

1. Introduction and Who Guideline applies to

This document aims to address the use and roll out of the telephone-based application Pando to aid communication and paperless task management on the neonatal unit.

Background

Current task management and handovers are done using area-based books which contain patient identifiable information which can present information governance challenges. The current paper system has no ability to audit activity and provides no accountability of tasks which may or may not be done, senior supervision is also minimal. Considering the data contained there have been incidence of books being misplaced / lost. Pando will aim to remove the need for paper books, provide an audit trail, and ensures there is accountability of tasks. Pando received approval by NHS Digital on 22/04/2020 and is listed in the NHS Apps Library.

During the period of COVID-19 where social distancing is recommended, Pando allows for effective handover of tasks with the team without having to meet in person and maintaining a social distancing approach. The purpose of this document is to outline the role out of the application within the neonatal service.

In the initial stage, this app will be used within the postnatal ward teams. Following successful use of this, it will be used in the intensive care and special care areas. This will be a larger project involving nursing staff.

2. Standards of use

Summary of DO's and DON'Ts:

DO:

Use pando for non-urgent enquires, reviews, reminders and tasks examples re-write drug chart, lists of blood investigations required.

Clearly document advice in patient notes or badger.

Be courteous and polite when communicating with each other

Change your status to not available when not at work, will stop notifications

Fill out the patient cards in full using patient info section, this information must be accurate, up-to-date and completed in full.

Staff should remember they are still subject to the information governance policies on InSite, any queries can be covered by contact Infogo email infogov@uhl-tr.nhs.uk

DO NOT:

DO NOT USE PANDO FOR EMERGENCIES, If you require the neonatal team assistance in an emergency, standard policies apply ring 2222.

DO NOT take screen shots in the app

If you are taking a photo of something for review, ensure you take a photo in the app, to prevent it saving to your phone and document consent

DO NOT share the 6-digit registration code sent from Pando to your work email to ANYONE including PANDO or senior UHL staff.

DO NOT add staff to neonatal groups you do not know.

DO NOT use for social conversation this is a professional tool for patient care

Documentation

Pando does **NOT** constitute a patient record, if advice from a senior colleague comes from pando, it is considered the same as phone call, conversation or email. This would need to be documented in line with GMC, NMC and local guidance on contemporaneous records in the patients notes or on badger.

Minimising disruption

- When at home or not at work set availability to OFF this will stop all notifications and alerts, your messages will be waiting when you next work. Importantly it tells other users you are NOT available, the symbol next to people names indicate this (Green = Available; Orange = Unavailable) – Further information - <https://hellopando.com/faqs/how-do-i-set-my-availability/>
- For individuals working on postnatal ward, it would be ideal to develop a list of questions for registrar or consultant as task reminders and provide a succinct handover and question after the ward round. This would minimise ward round disruptions.
- There is no need to add your personal mobile during registration it is optional, press skip if you prefer not to “advertise it”, if you have added and wish to remove go to settings – profile.

Maintaining continuity

- Consultants will be added to the postnatal groups at the beginning of their service weeks, and can either self-remove or be removed at the end.
- If you know the person you would like to message use direct messaging rather than groups, you will be able to find them in the directory. Guide available Pando (<https://hellopando.com/faqs/how-do-i-use-the-pando-directory/>)

Security

- The application is installed on your personal phone, do not share the PIN number with your family or friends
- Do not use a pin the same as your unlock code, children often know this.
- There are neonatal groups and they do NOT have key administrators; any member can add and remove people. **DO NOT ADD STAFF TO NEONATAL GROUPS YOU DO NOT KNOW.** Staff who do not have access to neonatal groups cannot see neonatal patient data. Staff rotated away from NNU should be removed from all groups at the end of their placement.
- **LOST OR STOLEN MOBILES** – Firstly do not panic. If Pando is not directly accessed it “times out” and all data is deleted. Any attempt to access would be blocked as it requires a secondary logon (your pando pin-code or biometric entry). In reasonable hours contact pando at support@hellopando.com and your account will be unlinked to device in question.

Taking and sending of images in Pando

Pando has been designed for taking and sharing photographs securely. If you use this function use the camera function in the application and attached to patient card. If you import photos or images from your personal camera roll into Pando these must be deleted immediately as they would breach GDPR guidelines.

The quality of photographs taken in Pando will depend on the device and will not necessarily meet the required quality for diagnostic or medical photography. Photographs taken with Pando should NOT be used as a substitute, but as an adjunct to aid clinical discussion only.

Consent should always be sought and confirmed before taking a photograph of a patient/data subject. When taking consent from a family key points you must inform them

1. Explain the purpose of taking the image
2. Whom it will be shared – neonatal team/consultant
3. Where the image will be stored – cloud based secure server in line with NHS standards for data security, deleted at 5 years and un-recoverable after this date.
4. Document this conversation in the patient record.

Useful guides

Sending photos - <https://hellopando.com/faqs/can-i-send-photos-on-pando/>

Attaching images to patient cards - <https://hellopando.com/faqs/how-do-i-add-images-to-a-patient-card/>

Ask advice function

Midwifery teams can use the 'ask advice' function for non-urgent reviews, the responsibility for responding will be with the neonatal bleep holders. The function allows staff not in the neonatal groups, to ask the neonatal team for advice and receive a response. All advice given is stored and subject to an audit trail. Those acting as bleep holder must ensure their phone is on and they are available on pando, advice given, the midwifery team should document in the maternal or baby notes.

If no response to non-urgent review is acknowledged or responded to within one hour, please see traditional bleep system.

Rules for communicating

1. Be polite and courteous
2. Advice for infants requiring urgent review on delivery suite or PNW should be sought via traditional bleep or 2222. (DO NOT use Pando for urgent advice)
3. This is a 24-hour messaging tool, see minimising disruption section
4. Those people at work should be available on the app, especially those considered "on call" or bleep holding.
5. If asking a question or advice, please direct to a particular person or group and when you want an answer.
6. If requesting a task to be done, create a task and inform the group and be specific about the response required

Archiving records

All records are held on the Pando cloud for 5 years. In the event of a litigation Pando can be asked for a specific patient card for a record of jobs. This is not a patient record, do not rely on **pando, document in patient notes or badger.**

Babies with routine issues murmurs, antibiotics, hip scans etc should be deleted from the group with 48 hours post discharge, once all issues as addressed. To move a patient to the “NNU – Archive” follow the instructions below

1. Go to the patient card you need to archive
2. Go the patient info section
3. Press “Assigned too”
4. The group is called “NNU – Archive” searching for NNU will show up all NNU groups
5. Press the archive group and remove the original

Babies under out patients (blood tests, DCT positive) should be deleted once all cares needs are met and transferred to community care.

Babies managed on the postal ward with complex issues will be moved to the group “NNU – Archive” and after 6 months from DOB if no further issues the patient card should be deleted.

Role Out Plan

Stage 1 – Informing the postnatal ward teams and trailing with feedback (14 days)

This phase would require signposting online training FAQ from Pando and Zoom training for those who need further clarifications or refresher training. Post COVID times Pando will be introduced to Medical team and support staff during their induction into the neonatal service during the existing 3-day induction program and nursing education teams on new starter induction.

Stakeholders	Methods to inform
<ul style="list-style-type: none">• Neonatal nursing assistants• Band 7 Nurses• Medical team – tier 1, tier 2 and tier 3• Nursery Assistants• Midwives• Midwifery Matron• Digital midwife lead	<ul style="list-style-type: none">• Face to face• Existing WhatsApp groups• Email• Poster in staff room• Signposting to pando FAQ's

FAQ for signing up and creating accounts

<https://hellopando.com/faqs/how-do-i-create-my-pando-profile/>

<https://hellopando.com/faqs/how-do-i-login-with-my-nhs-email/>

Stage 2 – Use of the app, from 26/05/2020

Following introduction to the stakeholders and downloading the app, this can be used on the postnatal wards.

Medical teams attending deliveries will often become aware when there is a need for further interventions (i.e. hip screening, Hepatitis B vaccines, NEWS chart, Outpatient follow up). The bleep holder will create a patient card in the postnatal team group, add the appropriate tasks and send a message for the postnatal team the patient card can be attached. This will then be picked up by the team covering the postnatal ward.

- Creating patient cards - <https://hellopando.com/faqs/how-do-i-use-patient-cards/>
- For creating tasks - <https://hellopando.com/faqs/how-do-i-share-tasks/>

Once a task is completed it can be ticked off. If it requires follow up for example chasing a result, create a new task saying chase. Use of postnatal ward books should cease during this phase.

Stage 3 – Finalisation – Approx. 2 weeks

Feedback from staff about issues should be emailed to either Mark Ainsworth, Deepa Panjwani or Venkatesh Kairamkonda. We can support any team member requiring advice or if there are more advanced queries, these can then be re-directed to Pando team.

Stage 4 – Expanded role out

We will evaluate the use of the app on the postnatal wards by means of a survey 4 – 6 weeks following initiation. If initiation is successful, pando will then be phased into the neonatal intensive care and special care nursery.

3. Education and Training

None

4. Monitoring Compliance

None

5. Supporting References

1 - Pando (2020) NHS Digital Available online <https://www.nhs.uk/apps-library/pando/>
Accessed 24/04/2020

6. Key Words

App, Digital, Postnatal

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

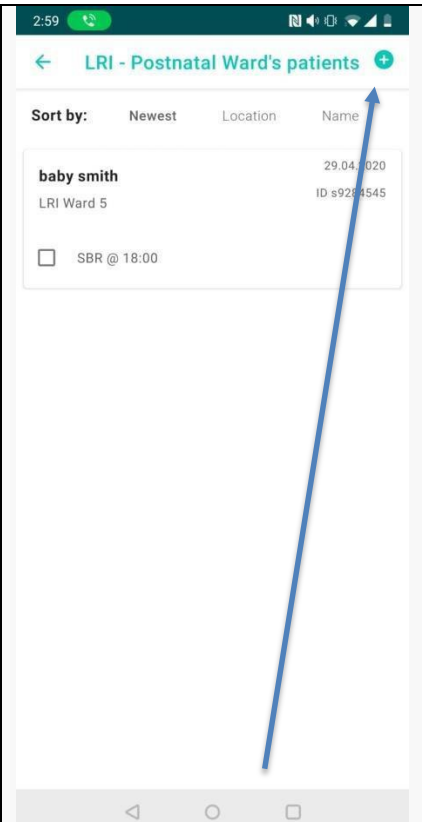
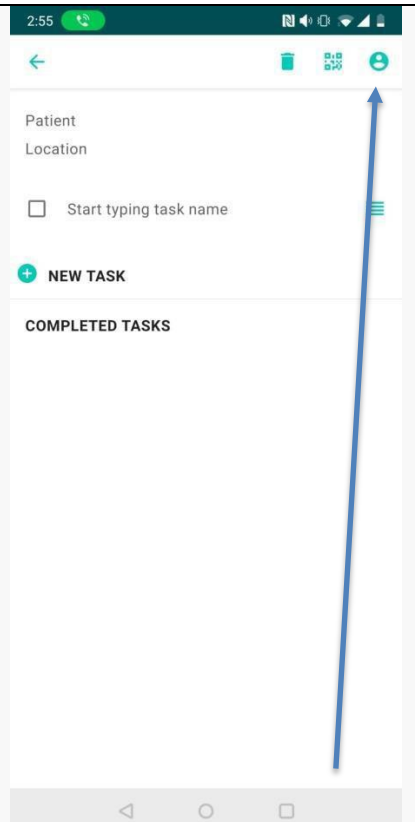
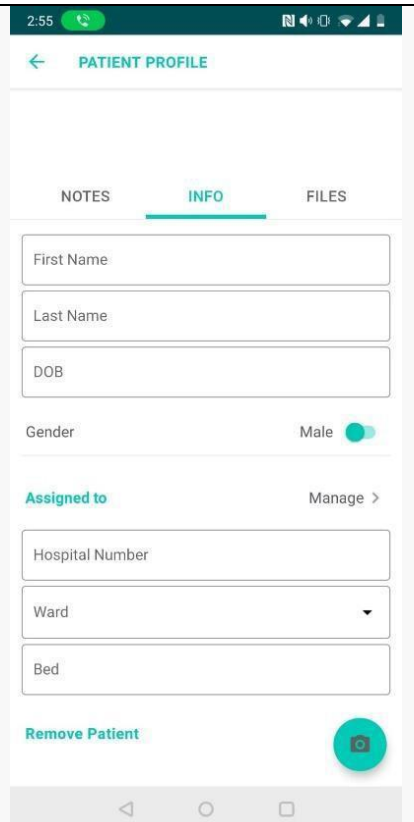
We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Original Authors: Guideline Lead (Name and Title) Sumit Mittal			Executive Lead Chief Medical Officer
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
November 2024	2	Neonatal guidelines group Neonatal Governance	No changes. Review in 2 years

Appendix 1

Creating a patient card (standardised way)

Please note the below images were taken on an android device, there might be slight variation on apple devices. Functionality is the same.

		
<p>Select the appropriate postnatal group and your screen will resemble above and press the plus symbol in the top corner</p>	<p>A patient card will be created, select the patient symbol in the top right corner.</p>	<p>Fill the baby details and the patient will appear in the group. The notes section can be used for brief details to aid handover.</p>

Appendix 2

Standardising task lists for Infants on the Postnatal ward

Ward antibiotics infants

Add appropriate tasks to the list - key tasks chase blood culture, NIPE, Gent levels timings.

Use the first task to detail the times of antibiotics to serve as a reminder for the nurse in charge of NICU, to chase in the event of failure to arrive. This task should not be ticked.

The screenshot shows a mobile application interface for managing tasks. At the top, there is a status bar with the time 9:58 and various icons. Below this is a navigation bar with a back arrow, a trash can icon, a grid icon, and a user profile icon. The main content area displays patient information: 'Baby Patel' with date '28.05.2020' and 'LRI Ward 5 Bed RM 7' with ID 's9281234'. Below this is a list of tasks, each with a checkbox and a menu icon (three horizontal lines):

- ☐ IVAB @ 10:00 and 22:00
- ☐ CRP @ 22:00
- ☐ Gent level 24/05 @ 22:00

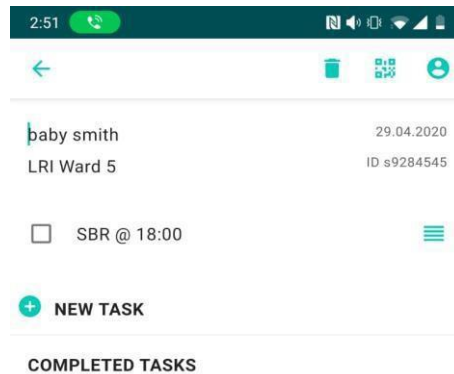
Below the task list is a button labeled '+ NEW TASK'. At the bottom, there is a section header 'COMPLETED TASKS'.

Screenshot 1 - Ward IVAB

Infants with Jaundice

For Infants with jaundice the first task created will state SBR at the time of the next sample in the format “SBR @ XX:XX”

Further tasks will then be added as required – key tasks DCT, NIPE



Screenshot 2 - Jaundice