East Midlands Neonatal
Operational Delivery Network

NETWORK GUIDELINE

Guideline:	**Escalation Policy**
Version:	**1**
Date:	**June 2020**
Review Date:	**June 2023**
Approval:	**EMNODN Clinical Governance Group**
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Consultation:	**EMNODN Clinical Governance Group**
Distribution:	**Neonatal Units within EMNODN**
Risk Managed:	**Lack of capacity within the Network resulting in lack of access to a neonatal unit able to provide the appropriate level of care in order to prevent avoidable neonatal mortality and morbidity.**

This document is a guideline. Its interpretation and application remains the responsibility of the individual clinician, particularly in view of its applicability across the different Trusts in the East Midlands Neonatal Operational Delivery Network. Please also consult any local policy/guideline document where appropriate and if in doubt contact a senior colleague.

Caution is advised when using guidelines after a review date.

REVIEW AND AMENDMENT LOG

Version	Type of Change	Date	Description of Change
1	-	June 2020	-

Introduction

Neonatal services are organised into managed clinical networks and form part of an integrated pathway providing neonatal care within a geographically defined regional population and in a variety of settings according to the interventions required for the baby. Each Network is expected to have the capacity to provide all neonatal care for at least 95% of babies born to women booked for delivery in the network (National Service Specification E08). To achieve optimum levels of care neonatal units are expected to work at approximately 80% occupancy with nurse to baby ratios of 1:1 for intensive care, 1:2 for high dependency care and 1:4 for special care babies (National Service Specification E08).

The East Midlands Neonatal Operational Delivery Network (EMNODN) spans Derbyshire, Nottinghamshire, Leicestershire, Northamptonshire and Lincolnshire. The Network has clearly defined care pathways that have been agreed by clinicians, the Network management team and commissioners. Individual neonatal units will have locally agreed plans for managing when these agreed pathways cannot be followed for reasons such as a lack of capacity. These plans will include workforce, resource, and clinical practice issues and will be consistent with the overarching plan for managing capacity within the region. These plans will be shared across the EMNODN and associated Maternity Services.

Proactive management of capacity is essential to optimising patient flow within the network and ensuring that babies are cared for in the most appropriate place and as close to home as possible. At unit level there should be a discussion, at least once daily, between the attending consultant and nurse in charge to consider whether babies are in the most appropriate cot, the timely repatriation or transfer of babies for 'step down' care and the referral of babies to paediatric services at 40 weeks, rather than waiting until 44 weeks to begin the process.

The CenTre Transport service is a dedicated transport service available to support the transfer of babies between neonatal units.

When a baby is admitted to the neonatal service parents should be given the EMNODN Transfer Information leaflet which explain the configuration of the network, the possibility of transfer between different levels of unit within the network and the arrangements for repatriation.

Purpose

The purpose of this guideline is to provide a clear process for the management of patient pathways to:

- Optimise outcomes for babies through enabling access to the appropriate level of care whenever possible, in order to prevent avoidable mortality and morbidity.
- Maximise capacity within the network across geographical boundaries.

For optimal coordination of the service across EMNODN, it is vital that all neonatal units within Network communicate and co-ordinate their activities effectively.

Scope

This policy applies to all neonatal units within the EMNODN which are:

	Trust		Hospital	Designation
North Hub	Nottingham University Hospitals NHS Trust	NUH	Queen's Medical Centre	NICU
			Nottingham City Hospital	NICU
	Sherwood Forest Hospitals NHS Foundation Trust	SFH	King's Mill Hospital	LNU
	University Hospitals of Derby and Burton NHS Foundation Trust	UHDB	Royal Derby Hospital	LNU
			Queen's Hospital, Burton	SCBU
	United Lincolnshire Hospitals NHS Trust	ULHT	Lincoln County Hospital	LNU
			Pilgrim Hospital, Boston	SCBU
South Hub	Kettering General Hospital NHS Foundation Trust	KGH	Kettering General Hospital	LNU
	Northampton General Hospital NHS Trust	NGH	Northampton General Hospital	LNU
	University Hospitals of Leicester NHS Trust	UHL	Leicester General Hospital	SCBU
			Leicester Royal Infirmary	NICU

Definitions

NICU	Neonatal Intensive Care Unit
LNU	Local Neonatal Unit
SCU	Special Care Unit
L1	Level 1 (intensive) care
L2	Level 2 (high dependency) care
L3	Level 3 (special) care

Actions for Clinicians, Managers and Shift Leaders of Local Neonatal Unit:

- Follow locally agreed escalation and business continuity plans for the management of neonatal capacity

- Neonatal capacity and unit admission status should be agreed through discussion between Consultant / Middle Grade medical staff on service and nurse in charge daily, on a shift by shift basis or more frequently when activity is high. Consider:
    - Is this baby in the most appropriate cot
    - Timely repatriation of babies
    - Liaison with paediatric services once baby reaches 40 weeks (rather than waiting until 44 weeks)

- All babies <27/40 (whether in- or ex-utero) must be referred for transfer to a hospital with a NICU, if clinically appropriate. The receiving hospital should accept the referral, whenever possible and there must be consultant to consultant discussion, which will include the obstetric consultant in the case of an in-utero transfer, to resolve any issues in relation to transfer.

- All babies suitable for transfer from level 1 to level 2 or level 3 care within the network, or repatriation, should be identified before morning handover, and agreed by the Consultant Neonatologist and Nurse in Charge.
- Admission status will be dependent on cot availability **and** workforce availability.

- Admission status in relation to available nursing workforce should be calculated by nurse in charge on a shift by shift basis using the tools below. The tool for NICU workforce calculations is different to that for LNU/SCU to take into account the capacity demands in the NICUs and the requirement for the medical rotas in LNUs and SCUs to cross cover paediatrics and neonates.

N.B: The National recommendation for the nurse staffing ratio for L1 babies is 1:1 (NHSi 2019; National Service Specification E08; DH 2009). This is in line with the nurse staffing ratios for adult and paediatric intensive care. However, the calculation for NICUs uses a ratio 1:2 for L1 babies in order to minimise the number of occasions that the unit admission status is red. It must be noted that because of this adjustment the number given is the **absolute minimum** number of staff that will be required to care for L1 babies. There will be shifts when more nurses are needed to provide safe care and manage the sickest babies with a ratio of 1:1.

NICU								
No. of nurses available	-	No. of L1 babies (2	+	No. of L2 babies 2	+	No. of L3 babies 4)	=	**X**

LNU / SCU								
No. of nurses available	-	No. of L1 babies (1	+	No. of L2 babies 2	+	No. of L3 babies 4)	=	**X**

		Admission status
If X	>1	**GREEN**
If X	Between 0 and 1	**AMBER**
If X	<0	**RED**

- Medical workforce availability must also be taken into consideration when assessing admission status. Any gaps in medical staffing rotas should be managed and recorded in line with local trust policies.

- Admission status **GREEN:** unit can accept all admissions in line with the EMNODN designated pathways

- Admission status **AMBER:** unit should consider accepting inborn admissions of babies within the EMNODN designated pathways

- Admission status **RED:** unit cannot routinely accept any admissions.

- If no cots available consider:
  - Transfer of babies to Transitional Care where available and appropriate
  - Repatriation of babies to referring hospitals

- Step down of L2 and L1 babies to LNU or SCBU within referral pathways (see Appendix 2)
- Transfer of babies >44/40 to paediatric ward
- Discharge of babies to Neonatal Homecare service where available and appropriate
- Appropriate escalation through the trust managers

- A neonatal unit may need to close for reasons other than capacity, for example an infection outbreak or estate issues.

- Inform CenTre transport service of decision to close the neonatal unit.
  Contact No. for CenTre: 0300 300 0038

- Inform the EMNODN management team within 24 hours of a decision for any partial or full closure of the neonatal unit to internal and/or external admissions which will exceed 48 hours. (If out of hours send high priority email to all members of Network management team)

- Ensure appropriate staff available to participate fully in EMNODN conference calls to discuss management of capacity.

- Manage local capacity in line with decisions agreed with EMNODN.

- Provide updates to EMNODN management team (by email or telephone) until situation is resolved. Timescales for these updates to be agreed with ODN management team.

- Inform the EMNODN Director or Lead Nurse when decision taken to reopen to admissions.

Actions for EMNODN Management Team:

- Notify Specialised Commissioning of closure.

- Assess impact of closure on network pathways and establish alternative pathways as required.

- Communicate information to appropriate personnel accurately and promptly.

- Arrange conference call as required, to include, as appropriate:
  - Network Clinical Lead for relevant hub
  - Clinical Lead for service provider
  - Neonatal Matron/Unit Manager for service provider
  - Neonatal Manager for service provider
  - Attending Consultant for CenTre transport
  - Coordinator for CenTre transport
  - Head of Service (HoS)/Clinical Lead/Matron for CenTre transport (as required)
  - Network Manager
  - Provider representative for infection prevention/estates etc. (depending on reason for closure of unit)

  The purpose of the conference call is to ascertain:
  - A proposal and timescale for resolution of reason for closure
  - The impact on Neonatal Network and agree emergency strategy for patient pathways
  - A communication strategy
  - A date for follow up conference call

- Document capacity issues
- Communicate to appropriate neonatal unit personnel when situation is resolved.
- Inform Specialised Commissioning when situation is resolved.

Audit and Monitoring

- Records of closure will be maintained at local trust level and will include information on refused admissions and referrals for transfer
- Exceptions must be reported through the EMNODN exception reporting process; https://www.emnodn.nhs.uk/health-professionals/exception-reporting/
- Units will be asked to review babies under 27 weeks born in an LNU or a SCU, failed repatriations, and inappropriate transfers. This will give an indication of demand pressures and other blocks to appropriate flow within the network.
- Exceptions will be monitored by the EMNODN and reported quarterly to the EMNODN Clinical Governance Group and EMNODN Board
- The Network will provide contractual assurance to the Specialised Commissioning Team if required.

Appendix 1
EMNODN Repatriation and Transfer Pathways

NEONATAL TRANSFER FROM NICU TO LNU OR SCU FOR REPATRIATION OR STEP DOWN CARE: A FRAMEWORK TO SUPPORT CLINICAL DECISION MAKING

This framework is intended to support decision making for the repatriation or transfer of neonates for 'step down' care between neonatal units across the East Midalnds Neonatal Operational Delivery Network (EMNODN).

There are three different levels of neonatal unit - Neonatal Intensive Care Unit (NICU), Local Neonatal Unit (LNU) and Special Care Unit (SCU). Specifications for the levels of care that can be provided in each of the levels of neonatal unit are clearly defined (National Service Specification E08 2014; BAPM 2010; Toolkit for High Quality Services DH 2009). Within the EMNODN there are some variations to this policy agreed by clinicians, the Network management team and commissioners in order to manage local requirements.

There are clear referral pathways (these are detailed within the EMNODN Service Specification/Care Pathways document) indicating where babies should receive intensive, high dependency and special care in line with the specifications for NICUs, LNUs and SCUs within the EMNODN. Where possible women should be transferred in utero to the Network NICU or LNU in accordance with the EMNODN care pathways. Agreed plans are in place for managing when these agreed pathways cannot be followed for reasons such as a lack of capacity.

There are no equivalent specifications or recommendations for the repatriation or step down of care for babies from a NICU to LNU or SCU or from LNU to SCU. However, the timely repatriation or transfer of a baby for step down care, is essential to optimising patient flow within the network and ensuring that babies are cared for in the most appropriate place and as close to home as possible.

At unit level there should be a discussion, at least once daily, between the attending consultant and nurse in charge to consider whether babies are in the most appropriate cot. Consideration should be given to:

- **Repatriation** to the hospital where delivery was booked or a hospital closer to home which is able to provide the appropriate level of care baby requires.
- **Transfer for 'step down' care** to an LNU or SCU able to provide the appropriate level of care baby requires.
- **Transfer to paediatric services** within the local hospital or in a hospital closer to home. Referral of babies to paediatric services should begin at 40 weeks, rather than waiting until 44 weeks to begin the process.
- **Specific situations** which may influence a decision to transfer to another hospital, such as the travel distances involved, family's ability to travel or the availability of accommodation for family's not living locally.

Process for managing repatriation or transfer for 'step down' care

- If baby was booked for delivery elsewhere inform the relevant LNU or SCU that a baby has been admitted to NICU following delivery

- If baby was booked for delivery elsewhere inform parents that baby will be transferred back to their local SCU, or other unit closer to home, for ongoing care when it is appropriate for their baby (Add link to parent information leafelts)

- Offer parents the opportunity to visit the LNU or SCU and provide information about the unit prior to repatriation or transfer

- Nurse coordinator of NICU to regularly update LNU or SCU on clinical condition and when possible, identify provisional date for transfer

- Parents to be regularly updated on any provisional plans for transfer

- When baby no longer requires NICU care and is stable, NICU Consultant to decide whether baby is fit for transfer to LNU / SCU for ongoing care. The receiving LNU / SCU must be able to provide the appropriate level of care for the baby

- Nurse coordinator to contact LNU / SCU to discuss cot availability and agree transfer

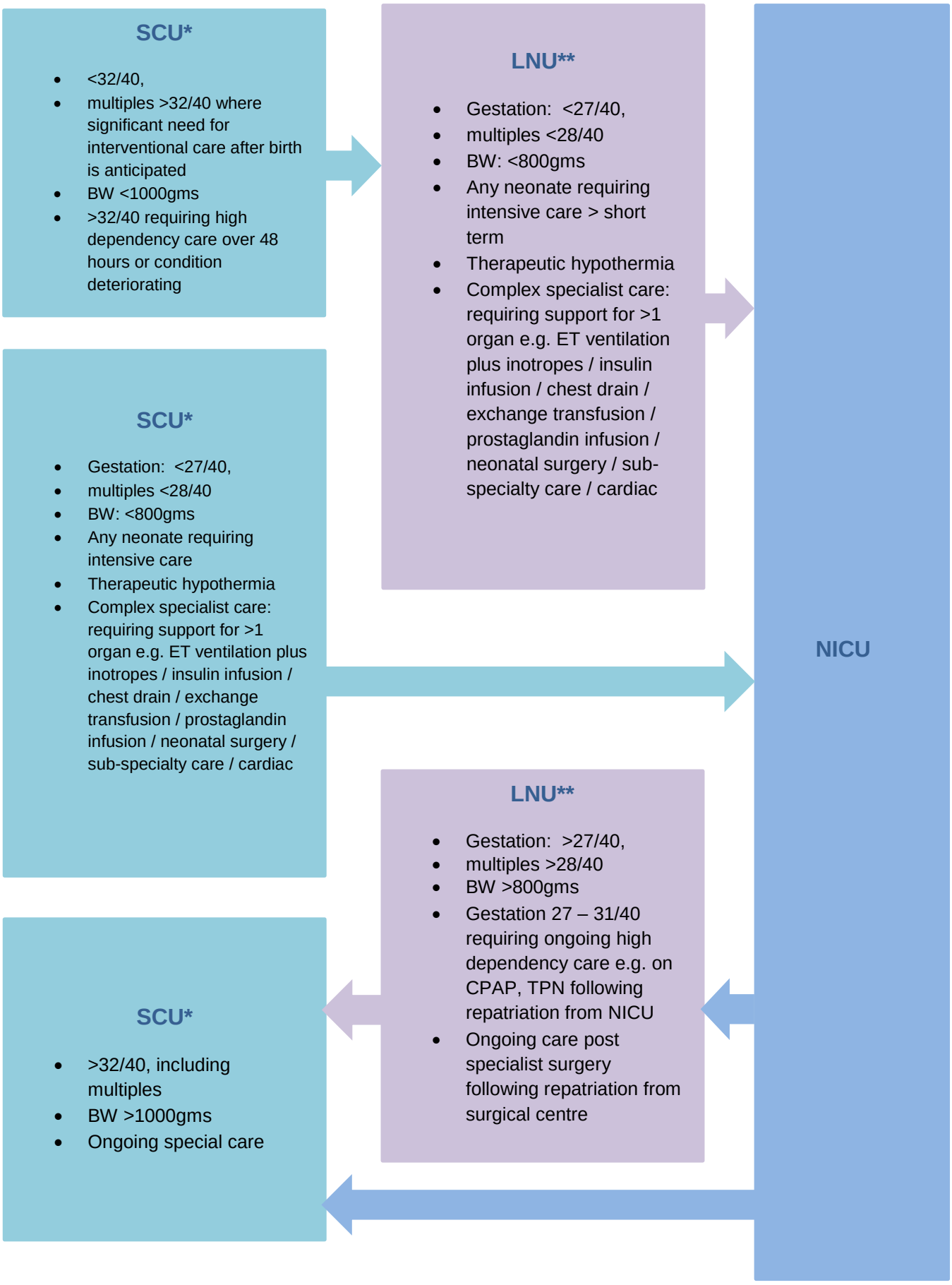
- NICU (referring) medical team to contact LNU / SCU (accepting) medical team to provide clinical details of baby prior to transfer

- CenTre Neonatal Transport Service to be contacted to arrange transfer

- Parents to be informed promptly of plan to transfer

- If baby is ready for transfer to LNU / SCU and transfer is delayed e.g. due to lack of capacity at LNU / SCU, this should be documented daily in the patient records

EMNODN Pathways for Referral, Repatriation and Transfer for 'step down' Care



*local variations apply – refer to EMNODN Service Specification/Care Pathways document

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Related Documents

- BAPM Guidance on Cot Capacity and use of Nurse Staffing Standards 2019
  https://www.bapm.org/resources/157-calculating-unit-cot-numbers-and-nurse-staffing-establishment-and-determining-cot-capacity

- National Neonatal Critical Care Service Specification 2013
  https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e08/

- Implementing the Recommendations of the Neonatal Critical Care Transformation Review (2019)
  https://www.england.nhs.uk/publication/implementing-the-recommendations-of-the-neonatal-critical-care-transformation-review/

- EMNODN Exception Reporting Process
  https://www.emnodn.nhs.uk/health-professionals/exception-reporting/

- EMNODN Guideline Transport Stabilisation
  https://www.emnodn.nhs.uk/media/1298/emnodn-guideline-transport-stabilisation-v3.pdf

- Parent Transfer Information Leaflet
  https://www.emnodn.nhs.uk/media/1376/emnodn-transfer-parent-information-sept-2018.pdf