Title	North West Neonatal Operational Delivery Network (NWNODN) Exception Reporting Process
Reference	GL-ODN-01
Author	NWNODN Lead Nurses
Target Audience	NWNODN clinicians
Ratified by	SMT
Date ratified	12/12/18, 07/12/22
Date for review	30/06/22, 07/12/25
Version	FINAL
Document status	Circulated at locality NSGs Dec 22

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
01/12/22	V27	HM, CN, KH	Reviewed and updated
07/12/22	Final	KH	Reviewed and agreed at SMT – for circulation through NSGs

Contents

Introduction

This guideline draws on the Neonatal Critical Care Service Specification (2014/15 EO8/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).

The NWNODN will utilise the exception process set out in this guideline to monitor adherence to agreed network pathways and admission criteria.

Purpose

To set out standards around the NWNODN exception guideline reporting process and the criteria used for exception reporting across different unit designations within North West neonatal services.

Exception Criteria According to Neonatal Unit Designation:

Exception criteria across the NWNODN is in line with the Neonatal Service Specification (2014/15 EO8/S/a).

Appendix 1 sets out unit designation for all neonatal services within the NWNODN and any deviations to the routine exception reporting for North West Neonatal units.

NB: Care that can only be provided in a 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.

NB: For purposes of consistency 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 SCU for up-lift of care. Specialist care that is provided on the SCU or LNU that extends beyond this six-hour period will be flagged as an exception.

SPECIAL CARE UNIT (SCU)

1.Care provided to babies <32 weeks gestation
2.Care provided to babies with a birth weight < 1000g
3.Intensive care (as per BAPM 2011) categories of care, except for initial stabilisation period (<6hours) prior to transfer
4.High dependency Care, except for initial stabilisation period (<6hours) prior to transfer including:

- Non- Invasive ventilation
- Peripheral long line
- Umbilical Line
- Seizures/continuous Cerebral Function Monitoring
- TPN only
- Receiving Blood Products
- Tracheostomy
- Trans-anastomotic tube
- Naso-Pharyngeal Airway
- Ventricular tap
- Insulin only

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

LOCAL NEONATAL UNITS (LNU)

1. Care provided to infants below accepted gestation limits for LNU:
   Singleton babies < 27+0 weeks
   Multiple birth <28+0 weeks
2. Babies born weighing <800g
3. Complex intensive care*

a. Support for more than one organ e.g. ventilation and inotropes
b. High frequency oscillatory ventilation (HFOV)
c. Therapeutic hypothermia
d. Prolonged intensive care (ventilatory support) >48 hours

4. Deviation from NWNODN Antenatal & Acute Postnatal Cardiac Pathway, for example prostaglandin infusion.
5. Deviation from NWNODN Surgical Referral Pathway for example presence of a replogle tube etc.
6. Administration of Adrenaline via an infusion.
7. Presence of an umbilical arterial line >48 hrs
8. Presence of a peripheral arterial line >48 hrs
9. Insulin infusion >48 hrs
10. Presence of a chest drain
11. Exchange partial/dilution/transfusion
12. Presence of epidural catheter
13. Presence of silo for Gastroschisis
14. Presence of external ventricular drain
15. Dialysis (any type)

*Complex intensive care for a period of stabilisation within the NWNODN is agreed as a period of <6hours either following delivery or acute deterioration to allow stabilisation and deployment of transport services. Complex Intensive care beyond 6 hours will be exception reported.

Additional information regarding action required for local neonatal units when caring for babies in these criteria is set out in the NWNODN advice guideline.

NEONATAL INTENSIVE CARE UNITS (NICU)

1. Deviation from NWNODN Antenatal & Acute Postnatal Cardiac Pathway, for example prostaglandin infusion outside of cardiac centre.
2. Deviation from NWNODN Surgical Referral Pathway – presence of Silo for Gastroschisis outside of surgical centre.
3. Deviation from NWNODN Surgical Referral Pathway - presence of Replogle tube outside of surgical centre.
4. Therapeutic Hypothermia outside NWNODN guideline criteria i.e., <35/40

Exception Reporting: Neonatal Transport Service Connect North West (CNW)

1. All out of network transfers of mother or baby.
2. Standard for time critical dispatch times not met
3. Standard for response times not met (in line with 6 hour stabilisation period for Intensive Care uplift transfers)

Connect NW will collect and share exceptions to these criteria and report against national Transport Group standards through the Neonatal Steering Groups (NSG).

Exception Reporting: Standards Relating to All Units

1. All babies >44 weeks gestational age will be exception reported.
    a. If it is already recorded on Badgernet that a baby has had surgical care, they will be removed from the weekly exception report and the NNU will not be sent a form to complete.
    b. If any baby within this cohort is acknowledged on the exception form by the provider as surgical subspecialty, minimal information is required as care does not fall outside the service specification and can continue in the local NNU until the baby reaches 60 weeks corrected gestation.
    c. All babies still on a NNU at 60 weeks corrected gestational age will be flagged again and an exception form sent for completion.
2. Inability to repatriate to a local unit within 48 hours of request identified via the badger summary when the baby is fit for discharge to their local neonatal unit.
    a. 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 unless reasons for the delay are understood by the NWNODN**.**
    b. In order to support the exception reporting, screen shots in Appendix 2 show how to start the timing for this.

Responsibilities

1. Each neonatal unit has an agreed set of clinical indicators. Where the likelihood of the case falling outside the criteria for local care the NWNODN expect the following:
    - Advice discussion with local NICU within 24-36hours of baby receiving Intensive Care with timely consideration to transfer to a tertiary unit.
    - Documentation of NICU decision making and agreed management plan recorded in the babies notes or via the NWNODN advice form.
    - Babies at the threshold of the criteria may stay within the referring unit only following discussion and agreement with a consultant in an NICU.
2. Monitoring will be via the data analyst for the NWNODN.
3. Transport exceptions will be via data collated by Connect North West.
    a. Transport team to supply details of exceptions quarterly to governance QIL for inclusion in quarterly report.
    b. Exception reports relating to transport should be brought to NWNODN Senior Management Team (SMT) for review prior to locality NSGs.
4. The quality improvement leads will monitor the exceptions reported on a weekly basis (quarterly in relation to transport).
5. The management team collates the information and prepares a report that will be disseminated at the Network Steering Groups.
6. The management team will be responsible for assessing clinical governance risks and working with providers to address areas of concern.

7. 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.

1. A summary of exception reporting data and learning identified will be shared in the NWNODN quarterly governance reports

2. 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.

3. Exception reports for infants born <27/40 (singleton), <28/40 (multiple) births and babies with a birth weight <800grams 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 basis.
   a. The process for exceptions around place of birth is set out in Appendix 3

4. The process for exception reporting through the NWNODN and the sharing of learning is set out 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 Unit Designation and Exception Criteria with Deviations

Cheshire and Merseyside

Neonatal Unit	Designation	Exception Criteria	Deviation
Liverpool Women's	Surgical NICU	All units	Nil
Arrowe Park	NICU	NICU exceptions	Nil
Countess of Chester	LNU – Accredited to active cooling prior to transfer	LNU exceptions	See redesignation plan
Leighton	LNU	LNU exceptions	Nil
Macclesfield	SCU	SCU exceptions	Nil
Ormskirk	LNU	LNU Exceptions	Nil
Warrington	LNU - Accredited to active cooling prior to transfer	LNU exceptions	Nil
Whiston	LNU - Accredited to active cooling prior to transfer	LNU exceptions	Nil

Greater Manchester

Neonatal Unit	Designation	Exception Criteria	Deviation
Manchester Foundation Trust – St Mary's ORC	Surgical NICU	All units	Nil
Bolton	NICU	NICU exceptions	Nil
Oldham	NICU	NICU exceptions	Nil
Manchester Foundation Trust – North Manchester	LNU	LNU exceptions	Admission criteria from 29/40
Manchester Foundation Trust – Wythenshawe	LNU - Accredited to active cooling prior to transfer	LNU exceptions	Nil
Stepping Hill	LNU	LNU Exceptions	Nil
Tameside	LNU	LNU exceptions	Nil
Wigan	LNU - Accredited to active cooling prior to transfer	LNU exceptions	Nil

Lancashire and South Cumbria

Neonatal Unit	Designation	Exception Criteria	Deviation
Preston	NICU	NICU exceptions	Nil
Burnley	NICU	NICU exceptions	Nil
Blackpool	LNU	LNU Exceptions	Nil
Lancaster	LNU	LNU exceptions	Nil
Furness	SCU	SCU exceptions	Nil

Countess Of Chester Redesignation Plan

Countess of Chester Hospital NHS
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:

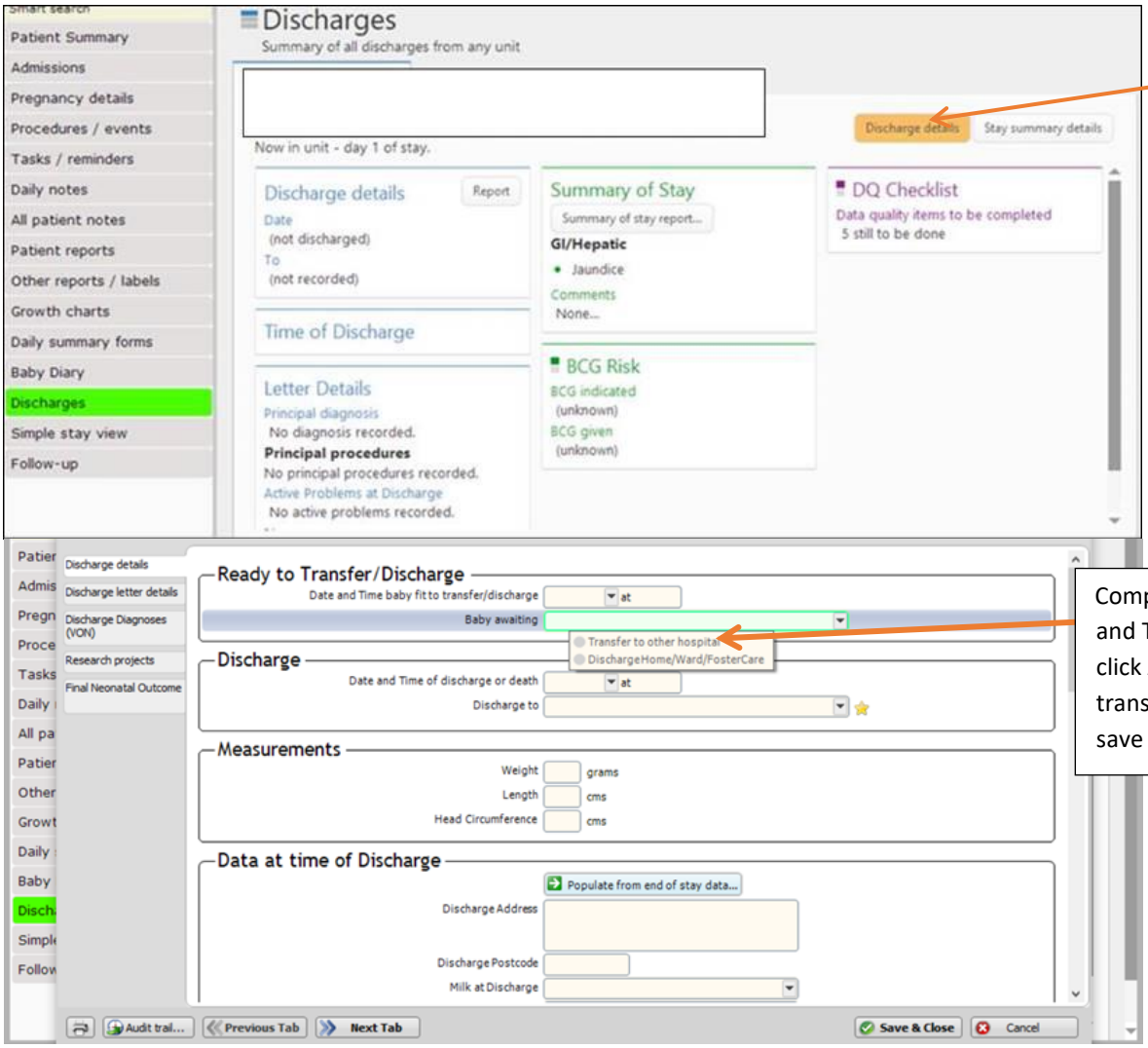
<32 weeks gestation,
CPAP **and** TPN requirement
Optiflow **and** TPN
Umbilical lines (Umbilical venous or arterial catheters)
ECMO, Oscillation, Nitric oxide,
Cooling (beyond initial stabilisation),
Support for more than one organ e.g. ventilation and inotropes,
Prolonged intensive care (ventilatory 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 2: Repatriation Exception Trigger

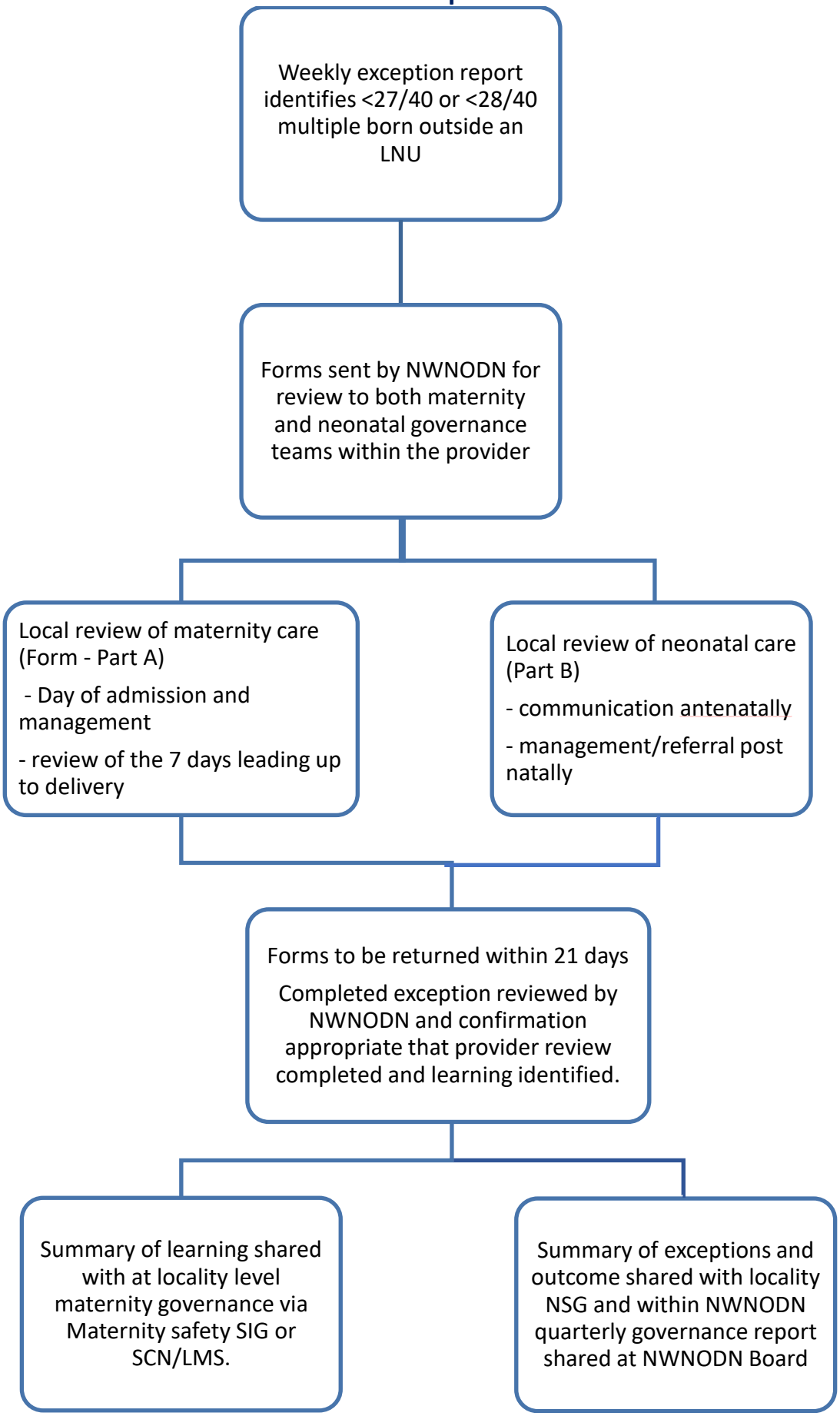
In order to trigger a repatriation exception, the referring unit must complete the time baby is fit for repatriation to local unit on the Badgernet system.



Click here

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

Appendix 3: Process for Place of Birth Exceptions



Appendix 4 – NWNODN exception reporting process