Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NTG Annual Transport Data 2020/21

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ScotSTAR

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Method

- Email to transport service's medical and nursing leads requesting activity data from 1st April 2020 to 31st March 2021
  - Requests before 2019/2020 covered first 6 months of calendar year only
- Additional information about each service.

Reorganisations & additions for **2020/21** data

- Reorganisation:
  - ANTS became PaNDR in March 2021
- Data changes and additions:
  - Section 1.3 – Return to more detailed information on temperature before and after transfer
  - Section 1.5 – COVID transfers
  - Section 1.6 – Number of In Utero Transfers coordinated
  - Section 1.7 – Number of Advice Calls

Reorganisations & additions for **2020/21** data continued

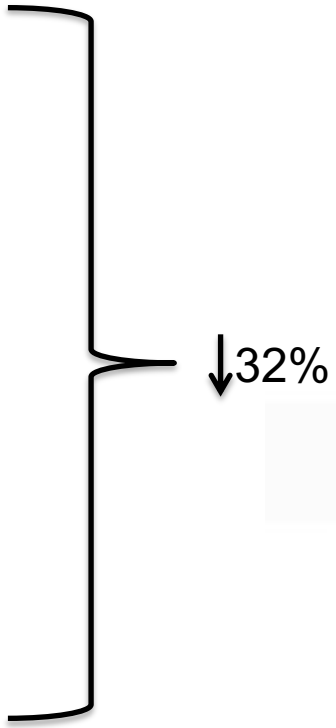
- Section 1.8 – Bilious vomiting data
- Section 1.9 – Journeys over 3 hours
- Benchmark 3- restricted to uplift referrals from level 1 and 2 units in the first 3 days of life

Reorganisations & additions for **2020/21** data continued

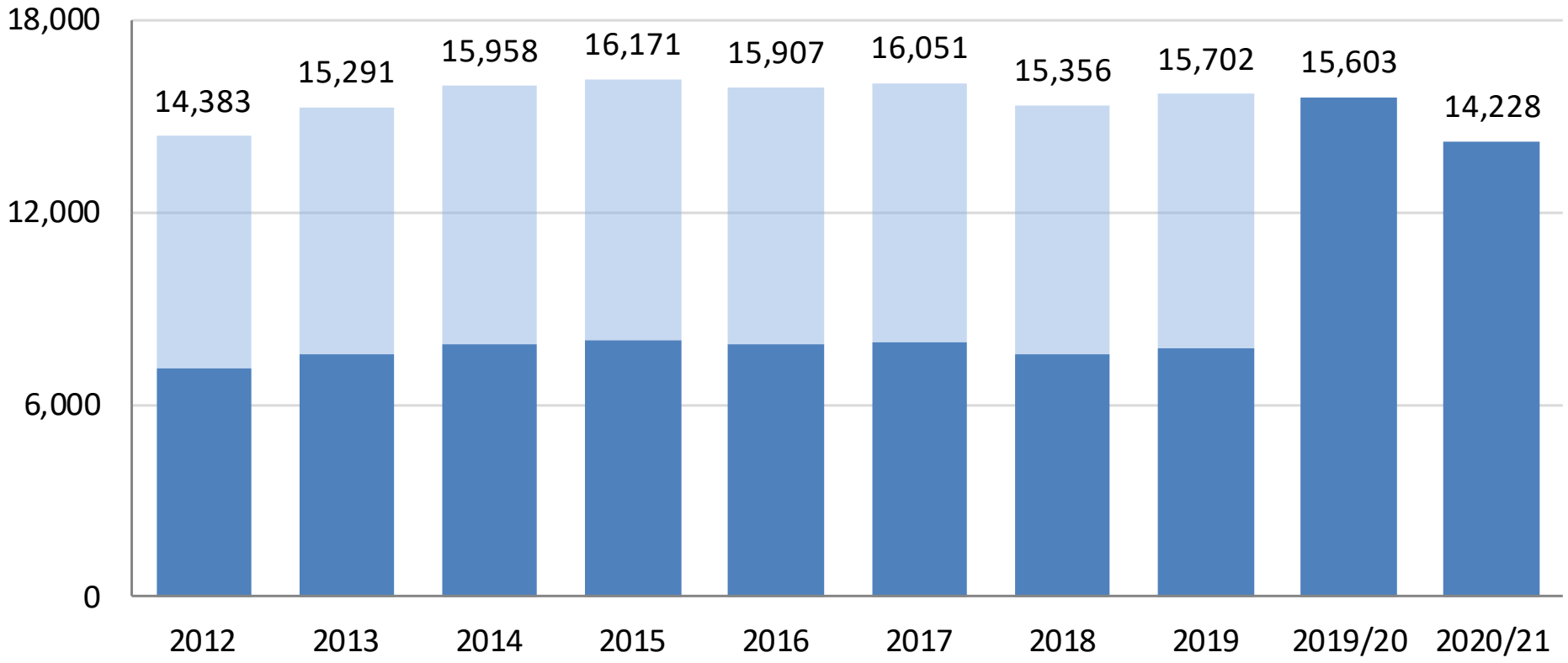
- Team Characteristics
  - Do you use a transcutaneous CO2 monitor in transit
  - Do you use ET CO2 monitoring in transit
  - Do you offer Volume Guarantee Ventilation in transit

Number of Services, UK

- 2012 – data from 22
- 2013 – data from 21
- 2014 – data from 19
- 2015 – data from 19
- 2016 – data from 18
- 2017 – data from 18
- 2018 onwards – data from 15

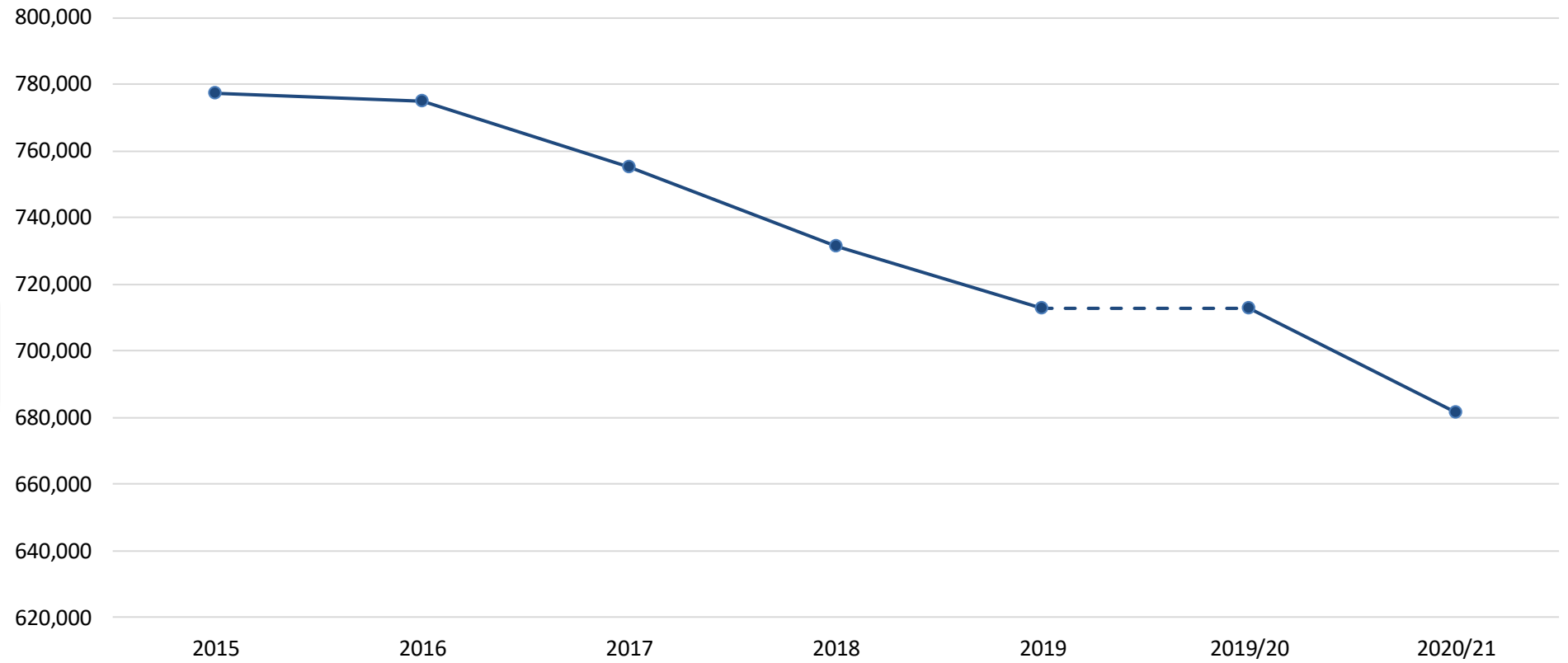


All team annualised UK neonatal transport activity



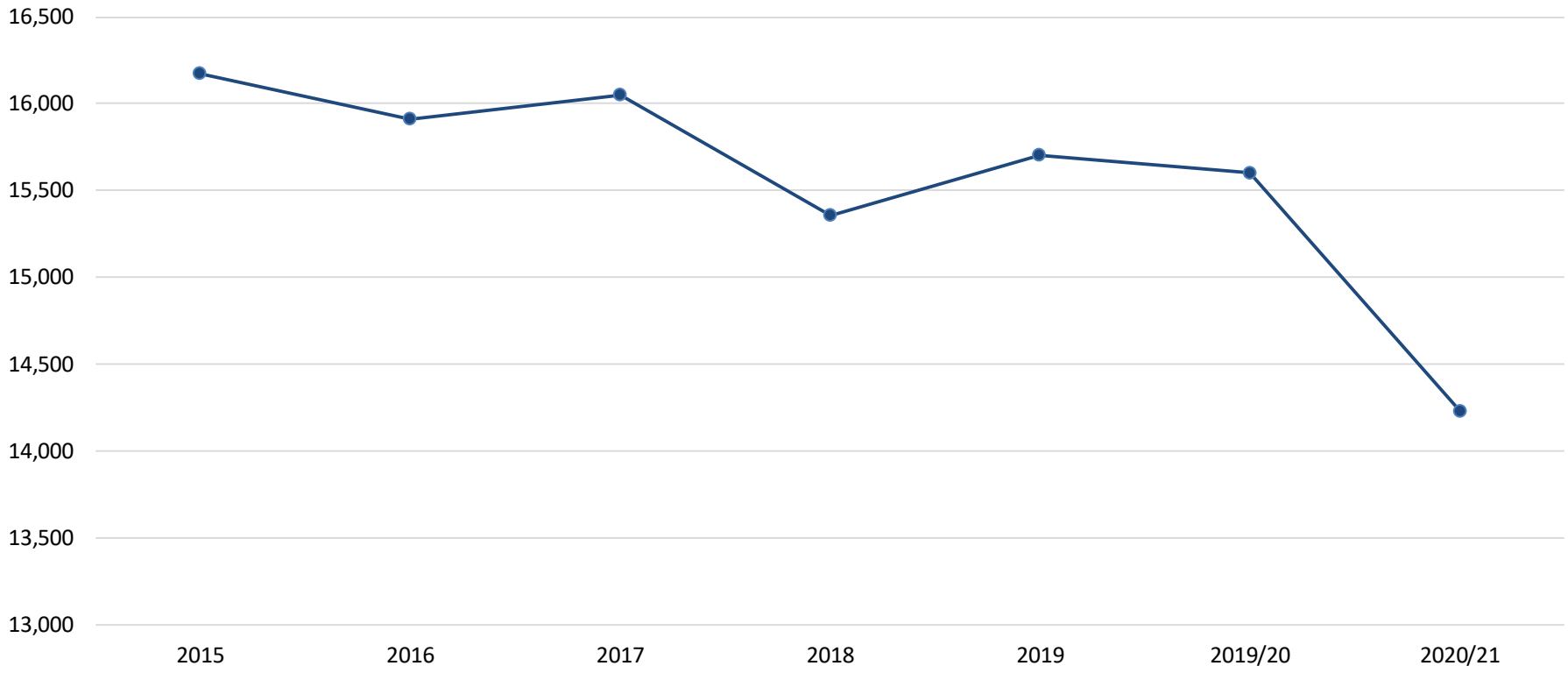
2019-20 onwards data 12-month collection period, prior to that 6 months used

UK yearly birth rate



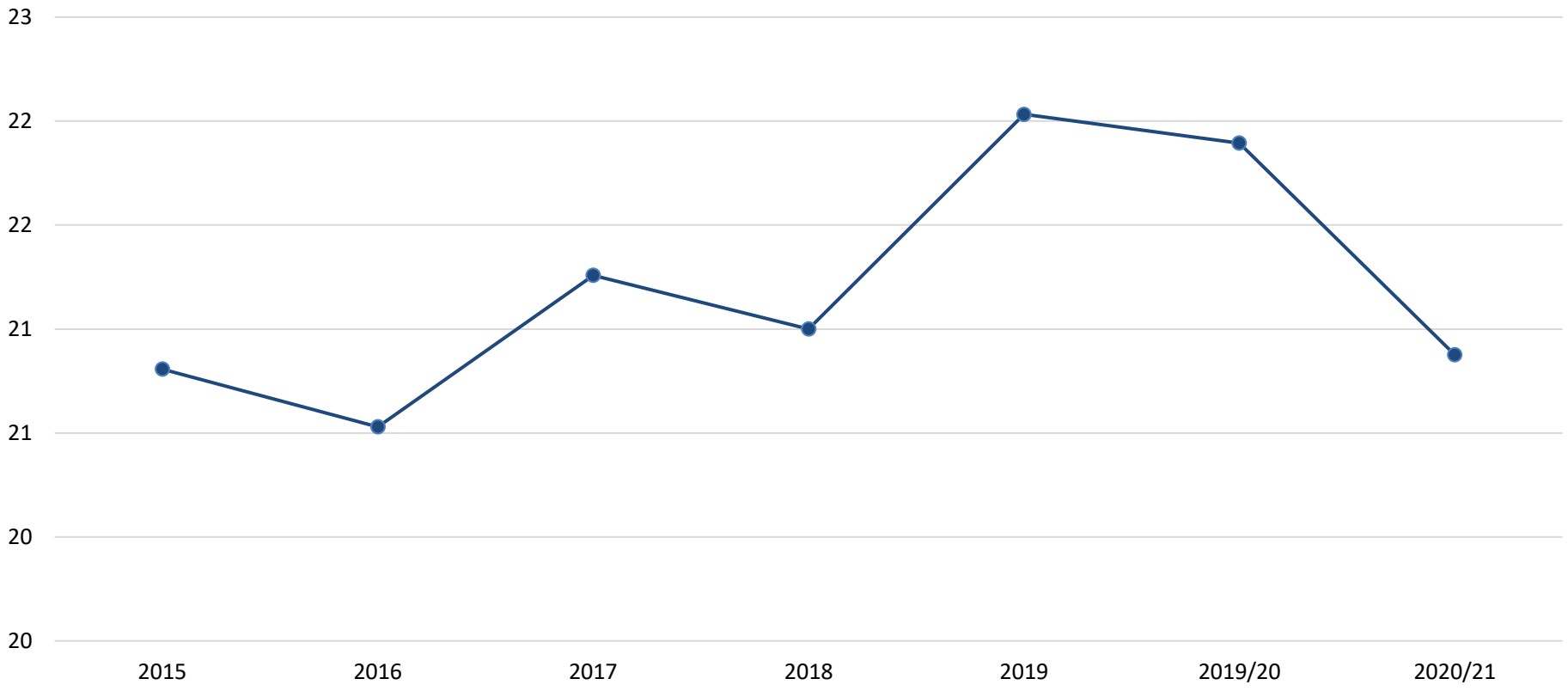
Birth data from relevant national bodies. The birth data is yearly so only for indication of possible change.
2019/20 using 2019 figures, 2020/21 using 2020 figures.

UK neonatal transport activity



Birth data from relevant national bodies. The birth data is yearly so only for indication of possible change.
2019/20 using 2019 figures, 2020/21 using 2020 figures.

UK NTG transfers per 1,000 live births



Birth data from relevant national bodies. The birth data is yearly so only for indication of possible change.
2019/20 using 2019 figures, 2020/21 using 2020 figures.

UK Summary Data
Apr 2020 to Mar 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2019/20	2020/21
Total transfers	**7152**	**7562**	**7892**	**7997**	**7910**	**7938**	**7594**	**7765**	**15603**	**14228**
Ventilated	1889 (26.4%)	1961 (25.9%)	1949 (24.7%)	2155 (26.9%)	2000 (25.3%)	1913 (24.1%)	1939 (25.5%)	1868 (24.1%)	3677 (23.6%)	3217 (22.6%)
HFOV				16 (0.7%)	16 (0.8%)	39 (2.04%)	48 (2.5%)	54 (2.9%)	102 (2.8%)	112 (3.5%)
CPAP	847 (11.8%)	906 (12%)	811 (10.3%)	790 (9.9%)	737 (9.3%)		621 (8.2%)	529 (6.8%)	1070 (6.9%)	871 (6.1%)
High-flow				452 (5.7%)	496 (6.3%)		674 (8.9%)	766 (9.9%)	1712 (11%)	1663 (11.7%)
Cooling	247 (3.5%)	288 (3.8%)	249 (3.2%)	274 (3.4%)	288 (3.6%)	245 (3.1%)	255 (3.4%)	281 (3.6%)	541 (3.5%)	502 (3.5%)
iNO	99 (1.4%)	111 (1.5%)	117 (1.5%)	138 (1.7%)	148 (1.9%)		154 (2%)	157 (2%)	293 (1.9%)	298 (2.1%)
Palliative	22 (0.3%)		19 (0.2%)	19 (0.2%)	33 (0.4%)	33 (0.4%)	20 (0.3%)	24 (0.3%)	62 (0.4%)	56 (0.4%)

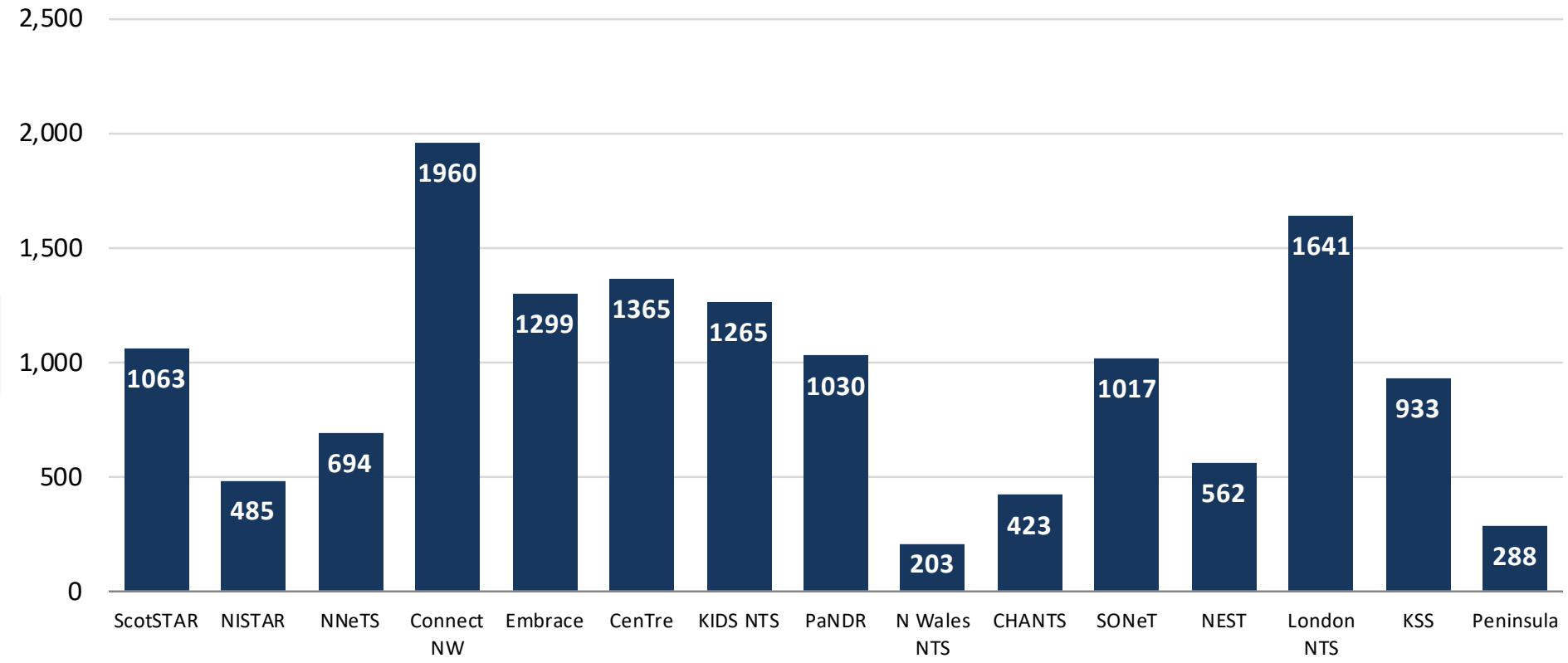
Prior to 2019-20 data returns were for a 6 month period (Jan-Jun), thereafter they have been 12 month periods (Apr-Mar)

UK Summary Data
Apr 2020 to Mar 2021 Adjusted

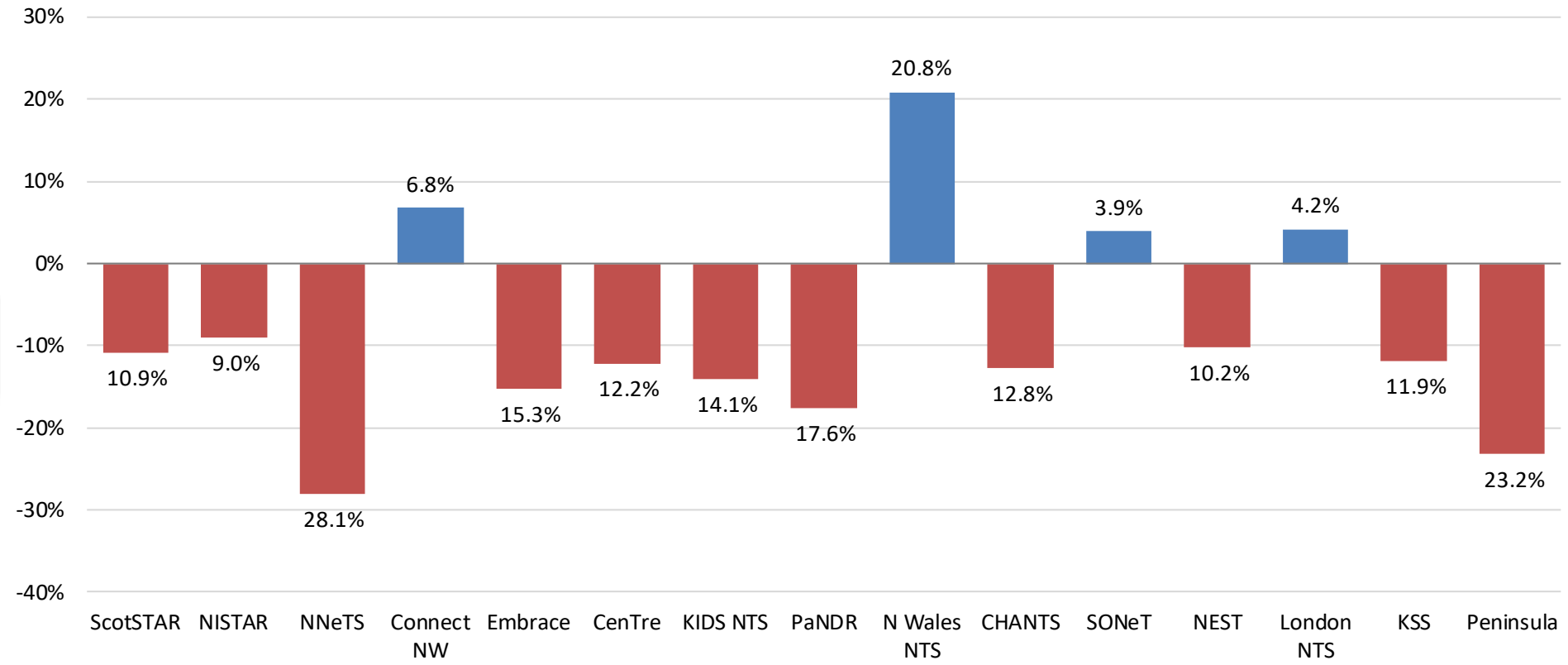
	Adjusted 2012	Adjusted 2013	Adjusted 2014	Adjusted 2015	Adjusted 2016	Adjusted 2017	Adjusted 2018	Adjusted 2019	2019/20	2020/21
Total transfers	**14383**	**15291**	**15958**	**16171**	**15907**	**16051**	**15356**	**15702**	**15603**	**14228**
Ventilated	3799 (26.4%)	3965 (25.9%)	3941 (24.7%)	4358 (26.9%)	4022 (25.3%)	3868 (24.1%)	3921 (25.5%)	3777 (24.1%)	3677 (23.6%)	3217 (22.6%)
HFOV				32 (0.7%)	32 (0.8%)	79 (2.04%)	97 (2.5%)	109 (2.9%)	102 (2.8%)	112 (3.5%)
CPAP	1703 (11.8%)	1832 (12%)	1640 (10.3%)	1597 (9.9%)	1482 (9.3%)		1256 (8.2%)	1070 (6.8%)	1070 (6.9%)	871 (6.1%)
High-flow				904 (5.7%)	992 (6.3%)		1348 (8.9%)	1532 (9.9%)	1712 (11.0%)	541 (3.8%)
Cooling	497 (3.5%)	582 (3.8%)	504 (3.2%)	554 (3.4%)	579 (3.6%)	495 (3.1%)	516 (3.4%)	568 (3.6%)	541 (3.5%)	502 (3.5%)
iNO	198 (1.4%)	222 (1.5%)	234 (1.5%)	276 (1.7%)	296 (1.9%)		308 (2%)	314 (2%)	293 (1.9%)	62 (0.4%)
Palliative	44 (0.3%)		38 (0.2%)	38 (0.2%)	66 (0.4%)	67 (0.4%)	40 (0.3%)	49 (0.3%)	62 (0.4%)	56 (0.4%)

Data for years 2012-2019 was adjusted by doubling the 6 month figures returned in those years

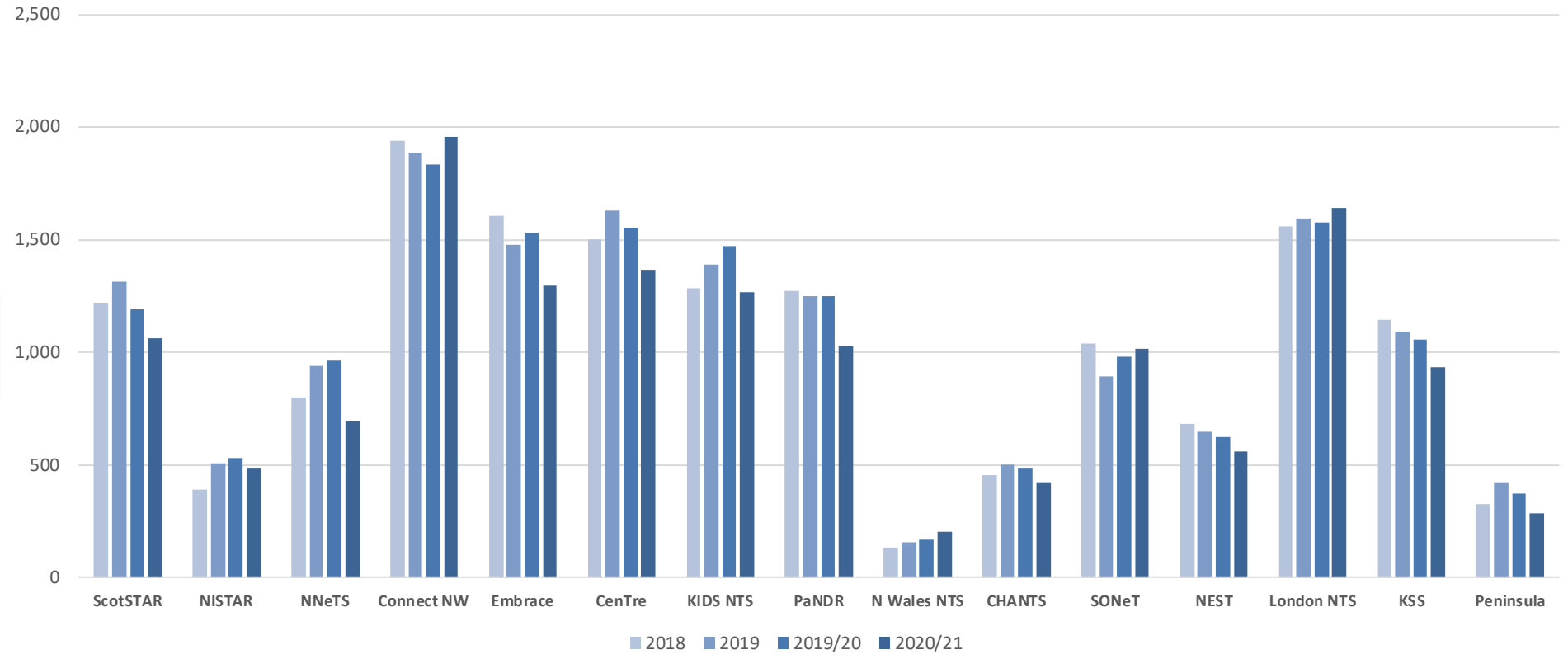
Total Transfers by team Apr 2020 to Mar 2021



Changes in activity by team, 2019/20 v 2020/21



Trends in transfer number by team, 2018 to 2020/211



2019-20 onwards data 12-month collection period, prior to that 6 months used , adjusted for comparison

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Ventilation via an ETT during transfer

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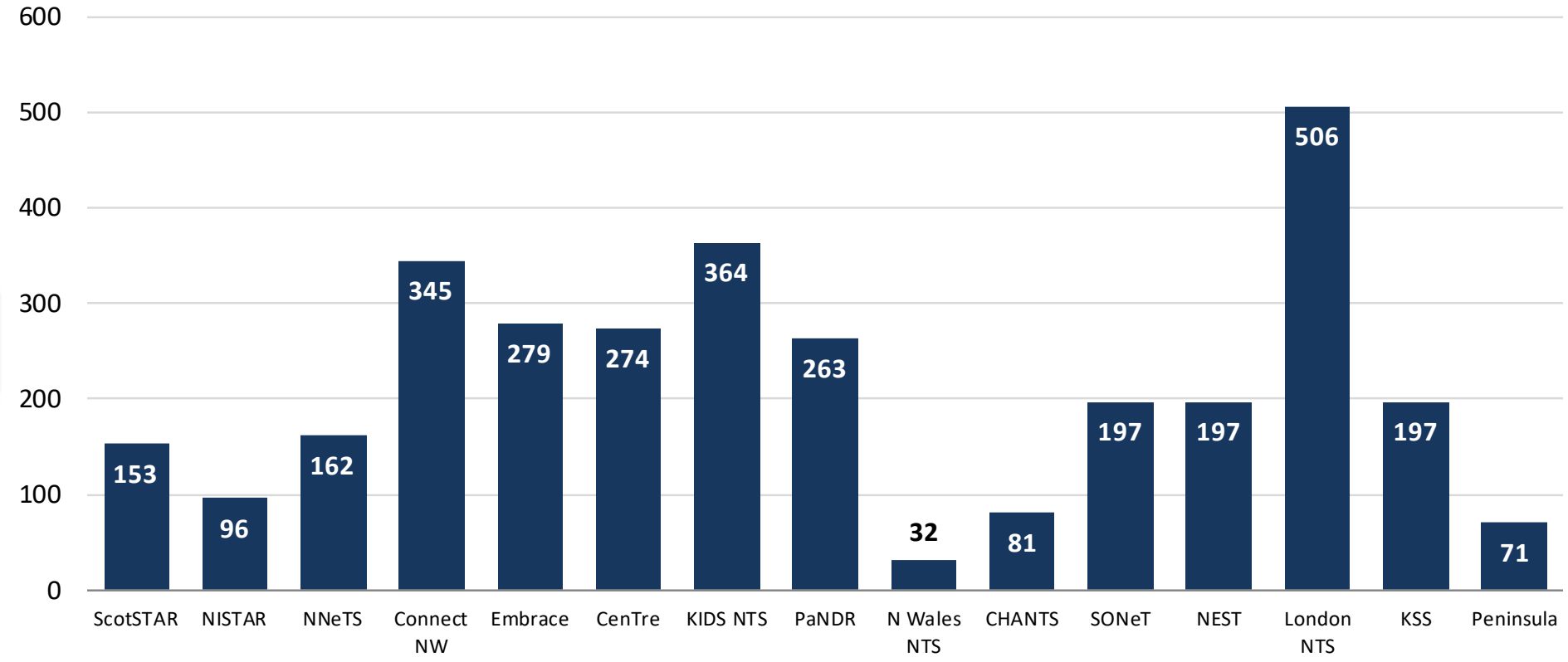
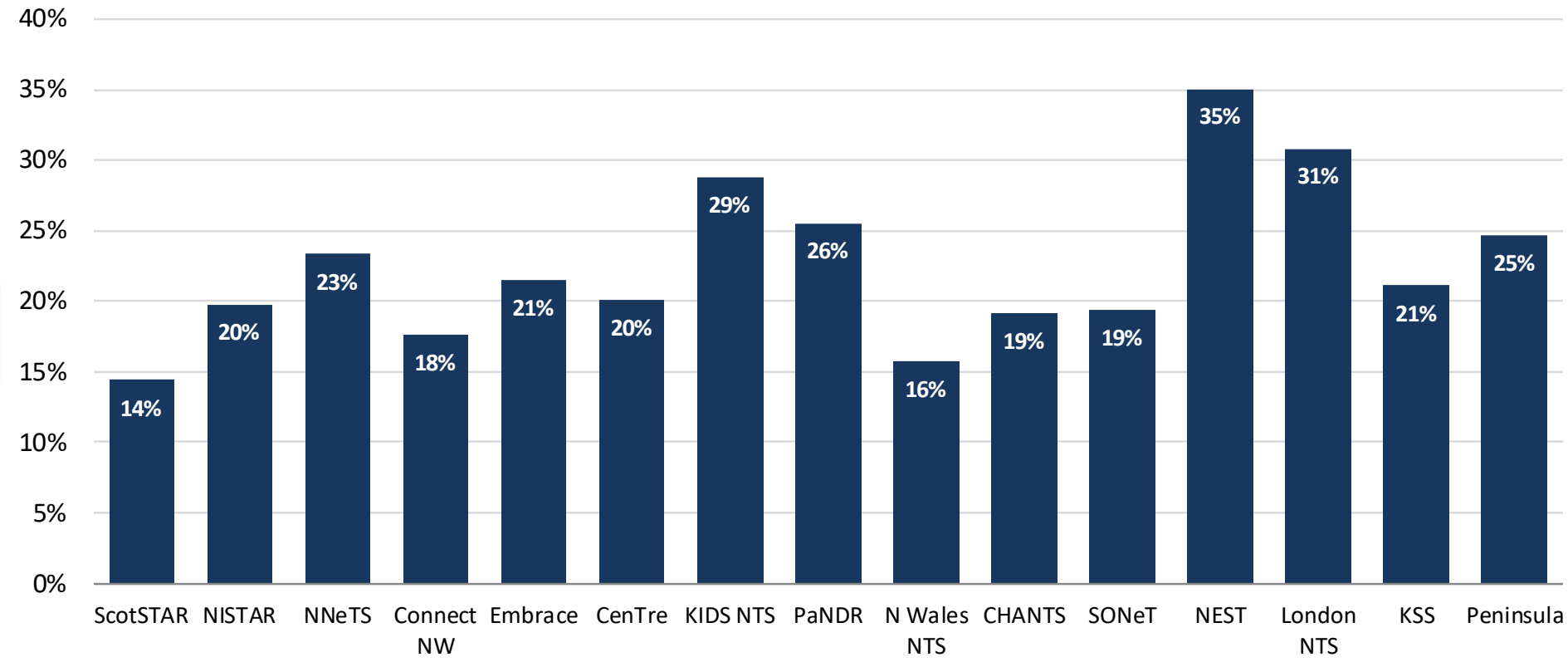
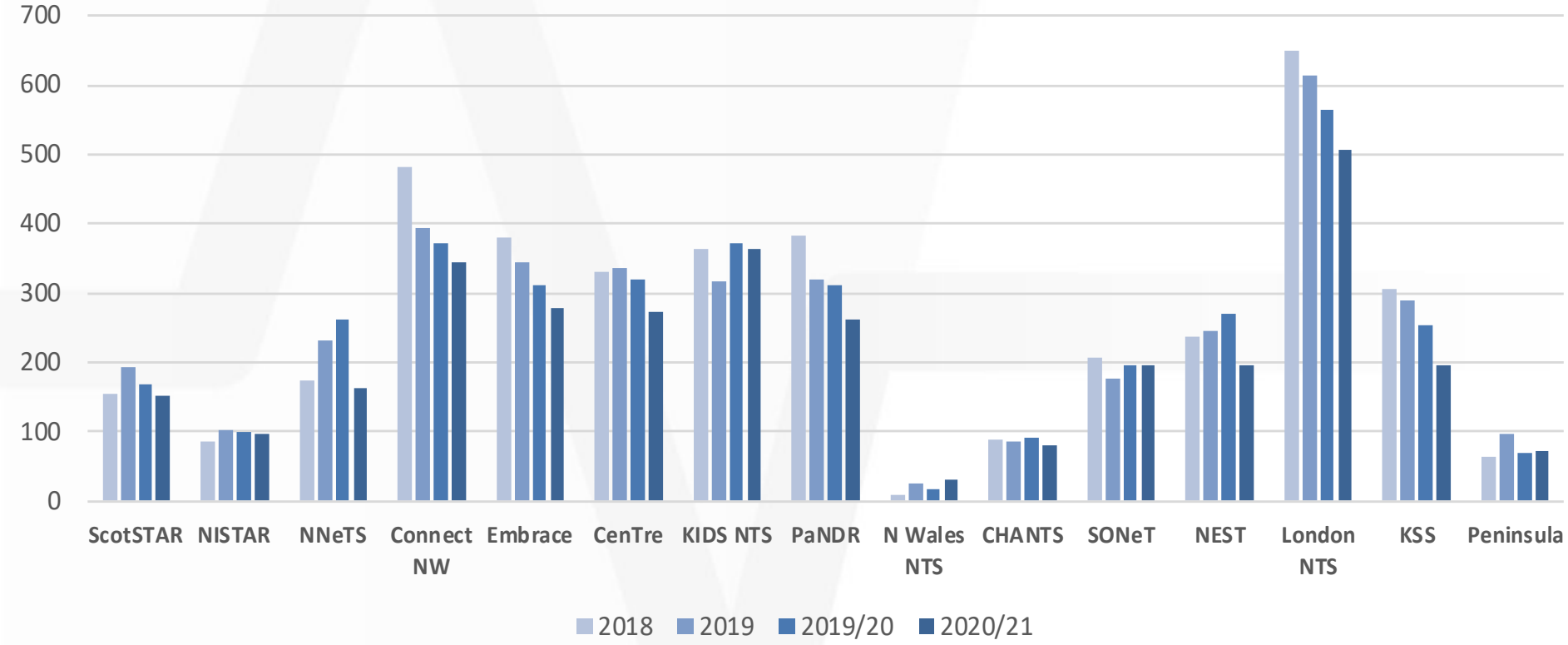
Numbers of infants ventilated via an endotracheal tube in transfer, by team Apr 2020 to Mar 2021



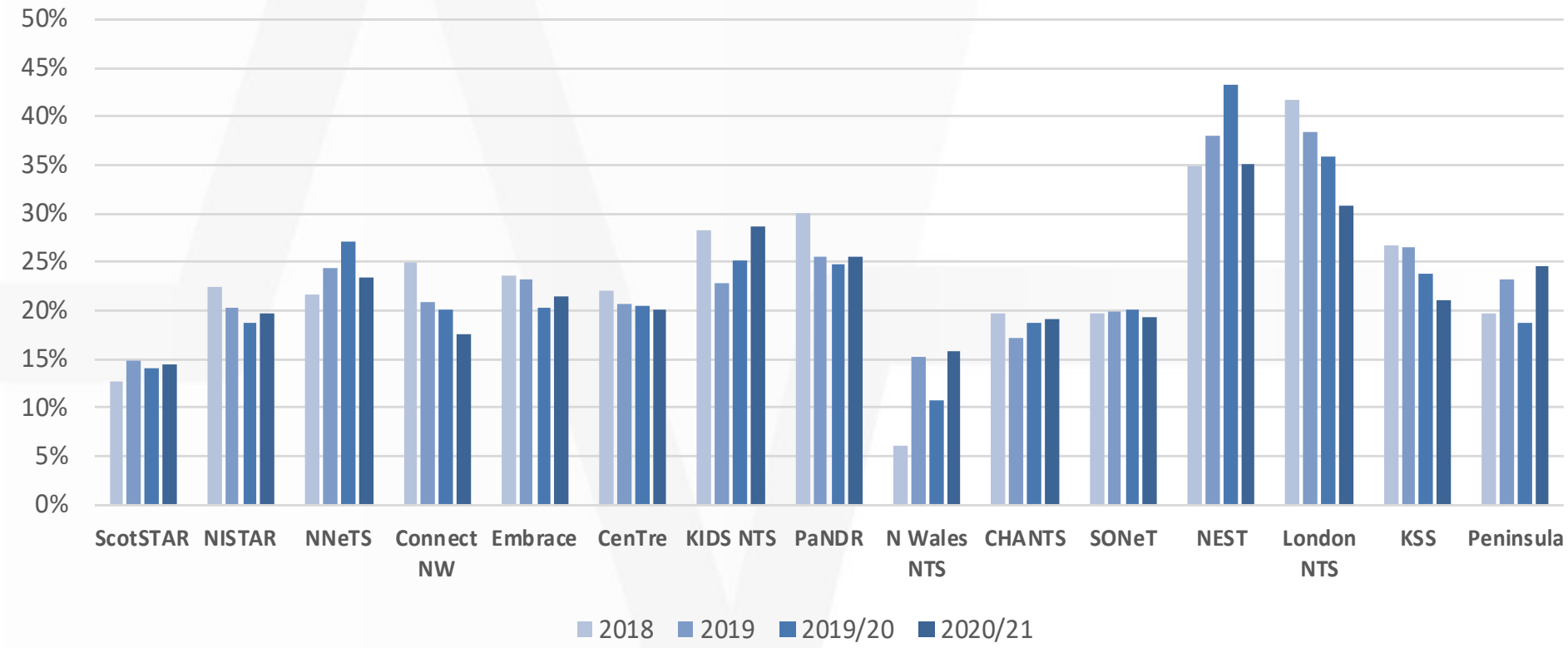
Infants ventilated via an endotracheal tube in transfer, as a percentage of total transfers, by team Apr 2021 to Mar 2021



Trends in numbers of infants ventilated via an endotracheal tube in transfer by team 2018 to 2020/211



Trends in infants ventilated via an endotracheal tube in transfer as a percentage of total transfers, by team 2018 to 2020/211



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High Frequency Oscillation in Transfer

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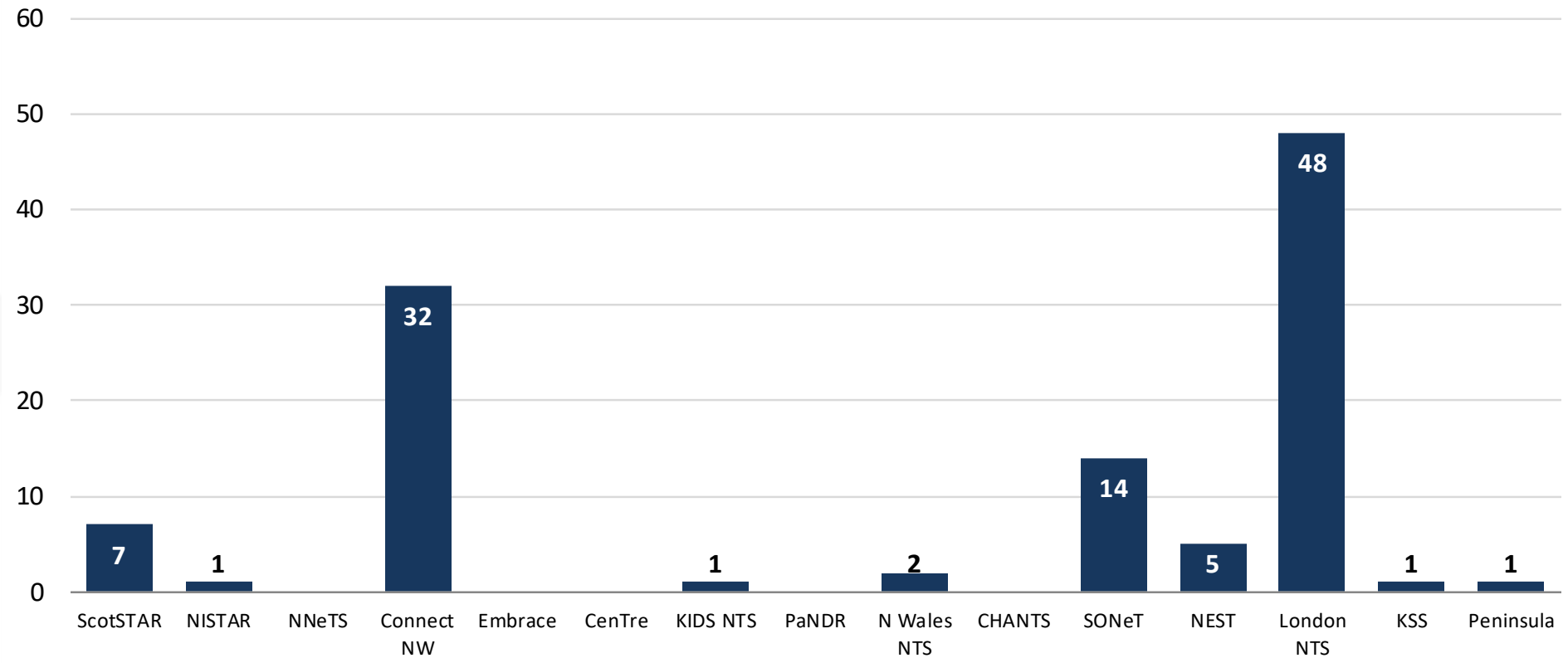
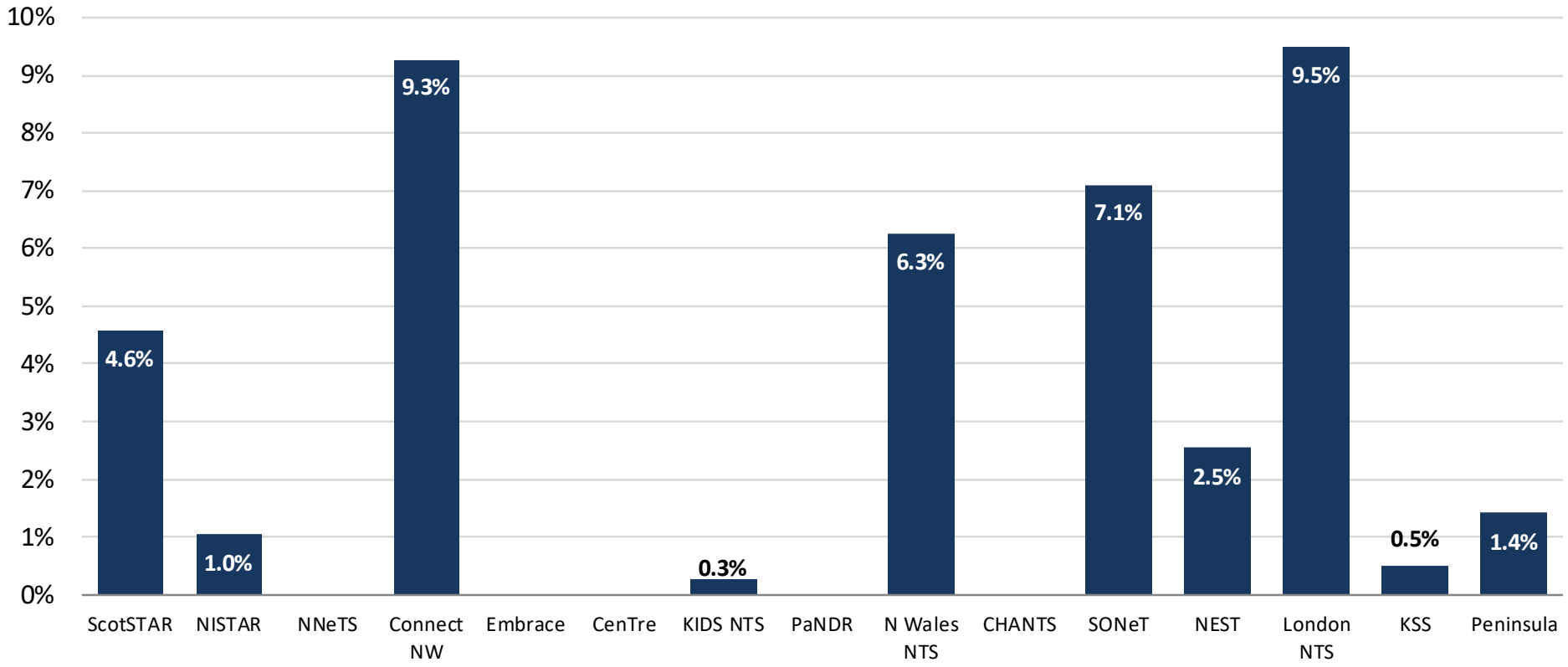
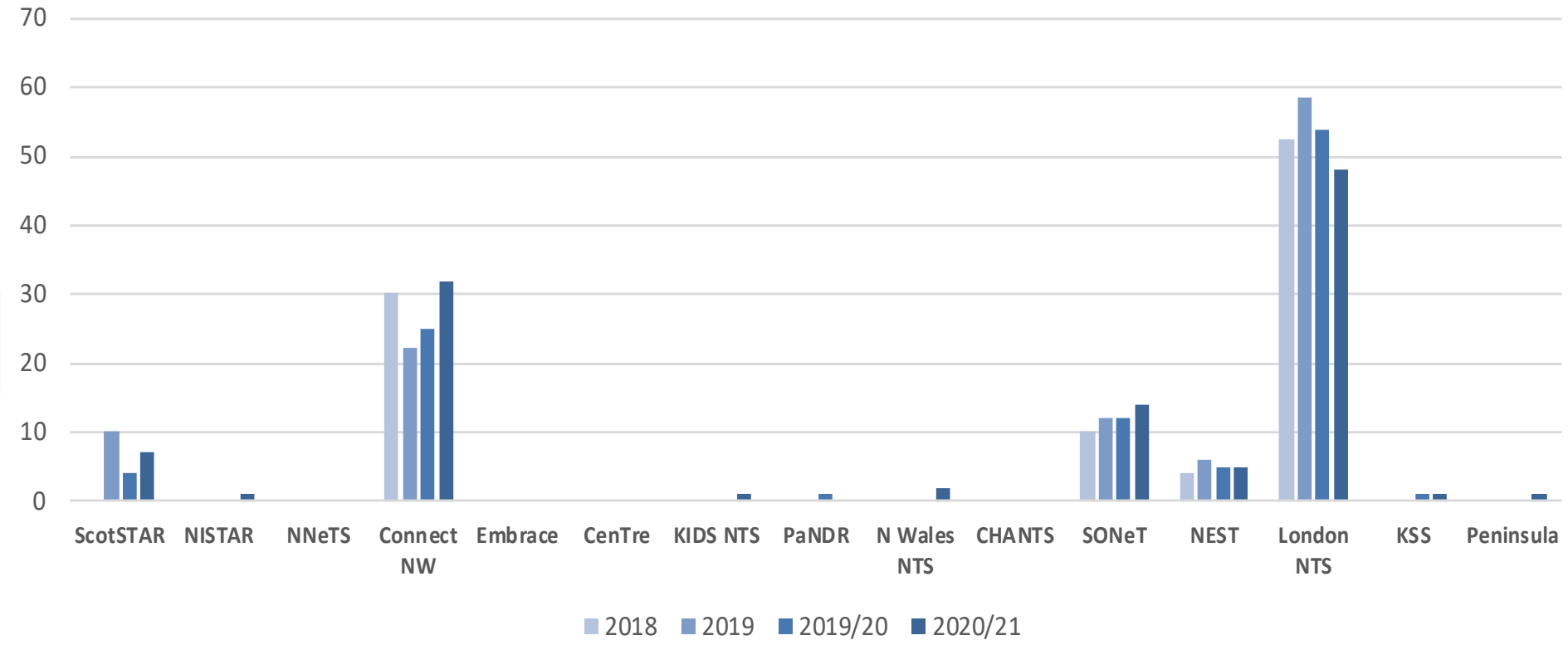
Number of transfers using High Frequency Oscillatory Ventilation (HFOV), by team Apr 2020 to Mar 2021



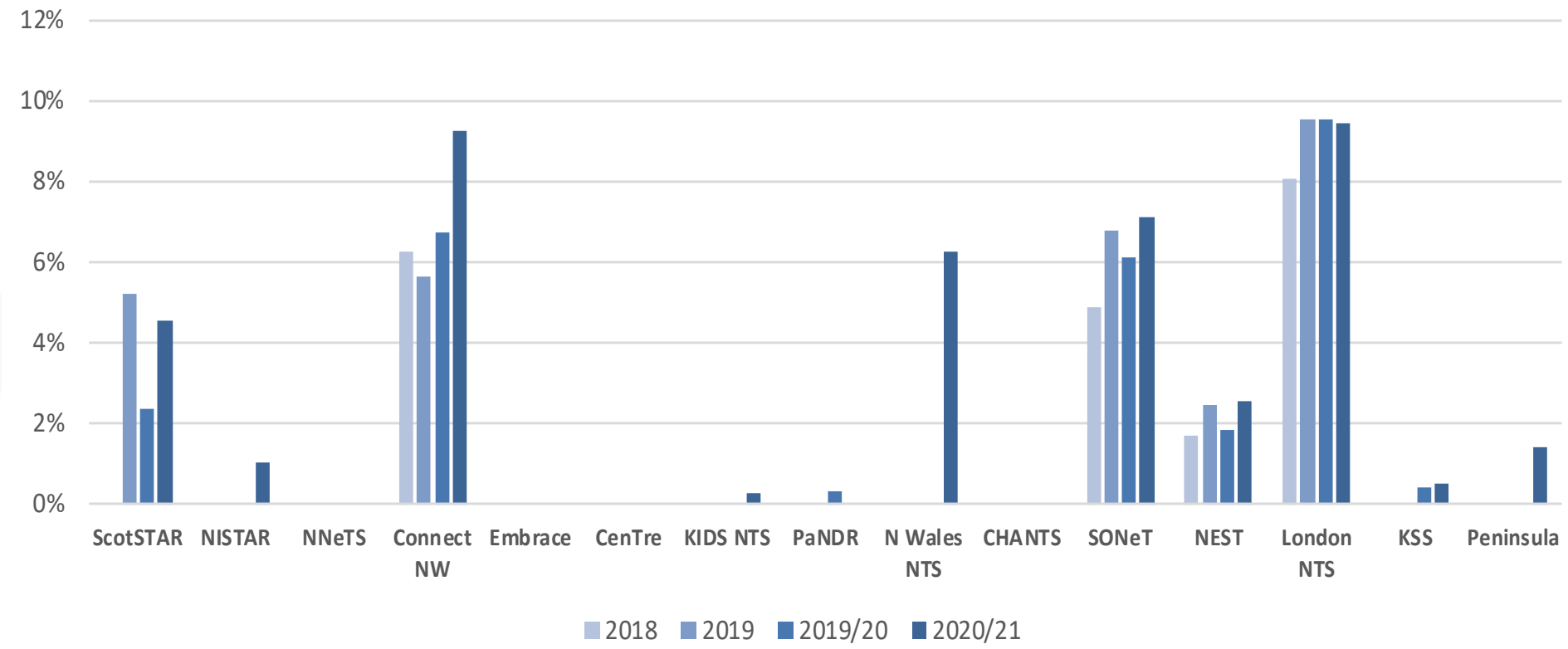
HFOV Transfers as a percentage of ventilated transfers, by team Apr 2020 to Mar 2021



Trends in numbers on HFOV by team, 2018 to 2020/211

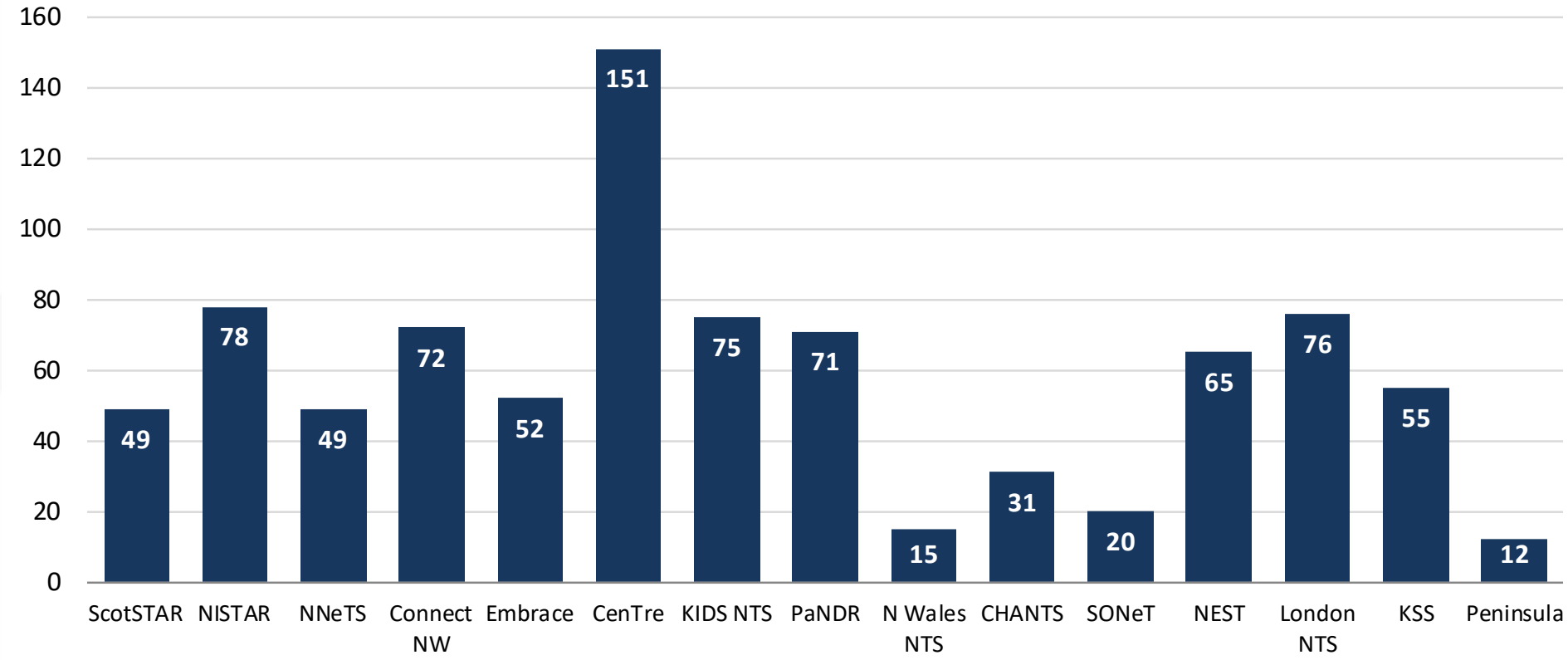


Trends in HFOV transfers as a percentage of ventilated transfers by team 2018 to 2020/211

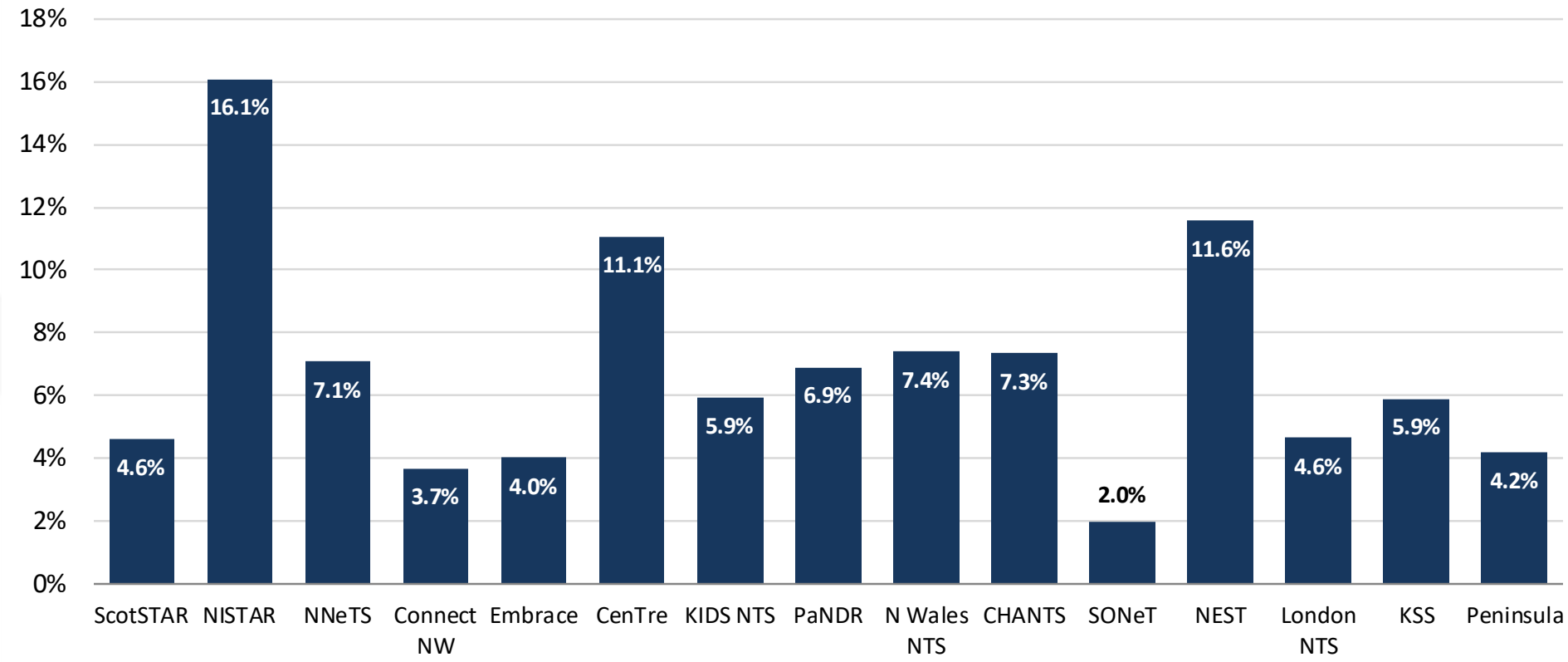


Nasal Continuous Positive Airway Pressure (CPAP) in transfer

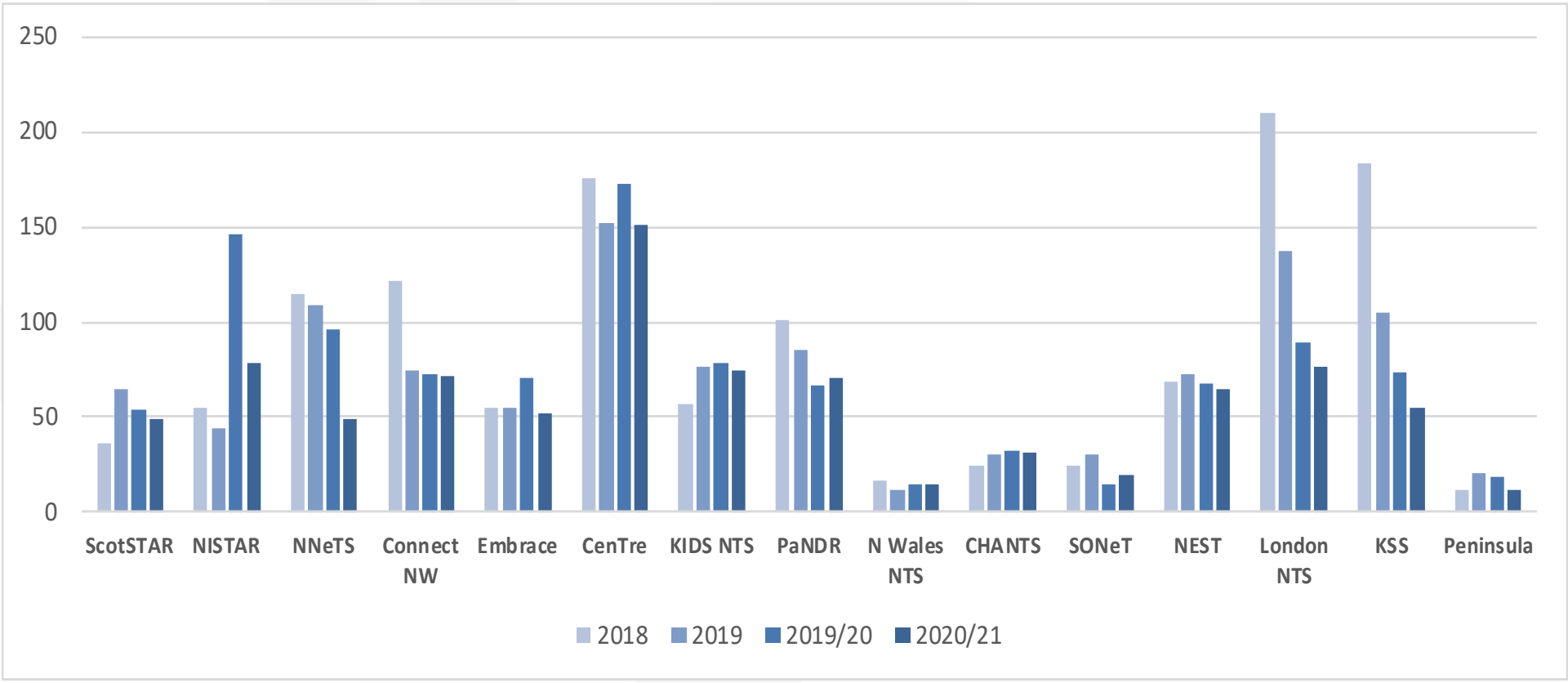
Transfers utilising continuous positive airway pressure (CPAP) by team, Apr 2020 to Mar 2021



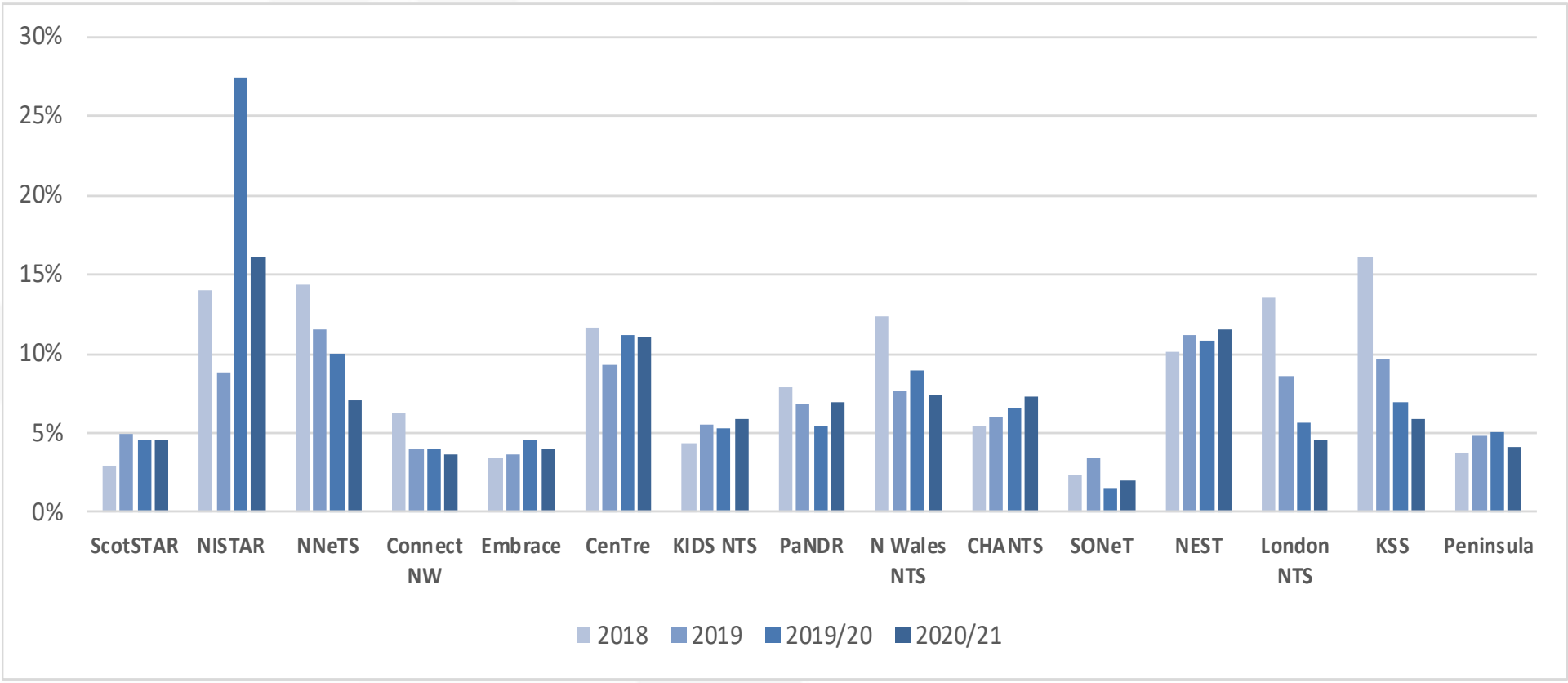
CPAP Transfers as a percentage of total transfers, by team Apr 2020 to Mar 2021



Trends in CPAP transfers by team, 2018 to 2020/211



Trends in CPAP transfers as a percentage of total transfers by team 2018 to 2020/211



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High Flow Humidified Nasal Cannula support

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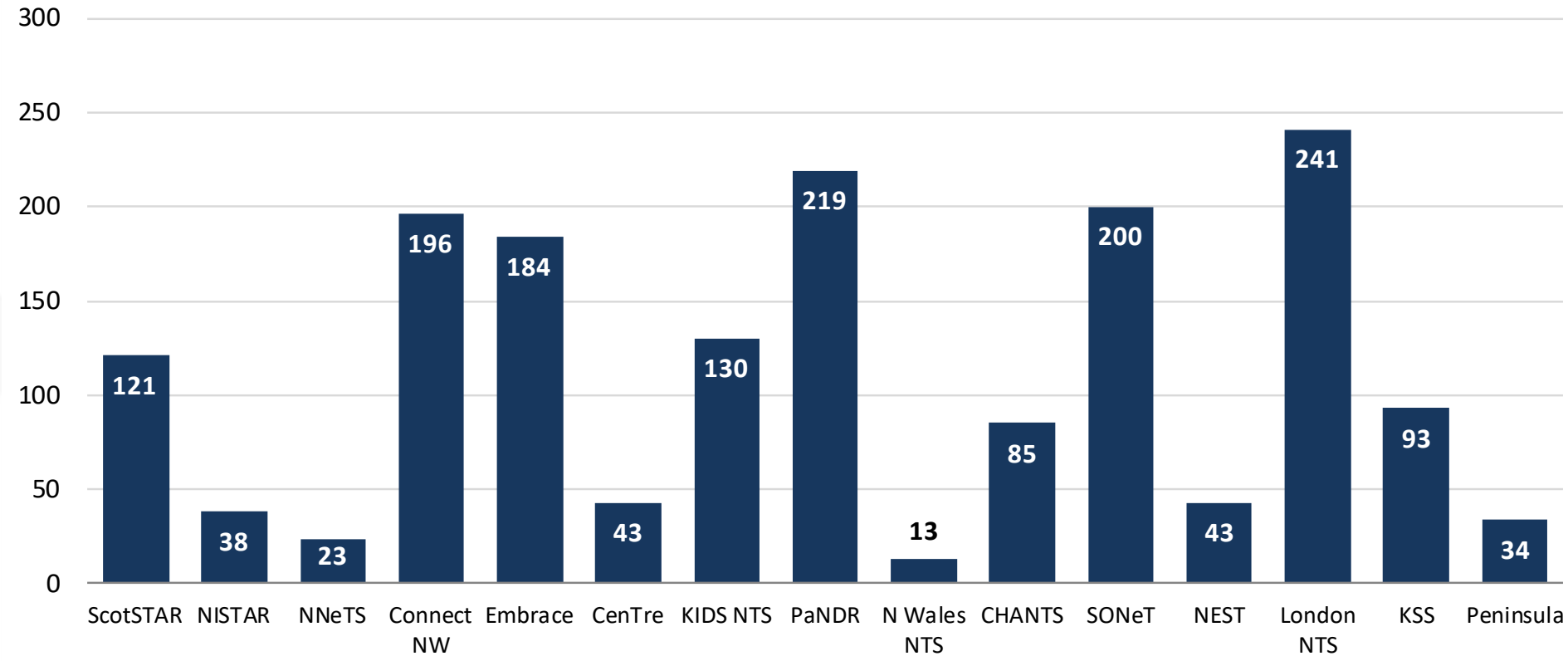
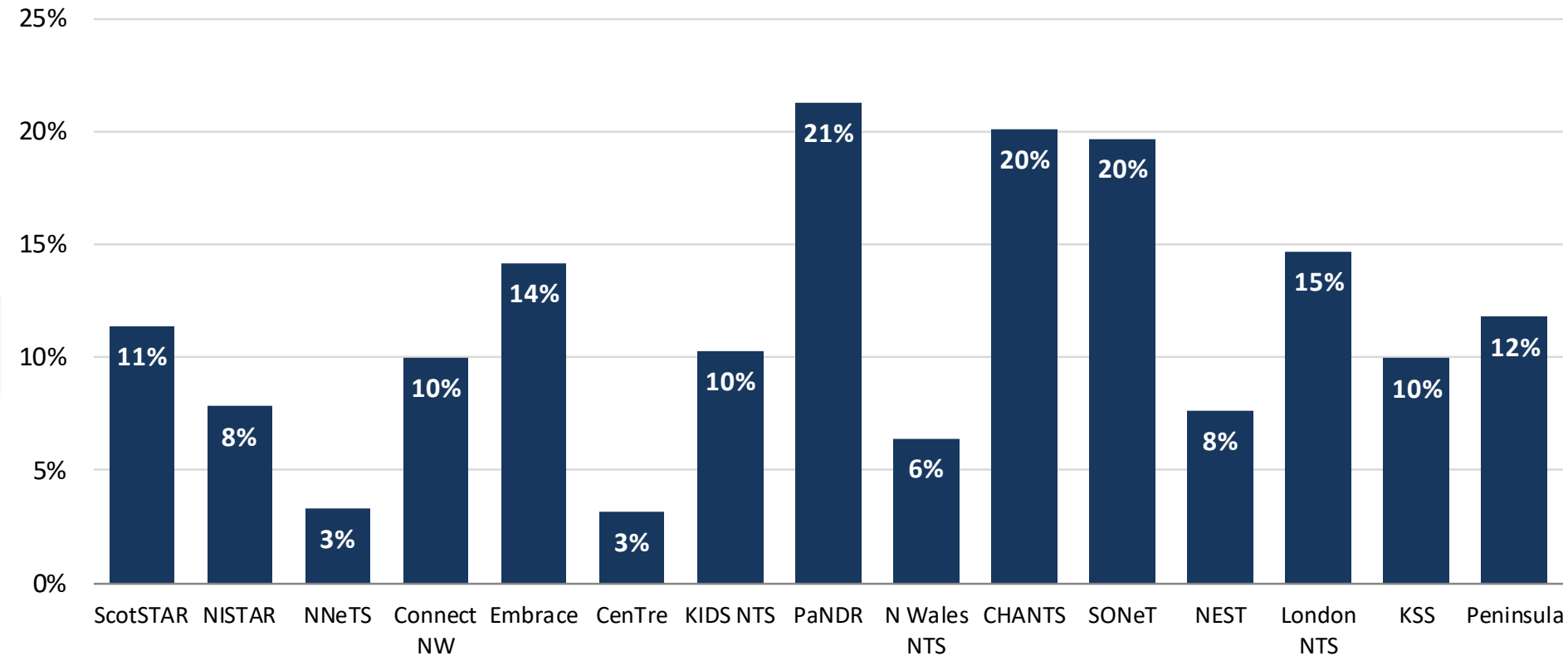
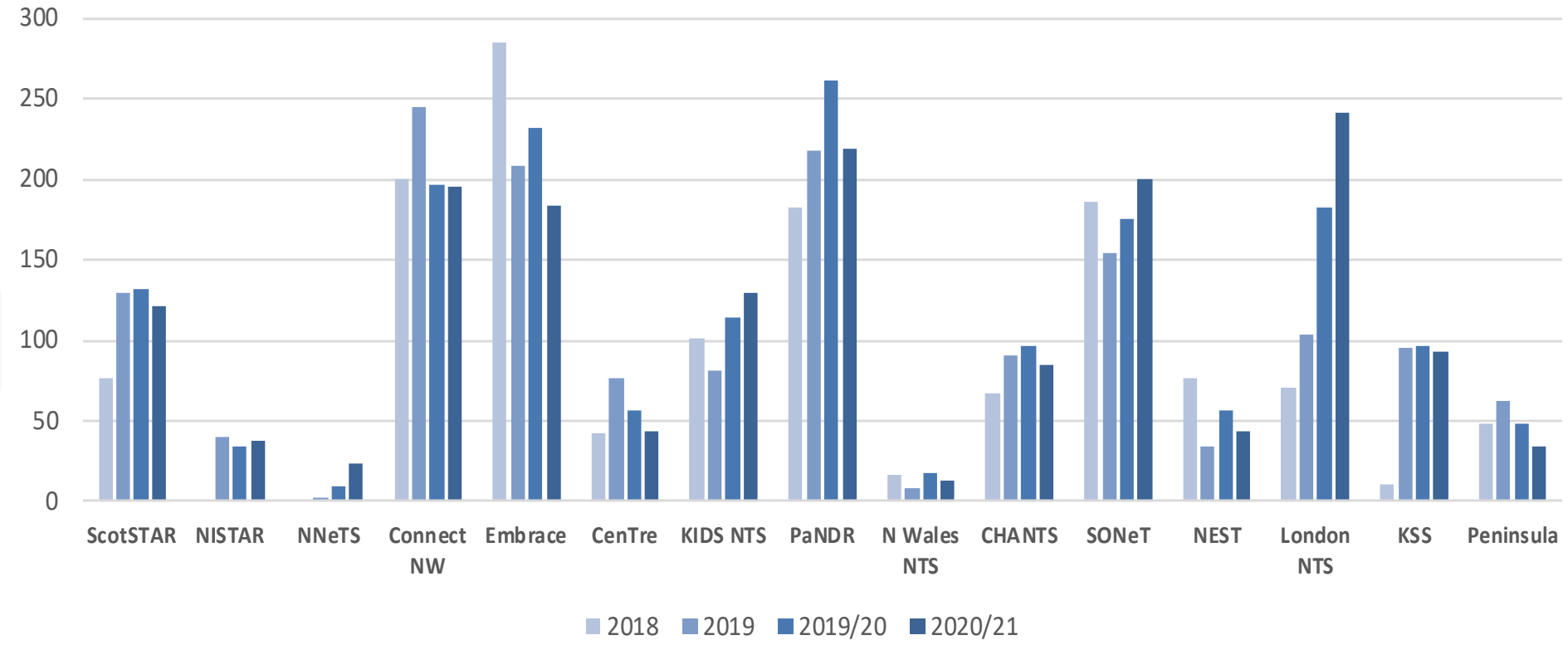
Transfers utilising high flow humidified nasal cannula support (High flow) by team Apr 2020 to Mar 2021



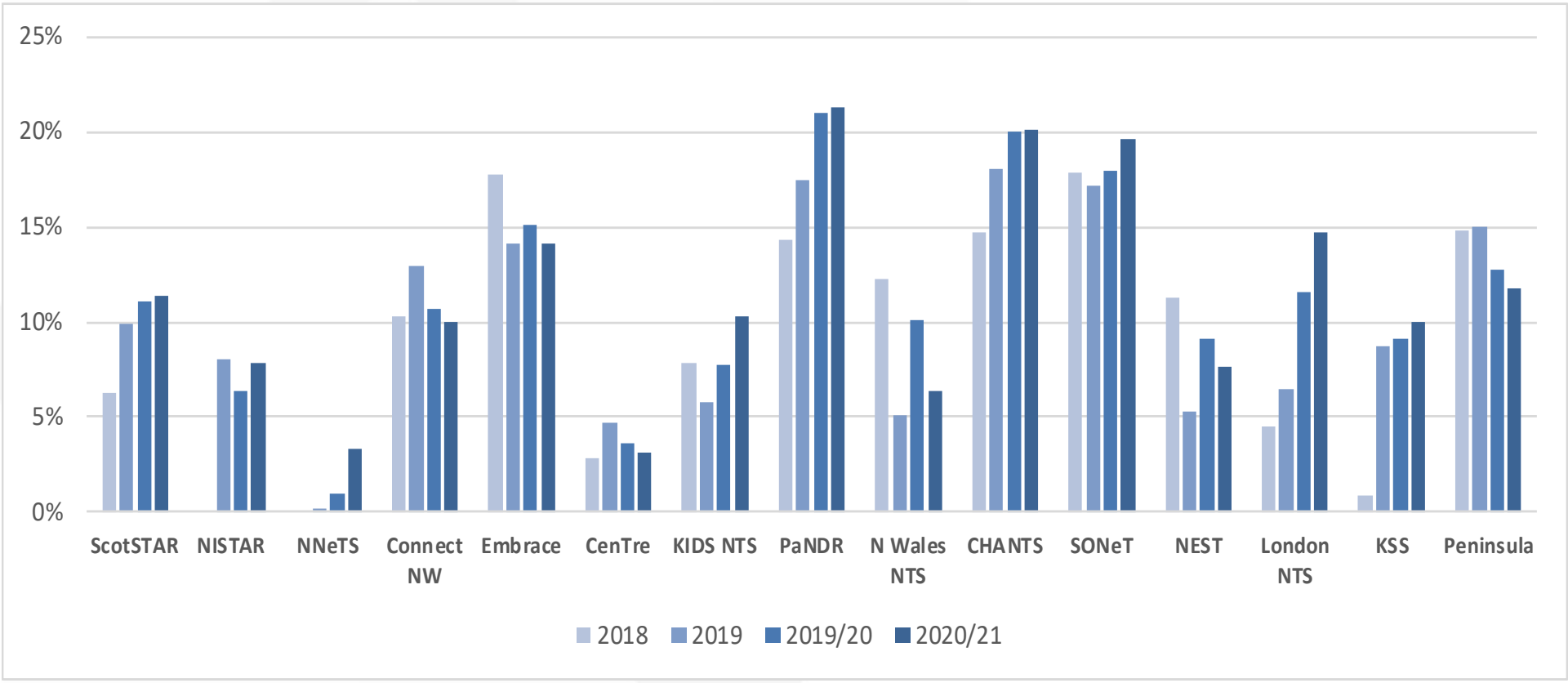
High-flow Transfers as a percentage of total transfers, by team Apr 2020 to Mar 2021



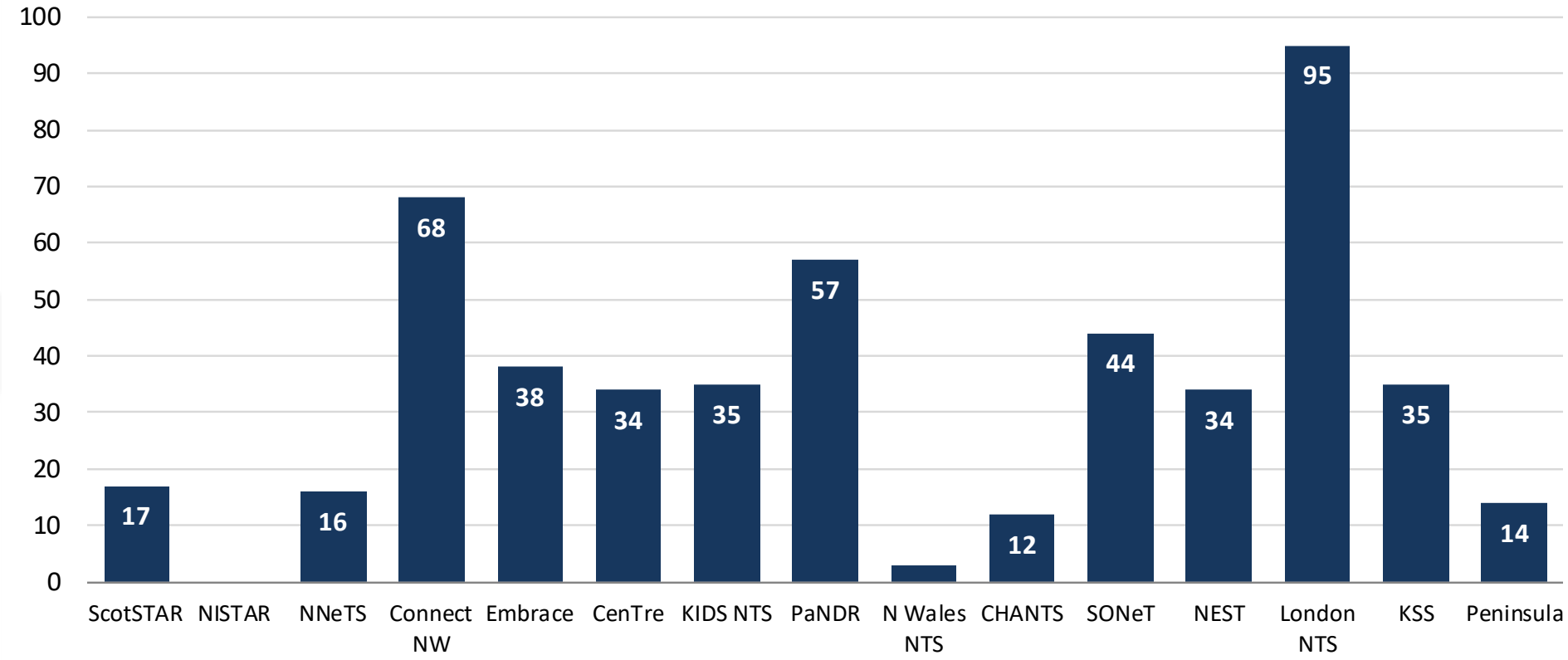
Trends in numbers on High-flow by team, 2018 to 2020/211



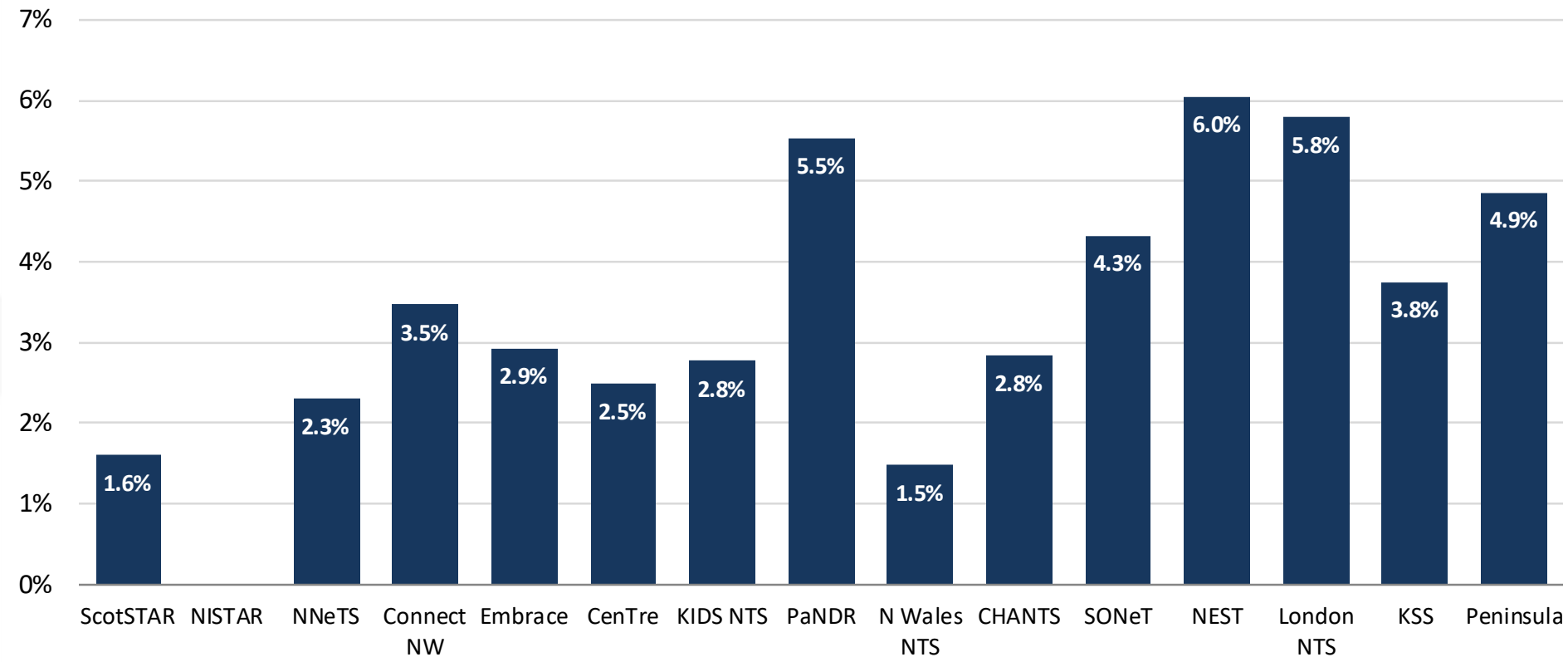
Trends in High-flow transfers as a percentage of total transfers by team 2018 to 2020/211



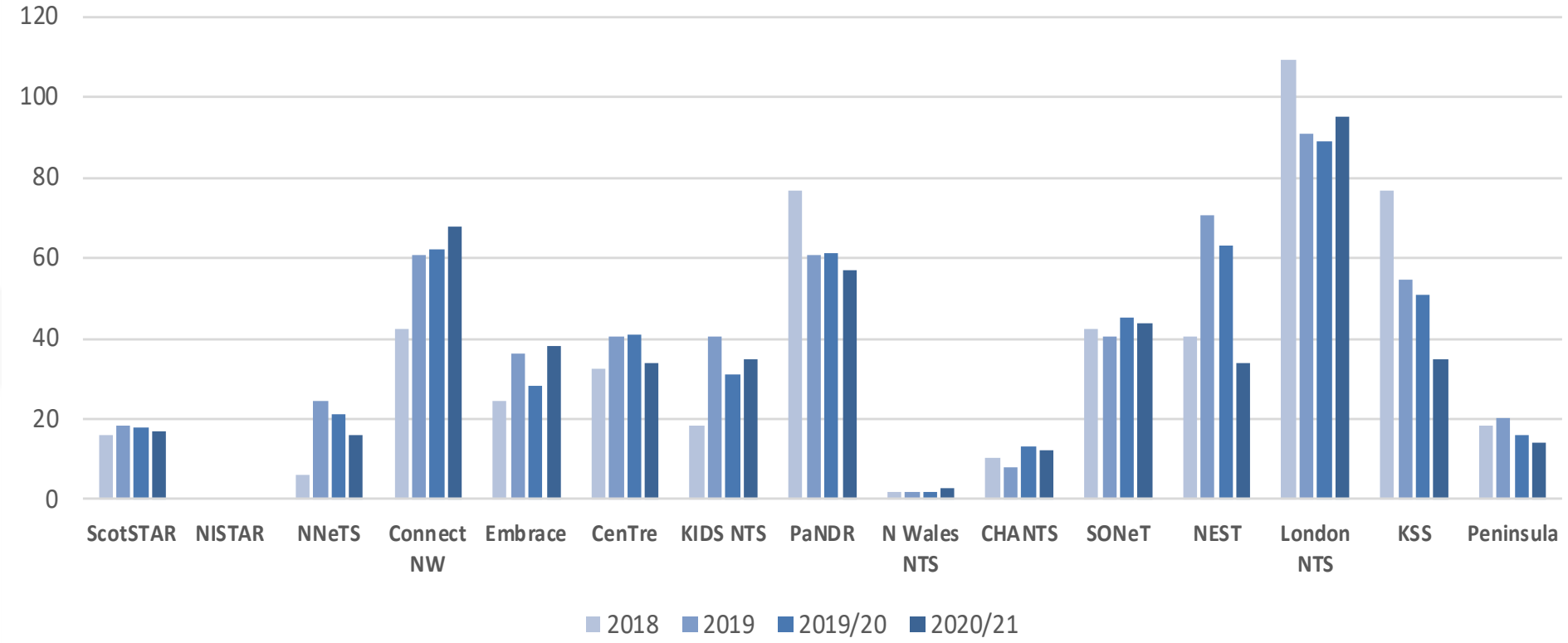
Transfers with therapeutic hypothermia in transit by team Apr 2020 to Mar 2021



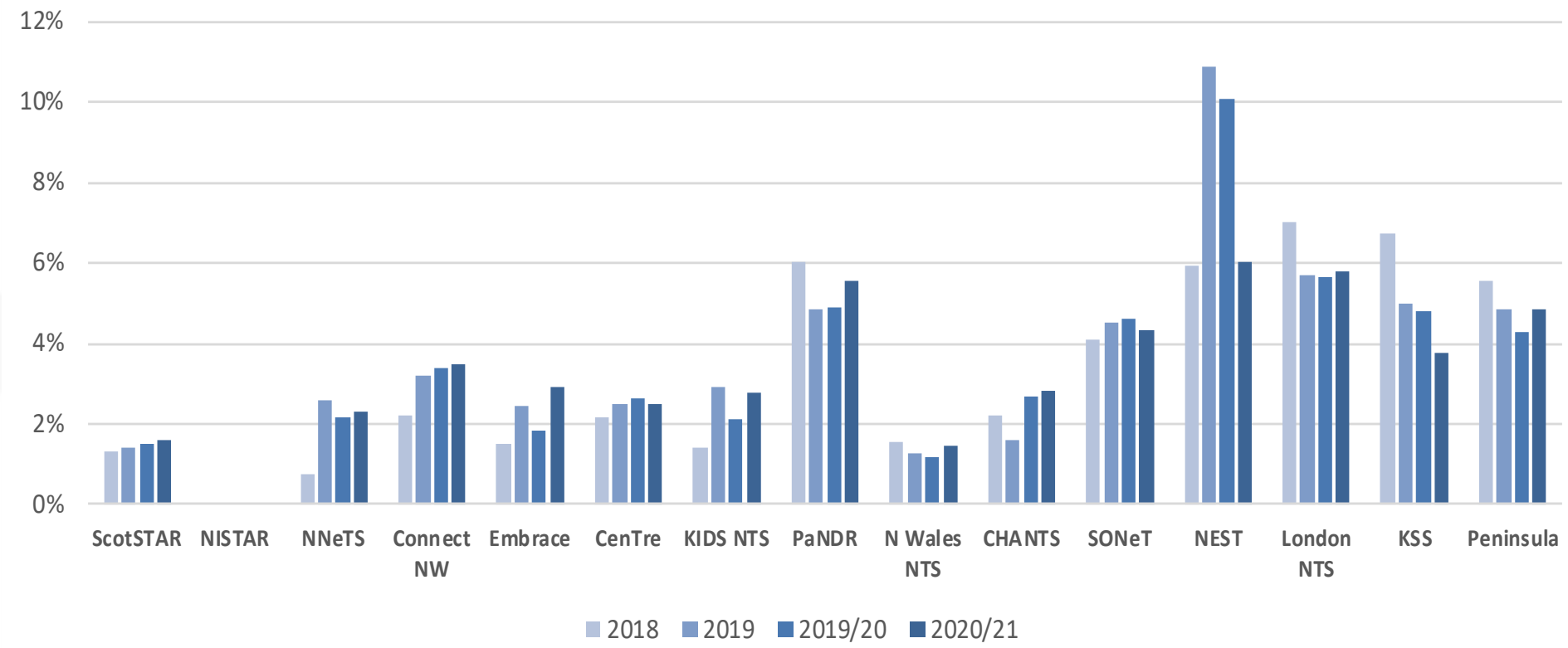
Transfers with therapeutic hypothermia in transit as a percentage of total transfers, by team Apr 2020 to Mar 2021



Trends in numbers of transfers with therapeutic hypothermia in transit by team, 2018 to 2020/211



Trends in transfers with therapeutic hypothermia in transit as a percentage of total transfers by team 2018 to 2020/211



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Use of inhaled nitric oxide (iNO) in transfer

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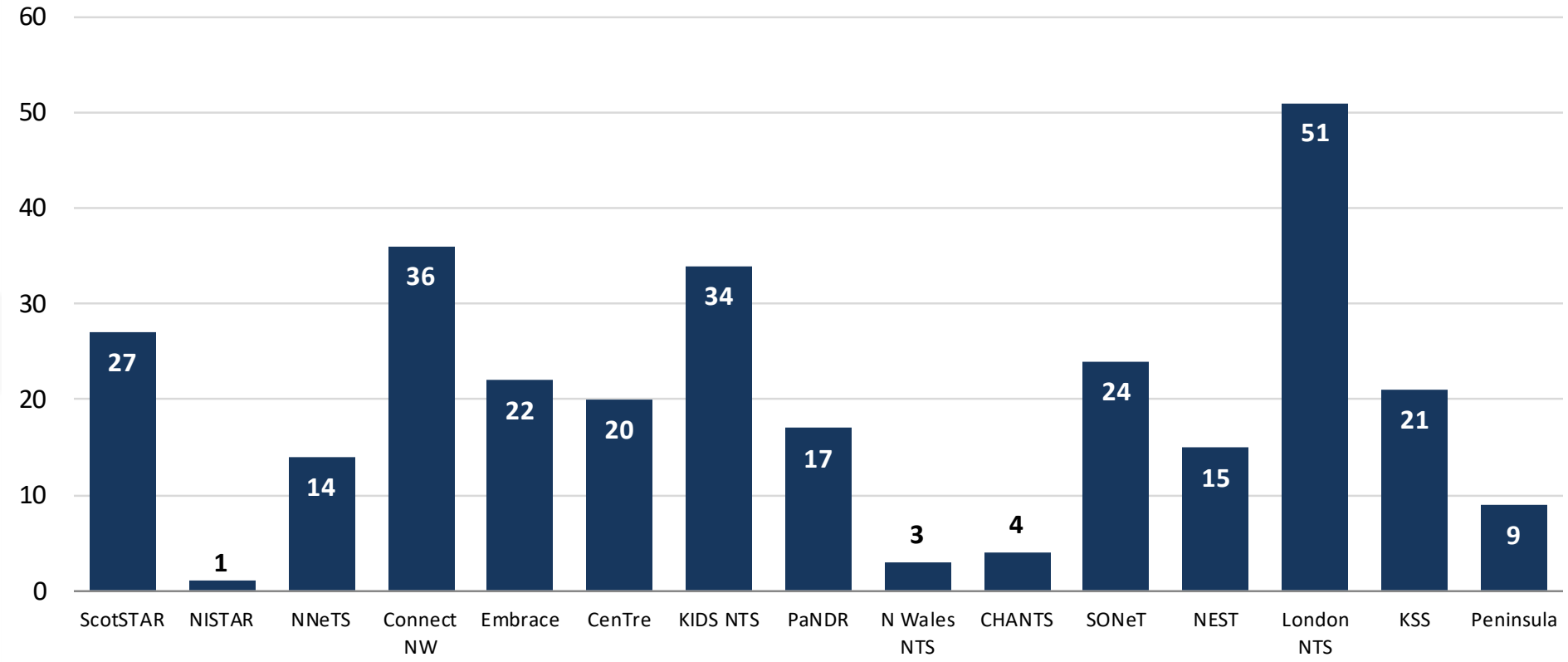
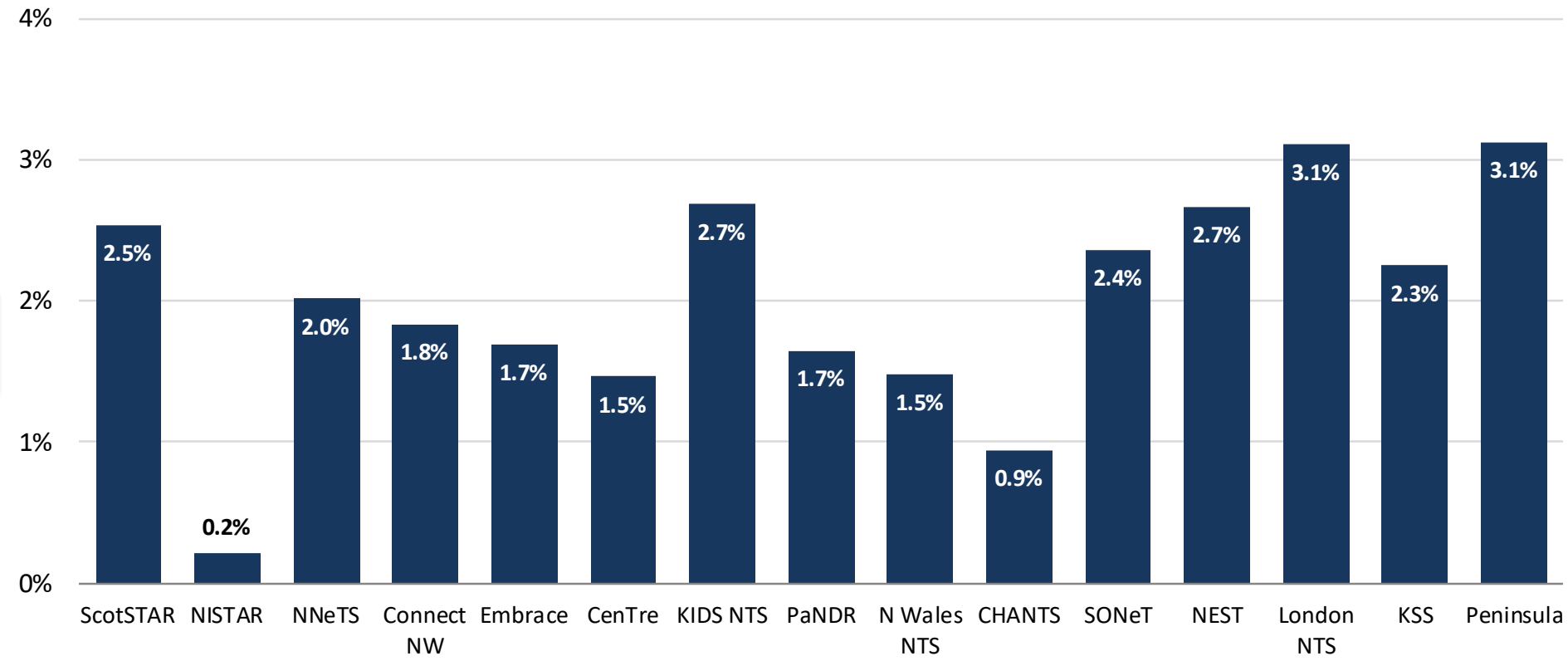
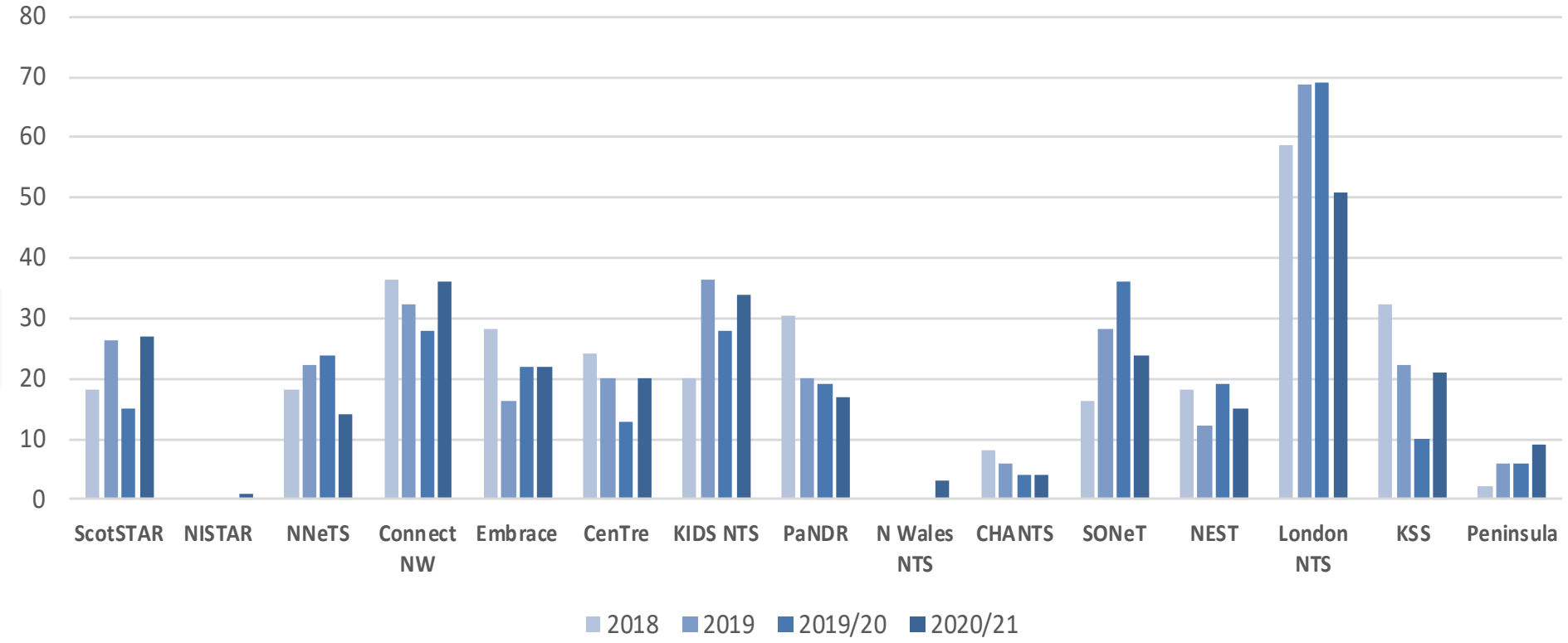
Transfers utilising inhaled Nitric Oxide in transit by team, Apr 2020 to Mar 2021



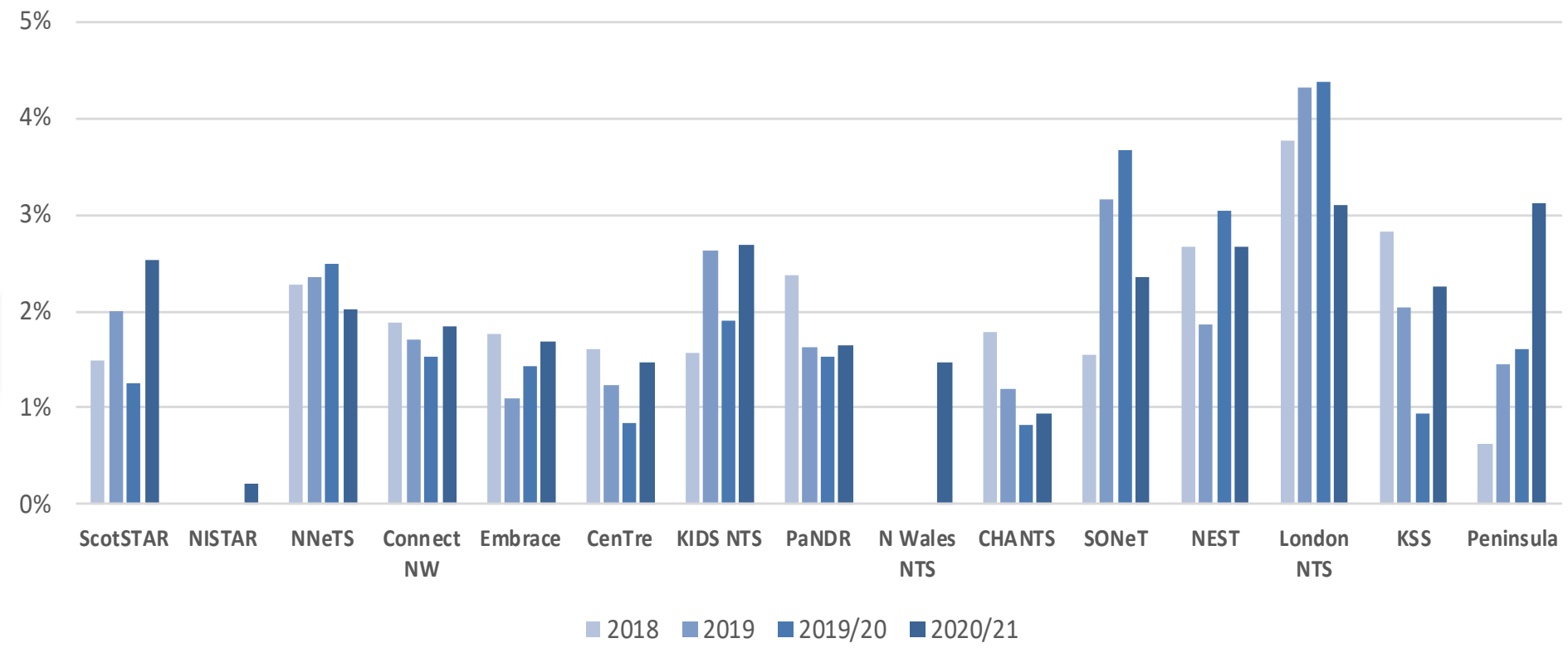
Transfers utilising inhaled Nitric Oxide in transit as a percentage of ventilated transfers, by team Apr 2020 to Mar 2021



Trends in numbers of transfers utilising inhaled Nitric Oxide in transit by team, 2018 to 2020/211

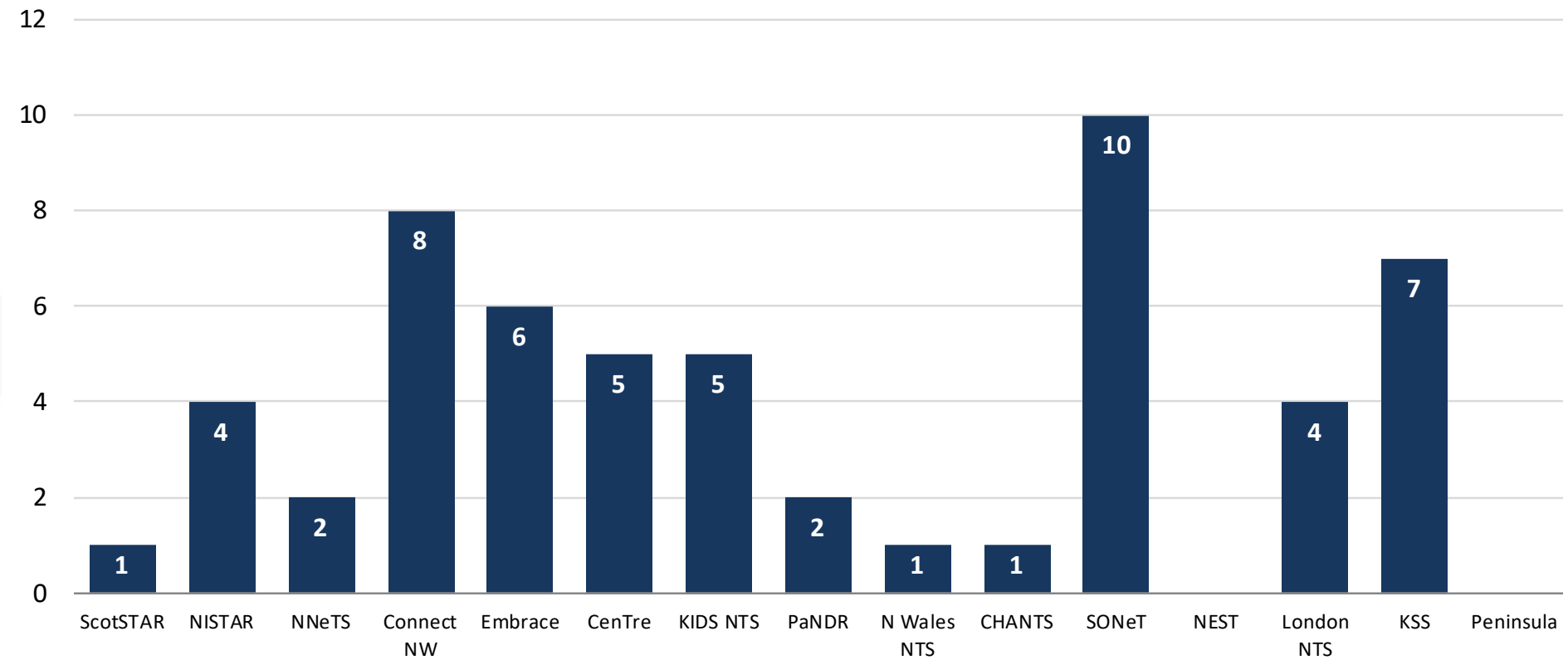


Trends in transfers utilising inhaled Nitric Oxide in transit as a percentage of ventilated transfers by team 2018 to 2020/21

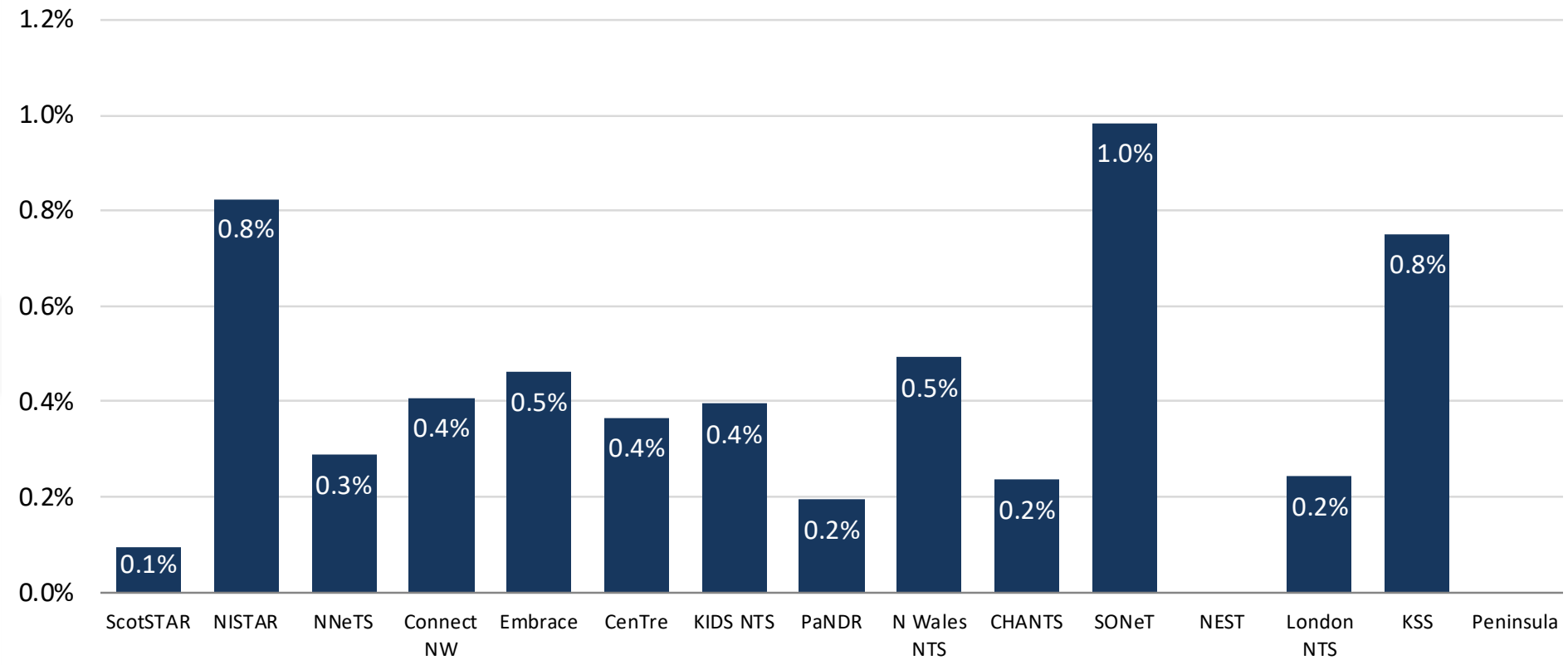


Transfers for palliative care

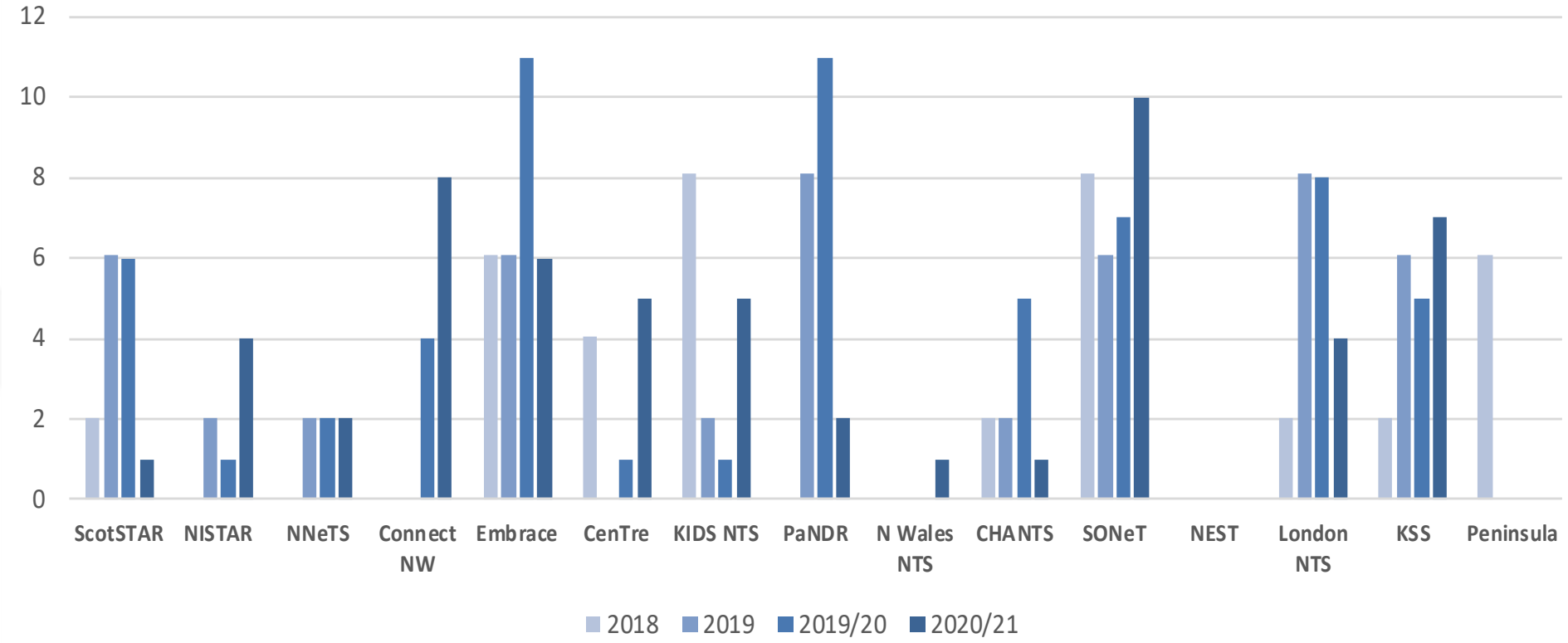
Numbers of Palliative Transfers by team Apr 2020 to Mar 2021



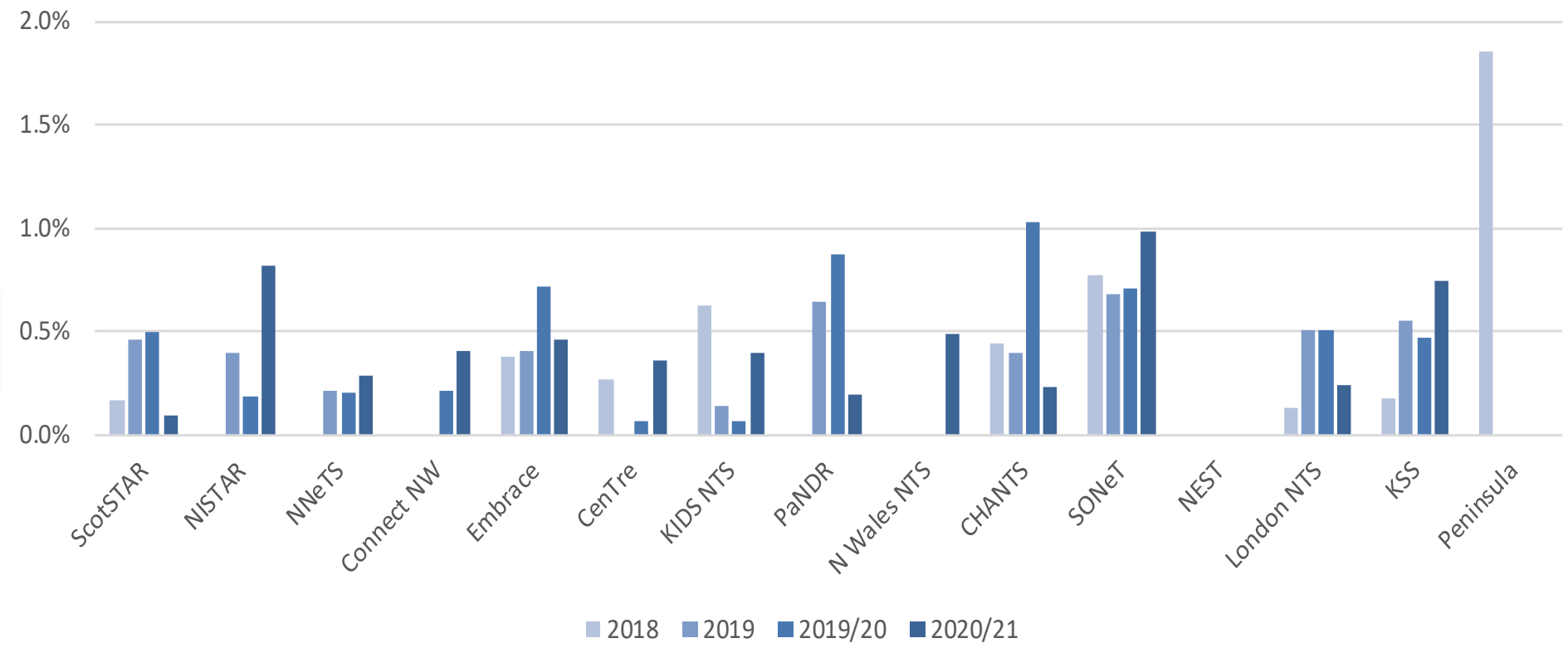
Palliative Transfers as a percentage of total transfers, by team Apr 2020 to Mar 2021



Trends in numbers of Palliative care transfers by team, 2018 to 2020/211



Trends in Palliative care transfers as a percentage of total transfers by team 2018 to 2020/211



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Transfers by air

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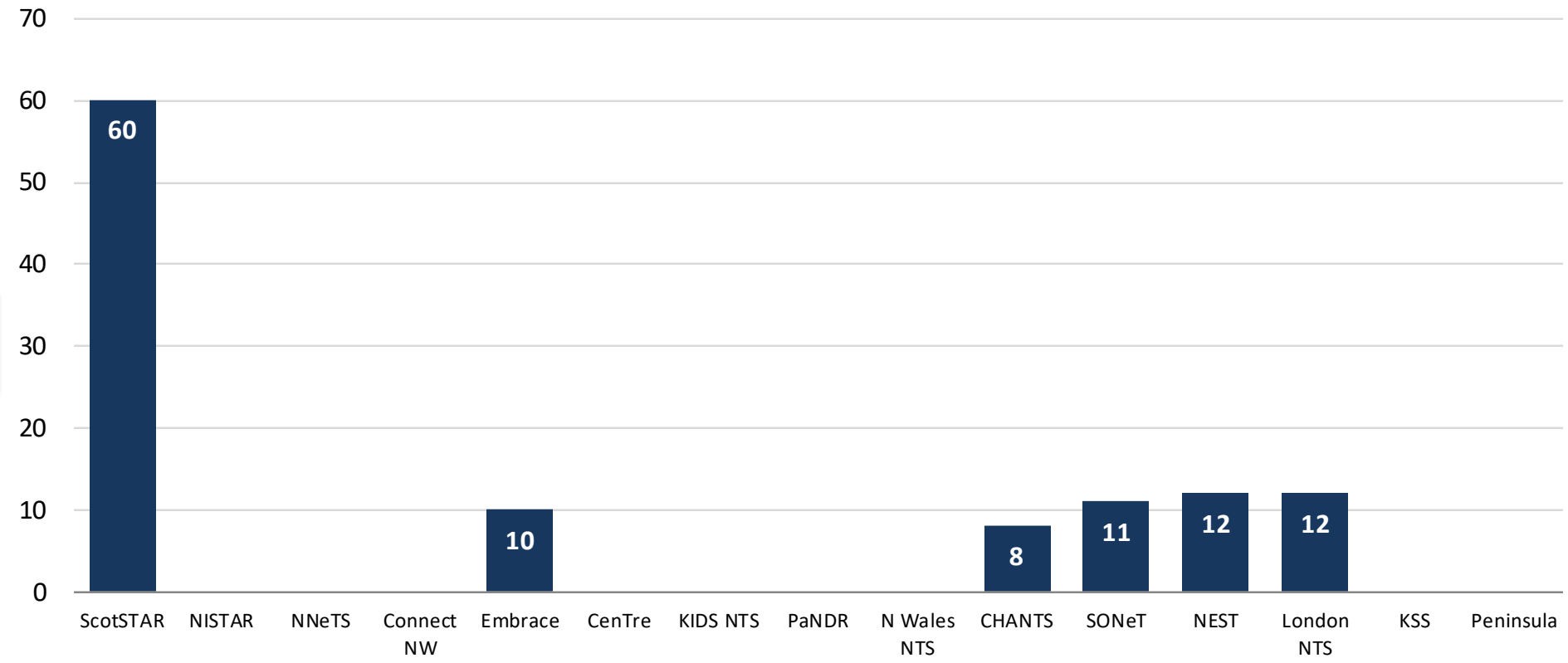
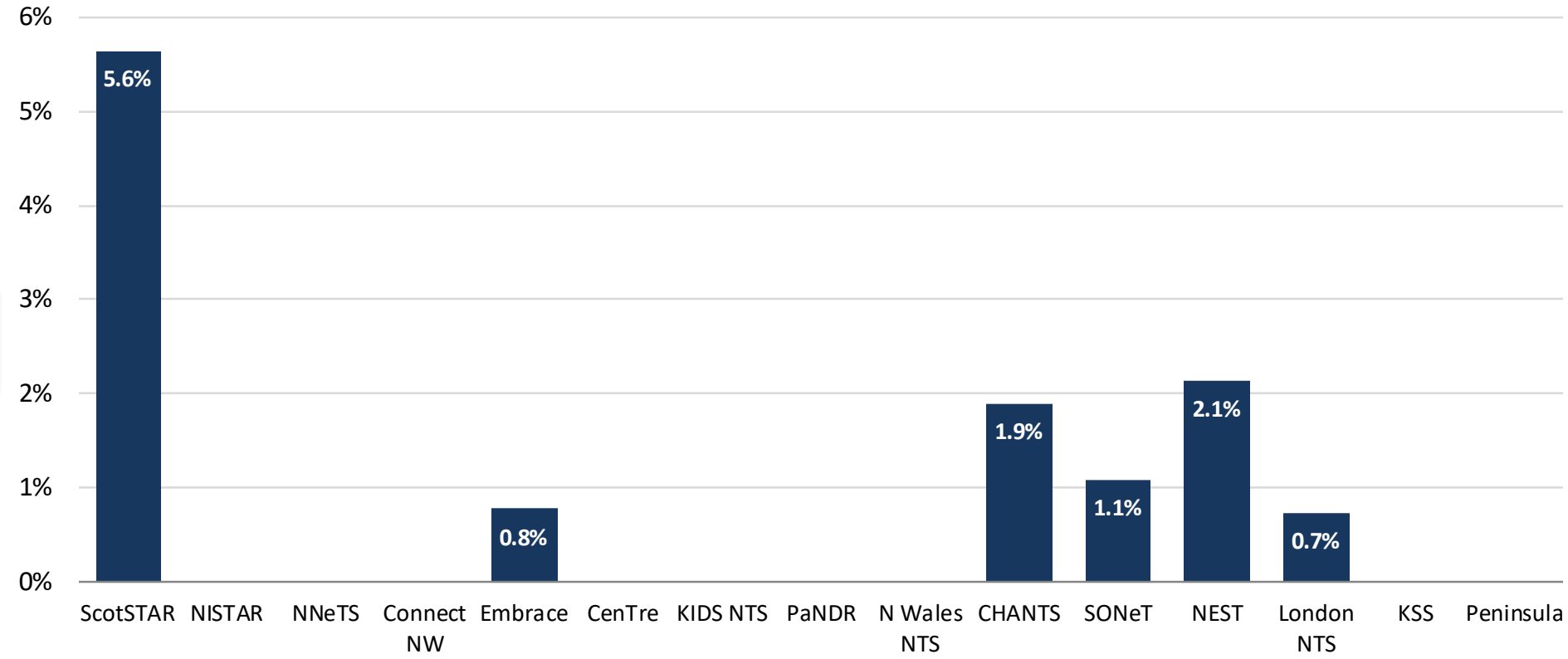
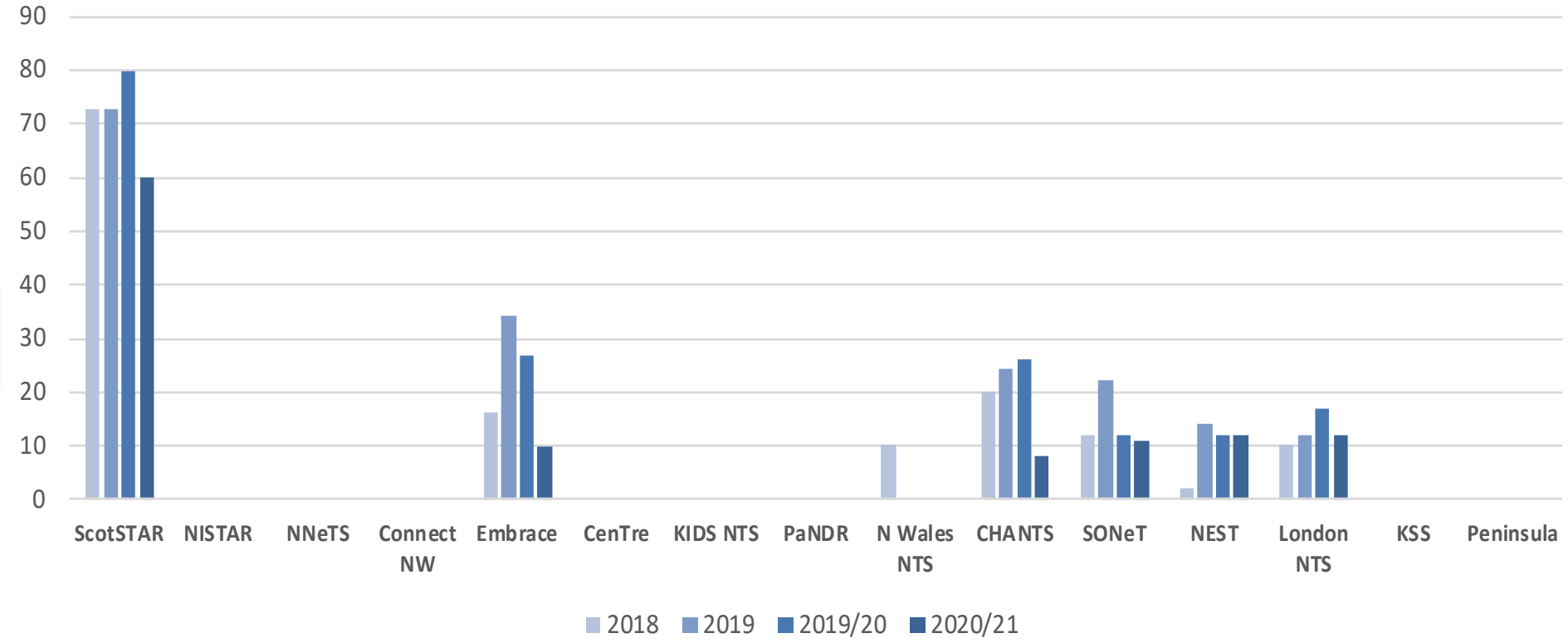
Air Transfers by team Apr 2020 to Mar 2021



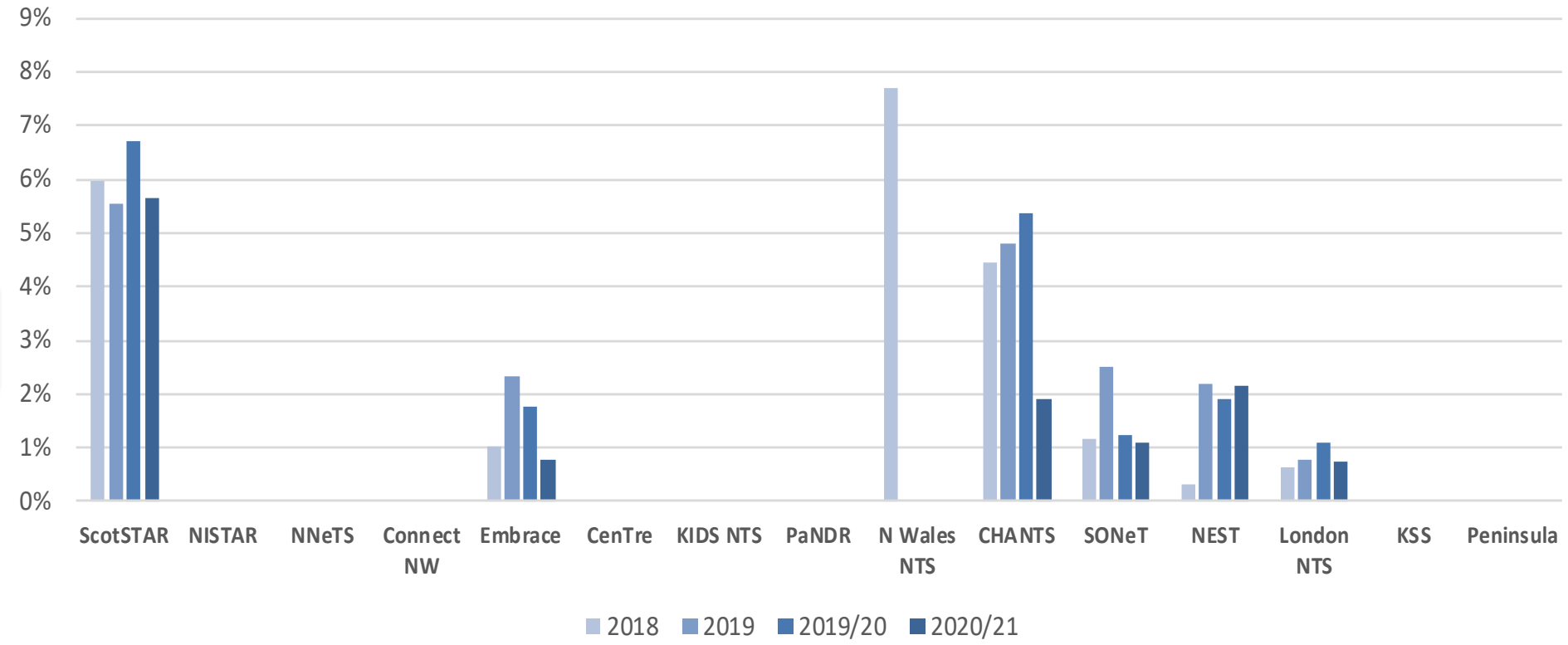
Air Transfers as a percentage of total transfers, by team Apr 2020 to Mar 2021



Trends in numbers of Air transfers by team, 2018 to 2020/211



Trends in Air transfers as a percentage of total transfers by team 2018 to 2020/211



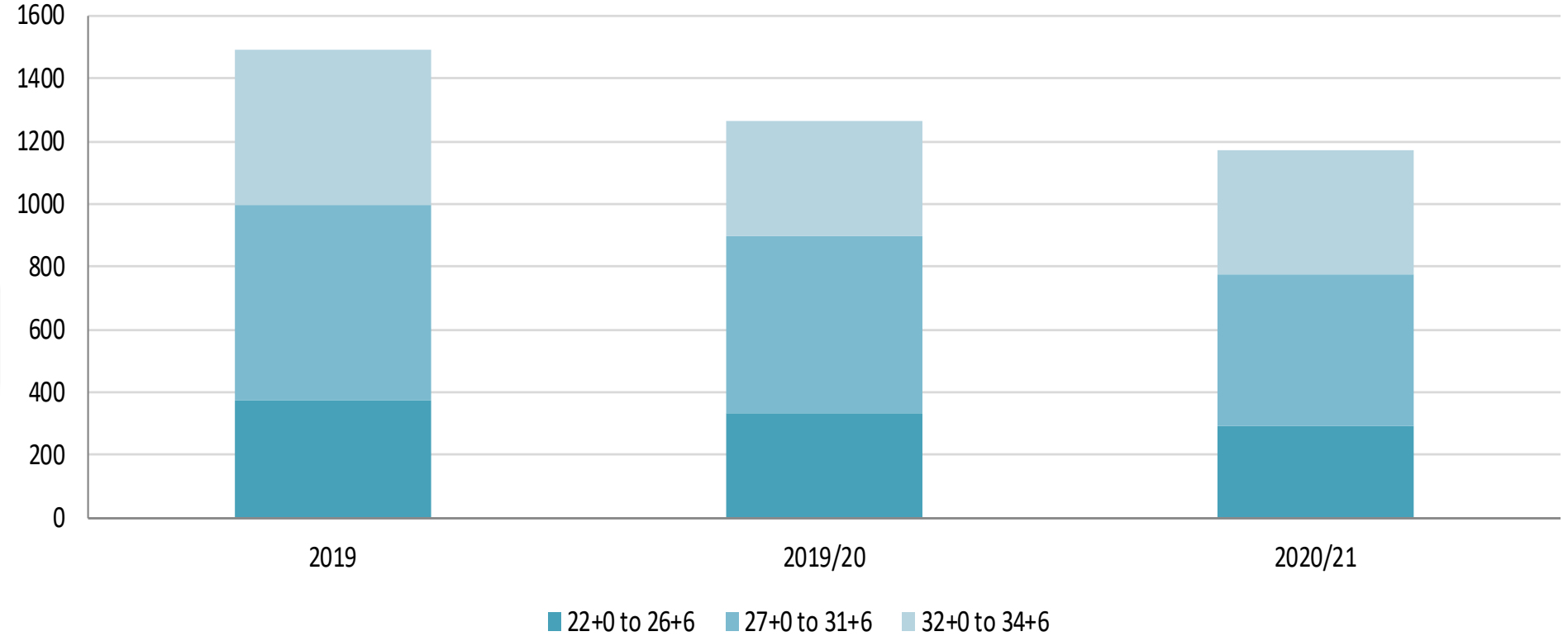
Premature infant workload and indications for transfer

Premature Infant Workload and indications for transfer

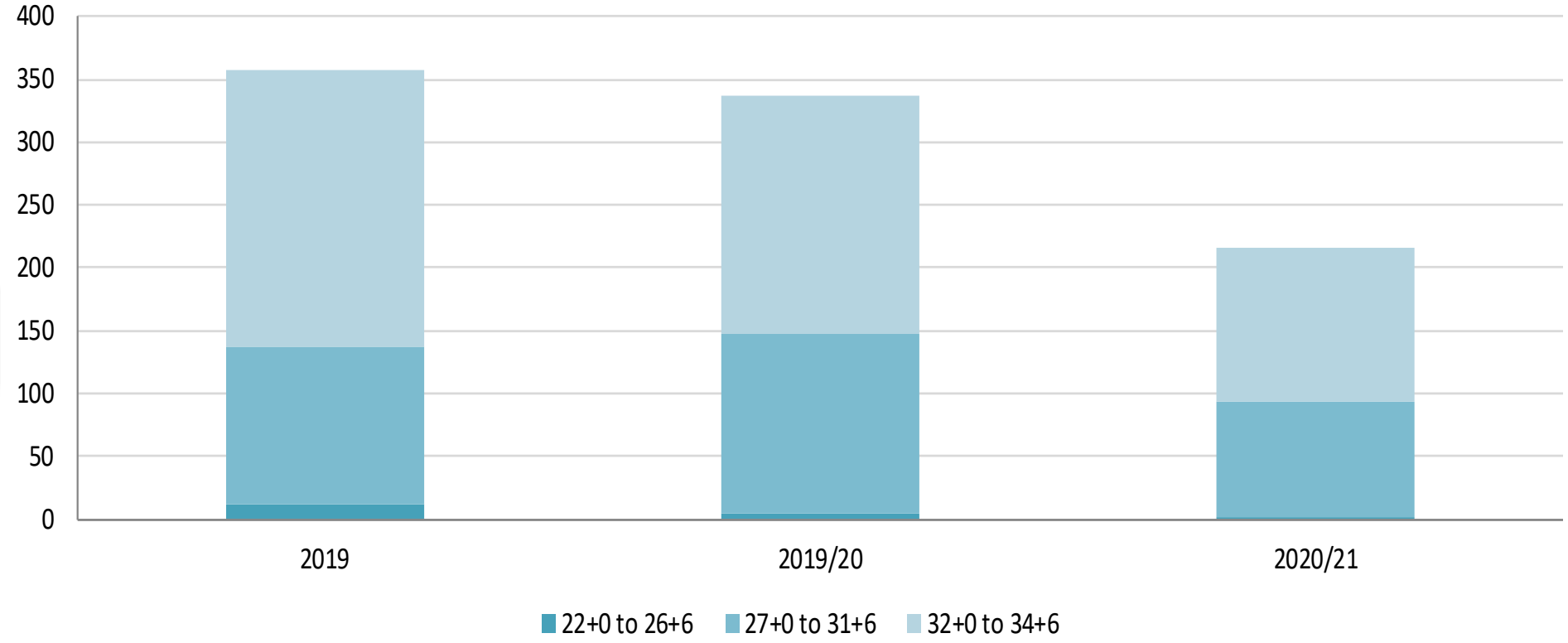
Data on

- Transfer on first 3 days of birth by gestation
  - 22^{+0} weeks to 26^{+6}
  - 27^{+0} weeks to 31^{+6} weeks
  - 32^{+0} weeks to 36^{+6} weeks
- Operational reason for transfer
  - Uplift (transfer to receive a higher level of care than is available at the referring centre)
  - Capacity (transfer due to lack of capacity in the referring centre)
  - Repatriation (transfer back to the infant's base unit)

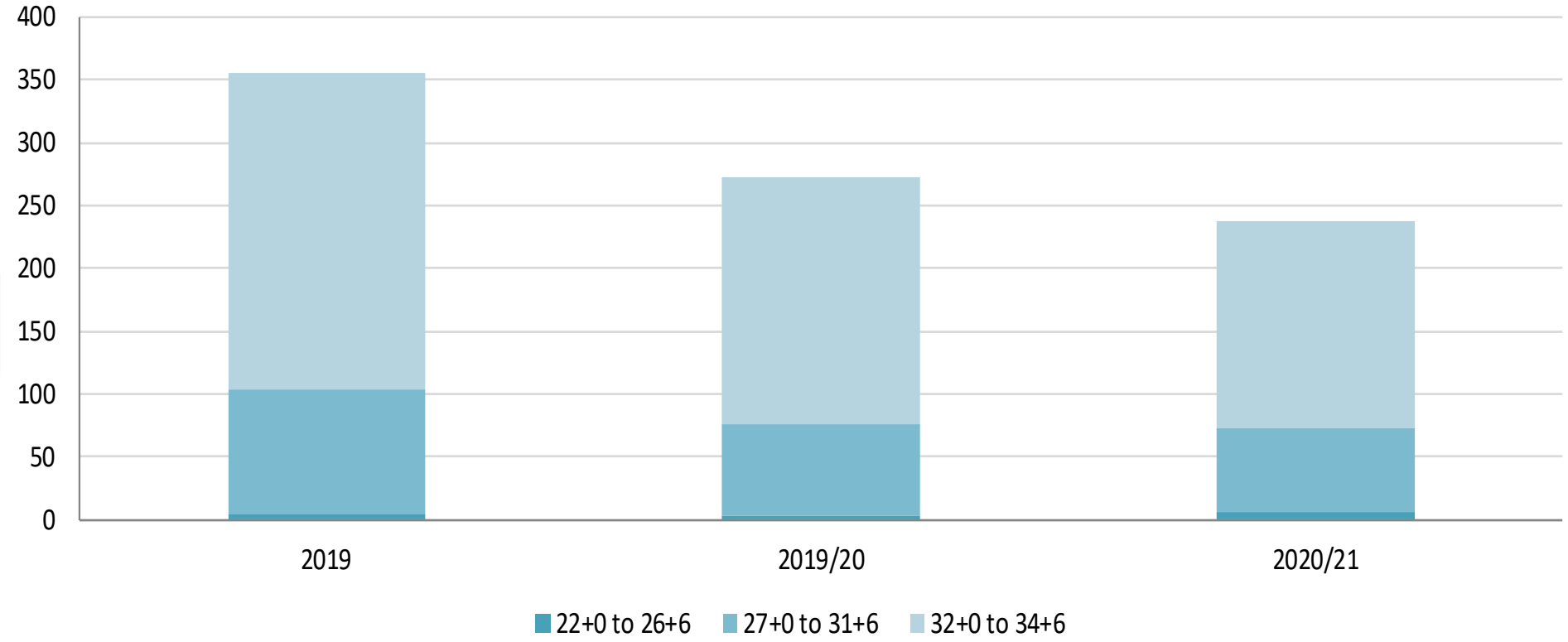
Operational reason for transfer for premature infants transferred on the first 3 days of life: **Uplift** 2019- 2020/21



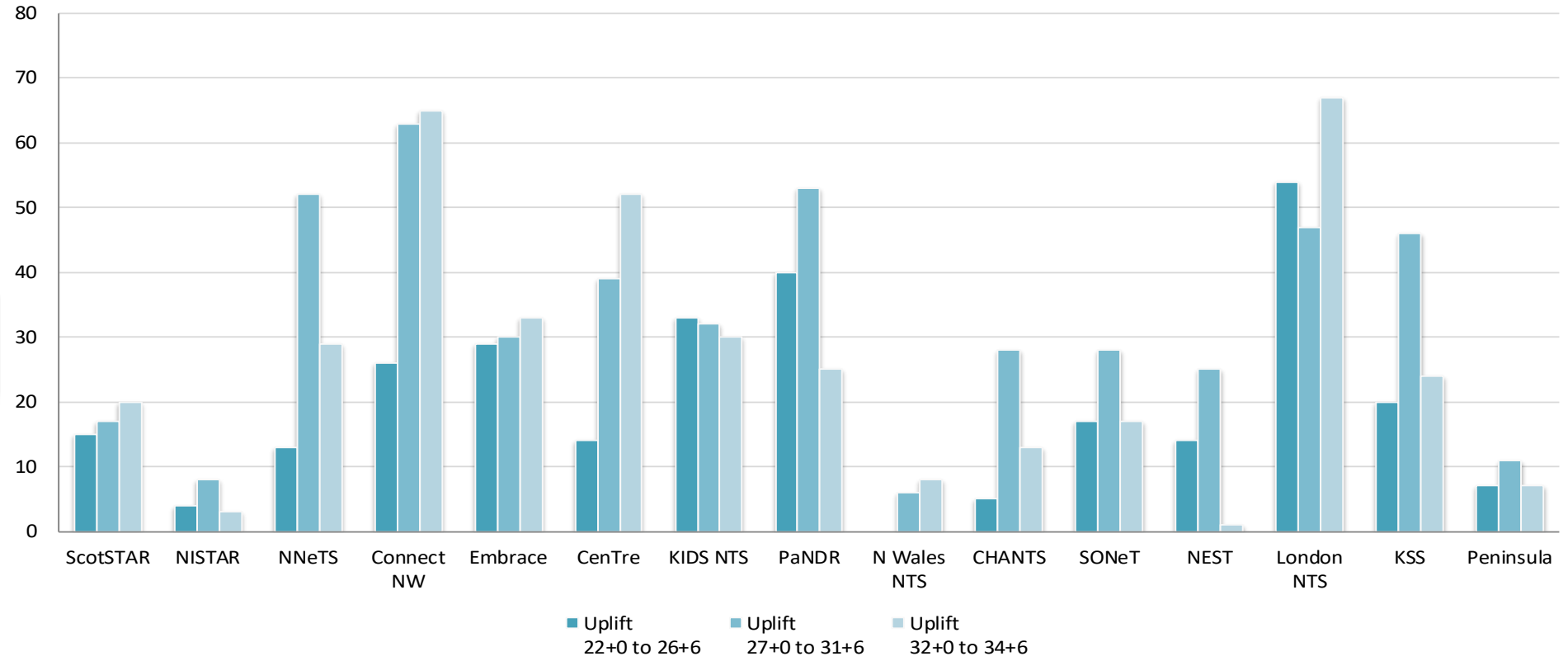
Operational reason for transfer for premature infants transferred on the first 3 days of life: **Capacity** 2019- 2020/21



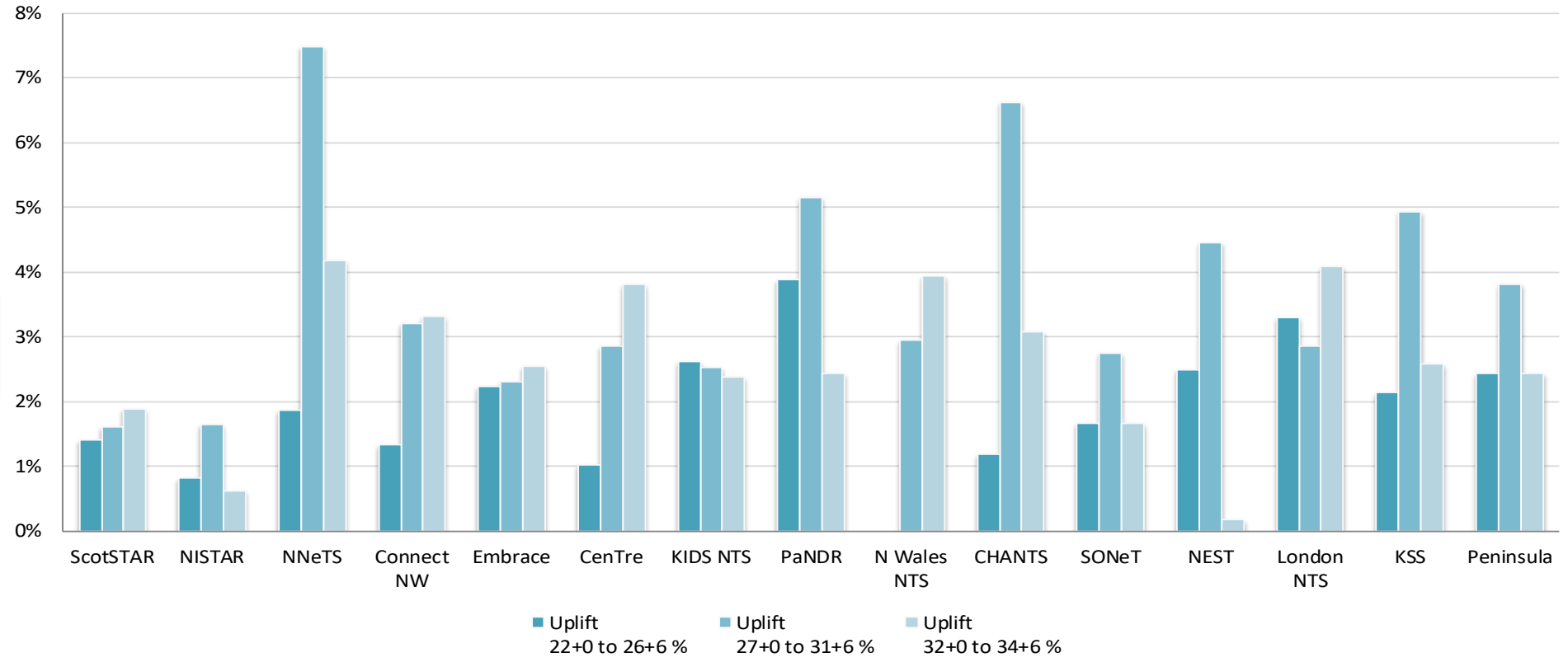
Operational reason for transfer for premature infants transferred on the first 3 days of life: **Repatriation** 2019- 2020/21



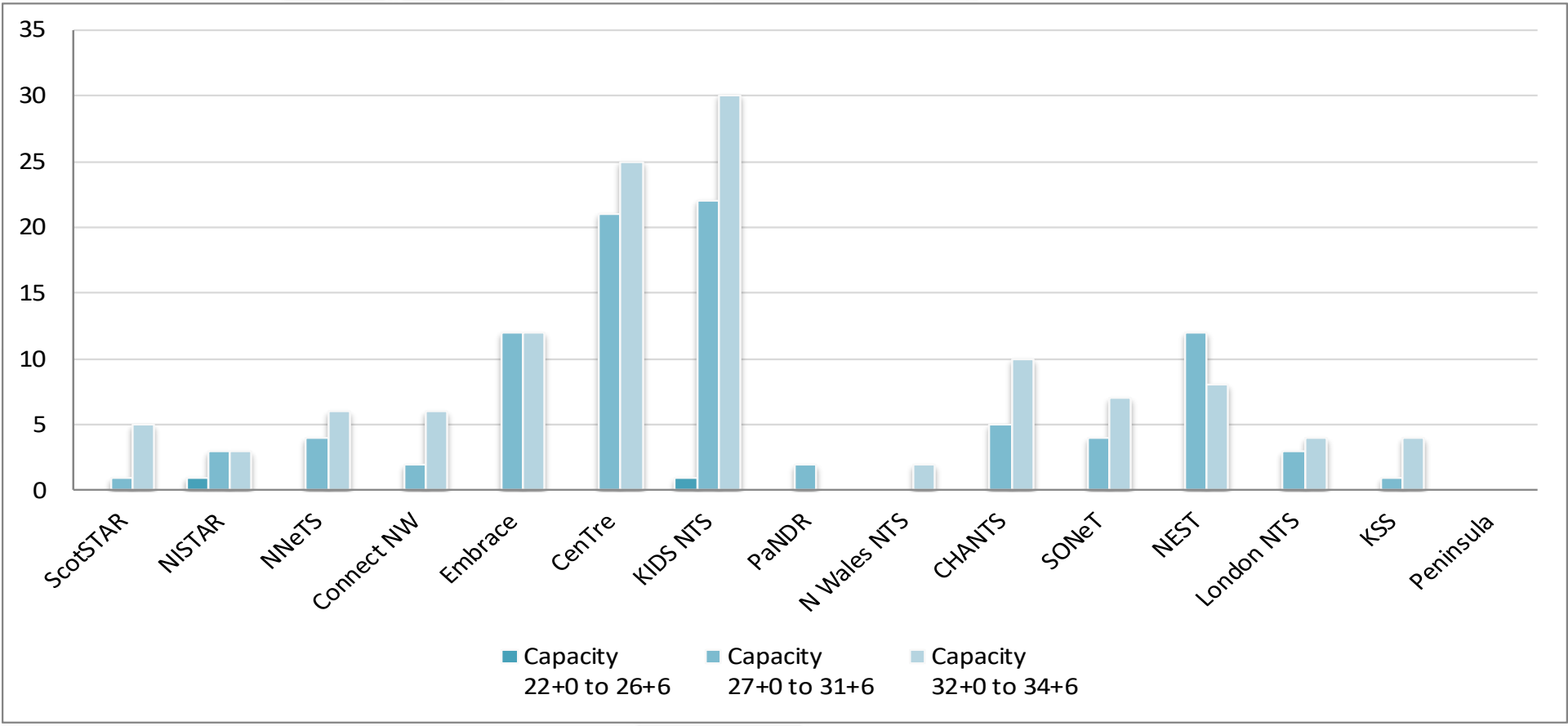
2020/21 **Uplift** transfers by team, 1st 3 days of life, by gestation- 22-31+6 week infants



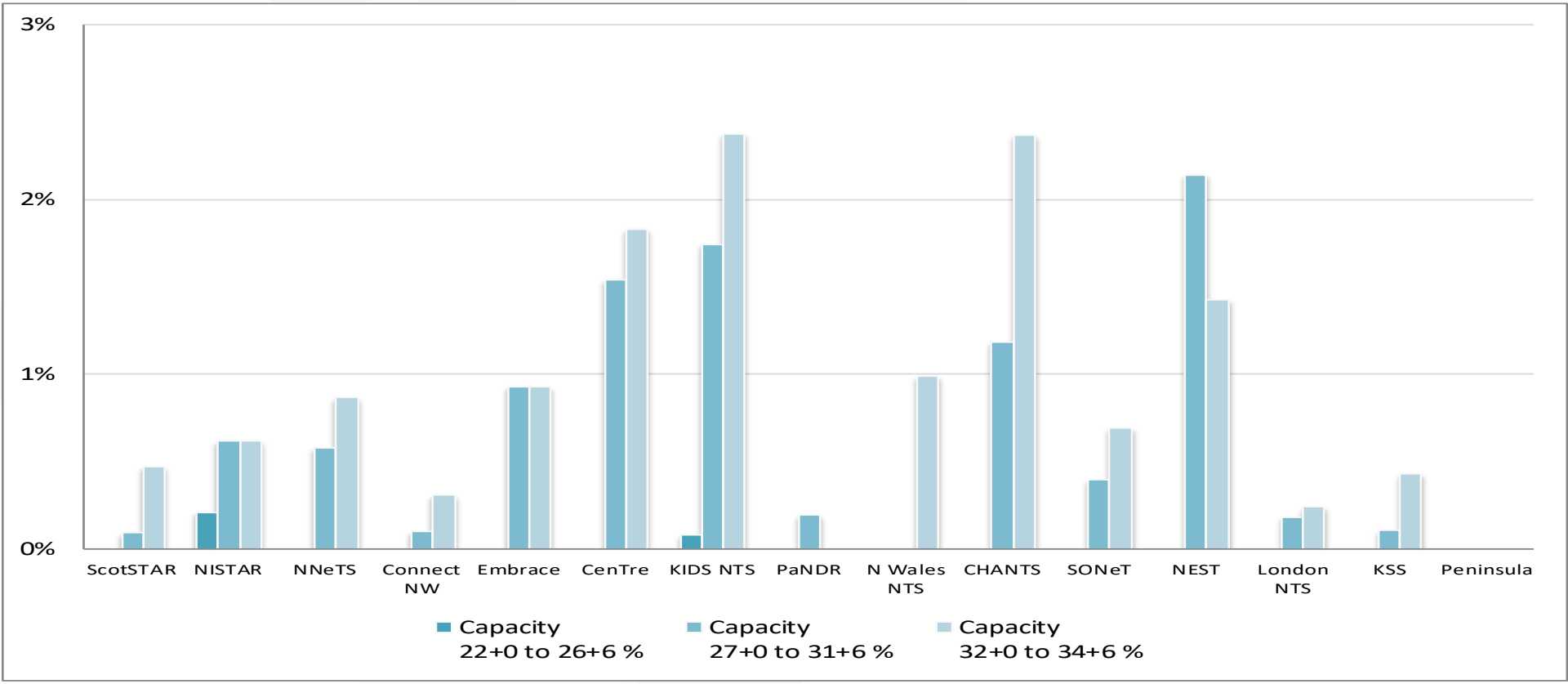
2020/21 **Uplift** transfers by Team as a percentage of total transfers 1st 3 days of life, by gestation- 22-31+6 weeks



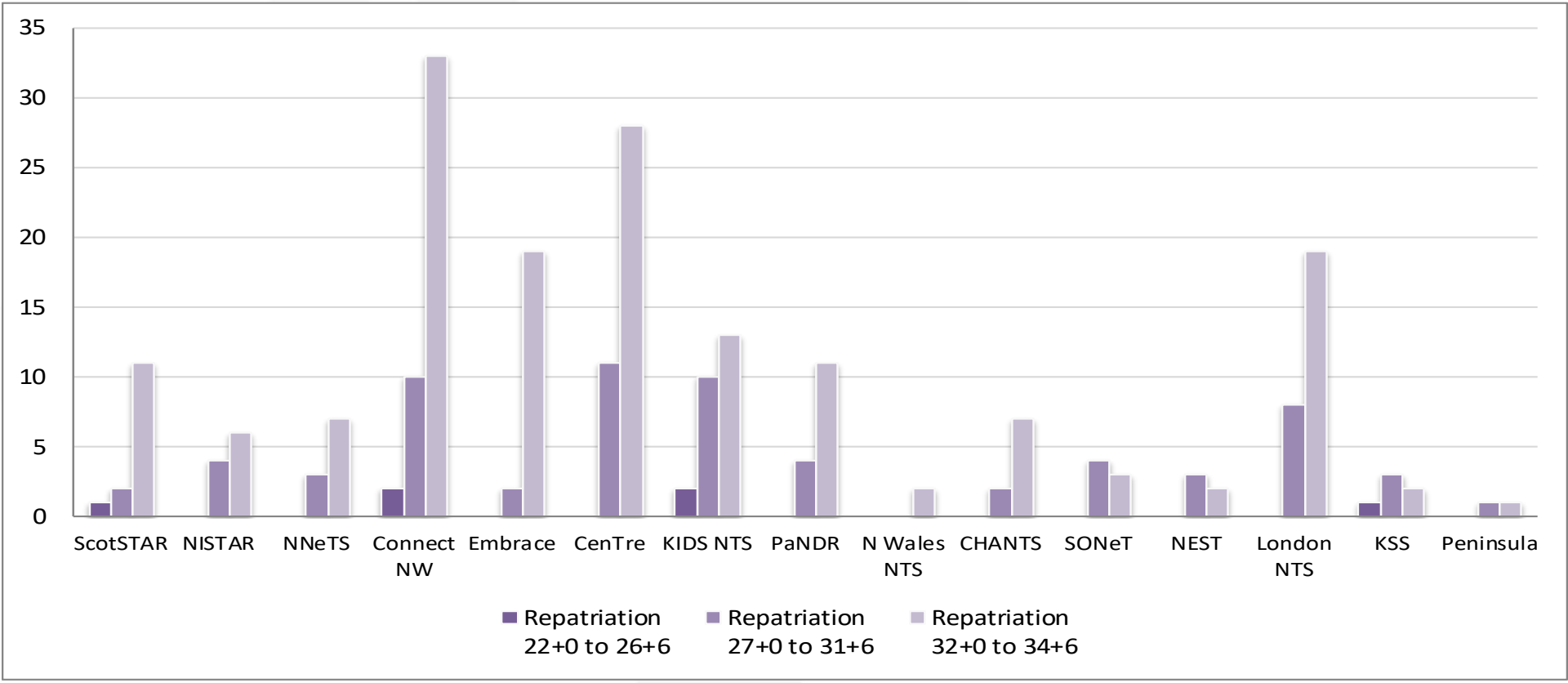
2020/21 **Capacity** transfers by team, 1st 3 days of life, by gestation- 22-31+6 week infants



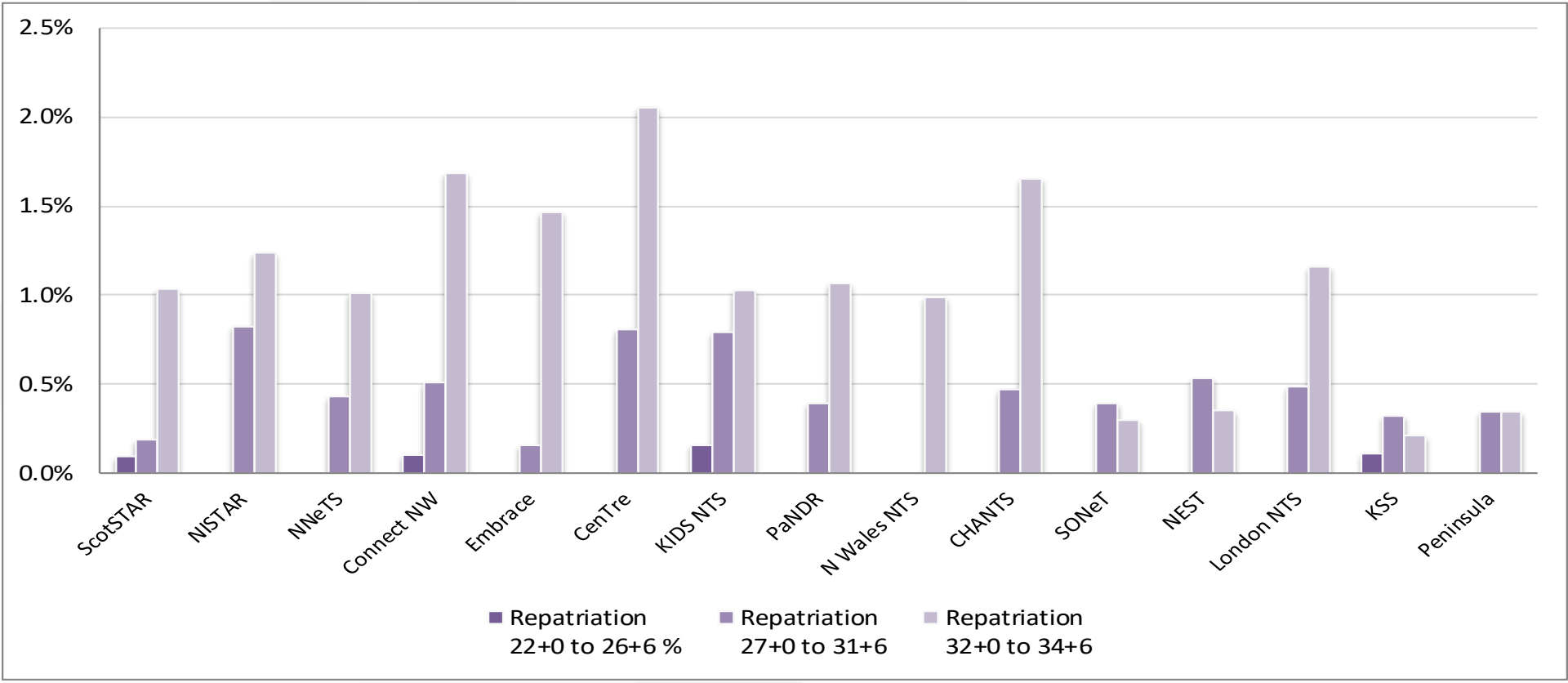
2020/21 **Capacity** transfers by Team as a percentage of total transfers 1st 3 days of life, by gestation- 22-31+6 weeks



2020/21 **Repatriation** transfers by team, by gestation- 1st 3 days of life, 22-31+6 week infants

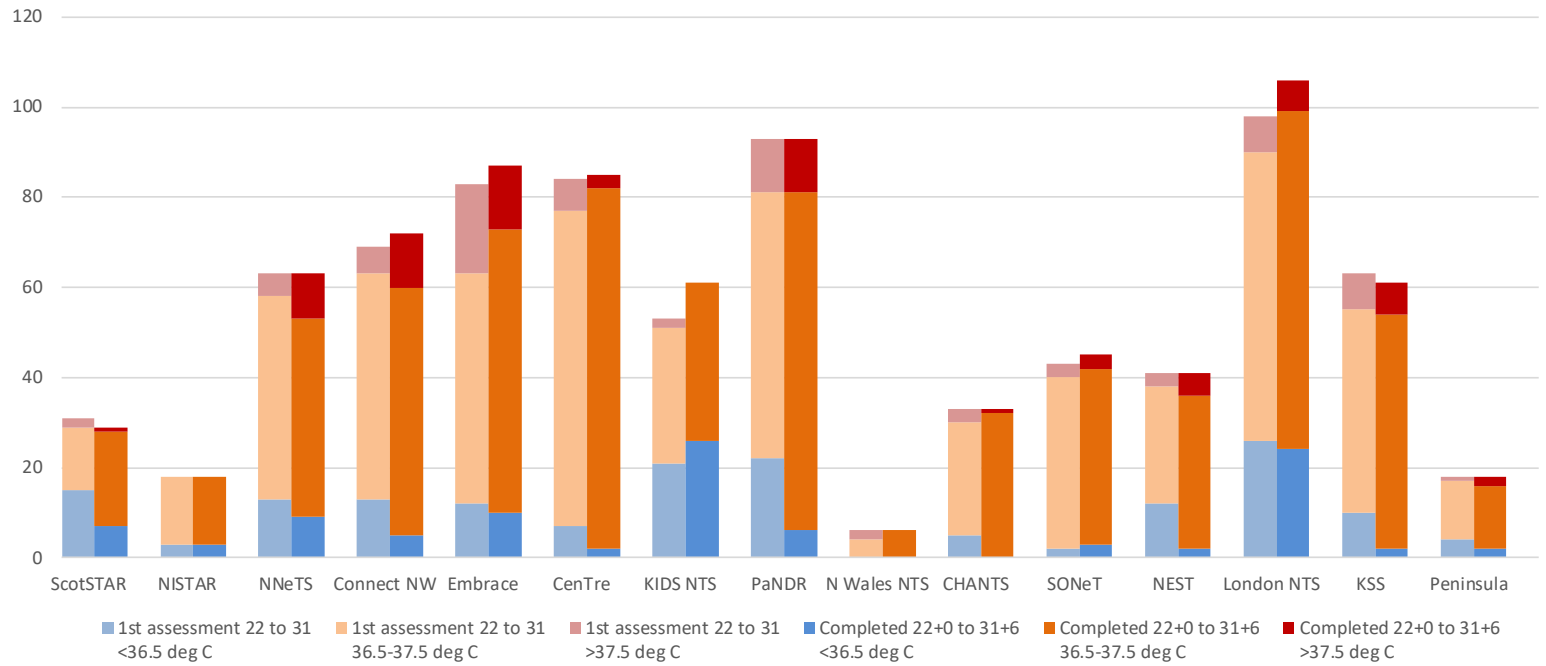


2020/21 **Repatriation** transfers by Team as a percentage of total transfers 1st 3 days of life, by gesation- 22-31+6 weeks

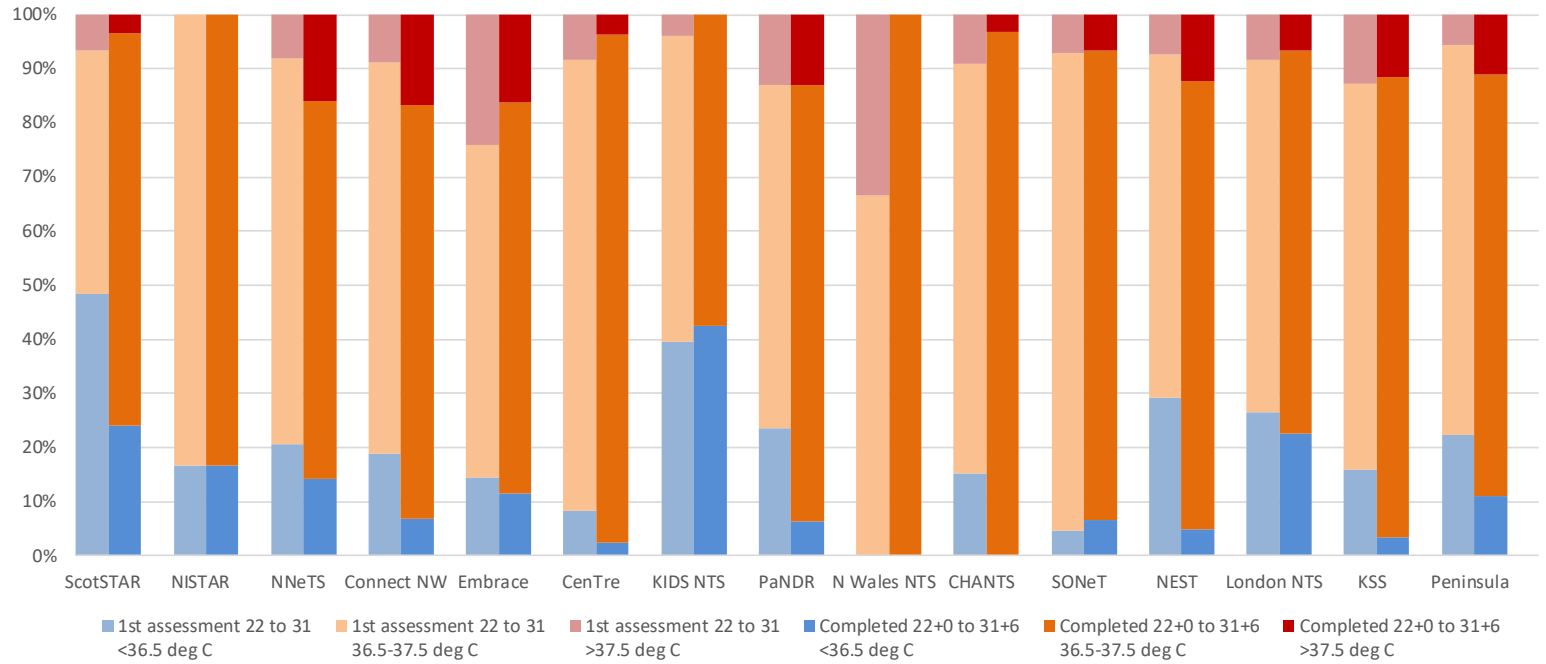


Temperature on first assessment and on completion of transfer

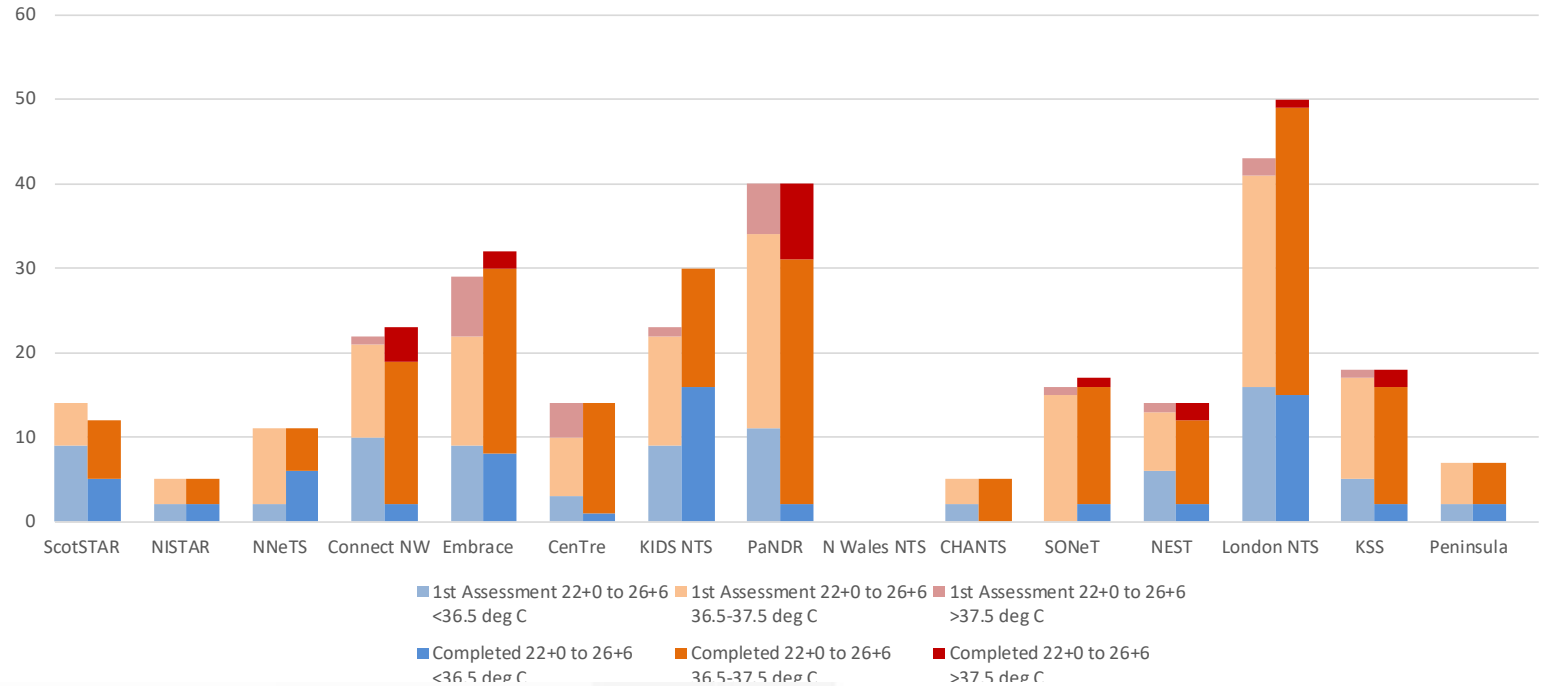
Premature Infants 22 to 32^{+6} weeks in the first 3 days of life: temperatures on first assessment and on completion of transfer Apr 2020 to Mar 2021, by team



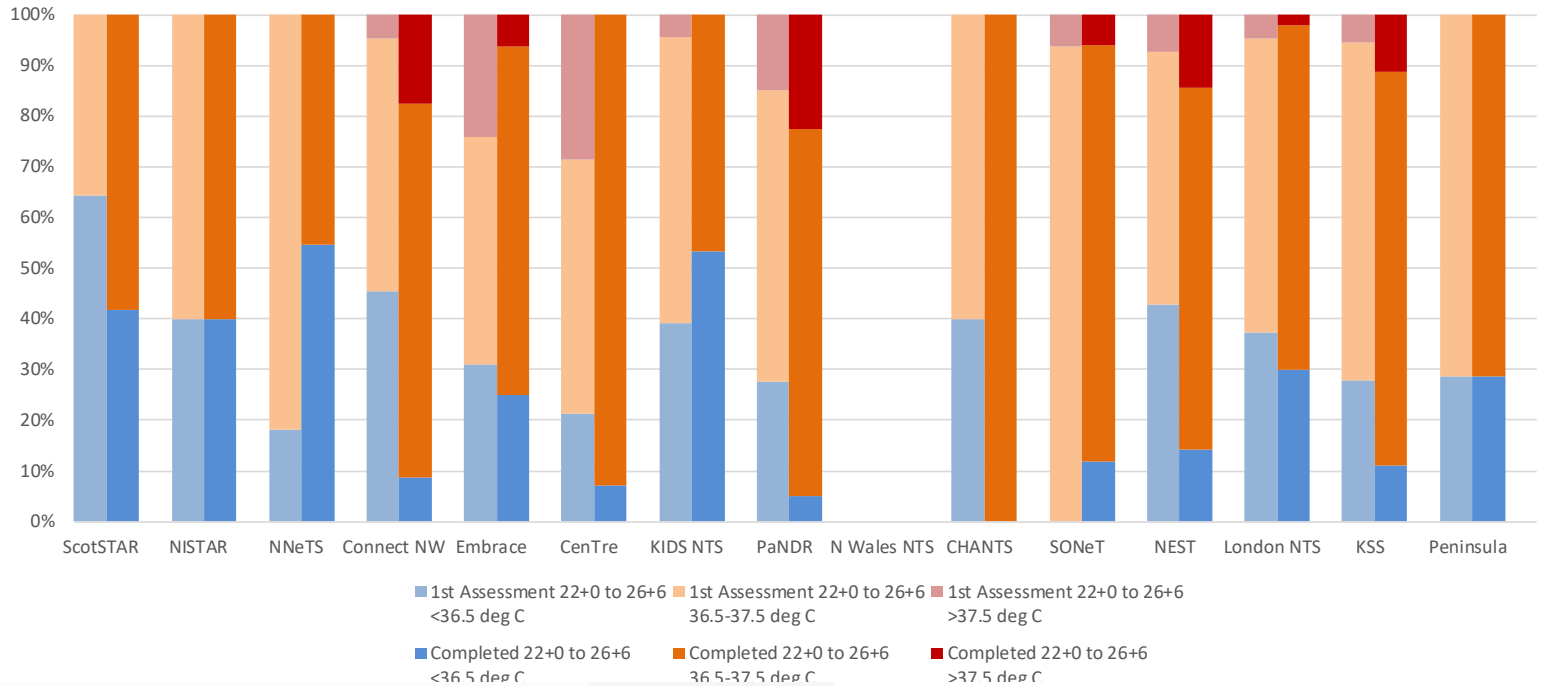
Premature Infants 22 to 32^{+6} weeks in the first three days of life- temperature on first assessment and on completion of transfer scaled to 100% Apr 2020 to Mar 2021



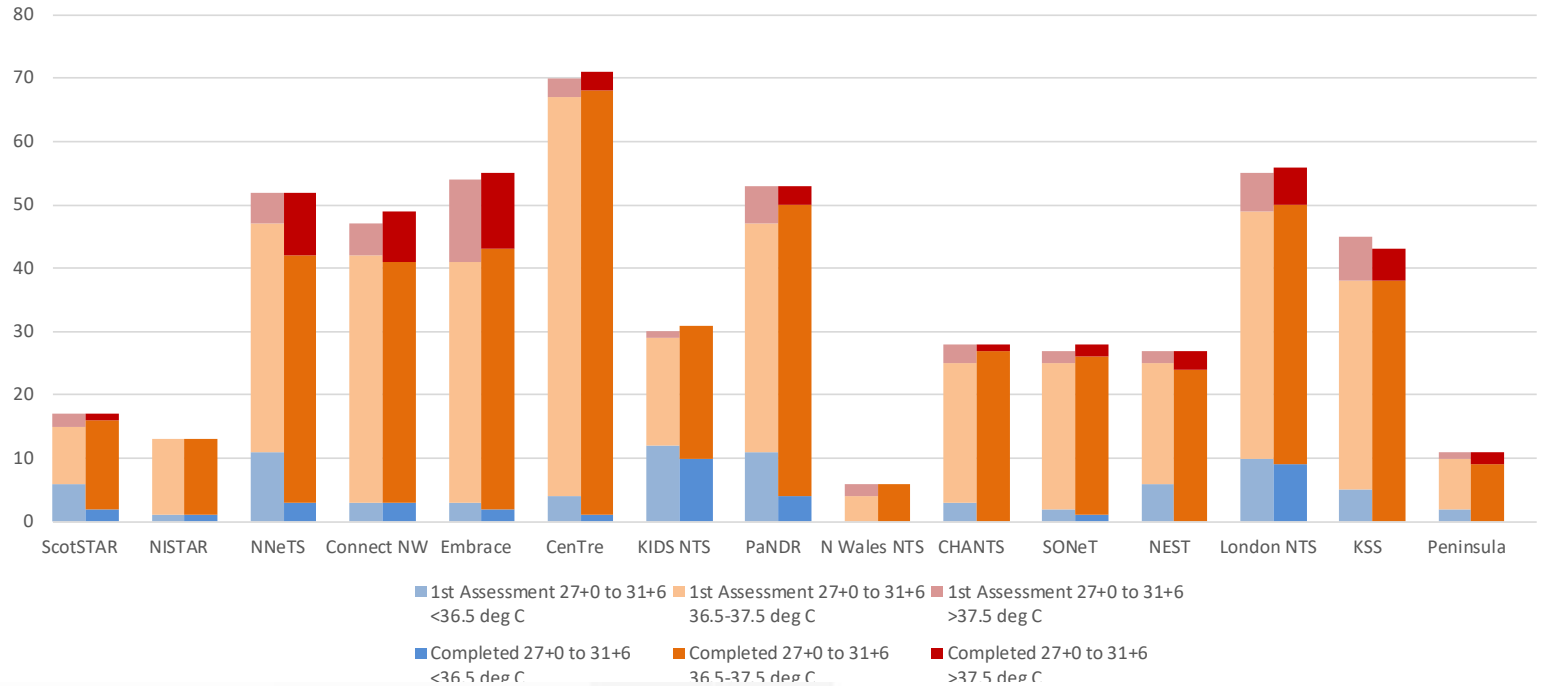
Premature Infants in the first three days of life, 22 to 26^{+6} weeks gestation. Temperature on first assessment and on completion of transfer. Apr 2020 to Mar 2021



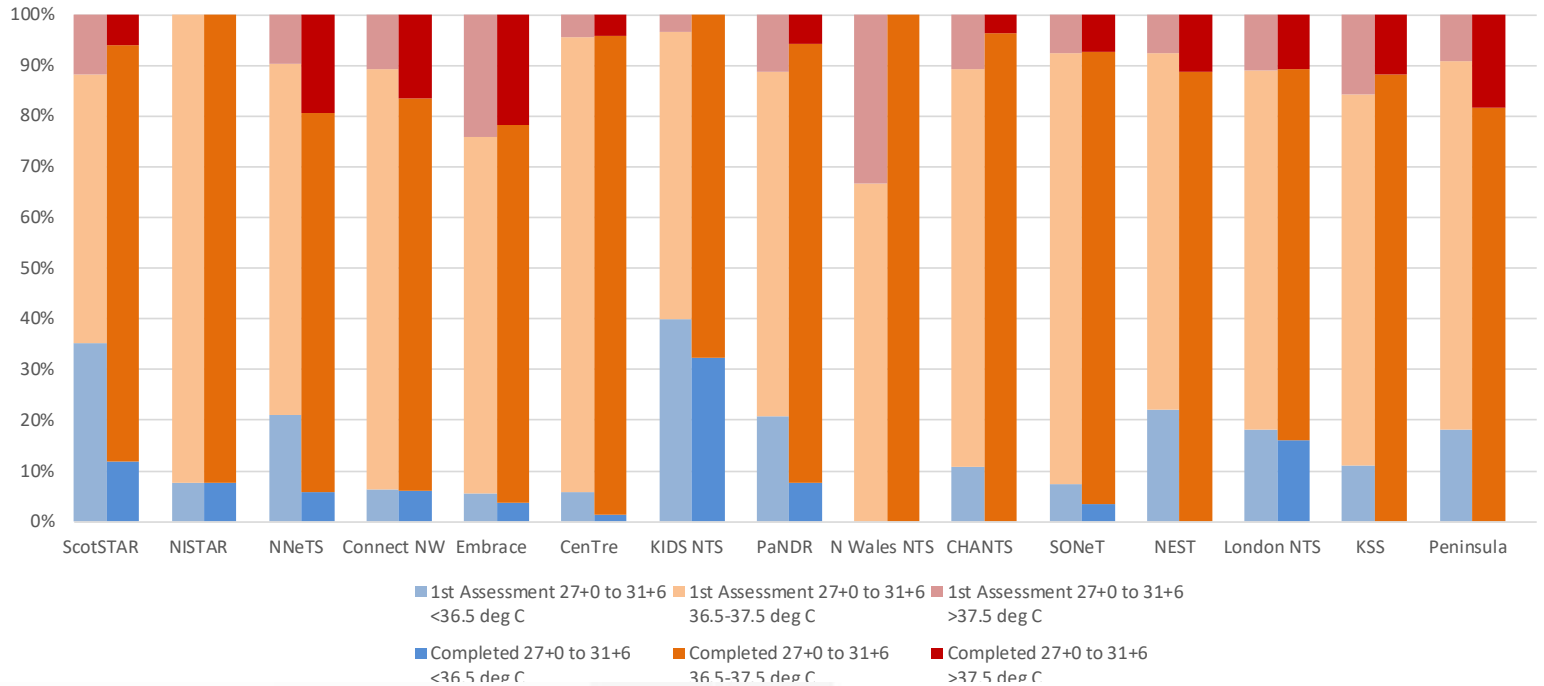
Premature Infants in the first three days of life, 22 to 26^{+6} weeks gestation. Temperature on first assessment and on completion of transfer scaled to 100% Apr 2020 to Mar 2021



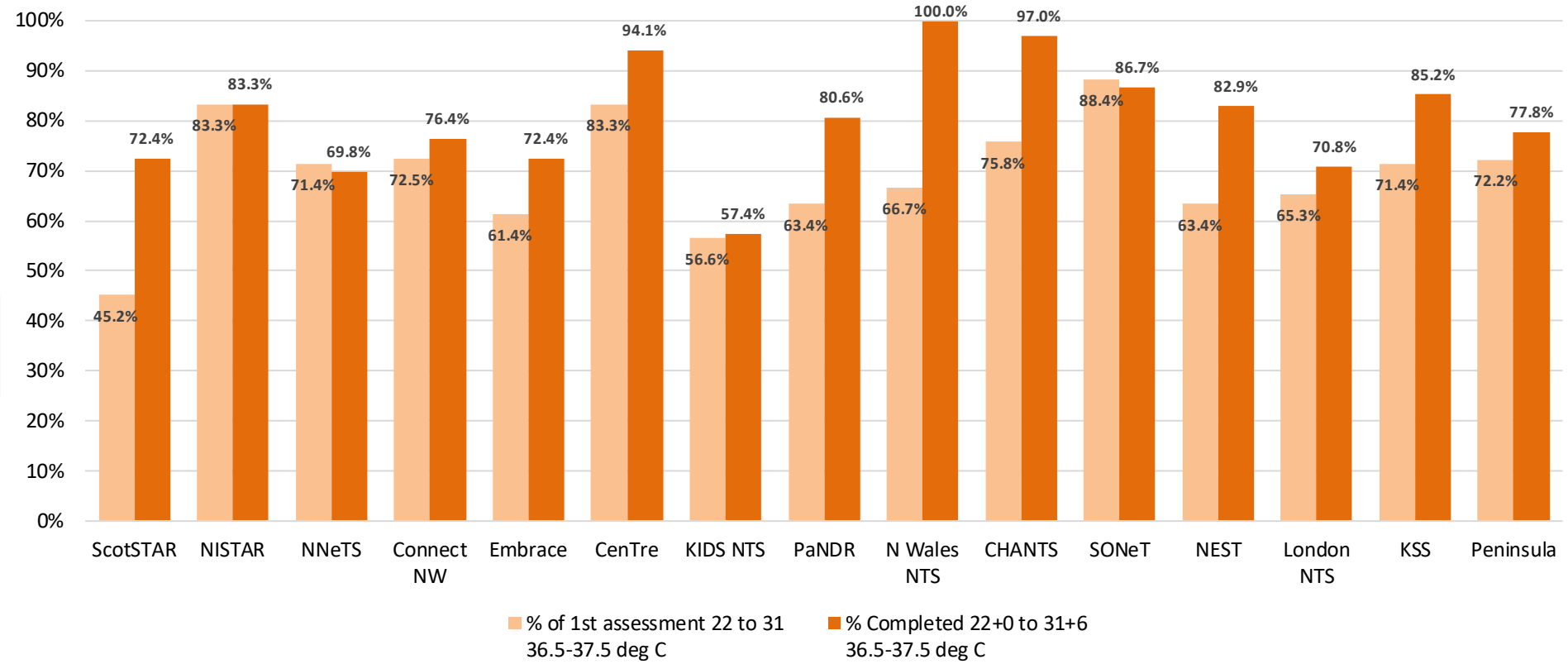
Premature Infants in the first three days of life, 27 to 32^{+6} weeks gestation. Temperature on first assessment and on completion of transfer. Apr 2020 to Mar 2021



Premature Infants in the first three days of life, 27 to 32^{+6} weeks gestation. Temperature on first assessment and on completion of transfer scaled to 100% Apr 2020 to Mar 2021



1.3 Premature infants in the first three days of life, 22 to 32+6 weeks. Proportions normothermic on first assessment and completion of transfer. Apr 2020 to Mar 2021



Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

Parents travelling with their baby

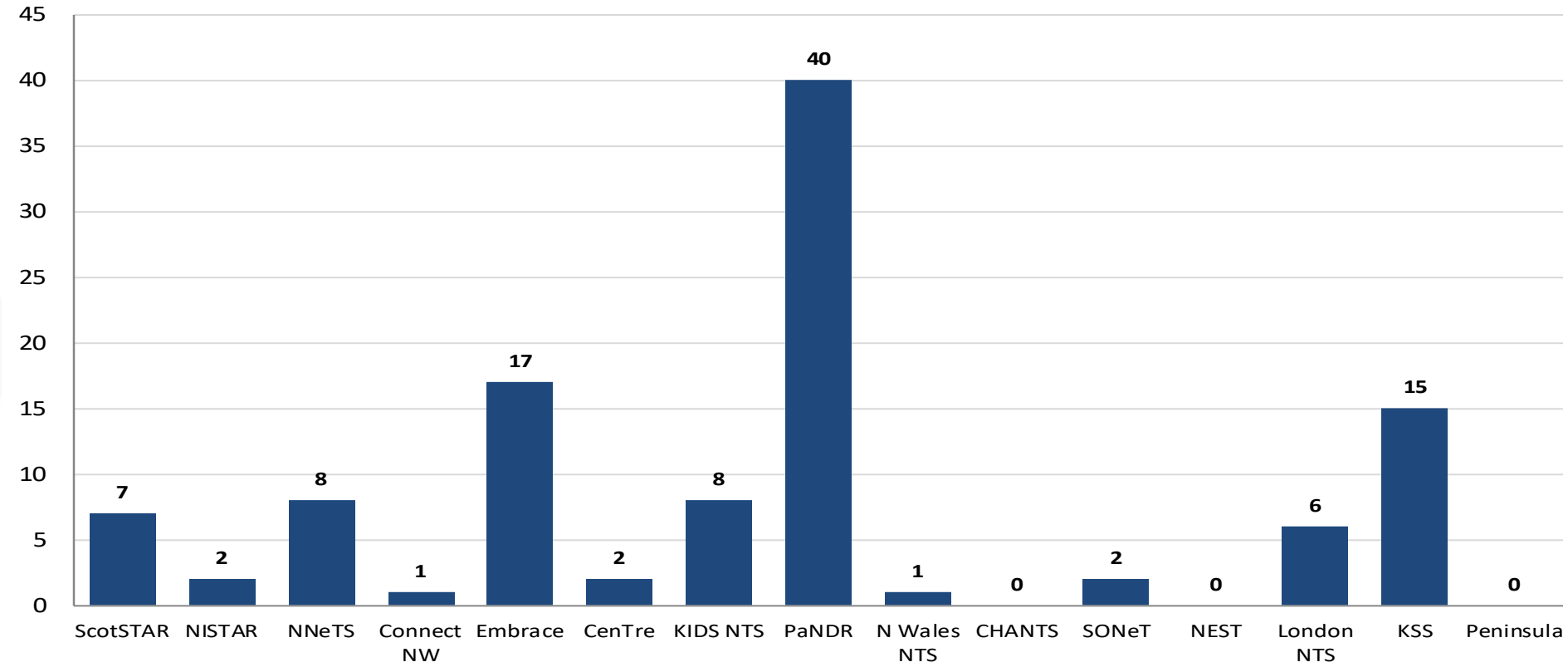
SCOTSTAR
Critical care, anywhere

Parent Travelling

Data on

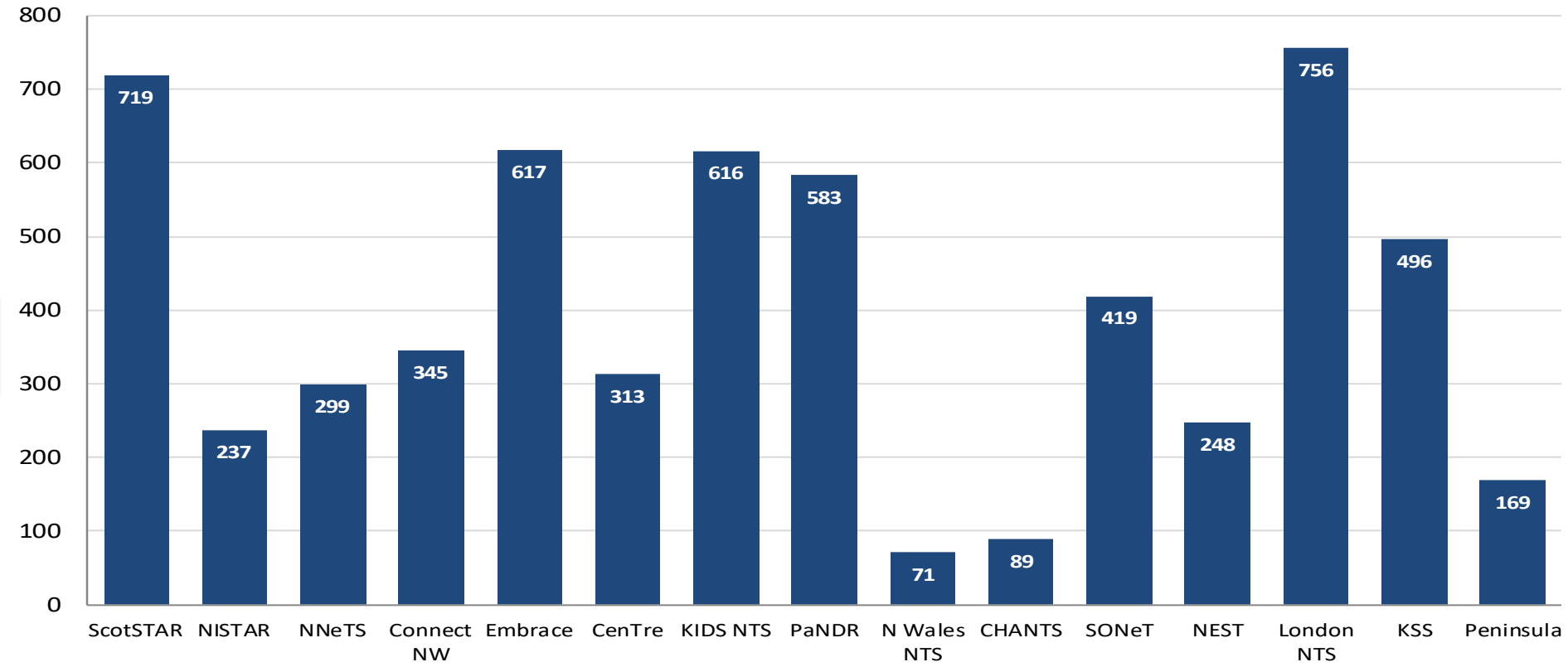
- Parents travelling with the baby simplified from last year

Numbers of parents travelling with their baby by team, Apr 2020 to Mar 2021



All teams significantly restricted parental presence in transfer due to COVID-19 pandemic requirements for social distancing

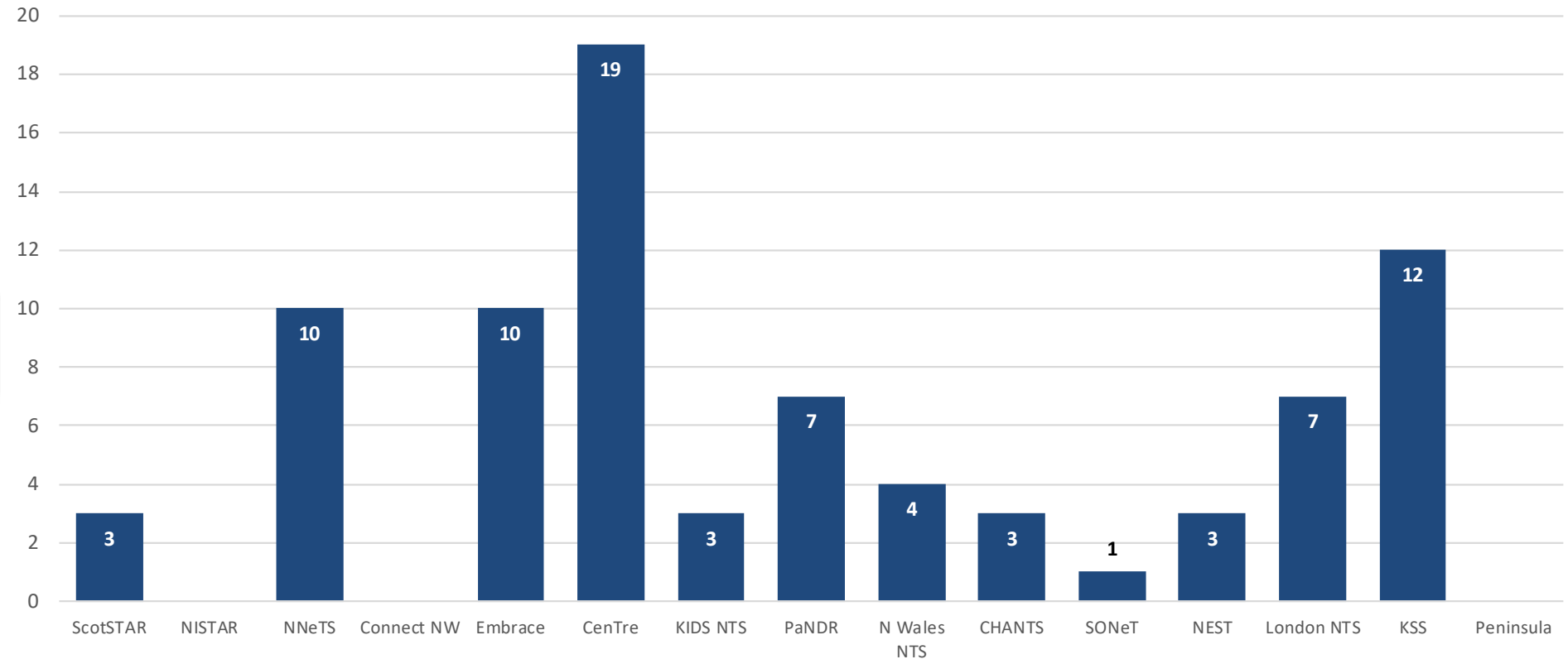
Numbers of parents travelling with their baby by team Apr 2019 to Mar 2020



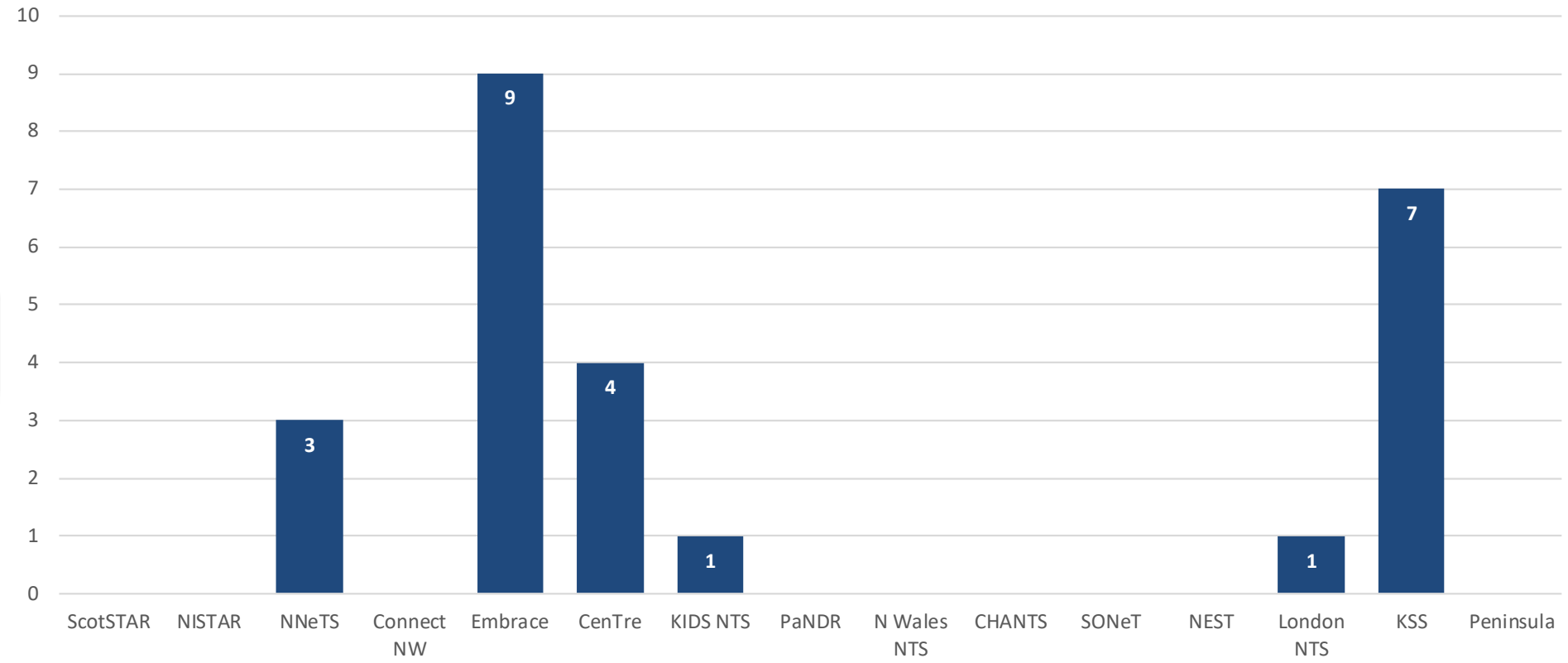
2019-20 data included for context

COVID-19 workload

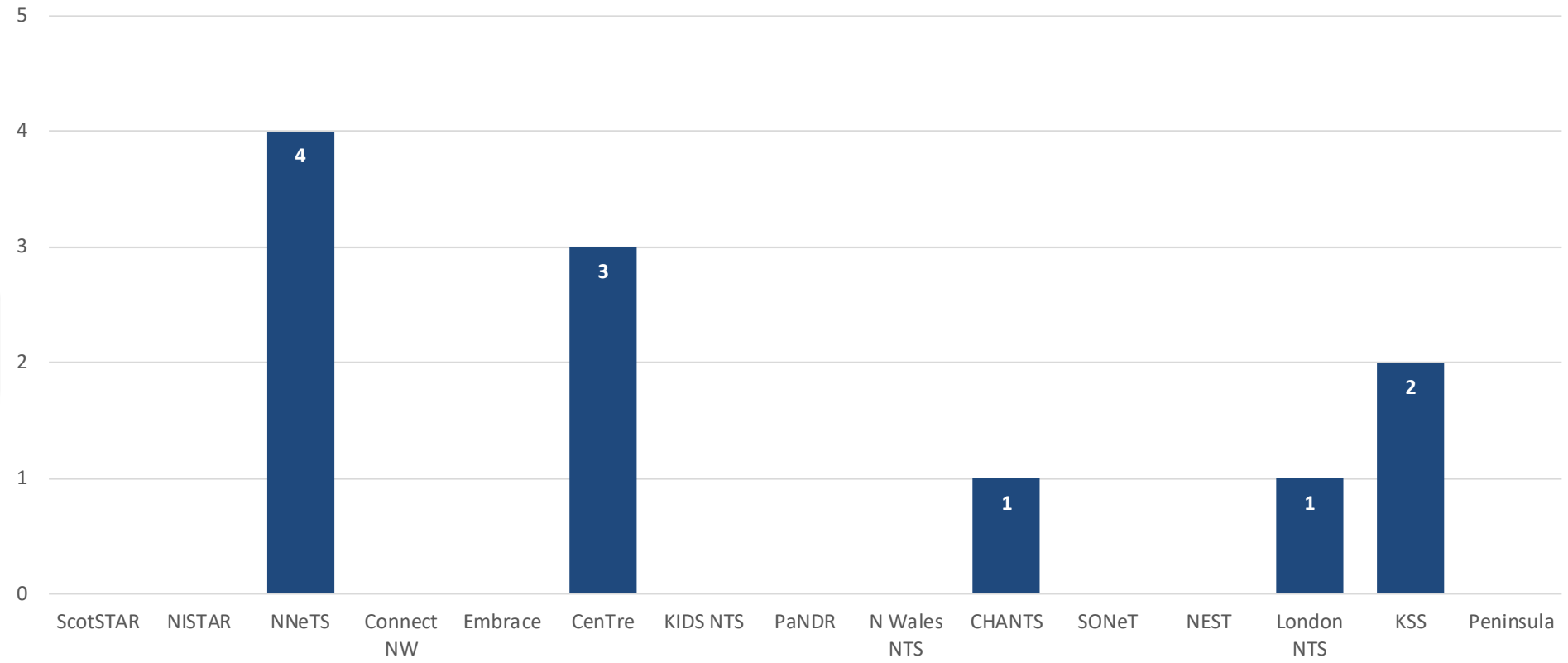
Number of transfers of babies born to mothers with suspected or confirmed COVID in the first 72 hours of life. 2020/21



Number of transfers of babies suspected of having COVID-19 by team 2020/21



Number of transfers of babies confirmed as having COVID-19, by team 2020/21



Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

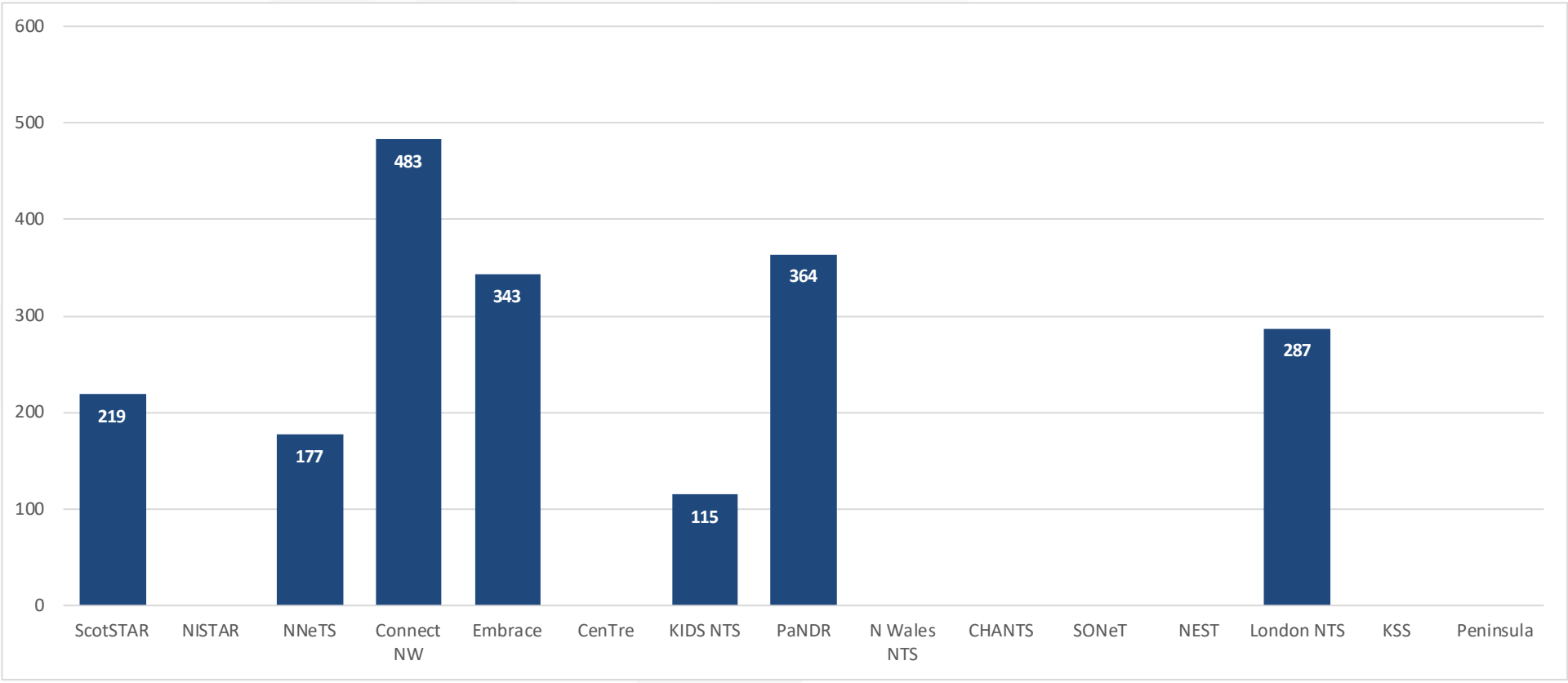
Other workload

SCOTSTAR
Critical care, anywhere

Other workload

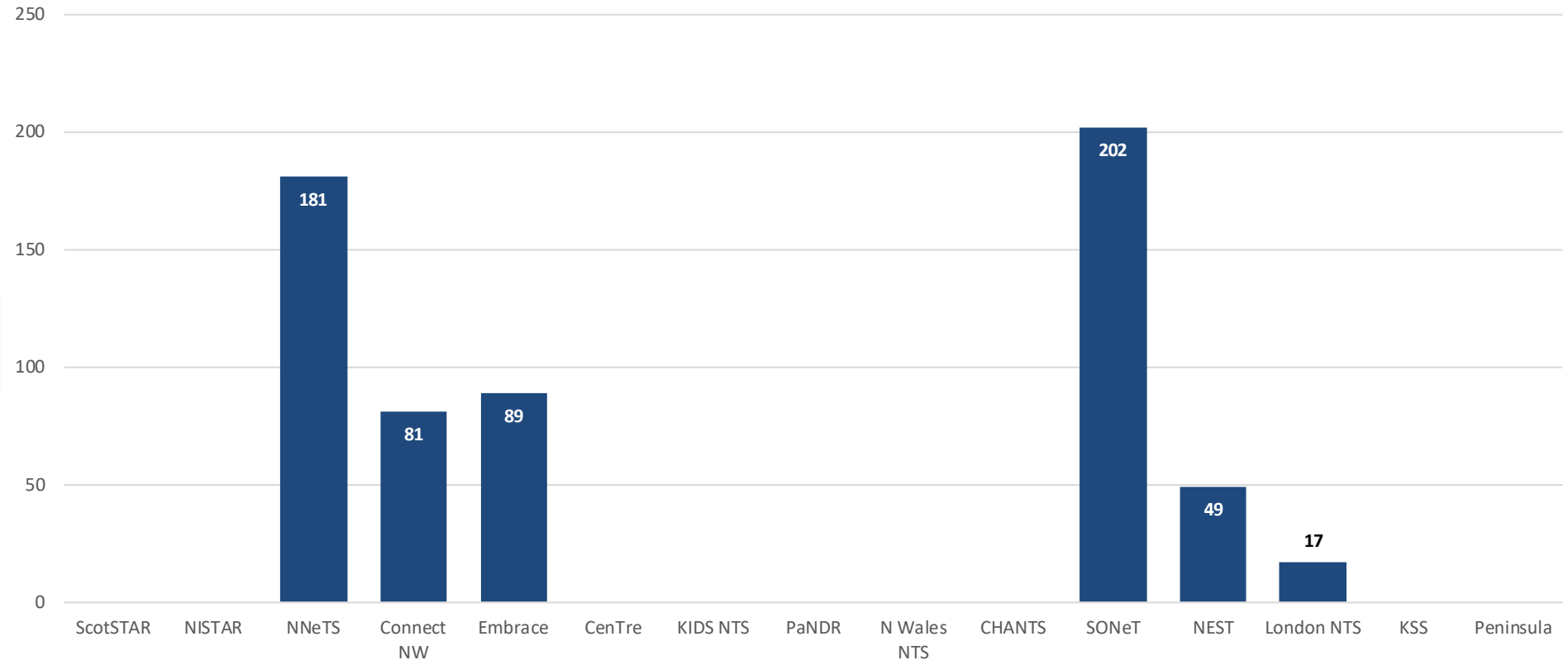
- In Utero transfer coordination workload
- Advice call workload
- Bilious Vomiting workload
- Prolonged transfer workload

Numbers of In Utero Transfers Coordinated by team 2020/21



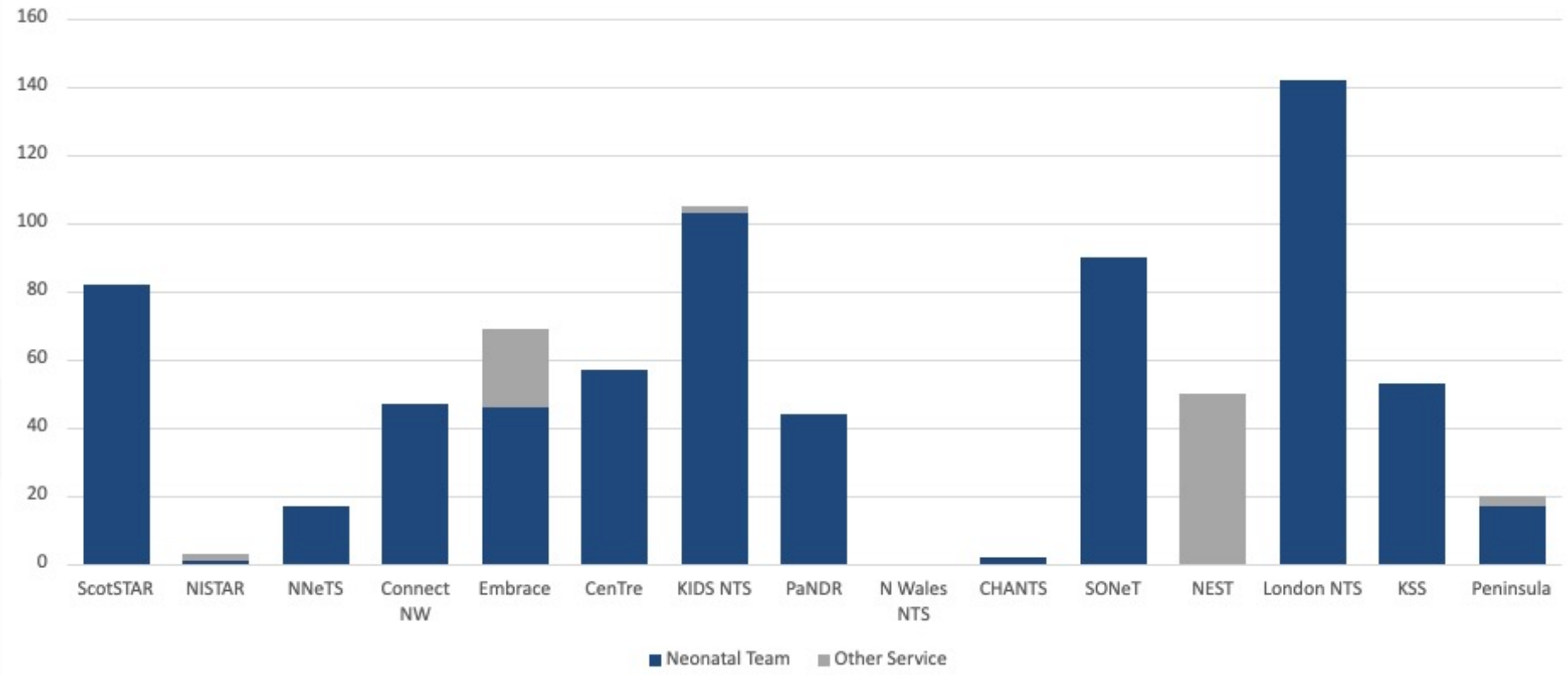
Only those commissioned to provide this service provided data

Numbers of Advice Calls recorded by teams 2020/21



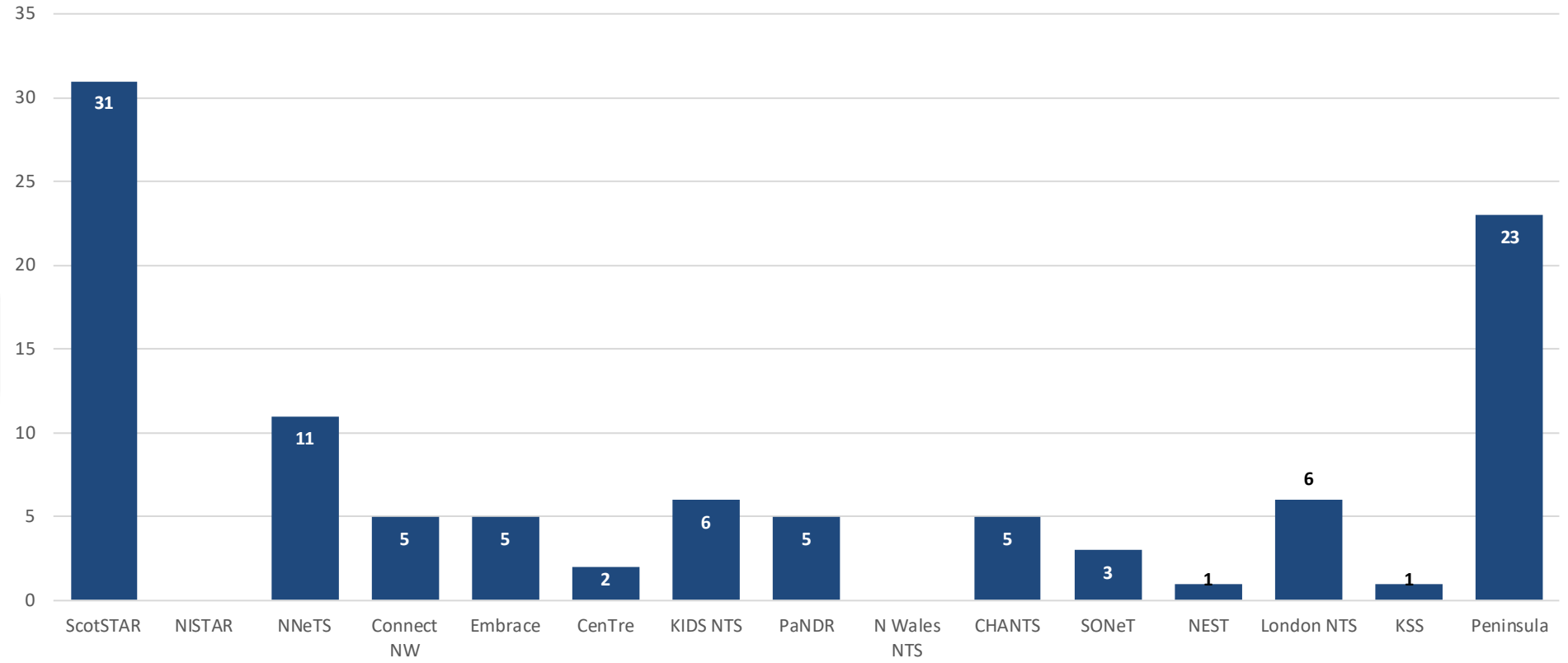
Only those commissioned to provide this service provided data

Number of transfers of babies with Bilious Vomiting by team, 2020/21

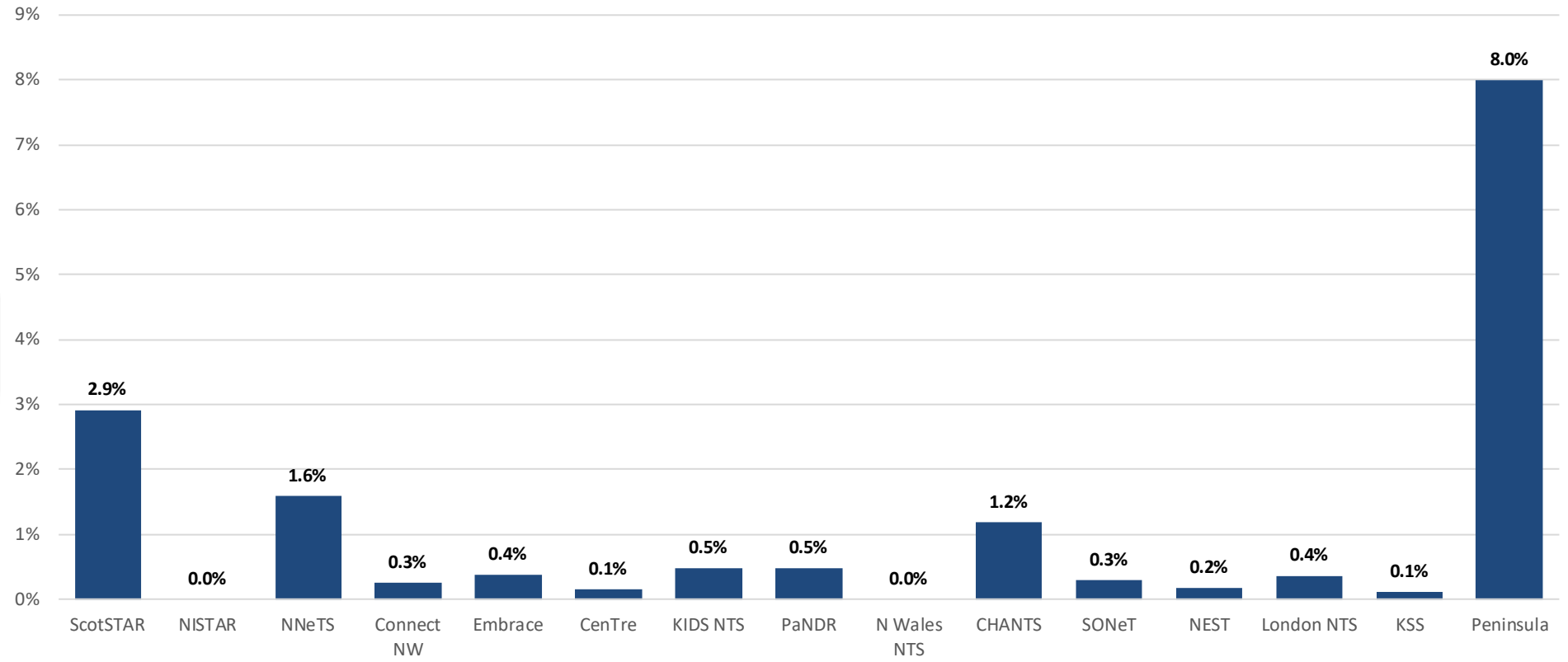


781 transfers in total, representing 5% of total neonatal transport workload

Prolonged Transfers- baby in transit for 3 hours or more, by team 2020/21



Prolonged Transfers (baby in transit for 3 hours or more) as a percentage of total transfers, by team 2020/21



Response standards

Response Standards

Data on

- Immediate response
  - where the team deploys within 60 minutes of receiving a referral for selected transfers:
    - 1. Gastroschisis
    - 2. Ventilated infant with Tracheo-oesophageal fistula +/- atresia
    - 3. Intestinal perforation
    - 4. Suspected duct-dependent cardiac lesion not responding to prostin
    - 5. Unstable respiratory or cardiovascular failure not responding to appropriate management:

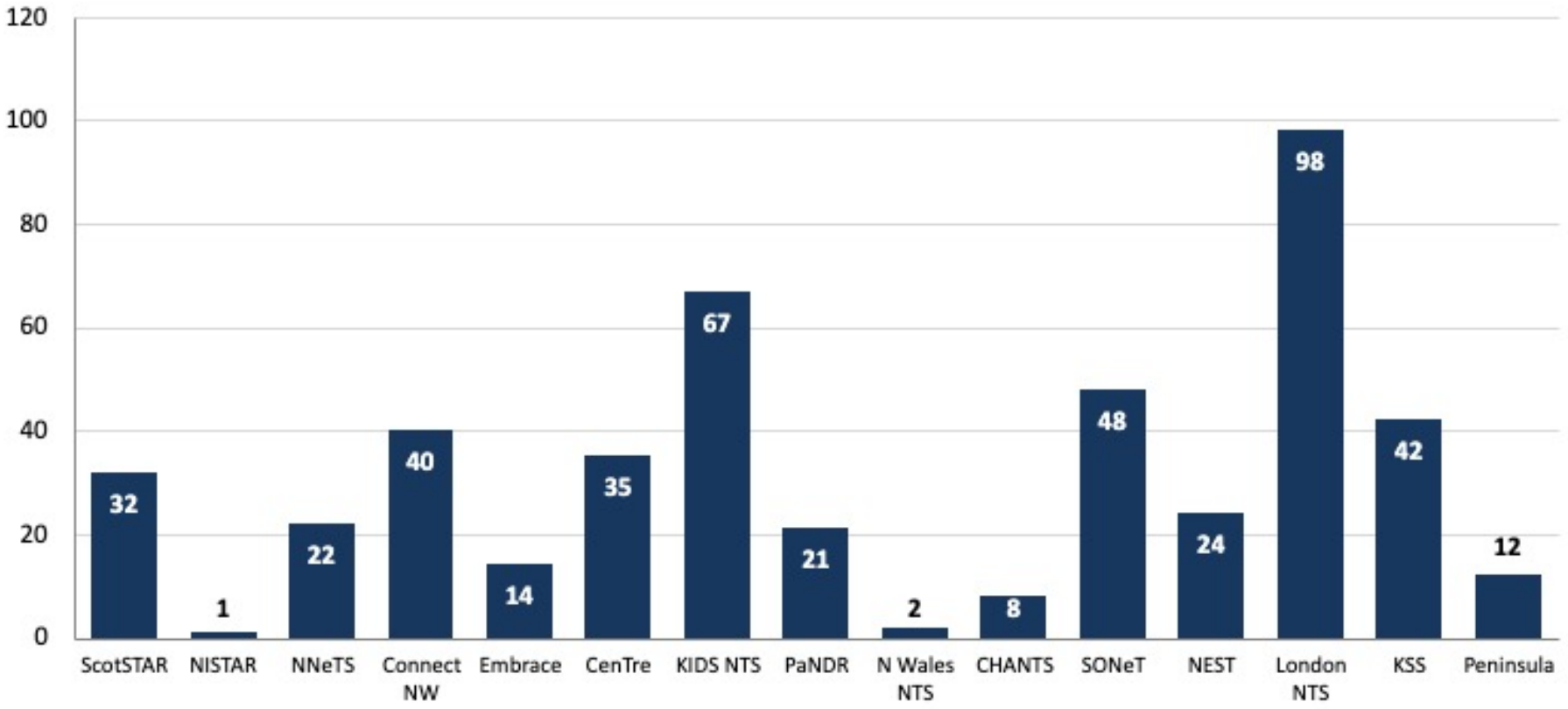
Response standards continued

- Referral response time for ICU uplift transfers from level 1 and 2 units in the first 3 days of life- standard 3.5 hours
  - The time taken from referral to arrival at the cotside in the referring centre
- The proportion of Uplift transfers performed in the transport service's designated region

Immediate dispatch

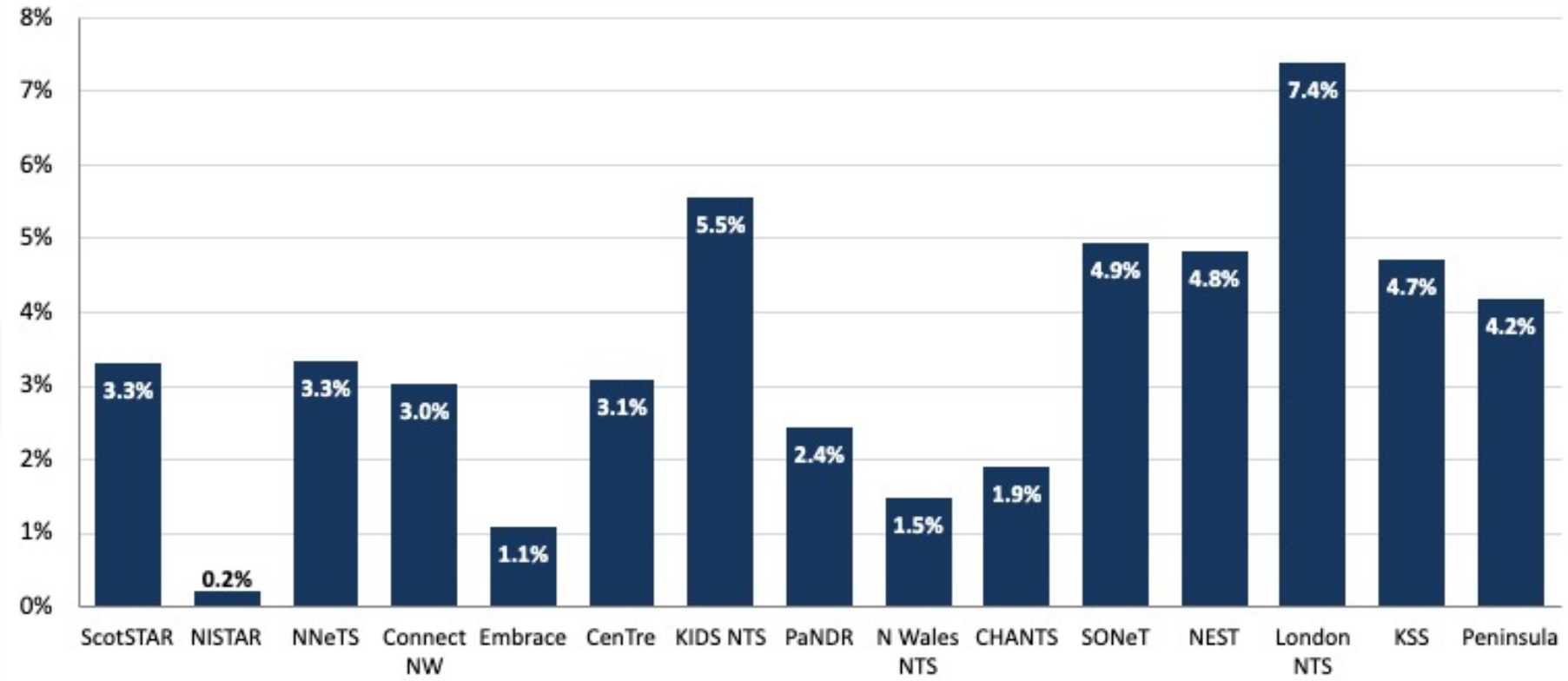
- Benchmark :
  - Immediate dispatch (previously known as Time-critical) transfers are where the team should depart from base within one hour from the start of the referring call, for the following situations/diagnoses:
    - 1. Gastroschisis
    - 2. Ventilated infant with Tracheo-oesophageal fistula +/- atresia
    - 3. Intestinal perforation
    - 4. Suspected duct-dependent cardiac lesion not responding to prostin
    - 5. Unstable respiratory or cardiovascular failure not responding to appropriate management:

Immediate dispatch transfers/team Apr 2020 to Mar 2021

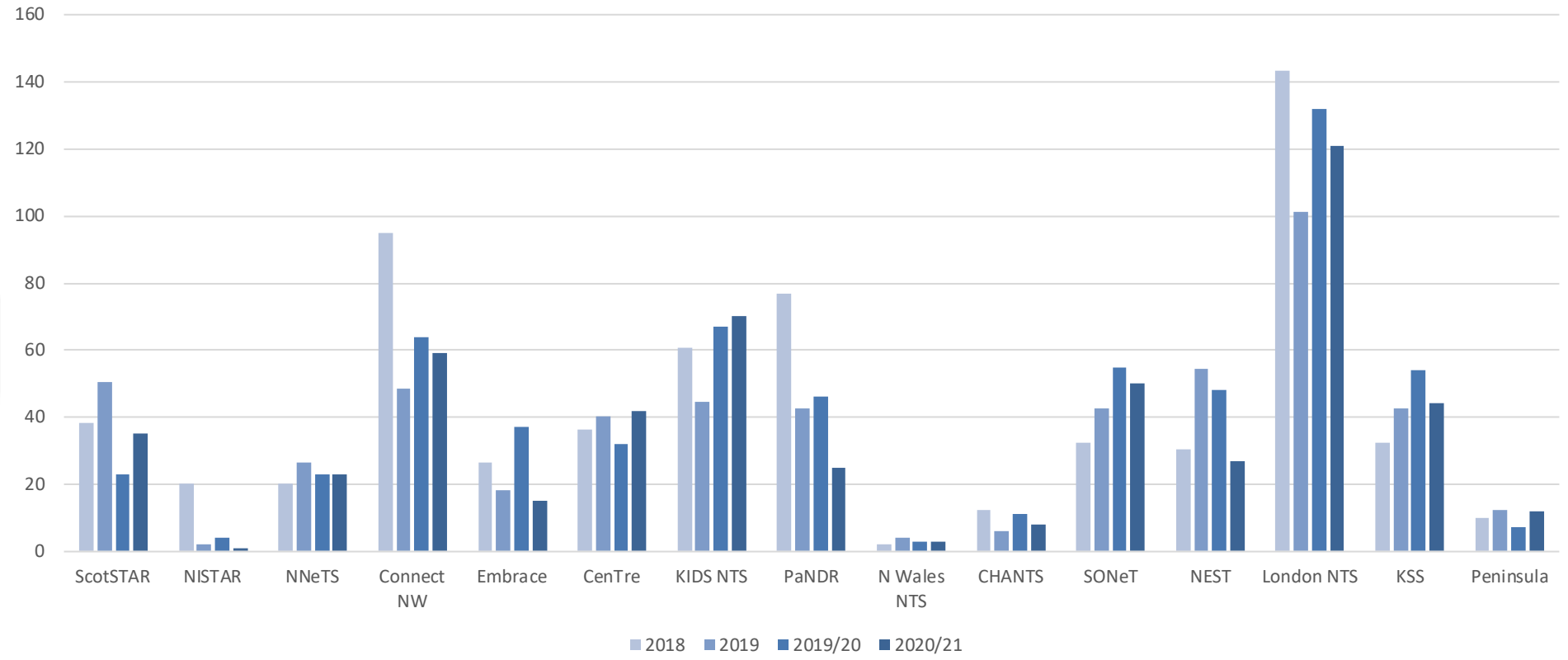


N.b. this is benchmarking data on response for a defined group of transfers, this does not represent overall ”emergency workload”

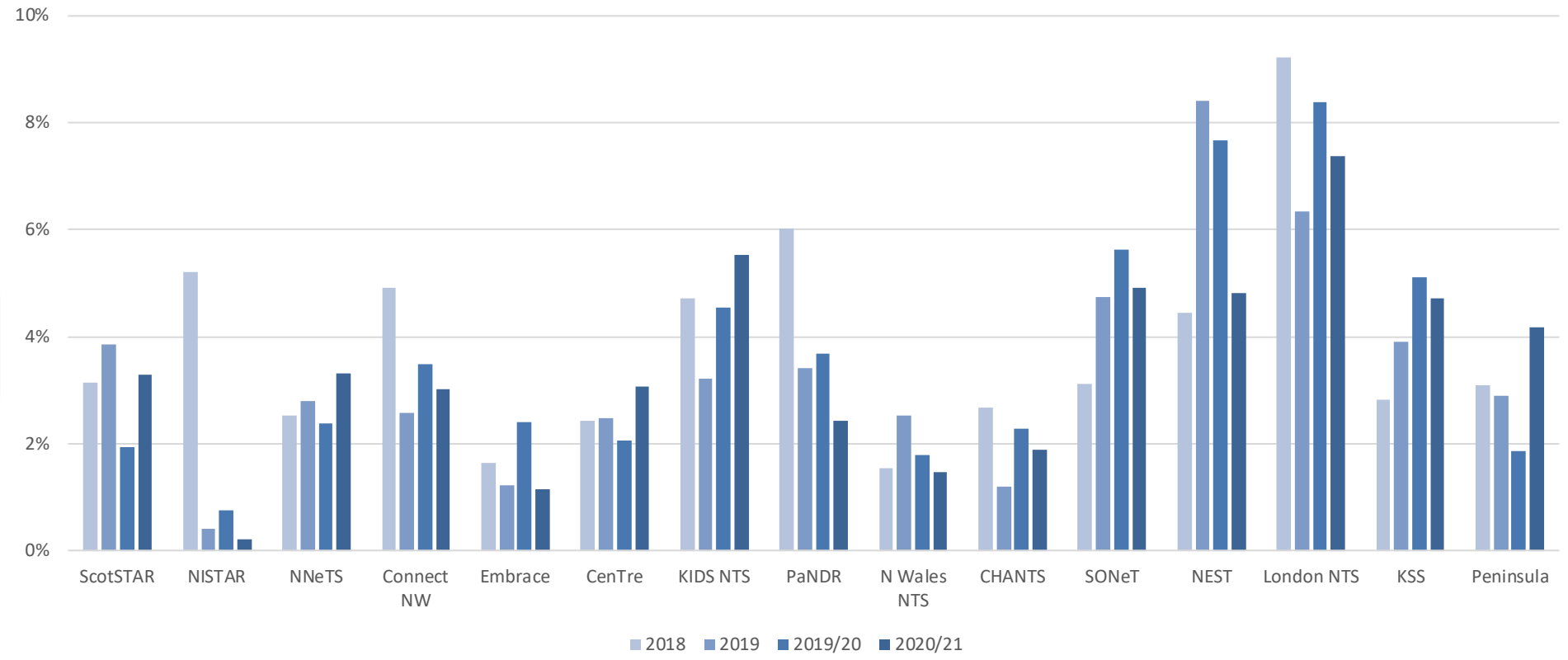
Immediate dispatch transfers by team as a percentage of total transfers 2019-20



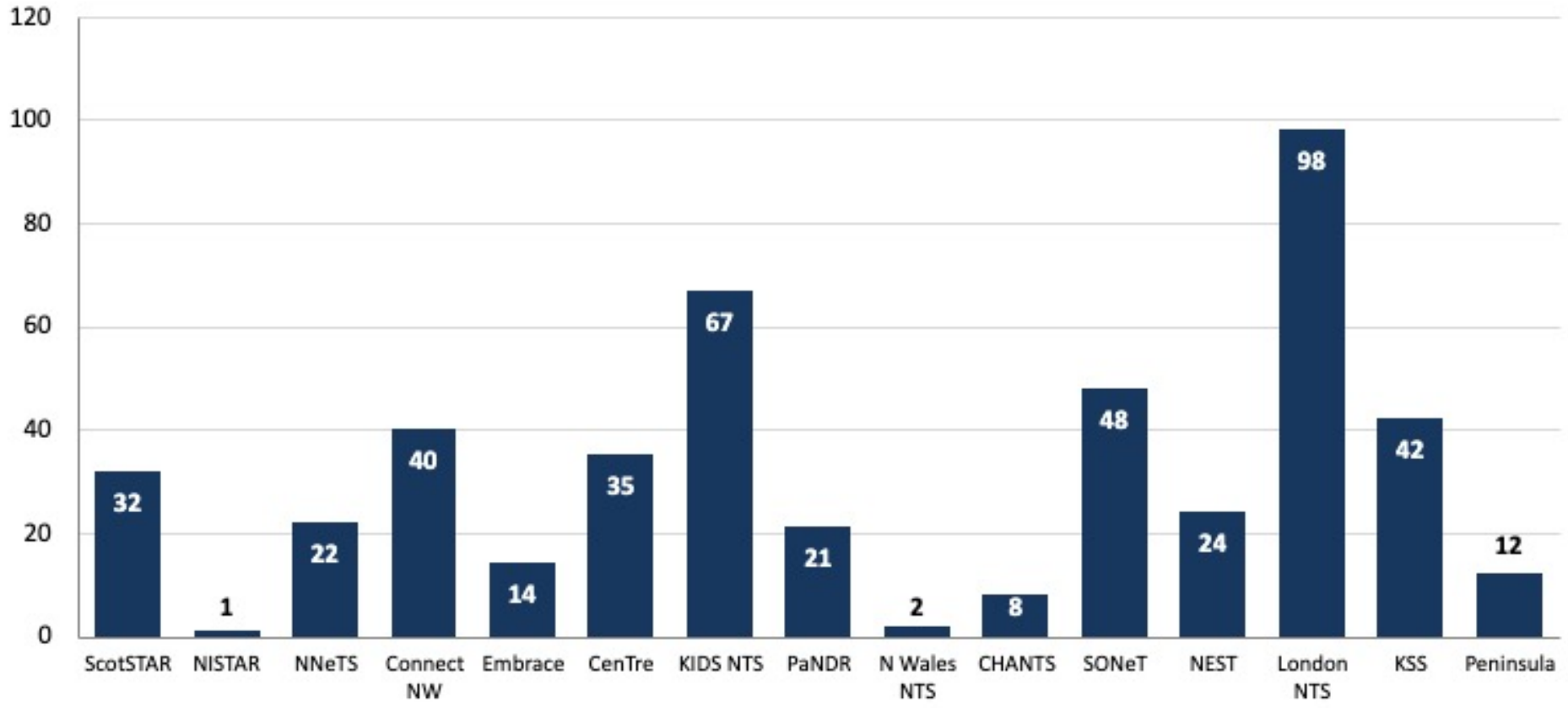
Trends in numbers of Immediate dispatch transfers by team, 2018 to 2020/211



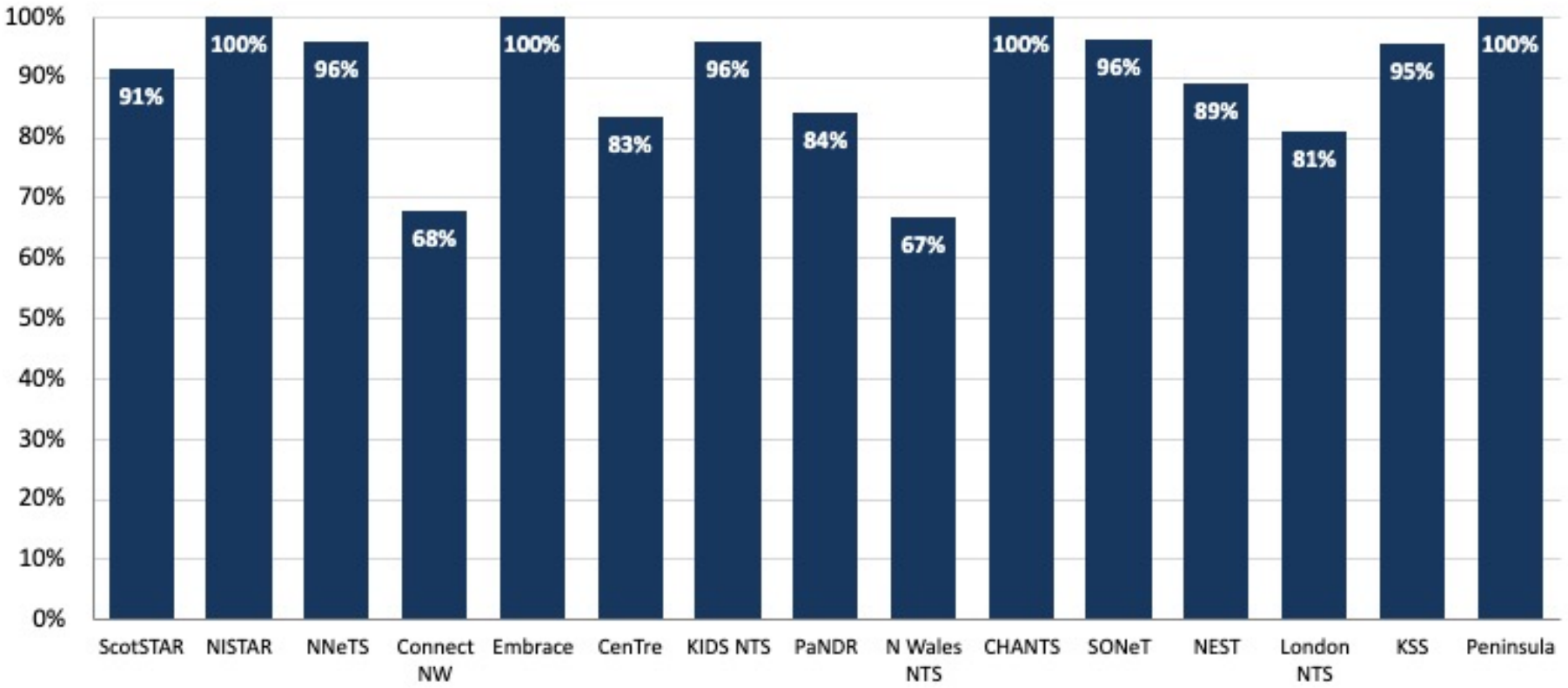
Immediate dispatch transfers as a percentage of total transfers, by team, 2018 to 2020/21



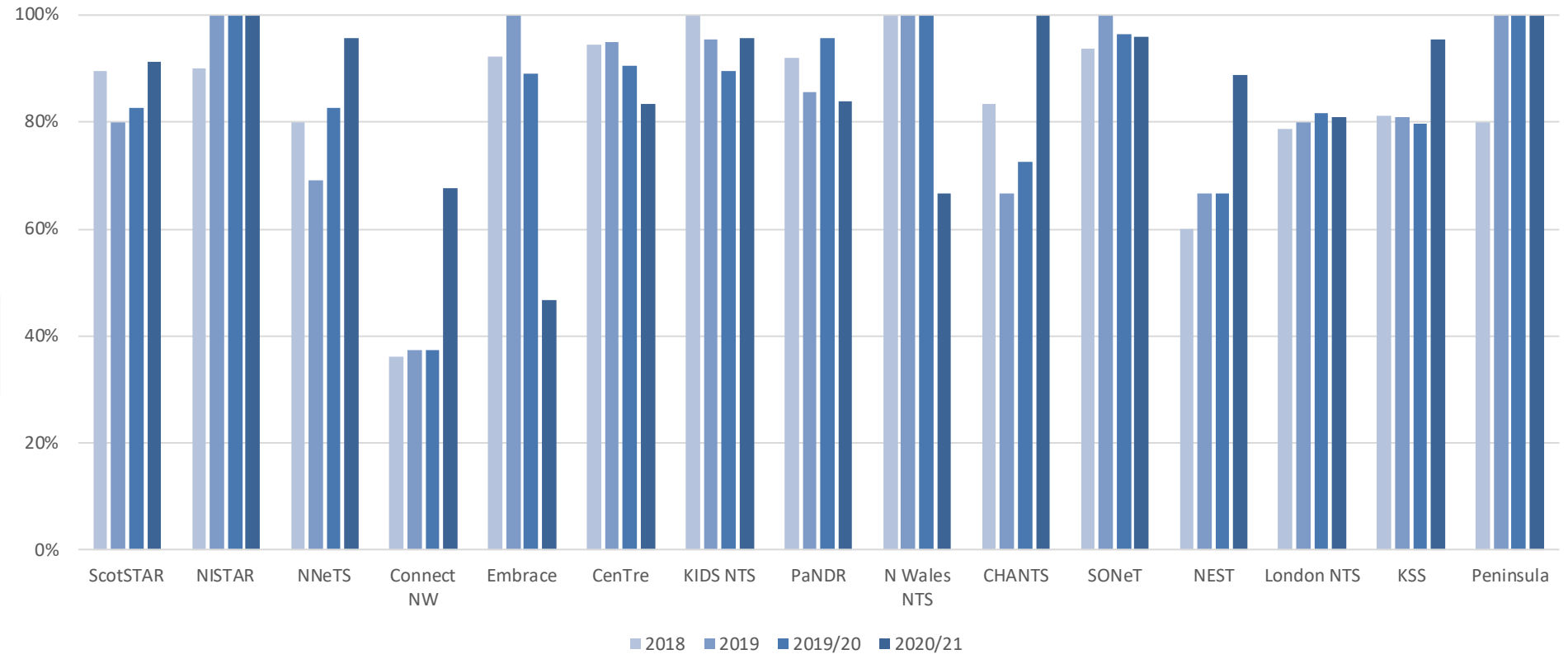
Immediate dispatch transfers dispatched within 60 minutes/team Apr 2020 to Mar 2021



Immediate dispatch transfers dispatched within 60 minutes, as a percentage of total immediate dispatch transfers, by team. Apr 2020 to Mar 2021



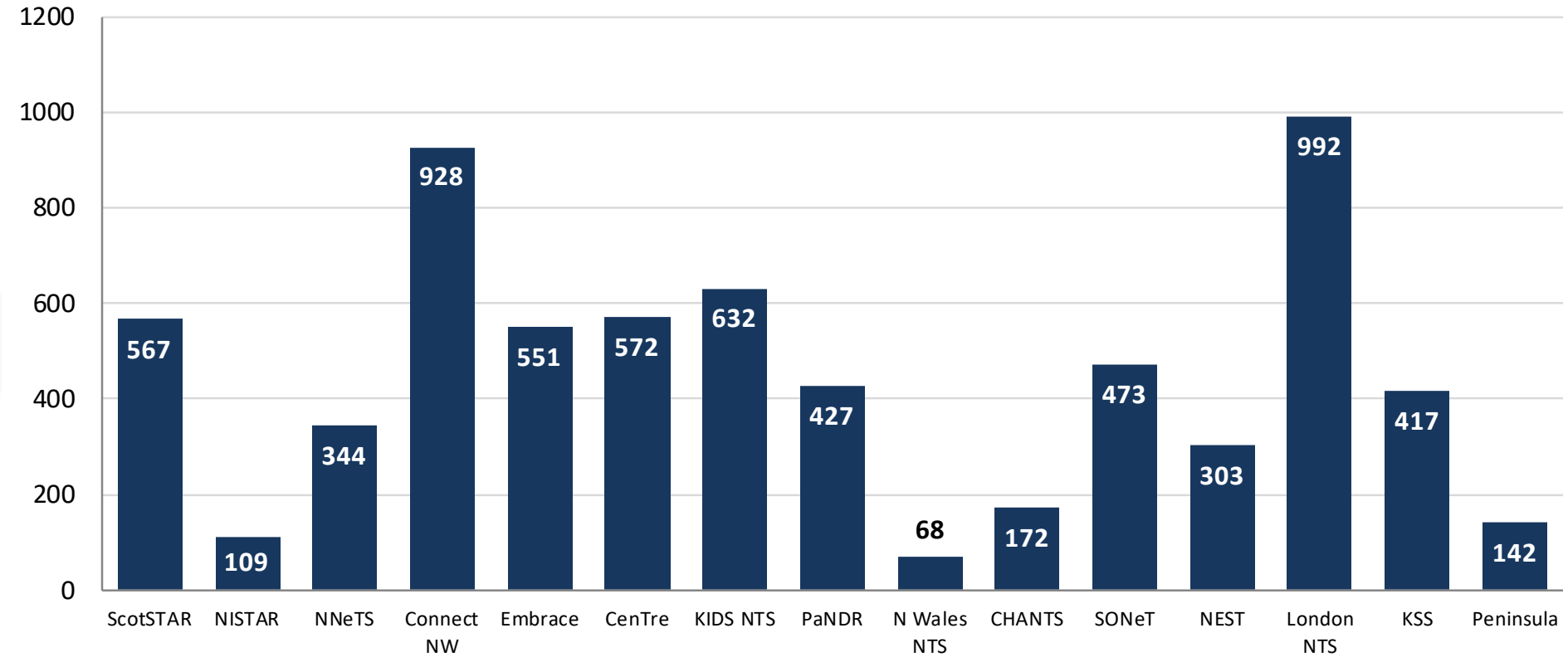
Trends in percentage of Immediate dispatch transfers dispatched within 60 minutes by team, 2018 to 2020/21



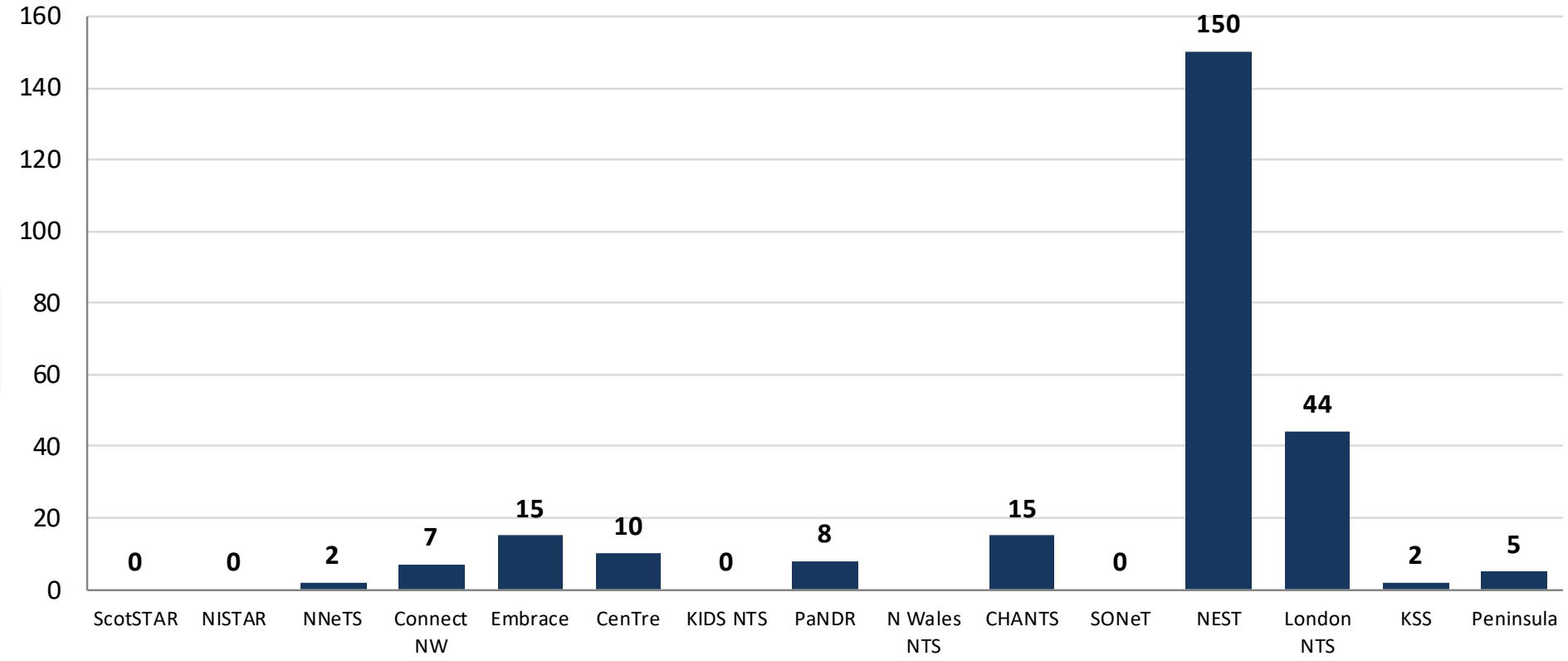
Uplift transfers within a dedicated transport service's own area

- Benchmark 2:
  - Dedicated Neonatal Transport Services transfer at least 95% of patients requiring transfer for uplift within its defined catchment area.

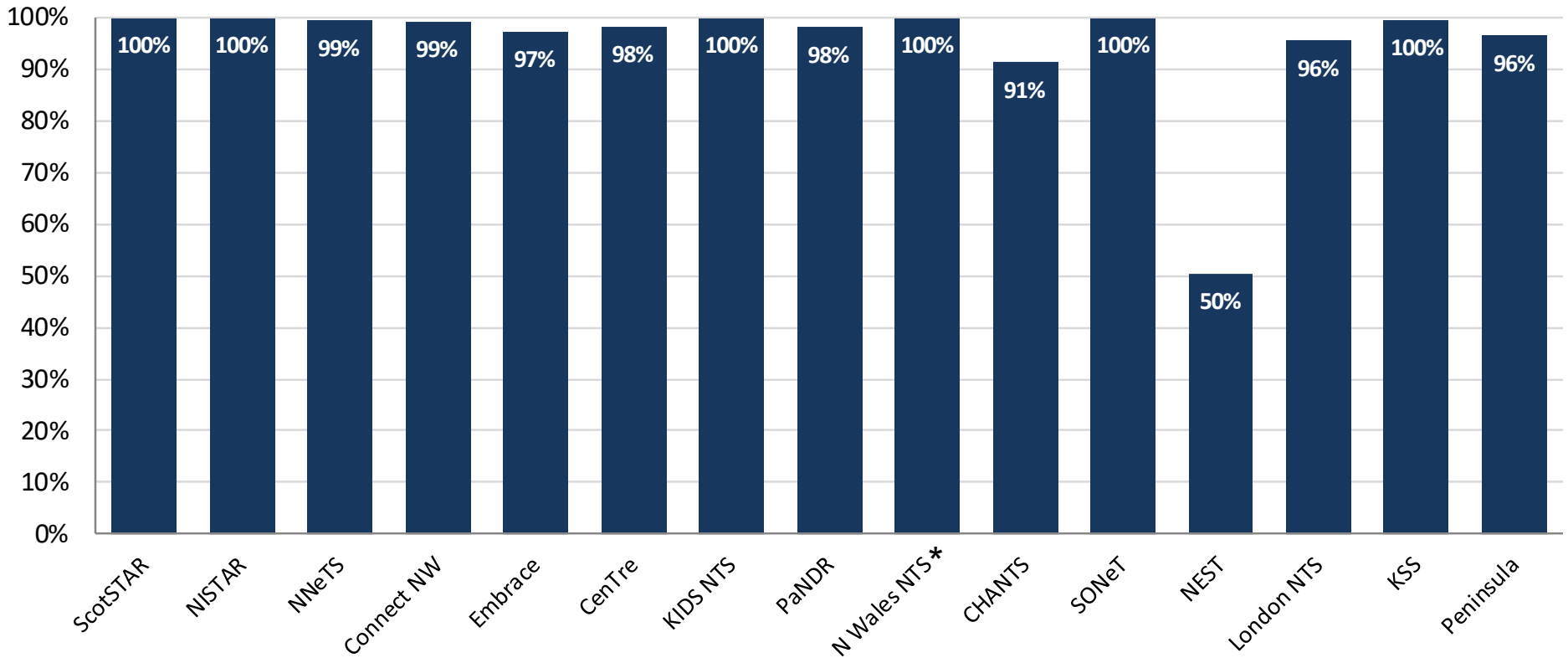
Numbers of Uplift transfers in dedicated area 2020/21



Numbers of Uplift transfers conducted by other teams in dedicated area

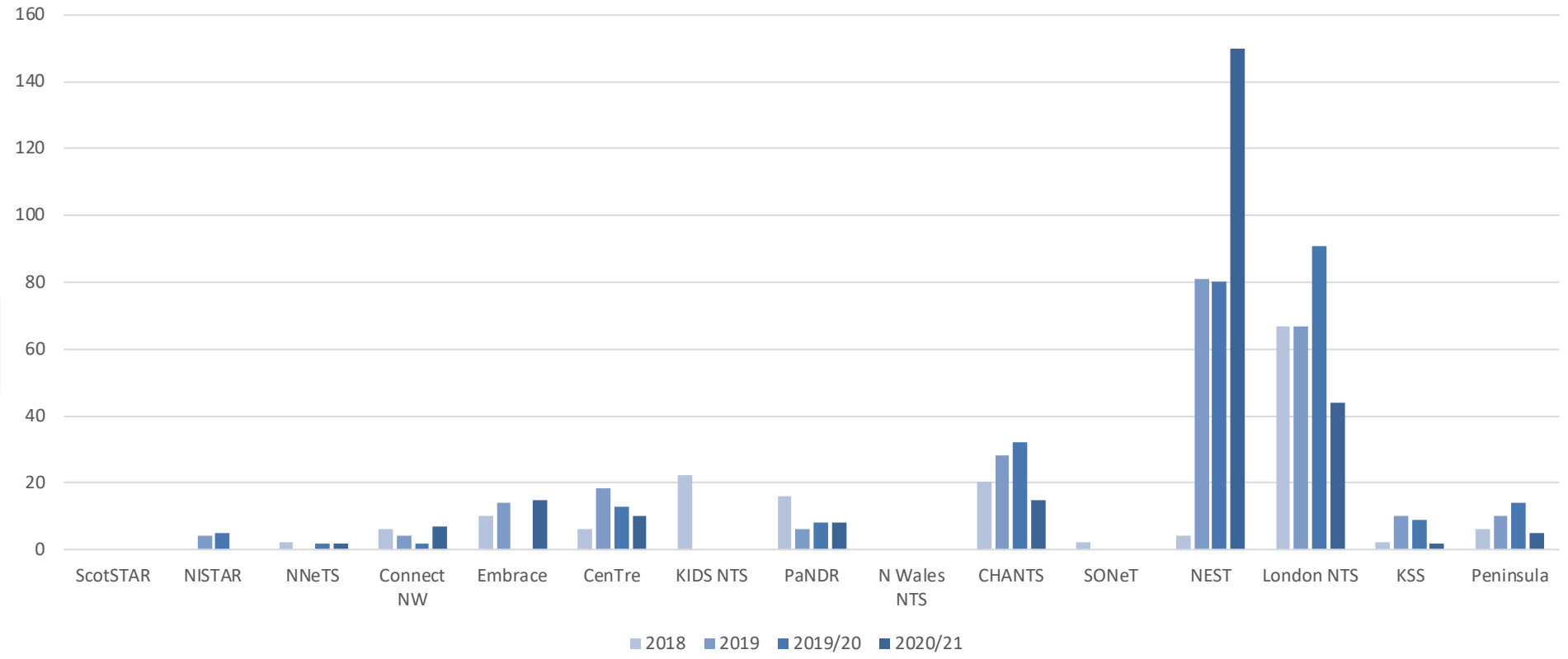


Uplift transfers by Dedicated team in own area as a percentage of total uplift transfers

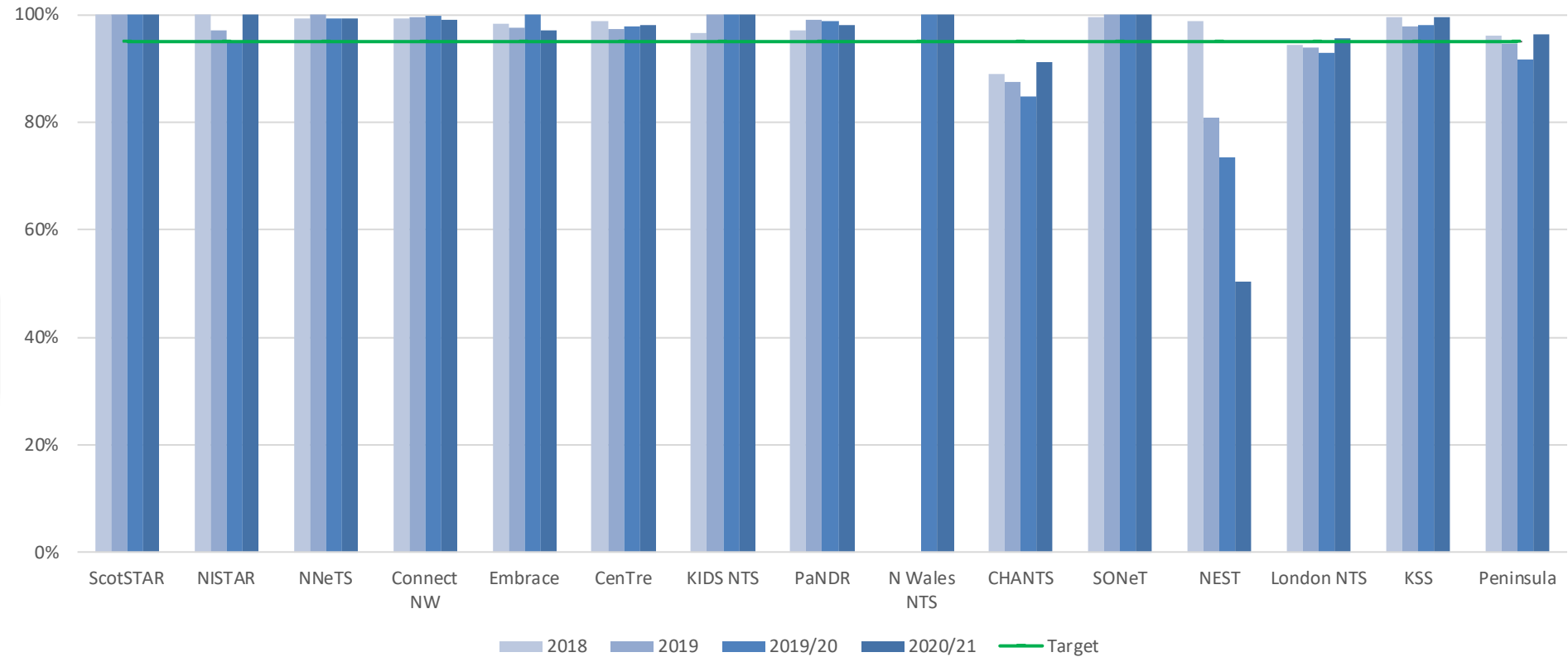


* As a proportion of uplift transfers during operational hours

Trends in the number of Uplift transfers by other team in their own area 2018 to 2020/21



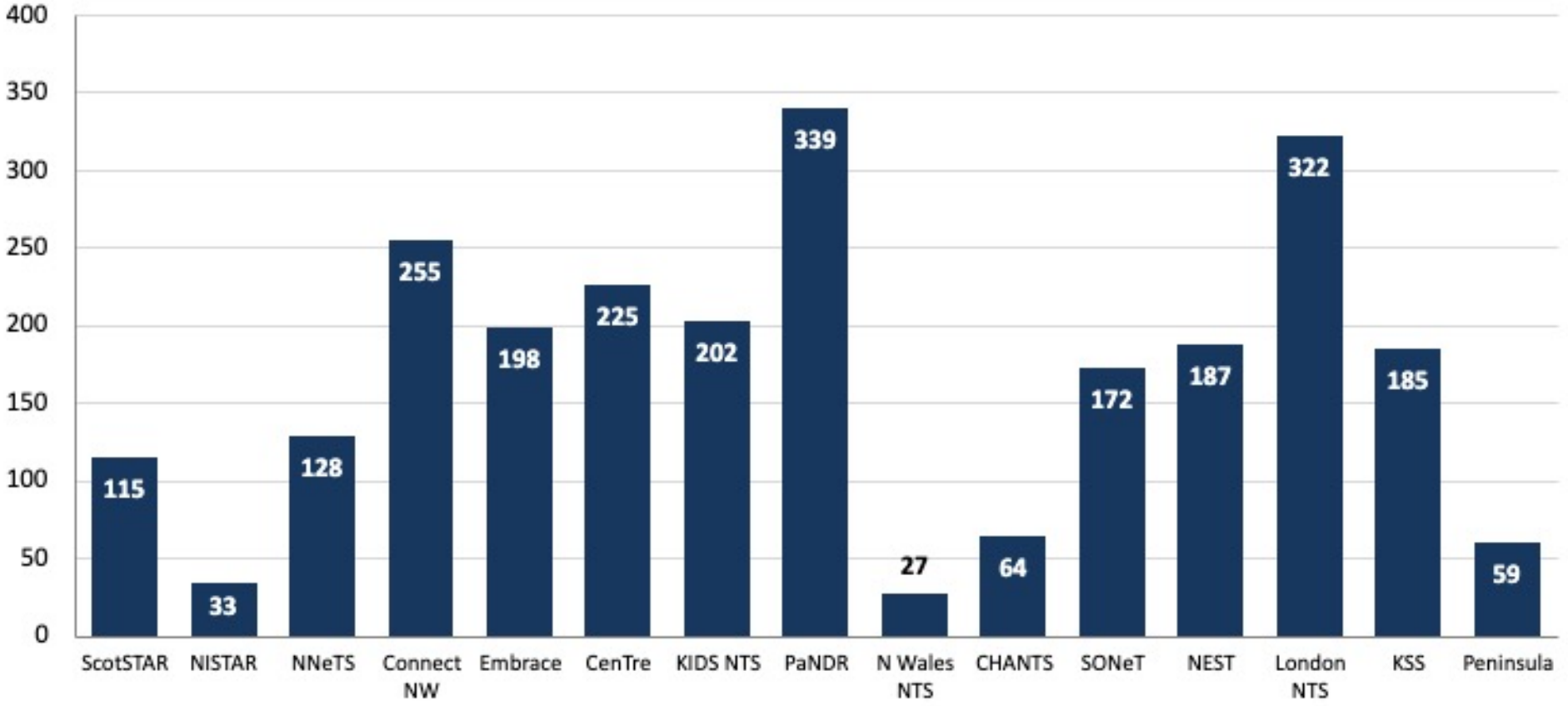
Trends in Uplift transfers by dedicated team in their own area, as a percentage of uplift transfers 2018 to 2020/21



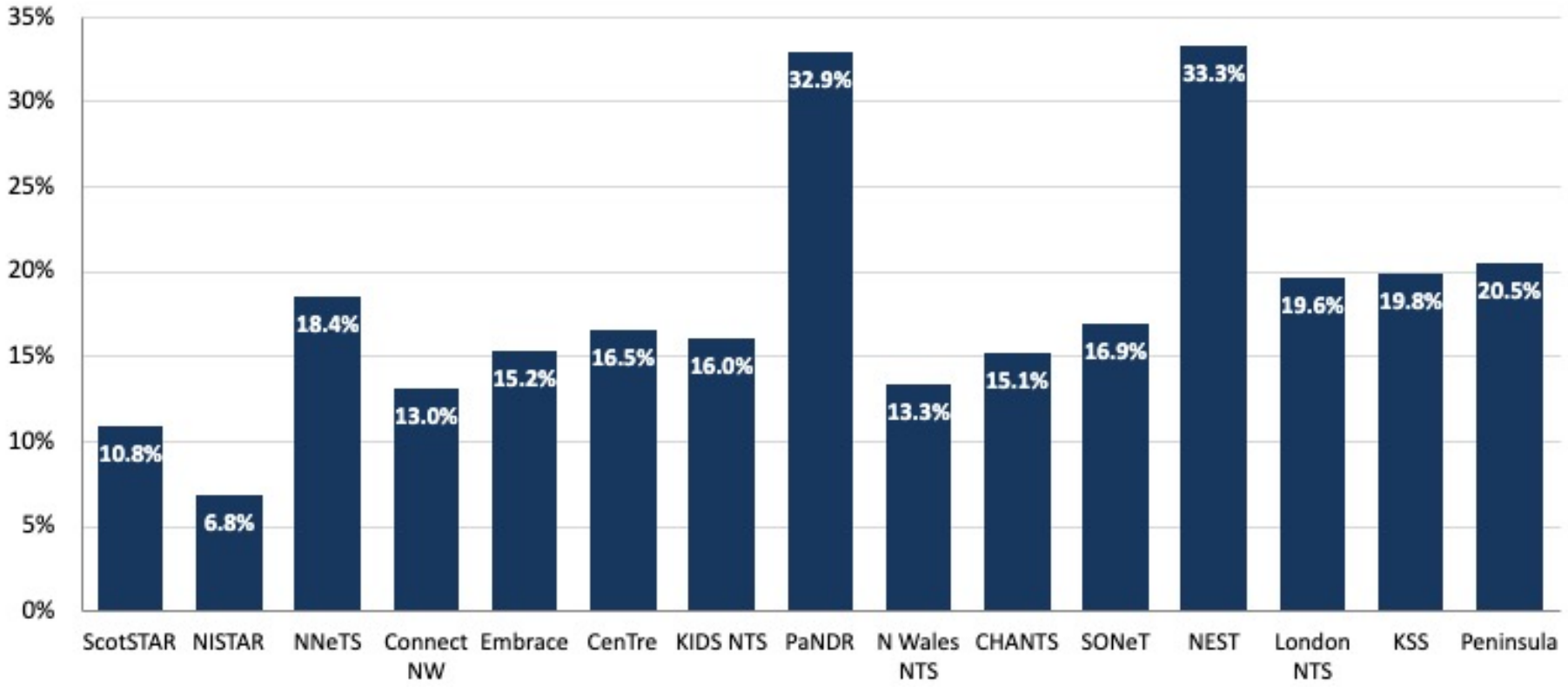
Uplift referral response times

- Benchmark 3:
  - Referral response time & stabilising time: For transfers for uplift of care for intensive care patients in the first 72 hours of life from level 1 and 2 units the transport team will arrive with the patient within 3.5 hours of the referring call.

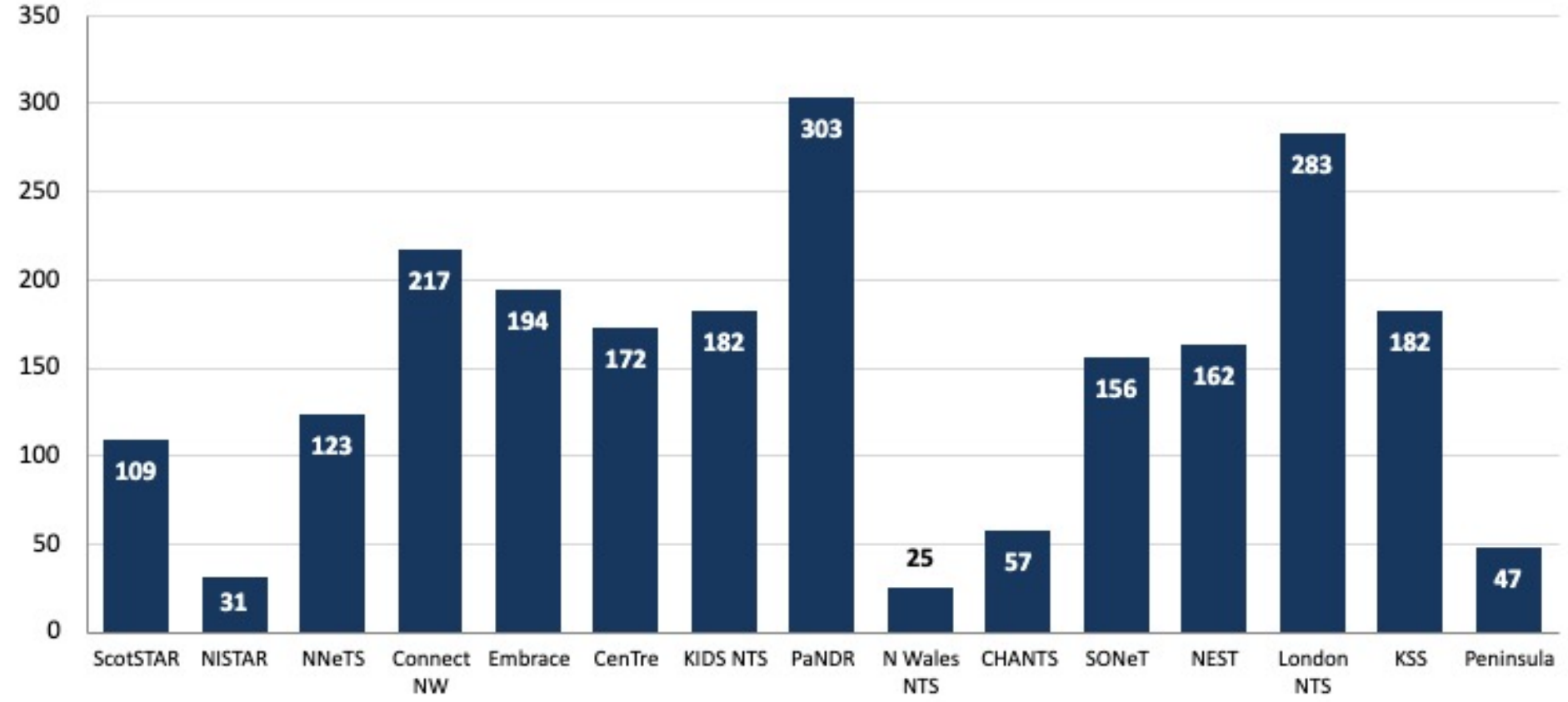
Number of Intensive Care Uplift transfers in the first 3 days of life from level 1 and 2 units 2020/21



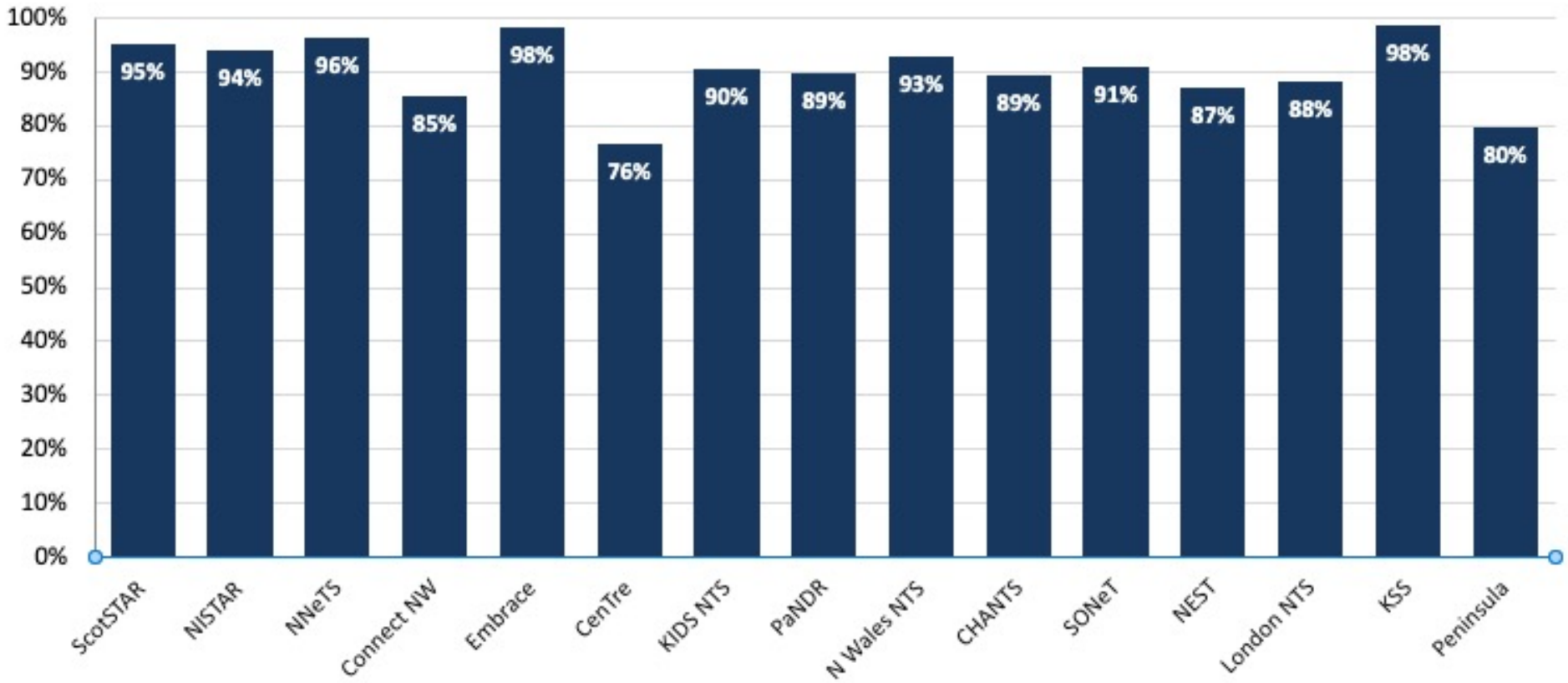
Intensive care uplift transfers in the first 3 days of life from level 1 and 2 units, as a percentage of total transfers 2020/21



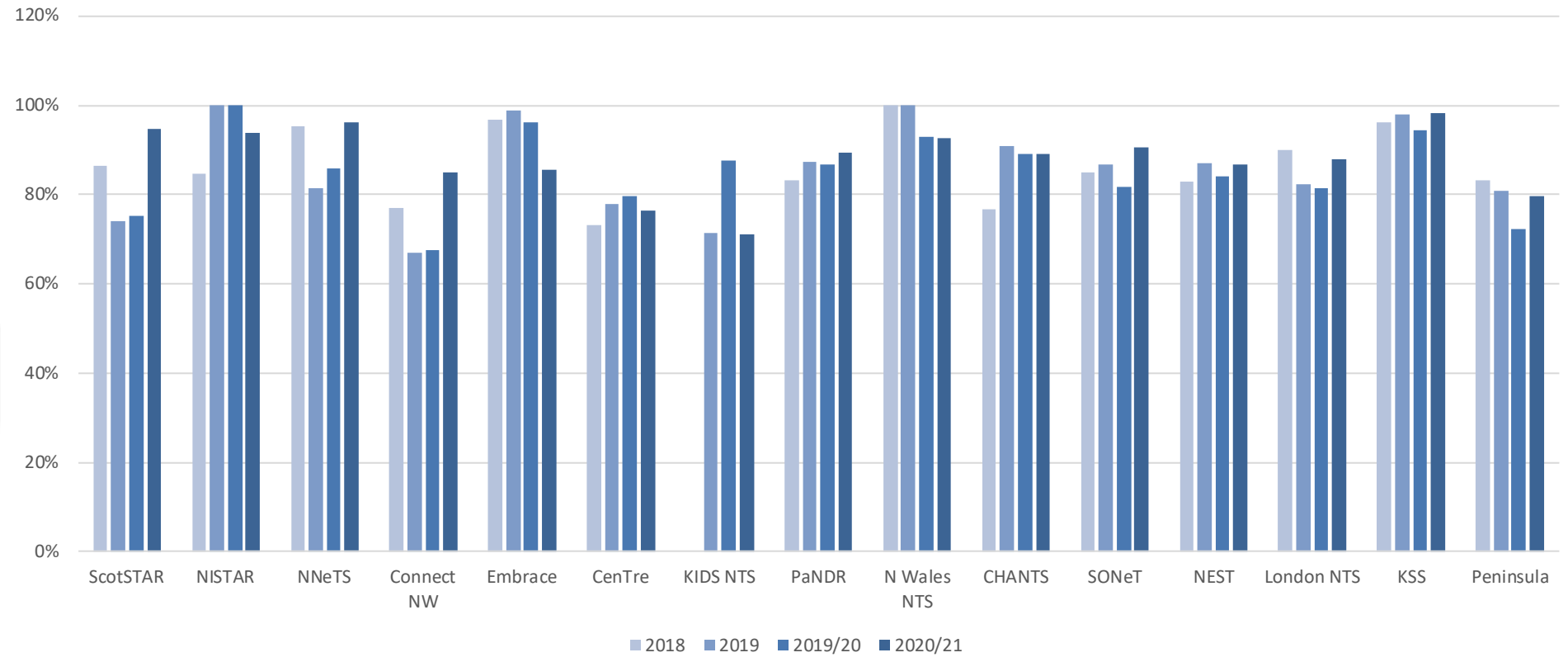
Numbers where the team arrived with the patient within 3.5 hours of the start of the referring call (ITU uplift transfers in the first 3 days of life from level 1 and 2 units), 2020/21



Team arrived with the patient within 3.5 hours of the start of the referring call as a percentage of ICU uplift transfers in the first 3 days of life from level 1 and 2 units 2020/21



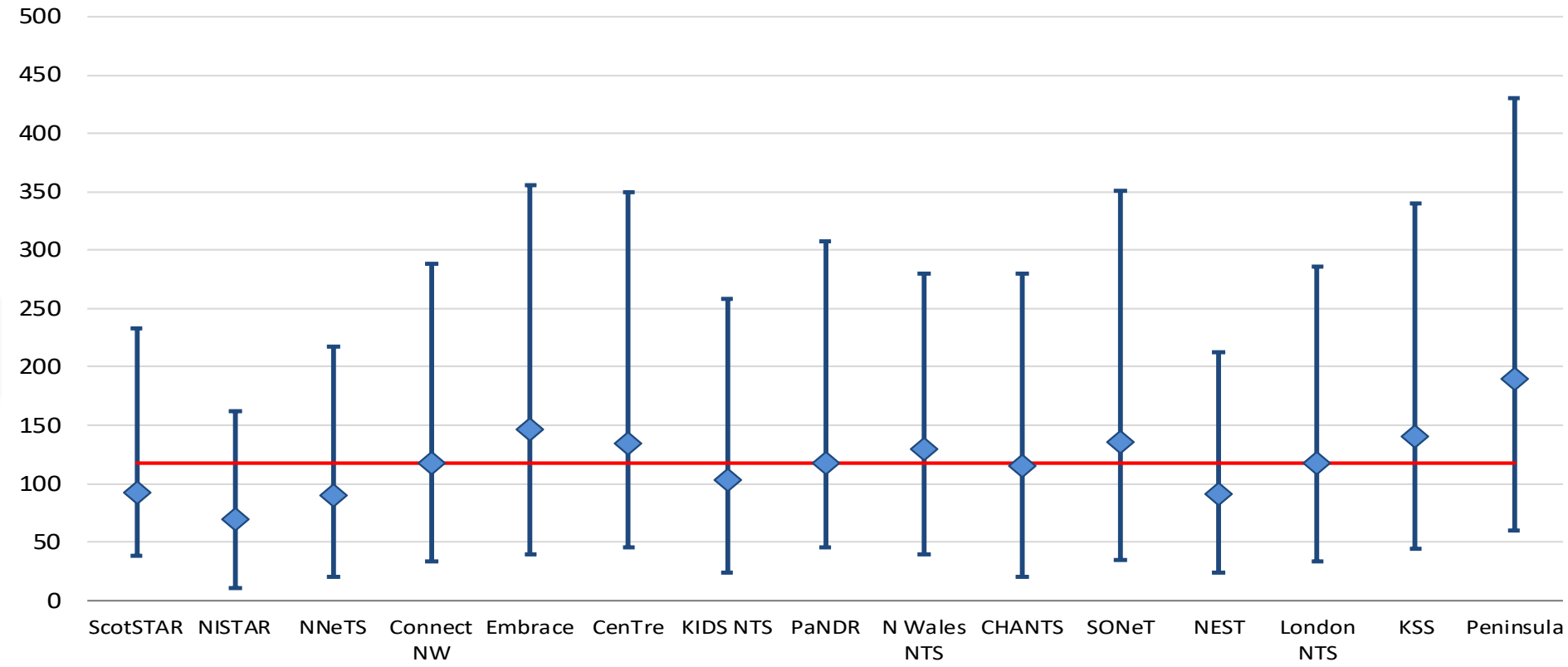
Trends in team arrived with the patient within 3.5 hours of the start of the referring call as a percentage of ICU uplift transfers by team 2018 to 2020/21



Note that this benchmark was made more specific for the 2020-21 data, being restricted to ICU uplift transfers in the first 3 days of life from level 1 and 2 units, whereas previously all ICU uplift transfers were included

Stabilising time (minutes), 2020/21

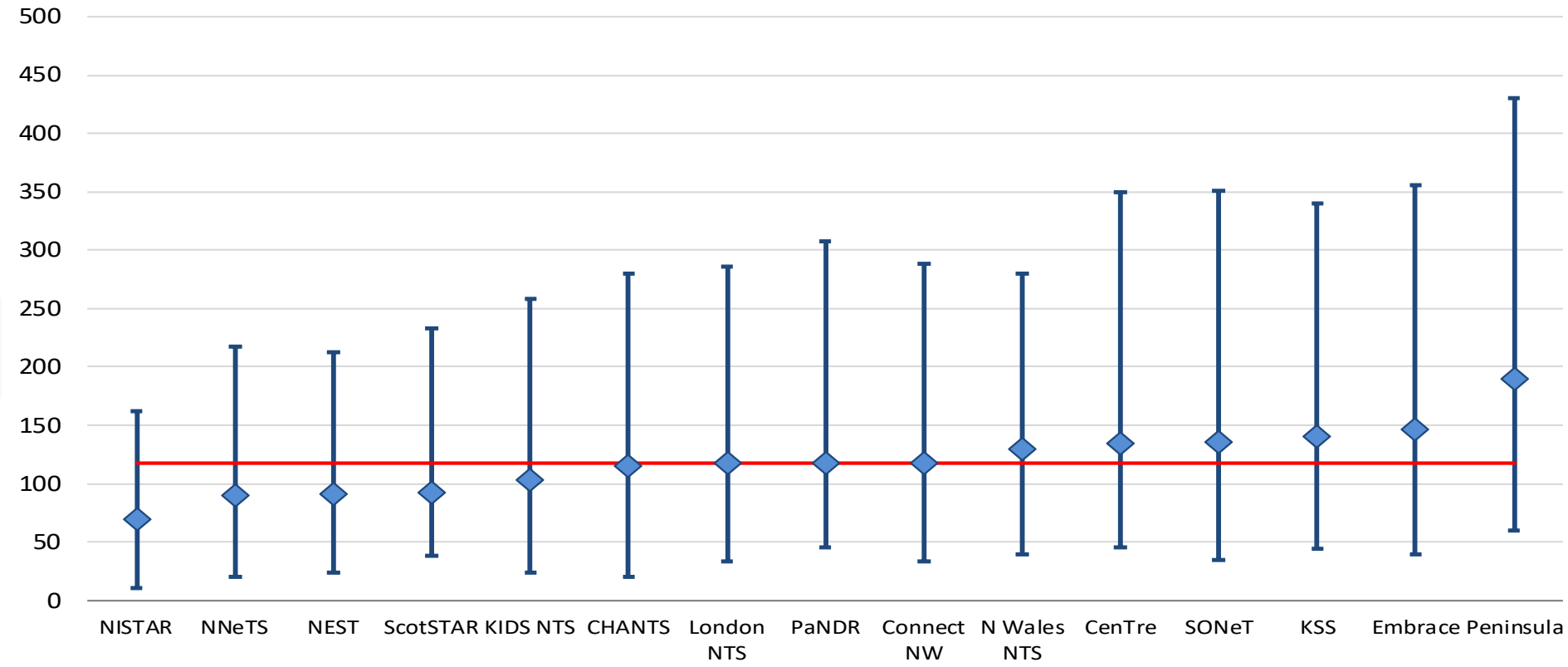
Median (25th & 75th centiles), uplift/ICU transfers, first 3 days of life, level 1 and 2 units



The red line shows the overall median. There is no benchmark for this measure, data is collected for comparison only

Stabilising time (minutes), 2020/21

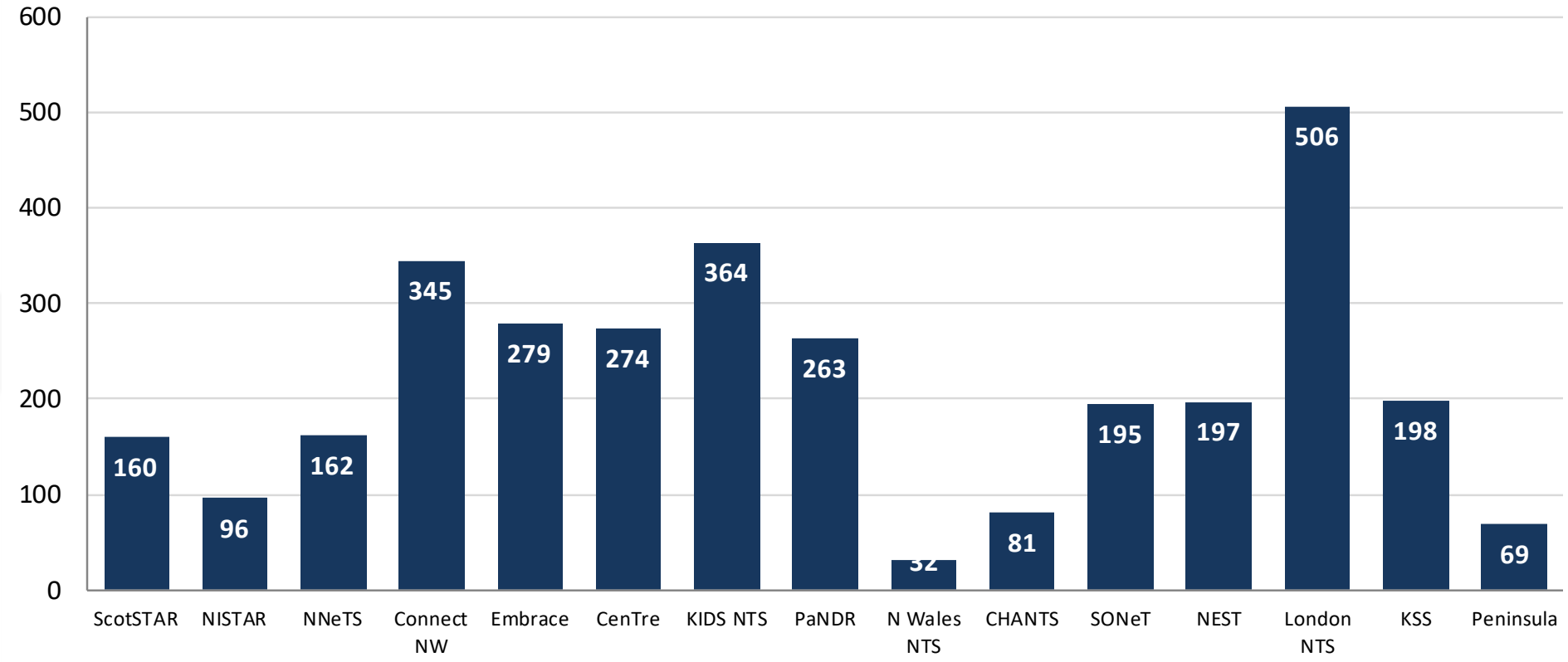
Median (25th & 75th centiles), uplift/ICU transfers first 3 days of life, level 1 and 2 units- ranked



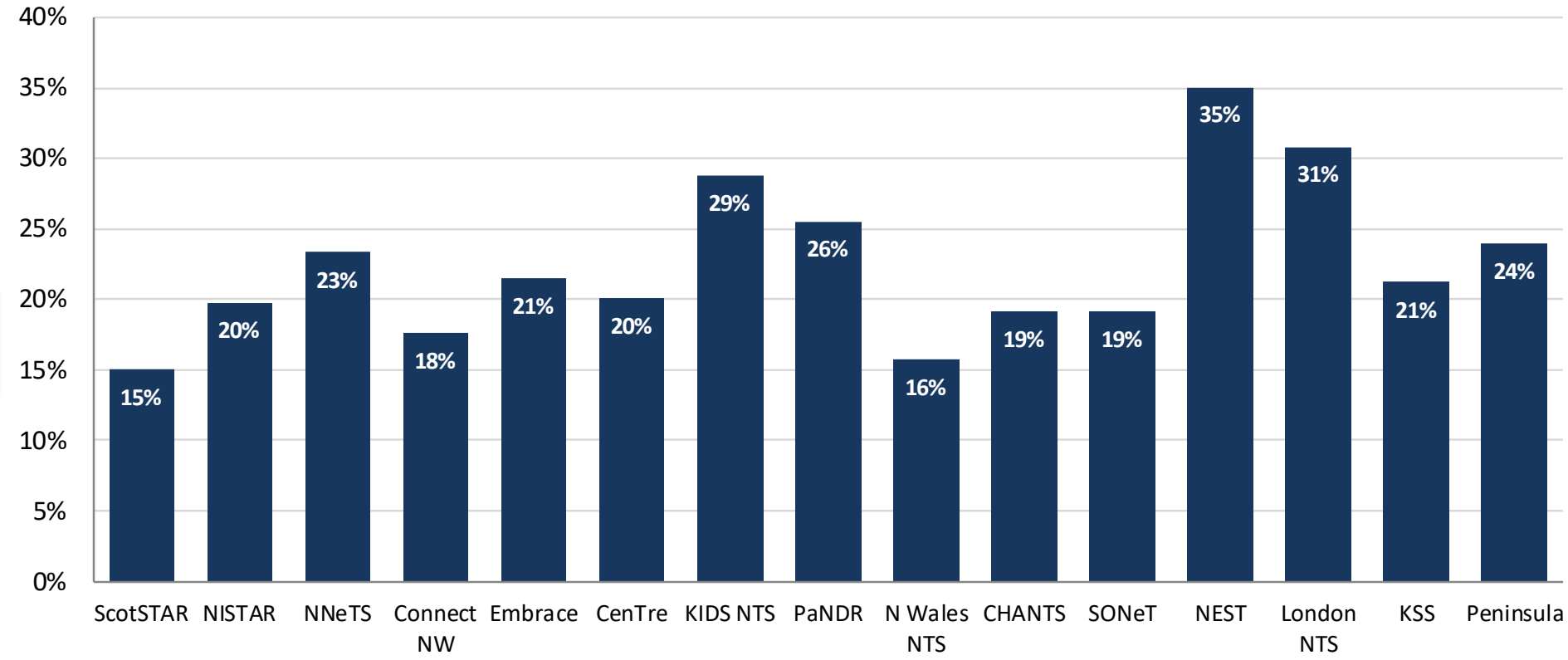
The red line shows the overall median. There is no benchmark for this measure, data is collected for comparison only

Benchmark 4: Overventilation and Underventilation

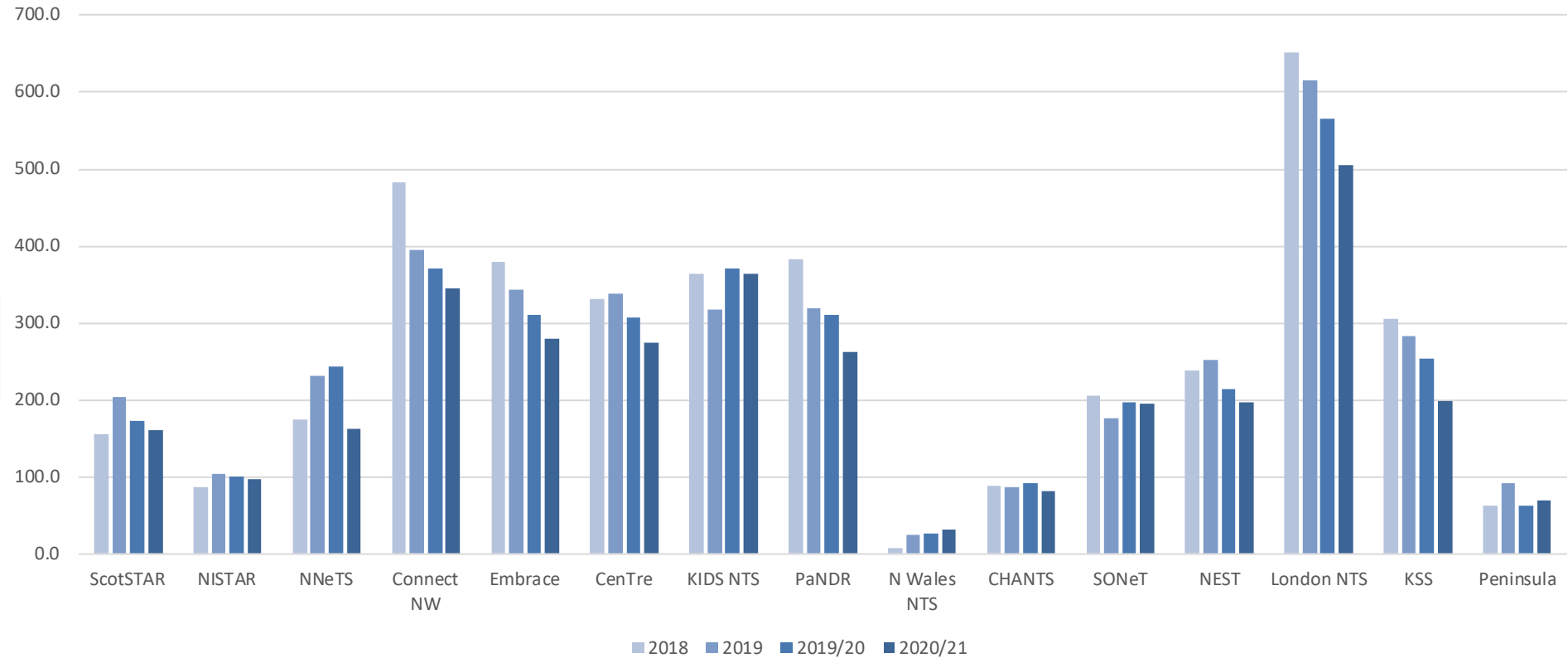
Number of infants who are ventilated in transit by team Apr 2020 to Mar 2021



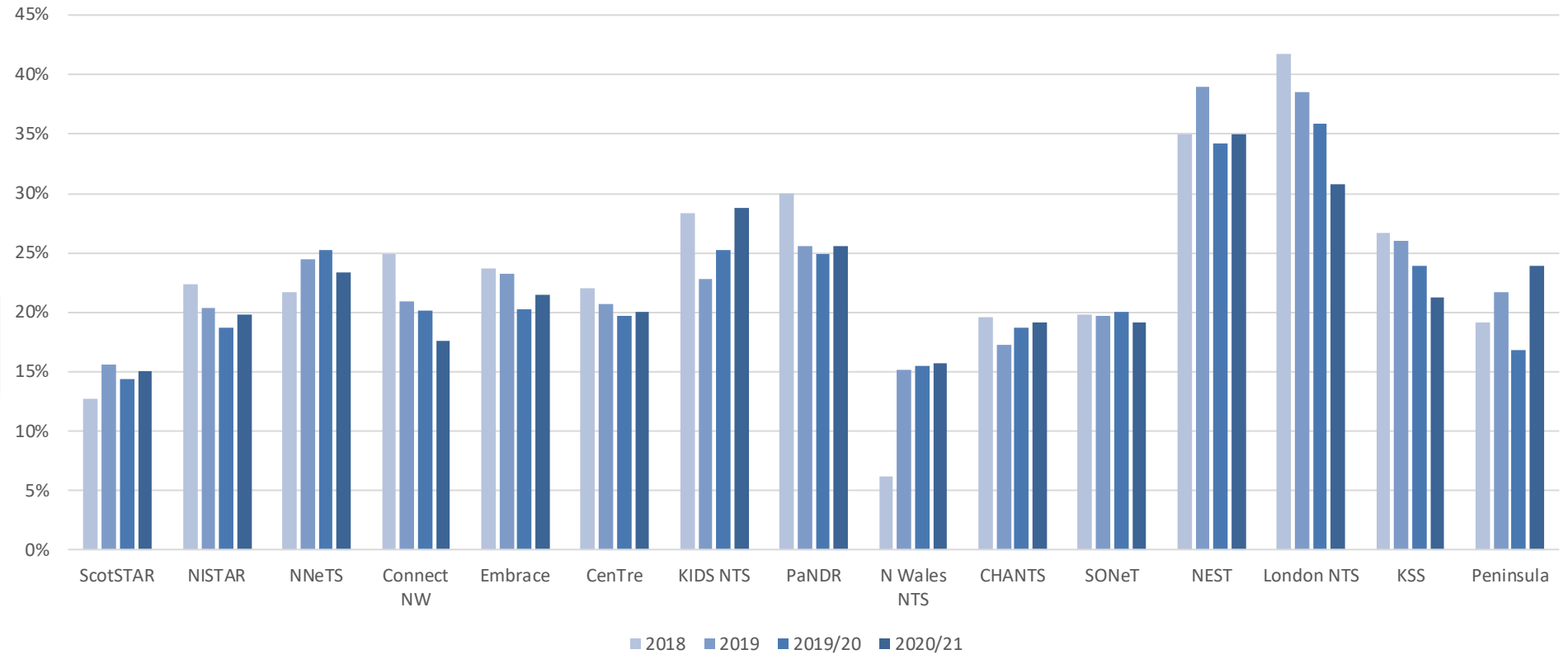
Infants who are ventilated in transit as a percentage of total transfers, by team Apr 2020 to Mar 2021



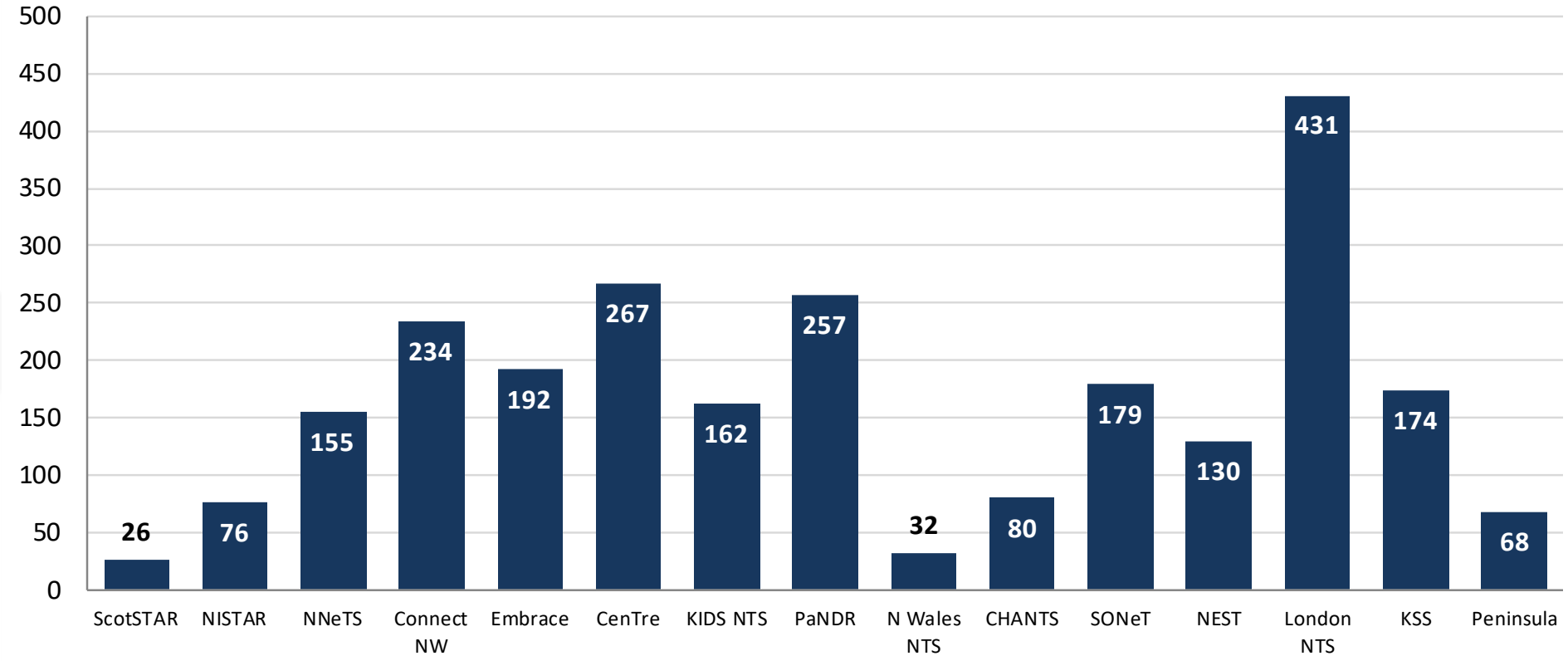
Trends in numbers of infants ventilated in transit by team, 2018 to 2020/21



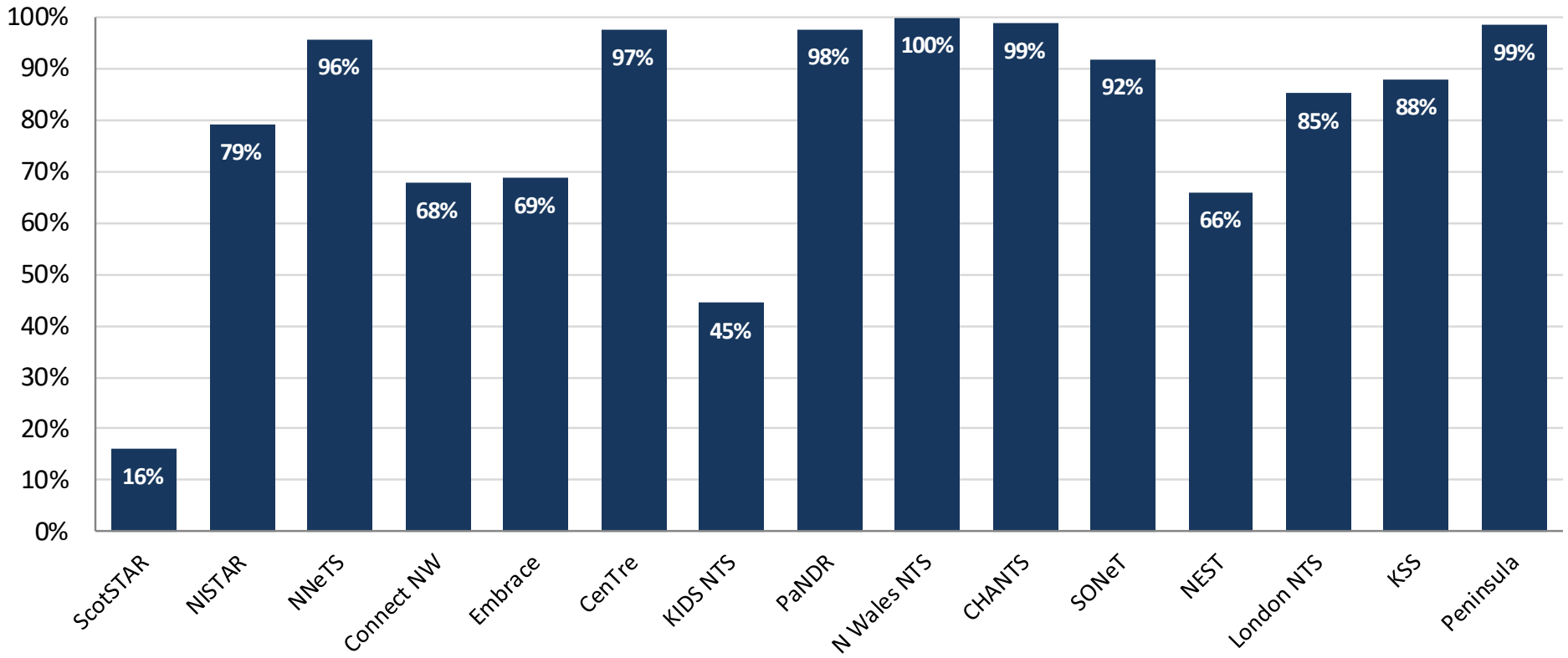
Trends in infants ventilated in transit as a percentage of total transfers, by team 2018 to 2020/21



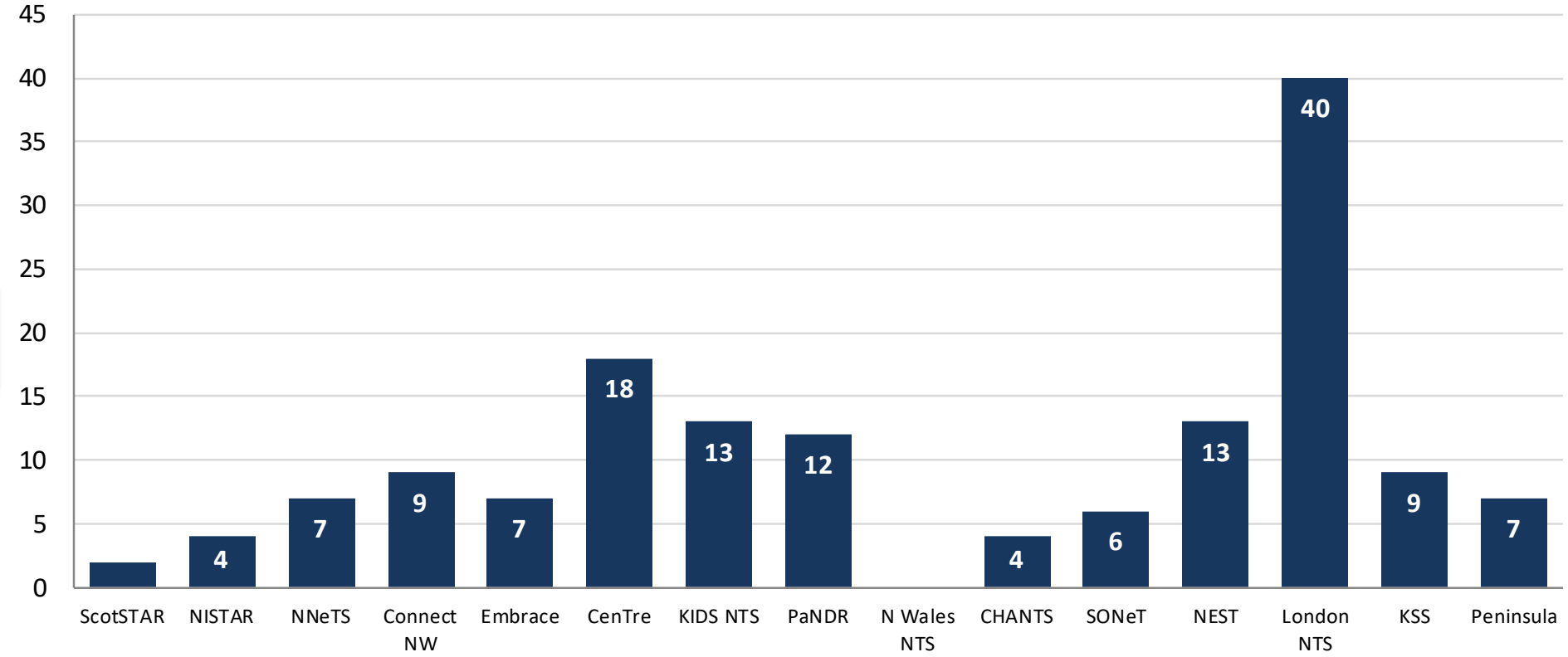
Number of ventilated transfers with a pCO_2 recorded on completion of the transfer, by team Apr 2020 to Mar 2021



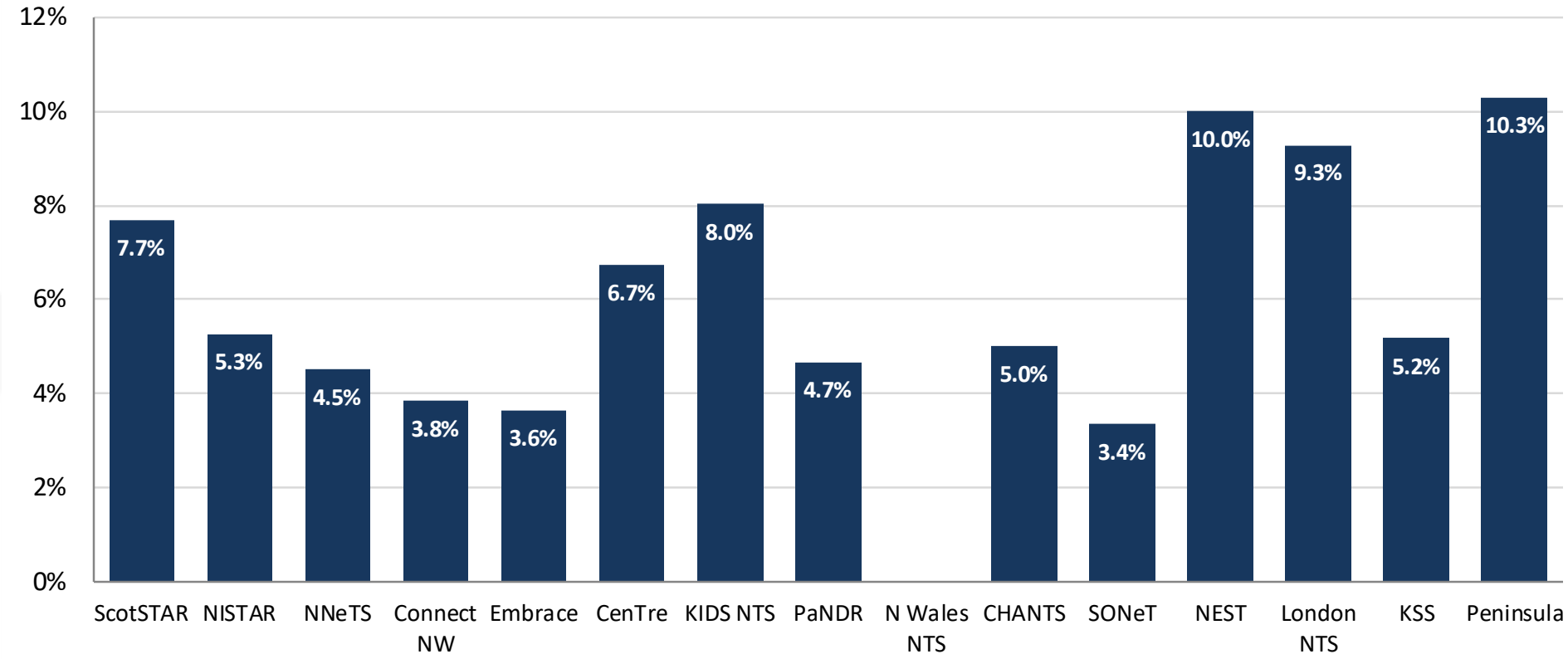
Ventilated patients with a pCO_2 recorded on completion of transfer, as a percentage of ventilated transfers by team, Apr 2020 to Mar 2021



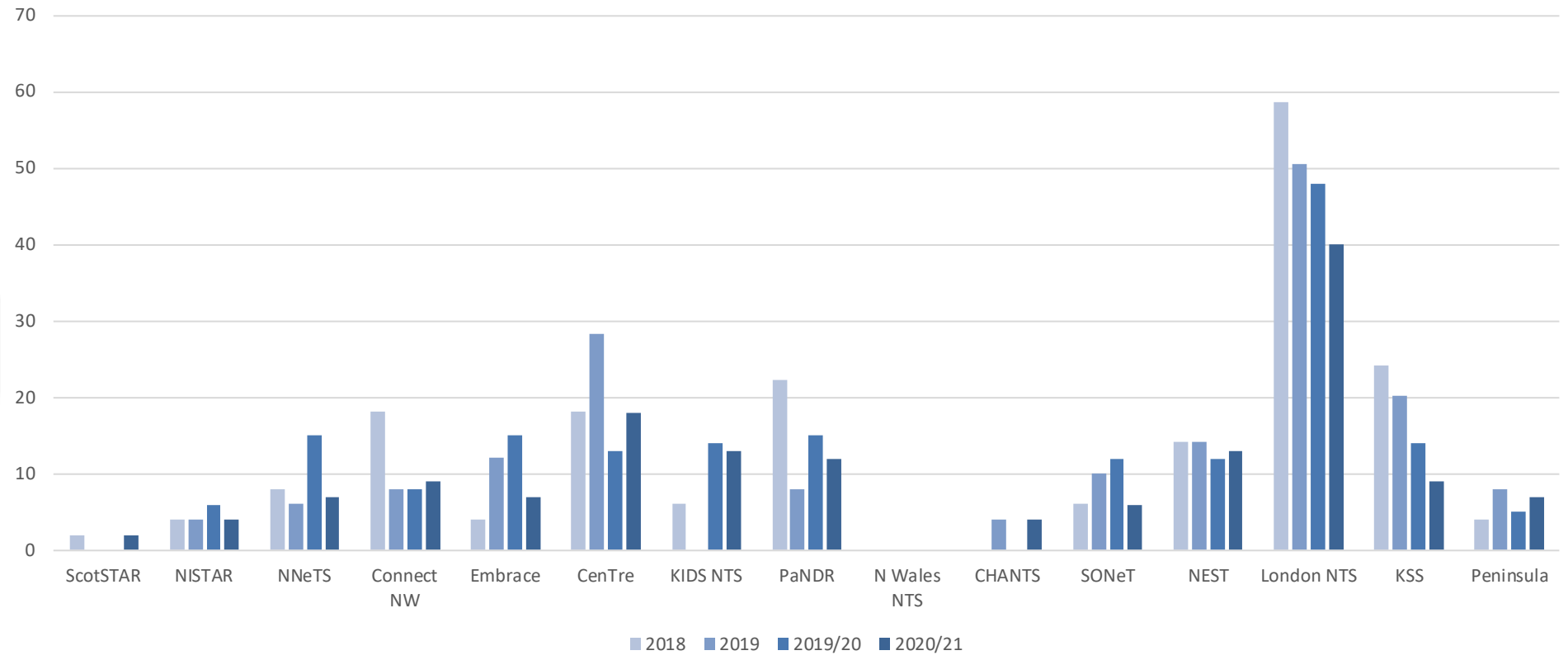
Numbers of ventilated patients with a pCO2 <4 kPa by team Apr 2019 to Mar 2020



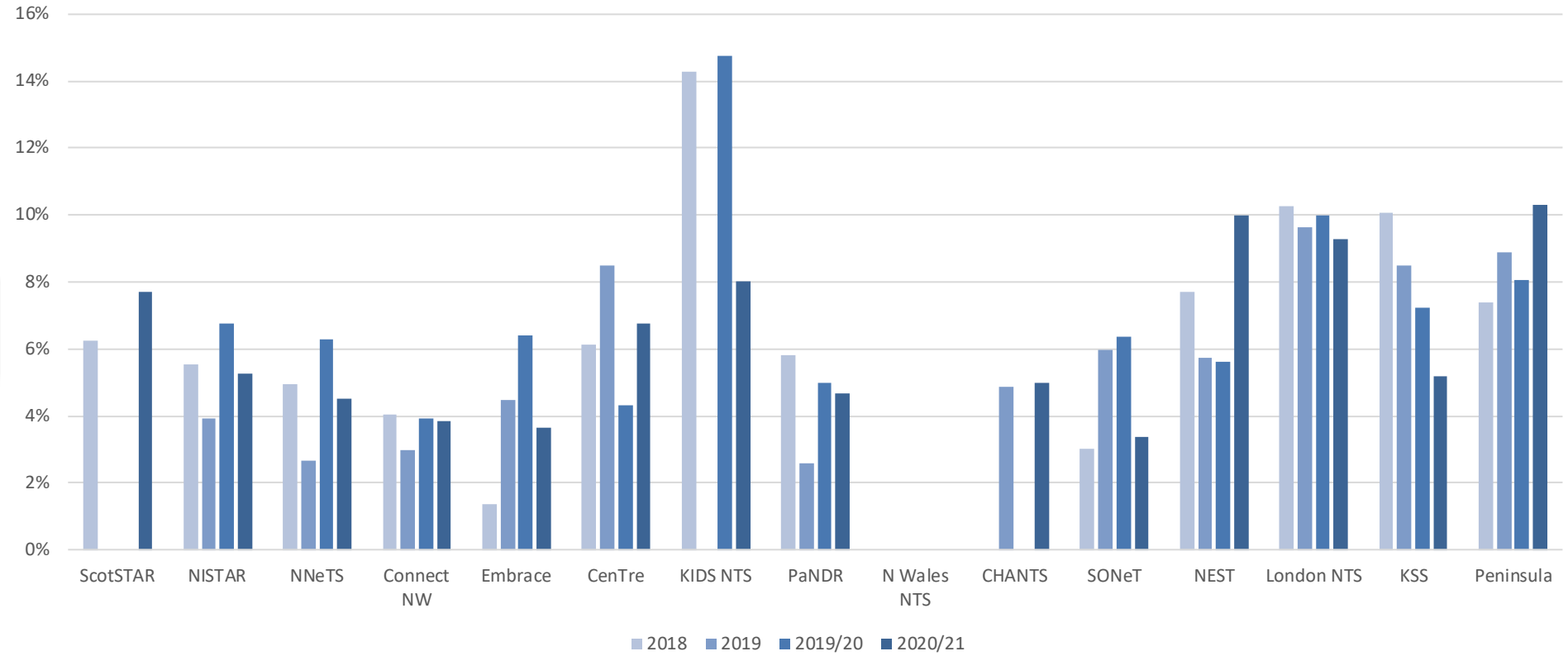
pCO2 <4 on completion of transfer as a percentage of ventilated transfers with CO2 data recorded by team, 2020/21



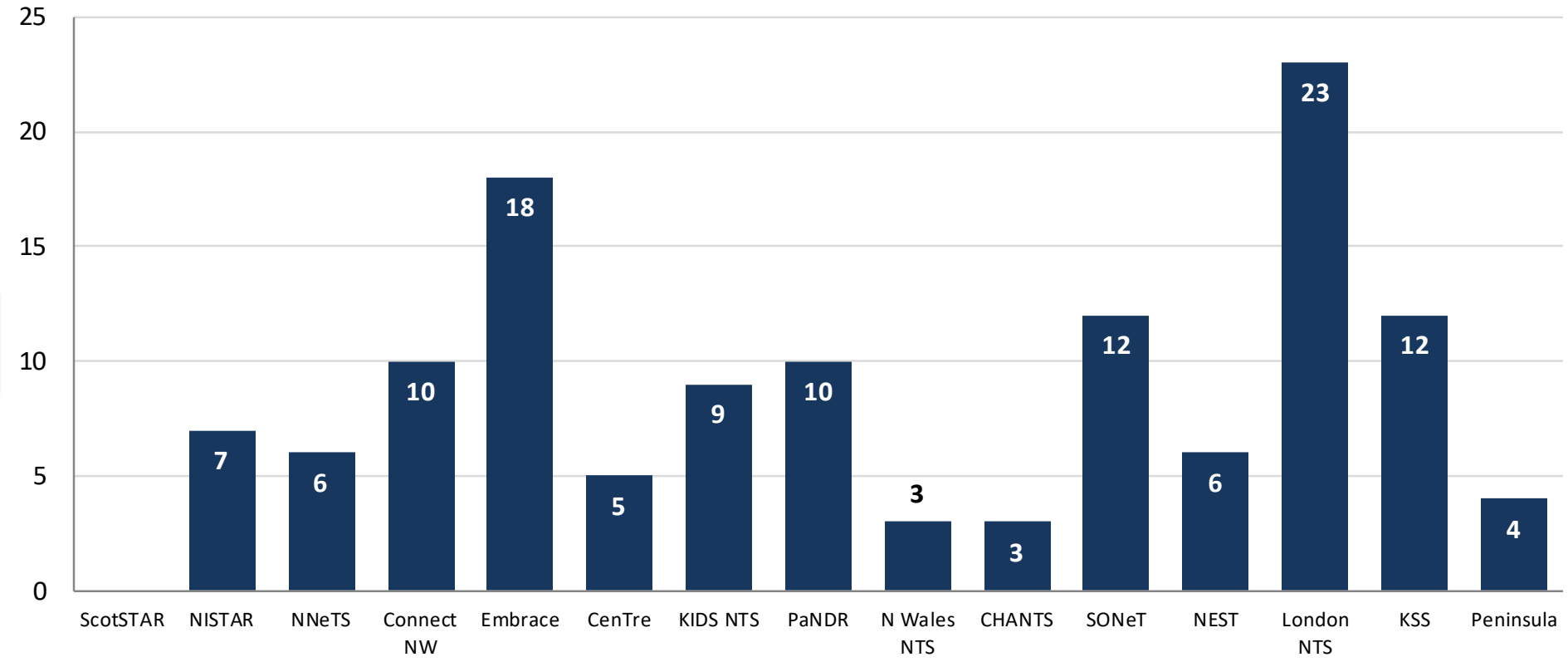
Trends in numbers of ventilated transfers with a pCO2 <4 kPa on completion by team 2018 to 2020/21



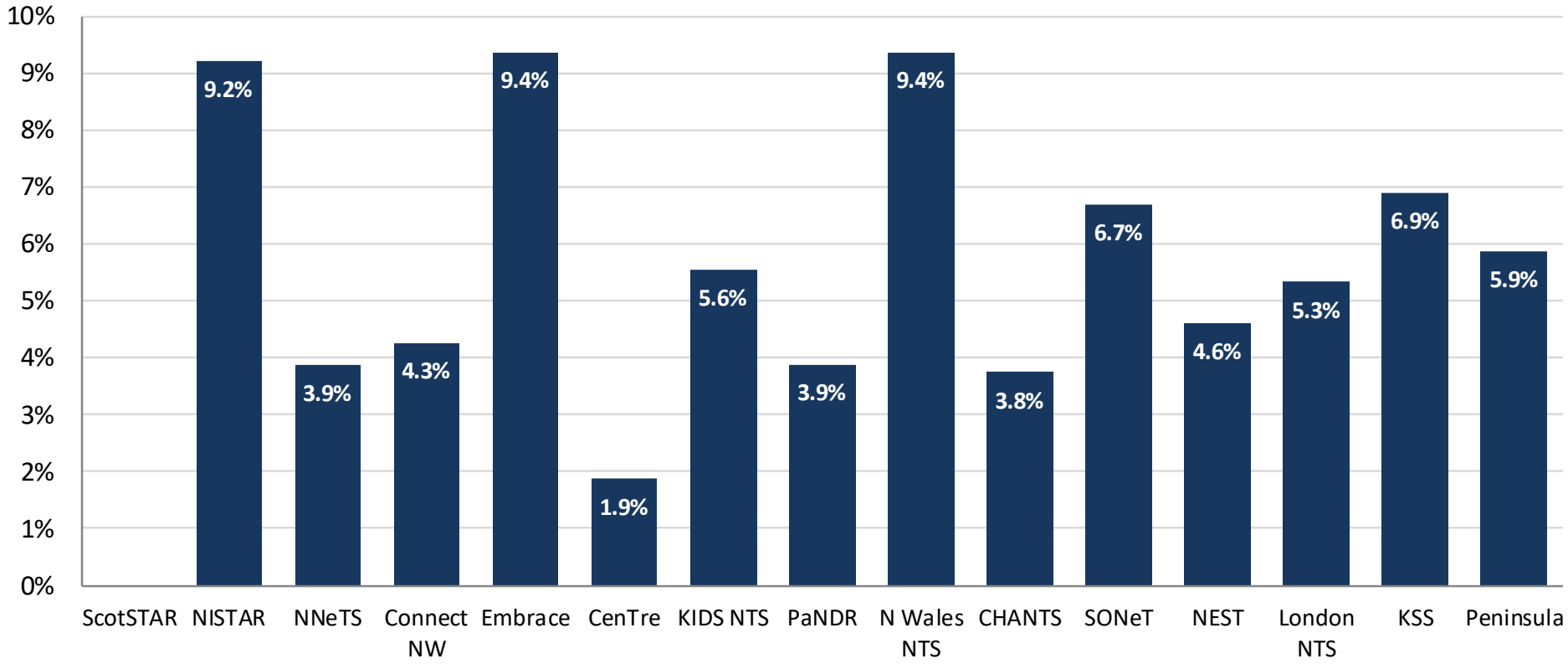
Trends in infants with pCO2 <4kPa on completion of transfer, as a percentage of ventilated transfers with CO2 data available, by team 2018 to 2020/21



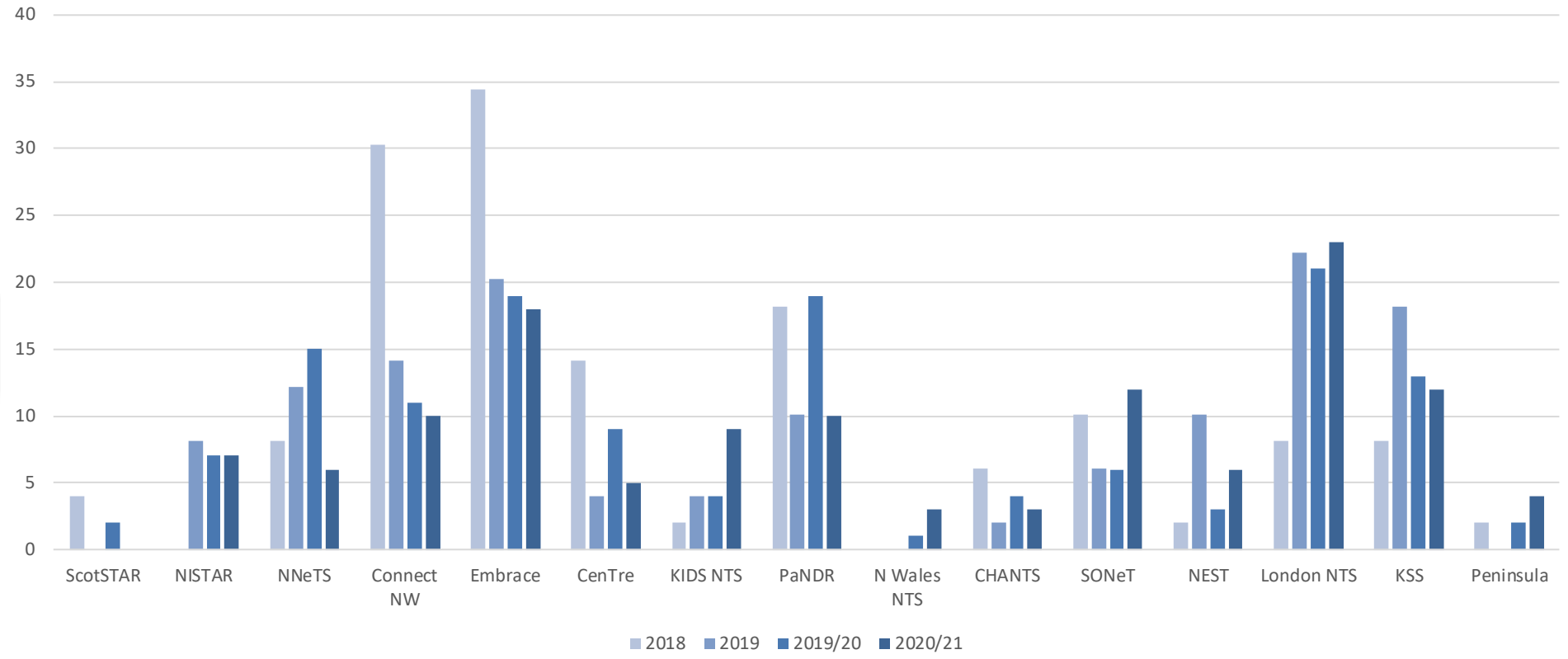
Numbers where the pCO_2 was >7 kPa and the pH <7.2 in ventilated infants on completion of transfer by team, 2020/21



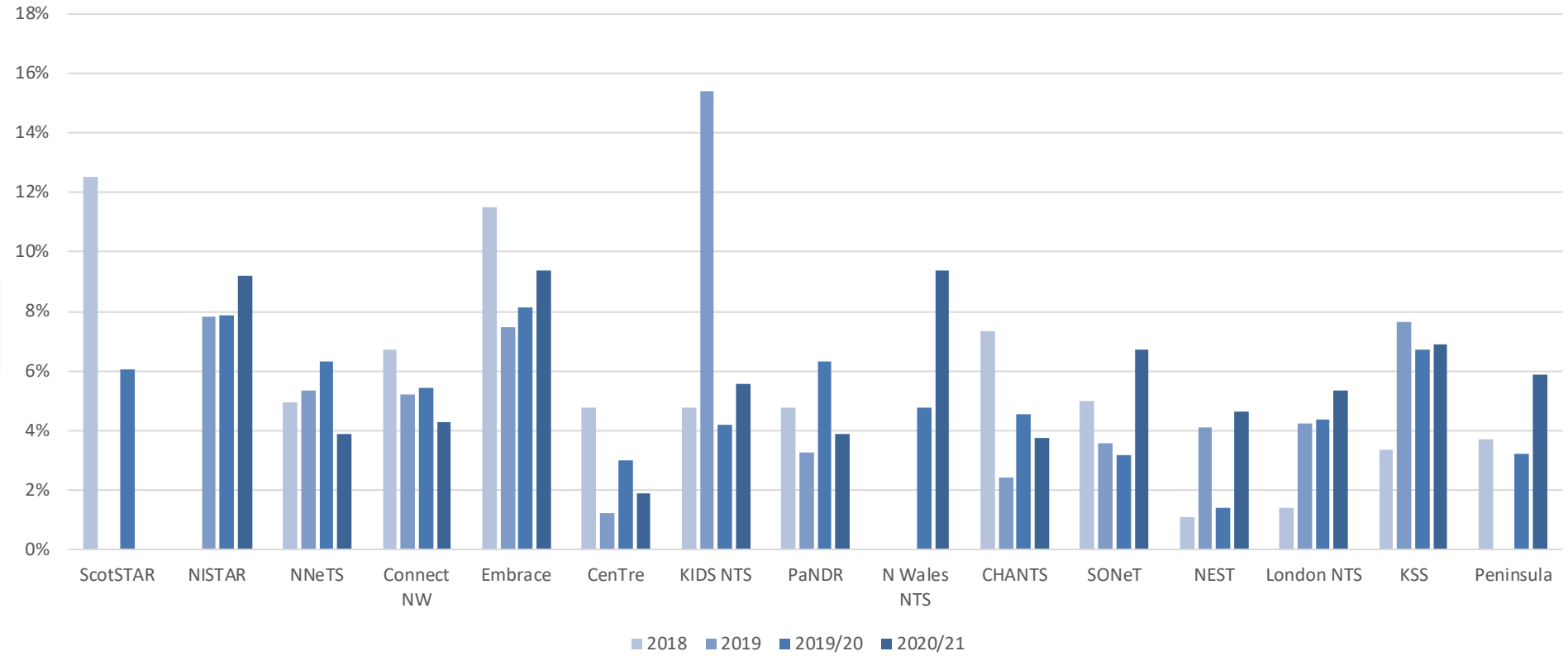
pCO_2 >7 kPa and pH <7.2 on completion of transfer as a percentage of ventilated transfers with CO2 data available by team 2020/21



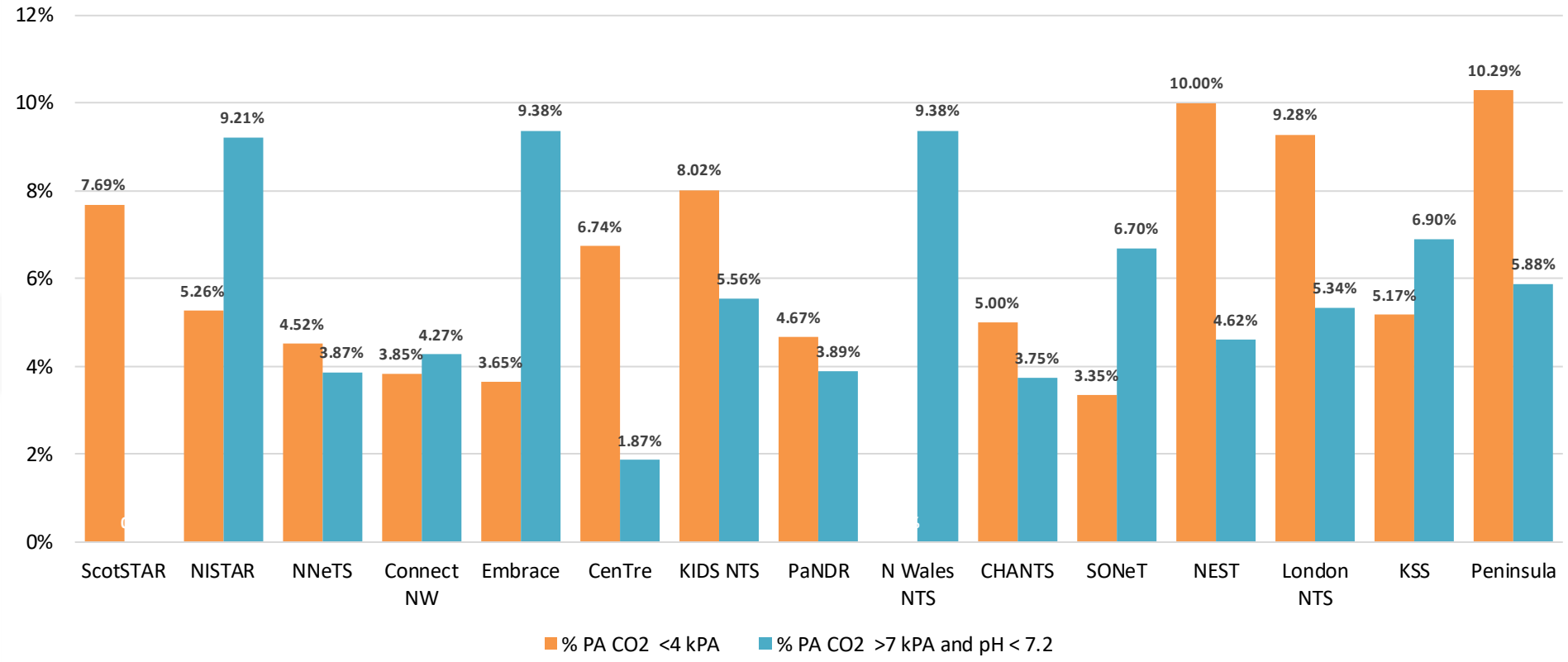
Trends in numbers with pCO_2 >7 kPa and pH <7.2 in ventilated transfers by team 2018 to 2020/21



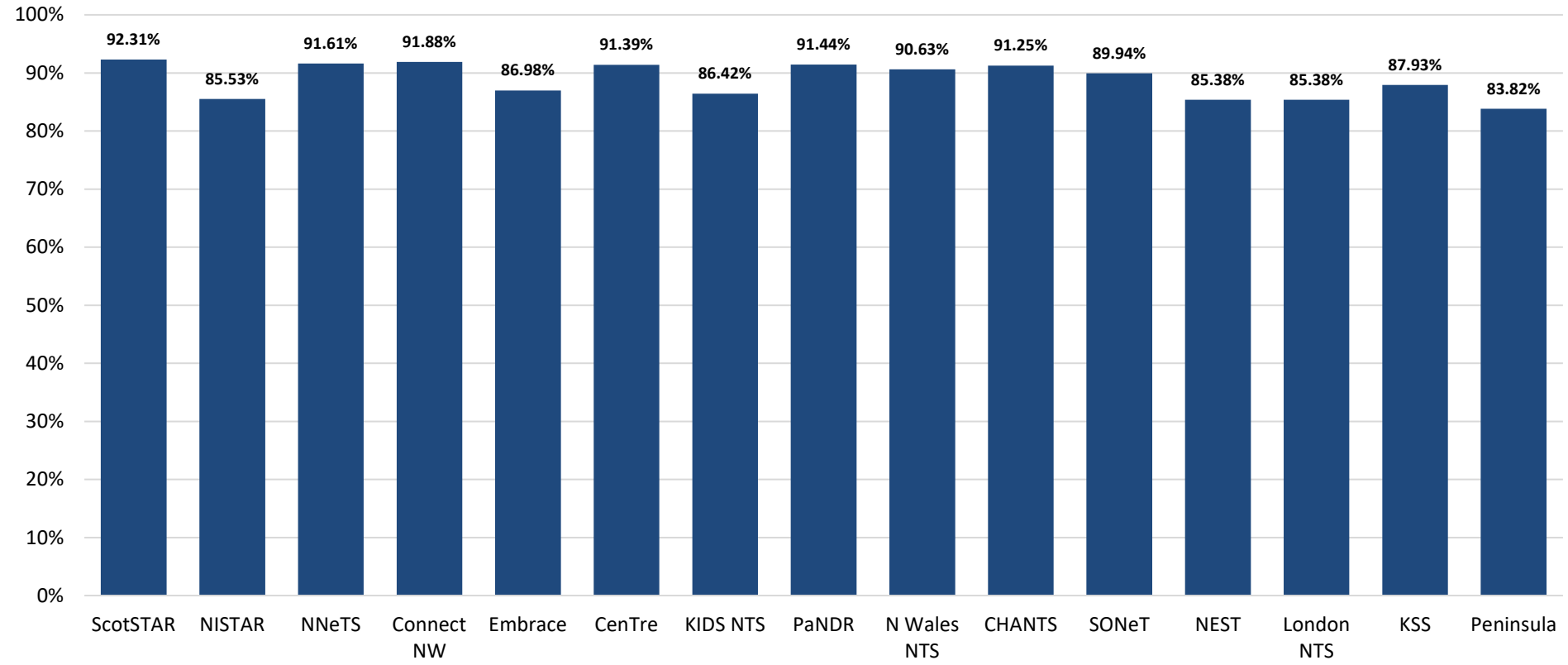
Trends in pCO_2 >7 kPa and pH <7.2 on completion of transfer as a percentage of ventilated transfers with CO2 data available by team 2018 to 2020/21



pCO_2 <4 kPa or pCO_2 >7 kPa and pH <7.2 on completion of ventilated transfers by team as a percentage of ventilated transfers 2020/21



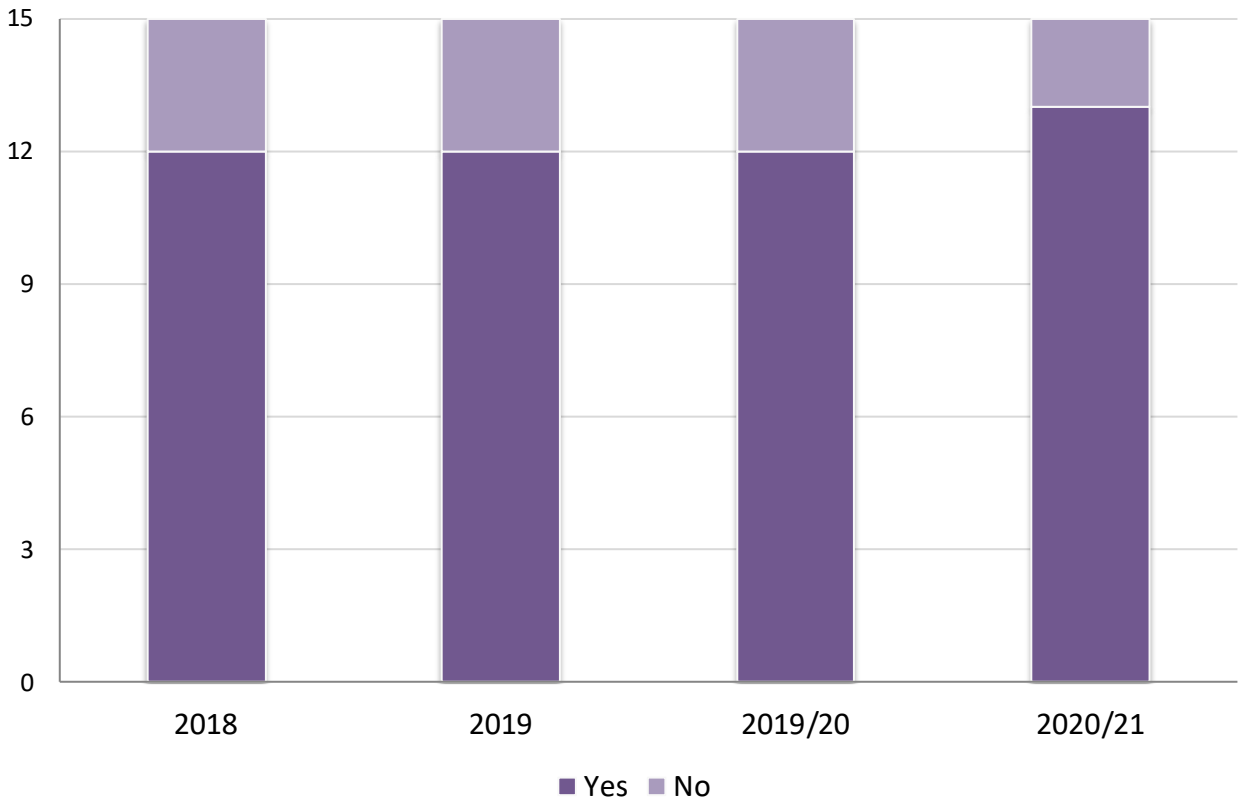
pCO_2 not > 4 kPa or pCO_2 <7 kPa and pH >7.2 on completion of ventilated transfers, as a percentage of ventilated transfers with data available, by team 2020/21



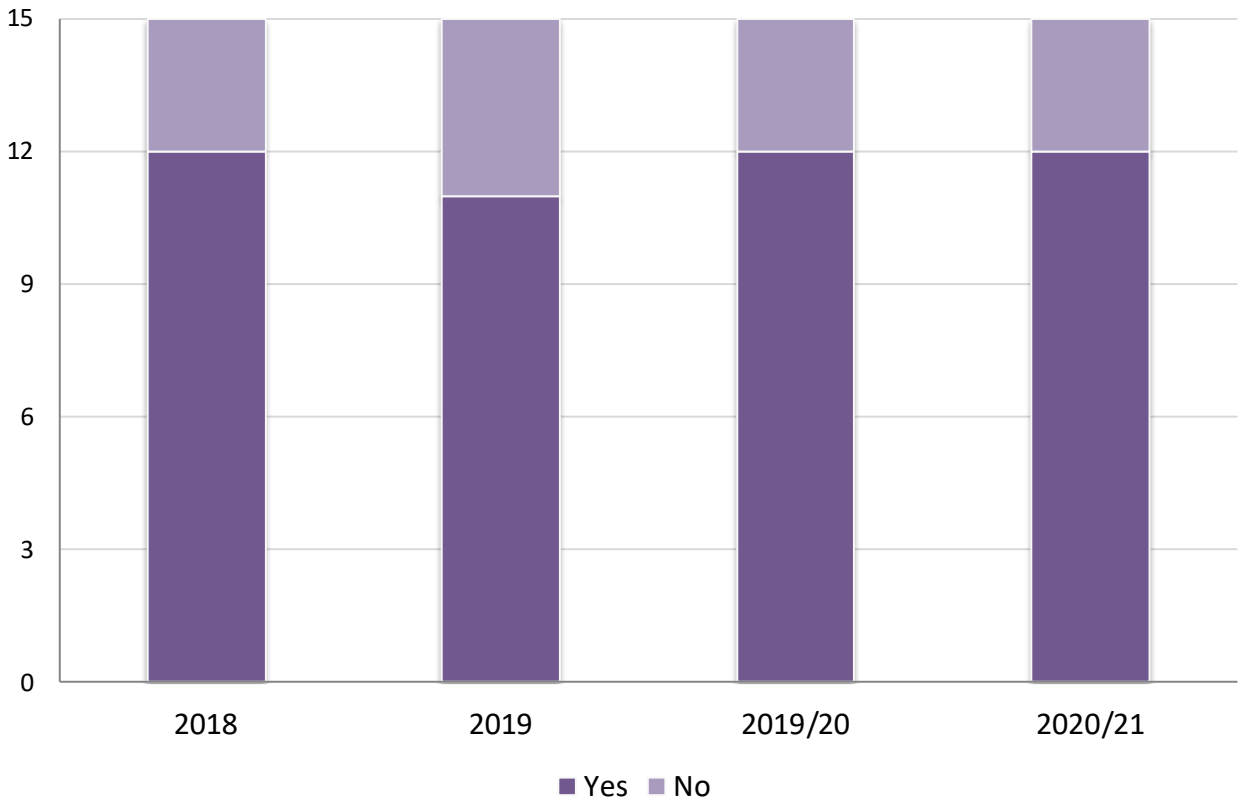
Team service characteristics

- 24 hour service
- Cot Bureau for ex utero transfers
- Conference calling available
- Local process in place for reviewing extreme preterm deliveries outwith level 3 NICUs
- Whether bilious vomiting transfers are treated as ‘time critical”
- Does your service offer support in locating neonatal and maternal beds for in utero transfers
- High Frequency Oscillation Ventilation available in transit
- Servo Controlled active cooling available in transit
- Dedicated vehicles for neonatal transport
- Consultant availability
- Use of transcutaneous CO2 monitoring
- Use of ET CO2 monitoring
- Volume targeted ventilation available in transit

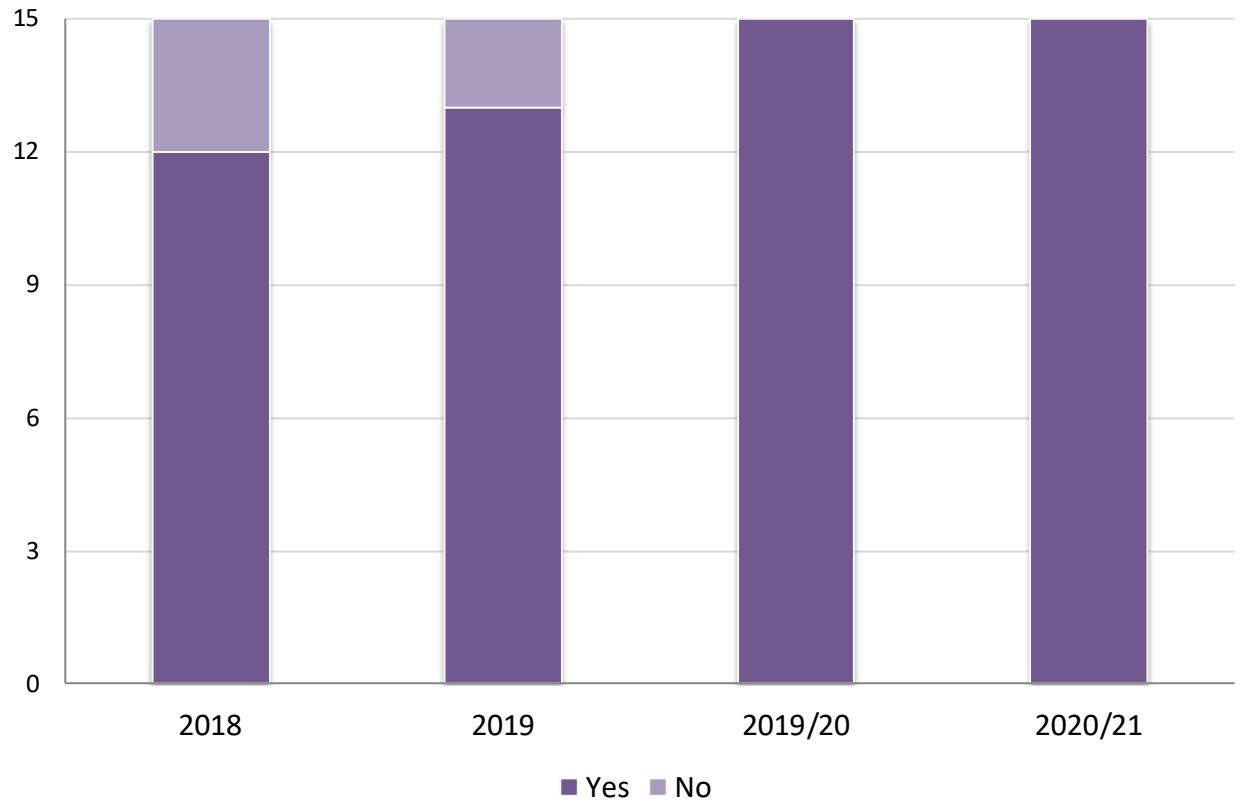
Service Characteristics 2020/21
24 hour service



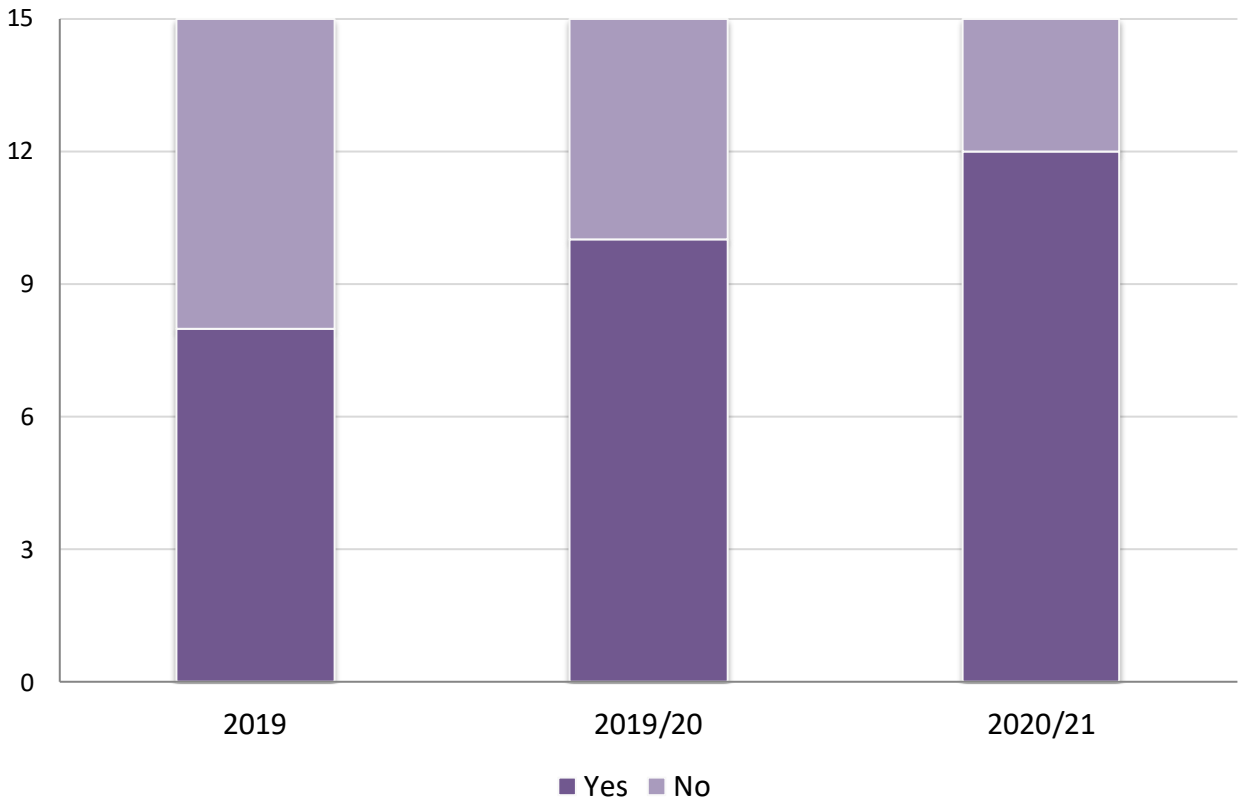
Service Characteristics 2020/21
Run a cot bureau



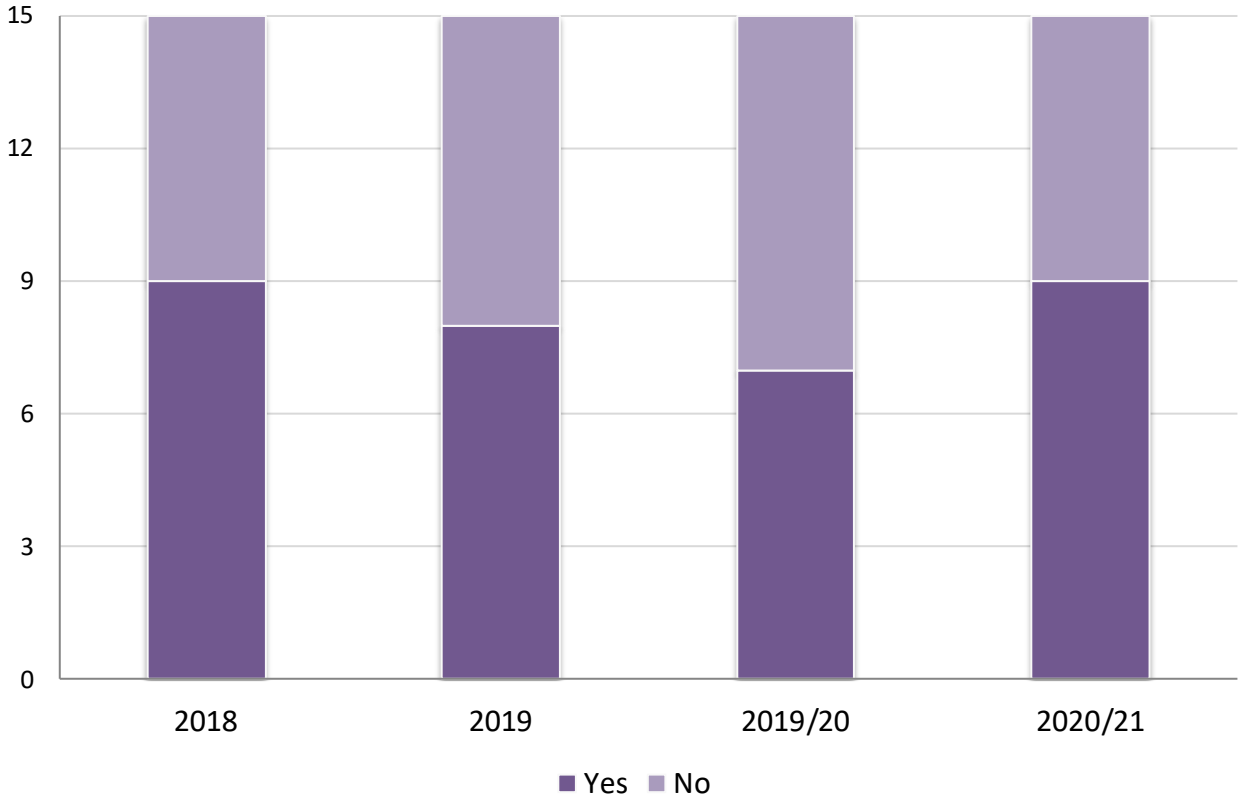
Service Characteristics 2020/21
Conference Calling



Service Characteristics 2020/21
Local network “wrong place” review

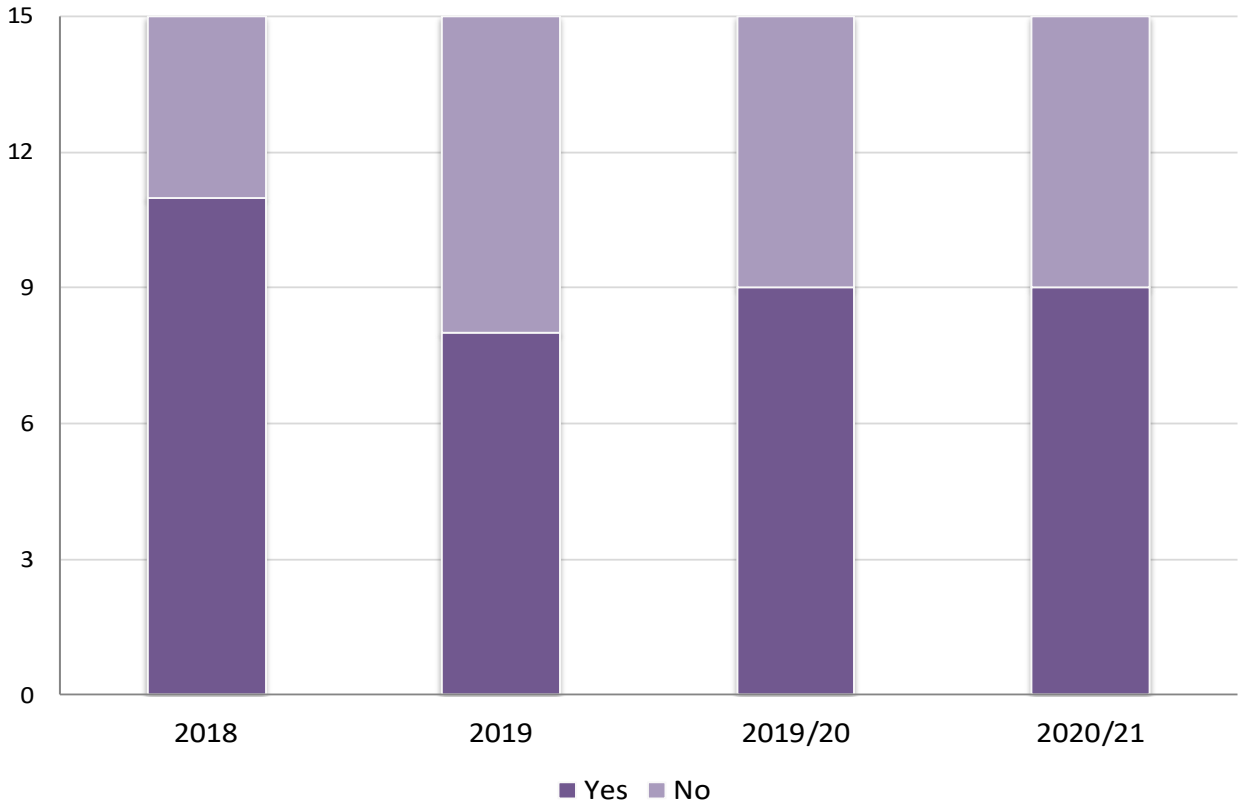


Service Characteristics 2020/21
Infants referred with bile-stained vomiting/aspirates treated as time-critical transfers ?

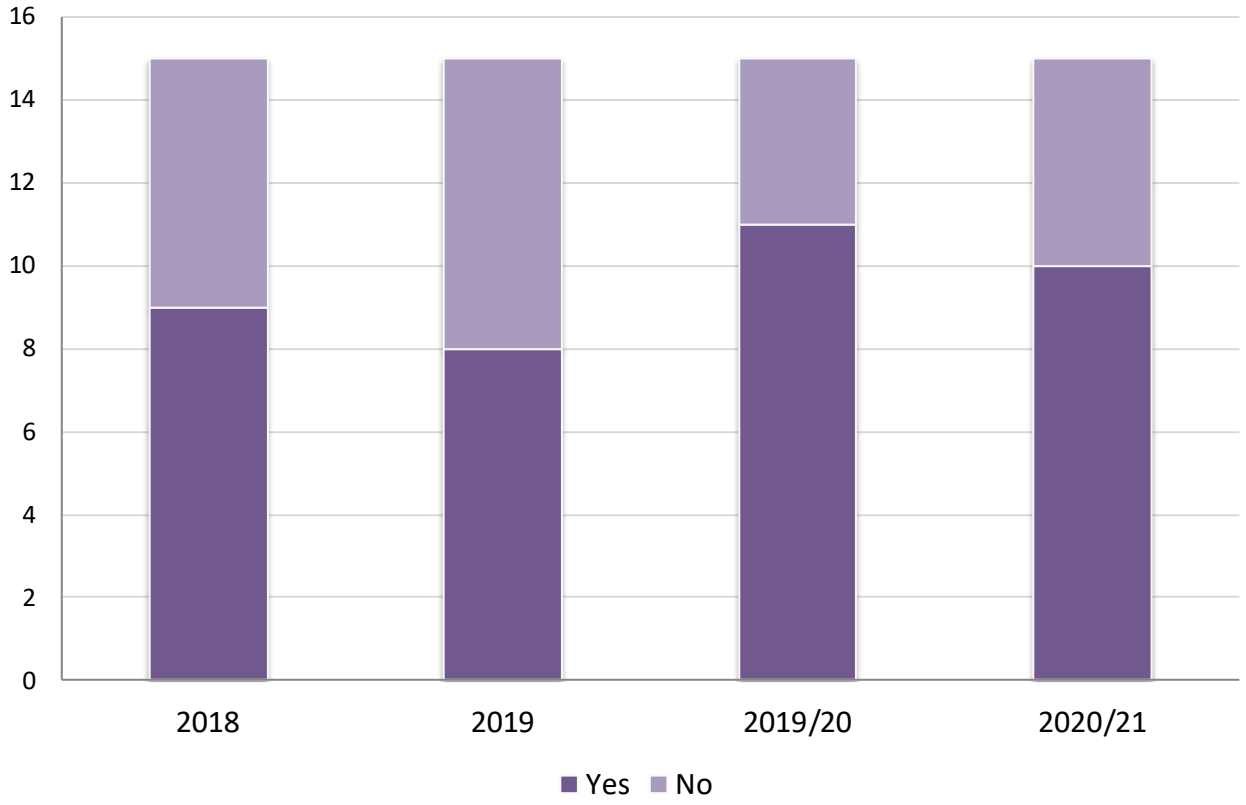


Service Characteristics 2020/21

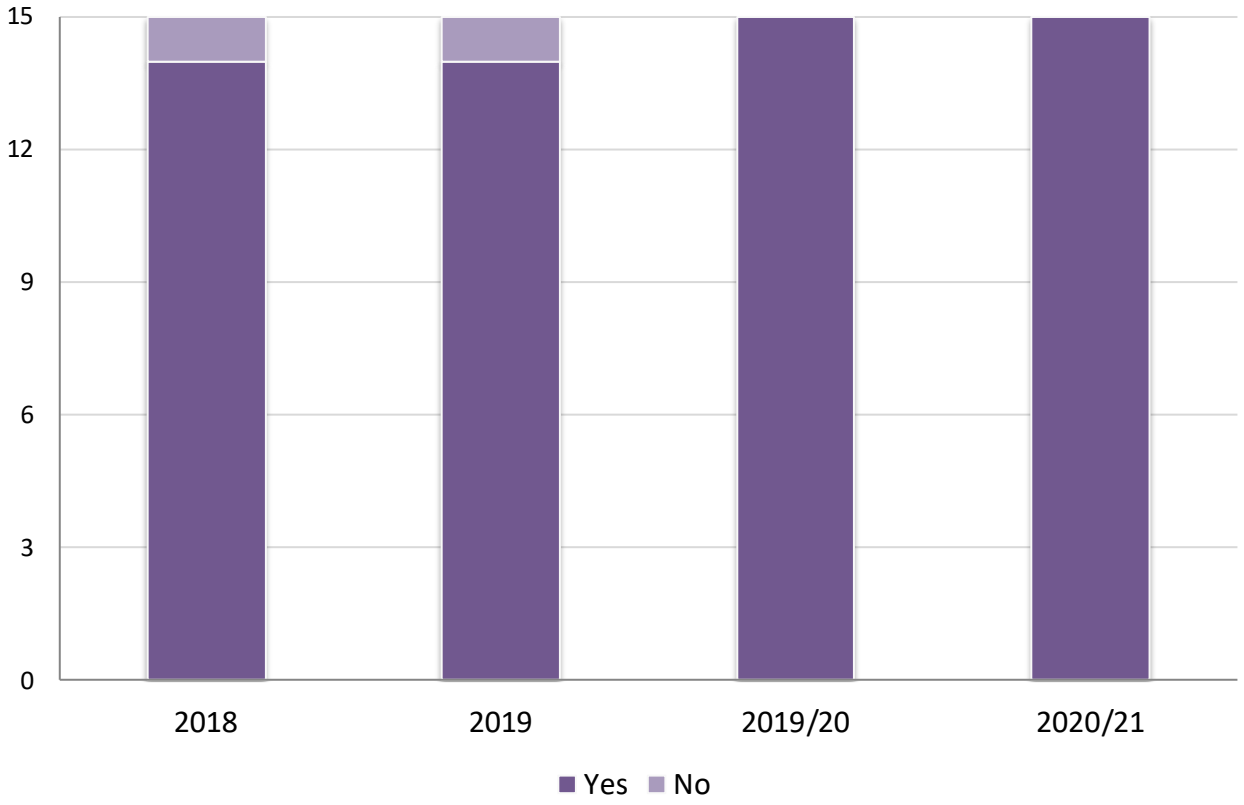
Do you offer support for locating appropriate maternal and neonatal beds for in-utero transfers?



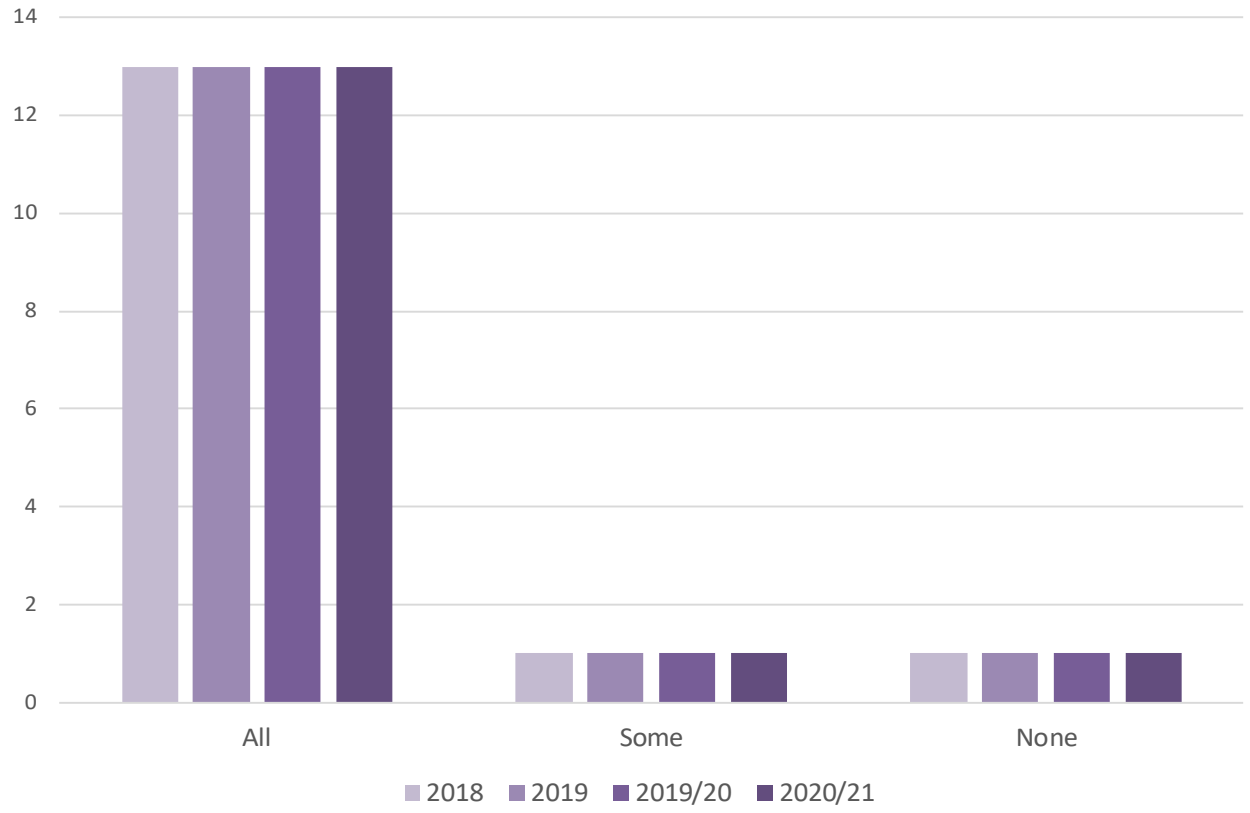
Service Characteristics 2020/21
HFO offered in Transit



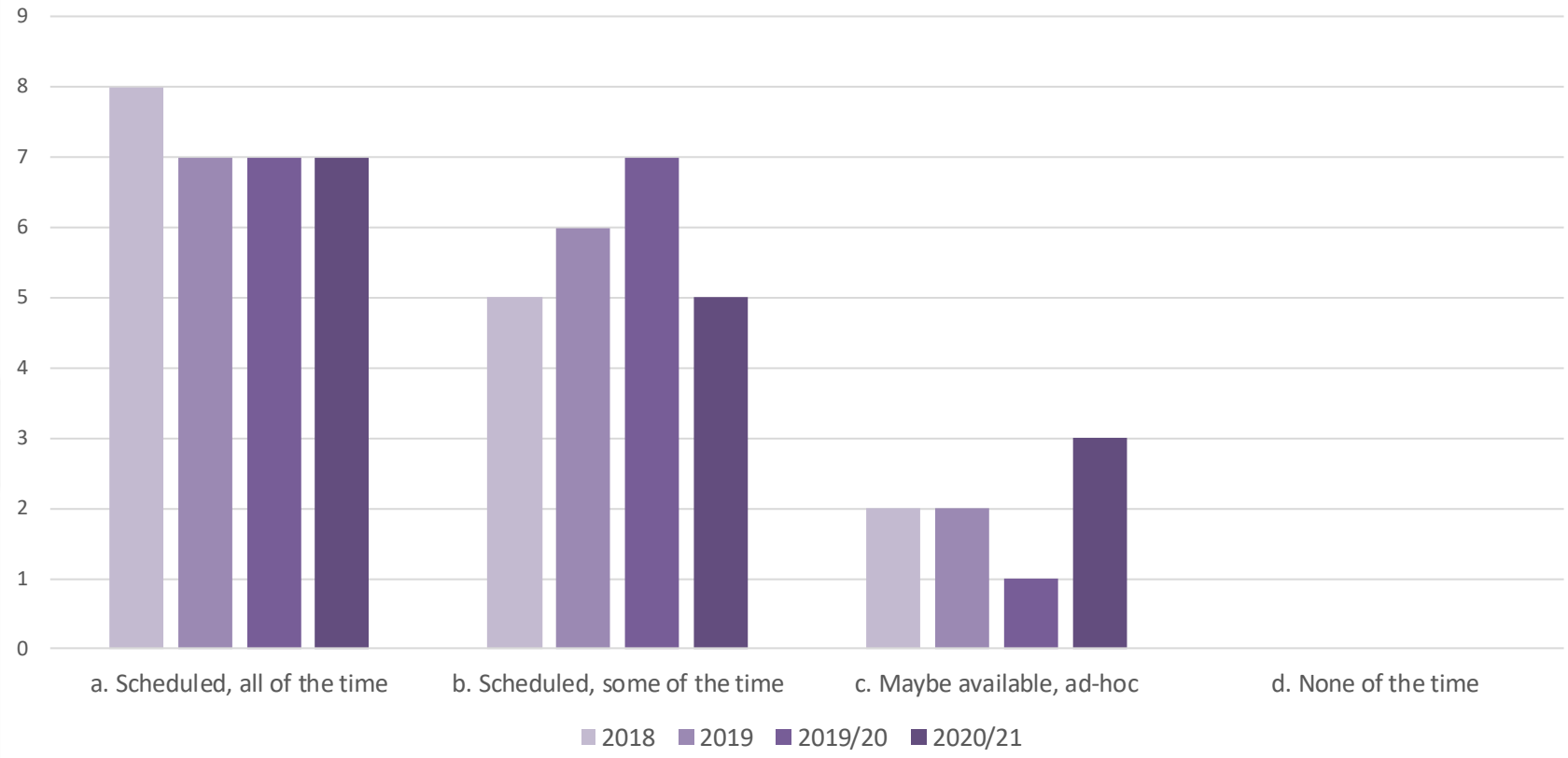
Service Characteristics 2020/21
Provide servo-controlled active cooling in transit



Service Characteristics 2020/21
Dedicated Vehicles

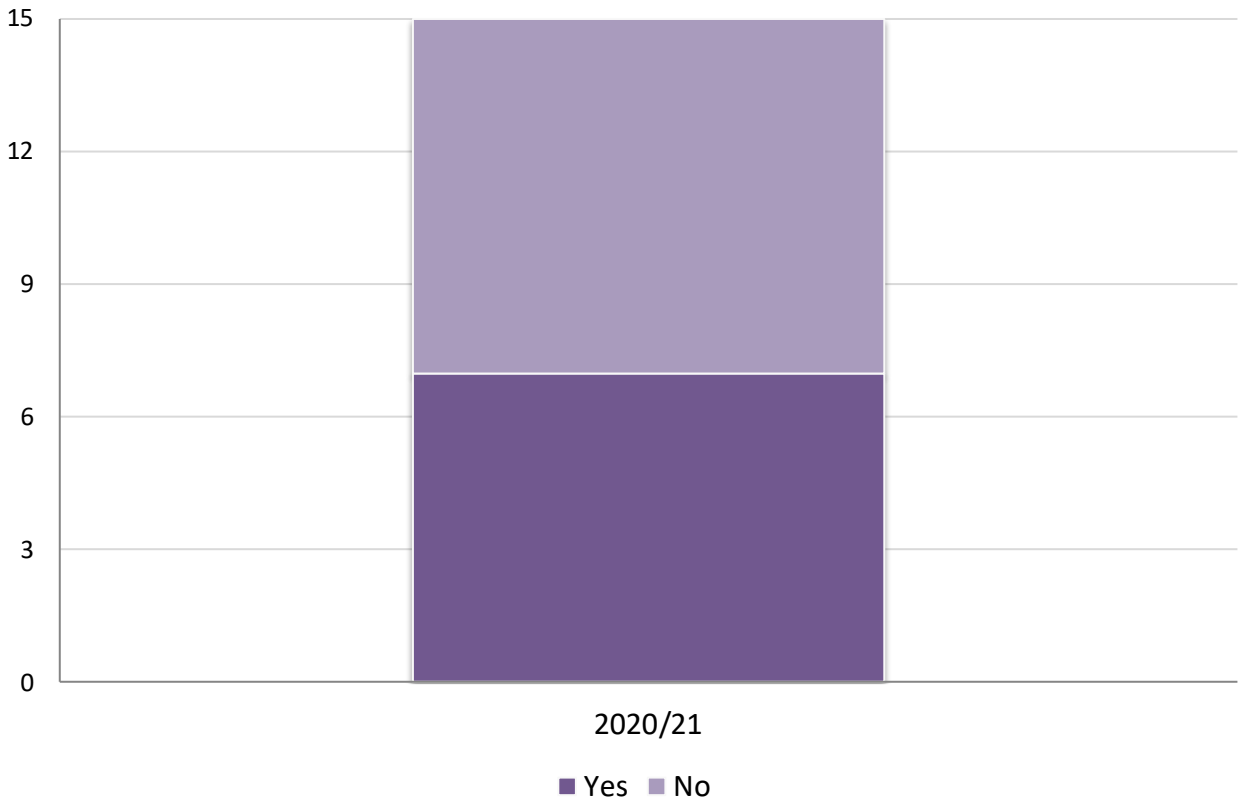


Service Characteristics 2020/21 Consultants

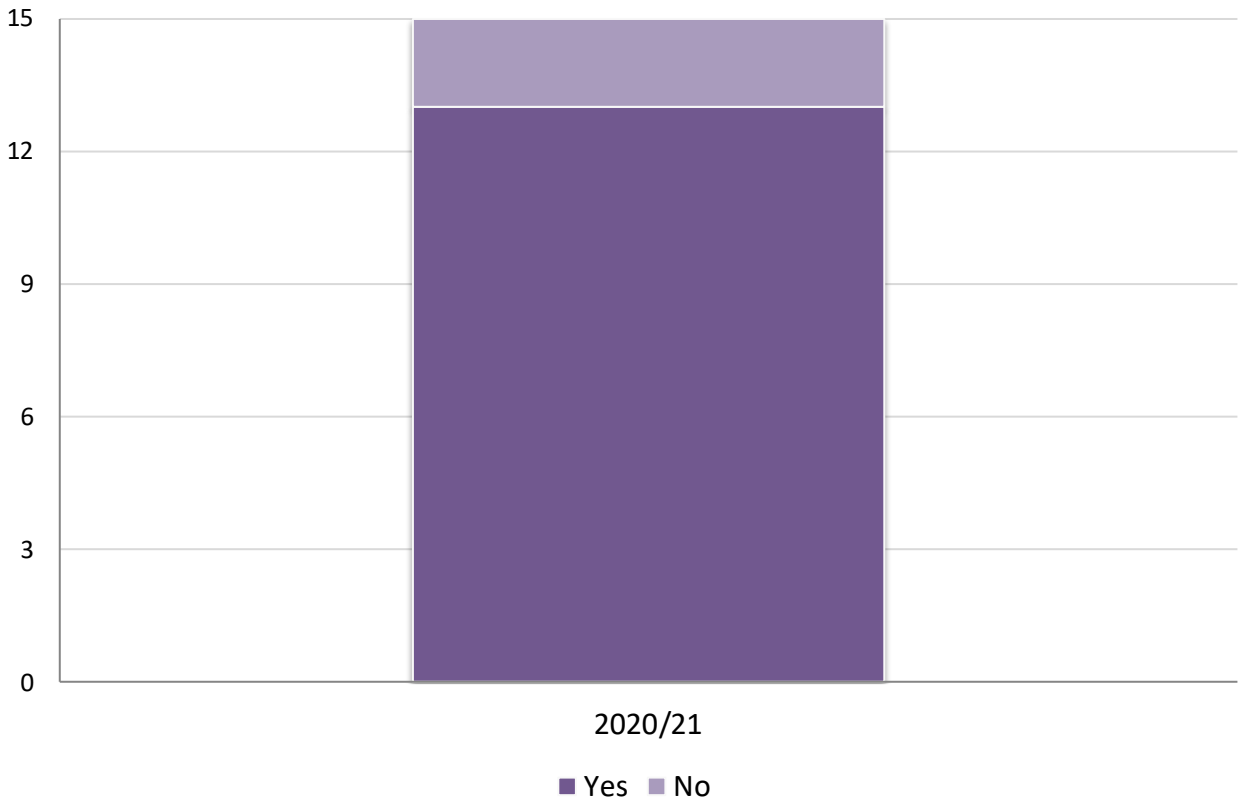


Service Characteristics 2020/21

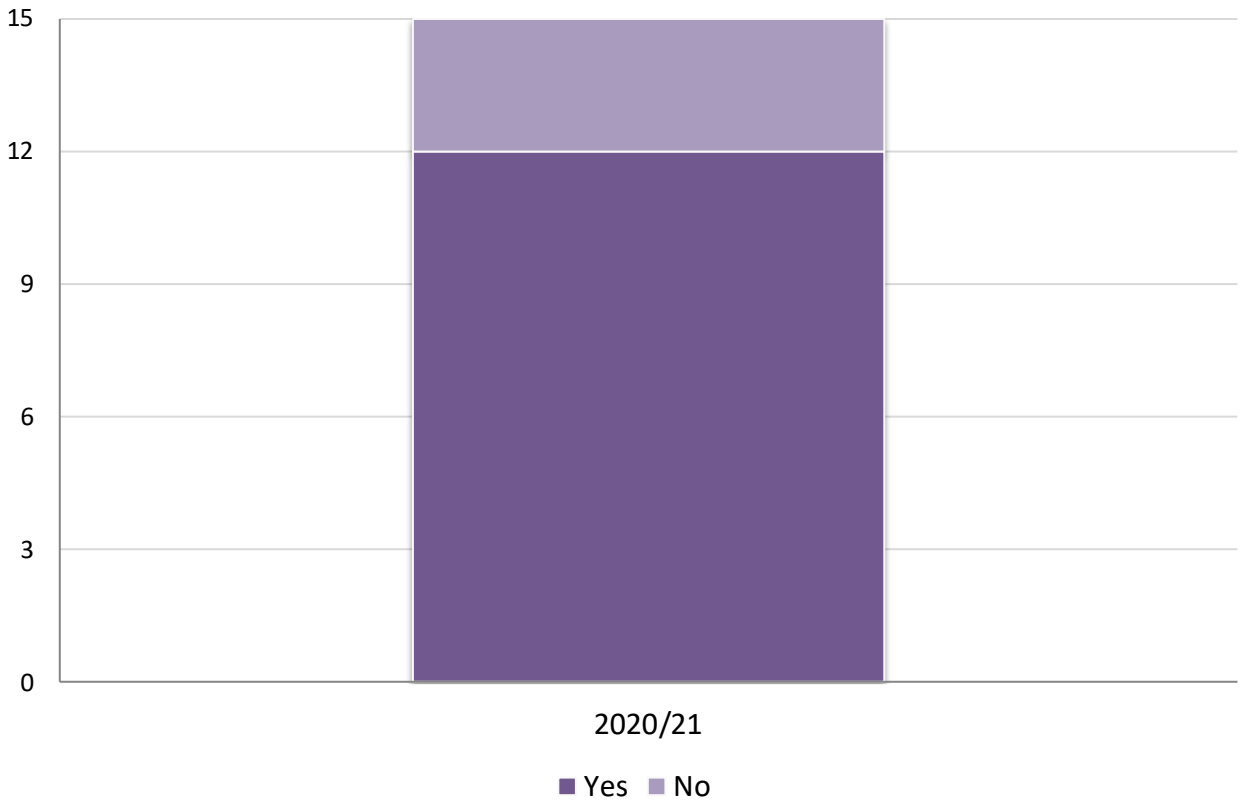
Do you use a transcutaneous CO_2 monitor in transit?



Service Characteristics 2020/21
Do you use ET CO_2 monitoring in transit?



Service Characteristics 2020/21
Do you offer Volume Guarantee Ventilation in transit?



Conclusions/Trends 2020/21

- We are in a period of relative stability in terms of service configuration and modes of support available in transfer
- Challenges around thermal care prior to and during transfer persist and require concerted cross network/transport focus
- The more focused criteria for assessing response and stabilisation times appear to be more relevant for comparison between teams
- Information from the new data points- bilious vomiting transfers, prolonged journeys etc provide a valuable insight into practice around the country

and finally, a thought on COVID.....

- The drop in the number of transfers over 2020-2021, and the small numbers of COVID transfers do not convey the huge challenges faced through this period by all services. It is a credit to all that excellent care continued to be provided over this time.

Thanks to

- All the team and data leads
- Colin Devon, ScotSTAR data analyst