

# **CenTre Neonatal Transport**

## **Annual Report 2017-2018**



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# Highlight of the year

## **The introduction of Shift Co-ordinators & Advanced Neonatal Nurse Practitioners**

As our activity increases it has become exceedingly challenging to respond to referral calls whilst already out on a transfer. Previously our call handlers have had to stack calls until a transport nurse became free to take the referral and locate a cot.

For the first time since our launch in 2010 our nursing team is fully established, this gave an opportunity to launch a shift co-ordinator role. When staffing levels allow a transport nurse is identified on the rota to provide logistical support to the teams. The function of the role is to take referrals, locate cots, provide support and professional back up which frees up the teams to concentrate on the infants they are stabilising and transferring. This role often works with our call handlers and transport consultant to provide clinical advice by utilising our call conferencing facility.

Feedback from the team has been overall very positive. Other benefits from having a shift co-ordinator in place is our ability to respond to referral calls promptly without the need to delay the referral until one of the clinical team has completed their transfer to take the details and locate a cot.

The appointment of two advanced neonatal nurse practitioners, Tim and Sam, has had a very positive effect on the service. Having experienced neonatal nurses working on the medical rota provides stability and expertise to our service. Both are based at our Leicester transport base

We feel that both these additions to our service are positive improvements. If you have any suggestions or comments on how we can continue to improve our service please feel free to contact us.

# Introduction

Thanks for taking the time to have a look at our 8th annual report of the work of CenTre Neonatal Transport. Please have a look through the rest of the report as there is both hard data and great stories that are all worth your attention for a few minutes. There are a couple of things I thought I'd draw to your attention.

## **Response to time-critical transfer requests**

It's great that this year's report shows another step-wise improvement in our despatch time for the most acute transfers, down again to an average of just 30 minutes from the start of the referring call. This is thanks to the hard work and experience of the clinical teams spotting the most acute calls and making sure that we put all our efforts into responding rapidly when a time critical transfer is identified.

## **Workload & neonatal capacity**

I'm happy that we can report our workload has steadied over the last year and has not increased further. CenTre remains in the position that activity is substantially in excess of that for which we were commissioned, and in last year's report I warned that further increase in workload was unsustainable.

While this levelling-off is welcome, it is disappointing to see that the number of transfers undertaken for capacity reasons are on an upward trend after a couple of years of decline. Capacity transfers, the movement of infants because there's not the space or resources to care for them in a unit that otherwise should be able to look after them, are a marker of the adequacy of neonatal capacity across the networks. Our network consistently reports numbers of capacity transfers in excess of the rest of the UK - for example, in Jan - Jun 2017 our number of capacity transfers of infants <32 weeks in the first 72 hours of life (n=44) was greater than the total for the rest of the UK. In this report you will see capacity transfers are up 10% from last year. The need to find solutions to neonatal capacity in our area remains pressing, and using postnatal transport of vulnerable infants to manage capacity is far from optimal care.

Andy Leslie, Nurse Consultant & Head-of-Service

August 2018

# Medical Review

Another busy year has passed for CenTre transport. As ever, we would like to thank our consultant colleagues in the 3 tertiary services for their continued support of transport delivery. Middle-grade staffing has remained challenging at times due to rota gaps. We have recruited into both Consultant posts and ANNPs within the service and we are sure you will be seeing much of them in the near future. In Nottingham, we would like to welcome Phoebe Kigozi, Carrie Young and Raj Pal as our new Consultants and in Leicester Tim Styche and Sam Bird who are full time ANNPs with the service.

The East Midlands Paediatric Intensive care transport service (COMET) has gone from strength to strength, and became a 24 hour service in time for winter. We work closely with them and have helped each other out on numerous occasions.

We have an active clinical governance programme which has included audit work around evaluation of stabilisation times and ongoing projects reviewing babies moved within the first 72 hours and those transfers requiring nitric oxide. We continue to work with the Glenfield team to improve our service for PDA ligations. There is willing on both parts, and still obstacles to overcome. We will get there, we are sure!

We are working collaboratively with our network units to review our cooling transfers and identify whether there are any measures that could improve outcomes for this group of babies.

We have an active education programme and have delivered teaching both in-house and externally in conjunction with Julie Gallagher our CenTre educator and look forward to continuing this work welcoming Sophie Stephenson to our education team as CenTre educator.

We have added equipment delivering humidified high flow nasal cannula oxygen to our transport systems and are seeing a positive uptake of this therapy in the transport setting.

## **Work plan for 2018/19**

- Work collaboratively with the neonatal networks to improve the delivery of therapeutic hypothermia for transported infants.
- Quality improvement work to improve our response times.
- Continue to develop sustainable staffing plans.

# Medical Review cont'd

- Review the transfers of our smallest babies
- HHFNC transfers across whole of network
- Continue to develop sustainable staffing plans.
- Review the transfers of our smallest babies
- Case review meetings across all network units

Jo Behrsin (Consultant Neonatologist UHL),

Puneet Nath (Consultant Neonatologist UHCW)

Anneli Wynn-Davies (Consultant Neonatologist NUH)

# Nursing Review

Since the launch of CenTre Neonatal Transport in April 2010 we have been very fortunate to have had a relatively stable nursing workforce . However this last year has seen several changes within our team.

## **Hellos & Goodbyes**

Two of our founding nurses, Ramona D'Souza and Sue Robertson, retired after many years of NHS service. We wish them a long and happy retirement. We also said a sad goodbye to Roxanne Purdue, moved on to start her ANNP training in Derby, and to Ann Marie Boyce who moved to the neonatal unit in Northampton. We wish them both well with their new roles., who knows one day Roxanne may be back with us as an ANNP.

There has also been movement within the service. Julie Gallagher, our Transport Educator, was appointed a the new North Base Team Leader, after Sue retired. Into Julie's shoes we appointed Sophie Stephenson from south Base as our new Transport Educator. Both are now in post and enjoying their new challenges. Our final mover was Robbie Simmons, as he moved back to our North Base in Nottingham.

As well as movement within the team several new team members have joined us, Liba Mason to our North Base and Stacy Billingham in our South Base. They will soon be starting their transport induction.

## **New ways of working**

Following several rounds of unsuccessful recruitment to our South Base team at Leicester Royal Infirmary we needed to look into new ways of staffing our service. After talking to the transport nurses based there and to the Matron for the Neonatal Unit at LRI we were able to make a decision. We would offer permanent transport nurses posts to those transport nurses who were interested. Three nurses self selected themselves, Lynda Rafael, Verity Pearson and Fiona Tulloch. This also meant that we would retain these experienced neonatal nurses within Leicester.

I am sure that 2018/19 will bring yet more staff changes but hopefully we will be able to continue to support of units in providing timely, expert neonatal transport when its needed.

*Nicky Davey*

*Matron*

# Little Lives Big Journeys

We continued to receive donations into our Little Lives Big Journeys fund from many different sources. Our own team took part in a virtual 500km walk. The aim was for us as a service to walk a combined total of 500km in a two week period in April 2017. This is the same as walking between all of the 14 neonatal units we provide transport for. Many of our team took part and we actually walked 1088.67km raising over £300.

We use our fund to improve our service for the staff and the babies and families we transfer. One of the ways this money is used is to give our nursing staff the chance to attend the annual National Transport Group conference. This is the only opportunity they have to meet staff from other neonatal transport teams from across the UK. We have previously supported nurses to go to meetings in Birmingham, Leeds, London, Cambridge. The 2018 meeting is being held in Liverpool and we hope to be able to support at least two of our nurses to attend.

Since 2017 we have been giving out one of our transport teddy bears, called Miles. Each baby receives a Miles when they are transferred by our team. Miles also accompanies us on our fundraising activities as well as going on his “travels” when team members go on holiday. He’s a very well travelled little bear having been in a Spitfire, trips to California, Aruba, India and Mexico in recent times, not to mention a trip to see the real Santa Claus.

*Nicky Davey  
Matron*





# Family Stories



I had no idea how complex it was to simply get him from one incubator and ventilator to another!

It's a bit of a blur now but the transport team and unit team seemed to be meticulously working away for what felt like hours (but maybe it wasn't!) switching one bit of kit for another, completing notes & handing over.

It was all very calm but with a definite sense of urgency.

**Lynsey Jones & Barnaby—in his own take on our neonatal ambulance (note the baby securely strapped to the roof!**

We have had 5 different transfers with yourselves between 3 different hospitals, UHCW, LRI & Warwick.

3 transfers because my son was getting better so we were moved back closer to home, 1 for surgery and 1 because my son had deteriorated and required higher dependency care so we were moved back to a hospital that could provide that care.

Every time we had a transfer everyone introduced themselves to us and I was kept fully aware of what was happening at all times

**Natalie Ellard and Ted**



# Family Stories

I was still under maternity ward care and so couldn't follow the ambulance on the journey which is the hardest thing I've ever had to do. The team were absolutely incredible at explaining things to us as terrified parents and really reassured us that she was going to be well looked after in their care, which she completely and utterly was!

They gave us a parent pack containing a little teddy (which now sits proudly on her bedroom window sill)

Florence was at city hospital for 2 weeks where she received the best care we could have hoped for and once she was ready the team transferred her back to Kingsmill.

This time I was allowed to travel in the front of the ambulance...what a difference a fortnight makes! The team were great and particularly the driver made me feel so much better by simply chatting the journey away and helping me to deal with the anxiety I was experiencing.

What an incredible group of people we had the honour to meet, if only it had been in better circumstances...but then I guess if it were, then we would never have got to meet them at all!

Anyone who asks me, I tell them that every single person we have met is incredible and we will never, ever be able to show just how much they have done for us and our baby girl...who is now a smiley, happy, healthy 6month old baby.

**Katie Lee & Florence**



# Activity 1

**Table 1 Total CenTre workload**

	2016-17	2017-18
Total CenTre team dispatches	1665	<b>1646</b>
Total completed transfers	1627	<b>1612</b>
Total abandoned transfers	38	<b>34</b>
Neonatal	1625	<b>1608</b>
Paediatric*	2	<b>4</b>

\* Paediatric transfers are infants transferred where the journey neither started nor finished at a neonatal unit.

**Table 2 Comparison of activity 2016-17 to 2017-18**

Activity	2016-17	2017-18	Difference
Total Transfers (n=)	1627	<b>1612</b>	-15
Repatriation n= (%)	671 (41%)	<b>686 (42%)</b>	+15
Uplift n= (%)	654 (40%)	<b>600 (37%)</b>	-54
Capacity n= (%)	257 (16%)	<b>283 (18%)</b>	+26
OPA n= (%)	45 (3%)	<b>43 (3%)</b>	-2
<b>Support in transit</b>			
Ventilated n= (%)	393 (24%)	<b>342 (21%)</b>	-51
CPAP n= (%)	189 (12%)	<b>206 (13%)</b>	+17
Hi Flow* commenced Dec 2017 in South Base only n= (%)	0	<b>15</b>	+15
Inotropes n= (%)	84 (5%)	<b>71</b>	-13
<b>Transferring base</b>			
North team n= (%)	811 (50%)	<b>755 (47%)</b>	-56
South team n= (%)	816 (51%)	<b>857 (53%)</b>	+41
<b>In-city transfers ex transfers to GGH</b>			
Leicester to Leicester n= (%)	204 (13%)	<b>219 (14%)</b>	+15
Nottingham to Nottingham n= (%)	171(10%)	<b>209 (13%)</b>	+38

# Activity 2

**Table 3 Activity classified by clinical and operational reason 2016-17 compared to 2017-18**

	Medical		Surgical		Cardiac		Neurological		TOTAL		Diff
	2016 -17	2017 -18	2016 -17	2017 -18	2016 -17	2017 -18	2016 -17	2017- 18	2016 -17	2017 -18	
<b>Uplift</b>	267	227	251	240	80	80	56	53	654	600	-54
<b>Repatriation</b>	667	686	3	0	0	0	1	0	671	686	+ 15
<b>Resource</b>	254	283	3	0	0	0	0	0	257	283	- 26
<b>OPA</b>	12	21	8	4	24	16	1	2	45	43	-2
<b>TOTAL</b>	1200	1217	265	244	104	96	58	55	1627	1612	-15
<b>Difference</b>	+17		-21		- 8		- 3				

**Table 4 Despatch time for time critical transfers**

	2016-17	2017-18	Difference
<b>Median despatch time shown in minutes (IQR)</b>	41.5 (30,64)	30 (16.5, 50)	An improvement of 11.5 minutes

Despatch time = time from call receipt at CenTre to team leaving office en-route to referring unit.

The National Transport Group identify 5 time critical conditions by which all neonatal transport teams are benchmarked. These are an infant with a Gastroschisis, a ventilated infant with TOF +/- Atresia, an intestinal perforation, a suspected duct dependant lesion that is not responding to Prostin infusion and an infant with unstable respiratory or cardiac failure which is not responding to appropriate management.

For this report an infant requiring transfer for cooling who is not in the temperature range of 33-34OC at referral is recorded a time critical transfer. These infants are included in the above table. There were 36 time critical transfer in 2017-18.

# Activity 3

**Table 5 Transfers done by other teams/units**

2010 – 11	2011 – 12	2012 - 13	2013 - 14	2014 - 15	2015—16	2016-17	2017—18
34	50	62	26	33	20	43	39

There are occasions where demand for transport is greater than our ability to respond in a timely manner. On these occasions CenTre will ask an adjoining neonatal transport team if they are able to assist in transferring the infant on our behalf. This request is always discussed with the transport consultant covering CenTre. It is inherently difficult to quantify these transfers, as we can only record those transfers where CenTre requested assistance. CenTre is not able to record those transfers which were our responsibility to undertake where we were not made aware of the request for another service to transfer

It is important to emphasise that these are not “refusals” - CenTre appropriate referrals are not refused

**Table 6 Transfers into or out of a PICU**

2010 – 11	2011 – 12	2012 - 13	2013 - 14	2014 - 15	2015—16	2016-17	2017—18
58	60	44	46	9	4	10	0

These are transfers completed by CenTre that a PICU transport team could have been expected to undertaken because they either started or ended in a PICU.

All round trip transfers from a neonatal unit to a PICU, primarily cardiac, that involve the return journey back to the neonatal unit have been excluded.

In March 2017 the COMET Paediatric Transport Team became operational and provides transport for PICU patients, this may have accounted for the reduction in these type of transfers that CenTre has previously done for the PICU's in our region.

# Education Review

**Our education team continued to be very active this year with regular sessions both in-house and out within the network unit. This is a brief summary of their activity.**

## **In-house education**

To maintain a high standard of up to date care we run 6 in-house update days each year for our multidisciplinary team members to access. Each transport nurse is expected to attend a minimum of two training days every year. These days are structured around specific topics but all have a transport theme running through them.

The team have also been busy inducting and training 4 new transport nurses. Each new member of the nursing team spends two days working with the education team covering not only the basics of transport and equipment but also being introduced to our call handling processes. After this they are given a named mentor with whom they work to gain experience of transferring pre term and sick new born infants. They have a 12 week supernumerary period, during which they are expected to complete a comprehensive competency document before being signed off as a competent transport practitioner.

## **Outreach Education**

This year has been one of the busiest for our team with respects to outreach education. We have been able to support regular sessions on stabilisation skills for some of our user units on their mandatory training days. Feedback from these sessions has been very positive:

**“Informative and participant interaction was good”**

**“Julie made a difficult subject clear and easy to understand”**

With the help of the Network Management Team, a network wide training day took place in March 2017. The day focused on the sick term infant looking specifically at cardiovascular, respiratory, cardiac and jaundice issues as well as a variety of practical workshops. This evaluated very well and the Education Team would like to thank the Network and the many clinicians from LRI, NUH and UHCW who were involved.



# Education Review cont'd

Towards the end of this report time period we had a re-organisation of the education team following the retirement of Sue Robertson. Julie was successful in securing the role of new Team Leader in our North Base . As such we recruited Sophie Stephenson into the role of CenTre Transport Educator. Sophie is based in our South transport office and can be contacted by email on [Sophie.stephenson@uhl-tr.nhs.uk](mailto:Sophie.stephenson@uhl-tr.nhs.uk)

If you are interested in the Transport Education team taking part in any upcoming days you have arranged for your unit or would like to discuss what opportunities we can offer please feel free to contact Sophie directly.

*Julie Gallagher*  
*Transport Educator*

# Publications, Presentations & Posters

## Posters

- What is the final diagnosis of infants transferred with possible NEC?  
Aarti Mistry, Dush Batra, Craig Smith, Andrew Leslie. Special Interest Group for Necrotising Enterocolitis conference, London, October 2017.

## Presentations at national meetings

- Transfers of babies with NEC. A. Leslie. Presented at Special Interest Group for Necrotising Enterocolitis conference, London, October 2017.
- Neonatal Transport Research. A Leslie. Presented at Neonatal Transport Forum, Bristol, March 2018.
- UK Neonatal Transport Group Dataset. A Leslie. Presented at Transport of High Risk Infants conference, Oxford, Sept 2017