

West Midlands Neonatal Transfer Service Northern and Southern West Midlands Newborn Networks

Parent Accompanying Their Baby on Transfer with WMNTS

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| Policy category and number: | |
| Version: | 1.0 |
| Approval committee: | Clinical Improvement Group/Neonatal Directorate |
| Date approved: | 8 April 2013 |
| Date issued: | 9 May 2013 |
| Name/Designation of Lead Officer: | Jackie Harrison, Nurse Consultant |
| Name/Designation of author: | Maria Francis Transfer Sister / Jackie Harrison, Nurse Consultant |
| Review date: | 8 April 2016 |
| Reviewer Designation Title: | ANNP |
| Target audience: | All WMNTS Users |

NB. Hard copies of this policy are not permitted as they **cannot guarantee** and **risk** the content being out of date.

For assurance that the most up to date policy is being used, staff should refer to the version held on the Trust intranet policies link.

Version Control

| Version | Date (DD/MM/YY) | Author (Name and Designation) | Status (Draft, Approved, Archived) | Description of Amendment |
|---------|-----------------|--|------------------------------------|--------------------------|
| 1 | August 2012 | Maria Francis Transfer Sister / Jackie Harrison Nurse Consultant | Approved | New guideline |

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West Midlands Neonatal Transfer Service Northern and Southern West Midlands Newborn Networks

Parent accompanying their baby on transfer with WMNTS

1. Introduction

- 1.1 The Toolkit for high quality neonatal services (DH 2009) sets out 8 principles for good practice. Principle 4 recommends that parents are given the opportunity to accompany their baby during transfer and where this is not possible than alternative arrangements are made.

WMNTS aims to introduce a service where a parent is offered the opportunity to travel with their baby during transfer. Initially the service is offered to parents of a well stable baby requiring transfer. Eventually we envision the service will be offered to parents of all babies transferred by WMNTS.

2. Objectives

- 2.1 To provide a safe and practical guide for staff to facilitate parents in accompanying their baby during transfer by WMNTS

3. Policy Scope

- 3.1 To ensure WMNTS staff and multidisciplinary staff working within the SWNNN and SSBCNN are familiar with the Parent Accompanying Their Baby on Transfer with WMNTS guideline

4. Definitions

- 4.1 WMNTS – West Midland Neonatal Transfer Service
SWMNN – Southern West Midlands Newborn Network
SSBCNN – Staffordshire, Shropshire and Black Country Newborn Network

5. Duties and Responsibilities

- 5.1 All multidisciplinary staff should read the Parent Accompanying Their Baby on Transfer with WMNTS guideline and be aware of the criteria.

6. Procedures

- 6.1 Parameters
This guideline applies to the biological parents / guardians of the baby requiring transfer. WMNTS maintain that its first priority and duty of care is to the baby.

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On request by the referring unit, a decision will be made on an individual basis by WMNTS, whether offering one parent the opportunity to travel with their baby is appropriate. **The final decision remains with the team transferring the baby.** The decision made will include the following considerations:

6.2 Baby's condition

- Initially the service will be offered to babies who are stable at time of referral as assessed by WMNTS (those fitting the criteria for nurse only led transfers)
- If a baby deteriorates on route, the WMNTS team's first priority is to stabilise the baby and then support / comfort parent
- WMNTS staff will discuss / update the parents following any emergency and on completion of the transfer

6.3 Parent

- Mothers must be 7 days postnatal to be allowed to travel in with WMNTS
- The parent accompanying must be independently mobile
- Be able to wear a seat belt safely
- Parent suffering from motion sickness will be discouraged to travel with WMNTS
- In the event of unforeseen emergency occurring the ambulance will be stopped and basic life support provided by WMNTS and a 999 paramedic ambulance called for assistance
- Parents will be asked to sign a disclaimer acknowledging that the WMNTS cannot take responsibility for their health needs during transfer

6.4 Referring Unit

- Will assess whether a parent is suitable to travel with WMNTS and then
- Will provide parents with WMNTS leaflet "Parents Travelling with babies"
- Inform WMNTS at time of referral that a parent fulfils the criteria and wishes to use the service

6.5 Receiving Unit

- Informed by WMNTS that a parent is accompanying their baby on transfer
- Accommodation for parents (if appropriate) should be organised by the referring and receiving unit before WMNTS begin the transfer with parent on board

6.6 Safety and security

- **WMNTS will not permit parents who have been physically or verbally abusive or have behaved in a threatening manner to accompany their baby on the transfer**
- Parent with known on going mental health problems or whose social circumstances may cause a risk to staff or baby e.g. emergency protection orders, will not be offered the service

- Parent will travel in the back of the ambulance. They must remain seated and wear their seatbelt at all times.
- They must not distract the WMNTS team during the transfer
- Parent's luggage must be small enough to be stowed away and be accountable for their own belongings. Larger belongings should be transported home prior to WMNTS departure by family/friends

6.7 Training

- All members of WMNTS team will receive training relating to parents accompanying babies during their induction period and receive annual updates
- All members of WMNTS will receive annual updates relating to basic life support.
- Priority for space in WMNTS ambulances will be given to team members with training needs. This may limit the space available for parents on any given transfer.

7. Review, Monitoring, and Revision Arrangements

7.1 All Trust policies / guidelines will be monitored for compliance in one of three ways:

- **Review** is normally proactive and designed to evaluate the effectiveness of systems and processes;
- **Audit** is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria;
- **Continuous Audits** are repeated audit cycles to ensure new controls can be identified and tested as they arise.

7.2 Where deficiencies have been identified through any of the above, there must be evidence that recommendations and action plans have been developed and changes implemented.

7.3 Audit

| Monitoring | Method | Frequency | Lead | Reporting to | Action Plan Review by |
|---|--|-----------|------------------|---------------------------|---------------------------|
| Parent satisfaction | Parent feedback forms | Annual | Nurse Consultant | Joint Transfer User Group | Joint Transfer User Group |
| Adverse incidents | Review of clinical incidents submitted via Datix | Annual | Nurse Consultant | Joint Transfer User Group | Joint Transfer User Group |
| Completion of “accompanying parent” information on WMNTS dataset and database | Review | Annual | Nurse Consultant | Joint Transfer User Group | Joint Transfer User Group |

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8. Associated Documents

- West Midlands Neonatal Transport Service and Southern West Midlands Newborn Network Operational Policy

9. References

- Toolkit for High Quality Neonatal Services, DH (2009)
- Standards for the care of critically ill children (2010), The Paediatric Intensive Care Society
- ANTS Acute Neonatal Transfer Service – Parents accompanying their baby on transfer with ANTS for EoE
- Embrace - Parents Travelling in the Ambulance
- Southampton Paediatric Retrieval Service – A guideline for safe transfer of a Parent accompanying their child in the ambulance during paediatric retrieval

Appendix A – Plan for Dissemination of Procedural Documents

To be completed by the Head of Corporate Affairs and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

| | | | |
|--|--|---|--|
| Title of document: | WMNTS Parent Accompanying Their Baby on Transfer with WMNTS | | |
| Date finalised: | 8 April 2013 | Dissemination lead: Print name and contact details | Jackie Harrison/ WMNTS Nurse Consultant |
| Previous document already being used? | No | | |
| If yes, in what format and where? | | | |
| Proposed action to retrieve out-of-date copies of the document: | | | |
| To be disseminated to: | How will it be disseminated, who will do it and when? | Paper or Electronic | Comments |
| WMNTS Staff and service users | Intranet and email | Electronic | |

Dissemination Record to be used once document is approved

| | | | | |
|--|--|--------------------------------|---------------------------|-----------------------------------|
| Date put on register / library of procedural documents | 9 May 2013 | Date due to be reviewed | 8 April 2013 | |
| Disseminated to: (either directly or via meetings, etc) | Format (i.e. paper or electronic) | Date Disseminated | No. of Copies Sent | Contact Details / Comments |
| WMNTS Staff and service users | Electronic | | N/A | |

Appendix B – Equality Impact Assessment Tool

| Policy/Function Details | |
|--|--|
| Name of Policy/Function¹, Service, Plan, SLA, Function, Contract or Framework: | West Midlands Neonatal Transport Service and Southern West Midlands Newborn Network |
| Is this a new policy or function? | New <input checked="" type="checkbox"/> Existing <input type="checkbox"/> Updated <input type="checkbox"/> |
| Responsible Manager | Julie Harcourt |
| Date Assessment Completed: | 25 March 2013 |
| Sources of Data | |

| Screening Assessment | | | | | |
|--|--------|----|------------------|----------|------------------------|
| Equality Group | Impact | | Status of Impact | | Brief Detail of impact |
| | Yes | No | Positive | Negative | |
| Race, Ethnicity, Colour, Nationality or national origin (incl. Romany Travellers, refugees and asylum seekers) | | X | | | |
| Gender or Marital Status of Men or Women | | X | | | |
| Gender or Marital Status of Transsexual or Transgender people | | X | | | |
| Religion or belief | | X | | | |
| Physical or Sensory Impairment | | X | | | |
| Mental Health Status | | X | | | |
| Age or perceived age | | X | | | |
| Sexual Orientation (Gay, Lesbian, Bisexual) | | X | | | |
| Offending Past | | X | | | |
| Other Grounds (i.e. poverty, homelessness, immigration status, language, social origin) | | X | | | |

¹ Policy/Function for the purpose of this document also includes Services, Plans, SLAs, Contracts, Care Pathways and Service or Care Frameworks.

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| Assessment Narrative | |
|---|--|
| Are there any alternative service/policy provisions that may reduce or eradicate any negative impacts? | |
| Not applicable | |
| How have you consulted with stakeholders and equalities groups likely to be affected by the policy? | |
| Neonatal CIG | |
| What are your conclusions about the likely impact for minority equality groups of the introduction of this policy/service? | |
| No impact likely | |
| How will the policy/service details (including this Equality Impact Assessment) be published and publicised? | |
| Intranet | |
| How will the impact of the policy/service be monitored and reviewed? | |
| As per section 7 | |
| Assessor Name: | Julie Harcourt |
| Assessor Job Title: | Neonatal Clinical Audit and Guidelines Lead |
| Date Completed: | 25th March 2013 |

Appendix C – Policy Checklist

| | Title of document being reviewed: | Yes/No/Unsure | Comments |
|-----------|--|---------------|----------|
| 1. | Title | | |
| | Is the title clear and unambiguous? | Yes | |
| | Has all the information on the front page been completed? | Yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | |
| 2. | Rationale | | |
| | Are reasons for development of the document stated? | Yes | |
| 3. | Development Process | | |
| | Is the method described in brief? | Yes | |
| | Is the responsible policy leads name and title clearly printed? | Yes | |
| | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Yes | |
| | Is there evidence of consultation with stakeholders and users? | Yes | |
| 4. | Content | | |
| | Is the objective of the document clear? | Yes | |
| | Are the intended outcomes described? | Yes | |
| | Is the language used in the document clear, jargon free and spelt correctly? | Yes | |
| 5. | Format | | |
| | Does the policy conform to the prescribed policy format? | Yes | |
| 6. | Evidence Base | | |
| | Is the type of evidence to support the document identified explicitly? | Yes | |
| | Are key references cited using Harvard referencing? | Yes | |

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| | Title of document being reviewed: | Yes/No/Unsure | Comments |
|---|---|---------------|---------------|
| 7. | Approval | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | N/A | |
| 8. | Document Control | | |
| | Has a version control sheet been placed at the front of document, and been filled out correctly? | Yes | |
| 9. | Process to Monitor Compliance and Effectiveness | | |
| | Is there a plan to review or audit compliance with the document? | Yes | |
| 10 | Review Date | | |
| | Is the review date identified? | Yes | |
| | Is the frequency of review identified? If so is it acceptable? | Yes | |
| 11 | Equality Assessment | | |
| | Has an equality impact assessment been carried out? | Yes | |
| Individual Approval | | | |
| If you are happy to approve this document, please sign and date it below, and put the document onto the DMS for final approval | | | |
| Name/ Designation | Julie Harcourt/ Neonatal Clinical Audit and Guidelines Lead | Date | 25 March 2013 |
| Signature | | | |
| Committee Approval | | | |
| If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents. | | | |
| Name/ Designation | Imogen Morgan/ Neonatal Clinical Director | Date | 8 April 2013 |
| Signature | | | |