

NNeTS SOP

Title: NNeTS Internal Governance Process

This document outlines the processes which are in place as part of the Northern Neonatal Transport Service (NNeTS) commitment to transparent and accountable governance practice.

The NNeTS service personnel comprises specific, NNeTS-designated staff (Medical lead, Specialist Nurse Team Lead (SNTL), Specialist Nurses, Transport Nurse Practitioners and administrative support staff) and those NICU staff who contribute to service delivery but are not specifically designated as NNeTS staff (RVI NICU Consultants providing on-call cover for NNeTS and other NICU doctors who deliver service for NNeTS in the role of transport medic).

All staff working for NNeTS have a responsibility for contributing to governance and are bound ultimately by the governance standards required by the host Trust (Newcastle Hospitals NHS Foundation Trust) and those outlined by their own professional regulatory bodies (GMC/NMC). Individually, staff should revalidate (successfully) as mandated by these regulatory bodies and they must notify the NNeTS team management if they are subject to any ongoing professional or criminal investigations.

The governance processes in place at NNeTS are outlined below.

1. Risk review:

Assessment of risk occurring during transport is essential for developing the service, improving resilience and making transport as safe as possible for both staff undertaking transport and babies being moved. NNeTS is committed to a 'just culture' and review of process and systems where incidents occur. Incident review with the aim of learning lessons and improving the system, whilst remaining transparent and honest in practice, occurs both proactively and in response to reporting:

1.1 Proactive reporting/review

a. Daily review meeting:

Each weekday, a review is completed of the previous day(s) transport documentation to try to identify:

- Any issues with the equipment, process, documentation (especially if part of an emerging 'theme')
- Any clinical concerns about care delivered

- Any Team members who may have been subject to unexpected or severe stressors during transport who may need/benefit from individualised debriefing.

Outcomes from these reviews may include:

- Further fact finding and submission of request for formal investigation
- Targeted debriefing of NNeTS staff (which may include planning for specific ongoing support or training based on need)
- Notification of NNeTS' risk team to address themes, ongoing issues, or required changes in practice (i.e. systems issues).

b. Bi-Monthly Risk and Governance meeting

This meeting is open to anyone involved in NNeTS or NICU at the RVI (host unit) and covers all aspects of risk and governance (see appendix 1 for Terms of Reference)

The learning from the daily reviews is documented and collected by the SNTL and collated with the Specialist Nurse who has responsibility for governance. This then feeds into the bimonthly risk and governance meeting identifying themes or key practice points requiring discussion and/or change

At this meeting there may also be case presentations as part of multidisciplinary and independent review of specific transport episodes/incidents where formal review is required or needed, and learning from these is minuted along with actions required from the team or individuals.

c. Quality and safety group

The medical lead for NNeTS sits on the Directorate Quality and Safety group. Both findings from the NNeTS governance process and lessons learned are fed into this group as part of the wider patient safety agenda. Any relevant Trust-wide (or national) initiatives/directives relevant to NNeTS will be taken back to the bimonthly meetings

1.2 Reactive review and investigation

a. Datix incident reporting

Datix is used in the host Trust to prompt formal incident investigation. Where transport incidents have occurred, NNeTS will use this system to record investigations, outcomes and learning. Designated NNeTS team members are responsible for investigation as required.

b. Involvement in child death/incident reviews at service user Trusts within the Northern Neonatal Network

NNeTS provides service for the members of the Northern Neonatal Network. At each of these Trusts there exist processes to examine deaths of babies as part of local review of practice, feeding into the CDOP process at a regional level. If there has been a significant contribution to the care of a baby by the NNeTS team (for example the baby was challenging to transport, if there was an event en-route, or if the transport episode was chronologically close to the time of death) then the Medical Lead for NNeTS (or a nominated deputy) will attend the review meeting. Learning pertinent to transport will be brought back from these and presented to the bimonthly meeting. Specific NNeTS guidance exists for review after death of a patient *during* transport.

Learning and practice changes from risk reviews of all types will be disseminated and shared with the appropriate audience, which may be NNeTS team members, staff within the wider host Trust, or with colleagues across the Northern Neonatal Network.

2. Guideline and policy development:

It has been recognised as a need within the wider aim for NNeTS to become primarily an Advanced Neonatal Nurse Practitioner delivered service that historical practice, both clinical and logistic, has to change and be better defined to reflect the changes model of service delivery being used. Primarily, this means that the NNeTS administration and delivery (including governance and staffing) as well as usual clinical practice has to be written down in guidelines, policies and standard operating procedures as appropriate, and in line with the NHS England CSG framework for Neonatal Transport (EO8, 2014). The NNeTS philosophy is that the NNeTS team should have ownership of this process and areas of special interest have been assigned by request to the specialist nurses and nurse practitioners. From these areas of interest, guidance will be developed and maintained.

As an interim measure, the clinical guidance published by Ward 35 (RVI NICU) is the default reference guidance which is used by NNeTS for delivering clinical care.

Ratification of new NNeTS guidance and policies will be in line with current guidelines ratified for use in the host Trust NICU. This involves circulation of draft guidance to expert and senior staff for informal comment, incorporation of this, then ratification at the NICU departmental meeting. Once ratified, the guideline will be presented to the Directorate Quality and Safety group and uploaded onto the RVI intranet for NNeTS staff to access. NNeTS guidelines will also be presented to the Northern Neonatal Guidelines and Policies group before uploading on the NorNet website.

New NNeTS policies and SOPs will be made available in the same way in order that there is transparency of practice visible to all service users.

3. Audit, service evaluation and research:

Audit, service evaluation and research provide the investigative tools with which NNeTS can interrogate and quantify both work and effectiveness, as well as strive to further the quality of service provided and advance the practice of neonatal transport in the future. They also provide the means by which, as part of the wider governance process, data which informs incident investigation can be gathered and/or actual clinical practice reviewed with reference to existing guidelines (i.e. what practice *should* be occurring).

Audit and service evaluation on suitable topics can be done by any member of the NNeTS team. The audits need to be registered with the host Trust in the usual fashion and in order to ensure requirements are met the topic should be approved by the medical and nursing team lead for NNeTS. Supervisory support for such projects will be offered to ensure timely completion and correct interpretation of the data collected. Rotational (trainee) medical staff may also do audit which involves NNeTS data collection: the medical lead for NNeTS will be responsible for these projects in conjunction with the clinical supervisor (consultant) who is directly supervising the trainee. It is very important that all audit projects are both time-limited *and* presented to either the bi-monthly NNeTS governance meeting or the NICU audit meeting. Where appropriate, the results/findings may also be presented to the Northern Neonatal Network quarterly meeting (though this may be in summary format rather than a detailed presentation if there is more than one audit to present).

Research opportunities also exist around transport practice and may be completed by anyone who has an interest in doing so. As with audit, research done involving NNeTS would need to meet the same standards and requirements (involving the Trust Research and Development Department and a Regional Ethics Committee) as any research done within the host Trust. Potential research projects involving NNeTS should be discussed with the medical and nursing team leads in the first instance.

4. Data collection for database

NNeTS replaced two existing regional neonatal transport services to become the single regional service. Data from both previously existing services was submitted to the NTG (formerly TIG) to form part of the national dataset and through this process we are able to benchmark the service against equivalent services nationally. The data for this process is collected locally and entered into the existing Transport database designed by Dr Fenton (Consultant Neonatologist, RVI). This database is completed under the host Trust data storage rules and governance in line with the Data Protection Act.

5. Clinical competencies for Neonatal Transport

As outlined in the NNeTS General SOP, the NNeTS staff is expected to meet the mandatory training and appraisal standards outlined by their terms of employment with the host Trust (Newcastle Hospitals NHS Foundation Trust). In addition, staff undertaking transport must have specific competency and training for the roles that they routinely undertake as part of a transport episode. It is the responsibility of the Specialist Nurse Team Lead and NNeTS Health and Safety lead nurse to ensure that team members are up to date with this process. Team members will also be required to produce evidence of competency in their particular transport roles as part of the annual appraisal process carried out by the host Trust (or Health Education North East for those medical Specialist Trainees who contribute to the delivery of the service).

Appendix 1

Northern Neonatal Transport Service

Bimonthly Risk and Governance Meeting

Terms of reference

Aims of meeting:

Clinical Incidents:

1. To formally review, in a multi-disciplinary forum, any incidents reported during transport (identified either by team, during daily transport review, by datix report or by report from organisations external to NNeTS e.g. PALS, other Foundation Trusts)
2. To identify lessons learned and/or changes in practice required from (1) and disseminate to the NNeTS team (and where appropriate to service users including NuTH and the wider Northern Neonatal Network).
3. If Serious Incidents occur discussed at the meeting, which require further reporting, dissemination and/or sharing of learning, the core members will be responsible for submission of an anonymised case report detailing the incident to relevant local and regional organisations as appropriate, national statutory reporting organisation e.g. NPSA, MHRA, and also to the National Neonatal Transport Group (NTG) chair for dissemination to Neonatal Transport teams nationally
4. To establish education and training needs in relation to the above.

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Author: RT August 2017 v1.1

Review date: September 2020

5. To ensure that where patients have been involved in clinical incidents, appropriate communication with families involved occurs (up to and including any Duty of Candour responses and/or formal responses to complaints)
6. To incorporate lessons learned from incidents reported by *other* teams nationally relevant to NNeTS practice.

Clinical Guidelines:

1. To promote the development and use of clinical guidelines for Neonatal Transport and to maintain an active review program for NNeTS specific guidance. Current practice also includes use of established guidelines in use on ward 35 (NICU) at the RVI, which currently hosts the NNeTS team on behalf of NuTH NHS FT.
2. To ensure all newly developed NNeTS guidelines are submitted to the NICU Departmental meeting for ratification.
3. To ensure that NNeTS contributes to the development of guidelines for the host Trust NICU where appropriate

Clinical Audit and Data:

1. To ensure compliance with local and national audit requirements including: directorate registration of audit, NICE guidelines, national audit programme, data submission to NTG database for benchmarking and to other guidance as may be appropriate.
2. To receive all new Neonatal Transport-relevant NICE (or other nationally recognised) guidelines, to decide on their implementation, and monitor any areas of non-compliance until resolution.
3. To ensure the provision of clinical evidence to support an ongoing clinical audit program specifically related to NNeTS transport, and to review this program periodically to ensure completion of the audit cycle and re-audit as required.

Other matters:

1. To consider any related matters, as necessary.
2. To circulate minutes to Clinical Director and the head of Quality and Safety of the host directorate (Women's services, NuTH) and specifically bring to the attention any matters of significant concern.

NNeTS Risk and Governance meeting (constitution):

Core members:

- NNeTS Medical Lead (Chair)
- NNeTS Specialist Nurse Team Lead
- NNeTS Specialist Nurse with special interest in Governance

Invitation to all meetings:

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- All NNeTS Specialist Nurses
- All NNeTS Transport Nurse Practitioners
- All NNeTS administration support staff
- All NICU (Ward 35) medical staff who provide sessions to NNeTS rota
- All NICU (Ward 35) Consultants
- NICU Matron
- NICU Band 7 nurses
- Directorate manager
- Clinical Director

Quorum: 1 of core members plus 4 from of any of the invitee groups

Purpose: The NNeTS risk and governance meeting is the principal forum in which NNeTS clinical practice is scrutinised in depth, and incidents are reviewed with a view to changing practice if required. Its main objectives are:

- to monitor clinical practice within NNeTS and review incidents in an accountable, fair, transparent and honest multidisciplinary forum-based process.
- to ensure arrangements are in place for the implementation of changes in NNeTS practice where necessary and that notification/response to host Trust (NuTH) governance and Northern Neonatal Network risk processes occurs as appropriate.
- to support the establishment and use of guideline-based practice and use audit where applicable to help improve and evolve the service
- to ensure that data is submitted nationally to allow benchmarking against equivalent services in other regions, and to share learning with other organisations in an open and honest way

Frequency: Meetings to be held alternate months, with additional meetings as required.

Author: RT (May 2017)