

Northern Neonatal Operational Delivery Network



Title	Exception Reporting Standard Operating Procedure (SOP) for Northern Neonatal Operational Delivery Network (NN ODN)
Reference	GL-06
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18 May 2026	1.0	Charlotte Bradford	Creation of document
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Exception Reporting Standard Operating Procedure (SOP)	
1.0 Introduction	
This SOP draws on the Neonatal Critical Care Service Specification (March 2024, EO8/S/a), BAPM Categories of Care (2011) and the Neonatal Critical Care HRG's (2016), alongside the Toolkit for High Quality Neonatal Care (2009) and NICE Quality Standards for Neonatal Care (2010), which all make explicit the requirements for monitoring and reporting any care provision which deviates from service specifications and agreed pathways. The document provides the detail on how the Northern Neonatal Operational Delivery Network (NNODN) will identify off-pathway care and generate exception reporting around all occurrences. It provides clarity on how the information will be reviewed, document what learning has been identified and whether any system changes are required. The service specification recognises that all units may need to provide elements of care outside of the service specification during the stabilisation process and prior to transfer for an uplift in care. For the purpose of the reviews a period of 6 hours will be allocated for stabilisation and transfer out of the unit. Any off-pathway care provided outside of the 6-hour window will be flagged as an exception, unless stated otherwise. Stabilisation could be either following delivery or an acute deterioration.	
2.0 Scope	
To standardise the process for exception reporting for infants whose care falls outside the National Neonatal service specification within any neonatal setting.	
3.0 Main Content	
3.1 Exception Criteria	
3.1.1 Special Care Units (SCUs)	
Care provided to babies less than 32 weeks gestation ODN exception: Babies inborn within 24 hours of threshold gestation may be considered for ongoing care at a SCU.	
Care provided to babies with a birth weight <1000g ODN exception: 5% leeway (~990 grams)	
Intensive care (as per BAPM 2011) categories of care, except for initial stabilisation prior to transfer on day 1 of life	
- High Dependency Care including: - Non-Invasive ventilation ODN exception: Provision of CPAP or Highflow in the first 48 hours of life	

○ Prolonged provision of CPAP or HighFlow (respiratory support) >48 hours (on Day 3 or beyond) ○ Peripheral long line ○ Umbilical Venous Line ○ Seizures/continuous CFAM ○ TPN only ○ Receiving blood products ○ Tracheostomy ○ TAT tube ○ Naso-Pharyngeal Airway ○ Ventricular tap ○ Insulin only ● All SCUs will also be exception reported on if they provide any care listed above, outside of the 6-hour stabilisation window. HDU care that can be provided at a SCU includes Barrier Nursing if staffing allows and senior clinician/manager agrees this is safe. Neonatal Abstinence Syndrome (NAS) will also be cared for within a SCU if no complicating factors identified.
3.1.2 Local Neonatal Units (LNUs) ● Care provided to infants below accepted gestation limits for LNU: ○ Singleton babies < 27+0 weeks ○ Multiple birth <28+0 weeks ODN exception: Babies inborn within 24 hours of threshold gestation may be considered for ongoing care at an LNU.
● On going care beyond initial stabilisation and intensive care to babies < 800g ODN exception: 5% leeway (~750 grams)
● High frequency oscillatory ventilation (HFOV) ● Inhaled Nitric Oxide (iNO) ODN exception: can initiate inhaled nitric oxide (iNO) or high-frequency oscillatory ventilation (HFOV) for stabilisation until transfer.
● Therapeutic hypothermia ODN exception: can initiate therapeutic hypothermia, but ongoing active therapeutic hypothermia requires transfer to NICU.
● Support for more than one organ e.g. intubated ventilation plus inotropes, insulin infusion, chest drain, exchange transfusion or prostaglandin infusion beyond 1 day. ODN exception: Exchange transfusion and chest drains may be done in an LNU for inborn babies. Audit data to be provided to ODN for assurance.

- Complex intensive care including hypotension, disseminated intravascular coagulation (DIC), renal failure, or metabolic acidosis
- Prolonged intensive care (ventilatory support) >48 hours (on Day 3 or beyond)
- Prostaglandin infusion
- Presence of a repleg tube
- 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)

3.1.3 Exception reports relating to NNeTS (Northern Neonatal Transport Service)

Working with the NNeTS team to highlight the following exceptions:

- All out of network transfers of mother or baby
- Non-availability of transport team to undertake a network transfer
- Standard for time critical dispatch times not met
- Standard for response times not met

Exception reports relating to transport should be submitted to the NNODN on a quarterly basis for inclusion in review at Governance & Assurance.

3.1.4 Exception reports relating to ALL Units

- On-going care for babies > 44 weeks gestational age
- Delays to repatriation over 48 hours from first request
 - These exceptions will be identified through providers noting on the BadgerNet 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 NNODN 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.

Discharges
Summary of all discharges from any unit

Now in unit - day 1 of stay.

Discharge details Report

Date (not discharged)
To (not recorded)

Summary of Stay
Summary of stay report...

GI/Hepatic

- Jaundice
- Comments: None...

BCG Risk

- BCG indicated (unknown)
- BCG given (unknown)

DQ Checklist
Data quality items to be completed
5 still to be done

Letter Details
Principal diagnosis: No diagnosis recorded.
Principal procedures
No principal procedures recorded.
Active Problems at Discharge
No active problems recorded.

Ready to Transfer/Discharge
Date and Time baby fit to transfer/discharge: at

Discharge
Date and Time of discharge or death: at

Discharge to: *

Measurements

- Weight: grams
- Length: cms
- Head Circumference: cms

Data at time of Discharge

Populate from end of stay data...

Discharge Address:

Discharge Postcode:

Milk at Discharge:

Audit trail... Previous Tab Next Tab Save & Close Cancel

3.2 Responsibilities

- Each neonatal unit has an agreed set of clinical indicators that provide the criteria for decision making for care of the infant (See appendix 2). Where the clinical indicators fall outside the criteria for local care (either SCU or LNU), transfer to either a NICU or LNU 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 a NICU or LNU as appropriate.
- Data extraction will be via the data analyst for the ODN.
- Initial review and monitoring will be via the Quality & Assurance Lead for the ODN, on a monthly basis, followed by review from ODN Clinical Lead and ODN Lead Nurse as appropriate.
- Transport exceptions will be via data collated within the NNeTS.
- Transport team to supply details of exceptions relating to transfers quarterly to ODN Quality Assurance Lead (QAL) for inclusion in report.

- The ODN Senior Management Team (SMT) will review the information and prepare a report that will be shared and discussed at the Network Governance & Assurance Board.
- The ODN SMT 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 SCU or LNU care a consultant-to-consultant discussion should take place.

3.3 Sharing of Exception Reporting Learning

The NNODN 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 NNODN quarterly governance and assurance reporting.
- Right Place of birth data is captured by the ODN for babies born <27/40 (singleton) or <28/40 (multiple) births in any non-NICU setting and for babies born 27-31 weeks gestation born in a SCU setting. Off pathway deliveries are reviewed by the Right Place of Birth group chaired by the LMNS.

4.0 Monitoring & Audit

Monthly monitoring of cases where units will be contacted requesting information to support case reviews for off pathway care and to investigate any suspected data recording errors where applicable.

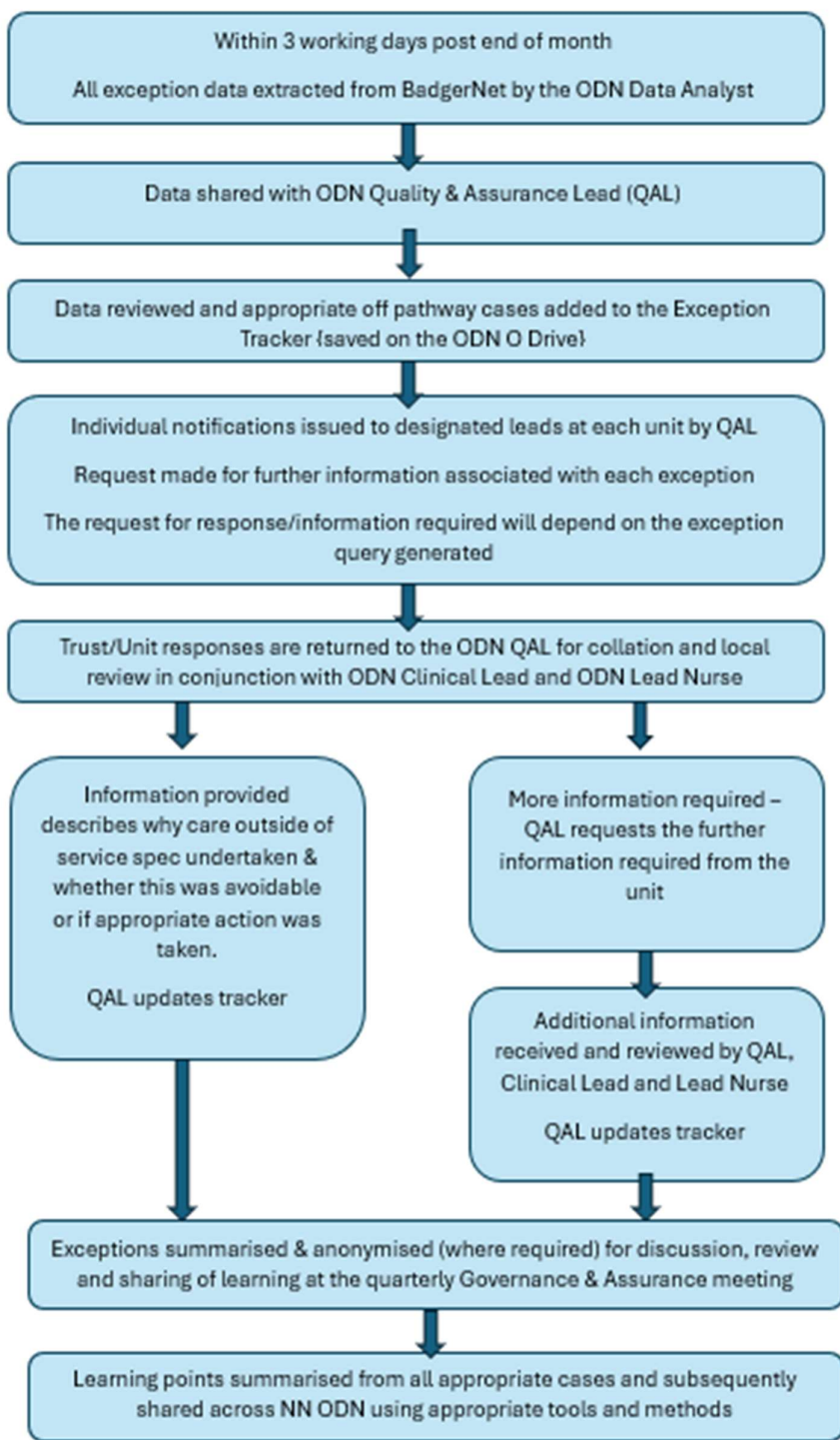
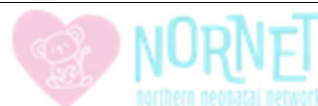
Routine quarterly reporting will be created to monitor prevalence of off pathway care, identify themes and share learning based on the criteria described in this document.

A thematic summary will be collated and embedded within the ODN annual report at the end of each financial year.

Appendices

Appendix 1 – NNODN Exception Reporting Process Chart

Process for Reporting Neonatal Exceptions within the Northern Neonatal ODN



Appendix 2 – Northern Neonatal Network Unit Designation & Care Provision

Neonatal Unit	Designation	Care Provided	Care Transferred OUT
Royal Victoria Infirmary (RVI), Newcastle	NICU	• All gestations • Long term ventilation • Oscillation (HFOV) • Nitric Oxide • CPAP • High Flow • Therapeutic Hypothermia • Total Parental Nutrition • Surgery	• ECMO • Cardiac
James Cook, Middlesbrough	NICU	• All gestations • Long term ventilation • Oscillation (HFOV) • Nitric Oxide • CPAP • High Flow • Therapeutic Hypothermia • Total Parental Nutrition	• ECMO • Cardiac • Surgery
Sunderland	LNU	• Babies 27 weeks and over • Multiples 28 weeks and over • Babies ≥800g • Short term ventilation • CPAP • High Flow • Total Parental Nutrition	• ECMO • Oscillation (HFOV) • Nitric Oxide • Therapeutic Hypothermia • Surgery • Any complex case requiring tertiary centre care
Carlisle Darlington Durham Gateshead North Tees Northumbria Whitehaven	SCU	Babies 32 weeks and over Babies ≥1000g Babies meeting HD criteria due to: • Barrier Nursing • NAS	• ECMO • Oscillation (HFOV) • Nitric Oxide • Therapeutic Hypothermia • Surgery • All IC & HD care other than that provided beyond initial stabilisation

References

1. [Toolkit for High Quality Neonatal Services \(2009\) Department of Health](#)
2. [Optimal arrangements for Local Neonatal Units and Special Care Units in the UK including guidance on their staffing: A Framework for Practice](#)
3. [BAPM Categories of Care \(2011\), BAPM](#)
4. [Neonatal Critical Care Service Specifications EO8/S/a](#)
5. [Neonatal Critical Care Retrieval \(Transport\) EO8/S/b](#)