NHS
West Midlands
Neonatal Operational Delivery Network

NHS
East Midlands Neonatal
Operational Delivery Network

NETWORK GUIDELINE

Guideline:	**Neonatal ODN Escalation of Operational Pressures and Surge Plan**
Version:	**1**
Date:	**13 August 2021**
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Approval:	**NHSEI Midlands Regional Specialised Commissioning**
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Consultation:	**Required for immediate use**
Distribution:	**Neonatal Units within EMNODN and WMNODN**
Risk Managed:	**To ensure that neonatal capacity is managed as effectively as possible and that safety for each neonate in the EMNODN and WMNODN units is maintained during operational capacity pressures due to surge or system wide operational staffing constraints**

REVIEW AND AMENDMENT LOG

Version	Type of Change	Date	Description of Change
1	First version	Aug 2021	First version

1. Introduction

1.1. This document outlines the plans for the management and escalation of operational pressures in neonatal services within the East and West Midlands Neonatal Operational Delivery Networks (ODNs). This document will be used in conjunction with local trust neonatal management and escalation of Operational Pressure Escalation Levels (OPEL). For an example of a local trust plan see Appendix 1

1.2. The East Midlands Neonatal ODN (EMNODN) spans Derbyshire, Nottinghamshire, Leicestershire, Northamptonshire, and Lincolnshire. The West Midlands Neonatal ODN (WMNODN) incorporates Staffordshire, Shropshire, Black Country and West Birmingham, Birmingham and Solihull, Coventry and Warwickshire and Hereford and Worcestershire. See in Appendix 2

1.3. The ODNs have clearly defined care pathways that have been agreed by clinicians, the ODN management teams and commissioners. During periods of operational surge in clinical demand for neonatal cots and/or significant Midlands Region wide staffing levels which impact on operational cot capacity, it may not be possible to follow these pathways.

1.4. Whilst there is a need to manage capacity and staffing across the whole critical care system, the role of the ODN is to safeguard the care of babies in neonatal services, during periods of operational surge and/or reduced operational cot capacity across the Midlands region, in order to minimise the impact on short- and longer-term outcomes for babies.

2. Purpose

2.1. The purpose of this document is to provide a clear and consistent process for the management of patient pathways to:

- Optimise outcomes for babies, preventing avoidable mortality and morbidity through enabling access to the appropriate level of care whenever possible.
- Optimise the management of workforce and/or capacity across the ODNs at times of increasing operational pressure.
- Maximise capacity within the ODNs across geographical boundaries.

2.2. For optimal coordination of the service across the ODN, it is vital that all neonatal units within the Network communicate and co-ordinate their activities effectively. This will include effective communications with collocated maternity services.

3. Scope

3.1. This document outlines the plans for the management and escalation of Operational Pressure Escalation Levels (OPEL) across all neonatal units within the EMNODN and WMNODN, a list of which can be found in Appendix 2

3.2. There is recognition that the principles outlined in this document may be affected by the OPEL status in interdependent services such as maternity and paediatrics.

4. Key Points

4.1. Individual neonatal units will have locally agreed plans for managing when ODN pathways cannot be followed for reasons such as a lack of capacity. These plans will include workforce, resource, and clinical practice issues. Flexibility at local level is necessary but an overarching

plan for managing capacity within the Midlands Region aims to provide a consistent approach to the escalation of operational pressures. For an example of a local management and escalation of OPEL plan, which is consistent with the ODN escalation guideline, see Appendix 1

4.2. Individual unit plans and the Neonatal ODN Escalation plans will be shared across the EMNODN, WMNODN and associated Maternity Services.

4.3. Proactive management of workforce and capacity is essential to optimising patient flow within the networks and ensuring that babies are cared for in the most appropriate place, and as close to home as possible.

4.4. If capacity across the ODN becomes problematic, it may be necessary for units to care for infants outside their pathway where it has been risk assessed as safe to do so.

4.5. There are dedicated transport services available in each ODN to support the transfer of babies between neonatal units.

4.6. When a baby is admitted to a neonatal service, parents should be given the transfer information leaflet (see related documents section) which explains the configuration of the relevant Network, the possibility of transfer between different levels of unit within the Network, and the arrangements for repatriation. Parents should be involved in all discussions regarding transfer of their baby and must be kept informed of any changes to agreed plans.

4.7. Any decisions to close cots or the neonatal unit should be formally risk assessed. The risk assessment should be shared through Trust escalation processes and accepted at Trust Board level. The decision should be communicated to the relevant ODN and Regional Specialised Commissioning Team at the earliest opportunity.

5. ODN Pathways

5.1. The ODNs have clearly defined care pathways which have been agreed by the Clinicians, the Network Management Team, and the Specialised Commissioning Team.

5.2. In-utero transfer to a centre with a NICU is the optimal approach where preterm labour <27/40 is anticipated. 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. In the event of extreme workforce / capacity issues, it is recognised that the availability of ambulance and midwifery staff will have significant impact on the ability to achieve this and cases will have to be decided on a case-by-case basis.

5.3. Individual neonatal units will have locally agreed plans for managing when agreed pathways cannot be followed. These plans will include capacity, workforce, resource, and clinical practice issues and should align with the overarching plan for managing escalation within the ODNs, the wider Midlands region and nationally.

5.4. If capacity across the ODNs becomes problematic, it may be necessary for units to care for infants outside their pathway where it is safe to do so. This must be risk assessed and agreed through consultant-to-consultant discussion on a case by case, and risks versus benefits, basis.

5.5. All discussions about babies being cared for outside of pathway should be with the Lead Centre for the appropriate hub and, where possible, should be facilitated through the relevant transport call centre (to ensure a record of the conversation is recorded for future reference), and decisions must be documented in the patient record.

5.6. Babies cared for outside of pathway should be discussed with the NICU lead centre daily, and all discussions documented in the relevant patient record.

5.7. Parents must be updated daily with regard to all discussions with the NICU lead centre, and any plans to transfer or not. Discussions with parents to be documented in the patient record.

5.8. When ODN demand exceeds capacity, cot capacity will be sought outside of the ODN in line with the current cot locator processes.

5.9. In line with current ODN practice, and to ensure that governance processes are maintained, an exception reporting form should be completed for any infant cared for outside of pathway.

EMNODN
Exception reporting forms are available at:
https://www.emnodn.nhs.uk/health-professionals/exception-reporting/

WMNODN
Exception reporting form to be completed and returned to WMNODN generic email address:
bwc.wmnodn@nhs.net

6. Escalation Levels

6.1 Neonatal ODN Operational Pressure Escalation Levels

OPEL level	Description	Actions	Responsibility
OPEL 1 **GREEEN** **NORMAL**	**ODN units are open to admissions in line with unit designation.** Patient flow can be maintained in line with ODN pathways and services are able to meet anticipated demand with available resources: • Nursing and Medical Staff levels meet national standards for number and dependency of babies in units (see section 8) or is manageable with available resources • IC/HD/SC cots available appropriate to designation of unit • Adequate equipment available for acuity and/or capacity • Transport service availability • Planned transfers can be accommodated	1. Neonatal services will provide care in line with current care pathways and can accept admissions in line with the ODN designated pathways. 2. Neonatal Units will assess local OPEL status at least x1 daily.	Local unit level

OPEL level	Description	Actions	Responsibility
OPEL 2 AMBER MODERATE PRESSURE	**Neonatal services across the ODN are experiencing difficulty in meeting demand / anticipated demand with available resources. One or more unit in the ODN has declared OPEL 3 and / or there is insufficient critical care capacity within the Network necessitating capacity transfers.** It is difficult to maintain patient flow in line with ODN pathways due to 1 or more of the following: • Nursing and/or Medical Staff levels are reduced below national standards for number and dependency of babies (see section 8) • Limited cot availability appropriate to designation of units • Limited availability of essential equipment (i.e. cot, ventilator, monitor, infusion pumps) to meet increase in dependency or capacity • Reduced transport service availability • Units unable to accept transfers in line with unit designation	1. Units will follow locally agreed plans for the management and escalation of OPEL, ensuring appropriate communication and escalation of situation through the Trust managers and processes. 2. OPEL status to be assessed on a shift-by-shift basis or more frequently when activity is high. 3. Proactively manage staffing shortages in line with local escalation policies. See Section 7. Staffing levels to be risk assessed and agreed at local Trust level. 4. Proactively manage capacity in line with local escalation policies. See Section 8. 5. Prioritise parents. See Section 9.	Local unit level

OPEL level	Description	Actions	Responsibility
OPEL 3 **RED** **MAJOR PRESSURE**	**One or more ODN NICU is at OPEL 4. One or more ODN LNU / SCU is at OPEL 3.** Very limited ability to maintain patient flows in line with ODN pathways due to: • Nursing and/or Medical Staff levels significantly reduced below national standards for number and acuity of babies in unit (see section 8) • Very limited cot availability appropriate to designation of unit • Very limited availability of essential equipment (i.e., cot, ventilator, monitor, infusion pumps) • Reduced transport service availability • Units unable to accept transfers in line with unit designation	1. Follow locally agreed plans for the management and escalation of OPEL ensuring appropriate communication of situation through the Trust managers and processes. 2. Some units may have to consider caring for infants outside of existing ODN pathways. 3. Staffing levels to be risk assessed and agreed at local Trust level. 4. Inform the ODN management team (see Section 10.9) as soon as possible of any decision for partial / full closure of the neonatal unit to internal and/or external admissions 5. Unit leads (medical and/or nursing) to attend ODN capacity meetings	Local unit level
		6. ODN to arrange regular meetings with unit leads (medical and nursing) via MS Teams	ODN level

OPEL level	Description	Actions	Responsibility
OPEL 4 BLACK **CRITICAL PRESSURE**	**One or more the ODN NICUs is at OPEL 4.** **Two or more of the ODN LNUs / SCUs are at OPEL 3 or 4.** Demand exceeds available resource. Prioritisation on case-by-case basis is required due to: • Nursing and/or Medical Staff levels significantly reduced below national standards for number and acuity of babies in unit (see section 8) • Contingency plans (in line with local management and escalation of OPEL) failed • No physical cot space, occupancy 100% or above • All essential equipment is in use • ODN units unable to accept transfers in line with ODN pathways due to any / all the above necessitating transfers out of region. • No transport service availability	1. Escalation and contingency plans will have been insufficient to contain or reduce OPEL 3. Neonatal service(s) cannot routinely accept any admissions. 2. It is likely that units will have to care for infants outside their pathway at least for a period of time. 3. Follow locally agreed plans for the management and escalation of OPEL, ensuring appropriate communication of situation through the Trust and ODN processes. See Section 7, Section 8 and Section 9 4. Staffing levels to be risk assessed and agreed at local Trust level. 5. Consider reconfiguration of unit footprint to enable cohorting of all babies according to levels of care in order to optimise use of available staff 6. Inform transport service of decisions to close the neonatal unit. 7. With support from transport service source cot capacity outside of region in line with the current cot locator process used when regional demand exceeds capacity. 8. If there is a lack of transport capacity due to a reduction in staff or ambulances, support from transport services outside of region or where appropriate from paediatric transport services, will be requested. 9. Consider implementation of a divert policy to appropriate designation of neonatal unit with available capacity. This should be led by the relevant transport service. 10. Inform the ODN management team	Local unit and service level

		11. Ensure appropriate staff available to participate fully in ODN conference calls to discuss management of capacity and /or staffing or equipment issues. 12. Manage local capacity and/or staffing in line with decisions agreed with ODN. 13. Provide updates to ODN management team (see Section 10.9) until situation is resolved. Timescales for these updates to be agreed with ODN management team. 14. Provide regular updates to parents and families until situation is resolved. 15. Inform the ODN Management Team (see Section 10.9) when decision taken to reopen to admissions.	
		In Hours; Monday to Friday 09.00 to 17.00hrs 1. ODN to arrange conference calls 2. ODN to cascade decisions on closure to units within the ODN and neighbouring ODNs. 3. ODN to escalate OPEL status to Regional Perinatal team, Specialised Commissioning and/or the National team as necessary and appropriate and where a process for escalation is in place. 4. ODN to notify Regional Perinatal Team, Specialised Commissioning and the National team, as applicable, when OPEL status is de-escalated. 5. ODN to prepare communication for families explaining situation, apologising, providing reassurance and requesting cooperation.	ODN level

[redacted]		**Out of Hours; Monday to Friday 17.00 to 09.00 hrs and 24 hrs Saturday and Sunday** **1st on call East Midlands** (Leicester, Leicestershire and Rutland, Nottinghamshire, Derbyshire, Lincolnshire and Northamptonshire) ***Tel: 07623 515942*** **1st on call West Midlands** (Warwickshire, Herefordshire, Worcestershire, Staffordshire, Shropshire, Birmingham, Black Country, Solihull) ***Tel: 07623 515945***	Specialised Commissioning level

6.2. Assessing OPEL

6.2.1 All Trusts will have mechanisms in place for the monitoring and reporting of escalation of operational pressures at local service and Trust level.

6.2.2 Neonatal OPEL status will be dependent on cot availability and/or workforce availability. At times the availability of equipment may also impact on OPEL status. A neonatal unit may also need to close for reasons other than capacity, for example an infection outbreak or estate issues.

6.2.3 At unit level there should be a discussion, at least once daily, between the attending consultant and nurse in charge to assess OPEL status. This should be reassessed regularly at times of significant pressure.

6.2.4 There must be evidence that policy and service changes have been risk assessed and notified and agreed through local Trust management and escalation of OPEL processes.

7. Managing Workforce

Both, Medical and Nursing workforce availability must be taken into consideration when assessing and agreeing OPEL status. Units should risk assess cot availability, medical and nurse staffing and safe staffing levels and available resources, including transport service availability, on a shift-by-shift basis. All efforts should be made to meet recommended staffing levels in accordance with national standards (BAPM).

7.1. Medical Staffing

7.1.1 Recommendations for medical staffing levels are set out in BAPM workforce standards for SCU/LNU or NICU (BAPM, 2014 http://www.bapm.org/resources/31-optimal-arrangements-for-neonatal-units-in-the-uk-2014) (BAPM, 2018 https://www.bapm.org/resources/2-optimal-arrangements-for-local-neonatal-units-and-special-care-units-in-the-uk-2018

7.1.2 Any gaps in medical staffing rotas should be managed and recorded in line with local trust policies.

7.1.3 The principles within this document should be used to guide the development of emergency medical rotas. This strongly recommends including provision for enhanced consultant presence on units where possible.

7.1.4 Minimal staffing requirements should be no less than the usual 7 day / weekend cover with discretion by trusts. This needs to be enhanced for units with high activity or where there are significant risks due to cross-site working.

7.1.5 Neonatal transport services should endeavour to manage their staffing to ensure that a full number of teams is available for each shift to support the network flows and consider a process for adding an additional team if possible when required.

7.2. Nurse Staffing

7.2.1. It is recognised that not all units are regularly staffed to BAPM but aspire to this standard. In escalation, units should continue with this aspiration.

7.2.2. OPEL status in relation to available nursing workforce, should be calculated by the nurse in charge on a shift-by-shift basis (or more often if necessary) using a workforce calculation tool.

7.2.3. Proactively manage staffing shortages in line with local escalation policies. Any changes to staff ratios, roles and responsibilities should be risk assessed and agreed by the local Trust. Consider:

- Movement of staff across sites, where applicable.
- Staff offered overtime / bank shifts
- Use of agency staff
- Redeployment of staff in non-clinical posts to clinical roles
- Redeployment of community based neonatal nurses to unit-based roles
- Redeployment of staff from other areas such as paediatric wards and/or maternity wards
- Cancellation of study leave and management/office days
- Allocate unregistered nurses to support registered nurses working in ICU/HDU outside of BAPM standards with increased baby: nurse ratio
- Redeployment of new starters from their supernumerary period in ICU/HDU to work independently in SCU providing the supernumerary hours can be provided at a later date

7.2.4. Where it is not possible to meet national standards for neonatal nursing a formal risk assessment should be undertaken, and nurse staffing levels agreed at local trusts level.

7.2.5. Local arrangements for the management and escalation of nurse staffing shortages will be implemented.

8. Managing Capacity

Many of the regional units are consistently challenged with capacity problems, some working at >100% occupancy for critical care. Proactive management is therefore essential to optimising patient flow.

8.1. All neonatal units will have processes and policies in place detailing specific actions required to manage capacity and workforce shortages.

8.2. Local neonatal services will record cot capacity at least once daily using the Cot Bureau facility on the BadgerNet system to enable centralised oversight of any East Midlands capacity pressures.

8.3. Consideration should be given to whether babies are in the most appropriate cot and consider:

8.3.1. Referral of babies to paediatric services at 40 weeks (rather than waiting until 44 weeks to begin the process)

8.3.2. Early discharge should be facilitated where it is appropriate and safe to do so. Arrangements for support in the community will be required.

8.3.3. Cots available in LNUs and SCUs within the regions should be utilised for step down of care to optimise capacity at NICUs as required. Where possible arrangements for step down care should be managed proactively and referred to the relevant transport service at the earliest opportunity.

8.3.4. Transitional care cot usage should be optimised, particularly to support the care of late preterm infants who are otherwise well.

8.4. Consider implementation of a divert policy to appropriate designation of neonatal unit with available capacity. This should be led by the relevant transport service. Requests for regional mutual aid should be coordinated via the ODN and the Specialised Commissioning Team

8.5. It is anticipated that where staff are available and there is available estate, escalation cots will be opened. The level of care to be provided in these cots and associated equipment required will have been identified and sourced as part of the local trust surge plans.

8.6. Some units may have to consider caring for infants outside of existing ODN pathways. This should be risk assessed and agreed with the Lead Centre for the relevant hub.

8.7. Inform the ODN management team (see Section 10.9) as soon as possible (within office hours) of any decision for closure of cots or the neonatal unit to internal and/or external admissions.

8.8. Out of hours any decisions to close must be escalated through Trust Silver and Gold processes and then onto the regional team: East Midlands 1st on call 07623 515942, West Midlands 1st on call 07623 515945

8.9. Maternity services that need to close for capacity and safety reasons can only do so if another service is able to accept the women, so that there is always a service offer. The reporting process for these intermittent closures or diverts is via the Trust concerned and the relevant CCG.

9. Parents

When considering babies for transfer:

9.1. Consider which mothers are fit mentally, physically and financially, for transfer so that separation of mother and baby can be avoided wherever possible.

9.2. Parents should be issued with transfer leaflet when they are admitted to the unit.

9.3. Parents should have access to transport to the receiving unit, or this should be provided.

9.4. When a baby is to be transferred ex-utero, arrangements should be made for parents to travel in the ambulance with baby whenever possible and clinically appropriate.

9.5. Whether the receiving unit has available parent accommodation for those parents who are moved away from home.

9.6. If there is no available parent accommodation, consider alternatives, such as areas within Trust (on call rooms, staff accommodation, unused wards) where parents can be accommodated.

9.7. If there is no suitable accommodation within the hospital then consider the use of charitable funds to support parents with costs of accommodation, such as local hotel / Bed& Breakfast.

9.8. Parents should be assisted to access financial assistance, for example the Family Fund. Units should ensure that families impacted by transfers should have access to holistic pastoral and/or psychological support. This should be done through referrals or signposting to services.

9.9. Parents should be provided with adequate food and drink throughout their stay.

10. Communications

There are established neonatal ODN management teams in both the East and West Midlands. These ODNs report directly to the Midlands Region NHSEI Specialised Commissioning Team.

10.1. To facilitate effective and consistent management and escalation of OPEL across the ODN it is important that there is prompt communication between local, regional and, where necessary national, partners if measures to contain OPEL 3 are not effective and OPEL 4 is anticipated / reached, and it is necessary to close one or more neonatal unit within the ODN.

10.2. Follow locally agreed plans for the management and escalation of OPEL, ensuring adherence to local communication strategies.

10.3. Ensure that interdependent services such as, maternity and paediatrics are notified of the Neonatal OPEL status.

10.4. Inform the relevant transport service of decision to close the neonatal unit.

10.5. Within office hours inform the ODN management team (see Section 10.9) of any partial or full closure of the neonatal unit to internal and/or external admissions.

10.6. Out of office hours any closures should be escalated to Silver and Gold Command within individual trusts who will then escalate to 1st on call for Specialised Commissioning (East Midlands 1st on call 07623 515942, West Midlands 1st on call 07623 515945

10.7. Ensure there is a proactive process for communication with parents. When a baby is admitted to the neonatal service parents should be given the transfer information leaflet (see related documents section) and any pertinent parent letters which explain the configuration of the Network, the possibility of transfer between different levels of unit within the Network and the arrangements for repatriation or transfer for step down care.

10.8. Inform Midlands Regional Specialised Commissioners of any neonatal unit closures via the ODN

10.9. Contact Details

EMNODN

EMNODN generic email address; ngh-tr.emnodn@nhs.net

Linda Hunn, Director/Lead Nurse
Linda.hunn@nhs.net 07500 976640

Anneli Wynn-Davies, Clinical Lead, North Hub
a.wynn-davies@nhs.net 07385 411679

Jane Gill, Clinical Lead, South Hub
Jane.Gill@uhl-tr.nhs.uk 07876 705135

CenTre transport service: 0300 300 0038

WMNODN

WMNDON generic email address; bwc.wmnodn@nhs.net

Sarah Tranter, Director
sarahtranter@nhs.net 07468 716249

Babu Kumararatne, Clinical Lead
Babu.Kumararatne@nhs.net 07962 021439

Anju Singh, Clinical Lead
anjusingh@Nhs.net 07947 191411

KIDS/NTS: 0300 200 1100

Appendix 1: Example of Local Neonatal Unit OPEL

EXAMPLE: Local Neonatal Unit Level OPEL

Individual neonatal units will have locally agreed plans for managing when ODN pathways cannot be followed for reasons such as a lack of capacity or staffing shortages. These plans will include workforce, resource, and clinical practice issues. Flexibility at local level is necessary but an overarching plan for managing capacity within the Midlands Region aims to provide a consistent approach to the escalation of operational pressures. This is an example of an OPEL plan which is aligned with the Neonatal ODN guideline for the Management and Escalation of OPEL and can be used by local units / services as part of their local plans.

NEONATAL UNIT OPEL level	Description	Actions	Footprint
OPEL 1 **NORMAL** **Unit open to all admissions in line with unit designation**	Patient flow can be maintained in line with ODN pathways and service is able to meet anticipated demand with available resources • Nursing and Medical Staff levels meet national standards for number and dependency of babies in unit (see section 8) or is manageable with available resources • Cots available appropriate to designation of unit IC/HD/SC • Adequate equipment available for increase in dependency or capacity • Transport service availability • Planned transfers can be accommodated	Neonatal services will provide care in line with current care pathways and can accept all admissions in line with the ODN designated pathways.	Individual Unit level
OPEL 2 **MODERATE PRESSURE** **Units open to Network admissions in line with unit designation**	Patient flow is currently being maintained in line with ODN pathways, but service is expecting difficulty in meeting demand / anticipated demand with available resources due to: • Nursing or Medical Staff levels reduced below national standards for number and dependency of babies in unit • Limited cot availability appropriate to designation of unit • Limited availability of essential equipment (i.e., cot, ventilator, monitor, infusion pumps) to meet increase in dependency or capacity • Reduced transport service availability • Unit unable to take transfers	Neonatal services will continue to provide care in line with current care pathways, but will prepare for escalation to OPEL 3: 1. Units to follow locally agreed plans for the management and escalation of OPEL, ensuring appropriate communication of situation through the Trust managers and processes. 2. Neonatal capacity and unit OPEL status to be agreed through discussion between Senior medical staff on service and nurse in charge daily, on a shift-by-shift basis or more frequently when activity is high.	Individual Unit level

		3. Proactively manage staffing shortages in line with local escalation policies. Consider: • Movement of staff across sites, where applicable. • Staff offered overtime / bank shifts • Use of agency staff • Redeployment of staff in non-clinical posts to clinical roles • Cancellation of study leave • Redeployment of staff from other areas, such as paediatric wards 4. Proactively manage capacity in line with local escalation policies. 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 SCU within referral pathways • Liaison with paediatric services once baby reaches 40 weeks (rather than waiting until 44 weeks) • Transfer of babies >44/40 to paediatric ward • Discharge of babies to Neonatal Homecare service where available and appropriate 5. Prioritise parents: • Consider most suitable baby and family for transfer taking into account baby's clinical condition, maternal mental health, ability to drive or access to transport, financial situation, availability of parent accommodation at receiving trust. • Explain and discuss with parents the possible need for transfer, provide them with leaflets and letter about transfer, if not already provided.	

OPEL 3 **MAJOR PRESSURE** **Unit open to internal admissions (and if a NICU, to <27/40 admissions) ONLY**	Very limited ability to maintain patient flows in line with ODN pathways due to: • Nursing or Medical Staff levels significantly reduced below national standards for number and dependency of babies in unit (see section 8) • Very limited cot availability appropriate to designation of unit • Very limited availability of essential equipment (i.e., cot, ventilator, monitor, infusion pumps) • Reduced transport service availability • Unable to accept transfers	It is anticipated that a unit will be unable to accept admissions or transfers, in line with ODN pathways due to a lack of cot capacity, workforce, equipment, neonatal transport capability or a combination of any or all of these. 1. Follow locally agreed plans for the management and escalation of OPEL, ensuring appropriate communication of situation through the Trust managers and processes. 2. Optimise staffing: • See OPEL 2 for managing staffing shortages. • Consider reconfiguration of unit footprint to enable cohorting of all babies according to levels of care in order to optimise use of available staff 3. Optimise capacity in NICUs: • See OPEL 2 for managing capacity. • Proactively manage repatriation to LNUs and SCUs. All babies suitable for transfer or repatriation within the network should be identified before morning handover and agreed by the Consultant Neonatologist and Nurse in Charge, in consultation with parents. • The decision to transfer will be made jointly between the NICU, receiving unit and the transport service and in consultation with the parents. 4. Prioritise parents: See OPEL 2 • Ensure there is a robust process in place for communication with parents about transfer and any changes to plans.	

		5. It may be necessary to consider caring for infants outside of existing ODN pathways where it has been risk assessed as safe to do so. 6. Inform the ODN management team using contact details in Midlands Region OPEL Guideline Section 10.8 of a decision for any partial or full closure of the neonatal unit to internal and/or external admissions.	
OPEL 4 CRITICAL PRESSURE **Unit Closed**	Demand exceeds available resource. Prioritisation on case-by-case basis required because of one or more of the following: • Nursing or Medical Staff levels significantly reduced to or fall below BAPM standards for number and acuity of babies in unit • Contingency plans (in line with local escalation policy) failed • No physical cot space, occupancy 100% or above • All essential equipment is in use • ODN units are unable to accept transfers in line with ODN pathways due to any / all the above necessitating transfers out of region. • No transport service availability	Escalation and contingency plans will have been insufficient to contain or reduce OPEL 3. Neonatal service(s) cannot routinely accept any admissions. There may be more than one unit within the ODN in this position. It is likely that units will have to care for infants outside their pathway at least for a period of time. 1. Follow locally agreed escalation and business continuity plans for the management of neonatal staffing and/or capacity shortages ensuring appropriate communication of situation through the Trust processes. 2. Consider reconfiguration of unit footprint to enable cohorting of all babies according to levels of care in order to optimise use of available staff 3. Staffing levels to be risk assessed and agreed at local Trust level. 4. Inform transport service of decision to close the neonatal unit. 5. With support from transport service source cot capacity outside of region in line with the current cot locator process used when regional demand exceeds capacity.	

		6. If there is a lack of transport capacity due to a reduction in staff or ambulances, support from transport services outside of region or alongside paediatric transport services in region, will be requested. 7. Inform the ODN management team using the contact details in Midlands Region OPEL Guideline Section 10.8 of a decision for any partial or full closure of the neonatal unit to internal and/or external admissions. 8. Consider implementation of a divert policy to appropriate designation of neonatal unit with available capacity. This should be led by the relevant transport service. 9. ODN to cascade decisions on closure to units within the ODN and neighbouring ODNs, Regional Perinatal team, Specialised Commissioning and/or the National team as necessary and appropriate 10. Ensure appropriate staff available to participate fully in ODN conference calls to discuss management of capacity. 11. Manage local capacity in line with decisions agreed with ODN. 12. Provide updates to parents and families 13. Provide updates to ODN management team (by email or telephone) until situation is resolved. Timescales for these updates to be agreed with ODN management team. 14. Provide regular updates to parents and families until situation is resolved. 15. Inform the ODN Management Team via relevant email address when decision taken to reopen to admissions.	

APPENDIX 2: Regional Neonatal Service Provision (Current)

2.1: EMNODN

	Trust		Hospital	Designation
North Hub	Nottingham University Hospitals NHS Trust	NUH	Queen's Medical Centre	NICU
			Nottingham City Hospital	NICU
	Sherwood Forest Hospitals NHS Trust	SFH	Kingsmill Hospital	LNU
	University Hospitals of Derby and Burton NHS 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 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

2.2: WMNODN

Trust		Hospital	Designation	
University Hospital of North Staffordshire	UHNM	Royal Stoke Hospital	NICU	Pathway with Princess Royal, Telford
Shrewsbury and Telford Hospitals	SaTH	Princess Royal Hospital	LNU	Lead NICU – Royal Stoke Hospital
Royal Wolverhampton Hospitals	RWH	New Cross Hospital	NICU	Pathway with Walsall Manor and Russell's Hall
Walsall Healthcare	WH	Walsall Manor Hospital	LNU	Lead NICU – New Cross Hospital
Dudley Group of Hospitals	DgoH	Russells Hall Hospital	LNU	Lead NICU – New Cross Hospital
Sandwell and West Birmingham	SWB	City Hospital	LNU	Lead NICU – Birmingham Heartlands Hospital
University Hospitals Birmingham	UHB	Birmingham Heartlands Hospital	NICU	Pathway with City Hospital Good Hope Hospital
University Hospitals Birmingham	UHB	Good Hope Hospital	SCBU	Lead NICU – Birmingham Heartlands Hospital

Birmingham Women's and Children's Hospitals	BWCH	Birmingham Women's Hospital	NICU	Pathway with Worcester Royal and Hereford County
Worcestershire Acute Hospitals	WAH	Worcester Royal Hospital	LNU	Lead NICU – Birmingham Women's Hospital
Wye Valley	WVT	Hereford County Hospital	SCBU	Lead NICU – Birmingham Women's Hospital
University Hospitals of Coventry and Warwickshire	UHCW	University Hospitals of Coventry and Warwickshire	NICU	Pathway with Warwick hospital and George Eliot hospital
South Warwickshire Foundation Trust	SWFT	Warwick Hospital	SCBU	Lead NICU - UHCW
George Eliot Hospital	GEH	George Eliot Hospital	SCBU	Lead NICU - UHCW

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

Related Documents

- 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 Policy 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 Leaflets
  EMNODN;
  https://www.emnodn.nhs.uk/media/2102/emnodn-transfer-parent-information-july-2021.pdf
  WMNODN;
  http://swmnodn.org.uk/wp-content/uploads/2020/09/online-PARENT-TRANSFER-LEAFLET-2020.pdf

- Operational Pressures Escalation Levels Framework v2. Available at:
  Operational Pressures Escalation Levels Framework (england.nhs.uk)