

TRANSPORT USER GROUP
Minutes of meeting held on Thursday 28 February 2013
Seminar Room 9
Walsall Manor Hospital Learning and Conference Centre

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
Melody Bridges, West Midlands Specialised Commissioning Team
Basheer Tharayil, SpR, West Midlands Neonatal Transfer Service
Carol Lamputt, Unit Manager, Hereford Hospital
Gary Evans, ANNP, Russells Hall Hospital
Kate Palmer, Consultant, UHNS
Catherine O'Connor, Transport Nurse, WM Neonatal Transfer Service
Collette Harvey, Russells Hall Hospital
Jenny Lamb, ANNP, Royal Shrewsbury Hospital
Nikki Baker, Transport Nurse, WM Neonatal Transfer Service
Dianne Catli, Transport Nurse, WM Neonatal Transfer Service
Sarah Cormack, ANNP, WM Neonatal Transfer Service
Mark Coates, Ambulance Crew, NSL Patient First
Joan Taylor, Sister, City Hospital Dudley Road
Jane Edwards, Administrator, WM Neonatal Transfer Service

Apologies:

Mary Passant, Network Manager, SWM Newborn Network
Alyson Skinner, Consultant, Royal Wolverhampton Hospital
Amrit Dhillon, Transport Consultant, WM Neonatal Transfer Service
Taruna Bhindal, Consultant, Redditch Hospital
Kath Fradley, ANNP, UHNS
Helen Underhill, Neonatal Consultant, Hereford
Maria Francis, Transport Nurse, WM Neonatal Transfer Service
Jo Mills, Transport Nurse, WM Neonatal Transfer Service
Debbie Tompkins, ANNP, WM Neonatal Transfer Service
Wendy Tyler, Royal Shrewsbury Hospital
Judith Forbes, Cot Locator, WM Neonatal Transfer Service
Louise Lawrence, Transport Nurse, WM Neonatal Transfer Service
Gail Lloyd, Sister, Walsall Manor Hospital
Carol Edwards, Senior Neonatal Nurse, Hereford Hospital

2. Minutes of meeting held on 27 April 2012

The previous minutes were read and agreed:

Actions

- Parents travelling in the back of the ambulance guideline is currently with BWH board for approval, SSBCNN and SWMNN to receive copies when approved
- CDH babies were discussed at the surgical board meeting, ideally, surgical babies should be delivered at BWH where possible so they are nearer for transfer to BCH
- The Worcester transfer information was despatched to Andrew Short
- Draft contingency arrangements were sent to all units and neighbouring transport teams

3. Transfer Activities (Appendix 1)

TRANSFERS

- JH presented information for the first 9 months of 2012/13
- WMNTS transfer an average of 100 babies per month, transfers for 2012/13 have increased slightly over the previous year
- Back transfers from BWH, Heartlands and Worcester are high in the SWM network. BWH (expectedly) perform the most surgical transfers with Heartlands to follow
- UHNS have the highest surgical activity in the SSBC network
- There are similar transfer trends between each of the NICU's and each of the LNU's

REASONS FOR NON TRANSFER

- The main reason for babies not being transferred by WMNTS is the team are out performing another transfer at the time. Units often ask KIDS to carry out the transfer, or do the transfer themselves either to free up bed space or so they do not lose the bed at the receiving unit.
- JH confirmed that there has been a duty structure change within WMNTS; instead of the team performing 7 nights on call, they are on base Tuesday-Thursday nights inclusive. This has helped by giving a quicker response time and also enabled them to carry out back transfers overnight if they are not busy with ITU calls. WMNTS would like to be able to have a team at base during all weekday nights should staffing / funding permit.

OUT OF REGION SURGICAL TRANSFERS

- There have been 6 out of region surgical transfers YTD 2012/13, all babies were from SWMNN; 2 of the 6 cases required specialist out of region surgery.
- UHNS care pathway surgical transfers have gradually increased over the past 4 years.

4. Governance Issues/Clinical Incident Reporting

- The largest proportion of incidents reported related to communication, mainly misinformation and incomplete Badger records.
- WMNTS equipment is requiring frequent repair, hence the higher number of incidents in this category
- Temperatures <36°C are deemed low (with the exception of cooling babies). Such incidents will be reported - with the exception of unpreventable circumstances.
- The 2 WMNTS incidents related to: a theft in the office and a dislodged UAC during transfer.
- If WMNTS are involved in the care of any baby where the baby subsequently dies while WMNTS are still with the baby this will be reported via the clinical governance report.
- A detailed copy of all WMNTS incidents is sent to both Network Managers and their Clinical Governance Leads, please ask JE if a copy is required

5. Tri+ Network Feedback

- A bi-annual meeting takes place between WMNTS and other transfer groups (Liverpool, Wales, CenTre and KIDS) to share good practice and highlight any problems. Policies

are shared and reviewed between regions.

- It was agreed that inter-regional transfers should be undertaken by the transport team who are based in the same network as the mother's/baby's GP postcode.
- Inclement weather guidelines were discussed: Teams will always try to attend ITU calls and will only adopt the guideline when absolutely necessary as the safety of the baby and team are paramount. In extreme weather, the baby would be safer remaining on a neonatal unit than being stuck on a motorway.
- Meetings are not restricted to transport teams, all are welcome to attend.

6. Transport Study Day Feedback / Education and Training

- 18 delegates attended the Transfer Medicine Study Day held at Keele on 4 December 2012
- 12 were students from the SSBCNN foundation course
- All were happy with the overall content and quality of education with the exception of 1 foundation student who said it was a little over her head.
- This is the first year that CPD points have been applied for – 5 CPD point were granted
- The cardiac workshop was rated excellent; the surgical workshop also went very well.
- It was noted that no SCBU staff attended the preterm workshop
- WMNTS are working alongside each network on the Hot Topics study days as they cannot currently provide outreach study days due to staffing levels.
- WMNTS will accommodate students who would like to spend a day with the team; interested parties to call and arrange a visit.
- JL said that Shrewsbury organise their own in house study days that encapsulate a mix of skills; IV, cooling, use of incubator, temperature control
- KP enquired whether WMNTS would be able to attend in house study days. SS said that she involved Jo Cookson in developing this programme to include palliative care that is being held at Keele for SSBCNN staff.
- RM commented that it is difficult to release staff from 6 Trusts to attend individual study days. An education meeting is required to incorporate both networks and WMNTS to ensure guideline consistency and prevention of duplication; this can be achieved by linking study days.
- RM said that some units may wish to focus on issues specific to their unit.
- JL stated that all transport teams work differently. KP mentioned that paediatric services often ask for items neonatal units do not use (drugs). JL asked whether this could be addressed during a workshop study day.
- AP asked neonatal units to let WMNTS know if they observe any good practice carried out by other teams.
- It was mentioned that units are not always aware what team is turning up to transfer surgical babies. WMNTS to clarify with the unit upon calling to state they are on their way.

7. Stabilisation Time Audit (Appendix 2)

- JH presented an audit on behalf of Maria Francis detailing stabilisation times/variations for the 9 month period April – December 2012.
- Reasons for non-compliance with stipulated stabilisation time period included:
 - Awaiting x-rays
 - Locum on unit has no access to x-rays
 - Taking baby to mother prior to transfer (some staff included this visit in their stabilisation time)
 - Transfer team hand over of shifts

- WMNTS call handling, ie team field all incoming calls as there is no call centre, which causes delay if received during stabilisation period
- It was noted that some WMNTS staff record the time they arrive at the hospital, not on the actual neonatal unit (which may add 10 minutes to the stabilisation time)
- It was agreed that WMNTS would like to be informed about any potential ITU calls, they will record the time of the initial call and also the time it was accepted. Two way communication is required, WMNTS to notify the unit with an estimated arrival time.

8. CQUINS Data (Appendix 3)

- The 5th category has been agreed, to be recorded from January 2013.
'Unstable respiratory or cardiovascular failure not responding to appropriate management:
Despite giving appropriate ventilation via endotracheal tube the infant's respiratory status remains unstable or severely compromised:
 - persistent unstable pneumothorax despite chest drain requiring FiO₂ 100%
 - arterial oxygen <5kPa on 2 consecutive blood gas measurements
 - pH<7.1 and pCO₂ >9kPa
 - persistent mean blood pressure below corrected gestational age, measured on arterial line; if measured with cuff only, there should also be acidosis (pH<7.1)
- The data presented today is based on the first 4 CQUINS categories for 9 months April – December 2012 and indicates that the majority of CQUINS transfers were gastroschisis babies from BWH to BCH.

9. Any Other Business

Minimum Dataset

- AP is still awaiting a reply from numerous units in relation to moving **time critical babies** with **minimum data** to prevent unnecessary delay.
- It would be the responsibility of the referring and receiving units to transfer the remainder of the notes
- It was decided to operate the minimum dataset requirement as from 1 April 2013. AP to send RM and SS the relevant email for circulation to all Ward Managers and Clinical Leads
- Badger is still required from units together with antenatal history if the baby is being transferred for surgical or cardiac reasons
- Flowsheets, x-rays, prescription charts, social history and evidence of communication with parents is required. KP said that if the baby had been born the same day it may prove easier to copy all notes.
- A review of the new system to take place in 6 months.
- JL asked whether WMNTS have Badger. AP confirmed that it is under development as the current design does not meet user requirements.

AP

JE

Cooling (Appendix 4)

- WMNTS are now in possession of their own cooling mattress; there is an estimated 8 week delay on the trolley as it is being specifically made.
- NB gave a cooling presentation for transfers performed during the 9 months April – December 2012.
- An average of 2 cooling transfers are carried out every month, however, numbers have recently started to increase which could be due to increased awareness of treatment following HIE topical study days.
- It was noted that there have been an increased number of babies referred from City Hospital for cooling but on analysis of WMNTS data, no themes have been noted.

- As from April 2012, BWH is now the second cooling centre within the SWMNN, when bed capacity is low a PICU transfer takes priority over a cooling transfer. The cooling transfer will still take place but the baby will be transported to another cooling centre.
- Transfer response time, age at cooling and referral times have all improved over last year.
- Some babies take longer to transfer due to the distances involved; however, babies travelling a short distance (15 minutes) sometimes did not reach their optimum cooling temperature by the time they arrived at the receiving unit.
- Where gloves were utilised for cooling it was found that some babies were over-cooled.
- KP said it is quicker to liaise with receiving units and ask them to get inotropes ready than to wait for the referring unit to administer them. NB said that WMNTS also ask the receiving unit whether they require lines.
- NB pointed out that the 11 hours 55 minutes recorded for a cooling transfer was due to a transfer request being made, cancelled due to the baby's deterioration, and then requested again. Several interventions were required when the team arrived (nitric and vented) and then the WMNTS team had to hand over to the next shift.
- The WMNTS cooling guideline has been revamped and sent to BWH for approval. Some units are cooling older / younger infants – if babies do not fit into the recommended criteria but referring and receiving units agree that they will benefit from treatment then WMNTS are happy to accept the transfer.
- Vidya Garikapati asked for the adapted copy of 'Neuroprotection Care Audit Proforma' (**Appendix 5**) to be circulated to all units. Completion is required for all cooling transfers, a copy to be handed over to the cooling centre enabling a more robust method of data collection.
- NB is working with an external company and is aiming to produce a cooling training DVD.
- The next Cooling Study Day is being held by SWMNN on 2nd May 2013 at Friars Gate Solihull.

Ambulance Contract

- The WMNTS dedicated ambulance service contract is due to finish in July 2013; a number of companies have been invited to tender and shortlisted. AP confirmed there will be no gap in service.

Current WMNTS Vacancies

- 1.67WTE Transport Nurses band 6
- 2.0WTE ANNP Training Posts band 6 increasing to 8a on completion of training
- 1.0WTE Rotational band 8a ANNP with BWH (if any other units are interested in providing a rotational member of staff to work 6 months within transport and 6 months on their neonatal unit, please contact JH)
- The SSBCNN transport PA's are not allocated at the present time.

KIDS Merger

- No further forward, talks still ongoing, delays attributable to NHS/Commissioning changes
- Gaps have been identified in WMNTS funding that require address
- A 24 hour cot locator service forms part of the national requirement, suggestions are required as to how we can provide this service without additional funding

National Transport Group Conference

- WMNTS will be holding the National Neonatal Transport Group Conference on 29th November 2013 at the Burlington Hotel in Birmingham.
- Non transport employees are very welcome to attend, flyers to be circulated shortly.

Notices

- Congratulations to SS who has secured a 5 month secondment as SWMNN Network Manager.
- AP thanked MB for all her hard work and the support she has given to neonatal services.
- Congratulations to MF who will be leaving WMNTS to take up post as Neonatal Unit Manager at Walsall Manor Hospital.
- Best wishes were conveyed to DC who is leaving WMNTS to work to BWH neonatal unit.

10. **Date of Next Meeting**

To be advised

AP asked all present whether they wish to continue attending Transport User Group Meetings or whether they were prefer the meeting to take on a different format, for example:

- Reports and figures to be pre-circulated. Only additional items or matters arising from the reports to be discussed during the meeting.
- Meetings to be arranged at each individual unit so that information is unit specific (JL mentioned that it is interesting to see what is occurring in each network with a representative from each unit)

Please provide feedback with requirements to Jane Edwards

ACTION POINTS

**TRANSPORT USER GROUP
Meeting held on the 28 February 2013**

Minimum dataset email to be sent to network managers for distribution	Alex Philpott
Minimum dataset review to be put on next agenda	Jane Edwards