

## **SNTS Service Model from April 2014 - for INTERNAL CIRCULATION WITHIN SNTS**

### **Situation:**

The Scottish Neonatal Transport Service (SNTS) transfers approximately 1,500 neonates per annum. Following a directive from Board Chief Executives the Variation Order for the nursing staff who undertake on-call shifts will cease at the end of March 2014. In addition, medical capacity has been an issue in both Glasgow and Dundee. This SBAR is directed internally within SNTS Team and provides information on the interim and longer term solutions.

### **Background:**

Consequently a change in service model is required to ensure that the service can continue to deliver safe and effective transfers for neonates.

A number of meetings have been held with staff over the last few months to identify alternative options to the current status quo. This has been a difficult transition for all involved with concerns around increased response times and longer journey times.

### **Assessment:**

The following is set out as the way forward in the interim.

**In hours** – Monday to Friday, different in-hours working within the different sites. Initially from 1 April till mid-May there will be a change to the current service with only two regional teams being available on some days due to nursing capacity issues within the east and the west. Once the vacancies have been recruited to there will be limited change to the *in hours* workload with three regional teams being available between Monday to Friday 9:00 – 17:00 hours in the west, south east and north. The only change will be a decrease in the number of shifts that the Dundee team are able to contribute to the north regional workload. Dundee will work every Thursday for 24 hours for 3 weeks out of 4. Due to capacity issues in April there may only be 2 teams in hours to ensure coverage 24/7; further detail will be provided in the national rota.

**Out of hours** – Weekends and different out of hours working within the different sites.

There will always be 2 teams on *out of hours*. On some nights there is a potential to have 3 teams on which is the same as the current status quo.

The west team will provide a 24/7 service and have access to air resources when available, providing a multidisciplinary team of a consultant, middle grade or ANNP and transport nurses. This 24/7 provision has been achieved through a combination of overtime and goodwill. When the team is fully staffed there is a potential for the team to split into two for simultaneous transfers. The second team on will be either from the east or the north.

In the east, the team is supported by Fellows or ANNPs and transport nurses, there is always consultant advice available for the team and when necessary consultant availability for complex transfers in hours only. The east nurses will be on shift.

The north team will continue to be made up from teams based in Dundee and Aberdeen. The Dundee team as noted above will work every Thursday for a 24 hour period for 3 out of

4 weeks and 1 weekend in 4, the team will provide a consultant and a transport nurse. In Aberdeen there will be a team consisting of a consultant and transport nurse available to undertake transfers. The north team will have access to fixed wing resource at Aberdeen Airport if required. The nurses will work a mixture of on shift and on-call rather to cover the Aberdeen share of the rota. There has been agreement that the nurses in the north will also be flexible and where required do 8 hour shifts to cover more days during annual leave periods. The North team will be unavailable for at least one day a week and one weekend in four. The region will be covered by the West and SE teams on these occasions.

A national rota will identify when there are 3 teams available OOH and when only 2, if it is the north or the east team along with the west team.

When the west and east teams are on they will provide cross cover, as is done at present when simultaneous time-critical calls come in for the same region, i.e. the team tasked to carry out a transport may be a team from a neighbouring area. However, this will not be the case when the west and the north teams are on, the north team will continue to cover the north region and the west team will need to provide cross cover to the east. If there is no team available there may be a need to provide support from the Neonatal Unit (if capacity allows and for a limited number of in house surgical transfers only) or from the PICU team on call (again if capacity allows). There is no change to the base locations of the teams, only to the rota.

However, in the future the development of central co-ordination of triaging of referrals should ensure that the right team is tasked in the right mode of transport proportionate to the acuity of the neonate, rather than the teams working independently to cover their own patch. In addition, support from dedicated drivers should decrease the response times while ensuring staff and their kit are returned to base in a timely manner.

### **Recommendations:**

1. The fundamental aim of the service will be to provide safe and effective care to neonates across NHS Scotland with the available and most appropriate workforce.
2. The National and Regional Directors, the Strategic Services Manager and Nurse Consultant will circulate this SBAR to their teams for information.
3. Additional and vacant nursing posts should be filled as soon as possible, on-call and bank shifts are allowed to cover the gaps until posts are filled.
4. Dedicated driver rotas in the north and east should be identified as a priority and the number of dedicated drivers available in the west should be reviewed.
5. A national rota will be finalised and available to all involved before the 1 April.
6. The activity, response times and clinical incidents will continue to be monitored closely over the coming months and reported to Boards and Managed Clinical Networks on a regular basis.
7. A risk assessment will be undertaken on the future model and monitored regularly.
8. To ensure a more sustainable model in the future and to take account of the acute reconfigurations in the west and the east, as part of ScotSTAR the team will work together to plan a future service, exploring the development of the north team and reviewing central belt workload.