DEATH DURING TRANSFER

This SOP does not cover palliative care transfers – see separate SOP

Background

Death during transfer will be recorded and reported. The period 'during transfer' referred to in this circumstance extends from the start of the initial call from the referring centre to the completion of handover at the receiving centre. Whilst we appreciate that not all of these deaths may be preventable, reflective enquiry is justified in order to enhance resolution of the loss for the family, to establish the learning points for the network and to contribute to national reporting and benchmarking frameworks.

Death during transfer

May fall into a number of differing categories:

A:	Anticipated death eg: anencephaly SONeT not intending to transfer patient	Known lethal anomaly detected antenatally. Whilst delivery in the LNU or SCBU may not have been the initial plan of choice, significant thought should be given to the appropriateness of subsequent transfer ex-utero to a NICU, if the clinical picture is affirmed postnatally by a senior member of the local team to be 'hopeless, futile or unbearable' in nature. SONeT may be contacted to provide support in that decision and would be willing to travel to the referring centre to support the local team in this decision and discussion with the family if this is deemed to be helpful.
B:	Unexpected Predictable death ie: SONeT not intending to transfer patient	Catastrophic events heralding a situation of unequivocal futility. SONeT may be contacted to provide support to the local team in their decision to redirect care to an enhanced focus on compassion and comfort. Similarly, SONeT willing to travel to referring centre to support the local clinical team and the family in selecting the most appropriate care pathway responding to the best interests of both the baby and close relatives.
C:	Unexpected death ie: SONeT intending to transfer patient	Clinical picture with immediately life threatening qualities. Perception that life sustaining treatment remains in baby's best interests. Referral to SONeT initiated. Clinical advice and support ongoing. Despite best endeavours of all involved, terminal decline occurs: 1. Before departure of transport team 2. After departure of team but before arrival at referring centre 3. Whilst transport team are hosted at referring centre 4. During transfer between referring and receiving institutions 5. On arrival at the receiving centre before completion of handover

Governance

'Deaths during transfer' will be reported to the Network on the SONeT death notification form The report submitted will include clinical details, the advice given and the response by the transport service.

Deaths will be classified into two groups: those occurring before (A, B, C1-3) or after (C4, C5) departure of the transport team from the referring hospital.

For babies in categories C4 & C5 or for any other death on transfer where there are concerns regarding the transport team's involvement, a Datix/Safeguard incidence form should be submitted and investigated through appropriate governance system (SONeT Clinical Governance & Quality Assurance Framework). The outcome of any OUH/UHS investigation will be sent to the Network. Deaths during transfer will be reviewed within SONeT and Network governance frameworks and any significant learning points disseminated to the clinical forum. There may be circumstances in which there is agreement that dissemination of anonymised and deinstitutionalised data is justified in order to facilitate learning across a wider audience. Deaths during transfer will be included in the quarterly and annual reports

NOTIFICATION OF DEATH DURING TRANSFER

Date and time of referral		**Referring Centre**
Transport Number	**Transport Consultant**	**Death occurring:** **BEFORE / AFTER team leave referring hospital**
Clinical information provided at referral		
Advice given		
Transport service involvement		
Circumstances of death		
Comments		

Report completed by:_________________________ Date:

Sent to Network by: _____________________________Date: _________________________________