

The Children's Air Ambulance Service Clinical Partner Feedback Form



Thank you for taking the time to complete this feedback which should take no more than 5mins (depending on additional comments).

The Air Ambulance Service is committed to providing its Clinical Partners and patients with world class quality, safe and well governed services.

Your feedback is important to us and forms an invaluable part of our continuous improvement process.

Feedback will only be communicated internally unless your permission is sought in advance.

Please return completed feedback forms to airdesk@thechildrensairambulance.org.uk

Clinical Partner Team Name:						
Clinical Category of Patient: Emergency, Planned, Repatriation						
Clinical Dependency of Patient: Intensive Care, High/Low Dependency						
Date of transfer:						
Level:						
Actual bed to bed times:						
Name of person completing feedback:						
Please categorise between 1 - 5 5 – Excellent 4 – Very good 3 – Good 2 – Satisfactory 1 - Poor <i>(if scoring 3 or below please provide details)</i>						
	5	4	3	2	1	Please comment
Tasking Process						
Suitability of Landing Site						
Timings / any delays faced on task						
Ease of Access for Teams						
Equipment Issues						
Aircraft/Aircrew						
CRM or Human Factors						
Operational Information Flow						
Parent Leaflet Given						
Additional Information:						