PROVIDING REPORTS FOR BABIES ON THE NEONATAL UNIT

AIMS: To ensure that:

1. all reports are of good quality
2. all reports contain relevant and appropriate information
3. all reports are fair
4. the process is fair and transparent
5. patient confidentiality is assured
6. child protection principles are adhered to
7. there is accountability for the information provided in the report

PRINCIPLES:

- Normally, reports will be multidisciplinary, containing medical and nursing input and addresses the questions asked (rather than separate nursing and medical reports).
- The Children Act means that important information *directly* concerning child protection safety need to be communicated even if parent consent is withheld. (This does not mean *all medical information* – just the information which is relevant to child protection aspects)
- We will always to seek to be open with parents about the information provided in the report and discuss the report with them before it is sent, unless there are overriding and justifiable reasons why this should not be done, and/or unless the child would be put at risk as a result.
- Unfortunately, reports may occasionally need to include information or opinions with which the parents disagree. An explanation and justification for this should be attempted to be given to the parents, (even though this may not be easy).
- Information from the medical and nursing notes will only be copied and sent if there is explicit consent from the parents or under Court direction. (If the child is the subject of an interim care order, then there may be joint or sole parental responsibility by the Local Authority, in which case the nominated Social Worker will be involved with this request).

PROCESS:

1. Requesting reports:
    a. **Requests for reports should be made in writing**, and should ideally be addressed to the Consultant responsible for the baby (if this is not known the secretarial staff will make sure the request is passed on to appropriate Consultant).
    b. **Urgent requests should be faxed to the Trevor Mann Baby Unit**. Referrers making email requests should assure themselves that the request has been received by the individual to whom it has been addressed.
    c. Reports should:
        - indicate exactly what information is required.
        - Indicate the timescale by which the report is required.
    d. It would not normally be possible to produce a report with less than 24 hour's notice and longer notice would normally be expected. (A rushed, poorly considered or incomplete report could be worse than a proper report which is delayed by a few days)
    e. It is no longer TMBU policy to photocopy parts of the medical/nursing notes as a substitute for a report
2. Responsibility for reports
    a. Responsibility for producing the report rests with the Principal Consultant responsible for the baby. If this is not possible then the default person will be the

Consultant responsible for the clinical area where the baby is currently being looked after.

b. The Consultant responsible will liaise with the Senior Nurse who may collate/write the nursing aspects of the report directly, or agree what information should be included by the Consultant. (This will normally be the Senior Nurse/Sister allocated to the daytime/admin role). Other members of nursing staff/medical staff will normally be consulted as part of this process when appropriate to help to distil out a wide, fair and balanced view.

c. The Consultant and the Senior Nurse should both sign a jointly-produced report as they are responsible for the contents of the report

3. Format of reports and guidance

a. The format of the report will normally be dictated by the request. Reports may be either matters concerning factual evidence only, or there may need to be more detailed reports for which expert opinion is required. Reports which need to contain expert opinion should normally be written by a Consultant.

b. Staff should always feel comfortable consulting more senior staff on the unit for guidance. Other sources of guidance are the Lead Consultant Paediatrician and the Consultant Nurse for child protection.

c. Reports produced for the benefit of the Court and are expected to take a balanced and objective view to help the Court in the decision-making process. Although instructions may come from one particular party taking part in the legal process, the report is not meant to be only helpful or supportive to that, party, but should consider all relevant aspects to help the Court.

d. **Content**:

i. Reports do not normally need to contain very detailed medical/nursing information: remember your report will be read by non-medical people. Keep medical language to minimum, and explain medical terms you use

ii. At the beginning of the report you will need to state who you are, and your degree of involvement with the case

iii. Add any extra points you believe are important or pertinent to the case, even if the relevant question has not been asked. (You will need to explain why you consider this extra information to be important.)

e. **Layout**: this should normally be in double-line spacing. Leave a wide margin on the left hand side ('gutter') as legal reports are usually filed in bundles with other documentation.

f. **Structure**: Address the questions asked under separate sub-headings.

g. **Interpretation**:

i. In general, separate facts from your opinions based on those facts

ii. Make sure any opinions are justified

iii. Remember always to consider the *context* for your facts (how would this differ from any other normal baby/parents/progress for gestation etc), as non-neonatal professionals are unlikely to know this.

4. Sharing of Information & transparency

The report should be seen and discussed with the parents before being sent unless:

i. The timescale makes this impossible, in which case it should be discussed with them at the first opportunity

ii. There are justifiable reasons why this should not be done