



North West & North Wales
Paediatric Transport Service

www.nwts.nhs.uk

Annual Report 2012-2013



North West and North Wales
Transport Service

Central Manchester Foundation NHS Trust
2012-2013



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Foreword

LOLGMOLD



Welcome to our 2012 -2013 Annual Report. This is our second annual report and covers the period from 1 April 2012 – 31 March 2013. This has been an extremely busy year as we continue to develop and grow.

In 2012/13, NWTs took over 1,000 Referrals from within the North West and North Wales Region. From these referrals the team mobilised over 600 times, transferring the children into either one of the Lead Centre Paediatric Intensive Care Units in region: Alder Hey Children's Hospital and the Royal Manchester Children's Hospital.

During the busy winter period the team, through additional funding, were able to run a repatriation service for a finite period of time. This helped to increase the utilisation of PICU resources in region and prevent children being transferred longer distances out-of-region. This was a success due to the close working of the two Lead Centres, NWTs and our paediatric teams at the local District General Hospital. This not only helps with the increasing pressure on beds it also moves the patient much closer to home.

Since January NWTs have been submitting data to the Paediatric Intensive Care Audit Network (PICANet) - this is the national audit of Paediatric Intensive Care activity. This allows us to contribute data so that a national picture can be gathered. It also gives teams the ability to benchmark against each other; this can only help to strengthen the national provision.

The NWTs team work very closely with the Paediatric Critical Care Network in the region. The close working of the two teams has enabled us to develop Regional Guidelines that have been ratified through both of the Lead Centres.



These Guidelines can be used as an additional resource in delivering best practice to the critically ill child.

NWTS continue to receive a lot of support from families who have used the service. This comes in the form of feedback to the Service; several families have also allowed us to share their stories. This helps to illustrate the journeys these families have to undertake. We have a strong core of families who have also contributed through their continued fundraising, allowing us to purchase additional equipment to help future-proof the service, with ever rapidly developing technology. They have also been able to enjoy the sponsored events undertaken to raise this money.

Thank you to everyone who has contributed and been involved in the NWTS Service.

Kate Parkins

NWTS Lead Consultant

Sarah Santo

NWTS Clinical Nurse Manager



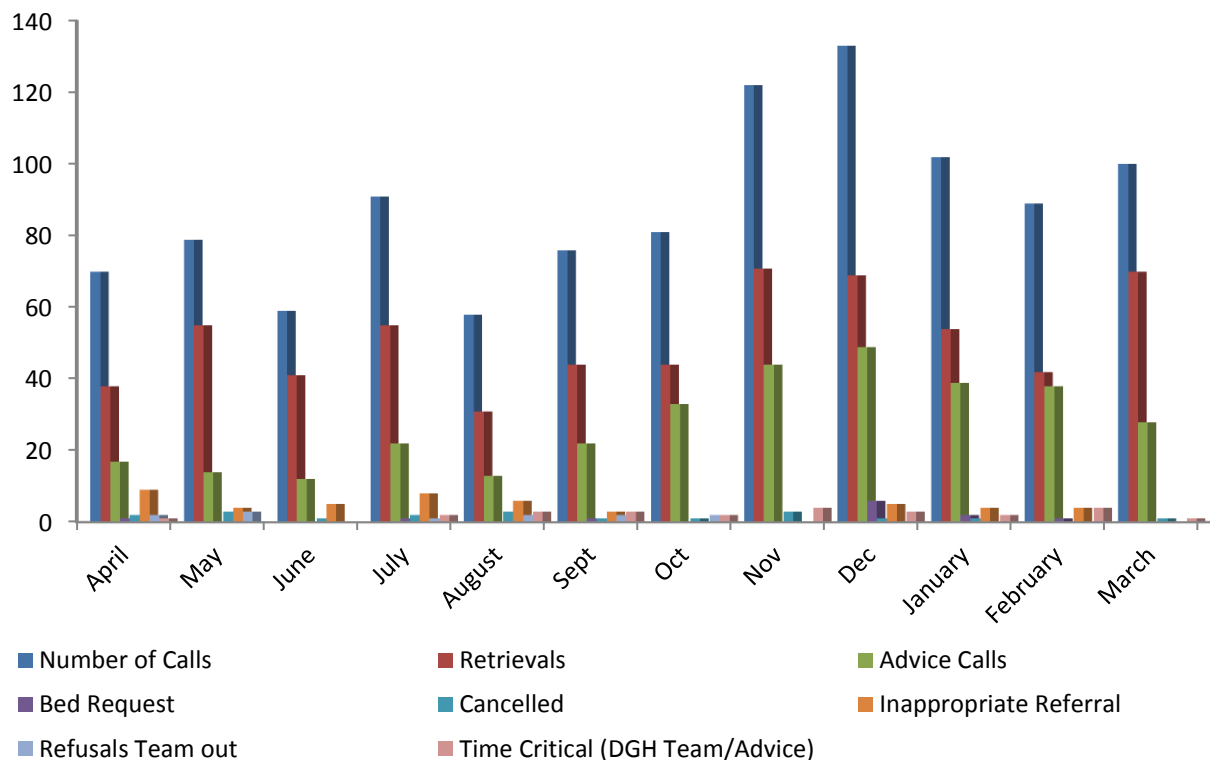
Executive Summary

Highlights – 2012 / 2013

- ▶ Increase in the number of children we have been involved with, either from an advice point of view or from the retrievals performed.
- ▶ The rotation of staff from both of the Lead Centre PICU's.
- ▶ The combined Regional Education Programme for PIC teams across the region.
- ▶ The development and ratification of Regional Guidelines.
- ▶ The completion of a Paediatric High Dependency Care Audit carried out across the region. With contributions from the DGH's and the Lead Centre PHDUs.

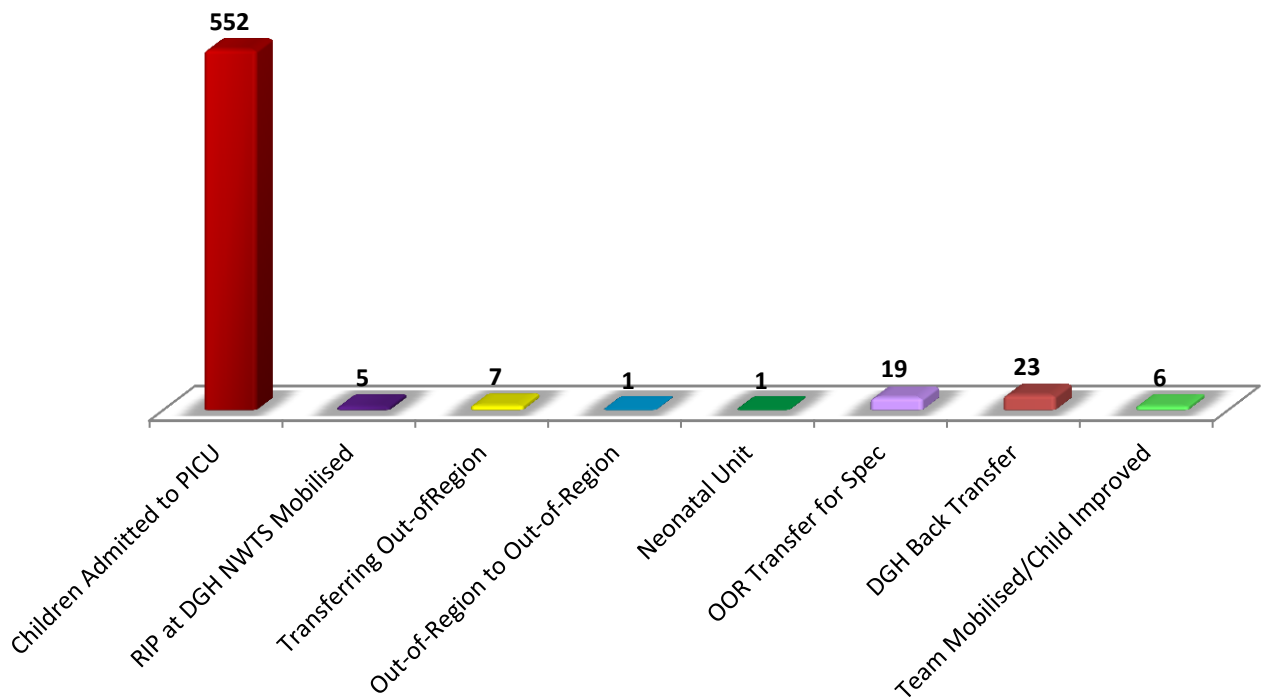
Summary of Activity - 2012-2013

Referrals

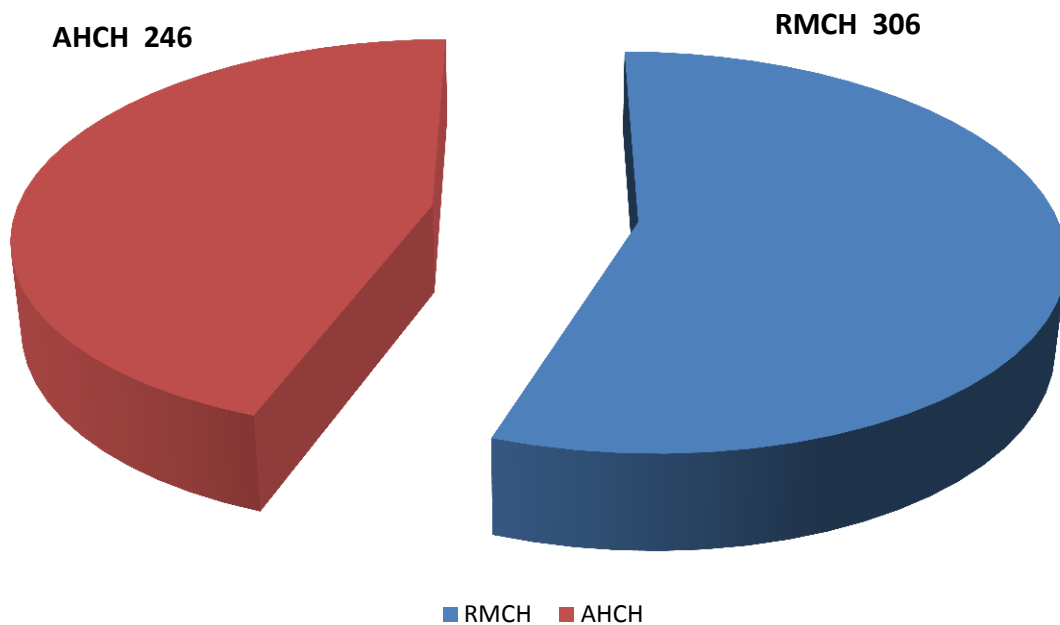


Call Data	Total
Number of Calls	1060
Retrievals	614
Advice Calls	331
Bed Request	12
Cancelled	19
Inappropriate Referral	48
Refusals Team out	12
Time Critical (DGH Team/Advice)	25

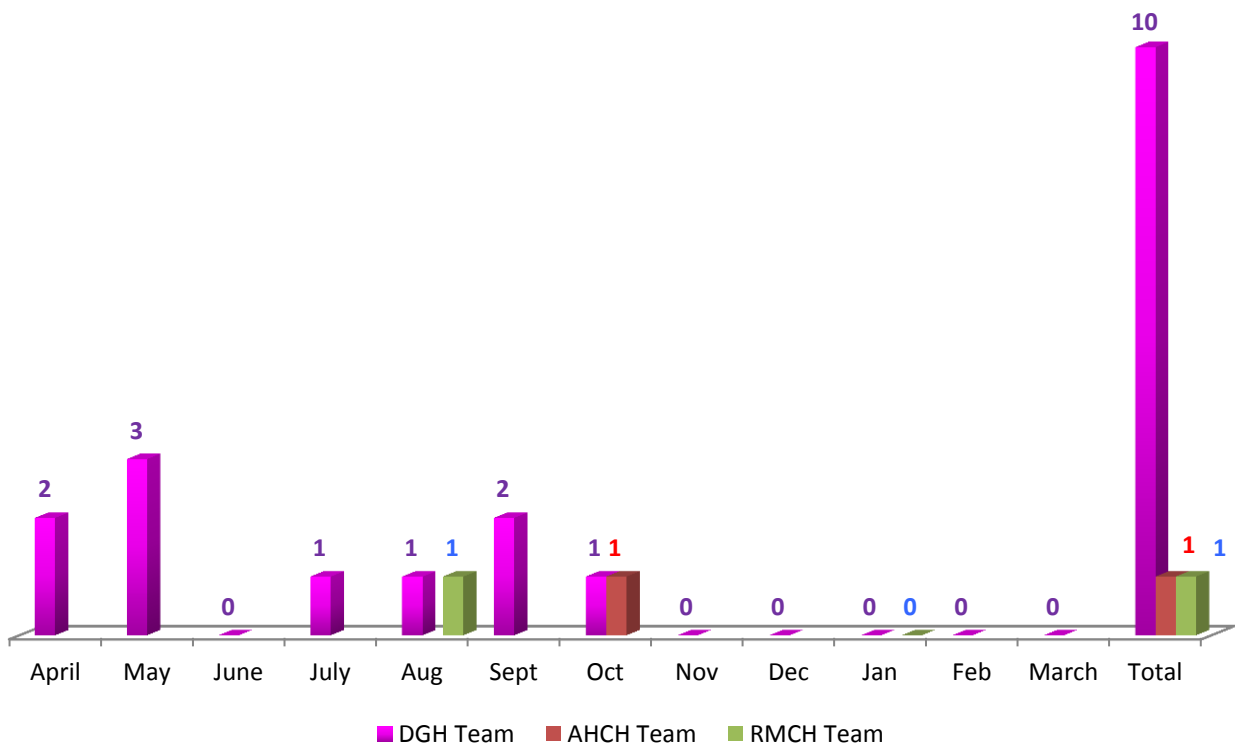
Destination of Children Retrieved



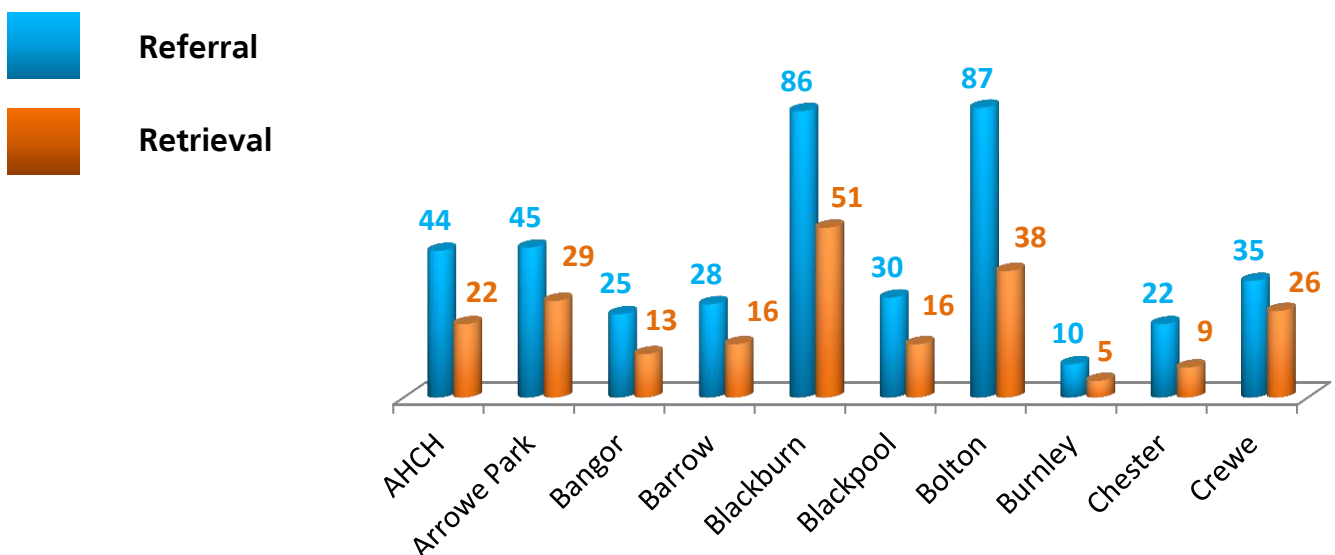
Destination – Regional Lead Centre PICU

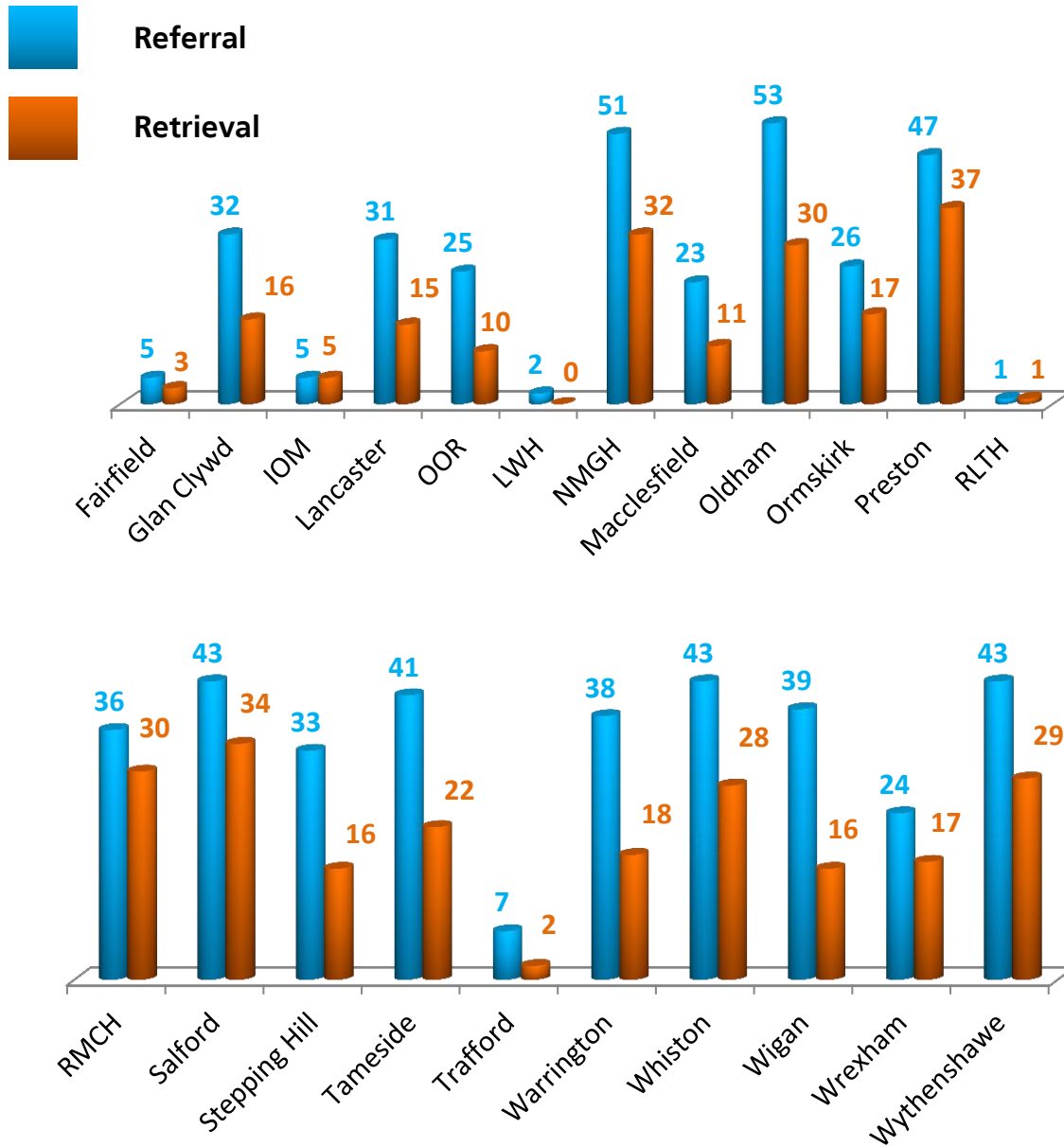


NWTS Refusals



Referral and Retrieval by Hospital





Mode of Transport

The predominant mode of transport for the children from the North West and North Wales region is by ambulance.

NWTS ambulance provision is undertaken by a private provider – Medical Services.

In the event that Medical Services are unable to provide a service or capacity is exceeded, then the default provider would be the North West Ambulance Service (NWAS).

NWTS also provides a retrieval service to the Isle of Man. Therefore, at times, the mode of transport would be a fixed-wing aircraft.

There is a need at times for a child to be transferred by a rotor-blade aircraft. In this instance NWTS would liaise with NWS to determine which provider would be used.

Flight Transfers

▶	Total Referrals	5
▶	Total Transfers	4
▶	NWTS	4
▶	IoM Team	0
▶	Age Range	1 day to 11 years

Interactions with other Teams

Across the United Kingdom there are 11 Paediatric Intensive Care Retrieval Services providing a similar service using different models.

All of these services are part of the Paediatric Intensive Care Society Acute Transport Group (PICS ATG). NWTS works very closely within this group looking at PICS Standards, Service Specification, Winter Pressures, Staffing, Education, Audit/ Research and Air Transport.

NWTS has a good working relationship with its geographical neighbouring services. This is particularly pertinent during winter pressures when our NWTS team will collaborate to source beds and transfer patients. Regular meetings include the 'Night of Flight' and 'Transpennine' meetings.

Several NWTS team members are part of the Paediatric Critical Care Network (PCCN), a professional advisory group with clinicians from each of the Lead Centre PICU's and

the regional District General Hospitals (DGH). The PCCN was the driving force behind the development of NWTS.

The group looks at the development of Clinical Guidelines, the provision of PICU/HDU care in the North West and North Wales. The PCCN delivers an educational component to each of its meetings and provides an Annual Conference.

NWTS have developed a close working relationship with the 3 neonatal teams providing a service in the North West. This involves liaising over specific cases. They also meet every 6 months to undertake case reviews, look at audit data and share experiences.

NWTS also have representation on the following governance boards:

- Cardiac Network
- Trauma Network
- ECMO Board
- CRG

Background

In July 1997 'A Bridge to the Future' document provided guidance on the provision of paediatric intensive care. It endorsed the proposal that paediatric intensive care should be centralised into lead centres. The provision of transport services for sick children was discussed and it was concluded that teams must include experienced staff with appropriate qualifications and training.

Report of the Chief Nursing Officer's Taskforce (1997) A bridge to the Future: Nursing Standards, Education and Workforce Planning in Paediatric Intensive Care. DoH. London

Historically, both regional Paediatric Intensive Care Units (RMCH and AHCH) have provided a retrieval service. A scoping exercise funded by the North West Specialist Commissioners detailed the limitations of this type of paediatric critical care transport. In 2009 funding was agreed to provide a stand-alone service for the North West and North Wales.

In 2010, the Paediatric Intensive Care Society (PICS) revised their Standards Document for Paediatric Intensive Care, including Standards of Practice for the Transportation of Sick Children (Section D (page 34-40)). This document details objectives and standards on structural arrangements, competences, facilities, equipment, policy, procedure and governance, and are the standards the NWTS team have adopted/follow.

Paediatric Intensive Care Society (2010) Standards for Care of Critically Ill Children. Version 2. London



Mission Statement

The **North West and North Wales Paediatric Intensive Care Transport Service** aims to provide the highest quality paediatric intensive care for children and their families from the first point of contact to the final unit destination.

The Service:

- ▶ Provides easy access and service co-ordination for referring children's units
- ▶ Facilitates improvements in transport provision for critically ill children
- ▶ Co-ordinates all available regional resources to meet fluctuating demands
- ▶ Provides telephone advice and triaging facilities for all referrals
- ▶ Facilitates the delivery of the most appropriate care, in the most appropriate place, for any infant or child requiring Intensive Care in the North West / North Wales Region
- ▶ Education and outreach for the District General Hospital
- ▶ Audit and research will form part of the service provision

The Guiding Principles are:

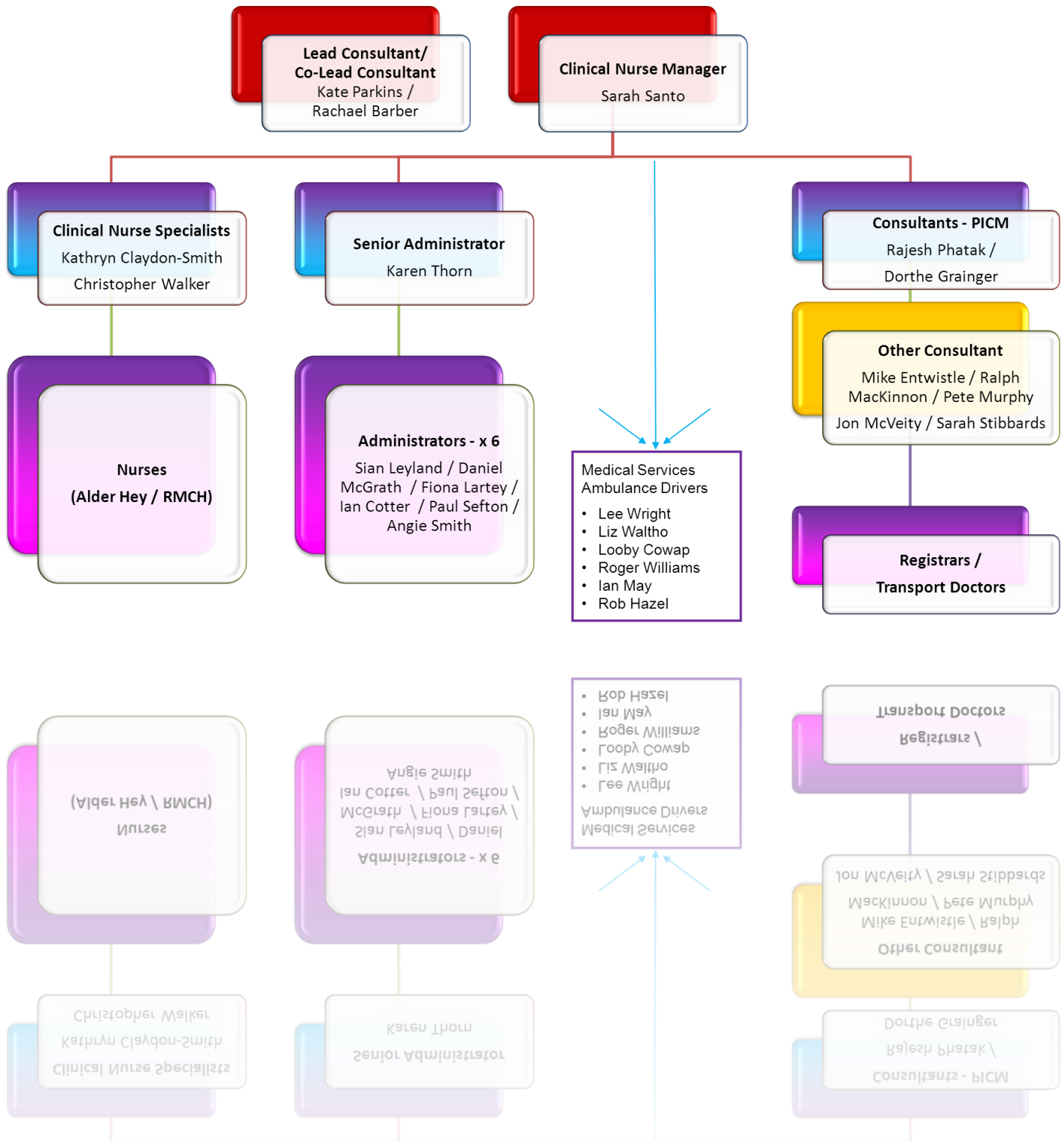
- ▶ A collaborative service
- ▶ Close working with the 2 Paediatric Intensive Care units
- ▶ Rigorous audit with regular presentation and dissemination of information to the two provider units
- ▶ Close collaboration with the adjacent retrieval service

Service Standards

The following Core Standards apply:

- ▶ All infants and children requiring critical care will receive the appropriate treatment, in the right place, at the right time.
- ▶ The retrieval service will undertake to find an appropriate paediatric intensive care bed within the North West Region (or appropriate alternative) for those deemed to require intensive care.
- ▶ Any child within the North West Region PICU can usually expect the retrieval team to be mobilised within 30 minutes from the decision to retrieve.
- ▶ When the teams are on retrieval, it will be necessary to prioritise referrals according to clinical needs.
- ▶ Early expert clinical advice and management by Consultants trained in Intensive Care is available to referring hospitals at all times.
- ▶ The Clinical team comprises of a Transport Doctor (with at least 6 months experience in the intensive care environment) and a Band 6 or above with relevant experience in PICU, with an appropriate ITU qualification. Both staff groups will be APLS accredited.
- ▶ Education and training of the retrieval staff is a fundamental part of the Service.
- ▶ Outreach education for referring units is provided.

Organisation Chart and Team Profile



Quality Improvement & Key Performance Indicators

As part of an on-going quality and safety program a number of performance indicators are continuously audited by the North West and North Wales Paediatric Transport Service. These quality performance indicators are also part of national standard monitoring.

1. Timely Mobilisation of PIC Retrieval Team

One of the service standards, and an accurate indicator of the agility of the service, is the time taken to mobilise a team once the decision to accept the patient has been made. This forms part of the national paediatric intensive care society standards (PICS 2010).

NWTS mobilisation time for April 2012 to March 2013:

92%

Reasons below for breaching mobilisation target:

- Awaiting ambulance
- Awaiting NWAS (primary team transfer)
- Awaiting Consultant arrival
- Awaiting day/night staff, as agreed with DGH team
- Multiple referrals
- Motorway closure
- Miscellaneous

2. Time to Reach Patient's Bedside

One of the PICS standard states that the retrieval team should reach the critically ill child within 3 hours of referral acceptance (4 hours for geographically isolated regions).

NWTS met this target for **99%** of referrals accepted for transfer.

3. All the children referred should be placed within their defined catchment area.

Within the North West region we are fortunate to have the two largest children's hospitals not only in the UK but in Europe.

The Royal Manchester Children's hospital is a state of the art new facility built in 2006.

Alder Hey Children's Hospital in Liverpool is in the process of being rebuilt at an adjacent site.

This means that very few children have to travel outside the region to receive specialist paediatric care.

It also means that there is a large capacity of children's intensive care beds; however this is finely balanced as they serve a very densely populated area, with a very mixed demography.

When the NWTs service was set up the placement of children between both tertiary centres was very closely monitored. Each referring centre has its Lead Centre; these were allocated on contracts and historical pathways. This means that the child is placed as near to home as possible.

The number of children referred to NWTs was 1060; the number of times the team were mobilised was 614.

Of the 614 transfers only 7 children were transferred out of region due to the lack of capacity in the North West Region.

This is a refusal rate of 1.1% meaning that the target was met 98.9%.

4. Total Number of Refusals

The NWTs service also has to measure the number of times they are unable to transfer a child due to capacity.

Each referral is discussed with a NWTs Consultant and the referring centre as to the appropriateness of the referral, if it is agreed that the child does need Paediatric Intensive Care, then a NWTs team will be mobilised, however if the team are already out the following will be explored

- ▶ Can the child be stabilised at the referring centre and wait for the team to become available.
- ▶ Can a second or sometimes third team be mobilised using the North West Ambulance Service as the means of transportation.
- ▶ Can a team be mobilised by one of the tertiary centres.

If this service isn't available and their child needs rapid transportation then the referring centre will need to transfer the child. This is classed as a NWTs refusal. The referring team however will be given advice throughout the process if required.

The NWTs Refusals for April 2012 to March 2013 was 12.

This is a refusal rate of 1.9% meaning that the NWTs teams transferred 98.1% of children requiring Paediatric Intensive Care.

Out-of-Region Transfers

Prior to NWTS set up we were aware that up to 50-100 patients per annum were transferred out-of-region (OOR) due to lack of availability of PIC bed, often by a local DGH team. This usually entailed multiple phone calls by the referring teams, and long delays before transfer. This year the number was reduced to 30 OORs transferred in total.

No PIC Bed in Region

The final destination for each patient referred is audited by NWTS: 7 patients were transferred out-of-region when there were no PIC beds available in region. On 1 occasion the patient was transferred OOR for parental choice and 1 repatriation to free up local beds. This was done by the NWTS team.

The NWTS team were also able to help neighbouring PIC transport teams with transfers into PIC beds in

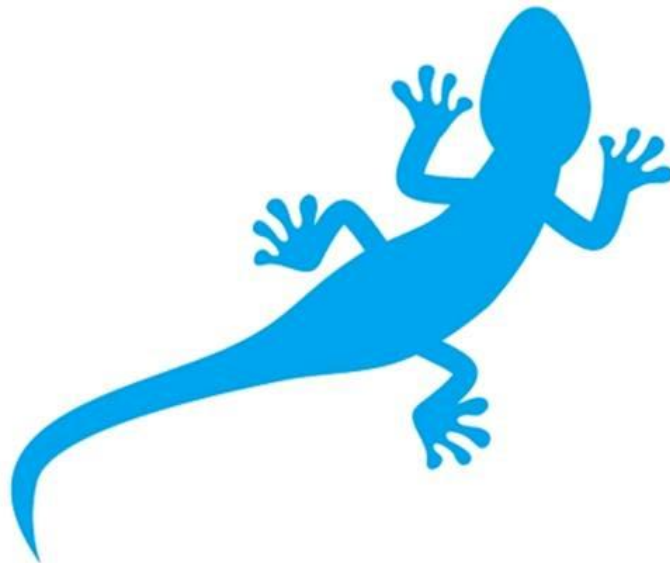
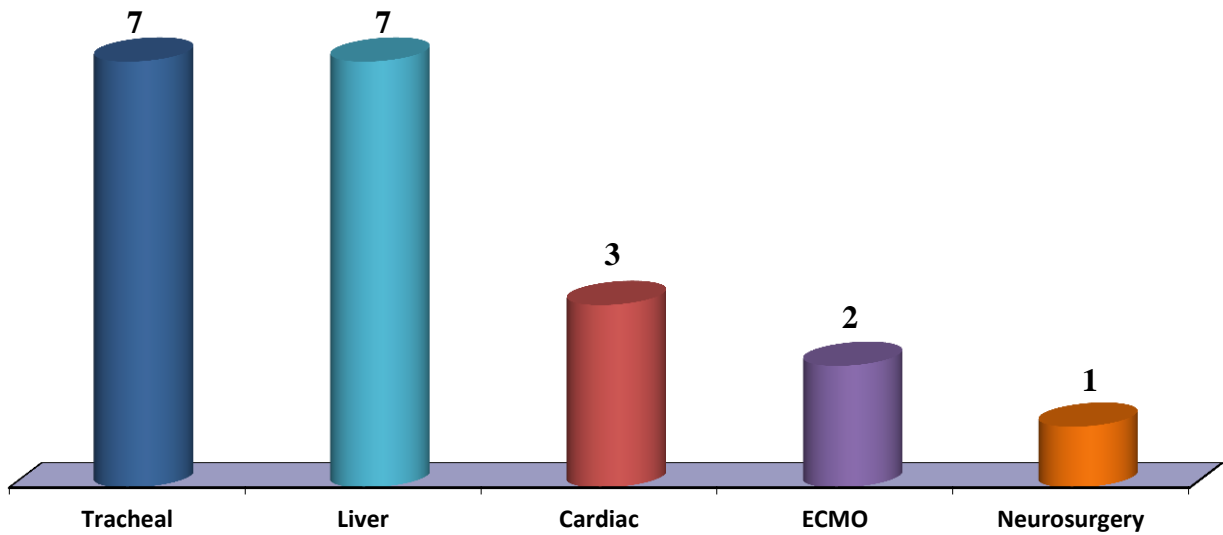
NW region when they had no regional team available on 3 occasions and once from Belfast. These transfers into region for a PIC bed are done by the local regional transport team eg patients from Yorkshire & Humber region will be transferred by Embrace. NWTS have a good working relationship with regional transport teams across the UK which will hopefully ensure we work together to prevent long delays before transfer into a PIC bed.

Elective Out-of-Region Transfers

Some patients require transfer out-of-region for quaternary treatment (eg cardiac, liver or lung transplant patients; tracheal or complex cardiac surgery, ECMO). Some are transferred out-of-region for a second opinion. This entails long-distance transfers, often done on a semi-elective basis. We aim to provide a second team specifically for these transfers to ensure that a NWTS team is always available for

any transfers within region. During 2012-2013, 20 patients were transferred out-of-region for specialist treatment not available locally. 6 patients were transferred semi-electively between Alder Hey and Royal Manchester Children's Hospital. We facilitated a team for a PICU patient to receive radiotherapy at the Christies Hospital on several occasions.

Elective Out-of-Region Transfers 2012/13 for Specialist Care



Risk Management Group

The risk management group membership is made up of NWTS consultants, nurses, office manager, administrator and members of the Risk Management team at Central Manchester Universities Foundation Trust (CMFT). The clinical governance leads for NWTS are Sarah Santo (Clinical Nurse Manager) and Kate Parkins (Lead Consultant). The aim of the group is to provide a forum, which promotes care to the highest standard through open dialogue, teamwork and knowledge, where lessons are learned and risk is minimised.

- ▶ Monitor and oversee all clinical activities
- ▶ Maintain processes for assuring quality of clinical care
- ▶ Provide up-to-date Guidelines on clinical practice and procedures
- ▶ Develop and monitor implementation of National Standards
- ▶ Proactively manage clinical risk assessment processes, including incident reporting
- ▶ Manage complaints, critical incidents and audit
- ▶ Ensure that NWTS Mortality and Morbidity meetings are held regularly
- ▶ Health & Safety Standards
- ▶ Use of Information Technology
- ▶ Education & Training Standards

Meetings:

- ▶ 4 monthly with the managers and clinical leads of the regional PIC provider units in order to present an audit of clinical activity and report back on critical incidents on retrieval
- ▶ Input into regional PIC Mortality Meetings (held at both regional centres)
- ▶ Monthly NWTS Morbidity & Mortality meetings (organised by Rajesh Phatak, NWTS Consultant)
- ▶ Daily review of referral/retrieval activity which includes review of NWTS documentation
- ▶ Annual review of service delivery – presented at the Paediatric Critical Care Network Meeting
- ▶ Outreach education packages available annually to the DGH in region which incorporate an element of discussion on difficult cases and service improvement.
- ▶ Regional Conferences which are usually themed and include difficult case discussions and scenarios or workshops

Adverse Event Reporting

The NWTS team records all adverse events, including near misses, during the course of a transfer. The events recorded are put into 6 different categories i.e. equipment, medicine/drug related, patient-related, communication, ambulance activity and other. Adverse event reporting is encouraged to facilitate an active approach to risk reduction. Each referral is reviewed during the daily team

meeting where clinical activity from the previous 24 hours and any adverse incidents are discussed.

In 2012/13, the majority of transports did not involve any adverse events (60.5%). In 39.5% of retrievals, teams documented and reported adverse events – the majority were minor or near miss and did not compromise patient safety.

NWTS have identified key contacts from the senior team for each referring hospital in region. If an incident has happened on a retrieval involving their hospital NWTS will contact the Paediatric Critical Care Network nominated paediatric, anaesthetic or A&E link consultant to discuss the incident, and highlight any concerns. Any member of the NWTS senior team is happy to be contacted regarding any adverse incident involving transfers, in particular any problems relating to the NWTS team. NWTS welcome any feedback from our referring teams.

Dorthe Grainger	Rajesh Phatak	Rachael Barber	Kate Parkins
Blackburn	Barrow	Bury	Leighton
Burnley	Lancaster	Oldham	Ormskirk
Preston	Bolton	N Manchester	Warrington
Wythenshawe	Wigan	Macclesfield	Hope
Trafford	Chester	Tameside	Stepping Hill
Arrowe	Aintree	Rochdale	Blackpool
Whiston	Royal Liverpool		Isle of Man
Wrexham	Bangor	Glan Clwyd	Aberystwyth

The Clinical Nurse Specialists for NWTS have divided the referring hospitals between them – Kathryn Claydon-Smith is the link for the hospitals highlighted in red and Chris Walker is the link for the hospitals highlighted in blue.

Research and Audit

Summary of Research and Audit at NWTs

The NWTs teams, as part of their education and development, have undertaken a variety of audits. The majority have been presented at National and International Conferences ie ESPIC PICS, APA and RCPCH.

The list below highlights the majority of audits undertaken during the past 12 months.

1. PICU Outreach Education Improves Local Management of Status Epilepticus.
2. Regional Congenital Heart Networks – is this the way forward?
3. Paediatric Trauma Transfers: is there a role for a paediatric transfer service?
4. Are children in the North West surviving Sepsis?
5. Managing ENT emergencies that need transfer to PICU: the extended transport team.
6. Paediatric ENT emergencies in District General Hospital: The role of specialist Transport Teams and Tertiary ENT services.
7. Peri-intubation events in critically sick infants (<1yr) presenting to district general hospitals (DGHs) prior to transfer to a regional PICU.
8. Therapeutic Hypothermia and Temperature Maintenance during Post Cardiac Arrest Transfers: How good are we?
9. Outcomes following Paediatric Cardiac Arrest: Are there predictive indicators for survival?
10. Use of non-invasive ventilation in children with Bronchiolitis reduces PICU admission – an experience.
11. 'Keeping the family together' verses 'the worst journey of our lives': parents travelling with a Regional Paediatric Intensive Care Transport Team.
12. Severe Diabetic Ketoacidosis: The benefits of 'phoning a friend'
13. Surviving Sepsis: Do teams managing children with severe Sepsis follow guidance?
14. Invasive Group A Streptococcal Sepsis: A case series of retrievals by a Paediatric Intensive Care Transport Team.

Education

Education



Outreach Activity

The NWTS Team has now been established for over 2 years and continues to be committed to Outreach education for all of the District General Hospitals (DGH) in the region.

By providing a comprehensive outreach programme and focussing on educational aims, NWTS outreach endeavours to support the hospitals in achieving some of the recommendations in the Tanner Report¹.

Programmes are tailored to meet the timeframe available and requests from the DGHs and are delivered on the site of the DGH.

Formats have included:

- ▶ PowerPoint-based Lectures
- ▶ Case Discussions/Presentations
- ▶ Workshops
- ▶ On-site Simulation Training
- ▶ Debriefings

Of the region's hospitals covered by the Service 82% have been visited and an Outreach programme delivered. Of the remaining hospitals, work continues to establish suitable time frames for the team to visit and provides on-site education. In addition to the visits to the regional hospitals the Service has also delivered training and teaching at/to:

- ▶ The Paediatric Intensive Care Course (John Moores University)
- ▶ MSc Course in Ambulatory Paediatrics (John Moores University)
- ▶ North West Paediatric Trainees
- ▶ HDU Module – University of Salford
- ▶ Advanced Practitioner – UCLAN
- ▶ Route Cause Analysis Training Day
- ▶ RCA Training Day

Regional Conferences

NWTS have continued to host and run conferences from the Conference facility on the site of NWTS base. The focus during 2012 was on Trauma and aimed to coincide with the introduction of the Paediatric Trauma Network. Due to significant demand for places on the first Paediatric Trauma Conference a second, identical, Conference was organised and run soon afterwards. Over the two conferences approximately 225 people attended from around the region.

The Team have responded to requests for educational formats to suit consultants and have delivered a Consultant Paediatrician Day (4 October 2012) and Consultant Anaesthetist/Emergency Medicine Day (19 March 2013). Both days included 2 simulation sessions and 2 case-based discussions. Both days evaluated well and the team plan to develop more sessions.

NWTS Involvement in Regional and University Education Programmes

At external conferences NWTS has had good representation. 6 posters were presented at the Annual Paediatric Intensive Care Society Conference in Dublin in September 2012 and ESPNIC in Istanbul in October 2012. NWTS have presented at the North West Paediatric Critical Care Network Conference.

Future Development

NWTS is now beginning to try to examine the impact of the outreach training delivered. Five core education goals are focussed on during each session delivered and feedback questionnaires are handed out on the day to examine the perceived impact on the audience.

Two months after the session has been delivered a Survey Monkey questionnaire is sent out to those who attended with the aim of obtaining the perceived impact individuals feel the NWTS session has had on their clinical practice.

Whilst continuing to provide bespoke teaching for hospitals in the region, the Service has plans to further develop its formats used in delivering effective outreach training.

NWTS is currently developing a web-based teaching format which will provide online teaching forums run by a NWTS Consultant.

The Service is planning to develop its website further to include a more comprehensive list of suitable PowerPoint presentations.

Whilst the mobile simulation trainer has been used effectively in delivering training on site at the hospital in region, the Service plans to deliver a more comprehensive programme of simulation-based training in the regional hospitals.

¹DOH (2006). *The acutely or critically sick or injured child in the District General Hospital: A team response*

Education & Training

Induction Programme

All staff who work at NWTs undertake a comprehensive training programme. Emails are sent out before the start date, with attachments that help to prepare them for their experience. This includes location, travel information, shift times and rota access. It also enables them to register on the St Emlyns online Education Programme. This has useful links for the transport ventilators and monitor.

The Induction Programme is planned over 3 days. The first day is hands on with the Clinical Nurse Specialist or the experienced retrieval nurse. The next 2 days allow time for the trainee to complete the online programme and to go out to observe the referral and transport process. A Log Book is designed to record their progress and learning via direct training or self-assessment. This is expected to be completed by the end of the 3 days of induction.

All staff are allocated a mentor/supervisor and plan meetings to discuss progress and objectives.

Mandatory and Statutory Training

All staff will undertake the mandatory and statutory training as specified by their own Trust. Staff employed by NWTs, through CMFT, complete clinical and corporate annual training, including ANTT, Moving & Handling, Fire and Child Protection training.

Regional PICU Teaching Programme



This programme began in February 2012 and runs once a month.

From the feedback this has been very successful and average attendance has been maintained over 20 trainees per session. It is a full day of topic-focussed education, delivered to and by the joint teams based out of PICU at Alder Hey Children's Hospital and the Royal Manchester Children's Hospital.

Training Opportunities

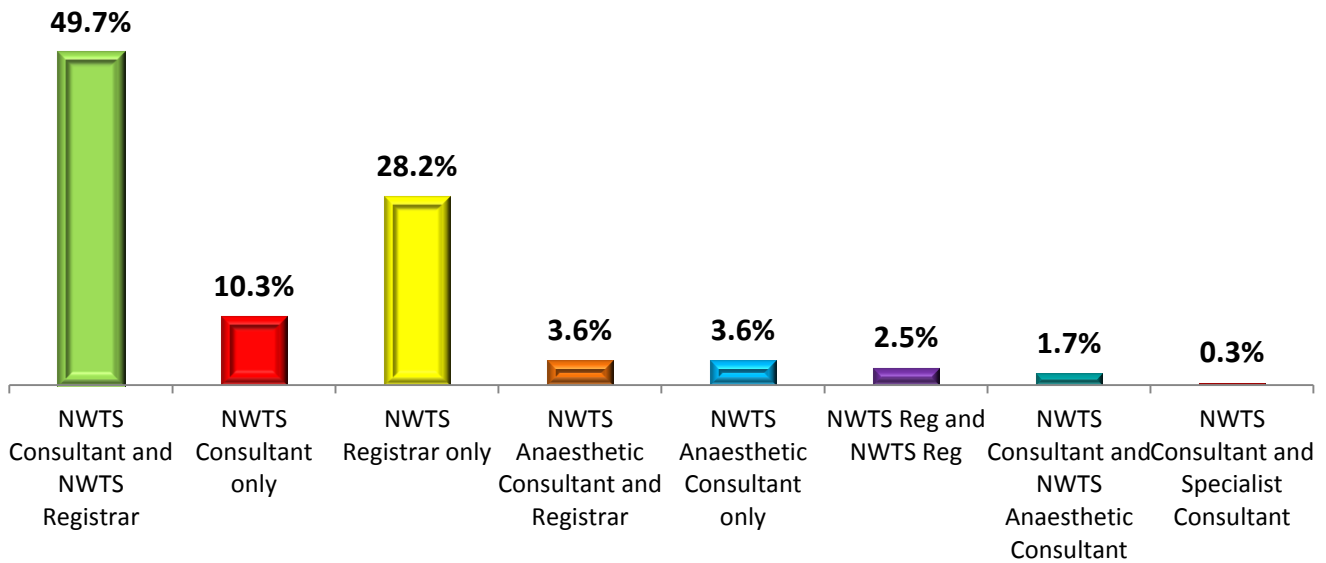
All staff who rotate to the Service undertake supernumerary orientation/induction over a 3 day period. These days include orientation to the Department, colleagues and an Overview of a NWTS day. All equipment is demonstrated and key learning points tested. There is a period of supervised retrievals which is tailored to the needs of the individual. NWTS also have an online Induction Programme to supplement the supernumerary days. Staff are encouraged to complete this, if possible, before their first shift. Staff are also required to keep a Log Book of all training and retrieval experiences, which is monitored by their educational supervisor.

A daily Team Meeting occurs at 10.00 am, facilitated by the NWTS Consultant, and all recent referrals are reviewed. This focussed session often leads to an educational element highlighted by reflecting upon the cases discussed.

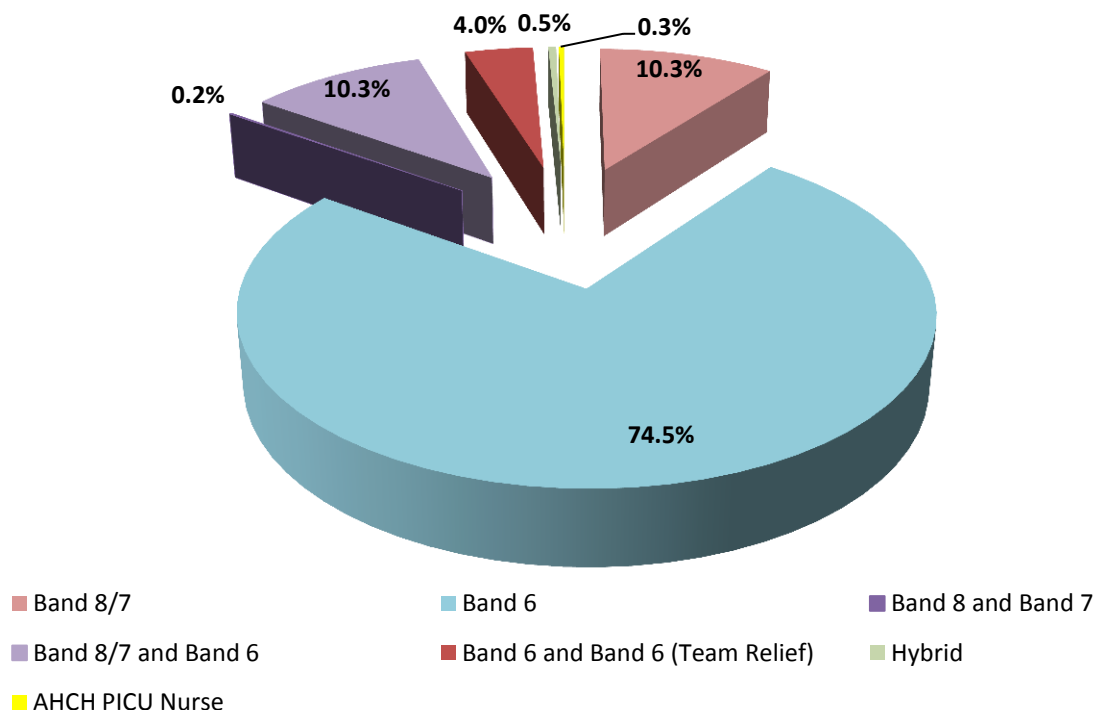
The monthly Business Meeting is open to all team members and current and on-going strategic issues are discussed. Following this meeting the Team reviews the previous month's team activity, critical incidents and mortality. The trainees to the Service undertake case review for the Mortality meeting, supervised by one of the NWTS Consultants.

NWTS remains committed to providing a Consultant led service and strive to ensure the trainees receive a high standard of education and support. The graph below demonstrates that over 55% of the retrievals that take place have a Consultant present to supervise and develop the trainees. Whilst the service at times receives trainees for up to 6 month rotations some only rotate for 6 weeks and at times it is difficult for them to gain enough experience to go out without senior support. The team also benefits from senior colleagues (Consultant Anaesthetists, Consultant Paediatrician and Consultant in Emergency Medicine) that work for the service on a part time basis.

The Medical Team Composition for Retrievals April 2012 - March 2013



Percentage of Retrievals Undertaken by each Nurse Grade



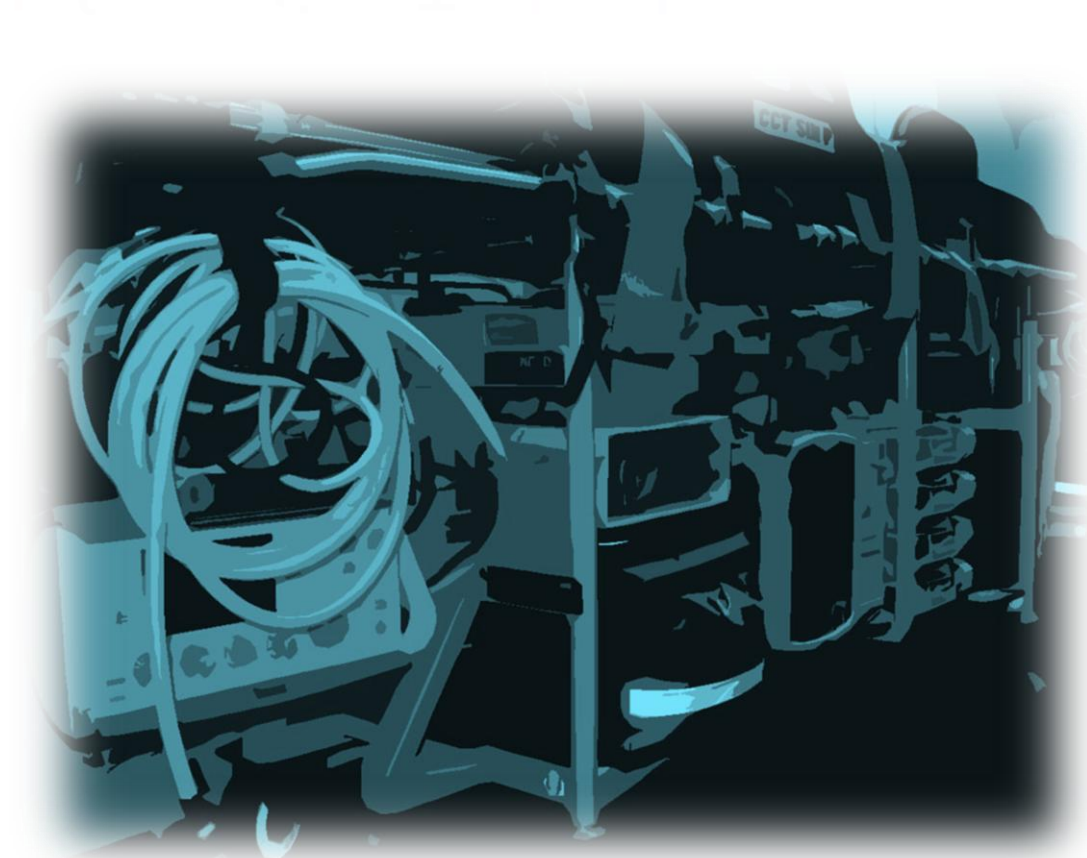
This data demonstrates that 75% of all teams mobilised have a Band 6 Nurse and on 10% of the retrievals the team nurse has been a Band 8 or Band 7. The Alder Hey Children's Hospital PICU rotational nurses to NWTs are a core group of 9 nurses who provide the service 28 shifts per month (2.5 WTE) and on average each nurse does 3 shifts per month with the service. Each year they complete a log book and competences are updated. The nurse also receives a supervised shift provided by the Band 8 or Band 7 nurses. On 10% of the transfers a Band 8/7 has supervised the Band 6 nurse.

The Royal Manchester Children's Hospital PICU rotate Band 6 nurses in 2 month blocks and during this period (April 2012-March 2013) 18 nurses rotated. If the nurse is new to retrieval they receive a dedicated long shift where all kit and procedures are taught. The next 4 shifts are supported by a senior nurse and competencies completed. If the nurse has previously rotated to NWTs they receive 1 supported shift to allow time for competencies to be updated.

Annually each retrieval nurse completes the online education programme and undertakes the questions associated with each section.



Information Technology



Future Plans

The North West and North Wales Paediatric Transport Service (NWTs) aim to be a progressive ever evolving service in order to deliver the highest standards of care whilst ensuring stability to the service and its structure.

Training Facilities

The service, as part of an expansion plan, is examining the option of more space within its current location. It is planned to secure further rooms to act as a teaching and meeting room and also a room that will act as a Consultant on-call bedroom & small storage area. It is expected that this work will be completed in the summer of 2013.

The service is planning to create a greater link network between the District General Hospitals (DGHs) in the region and NWTs. It is planned to identify a number of NWTs Link Nurses in the DGHs who will take on the responsibility of maintaining a resource file created by NWTs, in addition to helping shape future conferences and outreach teaching delivered by NWTs. It is also planned to hold Link Nurses days at the NWTs base, free of charge, to increase engagement

and involvement in the planning of care for the critically injured or ill children of the North West and North Wales region

The continued development of NWTs will no doubt present other opportunities for the service and its future. Whilst maintaining its stability and sustainability as a service, NWTs will continue to examine changes for the future as part of a proactive service.

Flight Transfers

NWTs plans to continue to work closely with the national groups and charities examining the options of flight transfers for patients and teams when required. As part of this continued development, work has started with The Children's Air Ambulance (TCAA) charity, with a view to developing a paediatric helicopter transfer option for NWTs. The aim is to have a robust service available when required for the transportation by helicopter over longer distances.

IPad Tablets

2 iPads have been purchased for the Service use in preparation for the introduction of an Electronic Prescribing/Reference System. This System is currently being finalised and it is hoped it will be released and tailored for use by NWTs in the Autumn of 2013.

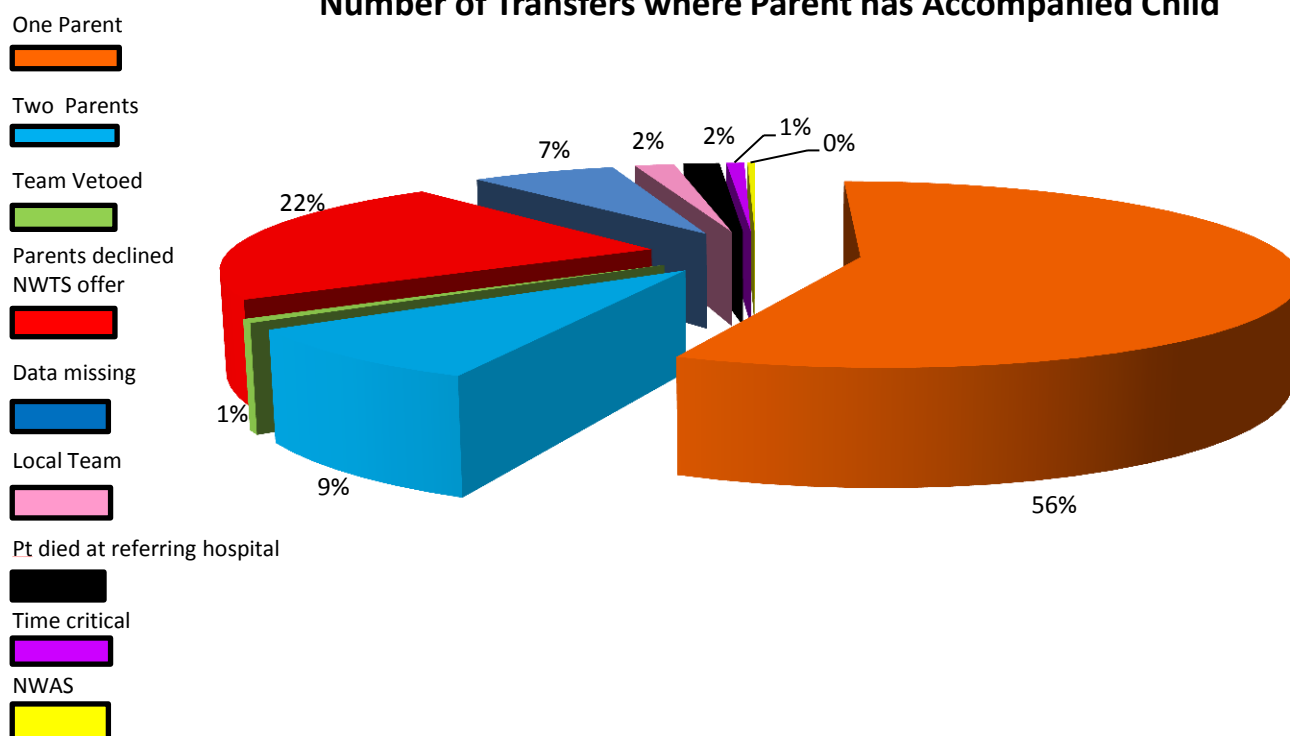


Website

A total revamp of the NWTs Website is planned and will be completed before the end of March 2013. The team will be working in conjunction with the website company to develop a much improved website. It is hoped that this will be launched in the Spring of 2013.

Parent and Public Involvement

Number of Transfers where Parent has Accompanied Child



Parents in Transport

NWTS was launched in November 2010 as a single, dedicated, regional Transport Service for critically-ill or injured babies and children.

Previously, prior to the commencement of NWTS, the Paediatric Intensive Care Units at both Alder Hey and the Royal Manchester Children’s Hospital would need to use an ambulance usually supplied by NWAS. This meant taking a “front line” vehicle out-of-service, and sometimes out-of-region, for a considerable period of time.

Unfortunately, NWAS ambulances were unable to accommodate parents due to the restriction in seat availability. This would mean separating already scared and anxious parents from their critically-ill child. This would thus increase parental stress as they would be unable to travel with their child as PICS Standards 2010 state “wherever possible and appropriate, parents should be given the option to accompany their child during retrieval and transfer”.

The NWTS Service is supported by a team of ambulance staff who drive the dedicated NWTS ambulances. In the NWTS Service Level Agreement with Medical Services Limited, it states that the NWTS ambulances must have four seats to ensure that a minimum of one parent can travel with their child.

Pre NWTS, staff voiced many concerns over the potential difficulties managing parents in the confined space of the back of an ambulance, if their child suddenly deteriorated during transfer.

Post NWTS, the majority of staff have recognised the positive benefits of parent(s) travelling with their child in the ambulance, especially if the child is unstable and may not survive the journey.

The data from April 2012 to March 2013, regarding the number of NWTS transfers where a parent has been able to travel with their child, is detailed over the page:



Parent and Public Involvement

NWTS have received excellent feedback from the families across the North West and North Wales.

Several families are championing the NWTS service by fundraising for additional equipment.

Olivia's Family: "The team were absolutely fantastic and I am sure we owe Olivia's life and speedy recovery to them. Once they had stabilised her they transferred her to PICU Manchester Royal Children's Hospital."

"We cannot praise them enough for their swift actions and caring attitude and for keeping us informed of what was happening at all times."

Ben's Family: "I would like to thank you all so much for the care given to Ben. You all acted so professionally whilst showing compassion and understanding to what we, his parents and family, were going through."

Every member of the team was friendly and caring. Thank you for handing him over safely to the staff at Manchester, who cared for him wonderfully."

Alysha's Family: "Whoever transferred Alysha and I from Lancaster to Alder Hey in December, we really appreciate your help and care. Alysha has made a full recovery. Many thanks"

Jac's Family: Thank you so much for everything you did for Jac in those crucial hours whilst moving him from Bangor to Alder Hey. They were quite possibly the worst hours of our lives but we were reassured knowing that he was in the best possible hands. You all do an amazing job and provide such a valuable service to the children and families of the North West and North Wales. We will always be grateful for everything you did."

Work in Progress for 2013-2014

- ▶ Development of Education facilities at NWTs Base.
- ▶ Enhance Air Transport Capabilities, working with different providers and collaboration with other transport teams.
- ▶ Deliver regional study days at NWTs base.
- ▶ Deliver metabolic study day in conjunction with the Royal Manchester Children's Hospital.
- ▶ Continue to work in collaboration with both referring units and the Lead Centre PICU.





North West & North Wales
Paediatric Transport Service



2012/2013

Annual Report



North West and North Wales
Transport Service

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