

# Cot Management and Escalation Policy

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<b>Department / Service:</b>	Neonatal & Transitional Care Unit	
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<b>Approved by:</b>	Quality Improvement Meeting (QIM)	
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<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust	
<b>Target Departments</b>	Neonatal & Transitional Care Unit	
<b>Target staff categories</b>	Neonatal and Transitional Care Unit staff	

## Policy Overview:

This policy aims to provide clear operational guidance for cot management and escalation and incorporates the escalation status, cot capacity and emergency trigger points and associated actions required in response to operational pressures. This will provide a safe operating framework for staff and reduce the level of risk to babies.

## Latest Amendments to this policy:

Holding an urgent huddle when red  
 Appendix B update  
 Addition of Appendix E - Neonatal sitrep form

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## 1. Introduction

This policy aims to provide clear operational guidance for cot management and escalation and incorporates the escalation status, cot capacity and emergency trigger points and associated actions required in response to operational pressures. This will provide a safe operating framework for staff and reduce the level of risk to babies.

Maintaining flow of babies through the Neonatal Unit (NNU) is the key to maximising cot availability in order to effectively manage fluctuations in workload. The NNU is commissioned to 18 cots which are made up of 2 intensive care (IC), 4 high dependency (HD) and 12 special care (SC). Transitional Care (TC) is commissioned to 9 maternal beds and up to 12 babies in the event of multiple births. As a key principle the closure of NNU will only be considered when all potential solutions have been exhausted and on the direction of the Directorate Management Team (DMT) within working hours or the on-call Operational Manager out of hours.

## 2. Purpose

The purpose of this policy is to ensure the right care is being delivered to the right baby in the right place at the right time, and that the Neonatal Unit offers the highest standard of neonatal care. The effectiveness of this policy relies on clear and regular communication between maternity and neonatal services. This policy aims to provide clear guidance to those directly involved in cot management and escalation; the establishment of an effective policy and framework which will contribute to the following:

- Clear operational guidance for cot management and escalation within the Neonatal Unit to determine day to day operating levels
- Proactive rather than reactive response
- Defined roles and responsibilities
- Provide a safe operating framework for staff and reduce the levels of risk to babies
- Maintain the flow of babies through NNU and maximise cot availability in order to effectively manage fluctuations in patient pathways
- To clarify escalation process in the event of cot capacity issues

## 3. Scope of this document

This policy applies to all staff working within the Neonatal Unit and Transitional Care. The policy recognises that not all staff groups in all disciplines will have direct involvement in cot management and escalation, however all members of staff have a responsibility to support this policy.

## 4. Definitions

Escalation, for the purpose of this Policy identifies when there are increasing levels of demand in the Neonatal Unit and/or lack of cot capacity and when specific responses are required.

Normal working hours are how the Trust operates on a day to day basis (Monday to Friday, 9am -5pm).

Out of hours is how the Trust operates between the hours of 5pm – 9am on weekdays and 24 hours on weekends and bank holidays.

### 4.1 Abbreviations

NIC: Nurse in Charge  
HON: Head of Nursing  
CD: Clinical Director

TC:	Transitional Care
NNU:	Neonatal Unit
IC:	Intensive Care
HU:	High Dependency
SC:	Special Care
DMT:	Directorate Management Team
MDT:	Multi-disciplinary team

## 5. Duties and Responsibility

### 5.1 Clinical Director

The CD provides strategic leadership and oversight to the Neonatal Unit and Transitional Care, as part of the Directorate Management team (DMT). The clinical director has overall responsibility for ensuring the correct management of neonatal cots. The CD will provide support to the HON.

### 5.2 Head of Nursing

The HON provides strategic and operational leadership and oversight to the Neonatal Unit and Transitional Care, as part of the Directorate Management team (DMT). The HON will provide support to the neonatal matron.

### 5.3 Lead Clinicians in Neonatal

The Lead Clinician for NNU and TC is the Neonatal Consultant along with the Matron who has the overall responsibility for the neonatal service and flow. The responsibilities of the Lead Clinician are the day to day co-ordination of care and discharge on NNU and TC.

### 5.4 Matron

The Matron is responsible for the operational management of the Neonatal Unit and Transitional Care. The matron is available to provide support and advice to the team and to support the ward manager and the NIC in the management of effective discharge, transfer and patient flows. The matron is responsible for ensuring there is a supportive, positive environment that encourages learning and development of all staff, as well as ensuring a quality service through evidence-based guidelines, a robust risk management framework, safe and effective resourcing of equipment, and support systems for new and junior nurses and students. The matron will raise concerns regarding capacity and flow to the Head of Nursing and support the ward manager.

### 5.5 Ward Manager

The ward manager is responsible for the operational running of the Neonatal Unit and Transitional Care. The ward manager is responsible for supporting the NIC with the day to day management of cots and implementation of maximum efficiency in cot usage.

### 5.6 Nurse in Charge of NNU

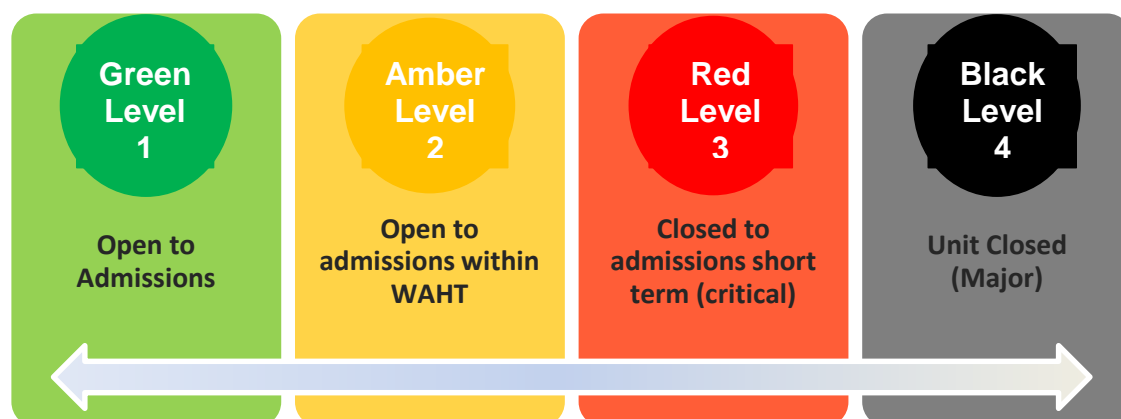
The nurse in charge is responsible for ensuring the smooth running of NNU. The NIC will:

- Have operational responsibility for the management of cots and oversight of all cots across NNU and TC
- Oversee cot management and patient flow ensuring the right babies are cared for in the right cot at the right unit level
- Ensure neonates are repatriated to their host organisations as per network care pathway

- Delegate or attend the delivery suite safety huddle (8.15am) daily to discuss any potential admissions to the NNU or TC
- Ensure an up to date cot status and maintain a record of potential deliveries of babies (elective and non-elective) is maintained.
- Complete the neonatal sitrep (see appendix E) each shift and forward to the ward manager, matron and the Directorate management Team if cot escalation level is red or black.
- Co-ordination of information for presentation at the morning safety huddle to the multi-disciplinary team (MDT) (see appendix A – Safety Huddle)
- Escalation of any potential issues to the ward manager/Matron/HON and Maternity unit co-ordinator
- Provide relevant cot information to the Cot Locator on the Badgernet system three times daily (Before 11:30, before 17:30 and before 05:30)
- To work proactively with the midwife holding the bleep when requested to take in-utero transfers (see appendix B).
- To work proactively with the consultant lead when requested to take ex-utero transfers. Where these requests are declined to ensure clear and concise records of all refusals is maintained.

## 6. Trigger levels and Escalation

There are 4 levels of escalation, an overview of each trigger level with the defining criteria can be found below.

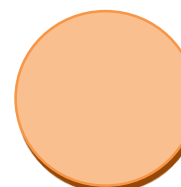


## 6.1 Escalation Criteria

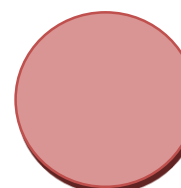
- Adequate staffing levels
- Available cots IC/HD/SC and <80% (14 cots) occupancy
- Available equipment
- Planned transfers in can be accommodated



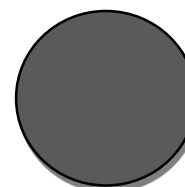
- Staffing levels compromised short term (i.e. the next 6-12hrs)
- Limited cot availability at 80-85% (14-16 cots) occupancy IC/HD/SC
- NIC discuss capacity with Consultant lead
- Consider discharges/transfer & repatriation of babies as per network pathway
- Escalate to ward manager
- If TCU is full consider moving suitable babies to postnatal ward to enable flow from NNU
- NIC and consultant lead to consider the above and take appropriate action
- Inform DS co-ordinator



- Staffing levels compromised medium term (i.e. the next 12-24hrs)
- Limited cot availability running at 85-99% (16-17 cots) occupancy IC/HD/SC
- No planned discharges including repatriation out in the next 6-12hrs (i.e. this shift)
- Planned high risk infant delivery imminent
- NIC and consultant lead to discuss capacity with the matron
- Plan discharges/transfer & repatriation of babies as per network pathway
- Matron to inform DS co-ordinator and request an urgent maternity/neonatal safety huddle
- Matron to escalate to HON/CD (in hours)
- NIC to notify on-call manager (out of hours)



- Staffing levels severely compromised long term (i.e. greater than 48hrs)
- Contingency plans failed
- No physical cot space, 100% occupied
- No planned discharges including repatriation out of the unit in the next 24hrs
- All equipment in use
- Infection requiring unit closure
- NIC and/or consultant lead to escalate to DMT
- Urgent maternity/neonatal safety huddle required



## 7. Neonatal Closure

As a key principle the closure of NNU will only be considered when all potential solutions have been exhausted and on the direction of the Directorate Management Team (DMT). If the decision to restrict admissions to the NNU has been taken, the Neonatal Consultant supported by the Matron and Ward Manager in the Matron's absence should notify the following:

- Head of Nursing (in hours) who will inform the Head of Midwifery and DMT
- Clinical Director (in hours)
- Consultant on call for Delivery Suite (all hours)
- Midwife Shift Leader for delivery suite (all hours)
- On-call Operational Manager (out of hours) who will then inform the executive on call.

In these circumstances alternative arrangements will be necessary, for example, transferring babies to other neonatal units. Parents should be kept informed at every step of the baby's journey.

To manage cots and patient flow the following procedure should be followed:

- The nurse in charge and consultant lead, following an in-depth discussion and review of all contingency plans, make the decision of the need to close the neonatal unit.
- The NIC and/or ward manager/matron contact the cot locator to ascertain cots available within the Network ODN
- Liaison with neighbouring units will be paramount regarding how much they can assist and the procedure to refer must be strictly adhered to (see appendix C for neonatal unit names and contact numbers).
- The ongoing closure must be assessed two hourly with the DMT (in hours) to ensure all factors have been fully considered and appropriate action taken.
- Once all factors have resolved, all individuals (internal and external) need to be informed once the NNU is re-opened.
- NIC to complete the Neonatal Unit Closure form (see appendix D).

## 8. Implementation

This policy will be used as part of the development and training for all shift leaders on the NNU. This policy will be communicated to all NNU shift leaders via email, at the daily safety huddle and team meetings.

## 9. Monitoring and compliance

This policy will be monitored via the IUT & ExUT outliers' spreadsheet at the weekly quality, risk & safety meetings.

## 10. Associated Documents

Reference to additional policies is recommended:

- Maternity Escalation Policy
- Safe Staffing and Appropriate Utilisation of Human Resource Escalation Policy
- Intra-uterine Transfer Requests Standard Operating Procedure
- Ward based Safety Huddle Standard Operating Procedure

## Appendix A

### Safety Huddle Discussion

#### Work together, celebrate together

##### What went well



#### No delays, every day



##### 1. Capacity - number of patients

###### Acuity including:

High risk patients

Patients who require senior reviews

Priority Patient's (Patients who require a specific timed visit and / or treatment deemed to be vital to maintain health or symptom control)

Safeguarding

Infection Control issues

Communication issues

##### 3. Admissions

##### 4. Discharges and Transfers

##### 5. Any patient flow issues (refusals of babies, in-utero and ex-utero in maternity and neonatal only)

##### 6. Staffing numbers for the next 24hrs (nursing, ancillary and medical)

##### 7. Plans/prioritisation for the day

#### We listen, we learn, we lead



##### Lesson of the week (from incidents, near misses, SIs, complaints, feedback)

#### Do what we say we will do



##### 1. Undertake actions as agreed

##### 2. Escalate to senior and/or on call team as required



## Appendix B

## Intra-uterine Transfer Requests SOP



## Appendix C

## Regional Hospital Contact Numbers

Birmingham Women's Hospital	#6106 Tel 0121 627 2686	NICU
Birmingham Heartlands	#6122 Tel 0121 424 3508	NICU
Coventry University Hospital	Tel 0247 696 6673	NICU
Gloucester	Tel 08454 225570	NICU
New Cross Wolverhampton	#6139 Tel 01902 694032	NICU
North Staffs (Stoke)	# 6161 01782 552440	NICU
Gloucester	Tel 08454 225570	NICU
City Hospital, Birmingham	#6115 Tel 0121 507 5106	LNU
Russells Hall Dudley	#6138 Tel 01384 244364	LNU
Manor Hospital	#6136 Tel 01922 721172	LNU
Princess Royal Telford	Tel 01952 565 923	LNU
Hereford	Tel 01432 364162	SCBU
Sandwell	0121 507 3342	SCBU
Cheltenham	Tel 08454 222349	SCBU
Good Hope	#6147 Tel 0121 424 2000	SCBU
George Elliot	Tel 0247 686 5258	SCBU
Warwick	Tel 01926 495 321 ext. 4560/4750	SCBU

**Appendix D**

**Record of Neonatal Unit Closure**

Date and time unit closed	
Date and time unit re-opened	
Total length of time unit closed	
Reason for closure	
Name of manager/on-call manager coordinating closure	
Total number of babies transferred and where	

**Datix completed (circle):**      **Yes**      **No**

**Neonatal Coordinator/Matron:**

**Print Name:** .....

**Signature:** .....

**Date:**

**Time:**

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**Appendix E**

# Neonatal Sitrep

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Total Number of Babies:** \_\_\_\_\_ Refer to Cot management and escalation policy for escalation criteria

**Tick in the appropriate circle:**  
According to cot escalation policy

OCCUPANCY/ACUITY	IC	HD	SC	TC
No. of babies				
Planned Transfers to TC				
Planned Discharges				
Planned transfers out				
Planned transfers in				

NNU Full Occupancy configuration: 2 IC cots/4 HD cots/12 SC cots

TC Full Occupancy configuration: 9 cots unless there are twins/triplets then total can be up to 12 babies

**Staffing: Review in line with BAPM safe staffing standards: IC 1:1/HD 1:2/SC 1:4/TC 1:4 for babies <24 hours old 1:6 for babies > 24 hours old.**

**Tick in the appropriate circle:**  
According to Safe Staffing and Appropriate Utilisation of Human Resource Escalation Policy

Overwhelming Critical Pressures causing unit to close to ALL admissions. Intervention and action required by Directorate/Divisional Management team	Inadequate nursing cover resulting in transfers of babies and refused repatriations	Sufficient nurses to manage acuity with the number of occupied cots but do not meet BAPM standards	Sufficient nurses to manage acuity with the number of occupied cots and meet BAPM standards
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**Summary BRAG: Tick as appropriate**

Criteria	BRAG Status			
	Black	Red	Amber	Green
Capacity/Acuity				
Staffing				
Overall Status – clinical judgement of nurse in charge				

**Based on your clinical judgement do you feel the unit is safe?** Please tick appropriate box

Yes  
 No

**Completed by: Signature:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Role:** \_\_\_\_\_

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## Appendix F

## Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Women and Children's Divisional Management Team
Children's Directorate Management Team
Paediatricians
Matrons
Ward Managers

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
NA

## Appendix G Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
<b>1.</b>	<b>Does the Policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
<b>4.</b>	<b>Is the impact of the Policy/guidance likely to be negative?</b>	No	
<b>5.</b>	<b>If so can the impact be avoided?</b>	NA	
<b>6.</b>	<b>What alternatives are there to achieving the Policy/guidance without the impact?</b>	NA	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

## Appendix H

## Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval