



National Audit Office

Survey of Neonatal Units in England by the National Audit Office

Reference Number: ROCR-Lite/07/004/FT6

This questionnaire has been developed in consultation with The Information Centre for Health and Social Care who consider the data collection to be useful and reasonable.

This survey is designed to capture all data relating to special, high dependency and intensive care for babies. It should be completed by relevant neonatal and finance staff and returned as a single response. The return must be signed off by the Chief Executive of the Acute Trust.

Name of respondent(s):

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Position of respondent(s):

--

Name of Acute Trust:

--

NHS code or Foundation Trust code

--

Telephone:

--

Email:

--

Signature of Chief Executive:

--

Date:

If you are uncertain how to answer any question, or wish to discuss any aspects of the survey, you can contact:

Ffiona Kyte (Ffiona.Kyte@nao.gsi.gov.uk, telephone: 020 7798 7791)

Caroline Milligan (Caroline.Milligan@nao.gsi.gov.uk, telephone 0191 269 1857)

The objective of the National Audit Office Study of Neonatal Services in England

About the NAO

The National Audit Office (NAO) is independent of government and has a statutory responsibility to report to Parliament on whether the Department of Health is discharging its responsibilities in an economic, efficient and effective way. We are currently undertaking a value for money study of neonatal services in England, looking in particular at whether the development of neonatal networks has met the Department of Health's original objectives.

Objectives of the survey

This survey is a key aspect of the study as it will create a national picture of the costs and activity levels of neonatal units. It is also aimed at shedding light on key problems experienced by units and the challenges facing them.

Your answers to these questions will help us to build up a national picture of neonatal care. The results of the survey will be analysed in various ways with the aim of answering the following questions:

Are neonatal services appropriately funded?

Do neonatal services manage their costs well?

Are transport arrangements in place?

Are transfer levels optimised?

Does supply match demand for service provision?

Depending on the findings, parts of the analysis will appear in the final published report, alongside other elements of fieldwork that we are undertaking to produce a robust national picture. Data from this survey will be aggregated. If any specific references to individual bodies are made, those references will be cleared with the relevant bodies before publication. In addition, we will provide individual unit feedback reports once the survey returns have been analysed.

Instructions for completing and returning the questionnaire

This is a mandatory survey.

It is paper-based. Additional copies can be downloaded from the NAO's website - http://www.nao.org.uk/publications/workinprogress/neonatal_services.htm

We advise you to complete the form in hard copy and post back to us. If you choose to fill the survey in on screen, you must click on the Project Form icon (which looks like a padlock on the toolbar - if you cannot see it, go to the View menu, Toolbars and select Forms). This will activate the boxes so you can click on the box to cross it. To type in your responses, you must de-activate the Project Form icon by clicking it off. This will free up the document so you can type in the normal way.

We recommend that neonatal unit staff decide who is best placed to provide the data, co-ordinate the data collection and collate into the final return. We expect that much of the data will be found on the neonatal unit but it may also be necessary to obtain data from the Trust finance department. Further detailed guidance can be found within the body of the survey.

If different levels of care are provided within the same Trust (whether within the same unit or in separately managed areas), please answer for *all* levels of care. For example many questions provide

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categories for special, high dependency and intensive care, please answer against as many categories as relevant. Where total numbers are required, please give the total across all your levels of care.

Please use numbers rather than words as far as possible (i.e. 1 instead of one).

Please ensure all parts of the survey are collated and, once you have completed this, please make a copy for your own records and then return this questionnaire to the address below by 8 June 2007.

Ffiona Kyte, Health Value for Money Studies, Room A589, National Audit Office, 157-197 Buckingham Palace Road, London SW1W 9SP

Contacts for further information

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Thank you very much indeed for your time and assistance with this work.

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Survey Contents

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If different levels of care are provided within the same Trust (whether within the same unit or in separately managed areas), please answer for *all* levels of care. For example many questions provide categories for special, high dependency and intensive care, please answer against as many categories as relevant. Where total numbers are required, please give the total across all your levels of care.

Section One: Activity of the Unit	5
Questions 1.1a to 1.21	
Section Two: Transfers	14
Questions 2.1a to 2.8c	
Section Three: Costs	21
Questions 3.1 to 3.13	
Continuation Sheets	35

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Section One: Activity of the Unit

1.1a Does the unit use a neonatal.net electronic patient record (such as SEND)?

Yes

No

If yes to question 1.1a, please answer the questions in this survey using aggregate data from this system. If no, please answer the question 1.1 b below.

1.1b Please indicate the source for this survey data:

Stand-alone electronic database

Yes No

Other, please specify

Yes No

1.2 Which neonatal network is the unit part of? Please tick one box that is applicable

Bedfordshire & Hertfordshire

North East London and North Middlesex

Central South Coast

North Trent

Cheshire & Merseyside

North West London

Essex

Northern

Greater Manchester

South East London

Kent

South West

Lancashire and South Cumbria

South West London

Midlands Central

Surrey & Sussex

Midlands North

Thames Valley

Midlands South

Trent

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Norfolk, Suffolk and Cambridgeshire	<input type="checkbox"/>	Western	<input type="checkbox"/>
North Central London	<input type="checkbox"/>	Yorkshire	<input type="checkbox"/>
None of the above	<input type="checkbox"/>		
If none of the above, please also give details:			

1.3 Do you agree that your network is the right size and configuration to meet the needs of patients in your region?	
Please tick one box	
Strongly agree	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agree	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neither agree nor disagree	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disagree	<input type="checkbox"/> Yes <input type="checkbox"/> No
Strongly disagree	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please add any comments below.	

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1.4 What is the designation of the unit within the neonatal network?

Please tick one box or complete answer e) below

If different levels of care are provided within the same Trust (whether within the same unit or in separately managed areas), please tick all the boxes that apply.

a) Level 1	<input type="checkbox"/>
b) Level 2	<input type="checkbox"/>
c) Level 3	<input type="checkbox"/>
d) Level 3 plus neonatal surgery	<input type="checkbox"/>
e) If necessary, please provide further details below	

1.5 How many staffed cots was the unit funded for as of 31/3/07?

	No. staffed cots	At BAPM 1992 or 2001 standard? Please tick one.
a) Special Care		1992 <input type="checkbox"/> 2001 <input type="checkbox"/> Other, please specify <input type="checkbox"/>
b) High Dependency Care		1992 <input type="checkbox"/> 2001 <input type="checkbox"/> Other, please specify <input type="checkbox"/>
c) Intensive Care		1992 <input type="checkbox"/> 2001 <input type="checkbox"/> Other, please specify <input type="checkbox"/>

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1.6 How many physical cots did the unit have as of 31/3/07?	
	No. physical cots
a) Equipped for Special Care	
b) Equipped for High Dependency Care	
c) Equipped for Intensive Care	
d) Spare (for any level of care)	

1.7a How many babies (excluding readmissions) were admitted to the unit in...	Financial year 2005/06? (i.e. Between 1/4/05-31/3/06)	Financial year 2006/07? (i.e. Between 1/4/06-31/3/07)
Please give the number of babies in each box and move on to question 1.7b		

1.7b Of the total babies admitted (excluding readmissions) between 1/4/06 and 31/3/07, how many were from hospitals <i>within your network</i> ?	1/4/06-31/3/07
Please give the number of babies in the box	

1.8 How many babies did you have to transfer to another unit <i>outside of your network</i> between 1/4/06 and 31/3/07?	1/4/06-31/3/07
Please give the number of babies in the box	

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1.9a How many cot days did you provide in... Please answer and move on to question 1.9b	Financial year 2005/06? (i.e. Between 1/4/05-31/3/06)	Financial year 2006/07? (i.e. Between 1/4/06-31/3/07)
Special Care		
High Dependency Care		
Intensive Care		
Total		

1.9b Which BAPM definition applies to these cot days?	Financial year 2005/06? (i.e. Between 1/4/05-31/3/06)	Financial year 2006/07? (i.e. Between 1/4/06-31/3/07)
Special Care	BAPM 1992 <input type="checkbox"/> Yes <input type="checkbox"/> No	BAPM 1992 <input type="checkbox"/> Yes <input type="checkbox"/> No
	BAPM 2001 <input type="checkbox"/> Yes <input type="checkbox"/> No	BAPM 2001 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other, please specify <input type="checkbox"/> Yes <input type="checkbox"/> No	Other, please specify <input type="checkbox"/> Yes <input type="checkbox"/> No
High Dependency Care	BAPM 1992 <input type="checkbox"/> Yes <input type="checkbox"/> No	BAPM 1992 <input type="checkbox"/> Yes <input type="checkbox"/> No
	BAPM 2001 <input type="checkbox"/> Yes <input type="checkbox"/> No	BAPM 2001 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other, please specify <input type="checkbox"/> Yes <input type="checkbox"/> No	Other, please specify <input type="checkbox"/> Yes <input type="checkbox"/> No
Intensive Care	BAPM 1992 <input type="checkbox"/> Yes <input type="checkbox"/> No	BAPM 1992 <input type="checkbox"/> Yes <input type="checkbox"/> No
	BAPM 2001 <input type="checkbox"/> Yes <input type="checkbox"/> No	BAPM 2001 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other, please specify <input type="checkbox"/> Yes <input type="checkbox"/> No	Other, please specify <input type="checkbox"/> Yes <input type="checkbox"/> No

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1.10 At what gestational age (and below) would the unit routinely seek to transfer a baby out?

22 weeks or less

23 weeks or less

24 weeks or less

25 weeks or less

26 weeks or less

27 weeks or less

28 weeks or less

29 weeks or less

30 weeks or less

31 weeks or less

32 weeks or less

33 weeks or less

34 weeks or less

35 weeks or less

<input type="checkbox"/> Other	Please specify
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1.11 How many times in total did the unit have to close or refuse new admissions between 1/4/06 and 31/3/07?

Please give number of days in the box

--

1.12 On how many days between 1/4/06 and 31/3/07 did the unit have to close or refuse new admissions due to nursing staff shortages?

Please give number of days in the box

--

1.13 On how many days between 1/4/06 and 31/3/07 did the unit have to close or refuse new admissions due to medical staff shortages?

Please give number of days in the box

--

1.14 On how many days between 1/4/06 and 31/3/07 did the unit have to close or refuse new admissions due to a physical lack of equipped cots (for any level of care)?

Please give number of days in the box

--

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1.15 Please rank the following reasons for the unit having to close or refuse new admissions.	
Please rank in order of most frequent occurrence from 1-6, with '1' being the most frequent:	Ranking
100% or more occupancy level reached.	
Cot(s) being held for local mother(s) due to deliver prematurely/already identified as likely to require neonatal care in next few days.	
Infection outbreak.	
Nursing staff shortages	
Cot(s) occupied by babies that needed to be moved to a higher level of care but could not as a suitable receiving cot was not available.	
Cot(s) occupied by babies that were ready to be moved to a lower level of care but could not as a suitable receiving cot was not available.	
Other (please specify and give indication of ranking using 1-7 scale if necessary)	

1.16 Is the unit staffed at the BAPM 2001 guideline levels?	
Please tick all that apply	
a) Special Care, usually 1 nurse: 4 babies	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) High Dependency Care, usually 1 nurse: 2 babies	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Intensive Care, usually 1 nurse: 1 baby	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Dedicated SHO/ANNP rota	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) 24-hour middle grade medical cover with exclusive neonatal duties	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Designated consultant	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) 24-hour consultant cover (or non-consultant career grade in neonatal training)	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Specialist neonatal consultant with principal duties to the unit (not required to cover elsewhere)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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1.17 Did the unit provide the following services between 1/4/06 and 31/3/07?	
Support to babies not requiring admission to special/intensive care unit but who need short-term intervention on the postnatal ward:	
Phototherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV drugs (such as antibiotics)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tube-feeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accommodation solely for the use of parents on or near to the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many parents' rooms are available?	
Please give number in the box	
Does the unit have the staff and facilities to offer care specifically to prepare parents and babies for discharge? (I.e. care for babies who, in the absence of a transition ward or similar facility, would be cared for on SCBU until ready for discharge home).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the unit funded for this from its usual budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are staff providing this care counted as part of the neonatal unit's total establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support for breast-feeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Neonatal Nurses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many (please give WTE)? (Please give number in the box)	
How long do community neonatal nurses from this unit provide care and advice on average? (Please give in weeks in the box)	

1.18 Do unit staff routinely analyse local demographic trends in order to plan the neonatal service or predict demand?
<input type="checkbox"/> Yes <input type="checkbox"/> No

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1.19 Is the unit ever approached by local PCTs and/or specialist commissioning groups in order to plan the neonatal service or predict demand?	
<input type="checkbox"/> Yes. If yes, how often:	<input type="checkbox"/> No
Annually	<input type="checkbox"/>
Biannually	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>

1.20 Does the unit participate in, within or between network benchmarking exercises, audits or surveys?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide examples by attaching to this return.

1.21 Does the unit survey parents for their views of the service?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide the most recent of these by attaching to this return.

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Section Two: Transfers

2.1a Does the unit have access to specialist neonatal transport (provided by the network or otherwise)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please answer question 2.1b

If no, please move onto questions 2.1c and 2.1d

2.1b If yes, please indicate the hours and days of the week specialist neonatal transport is available to the unit. Please answer and move onto question 2.2a.		
<input type="checkbox"/> 7 days a week	<input type="checkbox"/> 24-hours a day	
<input type="checkbox"/> Monday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Thursday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Friday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Saturday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Sunday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:

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2.1c If no, please describe the transport arrangements available to the unit	
Regular ambulance service available to the Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paediatric ambulance service available to the Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
If other, please describe:	

2.1d If yes to any of the above in 2.1c, please indicate the hours and days of the week these transport arrangements are available to the unit		
<input type="checkbox"/> 7 days a week	<input type="checkbox"/> 24-hours a day	
<input type="checkbox"/> Monday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Thursday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Friday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Saturday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:
<input type="checkbox"/> Sunday	<input type="checkbox"/> 24-hours a day	Or, Start: Finish:

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2.2a If you have access to a specialist transport team, do they provide the facility for back transfers for babies no longer needing intensive care?

Yes in all circumstances Yes, but only where respiratory (or similar) support is still required No

If so, move to question 2.3

If so, move to question 2.2b

If so, move to question 2.2b

2.2b If no (or only where respiratory (or similar) support is still required), how are babies returned?

Regular ambulance service available to the Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paediatric ambulance service available to the Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

If other, please describe:

2.3 Does your unit have the equipment and appropriately trained staff to do an emergency transfer (of a baby needing ventilation for example) if the specialist transport team is unavailable or you don't have access to a specialist transport team?

Yes No

2.4a Have your unit staff accompanied a transfer in the last 12 months (i.e. between 1/4/06 and 31/3/07)?

In to this unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of this unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back to this unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Between other units	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, move on to question 2.4b

If all are no, move on to question 2.5a

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2.4b If yes to any of the above in 2.4a, how many times did this occur in the last 12 months (i.e. between 1/4/06 and 31/3/07)?	
In to this unit	
Out of this unit	
Back to this unit	
Between other units	

Please move on to question 2.4c

2. 4c Was the care of babies remaining on the unit compromised in any of these instances in the last 12 months (i.e. between 1/4/06 and 31/3/07)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many babies were affected by this in the last 12 months (i.e. between 1/4/06 and 31/3/07)?	
Please give an example(s) to illustrate this in the space below	

2.5a Are there ever delays in moving babies as a result of lack of transport?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, move to question 2.5b

If no, move to question 2.6a

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2.5b If yes, do you believe care has been compromised through such delays?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many babies were affected by this in the last 12 months (i.e. between 1/4/06 and 31/3/07)?	
Please give an example(s) to illustrate this in the space below	

2.6a Do you use the National Cot Locator?
<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, move to question 2.6b

If no, move to question 2.7a

2.6b If yes, please indicate when you use the National Cot Locator?
Please tick all that apply
<input type="checkbox"/> In the first instance/immediately
<input type="checkbox"/> After checking with the network
<input type="checkbox"/> After checking with other networks

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2.7a Between 1/4/06 and 31/3/07, did the unit have to manage the care of a baby who needed to be transferred to a higher level of care because an appropriate receiving cot was not available?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, move to questions 2.7b and 2.7c

If no, move to question 2.8a

2.7b If yes, how many times did this occur between 1/4/06 and 31/3/07?

2.7c What were the implications of this?	
The care of the baby was compromised. (Please give an example to illustrate this in the space below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical staff diverted from fixed duties (e.g. clinic or ward round) and there was a reduction of appropriate medical input for other babies on the unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurses diverted from looking after other babies on the unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit closed to new admissions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other. If yes please specify below	<input type="checkbox"/> Yes <input type="checkbox"/> No

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2.8a Between 1/4/06 and 31/3/07, did the unit have to continue to manage the care of an improving baby, who was ready to be transferred to a lower level of care, because an appropriate receiving cot was not available?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, move to questions 2.8b and 2.8c

If no, move to question 3.1

2.8b If yes, how many times did this occur between 1/4/06 and 31/3/07?	

2.8c What were the implications of this?	
Unable to admit to a high dependency or intensive care cot because it was occupied by a baby who only required special care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit closed to new admissions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other. If yes, please specify below	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Caroline Milligan (Caroline.Milligan@nao.gsi.gov.uk, telephone 0191 269 1857)

Section Three: Costs

Who should complete

This section may require input from the Trust finance department and/or management accounting staff, as well as from neonatal unit staff. The guidance below will help decide who is best placed to complete this section and also provides further details of what should be included. Please do not hesitate to contact the study team if you have any queries or need advice at any stage.

This survey is collecting data after the date for submission of accounts for audit (1 May 2007 as outlined in the NHS Finance Manual 2006/07 and the Foundation Trusts Finance Manual 2006/07). As the survey will close before the audits are completed, we realise that fully audited data for the financial year 2006/07 are unlikely to be available for this survey. However we still expect cost information, albeit un-audited, to be available. We appreciate your co-operation and effort in preparing this response.

If, following completion of the audit of the Trust accounts in June 2007, adjustments are made which will have a material effect on the cost information pertaining to the unit (and this survey) then please do let us know.

Overview

Throughout please state 'not applicable' if the service is not provided. Please avoid leaving anything blank as this will distort the analysis and will therefore require follow-up.

Continuation sheets can be found at the end of the survey.

The following makes references to the NHS Trust Proforma Summarisation Schedules (TACs) plus relevant sub-codes, and to the Foundation Trusts FTC schedules plus relevant sub-codes. These are the standard summarised accounts which are submitted to the auditors, the Department of Health and/or Monitor. They can be accessed via <http://www.monitor-nhsft.gov.uk/publications.php?id=980> or <http://www.info.doh.gov.uk/doh/finman.nsf>

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Detailed guidance to answer the questions

- 3.1. The information for this should come from local management accounting data and/or the neonatal unit's own records.
- 3.2. If you are a NHS Trust this should reconcile with, or be derived from TAC 05, 3. Income from Activities, Primary Care Trusts sub-code 130, column 005B. If you are a Foundation Trust this should reconcile with, or be derived from FTC 05A, 3.3 Income from Activities, Primary Care Trusts sub-code 130, Main code 080c.
- 3.3. If you are a NHS Trust this should reconcile with, or be derived from TAC 01, operating expenses sub-code 120. If you are a Foundation Trust this should reconcile with, or be derived from FTC 01, operating expenses sub-code 120.
- 3.4. Neonatal unit staff will be best placed to complete this using unit records.
- 3.5. Neonatal unit staff, with advice from Trust finance staff, will be best placed to complete this using unit records.
- 3.6. This question requires input from *both finance and neonatal unit staff*. Finance staff may take the lead, however neonatal unit records may also be required in order to calculate the correct apportionments to the unit.

A), B), B)i) NHS Trust: TAC 09, 6.1 Staff Costs, salaries and wages sub-code 100, column 015A permanently employed. Foundation Trust: FTC 07, 6.1 Staff Costs, salaries and wages sub-code 100, Main code 160a permanently employed.

C) NHS Trust: TAC 09, 6.1 Staff Costs, salaries and wages sub-code 100, column 015B other. Foundation Trust: FTC 07, 6.1 Staff Costs, salaries and wages sub-code 100, Main code 160b other.

D) NHS Trust: TAC 06, 5.1 Operating Expenses, supplies and services - clinical sub-code 130. Foundation Trust: FTC 06, 5.1 Operating Expenses, drug costs sub-code 160.

D)i and ii) These will be derived from local/unit records but should reconcile to the total figure.

E) This will include all revenue expenses relating to equipment on the unit. NHS Trust: TAC 06, 5.1 Operating Expenses, supplies and services - clinical sub-code 130. Foundation Trust: FTC 06, 5.1 Operating Expenses, supplies and services - clinical (excluding drug costs) sub-code 170.

F) This is intended to gather the notional costs, which can also be described as internal re-charges, associated with diagnostic tests and scans consumed by the unit. These will only exist if

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the unit is notionally 'charged' per test or scan and will not apply if such tests or scans are provided centrally without any notional 'charges' to be borne by the unit. If notional charges do not apply, please enter 'not applicable' in the boxes.

In instances where the Trust does not have scanning or testing equipment and has to send babies to another Trust for diagnostic testing, please enter the costs reconciled to/derived from as follows - NHS Trust: TAC 06, 5.1 Operating Expenses, services from other NHS Trusts sub-code 102. Foundation Trust: FTC 06, 5.1 Operating Expenses, services from NHS Trusts sub-code 110.

F)i) Please indicate if the Trust does not have scanning or testing equipment and has to send babies to another Trust for diagnostic testing.

G) Please include running costs of any pasteurization machinery and equipment plus any consumable items for running the breast milk bank, if available and if separate from the total equipment consumables in question E). Relevant sections of the accounts will be NHS Trust: TAC 06, 5.1 Operating Expenses, supplies and services - clinical sub-code 130 and supplies and services - general sub-code 140. Foundation Trust: FTC 06, 5.1 Operating Expenses, supplies and services - clinical (excluding drug costs) sub-code 170 and supplies and services - general sub-code 180.

H) Please supply if these are apportioned out. NHS Trust: TAC 06, 5.1 Operating expenses, premises sub-code 170. Foundation Trust: FTC 06, 5.1 Operating expenses, premises sub-code 210.

I) This may be reconciled to or derived from, for NHS Trusts: TAC 06, 5.1 Operating Expenses, transport sub-code 160. Foundation Trusts: FTC 06, 5.1 Operating Expenses, transport sub-code 200.

Or these may reconcile to or be derived from, NHS Trusts: TAC 06, 5.1 Operating Expenses, services from other NHS Trusts sub-code 102 and also possibly purchase of healthcare from non-NHS bodies sub-code 107. Foundation Trusts: FTC 06, 5.1 Operating Expenses, services from other NHS Trusts sub-code 110 and also possibly purchase of healthcare from non-NHS bodies sub-code 130.

I)i) If the Trust is part of a consortium for a neonatal transport service, please indicate and if possible give the costs. These may be reconciled to or derived from, for NHS Trusts: TAC 06, 5.1 Operating Expenses, transport sub-code 160. Foundation Trusts: FTC 06, 5.1 Operating Expenses, transport sub-code 200.

Or these may reconcile to or be derived from, NHS Trusts: TAC 06, 5.1 Operating Expenses,

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services from other NHS Trusts sub-code 102 and also possibly purchase of healthcare from non-NHS bodies sub-code 107. Foundation Trusts: FTC 06, 5.1 Operating Expenses, services from other NHS Trusts sub-code 110 and also possibly purchase of healthcare from non-NHS bodies sub-code 130.

I)ii) In instances where the unit relies on the transport service of another unit/Trust, please indicate and if possible give the total charges paid. NHS Trusts: TAC 06, 5.1 Operating Expenses, services from other NHS Trusts sub-code 102 and also possibly purchase of healthcare from non-NHS bodies sub-code 107. Foundation Trusts: FTC 06, 5.1 Operating Expenses, services from other NHS Trusts sub-code 110 and also possibly purchase of healthcare from non-NHS bodies sub-code 130.

If costs are entered in I)i and I)ii) please ensure they reconcile to the total figure at I).

J) This is intended to gather the notional costs, which can also be described as internal re-charges, associated with surgery required by the unit. These will only exist if the unit is notionally 'charged' for use of theatres and will not apply if theatre time is provided centrally without any notional 'charges' to be borne by the unit. These will also not apply if the unit conducts surgery on the unit's own premises and where costs cannot be separately identified. If notional charges do not apply, please enter 'not applicable' in the boxes.

In instances where the unit does not provide surgery and has to send babies to another Trust for neonatal surgery, please enter the costs reconciled to/derived from as follows - NHS Trust: TAC 06, 5.1 Operating Expenses, services from other NHS Trusts sub-code 102. Foundation Trust: FTC 06, 5.1 Operating Expenses, services from NHS Trusts sub-code 110.

J)i) Please indicate if the Trust does not provide neonatal surgery and has to send babies to another Trust(s) for neonatal surgery.

K) NHS Trust: TAC 09, 6.1 Staff Costs, salaries and wages sub-code 100, column 015A permanently employed. Foundation Trust: FTC 07, 6.1 Staff Costs, salaries and wages sub-code 100, Main code 160a permanently employed.

L) If possible to separately identify, these will reconcile to or be derived from NHS Trust: TAC 06, 5.1 Operating Expenses, supplies and services - clinical sub-code 130. Foundation Trust: FTC 06, 5.1 Operating Expenses, supplies and services - clinical (excluding drug costs) sub-code 170.

M) This will include equipment maintenance contracts and operating leases which appear under NHS Trust: TAC 06, 5.1 Operating Expenses, supplies and services - clinical sub-code 130. Foundation Trust: FTC 06, 5.1 Operating Expenses, supplies and services - clinical (excluding drug

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costs) sub-code 170.

N) Please include the revenue element of finance leases which reconcile to or are derived from NHS Trust: TAC 11, 9 Interest Payable and other charges, finance leases sub-code 300.

Foundation Trust: FTC 08, 9 Interest Payable and other charges, finance leases sub-code 130.

3.7. The information for this should come from the neonatal unit's own records. Operational staff rotas will assist in answering this question.

3.8 The information for this should come from the neonatal unit's own records. Costs may be historic and a best estimate is acceptable. Relevant account codes are: NHS Trust: TAC 12, 11.1 Tangible

3.9. Fixed Assets, Additions-purchased, sub-code 110, Additions-donated, sub-code 120. Foundation Trust: FTC 10, 11.1 Tangible Fixed Assets, Additions-purchased, sub-code 110, Additions-donated, sub-code 120.

3.10a The 2003 Department of Health Review can be found via
<http://www.neonatal.org.uk/NR/ronlyres/410AF0C9-1243-45D5-A8D3-B1CAB8FA1FC1/33760/neonatalapr03.pdf>

3.10b. A relevant NHS Trust account code may be: NHS Trust: TAC 12, 11.1 Tangible Fixed Assets, Additions-government granted, sub-code 125.

The allocations were as follows:

Financial Year	Amount	Description
2003-04	£20,000,000	Capital. Issued to SHAs as a non recurrent addition to capital resource limit
2003-04	£12,000,000	Revenue. Issued to PCTs as RLA/CLA
2004-05	£20,709,000	Revenue. Issued to PCTs as RLA/CLA
2005-06	£20,709,000	Revenue. Issued as a recurrent allocation within PCT initial resource limits

3.11. The information for this should come from local management accounting data and/or the neonatal unit's own records. If this is not the case and finance staff need to be consulted, the relevant sections of the account are - NHS Trusts: TAC 05, 3 Income from Activities, Primary Care Trusts sub-code 130, column 005B. Foundation Trusts: FTC 05A, 3.3 Income from Activities, Primary Care Trusts sub-code 130, Main code 080c.

3.12. We would expect local management accounting, neonatal staff or any other Trust finance staff involved in calculating the PCT charge to answer this question.

3.13. We would expect local management accounting, neonatal staff or any other Trust finance staff

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involved in calculating the PCT charge to answer this question.

Questions

<p>3.1 What was the forecast budget for the unit at the start of financial years 2005/06 and 2006/07?</p> <p>Please clearly state using numbers, for example £750,000.</p>	<p>2005/06 (i.e. at 1/4/2005)</p>	<p>2006/07 (i.e. at 1/4/2006)</p>
	<p>£</p>	<p>£</p>

<p>3.2 What was the total income for neonatal services from PCTs (including both individual PCTs and those commissioning via specialist groups) for FY 2005/06 and 2006/07?</p>	<p>2005/06 (i.e. Between 1/4/05-31/3/06)</p>	<p>2006/07 (i.e. Between 1/4/06-31/3/07)</p>
	<p>£</p>	<p>£</p>

<p>3.3 How much did the unit actually cost to run in FY 2005/06 and 2006/07?</p>	<p>2005/06 (i.e. expenditure 1/4/05-31/3/06)</p>	<p>2006/07 (i.e. expenditure 1/4/06-31/3/07)</p>
	<p>£</p>	<p>£</p>

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3.4 If the actual costs exceeded the budget, what was the effect?		
	Financial Year 2005/06 (i.e. Between 1/4/05-31/3/06)	Financial Year 2006/07 (i.e. Between 1/4/06-31/3/07)
Nursing posts were unfilled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how many WTE?	If yes, how many WTE?
Medical posts were unfilled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how many WTE?	If yes, how many WTE?
Other posts were unfilled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what and how many WTE?	If yes, what and how many WTE?
Cots had to be closed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how many?	If yes, how many?
Availability of drugs had to be limited	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Parenteral Nutrition had to be rationed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No operational impact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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3.5 If the actual costs exceeded the budget, why did this occur?		
	Financial year 2005/06 (i.e. Between 1/4/05-31/3/06)	Financial year 2006/07 (i.e. Between 1/4/06-31/3/07)
Agreed activity threshold exceeded	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not enough income from PCTs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other reasons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please specify	If yes, please specify
Not known	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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3.6 What are the components of the unit's costs?			
	Are they included in the costs of the unit given in question 3.3?	Please state 'N/A' if the service is not provided.	
		Financial year 2005/06 (i.e. Between 1/4/05-31/3/06)	Financial year 2006/07 (i.e. Between 1/4/06-31/3/07)
A) Total contracted nursing salaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
B) Total contracted medical salaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
i) Are junior doctors' salaries included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
C) Total agency/bank staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
D) Total pharmacy budget	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
i) Surfactant only	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
ii) Total Parenteral Nutrition only	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
E) Total equipment consumables (e.g. Ventilator circuits, IV giving sets, nasal-gastric tubes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
F) Total diagnostics (e.g. MRI, CT, EEG)	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
i) Are these provided by another NHS Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
G) Breast milk bank	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
H) Facilities overheads	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
I) Transport	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
i) Dues paid for a network/specialist transport service	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
ii) Charges from units collecting babies	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£

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J) Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
i) Is this provided by another NHS Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
K) Community neonatal nurses	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
L) Equipment that accompanies babies home (e.g. small oxygen cylinders - please list and continue on a separate sheet if necessary).	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
M) Equipment maintenance contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
N) Equipment leasing costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
O) Accommodation for parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£
P) Other services (Please list and continue on a separate sheet if necessary).	<input type="checkbox"/> Yes <input type="checkbox"/> No	£	£

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3.7 How many of the following staff were employed on the unit as of 31 March 2007?				
Please ensure these match the costs given in question 3.6 where relevant				
		Funded establishment (WTE)	Staff in post (WTE)	Vacancies
a) Doctors	i) Consultants with sole responsibility to the neonatal service.			
	ii) Consultants with responsibilities shared with other services (e.g. Paediatrics).			
	iii) Junior doctors (SpR, SHO, HO level)			
	iv) Other grades (e.g. staff grade, clinical fellow, associate specialist)			
b) Nurses	i) Neonatal Nurse Practitioner (including ANNPs)			
	ii) Nurse (post-reg qualified in neonatal care)			
	iii) Other nurses			
c) Nursing Assistants				
d) Receptionists/secretaries/ward clerks				

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3.8 When was major equipment last bought new?			
	Year of major new purchase	Purchase costs borne by the Trust (neonatal unit)	Purchase costs provided by charities or donations
Incubators		£	£
Ventilators		£	£
Blood Gas Analysers		£	£
Other major equipment, please list		£	£
		£	£
		£	£
		£	£

3.9 How much did fundraising and donations by charities contribute to the unit in total?		
	Financial year 2005/06 (i.e. Between 1/4/05-31/3/06)	Financial year 2006/07 (i.e. Between 1/4/06-31/3/07)
Total donations	£	£

3.10a Has the unit received any of the extra £72 million funding allocated by the Department of Health between 2003 and 2006 aimed at developing neonatal networks?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

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3.10b If yes, how much did the unit receive in total and what was it spent on?		
Financial year	Amount received in total	What spent on? Please tick all that apply each year.
1/4/03-31/3/04	£	Commissioning new cots <input type="checkbox"/> Yes <input type="checkbox"/> No Upgrading equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Employing more staff <input type="checkbox"/> Yes <input type="checkbox"/> No Other (please give details) <input type="checkbox"/> Yes <input type="checkbox"/> No
1/4/04-31/3/05	£	Commissioning new cots <input type="checkbox"/> Yes <input type="checkbox"/> No Upgrading equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Employing more staff <input type="checkbox"/> Yes <input type="checkbox"/> No Other (please give details) <input type="checkbox"/> Yes <input type="checkbox"/> No
1/4/05-31/3/06	£	Commissioning new cots <input type="checkbox"/> Yes <input type="checkbox"/> No Upgrading equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Employing more staff <input type="checkbox"/> Yes <input type="checkbox"/> No Other (please give details) <input type="checkbox"/> Yes <input type="checkbox"/> No
1/4/06-31/3/07	£	Commissioning new cots <input type="checkbox"/> Yes <input type="checkbox"/> No Upgrading equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Employing more staff <input type="checkbox"/> Yes <input type="checkbox"/> No Other (please give details) <input type="checkbox"/> Yes <input type="checkbox"/> No

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3.11 How much did the unit charge PCTs per cot day in....?		
	Financial year 2005/06 (i.e. Between 1/4/05 and 31/3/06)	Financial year 2006/07 (i.e. Between 1/4/06 and 31/3/07)
a) Level 1 or Special Care cot day	£	£
b) Level 2 or High Dependency Care cot day	£	£
c) Level 3 or Intensive Care cot day	£	£

3.12 Did this charge for these cot days cover the neonatal unit's costs in financial year 2006-07 (i.e. between 1/4/06 and 31/3/07)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

3.13 What was the charge based on in financial year 2006-07 (i.e. between 1/4/06 and 31/3/07)?			
Please tick all that apply			
	Level 1 or Special Care	Level 2 or High Dependency Care	Level 3 or Intensive Care
The neonatal unit's costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust overheads	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic charges adjusted for Inflation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please give further details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Many thanks for your time in completing this questionnaire.

Please feel free to add any further comments or provide any other information you think is relevant.

Please collate and return to the address below by 8 June 2007

**Ffiona Kyte, Health Value for Money Studies, Room A589, National Audit Office, 157-197
Buckingham Palace Road, London SW1W 9SP**

Continuation Sheets

Question number

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