

Yorkshire
Neonatal Transport Team
2005 Annual Report

Claire Harness
Lead Nurse for the Transport Team



Introduction

The period covered in this report is January 1st 2005 – 31st December 2005

2005 was an eventful year for the Neonatal transport team. Claire Harness came back from maternity leave to resume her post as lead nurse and Collette Vicars returned to her role as senior sister on LGI neonatal unit and transport team following a successful period as acting lead nurse.

Luc Cornette announced his intention to leave both his post as lead consultant and the country to return home to Belgium with his family. He has had an enormous impact on service development and progress over the last 4 years and it is a great loss to both the team and the network.

Finally it was with great sadness a member of the team, Anna Verity, died suddenly. She was a lively and active member always full of life. She is greatly missed.

The team has continued to move many babies within and outside the network boundaries. The aims of the team remain the same, that is, to provide a robust service using safe transport principles, aiming to improve the out come of critically ill neonates who require transportation.

The following pages look at activity during 2005

Activity

The transport team covers 12 hospitals within the neonatal network boundaries and they are as follows:-

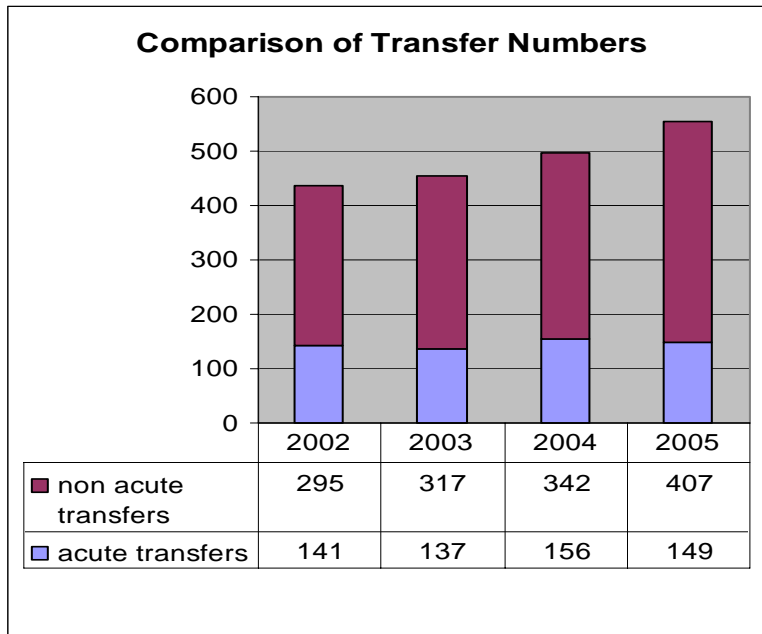
Leeds LGI	level 3
Leeds SJUH	
Bradford	
Hull	

Dewsbury	level 2
Calderdale	
Huddersfield	
Airedale	
York	
Pontefract	

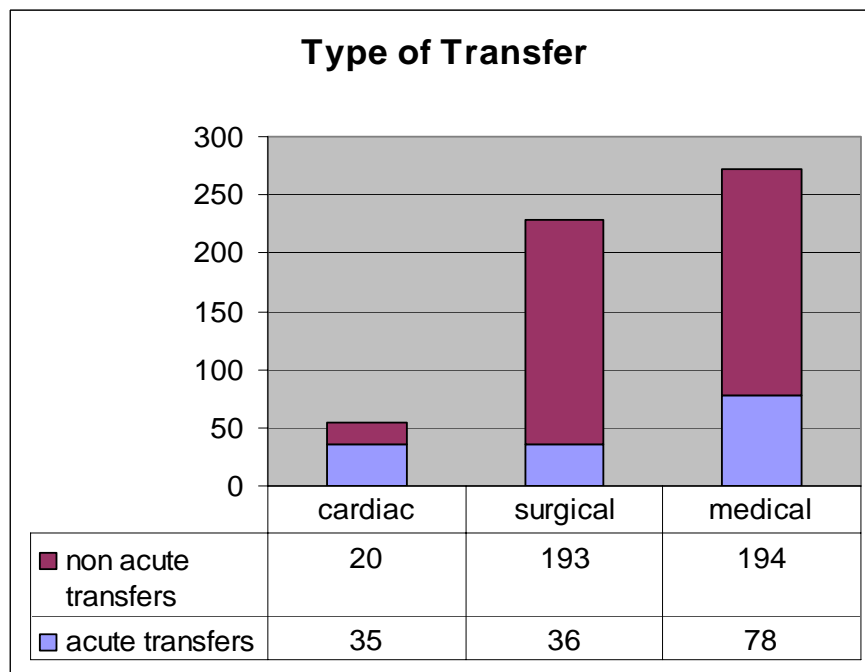
Harrogate	level 1
Scarborough	

During the period 1st January 2005 – 31st December 2005 **556** transfers were performed. This represents an increase of **58** compared to 2004

The breakdown between non acute and acute transfers is 73% versus 27% a slight change from previous years.



This graph shows that while there has been a very small drop in the number of acute transfers the non acute transfer numbers have seen a significant rise.

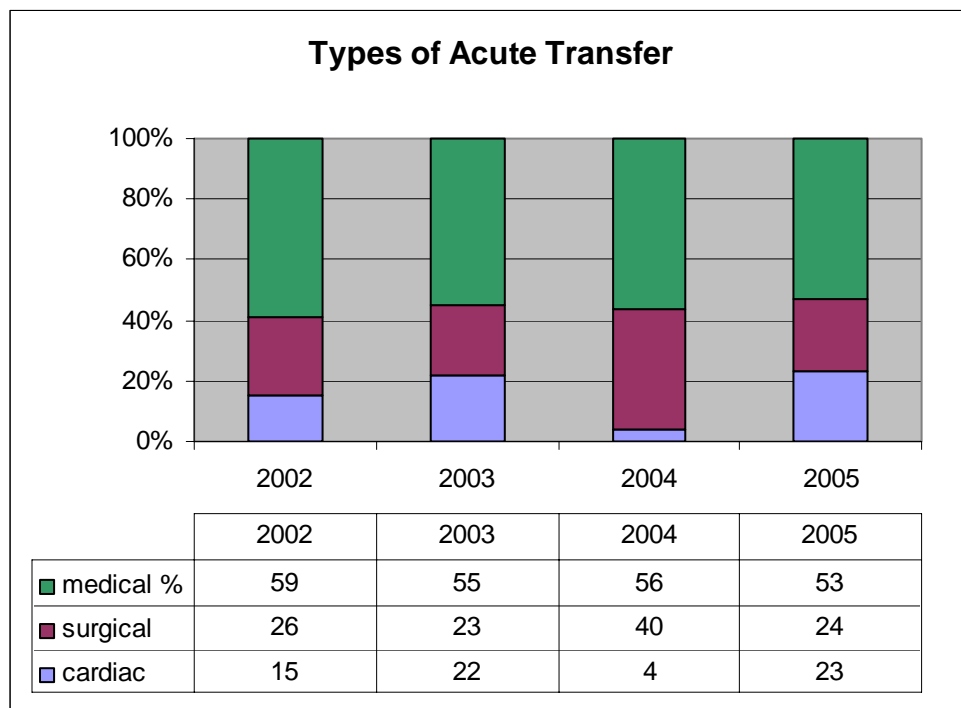


This graph gives a break down of acute versus non acute transfers by type.

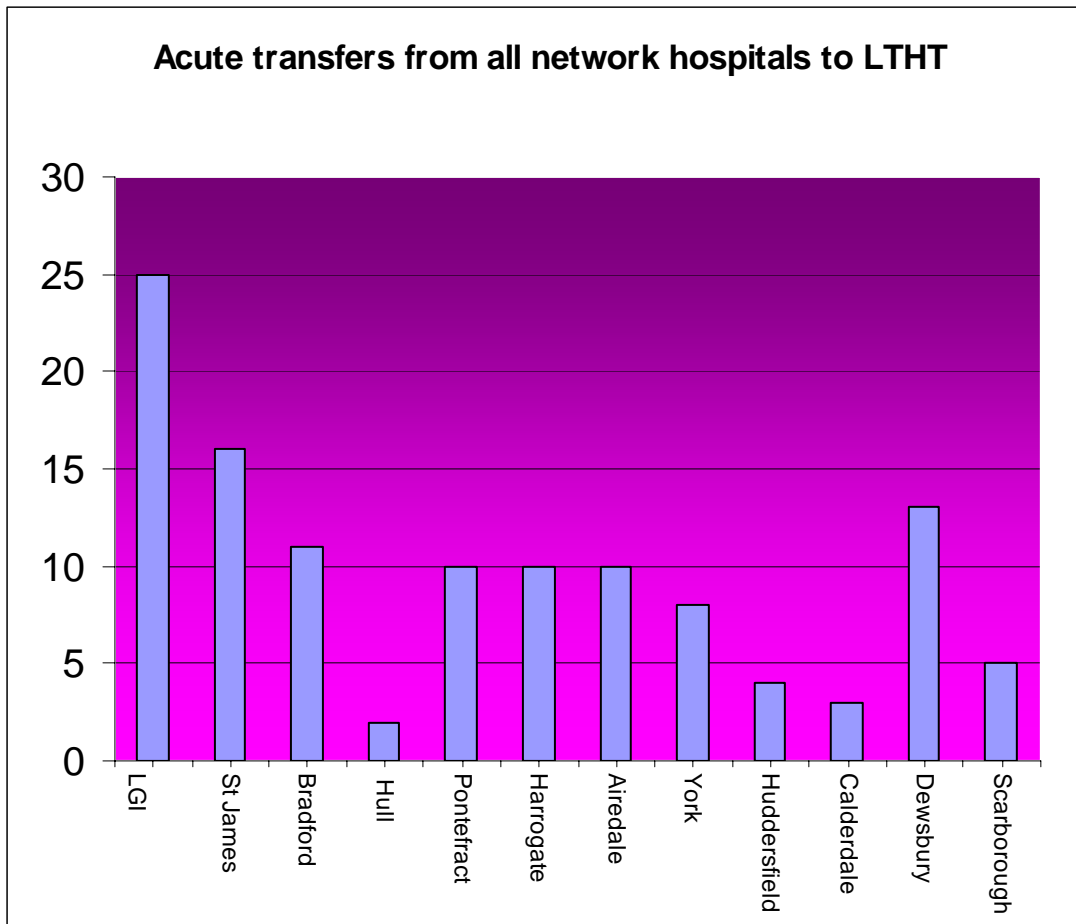
Acute activity

Acute activity is defined by the Yorkshire team as any transfer involving a ventilated patient and thus the majority are attended by both medical and nursing staff. The exception is the CPAP patient who falls within the nurse led CPAP guidelines.

The breakdown of acute transfer type is represented below (note the increase in cardiac transfer) comparing the last 4 years

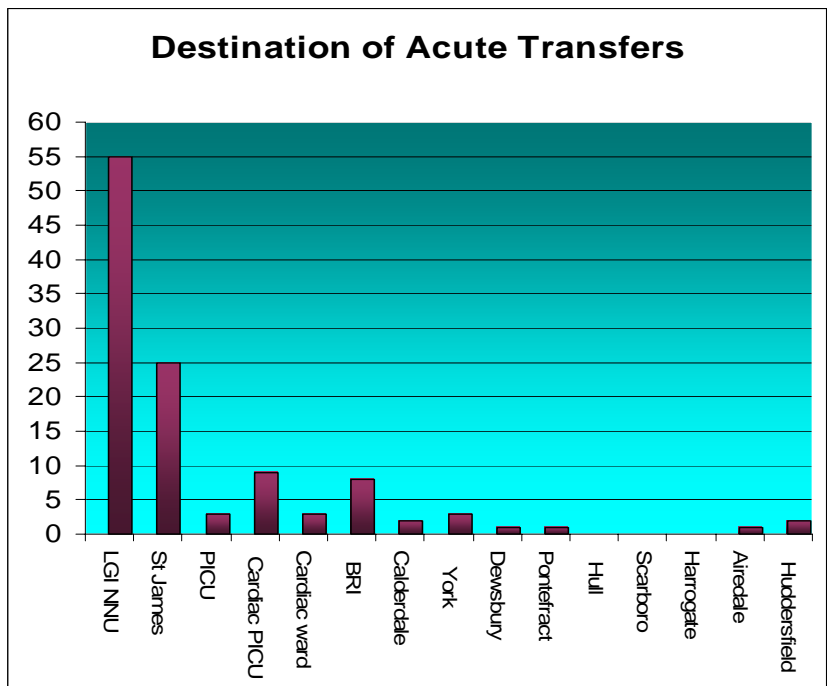


During 2005 **149** acute transfers took place. Of this number **125** were within the network boundaries and are represented below

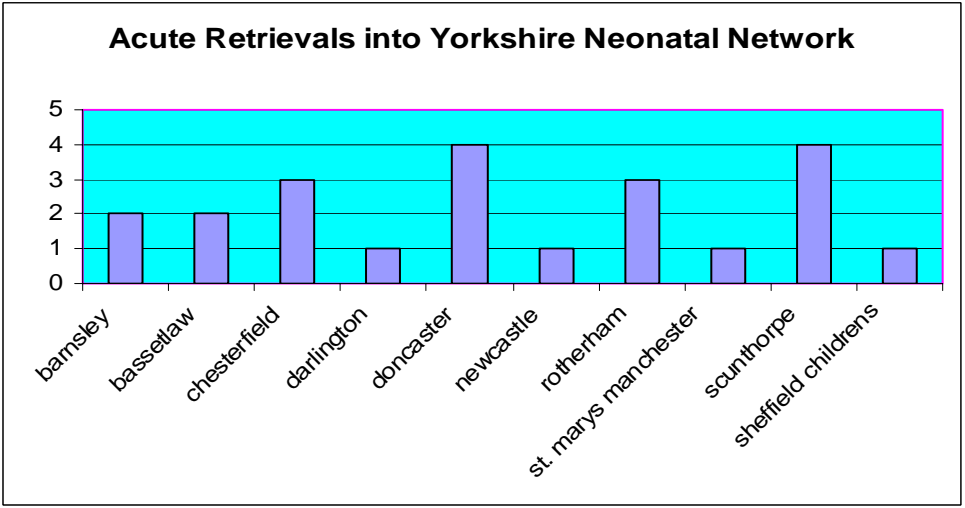


The large number of transfers from the LGI and St James hospitals represents movement between the 2 sites for capacity and specialist care reasons. (This accounts for 13 episodes)

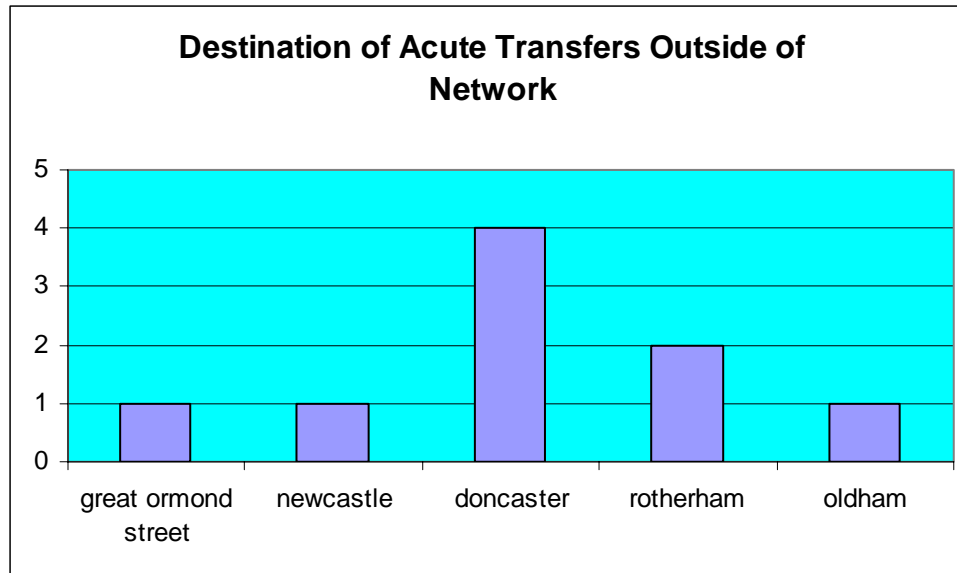
The remainder i.e. 24, were acute transfers back from LTHT to base hospitals. E.g. Ventilated babies going back to their base unit for ongoing intensive care.



The graph above represents transfers to hospitals within the network, the majority of which went to the Leeds Trust for specialist services.

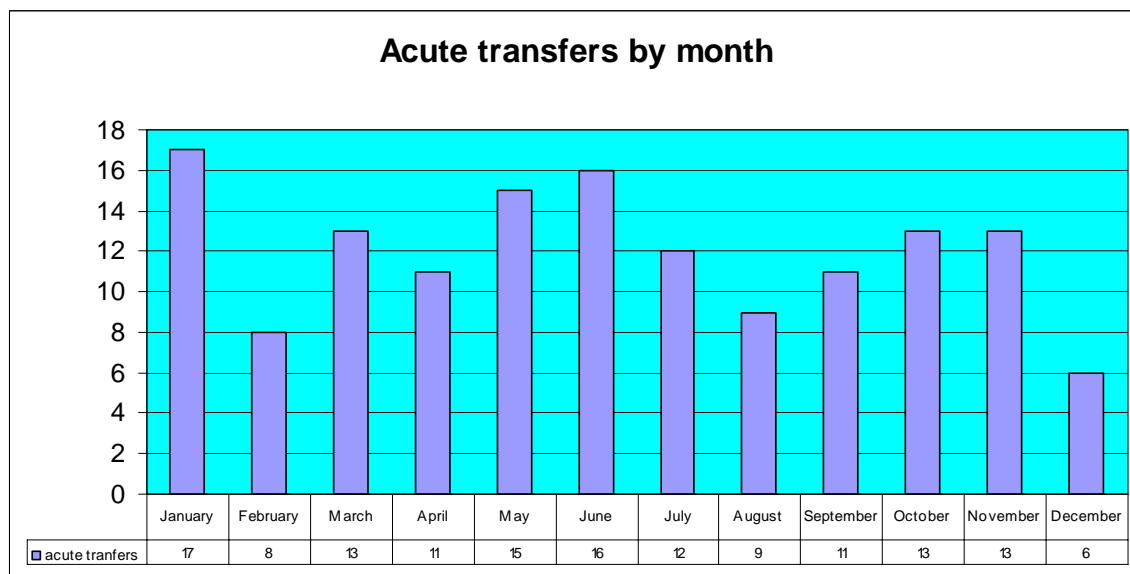


The above graph shows the number of transfers retrieved from outside the Network's boundaries performed by the transport service. All infants went to wards within the Leeds Trust.



The above graph shows babies who were transferred from LTHT to units outside of the YNN.

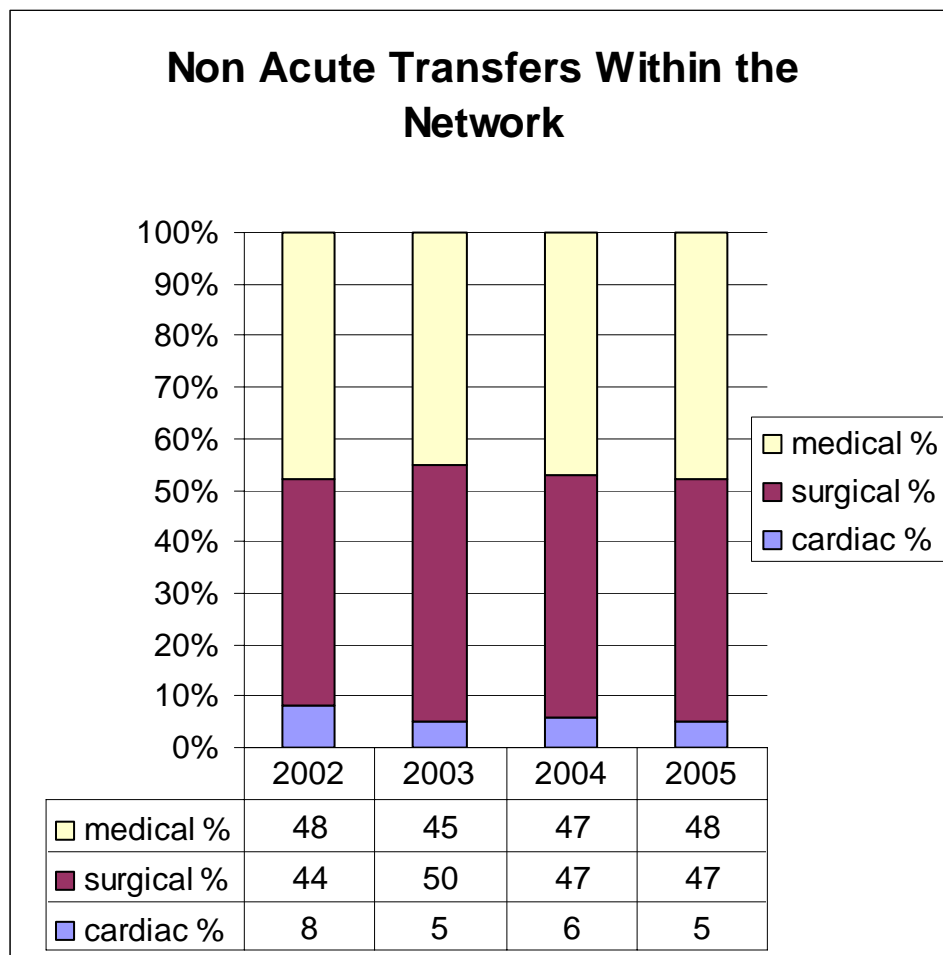
Of the 9 transfers, 7 were acute transfers back to base hospitals following completion of specialist care. The 2 exceptions were 1 patient to Great Ormond Street for AV malformation surgery and 1 to Newcastle for heart transplant assessment.

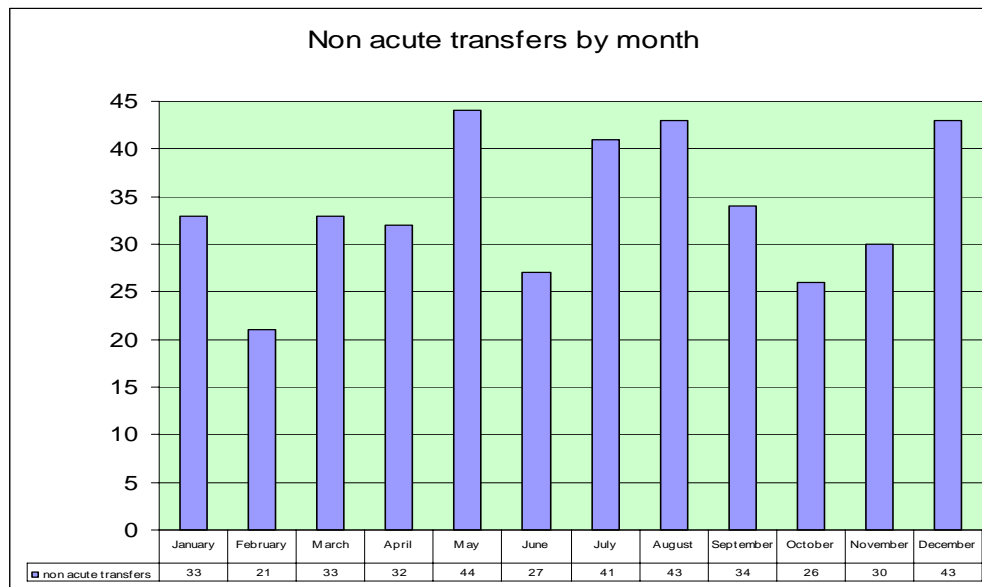


The median monthly number is 12 unchanged from 2004.

Non acute activity

There has been a substantial increase in the numbers of non acute transfers performed by the team. This represents more nurse led transfers both into and out of the Leeds trust improving appropriate bed usage. The significant number of surgical transfers can, in part, be attributed to the surgical nurse consultants input into referring hospitals. This has facilitated early discharge back to base hospitals.

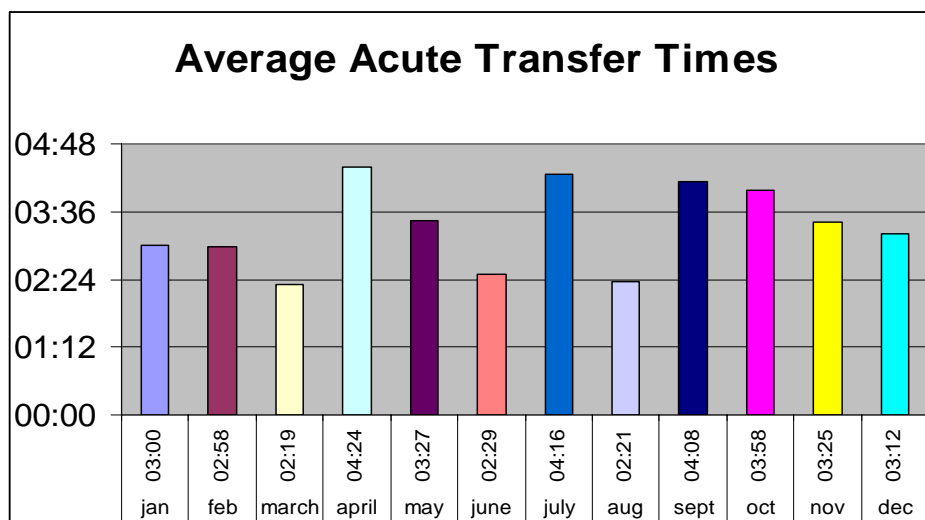




The number of non acute transfers during 2005 was 407, 73% of total transfer numbers.

On a month by month basis this is an average of 34 per month.

Time on transfers



The time spent on actual transfers is recorded as the time the ambulance arrives at the transport teams base to the time of return to base. On average 3 hours 16 minutes was spent on each transfer excluding pre departure work and documentation on arrival back at base. There is no significant difference from 2004.

Incidents

Date	AMBULANCE	STAFF	EQUIPMENT	Baby	Comments
10/1/05	√				no ambulance available for 4 hours
17/1/05		√			Delay in waiting for Dr of 30 mins.
28/1/05				√	Baby died 1 hour after arrival
20/3/05				√	Baby died whilst team on route
4/4/05	√				1st ambulance broke down 2nd had power and O ₂ failure on route
24/4/05	√				DC lead not charging
5/6/05				√	Baby died whilst team on route
22/6/05				√	Baby died whilst team on route
20/8/05		√		√	Cannula extravasated on nurse, crew ran out of driving time

Throughout 2005 staff worked extremely hard to provide a high level of care and this is reflected in the low level of untoward events. Each case was reviewed after it had occurred and findings/learning points were disseminated to all staff.

The 4 deaths would have been very difficult to predict on the information received and it is not the transport teams policy to refuse transfer based on telephone information alone.

Summary

The neonatal transport team has continued to provide a service of excellence throughout 2005. It has increased its number of transfers by 10% despite often difficult circumstances and these continue to be carried out professionally and efficiently.

2006 will see a new consultant in post and the development of the team. Future developments include a new robust SpR training programme, improve data set collection and organise a transport meeting for the network. Phase two of the teams development is dependant on future funding but with the on going commitment and motivation by staff within the team it will advance.

Claire Harness
Lead Nurse
Neonatal Transport Team