Title	**North West Neonatal Operational Delivery Network (NWNODN) Repatriation Guideline**
Reference	**GL-ODN-05**
Author	**Karen Mainwaring**
Target Audience	**All Provider Trusts within the North West Neonatal Operational Delivery Network**
Ratified by	**SMT**
Date ratified	**08/12/21**
Date for review	**08/12/24**
Version	**Final**
Document status	**Original guideline reviewed, updated and shared at NSG December 2021**

Document history

Date	Version	Co-Ordinator	Notes
9/3/21	1	C. Nash	Guideline due for review as now 3 years old. Circulated to SMT and minor amendments to process made. Information added on exception reporting of delayed transfers and repatriation of out of area babies

North West Neonatal Operational Delivery Network Repatriation Guideline

1. **Introduction**

   Neonatal Networks were established in 2004 following recommendations from BAPM (2001) and the acknowledgment of Commissioners that to improve neonatal care for the sickest babies required delivery and care in specialised centres of excellence, and the ability of local units to deliver appropriate care for babies as close to home as possible.

   When a baby requires neonatal intensive or tertiary specialised care the baby is transferred to the nearest appropriate neonatal intensive care unit (NICU) as described in the North West Neonatal Operational Delivery Network (NWNODN) pathways. Once the baby is stable, and the level of care they need matches that provided by a LNU or SCU, repatriation will need to be arranged. These repatriations are elective and should, where possible, be planned at least 24 hours in advance and will be scheduled by Connect NW during the daytime hours.

2. **Purpose**

   This document describes the pathway for safe and timely repatriation to an appropriate LNU/SCU for a baby who has received care in a NICU. Effective communication between provider units in the NWNODN, Connect-NW 03003309299 and the Cot Bureau are essential to ensure all babies are transferred appropriately and efficiently, thereby ensuring optimal use of Network resources.

3. **Aim of the guideline**

   The aim of this guideline is to ensure that mothers and babies in the NWNODN are able to access the most appropriate level of care, at the right time and as close to home as possible**.**

4. **Scope**

   Repatriation is defined as the transfer of a baby no longer requiring intensive care to an appropriate LNU/SCU closer to home.

   - This guideline applies to all mothers and babies receiving care within the NWNODN
   - The guideline is for use by all neonatal staff in NWNODN neonatal units
   - Section 8 of this guideline refers to infants to be repatriated to units outside the NWNODN

5. **Transfer back to a 'designated' LNU**

   At an early stage during the NICU admission, a discussion should take place with parents about the need for repatriation once their baby no longer requires intensive care.

   Regardless of the hospital of booking the transfer of a baby from a NICU to a LNU should be to the Unit closest to the parents' home or to the Unit with the easiest transport links if the family are reliant on public transport. The most appropriate LNU for repatriation should be agreed following discussion with parents prior to the baby being ready for transfer.

   Repatriation of infants who are stable and no longer requiring intensive care will be instigated by the neonatal team at one of the NWNODN NICU's. Planning for repatriation will commence as soon as the baby is born at, or transferred to, a unit for neonatal intensive care. Suitability for repatriation will depend not only on the baby's condition but also on the ability of the receiving unit to provide the level of care required (refer to repatriation criteria in appendix 1). **If there is any doubt regarding the eligibility of the baby repatriation (e.g. CPAP transfers) please contact the Clinical Director for Connect NW or Transport Consultant / ANNP on duty to discuss the specific transfer issues.**

6. Repatriation procedure

i. At an early stage during the NICU admission, a discussion should take place with parents about the need for repatriation once their baby no longer requires intensive care. The reasons for repatriations should be explained in a sensitive and considered manner by an experienced member of staff. Where a baby is born in an LNU and transfers to a NICU or surgical unit it should be explained from the outset that there is high likelihood baby will be repatriated back to the original LNU.

ii. The most appropriate LNU for repatriation should be agreed following discussion with parents prior to the baby is fit for transfer. The LNU selected for repatriation should be notified by the referring unit, by telephone as early as possible that the baby will be transferred once he/she no longer requires tertiary or specialist care. Where a baby has complex needs it may be useful to involve the receiving unit in any discharge planning meetings prior to discharge.

iii. The decision for suitability for repatriation should be made by a NICU consultant; ventilated babies or those requiring other forms of intensive care support will not be transferred back to an LNU except in exceptional circumstances, for example palliative care

iv. When it is identified a baby is ready to be repatriated the relevant section 'ready for discharge' on the Badger.net system should be completed. See NWNODN Exception reporting guidance for details of how to input this information https://www.neonatalnetwork.co.uk/nwnodn//wp-content/uploads/2020/11/GL-ODN-01-Exception-Reporting.pdf

v. The transfer will be discussed by the senior nurse in the two units and the relevant consultants kept informed. In some situation a consultant to consultant (or Tier Doctor) may be necessary especially if the care has been complex and the baby has had on-going care needs which fall outside standard care.

vi. The referring unit should liaise, on a daily basis, with the receiving unit until the cot is available

vii. Once it has been confirmed a cot is available, all requests for repatriations within the NWNODN will be made through the cot bureau who should be contacted to organise the transfer with Connect-NW. Arrangements for transfer out with this system will not be accepted by Connect-NW. The date/time of the initial request will be logged by the cot bureau onto the cot bureau information system. For back-transfers outside of the NWNODN see section 8 (Out of Region Repatriations)

viii. Any disagreement about suitability for transfer will be resolved through discussions between the Transport Clinical Director or Consultant, Lead nurse or nominated deputy, NICU Consultant and the LNU/SCU Consultant

ix. Once the transfer has been accepted by the receiving unit, 24 hours' notice should be given routinely during which time Badger discharge and other related documentation should be completed. Prior to transfer, the referring unit should ensure the receiving unit is informed of the infant's current care requirements, for example medication and TPN, to enable the receiving unit to order any medications required prior to transfer. Colonisation status should also be communicated at the time of referral.

x. It is expected that the receiving NNU will be able to accept a repatriation admission within 48 hours of the initial request being agreed and once agreed it should be logged with the cot bureau. If a unit is unable to accept a baby within 48 hours or there is a delay due to transport capacity they will be added to the list of delayed transfers for the year and an exception report will be raised. These cases will be included on the NWNODN Dashboard and discussed at the quarterly NSGs. It is recommended that there is a consultant to consultant conversation,

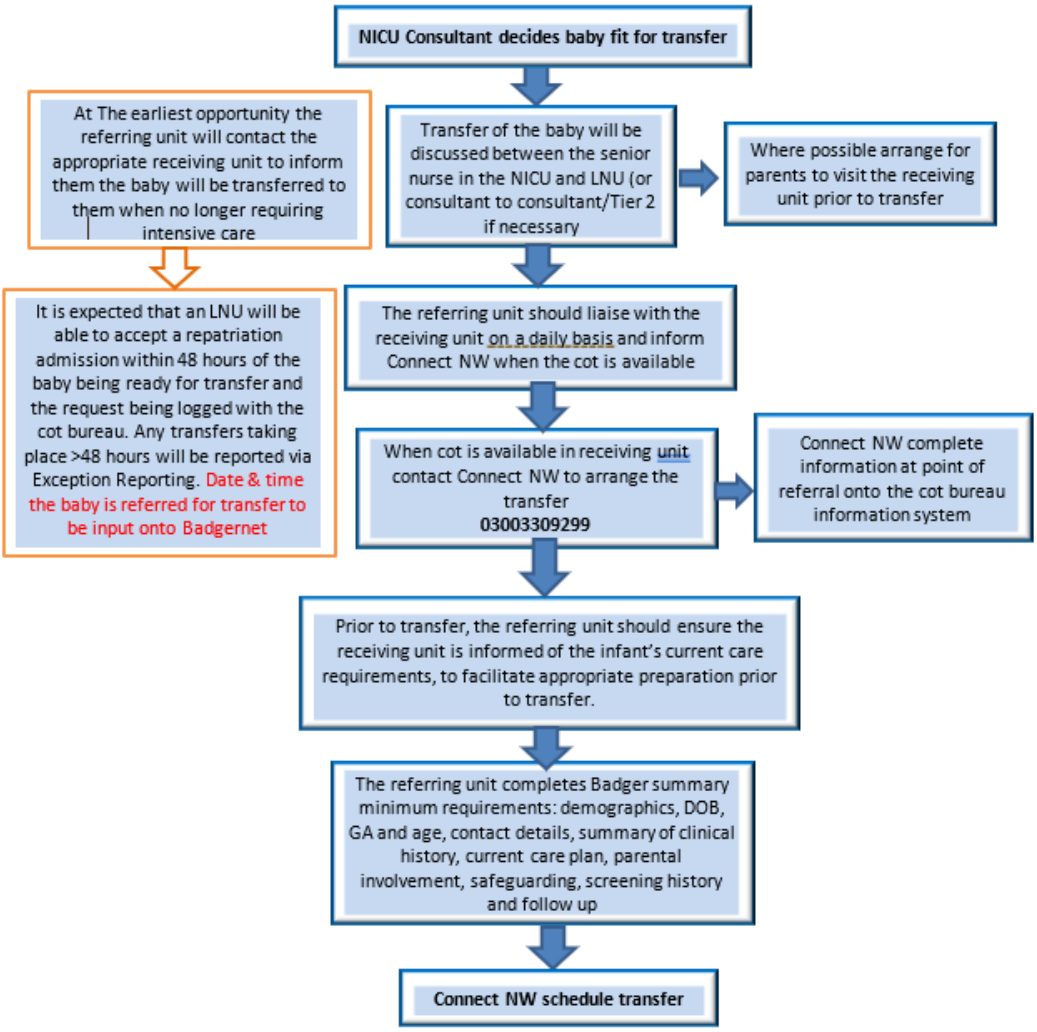
facilitated by the referring unit, if a unit is unable to accept a baby, as further discussion maybe beneficial to ascertain level of care and urgency of transfer if capacity issues arise.

xi. Repatriation of babies should proceed irrespective of their bacterial or viral colonisation status. However, the transferring unit must communicate the colonisation/infection status of the baby so that appropriate precautions can be put in place at the receiving unit. Further discussion between senior medical and nursing staff (including microbiologists/infection control staff) may be necessary especially when clinically relevant (e.g. RSV, CMV, GBS) and/or antibiotic-resistant (MRSA, ESBL, VRE) organisms are involved. https://www.neonatalnetwork.co.uk/nwnodn//wp-content/uploads/2020/10/GL-ODN-10-Infection-Prevention.pdf

xii. Information about the receiving unit and sign posting to the NWNODN website should be shared with parents. Where possible arrange for the parents to visit the receiving unit prior to transfer.

xiii. Completion of Badger letter and discharge to be actioned in the 24 hours prior to transfer with minimum requirements including demographics, DOB, GA and age, contact details, summary of clinical history, current care plan, parental involvement, safeguarding, screening history and follow up. (See Appendix 2)

NWNODN Repatriation Flow Chart



7. Escalation process for declined back transfer

Delayed repatriations (more than 48 hours) will be reported as exception reports in line with the NWNODN Exception Reporting Guideline. A list of all transfers delayed more than 48 hours will be generated by the data analyst on a weekly basis and a form requesting more information and cause of delay will be sent to the referring unit. At present the referring unit will contact Connect NW once the transfer is agreed and a cot is confirmed. Connect NW will enter preliminary details on the transport clinical information system and then the point at which the transfer is undertaken is logged on the system.

Repatriation should not be declined for capacity reasons alone as this compromises the ability of the NWNODN's NICUs to accept admissions. Capacity and staffing issues should be considered at both the referring and receiving units to identify which unit is more seriously compromised. If a receiving unit considers it does not have capacity to accept a transfer request the following procedure should be followed:

- The senior nurse discusses the request with the consultant on duty, reviewing the list of current patients to decide if any babies could be discharged home or transferred to another ward e.g. postnatal/transitional care/paediatric wards.
- The senior nurse/manager should determine if suitably competent staff can be released from other areas to assist neonatal staff or book additional bank staff.
- Assess staffing and movement of babies for subsequent shifts and advise whether repatriation can be temporarily deferred.
- Contact the cot bureau as soon as capacity is available so that the baby may be transferred.
- If a receiving unit persistently declines back-transfers, the NWNODN Team will support conversations with the senior management at the receiving hospital to resolve the situation.

Verbal and written information, which will be displayed in units and accessed via a QR code, regarding this policy will be provided to women who choose to book at, or require care to be transferred to, a hospital other than their local maternity unit. This should be reinforced with further written information on neonatal admission when parents can be given a copy of the relevant NWNODN Parent Information Leaflet.

It should be explained that on some occasions it may be necessary to consider the possibility of transfer to another (non-local) unit if the transferring NNU is under severe pressure and it also appears that there will be a significant delay in accepting the baby back to the receiving NNU.

8. Out of Region Repatriations

These situations may occur following unexpected delivery at a geographically remote location, following a planned admission for specialist treatment or occasionally following a capacity transfer outside of the ODN. Families who move to a new address during a prolonged NNU admission may also fall into this category.

a) **Repatriations to a neonatal unit within the NWNODN**
Where the family's current home postcode is within the NWNODN the transfer will be undertaken by Connect NW. Cases should be notified initially to the receiving unit which is closest to the family home, except where the dependency would require a higher level of support. The receiving unit should inform Connect NW once the transfer has been accepted in principle as the logistical arrangements may require some detailed planning and negotiation if geographically distant.

b) **Repatriations to a neonatal unit outside the NWNODN**
If the family's current home postcode is outside the NWNODN, then the receiving network transport team is responsible for undertaking the repatriation transfer.

9. References

1	**BAPM 2001 standards for providing intensive and high dependence care**
2	**Department of Health (2009) *Toolkit for High-Quality Neonatal Services*.** http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_108435.pdf
3	**NHS England Neonatal Critical Care Service Specifications EO8/S/a** https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e08-serv-spec-neonatal-critical.pdf
4	**NHS England Neonatal Critical Care Retrieval (Transport) EO8/S/b** https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e08-serv-spec-neonatal-critical-transp.pdf

APPENDIX 1

Cheshire & Merseyside Neonatal Care Service Provision		
Neonatal Unit	**Care provided**	**Patient flows OUT**
Liverpool Women's NHS Foundation Trust	All gestations Long Term Ventilation Oscillation Nitric Oxide CPAP Active Cooling Total Parental Nutrition High Flow	ECMO Surgery
Wirral University Teaching Hospital NHS Foundation Trust **Arrowe Park Hospital**	All gestations Long Term Ventilation Nitric Oxide CPAP Total Parental Nutrition Active Cooling High Flow	ECMO Surgery
Countess of Chester Hospital **(For a limited time only, the following care will be provided)**	Babies 27 weeks and over Short Term Ventilation CPAP Total Parental Nutrition High Flow Temporary restriction of: • Babies 32 weeks and over • Stabilisation and transfer of babies requiring intensive care	ECMO Oscillation Nitric Oxide Active cooling beyond initiation Any complex case requiring tertiary centre care Surgery
Warrington Hospital	Babies 27 weeks and over Short Term Ventilation CPAP Total Parental Nutrition High Flow Twins > 28 weeks	ECMO Oscillation Nitric Oxide Active cooling beyond initiation Any complex case requiring tertiary centre care Requiring Surgical intervention
Leighton Hospital	Babies 27 weeks and over Short Term Ventilation	ECMO Oscillation

	CPAP Total Parental Nutrition High Flow Twins > 28 weeks	Nitric Oxide Active Cooling Any complex case requiring tertiary centre care Requiring Surgical intervention
Macclesfield Hospital	Babies 32 weeks and over Special care only. No CPAP/HFNC No TPN	ECMO Oscillation Nitric Oxide Active Cooling Any complex case requiring tertiary centre care Surgery
Whiston Hospital	Babies 27 weeks and over Short Term Ventilation Total Parental Nutrition High Flow CPAP Twins > 28 weeks	ECMO Oscillation Nitric Oxide Active Cooling Any complex case requiring tertiary centre care Requiring Surgical intervention All babies who require Intensive care or ventilation Any baby < 1000g
Ormskirk Hospital	Babies 27 weeks and over Short Term Ventilation Total Parental Nutrition High flow CPAP Twins > 28 weeks	ECMO Oscillation Nitric Oxide Active Cooling Any complex case requiring tertiary centre care Requiring Surgical intervention
Alder Hey Neonatal Surgical Unit	High dependency care Post-surgical management	Intensive care

Lancs and South Cumbia Care Service Provision		
Neonatal Unit	**Care Provided**	**Patient Flows OUT**
Barrow in Furness	Special care only. High dependency back to Lancaster No CPAP/HFNC No TPN	All babies less than 32+0 weeks gestation All babies who require: Intensive care or ventilation CPAP/HFNC Active cooling High dependency care except NAS Any baby < 1000g High dependency care to Lancaster Surgical & cardiac according to current transfer policy
Blackpool	Babies 27 weeks and over Twins > 28 weeks Short Term Ventilation CPAP Total Parental Nutrition High Flow Special Care	Less than 27+0weeks Ongoing care beyond initial stabilization and intensive care for babies < 800g Complex intensive care Support for more than one organ e.g. ventilation and inotropes Nitric Oxide High frequency oscillatory ventilation (HFOV) Active Cooling Prolonged intensive care (ventilatory support) greater than 48 hours
Lancaster	Babies 27 weeks and over Twins > 28 weeks Short Term Ventilation CPAP/HFNC (infants below 1000g to be discussed on case by case basis) TPN High Dependency Special care	Less than 27+0 weeks – transfer to Preston or Burnley unless requiring specialist tertiary services Ongoing care beyond initial stabilization and intensive care to babies < 800g complex intensive care support for more than one organ e.g. ventilation and inotropes Nitric Oxide High frequency oscillatory ventilation (HFOV) Active Cooling Prolonged intensive care (ventilatory support) greater than 48 hours

		Surgical & cardiac according to current transfer policy
Burnley	All care levels including intensive care Post-surgery, post cardiac	ECMO Surgery Complex Cardiac
Preston	All care levels including intensive care Post-surgery, post cardiac	ECMO Surgery Complex Cardiac

Greater Manchester Care Service Provision		
Neonatal Unit & Designation	Care provided	Patient Flows OUT
Royal Bolton Hospital **NICU**	All gestations Long Term Ventilation Complex Intensive Care High Frequency Oscillation Ventilation Inhaled Nitric Oxide Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O_2	ECMO Surgery Complex Cardiac
St Mary's Hospital **NICU**	All gestations Long Term Ventilation Complex Intensive Care High Frequency Oscillation Ventilation Inhaled Nitric Oxide Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O_2 Surgery	ECMO Complex Cardiac
Royal Oldham Hospital **NICU**	All gestations Long Term Ventilation Complex Intensive Care High Frequency Oscillation Ventilation Inhaled Nitric Oxide	ECMO Surgery Complex Cardiac

	Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O_2	
North Manchester General Hospital **LNU**	Babies 29 weeks gestation and above Short Term Ventilation < 48 hours Total Parental Nutrition CPAP High Flow O_2 Twins >28 weeks	ECMO Surgery Cardiac Ongoing/complex intensive care Active Cooling
Stepping Hill Hospital **LNU**	Babies 27 weeks gestation and above Short Term Ventilation < 48 hours Total Parental Nutrition CPAP High Flow O_2 Twins >28 weeks	ECMO Surgery Cardiac Ongoing/complex intensive care Active Cooling
Wythenshawe Hospital **LNU**	Babies 27 weeks gestation and above Short Term Ventilation < 48 hours Initiation of Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O_2 Twins >28 weeks	ECMO Surgery Cardiac Ongoing/complex intensive care Active cooling beyond initiation
Tameside General Hospital **LNU**	Babies 27 weeks gestation and above Short Term Ventilation < 48 hours Total Parental Nutrition CPAP High Flow O_2 Twins >28 weeks	ECMO Surgery Cardiac Ongoing/complex intensive care Therapeutic Hypothermia
Wigan **Royal Albert Infirmary** **LNU**	Babies 27 weeks gestation and above Short Term Ventilation < 48 hours Initiation of Therapeutic Hypothermia Total Parental Nutrition CPAP High Flow O_2 Twins >28 weeks	ECMO Surgery Cardiac Ongoing/complex intensive care Active cooling beyond initiation

Referrals for North Wales NEONATAL TRANSPORT SERVICE

Baby born and initial stabilisation completed

NIGHT	NIGHT	DAY	DAY	DAY	DAY
* BAPM Time Critical * <26/40 gestation * surgical, cardiac, neuro-surgical transfers where transfer overnight is clinically indicated	*26-31+6/40 gestation *Intensive care medical uplifts where transfer overnight is clinically indicated	*BAPM Time Critical *<32/40 gestation *Intensive care medical uplifts	*Surgical *Cardiac *Neuro-surgical *ROP	Repatriation of *HD patients *IC patients to YGC Resource/Capacity transfers of *SC/HD patients	*Repatriation SC patients *Outpatient appointments
Referring Consultant to contact CONNECT NW	Referring Consultant to contact YGC Neonatal Consultant-on-call	Referring Consultant to contact North Wales NTS Transport Consultant	1. Referring Consultant to contact receiving unit 2.Locate cot 3.Referring Consultant to contact North Wales NTS Transport Consultant	Referring Consultant to contact North Wales NTS Transport Consultant	Referring unit to *Locate cot in receiving unit *Senior staff nurse, Registrar or Consultant to contact North Wales NTS

North Wales NTS *Referral Mobile Phone* **(07717714570)**

available only
Monday to Friday 07.30-19.30
(Wi-Fi enabled calls inside YGC, if no reply contact Neonatologist-on-call in YGC)

Saturday and Sunday 07.30-19.30 contact Neonatologist-on-call via YGC switchboard (01745-583910)

- **YG Bangor and Wrexham Maelor Hospital have Special Care Baby Units and should accept SC babies only**
- **Consultant Neonatologist on call is available for advice 24 hours/day for Consultants in YG or WMH**
- **We will accept referrals when the team can commence the transfer before 18.00 hours for transfers within North Wales and before 16.00 for transfers to England**
- **Factors affecting the acceptance of transfers by North Wales NTS are time of referral, clinical condition, expected duration of transfer, team availability and other unplanned unforeseen events**
- **Dedicated ambulance and driver should only be used by CONNECT NW and North Wales NTS teams**

CONNECT NW 03003309299 **NORTH WALES NTS 07717714570** **YGC SWITCHBOARD 01745-583910**

Version 5. June 2021

Appendix 2 – Repatriation transport Checklist

ConnectNW

NHS
Manchester University
NHS Foundation Trust

TRANSFER CHECKLIST

Prior to arranging a transfer please ensure;

- ☐ Parents are aware of the pending transfer
- ☐ Mum is fit for transfer/discharge *(if appropriate)*
- ☐ For Repatriation/Back transfers, bed confirmed with the receiving unit and clinical handover given.

Please ensure the following is photocopied and confidentially secured for the transport team;

- ☐ Badger Letter/NIPE completed
- ☐ Local Nursing Summary *(if appropriate)*
- ☐ Last 48 hours of Medical Notes
- ☐ Weight Charts
- ☐ Phototherapy Chart
- ☐ Blood Gas Chart
- ☐ Blood Result Chart
- ☐ Prescription Chart
- ☐ Most Recent Nursing Chart
- ☐ ROP Screening Report
- ☐ Cranial Ultrasound Reports
- ☐ ECHO Reports
- ☐ Safeguarding Information
- ☐ Any Relevant Other: *(Please Specify)*

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- ☐ Babys Red Book & Barcode Address Stickers *(if available)*
- ☐ Copy of Completed Checklist