



Yorkshire Neonatal Network

Transport Team

Annual Report

2006 and 2007



Cath Harrison Lead Consultant for Transport

Claire Harness Lead Nurse for Transport

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1. Introduction

The Yorkshire Neonatal Transport Service is a dedicated transfer service which co-ordinates and finds cots for newborn babies depending on their clinical need, and transports them safely to the most appropriate receiving unit.

This annual report covers the 2 year period from 1st January 2006 - 31st December 2007. The data will be presented by years- 2006 and 2007.

The last 2 years have been a time of great change for the transport service. It was with great pleasure that Dr Cath Harrison was welcomed to the team as the lead consultant in November 2006. She was already well known as a network team member previously being lead for clinical effectiveness based at St James's University Hospital.

Changes within the nursing team included members leaving to further their careers in new areas and we wish them well. Several staff were welcomed back after a period of maternity leave, and several new team members completed their orientation period and became active team members- Congratulations and welcome to all.

2006 and 2007 proved to be busy years with the service continuing to provide a crucial service to babies and their families throughout the region and on occasions, beyond.

2. Geographical area

The transport team continue to cover the 12 hospitals within the Yorkshire Neonatal Network boundaries covering North, West and East Yorkshire.

These are as follows:-

Leeds LGI Level 3
Leeds SJUH
Bradford
Hull

Dewsbury Level 2
Calderdale
Huddersfield
Airedale
York
Pontefract

Harrogate Level 1
Scarborough

There are approximately 43,000 births in the Yorkshire Neonatal Network per year, that potentially need transportation to find the most suitable cot for the infant's need.



3. Team members

Consultant	Dr Cath Harrison
Lead Nurse	Claire Harness
Doctors	Specialist Registrars from Leeds General Infirmary and St James's University Hospital
Advanced Neonatal Nurse Practitioners	Sally Kemp Sue Welch Colette Vicars
Nurses	Sonia Heenan Alison Wolfenden Jane McGrail Anne Hakes Emma Stowell Phillipa Peasegood Anne Louise Henshaw Josefina Lumanzuc Catherine Freeman Laura Dexter Vicky Weatherall Liz Child Carolyn Pickles Nicola Scanlon Jennie Lewis Leah Boikhutso Ainsley Pryor Janet Wright Anne Harrop Gill Hill Laura Woodhouse Gill Ellis Debbie Burton Naomi Wallace Sophie Breheney Kelly young Karen Skelding Kelly Platt Lisa Auty Karen Batnag Karen White

Link Nurse Group.

This was set up in September 2005 and consists of a link nurse in each unit in the Network.

The group meet several times a year and through the group, a network wide transport letter has been developed. Discussions between members have proved useful for informing the team of its strengths, and areas where improvements could be made. The group is vital for improved communication throughout the network and to enable the transport team to have a contact person for each unit. The group facilitates best practice with information sharing.

4. Cot Bureau

The Yorkshire Neonatal Cot Bureau is a robust 365 day a year service that has gone from strength to strength since it was set up in 2002. Systems have been developed to ensure that cot status is available to health professionals 24 hours a day.

The cot bureau is currently open 14 hours a day from 8am-10pm and during this time the cot bureau administrator will happily assist any hospital within the Yorkshire Region to transfer patients when the service is required. Every effort is made to ensure that the patient remain within the Yorkshire Region however if this is not possible the administrator will locate the closest most appropriate bed for the patient.

If the cot bureau has not been used when a transfer is needed, they will not be aware of external babies, meaning that they cannot assist in returning the patients to the region as soon as possible. If a hospital prefers not to use the cot bureau, they can complete a transfer form @ www.yorkshireneonet.org.uk. Once submitted it is sent directly to the Cot Bureau Manager.

If any units are contacted about a possible transfer during the night (and are unable to accept), refusal information can also be sent directly to the Cot Bureau Manager from the above web page. This information is collected and stored for reporting on at a later date.

The cot bureau is hoping to open the cot bureau site where health care professionals will be able will have the ability to access transfer, transport and other cot bureau obtained by the cot bureau. Once the site is up and running passwords will be issued in-order for people to access the site.

Rachel Smith (cot bureau manager)

5. Clinical Governance

From the latter part of 2006 and during 2007, we have focussed heavily on the Clinical Governance Framework of the YNTS.

On a weekly basis, every transport is reviewed by the lead consultant and lead nurse. Documentation has been modified and updated which also helps us to collate data that can be used not only locally but on a national level to compare our service to others.

Audits

There have been several audits carried out by nursing members of the team as detailed below

Temperature in Transit audit

The temperature audit commenced on 1st November 2007 and is due to end after 1 year on 1st November 2008.

The aim of the audit is to look whether babies' temperatures are maintained throughout transport.

This is done by completing an audit proforma (See appendix 1) on all transported infants, irrespective of gestation. Temperatures are taken before the infant is moved into the globetrotter incubator or pod, at several points during the transfer and after transfer has been completed.

Results from the first 2 months of the audit are detailed below:

- 44 audits sheets completed.

- Majority of temperatures - axillary

- Gold standard for temperature range: 36.5 °C to 37.3 °C

- 80% patients were within temperature range before and after transfer.

- 70% patients were within range at 15 minutes of transfer

- 50% patients were within range at 45 minutes

On two occasions the Trans warmer mattress was used for extremely preterm infants as per policy.

Reviewing the first 2 months data, it is apparent there are a number of transports that take less than 45 minutes and so the audit form has been amended to include total time in transit and the temperature will be recorded at 15 minutes intervals.

Audit undertaken by Sr. Laura Dexter and S/N Victoria Weatherall.

The results of the year's audit will be included in next year's annual report (2008).

Adverse events

The new documentation has now incorporated an audit tool at the end where adverse events are recorded including problems with equipment, staffing and ambulance services. This has allowed us to pick up potential problems early and adjust our service for future transports.

Examples:

1. Hyperkalaemia- a baby was picked up who had intractable hyperkalaemia. There was delay whilst intravenous salbutamol was found at the referring hospital. Action: The transport bag now carries salbutamol.
2. Infusion pump- a new infusion pump was installed onto the Globetrotter. Due to the positioning of the pump, there was a gravity effect and the pump did not work effectively. Action: the pump has been repositioned on the transport incubator and now functions effectively.
3. Ambulance problems: since November 2006 to the end of December 2007, there were 7 incidents involving the ambulances. These included problems with the heating, winch mechanisms and tail gate. There were also delays noted on several occasions. All the incidents were reported back to the ambulance service for feedback and repairs where necessary.

Training

Nursing

All new transport team members are experienced neonatal nurses and have completed the special and intensive care of the newborn course (formerly ENB 405). They then undergo a transport induction programme which consists of a training day covering communication, equipment, documentation, the transport process, untoward incidents and other aspects of transport. This is then consolidated with hands on supervised experience in the transport situation working with competent and experienced transport nurses.

On completion of the transport course and by completing a competency book (part peer assessed and part self assessed) the nurses are then ready to work unsupervised on any type of transport.

Annual update sessions reviewing practice and competence in all aspects of transport are mandatory.

Staff are encouraged to attend transport study days.

Medical

All new Specialist registrars who start a 6 month placement at either LGI or SJUH have a transport induction programme. This involves teaching about equipment and the transport incubator. They then go on a minimum of 3 acute transports with a "buddy" who a senior registrar experienced in transport. Competency packages have been drawn up to make this process more formal.

Transport specific training days are currently being looked into as a possible joint venture with the North Trent Neonatal Transport team (Sheffield).

Clinical Governance Framework

This was drawn up in autumn 2007 to make our clinical governance framework more robust and transparent.

See appendix 2 at end of report.

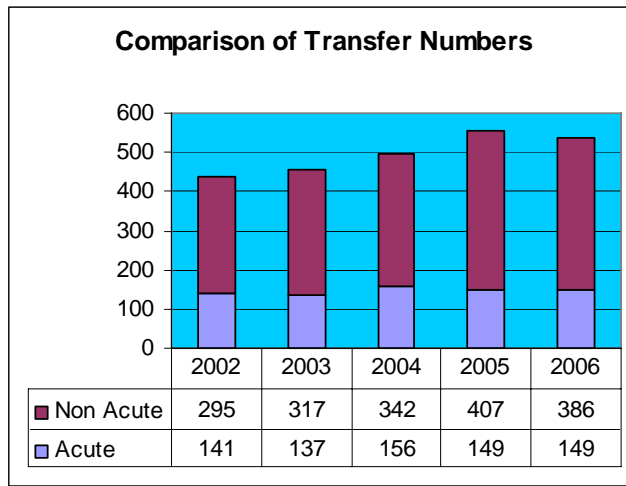
ACTIVITY DATA 2006

Total number of transfers

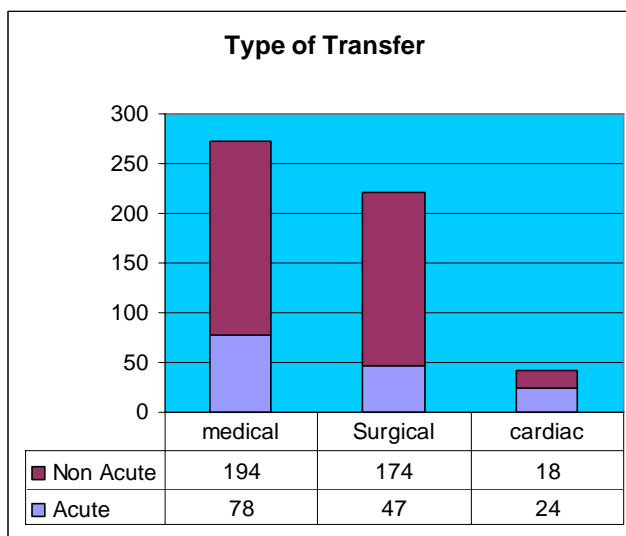
From 1st January 2006 – 31st December 2006 **535** transfers were performed.

Non acute 386 = 72%

Acute transfers 149 = 28%



Breaking down the transfers during 2006 into medical, surgical and cardiac and then into acute and non acute we see:

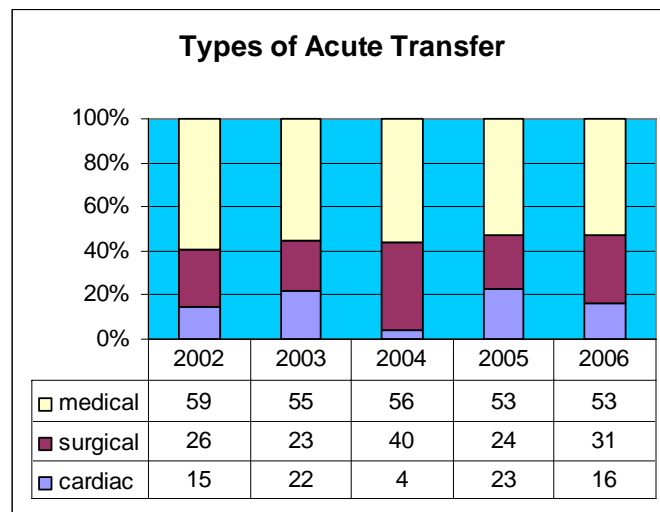


Acute activity

Acute activity is defined by the Yorkshire Network Transport Service as any transfer involving a ventilated patient and thus needing both a medical practitioner and a trained transport nurse.

Babies who have been on CPAP for less than 24 hours are considered as unstable and are thus categorised as an acute transfer.

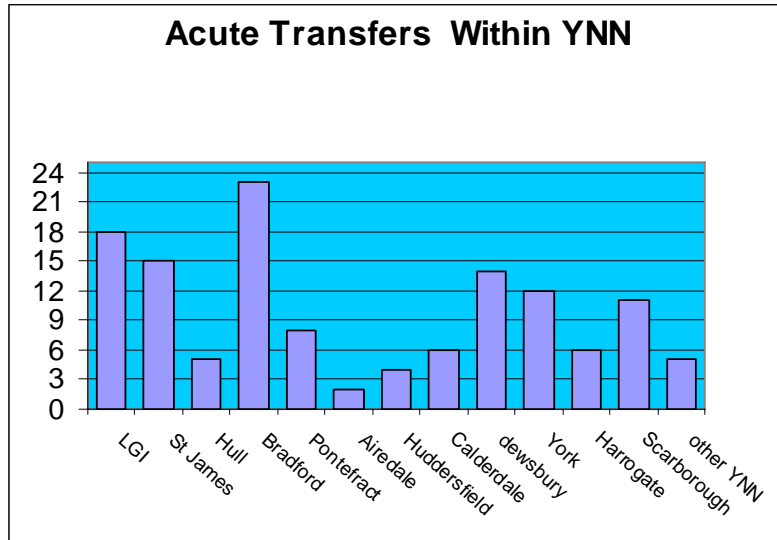
If we compare data of acute transfers over the last 5 years:



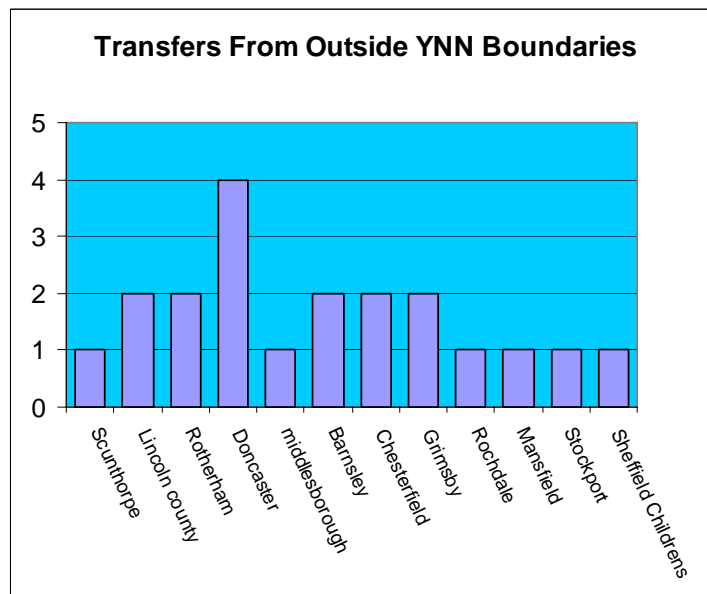
We see that the number of medical transfers remained the same. There was, however, a difference in surgical and cardiac transfers.

The decrease in the number of cardiac infants being transferred acutely could, in part, be due to more in-utero transfers and the subsequent increase in deliveries within the Leeds General Infirmary.

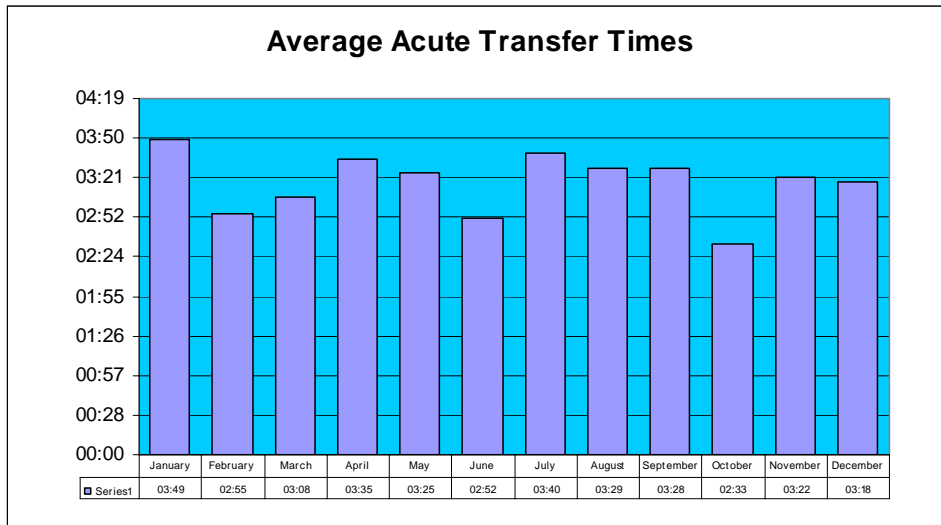
The YNTS performed 149 acute transfers in 2006. 129 were within network boundaries as shown below. A proportion (13) of these, were between the two Leeds Trust sites for both capacity and specialist care reasons.



The remaining 20 transfers were from hospitals requiring specialist care facilities, which were unavailable within their own network.



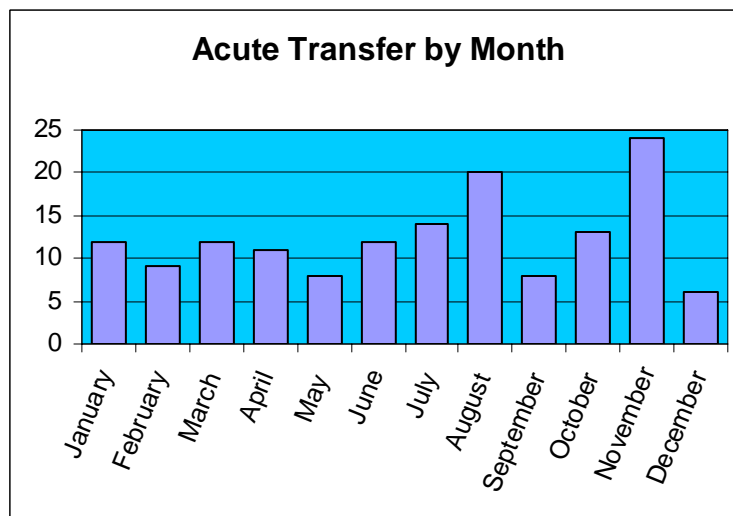
Acute Transfer Timings



80

The average time taken for an acute transfer is 3 hours and 7 minutes. This is calculated from time the ambulance arrives at base to pick up the transport team to time of arrival at the receiving unit. There is minimal change from 2005. This data is now being collated as part of a national data set for neonatal transport.

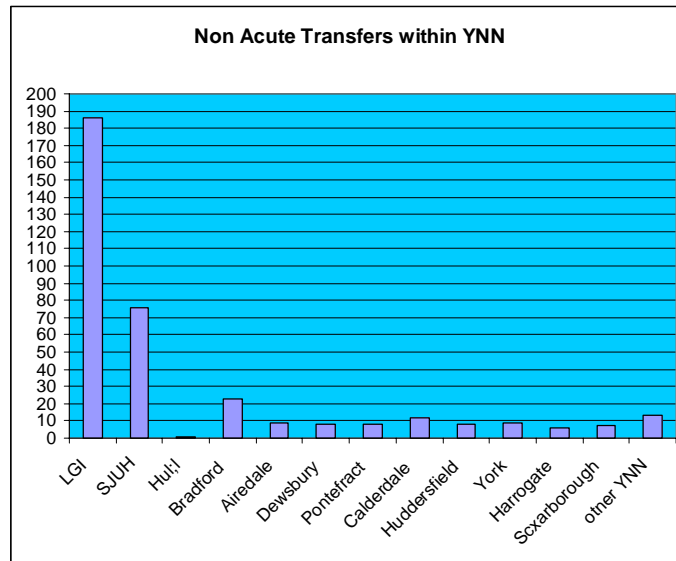
Monthly Transfers



The average monthly number of 12 acute transfers remains unchanged from 2005

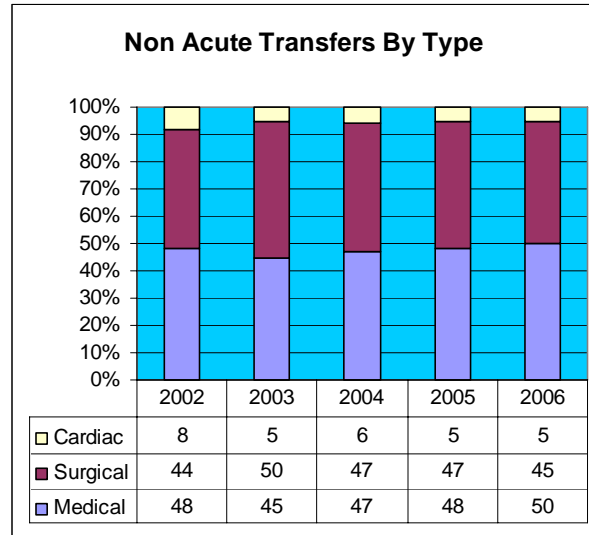
Non Acute Transfers

Non acute transfers are calculated as non ventilated infants who are transferred by a nurse only team. They also include stable CPAP infants who have been on CPAP for more than 24 hours and are stable as defined in the stabilisation guidelines.



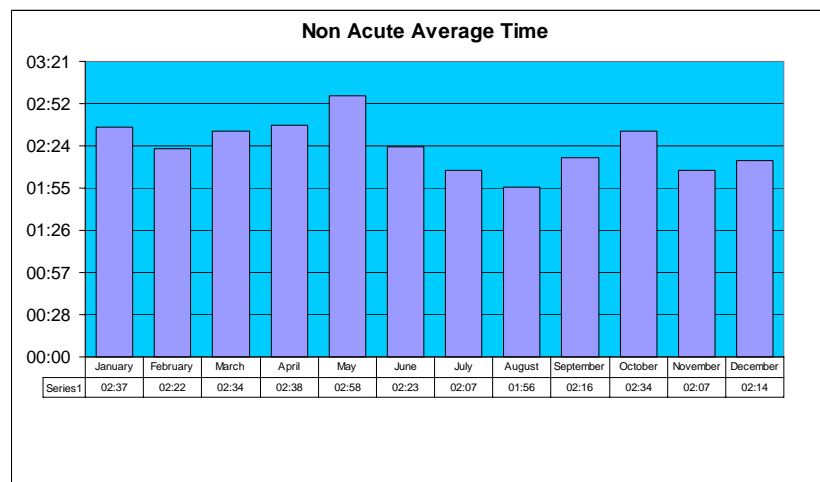
During 2006 there were 386 non acute transfers within the Yorkshire neonatal Network. The graph above shows the place of referral for infants transferred as a non acute transfer. The majority are from the Leeds Teaching Hospital Trust and are back to base transfers for ongoing care.

Types of non acute transfer



The % by type and number of non acute transfers has remained relatively constant when comparing 2006 with previous years.

Non- Acute Transfer Timings



The average time for a non acute transfer was 2 hours 20 minutes. This is a significant improvement from 2005 which had an average time of 3 hours 16minutes. Calculation of timings is as for acute transfers.

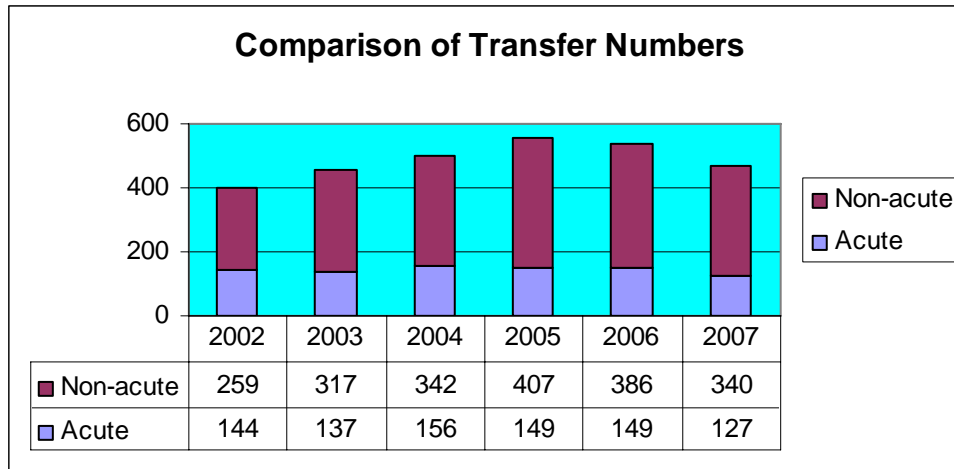
ACTIVITY DATA 2007

Total number of transfers

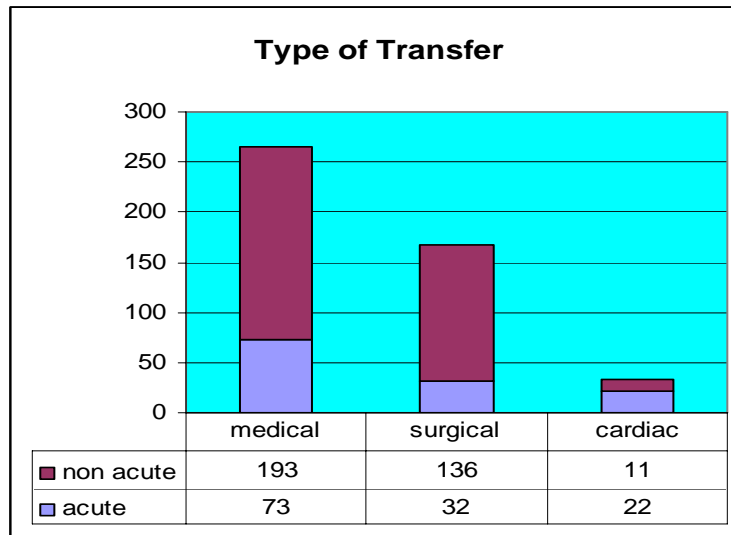
From 1st January 2007 – 31st December 2007 **467** transfers were performed.

Non acute 340 = 73%

Acute transfers 127 = 27%



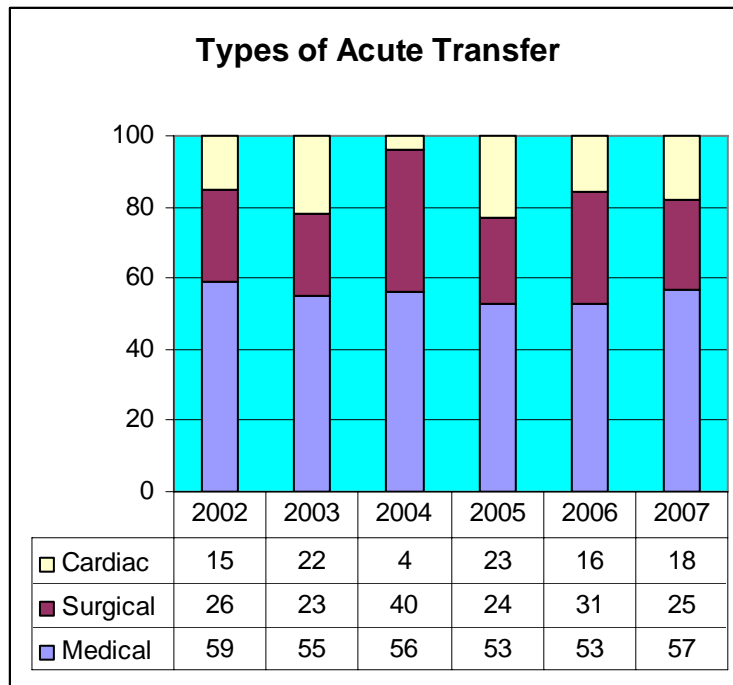
Breaking this down into types of transfers:



Acute activity

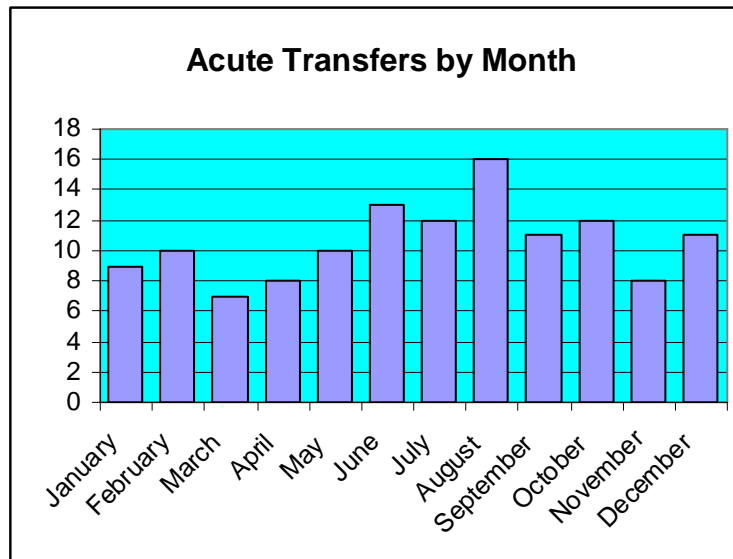
There has been no change in the definition used by the Yorkshire Network Transport team when describing acute transfers since 2006 (see page 12 for definition).

Yearly comparison data from 2002 is shown below



There has been little change in the % of medical and cardiac babies being transferred, but there has been a significant fall in the number of acute surgical babies transferred. This could be attributed to more antenatal transfers allowing delivery in Leeds coupled with closure of the LGI unit due to staffing and therefore capacity issues.

Monthly Transfers

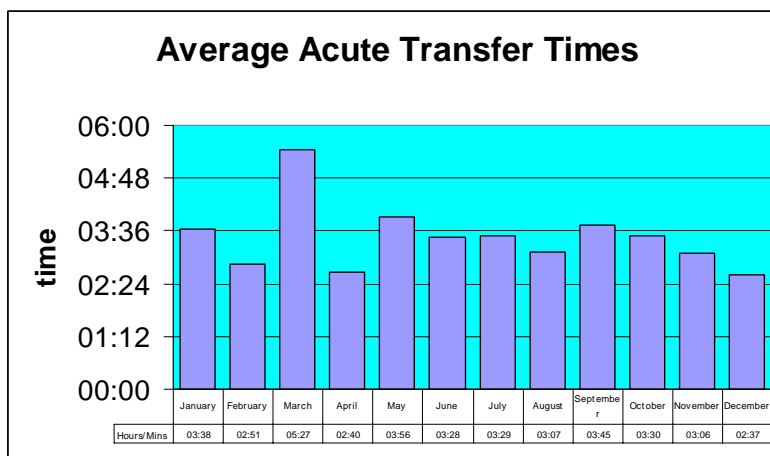


The transport team has averaged 10.5 acute transfers per month throughout 2007.

Acute Transfer Timings

The time taken for a transfer is calculated from the time the ambulance arrives to collect the transport team and equipment, to the time of arrival at the receiving hospital.

The average time for 2007 is 3 hours 46 minutes.



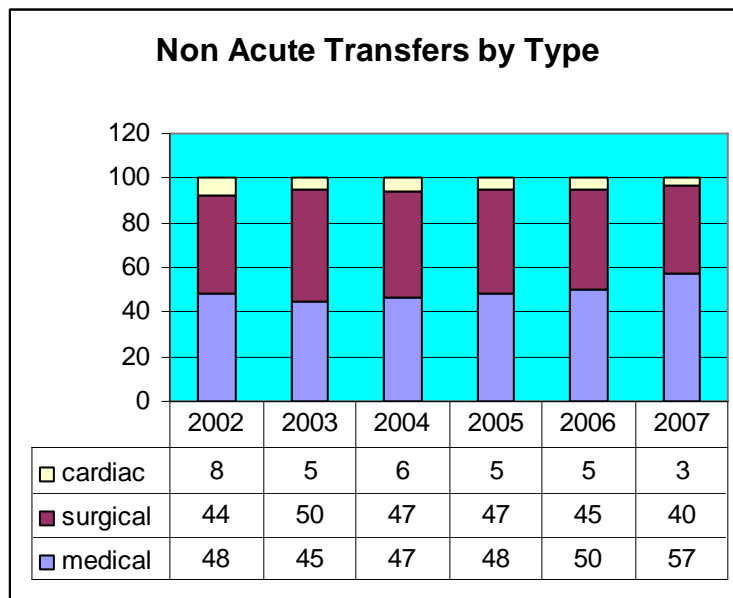
Non Acute Transfers

The total number of non acute transfers for 2007 was 340; this is a small decrease from 2006.

The criteria for non acute transfers remain unchanged from 2006.

The majority of transfers are from The Leeds Teaching Hospitals Trust back to their original referring hospital.

Types of non acute transfers



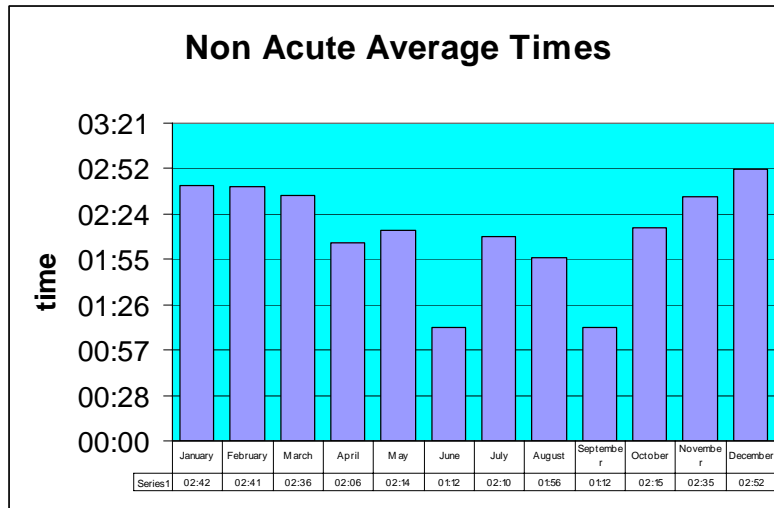
In line with acute transfers there has been a rise in the % of medical patients but surgical and cardiac has fallen.

The fall in cardiac transfers is likely to be a more stringent adherence to the policy of not moving non ventilated cardiac patients.

The surgical drop is as in the acute service i.e., better antenatal transfer rates.

Non acute transfer timings

The average time taken on a non acute transfer in 2007 was 2 hours 13 minutes. There has been no significant change from 2006.



7. YNTS user groups and feedback

a) 2007 Service User Satisfaction Summary

The Yorkshire Neonatal Transport Team has evolved greatly over the last twelve months with the revision of the acute stabilization guidelines & revised neonatal transport transfer letters.

Feedback from the user questionnaire (see appendix 3 at end of report) has demonstrated how the team has shown progressive improvement in the level of care and service provided.

The questionnaire is given to referring hospitals at the point of transfer with a self addressed envelope to send back to the YNN transport team on completion. All forms are reviewed on receipt and acted upon and the questionnaires are also formally collated every 6 months.

Overall results show that hospitals within the YNN are pleased with the service provided. Feedback regarding the friendliness and professionalism of the transport team was positive and reflects well on the members of the transport team.

Several issues have also been raised within the service which have been addressed as they occurred. Examples:

1. Improved communication informing the referring hospital of the time of arrival of the transport team. Over the year, the percentage of hospitals informed has risen from 92 % to 98%. There is still room for improvement and this is being addressed as we continue to provide our service.
2. Another problem raised was the details incorporated within the transport letter. The data shows 40% satisfaction and 33% requiring more information. Since then, a standardized transfer letter has been introduced and this is reflected in a vast improvement with 76% units satisfied with the information recorded in the transfer letter. As we continue to use the transfer letter we aim to improve these statistics.

The questionnaire was revised in July 2007(see appendix 4) to incorporate the current changes within the neonatal transport service, especially use and effectiveness of the stabilisation guidelines.

Overall the progression of the transport team has been very active and positive and shows that a professional and vital service is being delivered.

The questionnaire continues to be used and aims to help us constantly review and improve the service we provide.

Questionnaire designed and analysed by Sister Karen Skelding

b) Parental satisfaction

This is a rolling survey and review is carried out on a twice yearly basis. (See appendix 5 at end of report)

This survey commenced in August 2007 and has looked at the satisfaction of parents of babies who have been transported into Leeds General Infirmary. Parents are given questionnaires to complete and then post (SAE given) or hand back to a member of the transport team.

All forms are reviewed on receipt and acted upon and the questionnaires are also formally collated every 6 months.

The first 3 months of the project showed very positive results.

All parents were informed of transfer; the majority were spoken to by the transport team.

Examples: "friendly and reassuring", "professional team", "efficient service" and "good information given".

Feedback also highlighted need for better provision of maps and directions to other hospitals. This is currently being addressed by a team member as part of ongoing development work.

Overall parents appear happy with the service provided at a very stressful and often traumatic time in their lives

Questionnaire designed and analysed by Sister Anne Harrop

c) Weekly review meetings

During our weekly transport review meetings, as well as governance issues, any feedback from either referring or receiving units is reviewed.

Units are written to with comments, either positive feedback or ways to improve stabilisation next time. We hope with this transparency that we can continue to improve an infant's transfer journey.

8. Visits

Throughout 2007 a series of visits were carried out by Dr Cath Harrison, Claire Harness and Rachel Smith (cot bureau manager) to each of the hospitals within the network.

The main purpose was to provide an update on the team and cot bureau and listen to any issues the individual hospitals had. These have all been positive with much open discussion.

The team will continue these on a regular feedback and collate all the information received to help formulate plans for the future.

9. Future developments

2007 has proved to be a busy year for developments. Due to the ever increasing constraints on working hours, training and staffing levels, we have been reviewing different ways of working.

We have been part of the steering group involved in drawing up a business case to develop a possible combined PICU and NICU transport team for the whole of the Strategic Health Authority i.e. Leeds and Sheffield teams. This would be a totally independent transport team not attached to a hospital but housed within a specially designed building. The team would be responsible for all paediatric and neonatal transports within the region. The business case is due to be presented to the commissioners early 2008.

Another possibility is a combined neonatal transport team with the North Trent Neonatal Network (Sheffield) team to again provide a dedicated independent transport team.

We are currently have 3 qualified Advanced Neonatal Nurse Practitioners, based in Leeds. They are currently gaining experience on the Neonatal Unit at Leeds General Infirmary.

The development of a combined transport team does rely on the availability of medical practitioners on a separate transport rota and clearly this would need extra resources and staffing to do so, which is being looked into.

10. Summary

Overall 2006 and 2007 have been successful years for the team.

We have continued to work within the constraints placed on us by today's NHS in a professional and confident manner.

2008 should prove to be an exciting time for the Yorkshire Neonatal Transport Service in terms of service expansion and the subsequent team development.

Cath Harrison
Lead Clinician for Transport
Yorkshire Neonatal Network

Claire Harness
Lead Nurse for Transport
Yorkshire Neonatal Network

April 2008

Appendix 1

Temperature Audit

Comments

Infants Age	
Gestation	
Weight	
Unit Number	

Skin temperature (if in ICU)	
------------------------------	--

Baby in cot, incubator, warmer	
Temperature prior to move to incubator	

Before transfer

Method of taking temperature

Fore head scanner	
Thermometer	
Rectal probe	
Other (please specify)	

Site of taking temperature

Axilla	
Forehead	
Rectal	
Other (please specify)	

During Transit

Skin temperature whilst in transit (skin)	
At 15 mins.	At 45 mins.

Length of time in incubator	
-----------------------------	--

Was transwarmer mattress used	yes	no
-------------------------------	-----	----

At receiving hospital

Temperature prior to removal from incubator	
---	--

Method of taking temperature

Fore head scanner	
Thermometer	
Rectal probe	
Other (please specify)	

Site of taking temperature

Axilla	
Forehead	
Rectal	
Other (please specify)	

Transferred to warmer, incubator, cot	
---------------------------------------	--

Time for transfer from incubator to above	
---	--

How long until temperature stable once on ward	
--	--

Appendix 2.



Yorkshire Neonatal Network Neonatal Transport Team

Clinical Governance Framework for the Yorkshire Neonatal Network Transport Service

Definition of Clinical Governance

'A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical care will flourish'

Introduction

The Yorkshire Neonatal Transport Service (YNTS) is a specialist service designed to make neonatal transport rapidly available to critically ill babies within the Neonatal Network. The service provides transport babies between the referring hospital and The Leeds Teaching Hospitals Trust (LTHT). These patients may be medical, surgical, cardiac or neurological patients.

The service facilitates the safe and effective transfer of infants around the network, by a team of skilled, supernumerary nurses and medical staff when required. This allows those babies who are sick to be transferred, and cared for in a unit which provides specialist facilities.

The service also returns infants, following their period of specialist care, to the referring hospital in a timely fashion, thus supporting parents visiting capabilities.

Clinical Risk Management

All transfers are reviewed on a weekly basis, using the newly implemented audit and information sheets by the lead nurse and lead consultant. This allows early action to be instigated in the case of problems/incidents/issues arising. Referring hospitals are also updated with information regarding transport issues.

Any incidents related to transport and transport situations are reported to the lead nurse initially, who will then decide what action is to be taken. If escalation is required, discussion occurs between the lead nurse and lead consultant for transport and an action plan is formulated. Education and training needs are then identified with staff.

The Leeds Teaching Hospitals trust reporting system (IR1 forms) are completed.

In the case of serious untoward incidents (SUI) the Yorkshire Neonatal Network SUI system is activated, along side national systems as necessary.

Complaints

Any complaint from parents or service users will be dealt with using the LTHT complaints procedure (in their capacity as host organisation for the team).

Audit

The YNTS collects data for all transports undertaken. This provides robust information on a set of criteria, linked to the national minimum data set. (www.bapm.org)

All team members are involved in transport specific audits to ensure service development, improvement and standard setting.

Parent engagement

Parent engagement is essential to service delivery and development. The team uses a parent questionnaire to obtain positive and negative feedback about the service, ensuring the service remains focused on its objective of providing a robust service using safe transport principles aiming to improve the outcome of the critically ill neonate requiring transportation.

Each parent is given information in leaflet form, about the transport team, the receiving hospital and the equipment used. These are available in a selection of languages.

Staff management and development

All medical and nursing staff undergo a period of orientation to transport consisting of a competency package, training day and observed/accompanied transfers. Peer support is an underpinning part of the process.

Annual transport updates are held for all staff along with personal development plans.

All nursing staff attend LTHT annual mandatory training.

Absence is managed through the LTHT sickness and absence policy.

Network units

A link nurse group meets twice yearly and has regular email contact allowing early and efficient information exchange. This promotes good relations between service provider and service user.

Management and Communication

The overall leadership and management of the service is the responsibility of the lead nurse and lead consultant.

Liaison with external agencies is a major part of their role and provides current, accurate data to the following:-

- The network team
- Clinical director
- Lead nurse
- Matron
- Yorkshire ambulance service
- Neonatal subgroups
- Neonatal network board

Team meetings are held quarterly to disseminate information, allow the presentation of audit data, discuss new ideas and allow team members to contribute to team development.

Regular bulletins/memos keep team members informed between meetings.

Website

The transport team has web pages on the Yorkshire Neonatal Network site (<http://www.yorkshireneonet.org.uk>) where up to date information can be found. The regularly reviewed stabilisation guidelines are also available.

Appendix 3

User questionnaire January 07-July 07 (page 1)

YORKSHIRE NEONATAL TRANSPORT TEAM AUDIT

1. What type of transfer occurred? *(Please tick)*

Acute Non Acute

2. Were you informed of the expected time of arrival?

Yes No

If no, was a reason given?

3. Was the transport team friendly?

Yes No

If no, please state why.

4. Was the Transport Team professional at all times?

Yes No

Comments

5. Did the Transport Team provide you with adequate information regarding the transfer?

Yes No

If no, please state why.

6. Was the information given to you clear and concise?

Yes No

If no, please state why.

7. Was there any further information that you required from the Transport Team?

Comments

8. If the transfer was into your unit, did the team provide a professional handover?

Yes No

If no, please state why.

9. Is there any further medical or nursing information that you require when accepting / referring a baby via the Transport Team?

Comments

10. In your opinion is there any way of improving communications between the Transport Team and yourselves?

Comments

11. Were all the aspects of the transfer explained to the nursing staff?

Yes No

If no, please state why.

12. Was the role of the Transport Team explained to the parents?

Yes No

If no, please state why.

13. Were the parents aware of the transfer?

Yes No

THANK YOU FOR YOUR TIME

Appendix 4

User questionnaire August 07- December 07

YORKSHIRE NEONATAL TRANSPORT AUDIT			
By Sister Karen Skelding			
	Question	Selection	Response/Comments
1	What type of transfer occurred ?	<input type="checkbox"/> Acute <input type="checkbox"/> Non Acute	
2	Were the Yorkshire Neonatal Stabilization Guidelines used to prepare the baby for transfer ? <i>if no please specify why guidelines were not used / referred to .</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	Were the Stabilization guidelines clear and concise ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4	Did you experience any problems implementing the stabilization guidelines ? <i>if yes please specify problems .</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5	Was the transport team professional at all times ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Were you informed of expected time of arrival ? <i>if no was a reason given .</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Was the transfer letter clear and concise ? <i>if no please specify .</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Did the transfer nurse provide a professional handover ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Was there any further information you required from the transfer team ? <i>if yes please specify.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Did you experience any communication problems when dealing with the transport team ? <i>if yes please specify .</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Were the parents aware of the transfer ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Appendix 5

Parental satisfaction questionnaire

YORKSHIRE NEONATAL TRANSPORT PARENTAL AUDIT

From which hospital were you transferred from and to where,?

Were you informed of your baby's transfer and the reason why? Yes No

Did the transport team introduce themselves? Yes No

Comments

Were you given adequate information on how to get to the hospital your baby was being transferred to? Yes No

If no what would have helped?

Did you receive Transport leaflets? Yes No

 1. Information for parents

 2. Your baby's transfer

Was there any further information you would have wished for? Yes No

Comments

How could we have assisted in reducing your anxiety about the transfer of your baby?

Further comments

Thank you for taking the time to complete this questionnaire.

Please return to
Anne Harrop
Peter Congdon Neonatal Unit
Leeds general Infirmary
Leeds
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