SOUTHERN WEST MIDLANDS NEWBORN NETWORK
Hereford, Worcester, Birmingham, Sandwell & Solihull
Staffordshire, Shropshire & Black Country
Newborn Network

TRANSPORT USER GROUP
Minutes of meeting held on Thursday 14 April 2011
Seminar Room Education Resource Centre, Birmingham Women’s Hospital

Present:
Jackie Harrison, WM Neonatal Transfer Service (Chair)
Mary Passant, SWM Newborn Network
Ruth Moore, SSBC Newborn Network
Melody Bridges, West Midlands Specialised Commissioning Team
Carol Edwards, Senior Neonatal Nurse, Hereford Hospital
Julie Crabtree, Sister/Educator, UHNS, SSBCNN
Kate Palmer, Consultant, UHNS
Lynsey Clarke, Network Practice Educator, SSBCNN/Royal Wolverhampton
Collette Harvey, Russells Hall Hospital
Jo Mills, WM Neonatal Transfer Service
Nikki Baker, WM Neonatal Transfer Service
Ravi Parikh, Clinical Fellow, WM Neonatal Transfer Service
Sonia Saxon, ANNP, WM Neonatal Transfer Service
Kirsty Dixon, WM Neonatal Transfer Service
Jane Edwards, WM Neonatal Transfer Service

Apologies:
Alyson Skinner, Wolverhampton and Walsall Hospitals
Andrew Leslie, Central Newborn Network
Nicky Davey, Central Newborn Network
Gail Lloyd, WM Neonatal Transfer Service & Walsall Manor Hospital
Maria Francis, WM Neonatal Transfer Service
Janet Gardiner, Birmingham Children's Hospital
Wendy Tyler, Royal Shrewsbury Hospital
Tewary Kishor, Staffordshire Hospital
Anand Mohite, Russells Hall Hospital
Vidy Garikapati, Heartlands Hospital
Doreen Humphries, Walsall Manor Hospital
Catherine O’Connor, WM Neonatal Transfer Service
Helen Underhill, Hereford Hospital
Jenny Lamb, WM Neonatal Transfer Service
Kate Lawson, NSL Patient First Ambulance Service
Debbie Tompkins, WM Neonatal Transfer Service
Gail Fortes-Mayer, West Midlands Specialised Commissioning Team
Alex Philpott, WM Neonatal Transfer Service
Maxine Vincent, WM Neonatal Transfer Service
2. **Minutes of meeting held on 21 October 2010**

The previous minutes were read and agreed:

**Actions**
- Parents travelling in the back of the ambulance to be carried forward for further discussion and new guideline to be drawn up in line with Toolkit.
- WMNTS do not have any involvement with maternity led transfers, the unit must call 999
- JH confirmed that follow up information is being sought from units, especially in relation to ITU and cooling transfers
- WMNTS Operational Policy is going to the 2 network boards and to Birmingham Women’s Hospital for approval.
- The WMNTS study day has been arranged for 4th May 2011.
- The cot locator service notifies the networks and units when there are no level 3 cots in the region
- WMNTS Transport Consultant has commenced visiting neonatal units
- JH confirmed a letter had been e-mailed to all in relation to out patient appointments, PDA ligations and MRI scans.
- A date for the national CDH day has been set – 15th November 2011.

3. **Transfer Activities**

**TRANSFERS**
- JH presented information for 2010/11. Appendix 1, 2, 3
- WMPRS commenced their service September 2009 and CNN commenced their 24 hour service April 2010. WMNTS transfer requests have decreased since the introduction of the 2 services.
- WMNTS have presently ceased performing out patient appointments due to staff shortages. Staff shortages have also impacted on the number of transfers carried out during 2010/11, especially when requested to perform MRI/PDA (if only 1 team available they will be covering ITU calls, therefore referring unit will have to perform the MRI/PDA drive through themselves).
- RM would like details relating to the number of acute transfers that are not ventilated but require an ITU team to perform the transfer.
- Appendix 2 indicated specific areas of transfer refusals / cancellations
- JH presented transfer activity information for each network but noted Sandwell only covered a 9 month period. Figures relate to all units over the last 4 years. Appendix 3
- JH will circulate information for babies moved out to pathways.
- SS mentioned that back transfers need to be requested 24 hours in advance with other transport teams and the escalation policy is not recognised.
- KP asked whether the cancellations by referring unit should have been recorded under ‘refusal’ on the occasions when WMNTS are already performing a transfer but agreed to do the transfer later and the unit decided to do the transfer themselves. It was deemed that the WMNTS didn’t actually refuse the transfer.

4. **Transport Service Commissioning**

*Presentation deferred due to illness*
5. Governance Issues/Clinical Incident Reporting

- JH presented a summary of incidents for 2010/11 Appendix 4. A total of 119 incidents were recorded during this period.
- The majority of incidents were not rated higher than moderate, the main clinical incidents were:
  - UACs/UVCs not connected
  - Baby had been dressed and was going to the surgical unit with distension of the abdomen
  - Babies with low temperatures
- JH confirmed that letters are sent to unit Managers with copies to Clinical Leads / Network Managers in order for the incident to be reported to the QUIPP group.
- RM would like more information on any serious cases and the grade of the incident to be categorised.
- MP asked whether incidents were discussed during the organised visits to each unit. JH confirmed that an incident list was given to each unit during the visit.
- MP asked whether the WMNTS had any incidents recorded against them. JH said there were 2 during 2010/11.
- WMNTS were asked to record when there is no Consultant present whilst on SCBU’s.
- It was mentioned that some SCBU’s have been retaining babies that should be sent to ITU units, such situations should be reported to the Network Managers and Commissioners as this does not comply with the care pathway.

6. Guidelines, Policies, Pathways

**PARENTS NOT ALLOWED IN THE BACK OF THE AMBULANCE**

- There is currently no room in the back of the WMNTS ambulance for parents, the CATS transport service can accommodate parents as they have an additional seat and Birmingham Children’s PICU take parents.
- It was mentioned that the team would not be able to take a mother who has just delivered or is still an in patient.
- Situation to be reviewed and guideline to be implemented and agreed.

**DRUGS FOR INTUBATION**

- WMNTS aim to adapt the Birmingham Women’s Hospital guideline with regard to using fentanyl/SUX for intubation purposes.
- Use of morphine and atropine will be included in the guideline
- It was confirmed that WMNTS do not administer drugs during an emergency in the back of an ambulance (for intubations).

**TERMS OF REFERENCE**

- JH asked whether there were any comments relating to the previously distributed terms of reference (Appendix 5).
  - RM suggested insertion of the NICE quality standard
  - Commissioners need to be added to the membership list
  - Network Managers should be identifiable as SWMNN and SSBCNN
  - It should be noted in the terms of reference that it is the responsibility of members to disseminate information within their workplace and provide feedback to the meeting where necessary
7. Training

**STUDY DAY**
- The WMNTS External Study Day is due to take place on 4 May 2011 and will cover stabilisation, cooling, preterm, and PPHN.

**SpR TRAINING**
- WMNTS are hoping to have SpRs in post by September 2011 to perform 3 months with the WMNTS and 3 months on the neonatal unit.

8. Cot Locator
- The cot locator service is not being used as much as was intended.
- Feedback from neonatal units indicates they would prefer a 24/7 service.
- IUT transfers are more difficult to accommodate due to both a neonatal cot and bed on delivery suite being required.
- MP suggested sending out a reminder to delivery suite Managers asking them to inform the neonatal unit of potential IUT transfers and preterm deliveries. This information would aid the unit’s cot management.
- A single cot locator number giving a 24/7 service with a call conferencing facility is underway and should be operational October 2011. WMNTS are working with WMPRS at Birmingham Children’s Hospital and the finance department to merge services.
- KP asked whether the single number would include for maternity transportation. RM said it is planned for all requests to go through one number only.

9. Audit
- WMNTS presented 4 posters this year
  - Impact of acute cardiac transfers – International Cardiology Conference in Granada, Spain
  - Review of transfers for PDA ligation – presented at Quad Network Conference
  - Gastroschisis transfers – verbal presentation at Neonatal Society in London
  - Acute cardiac transfers provided by WMNTS – presented at Quad network Conference and BAPM

10. Any Other Business

**COOLING**
- JH presented the cooling transfers over an 18 month period ([Appendix 6](#))
- There have been 21 cooling transfers during 2010/11.
- Information recorded includes timing, outcomes, temperatures (at various times)
- It was confirmed that although Birmingham Women’s Hospital have a cooling bed, it is for their own babies; the 3 funded network beds have been allocated at New Cross, UHNS and Heartlands.
- JH said that if units are unable to cool the baby using the passive method ie turning off the incubator and leaving baby uncovered, they can put the baby on an unactivated (cool) transwarmer to bring the temperature down. Axilla temperature should be taken and recorded every 15 minutes and a one off rectal temperature for correlation. Once the temperature reaches 34°C any cooling aids should be removed as this temperature will reduce further. Close monitoring of temperature is required and temperature should not drop below 33°C. Warming aids may be required (blankets / temperature to be turned back on).
- SS mentioned that New Cross and Heartlands are accepting cooling babies without lines whereas UHNS require lines. KP said that UHNS would accept the baby without lines (except if it was hypotensive).
Surgical Transfers

- JH presented a record of surgical transfers that went out of region over the past 12 months (Appendix 7)
- RM said that WMNTS should be included in the planning for bladder extrophy babies via an alert. WMNTS to talk to neonatal units about paediatric alerts (expected date of delivery / timeframe).
- MP asked whether JH could give a comparison of out of region surgical transfers to last year.

Stabilisation Times

- CH asked about expected duration of stabilisation process when WMNTS arrive to collect a baby and whether it is necessary for second blood gases, temperatures and blood pressures to be taken.
- JH confirmed that the WMNTS are obliged to take the second readings to cover themselves and ensure the baby is in optimum condition for transfer. The team aim to stabilise the baby within 60 minutes, this time could increase to 2 hours if the baby is ventilated.
- SS commented that if the baby is unwell when the WMNTS arrive at the referring unit, the stabilisation time will obviously be of longer duration.
- The WMNTS also spend time on neonatal units awaiting information (x-rays, letters etc)
- A stabilisation time audit is being undertaken by the WMNTS which will identify reasons for delay. Details to be reported at a later meeting.

CDH Pathway

- MP confirmed the CDH pathway is being finalised and will be distributed in the near future.

Action Points

**JOINT TRANSPORT GROUP**
Meeting held on the 14 April 2011

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<tr>
<th>Action Point</th>
<th>Responsible Party</th>
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<tbody>
<tr>
<td>Parents travelling in the ambulance guideline to be instigated for WMNTS</td>
<td>Jackie Harrison</td>
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<td>Vented and non vented baby information and details whether transfer was a team of 1 or 2 to be forwarded to RM</td>
<td>Jane Edwards</td>
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<td>Information relating to babies transferred out to pathways to be circulated</td>
<td>Jackie Harrison</td>
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<td>Serious cases and rating of incidents to be noted</td>
<td>Jackie Harrison / Jane Edwards</td>
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<td>Terms of Reference comments to be included in the document</td>
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<td>Comparison of yearly out of region surgical transfers to be forwarded to MP</td>
<td>Jackie Harrison</td>
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<td>Stabilisation time audit outcome to be reported at next meeting</td>
<td>Maxine Vincent</td>
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