



**North East Children's Transport and Retrieval
Service
QST Feedback Action Plan for NHS England**

Areas of good practice identified by the review

- *The facilities for the NECTAR team were considered to be excellent due to the large size which was observed to be extremely clean, modern and well organised and this space available for the team permits good infection control practice*
- *The lead nurse demonstrated good leadership, ambition and direction for the service.*
- *Reviewers met with clinical representatives of the team whose enthusiasm, motivation and support provided to colleagues was considered to be commendable.*
- *Band 5 trainee programme which is tailored to individual experiences and expertise and once signed off as competent will be a band 6. This trainee programme appears to be an innovative and exciting approach to developing transport practitioners*

- *There are good facilities providing a state of the art simulation laboratory.*
- *The leadership of the NECTAR consultant in liaising with other regional PCCUs to manage patient flow during winter pressures was identified as good practice.*
- *The early warning system to manage high bed occupancy was impressive based on the daily monitoring of the bed state and was identified as good practice.*
- *There is strong partnership with IAS Medical who provides both their ground and air transport. This leads to excellent collaborative working.*

- *There are “You said, we did” feedback trees in each of the ambulances which was identified as good practice. As a result of patient feedback the team provides tablets for patients being transferred back to the DGH who are given the ambulance WI-Fi code and this was identified as good practice.*

Areas of Improvement

- Call conferencing recording - **BT Meet Me for Healthcare for call recording was expedited since the report and now implemented.**
- *There are concerns about the consultant rota and the potential for fatigue and sustainability of the service -*
- ***Consultants from the region with transport skills being appointed with honorary contracts to supplement NECTAR rota.***
- ***Consultant adverts out imminently for two further substantive NECTAR Consultants.***
- ***Katarzyna Swist-Szulik, PICU Consultant, GNCH has job planned DCCs at NECTAR from 1st Oct '18***

- *There is a lack of a formal local winter pressure strategy plan.*
- **This is inaccurate and was disputed in our response to the QST report.**
- **“North of England PIC Winter Surge Escalation process” document has been in existence since 2002.**
- *There is a stakeholder group without full membership e.g. parents and no annual report available.*
- **NECTAR annual report in progress**
- **In discussion with parent group to find representative for the NOECCN PIC Clinical Advisory Group**

Commissioning Arrangement

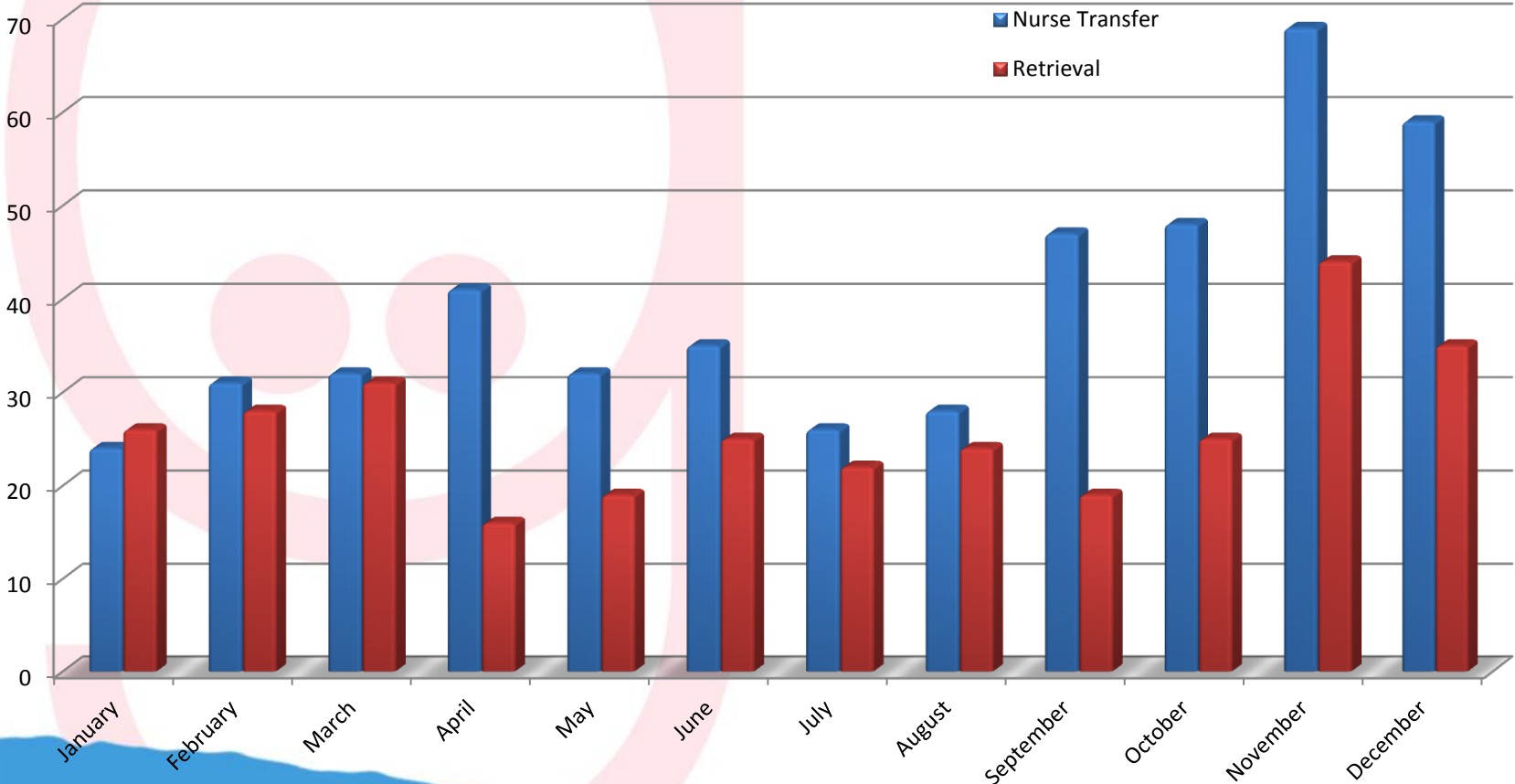
- NECTAR was initially funded for a 24/7 Acute team to complete 250 transfers per year
- From October 2016 NECTAR was funded for a nurse delivered 10 till 10 7 day team for 250 transfers a year
- See appendix for 2017 and 2018 data
- NUTH has supported a third daytime team during the winter months of 17/18 to support patient flow.
- The impact was we transferred no patients out of region compared to our neighbouring transport services; NWTs transferred 90 out of region and Embrace 30.

- A further impact was the reduction of cancelled paediatric surgery due to no bed available, 138 cancelled in 2016 compared to 68 in 2017.

Future Developments

- A commissioned Operational Delivery Network for Child Health based at NECTAR
- A commissioned expansion of NECTAR to accommodate all inter-hospital paediatric transfers within the North East & North Cumbria including funding for a second acute team 24/7
- Development of a mobile ECMO service in conjunction with Freeman Heart Unit
- Development of an adult NECTAR service and future integration with neonatal transport service
- Potential NECTAR south base due to reconfiguration of paediatrics in the South of the Region

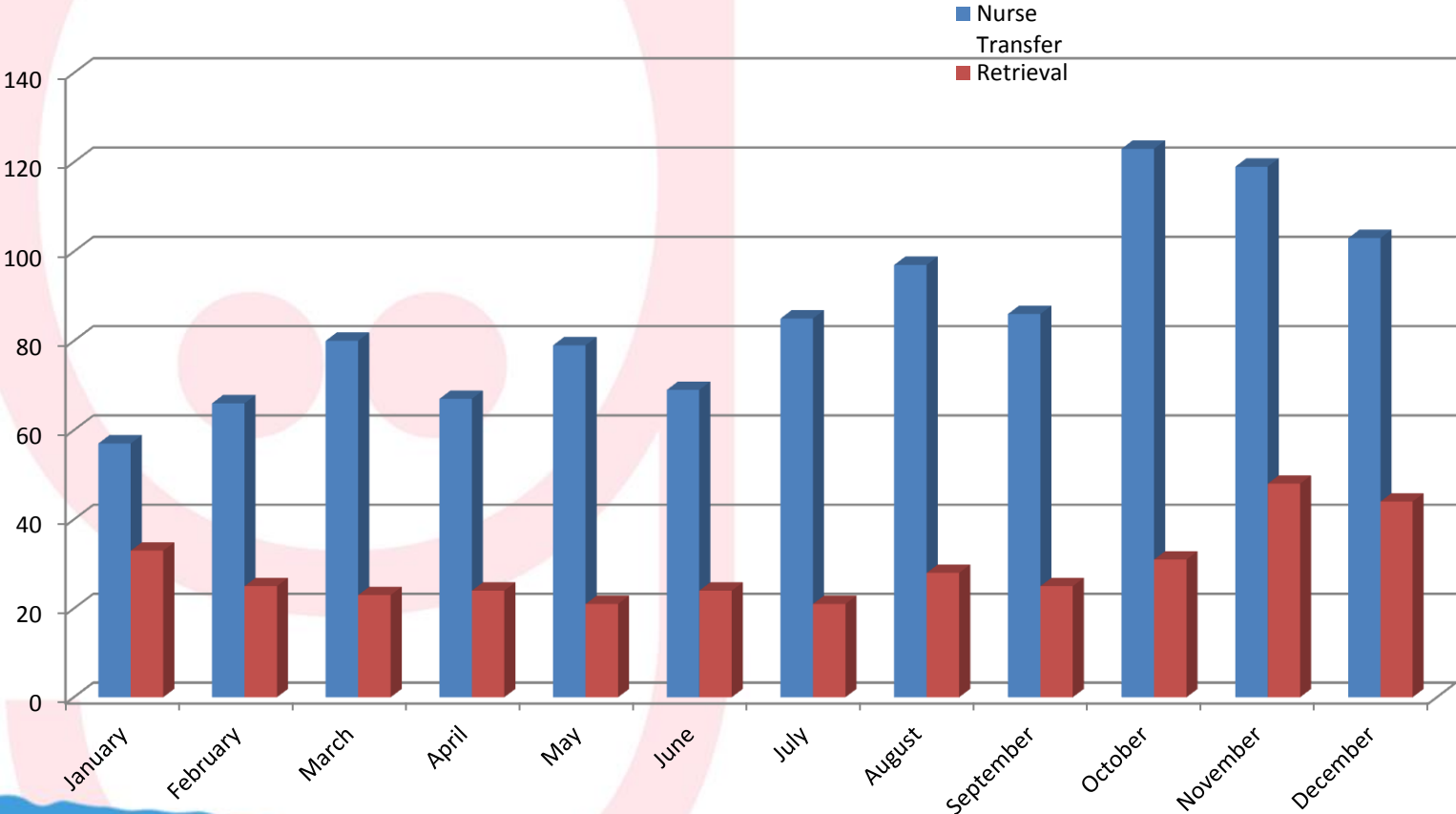
2017



2017

2017	January	February	March	April	May	June	July	August	September	October	November	December	
Nurse Transfer	24	31	32	41	32	35	26	28	47	48	69	59	472
Retrieval	26	28	31	16	19	25	22	24	19	25	44	35	314
Total:	50	59	63	57	51	60	48	52	66	73	113	94	
													786

2018



2018

2018	January	February	March	April	May	June	July	August	September	October	November	December	
Nurse Transfer	57	66	80	67	79	69	85	97	86	123	119	103	1031
Retrieval	33	25	23	24	21	24	21	28	25	31	48	44	347
Total:	90	91	103	91	100	93	106	125	111	154	167	147	1378
	1378												



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TRANSPORT AND RETRIEVAL