

TRANSPORT USER GROUP
Minutes of meeting held on Thursday 17 June 2013
Lecture Theatre, Education Resource Centre
Birmingham Women's Hospital B15 2TG

Present:

Alex Philpott, Transport Consultant, WM Neonatal Transfer Service (Chair)
Jackie Harrison, Nurse Consultant, WM Neonatal Transfer Service
Ruth Moore, Network Manager, SSBC Newborn Network
Alison Bedford Russell, Clinical Director Neonatal Intensive Care Unit, West Mids Strategic
Clinical Network Clinical Director for Maternity & Newborn Network
Vidya Garikapati, Consultant Neonatologist, Heartlands Hospital
Sonia Saxon, Acting Network Manager, SWM Newborn Network
Kath Fradley, ANNP, UHNS
Lynsey Clarke, SSBC Newborn Network
Wendy Tyler, Consultant Neonatologist, Royal Shrewsbury Hospital
Sarah Cormack, ANNP, WM Neonatal Transfer Service
Aileen Sharp, Transport Nurse, WM Neonatal Transfer Service
Maria Francis, Neonatal Unit Manager, Walsall Manor Hospital
Clare Gilg, Neonatal Unit Manager, Stafford DGH
Vishna Rasiah, Consultant Neonatologist, Cardiac Lead/SWMNN Network Lead
Julie McMannis, Sister, Worcester Royal Hospital
Amrit Dhillon, Transport Consultant, WM Neonatal Transfer Service
Amy Monksmith, Transport Nurse, WM Neonatal Transfer Service
Sue Cameron, Ambulance Crew, NSL Patient First
Duncan Murray, Ambulance Crew, NSL Patient First
Jane Edwards, Administrator, WM Neonatal Transfer Service

Apologies:

Catherine O'Connor, WM Neonatal Transfer Service
Helen Emanuel, WM Neonatal Transfer Service
Jenny Lamb, Royal Shrewsbury Hospital
Judith Forbes, WM Neonatal Transfer Service
Nikki Baker, WM Neonatal Transfer Service
Gail Lloyd, Walsall Manor Hospital
Carol Edwards, Hereford Hospital
Carol Lamputt, Hereford Hospital
Kate Palmer, UHNS
Collette Harvey, Russells Hall Hospital
Lindsey Halpern, City Hospital
Najran Vandana, WMSCT
Julie Harcourt, Birmingham Women's Hospital
Tracey Budding, Birmingham Women's Hospital
Maxine Vincent, Birmingham Women's Hospital

2. Minutes of meeting held on 28 February 2013

Action

The previous minutes were read and agreed, Sonia Saxon to be added as an attendee:

Actions

- The action points from the previous minutes were completed with regard to the minimum dataset
- The second Tri-network+ meeting will not take place this year due to the National Transport Interest Group Conference being hosted by WMNTS on 29 November 2013 at the Burlington Hotel in Birmingham (please contact jane.edwards@bwhct.nhs.uk if you require further details). Abstracts to be submitted by 30th September 2013.

3. Annual Transfer Activities (Appendix 1)

TRANSFERS

- AP presented the transfer activities for 2012/13
- Transfers have increased slightly over last year at approximately 100 per month during 2012/13 vs 90 per month during 2011/12
- Number of transfers should remain static as the new neighbouring teams have settled into their roles
- Approximately $\frac{2}{3}$ of transfers are attributable to SWMNN and $\frac{1}{3}$ to SSBCNN. App explained that 'others' are transfers requested by units outside the two networks and CenTre (eg Liverpool Women's, Bristol, Gloucester)

REFUSALS

- An overall total of 76% of transfer requests were performed by WMNTS.
- After removing the non- transfers that were beyond WMNTS jurisdiction (*118 remained attributable to WMNTS, to include where they were on other calls*), 92% of transfers were performed for each network which falls within the desired target.
- WMNTS would like to improve on this if possible.

DATA COLLECTION

- A few new categories of data collection have been introduced from January 2013 and are being reported back to the monthly Management Board and NTG. The time category relates to the time taken for the intention to treat; WMNTS have added a 4 hours category in this sector (which is not reported to NTG). This new reporting system is being trialled across the UK.
- Only 5 babies went outside the networks/care pathways for surgery during 2012/13.

COT MANAGEMENT

- AP commented that the number of cot management transfers had increased by 20% over last year. ABR asked whether there may be some blurring as to whether the transfers are cot management or not. AP replied that WMNTS accept and record whatever the unit gives as the reason for the transfer.
- AD mentioned that a lot of cot management transfers taken place out of hours.
- ABR said that units should actively look at what babies need to go earlier (during their ward rounds); if they do not get their request to WMNTS on time, WMNTS may be required to attend another more urgent call, hence the transfer being escalated to a cot management request.
- WT said that it is a big impact on the family when a baby is transferred. AP said it is the

responsibility of the unit to inform the parents and gain their permission. Consent should be obtained from parents prior to requesting transfer.

- Communication with parents is key where the baby has been transferred to a NICU from their home unit; they should be made aware that their baby is only there because it is an ITU baby and will need to return to its own unit to make space for other babies when it is better.
- The baby's and family's needs should still take priority.
- It was suggested that the parent be encouraged to visit the receiving unit that the baby is being transferred to.
- ABR said that with relationships tightening between units across the region, it should help facilitate the back transfer process. Consultant to Consultant discussion is still required together with Consultant to parent discussion.
- JH suggested units call around during quiet periods overnight to determine where cots are available and confirmed that the cot locator webpage is only a guide as units change constantly.
- In summary, neonatal unit staff need to be proactive and have an action plan during their ward round to identify babies who can be moved. Hand over sheets to include details of babies who are from other units. KF to supply a copy of the UHNS hand over sheet.

KF

4. Annual Review of Governance Issues and Clinical Incidents

- The largest proportion of incidents reported related to communication (usually delay in letters, x-rays), temperature and equipment
- VR asked at what point is baby's temperature recorded. AP confirmed WMNTS take the temperature shortly after their arrival, this is logged and monitored. A letter is sent to the unit if the baby's temperature is low without reason, the standard required temperature is 36°C.
- Equipment incidents have actually reduced against last year, no two incidents have been the same and on no occasion has the baby been compromised.
- JH has asked medical engineering to perform an ongoing review to identify whether any problems occur with one piece of kit and to report back on a regular basis.

5. Minimum Dataset Review

- Worcester and Redditch have the same Badger system therefore it is acceptable to transfer between units without Badger information; they are very efficient and always supply a letter.
- AP discussed the above process with Richard Mupanemunda for transfers between Heartlands and Good Hope but consensus was not reached about whether all babies travelled without a Badger or not and in view of this, WMNTS will continue to request a Badger.
- JH said that sick babies have been moved with a minimum dataset and WMNTS have received no comments or concerns and with therefore continue with this procedure.

6. Time Critical Transfers

- There have been no transfers recorded by WMNTS for the 5th category of time critical transfer introduced January 2013 ie non-responsive to prostin.
- All WMNTS data excludes transfers performed by the KIDS or CenTre teams.
- VR asked whether KIDS are required to record the same data. AP said she did not think so and as they are a paediatric service our data requirements cannot be enforced on them.
- SS enquired whether we could obtain any data from the KIDS team regarding neonatal transfers they have performed detailing whether they were vented/non vented. ABR also

enquired whether KIDS produce any data relating to neonatal transfers and proposed that Mary Montgomery or Phil Wilson be asked to attend TUG meetings.

- AP confirmed that WMNTS need to be activated within 1 hour of receiving the time critical call. The average activation time is 31 minutes.
- There is an unofficial agreement with neighbouring transport teams that if WMNTS are busy on another call, when appropriate, another team will perform the transfer
- It was reiterated that WMNTS are a retrieval team and not a stabilisation team, mentioned with particular attention to remote units because of the time taken for the team to arrive.

7. WMNTS Objectives 2013/14 (Appendix 2)

- JH presented a draft of forthcoming WMNTS objectives.
- Any comments are welcome from WMNTS stakeholders; to be addressed to either AP or JH.
- VR enquired whether WMNTS will be using the Badger system in the future. AP replied that she is currently on a working group developing a transport module.
- AP said WMNTS are still performing palliative care referrals.
- RM mentioned that the new procedure of parents travelling in the ambulance should also be included within the objectives.

AP/JH

8. Any Other Business

WMNTS Budget

- Slightly overspent due to an increase in ambulance costs.

WMNTS Developments

- WMNTS are currently performing 3 resident night shifts per week, Tuesday – Thursday and are looking to extend this to 4 nights per week in the near future. Units are encouraged to request planned back transfers during resident night shifts.
- All WMNTS transfer staff will soon be wearing a new style uniform.
- NSL ambulances have been re-commissioned for a further 3-5 years
- New NSL ambulances are due to arrive at the beginning of July 2013.
- We are discussing the possibility of the ambulance crew will having more responsibility and involvement with the transfer.

Parents Travelling with Babies

- WMNTS will be permitting 1 parent to travel in the ambulance as from 1 July 2013, the offer will only be for:
 - repatriations
 - stable babies
 - mothers who are 10 days postnatal and mobile/able to wear seatbelts
 - parent cannot suffer motion sickness
 - parent must remain seated at all times
 - only a small item of luggage can be taken where applicable (larger items to be transported by family members)
- WMNTS will make the ultimate decision whether the parent will be permitted to travel with the team
- The referring unit must assess the parent to determine whether they are a suitable candidate, safety of the baby and WMNTS team is paramount. Units must not tell the

parent they can travel with their baby; they can mention there is a possibility. Such transfers to be planned during the day to give the parent time to organise collection of large luggage.

- A leaflet has been produced for parent use
- JH displayed a copy of the guideline to all present. The guideline requires slight adjustment to read 10 days postnatal for the mother (and not 7 days); then the guideline is to be circulated to unit managers together with parent leaflets.
- ABR enquired whether WMNTS staff and ambulance crew have undertaken conflict resolution training. It is a mandatory requirement that WMNTS staff receive training. JH is looking into obtaining honorary contracts for the crew to enable them access Trust training. ABR said that there must be zero tolerance for aggressive behaviour.
- AP mentioned that the majority of transfer teams are starting to offer parents the chance to travel with their baby. This arrangement is new for neonatal transport.
- The process of transferring parents will be audited annually.

JH/JE

WMNTS Staffing

- Interviews for 2.0 WTE Transport Nurse vacancies band 6 to take place 25th June 2013
- 1.0 WTE rotational band 8a ANNP with BWH has been appointed and will commence in role August 2013
- WMNTS are piloting the introduction of rotational posts between WMNTS and Birmingham Women's Hospital NNU, if successful, this will be offered to other units
- The SSBCNN transport PA's are not presently allocated
- Funding for 2 ANNP vacancies is being used to train future ANNP's
- There is an ST6-8 Deanery supported post
- AP welcomed Amy Monksmith to her new post as Transport Sister

Tecotherm Mattress & Trolley / WMNTS Drugs Bags

- JH displayed the new tecotherm mattress and trolley to all present. The trolley was purchased from the Tiny Travellers Charitable Funds account at a cost of £3,020.
- WMNTS also have new drugs bags which hold adrenaline, inotropes, glucose, vecuronium and sodium bicarbonate. Units may occasionally be required to supply additional drugs for the baby.

Cooling (Appendix 3)

- On average, 4 babies are cooled each month.
- Requests are made to take babies to New Cross, Heartlands, UHNS and Birmingham Women's Hospital (who have recently become the second designated cooling centre for SWMNN). Babies are only taken out of both networks when there are no beds available.
- 40% of babies are referred to WMNTS within 2 hours, it is important to request the transfer as soon as possible.
- WMNTS generally arrive to cooling requests within 2 hours, cooling transfers are not classified as time critical as all units have the facility to passively cool prior to the team's arrival.
- The majority of babies reached cooling temperature within the first 3-4 hours of life.
- 2 babies were not cool enough when WMNTS arrived. AD asked the age of these babies. NB to confirm.
- It is important to use a rectal probe to check temperature as soon as possible.
- 2 babies did not receive morphine, WMNTS recommend a low dose in self-ventilating babies

NB

- VG asked whether NB could confirm the gestation of babies in the group who had been paralysed.
- 71% of babies transferred required no inotropic support.
- AP said that if the baby is cold and well perfused, it is better to transfer the baby without lines in situ - valuable time is taken up awaiting x-rays. WMNTS will check with the referring and receiving unit to confirm whether the baby actually requires umbilical lines.

NB

Terms of Reference (Appendix 4)

- AP said that the terms of reference is a document to ensure the correct people are included and invited to WMNTS bi-annual meetings; there should be minimum of 4 representatives from each network.
- RM suggested mentioning the National Service Specification in paragraph 1 under 'making recommendations'.
- AP would like to include parent representation, but added they would not need to come to the meeting as they could provide feedback from the minutes, or as and when advice is required. SS suggested a BLISS volunteer may wish to be involved.
- General Manager of Neonatal Services and SCN/Senate to be added.
- ABR enquired whether a KIDS representative should also be included.
- It was agreed that the Transport User Group is to take place twice a year and the venue will be rotated between networks.
- WT suggested linking the meetings with an educational aspect for both parties. All attendees could present an interesting case or bring something along from each unit. WT said it would be good practice if the various transfer teams could also attend as each team works slightly differently and it would be a good idea to document the variances. All present would be happy to participate.

AP/JH

AP/JH

Fund Raising

- A quiz will take place on Friday 5th July with a fish and chip supper at Barnt Green Social Club on behalf of BLISS and Tiny Travellers Appeal.
- WMNTS will be holding a Tiny Travellers Appeal Road Show on Saturday Augusts 10th in Telford Shopping Centre.

Single Number / 24 hour Cot Locator

- Due to the current changes within the commissioning team, this project is no further forward.
- KIDS were considering cessation of their surgical bed location service due to costs involved providing the service.
- All present agreed that one number would be useful; any feedback or comments to be forwarded to ABR.
- SS said the SWMNN stakeholder's day will be taking place on Friday 21st June at the Clarendon Suite, Hagley Road, Birmingham from 0900hrs.

9. Date of Next Meeting

Monday 21st October 2013 10am – 12 noon

Meeting Suite B, Manor Learning & Conference Centre, Route 301, Manor Hospital, Moat Road, Walsall, West Midlands WS2 9PS

Please contact jane.edwards@bwhct.nhs.uk to confirm your attendance

ACTION POINTS
TRANSPORT USER GROUP
Meeting held on the 17 June 2013

Copy of UHNS hand over sheet to be supplied to WMNTS	Kath Fradley
Parents travelling in ambulance to be includes in WMNTS objectives	Alex Philpott / Jackie Harrison
Parents travelling in ambulance guideline to be adjusted to read 10 days postnatal prior to circulation of guideline and leaflets	Jackie Harrison/Jane Edwards
Age of babies who had not reached cooling temperature upon WMNTS arrival to be supplied to AD	Nikki Baker
Gestation of babies in the 'paralysed' group to be supplied to VG	Nikki Baker
Mention of the National Service Specification to be included in the terms of Reference in paragraph 1 under 'making recommendations'	Alex Philpott / Jackie Harrison
General Manager of Neonatal Services and SCN/Senate to be added to members list	Alex Philpott / Jackie Harrison