

**THAMES VALLEY & WESSEX NEONATAL OPERATIONAL DELIVERY NETWORK**

***POLICY FOR TRANSFER OF INFANTS TO A NICU/LNU***

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	<ol style="list-style-type: none"> <li>9. <a href="https://assets.ockendenreport.org/2022/03/01/ockenden-report-final-findings-conclusions-and-essential-actions-from-the-independent-review-of-maternity-services-march-2022">https://assets.ockendenreport.org/2022/03/01/ockenden-report-final-findings-conclusions-and-essential-actions-from-the-independent-review-of-maternity-services-march-2022</a></li> <li>10. <a href="#">Calculating Unit Cot numbers and Nurse Staffing Establishment and determining cot capacity BAPM October 2019</a></li> <li>11. Three year delivery plan for maternity and neonatal services March 2023 <a href="https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf">https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf</a></li> <li>12. National Fetal Medicine Service Specification 2013 <a href="http://www.england.nhs.uk/wp-content/uploads/2013/06/e12-fetal-medi.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/06/e12-fetal-medi.pdf</a></li> <li>13. National Neonatal Transport Service Specification 2015 <a href="https://www.england.nhs.uk">https://www.england.nhs.uk</a></li> <li>14. Nuffield Council on Bioethics. Critical care decisions in fetal and neonatal medicine: Ethical issues 2006 <a href="http://nuffieldbioethics.org">http://nuffieldbioethics.org</a></li> <li>15. SOnET – Southampton Oxford Retrieval Team <a href="http://www.sort.nhs.uk">http://www.sort.nhs.uk</a></li> <li>16. QUIPP App toolkit <a href="https://www.bapm.org/pages/187-quipp-app-toolkit">https://www.bapm.org/pages/187-quipp-app-toolkit</a></li> <li>17. South East In-Utero Transfer Principles 2025 <a href="https://neonatalnetworkssoutheast.nhs.uk/wp-content/uploads/2025/05/SE-Principles-of-IUT-V2.1-FINAL.pdf">https://neonatalnetworkssoutheast.nhs.uk/wp-content/uploads/2025/05/SE-Principles-of-IUT-V2.1-FINAL.pdf</a></li> <li>18. TVW Neonatal ODN Perinatal Optimisation Guideline <a href="#">Perinatal Optimisation - Neonatal Network South East (neonatalnetworkssoutheast.nhs.uk)</a></li> <li>19. TVW Neonatal ODN Optimal Cord Management <a href="#">Optimal Cord Management - Neonatal Network South East (neonatalnetworkssoutheast.nhs.uk)</a></li> <li>20. TVW Neonatal ODN Extremes of Prematurity Guideline <a href="#">Extremes of Prematurity - Neonatal Network South East (neonatalnetworkssoutheast.nhs.uk)</a></li> </ol>
<p>Implications of race, equality &amp; other diversity duties for this document</p>	<p><b>This guideline must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.</b></p>

# Policy for Transfer of Infants to a NICU/LNU

## Contents

1.0 Introduction.....	4
2.0 Purpose of policy .....	4
3.0 Scope of policy .....	4
4.0 Definitions (as set out in NHS England Service Specification for Neonatal Critical Care) .....	5
5.0 Duties and Responsibilities .....	8
6.0 Process.....	11
6.1 Ante-natal/in-utero transfers.....	11
6.2 Ex-utero transfers.....	12
6.3 Exception reporting .....	13
7.0 Algorithm for Transfer Policy .....	14
Version Control .....	15
Appendix 1: Individual Trust Patient Transfer Pathways and journey times.....	16
Buckinghamshire Healthcare NHS Trust .....	16
Frimley Health NHS Foundation Trust: Wexham Park site: .....	17
Milton Keynes University Hospital NHS Foundation Trust .....	18
Royal Berkshire NHS Foundation Trust.....	19
Dorset County Hospital NHS Foundation Trust .....	20
Hampshire Hospitals NHS Foundation Trust: Basingstoke site.....	21
Hampshire Hospitals NHS Foundation Trust: Winchester site .....	23
Isle of Wight NHS Trust.....	25
University Hospitals Dorset NHS Foundation Trust Bournemouth site.....	27
Portsmouth Hospitals NHS Trust.....	28
Salisbury NHS Foundation Trust .....	29
University Hospital Sussex St Richard's site.....	30
Journey Times .....	31

# 1.0 Introduction

Neonatal care is highly technical and has developed rapidly over the past 30 years, resulting in improved outcomes for sick and very premature babies. Well organised, effective and sensitive neonatal care can make a lifelong difference to premature and sick newborn babies and their families/carers. Getting the early care right is the responsibility of the NHS at all levels. The Department of Health initiated the centralisation of specialist neonatal care within managed Neonatal Networks in 2003. This was further endorsed with the publications of:

- National Audit Office: Caring for Vulnerable Babies: The reorganisation of neonatal care in England 2007
- BAPM: Management of acute in-utero transfers: a framework for practice in 2008
- BAPM: The management of babies born extremely preterm at less than 26 weeks of gestation: a framework for clinical practice at the time of birth 2008
- DH: Toolkit for High Quality Neonatal Services in 2009
- CESDI 27-28 study
- NICE: specialist neonatal care quality standards in 2010
- NHS England: National Neonatal Service Specification 2013/15

## 2.0 Purpose of policy

The purpose of this policy is to provide a clear framework and guidance for:

- In-utero and ex-utero transfers requiring intensive or high dependency care within Thames Valley & Wessex Neonatal Operational Delivery Network.
- To ensure a safe and efficient transfer of expectant mothers and sick newborns to the most appropriate care facilities.
- To ensure that all members of staff involved with neonatal care are aware of appropriate locations of care.

## 3.0 Scope of policy

This policy applies to all neonatal and maternity units covered by Thames Valley & Wessex Neonatal Operational Delivery Network. This includes the following hospitals:

Thames Valley		
TRUST	Hospital	Designation
Oxford University Hospitals NHS Foundation Trust	- John Radcliffe Hospital, Oxford	NICU
Buckinghamshire Healthcare NHS Trust	- Stoke Mandeville Hospital, Aylesbury	LNU
Frimley Health NHS Foundation Trust	- Wexham Park Hospital, Slough	LNU
Milton Keynes University Hospital NHS Foundation Trust	- Milton Keynes General Hospital	LNU
Royal Berkshire NHS Foundation Trust	- Royal Berkshire Hospital Reading	LNU

Wessex		
TRUST	Hospital	Designation
University Hospital Southampton NHS Foundation Trust	- Princess Anne Hospital	NICU
Portsmouth Hospitals University NHS Trust	- Queen Alexandra Hospital	NICU
University Hospitals Dorset NHS Foundation Trust	- Royal Bournemouth Hospital	LNU
Salisbury NHS Foundation Trust	- Salisbury District Hospital	LNU
Hampshire Hospitals NHS Foundation Trust	- Basingstoke and North Hampshire Hospital	SCU (Temporary designation)
Hampshire Hospitals NHS Foundation Trust	- Royal Hampshire County Hospital, Winchester	SCU (Temporary designation)
Dorset County Hospital NHS Foundation Trust	- Dorset County Hospital, Dorchester	SCU
Isle of Wight NHS Trust	- St Mary's Hospital	SCU
University Hospitals Sussex NHS Foundation Trust	- St Richard's Hospital, Chichester	SCU

## 4.0 Definitions (as set out in NHS England Service Specification for Neonatal Critical Care)

**Neonatal Intensive Care Units (NICUs)** are sited alongside specialist obstetric and fetomaternal medicine services, and provide the whole range of medical neonatal care for their local population, along with additional care for babies and their families referred from the Neonatal Network. Many NICUs in England are co-located with neonatal surgery services and other specialised services.

Medical staff in a NICU should have no clinical responsibilities outside the neonatal and maternity services.

**Local Neonatal Units (LNUs)** provide neonatal care for their own catchment population, except for the sickest babies. They provide all categories of neonatal care, however they transfer babies who require complex or longer-term intensive care to a NICU as they are not staffed to provide longer term intensive care. The majority of babies over 27 weeks of gestation will usually receive their full care, including short periods of intensive care, within their LNU. Some LNUs provide high dependency care and short periods of intensive care for their Network population. LNUs may receive transfers from other neonatal services in the Network, if these fall within their agreed pathways.

**Special Care Units (SCUs)** Special Care is provided for babies who require additional care delivered by the neonatal service but do not require either intensive or high dependency care. It includes babies receiving oxygen via nasal cannula, feeding by nasogastric, jejunal tube, or gastrostomy, continuous physiological monitoring, care of stoma, presence of an intra-venous (IV) cannula, receiving phototherapy or special observation or physiological variables at least 4 hourly. Some Networks have agreed variations on this policy, due to local requirements (see Appendix 1)

**Note: this statement, as with all Paragraph 4, is a verbatim copy of the statement provided in the national NHS England Service Specification.**

### Referring Hospital

The hospital from where the neonate is being transferred in-utero or ex-utero.

### Receiving Hospital

The hospital to where the neonate is being transferred to in-utero or ex-utero.

## Infants requiring transfer from a Local Neonatal Unit to NICU

**National guidance suggests the following infants should be transferred from LNU/SCU to NICU (any locally agreed variation to national guidance is shown in the individual unit transfer policy (see *Appendix 1*) Singletons below 27+0 weeks, Multiples below 28+0 (where possible transfers should occur in-utero).**

- Birth weight below 800 grams (in-utero transfer where birth weight is anticipated to be below 800g).
- Neonates over 27 weeks who receive ventilation for more than 48 hours and/or whose condition is deteriorating (those who are likely to require ventilation for more than 48 hours should be transferred on day 1).
- Babies with symptoms of hypotension, DIC, renal failure, metabolic acidosis or babies requiring the following treatment and support: Inotrope infusion, insulin infusion, presence of a chest drain, exchange transfusion, prostaglandin infusion, nitric oxide, high frequency oscillatory ventilation (HFOV) and therapeutic hypothermia.

## Infants requiring transfer from Special Care Unit to LNU/NICU

**National guidance suggests the following infants should be transferred from SCU to LNU/NICU (any locally agreed variation to national guidance is shown in the individual unit transfer policy for (see *Appendix 1*) for all neonates categorised above for transfer to NICU, plus:**

- Care beyond initial stabilisation to babies less than 32+0 weeks of gestation.
- Care beyond initial stabilisation to babies less than 1250g.
- Intensive care for any baby apart from initial stabilisation prior to transfer.
- Babies with symptoms of hypotension, DIC, renal failure, metabolic acidosis or babies requiring the following treatment and support: Inotrope infusion, insulin infusion, presence of a chest drain, exchange transfusion, prostaglandin infusion, nitric oxide, high frequency oscillatory ventilation (HFOV) and therapeutic hypothermia.

**Thames Valley & Wessex Neonatal ODN local thresholds for IUT/transfer from designated SCUs in Thames Valley & Wessex Neonatal ODN are:**

Trust	Criteria
Dorset County Hospital, Dorset County Hospital NHS Foundation Trust	NICU pathway plus any neonate: <32+0 weeks gestation <1250gms >32+0 weeks who receive or who are likely to require more than short term, non-invasive respiratory support
St Richard's Hospital, University Hospitals Sussex NHS Foundation Trust	NICU pathway plus any neonate: <32+0 weeks gestation <1250gms > 32+0 weeks who receive or who are likely to require more than short term, non-invasive respiratory support
St Mary's Hospital, Isle of Wight NHS Trust	NICU pathway plus any neonate: <32+0 weeks gestation singleton <34+0 weeks gestation multiples <1250gms >32+0 weeks who receive or who are likely to require more than short term, non-invasive respiratory support
Basingstoke and North Hampshire Hospital, Hampshire Hospitals NHS Foundation Trust (Temporary SCU designation)	NICU pathway plus any neonate: <30+0 weeks gestation singleton <31 weeks twins <1000gms >30+0 weeks who receive or who are likely to require more than short term, non-invasive respiratory support
Royal Hampshire County Hospital, Hampshire Hospitals NHS Foundation Trust (Temporary SCU designation)	NICU pathway plus any neonate: <30+0 weeks gestation singleton <31 weeks twins <1000gms >30+0 weeks who receive or who are likely to require more than short term, non-invasive respiratory support

**Neonates requiring surgical intervention post delivery**

- Wessex neonates requiring surgical intervention will be transferred in-utero or transferred ex-utero to University Hospital Southampton NHS Foundation Trust.
- Thames Valley neonates requiring surgical intervention will be transferred in-utero or transferred ex-utero to Oxford University Hospitals NHS Foundation Trust.

## Neonates requiring specialist cardiac opinion/intervention

- Wessex neonates requiring specialist cardiac opinion/intervention will be transferred in-utero or transferred ex-utero to University Hospital Southampton NHS Foundation Trust.
- Thames Valley neonates requiring specialist cardiac opinion will be transferred in-utero or transferred ex-utero to Oxford University Hospitals NHS Foundation Trust. If early complex cardiac surgery is likely to be required, the place of delivery and subsequent plan will be decided on an individual basis following discussion with parents, local fetal medicine team, local cardiologists and relevant Cardiac Network.

## 5.0 Duties and Responsibilities

### Consultant Obstetricians and Consultants in Fetal Medicine

- Where it is safe to do so, transfer in-utero. Transfers in-utero are preferable to ex-utero transfers, there is considerable evidence of improved neonatal outcomes for in utero transfers with higher mortality for those < 27 week infants transferred ex utero.
- Transfers of mothers can occur from 22 weeks gestation to a maternity service with NICU services for specialised maternity and neonatal care (BAPM 2019 Perinatal Management of Extreme Preterm Birth Before 27 weeks of gestation<sup>4</sup>).
- In conjunction with paediatricians, ensure parents have been jointly counselled and are fully informed of the outcome for extreme preterm birth before 27 weeks of gestation BAPM Framework 2019<sup>4</sup>.
- If parents do not wish active resuscitation of their newborn to occur, then in these circumstances, parents should be given the option of not transferring to a NICU and a palliative care pathway initiated for any neonate born alive. These discussions and decisions should be fully documented.
- In threatened preterm labour all women should have the opportunity to receive antenatal optimisation for their baby. BAPM 2020 Antenatal Optimisation for Preterm Infants less than 34 weeks.
- When membranes are intact, where possible a rapid estimation of fetal fibronectin and transvaginal cervical length assessment or other tool i.e., QUIPP should be undertaken to establish the likelihood of preterm birth. In the instance of a negative fibronectin result or a transvaginal cervical length assessment not indicating the start of a pre-term delivery, where in-utero transfer is still proposed, direct Consultant-to-Consultant communication should be made between the referring hospital and the receiving hospital, before the decision to transfer is confirmed.
- Direct communication should be made between the obstetric teams of the referring hospital and the hospital where obstetric and neonatal intensive care capacity has been identified.
- Direct Consultant-to-Consultant Obstetrician communication should be made between the referring hospital and the receiving hospital, when transferring a pre-term in-utero case or if capacity is indicating an out of Network transfer will be required. Steroids and tocolytics should be commenced, if appropriate, prior to transfer by the referring hospital. The use of antibiotics and Magnesium should be discussed with a Consultant Obstetrician at the receiving hospital.
- In conjunction with paediatricians, the obstetricians from the referring hospital should ensure that mothers/parents are counselled with respect to prognosis relevant to their pregnancy and their views on issues such as resuscitation of extremely preterm infants obtained. This should be documented and passed on to the receiving hospital<sup>4</sup>.
- Senior clinicians should be involved in all decision making in situations when IUT refusal is being considered due to maternity / neonatal capacity. See SE IUT transfer policy 2025<sup>17</sup>.

## Consultant Paediatricians & Consultant Neonatologist

- If it is not safe for the mother or neonate to undergo an in utero transfer from an LNU/SCU then the local neonatal/paediatric consultant should be involved in both the planning and delivery of care. A senior doctor, experienced in neonatal resuscitation should be in attendance at the delivery of these vulnerable babies.
- Prior to or on delivery of a preterm meeting criteria for transfer, contact should be made with the relevant Transfer Teams. If the baby has a surgical or cardiac problem the relevant Surgical or Cardiac teams should also be contacted. If there is a delay in locating a local Neonatal Intensive Care cot by the transfer team (see appendix 1 for individual Trust) or the baby's condition is rapidly deteriorating, contact the SONEt consultant on call at the tertiary centre hosting the transport service in your sector. This consultant will be responsible for any advice required or for the dispatch of the transfer team to support stabilisation of the infant until an alternative cot can be located.

## Neonatal Transport Service

- A Neonatal Transfer Service SONEt must be available at all times and for all units within a designated geographical catchment area providing:
  - The delivery of safe and effective transfers for neonates.
  - A cot location service for emergency neonatal transfers.
  - A perinatal facility (maternity bed plus neonatal intensive care cot) location service for acute antenatal transfers  
South East PERIDASH dashboard: [Peridash](#)  
SONeT dashboard: [Live neonatal cot and maternity bed dashboard \(sort.nhs.uk\)](#)
  - Arrange transfers in accordance with clinical priority.
  - Respond within national specified time response standards.
  - Staff all transfers appropriately and in accordance with the neonates' clinical condition.
  - Have clear protocols for handover of neonate from referring hospital to receiving hospital<sup>6</sup>.
- Transfers will be classified at referral according to urgency and reason. They will be prioritised according to clinical need.

### Urgency:

- Time Critical, the team departs within 60 minutes.
- Local immediate, the team departs within 6 hours.
- Urgent, the team departs within 24 hours.
- Non urgent, the team departs after 24 hours.

## SONeT Types of classification

CATEGORY OF CARE	ITU	HDU	SCBU			
CLINICAL	General Medical	General Surgical	Specialist Medical	Cardiac	Specialist Surgical	Neurosurgery
				Neurology		ENT
				Respiratory		Cardiothoracic
				Endocrine		
OPERATIONAL	Uplift	Capacity	Repatriation	OPD	Palliative Care	
TIME category	Time-critical	Immediate	Urgent	Non-urgent	Further Discussion	
Timescale	<1 hour	<6 hours	<24 hours	≥24 hours		

Taken from SONeT website

## SONeT Time and Timescale Categorisation

Time critical	Local Immediate	Urgent	Non urgent
<b>NATIONAL CRITERIA</b>	<b>LOCAL CRITERIA</b>	<b>LOCAL CRITERIA</b>	<b>NATIONAL CRITERIA</b>
<27/40 born in a SCU Gastroschisis Ventilated TOF/OA Intestinal perforation Unstable cardiac despite prostin HIE TH with no local servo controlled temp management Persistent severe resp /cardiac failure : - FiO <sub>2</sub> = 1.0 - pH< 7.1 and pCO <sub>2</sub> >9kPa - PaO <sub>2</sub> <5 kPa (2 gases) - pneumothorax despite chest drain - Invasive mean BP< GA with evidence of poor organ perfusion	Prem <25 weeks Unwell preterm /term infant (not fulfilling national TC criteria) NEC requiring surgical review Acute abdomen Bilious vomiting HIE with passive cooling Consultant Discretion to uplift to<1 hour	Stable prem in LNU/SCU at GA below network threshold Likely to need IPPV >48 hrs Stable infants requiring uplift NEC not responding to medical Mx but not unstable HIE with active cooling Exomphalos Spina bifida	Repatriation Stable subspecialist care
<b>*TIMESCALE</b> <b>&lt;1 hour</b>	<b>**TIMESCALE</b> <b>&lt;1 hour or &lt;6 hours</b> Transport Consultant Decision	<b>*TIMESCALE</b> <b>&lt;24 hours</b>	<b>*TIMESCALE</b> <b>≥24 hours</b>

*\*All times are from start of referring call*

Taken from SONeT website

## Consultant Neonatologists in the NICUs

- There may be individual circumstances where, following consultant to consultant discussion with

the NICU, consultants in both the LNU/SCU and NICU will mutually agree that transfer should not take place. In these cases an exception form should be completed by the consultant neonatologist and submitted to the Network email address:

[england.tv-w-neonatalnetwork@nhs.net](mailto:england.tv-w-neonatalnetwork@nhs.net) The exception report can be found [here](#).

- NICU capacity is not a reason to exception report without exploring availability of NICU capacity out of Network and weighing up the potential risks of transfer to another location.
- Where there is disagreement, the thresholds for transfer outlined in this document must be upheld.

### Consultant Paediatricians/Neonatologists in LNUs/SCUs

- There may be individual circumstances where, following consultant to consultant discussion between the LNU/SCU and the NICU, consultants in both LNU/SCU and NICU mutually agree that transfer should not take place. In these cases an exception form should be completed by the consultant paediatrician/neonatologist and submitted to the Network email address:[england.tv-w-neonatalnetwork@nhs.net](mailto:england.tv-w-neonatalnetwork@nhs.net) The exception report can be found [here](#).
- NICU/LNU capacity is not a reason to exception report without exploring availability of NICU/LNU capacity out of Network and weighing up the potential risks of transfer/patient safety to another location.
- Where there is disagreement the National & local thresholds for transfer should be upheld.

### Thames Valley & Wessex ODN management team

- Submitted exception reports will be reviewed monthly by the Network Clinical Lead/ ODN management team and safety lead.
- Where the reason for agreeing an exception is not clear or not compliant with Network Guidance, discussions should take place between the relevant clinical lead and both the referring consultant from the LNU/SCU and the neonatal consultant in the NICU who completed the exception report, for clarification. The exception report for babies born in a maternity service without an onsite NICU can be found [here](#).
- Babies born or cared for in a centre outside of criteria for unit designation should have joint maternity / paediatric review of care via exception reporting form.

## 6.0 Process

### 6.1 Ante-natal/in-utero transfers:

6.1.1 A process for fetal medicine teams informing NICUs of anticipated deliveries that will require their initial care in a NICU/LNU should be in place and readily available for all staff. This information should be shared with the transfer teams, local obstetric and paediatric teams in case these neonates are delivered at their local unit and not the designated NICU/LNU.

6.1.2 Local guidelines for the organisation of in-utero transfers should be followed and should include;

- When membranes are intact, where possible a rapid estimation of foetal fibronectin or transvaginal cervical assessment should be undertaken to establish the likelihood of preterm birth.
- Prior to transfer, the mother should be fully assessed by a midwife or obstetrician and fetal wellbeing should be established. Where there is a significant risk of delivering in transit, or where there is evidence that transfer could lead to significant morbidity to either mother or baby, the transfer should be delayed or the baby delivered locally and if necessary transferred ex- utero.
- Direct Consultant-to-Consultant Obstetrician communication between the referring hospital and the receiving hospital should be made when transferring an in-utero case, where the mother has significant medical/obstetric problems.
- Steroids and tocolysis should be commenced, if appropriate, prior to transfer by the referring

hospital. The use of antibiotics and Magnesium should be discussed with a Consultant Obstetrician at the receiving hospital.<sup>18 and 19</sup>

- Mothers should be counselled with respect to prognosis relevant to their pregnancy and their views on issues such as resuscitation of extremely preterm infants obtained. This should be fully documented and passed onto the receiving hospital.

[QUIPP App Toolkit | British Association of Perinatal Medicine \(bapm.org\)](#)

6.1.3 There should be Consultant-to-Consultant communication between the receiving Obstetric Unit and the receiving Obstetric Unit.

6.1.4 Parents should be fully informed of the mortality and morbidity figures for extreme preterm infants born before 27 weeks of gestation. Extreme preterm infants between at 22+0 -24+6 weeks and/or less than <500g, in these circumstances parents can be given the option of not transferring to a NICU if they do not wish active resuscitation of their newborn to occur. In these situations there should be joint senior counselling i.e., Consultant between the local obstetric & paediatric teams and NICU perinatal obstetric and neonatal teams. These discussions and decisions should be fully documented.

6.1.5 Transfers can occur from 22 weeks gestation to a maternity service with NICU services for specialised maternity and neonatal care (BAPM 2019 Perinatal Management of Extreme Preterm Birth Before 27 weeks of gestation care<sup>5</sup>). There is NOT a lower weight threshold when transfer is considered inappropriate, providing parents have been made aware of the risks and likely outcome.

6.1.6 Information about the Trust the parents are being transferred to should be readily available on the TV & Wessex Neonatal ODN website and SONEt website:

<https://neonatalnetworkssoutheast.nhs.uk/unit-information/>

<https://www.sort.nhs.uk/SONEt/Patientandfamily/Patientandfamily.aspx>

- Directions to the Trust
- Location of Maternity Unit and NICU within the Trust
- Parking facilities, costs and any concessions available
- Visiting times
- Contact details.

6.1.7 It should be the responsibility of the receiving Trust to inform the relevant LNU /SCU within 48 hours of admission to a NICU and subsequent weekly updates. The break glass function on BadgerNet can be utilized for clinical updates and status for repatriation to a unit closer to home.

## 6.2 Ex-utero transfers:

6.2.1 Local guidelines for organisation of ex-utero transfers should be followed. The guidelines should contain the following information:

- If it is not safe for the mother or neonate for an in utero transfer then the local neonatal/paediatric consultant should be involved in both the planning and delivery of care. A senior doctor, experienced in neonatal resuscitation should be in attendance at the delivery of these vulnerable babies.
- Prior to or on delivery of a preterm matching the criteria for transfer, contact should be made with the relevant NICU/LNU and transfer teams. See individual contact sheets appendix 1.
- If there are no available cots in the nearest Network NICU/LNU (appendix 1 for individual Trust) or the baby's condition is rapidly deteriorating, the consultant on call at the NICU hosting the transport service will be responsible for any advice required or for the dispatch of the transfer team to support stabilisation of the infant until an alternative cot can be located.

6.2.2 Mothers should be allowed to transfer in the ambulance with their baby, in accordance with the policies

of the transport service.

6.2.3 Information about the Trust that the neonate is being transferred to should be readily available on the TV & Wessex Neonatal ODN website and SONEt website:  
<https://neonatalnetworkssoutheast.nhs.uk/unit-information/> (Unit Padlets are also available on this page under the individual unit sections.)  
<https://www.sort.nhs.uk/SONEt/Patientandfamily/Patientandfamily.aspx>

- Directions to the Trust
- Location of Maternity unit and NICU within the Trust
- Parking facilities, costs and any concessions available
- Visiting times
- Contact details.
- Parent facilities
- Restaurant facilities including opening times.

### **6.3 Exception reporting;**

See Thames Valley & Wessex Neonatal Network Exception reporting policy and exception reports available here: <https://neonatalnetworkssoutheast.nhs.uk/professionals/guidelines/tvw-guidelines/exception-reporting/>

# 7.0 Algorithm for Transfer Policy

## Algorithm for ex-utero transfers

### Neonate born in an LNU/SCU requiring transfer to a NICU and fits the following criteria:

- Neonate is below 27+0 weeks.
- Neonate whose birth weight is below 800 grams.  
Neonates below 28+0 week gestation twins.
- Neonates below 30+0 week gestation multiples of 3+
- Neonate who is over 27 weeks who receive or are likely to require ventilation for more than 48hours and/or whose condition is deteriorating.
- Neonate who requires cooling.
- Neonate who requires specialist care e.g. nitric oxide/HFOV Complex intensive care including neonates with symptoms of additional organ failure (inotropes, insulin infusion, chest drain, exchange transfusion, prostaglandin infusion).
- Neonate who requires surgery or cardiac opinion.

### Neonate born in an SCU requiring transfer to anLNU and fits the following criteria:

- Neonate is below 32 weeks gestation but over 27 weeks gestation singleton, over 28 weeks multiples.
- See unit specific criteria.
- Neonate whose birth weight is below 1250 grams but over 800 grammes.
- Neonates requiring more than short term/ stabilization of intensive care.
- Neonates requiring more than short term high dependency care (48 hours review)

\*\* see exceptions to SCU criteria for specific units

### Referral

Contact SONEt Control Centre  
[www.sort.nhs.uk](http://www.sort.nhs.uk)

**01865 223344**

SONeT control centre will take basic administrative details, and request that you get medical details ready for conference call.

### Conference Call

Transport team,  
Referring Unit clinicians, +/- specialist teams

### Transport Team Activated

For ongoing advice Ring SONEt control centre

**01865 223344**

To speak to the Transport Consultant Neonatologist +/- Specialists

## Version Control

Version	Date	Details	Author(s)	Comments
1	Aug '14	Final	EA/VP/TG	Approved
2	Jun '15	Updated to reflect SONEt	TG/EA	Further updates required
3	Aug '15	Updates made	TG/VP	Approved
4a	Dec '16	Reviewed Nov '16 to be a working document from 9 January 2017 seeking TV&W Neonatal ODN Governance Group Chair's approval. This will then be presented to TV&W Neonatal ODN Governance Group on 19 January 2017 for formal ratification.	TG/EA/VP	TV&W Neonatal ODN Governance Group Chair approved as working document for use from 9 <sup>th</sup> Jan '17 until formally ratified at the next Governance Group on 19 Jan '17.
4	Jan '17	Amendments made to v. 4a and ratified 19 January 2017.	TG/EA/VP	Ratified.
4.1	Mar '17	Updated review date – moved to January 2018.	TG/EA/VP	
4.2	June 2018	Amendments made to v 4.1	GO/EA/VP	
4.2	July 2021	Principles remain the same. Awaiting redesignation changes and will review in July 2022.	GO/VP	Extended
4.3	Nov 2022	Principles remain the same. Updated to reflect designation changes and current national guidance and standards	GO/VP	
5	Feb 2024	Updated with further unit designation changes, website links and new national documents	GO/VP	Put forward for ratification at March 2024 Governance Updated to reflect BAPM Extreme prematurity guidance
6	March 2024	Reviewed Health Innovation Oxford and Thames Valley (previous AHSN) Obstetric Lead Wessex FMU Network Meeting Updated 2024 service specification Updated travel times for OUH	Comments from LI and RJ	Reviewed in Wessex FMU Mtg And by Obstetric Lead TV L Impey Health Innovation Oxford & TV
7	May 2025	Updated with changes to Poole site to Bournemouth SE IUT updated 2025 Peridash updates	VP	
7.1	Dec 2025	Updated with National NTG time critical transfer categorization	VP	
<b>Review Date:</b>	<b>March 2027</b>			

# Appendix 1: Individual Trust Patient Transfer Pathways and journey times

## NICUs/LNUs & contact details for each LNU/SCU within Thames Valley & Wessex Neonatal Network

First 6 for Thames Valley patient pathways and first 3 for Wessex patient pathways nearest

**NB: Green shading indicates units within Network**

<b>Buckinghamshire Healthcare NHS Trust:</b>		
For neonates: Transfer to NICU		
<ul style="list-style-type: none"> <li>• below 27+0 weeks</li> <li>• below 800 grams</li> <li>• below 28+0 week gestation twins</li> <li>• below 30+0 week gestation multiples of 3+</li> <li>• neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating</li> <li>• neonates who require cooling</li> <li>• neonates requiring specialist care e.g., nitric oxide</li> <li>• Complex intensive care including neonates with symptoms of additional organ failure</li> </ul>		
Hospital	Retrieval Team	Average length of journey
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	44 min
Medway Maritime NHS Trust		2hrs 40 Mins
St Peter's Hospital Surrey		59 min
Queen Charlotte & Chelsea Hospital, London		1 hr 12 min
Chelsea & Westminster, London		1 hr 14 min
UCLH, London		1 hr 19 min
<b>For neonates requiring surgery:</b>		
Hospital	Retrieval Team	Average length of journey
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	44 min
Chelsea & Westminster, London		1 hr 14 min
GOSH, London		1 hr 22 min
University Hospital Southampton NHS Foundation Trust		1 hr 54 min
<b>For neonates requiring cardiac referral</b>		
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	1 hr 6 min
<b>For neonates requiring cardiac surgery</b>		
University Hospital Southampton NHS Foundation Trust	<u>SONeT Control</u> <u>Centre 01865 223344</u>	1 hr 54 min

**Frimley Health NHS Foundation Trust: Wexham Park site:****For Neonates: Transfer to NICU**

- below 27+0 weeks
- below 800 grams
- below 28+0 week gestation twins
- below 30+0 week gestation multiples of 3+
- neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating
- neonates who require cooling
- neonates who require specialist care e.g., nitric oxide
- **Complex intensive care including neonates with symptoms of additional organ failure**

Hospital	Retrieval Team	Average length of journey
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	48 min
St Peter's Hospital, Surrey		27 min
Medway Maritime NHS Trust		1 hr 40 min
Chelsea & Westminster, London		41 min
Queen Charlotte & Chelsea Hospital, London		44 min
<b>For neonates requiring surgery:</b>		
Hospital	Retrieval Team	Average length of journey
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	48 min
Chelsea & Westminster, London		41 min
GOSH, London		56 min
University Hospital Southampton NHS Foundation Trust		1 hr 20 min
<b>For neonates requiring cardiac referral</b>		
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	48 min
<b>For neonates requiring cardiac surgery</b>		
GOSH, London	SONeT Control Centre 01865 223344	56 min
University Hospital Southampton NHS Foundation Trust		1 hr 20 min

**Milton Keynes University Hospital NHS Foundation Trust:****For neonates: Transfer to NICU**

- below 27+0 weeks
- below 800 grams
- below 28+0 week gestation twins
- below 30+0 week gestation multiples of 3+
- neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating
- neonates who require cooling
- neonates requiring specialist care e.g., nitric oxide
- **Complex intensive care including neonates with symptoms of additional organ failure**

Hospital	Retrieval Team	Average length of journey
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	1 hr 6 min
Medway Maritime Hospital		2hrs 10 mins
St Peter's Hospital, Surrey		1 hr 7 min
Queen Charlotte & Chelsea Hospital, London		1 hr 10min
UCLH, London		1 hr 13 min

**For neonates requiring surgery:**

Hospital	Retrieval Team	Average length of journey
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	1 hr 6min
University Hospital Southampton NHS Foundation Trust		2 hr 6 min

**For neonates requiring cardiac referral**

John Radcliffe, Oxford	SONeT Control Centre 01865 223344	1 hr 6min
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	2 hr 6 min

**For neonates requiring cardiac surgery**

University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	2 hr 6 min
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**Royal Berkshire NHS Foundation Trust:****For neonates: Transfer to NICU**

- below 27+0 weeks
- below 800 grams
- below 28+0 week gestation twins
- below 30+0 week gestation multiples of 3+
- neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating
- neonates who require cooling
- neonates requiring specialist care e.g., nitric oxide
- **Complex intensive care including neonates with symptoms of additional organ failure**

Hospital	Retrieval Team	Average length of journey
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	57 min
University Hospital Southampton NHS Foundation Trust		1 hr 6 min
Portsmouth Hospitals NHS Trust		1 hr 38 min
St Peter's Hospital, Surrey		37 min
Chelsea & Westminster, London		53 min
Queen Charlotte & Chelsea Hospital, London		56 min

**For neonates requiring surgery:**

Hospital	Retrieval Team	Average length of journey
John Radcliffe, Oxford	SONeT Control Centre 01865 223344	57 min
University Hospital Southampton NHS Foundation Trust		1 hr 6 min
Chelsea & Westminster, London		53 min
GOSH, London		1 hr 24 min

**For neonates requiring cardiac referral**

John Radcliffe, Oxford	SONeT Control Centre 01865 223344	57 min
University Hospital Southampton NHS Foundation Trust		1 hr 6 min

**For neonates requiring cardiac surgery**

University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	1 hr 6 min
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**Dorset County Hospital NHS Foundation Trust:**

For neonates: local care can be provided for the following:

- Above 32 weeks
- Above 1250 gms
- Neonates needing short term high dependency care (48 hour review)

LNU pathway for:

- Above 27 weeks and below 32<sup>+0</sup> weeks gestation
- Above 800gms and below 1250gms
- Neonates requiring more than short term high dependency care (48 hours review)

NICU pathways for:

- below 27+0 weeks
- below 800 grams
- below 28+0 week gestation twins below 30+0 week gestation multiples of 3+
- neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating
- neonates who require cooling
- neonates requiring specialist care e.g., nitric oxide
- **Complex intensive care including neonates with symptoms of additional organ failure**

Hospital	Retrieval Team	Average length of journey
<b>For babies requiring NICU care</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	1 hr 13 min
Portsmouth Hospitals NHS Trust		1 hr 29 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust		1 hr 44 min
<b>For babies requiring LNU care</b>		
University Hospitals Dorset NHS Foundation Trust: Bournemouth site	SONeT Control Centre 01865 223344	56 mins
Hampshire Hospitals NHS Foundation Trust		Winchester – 1 hr 16mins Basingstoke – 1 hr 34 minutes
Salisbury NHS Foundation Trust		57 mins
Taunton & Somerset NHS FT (parent choice)		1 hr 11 mins
Royal Devon & Exeter NHS FT (parent choice)		1 hr 16mins
<b>For neonates requiring surgery:</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	1 hr 13 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust		1 hr 44 min
John Radcliffe, Oxford		2 hr 22 min
<b>For neonates requiring cardiac referral</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	1 hr 13 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust		1 hr 44 min
<b>For neonates requiring cardiac surgery</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	1 hr 13 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust (Parent Choice)		1 hr 44 min

## Hampshire Hospitals NHS Foundation Trust: Basingstoke site

For neonates: care can be provided locally for the following:

- Above 30<sup>+0</sup> weeks gestation
- Above 31 weeks twins
- Above 1000gms
- Neonates requiring short term intensive care i.e., ventilation (24 hours)
- Short term high dependency care i.e., non invasive support CPAP (48 hours review)

NICU pathways for:

- below 27+0 weeks
- below 800 grams
- below 28+0 week gestation twins
- below 30+0 week gestation multiples of 3+
- neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating
- neonates who require cooling
- neonates requiring specialist care e.g., nitric oxide
- Complex intensive care including neonates with symptoms of additional organ failure.

**NB: LNU pathway for Basingstoke is to Reading, Frimley or UHS, QAH, if no capacity wider network distances Bournemouth**

Hospital	Retrieval Team	Average length of journey
<b>For babies requiring NICU care</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	42 min
Portsmouth Hospitals NHS Trust		55 min
St Peter's Hospital, Surrey		39 min
<b>For babies requiring LNU care (gestational thresholds suitable for unit)</b>		
Royal Berkshire NHS Foundation Trust	SONeT Control Centre 01865 223344	26 mins
Frimley Health NHS Foundation Trust Frimley Park		35 mins
University Hospital Southampton NHS Foundation Trust		44 mins
Portsmouth Hospitals NHS Trust		56 mins
Frimley Health NHS Foundation Trust: Wexham Park site		60 mins
University Hospitals Dorset NHS Foundation Trust: Bournemouth site		1 hr 3 mins
<b>For neonates requiring surgery:</b>		
Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	42 min
John Radcliffe, Oxford		1 hr 7 min

Guy's & St Thomas', London. NICU situated at St Thomas' Hospital		1 hr 20 min
<b>For neonates requiring cardiac referral</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	42 min
John Radcliffe, Oxford		1 hr 7 min
Guy's & St Thomas', London. NICU situated at St Thomas' Hospital		1 hr 20 min
<b>For neonates requiring cardiac surgery</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	42 min

## Hampshire Hospitals NHS Foundation Trust: Winchester site

For neonates: care can be provided locally for the following:

- Above 30<sup>+0</sup> weeks gestation
- Above 31 weeks twins
- Above 1000gms
- Neonates requiring short term intensive care i.e., ventilation (24 hours)
- Short term high dependency care i.e., non invasive support CPAP (48 hours review)

NICU pathways for:

- below 27+0 weeks
- below 800 grams
- below 28+0 week gestation twins
- below 30+0 week gestation multiples of 3+
- neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating
- neonates who require cooling
- neonates requiring specialist care e.g., nitric oxide
- Complex intensive care including neonates with symptoms of additional organ failure.

Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	24 min
Portsmouth Hospitals NHS Trust		38 min
John Radcliffe, Oxford		1 hr 11 min

### For babies requiring LNU care (gestational thresholds suitable for unit)

University Hospital Southampton NHS Foundation Trust		24 mins
Portsmouth Hospitals NHS Trust		38 mins
Frimley Health NHS Foundation Trust Frimley Park		45 mins
Frimley Health NHS Foundation Trust: Wexham Park site		1 hr 18 mins
University Hospitals Dorset NHS Foundation Trust: Bournemouth site		44 mins

### For neonates requiring surgery:

Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	23 min
John Radcliffe, Oxford		1 hr 11 min
Guy's & St Thomas', London. NICU situated at St Thomas' Hospital		1 hr 37 min
GOSH, London		1 hr 40 min

### For neonates requiring cardiac referral

University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	23 min
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<b>For neonates requiring cardiac surgery</b>		
University Hospital Southampton NHS Foundation Trust		23 min

## Isle of Wight NHS Trust

For neonates: Local care can be provided for

- Above 32 weeks
- Above 1250 gms
- Above 34 weeks multiples
- Short term high dependency care (48 hours review)

LNU pathway for:

- Above 27 weeks and below 32 +0 weeks gestation
- Above 800gms and below 1250 gms
- Above 28- 34 +0 week multiples
- Any neonate requiring more than short term high dependency care (48 hours review)

NICU pathway for:

- below 27 +0 weeks
- below 800 gms
- below 28 +0 week twins
- Below 30 +0 week multiples 3+
- over 27 weeks who receive or are likely to require ventilation for more than 48 hours and or whose condition is deteriorating
- neonates who require cooling
- neonates requiring specialist care e.g., nitric oxide
- complex intensive care including neonates with symptoms of additional organ failure

**NB: LNU pathway for IOW is to Portsmouth or Southampton NICU**

Hospital	Retrieval Team	Average length of journey (including ferry crossing)
<b>For babies requiring NICU and LNU care</b>		
Portsmouth Hospitals NHS Trust	SONeT Control Centre 01865 223344	1 hr 31 min
University Hospital Southampton NHS Foundation Trust		1 hr 31 min
<b>For babies requiring LNU care</b>		
Hampshire Hospitals NHS Foundation Trust	SONeT Control Centre 01865 223344	2 hr 19 mins
University Hospitals Dorset NHS Foundation Trust Bournemouth		2 hr 52 mins
Salisbury NHS Foundation Trust		2 hr 37 mins
University Hospitals Dorset NHS Foundation Trust: Bournemouth site		2 hr 17 mins
<b>For neonates requiring surgery:</b>		
Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	1 hr 42 min
John Radcliffe, Oxford		2 hr 44 min

Guy's & St Thomas', London. NICU situated at St Thomas' Hospital		2 hr 59 min
<b>For neonates requiring cardiac referral</b>		
University Hospital SouthamptonNHS Foundation Trust	SONeT Control Centre 01865 223344	1 hr 42 min
John Radcliffe, Oxford		2 hr 44 min
<b>For neonates requiring cardiac surgery</b>		
University Hospital SouthamptonNHS Foundation Trust	SONeT Control Centre 01865 223344	1 hr 42 min

<b>University Hospitals Dorset NHS Foundation Trust Bournemouth site</b>		
<b>For neonates: Transfer to NICU</b>		
<ul style="list-style-type: none"> <li>• below 27+0 weeks</li> <li>• below 800 grams</li> <li>• below 28+0 week gestation twins</li> <li>• Below 30 +0 week multiples 3+</li> <li>• neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating</li> <li>• neonates who require cooling</li> <li>• neonates requiring specialist care e.g. nitric oxide</li> <li>• <b>Complex intensive care including neonates with symptoms of additional organ failure</b></li> </ul>		
Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	38 min
Portsmouth Hospitals NHS Trust		58 min
St Peter's Hospital, Surrey		1 hr 28 min
<b>For neonates requiring surgery:</b>		
Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	38 min
John Radcliffe, Oxford		1 hr 49 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust		2 hr 25 min
<b>For neonates requiring cardiac referral</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	38 min
<b>For neonates requiring cardiac surgery</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	38 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust		2 hr 25 min

<b>Portsmouth Hospitals NHS Trust:</b>		
<b>For neonates requiring surgery:</b>		
Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	32 min
John Radcliffe, Oxford		1 hr 38 min
Guy's & St Thomas', London. NICU situated at St Thomas' Hospital		1 hr 46 min
<b>For neonates requiring cardiac referral</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	32 min
Guy's & St Thomas', London. NICU situated at St Thomas' Hospital		1 hr 46 min
<b>For neonates requiring cardiac surgery</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	32 min

**Salisbury NHS Foundation Trust: (This unit is currently under service review)****For neonates: Transfer to a NICU**

- below 27+0 weeks
- below 800 grams below 28+0 week gestation twins
- below 30 +0 week multiples 3+
- neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating
- neonates who require cooling
- neonates requiring specialist care e.g. nitric oxide
- Complex intensive care including neonates with symptoms of additional organ failure

Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	40 min
Portsmouth Hospitals NHS Trust		55 min
John Radcliffe, Oxford		1 hr 39 min

**For neonates requiring surgery:**

Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	40 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust		1 hr 34 min
John Radcliffe, Oxford		1 hr 39 min

**For neonates requiring cardiac referral**

University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	40 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust		1 hr 34 min
John Radcliffe, Oxford		1 hr 39 min

**For neonates requiring cardiac surgery**

University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	40 min
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust		1 hr 34 min

**University Hospital Sussex St Richard's site**

For neonates: care can be provided locally for

- Above 32 weeks
- Above 1250 gms
- Neonates requiring short term high dependency care (48 hours review)

LNU pathway for:

- Above 27 weeks and below 32<sup>+0</sup> weeks gestation
- Above 800gms and below 1250gms
- Neonates requiring more than short term high dependency care (48 hours review)

NICU pathways for:

- below 27+0 weeks
  - below 800 grams
  - below 28+0 week gestation twins
- below 30+0 week gestation multiples of 3+
- neonates over 27 weeks who receive or are likely to require ventilation for more than 48 hours and/or whose condition is deteriorating
  - neonates who require cooling
  - neonates requiring specialist care e.g., nitric oxide
  - Complex intensive care including neonates with symptoms of additional organ failure.

Hospital	Retrieval Team	Average length of journey
Portsmouth Hospitals NHS Trust	SONeT Control Centre 01865 223344	26 min
University Hospital Southampton NHS Foundation Trust		48 min
Brighton & Sussex University Hospitals NHS Trust		56 min
<b>For neonates requiring surgery:</b>		
Hospital	Retrieval Team	Average length of journey
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	48 min
Brighton & Sussex University Hospitals NHS Trust		56 min
John Radcliffe, Oxford		48 min
<b>For neonates requiring cardiac referral</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	48 min
<b>For neonates requiring cardiac surgery</b>		
University Hospital Southampton NHS Foundation Trust	SONeT Control Centre 01865 223344	48 min

## Journey Times:

### Key:

**Red** – journeys time more than 2 hours

**Light Amber** – journey time 1- 1½ hours

**Dark Amber** – journey time 1½ - 2 hours

**Green** – journey time less than an hour

**NB** All average miles and minutes have been rounded up.

Destination Hospital	Travel times		Thames Valley Departure Hospitals				
			John Radcliffe Hospital (OX3 9DU) (JRH)	Royal Berkshire Hospital (RG1 5AN) (RBH)	Wexham Park Hospital (SL2 4HL) (WPH)	Stoke Mandeville Hospital (HP21 8AL) (SMH)	Milton Keynes Hospital (MK6 5LD) (MKH)
John Radcliffe Hospital University Oxford (OX3 9DU)  For surgery	Googlemaps	Miles		29.5 miles	37.2 miles	22.4 miles	38.2 miles
		Drive time		59 mins	52 mins	44 mins	1 hr 4 mins
	AA RoutePlanner	Miles		29.6 miles	37.3 miles	22.9 miles	38.3 miles
		Drive time		1 hour	52 mins	46 mins	1 hr 4 mins
	Average drive time	<b>Miles</b>		<b>29.6 miles</b>	<b>37.3 miles</b>	<b>22.9 miles</b>	<b>38.3 miles</b>
<b>Drive time</b>			<b>1 hour</b>	<b>52 mins</b>	<b>46 mins</b>	<b>1 hr 4 mins</b>	
University Hospital Southampton NHS Foundation Trust (SO16 5YA)  For Surgery and cardiac surgery	Googlemaps	Miles	67.5 miles	47.2 miles	68.2 miles	92.5 miles	112 miles
		Drive time	1 hour 21 minutes	1 hour 9 minutes	1 hour 19 minutes	1 hour 56 minutes	2 hours 11 minutes
	AA Route Planner	Miles	67.6 miles	46.6 miles	68.8 miles	93.5 miles	112.8 miles
		Drive time	1 hour 25 minutes	1 hour 4 minutes	1 hour 22 minutes	1 hour 52 minutes	2 hours
	Average drive time	<b>Miles</b>	<b>68 miles</b>	<b>47 miles</b>	<b>69 miles</b>	<b>93 miles</b>	<b>113 miles</b>
<b>Drive time</b>		<b>1 hour 23 minutes</b>	<b>1 hour 6 minutes</b>	<b>1 hour 20 minutes</b>	<b>1 hour 54 minutes</b>	<b>2 hours 6 minutes</b>	
Portsmouth Hospitals NHSTrust (PO6 3LY)	Google maps	Miles	68 Miles	63.9 miles	69 miles	93.3 miles	113 miles
		Drive time	1hour 30 Mins	1 hour 59 minutes	1 hour 27 minutes	2 hours 2 minutes	2 hours 9 minutes
	AA Route Planner	Miles		62.7 miles	70.9 miles	95.6 miles	114.9 miles
		Drive time		1 hour 16 minutes	1 hour 31 minutes	2 hours 1 minute	2 hours 10 minutes
	Average drive time	<b>Miles</b>	68 miles	<b>64 miles</b>	<b>70 miles</b>	<b>95 miles</b>	<b>114 miles</b>
<b>Drive time</b>		1hour 30 mins	<b>1 hour 38 minutes</b>	<b>1 hour 29 minutes</b>	<b>2 hours 2 minutes</b>	<b>2 hours 10 minutes</b>	
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust (BS2 8BJ)	Google maps	Miles	80 Miles	81.6 miles	99.1 miles	109 miles	106 miles
		Drive time	1 hour 40 Mins	1 hr 31 min	1 hr 48 min	2 hr 13 min	2 hr 27 min
	AA Route Planner	Miles		81.7 miles	99.3 miles	101.1 miles	108.5 miles
		Drive time		1 hr 30 min	1 hr 50 min	2 hr 10 min	2 hr 28 min
	Average	<b>Miles</b>	80 Miles	<b>82 miles</b>	<b>100 miles</b>	<b>106 miles</b>	<b>108 miles</b>

(Surgery)	drive time	<b>Drive time</b>	1 hour 40 Mins	<b>1 hr 30 min</b>	<b>1 hr 49 min</b>	<b>2 hr 12 min</b>	<b>2 hr 28 min</b>
UCLH, London (WC1E 6DH)	Google maps	Miles	60 Miles	41.3 miles	21.5 miles	42.2 miles	50.9 miles
		Drive time	1 hour 40 Mins	59 min	45 min	1 hr 18 min	1 hr 11 min
	AA Route Planner	Miles		41.4 miles	21.6 miles	42.8 miles	51.5 miles
		Drive time		1 hr 11 min	1 hr 0 min	1 hr 20 min	1 hr 15 min
	Average drive time	<b>Miles</b>	60 Miles	<b>42 miles</b>	<b>22 miles</b>	<b>43 miles</b>	<b>52 miles</b>
<b>Drive time</b>		1 hour 40 Mins	<b>1 hr 5 min</b>	<b>53 min</b>	<b>1 hr 19 min</b>	<b>1 hr 13 min</b>	
			<b>JRH (OX3 9DU)</b>	<b>RBH (RG1 5AN)</b>	<b>WPH (SL2 4HL)</b>	<b>SMH (HP21 8AL)</b>	<b>MKH (MK6 5LD)</b>
King's College (SE5 9RS)  For Surgery	Google maps	Miles	60.5 miles	42.9 miles	26.1 miles	50.3 miles	55.2 miles
		Drive time	1 hr 24 min	1 hr 5 min	51 min	1 hr 27 min	1 hr 25 min
	AA Route Planner	Miles	60.3 miles	43.7 miles	26.1 miles	50.6 miles	56.3 miles
		Drive time	1 hr 31 min	1hr 14 min	1 hr 1 min	1 hr 31 min	1 hr 30 min
	Average drive time	<b>Miles</b>	<b>61 miles</b>	<b>44 miles</b>	<b>27 miles</b>	<b>51 miles</b>	<b>56 miles</b>
<b>Drive time</b>		<b>1 hr 28 min</b>	<b>1 hr 10 min</b>	<b>26 min</b>	<b>1 hr 29 min</b>	<b>1 h 28 min</b>	
Chelsea & Westminster (SW10 9NH)  For Surgery	Google maps	Miles	55 miles	37.8 miles	21 miles	45.1 miles	52.9 miles
		Drive time	1 hr 30 min	48 min	35 min	1 hr 11 min	1 hr 14 min
	AA Route Planner	Miles		37.8 miles	20.9 miles	45.4 miles	54 miles
		Drive time		58 min	47 min	1 hr 17 min	1 hr 22 min
	Average drive time	<b>Miles</b>	55 miles	<b>37.8 miles</b>	<b>21 miles</b>	<b>45.3 miles</b>	<b>52.5 miles</b>
<b>Drive time</b>		1 hr 30 min	<b>53 min</b>	<b>41 min</b>	<b>1 hr 14 min</b>	<b>1 hr 18 min</b>	
Queen Charlotte & Chelsea Hospital (W12 0HS)	Google maps	Miles	50 miles	36.9 miles	17.2 miles	39.3 miles	50.5 miles
		Drive time	1 hr 10 min	49 min	36 min	1 hr 8 min	1 hr 5 min
	AA Route Planner	Miles		37.6miles	17.3 miles	39.7 miles	51.1 miles
		Drive time		1hr 3 min	52 min	1 hr 17 min	1 hr 15 min
	Average drive time	<b>Miles</b>	50 miles	<b>38 miles</b>	<b>18 miles</b>	<b>40 miles</b>	<b>51 miles</b>
<b>Drive time</b>		1 hr 10 min	<b>56 min</b>	<b>44 min</b>	<b>1 hr 12 min</b>	<b>1 hr 10 min</b>	
GOSH (WC1N 3JH)  For Surgery	Google maps	Miles	54.9 miles	42.5 miles	22.6 miles	43.4 miles	52 miles
		Drive time	1 hr 17 min	1 hr 3 min	48 min	1 hr 20 min	1 hr 13 min
	AA RoutePlanner	Miles	54.9 miles	41.8 miles	22.6 miles	43.1 miles	51.8 miles
		Drive time	1 hr 30 min	1 hr 16 min	1 hr 4 min	1 hr 24 min	1 hr 19 min
	Average drive time	<b>Miles</b>	<b>55 miles</b>	<b>42 miles</b>	<b>23 miles</b>	<b>44 miles</b>	<b>52 miles</b>
<b>Drive time</b>		<b>1 hr 24 min</b>	<b>1 hr 10 min</b>	<b>56 min</b>	<b>1 hr 22min</b>	<b>1 hr 16 min</b>	
	Google	Miles	52 miles	22.9 miles	16.9 miles	41.1 miles	60.9 miles

St Peter's Hospital Surrey(KT16 0PZ)	maps	Drive time	1 hour 1 min	37 min	25 min	1 hr 1 min	1 hr 7 min
	AA Route Planner	Miles		25.9 miles	16.8 miles	41.4 miles	60.8 miles
		Drive time		37 min	28 min	56 min	1 hr 6 min
	Average drive time	<b>Miles</b>	52 miles	<b>25 miles</b>	<b>17 miles</b>	<b>42 miles</b>	<b>62 miles</b>
		<b>Drive time</b>	1 hour 1 min	<b>37 min</b>	<b>27 min</b>	<b>59 min</b>	<b>1 hr 7 min</b>

			JRH (OX3 9DU)	RBH (RG1 5AN)	WPH (SL2 4HL)	SMH (HP21 8AL)	MKH (MK6 5LD)
St George's Healthcare NHSTrust (SW17 0QT)  For Surgery	Google maps	Miles	59.5 miles	42 miles	25.2 miles	49.3 miles	60.9 miles
		Drive time	1 hr 25 min	1 hr 2 min	48 min	1 hr 25 min	1 hr 30 min
	AA Route Planner	Miles	59.9 miles	42.4 miles	25.6 miles	50 miles	59.7 miles
		Drive time	1 hr 32 min	1hr 12 min	1 hr 1 min	1 hr 30 min	1 hr 39 min
	Average drive time	<b>Miles</b>	<b>60 miles</b>	<b>43 miles</b>	<b>26 miles</b>	<b>50 miles</b>	<b>60 miles</b>
		<b>Drive time</b>	<b>1 hr 29 min</b>	<b>1 hr 6 min</b>	<b>55 min</b>	<b>1 hr 28 min</b>	<b>1 hr 35 min</b>
Brighton & Sussex University Hospitals NHS Trust(BN2 5BE)  For Surgery	Google maps	Miles	120 Miles	80 Miles	72 Miles	95 Miles	116 Miles
		Drive time	2hrs 30 Mins	2 hrs.	1hr 30 mins	2hrs 5 Mins	2hrs 20 Mins
Medway Maritime Hospital. Medway NHS Trust Oliver Fisher Baby Care Unit ME7 5NY	Google maps	Miles	120 Miles	90 Miles	75 Miles	95 Miles	100 Miles
		Drive time	2hrs 45 Mins	2hrs	2hrs	2hrs 30 Mins	2hrs 15 Mins

Destination Hospital	Travel Time		Wessex Departure Hospital (for IOW including ferry time)								
			UHS (SO16 5YA)	PHT (PO6 3LY)	Bournemouth (BH7 7DW)	Salisbury (SP2 8BJ)	Dorchester (DT1 2JY)	Basingstoke (RG24 9NA)	Winchester (SO22 5DG)	IOW (PO30 5TG)	St Richards (PO19 6BF)
University Hospital Southampton NHS Foundation Trust (SO16 5YA) For Surgery	Miles	Google maps		22.7 m	28.3mls	22.7mls	52.4mls	32.7mls	12.3mls	39.3mls	36.1mls
	Drive time	maps		37 min	38 min	41min	1hr 12m	42 min	23 min	1 hr 37m	50min
University Hospital Southampton NHS Foundation Trust (SO16 5YA) For Surgery	Miles	AA Route Planner		21.6mls	28.3mls	22.2mls	52.4mls	32.7mls	11.9mls	31.9mls	36mls
	Drive time	Planner		30m	37min	38min	1hr 14m	41min	23min	1hr 46m	45m
University Hospital Southampton NHS Foundation Trust (SO16 5YA) For Surgery	Miles	Average		22mls	29mls	23mls	53mls	33mls	13mls	44mls	37mls
	Drive time	drive time		34m	38min	40min	1hr 13m	42min	23min	1hr 42m	48min
Portsmouth Hospitals NHS Trust (PO6 3LY)	Miles	Google maps	22.7 mls		47.6 mls	41.8mls	71.5mls	48.9mls	28.4mls	20.2mls	16mls
	Drive time	maps	37 min		59m	57min	1hr 28m	55 min	36min	1hr 4m	25min
Portsmouth Hospitals NHS Trust (PO6 3LY)	Miles	AA Route Planner	21.6mls		47.5mls	41.4mls	71.6mls	48.9mls	28mls	19.3mls	16.7mls
	Drive time	Planner	30m		56m	53min	1hr 29m	54min	35min	1hr 43m	26min
Portsmouth Hospitals NHS Trust (PO6 3LY)	Miles	Average	22mls		47.6mls	42mls	72mls	49mls	29mls	20mls	17mls
	Drive time	drive time	34m		58m	55min	1hr 29m	55min	36min	1hr 24m	26min
John Radcliffe Hospital (OX3 9DU) For Surgery	Miles	Google maps	67.6mls	84.2 mls	93mls	78mls	117mls	44.5mls	55.5mls	92.2mls	97.9mls
	Drive time	maps	1hr 23m	1hr 36m	1hr 49m	1hr 39m	2hr 19m	1hr 7m	1hr 9m	2hrs 26m	1hr 51m
John Radcliffe Hospital (OX3 9DU) For Surgery	Miles	AA Route Planner	67.6mls	84.2mls	93mls	75.8mls	117.1mls	44.5mls	55.3mls	100.6mls	98.6mls
	Drive time	Planner	1hr 23m	1hr 39m	1hr 48m	1hr 38m	2hr 24m	1hr 6m	1hr 13m	3hrs 1m	1hr 54m
John Radcliffe Hospital (OX3 9DU) For Surgery	Miles	Average	68mls	85mls	93mls	77mls	118mls	45mls	56mls	97mls	99mls
	Drive time	drive time	1hr 23m	1hr 38m	1hr 49m	1hr 39m	2hr 22m	1hr 7m	1hr 11m	2hrs 44m	1hr 53m
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust (BS2 8BJ) For Surgery	Miles	Google maps	100 Miles	120mls	75 mls	54.9mls	62.8mls	80.2mls	91.3mls	128mls	134mls
	Drive time	maps	2hrs	2 hrs 6m	2 hr 30m	1hr 41m	1hr 48m	1hr 39m	1hr 40m	2hrs 58m	2hrs 23m
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust (BS2 8BJ) For Surgery	Miles	AA Route Planner		120.1 ml	75.2mls	56.4mls	62.4mls	80.3mls	91.2mls	100.6mls	134.5mls
	Drive time	Planner		2hrs 12m	2hrs 19m	1hr 27m	1hr 40m	1hr 38m	1hr 45m	3hrs 24m	2hr 26m
Bristol Royal Hospital for Children, University Hospitals Bristol NHS Foundation Trust (BS2 8BJ) For Surgery	Miles	Average	100 miles	121 mls	75mls	56mls	63mls	81mls	92mls	114mls	135mls
	Drive time	drive time	2hrs	2hr 9m	2hrs 25m	1hr 34m	1hr 44m	1hr 39m	1hr 43m	3hrs 11m	2hr 25m

Destination Hospital	Travel Time		Wessex Departure Hospital (for IOW including ferry time)								
			UHS (SO16 5YA)	PHT (PO6 3LY)	Bournemouth (BH7 7DW)	Salisbury (SP2 8BJ)	Dorchester (DT1 2JY)	Basingstoke (RG24 9NA)	Winchester (SO22 5DG)	IOW (PO30 5TG)	St Richards (PO19 6BF)
St Peter's Hospital, Surrey (KT16 0PJ)	Miles	Google maps	65 Miles	60miles	81.1 mls	73.9mls	108mls	32mls	48.1mls	73mls	48.7mls
	Drive time		1hr 30m	1hr 10m	1hr 27 m	1hr 29m	2hrs 3m	38 min	55m	2hrs 1m	1hr 11m
	Miles	AA Route Planner			81.1mls	72mls	108.4mls	32.3mls	50.3mls	73.4mls	49.1mls
	Drive time				1hr 29m	1hr 27m	2hrs 6m	39min	58min	2hrs 41m	1hr 19m
	<b>Miles</b>	<b>Average drive time</b>	65 Miles	60 Miles	<b>81mls</b>	<b>73mls</b>	<b>109mls</b>	<b>33mls</b>	<b>50mls</b>	<b>74mls</b>	<b>49mls</b>
	<b>Drive time</b>		1hr 30m	1hr 10m	<b>1hr 28m</b>	<b>1hr 28m</b>	<b>2hr 5m</b>	<b>39min</b>	<b>57min</b>	<b>2hrs 21m</b>	<b>1hr 15m</b>
Brighton & Sussex University Hospitals NHS Trust (BN2 5BE) For Surgery	Miles	Google maps	70 Miles	55 Miles	95.3mls	87.8mls	117mls	87mls	74.4mls	65mls	31.2mls
	Drive time		1hr 50m	1hr 25m	2hrs 14m	2hrs 12m	2hrs 43m	1hr 43m	1hr 51m	2hrs 17m	1hr 1m
	Miles	AA Route Planner			93.4mls	87.5mls	117.7mls	87.5mls	74.1mls	65.1mls	31.3mls
	Drive time				2hrs 6m	1hr 58m	2hrs 24m	1hr 36m	1hr 41m	2hrs 46m	50min
	<b>Miles</b>	<b>Average drive time</b>	70 Miles	55 Miles	<b>94mls</b>	<b>88mls</b>	<b>118mls</b>	<b>88mls</b>	<b>75mls</b>	<b>66mls</b>	<b>32mls</b>
	<b>Drive time</b>		1hr 50m	1hr 25m	<b>2hrs 10m</b>	<b>2hrs 5m</b>	<b>2hr 34m</b>	<b>1hr 40m</b>	<b>1hr 46m</b>	<b>2hrs 32m</b>	<b>56min</b>
King's College Hospital (SE5 9RS) For Surgery	Miles	Google maps	80 Miles	69.4mls	107mls	97mls	131mls	55.1mls	71.2mls	88.1mls	63.8mls
	Drive time		2hrs 10 Mins	1 hr 45m	2hr 34m	2hrs 12m	2hrs 46m	1hr 22m	1hr 39m	2hr 38m	1hr 49m
	Miles	AA Route Planner		73.5mls	107mls	91.7mls	128.1mls	52mls	70mls	91mls	73mls
	Drive time			1hr 50m	2hrs 24m	2hrs 12m	2hr 51m	1hr 23m	1hr 43m	3hrs 23m	1hr 57m
	<b>Miles</b>	<b>Average drive time</b>	80 Miles	<b>71mls</b>	<b>107mls</b>	<b>94mls</b>	<b>130mls</b>	<b>54mls</b>	<b>72mls</b>	<b>90mls</b>	<b>68mls</b>
	<b>Drive time</b>		2hrs 10 Mins	<b>1hr 48m</b>	<b>2hrs 29m</b>	<b>2hrs 12m</b>	<b>2hrs 49m</b>	<b>1hr 23m</b>	<b>1hr 41m</b>	<b>3hrs 11m</b>	<b>1hr 53m</b>
Guys & St Thomas's, London. NICU situated at St Thomas's Hospital (SE1 7EH) For Surgery	Miles	Google maps	80 Miles	71.2 mls	106mls	99.5mls	129mls	53.2mls	69.3mls	89.5mls	65.1mls
	Drive time		2hrs	1 hr 43m	2hr 23m	2hrs 11m	2hrs 38m	1 hr 17m	1hr 31m	2hrs 35m	1hr 45m
	Miles	AA Route Planner		72.1mls	105.7mls	90.4m	126.7mls	50.6mls	68.6mls	89.5mls	74.3mls
	Drive time			1hr 49m	2hrs 15m	2hrs 10m	2hr 49m	1hr 22m	1hr 42m	3hrs 22m	2hrs
	<b>Miles</b>	<b>Average drive time</b>	80 Miles	<b>72mls</b>	<b>106mls</b>	<b>95mls</b>	<b>128mls</b>	<b>52mls</b>	<b>69mls</b>	<b>90mls</b>	<b>70mls</b>
	<b>Drive time</b>		2hrs	<b>1hr 46m</b>	<b>2hrs 19m</b>	<b>2hrs 11m</b>	<b>2hrs 44m</b>	<b>1hr 20m</b>	<b>1hr 37m</b>	<b>2hrs 59m</b>	<b>1hr 53m</b>

Destination Hospital	Travel Time		Wessex Departure Hospital (for IOW including ferry time)								
			UHS (SO16 5YA)	PHT (PO6 3LY)	Bournemouth (BH7 7DW)	Salisbury (SP2 8BJ)	Dorchester (DT1 2JY)	Basingstoke (RG24 9NA)	Winchester (SO22 5DG)	IOW (PO3 0 5TG)	St Richards (PO19 6BF)
GOSH (WC1N3JH) For Surgery	Miles	Google maps	81 Miles	72.1 mls	106mls	95.1mls	129mls	53.2mls	69.3mls	90.8mls	66.5mls
	Drive time		2hrs 5m	1hr 51m	2hrs 26m	2hrs 8m	2hrs 42m	1hr 17m	1hr 35m	2hrs 44m	1hr 55m
	Miles	AA Route Planner		73.5mls	106mls	90mls	126.4mls	68.6mls	68.3mls	109.8mls	66.6mls
	Drive time			1hr 56m	2hrs 18m	2hrs 13m	2hrs 52m	1hr 42m	1hr 44m	3hrs 29m	2hr 7m
	<b>Miles</b>	<b>Average drive time</b>	81 Miles	<b>73mls</b>	<b>106mls</b>	<b>93mls</b>	<b>128mls</b>	<b>56mls</b>	<b>69mls</b>	<b>100mls</b>	<b>67mls</b>
<b>Drive time</b>	2hrs 5m		<b>1hr 54m</b>	<b>2hrs 22m</b>	<b>2hrs 11m</b>	<b>2hrs 47m</b>	<b>1hr 30m</b>	<b>1hr 40m</b>	<b>3hrs 9m</b>	<b>2hr 1m</b>	
UCLH (WC1E 6DH) For Surgery	Miles	Google maps	80 Miles	72.1 mls	105mls	95.1mls	129mls	53.2mls	69.3mls	90.8mls	66.5mls
	Drive time		2hrs	1 hr 51 m	2hr 20m	2hrs 7m	2hrs 41m	1hr 16m	1hr 34m	2hrs 43m	1hr 54m
	Miles	AA Route Planner		73.4mls	105.1mls	93.4mls	129.8mls	53.7mls	71.7mls	113.2mls	66.6mls
	Drive time			1hr 55m	2hrs 13m	2hrs 12m	2hrs 51m	1hr 23m	1hr 43m	3hrs 28m	2hr 7m
	<b>Miles</b>	<b>Average drive time</b>	80 Miles	<b>72mls</b>	<b>105mls</b>	<b>95mls</b>	<b>130mls</b>	<b>54mls</b>	<b>70mls</b>	<b>101mls</b>	<b>67mls</b>
<b>Drive time</b>	2hrs		<b>1hr 53m</b>	<b>2hrs 16m</b>	<b>2hrs 10m</b>	<b>2hrs 46m</b>	<b>1hr 20m</b>	<b>1hr 39m</b>	<b>3hrs 6m</b>	<b>2hr 1m</b>	