Worcestershire Acute Hospitals NHS Trust

OPERATIONAL POLICY

NEONATAL COMMUNITY OUTREACH TEAM (NCOT) SERVICE

Department / Service:	Paediatric Directorate Neonatal Service
Originator:	Rachel Cashmore, Neonatal Outreach Sister
Accountable Director:	Baylon Kamalarajan, Paediatric Clinical Director
Approved by:	Neonatal Guidelines Review Meeting
Date of approval:	17th January 2024
Date of Review: **This is the most current version and should be used until a revised document is in place**	17th January 2027
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Neonatal Unit & Transitional Care (TC)
Target staff categories	All staff who work within the Neonatal Unit & Transitional Care at WRH

Policy Overview:
This is an Operational policy for Neonatal Community Outreach Team Services (NCOT). These services are part of the Paediatric Directorate and the Women's and Children's Division.

Latest Amendments to this policy:
17th June 2020 – New document approved at Paediatric QIM 11th November 2022- Document approved for 3 years with no amendments by Dr Gregory/ Neonatal Guidelines Review Meeting 17th January 2024 – Document reviewed and approved at Paediatric Governance Meeting

Contents page:

1. Introduction
2. Purpose
3. Scope
4. Staffing
5. Our service
6. Exclusions
7. Operational Hours
8. Criteria for transfer to NCOT
9. First Visit
10. Referral to other professionals
11. Discharge
12. Considerations of service delivery being compromised
13. Lone worker
14. Safeguarding
15. Documentation
16. Data

1. Introduction

The Neonatal Community Outreach Team is an integrated hospital-community team which facilitates early hospital discharge of babies with on-going medical/nursing needs who have been resident on the NNU and/or TCU at WRH. It was implemented to reunite families as soon as possible and to deliver safe, effective and supportive family centred care. Earlier discharge from hospital provides a better experience for the family; as well as freeing up inpatient capacity. Support is provided by an integrated hospital-community neonatal team

2. Purpose

- To facilitate early hospital discharge of babies with on-going medical/nursing needs
- To provide a seamless transition from hospital to home
- To adequately prepare the parents to be confident and competent in the care of their baby at home. This includes psychologically preparing parents for having a baby at home
- To provide a skilled resource for the family
- To prevent readmission

3. Scope

- Babies who are born at Worcestershire Royal Hospital (WRH) and/or those born at another hospital and repatriated back to WRH
- Babies who have been resident on the Neonatal Unit (NNU) and/or Transitional Care Unit (TCU), for a period of time before discharge
- Babies who are registered with a Worcestershire GP (this is a Countywide service)
- Parents/carers who have demonstrated competence in specified aspects of care

4. Staffing

4.1 Management Team

The management team for the Neonatal Unit includes:

Lead Clinician (LC):	The LC is responsible for clinical matters within the neonatal service, provides professional advice to the neonatal outreach team and liaises with the matron and ward manager and any other health professionals as required to meet service needs.
Matron (M):	The Matron is responsible for the day to day operational delivery of services within the Neonatal Department including the effective flow of neonates through the unit to ensure that they receive the right care in the right place.
General Manager (GM):	The GM is responsible for working with the lead clinician and matron to ensure that robust performance management;

planning and governance mechanisms are in place in line with the Trusts policies and best practice. The GM is responsible for ensuring all planning is in line with the Trusts strategic direction and that performance is reported monthly to the Directorate and Divisional Board.

4.2 Neonatal Outreach Team

Role	Band	WTE
Registered Nurse	6	2.0
Nursery Nurse	4	1.0
Administrator	3	0.2

5. Roles and Responsibilities

5.1 Registered Nurses

The registered nurses are responsible for assessing, planning and overseeing care of babies under neonatal outreach.

Workload and home visits will be discussed at the start of each day and visits allocated according to patient need.

The band 6 Nurses should visit babies requiring:

- Home oxygen
- Management of neonatal abstinence syndrome
- Home phototherapy

5.2 Nursery Nurses

The Nursery Nurses work under the supervision of the Registered Nurse.

5.3 Administrator

The Administrator will support the Neonatal Community Outreach Team with clerical duties, inputting and collecting data.

6. Our Service

The service provides supportive discharge and transition from hospital to community/home settings of preterm babies born within Worcestershire. There is Band 6 nursing cover each day with a Nursery Nurse being responsible to the band 6 on that day.

7. Exclusions

- Every family has the right to decline the use of Neonatal Community Outreach, this decision will be respected and the baby will remain in hospital until medically fit for discharge
- Any babies with a GP outside Worcestershire
- Babies who are medically fit but have complex social care packages
- Families where there have been displays of violence or aggression on the Neonatal Unit will require a risk assessment as to whether it will be safe for the Neonatal Outreach team to attend a home visit. This will determine whether the Neonatal Community Outreach Team will admit to the caseload
- Where parents/carers are unable to demonstrate competence in specified aspects of care for their baby
- Term babies discharged from postnatal care

8. Operational Hours

Monday - Sunday 08:00 – 16:00 (including Bank Holidays).

Evenings – parents are advised to phone NNU/TC or alternatively GP out of hour's service.

Open access to Riverbank Ward is obtained for babies on home oxygen to allow parents to be able to phone regarding any respiratory related issues.

The babies will remain under the care of their named consultant. The Neonatal Outreach Team will liaise with all members of the Primary Health team including GP and Health Visitor.

9. Criteria for Transfer to the Neonatal Community Outreach Team

Babies who are

- at least 33 weeks' gestation
- Gaining weight and over 1.6 kg (less at consultant discretion)
- Baby less than the 9th centile at birth has completed 48hrs out of the hotcot and is maintaining their temperature.
- Baby above the 9th centile at birth has completed 24hrs out of the hotcot and maintaining their temperature.
- No longer requiring monitoring for apnoea (off caffeine for 7 days) (occasionally babies might be discharged home on caffeine at consultant discretion, these babies will be monitored at home with an apnoea alarm until 7 days after caffeine is stopped)
- Establishing full oral feeds (minimum of 2 full suck feeds)
- Neonatal Abstinence Syndrome on reducing doses of Morphine (as per Neonatal Abstinence Syndrome guideline WAHT – KD - 015)
- Requiring supplementary oxygen, where oxygen saturations are stable in a set amount of oxygen, evidenced by a satisfactory overnight oxygen saturation download prior to

discharge. This is offered for up to 6 months corrected age, at which point care will be transferred to the Orchard Team. (Paediatric Community Team)

- Babies who have long term needs may initially be discharged to the Neonatal Community Outreach Team, but may then have an assessment from Orchard Team, who will continue their care.

9.1 Identifying babies suitable for the Neonatal Community Outreach Team

- A member of the Neonatal Community Outreach Team will attend NNU/TC on a Monday morning to identify potential babies suitable for discharge home under the care of NCOT, and thereafter visit the units daily to assess progress.
- Neonatal Outreach will introduce themselves to parents/carers and discuss their role, answer any questions and give relevant leaflets. They will give an invitation to a baby life support course for that week.
- Ward staff and the Neonatal Community Outreach Team will work in partnership to educate and empower parents/carers to care for their baby and complete any necessary competencies for discharge home.

9.2 Home oxygen

- Parents/carers of babies who require oxygen at home will be provided with specific training to ensure they are aware of what equipment they will be provided with, and how to use equipment.
- The parents/carers will be given a 'Going Home on Oxygen' booklet and will be required to complete the home oxygen competencies.
- Outreach will initially order oxygen, once oxygen saturation downloads are satisfactory and baby's oxygen requirement is stable usually anywhere between 0.01 – 0.5 litres per minute.
- A home visit prior to discharge will be necessary to ensure baby's home is suitable for home oxygen and to complete the Home Oxygen Safety Assessment.
- Wherever possible, a home visit will be arranged within 2 hours of discharge to ensure correct administration of oxygen. When this is not possible the NNU/TCU staff will phone parents/carers to ensure oxygen is being administered, evidenced by satisfactory oxygen saturations.
- They will receive a telephone call day after discharge and an assessment as to whether a visit is required that day, if not, a visit will be booked for the following day.
- Babies who go home on oxygen will be visited at least twice weekly for the first 2 weeks, this will allow the Neonatal Community Outreach Team to assess wellbeing and support parents/carers. Once oxygen downloads commence and oxygen is weaning, fortnightly visits will be arranged.

9.3 Home naso-gastric tube feeding

- Parents/carers will have been working in partnership with nursing staff to become competent in giving naso-gastric tube (NGT) feeds. They will receive a 'Going Home NGT Feeding' booklet and will be required to complete an NGT competency.

Parents/carers will be provided with a supply of 5ml and 20ml syringes, pH testing kit, a spare NGT and adhesive tape.

- Parents/carers will receive a telephone call the day after discharge and an assessment as to whether a visit is required that day, if not a visit will be booked for that week.
- Babies will be visited at least weekly for NGT change and weight assessment.
- If parents/carers have any issues with the NGT (i.e. becomes dislodged, pulls out, and/or cannot get correct pH) they are advised to contact the neonatal community outreach team who will discuss and advice on appropriate course of action. If this is 'out of hours' they are advised to telephone the neonatal unit.

9.4 Neonatal Abstinence Syndrome

Baby needs to be

- >33 weeks' gestation
- >1.8kg
- Maintaining normal temperature in cot
- Show adequate weight gain and sleep pattern
- Withdrawal symptoms controlled following first reduction of treatment: this is unlikely to be within the first week of life
- Have satisfactory discharge arrangements with the Safeguarding Team into foster care placement
- Ensure carers have completed Neonatal Abstinence competencies

Day after discharge

- Neonatal Outreach Nurse to telephone carers and assess whether a visit is necessary that day. If a visit is not required then an appointment will be made for the following day and a plan made to visit every 2 days whilst medication is reducing.
- Outreach Sister will discuss with carers the baby's progress in conjunction with completed care package (feed chart, scoring chart and medication reducing regime) and any reduction discussed with consultant as per guideline.
- Once Morphine has been stopped for 5 days, a discharge visit will be arranged.

Baby will be discharged from Neonatal Community Outreach when

- There are no signs of withdrawal
- There is adequate weight gain with appropriate feeding regime
- Carers have no concerns with baby's progress.

Upon discharge health visitor and social worker will be informed where necessary.

9.5 Home Phototherapy

This service will be offered to

- Babies who are currently on NNU/TCU and fulfil the criteria to continue phototherapy at home
- Babies who are currently under the care of the Neonatal Community Outreach Team at home who develop a need for phototherapy AND fulfil the criteria to receive phototherapy at home

9.6. All babies will

- Have an individualised plan of care which will be discussed prior to discharge.
- Parents/carers will be offered and encouraged to undertake a baby life support course provided on NNU prior to discharge.
- Parents/carers will be telephoned the morning after discharge and an assessment made as to whether a visit is necessary that day, and an appointment made for the first visit.

10. First visit

On all first visits the Community Outreach Nurse will undertake an assessment of the baby which will include observations deemed appropriate (weight/oxygen saturations/temperature). Assessment will include colour, warmth, skin integrity, feeding regime and bowel/bladder function. (Home visit assessment form will be completed)

Subsequent appointments will be made at each visit and the frequency of these will depend on individual assessment and needs of the baby and parents/carers.

Babies, who weigh < 1.8kg, will be individually assessed to ensure weight gain is adequate and will require one to two visits per week until they are maintaining a satisfactory weight gain. These visits may alternate between the health visitor and the Neonatal Community Outreach Team.

11. Referral to other professionals by the Neonatal Community Outreach Team

The GPs of all babies that are to be discharged to the Neonatal Community Outreach will receive a full discharge summary.

The midwife/health visitors of all babies discharged to Neonatal Community Outreach Team will receive a full discharge summary. Health visitors will receive a phone call the day after discharge to discuss care and liaison between services.

If the baby develops a new problem such as a cold, constipation etc. or coincidental illness then they will be referred to their GP.

Babies with exacerbating conditions, especially related to chronic lung disease, will have open access arranged to Riverbank Ward.

Outreach can contact the consultant on call for advice if needed, and re-admit baby directly if necessary.

- Emergency situation – call 999
- Non acute referrals - parents own transport

12. Discharge from Neonatal Community Outreach Team

Babies can be seen for varying lengths of time, but usually 6 – 8 weeks post discharge, or at time of 1st clinic appointment with consultant.

All babies who still require oxygen at 6 months of age (corrected) will require a review with their consultant. After discussion with parents/carer a referral will be made to the Orchard Team (Community Paediatric Nurses) and a joint visit undertaken so care can be handed over for continuing care.

13. Considerations of service delivery being compromised

Sickness

Contact Nurse-in-charge of NNU and inform of sickness and potential duration.

If Outreach Nursery Nurse is on duty the nurse in charge of NNU to liaise with the nursery nurse, if not on duty the nurse-in-charge to access neonatal outreach diary and notes.

Nurse-in-charge to arrange telephone calls by a qualified member of staff to all booked visits for that day. Assessment should be made over the phone of temperature, feeding regime, bowel and bladder actions and where relevant any NGT issues or home oxygen issues. A visit should be booked for the next available date.

If after telephone assessment a visit is deemed necessary for that day then arrangements should be made for parents/carers to bring baby to the Neonatal Unit for assessment (NGT change/weight).

Telephone conversation and/or visit to be documented in Outreach notes.

Extreme weather

If extreme weather is forecast then Outreach Nurse should plan visits carefully (performing these earlier in the day if possible)

Where visits are not deemed possible or safe then parents/carers should be contacted and telephone assessment made of baby. Where able, re-book the visit or if necessary arrange for local assessment by Health Visitor/GP.

Vehicle Breakdown

Outreach staff to ensure their vehicle used is regularly serviced and maintained and any faults repaired promptly. Staff should have appropriate vehicle breakdown cover.

In the unfortunate event of a breakdown staff should pull over in a safe place and await assistance.

Telephone Neonatal Unit Nurse-in-charge and inform of the situation.

Telephone parents/carers booked for that day and inform of the situation, where possible re-arrange visits for the next available day. If a visit is required for that day (e.g. NGT change) arrangements should be made for parent/carer to bring baby to NNU.

Lone Worker

- Outreach Nurse to adhere to Trust Lone worker policy (WAHT-CG-511)
- Where possible arrange visits in daylight hours.
- The nurse-in-charge of the Neonatal Unit to must be informed by the Outreach team member when they are leaving and returning to WRH.
- Visits for the day are written in the neonatal Unit's ward diary with the address' and postcodes.
- Ensure mobile phone is fully charged before going out on visits
- Ensure lone worker device is fully charged and functioning. Input details of each visit prior to leaving vehicle.
- If upon arriving at an address the Outreach Nurse deems the visit to be 'unsafe', arrangements should be made for a 2 person visit on another day, or the parent/carer to bring baby to Children's Clinic and meets with Outreach Nurse there.

14. Safeguarding

Please refer to Worcestershire safeguarding children pathway WAHT-TP-037

- Contact police if immediate danger
- Identify and record the facts
- Discuss the concerns with immediate manager and the safeguarding team

- Consider what needs to be shared with the baby's parents/carers regarding the referral

- Telephone the family front door **01905 822 666**
  Emergency duty team **01905 768020**
- Complete the cause for concern notification online
  (Email a copy to Worcestershire Safeguarding Team and print a copy for patient records)

Social concerns

- NNU/TC to alert Outreach Nurse to any social concerns and these are to be highlighted on Outreach notes front sheet.
- Outreach Nurse to liaise and share information where necessary with other services i.e. Health visitor, midwife, social worker etc.
- Document in the outreach notes.

15. Documentation

Documentation will adhere to the NMC Code (2015) relating to records and Worcestershire WAHT-CRK-09 guidelines.

On admission to the Neonatal Community Outreach Team handheld notes will be produced, these will be kept securely in the Outreach office and upon discharge from outreach will be sent for scanning into medical notes.

Outreach handheld notes will be taken on visit to the relevant baby and all visits will be recorded along with the babies red book.

During the day's visits relevant notes will be kept securely in the boot of a locked car and returned to the office at the end of the day.

Once baby is discharged from the neonatal outreach team the handheld notes will be sent to be scanned into the hospital medical notes.

16. Data

Weekly admission/discharge figures will be produced and sent to the Matron of the service

Monthly data will be collected on babies visited which will include the baby's current weight, how many days of naso-gastric feeding, how many days of home oxygen have they been receiving, etc. This is captured on a spread sheet and demonstrates how many cot days have been saved.

References

Documentation Guidance WHAT – CRK – 09 available at:
www.treatmentpathways.worcsacute.nhs.uk/key-documents/full-list-of-key-documents

Lone Worker Policy WHAT – CG – 511 available at:
www.treatmentpathways.worcsacute.nhs.uk/key-documents/full-list-of-key-documents

Neonatal Abstinence Syndrome Guideline WHAT – KD – 015 available at:
www.treatmentpathways.worcsacute.nhs.uk/neonatal-key-documents

NMC Code (2015) Professional Standards of Practice and Behaviour for nurses, midwives and nursing associates. [Online] Available at www.nmc.org.uk/standards/code

Safeguarding Children Policy WHAT – TP – 037 available at:
www.treatmentpathways.worcsacute.nhs.uk/referenceguides/safeguarding-children

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Amrat Mahal, Head of Nursing CYP
Lara Greenway, Matron for Neonatal Services
Dr Viviana Weckemann, Consultant Paediatrician
Dr Peter Van Der Velde, Consultant Paediatrician
Dr Wasiullah Shinwari, Consultant Paediatrician
Dr Prakash Kalambettu, Consultant Paediatrician (locum)
Dr Baylon Kamalarajan, Consultant Paediatrician
Dr Andrew Gallagher, Consultant Paediatrician
Dr Paul Watson, Consultant Paediatrician
Dr Clare Onyon, Consultant Paediatrician
Dr Tom Dawson, Consultant Paediatrician
Dr James West, Consultant Paediatrician
Sarah Parkins, Outreach Sister

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race		
	Ethnic origins (including gypsies and travellers)		
	Nationality		
	Gender		
	Culture		
	Religion or belief		
	Sexual orientation including lesbian, gay and bisexual people		
	Age		
2.	**Is there any evidence that some groups are affected differently?**		
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**		
4.	**Is the impact of the policy/guidance likely to be negative?**		
5.	**If so can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		
7.	**Can we reduce the impact by taking different action?**		

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.