies 29 weeks gestation and above Short Term Ventilation < 48 hours Total Parental Nutrition CPAP High Flow O ₂	ECMO Surgery Cardiac Ongoing/complex intensive care Therapeutic Hypothermia
Stepping Hill Hospital LNU	Babies 27 weeks gestation and above Short Term Ventilation < 48 hours Total Parental Nutrition CPAP High Flow O ₂	ECMO Surgery Cardiac Ongoing/complex intensive care Therapeutic Hypothermia
Wythenshawe Hospital	Babies 27 weeks gestation and above	ECMO Surgery

LNU	Short Term Ventilation < 48 hours Initiation of Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O ₂	Cardiac Ongoing/complex intensive care Therapeutic Hypothermia
Tameside General Hospital LNU	Babies 27 weeks gestation and above Short Term Ventilation < 48 hours Total Parental Nutrition CPAP High Flow O ₂	ECMO Surgery Cardiac Ongoing/complex intensive care Therapeutic Hypothermia
Wigan Royal Albert Infirmary LNU	Babies 27 weeks gestation and above Short Term Ventilation < 48 hours Initiation of Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O ₂	ECMO Surgery Cardiac Ongoing/complex intensive care Therapeutic Hypothermia

APPENDIX 3.3 Lancashire and South Cumbria Neonatal Network

NNU	Transfer Out	Repatriation
Barrow in Furness	<ul style="list-style-type: none"> • All babies less than 32+0 weeks gestation • All babies who require: <ul style="list-style-type: none"> ➢ Intensive care or ventilation: stabilisation only – transfer to Preston or Burnley unless requiring specialist tertiary services ➢ CPAP ➢ High dependency care except NAS ➢ TPN ➢ Any baby < 1000g • High dependency care to Lancaster • Surgical & cardiac according to current transfer policy 	<ul style="list-style-type: none"> • Special care only. • High dependency back to Lancaster • No CPAP • No TPN
Blackpool	<ul style="list-style-type: none"> • Less than 27+0weeks – transfer to Preston or Burnley unless -requiring specialist tertiary services • On going care beyond initial stabilization and intensive care for babies < 800g • Complex intensive care • Support for more than one organ e.g. ventilation and inotropes • Nitric Oxide • High frequency oscillatory ventilation (HFOV) • Therapeutic hypothermia beyond initial stabilisation • Prolonged intensive care (ventilatory support) greater than 48 hours • Above 27+0 weeks if clinically required – transfer to Preston or Burnley unless requiring specialist tertiary services • Surgical & cardiac according to current transfer policy 	<ul style="list-style-type: none"> • CPAP • TPN • High Dependency • Special care
Lancaster	<ul style="list-style-type: none"> • Less than 27+0 weeks – transfer to Preston or Burnley unless requiring specialist tertiary services • On going care beyond initial stabilization and intensive care to babies < 800g complex intensive care • support for more than one organ e.g. ventilation and inotropes • Nitric Oxide • High frequency oscillatory ventilation (HFOV) • Therapeutic hypothermia beyond initial stabilisation • Prolonged intensive care (ventilatory support) greater than 48 hours • Above 27+0 weeks if clinically required – transfer to Preston or Burnley unless requiring specialist tertiary services • Surgical & cardiac according to current transfer policy 	<ul style="list-style-type: none"> • CPAP (infants below 1000gs to be discussed on case by case basis) • TPN • High Dependency • Special care
Burnley	<ul style="list-style-type: none"> • babies requiring specialist tertiary services, Surgical & cardiac according to current transfer policy 	<ul style="list-style-type: none"> • All care levels including intensive

		care <ul style="list-style-type: none"> • Post surgery, post cardiac
Preston	<ul style="list-style-type: none"> • babies requiring specialist tertiary services, Surgical & cardiac according to current transfer policy 	<ul style="list-style-type: none"> • All care levels including intensive care • Post surgery, post cardiac

Please note: Criteria for antenatal transfer/pathway to be discussed & agreed with obstetric colleagues

FEMANA

Appendix 4 – Process for Place of Birth Exceptions

