

TRANSPORT USER GROUP MEETING NOTES		
Monday 3 December 2018 at 10 am		
Meeting Suite A at Walsall Manor Learning and Conference Centre, Walsall Manor Hospital, Moat Road, Walsall, WS2 9PS.		
2.	<p>APOLOGIES: Cathy Seagrave Andrea Bayleys Cheryl Curson Sandra Orton Sidharam Vaskaran Dominic St Louis Sharon Wallis Emma Cook Lisa Harry Nicola Wenlock Laura Haman Elaine Evans Claire Humber Catherine Rutherford</p>	
	<p>PRESENT: Lee Abbott (Chair) – University Hospital of North Midlands Richard Heaver – Royal Wolverhampton Hospital Ruth Moore – SSBC Neonatal ODN Sarah Tranter – SWM Neonatal ODN Lynsey Clarke – SSBC Neonatal ODN Babu Kumararatne – SSBC Neonatal ODN Mathew Nash – Birmingham Women’s Hospital Yvonne Hughward – Birmingham Women’s Hospital Vishna Rasiah – SWM Neonatal ODN Claire Hall – Russell’s Hall Louise Stewart – Maternity CN Denise Jeffs – SWM Neonatal ODN Maria Francis – SWM Neonatal ODN Alex Philpott – KIDS-NTS Sami Bayer – UHB Sarah Mocksham – Heartlands Imogen Storey -</p>	
		Actions
3.	<p>MINUTES OF THE 5th SEPTEMBER 2018 All agreed.</p>	
4.	<p>MATTERS ARISING <u>Consultant Cover</u> AP is still trying to get a date for a transport consultant representatives meeting. All transport consultants or a representative to attend the next TUG and hold a transport consultant meeting following TUG. <u>Transfer of babies against parental wishes</u> Document prepared by LA which is been reviewed by the legal team at Stoke and will be piloted initially in Stoke, as never been tested in case law. As part of the tick sheet completed by units following admittance of baby, it is a leaflet that has some statements that need to be read out by the nurse, which makes it clear that as parents they do not have the right to either consent or refuse transfer of their baby. It is going through the appropriate processes and will be circulated to the Group.</p>	<p>Transport Consultants</p> <p>LA</p>
5.	<p>NTS ACTIVITY AP currently going through the processes to order new equipment, currently</p>	

	<p>£150,000 off the target, so almost there. Data from 1st September 2018 to the 30 November 2018 was presented by LA and will be circulated to the Group. AP explained that Stoke and Telford repatriating back into region, the others will be babies that have either been IUTs or out as surgical babies. Any referral that it is done by KIDS is not classed as a NTS referral, though it is does not matter which service does the transfer. It is the same phone number to call to request a transfer. AP it is a joint service where the two work together to make sure transfers are fulfilled. AP clarified that the service received 409 calls (390 of which came through the NTs) and NTS moved 328 of those. AP confirmed that data can be broken down as to the reason a transfer is refused. AM transfers between networks, 100 – 30 from SWMN and 67 back – both networks have two NICUs, what were the reasons, surgical or lack of capacity? AP confirmed that it is both IUT repat and Ex UTs usually due to lack of capacity in SWMN. RM suggested a breakdown of uplifts as to if they are in or outside of the normal care pathway. AP confirmed that this information can be provided. AP confirmed that Amy is going to e-mail out to using the TUG circulation list to arrange an annual review with the NTS where all your data will be provided, if it is not yourself that arranges that meeting please let Amy have the correct contact to get in touch with.</p>	<p>LA/SC</p> <p>AP</p> <p>All</p>
<p>6.</p>	<p>NTS STAFFING UPDATE</p> <p>Consultant Cover AP thanked all the consultants. Managing to run rosta and have representation from all four NICU's on the rosta. Deficient in ANNP level therefore consultant has to do both.</p> <p>ANNPs/Middle Grades Sarah McCormack retired and has come back to do one or two days. Maggie Seldon has just retired and will hopefully come back. This makes one WTE between the two of them. We hope that Steve Cossi will be joining us from February and on the rosta. We hope that Helen Corns will come into the numbers next March as an ANNP as she has successfully passed her course. This still leaves the rota short with vacancies and have not had an ST trainee for the last nine months. We had appointed an ANNP for training from September, however Louise will be going on maternity leave.</p> <p>Transport Nurses The nursing rosta is more robust. Recruited someone from Plymouth who will be joining after Christmas. Two nurses on maternity leave. Cannot always do repats due to staffing shortages in the ANNP rota. Amrit is the ANNP on Christmas Eve due to shortages. AP and CR is having to cover the ANNP rota during the night and weekends. Grid trainees are not wanting to come to the NTS. Anyone already working independently on a middle grade rosta can join the rota, ST4. Transport is can be a lonely place therefore need to be fully competent. RM reiterated that NTS needs staffing cover otherwise each unit is affected, and asked that staff on units can help the transport service. AP will work with all units and asked for feedback as to why people don't want to work in transport. RM suggested using survey monkey. LA agreed to send this out. Lots of suggestions were made as to how the post could be made more attractive. AP confirmed that currently have one KIDS-NTS nurse and working on more in the nurse rosta doing the training however cannot do the same with the ANNPs due to the lack of staff unable to release them to do the training. PIC trainees are not happy to do neonates. AP not able to work on KIDS rota due to not having six months anesthetic experience and PIC experience out of date, with LA and Amrit in a similar situation. LA trapped due to lack of staffing, but the opportunities are there to develop the service. RM suggested that AP could use the funding not being used due to unfilled posts to recruit via the neonatal unit. AP completing datix in order to keep a record of gaps in service.</p>	<p>LA</p>
<p>7.</p>	<p>COT LOCATOR UPDATE <u>West Midlands OPEL Update</u> ST gave an update. Meeting took place a couple of weeks ago working through scenarios to make sure that practically it all makes sense. Following amendments, it will go live in January. Broken down into the three levels of care on the unit, in order to be able to define which areas are full and which areas on the unit can</p>	

	<p>accept a transfer. Even if black all units will try to accommodate where they can therefore asked people to call unit to discuss. All units can adopt however AP asked if it could be delayed to the online version until the winter pressures in the NTS have subsided. ST to circulate final version.</p> <p><u>nORS (the neonatal online referral and cot location system)</u></p> <p>Demonstrated at both Networks Boards. Feedback has been given to Specialised Commissioners, liked online the referral for repats and cot locator system together therefore nORS was the solution, as Badger cannot do the online referral. Specialised Commissioners have asked what reports we would want the system to generate in order that these can be put through the contract mechanism. Unit level, Network level and WM level reports, RM and ST to draft for circulation/comment before sending. AP confirmed that the equipment is still outstanding. RM confirmed that this would need the Commissioners to discuss this with BWCH the funding of the system. The group discussed whether the system would add any value, unless neonatal units keep the information relevant and up to date with both neonatal and maternity information. The system will be funded through contract negotiation between BWCH and Commissioners. ST felt that it would capture data as to the reasons for lack of capacity which will be monitored by both Network Boards. All agreed it would save time ringing round but that the information needed to be correct and up to date. RM only London and WM that do not have enough cots for the demand. NTS do not have access to Badger. RM will e-mail TUG the suggested data for both unit and Network level in the next week. LMS want to understand transfers between certain areas, LS to work with RM as to what data is needed.</p>	<p>ST</p> <p>RM/ST</p> <p>RM</p> <p>LS</p>
<p>8.</p>	<p>NTS INCIDENTS/ISSUES</p> <p>AP summarized the main incident being communication (ie babies not being ready, parents not being informed of transfer, Badger not completed for repats) this may be due to the fact that the transport team respond immediately to transfer request therefore are getting to units much quicker. Bed status with NSW (surgical ward at BCH) issue, with no bed actually being available. Equipment issues. ANNP rota issues are not being reported.</p> <p><u>Stabilisation of surgical babies</u></p> <p>Poorly babies on analgesia however babies jumping in beds during transfer, AP asked that teams adequately sedated/paralysed/analgesia babies prior to transfer.</p>	<p>All</p>
<p>9.</p>	<p>FEEDBACK ON NTS FROM UNITS</p> <p><u>Heartlands</u></p> <p>Repat to Good Hope might allow us to take babies however phone at 5/6 pm transfer may be delay until next team comes on. AP repat requests need to come in between 9 am and 6 pm, after this we may not be able to do them within the shift. Need education/guidelines as to sedation babies require in order to standardise the care given. AP will ask Sanjay to e-mail/phone to discuss this. Surgical babies to BCH three babies just this week that have not had a bed and have had to spend a significant amount of time (3 hours in one case) ringing round the country to find a surgical bed. AP look at PIC bed status, example baby went to Alder Hey, NTS-KIDS have access to data. NTS are not responsible for bed finding, however can share this data. AP to do piece of work as to find where babies accepted on NIC or PIC for surgery and who consultants need to ring. AP to circulate e-mail regarding clarification as to NTS or KIDS that will do transfer. Some consultants will do PIC transfers however some will only do NTS. What is classified as a NIC or PIC transfer is different depending upon the service. NTS has not got capacity to be a bed locator. Data collected by NTS-KIDS babies that go out of region due to lack of surgical capacity. If babies are having to wait >48 hours for a surgical bed that will be recorded by NTS. The whole of last year there was only 12 babies that went out of region, last month alone there were 15 babies. All agreed urgent action is needed on this.</p> <p><u>New Cross</u></p> <p>Importance of feedback meetings, AP confirmed Amy will be e-mailing to arrange annual review meetings with units.</p> <p><u>BWH</u></p> <p>Both working at Women's and NTS are very professional and good service</p>	<p>AP</p> <p>AP AP</p>

	<p>especially given the staffing issue and capacity issues within the Network. Having a single number has made a difference and access to conference call.</p> <p><u>Stoke</u></p> <p>AM agreed it was a fantastic service, however there are concerns with how you are working, hours, ANNP, does not feel that this is sustainable. Queried BWCH Trust governance arrangements, safety and working life. AP confirmed that never work the ANNP shift overnight and then work the next day – make sure we are not physically in the office the next day covered between AP and Catherine. ANNPs and nurses sometimes feel that there is the view that we are up near the arctic circle and queried how close to the end of a shift it is not possible to do a transfer. AP this is due to M6 being closed at night currently for roadworks therefore it took the team over 9 hours to transfer a baby from Liverpool to Russell's Hall. AP felt that after 4 pm would be the cut off, and will put this in writing.</p>	AP
10.	<p>ANY OTHER BUSINESS</p> <p>No other business.</p>	
11.	<p>DATE AND TIME OF NEXT MEETING</p> <p>The next meeting will be held on Tuesday 26 March 2019. ST to arrange a venue in the SWMN ODN.</p>	ST