

# NMPA Organisational Survey



*This PDF version is ONLY intended to give an overview of the survey and could be used to help gather some of the required information. Please complete and submit the sections via the ONLINE SURVEY using the log in details provided.*

## General section about the Trust/Board

### Trust/Board and lead survey respondent details

- G1 Details of lead survey respondent (*these will be preloaded*) - please amend any details below if not correct  
The lead respondent is the person responsible for ensuring that all sections of the organisational survey are completed on behalf of the Trust/Board and would normally be the Head or Director of Midwifery for the Trust/Board

Title	_____
Name	_____
Role	_____
Email address	_____
Telephone	_____
Extension	_____

## Configuration

The list on the overview page should cover **all individual sites** at which your Trust/Board provides intrapartum care (obstetric and/or midwife-led), and any neonatal units on these sites.

- G2 According to the information we hold, the Trust/Board currently has the following:  
(*for unit type definitions see <http://www.maternityaudit.org.uk/ResourcesUnitTypeDef>*)

Number of obstetric units	_____
Number of alongside midwife-led units	_____
Number of freestanding midwife-led units	_____
Number of neonatal units	_____

**If there is a site missing or incorrect, please contact us as soon as possible via [nmpa@rcog.org.uk](mailto:nmpa@rcog.org.uk)**

(Scottish community maternity units have been counted as freestanding midwife-led units for the purpose of the survey structure but there will be opportunity within the survey to add any medical staff or facilities where applicable)

G3 Please tell us about any changes in maternity services configuration affecting your Trust/Board **in the last 3 years up to 1/1/2017** and **any planned or anticipated changes in the next 3 years**, such as opening or closing of obstetric or midwife-led units (MLUs), changes in bed numbers or mergers

Last 3 yrs		Next 3 yrs
<input type="checkbox"/>	None	<input type="checkbox"/>
<input type="checkbox"/>	Obstetric unit opening	<input type="checkbox"/>
<input type="checkbox"/>	Alongside MLU opening	<input type="checkbox"/>
<input type="checkbox"/>	Freestanding MLU opening	<input type="checkbox"/>
<input type="checkbox"/>	Obstetric unit closing	<input type="checkbox"/>
<input type="checkbox"/>	Alongside MLU closing	<input type="checkbox"/>
<input type="checkbox"/>	Freestanding MLU closing	<input type="checkbox"/>
<input type="checkbox"/>	Change in unit type	<input type="checkbox"/>
<input type="checkbox"/>	Change in capacity	<input type="checkbox"/>
<input type="checkbox"/>	Merger	<input type="checkbox"/>
<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

G4 Please provide brief details of the dates (month and year) and names of the units/Trust/Boards involved in the changes you indicated in the previous question, or other major changes impacting on service provision

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### Care models

G5 Are any midwives at the Trust/Board **caseloading?** (either on their own or in pairs – please **do not include team caseload here**)  
Defined as antenatal, intrapartum and postpartum care from a primary midwife with back-up provided by another known midwife when necessary

- Yes, all midwives for any women
- Yes, some midwives for any women (e.g. any women from a certain area)
- Yes, some midwives for women with particular needs (e.g. young or vulnerable women)
- No midwives carry a caseload

G6 Does the Trust/Board have any **integrated midwifery teams?** Defined as teams (more than 2 midwives) working across antenatal, intrapartum and postnatal care in the community and in hospital (can be supported by core staff)

- Yes, all midwives work in an integrated way
- Yes, some midwives work in an integrated way
- No

G7 Are the community midwives at the Trust/Board organised in teams?

- Yes, the majority in teams of 3 midwives
- Yes, the majority in teams of 4 to 6 midwives
- Yes, the majority in teams of more than 6 midwives
- No

G8 If the Trust/Board operates any other midwifery care model(s), please specify

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G9 Do you measure or monitor continuity of carer? Interpreted here as women seeing the same midwife for most (more than 50%) of their antenatal and postnatal care contacts and care in labour from a known midwife.

Please tick all that apply

- No
- CQC or Scottish national maternity services survey results
- Local survey of women
- Paper maternity records audit
- Audit of electronic record of contacts/caregivers

Other (please specify) \_\_\_\_\_

G10 Please tick all care periods across or within which the care model(s) in operation at your Trust/Board provide continuity of carer, and across or within which care periods.

Continuity of carer **within** the antenatal or postnatal period is interpreted here as women seeing the same midwife for most (more than 50%) of their antenatal or postnatal care contacts respectively. Continuity **across** care periods would imply women seeing the same midwife for most care contacts in these periods, including care in labour from a known midwife for continuity across the antenatal and intrapartum period.

Please indicate continuity within or across care periods as in this example:

*(online the care models listed below depend on answers to questions G5-8)*

	Antenatal	Intrapartum	Postnatal
Example: Continuity across the antenatal and postnatal period but not intrapartum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Example: Continuity across antenatal and intrapartum periods but not postnatal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Example: Continuity across the antenatal period only	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Antenatal	Intrapartum	Postnatal	No continuity within or across care periods
Caseloading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team midwifery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated midwifery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care model you described in question G8: <i>(carries through automatically)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Access to services

- G11 What options do women have for the timing and location of community midwifery antenatal appointments, other than daytime appointments at a clinic near their home address? (If only daytime appointments at a clinic near home, select only this box; if more options, please select all applicable options OTHER than the first box)
- Daytime at clinic near home only       Evenings       Weekends  
 At home       At maternity unit       At any clinic location the woman chooses (e.g. near her work)
- G12 Does the Trust/Board attend homebirths?       Yes       No
- G13 Planning place of birth *(what is asked in the online version depends on the Trust/Board set-up)*
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Are low risk women booked to give birth in a midwife-led environment by default ('opt out')? (I.e. in a midwife-led unit - if available within own or neighbouring Trust/Board - or at home) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are low risk women directed to a midwife-led unit by default when presenting to the maternity service in labour?   | <input type="checkbox"/> | <input type="checkbox"/> |
- G14 What options for early labour assessment by a midwife do you provide? Please tick all that apply
- Assessment at home for low risk women (even if the woman is not planning a homebirth)  
 Assessment at the planned place of birth (home, midwife-led unit or obstetric unit as applicable)  
 Assessment at the obstetric unit only (if applicable)
- Other (please specify) \_\_\_\_\_
- G15 Where is routine community postnatal care for well women and babies provided?
- Home visits only       Women can choose for home visit(s) and/or postnatal clinic  
 Postnatal clinic only       Fixed schedule combining home visit(s) and postnatal clinic
- Other (please specify) \_\_\_\_\_
- G16 Who provides community postnatal care (regardless of setting)?
- All routine postnatal contacts are with a midwife       Most routine postnatal contacts are with a MSW  
 Most routine postnatal contacts are with a midwife       All routine postnatal contacts are with a MSW, unless need to see midwife for specific issue (e.g. clinical, safeguarding etc.)

G17 What is the **standard number of postnatal community contacts** conducted by the maternity service for a well woman and baby? (If you do not have a planned number of contacts for normal postnatal care, please enter average number) \_\_\_\_\_

### Women's involvement, information sharing and multiprofessional working

G18 In what ways are women involved / represented in the maternity services? Please tick all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> None of the ways listed here                   | <input type="checkbox"/> Audit (e.g. reviewing/contributing to action plans)                               |
| <input type="checkbox"/> Maternity Services Liaison Committee           | <input type="checkbox"/> Review of complaints/incidents (e.g. of themes and action plans)                  |
| <input type="checkbox"/> Labour ward forum                              | <input type="checkbox"/> Design of care environment (e.g. birth rooms, family rooms)                       |
| <input type="checkbox"/> Guideline development                          | <input type="checkbox"/> Gathering feedback from women (e.g. 'walking the patch')                          |
| <input type="checkbox"/> Development of information for women           | <input type="checkbox"/> Peer support (e.g. breastfeeding peer support, neonatal unit parent peer support) |
| <input type="checkbox"/> Participating in local surveys or focus groups |  |

Other(s) - please specify \_\_\_\_\_

G19 Who can access women's maternity information **electronically**? I.e. via a computer, laptop, tablet or mobile phone  
It is assumed that the full or summary pregnancy record includes lab results. Please tick all that apply

	Full record current pregnancy	Summary record current pregnancy ONLY	Lab results ONLY	None of these accessible
Women themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community midwives at any location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community midwives at community base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwives and obstetricians in maternity unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other clinicians in hospital (e.g. A&E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G20 Please indicate which staff groups attend mandatory training in the following topics and if they train together  
Please tick all that apply along each row

	Midwives	Obstetricians	Training together?	No training in this topic
Maternal obstetric emergencies (incl. haemorrhage, eclampsia, life support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetal/neonatal emergencies (incl. cord prolapse, shoulder dystocia, neonatal life support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating normal birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetal monitoring in labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perineal trauma assessment & repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G21 Does the Trust/Board have the following?

	Yes	No
Written maternity service specification agreed with relevant CCG (England) or across your Board (Scotland and Wales)	<input type="checkbox"/>	<input type="checkbox"/>
Written maternity strategy (published or in development), either as an individual organisation or in collaboration with other organisations (e.g. CCG(s), neighbouring Trust/Boards)?	<input type="checkbox"/>	<input type="checkbox"/>
Designated board member for maternity (or 'maternity champion') on the Board of Directors of the Trust/Board	<input type="checkbox"/>	<input type="checkbox"/>

G22 If you have a designated board member for maternity (or 'maternity champion') on the Board of Directors of the Trust/Board, please provide their contact details

Title \_\_\_\_\_  
 Name \_\_\_\_\_  
 Role \_\_\_\_\_  
 Email address \_\_\_\_\_

G23 How many WTE consultant midwives are in post at the Trust/Board? \_\_\_\_\_  
 You can use up to two decimals. Please enter 0 if none

G24 What are the consultant midwife remit(s)? *(online this question only shows if answer to previous question >0)*

- |  |  |
|--|--|
| <input type="checkbox"/> Promoting normality | <input type="checkbox"/> Reducing inequalities   |
| <input type="checkbox"/> Public health       | <input type="checkbox"/> Perinatal mental health |

Other (please specify) \_\_\_\_\_

G25 Is the Trust/Board part of any of the following types of managed networks? Please tick all networks in which your service actively participates and indicate if any of these networks have funding for their central coordination/management

Managed maternity and neonatal care networks are linked groups of health professionals and organisations from primary, secondary and tertiary care, social services and other services, working together in a co-ordinated way to ensure an equitable provision of high quality, clinically effective care. Managed maternity and neonatal care networks include effective arrangements for managing prompt transfer and treatment of women and babies with complications.

	Yes - coordination NOT funded	Yes - coordination funded	No
Maternity Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Operational Delivery Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal Mental Health Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s) (please specify and indicate if coordination is funded)	_____		

## Section A about xxx site/unit (Capacity and midwifery staffing)

### Capacity and closures

A1 What type(s) of unit(s) are located on this site?

*(for unit type definitions see <http://www.maternityaudit.org.uk/ResourcesUnitTypeDef>)*

Please choose one option that fits most closely; there will be the opportunity to add medical staff to a freestanding midwife-led unit if applicable, and to add comments at the end of the survey

- An obstetric unit (OU) ONLY
- An obstetric unit AND an alongside midwife-led unit (alongside MLU)
- A freestanding midwife-led unit (freestanding MLU) ONLY

Please enter Scottish community maternity units as freestanding midwife-led units for the purpose of the survey; there will be opportunity to add any medical staff or facilities where applicable, as well as where mothers and babies would be transferred to if needed. Further details can also be provided in the comments section. If you encounter any problems with this please contact us via [nmpa@rcog.org.uk](mailto:nmpa@rcog.org.uk)

Postcode of this site \_\_\_\_\_

Please enter the name of your obstetric unit if different from the hospital name; otherwise leave blank \_\_\_\_\_  
*(this question only shows in online version if obstetric unit on site)*

Please enter the name of your alongside midwife-led unit if it has a separate name; otherwise leave blank \_\_\_\_\_  
*(this question only shows in online version if alongside midwife-led unit on site)*

If the name of this unit is not correct, please enter the correct name here; otherwise leave blank \_\_\_\_\_  
*(this question only shows in online version if freestanding midwife-led unit)*

A6 Please indicate if you have the following wards at this site to help tailor the questions that follow. Tick all that apply

- Antenatal ward
- Postnatal ward
- Combined antenatal and postnatal ward (referred to in the rest of this questionnaire as 'combined ward')
- No antenatal or postnatal wards

**Please enter information for the co-located obstetric unit and alongside midwife-led unit combined unless asked to enter specific details for either** *(this comment only shows in online version if applicable)*

A7 Please enter the following information **for this site** *(online version is tailored to previous answers)*  
 No assumptions have been made; if a question is not applicable, please enter 0

Total inpatient maternity beds (all antenatal, intrapartum and postnatal inpatient beds where applicable)	_____
Dedicated birth rooms obstetric unit labour ward	_____
Dedicated birth rooms midwife-led unit	_____
Total antenatal beds	_____
Total postnatal beds (not counting birth rooms if women always stay here until discharged home)	_____
Total combined antenatal/postnatal beds	_____
Dedicated obstetric high dependency care beds (high dependency care provided WITHIN the maternity unit)	_____
Number of plumbed in birth pools on the obstetric unit labour ward	_____
Number of plumbed in birth pools on the midwife-led unit	_____

A8 Please enter the following information **about this site** *(online version is tailored to previous answers)*

	Yes	No
Do all birth rooms have en-suite/private bathrooms?	<input type="checkbox"/>	<input type="checkbox"/>
Can (birth) partners stay overnight in case of labour induction?	<input type="checkbox"/>	<input type="checkbox"/>
Can (birth) partners stay overnight after the birth in the birth room?	<input type="checkbox"/>	<input type="checkbox"/>
Can (birth) partners stay overnight after the birth on the postnatal ward?	<input type="checkbox"/>	<input type="checkbox"/>
Do any antenatal or postnatal ward rooms have more than 4 beds?	<input type="checkbox"/>	<input type="checkbox"/>

A9 We would like to ask you about unit closures during the financial year 2015/16

If you answer 'yes' to either question below, boxes will appear to enter this information, but these are not mandatory until you are ready to submit the survey, so you will be able to carry on with the survey and come back to this later when the information has been obtained. A reminder will appear at the end of the survey if the information has not yet been entered.

	Yes	No
Are you able to provide information on the number of separate occasions any of the unit(s) on this site were closed to maternity admissions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to provide information on the total hours any of the unit(s) on this site were closed to maternity admissions?	<input type="checkbox"/>	<input type="checkbox"/>



A10 Closures during the financial year 2015/16 *(these questions only show in online version if you have indicated in the previous question that you can provide this information, and dependent on unit type)*

Number of <b>separate occasions</b> where the <b>obstetric unit</b> was closed to admissions	_____
<b>Total hours</b> where the <b>obstetric unit</b> was closed to admissions	_____
Number of <b>separate occasions</b> where the <b>midwife-led unit</b> was closed to admissions	_____
<b>Total hours</b> where the <b>midwife-led unit</b> was closed to admissions	_____

### Midwifery and maternity support worker staffing

Where possible, we will be using existing workforce data from NHS Digital, NHS England, the National Welsh Informatics Service and the Information Services Division Scotland.

A11 Do you use a tool to determine midwifery staffing requirements which takes into account predictable peaks in activity and risk categorisation of women and babies (such as BirthRate Plus)?

- Yes  No

A12 Do you have access to a specialist community perinatal mental health team to which women can be referred?  Yes  No

A13 What non-medical specialist support staff are available to women on your site? (e.g. specialist midwives or other specialist staff who specifically support the maternity service, like physiotherapists or mental health nurses with a maternity remit). Please tick all that apply

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Weight management | <input type="checkbox"/> Mental health    | <input type="checkbox"/> Safeguarding (children/vulnerable adults) / domestic abuse |
| <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Bereavement      | <input type="checkbox"/> None of those listed here                                  |
| <input type="checkbox"/> Teenage parents   | <input type="checkbox"/> Substance misuse |   |

A14 Please indicate the **availability on this site** of the following

	Available on site 24/7	Available on site but not 24/7	Not available on site
Maternity Day Assessment Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Pregnancy Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A15 Can women self-refer to the Maternity Day Assessment Unit?  Yes  No  
*(only asked in online version if there is a DAU on site)*

A16 Do you monitor what proportion of women has one to one care in established labour? Meaning a woman in established labour has an allocated midwife who is not looking after any other women and is fully available to her. Please tick all ways in which you do this.

- No
- Yes - one to one care is documented in individual electronic maternity records
- Yes - snapshot audit of labour ward/MLU midwife numbers and numbers of labouring women
- Yes - audit of paper maternity records

Other (please specify) \_\_\_\_\_

A17 What proportion of women had one to one care from a midwife during established labour in 2015/16? (%) \_\_\_\_\_  
*(only asked in online version if Yes to previous question)*

A18 Please enter how many **midwives** are **rostered for a weekday daytime shift** on the following:

Please enter 0 if no staff permanently on site at a particular location (for example if a midwife-led unit is covered by community staff - in this case just enter the total rostered community midwives and explain in the staffing free text box).

In case of integrated teams, rostered staff numbers can be entered wherever is most appropriate but please ensure they are not double-counted.

If community staff is rostered for the whole {DB1} overall, please enter the overall {DB1} number when it is first asked and enter 0 for subsequent sites. Please add a comment about this in the staffing free text box below.

(If you need to find out, you can skip this question for now; you will be reminded to complete it prior to submission. If still unable to provide this information, please enter 999)

*(online version is tailored to previous answers)*

Antenatal ward \_\_\_\_\_  
Postnatal ward \_\_\_\_\_  
Combined ward \_\_\_\_\_  
Labour ward \_\_\_\_\_  
Midwife-led unit \_\_\_\_\_  
Community \_\_\_\_\_

A19 Please enter how many **maternity support workers** are **rostered for a weekday daytime shift** on the following locations (using the same principles as for question A18): *(online version is tailored to previous answers)*

Antenatal ward \_\_\_\_\_  
 Postnatal ward \_\_\_\_\_  
 Combined ward \_\_\_\_\_  
 Labour ward \_\_\_\_\_  
 Midwife-led unit \_\_\_\_\_  
 Community \_\_\_\_\_

A20 If your staffing arrangements are not adequately captured by the previous two questions, please add further details below

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A21 Where do you refer women antenatally if they develop complications?  
 If more than one unit, please enter in order of volume of referrals starting with largest and separated by commas  
*(only asked in online version if freestanding midwife-led unit)* \_\_\_\_\_

A22 Where do you transfer women or babies during or after labour if they develop complications?  
 If more than one unit, please enter in order of volume of transfers starting with largest and separated by commas  
*(only asked in online version if freestanding midwife-led unit)* \_\_\_\_\_

A23 We recognise that not all maternity units fit the Birthplace study definitions exactly, particularly in more remote areas. To ensure we capture the local arrangements, please indicate if there are **any medical facilities** (such as an intensive care unit) **at all on the site** where your freestanding midwife-led unit is located, and if there are **any types of medical staff involved in maternity care at this unit**.

This will determine what questions you will be asked next.

- NO medical facilities** and **NO medical staff** on this site
- Some medical facilities** on site and **NO obstetricians or anaesthetists** involved in maternity care
- Some medical facilities** on site and **some obstetricians and/or anaesthetists** involved in maternity care
- Some medical facilities** on site and maternity care involvement of **GPs ONLY**
- NO medical facilities** on site but **some obstetricians and/or anaesthetists** involved in maternity care
- NO medical facilities** on site and maternity care involvement of **GPs only**
- Other - please describe in comments section

*(this question is only asked in online version if freestanding midwife-led unit and depending on answer, you are routed to the relevant next question in section B or to the end of the survey)*

## Section B about xxx site/unit (Medical services and obstetric/anaesthetic staffing)

### Medical services, facilities and specialists

This section is about medical services, facilities and specialists available at your unit or site; the questions are intended to map out services and referral pathways across the country, and to put the audit findings into context, not to 'judge' individual units or Trust/Boards. No assumptions have been made about what might be available at, or might be co-located with different types of unit.

B1 Please indicate the **availability on this site** of the following

	Available on site 24/7 (includes <b>resident</b> on call)	Available on site but not 24/7 (includes on call <b>from home</b> )	Not available on site
Dedicated obstetric theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant anaesthetist cover for maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant anaesthetist exclusively dedicated to maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood transfusion lab and consultant advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbiology lab and consultant advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell salvage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interventional radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT scanning and access to reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI scanning and access to reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echocardiography (adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute medical cover (medical registrar or more senior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant urologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant colorectal or general surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2 Please indicate the **availability on this site** of the following

	Available on site	Not available on site
Dedicated obstetric high dependency (level 2) care	<input type="checkbox"/>	<input type="checkbox"/>
General adult high dependency care	<input type="checkbox"/>	<input type="checkbox"/>
Adult intensive (level 3) care	<input type="checkbox"/>	<input type="checkbox"/>
Mother and Baby Unit for women needing inpatient perinatal mental health care	<input type="checkbox"/>	<input type="checkbox"/>
Bariatric equipment, including in theatre	<input type="checkbox"/>	<input type="checkbox"/>
Extra Corporeal Membrane Oxygenation (ECMO)	<input type="checkbox"/>	<input type="checkbox"/>

B3 Please indicate if you have any of the following specialists, clinics or services **on this site**. Tick all that apply

- None of those listed below
- Maternal-fetal medicine sub-specialist consultant
- Consultant obstetric physician
- Multidisciplinary team (MDT) obstetric medicine clinic (NOT diabetes), attended by both physicians and obstetricians
- MDT diabetes clinic, attended by both physicians and obstetricians
- Dedicated MDT cardiac obstetric clinic
- Postnatal joint pelvic floor/perineal trauma clinic with MDT input
- Referral unit for caesarean delivery for morbidly adherent placenta (e.g. accreta)
- Female genital mutilation care and de-infibulation
- Perinatal psychiatrist providing mental health clinic
- Dedicated fetal medicine/neonatal/paediatric surgery joint clinics
- Dedicated twin clinic
- Fetal echocardiography
- Fetal procedures – amniocentesis
- Fetal procedures – in-utero transfusion, shunt insertion, CVS
- Fetal laser therapy for twin to twin transfusion syndrome
- Advanced fetal growth assessment – including DV Doppler assessment and management of early onset severe IUGR<30/40

B4 Do you refer any women to a tertiary service for maternal medicine?  Yes  No

B5 Where do you refer these women? *(only asked in online version if Yes to previous question)*  
If more than one unit, please enter in order of volume of referrals starting with largest and separated by commas

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B6 Do you refer any women to a tertiary service for fetal medicine input?  Yes  No

B7 Where do you refer these women? *(only asked in online version if Yes to previous question)*  
If more than one unit, please enter in order of volume of referrals starting with largest and separated by commas

---

B8 Do you refer any critically ill women for further care to other units?  Yes  No

B9 Where do you refer these women? *(only asked in online version if Yes to previous question)*  
If more than one unit, please enter in order of volume of referrals starting with largest and separated by commas

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## Medical staffing (obstetrics and anaesthetics)

Where possible, we will be using existing workforce data from NHS Digital, NHS England, the National Welsh Informatics Service and the Information Services Division Scotland.

- B10 Please select the most senior obstetrician **physically present** on labour ward throughout each time period. The time periods have not been tightly defined in recognition of slight differences between organisations.

	Morning	Afternoon	Evening	On site overnight
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Bank Holidays				

*(online version has drop downs for grades)*

- B11 If senior obstetric cover on labour ward is not adequately captured by the previous question, please add further details below
- 

- B12 How many **hours per week** is there **dedicated consultant obstetrician physically present** on \_\_\_\_\_ labour ward, i.e. not covering any other service such as gynaecology or clinics

- B13 In the past 3 months prior to 1/1/2017, what proportion of the obstetric middle grade rota (ST 3-7 or equivalent)

	0%	1 to 5%	6 to 10%	11 to 25%	26 to 50%	More than 50%	Unknown
Was entirely unfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was filled by locum staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was filled by consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B14 How many **dedicated** elective caesarean section lists do you run per week with dedicated theatre and anaesthetist \_\_\_\_\_ (i.e. not covering emergency work)? One list equals a half day. Please enter 0 if none

B15 Total number of consultant anaesthetist **hours per week dedicated to maternity** (both for labour ward and e.g. antenatal assessments of high risk women), i.e. not covering any other service or specialty \_\_\_\_\_

B16 Approximately what proportion of the following aspects of maternity care is provided by GPs?

	0%	1 to 10%	11 to 25%	26 to 50%	More than 50%	Unknown
Antenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrapartum care at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrapartum care at the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal care up to 28 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section C about xxx site/unit (Neonatal unit and neonatal staffing)

#### Neonatal unit

C1 Designation of this neonatal unit

- Special care baby unit (SCBU/SCU)
- Local neonatal unit (LNU)
- Neonatal intensive care unit (NICU)

C2 Please enter the following details about this neonatal unit; please enter 0 if none or not applicable

Number of declared special care cots \_\_\_\_\_

Number of declared high dependency cots \_\_\_\_\_

Number of declared intensive care cots \_\_\_\_\_

Number of parents' bedrooms \_\_\_\_\_

C3 Please tell us about any changes in neonatal services configuration affecting your neonatal unit in the last 3 years up to 1/11/2016, such as opening or closing of neonatal units, changes in bed numbers or designation. Please provide details of the dates and names of the units/Trust/Boards involved

\_\_\_\_\_

\_\_\_\_\_

C4 Please tell us about any planned or anticipated changes in the next 3 years, including details of the dates and names of the units/Trust/Boards involved

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C5 According to our information this neonatal unit is part of the following Neonatal Operational Network - please amend if this is incorrect

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C6 Does this site provide transitional care?  Yes  No

C7 **Where and by whom** is transitional care (TC) provided, and is the baby **recorded as admitted to the neonatal unit?**  
 Please tick all that apply along each row *(only asked in online version if Yes to previous question)*

	Transitional care provided here?	Recorded as neonatal unit admission?	Staffed by maternity service	Staffed by neonatal service	Not applicable
In the <b>neonatal unit</b> with mother and baby in room together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a <b>separate transitional care ward</b> keeping mothers and babies together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the <b>postnatal ward</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where possible, we will be using existing workforce data from NHS Digital, NHS England, the National Welsh Informatics Service and the Information Services Division Scotland.

C8 Please select the most senior neonatal paediatrician physically present on or immediately available for the neonatal unit throughout each time period. The time periods have not been tightly defined in recognition of slight differences between organisations.

	Morning	Afternoon	Evening	On site overnight
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Bank Holidays				

*(online version has drop downs for grades)*



- C9 If senior neonatal cover is not adequately captured by the previous question, please add further details below  
\_\_\_\_\_
- C10 Does your unit provide specialist neonatal services which attract referrals from other units? Please tick all that apply
- No
  - Neonatal surgery
  - Therapeutic hypothermia
- Other (please specify) \_\_\_\_\_
- C11 Do you systematically collect data on in-utero transfers?  Yes  No  
Please only enter 'yes' if you are able to provide accurate numbers of in-utero transfers into and out of the unit, and from and to within and outside of the local Neonatal Network
- C12 Number of in utero transfers **into** the unit in 2015/16 *(only asked in online version if Yes to question C42)*
- From within the local Neonatal Network \_\_\_\_\_
- From outside of the local Neonatal Network \_\_\_\_\_
- C13 Number of in utero transfers **out of** the unit in 2015/16 *(only asked in online version if Yes to question C42)*
- To within the local Neonatal Network \_\_\_\_\_
- To outside of the local Neonatal Network \_\_\_\_\_
- C14 We would like to ask you about neonatal unit closures during the financial year 2015/16
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Are you able to provide information on the number of separate occasions the neonatal unit was closed to ex-utero admissions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you able to provide information on the total hours the neonatal unit was closed to ex-utero admissions?                  | <input type="checkbox"/> | <input type="checkbox"/> |
- C15 Neonatal unit closures during the financial year 2015/16 *(only asked in online version if Yes to previous questions)*
- Number of separate occasions** where this neonatal unit was closed to ex-utero admissions \_\_\_\_\_
- Total hours** where this neonatal unit was closed to ex-utero admissions \_\_\_\_\_

**Comments section about xxx site/unit** *(in the online version there will be a comments page at the end of every section prior to submission)*

## Comments

Do you have anything else to add to any of your answers, or any other comments?

Please add question numbers where applicable

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## Submission

Please ensure you have completed all questions prior to submitting this questionnaire.

**If any questions have not yet been answered they will be listed below in red.**

Please go back and complete these questions as it will not be possible to submit until they have been answered.

You can save your answers so far and come back to the survey later if necessary; clicking 'Save' will log you out.

You can forward your survey link and log in details to colleagues for them to complete sections.

After submitting you will be taken back to the overview page where you can select another section to complete if applicable.

QUESTIONS NOT YET COMPLETED:

*(none will show in online version if all questions have been completed)*

**Please complete and submit all survey sections by Friday 17 February 2017**

**Thank you for completing this section of the organisational survey!**