

West Midlands Neonatal Transfer Service

Repatriation Without Parental Assent

Policy category and number:	
Version:	1
Approval committee:	<i>Approval Committee name, i.e. Board Committee</i>
Date approved:	<i>Date of approval</i>
Date issued:	<i>Date released onto Trust Intranet</i>
Name/Designation of Lead Officer:	<i>Dr Alex Philpott</i>
Name/Designation of author:	<i>Dr Alex Philpott</i>
Review date:	<i>Max 3 years from approval</i>
Reviewer Designation Title:	
Target audience:	<i>WMNTS, SWMMNN & SSBCNMN units</i>

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 Hard copies of this policy are not permitted as they **cannot guarantee** and **risk** the content being out of date.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		Dr Alex Philpott, Lead Consultant WMNTS		

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Birmingham Women's NHS Foundation Trust

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1. Introduction

WMNTS transfers babies between the units of SSBCNMN and SWMMNN to ensure they receive the right care in the right place at the right time. In addition WMNTS repatriates babies back into these ODNs when the baby has received neonatal care outside the region. Given the constraints with resources within the two ODNs and outside babies need to be repatriated to their booking LNU/SCBU as soon as they are well enough to do so. **There is no parental choice in this matter.**^{1,2}

In all cases the process of transfer of a baby from one neonatal unit to another will be discussed with the parents of the baby prior to transfer. In the majority of cases agreement will be reached that a transfer should proceed. However, on occasion parents may not agree with a transfer proceeding. In these cases this policy must be followed.

2. Objectives

To provide a legal framework for WMNTS to transfer babies where there is no parental agreement for transfer.

3. Policy Scope

Doctors, ANNPs and nurses who are employed by WMNTS.

4. Definitions

WMNTS – West Midlands Neonatal Transfer Service
SSBCNMN – Staffordshire, Shropshire & Black Country Newborn & Maternity Network
SWMMNN – Southern West Midlands Maternity & Newborn Network
ODN – Operational Delivery Network
LNU – Local Neonatal Unit
SCBU – Special Care Baby Unit
ANNP – Advanced Neonatal Nurse Practitioner

5. Duties and Responsibilities

All multidisciplinary staff should read the Repatriation Without Parental Consent policy and be aware of the process.

6. Procedure

In order for WMNTS to repatriate a baby without parental agreement the following form (Form A) must be completed by the consultant responsible for the current inpatient care of the baby. If the form has not been completed WMNTS will be unable to transfer the baby without parental agreement (see Appendix D).

Form A must travel with the baby.

A copy of Form A must be kept with WMNTS dataset as a complete record of the transfer.

West Midlands Neonatal Transfer Service Transfer without parental agreement **FORM A**

PLEASE PRINT CONSULTANT NAME

I, am instructing

PLEASE PRINT WMNTS TEAM LEADERS NAME

to transfer

PLEASE PRINT BABY'S NAME PLEASE WRITE BABY'S NHS NUMBER CLEARLY

PLEASE PRINT REFERRING HOSPITAL NAME

from Hospital

PLEASE PRINT RECEIVING HOSPITAL NAME

to Hospital

without parental agreement.

PLEASE PRINT BABY'S NAME

is medically appropriate
for transfer at this time.

SIGNED

DATED / /

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.

The frequency and detail of the monitoring process is described in the table below:

Monitoring	Method	Frequency	Lead	Reporting to	Action Plan Review by
Form A completion	Audit	Annual	Lead consultant	ODN, WMNTS Team Meetings	ODNs

8. Associated Documents

SSBCNMN Repatriation Policy September 2014

SWMMNN Policy on repatriation of babies back to their local units June 2014

WMNTS Policy - Parents Travelling with Babies

9. References

1. SSBCNMN Repatriation Policy (September 2014)

2. SWMMNN Policy on repatriation of babies back to their local units (June 2014)

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:			
Date finalised:		Dissemination lead: Print name and contact details	
Previous document already being used?	Yes / No (Please delete as appropriate)		
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

Dissemination Record to be used once document is approved

Date put on register / library of procedural documents		Date due to be reviewed	
Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent

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Appendix B – Equality Impact Assessment Tool

Policy/Function Details	
Name of Policy/Function ¹ , Service, Plan, SLA, Function, Contract or Framework:	
Is this a new policy or function?	New <input type="checkbox"/> Existing <input type="checkbox"/> Updated <input type="checkbox"/>
Responsible Manager	
Date Assessment Completed:	
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)					
Gender or Marital Status of Men or Women					
Gender or Marital Status of Transsexual or Transgender people					
Religion or belief					
Physical or Sensory Impairment					
Mental Health Status					
Age or perceived age					
Sexual Orientation (Gay, Lesbian, Bisexual)					
Offending Past					
Other Grounds (i.e. poverty, homelessness, immigration status, language, social origin)					

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?	
How have you consulted with stakeholders and equalities groups likely to be affected by the policy?	
What are your conclusions about the likely impact for minority equality groups of the introduction of this policy/service?	
How will the policy/service details (including this Equality Impact Assessment) be published and publicised?	
How will the impact of the policy/service be monitored and reviewed?	
Assessor Name:	
Assessor Job Title:	
Date Completed:	

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Appendix C – Policy Checklist

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

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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?		
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		
8.	Document Control		
	Has a version control sheet been placed at the front of document, and been filled out correctly?		
9.	Process to Monitor Compliance and Effectiveness		
	Is there a plan to review or audit compliance with the document?		
10	Review Date		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
11	Equality Assessment		
	Has an equality impact assessment been carried out?		
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		Date	
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		Date	
Signature			

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Appendix D- Algorithm for the repatriation of a baby without parental consent

When a referral is made to WMNTS, please use the following algorithm

