

Health Scrutiny Committee

Tuesday, 29 March 2022 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|-----------|
| 1 | Minutes of last meeting held on 22 February 2022 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottingham University Hospital Maternity Improvement Plan | 9 - 138 |
| 5 | Improving Children's and Emergency Services at Bassetlaw Hospital | 139 - 204 |
| 6 | Tomorrow's NUH | 205 - 252 |
| 7 | Work Programme | 253 - 260 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 977 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

COUNCILLORS

Sue Saddington (Chairman)
Nigel Turner (Vice-Chairman)

Mike Adams
Callum Bailey
Steve Carr **Apologies**
Robert Corden
Eddie Cubley

David Martin **Apologies**
John 'Maggie' McGrath
Michelle Welsh
John Wilmott **Apologies**

SUBSTITUTE MEMBERS

Councillor Dave Shaw for Councillor John Wilmott.

Councillors in attendance

None

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Chris Ashwell	-	Nottinghamshire Healthcare Trust
Lucy Dadge	-	Nottinghamshire and Nottingham CCG
Lisa Durant	-	Nottinghamshire and Nottingham CCG
Gary Eades	-	Nottinghamshire Healthcare Trust
Rebecca Keating	-	Nottinghamshire Healthcare Trust

1. MINUTES OF LAST MEETING HELD ON 4 JANUARY 2022

The minutes of the last meeting held on 4 January 2022, having been circulated to all Members, were taken as read and were signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Steve Carr – Medical/Illness
David Martin – Other County Council Business
John Wilmott – Other County Council Business

Sarah Collis – Nottingham and Nottinghamshire Healthwatch

The Chairman welcomed the new Committee Vice-Chairman, Councillor Nigel Turner, to the Committee, and expressed her thanks to the previous Vice-Chairman, Councillor Matt Barney for his hard work and significant contribution to the Committee's work.

The Chairman also expressed her thanks to the former Healthwatch representative Dr Ajanta Biswas for her contribution to the Committee's work.

3. DECLARATIONS OF INTERESTS

Councillor Saddington declared a personal interest in published agenda item 5 'Temporary Service Changes' as a family member worked for the NUH Trust, which didn't preclude her from speaking or voting.

4. INTRODUCTION TO HEALTHWATCH

This item was deferred to a future meeting.

5. MENTAL HEALTH SERVICES REVIEW

Chris Ashwell, Gary Eades and Rebecca Keating of the Nottinghamshire Healthcare Trust introduced the item, providing a progress update on the delivery of key programmes in the Mental Health Transformation Strategy for Nottingham and Nottinghamshire Integrated Care System.

Mr Ashwell and Gary Eades made the following points:

- The Serious Mental Health illness pathway was to have £12 million invested over 3 years to 2023-24, with investment initially earmarked for mid-Nottinghamshire and Bassetlaw. Voluntary Community sector growth was a key element of the pathway;
- It was planned that access to integrated services would increase from 2,315 in Year 1 to 7,000 by the end of Year 3;
- Current waiting times for assessment were at 7 weeks. This was better than the national average, but the ambition was to have a maximum wait of 4 weeks;
- Additional investment of £8 million had been identified for community mental health for children and young people, while an extra £1.2 million had been earmarked for perinatal mental health services;
- Assessment demand for crisis support services had increased by a third between 2018-19 and 2021-22. Crisis sanctuaries had been established both an online and physical space between 6pm and 11pm, with plans in place to expand the offer;

- Children and Young Adult Mental Health Services were performing well, but faced ever increasing demand during the pandemic. Assessment waiting times were currently 15 weeks, but improved capacity through recruitment and reduced sickness absence were making inroads into waiting times.

The Committee raised the following points during discussion:

- It was confirmed that investment had been agreed to expand the NottAlone website to incorporate access to Adult Services. A comprehensive communications campaign was in place to promote the expanded programme;
- During the pandemic, the number and complexity of children and young people with eating disorders had increased, and it was acknowledged that there were challenges in respect of assessment waiting times. It was also confirmed that national thresholds around the diagnosis of bulimia and anorexia had not changed. Rather, there had been an increase in disordered eating without necessarily meeting criteria for formal diagnosis;
- Numbers of young people presenting with psychosis were also increasing. A pilot was in place to launch a 24 hour Crisis service, expanded from the one currently operating on an extended hours basis;
- Mental Health Support Teams (MHSTs) in schools had a visible physical presence, with involvement in assemblies and access to support on-site. MHSTs were still part of a national pilot financial support in place until 2024. However, it was expected that funding would be incorporated in the Integrated Care System budget from 2024;
- The increased scope of the perinatal support service from 12 to 24 months was welcomed. The Committee was reminded that this was in respect of the secondary service for those with serious disorders. Wider need was supported through generic NHS mental health services;
- Work was ongoing in respect of drawing together organisations delivering services and support to older people with mental health issues. It was acknowledged that there were gaps in present coverage;
- Allocation of additional funding had been on a 'fair share' basis and was not weighted on a City/County or other basis;
- Concern was expressed that the pandemic had had a significant impact on the mental health and well-being of residents from all age groups. There was a danger both of stigmatising those with mental health issues and of failing to reach residents in need of support;
- It was agreed that the Committee would receive a further update in late Summer/ early Autumn 2022 to cover a range of issues in more detail, including:

- Data on MHSTs, including numbers reached and assessed, and number of schools involved and their geographic distribution;
- Perinatal support, where it was being delivered and links to wider poverty indicators;
- An explanation of how engagement and involvement with third sector organisations was being strengthened;
- Percentage uptake in support by District in Nottinghamshire;
- Updates on waiting times for the array of services presented at this meeting.

The Chairman thanked Mr Ashwell, Mr Eades and Ms Keating for their attendance at the meeting.

RESOLVED 2022/03

That the Committee had considered and commented upon the briefing and verbal updates provided;

6. TEMPORARY SERVICE CHANGES

Lucy Dadge and Lisa Durant of Nottingham and Nottinghamshire CCG provided an update to the Committee in respect of temporary service changes brought in following the declaration of a Level 4 national incident in December 2021, arising from the accelerated vaccination programme and surge in Omicron variant Covid-19 cases.

Ms Dadge and Ms Durant made the following comments:

- When the Level 4 national was declared, no detailed national guidance was issued in respect of the services to prioritise and to suspend in order to create Omicron-variant and vaccination capacity. Rather, it was left to local decision takers to agree which temporary services to change;
- No permanent changes were introduced. In fact, as a result of the Omicron variant having a lesser impact than expected and the swift roll-out of the vaccination booster programme, a majority of the temporary changes introduced had now come to an end.

During discussion, a number of issues were raised and points made:

- Ms Dadge undertook to provide a written response to a series of detailed questions in respect of the suspension of Home Births, including how the suspension and restoration of the service was communicated, the timeline of the suspension, how alternative provision had operated in Derby and Leicester, and how safety of mothers and babies during the suspension had been addressed;
- It was explained that the Continuing Care Team provided ongoing home care for specific complex needs. During Wave 1 of the pandemic there had been a national directive to suspend parts of the service, and rigorous risk assessment

was carried out before temporarily suspending elements of the services under Wave 2. In view of the less-than-feared impact of the Omicron variant, the suspension came to an end on 25 January 2022;

- The temporary change to the cohort at the Sconce Ward at Newark Hospital helped provide required overnight medical cover. There had been no net loss of beds at the hospital and the situation was under ongoing review;
- It was confirmed that a hybrid model of delivering vaccinations was most effective in delivering protection to the most vulnerable. It was also acknowledged that Covid-19 would be part of the fabric of the NHS for the foreseeable future.

The Committee thanked Ms Dadge and Ms Durant for their attendance.

7. WORK PROGRAMME

The Committee work programme was approved, subject to required information being available for scheduled meetings.

The meeting closed at 12.28pm.

CHAIRMAN

29 March 2022**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NOTTINGHAM UNIVERSITY HOSPITAL MATERNITY IMPROVEMENT PLAN****Purpose of the Report**

1. To provide an update and further information on Nottingham University Hospital's improvement programme in relation to maternity services following the Care Quality Commission (CQC) rating of inadequate in December 2020.

Information

2. This matter was last considered by the Health Scrutiny on 12 October 2021, when Members heard:
 - NUH continued to work closely with the CCG and Healthwatch to inform improvements, and had recently launched a 24/7 Maternity Advice Line, which was staffed by midwives and had been well-received by service users;
 - A Family and Friends Test initiative had received positive feedback, and QR Codes had been made available for ease of use to boost response rates;
 - Video training material was now in place which used the testimony of a mother who had lost an infant to reinforce key health, messages for midwives and wider staff on patient safety and duty of candour;
 - Parents who had poor levels of maternity service had attended the most recent meeting of the NUH Trust Broad, providing powerful witness statements directly to the Trust's decision makers;
 - Women's stories were now an integral part of staff training.
3. Representatives of the Trust were requested to bring a more detailed briefing to a future meeting of the committee, to include: the full maternity improvement plan, details of serious incidents and payments of compensation.

4. Rupert Egginton, Interim Chief Executive, Sharon Wallis, Director of Maternity and Tiffany Jones Director of Communications will attend the meeting to present the information and answer questions, as necessary.
5. Written briefings and presentation from NUH are attached as appendices to this report. The appendices are as follows: a) Presentation b) Maternity Services Report monthly data c) MBBRACE Report d) Friends and Family Test service report e) Maternity Improvement Action Plan.
6. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration as part of this ongoing review.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Identifies requirements for information for future consideration.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All



Maternity County OSC Report

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March 2022

Update of progress in our Maternity Improvement Plan

Engagement and Inclusion

- Our birth reflections service is up and running for women and their partners

Safe Practice

- Our jaundiced baby policy has been finalised and a new pathway is now in place
- Our virtual ward continues to provide safe care for women who have Covid-19

Equipment

- Training on Bilirubinometers for community staff has been completed and the equipment is now in use

Digital

- Supplier engagement and system demonstration event across NUH and SFH

Staffing

- We are managing staffing on a daily basis as well as forward planning
- We are exploring options of different ways to manage capacity to make the best use of our resources
- All four of the new consultants we recruited in summer 2021 are now in post
- We have recruitment and retention specialist support for maternity to help boost recruitment

Update of progress in our Maternity Improvement Plan

Training and Education

- Additional fetal monitoring training is taking place
- Our project to develop our Maternity Support Workers is progressing
- Training on Human Factors is being rolled out

Culture and Leadership

- We've repeated the Psychological Safety Survey
- Leadership development for senior midwives
- Bespoke interventions on team working
- Cultural change programme stage two has been agreed
- Continued to increase the visibility of leaders

Governance

- We have a new Quality Risk and Safety structure in place
- Funding has been received for Maternity Governance Support

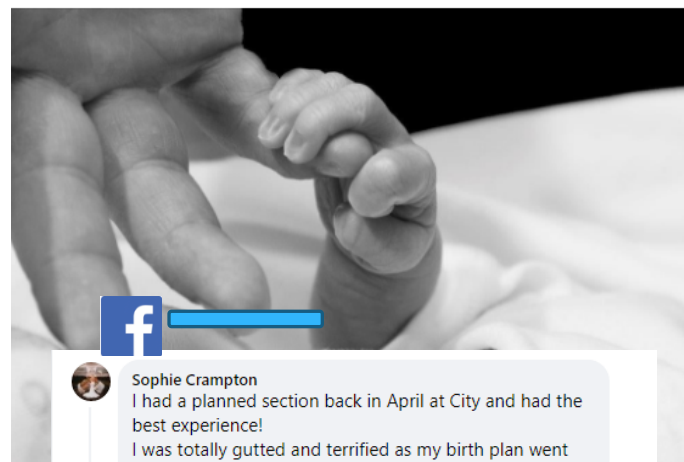
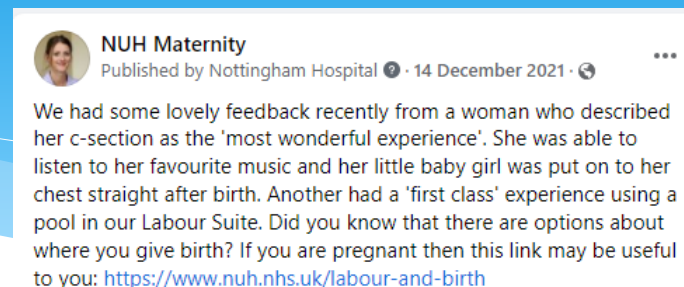


Listening to the voices of our families



- We continue to increase our engagement with women and families via different methods – this month we'll focus on social media.
- We now have more than 6,000 followers on Facebook. At the end of last year we launched the Maternity Views email address, and encouraged women and families to give themed feedback - in December 52 women contacted us via this method. Our Director of Midwifery also conducts filmed Q&As.

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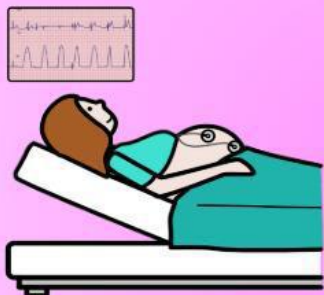


"Most relevant" is selected, so some replies may have been filtered out.

View 19 more comments



Do services feel safe today?



Delivered
competency
based
CTG Training

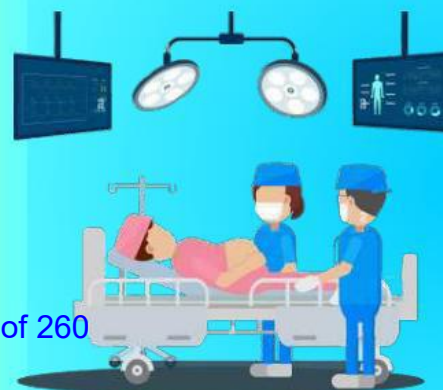


Daily
oversight
of **Safe
Staffing**

Ongoing
Recruitment
campaigns



No reduction
in Harm
incidents seen
as yet, but
**Increased
Assurance**
Incidents are
correctly
graded



Reviewing
pathways of
care to make
improvements
to
**Quality and
Safety**

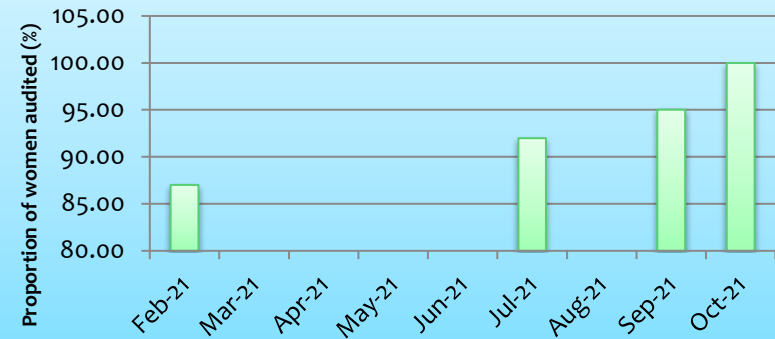
Safe Practice – A Case Study

Women and their babies are protected from avoidable harm

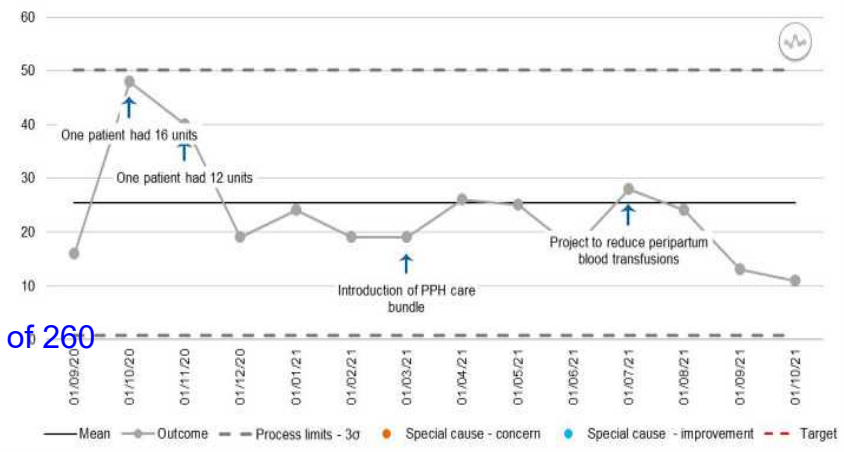
Postpartum Haemorrhage (PPH)

Date	Work done
Jan and Feb 21	Understanding the problem (baseline audit and thematic review of our major PPHs)
Mar 21	4 stage PPH care bundle introduced, including a standardised risk assessment
July 21	Project to optimise antenatal Hb levels
July 21	Project to reduce peripartum blood transfusions
August 21	Project to improve maternal experience. Dissemination of maternal experience survey results with key learning points
September - October	Work to improve uptake of PPH risk assessments and the use of the bundle in women having an ELLSCS

Proportion of women with Hb 105g/l or > on admission for delivery



Number of units of blood products transfused as a result of PPH per month at NUH- starting 01/09/20



Results:

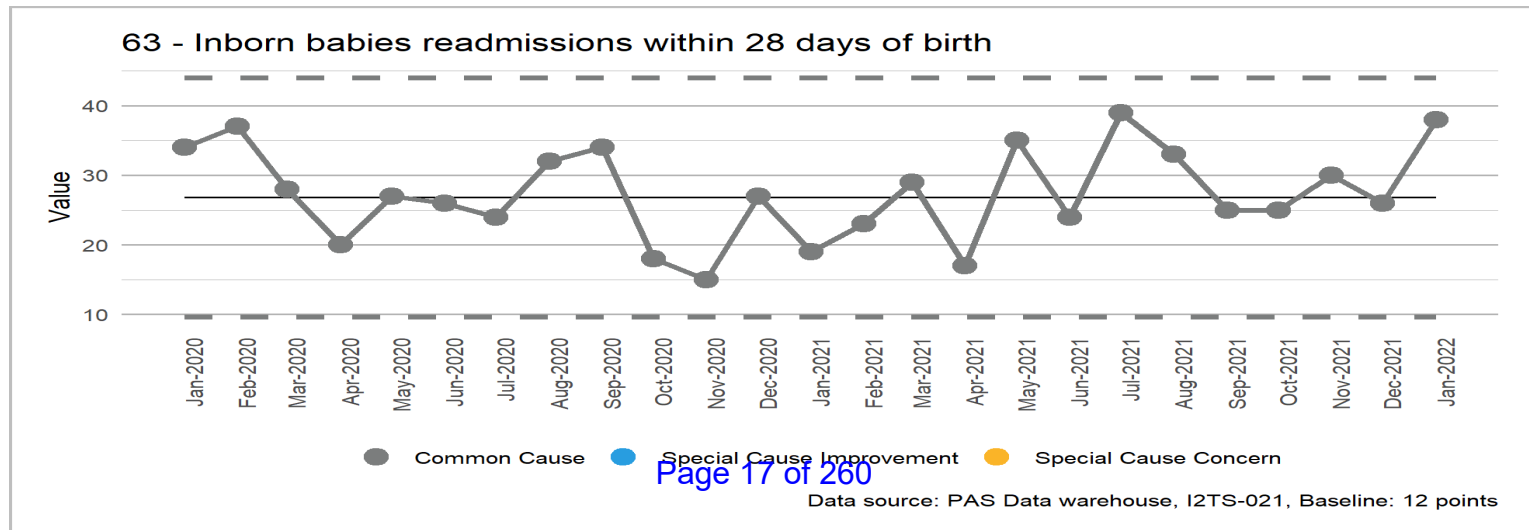
- Better use of ferrinject antenatally and peripartum has allowed us to improve the proportion of women with a normal Hb on admission for delivery and has reduced our rate of peripartum blood transfusions

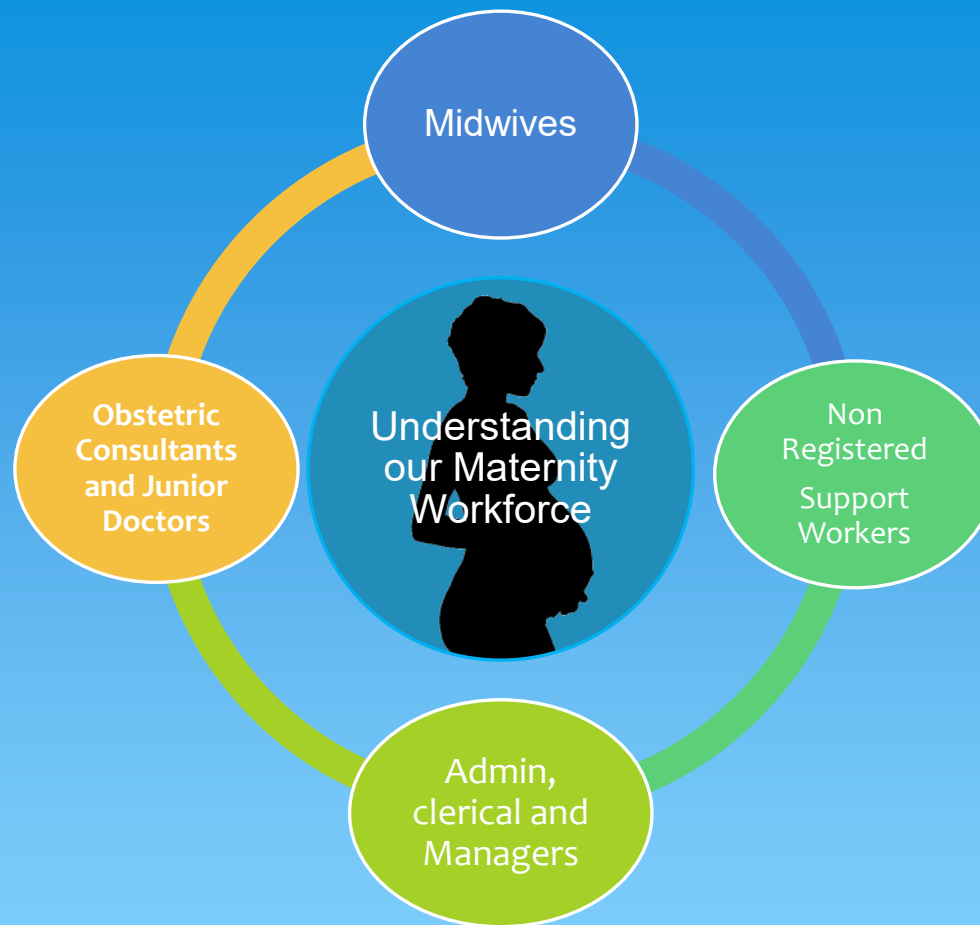
Safe Practice: Women and their babies are protected from avoidable harm

New born babies receive care and treatment which is in line with national guidance. There will be a reduction in the number of avoidable admissions to the neonatal unit.

We will see an improvement in our ATAIN metrics and they will be aligned to the national average.

- Jaundiced baby pathway reviewed and updated now in line with best practice. Pathway implemented and working well.
- Staff trained in use of Bilirubinometers
- Education on the care of the newborn baby through posters, Facebook messages, workshops
- Monitoring the impact of improvements to the care new born babies received.



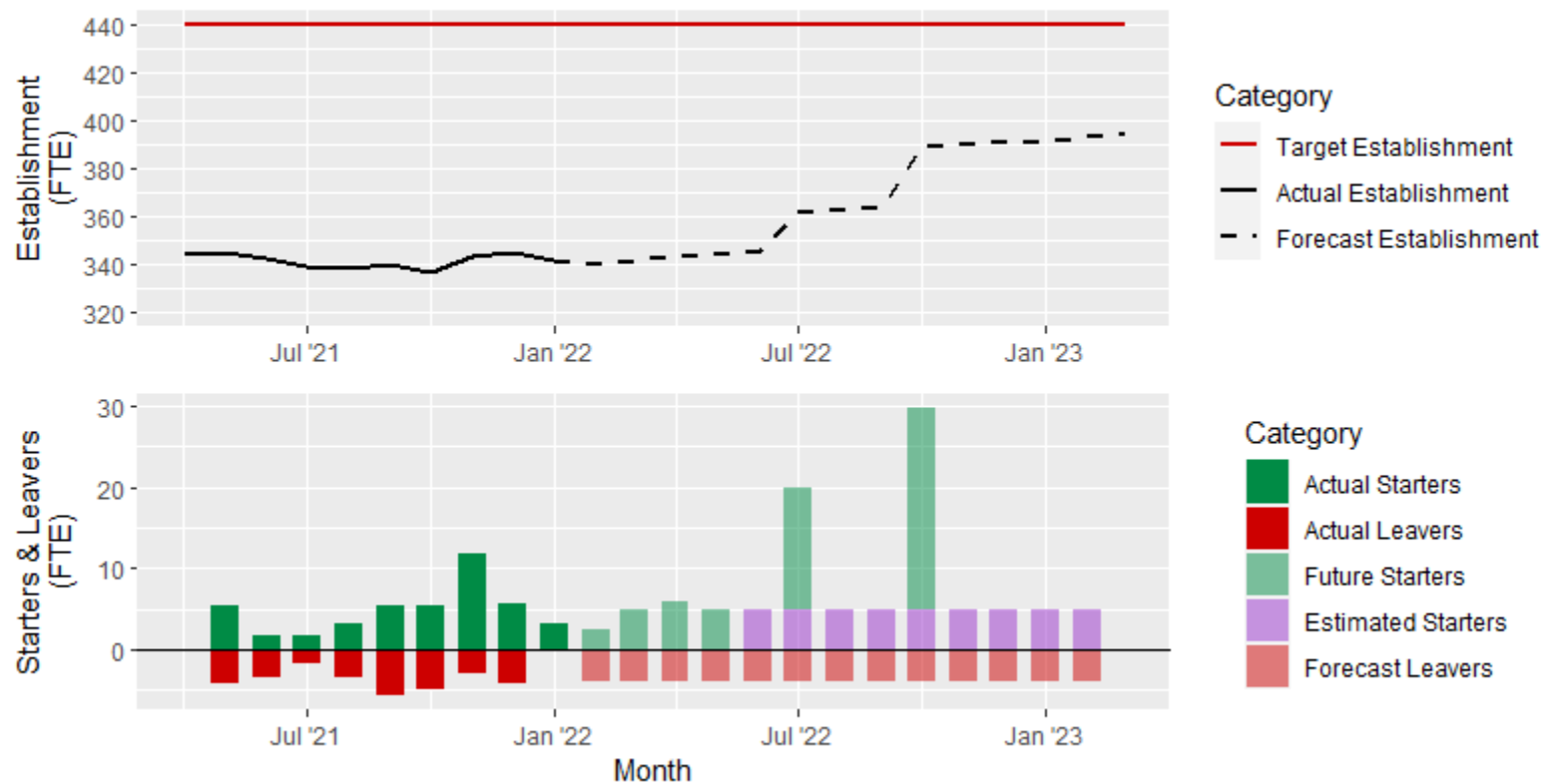


Understanding our workforce is key for us to be able to provide safe, effective, compassionate, and responsive care to our women and babies.

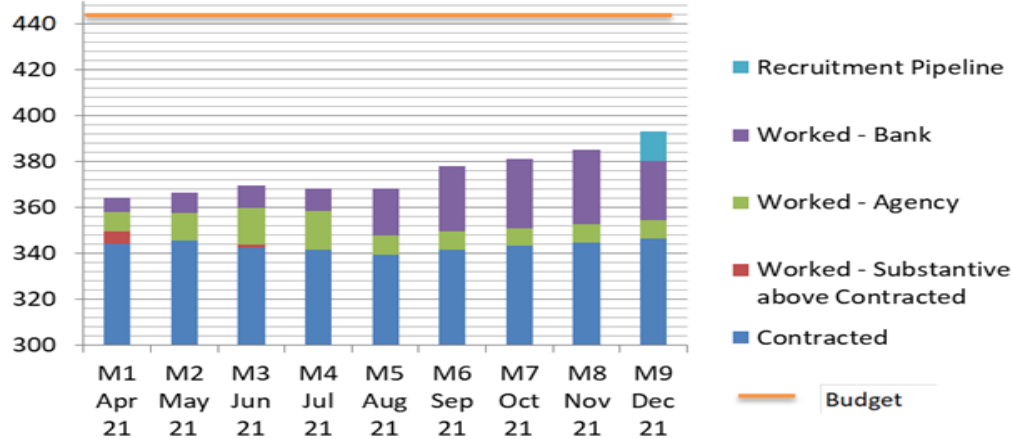
Registered Midwives Establishment

Midwifery Establishment

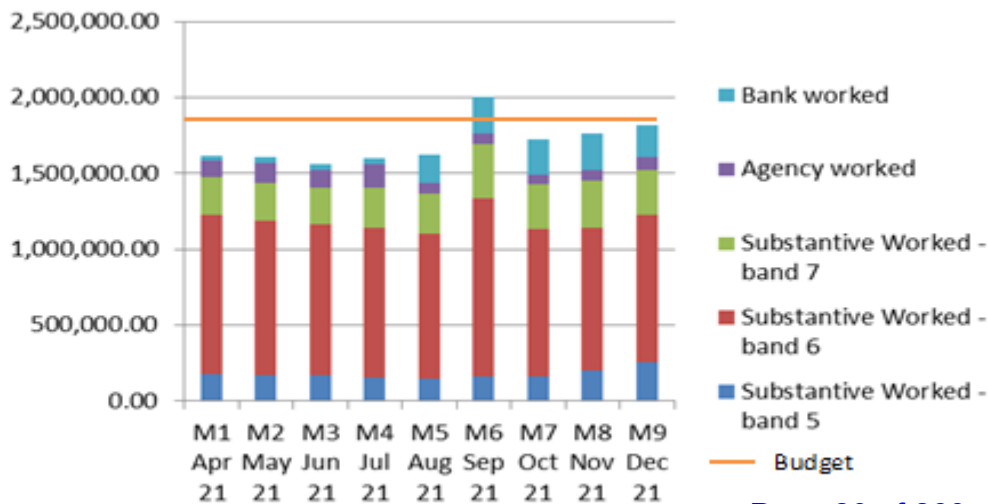
Bands 5,6,7



Registered Midwife Establishment



Worked WTE by month broken down by substantive midwives, bank, agency and those in the recruitment pipeline (i.e. offered but not yet started)



Monthly spend analysis for clinical midwifery establishment 21/22 showing bands 5/6/7 and agency and bank utilisation against a budgeted £1,837,941 monthly spend.

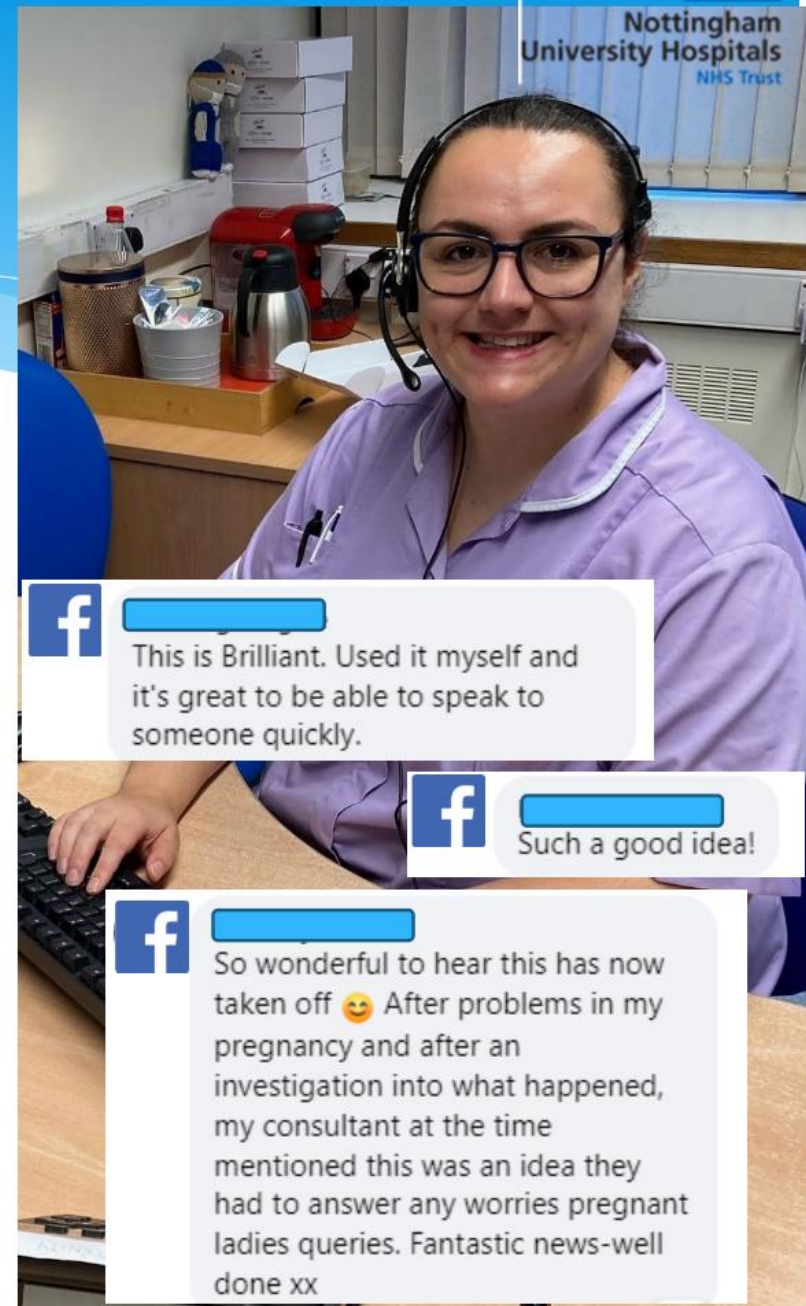
Digital Transformation

Devices:

- 150 new electronic observation devices. Ensuring every member of staff has a dedicated eObs device, plus spares for agency or locum staff
- Every community midwife and support worker now has a laptop and mobile phone

Access:

- We launched the Maternity Advice Line as a single point of contact for women and families looking to get advice. Staffed 24/7 by experts able to escalate problems as required. Data shows us when the key times are that women call, and a triage workflow is in place to help record advice given.



Serious Incidents

HSIB top Themes from Final Reports	
2020 analysis	2021 analysis
Fetal Monitoring	Practice issues
Escalation	Risk assessment
Triage/ management of telephone calls	Escalation
Diagnosis of labour	Systems and Processes
Documentation and ICT systems	Impacts of COVID19
Safe Discharge	Staffing/ Acuity
	Fetal Monitoring

The Healthcare Safety Investigation Branch (HSIB) Maternity investigation programme is part of a national action plan to make maternity care safer. They undertake approximately 1,000 independent maternity safety investigations a year to identify common themes and influence systemic change.

Criteria are:

All term babies (at least 37 completed weeks of gestation) born following labour, who have one of the below outcomes.

- Intrapartum stillbirth (where the baby was thought to be alive at the start of labour but was born with no signs of life)
- Early neonatal death (when the baby died within the first week of life (0-6 days) of any cause).
- Potential severe brain injury
- Maternal deaths

Serious Incidents reported January – December 2021

Month	Number of Serious Incidents reported	Number reported to HSIB
January 2021	4	3
February 2021	6	1
March 2021	1	0
April 2021	7*	1
May 2021	11**	0
June 2021	5***	2
July 2021	4****	2
August 2021	2	0
September 2021	3	1
October 2021	3	1
November 2021	3	0
December 2021	3	0

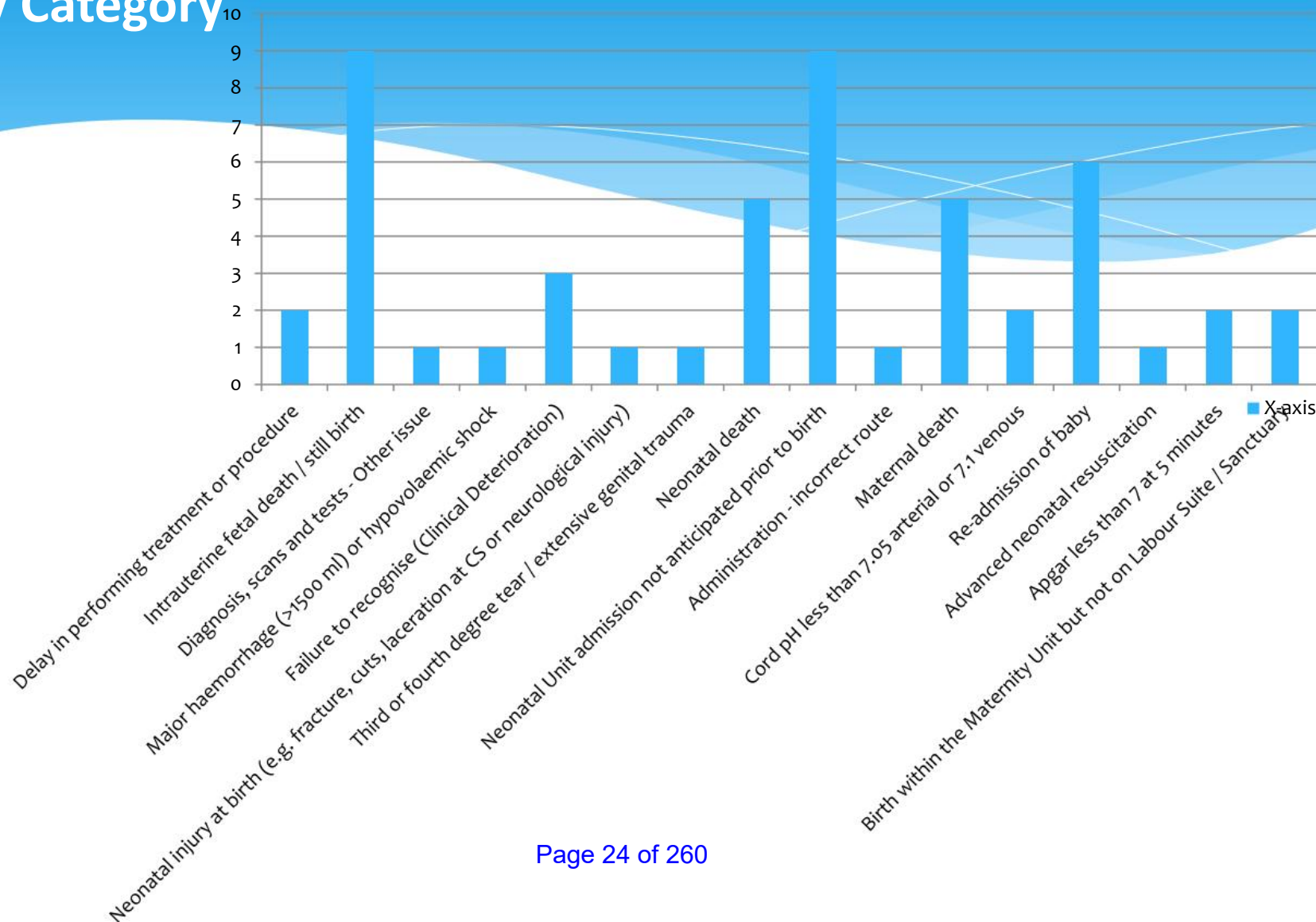
*3 incidents relate to retrospective review

**3 incidents relate to retrospective review

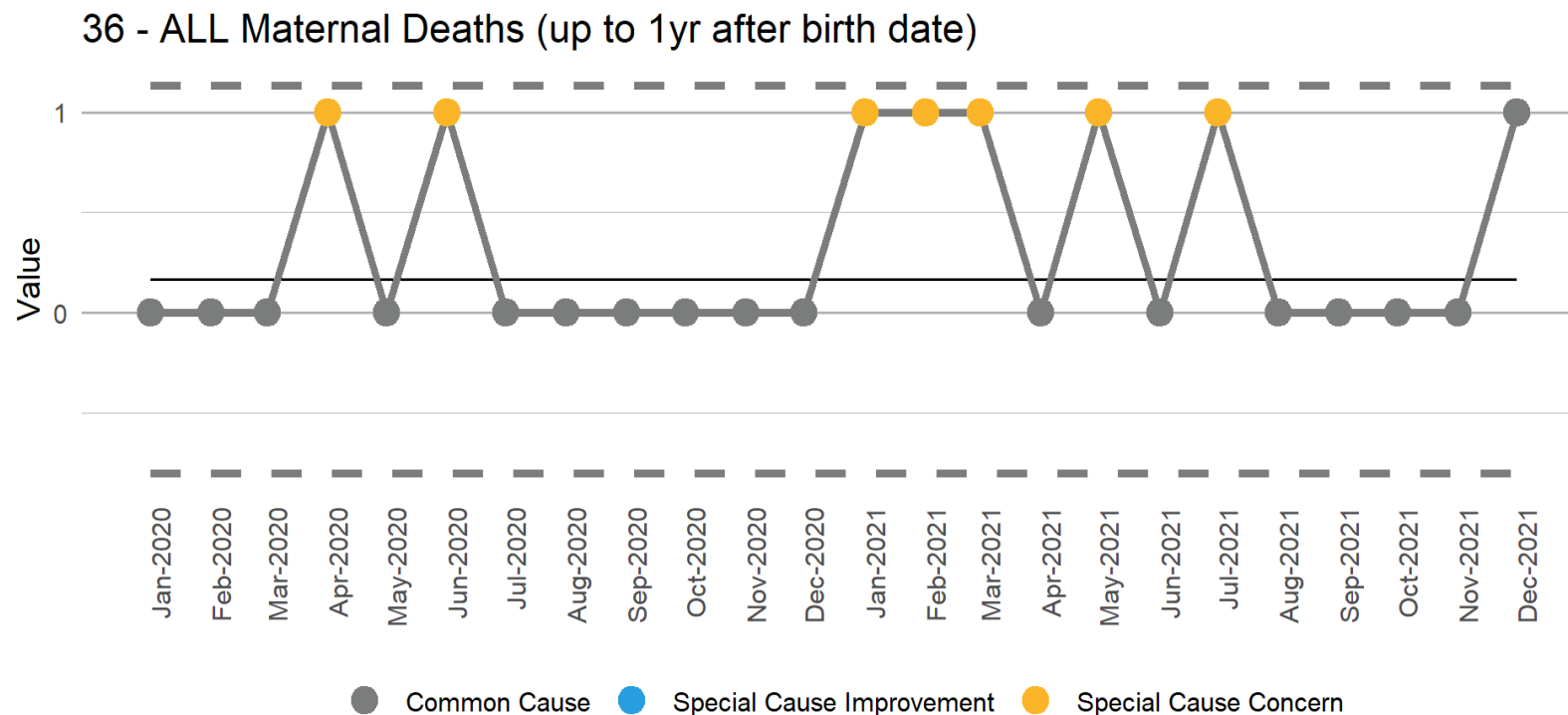
***3 incidents relate to retrospective review

****3 incidents relate to retrospective review

Serious Incidents By Category



Maternal Deaths

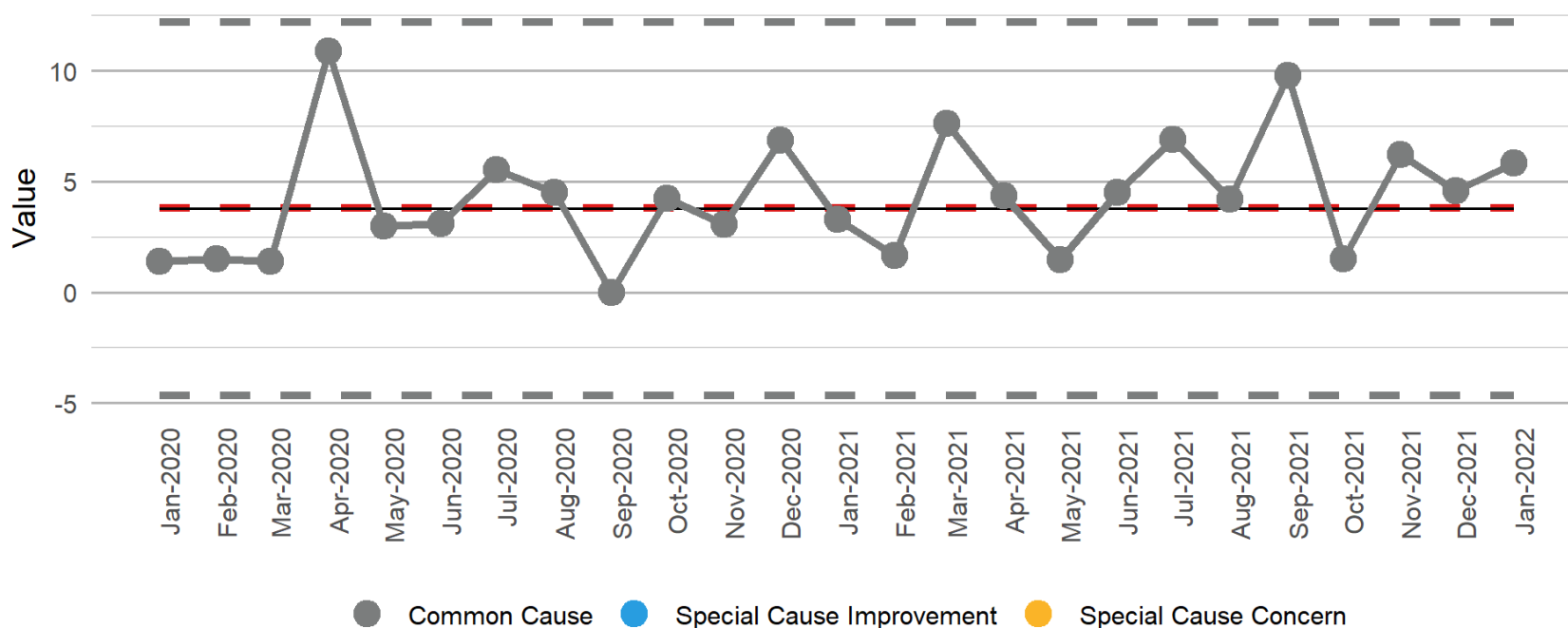


Data source: Maternity Database System / PAS, I2TS-021, Baseline: 12 points

- All maternal deaths are reported to MBRRACE
- All maternal deaths are investigated by HSiB

Stillbirths

45 - Stillbirth rate per 1,000 Monthly ALL NUH



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

- Please also see data on perinatal deaths in the MBBRACE report (Maternal, Newborn and Infant Clinical Outcome Review Programme).

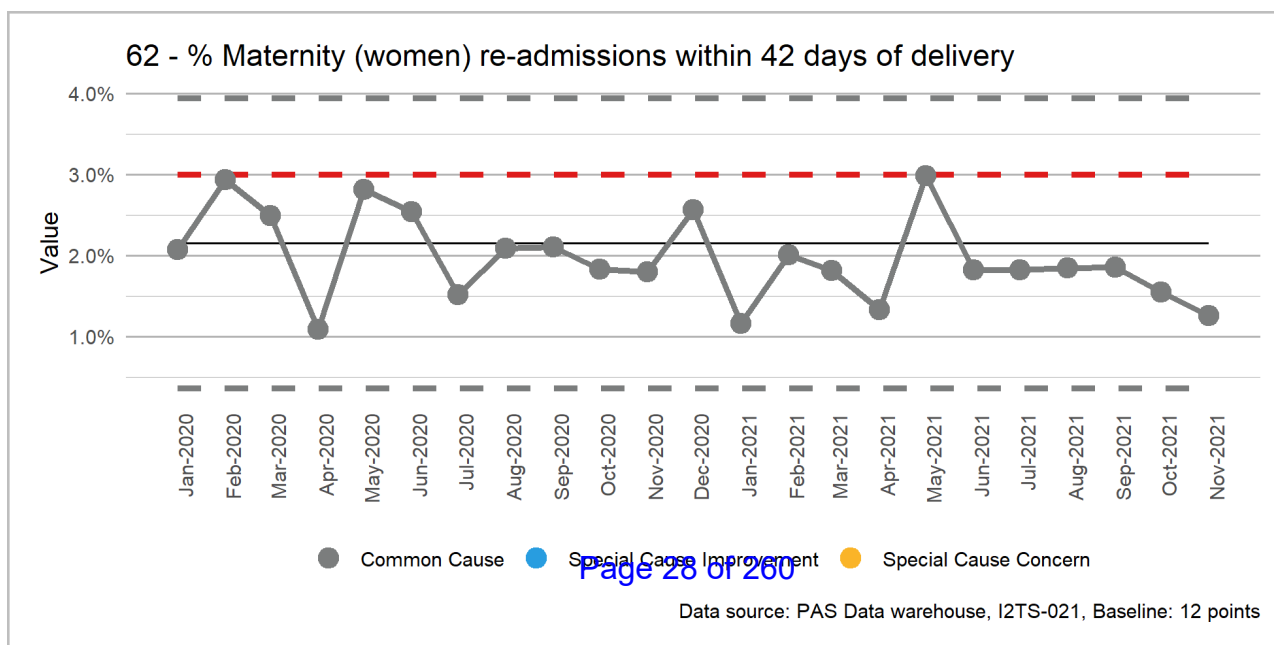
Claim Data

Member Name	CNST Damages	CNST NHS Legal Costs	CNST Claimant Costs	CNST Total Paid
University College London Hospitals NHS Foundation Trust	18,369,685	288,905	811,870	19,470,460
Liverpool Women's NHS Foundation Trust	15,516,119	594,961	1,574,499	17,685,579
Lewisham Healthcare NHS Trust	19,198,546	578,889	1,975,156	21,752,590
Chelsea and Westminster Hospital NHS Foundation Trust	16,388,669	469,556	1,834,515	18,692,740
Leeds Teaching Hospitals NHS Trust	19,197,704	614,186	1,577,805	21,389,695
Guy's and St Thomas' NHS Foundation Trust	16,044,233	490,319	1,258,777	17,793,328
University Hospitals of Leicester NHS Trust	16,549,608	708,976	964,310	18,222,894
Nottingham University Hospitals NHS Trust	14,616,500	479,602	1,759,099	16,855,201

Comparator data taken from NHS Resolution for claims 2019/20 for Trusts with similar size services including tertiary services.

Maternity Dashboard

- * The service uses a dashboard of outcome measures and indicators to monitor the quality of care delivered to women and babies.
- * The graph below is an example of the dashboard data. The trust uses Statistical Process Control in the dashboard which is best practice. We have a number of measures relating to clinical outcomes for women, babies, service delivery, quality risk and safety.



Maternity Services Report

Monthly Data

Report creation date: 01/03/2022, 11:59 AM

Data cutoff date: End of 31/01/2022

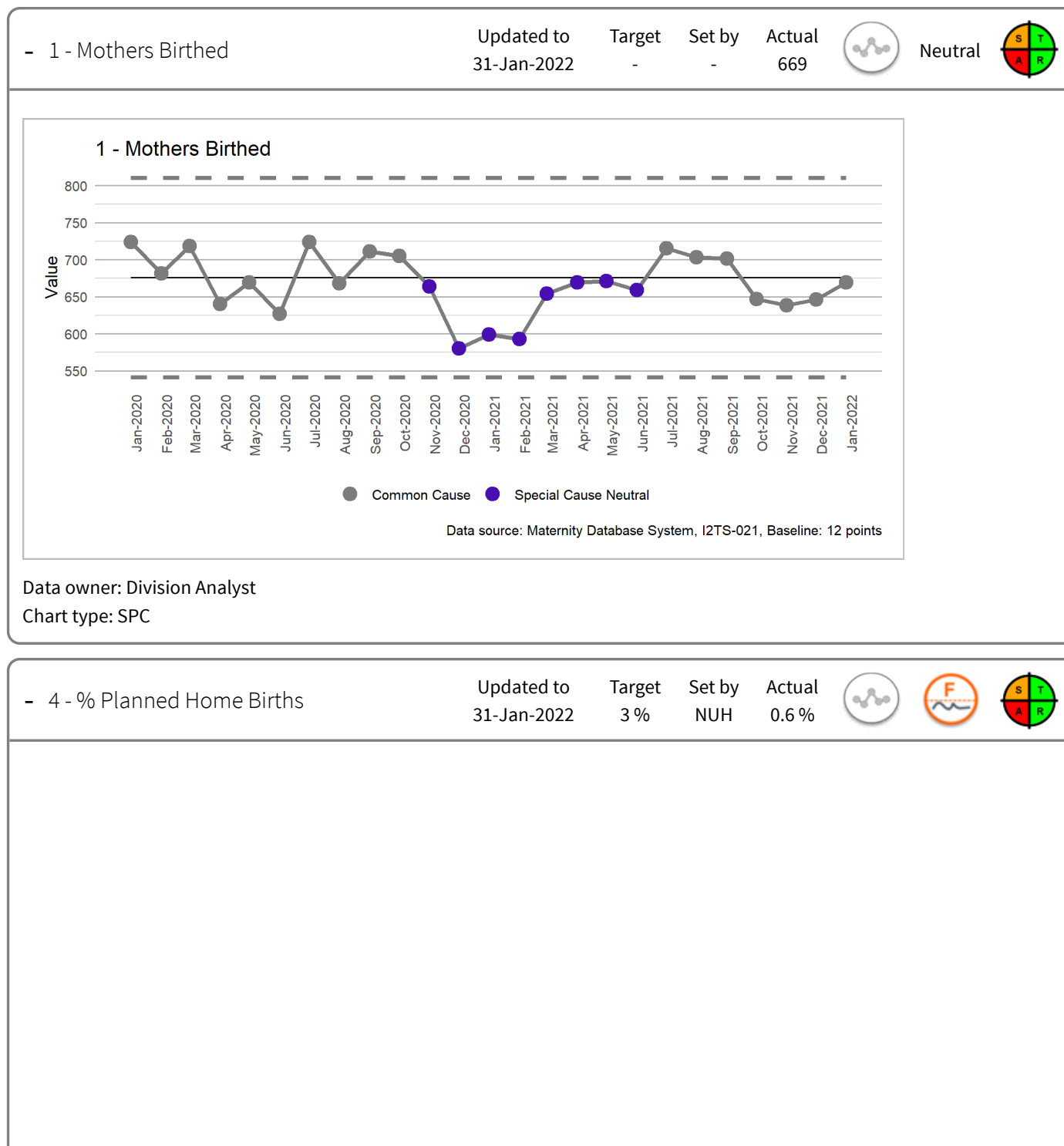
Notes:

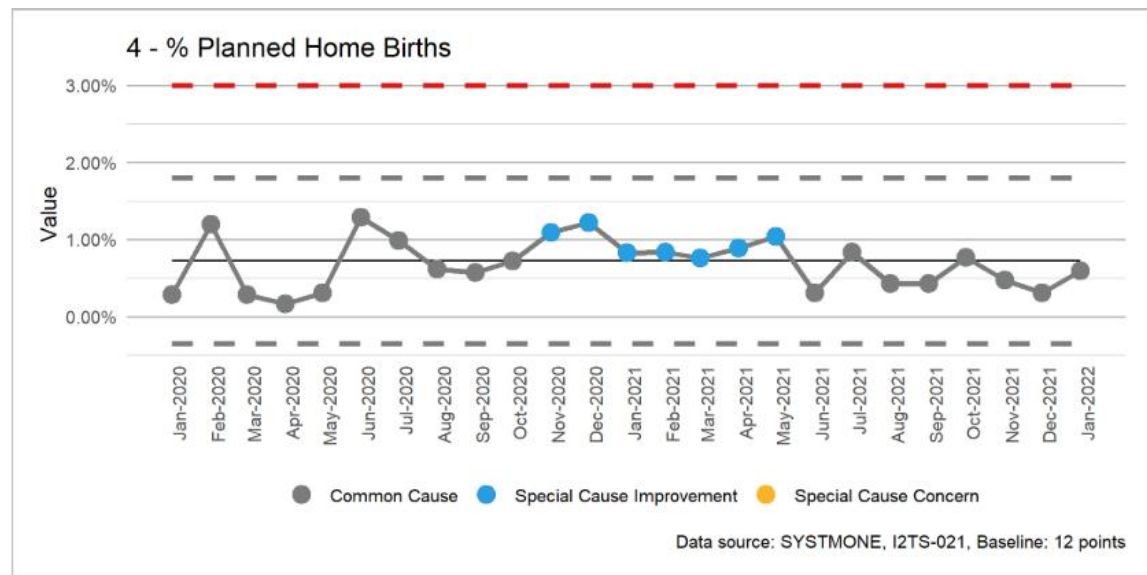
Measure reference numbers are used to uniquely identify a measure (including numerator and denominator details). Not all measures appear in all reports, and this is the reason that the reference numbers are non-sequential.

A key explaining how to read the icons for Variation, Assurance, and Data Quality is at the bottom of this document.

Updated to	Target	Set by	Actual	Vari - ation	Assur - ance	Data Quality
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Activity :





Data owner: Division Analyst
Chart type: SPC

- 193 - Total Born Before Arrival (BBA - midwife not in attendance)

Updated to
31-Jan-2022

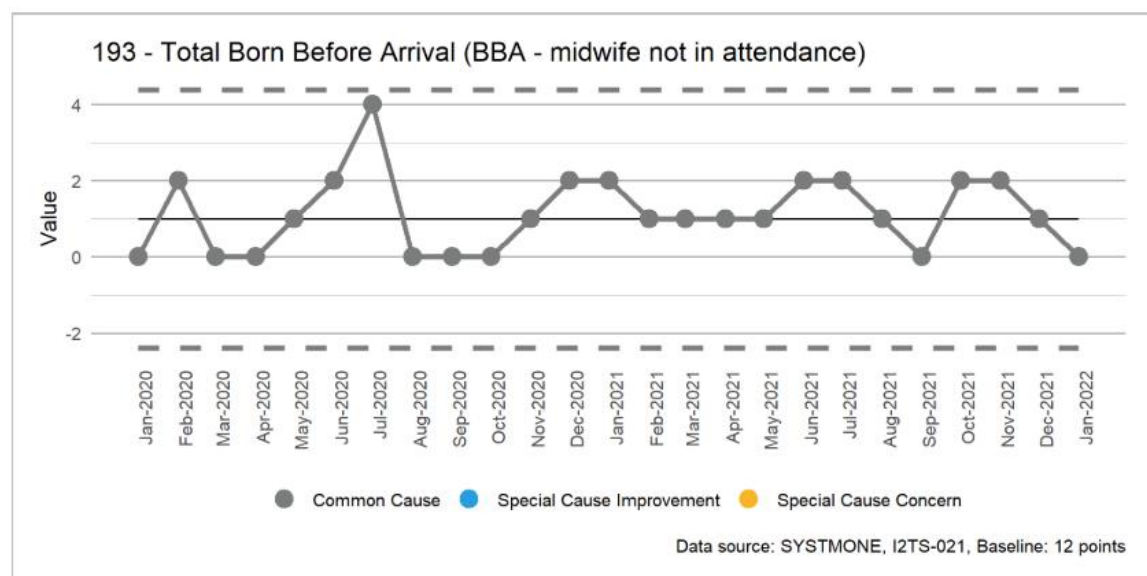
Target
-

Set by
-

Actual
0



No
target



Data owner: Division Analyst
Chart type: SPC

- 6 - Antenatal Bookings by Booking Date

Updated to
31-Jan-2022

Target
-

Set by
-

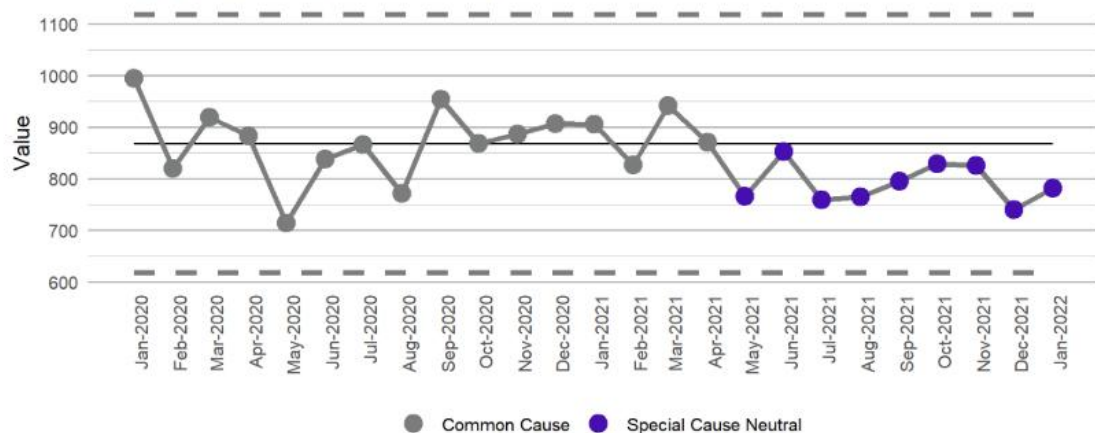
Actual
781



Neutral



6 - Antenatal Bookings by Booking Date



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

- 9 - % Inductions of Labour

Updated to
31-Jan-2022

Target
-

Set by
-

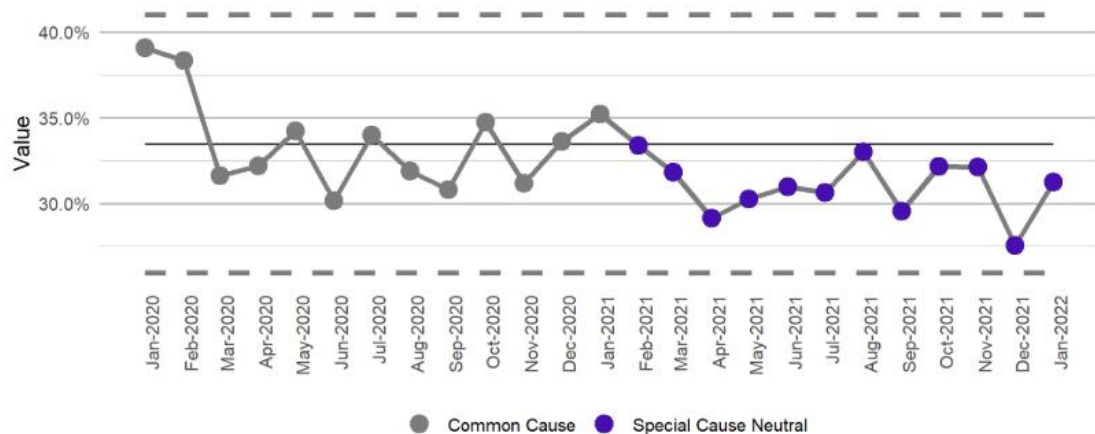
Actual
31.2 %



Neutral



9 - % Inductions of Labour



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

- 12 - % Spontaneous Vaginal Delivery

Updated to
31-Jan-2022

Target
-

Set by
-

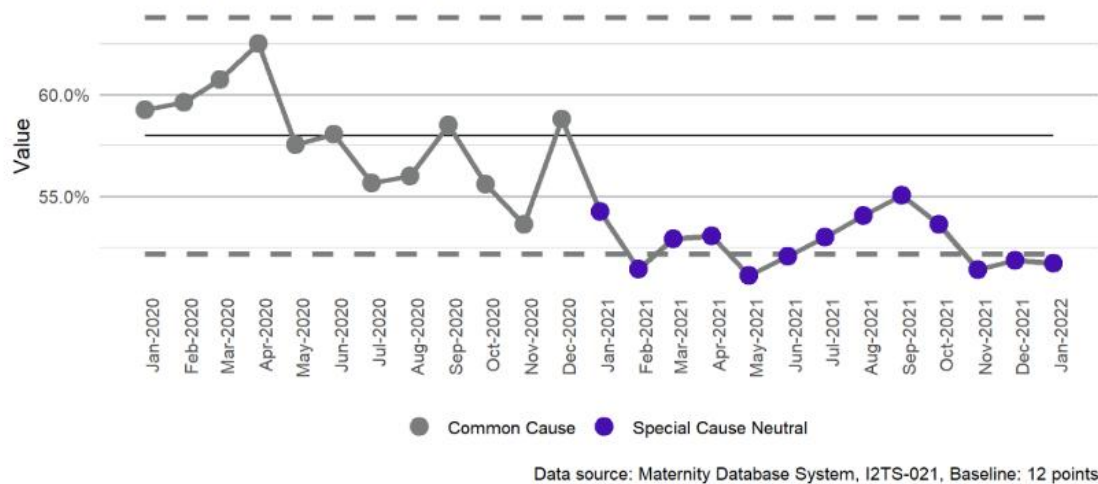
Actual
51.7 %



Neutral



12 - % Spontaneous Vaginal Delivery



Data owner: Division Analyst

Chart type: SPC

- 14 - % Forceps & Ventouse Deliveries

Updated to
31-Jan-2022

Target
-

Set by
-

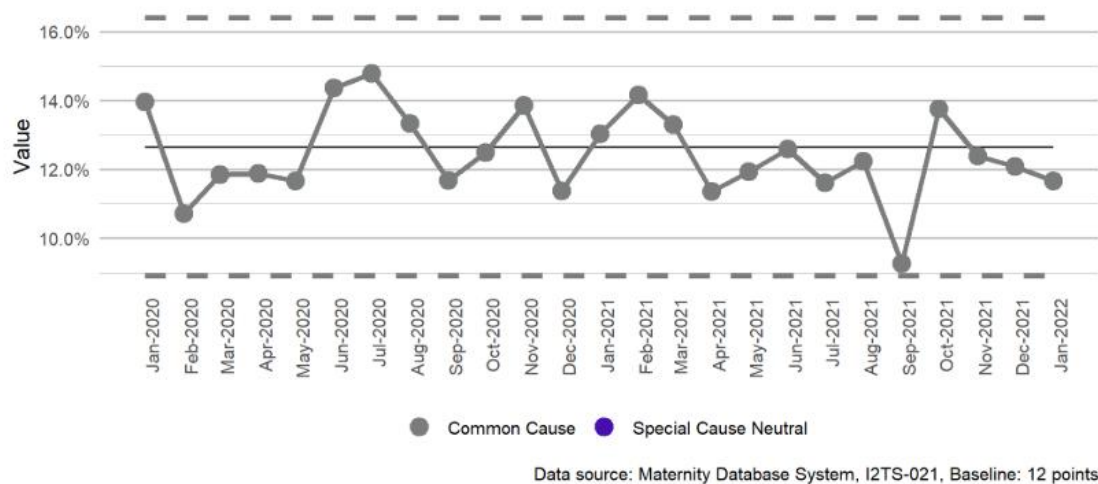
Actual
11.7 %



Neutral



14 - % Forceps & Ventouse Deliveries



Data owner: Division Analyst

Chart type: SPC

- 16 - % C-Section Deliveries

Updated to
31-Jan-2022

Target
-

Set by
-

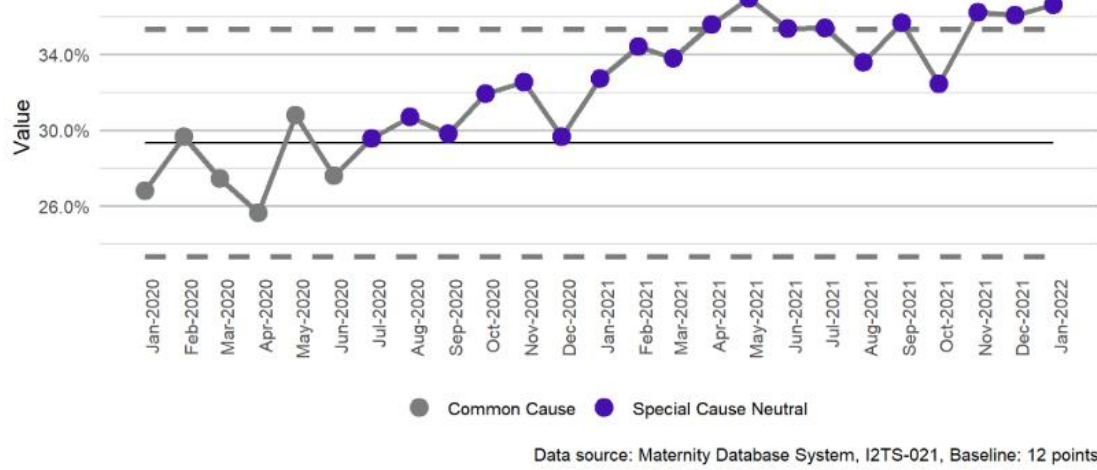
Actual
36.6 %



Neutral



16 - % C-Section Deliveries



Data owner: Division Analyst

Chart type: SPC

- 179 - % Elective C-Section Deliveries

Updated to
31-Jan-2022

Target
-

Set by
-

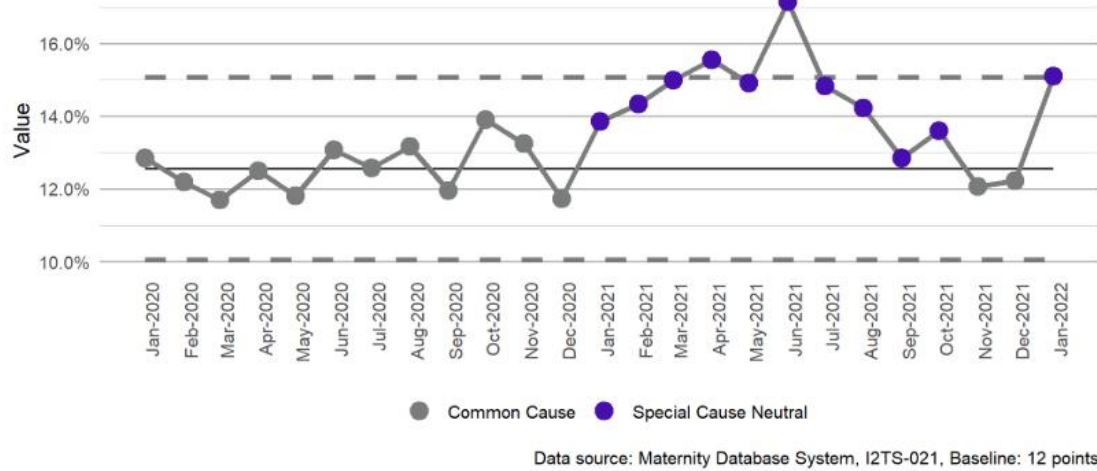
Actual
15.1 %



Neutral



179 - % Elective C-Section Deliveries



Data owner: Division Analyst

Chart type: SPC

- 181 - % Emergency C-Section Deliveries

Updated to
31-Jan-2022

Target
-

Set by
-

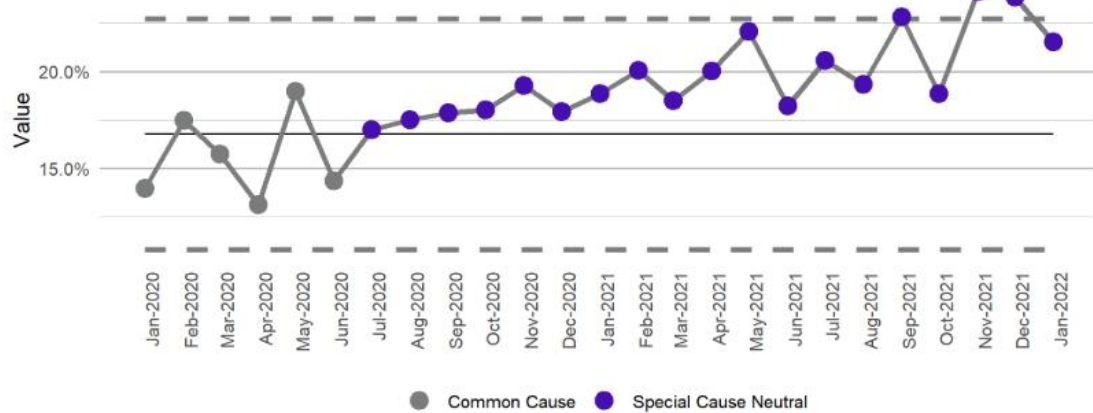
Actual
21.5 %



Neutral



181 - % Emergency C-Section Deliveries



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

Maternal Morbidity :

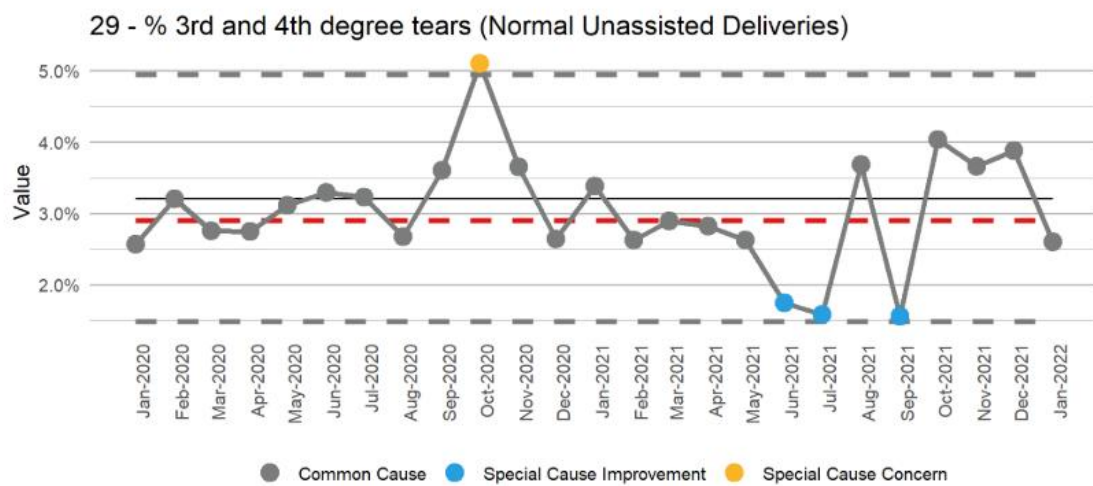
- 29 - % 3rd and 4th degree tears (Normal Unassisted Deliveries)

Updated to
31-Jan-2022

Target
2.9 %

Set by
NUH

Actual
2.6 %



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

- 30 - % 3rd and 4th degree tears (Assisted Deliveries)

Updated to
31-Jan-2022

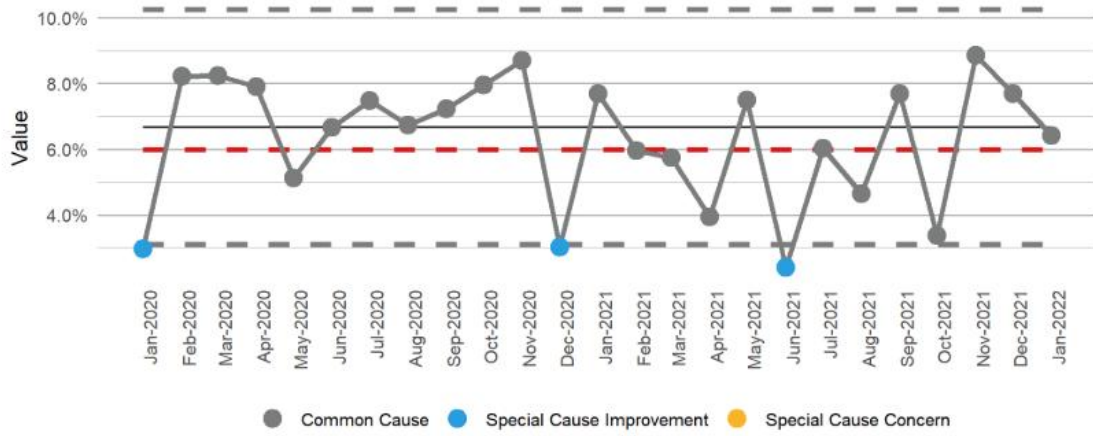
Target
6 %

Set by
NUH

Actual
6.4 %



30 - % 3rd and 4th degree tears (Assisted Deliveries)



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

32 - % PPH (Post partum haemorrhage) $\geq 1,500\text{ml}$

Updated to
31-Jan-2022

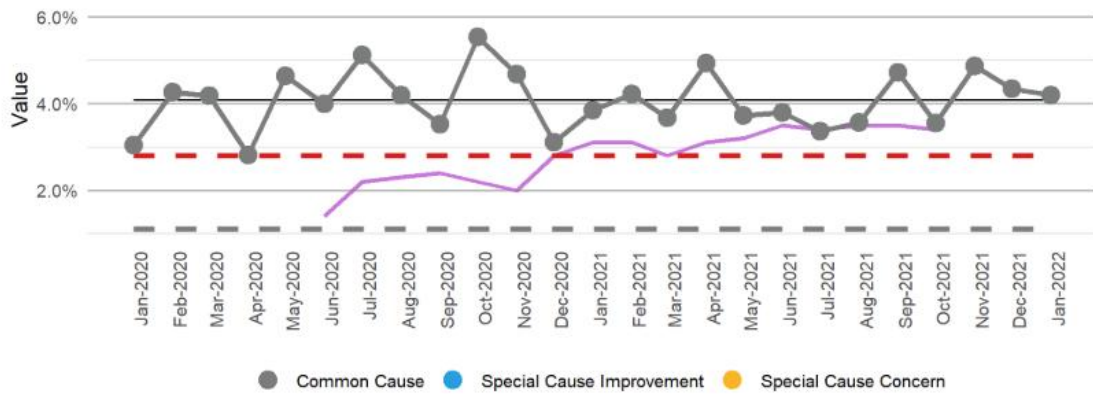
Target
2.8 %

Set by
NUH

Actual
4.2 %



32 - % PPH (Post partum haemorrhage) $\geq 1,500\text{ml}$



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

33 - Maternal ICU admissions in Obstetrics (Number of admissions to intensive/ high dependency care from the maternity unit)

Updated to
31-Jan-2022

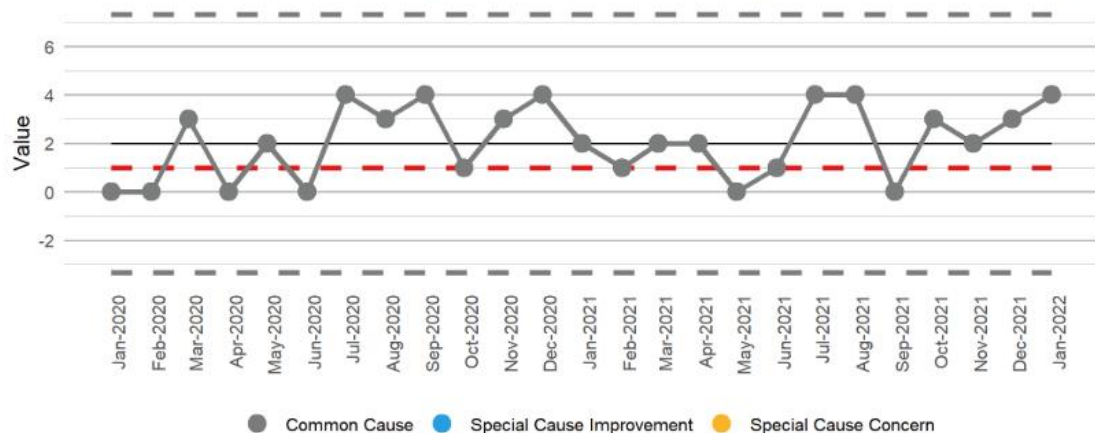
Target
1

Set by
NUH

Actual
4



33 - Maternal ICU admissions in Obstetrics (Number of admissions to intensive/ high dependency)



Data source: PAS Data warehouse, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

34 - % Completed VTE risk assessment at antenatal (full) booking

Updated to
31-Jan-2022

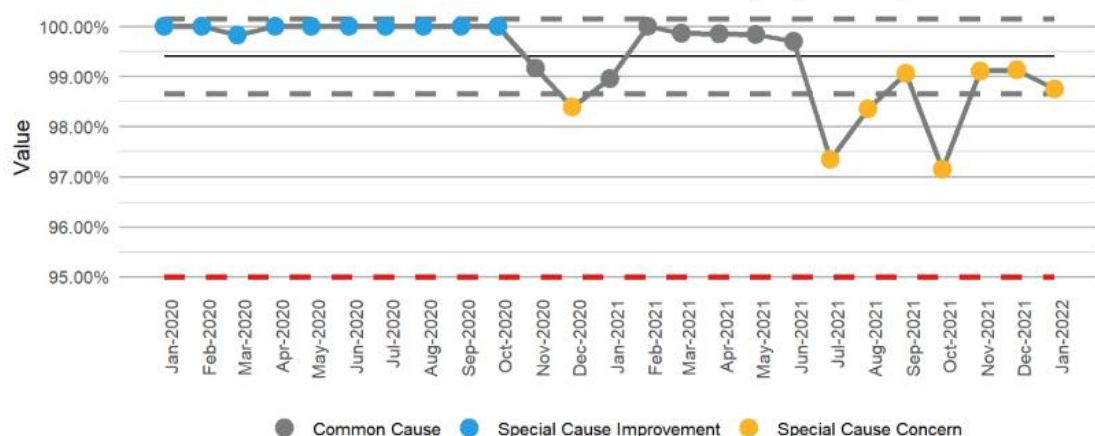
Target
95 %

Set by
NUH

Actual
98.8 %



34 - % Completed VTE risk assessment at antenatal (full) booking



Data source: Maternity Database System, I2TS-021, Baseline: 24 points

Data owner: Division Analyst

Chart type: SPC

35 - % of completed VTE risk assessment at delivery

Updated to
31-Jan-2022

Target
95 %

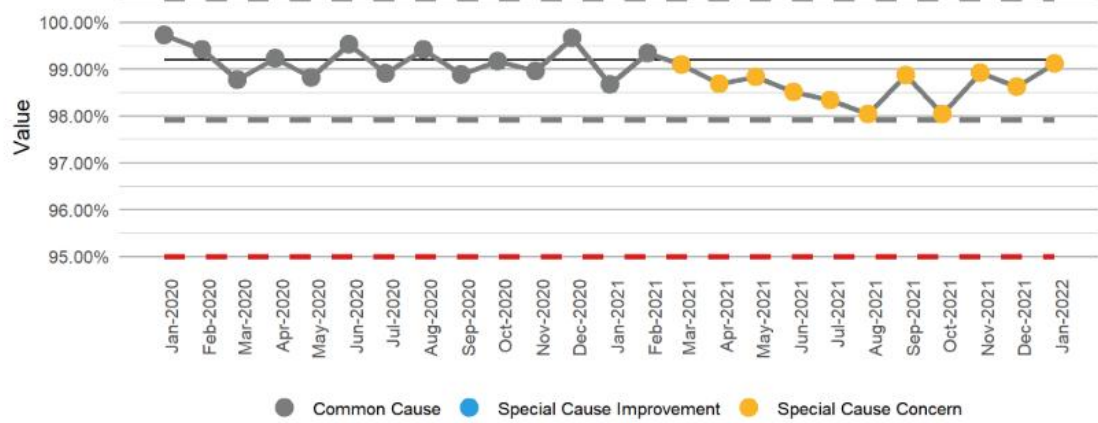
Set by
NUH

Actual
99.1 %



Status: Monthly data available. Weekly data will be available from 27th Aug to support reporting week-commencing 30th Aug.

35 - % of completed VTE risk assessment at delivery



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

- 36 - ALL Maternal Deaths (up to 1yr after birth date)

Updated to
31-Dec-2021

Target
-

Set by
-

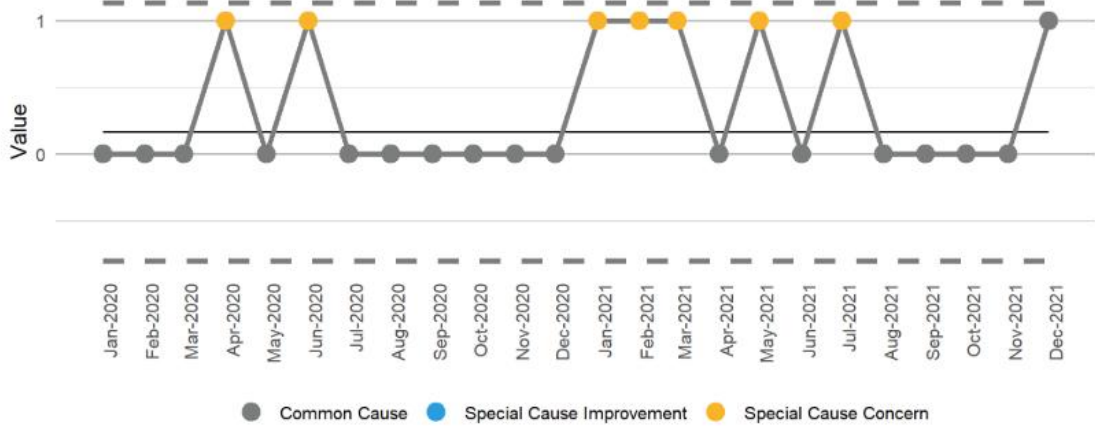
Actual
1



No
target



36 - ALL Maternal Deaths (up to 1yr after birth date)



Data source: Maternity Database System / PAS, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

- 38 - % Shoulder Dystocia

Updated to
30-Nov-2021

Target
-

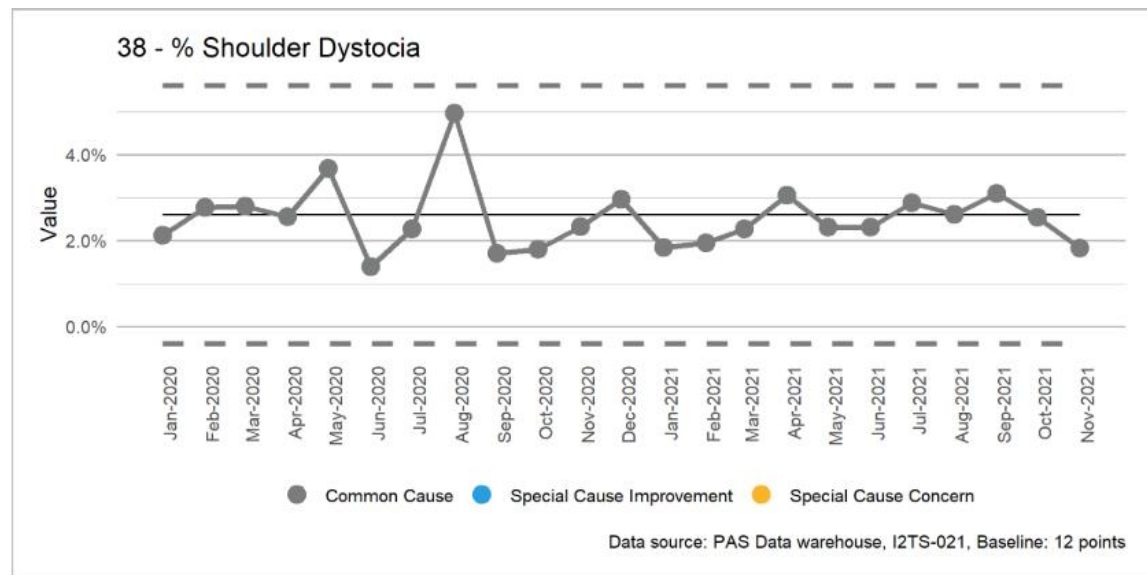
Set by
-

Actual
1.8 %



No
target





Data owner: Division Analyst
Chart type: SPC

- 40 - % Puerperal Sepsis

Updated to
30-Nov-2021

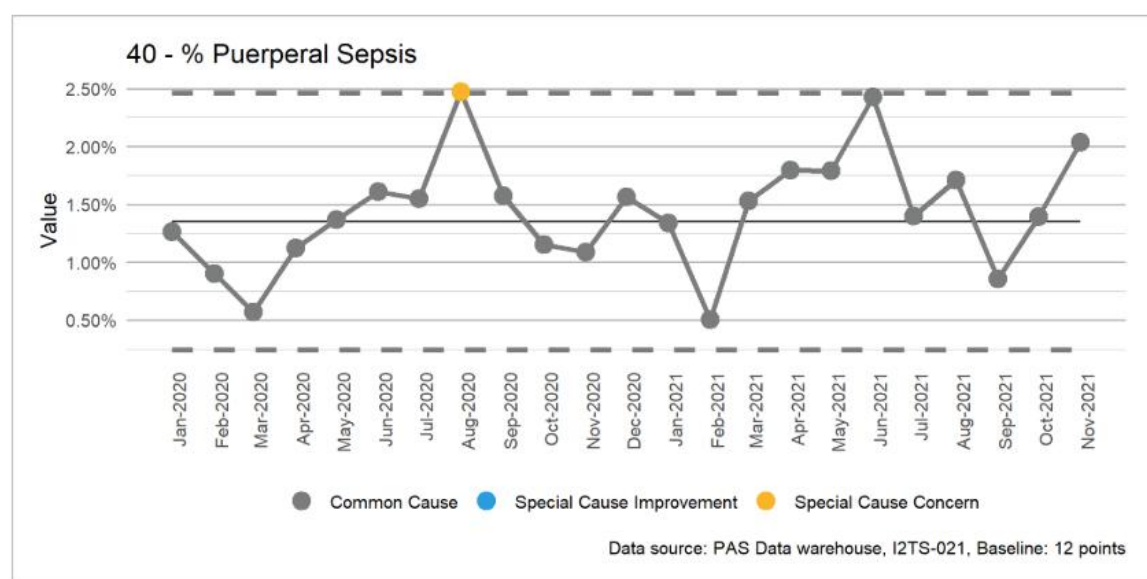
Target
-

Set by
-

Actual
2 %



No
target



Data owner: Division Analyst
Chart type: SPC

Neonatal Outcomes :

- 43 - Total Stillbirths

Updated to
31-Jan-2022

Target
-

Set by
-

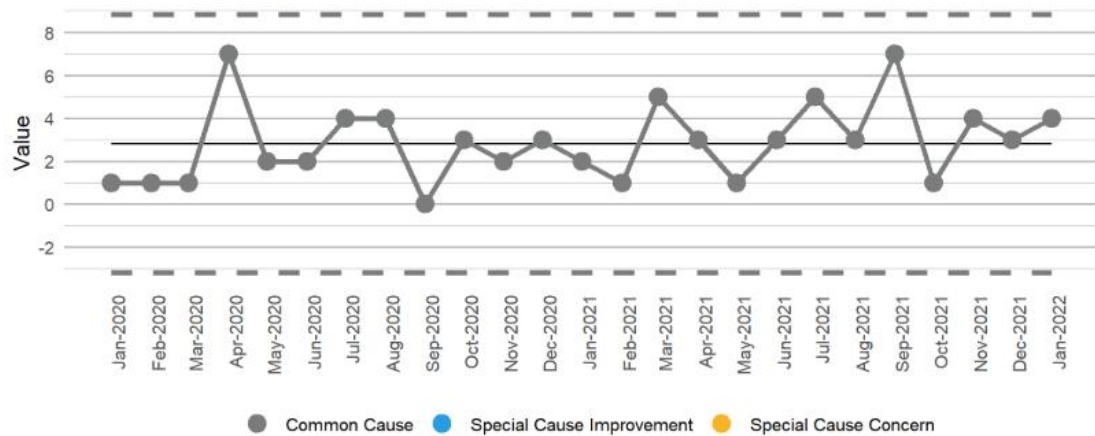
Actual
4



No
target



43 - Total Stillbirths



Data source: Maternity Database System, I2TS-021, Baseline: 24 points

Data owner: Division Analyst

Chart type: SPC

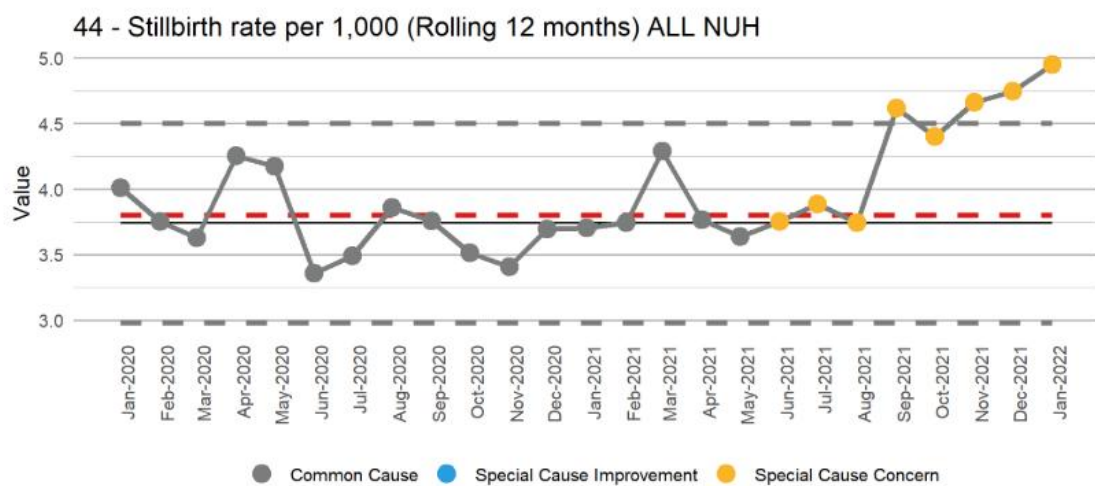
44 - Stillbirth rate per 1,000 (Rolling 12 months) ALL NUH

Updated to
31-Jan-2022

Target
3.8

Set by
ONS
2020

Actual
4.9



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

45 - Stillbirth rate per 1,000 Monthly ALL NUH

Updated to
31-Jan-2022

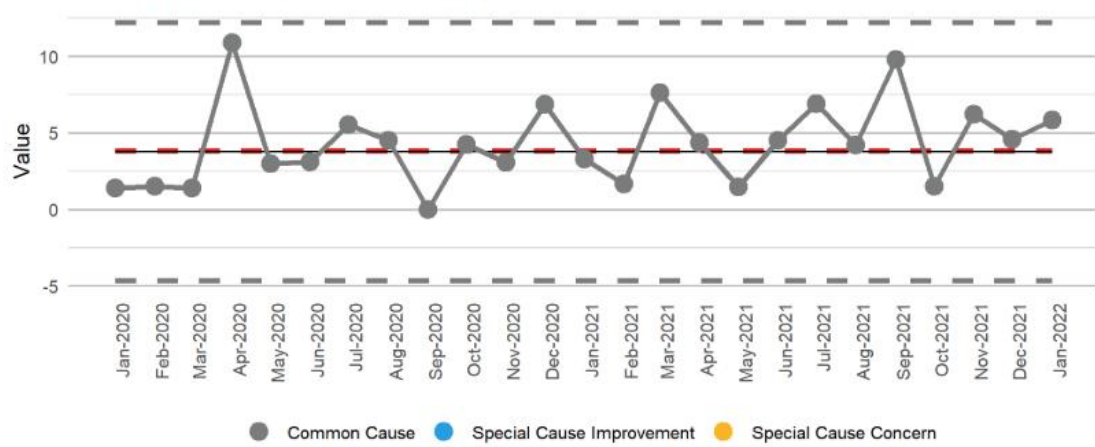
Target
3.8

Set by
ONS
2020

Actual
5.8



45 - Stillbirth rate per 1,000 Monthly ALL NUH



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

48 - Inborn Neonatal deaths within 28 days of birth (24+ weeks gestation)

Updated to
31-Jan-2022

Target
-

Set by
-

Actual
4

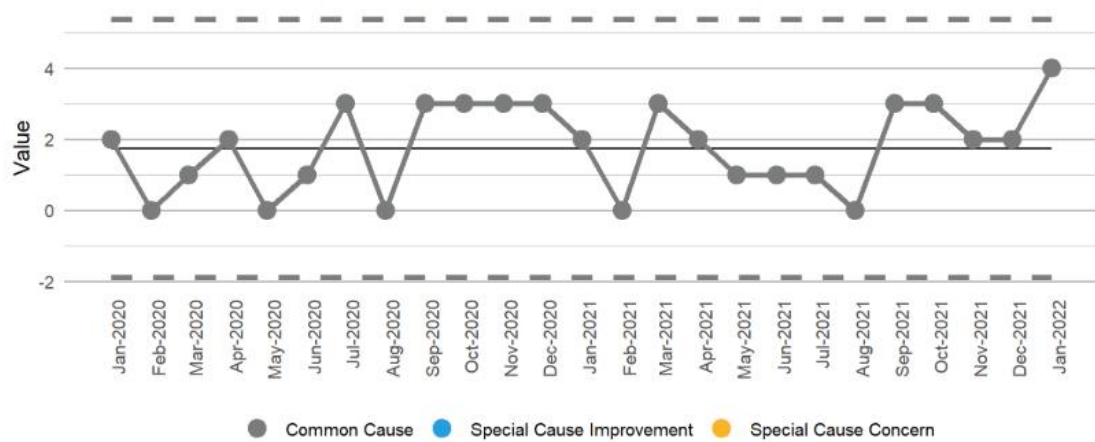


No
target



Status: AP - Provisional figures.

48 - Inborn Neonatal deaths within 28 days of birth (24+ weeks gestation)



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

49 - Neonatal Deaths (born in hospital within 28 days of birth) Rate per 1,000 births

Updated to
31-Jan-2022

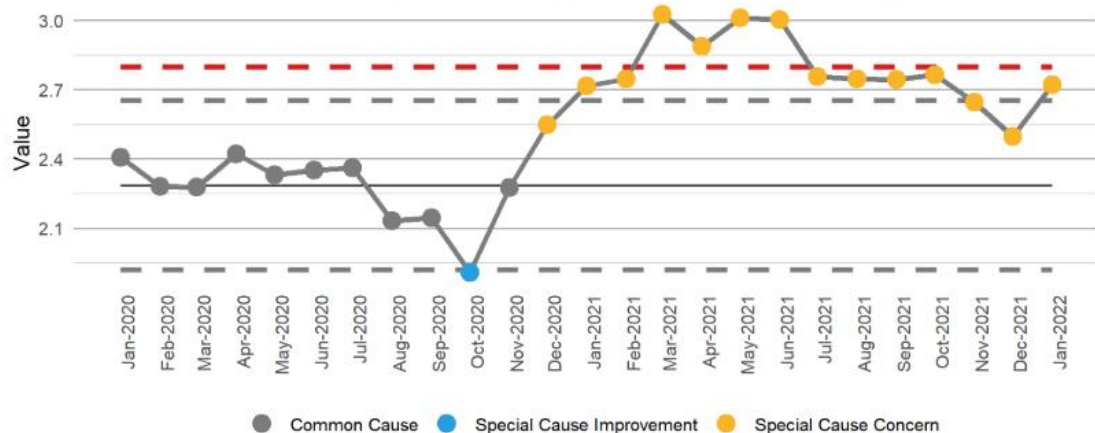
Target
2.8

Set by
ONS
2019

Actual
2.7



49 - Neonatal Deaths (born in hospital within 28 days of birth) Rate per 1,000 births



Data source: PAS Data warehouse, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

50 - Inborn Neonatal Deaths, (Liveborn
- 22-23 weeks gestation within 28 days of
birth)

Updated to
31-Jan-2022

Target
-

Set by
-

Actual
2

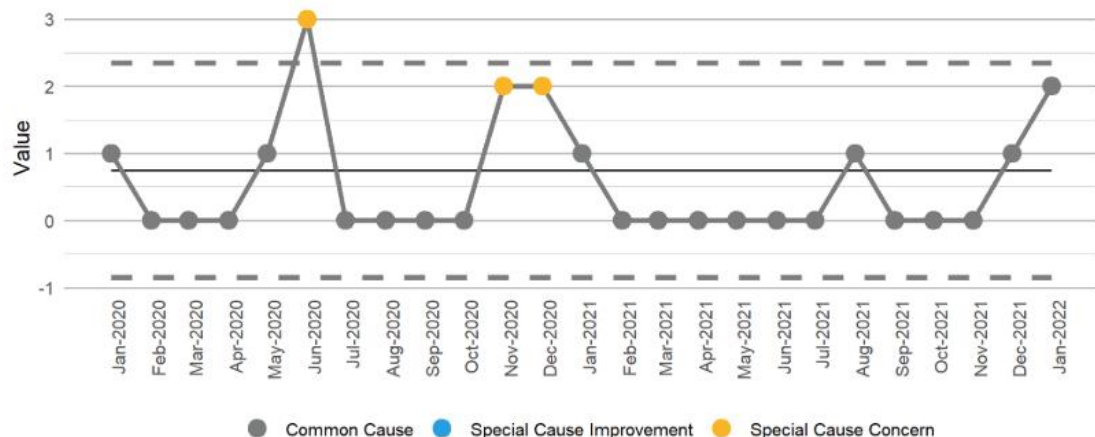


No
target



Status: Data being validated. This data does not currently match MBRRACE submissions, which show more late fetal losses.

50 - Inborn Neonatal Deaths, (Liveborn 22-23 weeks gestation within 28 days of birth)



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

53 - Neonatal Hypoxic-ischemic
- encephalopathy (Grades 2-3) in Inborn
Term Births

Updated to
31-Jan-2022

Target
-

Set by
-

Actual
1

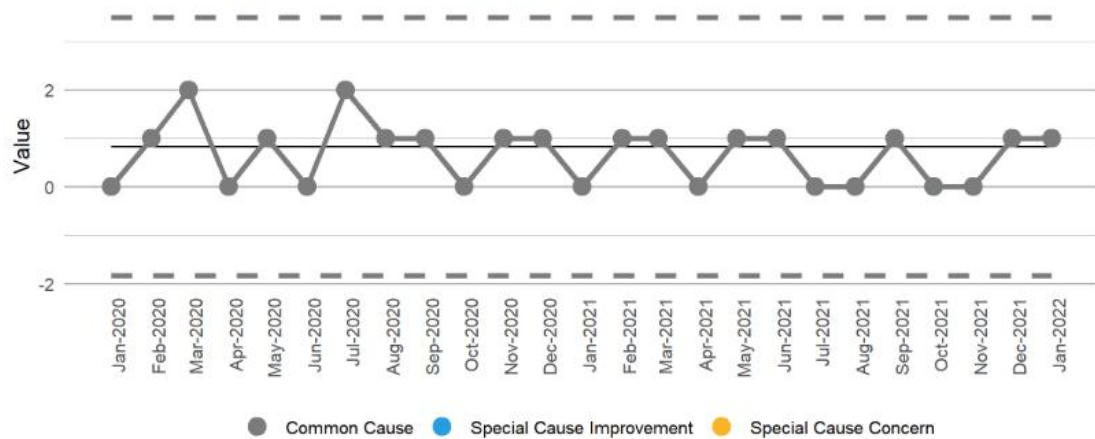


No
target



Status: Monthly data available. Weekly data will be available from 27th Aug to support reporting week-commencing 30th Aug.

53 - Neonatal Hypoxic-ischemic encephalopathy (Grades 2-3) in Inborn Term Births



Data owner: Division Analyst

Chart type: SPC

54 - Neonatal Hypoxic-ischemic encephalopathy (Grade 2) in Inborn Term Births

Updated to
31-Jan-2022

Target
-

Set by
-

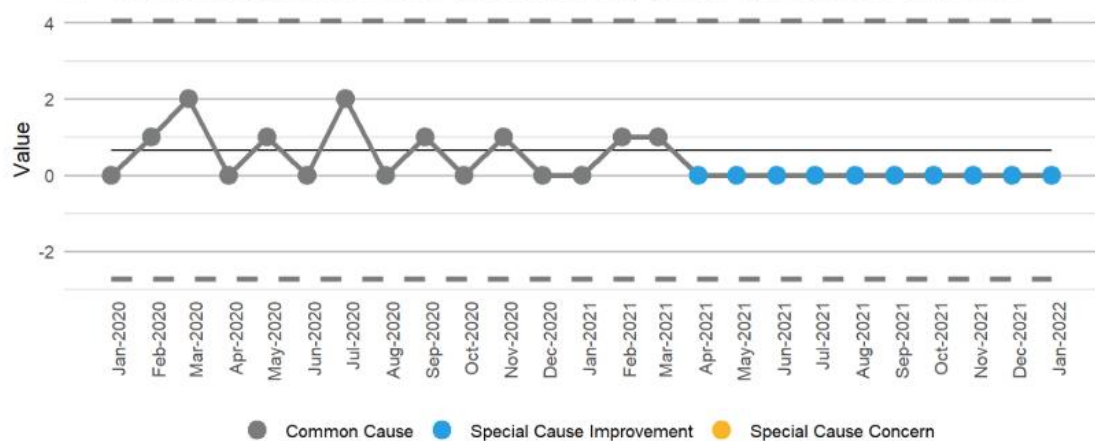
Actual
0



No
target



54 - Neonatal Hypoxic-ischemic encephalopathy (Grade 2) in Inborn Term Births



Data owner: Division Analyst

Chart type: SPC

55 - Neonatal Hypoxic-ischemic encephalopathy (Grade 3) in Inborn Term Births

Updated to
31-Jan-2022

Target
-

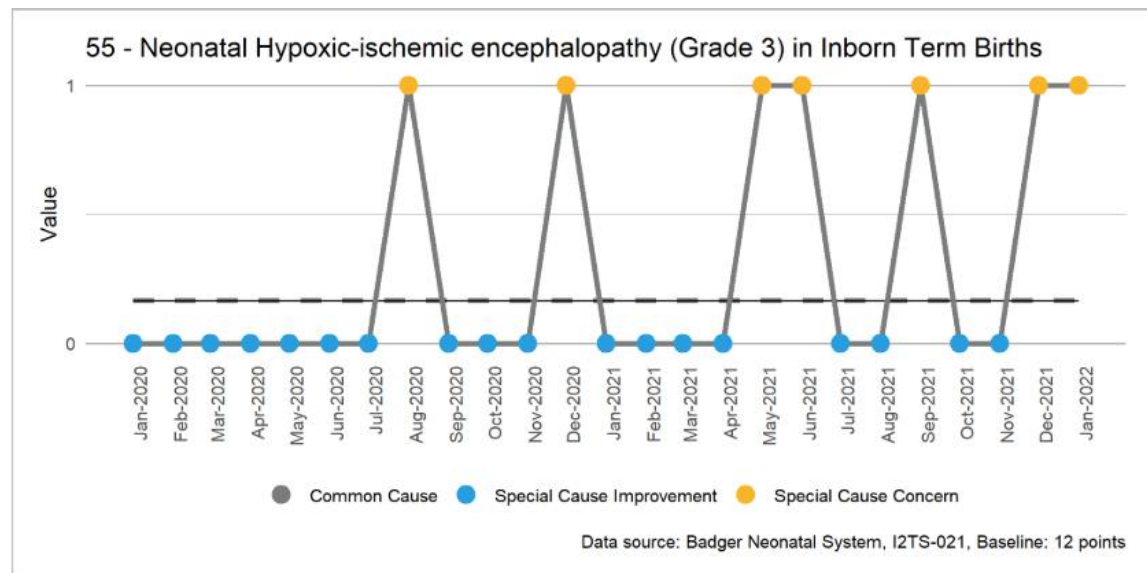
Set by
-

Actual
1



No
target





Data owner: Division Analyst

Chart type: SPC

- 57 - % Avoidable Term NNU Admissions

Updated to
30-Sep-2021

Target
5 %

Set by
NUH

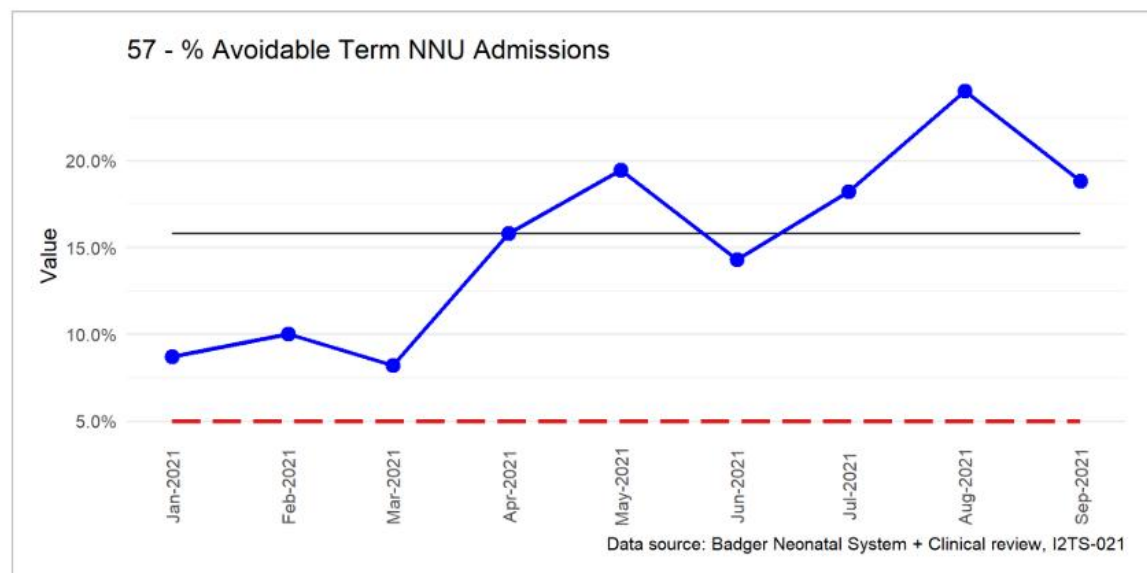
Actual
18.8 %

Run
chart

Run
chart



Status: Reported quarterly from neonatal ATAIN clinical team



Data owner: ATAIN Team

Chart type: Run

- 58 - % of inborn term singleton babies
with an APGAR score of <7 at 5 minutes

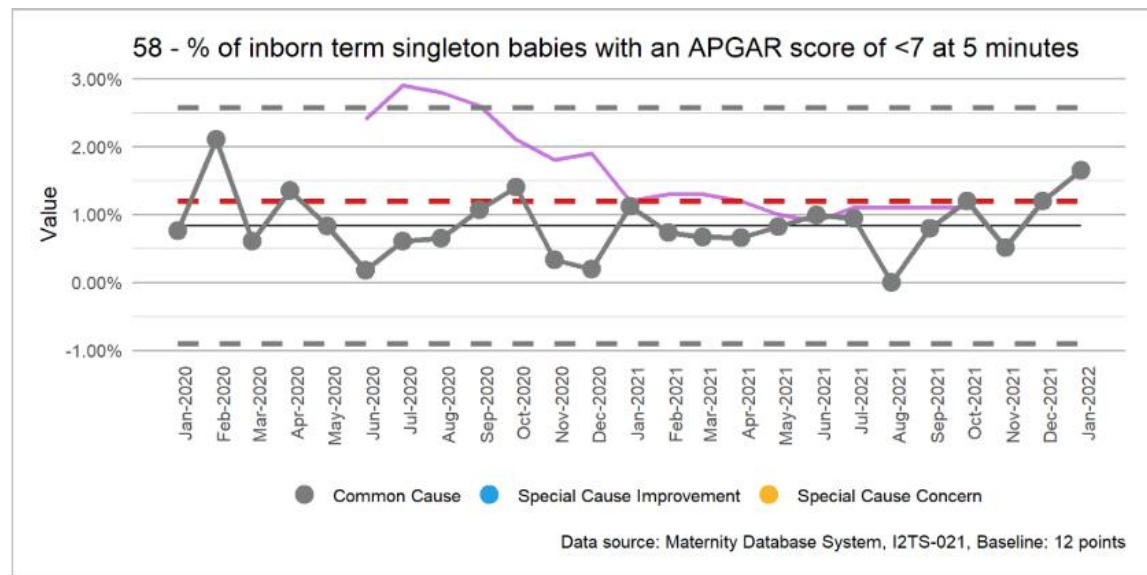
Updated to
31-Jan-2022

Target
1.2 %

Set by
NUH

Actual
1.7 %





Data owner: Division Analyst

Chart type: SPC

59 - Total Babies Birthweight < 3rd centile born at >37 weeks

Updated to
31-Jan-2022

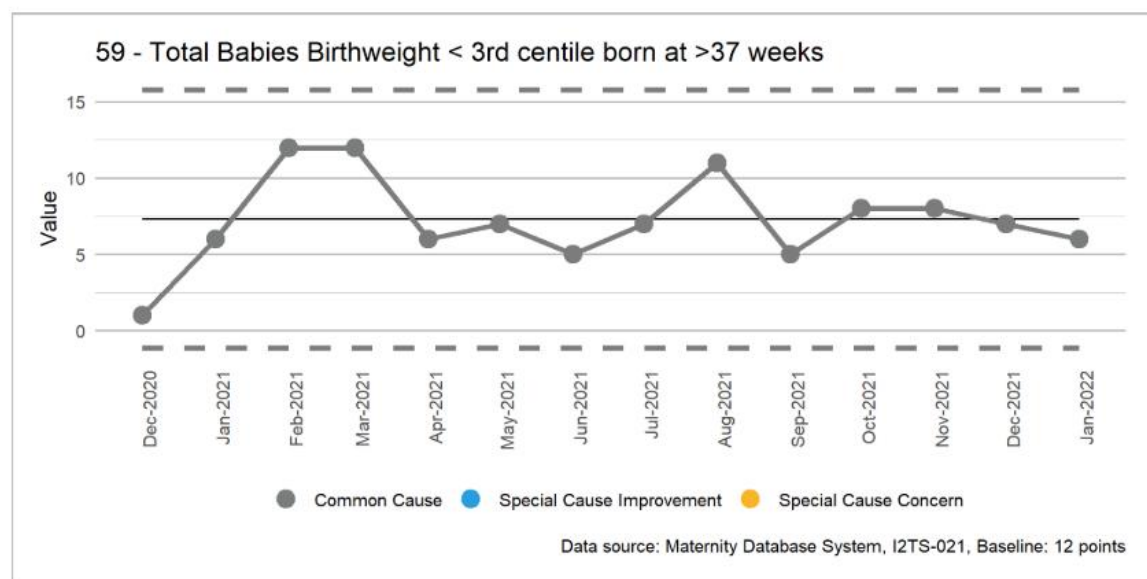
Target
-

Set by
-

Actual
6



No
target



Data owner: Division Analyst

Chart type: SPC

60 - % Women who have a singleton live birth < 34+0 receiving steroids within seven days prior to birth

Updated to
31-Jan-2022

Target
-

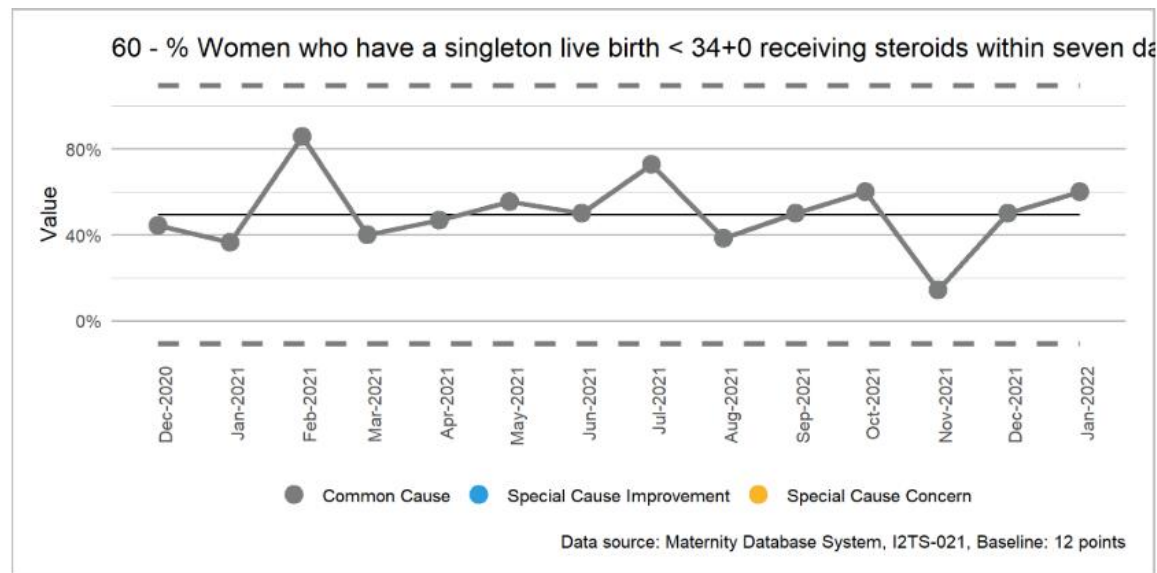
Set by
-

Actual
60 %



No
target





Data owner: Division Analyst
Chart type: SPC

61 - % Women who have a singleton live birth < 32+0 receiving magnesium sulphate for fetal neuro-development prior to delivery

Updated to
31-Jan-2022

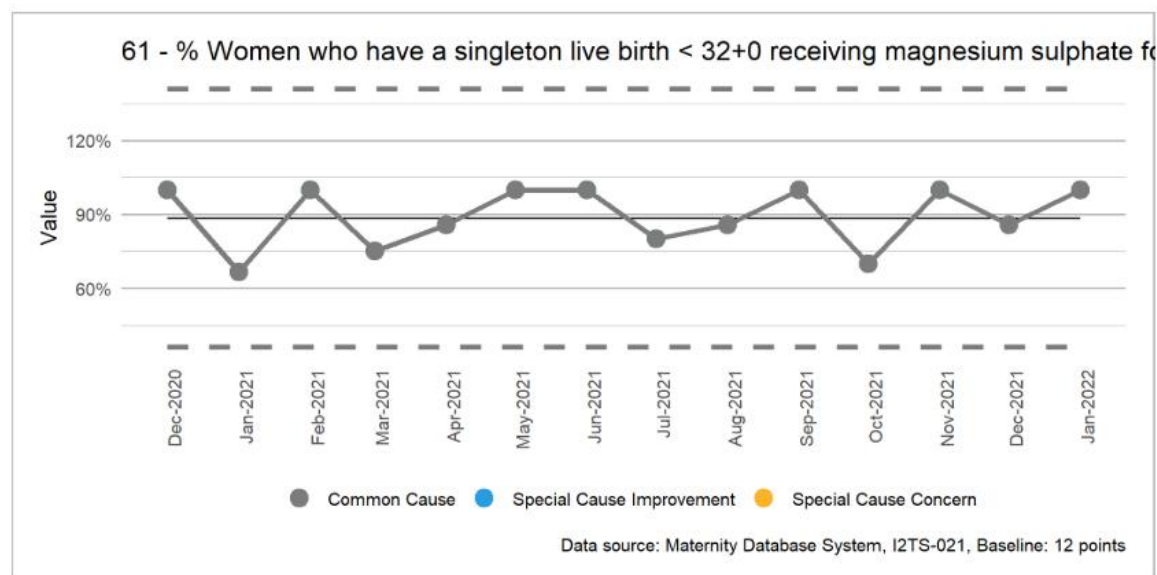
Target
-

Set by
-

Actual
100 %



No
target



Data owner: Division Analyst
Chart type: SPC

Readmissions :

62 - % Maternity (women) re-admissions within 42 days of delivery

Updated to
30-Nov-2021

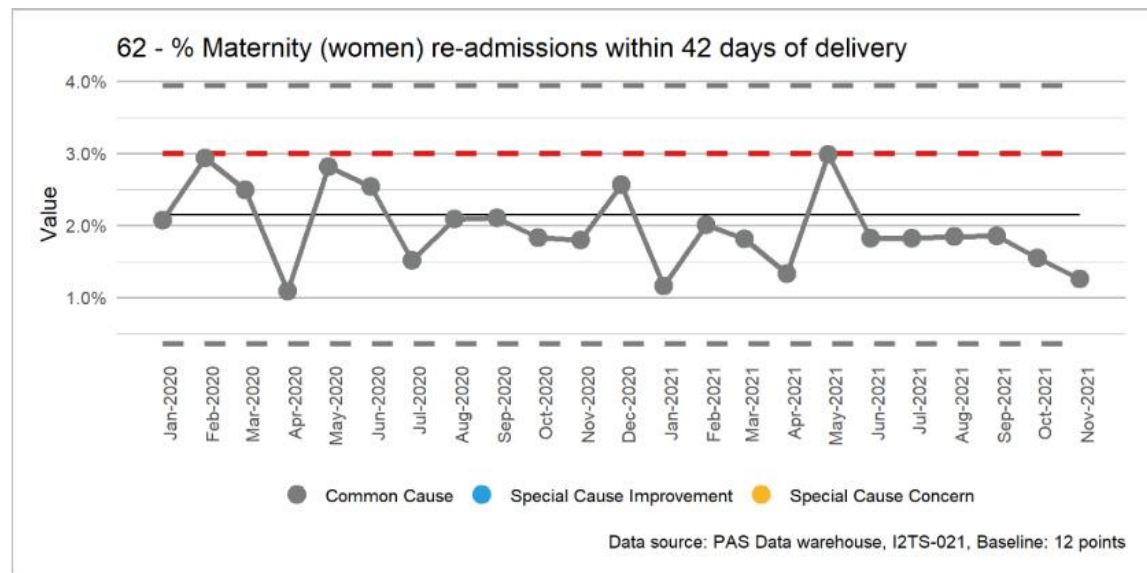
Target
3 %

Set by
NUH

Actual
1.3 %



Status: Monthly data available. Weekly data will be available from 27th Aug to support reporting week-commencing 30th Aug.



Data owner: Division Analyst

Chart type: SPC

63 - Inborn babies readmissions within 28 days of birth

Updated to
31-Jan-2022

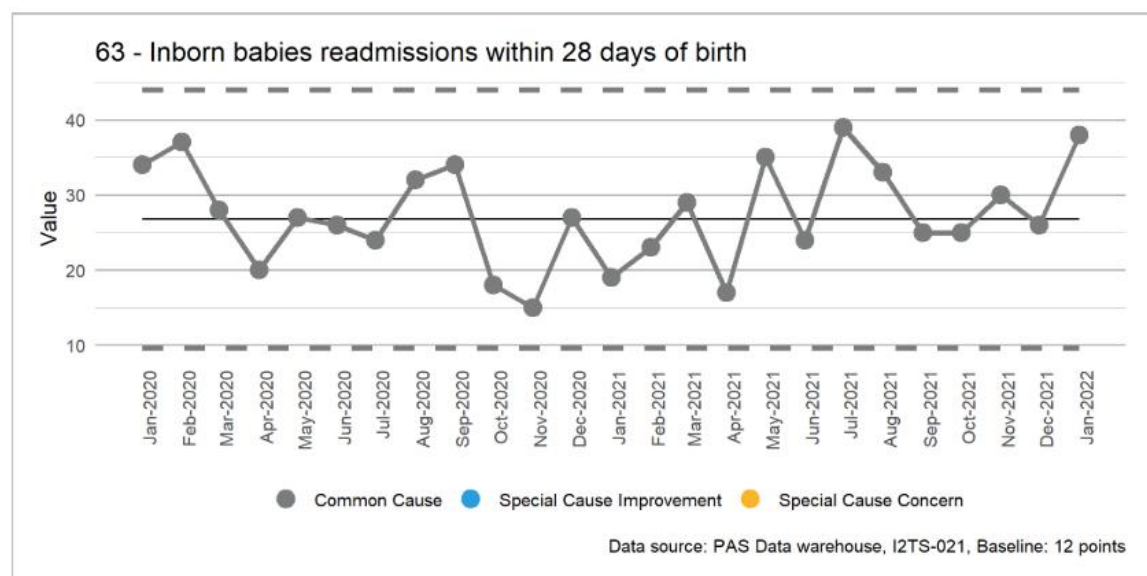
Target
-

Set by
-

Actual
38



No
target



Data owner: Division Analyst

Chart type: SPC

Quality, Risk, & Safety :

194 - Serious Incidents by date of occurrence

Updated to
31-Jan-2022

Target
-

Set by
-

Actual
2



No
target



194 - Serious Incidents by date of occurrence



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Rebase comments: In February 2021 the criteria for escalation as an SI was changed, leading to an increased rate of SI decisions at incident review meeting.

Data owner: MIP Analyst

Chart type: SPC

108 - Serious Incidents by IRM outcome date

Updated to
31-Jan-2022

Target
-

Set by
-

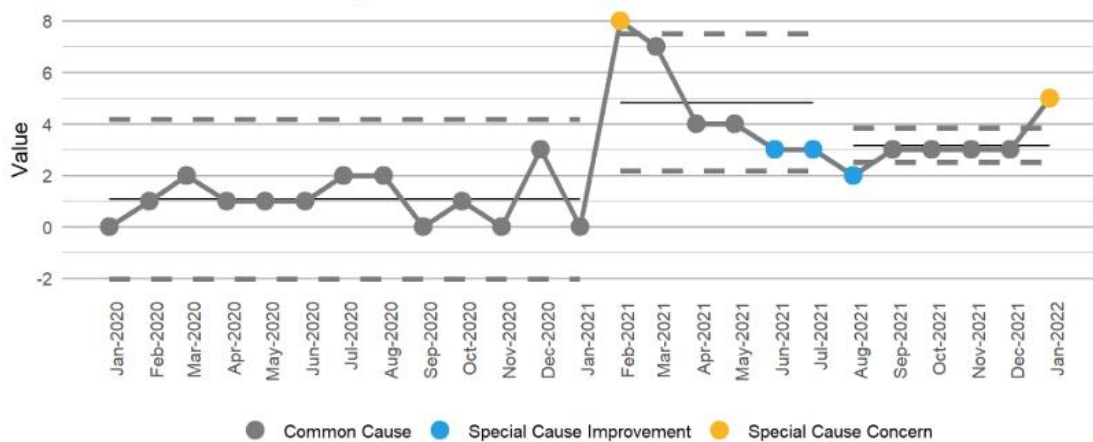
Actual
5



No
target



108 - Serious Incidents by IRM outcome date



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 20 points

Rebase comments: In February 2021 the criteria for escalation as an SI was changed, leading to an increased rate of SI decisions at incident review meeting. The limits have been rebased again in July 2021, which is after the period that older incidents were being processed. This makes the limits tighter to help detect smaller changes in future.

Data owner: MIP Analyst

Chart type: SPC

81 - Number of incidents (by reported date)

Updated to
31-Jan-2022

Target
-

Set by
-

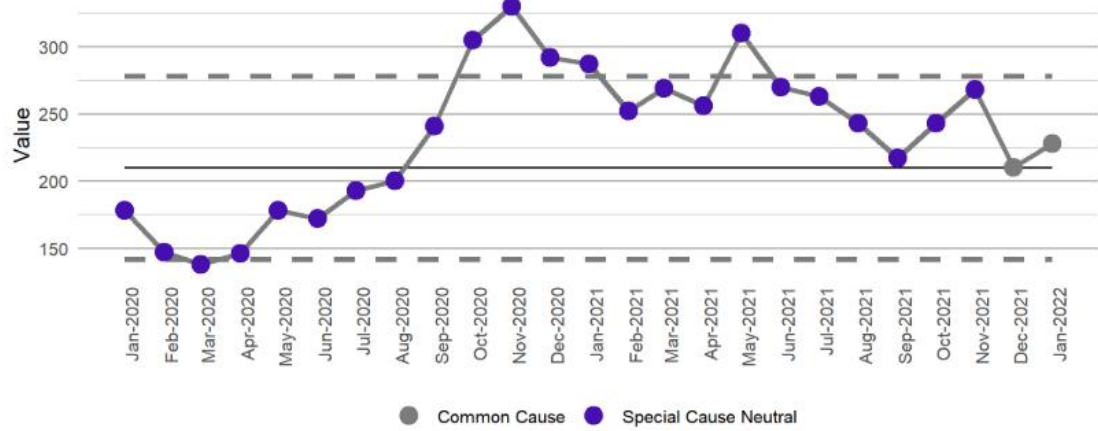
Actual
228



Neutral



81 - Number of incidents (by reported date)



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Data owner: MIP Analyst

Chart type: SPC

80 - Number of incidents (moderate harm and above)

Updated to
31-Jan-2022

Target
-

Set by
-

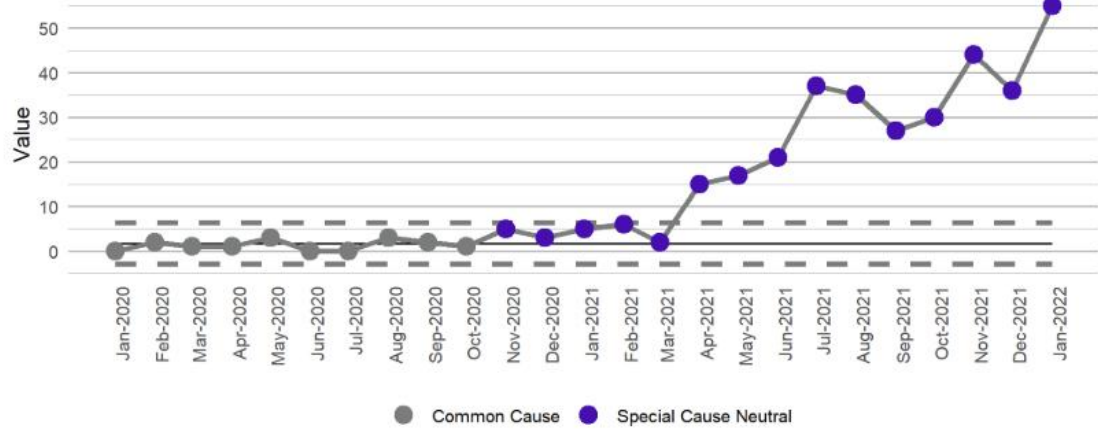
Actual
55



Neutral



80 - Number of incidents (moderate harm and above)



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Data owner: MIP Analyst

Chart type: SPC

79 - Number of incidents (no harm + low harm)

Updated to
31-Jan-2022

Target
-

Set by
-

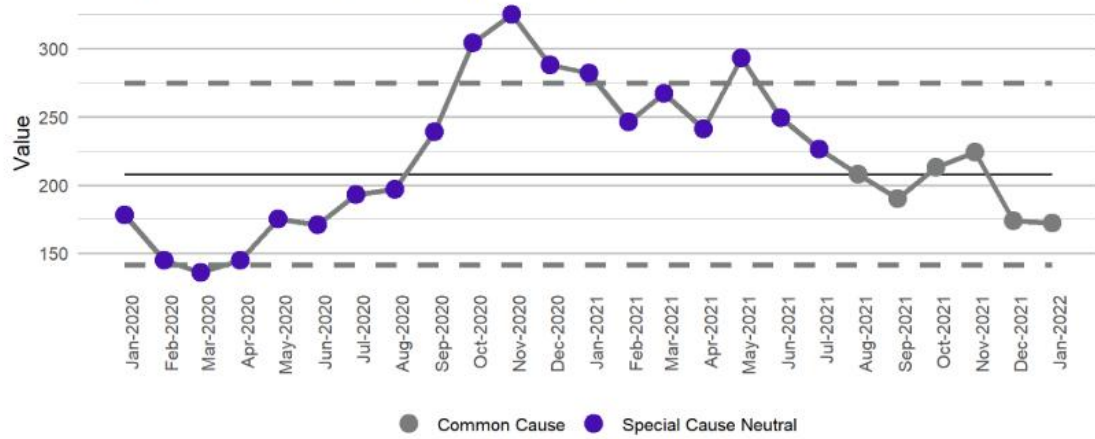
Actual
172



Neutral



79 - Number of incidents (no harm + low harm)



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Data owner: MIP Analyst

Chart type: SPC

- 84 - Number of cases reported to HSIB

Updated to
31-Jan-2022

Target
-

Set by
-

Actual
1



No
target



84 - Number of cases reported to HSIB



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Data owner: MIP Analyst

Chart type: SPC

- 85 - Number of NICE Midwifery Staffing Red Flags

Updated to
-

Target
-

Set by
-

Actual
-

Run
chart

Run
chart



Status: Collected within BirthratePlus App. No automatic data export. Data is manually transposed.



Data owner: MIP Analyst

Chart type: -

- 104 - Total medication related incidents

Updated to
31-Jan-2022

Target
-

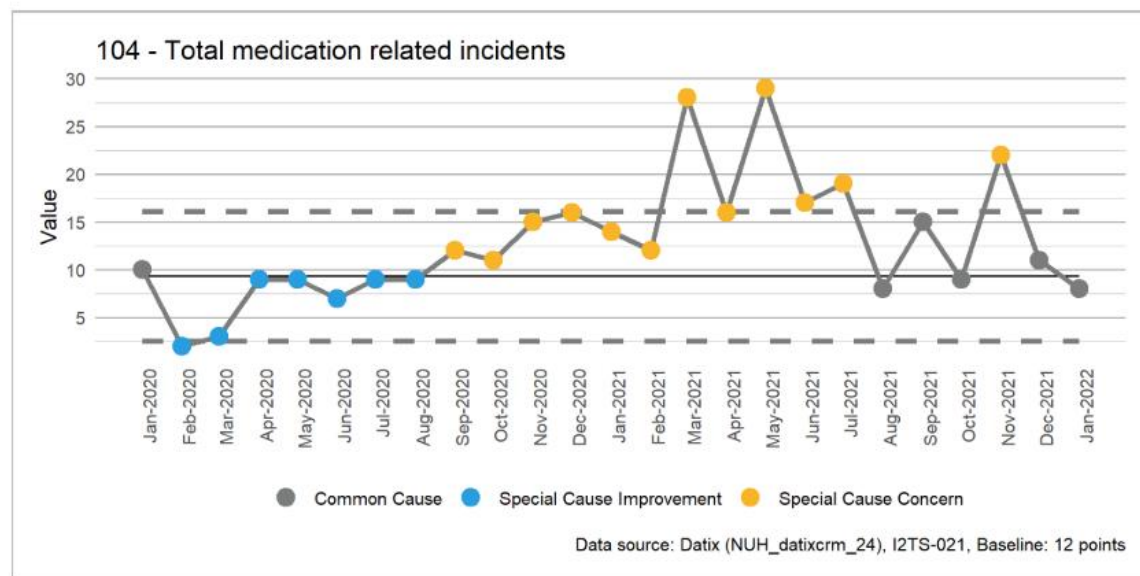
Set by
-

Actual
8



No
target

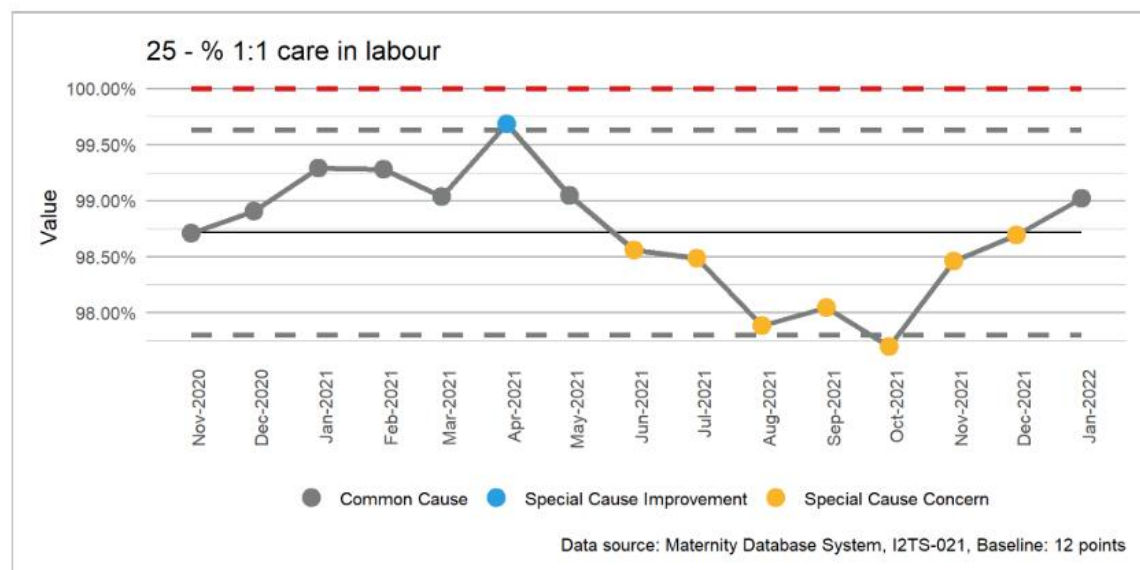




Data owner: MIP Analyst
Chart type: SPC

- 25 - % 1:1 care in labour

Updated to 31-Jan-2022 Target 100 % Set by NUH Actual 99 %



Data owner: Division Analyst
Chart type: SPC

- 109 - No: of Women where elective activity delayed or cancelled

Updated to - Target - Set by NUH Actual -

Run chart

Run chart



Status: Data not yet available. Data source to be defined. May be collected within BirthratePlus - need to find method to extract data from system.



Data owner: Maternity service
Chart type: -

Updated to Target Set by Actual Run Run



- 110 - No: of community clinics cancelled

Updated to
-

Target
-

Set by
NUH

Actual
-

Run
chart

Run
chart



Status: Data not yet available. Data source to be defined.



Data owner: Maternity service

Chart type: -

- 111 - No: of day 1 and day 5 visits delayed

Updated to
-

Target
-

Set by
NUH

Actual
-

Run
chart

Run
chart



Status: Data not yet available. Data source to be defined.



Data owner: Maternity service

Chart type: -

Service Delivery :

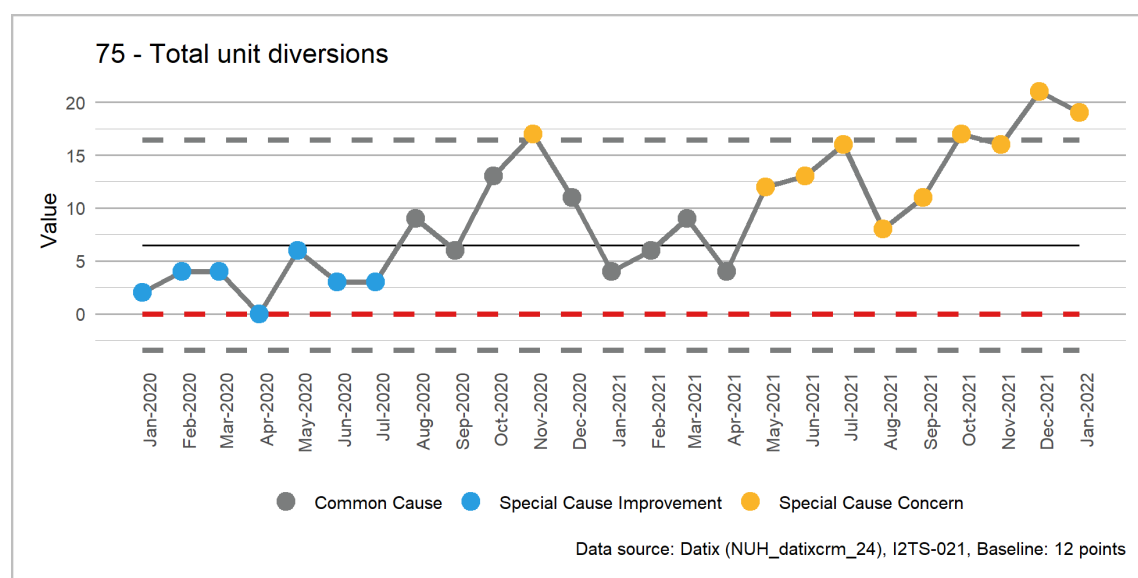
- 75 - Total unit diversions

Updated to
31-Jan-2022

Target
0

Set by
NUH

Actual
19



Data owner: MIP Analyst

Chart type: SPC

- 76 - Total unit closures

Updated to
31-Jan-2022

Target
-

Set by
-

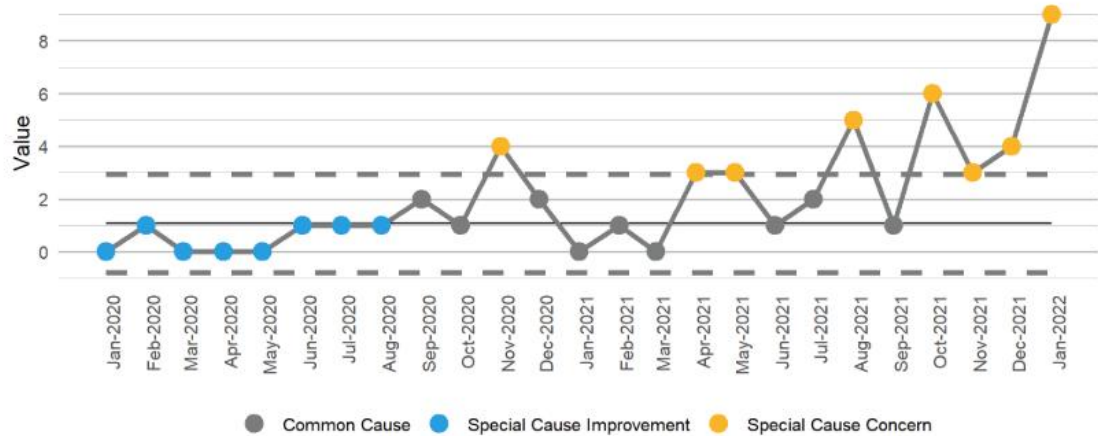
Actual
9



No
target



76 - Total unit closures



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Data owner: MIP Analyst

Chart type: SPC

- 77 - Admission to maternity unit from planned home birth

Updated to
31-Jan-2022

Target
0

Set by
NUH

Actual
0



77 - Admission to maternity unit from planned home birth



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Data owner: MIP Analyst

Chart type: SPC

Patient Experience :

- 86 - Total complaints

Updated to
31-Jan-2022

Target
-

Set by
-

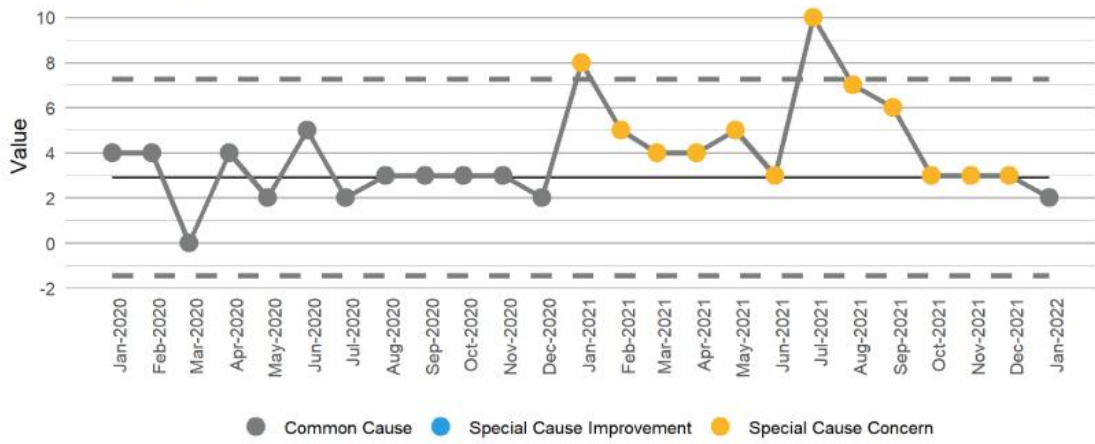
Actual
2



No
target



86 - Total complaints



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Data owner: MIP Analyst

Chart type: SPC

- 87 - Total compliments

Updated to
31-Jan-2022

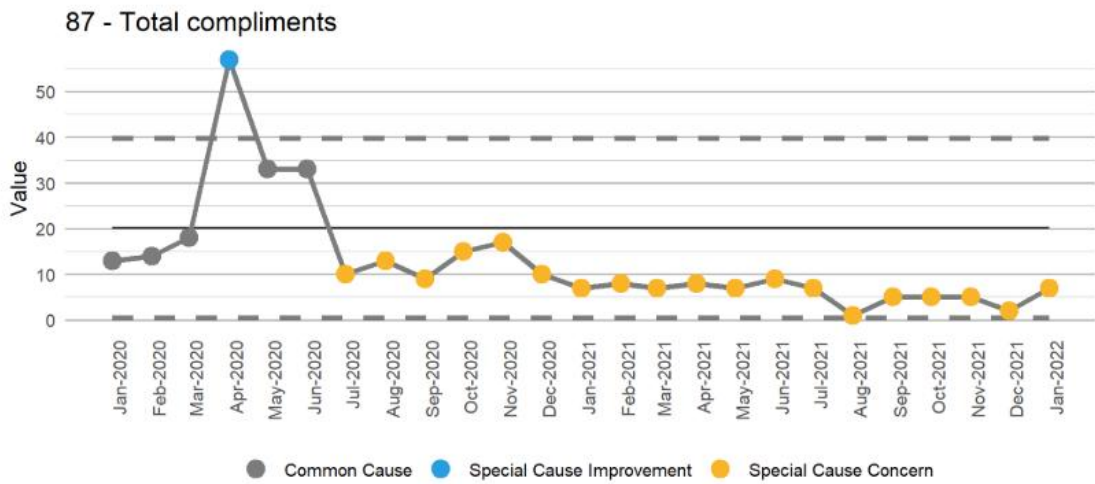
Target
-

Set by
-

Actual
7



No
target



Data source: Datix (NUH_datixcrm_24), I2TS-021, Baseline: 12 points

Data owner: MIP Analyst

Chart type: SPC

- 88 - Total concerns raised

Updated to
31-Jan-2022

Target
-

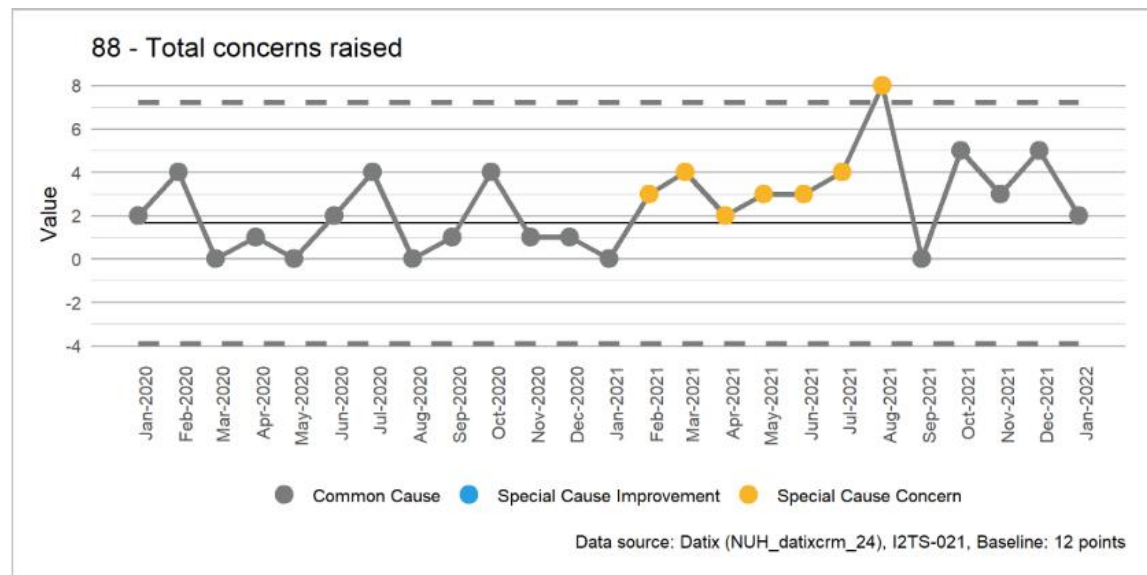
Set by
-

Actual
2



No
target





Data owner: MIP Analyst
Chart type: SPC

- 89 - FFT Rate – response target 25%

Updated to
-

Target
-

Set by
-

Actual
-

Run
chart

Run
chart



Status: Data not yet available. Discharge data not yet reflected in Envoy system, so response rate incorrectly showing as 100% for whole trust. Discharge data has been supplied to vendor for inclusion.



Data owner: TBC
Chart type: -

- 90 - FFT very good & good

Updated to
31-Jan-2022

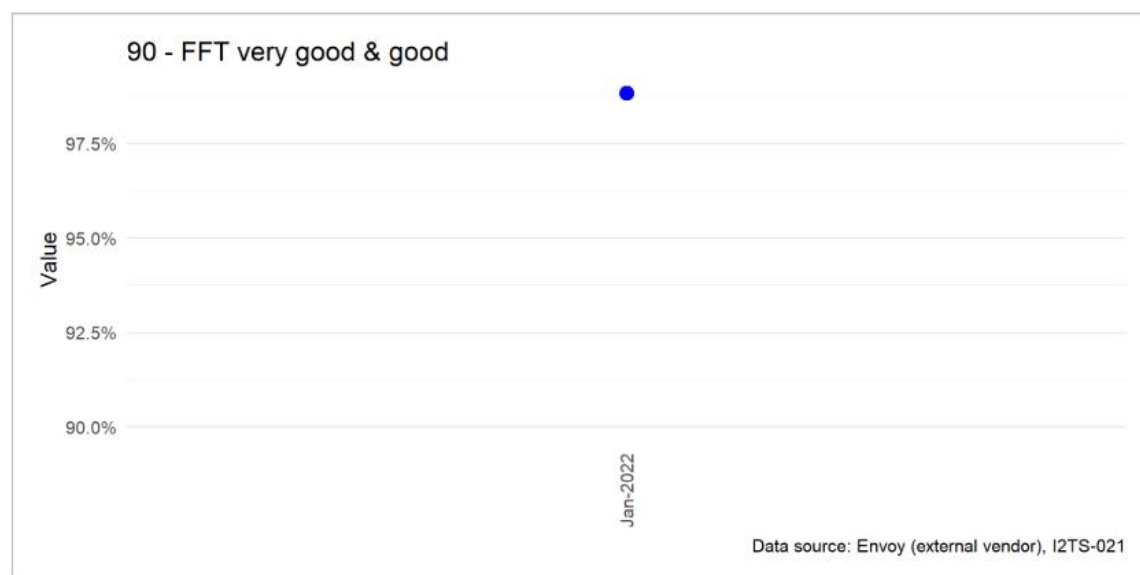
Target
90 %

Set by
NUH

Actual
98.8 %

Run
chart

Run
chart



Data owner: MIP Analyst
Chart type: Run

Public Health :

- 66 - % Smoking at booking

Updated to
31-Jan-2022

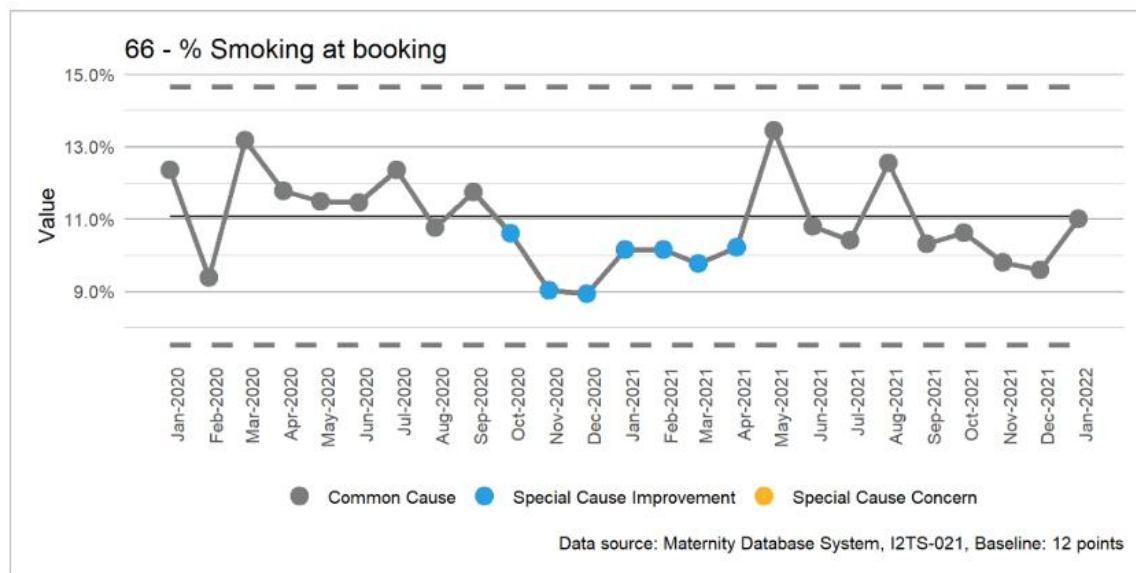
Target
-

Set by
-

Actual
11 %



No
target



Data owner: Division Analyst

Chart type: SPC

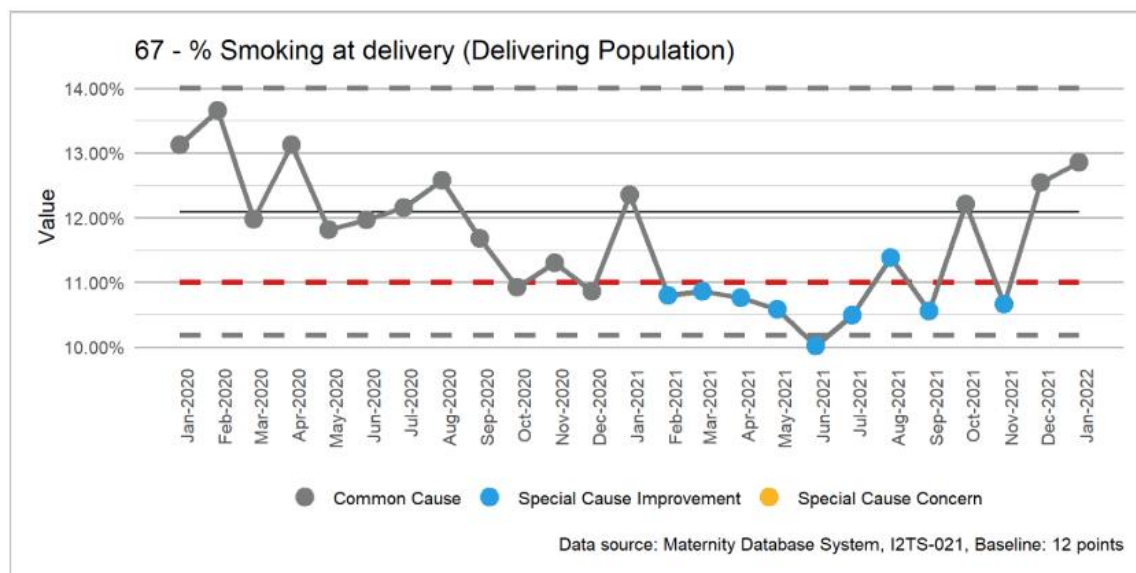
- 67 - % Smoking at delivery (Delivering Population)

Updated to
31-Jan-2022

Target
11 %

Set by
NUH

Actual
12.9 %



Data owner: Division Analyst

Chart type: SPC

- 68 - % CO monitoring completed at booking

Updated to
31-Jan-2022

Target
-

Set by
-

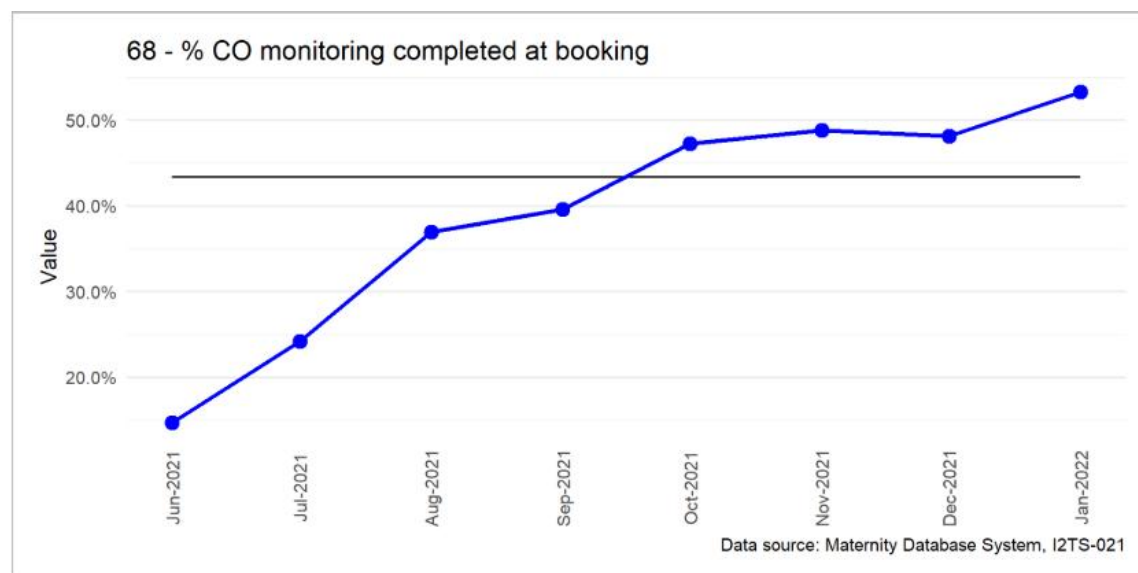
Actual
53.3 %

Run
chart

Run
chart



Status: CO Level monitoring is part of SBLCB (Saving Babies Lives Care Bundle)



Data owner: Division Analyst

Chart type: Run

- 69 - % of CO reading at 36 weeks

Updated to

Target

Set by

Actual

Run
chart

Run
chart



Status: In development. Data completeness issues with transition from SYSTMONE to Maternity Database.



Data owner: Division Analyst

Chart type: -

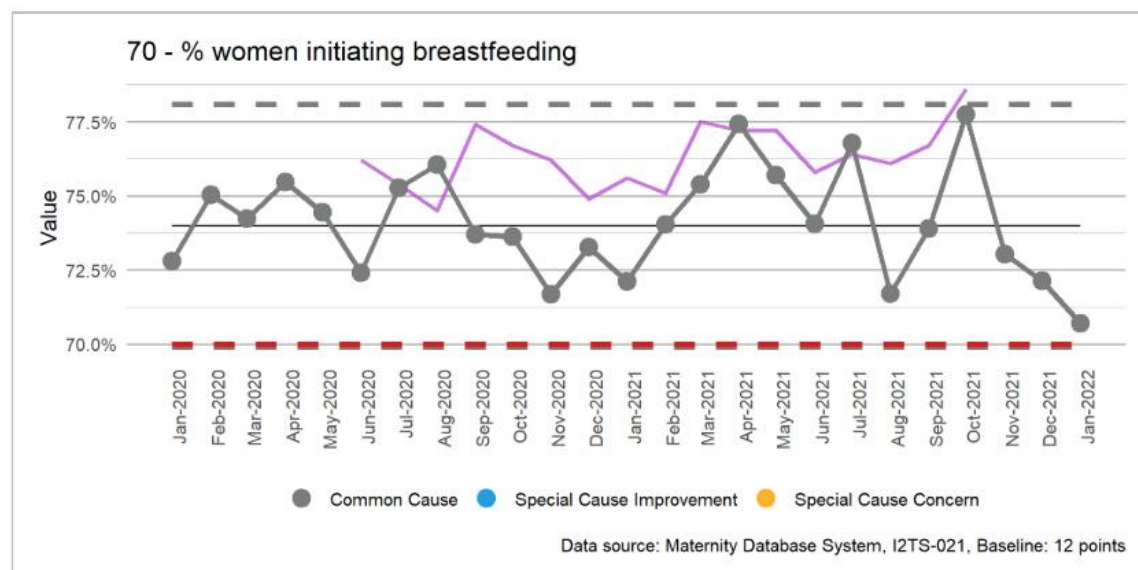
- 70 - % women initiating breastfeeding

Updated to
31-Jan-2022

Target
70 %

Set by
NUH

Actual
70.7 %



Data owner: Division Analyst

Chart type: SPC

71 - % Antenatal Bookings by 10 weeks
- gestation

Updated to
31-Jan-2022

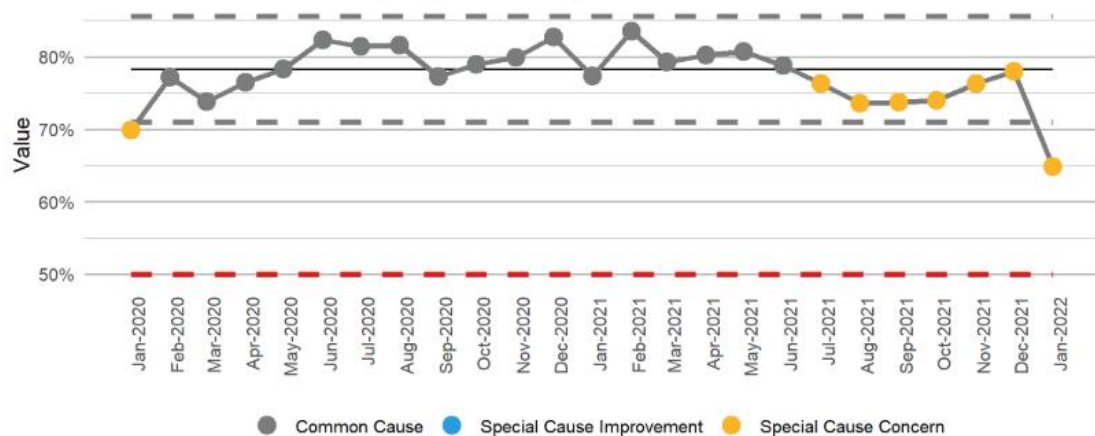
Target
50 %

Set by
NUH

Actual
64.8 %



71 - % Antenatal Bookings by 10 weeks gestation



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

72 - % Maternity Bookings (by booking date) booked by 12Wks 6 days Gestation (0-12 weeks 6 days)

Updated to
31-Jan-2022

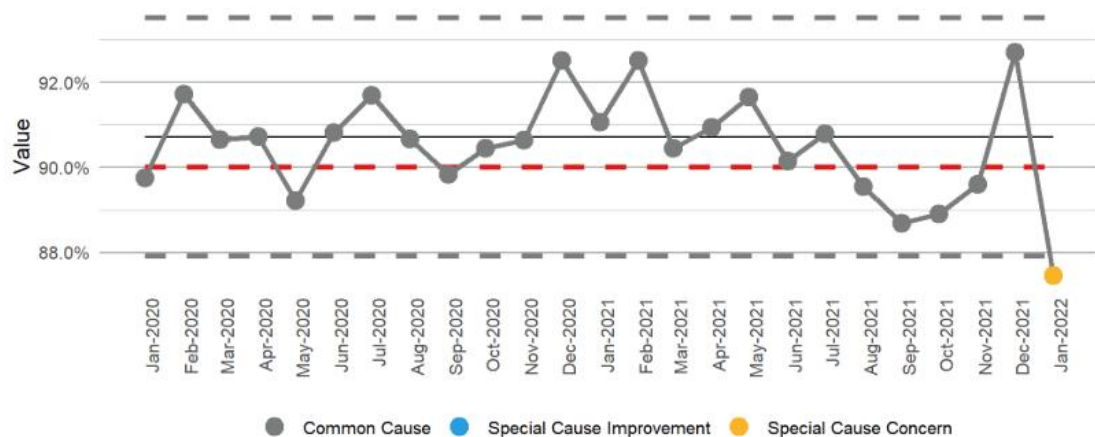
Target
90 %

Set by
NUH

Actual
87.5 %



72 - % Maternity Bookings (by booking date) booked by 12Wks 6 days Gestation (0-12 weeks 6 days)



Data source: Maternity Database System, I2TS-021, Baseline: 12 points

Data owner: Division Analyst

Chart type: SPC

73 - % Women screened for Sickle Cell/Thalassaemia by 10 weeks

Updated to
31-Dec-2020

Target
75 %

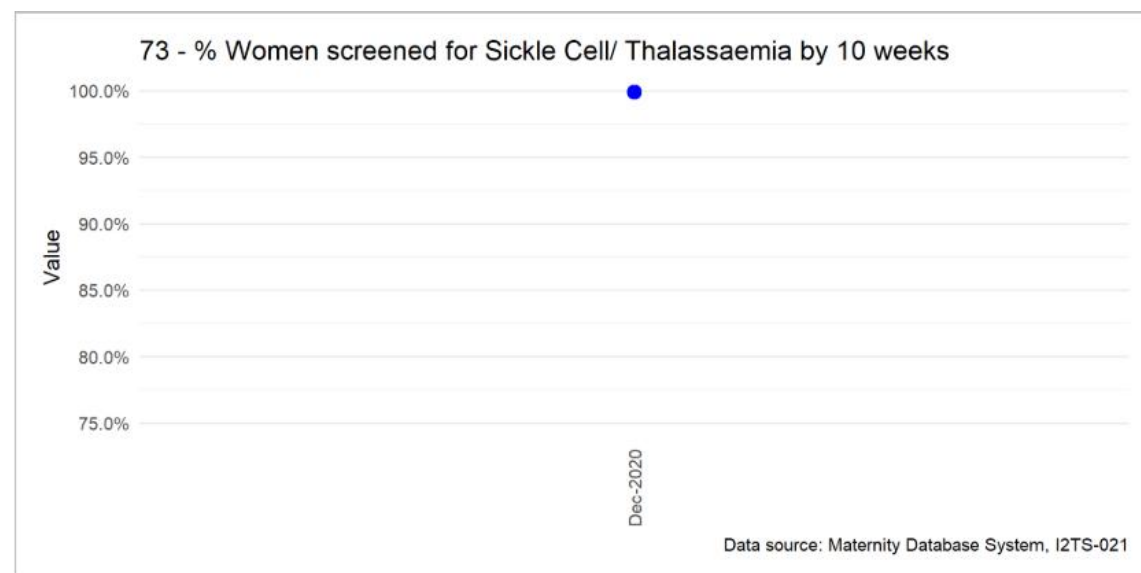
Set by
NUH

Actual
99.9 %

Run
chart

Run
chart





Data owner: Division Analyst

Chart type: Run

- 74 - % NIPE performed within 72 hours

Updated to
31-Jan-2022

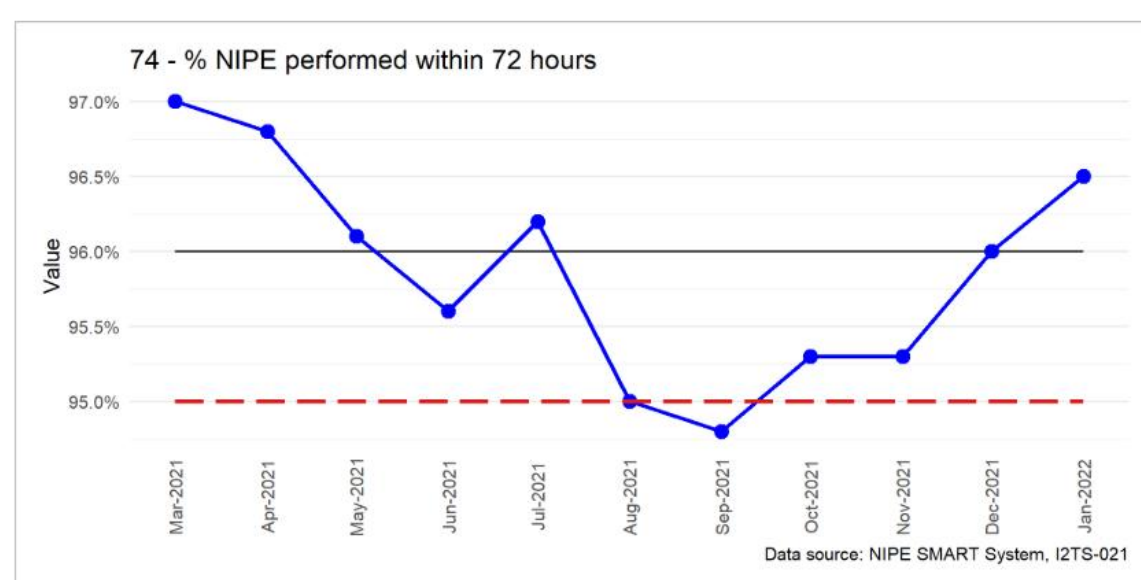
Target
95 %

Set by
NUH

Actual
96.5 %

Run
chart

Run
chart



Data owner: Screening Team (Maternity)

Chart type: Run

- 112 - % of women reported having discussion re RFM during pregnancy

Updated to
-

Target
-

Set by
NUH

Actual
-

Run
chart

Run
chart



Status: Data not yet available. This information is not collected by our current systems. We need to discuss modifying this measure in line with data that is collected, or make improvements to the system with the help of Digital Services to begin collection.



Data owner: TBC

Chart type: -

Workforce :

- 23 - Births per midwife (midwives in funded establishment)

Updated to
31-Dec-2021

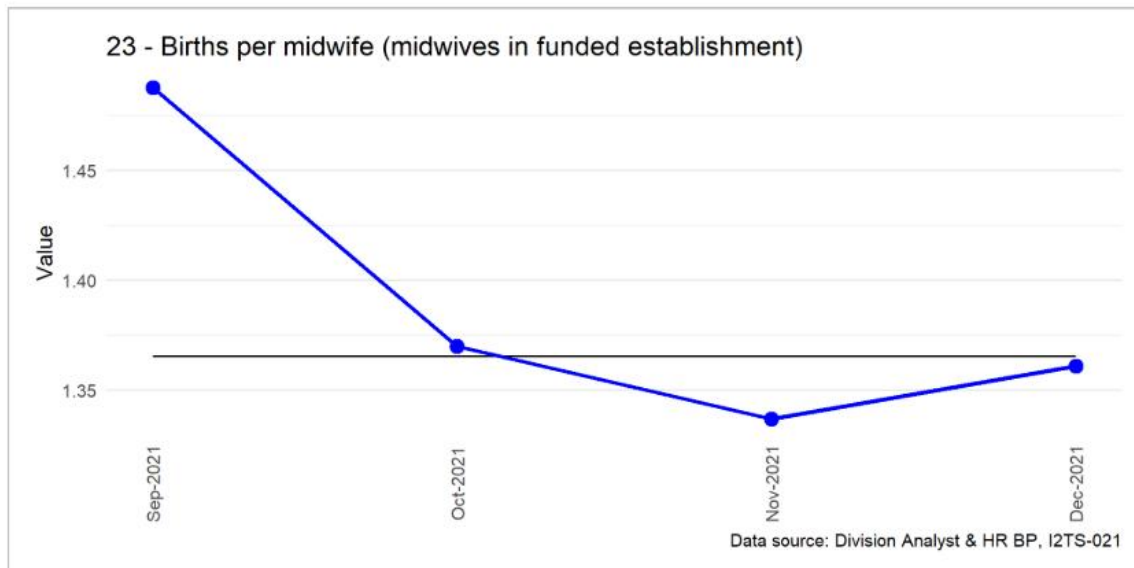
Target
-

Set by
-

Actual
1.4

Run
chart

Run
chart



Data owner: Joint

Chart type: Run

- 24 - Births per midwife (midwives in post)

Updated to
31-Dec-2021

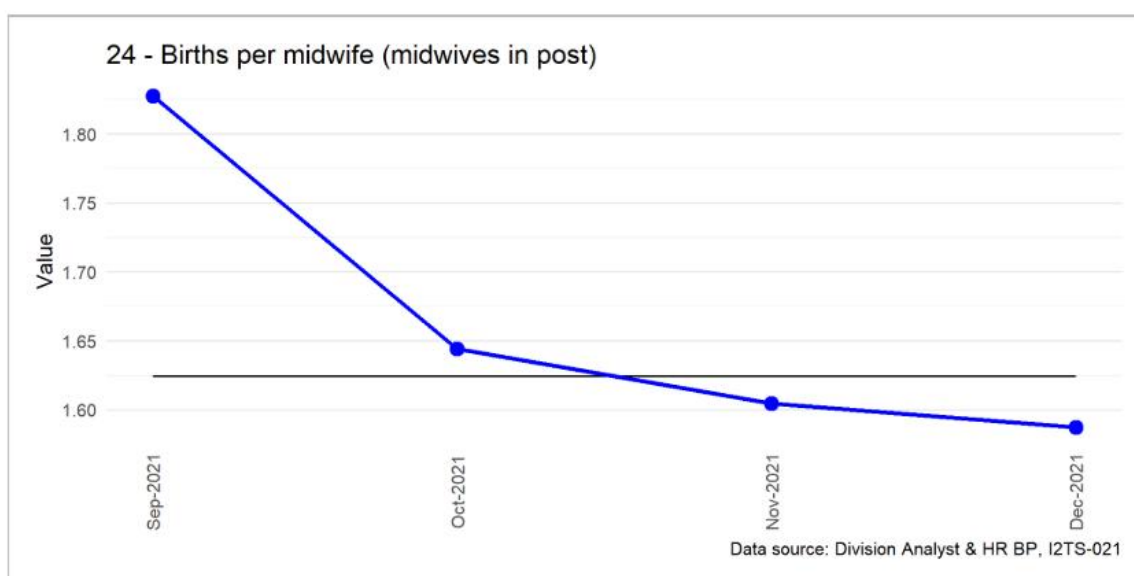
Target
-

Set by
-

Actual
1.6

Run
chart

Run
chart



Data owner: Joint

Chart type: Run

- 113 - Births per midwife (midwives in post, excluding sickness and maternity leave)

Updated to
31-Dec-2021

Target
-

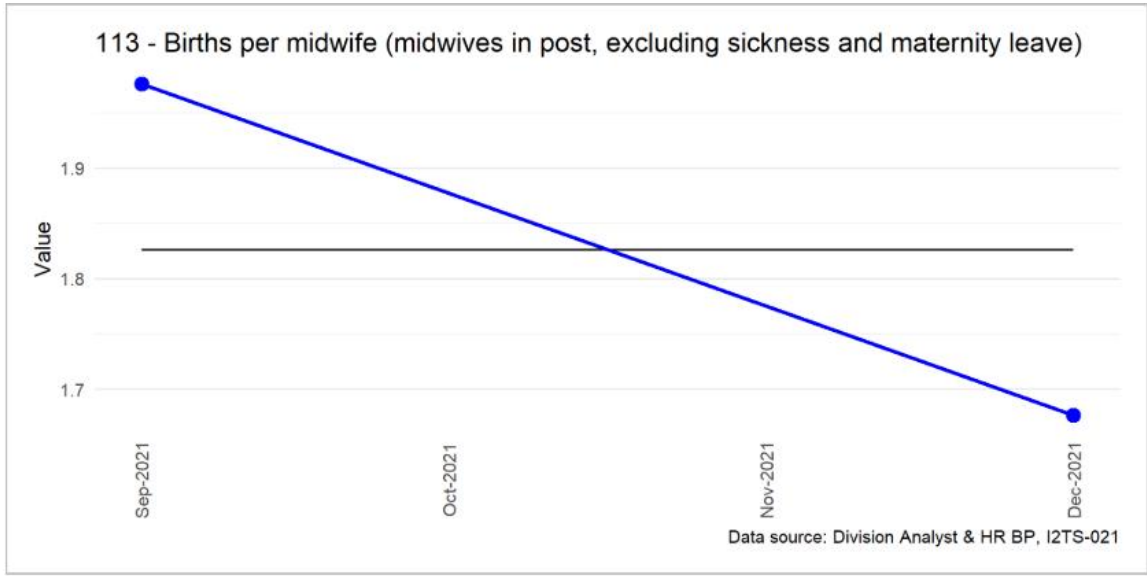
Set by
-

Actual
1.7



Run
chart

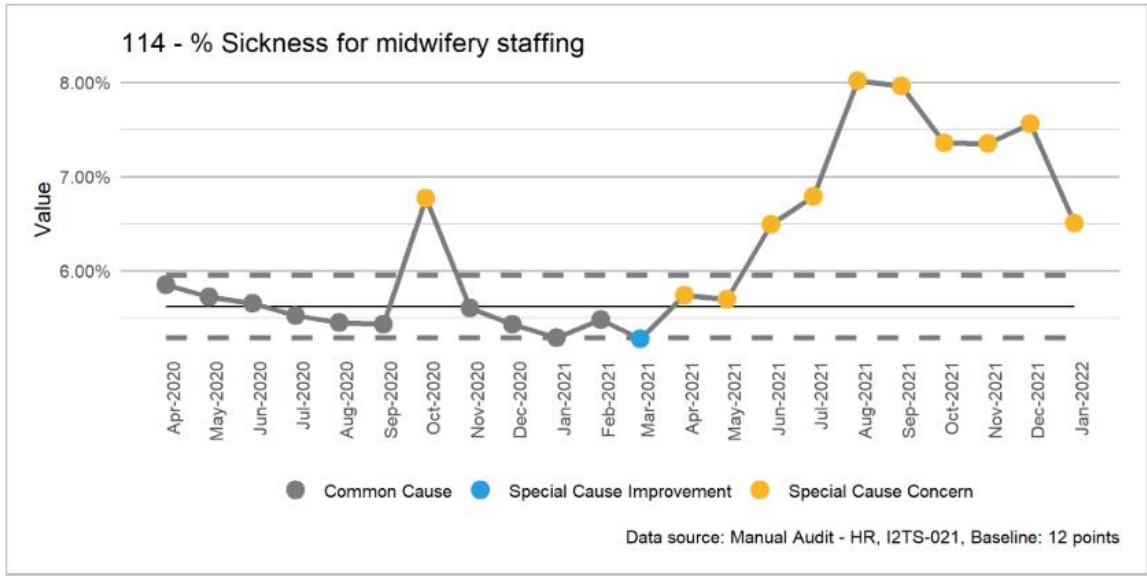
Run
chart






Data owner: Joint
Chart type: Run

- 114 - % Sickness for midwifery staffing Updated to 31-Jan-2022 Target - Set by - Actual 6.5 % No target  




Data owner: HR BP
Chart type: SPC

- 115 - % of shifts covered by temporary staffing Updated to - Target - Set by - Actual - Run chart Run chart 

Status: Data not yet available. Ownership for this measure has been transferred from HR to maternity service / maternity operations.



Data owner: Maternity Service
Chart type: -

- 116 - No: uncovered shifts Updated to Target Set by Actual Run Run 

Status: Data not yet available. Ownership for this measure has been transferred from HR to maternity service / maternity operations.



Data owner: Maternity service

Chart type: -

- 117 - % turnover of staff within maternity

Updated to
30-Sep-2021

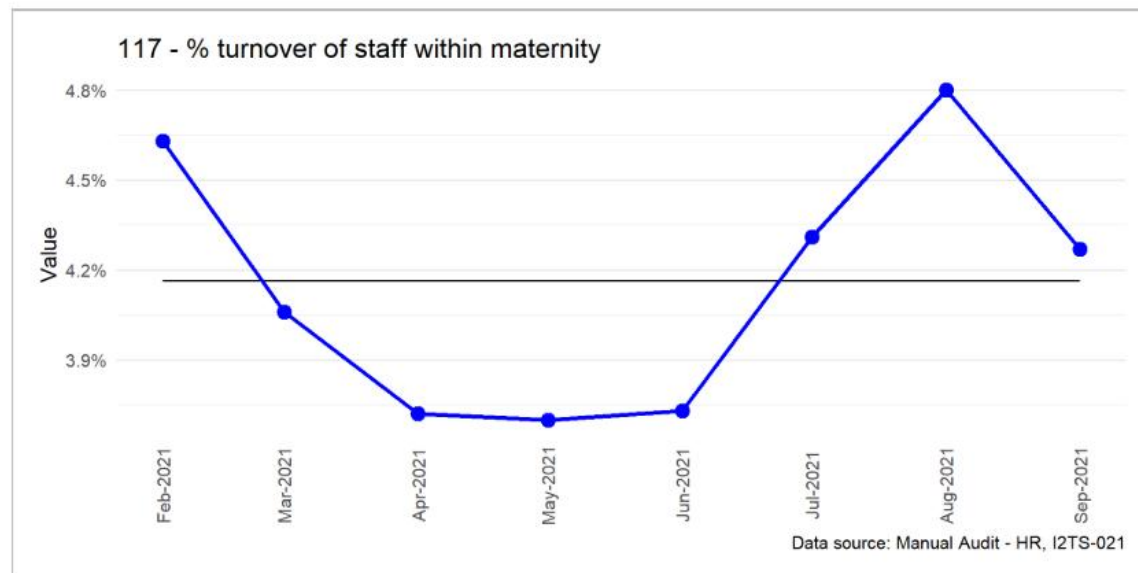
Target
-

Set by
-

Actual
4.3 %

Run
chart

Run
chart



Data owner: HR BP

Chart type: Run

- 118 - No: contacts with Freedom to Speak up Guardian

Updated to
31-Jan-2022

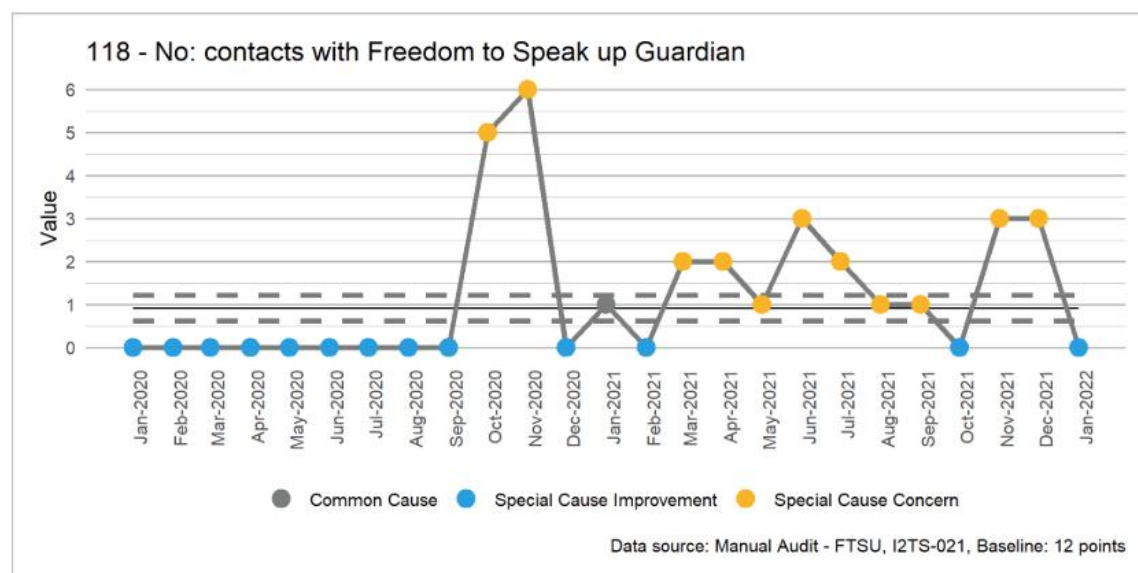
Target
-

Set by
-

Actual
0



No
target



Data owner: FTSU

Chart type: SPC

- 119 - % Compliance for appraisals

Updated to
31-Jan-2022

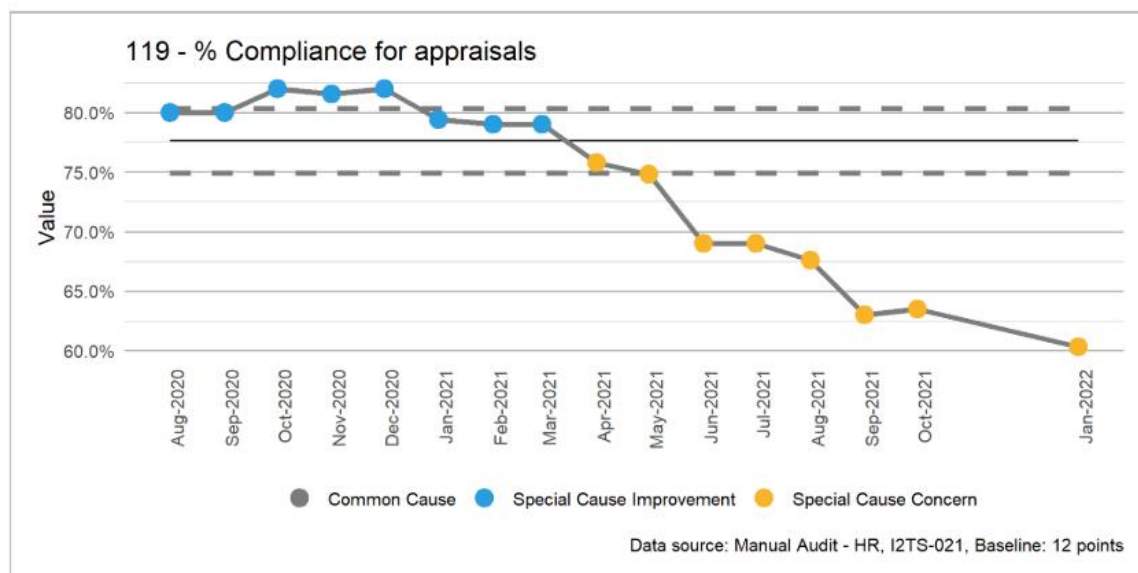
Target
-

Set by
-

Actual
60.3 %



No
target



Data owner: HR BP

Chart type: SPC

- 120 - No: formal HR investigations

Updated to
31-Jan-2022

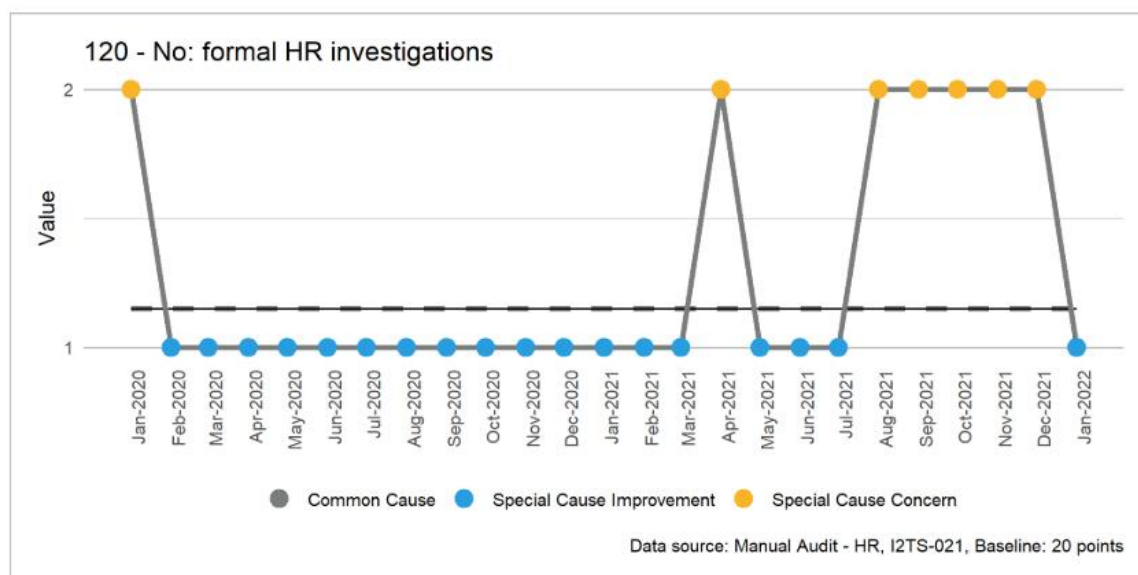
Target
-

Set by
-

Actual
1



No
target



Data owner: HR BP

Chart type: SPC

- 121 - New starters survey (Quarterly)

Updated to
-

Target
-

Set by
-

Actual
-

Run
chart

Run
chart



Status: Data not available due to change of providers. The surveys are currently being tested before going live within NUH.



Data owner: HR BP

Chart type: -

- 122 - Leavers survey (Quarterly)

Updated to

-

Target

-

Set by

-

Actual

-

Run
chart

Run
chart



Status: Data not available due to change of providers. The surveys are currently being tested before going live within NUH.



Data owner: HR BP

Chart type: -

- 123 - Staff survey engagement rate
(annual)

Updated to
31-Jul-2021

Target

-

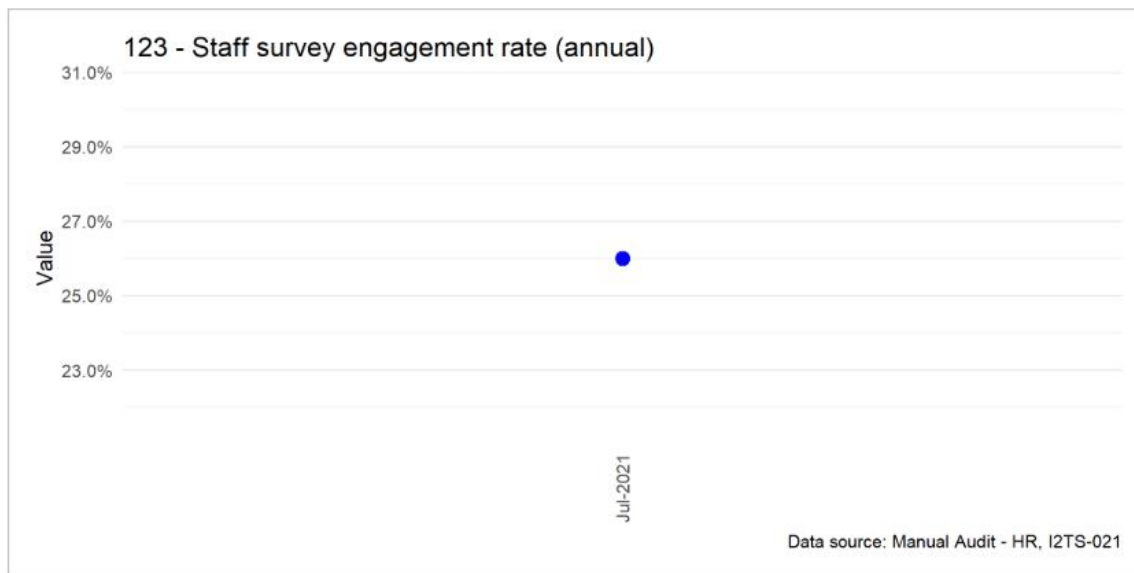
Set by

-

Actual
26 %

Run
chart

Run
chart



Data owner: HR BP

Chart type: Run

- 124 - % of staff recommending NUH as a
place to work

Updated to
30-Nov-2021

Target

-

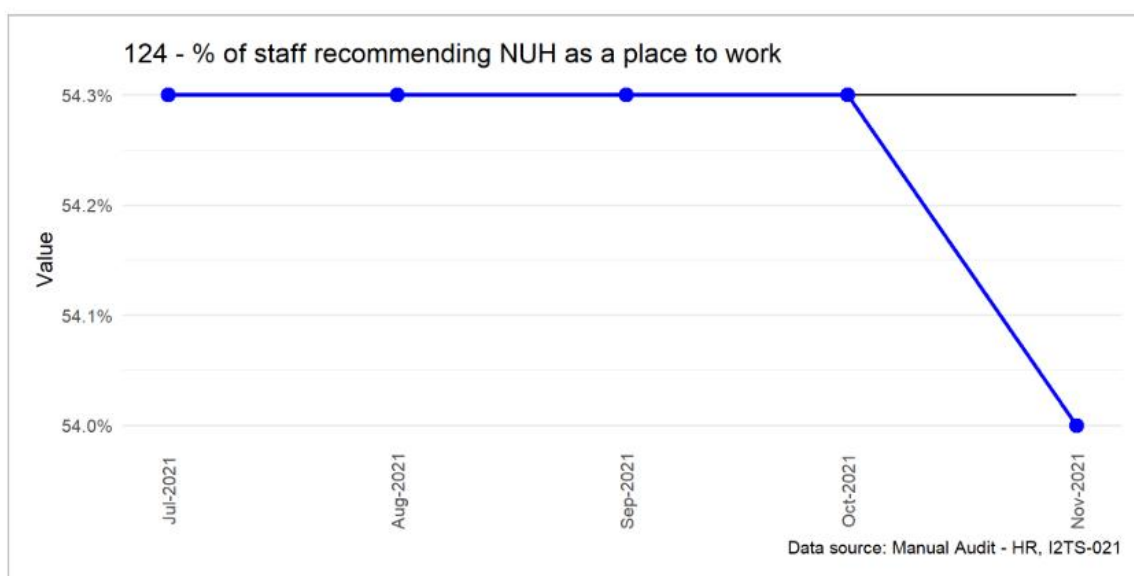
Set by

-

Actual
54 %

Run
chart

Run
chart







Data owner: HR BP

Chart type: Run

- How to read the icons used in this document




SPC Variation Icons

Used to summarise the type of variation seen in the most recent data point of a given measure.

Icons	Variation Type
	The most recent data point exhibits special cause variation (in a concerning direction). H is high, L is Low.
	The most recent data point exhibits special cause variation (in an improving direction). H is high, L is Low.
	The most recent data point exhibits special cause variation, but neither direction represents concern or improvement (ie. the measure is neutral). H is high, L is low.
	The most recent data point exhibits common cause variation (ie. naturally-occurring variation, that is not statistically significant).



SPC Assurance Icons



Used to summarise whether a measure is assured to meet a target.

Icons	Assurance Type
	The process is assured, and is likely to consistently pass the target set.
	The process is not assured, and will pass and fail the target based on variation in the process.
	The process is not assured, and is likely to consistently fail to meet the target set.

Data Quality Assurance Icon

Used to summarise the data quality for a given measure, across the four domains detailed below:

Icon	Domain	Summary	Assurance sought
	S	Sign Off and Validation	Is there a named accountable executive, who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency with executive officer oversight?
	T	Timely & Complete	Is the data available and up to date at the time of submission or publication. Are all the elements of required information present in the designated data source and no elements need to be changed at a later date?

Icon	Domain	Summary	Assurance sought
	A	Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)? Are accuracy checks built into collection and reporting processes?
	R	Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

Each domain is rated with one of three colours, as show below:

Rating	Meaning
Green	Good level of assurance for the domain
Amber	Reasonable assurance – with an action plan to move into Good
Red	Limited or no assurance for the domain - with an action plan to move into Good

Report owner: Tom Smith - Principal Analyst (Maternity Improvement) (mailto:thomas.smith5@nuh.nhs.uk?subject=Maternity%20Report%20I2TS021)

Data owners: Owners of data are listed within the details section for each measure

Report reference: I2TS-021

Commit hash: 38f7ab291b1866643cefdadf520d3ba6a66911a

Nottingham University Hospitals NHS Trust

MBRRACE-UK perinatal mortality report: 2019 births

This report concerns stillbirths and neonatal deaths among the 8,814 babies born within your Trust in 2019, EXCLUDING births before 24 weeks gestational age and all terminations of pregnancy. Neonatal deaths are reported by place of birth irrespective of where death occurred.

Perinatal mortality

Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	33	3.74	3.58 (3.01 to 4.30)	● Up to 5% higher or up to 5% lower
Neonatal	22	2.51	2.61 (1.75 to 3.80)	● Up to 5% higher or up to 5% lower
Extended perinatal	55	6.24	6.19 (5.28 to 7.73)	● Up to 5% higher or up to 5% lower

The crude mortality rate is the observed rate for your Trust and is a snapshot of mortality for births in 2019. The stabilised & adjusted mortality rate gives a more reliable estimate of the underlying mortality rate taking into account key factors known to increase the risk of stillbirth and neonatal mortality as well as the effects of chance variation, particularly where the number of deaths was small. While it is not possible to adjust for all potential risk factors, these measures do provide an important insight into the perinatal mortality for births within your Trust in 2019.

The stabilised & adjusted mortality rates for your Trust were similar to, or lower than, those seen across similar Trusts and Health Boards (see page 7 for more details). However, if the aspiration of your Trust is to seek rates comparable with the best performing countries, for example those in Scandinavia, a local review would be justified to ensure all avoidable factors have been identified and any appropriate changes to care implemented.

Important reporting issues

It is vital that complete, accurate data is reported to MBRRACE-UK. For births in 2019, we received 98% of information on key data items for the deaths which occurred within your Trust.

Deaths relating to births before 24 weeks gestational age have been reported separately as there is variation across the UK as to whether babies at this gestation are reported as a late fetal loss or a neonatal death which biases mortality rates. Please continue to ensure that all late fetal losses at 22 to 23 weeks gestational age are reported to MBRRACE-UK.

About this report

MBRRACE-UK

This report presents one element of the work of MBRRACE-UK, a collaboration led from the National Perinatal Epidemiology Unit at the University of Oxford with members from the University of Leicester (who lead the perinatal aspects of the work), University of Birmingham, Bradford Institute for Health Research, The Newcastle upon Tyne Hospitals NHS Foundation Trust and Sands (Stillbirth and neonatal death charity).

MBRRACE-UK is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, NHS Wales, the Scotland Government Health and Social Care Directorate, the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS), the States of Guernsey, the States of Jersey, and the Isle of Man Government.

Introduction

This is the seventh MBRRACE-UK perinatal mortality surveillance report produced for Trusts and Health Boards across the UK. It includes details of the late fetal losses (22⁺⁰ to 23⁺⁶ weeks gestational age), stillbirths and neonatal deaths for births that occurred in your Trust in 2019, as well as background information on all births. Neonatal deaths are reported by place of birth, irrespective of where the death occurred, as denominator data on the place of care is not available for all births.

Methods

Deaths were reported to MBRRACE-UK by the Trust or Health Board where the death occurred. The information about births was obtained from routine sources – the Office for National Statistics (ONS), Personal Demographics Service (PDS), National Records of Scotland (NRS), Information Services Division (ISD), Northern Ireland Maternal and Child Health (NIMACH), States of Guernsey Health and Social Services Department, and States of Jersey Health Intelligence Unit. Home births are reported where the birth was registered via a Trust or Health Board. Births and deaths are attributed according to the configuration of Trusts and Health Boards on 1 September 2020.

Deaths from all causes except termination of pregnancy are reported, including those resulting from congenital anomalies. The information in this report may not match other local or national reported rates as births before 24 weeks gestational age have been excluded from most tables due to differences in reporting by Trusts and Health Boards. Further details on the methods we have used are available from the [MBRRACE-UK website](#).

Nationally recommended actions

Trusts and Health Boards whose mortality rates are marked ● or ● should carry out an initial investigation of their data quality and possible contributing local factors that might explain the high rate. Irrespective of where they fall in the spectrum of national performance all Trusts and Health Boards should use the national PMRT to review all their stillbirths and neonatal deaths.

Definitions

<i>Late fetal loss:</i>	A baby delivered between 22 ⁺⁰ and 23 ⁺⁶ weeks gestational age showing no signs of life, irrespective of when the death occurred.
<i>Stillbirth:</i>	A baby delivered at or after 24 ⁺⁰ weeks gestational age showing no signs of life, irrespective of when the death occurred.
<i>Neonatal death:</i>	A live born baby who died before 28 completed days after birth.
<i>Extended perinatal death:</i>	A stillbirth or neonatal death.

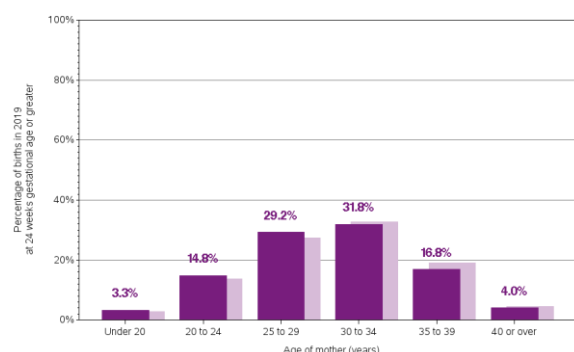
Your births

■ Your Trust □ UK-wide

Age of mother

The proportion of mothers aged 35 years old or older was lower than that of the UK as a whole: 20.9% versus 23.5%.

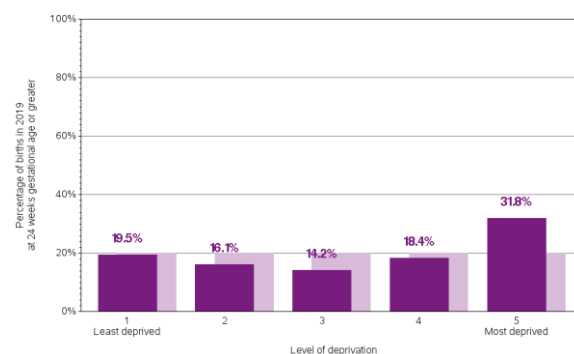
In the national MBRRACE-UK Perinatal Mortality Surveillance Report it was shown that mortality rates were higher for babies born to mothers under 25 and over 34 years of age compared to mothers aged from 25 to 34 years old.



Socio-economic deprivation

This graph shows the distribution of births by level of deprivation, based on the postcode of the mother's residence and using the [Children in Low-Income Families Local Measure](#).

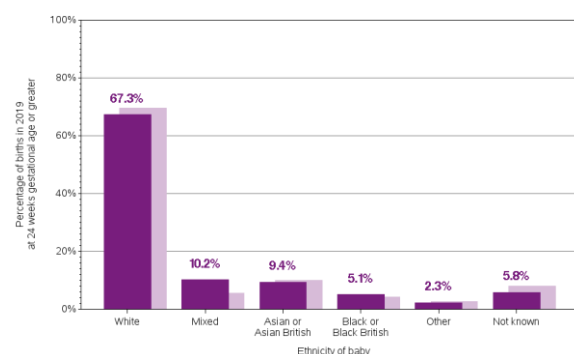
The mothers giving birth in your Trust were considerably more likely to live in areas of high deprivation than those giving birth across the UK as a whole.



Ethnicity of baby

In general, the ethnicity of the babies born in your Trust was similar to that of the UK as a whole.

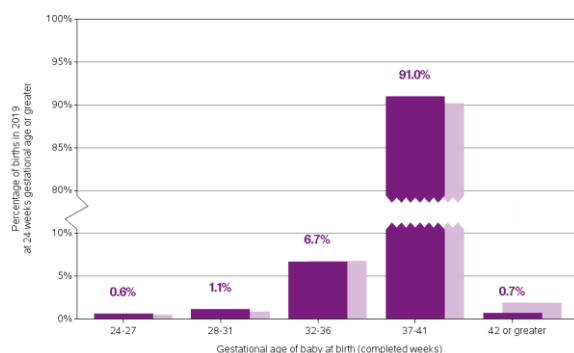
However, for 5.8% of your births the baby's ethnicity was reported as not known. This information is dependent on the accurate coding of babies' ethnicity within the routine reporting of all births.



Gestational age

In your Trust, 49 babies (0.6%) were born at 24 to 27 weeks gestational age, similar to the 0.4% seen in the UK as a whole. The percentage of babies born at 28 to 31 weeks was also similar to the national average: 1.1% versus 0.9%.

In addition, 57 babies (0.7%) were born post-term (42 weeks or greater), a lower percentage than the UK average of 1.9%.



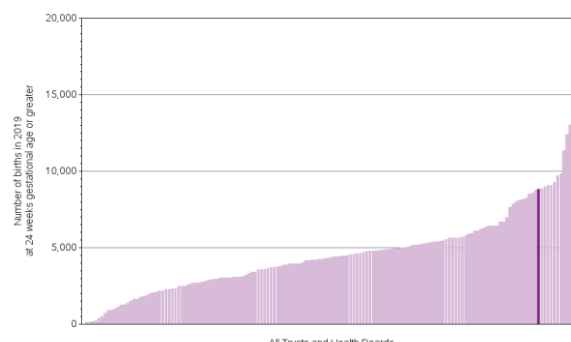
Your births *continued*

■ Your Trust □ UK-wide

Number of births

There were 8,814 births in your Trust at 24 weeks gestational age or later, excluding terminations of pregnancy.

The purple line in the graph opposite shows that the number of births in your Trust puts you in the highest third of all Trusts and Health Boards in the UK.



Percentage of births taking place in your Trust by commissioning organisation

The table below provides the percentage and number of births in your Trust at 24 weeks gestational age or later from each of the commissioning organisations for which over 1% of their births at 24 weeks gestational age or later occurred within your Trust. These organisations are Clinical Commissioning Groups (CCGs) in England, Health Boards in Scotland and Wales and Local Commissioning Groups (LCGs) in Northern Ireland.

In total, the births from these organisations accounted for 99.5% of your births at 24 weeks gestational age or later in 2019.

Commissioning organisation	% Births (N)	Commissioning organisation	% Births (N)
1. NHS Nottingham City CCG	99.6% (3795)	2. NHS Rushcliffe CCG	97.7% (1000)
3. NHS Nottingham North and East CCG	96.3% (1470)	4. NHS Nottingham West CCG	95.8% (995)
5. NHS Newark and Sherwood CCG	18.7% (202)	6. NHS South West Lincolnshire CCG	17.3% (184)
7. NHS Derby and Derbyshire CCG	6.7% (674)	8. NHS West Leicestershire CCG	5.0% (189)
9. NHS East Leicestershire and Rutland CCG	4.6% (143)	10. NHS Mansfield and Ashfield CCG	3.9% (83)
11. NHS Lincolnshire West CCG	1.4% (31)		

Your perinatal deaths

Deaths of babies born within your Trust

The crude mortality rates reported here are for babies born within your Trust, excluding births before 24 weeks gestational age and all terminations of pregnancy, together with the equivalent UK-wide rates.

These rates are subject to random variation, especially when the number of deaths is small. Stabilised & adjusted mortality rates are presented on page 7 which provide more reliable estimates of the underlying (long-term) mortality rates for your Trust.

Rates per 1,000 births		Stillbirths			Neonatal Deaths		Extended perinatal deaths
		Antepartum	Intrapartum	Unknown	Early	Late	
Your Trust	Rate (N)	3.5 (31)	0.1 (1)	0.1 (1)	1.6 (14)	0.9 (8)	6.2 (55)
UK-wide	Rate	3.0	0.3	0.1	1.1	0.5	5.0

The rates of extended perinatal death are shown below for your Trust by gestational age at delivery. Equivalent UK-wide rates are also shown for comparison.

Rates per 1,000 births		Extended perinatal deaths by gestational age				
		24 ⁺⁰ – 27 ⁺⁶	28 ⁺⁰ – 31 ⁺⁶	32 ⁺⁰ – 36 ⁺⁶	37 ⁺⁰ – 41 ⁺⁶	≥ 42 ⁺⁰
Your Trust	Rate (N)	306.1 (15)	118.3 (11)	14.1 (8)	2.6 (20)	17.5 (1)
UK-wide	Rate	325.0	97.2	18.9	1.8	1.1

Cause of death

The tables below describe the cause of death reported to MBRRACE-UK for stillbirths which occurred in your Trust and for neonatal deaths of babies who were born in your Trust. They are listed by the primary categories of the 'Cause Of Death & Associated Conditions' (CODAC) system of death classification.

Congenital anomaly is reported as the cause of death for all deaths where a congenital anomaly is coded as either the primary cause of death or an associated condition.

In your Trust, 63.6% of stillbirths were reported as having an Unknown or Missing cause of death, which is higher than the UK average. In order to ensure accurate, consistent reporting using the CODAC system of death classification, Trust and Health Board Perinatal Review groups should focus on the quality of cause of death coding.

			Infection	Neonatal	Intra-partum	Congenital anomaly	Fetal
Stillbirths	Your Trust	% (N)	3.0% (1)	3.0% (1)	0.0% (0)	0.0% (0)	0.0% (0)
	UK-wide	%	3.9%	1.6%	1.3%	9.3%	3.9%
Neonatal Deaths	Your Trust	% (N)	4.5% (1)	54.5% (12)	0.0% (0)	18.2% (4)	4.5% (1)
	UK-wide	%	8.7%	40.3%	2.2%	35.1%	3.1%

			Cord	Placental	Maternal	Unknown	Missing
Stillbirths	Your Trust	% (N)	0.0% (0)	30.3% (10)	0.0% (0)	51.5% (17)	12.1% (4)
	UK-wide	%	5.3%	33.4%	3.9%	31.5%	5.9%
Neonatal Deaths	Your Trust	% (N)	0.0% (0)	4.5% (1)	0.0% (0)	9.1% (2)	4.5% (1)
	UK-wide	%	0.3%	2.3%	0.7%	5.1%	2.0%

Your perinatal deaths *continued*

Place of neonatal death by gestational age

In the table below, information is shown that differentiates between the neonatal deaths of live born babies who were born and subsequently died within your Trust and those who were born within your Trust but died elsewhere. The percentage and number of babies in each group is shown by gestational age at birth.

Place of Death		Gestational group				
		24 ⁺⁰ – 27 ⁺⁶	28 ⁺⁰ – 31 ⁺⁶	32 ⁺⁰ – 36 ⁺⁶	37 ⁺⁰ – 41 ⁺⁶	≥ 42 ⁺⁰
Within your Trust	% (N)	100% (5)	100% (5)	100% (2)	90% (9)	(0)
Outside your Trust	% (N)	0% (0)	0% (0)	0% (0)	10% (1)	(0)

Post-mortem

The percentage of stillbirths and neonatal deaths for which parents were offered a post-mortem examination is given below, differentiating between those who were born and subsequently died within your Trust and those who were born within your Trust but died elsewhere.

For births within your Trust, a post-mortem was offered for 97% of stillbirths and 100% of neonatal deaths, compared with 98% and 88% UK-wide.

Place of Death		Post-mortem offered (as % of deaths)	
		Stillbirths	Neonatal Deaths
Within your Trust	% (n/N)	97% (32/33)	100% (21/21)
Outside your Trust	% (n/N)		100% (1/1)
UK-wide	%	98%	88%

The percentage of post-mortems offered or for which consent was obtained and where the cause of death was reported to MBRRACE-UK as Unknown is shown below. You are encouraged to update the reported cause of death on the MBRRACE-UK data reporting system once the post-mortem results are known.

		Post-mortem	
		Offered	Consent obtained
Unknown cause of death	% (N)	100% (19/19)	42% (8/19)

Babies born at 22 to 23 weeks gestation

It is vital for MBRRACE-UK to be able to present perinatal mortality rates from 22 weeks gestational age onwards, as recommended by the World Health Organization, in order that UK rates can be compared internationally. As there is no statutory registration of late fetal losses at 22 and 23 weeks gestational age, it is vital that your Trust ensures that there is a rigorous system for reporting these deaths to MBRRACE-UK.

The number of late fetal losses at 22 and 23 weeks gestational age reported by your Trust for babies born in 2019 was 7. Please continue to review this information in order to ensure that all late fetal losses are reported to MBRRACE-UK.

		Deaths at 22 ⁺⁰ to 23 ⁺⁶ weeks gestational age	
		Late fetal losses	Neonatal deaths
Your Trust	N	7	7

Your perinatal deaths *continued*

Comparisons with similar Trusts, Health Boards and the UK average

The mortality rates are reported for babies born within your Trust at 24 weeks gestational age or later, excluding terminations of pregnancy. A 'crude' rate and a 'stabilised & adjusted' rate are presented for stillbirths, neonatal deaths and extended perinatal deaths. The **crude mortality rate** is the number of deaths for every 1,000 births (or 1,000 live births for neonatal mortality) and is a snapshot of mortality for your organisation for births in 2019. However, this can be misleading as a measure of the underlying (or long-term) mortality rate due to chance variation and differences between Trusts and Health Boards in the proportion of high risk pregnancies.

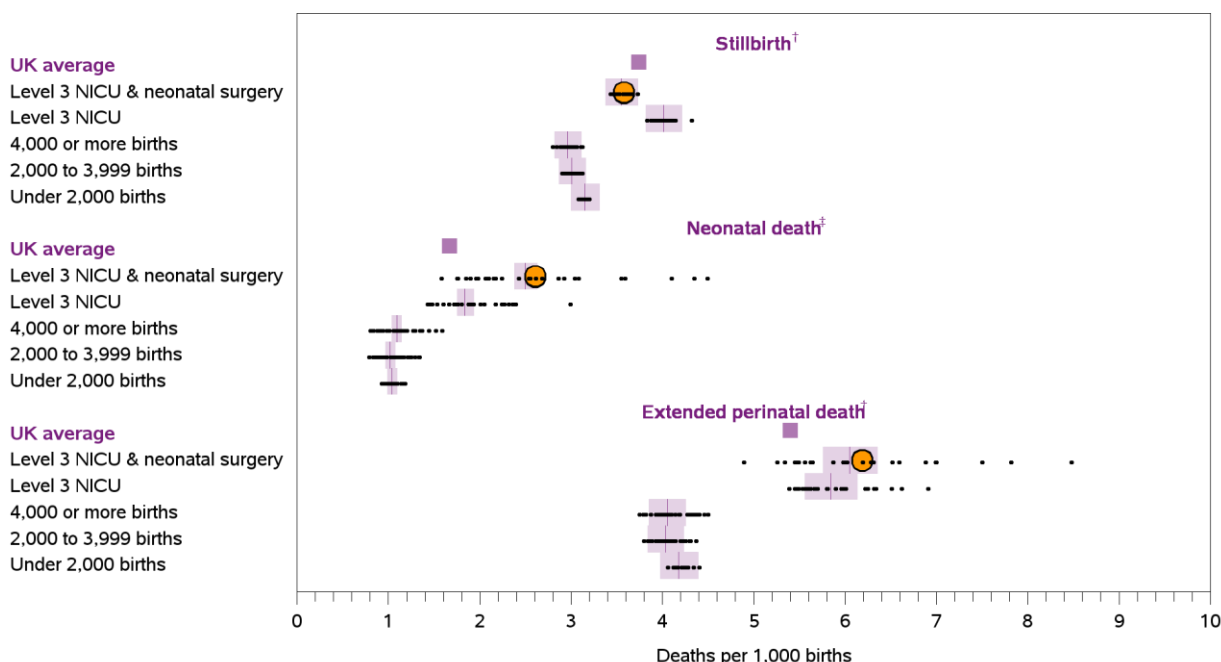
The **stabilised & adjusted mortality rate** is also reported which provides a more reliable estimate of the underlying mortality rate, accounting for mother's age, socio-economic deprivation, baby's sex and ethnicity, multiplicity, and (for neonatal deaths only) gestational age at birth. In addition, to account for the wide variation in case-mix, all Trusts and Health Boards have been classified hierarchically into five comparator groups: (i) Level 3 Neonatal Intensive Care Unit (NICU) and surgical provision (units routinely accepting for birth babies with a known congenital anomaly likely to require surgery in the neonatal period); (ii) Level 3 NICU; (iii) 4,000 or more births per annum at 22 weeks or later; (iv) 2,000-3,999 births per annum at 22 weeks or later; (v) under 2,000 births per annum at 22 weeks or later. **Your Trust has been included in the comparator group with a Level 3 NICU and neonatal surgical provision.**

	Mortality rate per 1,000 births [§] (95% confidence interval)					
	Stillbirth [†]		Neonatal [‡]		Extended perinatal [†]	
Crude	3.74		2.51		6.24	
Stabilised & adjusted [°]	3.58	(3.01 to 4.30)	2.61	(1.75 to 3.80)	6.19	(5.28 to 7.73)

[§] excluding terminations of pregnancy and births <24th; [†] per 1,000 total births; [‡] per 1,000 live births.

Your estimated stabilised & adjusted mortality rate for each type of death has been compared with the average mortality rate for Trusts and Health Boards in the same comparator group and is shown below as a circle:

- more than 15% lower than the average for the group
- more than 5% and up to 15% lower than the average for the group
- up to 5% higher or up to 5% lower than the average for the group
- more than 5% higher than the average for the group

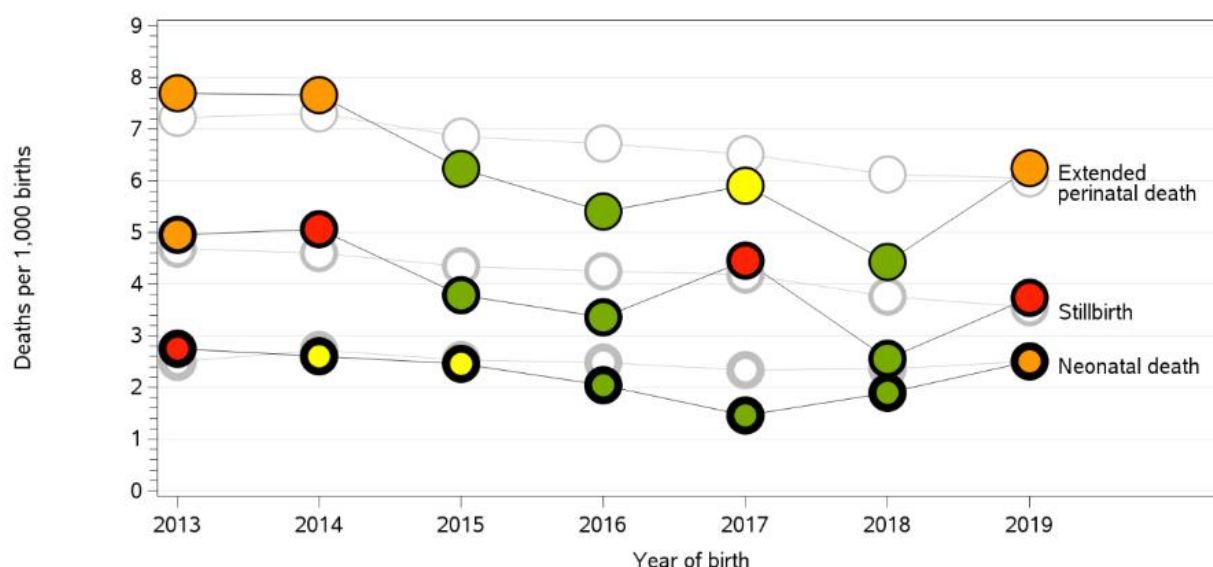


Mortality rates over time

Crude mortality by year of birth

Crude mortality rates for each type of death compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth.

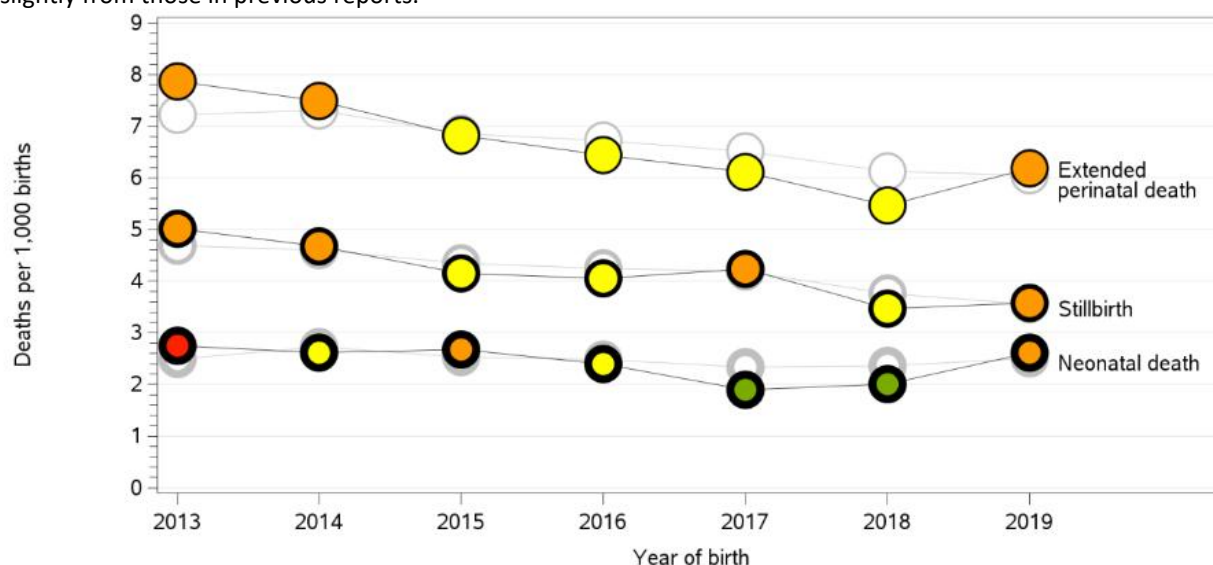
Due to updates to the data, these results might differ slightly from those in previous reports.



Stabilised & adjusted mortality by year of birth

Stabilised & adjusted mortality rates for each type of death compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth.

Due to updates to the data and improvements to the statistical methodology used, these results might differ slightly from those in previous reports.



Data reporting

Completeness of key data items for DEATHS AT YOUR TRUST

The tables below provide details of completeness for key items in the data collection form. While the rest of this report concerns babies born within your Trust, these tables show the overall completeness of data for **deaths at your Trust no matter where they were born**. The percentage of data reported is given for each item, together with a coloured diamond denoting the level of completeness:

- ◆ less than 70.0% complete
- ◆ 70.0% to 84.9% complete
- ◆ 85.0% to 96.9% complete
- ◆ 97.0% to 99.9% complete
- ◆ 100% complete

These data items have been assessed as they are all readily available and essential to the accurate reporting of extended perinatal mortality for your Trust. For those items scoring red, orange or yellow it is essential that completeness is improved. Achieving this may well require collaboration with receiving and referring units.

Mother's details		Completeness	
Name		100.0%	◆
	UK-wide	100.0%	
Postcode of residence		100.0%	◆
	UK-wide	99.9%	
Ethnicity		91.5%	◆
	UK-wide	95.8%	
Age		100.0%	◆
	UK-wide	100.0%	

Birth		Completeness	
Type of onset of labour		100.0%	◆
	UK-wide	99.3%	
Actual place of birth		100.0%	◆
	UK-wide	99.5%	
Date and time of birth		94.9%	◆
	UK-wide	98.9%	
Final mode of birth		100.0%	◆
	UK-wide	99.8%	

Booking and antenatal care [†]		Completeness	
Smoking		94.9%	◆
	UK-wide	96.5%	
Body mass index		100.0%	◆
	UK-wide	100.0%	
Intended type of care at booking		100.0%	◆
	UK-wide	98.3%	
Estimated date of delivery		96.6%	◆
	UK-wide	97.0%	

Baby's outcome		Completeness	
Date death confirmed [‡]		100.0%	◆
	UK-wide	99.3%	
Whether alive at onset of care [‡]		96.8%	◆
	UK-wide	96.1%	
Whether admitted to NNU [§]		100.0%	◆
	UK-wide	99.8%	
Main cause of death		91.5%	◆
	UK-wide	95.3%	

Baby's characteristics		Completeness	
Birth weight		98.3%	◆
	UK-wide	99.0%	
Gestational age at birth		100.0%	◆
	UK-wide	99.2%	

[†] excluding mothers reported as never booked; [‡] this data item is collected for stillbirths only; [§] this data item is collected for neonatal deaths only.

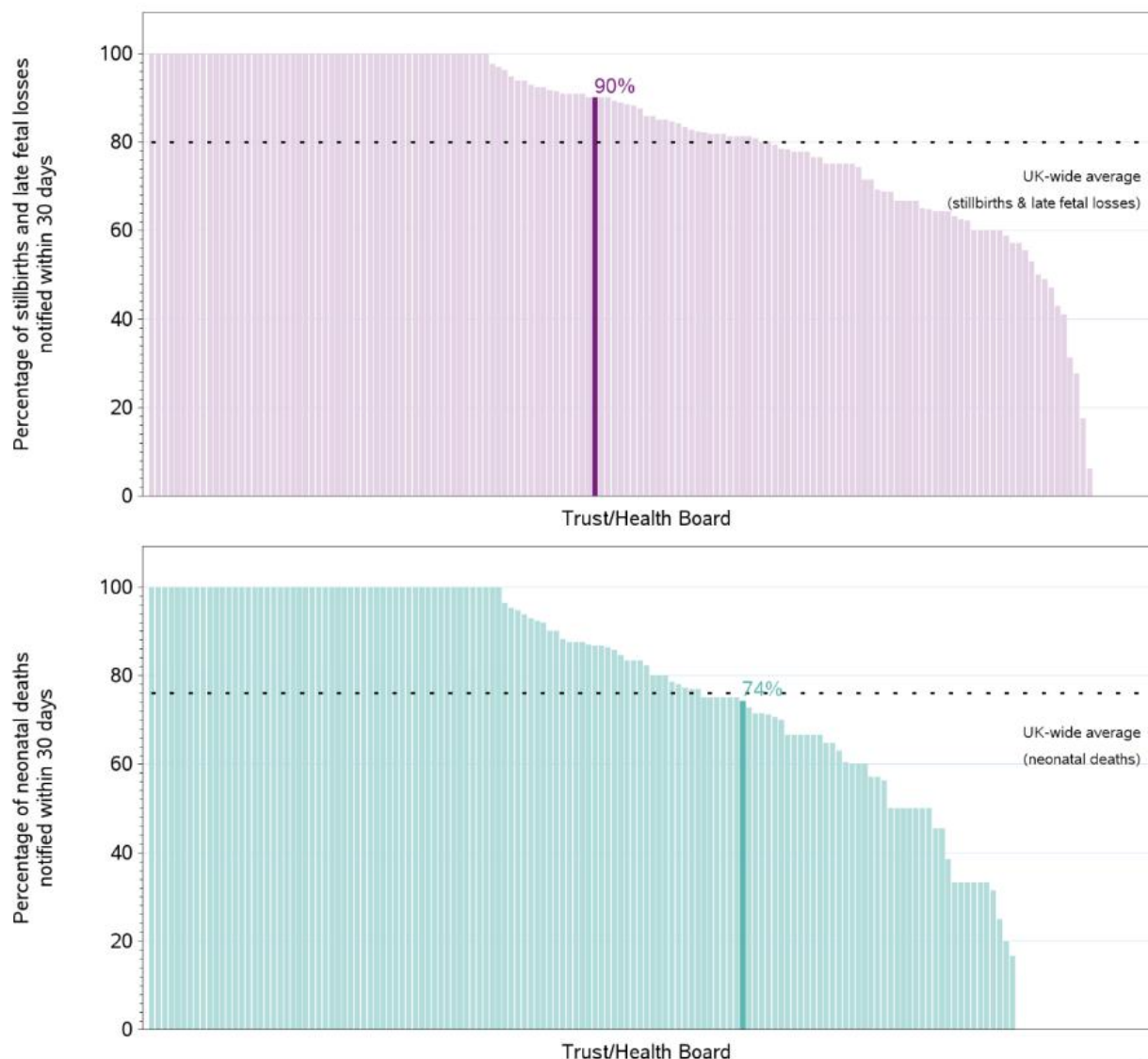
Data reporting *continued*

Percentage of deaths notified by your Trust within 30 days

The MBRRACE-UK timeliness benchmarks for the notification of deaths and completion of surveillance data for this period were:

- 1) All deaths should be **notified** to MBRRACE-UK within 30 days of the death occurring. The full data does not have to be complete at this point.
- 2) Trusts and Health Boards should aim to **complete** data entry for each death within 90 days of the death occurring.

The graphs below show the percentage of stillbirths & late fetal losses and neonatal deaths notified by your Trust within the 30-day benchmark period.



MBRRACE-UK

Department of Health Sciences, University of Leicester, George Davies Centre, Leicester, LE1 7RH.

Tel: +44 (0)116 252 5425

Email: mbrrace-uk@npeu.ox.ac.uk

Web: <http://www.npeu.ox.ac.uk/mbrrace-uk>



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The Friends and Family Test

Service Report: Jan 2022

Service

Beeston - Antenatal

Star Rating



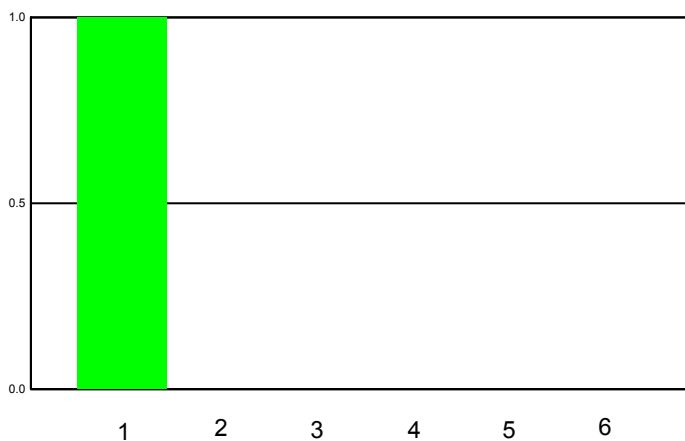
Positive

100.00%

Negative

0.00%

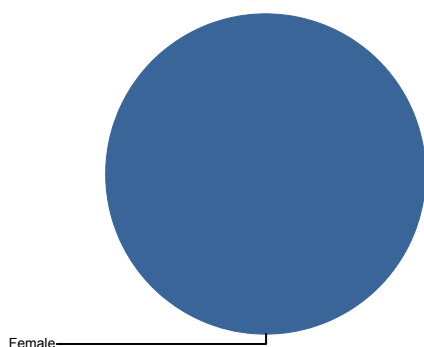
Overall Scores



Response Option	Responses	Percentage
1 - Very good	1	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



Female 1
Total: 1

Eligible Patients

1

Response Rate

100.0%

Total Responses

1

All Comments

Efficient , knowledgeable , reassuring

1

The Friends and Family Test

Service Report: Jan 2022

Service

Carlton - Antenatal

Star Rating



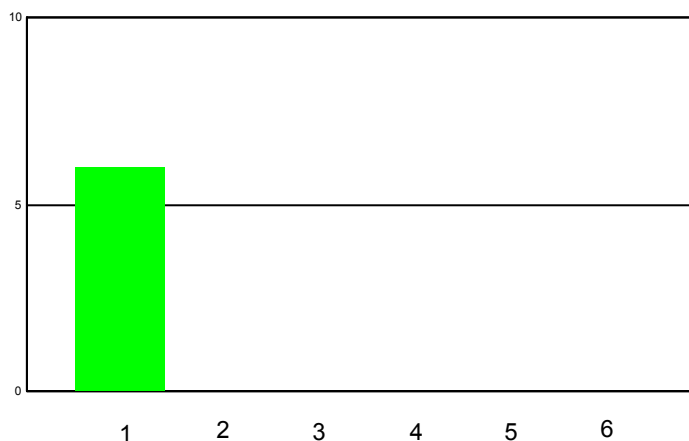
Positive

100.00%

Negative

0.00%

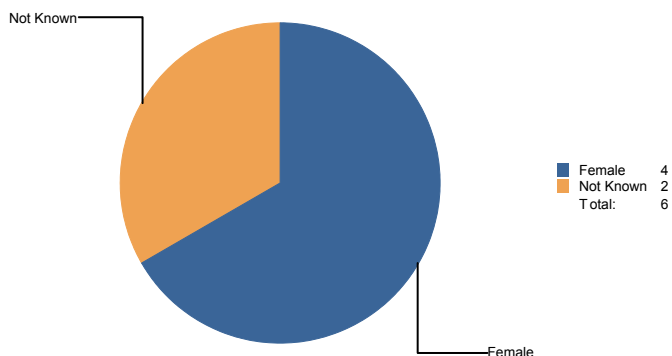
Overall Scores



Response Option	Responses	Percentage
1 - Very good	6	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



Eligible Patients

6

Response Rate

100.0%

Total Responses

6

All Comments

Maria has been wonderful. Approachable & supportive . A far cry from my previous experience in Bingham in 2012 ! Thank you Maria

1

I have been so well looked after by each of the midwives that I have seen , they are all an asset to the NHS

1

Feedback given 2/12/21. Always make me feel re-assured & comfortable

1

Feedback given 1/12/21. Great standard of care , regular updates and a feeling of support at every appointment. Only thing (that could be better) is maybe digitise records , so I can access via an app for appointments etc

1

Feedback given 9/12/21. Very supportive

1

Maria, my midwife, was incredible from booking right up until my last appointment with her.

1

The Friends and Family Test

Service Report: Jan 2022

Service

Clifton - Antenatal

Star Rating



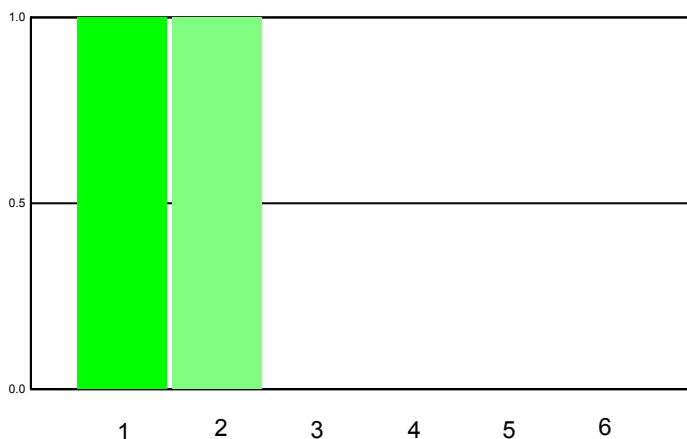
Positive

100.00%

Negative

0.00%

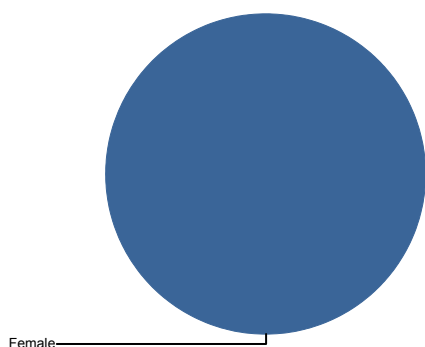
Overall Scores



Response Option	Responses	Percentage
1 - Very good	1	50.00%
2 - Good	1	50.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



■ Female 2
Total: 2

Eligible Patients

2

Response Rate

100.0%

Total Responses

2

All Comments

Midwives always very kind and polite !

1

2

The Friends and Family Test

Service Report: Jan 2022

Service

Community Teenager - Antenatal

Star Rating



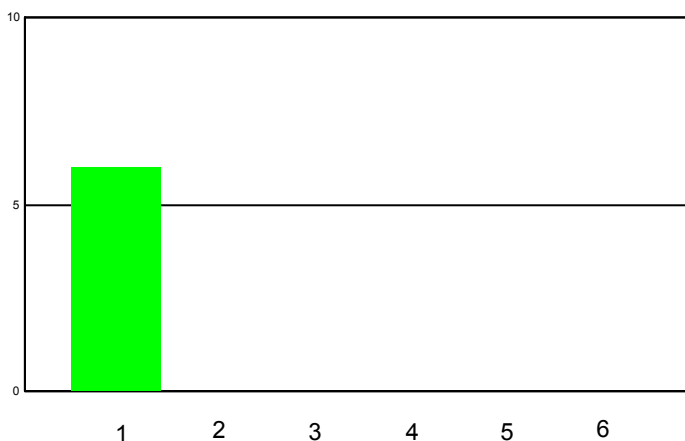
Positive

100.00%

Negative

0.00%

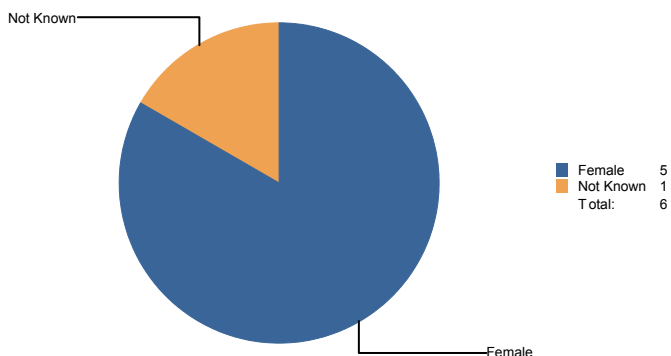
Overall Scores



Response Option	Responses	Percentage
1 - Very good	6	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



Eligible Patients

6

Response Rate

100.0%

Total Responses

6

All Comments

The midwife always reassured me with everything and made me feel comfortable and advised me well

1

Amazing service , been nothing but amazing

1

Very friendly

1

Always had my questions answered and always feel well supported

1

They are very helpful and always there if you need to talk about something

1

Very supportive

1

Service

Maternity Triage (QMC)

Star Rating



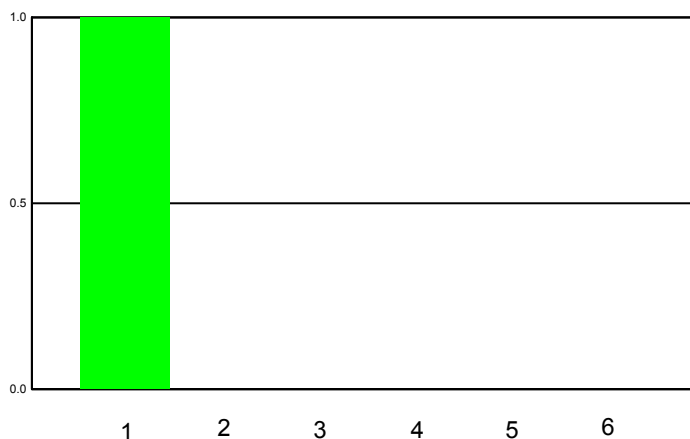
Positive

100.00%

Negative

0.00%

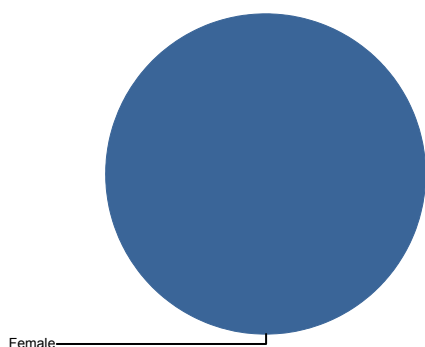
Overall Scores



Response Option	Responses	Percentage
1 - Very good	1	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



Eligible Patients

1

Response Rate

100.0%

Total Responses

1

All Comments

1

Service

Rushcliffe Combined - Antenatal

Star Rating



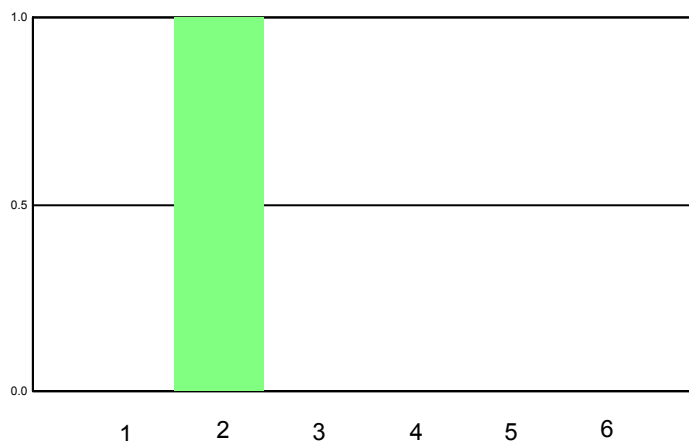
Positive

100.00%

Negative

0.00%

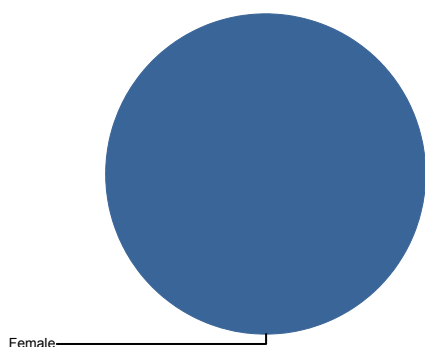
Overall Scores



Response Option	Responses	Percentage
1 - Very good	0	0.00%
2 - Good	1	100.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



Eligible Patients

1

Response Rate

100.0%

Total Responses

1

All Comments

My midwife is great. Although I have had some experiences of a different midwife not turning up to my house for a booked appointment and appointment dates needing to be changed at short notice etc. Sometimes hard to get through via phone to the midwife team at Cornerstone - a lot of messages left with reception, and waiting for a callback.

2

The Friends and Family Test

Service Report: Jan 2022

Service

Sherwood - Antenatal

Star Rating



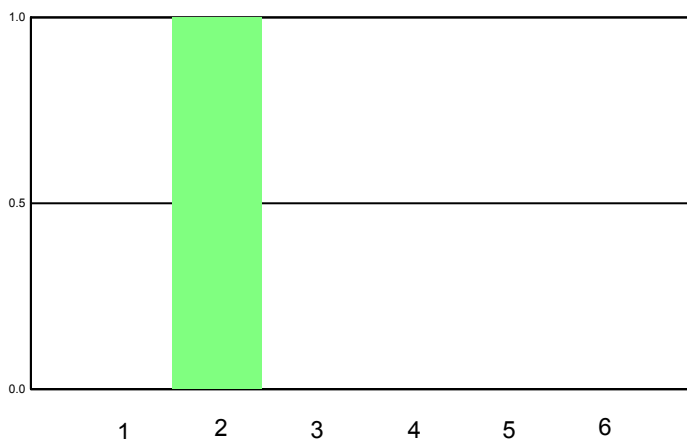
Positive

100.00%

Negative

0.00%

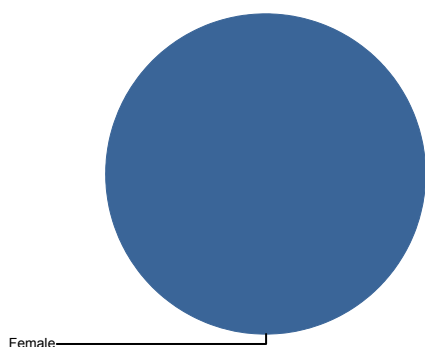
Overall Scores



Response Option	Responses	Percentage
1 - Very good	0	0.00%
2 - Good	1	100.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



■ Female 1
Total: 1

Eligible Patients

1

Response Rate

100.0%

Total Responses

1

All Comments

2

The Friends and Family Test

Service Report: Jan 2022

Service

Wollaton - Antenatal

Star Rating



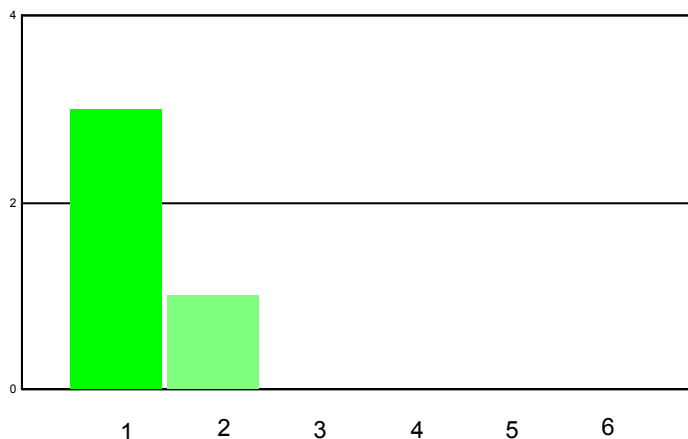
Positive

100.00%

Negative

0.00%

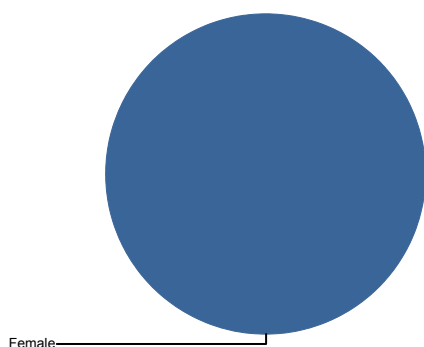
Overall Scores



Response Option	Responses	Percentage
1 - Very good	3	75.00%
2 - Good	1	25.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



■ Female 4
Total: 4

Eligible Patients

4

Response Rate

100.0%

Total Responses

4

All Comments

Very informative , friendly , really pleased with the service provided. Feel more prepared

1

Felt listened to with any concerns. All staff are kind & friendly , take time to explain everything

1

Very informative , lots of advice and support. Nothing more , thank you

1

Until now had a good overall experience. Didn't like the thing that I had to switch up between multiple midwives. Should be only one throughout (at every appointment)

2

The Friends and Family Test

Service Report: Jan 2022

Service

Labour Suite (City)

Star Rating



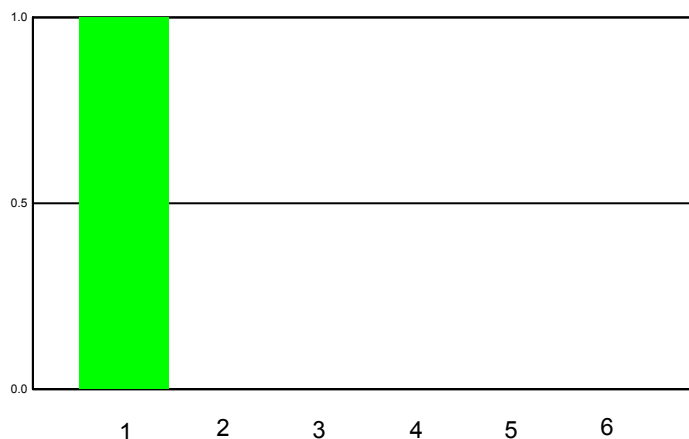
Positive

100.00%

Negative

0.00%

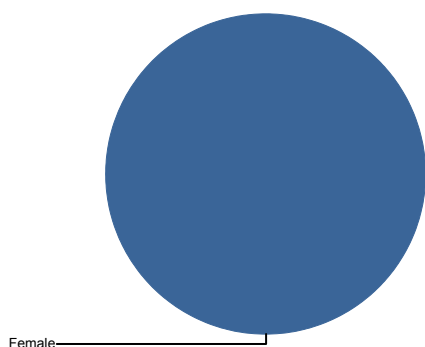
Overall Scores



Response Option	Responses	Percentage
1 - Very good	1	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



■ Female 1
Total: 1

Eligible Patients

1

Response Rate

100.0%

Total Responses

1

All Comments

Midwife Jo and student Kimberley were second to none. I have absolutely nothing but praise for the care I received in their hands - they ensured they were familiar with my birth plan and they really ensured I got my wishes as far as possible from beginning to end. After a very traumatic previous induction and delivery, this birth was entirely different - so much so that I would do it all again tomorrow! I feel so empowered by the healing birth, and that was enabled by their wonderful care.

1

The Friends and Family Test

Service Report: Jan 2022

Service

Labour Suite (QMC)

Star Rating



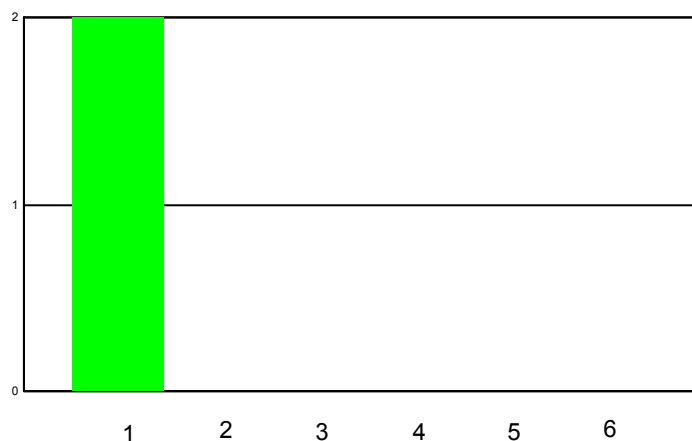
Positive

100.00%

Negative

0.00%

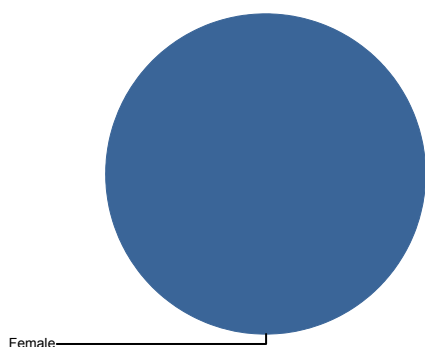
Overall Scores



Response Option	Responses	Percentage
1 - Very good	2	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



■ Female 2
Total: 2

Eligible Patients

2

Response Rate

100.0%

Total Responses

2

All Comments

1

I've been looked after in every possible way

1

Service

Arnold - Postnatal

Star Rating



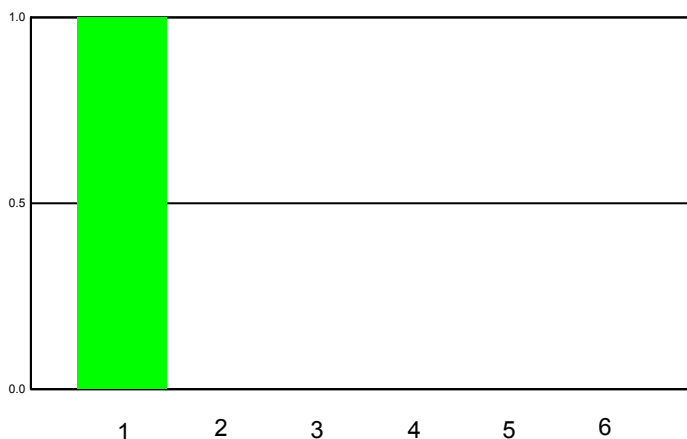
Positive

100.00%

Negative

0.00%

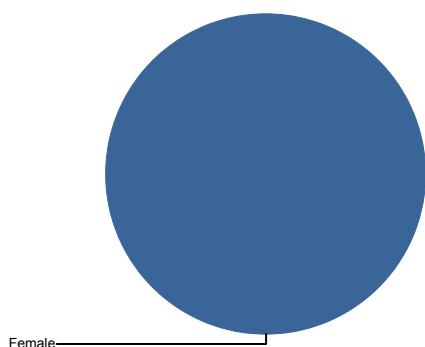
Overall Scores



Response Option	Responses	Percentage
1 - Very good	1	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



■ Female 1
Total: 1

Eligible Patients

1

Response Rate

100.0%

Total Responses

1

All Comments

1

The Friends and Family Test

Service Report: Jan 2022

Service

Beeston - Postnatal

Star Rating



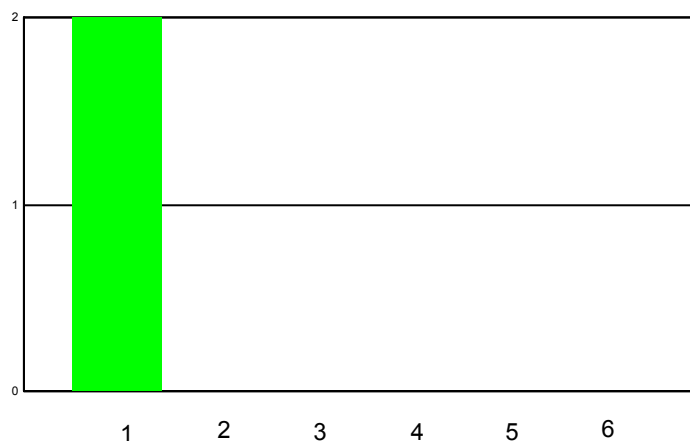
Positive

100.00%

Negative

0.00%

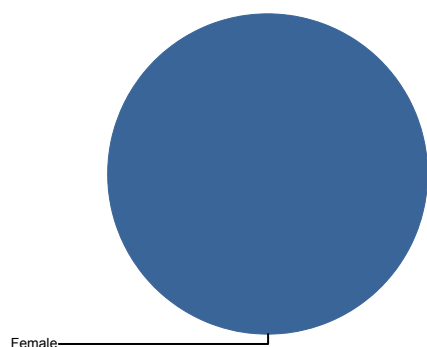
Overall Scores



Response Option	Responses	Percentage
1 - Very good	2	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



■ Female 2
Total: 2

Eligible Patients

2

Response Rate

100.0%

Total Responses

2

All Comments

Julie never misses any details big or small. Support has been excellent all the way through my pregnancy.. Nothing could have been better. I hope to have Julie as my midwife again

1

Julie was wonderful, so helpful with everything the whole way through

1

Service

Bestwood Park - Postnatal

Star Rating



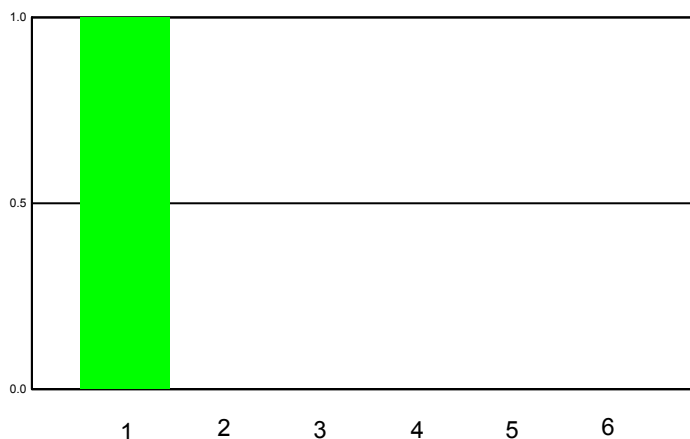
Positive

100.00%

Negative

0.00%

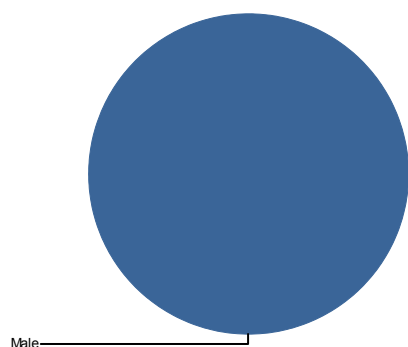
Overall Scores



Response Option	Responses	Percentage
1 - Very good	1	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



Eligible Patients

1

Response Rate

100.0%

Total Responses

1

All Comments

Very good because Rachel the maternity worker has gone above and beyond to support me and my wife with all aspects with our daughter.

1

The Friends and Family Test

Service Report: Jan 2022

Service

Community Teenager - Postnatal

Star Rating



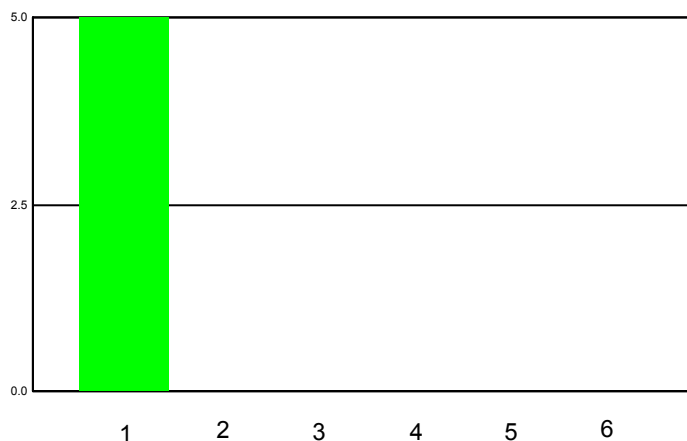
Positive

100.00%

Negative

0.00%

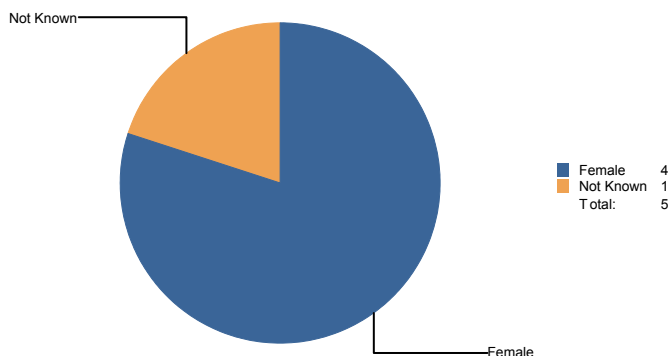
Overall Scores



Response Option	Responses	Percentage
1 - Very good	5	100.00%
2 - Good	0	0.00%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



Eligible Patients

5

Response Rate

100.0%

Total Responses

5

All Comments

She's the best ! Very supportive Ruth ! She helped me so much

1

Feedback given 21/12/21. Everyone has been very helpful and understanding . They are very non judgemental and go to any length to make sure you're comfortable. Afternoon appointments would be better

1

Feedback given 31/12/21. Very helpful and good advice

1

I felt very supported and listened to during my pregnancy. Nothing could have been done better

1

I found the midwife , Ruth very kind , welcoming and comfortable , she made my experience being pregnant much more pleasant despite the challenges in my pregnancy

1

The Friends and Family Test

Service Report: Jan 2022

Service

Ward C29

Star Rating



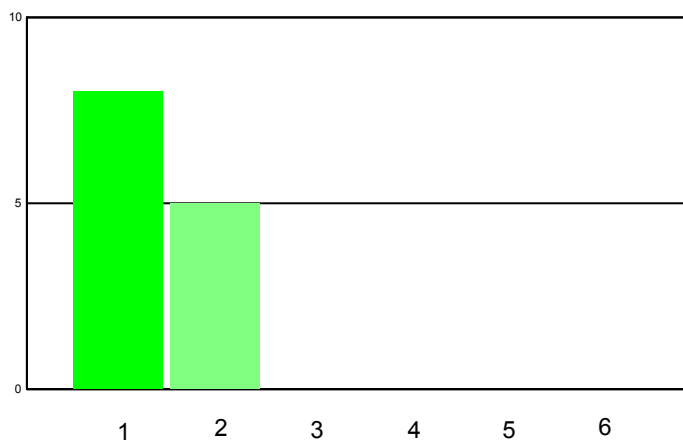
Positive

100.00%

Negative

0.00%

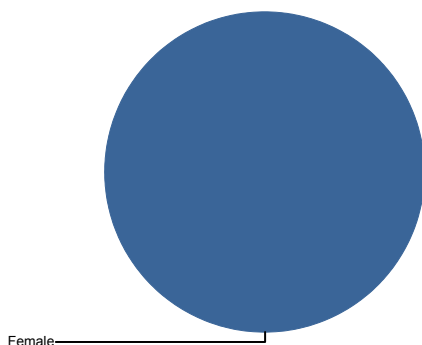
Overall Scores



Response Option	Responses	Percentage
1 - Very good	8	61.54%
2 - Good	5	38.46%
3 - Neither good nor poor	0	0.00%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	0	0.00%

Breakdown

Gender



■ Female 13
Total: 13

Eligible Patients

13

Response Rate

100.0%

Total Responses

13

All Comments

1

2

The chosen staff have a high understanding of what services to provide women going through maternity.

2

2

INTRODUCTION:

The purpose of this Action Plan is to capture, and note progress towards, those actions that are required to address issues raised by CQC, Ockenden and Coroners.

INSTRUCTIONS:

- 1 Enter **Actions** identified as being required to address the issues raised by CQC, Ockenden and/or Coroners. You may wish to include the source issue that gives rise to the action and/or the condition reference. Periodically review whether (a) All issues raised are included and (b) the actions identified adequately cover the issues raised.
- 2 Note, as applicable, the **Outcome** that you expect to be delivered in response to the CQC/Ockenden/Action Point.
- 3 Note the key **stakeholders & owners** (e.g. sub-group, exec lead, divisional lead and maternity delivery support)
- 4 The **original due date** was set for those actions that formed part of the original Action Plan - this must not be changed
- 5 If different from the original due date, or if there is no original due date then note the currently **expected due date**
- 6 Set the **status** according to the key below - this must be updated to reflect your current view of the Status during the lifecycle of the action
- 7 Update the **Progress** against actions as the action is progressed or otherwise amended.
- 8 If an action is **out of scope** of a Work-stream Theme, or moved to another work-stream theme, then it can be left in but marked as '**Ignore**' in the Status field.
- 9 If an **action is to be moved** between Work-stream themes then this move must be controlled
- 10 By way of a cross-check, please make sure that '**all gaps are filled**', i.e. that for each action there is an expected outcome, a due date, 'names in the frames', a status and something noted in the progress.

ACTION STATUS KEY:

RED	= Off-track
AMBER	= On-track
GREEN	= Complete
BLUE	= Embedded with evidence to show in place, functioning and understood

Progress Summary

With the exception of the "Themes Off Track" column, numbers are linked through to the workstream tabs, and should update automatically

Checking the numbers periodically will help catch broken links caused by adding rows, etc.

The worksheet is protected from accidental change - to edit, go to File -> Info, and click "unprotect" next to the sheet name.

			Number of Actions Completed per Area of Improvement				Themes Off Track
Area of Improvement	Number of Themes & Actions		Blue (Embedded)	Green (complete)	Amber (On Track)	Red Actions (Off Track)	Red Themes (With Elements Off Track)
Engagement and Inclusion	Themes	0	75	0	0	0	0
	Actions	0	#DIV/0!				
Safe Practice	Themes	24	1	16	49	3	0
	Actions	69	(1%)	(23%)	(71%)	(4%)	
Digital and Info Management *	Themes	5	16	0	13	0	0
	Actions	29	(55%)		(45%)		
Equipment	Themes	6	0	8	1	0	0
	Actions	9		(89%)	(11%)		
Staffing	Themes	17	1	10	11	8	0
	Actions	28	(4%)	(36%)	(39%)	(29%)	
Training	Themes	10	0	2	15	0	0
	Actions	17		(12%)	(88%)		
Culture & Leadership **	Themes	17	2	2	18	1	2
	Actions	23	(9%)	(9%)	(78%)	(4%)	(12%)
Governance	Themes	10	2	6	21	0	0
	Actions	29	(7%)	(21%)	(72%)		

* Culture and leadership have multiples of actions in one measure of success

** Digital and Info Management have a different layout than the other workstreams

Example progress summary to replicate (29/11/2021):



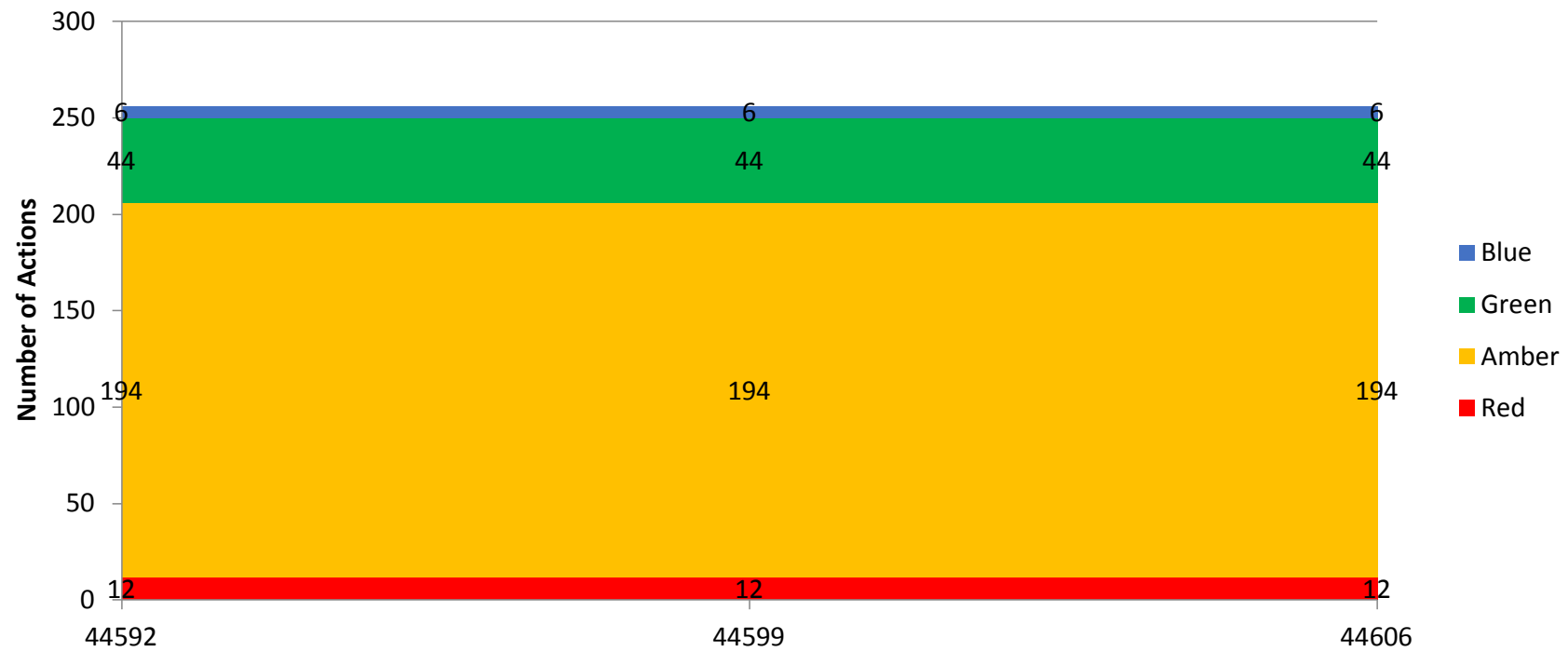
NUH Maternity Improvement Plan progress to 22/11/2021

Area of Improvement	Total Number of Themes/ actions		Number of Actions Completed per area of improvement				Themes off track
			Embedded (Blue)	Green (complete)	Amber (On Track)	Red Actions (Off Track)	Red Themes (With Elements Off Track)
Engagement and Inclusion	Themes	6	0	0	79	0	0
	Actions	79			(100%)		
Safe Practice	Themes	20	0	10	32	15	5
	Actions	55		(18%)	(58%)	(22%)	(25%)
Digital and Info management *1	Themes	5	4	2	26	1	2
	Actions	33	(12%)	(6%)	(76%)	(+ 1 not scored) (6%)	(40%)
Equipment	Themes	6	0	2	4	3	2
	Actions	9		(22%)	(44%)	(33%)	(33%)
Staffing	Themes	14	0	1	9	10	6
	Actions	21		(5%)	(43%)	(48%)	(43%)
Training	Themes	10	0	0	4	12	5
	Actions	17			(24%)	(71%)	(50%)
Culture and Leadership *	Themes	18	0	0	12	8	8
	Actions	22			(52%)	(+2 unscored) (45%)	(44%)
Governance	Themes	10	0	0	8	21	7
	Actions	29			(28%)	(72%)	(70%)

*Culture and leadership have multiples of actions in one measure of success

*1 Digital and info management have a different lay out than the other workstreams

Changes to Project Ratings



Executive Lead:	Chief Nurse
Divisional Lead	Director of Midwifery
Dated last Updated:	23.02.2022

Ref.	Key Outcome	Measure of Success	Action	Owner	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
EI1	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	People's feedback, concerns and complaints are listened to and used to improve the quality of care.	Ensure staff have the appropriate skills to manage complaints at a local level							23.2.22 Complaints are managed by KW in consultation with colleagues involved in the care delivery. Improved collaboration with PMRT and SI process but not embedded as yet. Training for matrons in handling complaints starting March with a view to them managing the process from May 2022.	open			
			Staff working in the maternity service view learning from complaints and concerns as an opportunity for improvement							31.01.2022 - SO - Social media feedback is shared with the department weekly in the Feedback Friday newsletter. A system is being developed for feedback from all systems to be collated. 18.02.2022 FFT feedback and monthly complaint themes shared with materinty. Plans in place to film two patient stories for learning around seldom heard groups. 23.2.22 Learning is shared with several teams who are engaged in learning from complaints in particular the IOL team, Bereavement RMs, Infant feeding RMs and anaesthetists. New processes are put in place following complaints eg business case for new Infant feeding team - RMs advertised for MSWs to support delivery of BF support, input into National MSW project as a result of thematic review from complaints, training programmes devised as a result, IOL processes have learnt from complaints, new processes for PN babies being seen on NNU and communication, leaflets for new mums on wards devised, tendable audits designed for daily checks in Maternity. Positive feedback received and shared via complaints and PALS process also by KW and Daisy and Tulip nominations.				
			Support staff to enable courageous conversations with women, service users and families to promote an open supportive culture:-							25.02.22 MaternityPALSConcerns inbox for timely, transparent conversations to take place with service users by colleagues. Managed by KW and NH.				
			a) Implement a debrief process							31.01.2022 - SO - Debrief work on-going - BAU.				
			Support staff to enable courageous conversations with colleagues to promote an open supportive culture.		30/10/2021								Meeting feedback examples	
			a) Launch Maternity Engagement Sessions							31.01.2022 - SO - a) Further monthly engagement sessions led my Chief Nurse and DoM are planned in. Sessions start with an update and then open to questions from the team. The sessions are not recorded to encourage a safe space but thematic notes are shared with the team afterwards with the option for more involvement. UPDATE: These were paused due to staffing in Dec 2021. Relaunching Feb - with sessions planned 1/2/22, 9/2/22 and 14/2/22. 18.02.2022 - Engagement sessions relaunched				
			Encourage women and their partners to share their experience, in real time and retrospectively, through formal and informal feedback systems.											
			a) Relaunch F&FT to staff							31.01.2022 - SO - F&FT available both online as a paper copies throughout maternity 23.02.2022 - SO - F&FT QR code introduced to staff to encourage ease of use.				
			b) Relaunch F&FT to service users							31.01.2022 - SO - F&FT available both online as a paper copies throughout maternity				
			c) Promote F&FT regularly and use case studies to promote the benefits.		30/01/2022					18.02.2022 - SO - Video about F&FT posted on Facebook page.				
			d) Promote external feedback channels		30/12/2021					31.01.2022 - SO - Feedback tab created on the website and Maternity Views mailbox set up on Facebook to encourage women to give views on certain topics. So far post-natal care and c-sections main focus topics. COMPLETE				
			e) Launch process to offer service users the chance to debrief following birth							31.01.2022 - SO - Launched but over-subscribed. As row 10 - BAU.				
			f) Monthly invite on Facebook to give feedback and monthly video Q&As		30/12/21					31.01.2022 - SO - social media plan includes monthly updates, and Q&As with DoM asking for feedback as well as answering questions. 18.02.2022 - SO - regular video Q&As with DoM posted on Facebook an questions now encouraged via Maternity Views so people can ask more anonymously if they wish.				
			g) Show the results of feedback to women – via virtual experience board on website and social media		31/01/2022					31.01.2022 - SO - Experience Boards launched 2021. Feedback section added to the website April 2021 – updating to experience sharing from Jan 2022 23.02.2022 - Posts on Facebook saying feedback we have had, generated multiple comments expressing feedback.				
			h) Antenatal class feedback forms updated											
			i) Encourage video patient stories, as mentioned in more detail below		ACTION BELOW									
			j) Encourage selfie-video quick feedback via Facebook		31/01/2022					31.01.2022 - SO- Trial returned low response so plans for larger promotion to encourage to a wider audience. 23.02.2022 - SO - sharing of photos with feedback is now a regular occurrence. However, videos are still limited. Two patient story videos arranged from seldom heard women.				
			k) Launch Maternity social media feedback email – to hold videos and Q&As		30/12/2021					30.12.2021 - SO - Maternity Views mailbox launched 07.12.2021				
			l) Engage with community groups		30/06/2022					23.02.2022 - SO - Meeting held with Forever Stars virtually - they have agreed to allow us access to some of their members for focus groups. Limited engagement wider due to Covid restrictions. 23.02.22 Whose shoes event proposed focusing on Refugee and ESOL families.				
			Create the right channels for staff to receive service user feedback:		31/01/2022					10/20 - SO - regular newsletters offer weekly feedback to teams via email				
			a) Share Feedback Friday on closed staff FB page		31/01/2022					21.01.2022 - SO - Feedback Friday relaunched on Facebook group.				

			b) Introduce Feedback Five to the start of staff engagement sessions		31/01/2022					23.02.2022 - SO - paused in line with pause on engagement session. To launch March 2022.				
			c) Introduce feedback section to new video handovers		31/01/2022					23.02.2022 - SO - learning referenced in handover videos.				
			Ensure there are robust ways to incorporate feedback into care: - Hold a session with senior maternity team to ask for best methods to progress this		31/03/2022					23.02.2022 - SO - initial session held with SMT to start the thinking around this.				
			Feedback from healthcare partners is shared within the maternity service - Develop process to ensure all feedback is captured and shared effectively		31/01/2022					Fortnightly meetings with the MVP to gather feedback. Sharing MVP posts to promote the partnership on our channels. MVP report shared with staff. CQC feedback from service users and service user feedback collated separately is shared staff via Feedback Friday. Communications plan is being developed to share Maternity Review feedback. 23.02.2022 - SO - Maternity Review feedback plan on hold awaiting feedback timeline.				
			Promote and encourage a learning culture, viewing all feedback sources as an opportunity to improve services: a)Co-create handover video process with senior team in the service, which include learning and feedback		31/01/2022					a) Short handover videos being created to share feedback/learning direct with teams. These will be archived on the intranet. 23.02.2022 - SO - Handover videos launched. 31.01.2022 - SO - Launch of Maternity Views email – Dec 2021. Captured learning on topics, shared into the service for discussions around improvement. So far topics included baby loss – positive feedback around later loss, challenges around miscarriage. Post-natal care – challenges. C-sections – positive. 31.01.2022 - SO - Launch of pop-ups as a new channel for communications with maternity staff – Feb 22.				
EI2	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	The voices of service users and staff are heard and can influence key maternity oversight committees and groups	Develop channels for sharing social media feedback with DLT - Create a monthly feedback update template for DLT, which includes social media section		28/02/2022					Feedback Friday is sent to DLT 23.02.2022 - SO -				
			Anonymous staff stories are shared with DLT via FTSU.		28/02/2022					Process being developed for a staff story to be shared monthly with DLT. With Guardians				
			Regular staff forums with the DoM where staff can share their views		31/12/2021					Arranged for the next six months. 23.02.2022 - SO - Team-wide engagement sessions on-going. DoM also attending smaller team sessions and visible in department.				
			Patient stories are captured and shared across the service:-							A process for PS has been created. Stories have been shared with the Board Video is being developed as a preferred method so that stories can be shared cross-platform. 23.02.2022 - SO - Patient stories identified from seldom heard communities. Awaiting filming date confirmation.				
			a) Develop process to enable better capturing and sharing of stories		30/06/2022					23.02.2022 - SO - Comms Team supporting this process.				
			b) Develop a plan to share regular patient stories with oversight group		30/06/2022					23.02.2022 - SO - Launch due when stories from line 36 captured.				
			Ensure staff know who the Executive Director with specific responsibility for maternity services is		30/11/2021					MR jointly chairs the maternity engagement sessions, and co-signs some updates to the service. 23.02.2022 - SO - Management chart being designed to expand and show further roles.				
			Promote widely the role of the Maternity & Neonatal safety champions to all staff, ensuring that there is a process for feedback from floor to board and outward:-											
			a) Create Safety Champion boards for display in maternity, publish them and include contact details of champions		30/11/2021					Maternity Safety Boards updated, and placed on wall with service				
			b) Promote across all channels taking each SC as a case study		31/01/2022					31.01.2022 - SO - New Non-Exec Director Safety Champion launched in newsletter and Facebook group with views to staff.				
			c) SC take part in Improvement Engagement sessions		31/01/2022					sessions planned to restart 30/11 23.02.2022 - SO - Improvement engagement pre-recorded and shared with teams. Sessions to be re-launched 'live' by 30.06.2022.				
			Snapshot stories to senior leadership		28/02/2022					Plan for senior team mailing list to be created to share snapshot design of four key feedback stories monthly. Info can come from social, PALS, healthcare partners or direct from service users.				
			Ensure staff know who the named non-executive director who supports the Board maternity safety champion is							Included on the aforementioned safety boards. 23.02.2022 - Completed in row 42 and will be repeated.				
			Explore options for further independent challenge to the oversight of maternity services so that the voices of service users and staff are heard. - promote the work of the Independent Review Team		30/11/2022					a) Awaiting public updates from the Review Team to build our plan around.				
EI3	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	The voices of service users and staff are heard and can influence service improvement.	Continually seek opportunities to engage with women, families and staff, actively collaborating with them to ensure service user focused services	Director of Midwifery										
			a) Explore the option of a Family Forum		31/01/2022					Planning in place to launch a Family Forum to bolster the feedback and involvement of service users in maternity. First meeting 25/11/21 31.01.2022 - Paused in light of MVP request and reshaping of its services. Conversation with Forever Stars enhanced access to service users in relation to bereavement.	open			
			b) Work with MVP to help target seldom heard communities		30/06/2022					working with MVP and midwifery management to help capture voices of seldom heard. Two patient story videos are being arranged.				

			c) Relaunch specific improvement staff forum	31/12/2021					New forums planned monthly from 30 Nov 21, second 21 Dec 21. 23.02.2022 - SO - forums throughout 2021 but paused late 2021. Relaunch due by March 2022.				
			d) Launch themed Q&A on Facebook around improvement	31/12/2021					Monthly Q&A on FB with DoM advertised currently 23.02.2022 - SO - Regular Q&As taking place. Video launched on website from DoM referring to improvement.				
			Work in partnership with the MVP and LMNS so that feedback from women and their partners is used to inform service improvement:-										
			a)respond to MVP report on Covid	31/12/2021					MVP reports shared across service.				
			b)explore options with MVP for including more service users in fortnightly meetings.	31/03/2022					Topic mentioned in early Nov meeting, awaiting feedback from MVP				
			c)Refresh action plan for MVP fortnightly meetings	31/12/2021					23.02.2022 - SO - Plan refreshed in 2021. Now awaiting new Chair and formation of MVP.				
			d)improve timely responses to MVP Board requests	31/03/2022					23.02.2022 - SO - as above.				
			Work with service users through our Maternity Voices Partnership (MVP) to develop a robust mechanism for gathering service user feedback and ensure it is used to co-produce and inform service improvement	30/06/2022					Conversations initiated with NUH colleagues to explore the ToRs and feedback mechanisms. Plan being developed for co-production requests for 2022 – included website improvement work. 23.02.2022 - SO - Focus groups held in 2021 but now awaiting new Chair and formation of MVP.				
			FH Conversation Café/ engagement sessions will help staff access FH leaders to raise views:-										
			a)launch session	31/12/2021					promotional material being created 31.12.2021 - SO - Conversation Café launched in maternity with FH DLT.				
			b)review sessions	31/03/2022									
			Increase channels for how we capture service user voices	Review Jan 22					Channels being explored include Family Forum, FB Q&A relaunch, ... 23.02.2022 - SO - FB Q&A successfully launched, engagement increased via Maternity Views mailbox. Physical F&T feedback boxes launched in 2021 but response level low.				
			Ensure service users and staff are aware of the progress with improvement and how their work is influencing	31/12/2022					23.02.2022 - SO - updates to staff via engagement forums, video circulated in newsletter and place on intranet. Service users updated on Facebook and the website.				
			a)create regular you said we did on platforms in addition to the newsletter for staff (social media, print-outs...)	31/01/2022					31.01.2022 - SO - updates from review forums circulated to staff. Multiple channels delayed due to capacity. Aim for improvement by 30.03.2022.				
			b) create regular you said we did updates in addition to the Experience Boards for service users	31/03/2022									
			c)launch open letter	31/12/2021					Drafted and circulating for approval 31.12.2021 - SO - Delayed by approval process. Video lainched on website with aim for open letter 03.2022.				
E14	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	Women and their families have access to clear, up to date and evidence based information which is co produced so it meets the needs of different groups of people.	Develop a process to ensure there is co production of all information pertaining to public facing maternity services:-							open			
			a)explore aforementioned family forum	30/06/2022					23.02.2022 - SO - update mentioned above.				
			b)Request co-production help from MVP	31/12/2021					23.02.2022 - SO - requested but as above delayed awaiting new Chair and reshape of MVP.				
			c)propose topics for MVP's 6 month focus	30/06/2022					23.02.2022 - SO - some suggestions made at late 2021 planning cycle, to be reinvigorated.				
			Actively engage service users and their families in coproduction activities to ensure that services are service user focused - focus on how we reach harder to reach communities	30/06/2022					Working with MVP for a focus on seldom heard communities				
			Ensure women and their families are provided with accurate and contemporaneous evidence-based information of all aspects of maternity care including the antenatal, intrapartum and post natal periods of care:-	30/06/2022					23.02.2022 - SO - Further review work taking place for the website.				
			a)Update the website in line with service user feedback (via MVP co-production) to ensure it has the appropriate information and tone. a)initial changes for MVP second view	31/01/2022					Focus group with MVP and service users conducted. Information now with Communications Team, being updated and due for re-review by service users early 2022. 23.02.2022 - SO - Slight delay caused by Comms Team capacity. Process on-going and due for completion 30.03.2022.				
			b)antenatal notes	30/06/2022					MVP focus group assisted with notes update.				

			c)antenatal classes		30/06/2022									
Ei6	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	Women and their families have access to services that are responsive to their individual needs.	Develop the maternity services' approach to understanding the needs and preferences of different groups of people so that care is delivered in a way that meets women and their families' needs, is accessible and promotes equality and inclusion. This includes women with protected characteristics under the Equality Act, and women who are in vulnerable circumstances or who have complex needs.	Director of Midwifery	30/06/2022					31.12.2021 - FGM work started in services. Messages shared from MVP feedback about service user feeling and reaction to services around FGM.				
			Ensure care delivery is personalised in partnership with women and their families, placing them at the forefront of everything we do:-							open				MIP Action Plan evidence\Governance\Action G6
			a) Update the personalised care plan											
			b) Host and share the details of workshop on how to offer the most personalised care											
			Ensure that we offer an inclusive service		31/12/2021									
			a) Ensure the department is welcoming to everyone, regardless of background							Signage changes in relation to feedback from LGBTQ+ service users.				
			b) Ensure the language we use is inclusive							We introduced more inclusive language when talking about service users via corporate communication, ensuring we also allow partners to feel more included. Inclusivity of language is being used in our website review.				

Executive Lead:	Chief Nurse
Divisional Lead	Director of Midwifery and Clinical Director
Dated last Updated:	08.02.2022

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence			
SP1	Women and their babies are protected from avoidable harm.	Risks to women and their babies are assessed and monitored and managed	Audit of time to triage	Review the provision of the maternity triage and assessment service.	Director of Midwifery	Head of Midwifery	30/11/2020	30/06/21			1. Risk assessments and plans for roll out have been developed. 14 Midwifery staff have self-selected to join this project. JDs have been sourced from SFH and are being finalised. 2. Outstanding actions being worked through. 3. Birmingham agreed to support and advise on our progress. 4. Delay in progress - interim solution is to implement a single labour telephone line (see action below) 10/09/2021 - The triage and assessment service was reviewed. This action to be closed.	Closed			MIP Action Plan Evidence/Safe Practice Action Spt			
			Number of incidents reduced	QMC Site: Awaiting update from clinical team as to training dates 19/07/2021 There are insufficient staff across the service to separate the services. Therefore the separation of the assessment and triage is on hold. There are additional midwives to cover the phone calls. The QMC assessment unit was due to open on Monday 25th July, however this did not go ahead due to failure of the emergency call bell system. The contractors have been contacted and we are awaiting for a date for them to return to fix this. 23.08.21 - The ABC moved into the new area at QMC last week and is working well, ABC has its own designated staffing. 23/09/21 The ABC is reported to be working well. Head of Midwifery will complete a further review of the area now it has been open a month. 27/09/2021 - SB - Due date revised to the end of November. This was agreed by MOC at meeting on 14 September 2021. 16/11/2021 - Triage has opened at QMC, but no further progress made at City. Full implementation of BSOTS has not taken place as planned originally. CJ/SB discussed. The day assessment unit at City has not split at all yet due to staffing pressures. SB to follow up. 16/11/2021 CJ - We have bought the licence for BSOTS, but we are not able to implement it because we haven't been able to separate day assessment from triage. This has been because of staffing pressures and lack of leadership capacity to progress. 19/11/21 SB Triage/ DAU task and finish group set up. Plan to meet every two weeks 26/01/22 - The separate triage function is not happening at QMC or City Hospital, this is due to workforce pressures and the fact we do not have enough midwives to enable the full separation. We are now exploring other options which are being led by the Head of Midwifery and there is a possibility we may be able to look to do a partial service three days a week. We are planning for this to be able to start at the City Hospital from the April roster, but this is not confirmed for definite as yet. There is a task and finish group underway for this action to ensure there is oversight of the triage service. There are a number of other areas we are progressing for this action, our Improvement Midwife and the triage leads for both sites are going to visit Birmingham to find out more about they manage their triage service and use BSOTS. The lack of a separate triage service was not on the risk register, although the triage lead midwives had completed one early in 2021. The risk was therefore reviewed with the aim to get it through QRS and onto the service risk register. The risk is waiting for some slight amendments and then will go to the next QRS meeting. Another issue which was identified through the task and finish group was the use of Nerve Centre and MEOWS. It is apparent that there are problems getting women entered onto PAS due to capacity. If they are not on PAS we can't use Nerve Centre to record their observations. This was escalated to the Director of Midwifery week commencing 17th January 2022 who agreed we should provide agency admin support ASAP to support getting women onto PAS as soon as they arrive. Another solution was suggested that women were asked to attend the antenatal clinic reception and they would be able to put them onto PAS. We will need to review this further to ensure the admin support has addressed the issue. We do have some audit data about the triage service which is showing that general performance with the fifteen minute target for initial assessment is good, however, we need to look more at what happens next and the effectiveness of care and treatment once they receive their initial triage. We have one midwife returning from long term sick with a strict criteria of what she can do when she returns. She starts her phased return week commencing 14 February 2022, we hope to be able to use this midwife to run the DAU on the three days of week that she will be working. 09.02.2022 - Action split into separate site actions. 21.02.2022 - SW - QMC DAU and triage separation will commencing in April 2022 - currently working on staffing of both teams.														
			Audits of single point of access line	Operationalise a revised triage and assessment service which is adequately staffed by appropriately trained and competent members of the MDT.														
			Feedback from women is positive in terms of them feeling their concerns are listened to.	City Site: Separate the triage function from the day assessment service Operationalise a revised triage and assessment service which is adequately staffed by appropriately trained and competent members of the MDT.														
SP2	Women and their babies are protected from avoidable harm.	All resuscitation equipment throughout the service is maintained in a state of readiness at all times	Results of audits will be viewable on Perfect Ward	Review the policy and guidance on the checking of emergency equipment for adults and neonates in the maternity service to ensure it is up to date, clear and reflects national guidance.	Director of Midwifery	Head of Midwifery and Matrons	30/11/2020	30/11/21			29/07/2021 The single phone line is now being trialled and calls are coming through. Some problems during the first week with inappropriate calls coming through so some revisions are required. The team are making tweaks every day following feedback. 23/08/21 - The maternity hub continues to provide phone advice on one number. Digital team are ensuring that sufficient lines are available before a public launch in September. 23/09/21 - CJ emailed head of midwifery for an update. 27/09/2021 - SB - Due date revised to the end of November. This was agreed by MOC at meeting on 14 September 2021. 28/09/2021 - SB - Please note that this action is aligned to MIP Digital 3.4 01.10.2021 - SB - Launch date now set for Oct 11. Commis plan being created and part 1 stickers ordered. 14.10.2021 - RB - advice line went live on 11th October 2021. 05.11.2021 - Data from the advice line has been received. Past to Tom for some analysis to be carried out. Will need to arrange to discuss with SW to review. 16/11/2021 - Identified some issues with the telephone data, there is duplication of the data. TS is working on cleaning up the data. The data is demonstrating we will need to increase resource for the advice line. SB to speak to RB. 16/11/2021 Task and finish group meets every other week regarding the advice line. The data is telling us there is a lot of calls that are dropped and unanswered. A request has been made to look at the call length to see when the calls are dropping and if they are seconds are for several minutes. This will give us a better indication of how many women are dropping off. We are not aware of any complaints about this from women, the feedback on the social media pages is positive about the service. 07/01/2022 - JW - T&F Group continue to meet to review outstanding actions. Call log was double counting calls 'pinging' around the hunt group if not answered straight away. Supplier has now tweaked report to discount double counting therefore reports are now a true reflection of incoming and dropped calls. To review data at the next group. 7 day audit has been completed providing insight on types of calls i.e. urgent and non-urgent with a breakdown by theme. This has been helpful in identifying actions particularly for Community to provide further Comms to Midwives to ensure Advice Line is advertised appropriately. Full 7 day report to be shared at the next meeting. Advice Line SOP is being reviewed in January to tighten up guidance and processes. Reviewing how we can capture patient feedback via DrDoctor or FFT. 18/01/2022 - CJ - more data on volume and answer time of calls has been made available. 21/01/2022 - JW - key points from review of data is call trend is changing with increasing calls over the weekend. Wednesday morning disproportionately busy, although peak time for calls is 8am-12. Unanswered calls have an average ring time of 1-3 minutes. Current shifts are 1x long day 7-7:30 and 1x long night 7-7:30, 1x 8am-4pm shift, plus a long twilight 12-12 shift. Agreed to trial splitting the long twilight shift to provide additional cover 8am-12 to cover peak times, and then provide short twilight shift. Agree to trial over next few weeks and review data to identify if this has impacted level of unanswered calls. Met with FFT team and looking to implement process to gain patient feedback via 'Online Surveys' portal. Amending welcome message to provide more specific information to inform where alternative service should be called i.e. direct to Community Midwives, Labour Suite or 999. The phone line is now in so this action can now be closed. 09/02/2022 - SF - a staff survey has been created and findings will be collated to work out what shift patterns etc staff would like and also what would help in making working on the line more comfortable 17/02/2022 - JW - Staff survey closed and results reviewed. Staff provided really positive feedback on benefits of service to both patients and staff. Feedback that 47% staff prefer shorter split shifts and 30% prefer long shifts (23% other). To be reviewed alongside call data at next T&F group to plan future staffing models. Identified priorities to improve working environment and areas to improve i.e. early pregnancy pathways which will be actioned and monitored through the T&F group. 26/01/2022 new action added. A triage training package is being developed and we will have firm timescales for when this will be completed.	Open						
				Ensure triage midwives have received training.			31/04/2022											
				Ensure staff are aware of the policy and the requirements for the checking of the resuscitation equipment.			30/09/21					29/07/2021 Ward leaders have been reminded about the importance of checking resuscitation equipment. Contact made with the trust lead for resuscitation to carry out a review of the policy to ensure it is fit for purpose in the context of maternity. Need to progress further work on an audit to check compliance. 23/09/2021 There is a process in place to check equipment and staff are aware of this procedure. The maternity service is now using perfect ward which incorporates resuscitation equipment checking. However, compliance on the use of Perfect Ward is not consistent across all areas. Ward leaders have been reminded about Perfect Ward and information has been cascaded out through various routes, including the Facebook page and briefings. Spot checks have taken place on all ward areas and findings suggest checking is taking place. Ward leaders have been reminded of their responsibilities to ensure staff are checking equipment as required and need to be held to account when this is not carried out. Until the compliance with Perfect Ward improves, spot checks will continue to be carried out. 05/11/2021 CJ conversations with ward leaders, they are aware of the importance of checking the equipment and reinforcing messages. CJ plans to do some spot checks this month. 16/11/2021 Have agreed to set up a task and finish group for this to move this forward at pace. Staff are aware of their responsibilities but the process is time consuming and not as simple as it could be. Have discussed what some other trusts do to make this simpler. 26/01/2022 This action to be put forward for closure now. The further actions we need to do are covered in the action below.	Open					
				Introduce a programme of audit to ensure compliance with the policy and ensure action is taken to act on any gaps in compliance identified by the audits.			30/09/21					08/09/2021 - The trust wide audit of resuscitation equipment accessed via productive ward went live this week. We need to ascertain if this is just for adults and is being used in maternity. 23/09/2021 - RB - The perfect ward audit does include all resuscitation equipment, not just adults. compliance with perfect ward is not consistent across all areas at the moment. It has been promoted to ward leaders 05/11/2021 Further discussions taking place about perfect ward. CJ to follow up outcome. 16/11/2021 Perfect ward isn't giving us the assurance we need for this action. Have agreed to set up a task and finish group for this to move this forward at pace. 18/01/2022 - spot check are continuing to be carried out. 26/01/2022 Resuscitation checking continues to be a focus of the safe practice work stream. It is being discussed every week at the weekly Safe Practice meeting with the Matrons. There are a number of actions underway so we are fully assured that checks are being carried out consistently. Spot checks are being undertaken every week and they generally show good compliance, with the odd gaps scattered around. We have reviewed the equipment list for the neonatal resus and want to reduce this significantly. A proposed new list has been developed following consultation with neonatal colleagues. A request has now gone back to the Resuscitation Committee (trust wide) for this to be ratified as a change. This committee does meet again until March 22 but we have asked if this can be done by an extraordinary meeting. Will follow this up again next week at the safe practice meeting. A video is being developed now to remind staff about the importance of checking and it will be sent out to staff as part of the learning videos we are rolling out across the service.	Open					
SP3	Women and their babies are protected from avoidable harm.	Medicines are stored, prescribed, used and disposed of properly and safely. There are accurate records of medicines.	Dashboard data - medication incidents reduction in incidents Pharmacy related Audit	Review the arrangements for the management and oversight of medicines across the service, including the community.	Chief Pharmacist/ Director of Midwifery	Ops manager team	31/10/21				29/07/2021 Contact made with Chief Pharmacist to request an update on progress against this action. 23/09/2021 Contact made with pharmacy to seek support to address this action. 26/01/2022 This action could now be closed. We have sourced additional capacity for pharmacy support following a review. There are two pharmacy technicians who commenced Jan 2022 and we still have one Band 8a Pharmacist dedicated for Maternity post to be filled.	Open						
				Devise and operationalise a medicines management audit to monitor compliance against national and local guidance. Ensure findings from the audit are used to address gaps in compliance			31/10/21	31 April 2022			12/09/2021 Contact made with pharmacy to seek support to address this action. 08/11/2021 There was a walk around with Pharmacy and Liz Towell from Maternity at City on Monday 27th September and there is one planned for this Wednesday 10th November. I have asked AW for an update on all of this - LP 16/11/2021 - AW - We have an annual audit carried out across NUH. We are using the same template for the more frequent inspections described above. 16/11/2021 - LP & AW • Snapshot storage and security audit carried out for all inpatient Maternity areas prior to insight visit at September. Results fed back to the Maternity Team, and Pharmacy supported corrective actions prior to inspection. Insight inspection report awaited. • Plan to repeat storage and security audit every 2-3 months until sustained improvement achieved. Would next be due in December 2021. Once more robust Pharmacy staffing in place for Maternity, then responsibility for this will sit with them. • Ideally, would want to have more direct involvement in the audits from Midwifery Team to encourage ownership. • Walk around carried out on both sites to assess adequacy of medicines storage facilities. Done in instalments for operational reasons, but finally completed on Wednesday 10th November. SGM currently working that up into an action plan to go to the Division. • The same SGM (Lou Dabell) is meeting with the community midwifery teams on 19th November to scope in how many locations medicines are stored in. Once we have this information, we can look to do site visits as needed (though there are probably 40-50 bases so there will be a limit to what we can achieve). Longer-term, we should have the capacity within the team to start engaging with the Community Teams to understand how these medicines are used/dissuaded. 06/01/2022 The new pharmacy technicians for maternity should now be in post. CJ emailed AW to ascertain what their work plan is. 31.01.2022 - a snap shot audit has taken place. A corporate framework for Audits is being devised and Andrew Wignall would like to trial this in Maternity. 31.01.2022 - 2 Medicines management Pharmacists have been appointed - 1 has commenced at QMC the other will be in post at City shortly. they will provide a service 9-5pm on both sites Monday to Friday. A Band 7 Pharmacist has been appointed and is going through appointment process currently.	Open						
				Develop a work plan to improve the compliance against national guidance in relation to the safe storage, prescription, administration, record keeping and disposal of medicines.			31/10/21	31 April 2022			12/09/2021 Contact made with pharmacy to seek support to address this action. 16/11/2021 - AW - Not aware that this has been started - Needs to be owned/led by Maternity, supported by Pharmacy. 17/01/22 CJ has discussed with the Matrons and ward leaders about the importance of checking that medicines are being stored correctly. This has also been reinforced in the matrons handbook and an email sent from the DOM to the Matrons about her expectations. The ops managers are supporting this action and carrying out checks. The improvement Midwife has also been asked to carry out weekly spot checks of storage of medicines. The new pharmacy technicians are due to commence this month and they should begin to take on responsibility for ensuring we are compliant with the safe storage of medicines. 26/01/2022 The Lockable drug fridges have now been delivered for the City Hospital (these were identified in the CCG visit as not being fit for purpose). Ops manager is working with the ward leader at City to look at re purposing a new medicines storage room. The current room is very hot and the staff are often propping open the door which is not good practice. Need to get more detail and timescales for this work. 31.01.2022 - AW is to meet with Maternity Governance Team and discuss using Perfect Ward to monitor safe storage of medicines. 31.01.2022 - AW - Following discussions with Community Matron AW feels that medicines storage is robust but some sites checks by Pharmacy staff need to be carried out.	Open						
SP4	Women and their babies are protected from avoidable harm.	Women's care and treatment is delivered in line with current evidence based guidance and they achieve good outcomes in line with or below the national average/peer comparator.	Dashboard data will evidence Decrease in incidents with harm	Review the care and treatment provided to women who experience a Post Partum Haemorrhage (PPH).	Improvement Obstetrician	Patient Safety Clinical Fellow		31/10/2021			29/07/2021 This work has progressed and has been led by the clinical fellow for patient safety. PPH has been included in the cockpit measures 23/09/2021 The latest data shows the rates of PPH are decreasing. We will continue to monitor this trend in data. 01/11/21 - JR - There has been a full and thorough review of the management of PPH including management of risks, optimising antenatal haemoglobin levels. The review has also included patient experience questionnaires. The results of ongoing review are being used to target initiatives to improve management. The review is complete. We have started to be able to demonstrate that outcomes have improved for women. The patient safety clinical fellow will finish her contract in December. CJ has enquired if the service can recruit another patient safety fellow, but no answer to this at present. NT is asking one of the trainees of she will take this on. CJ to follow up. 08/12/2021 - CJ - Fellow has requested to have contract extended to end of January. 26/01/2022 There has been a lot of work undertaken relating to this action. Full information is sorted in the evidence folders. There have also been presentations given on this externally as we can demonstrate improvement in outcomes for women. There is some concern though that once the patient safety fellow leaves there will be less leadership for this project. There have been some conversations about having another patient safety fellow but they have not progressed. The improvement obstetrician is having a handover with the patient safety fellow week commencing 24 January 2022. CJ to follow up where the discussions about another fellow got to try and get some traction.	Open				MIP Action Plan Evidence/Safe Practice Action Spt		

				Review the audit findings and identify actions to improve the escalation of MEOWS.			31/03/2021	31/10/21			<p>10/09/2021 - SF - Results of the audit are being reviewed to identify what action needs to be taken.</p> <p>23/09/2021 The review of the audit is underway. Any new actions from the review will need to be captured in the MIP.</p> <p>14/10/2021 - RB - MEOWS audit criteria have been changed to reflect observations for normal and c section births. Awaiting results for updated audit to improve compliance.</p> <p>16/11/2021 - Weekly audit results are reviewed. results have shown improvement, however not consistent every week. Discussed at senior midwives meeting week commencing 8 November 2021. More devices have now been rolled out and log in problems for agency staff have been fixed. Audit results are on the dashboard.</p> <p>26/01/22 - The audit results are demonstrating that our performance is not where it needs to be in terms of escalating women who trigger through MEOWS. When we talk to the clinical teams about this to try and understand the problem, there is always a feeling that women are escalated appropriately and it is that our parameters to trigger are too sensitive and we are also not always recording on the system why we have not escalated the woman. CJ has contacted the deputy director of nursing in the trust to ask for advice about how the acute part of the trust approach this.</p> <p>MEOWS is being covered as part of the weekly safe practice meeting with the Matrons so they have increased oversight of this action.</p> <p>08/02/2022 - SF attended a corporate meeting for a new trust wide project of escalation and MEOWS - SW leads the project and will be coming into Maternity to observe and possibly roll out.</p>	Open			
SP9	Women and their babies are protected from avoidable harm.	Women experience coordinated care underpinned by clear and accurate information exchange between relevant health and social care professionals	Observations that SBAR is in use	Implement the SBAR approach as the first line of clinical communications when escalating, transferring or discussing care.	Director of Midwifery/Heads of Service		30/04/2021	30/09/21			<p>Initial review of existing handover tools underway</p> <p>Plan to link with safe today meetings & reporting</p> <p>Look at facility within Medway to handover (now not preferred option)</p> <p>Initial audit data on digitalised medical handover tool published (62 submissions reviews). Tool revised in response to feedbacks from staff - continues to be piloted. Plan for a weekly report project group to be initiated to look at roll out of SBAR as main handover & communication tool for Midwives.</p> <p>14/05/21 - assessed what is currently used with regards SBAR. To set up group with Kerry Webb to roll out to wards</p> <p>26/05/21 - 1st meeting 28.05 - agreed plan and initial actions. To integrate with BSOT working group</p> <p>10/08/2021 waiting for update from clinical leads</p> <p>23/09/2021 SBAR is being used across the service. A review of its effectiveness is needed and to understand the difference it is making.</p> <p>26/01/2022 Review of this action. SF updated that Dr Kanagaraj has been tasked to work on the discharge letter aspect of this but has been pulled back to work clinically. Discharge letters are partially written by Doctors but the midwives don't use the same system the Drs use which results in a disjointed system and the letters are not always fit for purpose. We need to move to one combined discharge letter in Maternity Medway. SF will contact Dr K and find out where they got up to with this work.</p> <p>31.01.2022 - Discussion at MIP Working Group - SBAR is not being consistently used. There is a need to map out and move forward a plan for using SBAR. SF, FL, TS, JD, JR and LD to meet as soon as possible to progress this.</p> <p>31.01.2022 - Discussion at MIP Working Group - CJ to discuss with Owen Bennett to see if Patient Safety Team can help with moving this action forward.</p>	open			MIP Action Plan, evidence of Safe, evidence of Safe, evidence of Safe, evidence of Safe, evidence of Safe
				Carry out observations of the use of SBAR and evaluate its effectiveness.							<p>08.02.2022 - SF - SBAR note pads have started to be used in maternity. Looking to start using Star champions. Looking at laminated Star sheets (writing on with dry wipe pens) outside of the labour suite - midwives can use to prepared for ward round handovers. FI Wallis and Hannah Lewis and Nora - working on way to put together basic information for neonatologists if they are called urgently to new born.</p>	Open			
SP10	Women and their babies are protected from avoidable harm.	The systems in place to reduce the risk of the abduction of a baby are fit for purpose and are consistently followed.	Ratified security policy	Review the current security arrangements in both maternity units.	Director of Midwifery/ Director of Estates	Ops manager team	31/03/2021	30/09/2021			<p>There is 24/7 security presence at the front entrance of the City Maternity Unit.</p> <p>10/09/2021 Need to ascertain what the security arrangements are in the QMC Maternity unit.</p> <p>23/09/2021 QMC has a baby tagging mechanism in place, however, it is not robust as the tags are pinned to the babies clothing. We are unable to progress this action at present. This is a risk identified on the divisional risk register.</p> <p>08.10.2021 - LT - I've reviewed the arrangements at both sites. No door found open at QMC No doors found open at City. The contract for Security to be based in Reception at City Maternity unit has been extended for 6 months to allow a further plan to be developed</p> <p>05/11/2021 CJ a task and finish group has now been set up to progress the work about security. The issues are not just about baby tagging and are much wider than this. We need to ensure staff understand the risks and ensure we carry out some security drills and then review our performance. This is part of the work of the task and finish group.</p> <p>08/12/2021 - Request to MOC that this action is closed.</p>	Open	31/03/2021		MIP Action Plan, evidence of Safe, evidence of Safe, evidence of Safe, evidence of Safe, evidence of Safe
				Carry out a risk assessment to ensure any gaps in controls can be mitigated.			31/03/2021	30/09/2021			<p>17.08.21 DH The Trust has brought in a project manager for this: Elaine.Fry@nhs.uk, she understands the need for a specification, full tender and timeline</p> <p>06.09.2021 - Business case being drawn up for more security measures for Maternity and Neonatal</p> <p>09.09.2021 - LP is in discussions with Finance & Procurement and NNU Project Lead to identify the way forward with baby tagging for Maternity, NNU & Children's.</p> <p>17/09/21 - LP meeting with Procurement and NNU Project Manager on 24/09/21 to define the way forward after actions from previous discussions.</p> <p>24/09/21 - LP - ET (Liz Towell will now lead on this work from an operational perspective - identifying current situation and the way forward) who is organising the next meeting.</p> <p>08.10.2021 - LT - Risk assessment has been completed by Malcolm Parker - and will be handed over to Amber Clarkin</p> <p>Baby tagging demo arranged for 12.10.21. Will need tender process and business case to progress</p> <p>05/11/2021 CJ a task and finish group has now been set up to progress the work about security. The issues are not just about baby tagging and are much wider than this. We need to ensure staff understand the risks and ensure we carry out some security drills and then review our performance. This is part of the work of the task and finish group.</p> <p>26/01/2022 This action could be closed. The risk assessment was completed. It is still in date and relevant.</p>	Open			
				Review the security policy and ensure it has been communicated with staff and they understand and follow what the security arrangements are.			31/03/2021	30/09/2021			<p>10/09/2021 Clarify evidence for this to ensure this was completed.</p> <p>23/09/2021 Here say evidence suggests staff know about the procedures for security. However, we don't have robust evidence of assurance for this action. Action needs to progress. Need to review the dates on the action plan. When a new security system is procured policies will require updating.</p> <p>08.10.2021 - LT - LT Discussion with ward and CLS staff on both sites suggests good knowledge of security arrangements. Arrange formal walk around with Head of Security to review and formally document a review</p> <p>Review ways of highlighting to staff and visitors that they should not allow 'tailgating'</p> <p>05/11/2021 CJ a task and finish group has now been set up to progress the work about security. The issues are not just about baby tagging and are much wider than this. We need to ensure staff understand the risks and ensure we carry out some security drills and then review our performance. This is part of the work of the task and finish group.</p> <p>07.01.2022 - Notice re 'slip streaming' has been developed and shared with clinical areas to display at all access points. Ops managers will review to ensure all areas are displaying this. The Abduction policy has been reviewed and is scheduled to go to the following meetings as part of the ratification process. Governance 17th Jan. Safeguarding Group 27th Jan. Also reviewing possibility of training with Clin Ed team re possibility of E-Learning via ESR. Ligature risks are being reviewed across both units supported by the Trust corporate governance team and a risk assessment will be complete by mid-Feb.</p> <p>26/01/2022 Risk assessment of the ligature risks is ongoing. The missing baby policy went to the service governance meeting, however, the neonatal rep asked for this to be taken back to neonatal QRS. We received some comments on the draft policy week commencing 24 January 2022 and amendments are being made this week. Unfortunately the Safeguarding Midwife has been off work for the past three weeks. CJ will contact corporate safeguarding to see if they can offer any support as we would like to get this policy ratified and in place. In the meantime, we have shared the flow chart with the clinical teams. The Inpatient matrons at QMC are covering this on tea trolley training. The inpatient matron will also share this. This is being covered by the safe practice meeting with the Matrons. we met again today and agreed to make a video about the flow chart to raise awareness. CJ will approach the safeguarding team to ensure they raise awareness of the policy during the safeguarding updates.</p> <p>08.02.2022 - SF - there is no trust training regarding ligature training. SF made contact with Nottinghamshire Healthcare but this needs to be escalated across the trust. Will be discussed at MIP team meeting how to take forward.</p>	Open			
SP11	Women and their babies are protected from avoidable harm.	Women's care and treatment is delivered in line with current evidence based guidance and women are placed on the right pathway so they achieve good outcomes.	Feedback from Women	Undertake a clinically led review of Ultrasound Services & Serial Growth Scans pathways in to ensure that services are provided in a timely manner, in the most appropriate setting and in line with national and best practice evidence.	Improvement Obstetrician	Ops manager team	01/08/21	31/12/2021			<p>10/09/2021 This action has not yet commenced. Jane Rutherford and team be leading on this alongside the new operational managers which have recently been appointed.</p> <p>23/09/2021 A working group has been set up. Need to review the PID and the risks associated with this project.</p> <p>01/11/21 - JR - A working group is now being set up to look at ultrasound and pathways of care. This work will have short, medium and long term goals. Work has been delayed because of staffing challenges and awaiting the appointment of new consultant colleagues.</p> <p>26/01/2022 Update from Improvement Obstetrician. This project is progressing. There are challenges with the footprint of the clinic to make best use of the teams we have scanning. We only have one scanning machine on both sites. It is not clear if this is being addressed. CJ raised with the Antenatal clinic matron at the weekly safe practice meeting. Need to have some visibility of this work and offer some support to finding solutions. CJ to get an update from the ops team. need to review again.</p> <p>31/01/2022 - A business case has been submitted - looking at uplift in number of sonographers and midwife sonographers.</p> <p>31.01.2022 - new due date to be provided by Improvement Obstetrician together with new action to follow on from the business case.</p> <p>the review of demand and capacity has been completed. the case for rebalancing of the midwife and training of midwife sonog. we need to more effectively use the scan capacity that we have. we need to review the pathways of care now, we are doing that now. we have clear pathways of care that if someone has a normal scan the midwife can deal with it and doesn't need a consultant. train the ultrasound sonos that can also do the same. this will improve the flow and the ABC capacity. then we need to align the scans back up with the antenatal fetal consultant appointments so they see the consultant at the same time as the scan. this is a big piece of work. it is a big piece of work. the ops managers are leading on this (Lou Dabell). it requires some medical input but the ops managers are leading this work. the ops people - action could be split out into a number of different.</p> <p>08.02.2022 - JR has put together a business case - meeting took place yesterday and work is ongoing to work out staffing numbers and carrying out a review of space in the clinics. Both sites need review of space and also equipment - this could then increase the capacity.</p>	Open			
				What are the ongoing actions that we might do from this... Need to discuss with Jane. 27/01/22 and at MIP											
SP12	Women and their babies are protected from avoidable harm.	The wellbeing of the foetus is monitored so that changes in the normal heart rate are identified and steps are taken to escalate and act promptly on any concerns. There will be a reduction in incidents where failure to escalate concerns with the fetal heart rate are identified.	Dashboard - Fresh eyes	Review the policy for fetal heart monitoring to ensure it is in line with best practice and national guidance.			01/03/21	31/05/2021			<p>Training and roll out of replacement CTG programme is initial priority.</p> <p>Driver Diagram and PID reviewed and amendments requested at meeting of Safe practice group on 11 May 2021 - for sign off by 21 May 2021</p> <p>CTG replacement programme and associated training at City ongoing - see equipment tab</p> <p>CTG competency training ongoing - revised trajectory for 90% completion for remaining groups by 24 May 2021</p> <p>28/05/21 - PID & Driver diagram signed off</p> <p>28/05/21 - 100% of Consultants, 94% of trainees and 83% midwives trained for CTG Competency</p> <p>08/09/2021 CTG training delivered to all available clinical staff. A plan is in place to continue to train staff if they return from being on long term sick or maternity leave.</p>	closed			MIP Action Plan, evidence of Safe, evidence of Safe, evidence of Safe, evidence of Safe, evidence of Safe
				Ensure the policy has been communicated to staff.											
				Provide and ensure staff have access to learning opportunities to share best practice and learn from real life scenarios. These should include 121 clinical work alongside the fetal heart monitoring lead midwife and obstetrician.			01/03/21	31/05/2021			<p>10/09/2021 Fetal Heart Midwife is working with staff on a 121 basis, however, during July and August she has been required to work clinically due to the staffing pressures.</p> <p>23/09/2021 Fetal monitoring lead contacted and requested an update on their work plan.</p> <p>27/09/2021 All staff have access to weekly audit meetings (Wednesdays 8am) and alternate weekly CTG meetings (Thursdays 8am) where best practice and learning is shared in relation to real life scenarios. Need to confirm process of staff accessing one to one clinical support with lead MW or Obstetrician.</p> <p>06/01/2022 - SF - weekly audit meetings are still continuing, bespoke one to one work will take place as required.</p> <p>26/01/2022 CJ could this action now be closed? Need to review the evidence we hold on this.</p>	Open			
				Carry out a weekly audit of Fresh Eyes monitoring and take appropriate action to improve compliance.	Heads of Service/Director of Midwifery	Fetal Heart Midwife/Fetal heart Obstetrician	01/03/21	31/05/2021			<p>10/09/2021 Weekly fresh eyes audits continue. Evidence of weekly results stored in folders. Fresh Eyes data in the dashboard indicators. The clinical academic midwives doing a notes review to pull out themes around non compliance with fresh eyes (meeting 15th/17th September). Alongside this we are asking staff what they think gets in the way of fresh eyes? Do they think they are doing it? Can we understand a bit more about the reasons? From this we plan to create some meaningful actions. We can then audit to (hopefully) show some improvement in compliance. Also needing to understand why someone coming to see your CTG to review can't be included as fresh eyes too (as long as the person doing the review is appropriate and knows it is a review of concerns and not a routine fresh eyes).</p> <p>23/08/2021 A task and finish group has been set up. Questionnaire now being analysed to look at barriers to completion.</p> <p>27/09/21 Initial recommendations of task and finish group is to look at definition of fresh eyes (especially in relation to reviews undertaken where clinical concerns exist) and then to communicate to staff. Audit against this agreed definition. Compliance appeared much higher (94%) when reviews were included. Consider safety implications of including/excluding these from fresh eyes review. Maintain distinction in communication/escalation if requesting review for concerns over fresh eyes review only.</p> <p>15/10/2021 - RB - Definition of Fresh eyes has been amended. Now awaiting audit results of new definition.</p> <p>05/11/2021 - CJ the Fresh eyes audit is now starting to show some improvement. We are just going to monitor this for now. No recent serious incidents have been identified relating to concerns about CTG monitoring. This weeks audit showed improvements again: The fresh eyes audit continues.</p> <p>"The auditor continues to notice an improvement in fresh eyes compliance, with often only one or two time points missed.</p> <p>This week it was noticeable that nearly all the missed time points were when the first CTG review was due (i.e. one hour after starting the CTG) or when an epidural was being sited.</p> <p>It is clear that the new definition and stickers are becoming embedded in practice."</p> <p>26/01/2022 Auditing continues every two weeks. Performance is variable and although has improved, it is still not where it needs to be. Reminders given and it has been raised with the ward leaders and the Matrons. We are looking at compliance as part of the weekly matrons safe practice meeting to give more oversight and visibility to this.</p> <p>31.01.2022 - Discussion at MIP - staff are struggling to meet the 1 hour checks, audit shows that 2 hour checks are being met. RB has released 2 members of staff to help with the audits.</p>	Open			
				Review incidents which have fetal heart monitoring as a theme and ensure there are 121 conversations with the staff involved to identify individual and service wide learning needs.			01/03/21	31/05/2021			<p>10/09/2021 the fetal heart midwife is undertaking 121 conversations with staff following any incidents. Need to obtain evidence of this taking place.</p> <p>23/09/2021 The fetal heart monitoring motive is back in the role. CJ to catch up about their work plan.</p> <p>05/11/2021 work plan in place, working clinically and ensuring new staff or returning staff are up to date with training. No recent incidents have identified CTG concerns. This is being monitored closely.</p> <p>22/12/21 New SI where CTG monitoring and storage of CTG of concern. Reminder has gone out to staff about the importance of correctly storing CTG's and individual feedback to staff.</p> <p>26/01/2022 CJ is having fortnightly 121's to support the Fetal Heart midwife. Fetal Heart midwife now has a regular slot at the senior midwives meeting so she can raise any concerns and give visibility to this area. XXXXX</p>	Open			
SP13	Women and their babies are protected from avoidable harm.	New born babies receive care and treatment which is in line with national guidance. There will be a reduction in the number of avoidable admissions to the neonatal unit. We will see an improvement in our ATAIN metrics and they will be aligned to the national average.	Dashboard metrics	Carry out a review of the post natal pathway and identify areas which need further action.			30/09/22	31/12/2021 revised to 31st May 2022			<p>13.09.2021 - RB - Meeting with Neonatal postnatal/ATAIN leads 13.9.21 to discuss areas of priority and agree key responsibilities.</p> <p>Have contacted LMNS for update on actions in LMNS postnatal and Neonatal Improvement Plan to avoid duplication and ensure their actions are reflected in our own work. Where possible make use of shared developments and resources across LMNS.</p> <p>Use of digital systems, especially in community, but also in relation to information sharing across from acute and onwards to GPs and IVAs needs action and is being picked up alongside Digital team.</p> <p>Improve detection and management of hypoglycaemia, improve early feeding support and recognition of feeding issues including reluctant feeder.</p> <p>Complete work on Jaundice pathway to include how and what to audit in line with NICE guidance</p> <p>27/09/21 - Currently meeting with LMNS postnatal working group weekly to decide on actions moving forward. Group has agreed that at the moment work will continue by hospital rather than across network. Meeting with Digital team planned 1.10.21 to discuss options for PN pathway. Work with Digital MW around PN patient information ongoing. Linking with Shared Governance councils for PN wards to see how they can support pathways (C29 29.9.21, Lawrence date TBC)</p> <p>26/01/2022 This action was a longer term action. The improvement Midwife has some plans to develop some of this work. PID will be required. We are aiming to clarify this work plan by 14 February.</p> <p>01.02.2022 - LMNS working group are starting back up after a pause due to covid. Being held 22 February. Proposals will include, discharge letters, improved communications with Health Visitors and GPs (part of digital stream). ATAIN, looking at changes to NIPE examinations - new screening for cardiac problems.</p> <p>01.02.2022 - new revised due date added as this work has just restarted.</p>	Open			
				Develop and operationalise a work plan for improvements to the post natal pathway.			30/09/22	31/12/2021 Revised due date April 2023			<p>13.09.2021 - RB - Prioritise above work with identified leads for each area of work.</p> <p>22/12/21 - SB has had initial meeting with Helen Budge and RB to discuss extra care/ transitional care on wards early new year action for SB to work with PL about raising levels of accountability for new-borns on PN wards</p> <p>01.02.2022 - SF - to fully implement the revised pathways there is an interdependency with the implementation of the new maternity system which should be implemented but the beginning of 2023. There is a gradual progress over this time but the fully implement and operationalise will be once computer systems are up and running.</p>	Open			

				Ensure there are links between the ATAIN working group and the maternity service.					30/09/22					13.09.2021 - RB - Meeting with ATAIN leads 13.9.21 Leads are part of Postnatal working group and Maternity Operational Group. Shared learning activities developed and ongoing with tea trolley teaching/weekly 3 messages. 05.10.2021 - SB - update from Dr Kumar Swamy: ATAIN team is as below Kumar Swamy- ATAIN Neonatal lead Priya Kanagaraj- ATAIN Obstetric lead Nora Imolya- ATAIN neonatal team member (on break) Temtope Obasa- ATAIN neonatal team member Joanna Sutton- ATAIN midwifery link We are still waiting for ATAIN champions from each area of maternity wards but because of staff shortages, they have been pulled away to clinical work. We meet alternate Fridays to critically review term admissions and also please find the attached latest terms of reference. (ToR saved in evidence folder) 25/01/22- SF -will start to attend the ATAIN meeting from this week. Then we will look at some of the actions we can take forward. Eg. term admissions to the neonatal unit. 01.02.2022 - request to close this action as good attendance at meetings with Fiona Wallis and Hannah Lewis and Priya Kanagaraj and Nora Imolya. Ideas and actions are being developed and started to be worked on. These are now new actions in the MIP.				Open																			
				Develop and implement a programme of audit to monitor compliance with our policies on the care of new born babies.					30/09/22	31/12/2021				27.09.21 Meeting requested with Audit Midwife to discuss PN audit. ATAIN audit data shared regularly by ATAIN team. 14.10.2021 - RB - audits are being reviewed prior to being carried out. 26/01/2022 This action was a longer term action. The improvement Midwife has some plans to develop some of this work. PID will be required. We are aiming to clarify this work plan by 14 February. 01.02.2022 - ATAIN group have started working on this action with audit data now available. New action in MIP for carrying out continuous monitoring and actions relating to findings. 01.02.2022 - Request that this action is closed.				Open																			
				Establish a cycle of quality improvement projects based on audit findings					29.02.2023					01.02.2022 - SF - completion of this action is reliant on improved information sharing maternity information system and neo natal information system. QI cycle is already being implemented and will continue throughout the year.																							
				Carry out a programme of observations of the care being delivered to new born to identify the barriers as to why care is not being delivered in line with national guidance and identify actions to improve.					30/09/22	31/12/2021 revised date 30 May 2022				13.09.2021 - RB - First series of observations took place on City Labour suite to observe care in golden hour. Queens observations delayed due to staffing issues over summer. Initial insights from city useful especially in relation to role of MSW and potential developments to support early postnatal period. MSW role is within a separate project within the MIP and this will be picked up there. 26/01/2022 This action was a longer term action. The improvement Midwife has some plans to develop some of this work. PID will be required. We are aiming to clarify this work plan by 14 February. 01.02.2022 - SF - some initial actions have been added to the recruitment plan. following discussions with staff and the ATAIN team some initial actions have been identified and added into the MIP. further observational work will continue over the next three months. this will be triangulated with audit findings to develop further actions 08.02.2022 - SF - this links in with new Action SP24.				Open																			
				Identify a work plan to address the findings from the observations.					30/09/22	31/12/2021 revised date 30 June 2022				13.09.2021 - RB - TBC on completion of observations. 01.02.2022 - see update on action above.				Open																			
SP14	Women and their babies are protected from avoidable harm.	New born babies receive care and treatment which is in line with national guidance. There will be a reduction in the number of avoidable admissions to the neonatal unit or the children's hospital.	Dashboard metrics Reduce admissions to neonatal unit	Carry out a review of the Jaundiced baby guidance to ensure it is in line with NICE.					31/12/21					08.09.2021 - Revised guidance is in place. This was communicated to staff. 01.02.2022 - SF - new guidance has been written and ratified for management of jaundice in the community in addition to the roll out of TCB monitors and delivery of an education package on jaundice to Midwives and MSWs working in the community. Further work is require on new in hospital guidelines to bring it in line with the community.				closed					MIP Action Plan , Evidence/Safe , Practice/Action SP14														
				Operationalise the revised guidance.					31/12/21					10/09/2021 Once the new point of care testing machines arrive we need to start auditing if the guidelines is being followed. Further work to do on the revised guidance as we have three sets of guidelines around jaundice. The first two guidelines needs to be merged as they are both relating to the management of jaundice between 0-14 days as the care should be the same for these babies. Need to follow this up with the Professor of neonatology leading on this work. There is concern that this would be too big a document. 23/09/2021 Training has started and machines being PAT tested before sent out. Audit needs to be written to check compliance with the pathway. 05/11/2021 training on the use of the monitors is underway, once we reach 70% compliance the machines will be in use. The company has been asked to come and do the final testing. 22/12/21 Community staff have been trained and now have devices. Guideline was not ratified due to some further concerns. Meeting held 21/12/21 and some slight amendments to guideline agreed and will be actioned by 24/12/21 - agreed that community will then begin using devices prior to the revised guideline being formally ratified in January. Training on ward areas to begin in January and action to look at a combined guideline for hospital and community. 06.01.2022 - SF - training package for jaundice is being put together to work along side the guidance- this should be signed off on 10th January 2022. Community staff have been trained. In hospital staff will be focus of training with the new training package and video. 26/01/2022 Training has been completed now for all community staff. The new guideline is now in use. 03.02.2022 - SF - there have been 11 TCB incidents in the past few days. None of these have resulted in significant harm. They have mainly been too many readings or not escalated. An emergency meeting is being held today to redesign the guidance. The midwife involved in some of the incidents is helping with the redesign. The new guidance will be implemented as soon as changes have been agreed. Key staff have already had training. Incidents are being put onto Data. 08.02.2022 - SF - following on from the 11 incidents and emergency meeting, new flow charts have been put together and are being tested with scenarios before being rolled out later this week. in the meantime staff are continuing to use the original flow chart but are getting fresh eyes on any decisions.				Open																			
				Explore ways to review the data to ensure the revised pathway is reducing avoidable admissions.					31/12/21	revised due date 30 May 2022				10/09/2021 Discussions taken place with Analyst, unplanned admissions to the neonatal unit are been recorded. Data to date shows a reduction, but this needs more time and further monitoring to have robust assurance it as made a difference. 08/11/2021 We are tracking the data, there is nothing statistically significant at present, however, work is underway to break down this data to different groups. 06/01/2022 - SF - Community staff will be monitoring and data from different angles. Need to have a conversation with the analyst team about how we can best evidence this. 01.02.2022 - SF - maternity and paediatrics are already monitoring data. there is a plan to fully evaluate all data in April. 01.02.2022 - Due date revised to ensure time to evaluate and present the data and findings				Open																			
				Roll out TCB monitors in the hospital					30/06/22					01.02.2022 - New action 01.02.2022 - SF action on this is underway. Devices are already purchased so training will begin soon.									MIP Action Plan , Evidence/Safe , Practice/Action SP14														
				Review current guideline for inpatient management within maternity to mirror the community guideline, train TC workers of the use of the TCB device. Train all TC workers on jaundice including physiology (training package already developed).										01.02.2022 - new action 01.02.2022 - SF action on this is underway. Devices are already purchased so training will begin soon.																							
				Implement a new hypoglycaemic care plan document	Inpatient Matron	Improvement Midwife			30/04/22					01.02.2022 - new action 01.02.2022 - SF - new document has been developed by the ATAIN group following learning from audit and incidents. Document is currently at the printers. A programme of tea trolley teaching will roll this out operationally									MIP Action Plan , Evidence/Safe , Practice/Action SP14 , SP16 , Newspaper/Action page , Data mtd														
				Begin to record baby observations on NerveCentre	Improvement Midwife	LD and JD			tbc					01.02.2022 - new action 01.02.2022 - SF - learning from audits and incidents it is evident that communication between maternity and neo natal staff particularly around escalation of the unwell new born could be enhanced if maternity began to use NerveCentre for baby observations. as the neo natal currently use NerveCentre for handovers and sharing of information about babies. The module in NerveCentre applied only to babies of gestation of 37 weeks and over we do not currently have it enabled so LD is exploring the possibility of having this enabled. this could eliminate the need to document on paper and staff already have devices and use NerveCentre for adults. the benefit would mean faster escalation of deteriorating babies.																							
SP15	Women and their babies are protected from avoidable harm.	Women receive high quality antenatal inpatient care and treatment and their care is planned around their individual needs. We will see a reduction in the number of moderate or severe harm incidents with a theme relating to failures in antenatal inpatient care.	Dashboard metrics Reduction in incidents with harm	Establish twice daily ward rounds on the labour wards										10/09/2021 Twice daily ward rounds are established and taking place. we can not achieve this at the weekends until we have recruited the additional consultants. 23/09/2021 the ward rounds will be observed by the CCG when they come to do their insight visit on 28th Sept. 04/10/2021 - SB - wording changed from Antenatal wards to labour wards - this wording was used in action plan dated 04.03.2021 01/11/21 - JR - Consultant led labour ward rounds are in place twice daily Monday to Friday at 08.30 and 17.00 and once daily at 08.30 on Saturday, Sunday and Bank Holidays. Once consultant expansion is complete (as per consultant expansion business case) ward rounds will take place twice daily every day. As new consultants come into post the number of weekend ward rounds will increase. It was hoped that locum appointments would enable this to occur sooner, but it has not been possible to recruit enough suitable locum consultants. On every day, as an absolute minimum, there is a consultant telephone board round in the evening if there is no face to face ward round. 10/1/22 - JR - New Consultant rota being implemented 10/1/22 as 6 newly appointed consultants have now started. This will increase the number of face to face ward rounds done by consultants especially at the weekends 24/01/22 - JR we are 100% compliant with our guideline. 26/01/2022 CJ requested the evidence for this and then will look for closure. 07/02/2022 - we don't do physical evening ward rounds face to face in the evening at the weekends, we always do a face to face physical in the day. we cant achieve this until January 2023. Monday -Friday we are 100% compliant. At the weekend we are compliant with once a day face to face and once a day phone. The Ockenden standard is twice daily physical ward rounds. We will not achieve this until we have our full consultant. The action, we put in Jan 2023 date to be fully compliant with two physical ward rounds every day.						31/10/21													MIP Action Plan , Evidence/Safe , Practice/Action SP15				
				Carry out an audit to ensure ward rounds are consistently taking place.	Heads of Service	Improvement Obstetrician								10/09/2021 Need to clarify what assurance we have this is progressing. 05/11/2021 No formal auditing is happening at present, but there is monitoring of this taking place. CJ needs to clarify with JR what the audit plans are and if this action needs reviewing again now. 10/1/22 - JR - Audit of consultant ward rounds shows 100% compliance with existing guidelines. Re-audit planned March 2022 when new consultant rota embedded.				Open																			
				Establish a system of at least once daily review of inpatients and ensure that additional oversight of clinical patients at other points of handover										01/10/2021 - once a day ward rounds and most days and additional board round are taking place on antenatal wards. 10/1/22 - JR - New Consultant rota being implemented 10/1/22 as 6 newly appointed consultants have now started. This will increase the number of face to face ward rounds done by consultants especially at the weekends				Open																			
SP16	Women and their babies are protected from avoidable harm.	Women receive high quality and safe care at the right time in the right place.	Feedback from Women	Review the capacity for elective caesarean sections on both sites.										6.08.2021 - KD from DLT approved the increase from 7 to 10 with a backfill of agency staff if required in the interim. This will be reviewed in 4 weeks - LP. 17.08.21 - DH - There are now 10 theatre slots available across both sites, up from 7 previously. These are a cost pressure at the moment until a business case has been written and approved. There is a meeting with Rupert Egginton w/c 16.08.21 to start work on the business case. 25.08.2021 - JR - We will not be able to implement this fully until all of our new Consultant Obstetricians are in post. Funding has been agreed for 13 WTE new Obstetric Consultants. The first 6 posts have been appointed to and post holders are starting between September 2021 and January 2022. Further posts will be advertised on a phased basis in 2022 and 2023. 01/10/21 - LP - Elective uplift business case currently with Strategy department for comments. 08/10/21 - LP currently reviewing elective theatre utilisation and local Trust's scheduling of electives - justification for uplift case. 15/10/21 - LP in Theatres on 18/10/21 to look at theatre efficiencies initially at QMC site. LP has met with Alison Panceo who is producing data on theatre utilisation for elective C-sections on both sites. Meeting again on 20/10/21. Weekly T&F groups taking place to transfer 3 electives per week to SFH late October/early November. 06/11/21 - LP - Mock up demo taken place. ELCS built, IOL being developed. Meeting potential agency staff next week to discuss post. Pathway requires development - LH and MSW's involved. 19/11/21 - Administrator identified to book elective sections to streamline processes. Digital processes nearing completion. Utilisation of theatres requires improvement and these processes should assist with this. 07/01/2022 - JW - The waiting lists are now set up in Medway and all admin staff have access and have received training on how to view requests, add patients to waiting lists and confirm dates. They are scheduled to shadow the Gynae waiting list coordinators for further training. SOP is in development. Letter to patients to confirm ELCS booking will be created and confirmed. When all complete existing bookings will be transferred to electronic system. Following this service wide Comms will be issued informing of the new process. Full roll out anticipated for w/c 31st Jan.						30/12/21						09.09.2021 - LP - These were increased as of 06.08.21. LP has submitted Theatre uplift business case to Finance for additional costing of B4 Maternity Induction & Elective Co-ordinator on 07/09/21. LP has written a paper for temporary resource for this post. 17/09/21 - LP chased temporary resource paper on 17/09/21. D&C requested from Gynaecology for comparative WTE for admin resource. 24/09/21 - LP - Clinical pathways for the administration of electives being reviewed. LP has requested a meeting with AE, Clinical Director. KD to discuss over-arching admin resource with FD of Trust at Divisional Board on 27/09/21. 01/10/21 - LP Pathways being reviewed and approval received for a temporary theatre administrator to ensure optimisation and efficiency of lists. 08/10/21 - LP working with Digital for electronic processes and reviewing utilisation of lists. Data requested from Analyst. 16/10/21 - LP - Same as row above (think these 2 need merging). 16/10/21 - LP looking at theatre processes and efficiencies. Met with Alison Panceo and some data being produced. Review at further meeting on 20/10/21. 21/10/21 - LP - Further meeting with Alison Panceo and awaiting access to the Theatre Live Dashboard via Qlik App from SC. Confirmation from NICE Guidelines and SW that midwives are not required in theatre recovery - this can be MSW's with a recovery nurse. CJ to take to Senior Midwifery meeting and appropriate forums. Digital are developing electronic processes including a referral and partial booking list to create optimisation of these lists. Discussions taking place re: administrator of these processes to be based at City site. 19/11/21 - Admin identified for electronic booking processes. Digital Team have developed waiting lists and referral form is being finalised. 26/01/2022 CJ requested to discuss this action further to clarify what is now outstanding. JW is on leave this week but will catch up with her next week when she returns. 08/02/2022 - LB/JW - working on SOP with admin and medical staff to digitalise the booking system. Looking to progress a business case if there is a required uplift in theatres.				open							MIP Action Plan , Evidence/Safe , Practice/Action SP16
				Take action to ensure there is sufficient capacity to manage C sections that is in line with safe practice and makes best use of the resources we have available.	Heads of Service/ Divisional General Manager	Ops manager team												Open																			

SP17	Women and their babies are protected from avoidable harm.	The risks to women and their babies are assessed and monitored and managed	Implementing the Activity Safety Threshold Model	Reduce number of births by agreeing border transfers with other providers in the system.			30/04/2021	31/10/2021			1. Small numbers agreed reduction in births for women living on the borders of Derby & SFH. Comms developed both community teams to us with their women. Derby started 6th April. SFH to commence 19th April. 2. monitored through maternity dashboard 3. Tool shared from Birmingham. First meeting to discuss with Analyst 15.04.21. Analyst to practice with local data in tool. 2nd meeting planned for 26th April. 14.05.21 - work ongoing on tool due to calculation of birth to midwife ratio and agreement around data to be collected. 23.05.21 - Data requested on number of women on borders who could go to neighbouring units. Initial numbers not significant (<38). SFH have agreed to take 400 additional women PA, suggesting ELCS list on Saturday. Criteria/ Pathways and resources discussed and proposal in development including comms to women and wider. To seek engagement with MVP 05.09.2021 - data received re numbers of ECLS who meet criteria for SFH list. T&F Group weekly meeting to progress with aim for October start, depending on theatre team capacity if needing to support ITU. DLT asked to urgently progress meetings to discuss options for both sites and if activity can be justified between CHN/QMC 06.09.2021 - revised due date has been changed to end October 2021 - new date agreed by MIP Working group as agreement with SFH should be up and running then. 19.09.2021 - LP organised meeting for 24/09/21 with various representatives from both sites to define transfer pathway. Transfers planned to commence early October. 24.09.2021 - LP: meeting taking place today. Action plan developed. 08/10/21 - LP: SFH have agreed to take 3 electives per week and these will be discharged back into care post op. Weekly T&F meetings taking place and pathways being defined. SOP has been developed. HoS are reviewing pathway. 15/10/21 - LP: Pathway being defined by HoS today. Income arrangements agreed. Action plan in place. NIFE increased capacity in the community may be a issue/risk. 21/10/21 - LP: Clinical pathway has been defined. Asked SFH if they can do NIPes prior to discharge. Meeting next week is to determine Minimum Data Set requirements and transfer of patient requirements. 05/11/21 - LP - SFH are now taking 3 elective C-sections a week. Referral process defined and Obstetricians will identify at booking if patient is willing to consider SFH. Contract is sorted. Debrief re this weekend's patients on Monday 09.11.2021 - LP - I am pleased to report that the list at SFH on Saturday morning went very well and that they now have these lists booked until the end of December. I am currently working with some of the Digital Team to introduce electronic processes for C-sections. In the meantime, I would be grateful if you would be able to remind the staff of asking patients whether they would consider Sherwood Forest (Kings Mile) for their elective C-section at an appointment as per the attached criteria? 09.11.2021 - LP - The list at SFH on Saturday morning went very well and that they now have these lists booked until the end of December. 19.11.2021 - LP: No patients identified for lists on 20th and 27th November as they do not meet criteria. Patients to be identified 2 weeks in advance to allow smoother transition of notes. There is no availability for these lists on Christmas and New Year's Day. 26/01/2022 We continue to use capacity for elective C-sections at SFH where we can. Need to review this action as this may be able to be closed now. CJ to follow up with Ops manager next week. 08.02.2022 - JW in conjunction with Action SP - we will be looking to streamline the work.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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How Do we Know Our Actions Are Effective	Action	Owner	Support	Due Date	RAG	Status	Date Closed	Evidence
	Ensure all Midwives/clinical teams use a single solution to capture Maternity data (MEDWAY Maternity Improvement). Implement the Digital work plan which includes;	AW				Open		
	Replace the patient management booking system from System One Community Midwifery System to NUH Systems for all women currently under the care of the service	AW	MK/BW	31-May-22		Open		
	Explore Digitised note taking on Medway Maternity by Consultant staff	AW				Closed.		Audit - IB 7575/7573
	Upgrade Medway Maternity to the current version	AW				Closed.		Test Scripts
	Complete the K2 server migration	AW				Closed.		Email to say turned off
	Enable an interface for patient alerts between MEDWAY PAS and Maternity	AW		31/03/2022		Open		
	Extend the MEDWAY Maternity contract to 2022 to align with MEDWAY PAS	AW				Closed.		Contract
	Explore an Electronic Document Interface on MEDWAY Maternity	AW		31/03/2022		Open		
	Improve the quantity, quality and visibility of the data captured for clinical teams (Workbook and Assessment Improvement) through;	AW				Open		
	Review the flow of data capture items to reduce data duplication and reduce the number of systems in use for midwives inputting data.	AW				Closed.		Config Changes to CFM
	Review the use of the Viewpoint product to determine viability and ensure an upgrade path is identified.	AW				Closed.		Upgrade PO
	Introduce online training packages to assist and enable staff to understand the importance of data capture and to ensure consistent use of application.	AW				Closed.		Link to Intranet
	Develop and implement improvements to all assessments including the Ante-natal Risk Assessment , Antenatal referrals, Smoking referrals and Induction of labour pathway.	AW	JR/JD	31/05/2022		Open		

	Implement configuration and set up recommendations for the System C Workbook	AW	RC	31/03/2022		Open		Screen shots of new groups
	Develop the use of additional systems to capture data items on the full booking pathway prior to the appointment	AW	JW	31/05/2022		Open		
	Explore introducing a Drugs only Discharge Summary	AW				Closed.		Email from Katya
	Improve access to systems through appropriate, additional devices (Access and Devices Improvement) through;	AW				Open		
	Increase availability of Computers on Wheels in hospital based clinical areas to allow access to Medway Maternity solution and other applications	AW				Closed.		POs
	Ensure each permanent midwife has a dedicated eObs device	AW				Closed.		POs
	Review connectivity availability and speed in additional community locations as identified; improve connection speeds/resilience as appropriate	AW				Closed.		MT to evidence
	Introduce single Labour Line based in the Community Hub	AW				Closed.		Physical site
	Enable cloud printing in the community	AW				Closed.		MT to evidence
	NUH Mailboxes	AW				Closed.		MT to evidence
	Enable community pathology printing	AW		31/08/2022		Open		
	SOPs and BCPs involving digital products to be reviewed	AW				Closed.		Copy of BCP
	Complete a Digital Maturity Assessment for Maternity and take action to address the findings.	AW				Closed.		Copy of DMA
	Procure and deploy a replacement clinical solution (Future Systems)	AW				Open		
	Procure a replacement maternity system, ideally integrating with the rest of the LMNS	AW				Closed.		Procurement evaluation
	Deploy replacement maternity system across all services	AW		31/03/2023		Open		

Executive Lead:	Medical Director	
Divisional Lead	Divisional Manager	
Dated last Updated:	01.02.2022	

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	ate Complete	Evidence	Link to Evidence
E1	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff have carbon monoxide monitors available to use that are adequately maintained and fit for purpose.	Purchase order Training records	Purchase an additional 20 CO (Carbon Monoxide) monitors to support with CO monitoring.	Public Health Matron		31/05/2021	31/10/2021				21/05/21 - CO machines with service. Public Health Midwife is working with ward leads to establish how many and where machines are required so that distribution can be arranged. 28/05/21 - 10 CO monitors with matrons for distribution to in patient areas 5/11/2021 - CJ can this action now be closed as the monitors were purchased. Need to ensure there is not something else for this action that we are missing. CJ has contacted the Public Health Matron.	open		Purchase order - evidence to be finalised. Email regarding roll out of CTG machines	MIP Action Plan, evidence\Equipment\E1\email regarding CO monitors.mso
				Develop a plan to implement the monitors which includes; training of their use and ongoing maintenance arrangements			31/05/2021	31/10/2021				23.08.2021 - CO monitors: These have been received in house and have been disseminated to the inpatient Matrons to further disseminate to all the in-patient clinical areas. In terms of using them- this is work in progress as all staff in in-patient areas need to have the training. We have faced multiple blocks and hurdles with rolling out the training. These have now been resolved and the aim is to conduct some tea trolley teaching and train all the Midwives in all the areas on effectively using the CO monitors. 06.09.2021 - due date changed until end of October as training should be completed by then 05/11/2021 - training was completed. Need to ensure there are no follow on actions. CJ contacted the Public Health Matron to ensure this is now complete.			training database	MIP Action Plan, evidence\Equipment\Action E1
E2	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff working in the community have thermometers that are adequately maintained and fit for purpose.	Purchase order Spot checks to see in use in community	Ensure Welch-Allen thermometers to be rolled out across the community.	Public Health Matron	LP		30/09/2021				16.08.2021 - DH Thermometers have not yet been delivered - there is a stock shortage Need a update on when these will be delivered 17.09.2021 - Thermometers delivered to community and with MESU for checking before being given to Midwives to use in Practice. 24.09.2021 - JW - Community confirmed delays with calibrating thermometers. community PA working with MESU to confirm when this will be complete. Community can then commence training and when 70% of staff trained they can be rolled out. Requested training plan from Community Matron. Training plan confirmed with Sharon Pinkney for midwives who have been previously trained. Service Manager chasing MESU to get all thermometers commissioned and distributed asap. 01.10.21 - LP has been chasing this all week with MESU and Procurement. Have said will escalate by 4th October - please put on MIP action log 08.10.21 - LP has received communication from the Team Leader in MESU that the serial numbers have now been located and inventorying will be complete by 13/10/21 and then testing to immediately follow. 15/10/21 - LP had confirmation that these will be completed by the end of this week. 21/10/2021 - LP this will be completed next week and Community Matron aware and satisfied with outcome. 08.11.2021 - LP - Action Complete 08.11.2021 - Request MOC to approve closure of Action	open		Purchase order - evidence to be finalised.	
E3	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff have CTG monitors available to use that are adequately maintained and fit for purpose.		Secure funding for a CTG replacement programme within 21/22 year. Develop a plan for the roll out of the new machines	Fetal monitoring Midwife		31/03/2021					Completed and funding secured. Project plan in place for training and roll out for all 51 of the replacement CTG machine. 10/09/2021 This action links to the updates below in action E4. 09.09.2021 - JW - This is included in the work plan for the new Maternity SGM who is due to start mid-October. The SGM will work closely with the Fetal Monitoring Lead Midwife and clinical areas to identify a plan for when CTG machine replacements are due to enable early identification and annual MEPG bids will be submitted as required. This will also be the process for any other equipment with a unit cost of over £5k across the service. 27.09.2021 - At meeting on 14 September 2021 MOC agreed that this action could be closed. 05/11/2021 Need to check that the machines are embedded and get some evidence to close this off now. CJ emailed fetal monitoring midwife	Closed	09/03/2021	MEPG bid Roll Out Plan + Implementation email regarding roll out of CTG machines	MIP Action Plan, evidence\Equipment\E3\CTG machines.mso
E4	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff are appropriately trained and skilled to use the CTG monitors.	Training records	Deliver training on the Huntleigh T20 replacement / new CTG machines and then roll out the machines.	Fetal monitoring Midwife		31/05/2021					Machines in place and in use at QMC from 1 May 2021. 03/06/2021 - Training continues on city site but behind trajectory as performance (at 01/06/21) is 61% against a trajectory for w/e 28/05/21 of 70%). Concerns have been escalated to service leads as capacity to deliver the training is the issue 28/05/21 - Training underway on City site and performance (at 27/05/21) is 57% against a trajectory for w/e 28/05/21 of 70% 20/05/21 Training underway on City site and performance (at 19/05/21) is 49% against a trajectory for w/e 21/05/21 of 60% Training underway on City site and performance (at 13/05/21) is 44% against a trajectory for w/e 07/05/21 of 50%. 16/07/2021 - CTG machines delivered to the wards on the City site as all training complete now. Will need to check that the new machines are available and being used. 06.09.2021 - machines have been delivered - Group agree that action to be closed. To be presented to the MOC 27.09.2021 - At meeting on 14 September 2021 MOC agreed that this action could be closed.	closed		records that machines are in place	
E5	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff have access to equipment in line with national guidance.	Purchase order	Secure funding for the roll out of bilirubinometer across the service.	Maternity Improvement Midwife		31/10/2021					16.08.21 DH Hoping for approval to purchase the TCB meters this week. Delivery / training should be completed 6 weeks later. 08.09.2021 - JW - These have been ordered. Purchase Order (201129002) was raised 08.09.2021 by Procurement who are liaising with the Supplier to expedite the order as soon as possible. 17.09.2021 - Bilirubin meters delivered 14.09.2021 05/11/2021 The machines are now waiting for the company to do the final checks. Training gone well in the community. Some more training for the inpatient monitors is still needed. 06.01.2022 - SF - all machines are in the community. More training still needed for inpatient monitoring. 01.02.2022 - request that this item is closed as a follow on Action is in place on tab SP14	Open		Purchase order	MIP Action Plan, evidence\Equipment\E5
				Develop a project plan for the rollout of the meters once funding is secured, to include: training, updating the policy and guideline, and ongoing maintenance of equipment.								10/09/2021 A training plan is in place and starts 13/09/2021 27/9/21 Training underway with % community staff trained, hospital based staff training to commence this week. Devices currently in MESU with three monitors prioritised for checking to support training program. Guideline update (including SOPs re use of monitors) being finalised. 05/11/2021 Some final tweaking to the policy being carried out. The training in the community has gone well and has reached the required 70% now. 06.01.2022 SF - A training package is completed and will be made available staff, MSW and midwives. There will be further comms about the new guideline. All jaundice guidelines will be pulled into once overarching guideline. Helen Budge is support on this work. 01.02.2022 - request that this item is closed as a follow on Action is in place on tab SP14	open			
E6	Women and babies are protected from avoidable harm because equipment is safely maintained.	Equipment is regularly serviced and checked in line with manufacturers instructions and electronic testing requirements.	Spot checks	Confirm and communicate the process for clinical equipment servicing and maintenance and ensure staff understand what to do if equipment becomes broken or damaged.	Service General Manager - Maternity	JW	30/09/2021					17.08.21 DH - Any faulty medical equipment should be reported to the Medical Equipment Servicing Unit (MESU) (Ext: 82505) in the first instance, or the device can be taken to the MESU Reception. If MESU advise that the device cannot be repaired then Medical Physics and Clinical Engineering (MPCE) can support with advice about replacement. For replacement medical equipment, in general items costing >£5K each (inc VAT) are capital expenditure and will require a capital bid to be approved by MEPG, but there are a few exceptions. Items costing under £5K (inc VAT) are funded from the revenue budget, regardless of quantity. For either way of funding, Medical Equipment approval and Procurement approval will be required before items can be ordered, so it's best to contact the Medical Equipment Planning team as soon as there is a need for a medical equipment acquisition (including loans, donations etc.); MedicalEquipmentPlanningUnit@nuh.nhs.uk. With regards to purchasing maintenance contracts, it depends on whether the equipment can be serviced and maintained in-house by MESU. If it cannot, a maintenance contract is required. 09.09.2021 - JW - Currently Housekeepers within each area keep a record of all their assets including servicing dates etc. The Trust is currently implementing a new centralised system to provide an electronic register of assets for all specialities. IG have stated they are arranging a meeting with Emma Fillmore to discuss the roll out of the new system within Family Health. 17.09.2021 - JW - Meetings taken place with Lawrence, Bonington, B26 and C29 to date. Confirmed Housekeepers are aware of responsibilities and following correct processes in relation to equipment servicing. Managers clear of process to order replacement equipment either via budget or via MEPG bid process (with support from SGM). Housekeepers keep a record of all their assets including servicing dates etc. Clinical Engineering (Mark Westby) keeps a centralised list of all assets that are the responsibility of MESU for servicing. Clinical Engineering circulate a monthly 'Assurance Preventative Maintenance (APM)' recall lists to all SGM's on a monthly basis which identifies all equipment that is due servicing. List will be shared with clinical managers and housekeepers in order that equipment servicing can be arranged. Recent list sent to all managers and housekeepers 14.09.21 24.09.2021 - JW - JW Meetings taken place as follows; Lawrence/Bonington 14th Sept - COMPLETE Labour Suite City 17th Sept - COMPLETE C29 13th Sept - COMPLETE Labour Suite QMC 22nd Sept - COMPLETEANC 21st Sept - COMPLETE B26 17th Sept - COMPLETE Community 23rd Sept - COMPLETE Process for equipment servicing and maintenance, plus replacing any equipment/purchasing new equipment has been explained at the meetings above and is understood by all clinical managers and housekeepers. All existing staff are currently working to the correct processes, and new housekeepers/PAs are aware of the trust processes. Guide produced and circulated for information. The service does experience delays when equipment is submitted to MESU for servicing, however this is likely to be a Trust wide issue. Asset logs were discussed at the same meetings (above) and all managers, housekeepers and PAs are aware of their responsibilities to maintain an accurate and up to date asset log, identifying when equipment is due for servicing and coordinating this process. All area's currently maintain an asset log and are reviewing this for accuracy and equipment servicing due dates. Compliance will be monitored via spot checks. 04.10.2021 - SB - Request MOC agreement to close action.	Open		Medical devices guide	MIP Action Plan, evidence\Equipment\E6
				Confirm and communicate the arrangements for the maintenance of the asset register for clinical equipment and ensure staff are aware of their responsibility for ensuring this is kept up to date.		JW						09.09.2021 - JW - Currently Housekeepers within each area keep a record of all their assets including servicing dates etc. The Trust is currently implementing a new centralised system to provide an electronic register of assets for all specialities. IG have stated they are arranging a meeting with Emma Fillmore to discuss the roll out of the new system within Family Health. 17.09.2021 - JW - Meetings taken place with Lawrence, Bonington, B26 and C29 to date. Confirmed Housekeepers are aware of responsibilities and following correct processes in relation to equipment servicing. Managers clear of process to order replacement equipment either via budget or via MEPG bid process (with support from SGM). Housekeepers keep a record of all their assets including servicing dates etc. Clinical Engineering (Mark Westby) keeps a centralised list of all assets that are the responsibility of MESU for servicing. Clinical Engineering circulate a monthly 'Assurance Preventative Maintenance (APM)' recall lists to all SGM's on a monthly basis which identifies all equipment that is due servicing. List will be shared with clinical managers and housekeepers in order that equipment servicing can be arranged. Recent list sent to all managers and housekeepers 14.09.21 24.09.2021 - JW - JW Meetings taken place as follows; Lawrence/Bonington 14th Sept - COMPLETE Labour Suite City 17th Sept - COMPLETE C29 13th Sept - COMPLETE Labour Suite QMC 22nd Sept - COMPLETE ANC 21st Sept - COMPLETE B26 17th Sept - COMPLETE Community 23rd Sept - COMPLETE Process for equipment servicing and maintenance, plus replacing any equipment/purchasing new equipment has been explained at the meetings above and is understood by all clinical managers and housekeepers. All existing staff are currently working to the correct processes, and new housekeepers/PAs are aware of the trust processes. Guide produced and circulated for information. The service does experience delays when equipment is submitted to MESU for servicing, however this is likely to be a Trust wide issue. Asset logs were discussed at the same meetings (above) and all managers, housekeepers and PAs are aware of their responsibilities to maintain an accurate and up to date asset log, identifying when equipment is due for servicing and coordinating this process. All area's currently maintain an asset log and are reviewing this for accuracy and equipment servicing due dates. Compliance will be monitored via spot checks. 04.10.2021 - SB - Request MOC agreement to close action.				

Executive Lead: Chief People Officer																
Divisional Lead: OD Consultant																
Dated last Updated: 08.02.2022																
Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
S1	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place.		Implement the staffing related actions from "immediate action plan" that were submitted to CQC in July 2021; Reference 1 and 3	Director of Midwifery and Heads of Service		30/07/21	31/10/21				Progress reported through separate governance process 23.08.21 - 36 staff expected to join NUH by October 2021 ; rolling advert continues. No applicants for HoM post; DDOM post offered but declined. DOM exploring other options to provide senior midwifery support. EOI submitted jointly with SFH for funding for international recruitment. DOM undertaking staffing review / refresh based on BR+ recommendations and previous workforce plans 06.09.2021 - due date revised as new staff should have joined trust by then 06.10.2021 - Request MOC agreement to remove this action as it is covered by actions in the Action plan already 24/01/22 -This action was not closed due to operational issues of the MOC. It will be taken back to the MOC in February 2022	open		Evidence embedded is supplementary action plan, to include rotas	MIP Action Plan evidence/StaffingAct on S1
S2	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of MDT meeting records	Through daily MDT ensure there is senior oversight and documented evidence of non medical staffing levels (Midwives, MSW's, receptionist and administrators) so that risks can be mitigated against in a proactive way.	Director of Midwifery		30/07/21	30/09/21				15.07.21 update - MDT meeting happens 7/7. Review of documentation has shown inconsistent recording of staffing levels and acuity. Senior leadership rota being developed to oversee the meetings and ensure documentation. Communication of process and level of importance to be completed with matrons 06.08.21 update - increased frequency of MDT meetings (3 per day) to ensure senior oversight, support and direction is provided to maintain safe staffing levels over August. 13.09.2021 This action has now become business as usual, but the CCG report there are variances with how proactive the call is in terms of looking ahead. 24.09.21 - PL- SW confirmed that the last 10 minutes of each MDT meeting are now dedicated to discussing elective activity. Propose this action moves to Green. 27.09.2021 - At meeting on 14 September 2021 MOC agreed that this action could be closed.	closed		Daily staffing reports, rotas.	
S3	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of the review Business Case	Complete a review of the required non medical skill (Midwives and MSW's) mix for the maternity service so the service has a clear workforce strategy that plans for the future.	Director of Midwifery	RB	31/07/21	30/11/21				09.03.21 update - need to show how we mitigate workforce gaps e.g. midwifery support workers and skill mix review. DOM undertaking review with external support. 29.03.21 update - review identified areas of focus as MSW's and Admin. Deeper work underway to detail these extended roles which will free up midwifery time 16.04.21 update - workforce plan to be developed to include 'plan B'. Additional HR resource being sourced to support progress. MSW project initial scoping meeting scheduled for w/c 19.04.21 - see Training tab. 22/11/2021 the review has been completed and they are working to a 90/10 split of MW to MSW. Once the MSW work has been completed and they have been through their care certificate and have piloted the new band 4 MSW they will have greater clarity about how the role is working and will be able to further refine their plans. 01/12/2021 band 234 jobs have gone for job matching . Have just submitted an Eoi for some funding for some roles to support the development of out MSW project to NHSEI. 28/01/2022 - jobs are being job matched. They will then go out to advert. Pilot a band 4 MSW through STBG. National competencies of MSW at band 2, 3. The band 2 maternity care assistants. the band 2 and 3 jd reviewed. we will need to talk to staff and the unions. clarifying timescales. there is a band 6 to support the apprentices. the plan is they will start at uni 31/01/2022 - JN - B4 and B6 MSW job match completed. Lisa Common to liaise with Michelle Place. Apprentice Lead re apprenticeship and then put on TRAC w/c 31/1/22. 31/01/2022 - JN - B2 and B3 MSW job description and job matching to be completed as wider exercise. This work will continue February 2022. CW to confirm with RB timescales. 31/01/2022 - JN - Shortened Nurses to Midwifery MSc course - Director of Midwifery agreed to progress with future cohorts as January 2022 cohort too imminent. Next cohort to be confirmed.	open		email re midwives working in theatres	MIP Action Plan evidence/StaffingAct on S3
				Prepare and submit a business case for additional roles to support delivery of the workforce strategy.								23.04.21 update - interviews for additional HR resource to lead workforce plan scheduled for 29.04.21 07.05.21 update - KW assigned as lead for MSW project and PID in development 15.07.21 update - MSW project has stalled due to capacity of lead. Project to be reassigned. 09.09.2021 update - workforce plan will be distributed to MIP working Group on a weekly basis. 09.09.2021 update - R Brown taking Lead on MSW 09.09.2021 - update - Currently scoping PID and confirming the Objectives with DoM. 24.09.21 - PL - objectives confirmed with DOM and PID agreed at People Sub-group 24.09.21 01.10.2021 - RB - on 4 October there is a meeting with LMNS re MSW to ensure that NUH work is aligned with direction of LMNS 22/11/2021 This does not need a business case. There are two arms to this; the major MSW project which includes the band 23&4 but in amongst this there is the discrete STBG project for the 14 band 4 apprentice MSW in the deprived wards in Nottingham . This action is now not fit for purpose as this work has moved on. The action should now be "implement the national, regional and local trajectory and career framework for MSW including STBG project." We are concerned about the delivery of this action project because it is a large project which needs a lead to drive the actions. It requires someone to dedicate some time to this. We are running out of time to recruit the band 4 apprentice MSW (x6) posts and also the band 6. Need to escalate this at the MIP on 22/11/2021. XXXXXXXXXXXX CJ update 31/01/2022 - JN - Additional funding 1 year fixed term contract (non recurrent) for Recruitment and Retention Lead (interviews 2/2/2022), Project Manager (interviews completed), Project Support Officer (CJ to confirm), Administrator (interviews w/c 31/1/22). Finance to roll over funding to 2022/2023. 31/01/2022 - JN. HRBP joined the Maternity Improvement Programme and will be supported by Family Health HR team. CW, AHRBP to continue with metrics and statistics.				
				Explore options to support staffing gaps through additional support from general nursing and healthcare support workers and other members of the MDT as appropriate (for example, to support with post operative care)								22/11/2021 Have funding for 5.04 WTE; Two are at offer stage and one due to commence in January 22. 25/01/22 CJ These posts were offered as FTC which was putting people off applying. SW to discuss with Chief Nurse to see if we could offer a permanent role. The obstetric nurses have had really good feedback from the teams about the support they are providing, generally it is felt these posts have made a difference. we have only recruited one registered nurse so far. There is a live advert for one nurse out currently. 31/01/2022 - JN - Exploring assistance from qualified non-operational personnel.				
				Develop and implement a plan to implement the MSW workforce reconfiguration. Including:	Head of Midwifery	??	31/08/22									
				1. The introduction of revised job descriptions for band 2 and 3			28/02/22					25/01/22 job descriptions go to panel on 28th Jan. 31/01/2022 - JN - The band 2 and band 3 job descriptions and job match to be considered as wider scope. Work to commence February 2022. AHRBP to progress with Head of Midwifery.				
				2. update to ESR codes			28/02/22					25/01/22 As part of the national work, there are new ESR codes. We need to go through and highlight who will be affected by the change in job title and then get the ESR codes. 31/01/2022 - JN - To be completed as part of the action above in terms of conversations with staff. Initial conversations with Workforce Information Team around system changes have been completed. System to be changed once agreement has been reached. AHRBP to progress with Head of Midwifery.				
				3. Develop Care Certificate 2 training plan			31/03/22					31/01/2022 - JN - Consideration for B3 MSW's who do not or cannot undertake the care certificate.				
				4. Implement Care Certificate 2 training plan			28/08/22									
				5. Using the ADKAR model support level 3 MSW's and Midwives to adopt the changes to new Job descriptions			28/08/22					31/01/2022 - JN- is this not an extension of the first action?				
				Develop career progression routes for Band 2 - 4 MSW's			31/03/23					31/01/2022 -JN- B4 and B6 jobs are matched and recruitment to progress imminently. Will the Institute be able to support in completing this?				
S4	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of Successful recruitment	Complete the recruitment of approved non medical maternity posts.	Director of Midwifery	CW	30/07/2021	30/03/2022				Project team put in place and initiation document drafted. Recruitment trajectory developed 09.03.21 update - Document simple workforce plan to show uplift over time and retention tools, report on completed recruitment activity over Feb/March 29.03.21 update - workforce plan V1 in place and detailed processes being developed to ensure all opportunities to maximise labour market and internal retention 16.04.21 update - workforce plan to be developed to include 'plan B'. Additional HR resource being sourced to support progress. 14.05.21 update - PS, HR project manager, starts 17.05.21 Over establishment process in place 15.07.21 update - interviews held 12/7/21 for 6 vacancies. Candidates appointed to all. In addition, a locum consultant has been appointed to start Sept 21. PS has left NUH and CW has been appointed as replacement workforce planning lead to the programme to start beg August. 06.08.21 update - recruitment is ongoing for Band 5 and 6 midwives. Recruitment incentives have been agreed including Golden Hello and appointing to point 2 of B5 pay scale for newly qualified. HOM vacancies are with Chief People Officer/agency. Interview date set for remaining 7/10 International recruitment vacancies in September. Keeping candidates warm activity - HOM has made phone calls to all new starters, introductory events held and some take up. 23.08.21 - 36 new starters due in by October. HoM posts going out to advert 31.08.21 update - Maternity Workforce Plan is updated weekly. Latest copy to be circulated with Action Plan. 12/09/2021 Maternity workforce plan to be sent every time there is an update (currently weekly) so that it can be stored for evidence. 24.09.21 - PL - SW and CW to meet with finance to ensure Workforce Plan is providing the one version of the truth 09.11.2021 - CW - DoM, Assistant HRBP and HRBP met with Finance on 5.10.21 to cross reference and agree one version of the truth of the workforce plan. This is updated on a weekly basis to track progress. Weekly checks taking place to identify hard to fill posts and posts that require input to progress the recruitment process. Recruitment and retention working group continues to meet on a fortnightly basis to progress recruitment and retention actions. 26.11.2021 - CW - Workforce plan continues to be reviewed and updated on a weekly basis. Based on current recruitment against Birthrate plus projecting a vacancy of 40.93 (B5/6 Midwives) by March 2022 so working to try to reduce that gap through recruitment and retention work. Reviewing and amending attraction strategy for B6 and 7 Midwives (development offer, what makes Nottingham appealing and different to elsewhere - nature of work, professional opportunities etc.), videos have been filmed and are being edited before being launched to complement recruitment campaigns, international recruitment regional bid successful and business case being written by Division for implementing - aiming to have in post by July 2022. HOM advert has closed and interviews being arranged. 25/01/2022 We were not successful in recruiting to the HOM post. We are currently live recruiting band, 5, 6 midwives, Legacy mentors, maternity nurses. We have gone out to agency for support for the NHSI funding for recruitment (band 3 admin assistant, project support officer band 5, band 7 recruitment and retention lead, project manager band 7). There is a trust wide project looking at recruitment, this person will give some dedicated time to maternity. JUSTR are a company that has been engaged to work on branding and marketing. Neil is meeting with finance this week to check the funding for this. Plan to look at recruitment from Scotland and Ireland. Currently on TRAC there is a consultant midwife for Q&S a senior trust grade registrar for obs and gynae and ward receptionist posts. We have worked on streamlining the recruitment process and shortened this by three weeks. 31/1/2022 - JN - Maternity recruitment process has been reviewed resulting in a time saving of 2 weeks. Agreement that like for like posts do not require DLT approval.	Open			
S5	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of use of E roster	Implement skills mix templates from E-rostering Paper which will enable the service to make best use of the system for workforce planning.	Assistant HR Business Partner			30/09/2021				Work commenced w/e 05.03.21 29.03.21 update - e-rostering team working with services to implement skills mix tiles. Process guides to be developed. Work due to complete 30.04.21 16.04.21 update - work is ongoing 30.04.21 update - skills mix templates implemented. Further work required on adding the skills and competences of staff which will be completed by 31.05.21 15.07.21 update - Asst HRBP getting update from E-roster team on current position and activity 20.08.2021 - e-roster - C Woodhall working with the roster team to provide training to managers on pulling the reports from the system 31.08.21 update - e-roster team have confirmed all skills collation on the system is complete. CW to undertake spot check by 10.09.21. Roster team to provide Quick Guide for managers to keep data update over the long term. 13.09.2021 The E Roster will need to continue to be reviewed to ensure it is being used appropriately. This action has progressed but it needs to stay open until this become embedded and business as usual. 06.10.2021 - Request MOC to agree to close this action	Open			
				Provide guidance and learning to relevant staff to ensure roster system is used effectively on a day to day basis.								13.09.2021 The E Roster will need to continue to be reviewed to ensure it is being used appropriately. This action has progressed but it needs to stay open until this become embedded and business as usual. 25/01/22 the roster team have guides. xxxxxxxxxxxx check, this isn't charlottes				

S13	Women and their babies are treated by the right number of appropriately skilled and competent staff.	The maternity service is supported to manage medicines in line with national guidance.	Evidence of recruitment to roles	Review the capacity of the Medicines Management team support to the maternity service to ensure it is fit for purpose and can support with the safe management of medicines. Additional staffing to be secured as required to address any gaps identified.	Chief Pharmacist	AW	31/12/21					12.08.2021 update - Due to ongoing operational issues and clinical risk within Maternity the Clinical Support DLT have instructed Medicines Management to create (additional) substantive Maternity Pharmacy posts, at financial risk whilst a formal business case is developed with the FH Team. 1 Band 7 Pharmacist post created and 2 x Band 5 MMT posts on TRAC currently awaiting approval. 09.09.21 Please note this is not the same scheme as SP3 so please do not delete. LP has been in discussions with Medicines Management; 1 x B7 & 2 x B5 for each site out for locum and on TRAC for recruitment. Shared risk between CSS and Maternity. LP to write business case for requirements once recruitment of successful skill mix to locum posts as there is a national shortage. 13.09.2021 - LP has a meeting with Andy Wignell on 21/09/21 to review current arrangements and initiate business case. 24.09.21 - LP - LP met with Andy Wignell and interviews for 1 x B7, 2 x B5s taking place on 29/09/21 - strong applications. Andy has commenced the business case and LP to finalise. 06/10/21 - LP has received draft business case from Andy Wignell and currently being reviewed - to add and for comments. 19/10/21 - LP has reviewed and updated with AW. Awaiting costings from Finance which are due today. 21/10/21 - LP - Business case drafted, reviewed and financial queries being discussed on 28/10/21. 05/11/21 - LP - Business case approved at BU Meeting on 04/11/21. DLT QI w/c 8/11/21 19/11/2021 - LP: Presented to DLT QI on 11/11/2021 and requested by Finance to presented as collective pharmacy requirements for Family Health. This is currently being progressed. 19.11.2021 - AW - We have been successful in recruiting to our two Band 5 technician posts. They both have start dates early-mid January. One will be able to "hit the ground running", the other will require some additional training/validation as she is joining us from outside NUH. Sadly, we were not successful in recruiting to the Band 7 Pharmacist post (it went out twice). I am planning (this afternoon) to get it back on Trac with a slightly different job plan to see if that helps. Otherwise we may need to put out for an 8a Pharmacist at slightly less than full time (keeping the cost envelope the same). 31/1/2022- JN - Band 7 Pharmacist post offered, candidate currently undergoing pre-employment checks.	open		Daily staffing reports, rotas.	
S14	Women and their babies are treated by the right number of appropriately skilled and competent staff.	The maternity service areas are adequately cleaned and are compliant with national guidance relating to IPC.		Review the capacity of the domestic cleaning / housekeeping teams across the maternity service to ensure there is adequate hours for cleaning. Additional cleaning time to be secured as required to address any gaps identified.	Director of Estates and Facilities	Ops Manager	30/09/21					17.08.21 DH Getting hold of cleaning schedules for Maternity, which will then be reviewed with the clinical areas. 09.09.2021 - JW - Cleaning schedules for all clinical areas obtained from Estates and Facilities. Meetings currently being arranged with Clinical Managers to review current provision and findings will be feedback to DOM. 15.10.2021 - JW - Agreed at previous MIP meetings this was a duplication of SP5 - Can this be closed in line with SP5 evidence?	open		Daily staffing reports, rotas.	
S15	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Cohort of Apprentices Research report on impact of the project	Implement the Small Steps Big Change Healthy Pregnancy MSW pilot project	Director of Midwifery	Consultant Midwife/Head of Midwifery	31/12/2024					01.02.2022 - New Action 08.02.2022 - LC - funding time line has been changed - Band 4 and Band 6 jd's have been approved and are out to advert.				
S16	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place		Complete recruitment to meet Maternity workforce plan	Director of Midwifery	HR Business Partner						01.02.2022 - New action				

Executive Lead:		Chief People Officer														
Divisional Lead		OD Consultant														
Dated last Updated:		09.02.2022														
Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
T1	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Mandatory training targets are met.	Training Needs Analysis	Establish a process for the service to complete an annual training needs analysis for staff working in the maternity service to include, Midwives, Obstetricians, Maternity Support Workers, Anaesthetists, Neonatologists and paediatricians.	OD Consultant		31/12/21					Non completion reports sent to Deputy HOMs and Matrons for validation and actions to complete, plus any specific issues that prevent completion. Return date of 08.03.21 at which point analysis to understand what might need mitigating. Carol Drummond monitoring with Dep HOMs weekly 29.03.21 update - Active monitoring of completion of mandatory training taking place on a twice weekly basis 16.04.21 update - monitoring continues twice weekly where possible. Alternative method of delivery of CTG competency training to mitigate issues with ESR/OLM systems currently affecting the Trust which have been escalated to the national team/IBM 23.04.21 update - ESR/OLM issues not yet resolved 30.04.21 update - ESR/OLM issues resolved. Work needed with managers to improve completion rates for NLS, AHLs and Prompt 28.05.21 update - education risk assessment being completed by the service w/b 31.05.21 06.08.21 update - as part of work on induction, trust mandatory training being clarified, including frequency/course duration/role 22/11/2021 update - There is going to be an organisational wide TNA by the end of the year. 08.02.2022 - PL - Organisational wide TNA will be completed by end of February.	Open		Copy of MDT training schedule % completion of mandatory training, where below 90% inclusion of recovery plan and residual risk assessment.	
T2	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Mandatory training targets are met.	Training Rates data	Develop a training plan and timetable to meet: 1. annual mandatory training requirements, 2. bespoke training to address any lessons learned and any new developments in practice, 3. any gaps in knowledge of individuals as identified through supervision and PDP 4. Assess the capacity and availability of the Clinical Educator workforce to deliver the identified training needs. 5. Create additional capacity to enable staff to be released for mandatory training. Submit the training plan to the LMNS for validation three times a year.	Deputy Director of Midwifery	PL	30/01/21	31/03/2021				13.09.2021 - 7 day block proposal has been developed - Jane Kenny has a draft proposal. Need to follow this up with Governance and DOM. 24.09.21 - PL - fortnightly task and finish group established to progress 06.10.2021 - PL - Whole Action to be discussed at Task and Finish Group on 19th October - Prioritising Annual Mandatory training 2/11/2021 update - There is going to be an organisational wide TNA by the end of the year. 09.02.2022 - SS - currently writing a Training and Education framework 05/11/2021 Task and finish group has met every two weeks. A training plan is in place. We have explored options for the delivery of the training and are in the process of getting quotes for external venues who can accommodate our needs. A business case will need to be done once we get the quotes in. In the mean time we do have some in house space and are using this, but it is not enough to be able to deliver the amount of training we need to deliver. 22/11/2021 SS is reviewing the training mandatory training requirements to see if 8 days is still required. 05/11/2021 we have a significant sum of money identified for maternity for CPD for midwives or registered nurses. An update on the current situation was presented to the task and finish group. A reminder about the funding was sent out to ward leaders and matrons and an article put in the weekly newsletter. There is funding available for leadership development, NIPE training, BSc top ups etc. 05/11/2021 Although this action is amber it will not reach its full potential until we are in a better position with our appraisals. Ad hoc identification of training needs is taking place. 05/11/2021 this action could now be closed. We have increased the capacity of the clinical educator team and provided admin support. CJ to request the evidence to support this closure. 05/11/2021 Staffing capacity is not particularly improving, however, the service is releasing staff for training as much as possible. The number of cancellations is being monitored. Data on mandatory training compliance is now in the dashboard. Needs to be monitored to ensure it begins to improve. 05/11/2021 Support from the CCG for this this action has been offered.	Open		Copy of MDT training schedule % completion of mandatory training,	MIP Action Plan, evidence\Training\T2
T3	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	90% of all maternity staff will have completed all mandatory training	Evidence training environment has been secured	Progress the Business case that enables the training that allows access to venues, training space, training equipment and on line learning packages.	Head of Quality and Safety - Maternity	PL	31/03/21					13.09.2021 - The business case has stalled. Conversation needed with the new managers in place. 24.09.21 - PL - SW has requested support with venues from the LMNS 06.10.2021 - PL - Task and finish group are exploring the option of using external venue space. 06.10.2021 - Request a new due date from MOC 08.02.2022 - Business case on Agenda for DLT on Thursday of this week. 17.02.2022 - JW - Business case approved by DLT, and Finance Business Partner confirmed funding available. Informed Trent Vineyard that NUH secured funds and awaiting a response to confirm next steps	Open		Copy of MDT training schedule % completion of mandatory training, where below 90% inclusion of recovery plan and residual risk	
T4	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Staff report feeling supported to maintain and further develop their professional skills and experience.	Evidence of CPD funding spend	Ensure CPD funding for midwives is ring fenced and there is a process in place for applying against the funds available.	Assistant Director of Nursing		31/03/22					06.08.21 update - CPD funding for 21/22 confirmed (£130k) 16.08.2021 - CPD funds ring fenced and available, with PDM/DoM for allocation against training needs analysis and priorities 13.09.2021 - could this action be closed. CJ to discuss with DOM. 05/11/2021 The CPD funding is ring fenced. Need some evidence to demonstrate this but this action could now be closed	Open		Emil confirming allocation	MIP Action Plan, evidence\Training\T4
T5	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	90% of all maternity staff will have completed all mandatory training.	Dashboard of training compliance	Develop and implement a process for monitoring compliance with training and escalation of deviation from trajectory.	Deputy Director of Midwifery	PL	31/03/21	31/12/2021			Trust Mandatory and Role Specific training compliance	SB working on development of the process 29.03.21 update - draft process created, currently being tested 16.04.21 update - to table at next People sub-group meeting 14.05.21 update - work ongoing to develop process 20.05.21 update - Manager Quick Guide for monitoring mandatory training compliance developed and shared with service. Service to cascade and embed with support from HR as appropriate. Final version of SOP Pathway CTG Competency shared with trade unions and service. Issues with data quality in ESR remain. Service completing establishment reviews for midwifery w/c 24.05.21. 28.05.21 update - establishment reviews completed for QMC and City which has highlighted a number of changes required in the system and some HR intervention which will refine the denominator data. Not completed, but PROMPT training completion is to target. CTG competency completion rates are much lower, actions are being taken to increase, but concerns with data quality on ESR to provide accurate oversight 29.03.21 update - ESR issues have been resolved and compliance is increasing steadily. Situation under constant review and dedicated resource identified in the training dept. to respond to urgent queries and any further that may arise. Fresh Eyes process in place as mitigation. 16.04.21 update - ESR/OLM issues across whole Trust, escalated to national team/IBM, alternative methods of delivery in place including pilot project led by Naomi Taylor 23.04.21 update - ESR/OLM issues not yet resolved 30.04.21 update - ESR/OLM issues resolved. Work required with managers to increase Prompt completion rates. 04.05.21 update - work ongoing to develop process 20.05.21 update - Manager Quick Guide for monitoring mandatory training compliance developed and shared with service. Service to cascade and embed with support from HR as appropriate. Final version of SOP Pathway CTG Competency shared with trade unions and service. Issues with data quality in ESR remain. Service completing establishment reviews for midwifery w/c 24.05.21. 28.05.21 update - establishment reviews completed for QMC and City which has highlighted a number of changes required in the system and some HR intervention which will refine the denominator data. Not completed, but PROMPT training completion is to target. CTG competency completion rates are much lower, actions are being taken to increase, but concerns with data quality on ESR to provide accurate oversight 24.09.21 - PL - fortnightly task and finish group established to progress 08/11/2021 Data for mandatory training being collated and presented to the division. The training team are also monitoring compliance.	Open		Copy of MDT training schedule % completion of mandatory training, where below 90% inclusion of recovery plan and residual risk assessment.	
T6	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	All relevant staff are able to demonstrate competency in CTG interpretation.	Dashboard of training compliance	Roll out CTG training and competency assessment to all relevant staff. All new F2's and GPST Doctors who started in Obs & Gynae to have the CTG competency and assessment training as part their induction programme.	Associate Director of Maternity Governance		07/12/20					F2s and GPST's not expected to interpret, but know when to escalate. 13.09.2021 - The training roll out was completed. This action is closed now.	Closed		Observational audit The Prompt package is available to staff and compliance with competency assessment will be measured through monthly reports to DLT.	
T7	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Staff report feeling supported to maintain and further develop their professional skills and experience.	Handbook Induction programme spot checks to ensure new starters have access.	Develop and implement a Band 7 handbook and induction programme for midwifery leadership roles. Develop and implement an induction programme for midwifery leadership roles.	Assistant Director of Nursing		30/09/2021					19/08/21 - Action learning sets underway for support to band 7 midwifery leaders. Interviewing 25 th August for senior leadership fellow post who will lead implementation of professional induction programme for N&M leadership roles 13.09.2021 - handbook is being progressed 27/01/2022 The Handbook is being led by the Institute. CJ to follow up with SH for an update. 01.10.2021 - SH - Leadership fellow appointed, just confirming start date. Ward managers engaged in co producing content for professional induction for NM managers programme, at recent trust wide time out day for ward managers 06.10.2021 - Request new due date from MOC 05/11/2021 - CJ need to review this action and how this is progressing 2/11/2021 There is concern that this action is not sustainable in its current form. Helen J developed the package but it is not clear who is leading the implementation. Should the Matrons be picking this up? Need to discuss this action further with HOM and DOM.	Open		draft handbook	MIP Action Plan, evidence\Training\T7
T8	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Staff who are new in post feel supported to deliver safe care to women and their babies.	Induction programme spot checks to ensure new starters have access.	Develop and implement an induction package for all new staff to the maternity units.	OD Consultant		30/09/2021					13.09.2021 - JK working on midwives induction and medical induction, progress is underway and will be ready for the new midwives joining in October. 24.09.21 - PL - Template induction checklist for all midwife roles circulated to senior managers, briefing provided 23.09.21, Welcome Booklet updated and with Communications to develop as ebook, Institute welcome letter for midwives developed. 27.09.2021 - Request MOC for agreement that this action can be closed.	Open		handbook	MIP Action Plan, evidence\Training\T8
T9	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Staff who are new in post feel supported to deliver safe care to women and their babies	Induction programme spot checks to ensure new starters have access.	Develop and implement orientation and induction for bank and agency staff.	OD Consultant	HR Business partner	30/09/2021					09.09.2021 - PL Awaiting response from Malcolm Parker 24.09.21 - PL - chase email sent and awaiting response 27.09.2021 - Request MOC to change due date to 30/10/2021 06/10/2021 - PL meeting arranged with Malcolm Parker and Rachel Finn. 22/11/2021 -PL Induction checklist is with Sian Parish for comment. It is ready to be circulated. The risk on the family health risk log needs to be updated 08.02.2022 - this is live on the Intranet.	Open			
T10	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Newly qualified or return to practice midwives report feeling supported and encouraged to gain new skills	Evidence of midwifery programme being implemented	Refresh and develop the approach for the midwifery rotation programme to ensure it is fit for purpose and newly qualified or return to practice midwives have access to ongoing support and development.	Maternity Improvement Midwife and Asst HRBP		31/03/2022					13.09.2021 - rotation work is progressing 24.09.21 - PL - Rotation working group has refined the options being considered and are developing a phased approach with intention to pilot internal site based rotation in phase one (March - August 2022) 08.02.2022 - RB is working with Jackie Gandy about rotation and insight into effectiveness.	Open			

Executive Lead:	
Divisional Lead	
Dated last Updated:	08.02.2022

Ref.	Key Outcome	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Progress/Comments	Status	Date Closed
CL2	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Develop and embed a just culture within all incident and/or never event investigations.	Associate Director of Governance and OD Consultant		28/02/21	30/06/22			Professional Midwifery Advocate sourcing and co-ordinating critical incident support as and when required. Ongoing wellbeing and psychological support provided through Trust's wellbeing support. 01/12/2021 - Just culture is one of the Big 6 for culture work stream being rolled out corporately in the trust. SS and PL need to discuss Just culture in terms of incident reporting and investigation. Need to establish that the Big 6 work will encompass maternity. 26/01/2022 The resolution of employment concerns policy replaces the trusts dignity at work policy, and includes a decision tree about whether a situation should have a just culture approach applied to it from a staff employment perspective. The new policy is now live and the band 7 managers were briefed on this new policy on the 16 November 2021 by HR. 08.02.2022 - this is linked to the Training and Education Strategy being drawn up by Sally Seeley.	Open	
CL3	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Develop and implement the initial phases of a cultural transformation programme.	OD Consultant		30/04/21	31/12/21			Project at scoping stage. Baseline data sources established and first cut analysis completed, including analysis of FTSU themes and work with MSB in 2018. Feedback session to be delivered to DLT/SLT during March 19.03.21 update - data analysis presented to CD, EF and JT 18.03.21. Outline actions discussed and programme of activity to be developed. 16.04.21 update - outline plan in development with phase one focused around 'back to basics' approach the detail of which will be co-designed with the service08/07/21 14.05.21 update - updated date due for completion in line with agreed request to change (email 19.04.21). Following QAG, co-ordinated approach with Governance being developed linked to learning from SIs to run in parallel with wider culture change activities - meeting arranged for 24.05.21 (KG, SM, NP, PL, LP). Meeting with service scheduled for 28.05.21 to co-design plan and identify working group. 15.07.21 update - working group established with representation from across all levels of the service including anaesthetics and neonatology. Phase 1 activity underway including pilot of team charter work with Outpatient Services team and C29 team and observations of team functioning of Labour Suite teams to inform phase 2 activity (September to December 2021). Psychological Safety survey being launched to set baseline which will be repeated quarterly to measure progress. Influencer training to be delivered to Culture Change Working Group in the autumn. Learning from Experience to deliver session on Civility Saves Lives and Kindness Campaign in development for August/September as precursor to further work on psychological safety/Just culture/ Civility Saves Lives. 24.09.21 - PL - CCWG reviewed Psychological Safety Survey data and PL to develop plan in response to findings and focused on building stages 1 - 3 of psychological safety (inclusion, learner and contributor safety). Kindness Matters campaign over International Week of Happiness at Work underway and good engagement. Critical Factors procured by HEE to undertake diagnostic observations across Maternity service to develop recommendations on Human Factors. 06.10.2021 - Request MOC to agree to close this action and make a new action " columns b and c the same, develop and implement the next phase of the cultural transformation programme." end date November 2022.(UPDATE OD culture and leadership plan on a page reviewed by the cultural change working group and the people sub group on the 19.11.2021.	Open	
CL4	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Promote the Freedom to Speak Up Guardian Service within Maternity Services.	Freedom to Speak Up Guardians / DLT		31/05/2021				Posters circulated and visible in clinical areas and Freedom to Speak Up Guardian completing regular drop in sessions. Also see action below in this section. • Trust briefing article - promoting FTSU • Email to Maternity Staff to introduce the FTSU Guardian, champions and highlight the planned events • Teams "Maternity we are listening sessions" • FTSU pop up office sessions at both City and QMC "Lunch and Listen sessions" • FTSUG walk around with the support of Midwives advocate both across City and QMC • Have since worked with Comms to arrange for posters and materials to be out up across the sites, I've also physically sent some out myself to two sites , including FTSU banners. • I am in the process of arranging engagement with community midwives as they felt they did not get the opportunity to be heard, I'm waiting to hear back on dates and times. • I have had contact from 12 staff from maternity, the staff were sharing some of their historical challenges experienced within maternity, these fed into the maternity transformation committee, and Divisional leadership and I shared these with Tracy Taylor. • All staff were informed that these concerns would be shared into the wider programme of work. 06.10.2021 - Request MOC to agree to close this action	Open	
		Ensure the Guardians provide themed feedback to the Service and Divisional leads.							29.03.21 update - Next round of FTSU walk arounds scheduled March - May 28.05.21 update - key themes emerging are openness and transparency; not behaving in line with trust values and behaviours; shared learning not happening quickly enough. 31.08.21 update - regular reporting from FTSU Guardians established, including themes. 13/09/2021 - Guardians will now provide the themes as well as numbers. It will also go to the analyst for inclusion in the dashboard. 06.10.2021 - Request MOC to agree to close this action		
		Ensure Service and Divisional Leads consider and address the themes.							06.10.2021 - Request new due date from MOC. 01/12/2021 Need to see evidence that this is happening and the division are getting the themes.		
CL5	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Complete a development needs analysis of leadership and management capability to promote compassionate leadership. Identify and/or develop and implement compassionate and inclusive leadership development opportunities.	OD Consultant		31/05/21	31/12/21			Development work underway. Strong feedback from the division that due to competing priorities this development work would be better scheduled late spring/early summer 15.07.21 update - ongoing staffing pressures and changes within the senior leadership team have continued the pause on this action. Links to corporate leadership and management development offer is being explored. However, a cohort of midwives is attending the LEO programme, 2 Obstetric Consultants and 1 Matron are signed up to the Enabling Our Change Programme and 6 senior midwives have attended Crucial Accountability. 01/12/2021 Training needs analysis is out now with the band 7's. There will be a development plan put together by end Jan. The Athena Team journey is about compassionate leadership. More people going through LEO. This all replaces the CL7 work. 10/01/2021 - PL - a Manager TNA has been completed with the band 7 and 8 managers. A programme of leadership development will be rolled out from February 22 and managers will have received individual development plans by 31.01/22 . This will include MW's Affina Team Journey. 26/01/22 This action has completed for the Midwives. 08.02.2022 - new action required for Consultants support - PL to advise asap	Open	

CL6	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Complete a human factors needs analysis and develop and implement human factors interventions.	OD Consultant and Business Development Manager, Sim Centre		30/06/21	30/06/22			Trent Simulation Centre recruiting 1 WTE fixed term for 12 months. Advert February, interviews March - 2 applicants, both withdrawn prior to interview. 29.03.21 update - Advert being relisted 07.05.21 update - 1 applicant, interview tbc 14.05.21 update - interview scheduled for 24.05.21 21.05.21 update - interview cancelled following withdrawal of candidate. Revisit specification of HF input with Simulation Centre 28.05.21 update - met with Giulia and further discussion to take place 07.06. 07.06.21 update - met with Sim Centre, but little progress made. Need to revisit with DLT the HF input requirements - meeting to be arranged with EF and SW 06.08.21 update - Further meeting held with Sim Centre to refine brief. Project outline updated and shared with Chief People Officer and Medical Director for review. 24.09.21 - PL - Critical Factors procured to complete diagnostic observations across Maternity service including Human Factors needs analysis. 01/12/2021 HEE have put out the tender for the critical factors project. we will know who has got this by mid January 2022. Critical Factors have agreed the first week in Feb as potential for onsite activity. In the mean time, SB and MT from the mat neo partnered are delivering human factors in escalations training in January aimed at all of our clinical staff. We are also looking at more dates in February. Half a day a week dedicated to maternity from BB is the human factors lead and he will be working with maternity for half a day a week. 10/01/2022 - PL - BB has contacted key individuals to introduce and develop awareness of specific elements of the service. 26/01/22 CF contract awarded and preparations for on site activity underway. 08.02.2022 - PL - CF started on site on 7 February 2022.	Open	
CL7	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Commission mentoring and coaching for the Maternity Matrons and Band 7 ward leaders.	Director of Midwifery	PL	31/03/21	30/09/2021			09/03/21 update - Agree midwifery training programme with SB and show proposal 29/03/21 update - proposal for support agreed and due to commence w/c 12/04/21 16/04/21 update - work commencing w/c 19.04.21 with matrons 28/05/21 update - Influencer, Crucial Accountability and Enabling Our Change course details provided to SB to support matrons development planning 15/07/21 update - SB has been commissioned to expand support to ward leaders (B7s) - this has resulted in change in due date. 13/09/2021 - update - Contact made with the coach but she has not received payment from the last work she did for the trust. Needs to be sorted ASAP. 24/09/21 - PL - payment issued 22/11/2021 - PL- Band 7 development through coaching, development days and leadership programmes has commenced using internal resources. First development day took place week commencing 17 November and included "Affima Team building." 25/01/2022 - PL - Manager TNA completed and individual development plans being put together, timescale for completion 14 Feb 22, although there will be some gaps with some of the HR training as HR have some capacity challenges at present. 08.02.2022 - PL - propose this action is closed. Has been delivered for Matrons and CL18 picks up additional items.	Open	20/03/2021
CL8	There is a clear vision and credible strategy to deliver high quality care to women and babies.	Refresh and update the Maternity Service Vision and Strategy (3 - 5 years).	Maternity Service DLT	OD Consultant	01/08/21	31/03/22			31/08/21 update - Professional Midwifery Strategic Plan due to be launched 1st November. 22/11/2021 The Midwifery Strategy has not been launched as planned. We have planned a day for end January to look at a maternity wide vision and strategy. 25/01/2022 - PL - Professional Midwifery Strategy to be launched 1st February 2022. Wider maternity vision and strategy to be worked up over February/March. 08.02.2022 - PL - core group met on 31st January to draft the strategy. More work is required and then this will go out further for feedback and input.	Open	
		Review and align the Midwifery Strategy to Maternity Service Vision and Strategy prior to launch.							26/01/2022 Session booked for 31 Jan 2022 to look at the maternity service strategy, we don't have the level of clinical input we would like but agreed to make a start on this regardless and present it back to the service.		
		Ensure progress against the delivery of this Maternity Service Vision and Strategy is monitored through the divisional governance structure							26/01/2022 No update as yet as we don't have the strategy in place.		
CL9	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Create an informal "Critical Friends" network across the large North of England teaching hospital maternity units.	Divisional General Manager		31/01/21	31/12/21			21/05/21 Completed : Critical Friends Network established for sharing ideas and practice. Informal network of consultants in leadership roles in similar Trusts. 26/01/2022 This was discussed at MOC, there is an informal clinical network with C&W. Divisional Director to work up a plan about this. A visit to University Hospitals of Birmingham is being arranged for the triage team to understand how they have implemented BSOTS in their triage unit.	Open	21/05/2021
		Arrange a programme of opportunities for staff to visit Coventry and Warwick							26/01/2022 This was discussed at MOC, there is an informal clinical network with C&W. Divisional Director to work up a plan about this. A visit to University Hospitals of Birmingham is being arranged for the triage team to understand how they have implemented BSOTS in their triage unit.		
CL10	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Ensure the PMA role is utilised appropriately for the development of high quality, safe maternity care, including multi-disciplinary incident debriefs	Director of Midwifery	PMA Midwives		31/12/2021			To be discussed with DOM CJ to follow up. 10/01/22 - PL - recruitment to PMA vacancies successful ensuring maintained capacity within the service. 26/01/2022 This action needs to be reviewed and redefined. This action does link with the trauma informed work that we are undertaking. CJ and PL to discuss with SW. 08.02.2022 - PL - PL has been asked to support on the debrief work. Connection has been made with Violence reduction unit in Nottingham and the Well-being team to progress this. 21.02.2022 - SW - Recruited to vacancy 1.4 full time PMA's starting April 2022 plus funding for 12 midwives to attend PMA course (29th March) who will then offer sessional PMS support. Sessions PMA's will qualify by the end of the year.	Open	
CL11	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Develop and implement learning forums to provide staff with the opportunity to reflect on any learning identified from incidents, complaints or patient feedback in a safe space.	Associate Director of Governance	QRS Manager		30/09/2021			31.08.21 update - monthly newsletter from Governance with details of learning forum activity started August 21 13.09.2021 - review the completion date. Learning from experience events are taking place. Need to capture these and ensure we have the evidence. This action is on the agenda for the governance away day later this month. 22/11/2021 Work plan to be defined with SS and PL. Need to review this date again as this is slipping. end January requested. 26/01/2022 This is part of the education and training strategy. There will be learning videos which are currently being developed. The first video was completed on 26 January and was discussed at the senior midwives meeting. The videos are being uploaded to the intranet and we have also now got a You Tube Channel. You Tube will be in place by Week Commencing 14 Feb. 08.02.2022 - PL - Linked in with the Training and Education strategy. you tube video has gone live	Open	

CL12	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Develop and implement appropriate actions as a result of the feedback from trainee Doctor survey. Develop process for ongoing review and action	Clinical Director and Heads of Service			30/09/2021			22/11/2021 email update received from the Junior Doctor college Tutor. Saved into evidence folders. Need more clarity about the actions they are taking. 26/01/22 There have been concerns raised by the junior doctors and the trusts education leads. The junior doctors raised concerns about culture, support offered, gaps in the rotas and generally not feeling supported. Exception reports are an opportunity for juniors to raise concerns outside of the HEE survey. We have a low number of exception reports. When an exception report is completed it is not anonymous and it goes straight back to the consultant and the Guardian of Safe Working. There is a general feeling that junior doctors concerns are not well understood. There are concerns about the oversight of the junior doctors rotas and the gaps in the rotas are left for the juniors to sort their own day to day shifts and the rota coordinators sort out the out of hours rotas. Concerns have been escalated to The Medical Director and the Clinical Director for Family Health. 27/01/2022 Meeting arranged with Medical Director for Friday 28th Jan. Once we have held this we will devise new actions and timescales. 08.02.2022 - report has come in from College re Junior Doctors - a new action plan will be put in place to develop this. EF to advise if a new action/s will lead from this work.	Open	
CL13	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Implement the actions detailed in the HEE response to improve the student midwife experience.	Director of Midwifery and Deputy Director of Nursing			30/09/2021			19/08/21 - Assistant Director of Nursing and Institute Clinical Lead for Education, meeting with PDM, UoN bi weekly, monitoring feedback, supporting actions and updating HEE student midwives action plan. 27.09.2021 - Action is complete - request MOC to agree closure of the action 01.10.2021 - SH - Student meetings continue with university, HEE student action plan updated and returned monthly to NMC /HEE 22/11/2021 this is Business as usual now and needs to go to MOC to request to close. Check evidence. 26/01/22 We have no evidence stored on file about this action to demonstrate we have completed this action. NEED to explore this action further to ensure there are no follow on actions required.	Open	
CL14	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Implement communication tools supporting everyone to have challenging conversations	Clinical Director and Director of Midwifery			30/09/2021	B	B	13/09/2021 HR have looked at the number of managers who had attended training on difficult conversations. CLOSE AS THIS IS PART OF CL11 and the new CL18 action	Open	
CL15	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Identify the barriers to escalation amongst staff groups. Ensure action is taken to address barriers to escalation that are identified. Highlight the importance of everyone listening when someone escalates concerns about care and treatment. Ensure staff know what to do when they don't feel their concerns about care and treatment have been listened to.	Clinical Director and Director of Midwifery			30/09/2021	B	B	This action needs to be reviewed further. The actions here link to the overall cultural change programme. This action is now part of CL 18 close this action.	Open. CLOSE pending MOC	
CL16	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Ensure performance is managed in line with the appraisal policy, the capability policy and procedure and the conduct behaviour and disciplinary policy.	Director Midwifery/Heads of Service	HR Business Partner		31/12/2021			15.07.21 update - analysis of long term absences completed, including process stage and actions required which are underway 31.08.21 update - deep dive into all long term absence cases with matrons/DOM/HRBP completed by 6th Sept. 01/12/2021 - Deep dive was completed into absences. The absences have been brought down. Need to look at this action with HR and TS to look at the data. We will need to present this data into SPC. 31/1/2022 - JN - HR team monitor trends on a monthly basis. Meeting w/c 24/1/22 to discuss metrics with Tom Smith, HRBP and Workforce Information Team. Next step is AHRBP to send request to WIT to consider. TS to develop SPC charts.	Open	
		Revise the approach and implement within the maternity service for supporting and managing staff when their performance is poor or variable.							25/01/2022 - PL - Performance and conduct HR awareness and development sessions for Managers will be part of the Management Development plan. We don't have dates for when this will be delivered at present. 31/1/2022 - JN - Dates confirmed for Resolution of Employment concerns sessions with managers, briefing delivered at management development day. All other dates for training will be confirmed when HR team are released from the vaccination project work.		
CL17	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Ensure there is an effective appraisal process with on going supervision arrangements across the service.	Director of Midwifery/Heads of Service	HR Business Partner/OD Consultant		31/03/2021			13.09.2021 - framework of an audit has been put together - this is midwifery and medical appraisals. 24.09.21 - PL - Awaiting Trust position on appraisals to be clear prior to undertaking any action 27.09.2021 - Working Group agreed to wait until NUH People Sub Group recommendations regarding appraisals are known 22/11/2021 - Appraisal light has been implemented now across the trust due to Winter Pressures. PL represents maternity on the working group. 01/12/2021 The corporate team are progressing work on the appraisal process. 26/01/2022 The trust wide appraisal process is currently under review. 121 supervision meetings have been establish for the Matrons every two weeks.	Open	
CL18	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	To develop and implement the next phase of cultural transformation.	OD Consultant	Culture Change Working Group		31/12/2022			01/12/2021 the draft plan has been approved by various committees through the division and aligns to the trusts Big 6 for Culture plan. 26/01/2022 Conversation facilitators and TRiM practitioners identified within the service. Bespoke work with ward C29 has commenced and ante natal admin team. Delivery of creating psychological safety in teams workshops to be delivered in February and March. Critical Factors will be on site week commencing 7 Feb 22. Affina Team Journey work continues. OD consultant completed the Affina Team Journey training week commencing 17 January 2022, will now start the diagnostic work.	Open	

Executive Lead:		Director of Governance													
Divisional Lead		Director of Midwifery													
Dated last Updated:		09.02.2022													
Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
G1	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	The arrangements for governance and performance management are clear and are operating effectively. The service receives robust assurance about the quality of care being delivered.	Evidence of the new Governance arrangements Terms of Reference	Review the current governance arrangements within maternity and develop an effective governance system. This should take into account the recommendations in the NHSI commissioned Maternity Governance Review and include Ockenden, Saving Babies Lives, HSIB, ATTAIN and NHS Resolution.	Associate Director of Maternity Governance	30/03/21	30/09/2021				28/07/21 Appointed an Associate Director of Maternity Governance. Review currently underway of the maternity governance structure, including the Divisional structure. The new meeting arrangements will commence 6 September. We have linked with DLT and our NHSI intensive support director to ensure that the structure fits with the revised arrangements in the family health division. Terms of reference, and agendas are all being reviewed. Work plans for are all under review. 16/09/2021- SS- The review has been undertaken and a framework (which will include the structure) for Quality, Risk and Safety (governance) within maternity is being drafted. 24/09/2201 - SS - Contact made with external colleagues in relation to the QRS structures and processes in place within other organisations. 06.10.2021 - SB - work in progress with SS and SW for structures. 20.10.2021 - SS - work in progress. 17.11.2021 - SS - A QRS Framework has been drafted, this is also a review of the Governance arrangements. the framework includes the implementation of the governance arrangements and includes ToR's. A draft of the framework has been to governance meeting for review and comments - expect to finalise at meeting on 29th November and then take forward. 12.01.2022 - SS - QRS framework has been agreed. This will be piloted January to March and feedback and changes to be made to finalise and implement in April 2022. 09.02.2022 - SS - QRS Framework pilot is still on going.	open			
				Implement revised arrangements ensuring all groups have clear terms of reference and monitor the attendance at meetings.							18/08/21: Launch of new meeting arrangements pushed back to 20 September as agreed due to operational demands and pressures. Continued discussions with divisional governance team to ensure that the new arrangements fit into the wider FH plans and structures. 16/09/2021 - SS - The implementation of the revised arrangements in maternity will not commence on 20 September 2021 due to demands and pressures of work. Go live date will be Monday 11 October. This is due to ongoing discussions about the structure and learning from other organisations 24/09/2201 - SS - See update above for G1. 12.01.2022 - SS - templates of meeting documents have been made and distributed to be used at all meetings. 09.02.2022 - SS - QRS Framework pilot is still on going.				
				Develop a work plan for maternity governance which ensures that safety, experience and effectiveness are given appropriate coverage and oversight in meetings.							18.08.2021 - Agreement to move to a maternity QRS team (quality, risk and safety) in line with the rest of the Trust / Division and the meetings will be structured in this way. A suite of documents will be produced to support the new structures (including ToR and work plans) and these will be in line with the revised arrangements trust wide 16/09/2021 - SS - The Quality, Risk and Safety Framework for maternity will include the ToR and the suite of documents required. Work has been undertaken by the corporate team to produce standardised ToR, papers, agenda, minutes and work plan templates. Although these were produced for divisional meetings, they will be used for the maternity QRS meetings 24/09/2021: - SS - No additional update from 16/09/21. 09.02.2022 - SS - QRS Framework pilot is still on going.				
G2	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	There is an effective and comprehensive process to identify, understand monitor and address current and future risks within the maternity service. Performance issues are escalated through the service, division and trust wide governance processes.	Risk Register	Review the maternity risk register and ensure all risks are updated .	Associate Director of Maternity Governance	30/03/21	30/09/2021				28/07/2021 There has been corporate support for the risk register review. We need to clarify the ongoing support going forward. This action needs further consideration by the new Associate Director of Maternity Governance and will be updated further week commencing 2 August 2021. 18/08/21: Corporate support for the risk register review continues but the post holder in the maternity governance team has resigned and leaves on 24 August 2021. Risk will continue to have a dedicated meeting in the new meeting arrangements as a result of action G1 and the arrangements for upward reporting of these clearly articulated 16/09/2021 - SS - The risk midwife in the maternity QRS team has left the organisation and there were no applicants for this role when it was advertised. The corporate support is being reduced from 1 October 2021 to provide additional support to the Corporate Governance Team. 24/09/2021: - SS - We have agreed to offer the risk midwife post to appointable candidate who was not successful in obtaining the clinical effectiveness midwife post (interviews on 23/09/2021). This will leave a gap in the team which will coincide with the reduction in corporate support. 20.10.2021 - SS - the Maternity Risk Register has been reviewed and is being reported against. A Risk Midwife has been appointed starting in post early November 2021 with interim arrangements to cover in the team. Action has now been completed Request to MOC to agree closure of the item.	open			
				Ensure there is regular oversight of the risk register through the Maternity Governance structure and that risks are escalated to the division in line with the trusts Risk Management policy and procedure.							20.10.2021 - SS - MSARG (Maternity Services Assurance and Risk Group) continues to meet on a monthly basis and this continue until the new arrangements are in place. The Divisional Risk Management Meeting received a report from MSARG. This action is ready for closure.				
G3	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	There is an effective and comprehensive process to identify, understand monitor and address current and future risks within the maternity service. Performance issues are escalated through the service, division and trust wide governance processes.	Evidence of the Risk Management Policy Evidence of Dissemination	Develop a maternity risk management framework and policy.	Associate Director of Maternity Governance		30/09/2021				The Risk Management Framework went for approval at Maternity Governance Group on 12th April 2021. The framework was emailed to all risk owners. The Risk Management Policy is going for approval on 17th May 2021 at Maternity Services Governance Group meeting. 28/07/2021 Although there is a risk framework in place, we are not assured what difference this has made. We need to review where it went and how it is being used. 18/08/21:The risk management framework will be used for the risk meeting arrangements as a result of action G1 and the framework re-communicated to staff as a part of this relaunch 16/09/2021 - SS - No additional update from 18/08/21. 24/09/2021:- SS - No additional update from 16/09/21. 20.10.2021 - SS - The Risk Management framework has been completed. Request to MOC to close Action				
				Ensure the policy and framework have been disseminated to risk owners across the service.							28/07/2021 Although there is a risk framework in place, we are not assured what difference this has made. We need to review where it went and how it is being used. 20.10/2021 - SS - the policy and framework has been put together but we are not assured that they have been disseminated so will be sent out again. 17.11.2021 - SS - The policy and framework will be updated when QRS framework is finalised. Once QRS frame approved then it will be disseminated. 09.02.222 -SS - The policy has been sent for uploading to the intranet and is being disseminated to members of the Risk Group and risk owners for discussion at the Risk Meeting on Monday 14 February 2022.				
G4	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	The clinical audit processes function well and have a positive impact on the quality of care being delivered to women and babies.	Clinical Audit programme Evidence that the complete audit cycle is carried out.	Review and revise the maternity service clinical audit programme to ensure it is fit for purpose.	Associate Director of Maternity Governance		30/09/2021				28/07/2021 We have reviewed the current audit activity and are now devising an audit plan for the rest of this year. We are reviewing our audit tools to ensure they are fit for purpose. For example, we have reviewed the MEOWS and the Fresh Eyes audits and made changes to them. We need to strengthen the "so what" with audit and look at the full audit cycle. Once we are clear with our revised audit plan, we need to rebrand and re launch. We are somewhat affected with audit because the audit midwife is being pulled to work clinically while staffing levels are challenged. 18/08/21: Work on drafting and finalising the audit plan has been impacted by operational and clinical pressures in August 2021. Changes and refinements have been made to both Fresh Eyes and MEOWs and themes being identified which could support quality improvement / practice improvement projects, for example documentation. These need to be fed into and considered by the Safe Practice Group and at the relevant Quality, risk or safety meeting 20.10/2021 - SS - the review has been undertaken and is being documented into an audit programme of work.				
				Devise and implement a process to ensure the full audit cycle is completed.			30/09/2021				28/07/2021 We have reviewed the current audit activity and are now devising an audit plan for the rest of this year. We are reviewing our audit tools to ensure they are fit for purpose. For example, we have reviewed the MEOWS and the Fresh Eyes audits and made changes to them. We need to strengthen the "so what" with audit and look at the full audit cycle. Once we are clear with our revised audit plan, we need to rebrand and re launch. We are somewhat affected with audit because the audit midwife is being pulled to work clinically while staffing levels are challenged. 20.10.2021 - SS - A thematic review and focus group using a structured questions / conversation template are being planned to ask staff what the barriers are to undertaking observations and escalation. Latest weekly data from the Fresh Eyes audit is showing improvement in compliance indicating the improvement actions through the audit cycle are being effective. 09.02.2022 - SS - Audit data is showing that hourly fresh eyes compliance remains below expected levels and that the points of failure are at epidural siting and handover of care. Meeting with intrapartum matrons and Fetal monitoring midwife being held on 11 February to look at solutions. Regional audit tool being developed and NUH are participating in this work.				
				Ensure there is a clear process for the escalation of risks and concerns arising out of audits to the service and the Division.			30/09/2021				16/09/2021 - SS - A thematic review and focus groups using a structured questions / conversation template are taking place to ask staff what the barriers are to undertaking fresh eyes. New CTG stickers have also been introduced. Weekly audits of both fresh eyes and completion of observations / escalation of triggers continues 24/09/2021 - SS - Update requested on progress and timescale for completion of fresh eyes thematic and focus group work. Updated requested on progress with clinical audit plan and scheduled audit activity 20.10.2021 - SS - This will included in the Maternity Governance Structure (G1) and in the interim audit findings are being presented in a variety of forum. More evidence needed to show this is an embedded action. 20.10.2021 - Request to MOC new due date of 30.11.2021				

G5	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes an open and fair culture	Women and babies care is consistently planned and delivered in line with current evidence based guidance, standards and best practice.	Evidence that Pocket Pal was adopted	Ensure all clinical guidelines that are used across the maternity service are fit for purpose and in line with national guidance.	Associate Director of Maternity Governance	30/11/2021				28/07/2021 - A gap analysis has been done to identify what guidelines are in place which are not in line with NICE. We agreed that we would adopt NICE guidelines, but they will need a SOP to make them fit for purpose for Nottingham. A proposal for the next governance meeting on the solutions for this is due to come to the August guideline meeting. 18/08/21 - Work on the guidelines has been impacted by operational and clinical pressures in August 2021. The proposal to use pocket pal to support the move to NICE guidelines plus a SOP was not universally supported, however further discussions will take place and the preparatory work needed to move to pocket pal will take place (additional midwifery support has been identified to do this already). Corporate work on a new approach for guideline creation and approval has also commenced and a discussion to ensure that there is no conflict between the 2 approaches is required 16/09/2021 - SS - Meeting has been held. All guidelines have been identified and the work to move to pocket pal is in progress with additional hours of midwifery support being paid for to do this. This will result in NICE compliant guidelines and the SOP for Nottingham being drafted. These will be sent out for clinical review and comments in early October. We will also be able to identify and review the local guidelines and consider whether they are still required. Further meeting of task and finish group takes place on 27 September. 24/09/2021 - SS - No additional update from 16/09/21. 20.10.2021 - SS work continues to implement Pocket Pal, project plan in place to transition all guideline by the end of November 2021. 17.11.2021 - SS - work is continuing with implementation of Pocket Pal. The infographics have been sent to staff advising that Pocket Pal will be implemented shortly. 09.02.2022 - SS - on Pocket Pal NICE guidelines for antenatal, postpartum and intrapartum guidelines went live as planned on 1 Feb. Plans for the remaining 13 NICE guidelines and the NUH local guidelines that do not map to a NICE guideline to be uploaded to pocketpal and live by the end of March 2022.					Info graphic email	MIP Action Plan, evidence/Governance/Action G5
			Carry out a risk assessment of the clinical guidelines to ensure we prioritise the review of those that will have the greatest benefit for improving patient safety.			30/11/2021				16/09/2021 - SS - All guidelines are being reviewed as part of the work detailed above so this action will be more relevant to any local guidance identified. A further update will be provided when the meeting on 27 September has taken place 24/09/2021 - SS - No additional update from 16/09/21. 06.10.2021 - SB/SS - Guidelines are being reviewed simultaneously. This action is already included in the above action. Request to MOC to remove this action from the Action Plan.						
			Ensure there is a clear process in place for clinical guidelines to be kept under review and up to date.			30/11/2021				16/09/2021 - SS - the approach detailed above will mean that there will be a reduced number of guidelines in the service and will simplify the process of updating them. 24/09/2021 - SS - No additional update from 16/09/21. 06.10.2021 - SS - Using Pocket Pal will ensure that all updates to guidelines are automatically notified and Pocket Pal will show the updated guidelines. 09.02.2022 -SS - Using Pocket pal will ensure all guidance is up to date. If national guidance changes then pocket pal will update. there will be a 3 and 5 yearly review of all local and national guidance.						
			Review the process for cascading guidance out across the service so that staff are clear what clinical guidelines they should follow.			30/11/2021				16/09/2021 - SS - The launch of the new arrangements and pocket pal will support with this and the process will be reviewed and revised in light of the changes. 24/09/2021 - SS - No additional update from 16/09/21. 06.10.2021 - SS - DoM has indicated that a signature system will be put in place to staff to confirm receipt of new guidance. 20.10.2021 - SS - further work needs to be done on rolling out a signature system. 09.02.2022 - SS - Pocket Pal covers all cascading of guidance as it contains the most up to date guidance.						
G6	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes an open and fair culture	Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses.	Evidence that Incidents are categorised correctly Appropriate identification of incidents requiring full investigation Dashboard metrics - indicating progress of incident closure	Ensure there is a culture of reporting of all incidents and there is a clear system in place to review all incidents and rapidly identify those which require further investigation and / or investigation so that mitigating actions can be taken quickly.	Associate Director of Maternity Governance	26/02/2021	30/12/2021			March 2020 - A revised process developed and for implementation. A report sent to Governance meeting to confirm the revised SI process this was approved on 8th March 2021. SI documented process approved at clinical ops meeting on 22nd March 2021. A meeting on 14 April 2021 confirmed that the revised incidents process is starting to be embedded and that all moderated and above incidents are being reviewed in a timely manner with the escalation reports completed for review at the weekly IRM. A weekly Incident review meeting for the services also goes through each potential harm incident. Daily rapid reviews have commenced, acting band 7 midwife working across both sites (not sustainable for long-term. 72 hour/escalation reports completed for each incident that displays harm following review. Ongoing 28/07/2021 We have reviewed the process for SI's again There is not a finalised process for SI's, there are no terms of reference and there is still no structure. This will be included in the full review of the governance structure which will be complete by the end of September. 18/08/21: Work to robustly review all moderate harm incidents to identify all that require further investigation has been impacted by operational pressures to date in August. However, those incidents that require external reporting or may be classed as a SI are being identified and reviewed and are being escalated. For sustainability there needs to be clear definitions of levels of harm, SOPs for reporting and investigation and capacity within the service to undertake the investigation required. (These are picked up in the over-arching thematic review described in G7) The process for escalation of SI's will be included within the review of meeting structures described in G1 16/09/2021 - SS - Incidents that require external reporting or are potential SI's continue to be reviewed and escalated. Support offered by another division as part of the open incident work noted at G7 is going to be utilised to move review of all moderate harm incidents forward. 24/09/2021 - SS - No additional update from 16/09/21. The review of the rapid review meetings by the CPST will be completed by mid October 2021 17.11.2021 - SS - Rapid review meetings have been carried out. The QRS framework will show the reporting process once finalised.	open	08/03/2021	Governance meeting minutes Approval 08/03/21 Trailing the new process week commencing 3 March 2021. Revised SI process and Escalation 72 hour reports. Monthly Reports	MIP Action Plan, evidence/Governance/Action G6		
			Develop and implement a process to track moderate harm and above Incidents to ensure there is oversight of all the steps required; for example this should include the appropriate timely review, 72 hours report completion, the duty of candour requirements, reporting to relevant regulators and stakeholders and escalation within through the trusts governance processes.			30/12/2021				16/09/21 - SS - Datix should be the vehicle for this process and improved monitoring reporting supported by the CPST has begun to be introduced. 24/09/2021 - SS - No additional update from 16/09/21. 17.11.2021 - SS - Maternity QRS team are trialling a new system / process starting this week. All of the incidents reported are being quality assure by an individual within the team. If moderate or above they are being passed to a Patient Safety investigator for review and ensuring grading is correct. This trial will be reviewed after 4 weeks to see if this has improved reporting and tracking. 09.02.2022 - SS - This system has now been made permanent. Currently the 72 hour report completion is now always being met.						
			Develop and implement a process to track low and no harm Incidents to ensure there is oversight of timely and effect review and closure			30/12/2021				17.11.2021 - SS - Maternity QRS team are trialling a new system / process starting this week. All of the incidents reported are being quality assure by an individual within the team. This trial will be reviewed after 4 weeks to see if this has improved reporting and tracking. 09.02.2022 - SS this system has now been made permanent. 09.02.2022 - SS - a programme of training on incident investigation and the processing of an incident is to take place in conjunction with Coventry and Warwick Hospital this will commence 22 February - appropriate staff are being nominated to attend this training.						
G7	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes an open and fair culture	When something goes wrong there is an appropriate thorough review or investigation that involves all relevant staff, partner organisations and women who use the service.	Copy of the Thematic review reports	Undertake thematic reviews on open and overdue incidents. Present reports on thematic reviews to agree recommendations on changes in practice required.	Associate Director of Maternity Governance	30/10/2021	30/11/2021			At the end of March 2021 there were 840 open incidents on Data. Of these 428 relate to incidents up to the end of January 2021 and the remainder from the 1st February. The maternity service through QSC have agreed that those related to incidents prior to the 1st February will be closed using a thematic process, with those deemed as harm events, being investigated individually and appropriate escalation by the end of April. For those from the 1st February each unit has been provided with a dashboard of data over 20 days old and asked to present to the Director of Midwifery their plan for closing these. The pre February 2021 incidents have been themed and themed reviews are commencing on 17th May 2021. A dedicated resource has been commissioned and following delays comes into post on 17th May 2021. Open incidents has increased to< 900 as at 14/05/21 28/07/2021 we have completed the over arching thematic review (NIKI) going back to governance with an Acton plan in August. We have presented it to service improvement. more detailed thematic plan to review these in the September governance meeting. have divide out the thematic. 18/08/21: Work to complete the detailed thematic reviews identified is ongoing. 4 of the 9 reviews will be presented to Governance in September along with the action plan from the over-arching thematic report. The remaining 5 will be completed and presented in October 2021. Incidents are not being closed on Datix until the thematic review has commenced. There are approximately 500 open and overdue incidents with an investigation level as local (until 30/6/21) in scope across the thematic reviews 16/09/2021: - SS - Work to finish all thematic reviews has been completed. These will be presented to the September and October Governance meetings. As at 16/09/21 there are 356 incidents open and overdue (this is all incidents including SI's) so significant process has been made from the 900 that were open in Mid May 2021. The focus for the dedicated resource has not been redirected to supporting the wards with closing incidents reported on or after 1 July 2021. 24/09/2021 - SS -Thematic reviews being completed. Open and overdue incidents have reduced from 456 (no and low harm) and 78 (moderate+) on 13/9 to 215 (no and low harm) and 72 (moderate+) on 20/9. Meetings have been held with pharmacy colleagues as Enxoparin and TTO's have been identified as a concern. 06.10.2021 - SB/SS 5 thematic were on the Agenda for last Maternity Governance meeting and another 5 will be on the Agenda for the next meeting. 20.10.2021 - SS final thematic were on the Agenda for most recent Maternity Governance meeting. Action has been completed. Request MOC to close the action	open			MIP Action Plan, evidence/Governance/Action G7		
G8	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes an open and fair culture	When something goes wrong lessons are learned and communicated widely. Opportunities to learn from external safety events and patient safety alerts are also identified. Improvements to safety are made and the resulting changes are monitored.	Evidence of learning from incidents complaints etc	Review and refine the approach for how the service learns from incidents, complaints, claims, HSIB investigations, patient safety alerts national safety reviews and inquests.	Associate Director of Maternity Governance	31/03/2021				28/07/2021 we have some mechanisms in place to cascade learning. There is a newsletter and some learning events. Safety snippets are going out. We also have a learning review group. What we don't know is how effective these interventions are as yet. Until we get some of the basics things in place with our incident management process we can't learn effectively. 16/09/2021 - SS - Work in maternity needs to link with the Trust wide approach. A process mapping session for the QRS team is being held on 1/10/21 and this will process map from event to learning cascade and embedding. This process map will be shared for comment and review post session with the service. 24/09/2021 - SS - No additional update from 16/09/21. Process mapping session will be held next week. 27.09.2021 - Request to MOC to approve change of due date 20.10.2021 - SS - The process mapping session did not have enough time to include the learning cascading and embedding and therefore a follow up session is being arranged. 09.02.2022 - SS - A follow up meeting has been held, work is ongoing to framework.	open					
			Ensure there is a process for the monitoring and oversight of actions arising from incident investigations, complaints, claims, HSIB investigations, and inquests.							16/09/2021 - SS - An over arching action plan which included all recommendations from HSIB and SI reports was drafted previously. However, this required review to ensure that it was fit for purpose and linked to the MIP. This is currently in progress. Until this is complete, it cannot be widen to include complaints, claims and inquests. 24/09/2021 - SS - Support and input from the MIP Team to progress this has been agreed as service capacity limited. 27.09.2021 - Request to MOC to approve change of due date 20.10.2021 - CJ - We have been working on reviewing all the actions from HSIB and SI's and cross referencing them into the Maternity Improvement plan. We need to clarify how we identify the learning from complaints, inquests and claims. individual actions plans for reports that do not have action plans are being drawn up and put into place. Looking at all of findings rather than just the safety recommendations from HSIB investigations to ensure reporting is correct. 09.02.2022 - SS - We are reviewing the use of the use of a thematic action plan based on LMNS identified themes.						

				Develop a plan to ensure there are different mechanisms in place to cascade learning throughout the maternity service, the wider trust and other providers where applicable.						16/09/2021 - SS - See above - plan can be developed post process mapping and liaison and discussion with the service and others (e.g. LMNS) as required 24/09/2021 - SS -No additional update from 16/09/21. 20.10.2021 - Request MOC to delete this action as it is included in action above G8					
G9	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Openness and transparency is encouraged and is the norm. The service fulfils the requirements of the Duty of Candour	Evidence that Duty of Candour has been carried out. Spot checks of staff awareness Audit of compliance against duty of candour	Carry out a review of Duty of Candour letters for Serious Incidents and HSIB investigations.	Associate Director of Maternity Governance	13/05/2021				Duty of Candour - klik dashboard	Commence reviewing of letters Sources examples of letters from other organisations. Heads of Service are reviewing and we will set up a task and finish group to address. Need to link with the trust wide work on duty of candour. 18/08/21: Letters and process for DoC is being reviewed by corporate teams. Key individuals in maternity are meeting in September to draft a suite of maternity specific letters for all circumstances. Continuing to use and modify the Trust letters in the interim There needs to be focused work on the understanding and the need to undertake DoC which links to culture and leadership within the service Sources examples of letters from other organisations. Heads of Service are reviewing and we will set up a task and finish group to address. Need to link with the trust wide work on duty of candour. 16/09/2021 - SS - Revised Trust wide approach is not yet in progress, therefore meeting within maternity on 22 September to review current documentation and devise and design maternity specific letters / information 24/09/2021 - SS - Meeting to review and refine DoC letters in maternity held as planned and a template draft agreed. This will form the basis for all letters required and the maternity QRS team will draft these. 27.09.2021 - Request to MOC to approve change of due date 20.10.2021 - SS - Standard duty of Candour and HSIB duty of candour standard letters have been agreed and approved. 20.10.2021 - Request MOC to agree to close action	Open			MIP Action Plan , evidence\Governance \Action G9
				Ensure all staff working in the maternity service are aware of the Duty of Candour and how this applies to their role.						16/09/2021 - SS - Training being considered for maternity service colleagues by Associate Director of Quality and Safety. Reminders about DoC are given when incidents are reviewed. 24/09/2021 - SS -Planning for a maternity specific DoC sessions for consultants ongoing. Aim to deliver by the end of October 2021. 27.09.2021 - Request to MOC to approve change of due date 20.10.2021 - SS - awaiting confirmation from Lorna about training to staff. 17.11.2021 - SS - Still awaiting clarity on what training Lorna is arranging. 09.02.2022 - SS - There is trust wide working taking place on Duty of Candour. In the Maternity Review of Incidents duty of candour questions are raised. Discussion about including a training presentation on the weekly audit and actions meeting in February 2022					
				Ensure there is robust oversight of the compliance with the requirements of Duty of Candour.						16/09/2021 - SS - See above, compliance with DoC will be monitored via maternity governance structures. A weekly divisional report is circulated by CPST that captures DoC compliance. 24/09/2021 - SS - No additional update from 16/09/21. 27.09.2021 - Request to MOC to approve change of due date 20.10.2021 - SS - now the letters have been approved it will be easier to ensure compliance with Duty of Candour. 12.01.2022 - SS - during rapid review process questions are raised about duty of candour. 09.02.2022 - SS - There is trust wide working taking place on Duty of Candour. In the Maternity Review of Incidents duty of candour questions are raised.					
				Liaise with the Trust Corporate function to ensure the service is meeting the requirements of the Duty of Candour.						16/09/2021 - SS - See above 24/09/2021 - SS -No additional update from 16/09/21. 27.09.2021 - Request to MOC to approve removal of this action as it links with carrying out with whole review of candour letters etc and is covered in the others actions above					
G10	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Information is used to support the performance management of the maternity service. Data is accurate, valid, reliable and timely and is used to challenge and improve performance.	Dashboard	Develop and operationalise a maternity dashboard as a mechanism to oversee the quality of the maternity service.	Associate Director of Maternity Governance	30/04/2021	30/07/2021			Development of a robust dashboard. Continuing development of the dashboard to include SPC charts and developing format will continue till 31st May continued development has developed metrics for NNU avoidable admissions and shoulder dystocia. 18/08/21: There are 3 dashboards that will need to be utilised and aligned (Local NUH, LMNS & National/NHSI) . The NUH local dashboard will have more metrics that the others and we will dedicate a QRS meeting in early September to sense check and clinically own and agree how the data will be used to inform our priorities for quality improvements and drive changes in practice / improvements in safety. NUH will be key partners in the LMNS dashboard development and population. 16/09/2021 - SS - The bellwether indicators are agreed and complete with all indicators having information included with as many data points as are available. The maternity services (QAG) dashboard is complete. Both sets of metrics will be used and overseen within the maternity governance meetings. 24/09/2021 - SS - Meeting to review the maternity services (QAG) dashboard held and agreement to refer to this as the maternity services not QAG from now on. Fortnightly LMNS dashboard meetings continue. 20.10.2021 - SS - the dashboard is developed and is operational but we need to ensure that this is embedded. 17.11.2021 - SS - Dash board data is being reviewed by the Governance team. 18/11/2021 - CJ - Dashboard is being taken to the consultant meeting to discuss the data and what it is telling us.	Open		Maternity Services Dashboard	MIP Action Plan , evidence\Governance \Action G10	
				Ensure staff receive relevant information on a daily basis to help them adjust and improve performance as necessary.	Associate Director of Maternity Governance					16/09/2021 - SS - Populated dashboards will be used and overseen in the governance meetings. They are also being circulated to all staff as they are updated. This is not daily but weekly or monthly. 24/09/2021 - SS - Initial review of both Maternity Services and Bellwether Indicator dashboards undertaken at the governance meeting on 20 September 2021. Meeting on 27 September is being dedicated to review and interrogation of dashboards. 27.09.2021 - Request to MOC to approve change of due date to end of march - the dashboard is changing and improving as so that the dashboard is used in a meaningful way by clinical members of staff. 20.12.2021 - request to change action to remove information on daily basis. Staff to receive information in a timely basis. 20.12.2021 - SS - dashboard is being forwarded to Senior Staff on a daily basis to be forwarded to staff where relevant.					
				Develop a monthly variance report to prompt wider discussion and triangulation of evidence relating to areas of concern.	Improvement Obstetrician					16/09/2021 - SS - In discussion with Data analyst and Programme Manager to achieve this. Date TBC 24/09/2021 - SS - No additional update from 16/09/21 as this requires the dashboard to be embedded . 20.10.2021 - CJ - a meeting was held last week with CCG to look at the metrics in detail. Actions to break down the data by ethnicity, site, consultant etc. were agreed. Work has started to look at different options to producing variance reports.					
				Develop a process for the indicators in the dashboard to be used to provide assurance on progress against the maternity improvement programme.	Programme Manager					16/09/2021 - SS - In discussion with Data analyst and Programme Manager to achieve this. Date TBC 24/09/2021 - SS - No additional update from 16/09/21. 20.11.2021 - CJ - work has commenced to map the indicators to the Improvement Plan.					

Ref.	Key Outcome	Measure of Success	Action	Owner	Due Date	Revised Due Date	ashboard KI	Progress/Comments	Status	Date Closed	Evidence	Date Changed	Action Change
SP15	Women and their babies are protected from avoidable harm.	Women receive high quality antenatal inpatient care and treatment and their care is planned around their individual needs. We will see a reduction in the number of moderate or severe harm incidents with a theme relating to failures in antenatal inpatient care.	Establish twice daily ward rounds on the antenatal wards	Improvement Obstetrician		31/10/21		10/09/2021 Twice daily ward rounds are established and taking place. 23/09/2021 the ward rounds will be observed by the CCG when they come to do their Insight visit on 28th Sept.	Open			04.10.2021	following review of original action plans - antenatal wards changed to labour ward and an additional action has been added
			Carry out an audit to ensure ward rounds are consistently taking place.					10/09/2021 Need to clarify what assurance we have this is progressing.	Open				
G6	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses.	Develop and implement a process to track all incidents to ensure there is oversight of all the steps required; for example this should include the appropriate timely review, 72 hours report completion, the duty of candour requirements, reporting to relevant regulators and stakeholders and escalation within through the trusts governance processes.	Associate Director of Maternity Governance	26/02/2021	30/12/2021							this has been changed to reflect different levels of incidents - new wording below
G6	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses.	Develop and implement a process to track moderate harm and above incidents to ensure there is oversight of all the steps required; for example this should include the appropriate timely review, 72 hours report completion, the duty of candour requirements, reporting to relevant regulators and stakeholders and escalation within through the trusts governance processes. Develop and implement a process to track low and no harm incidents to ensure there is oversight of timely and effect review and closure	Associate Director of Maternity Governance	26/02/2021	30/12/2021							New wording for the divided and slightly altered action
CL14	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Staff work well together to deliver effective care and treatment. Staff feel confident to escalate concerns about care and treatment and are listened to. Concerns are acted upon without delay.	Implement communication tools such as SBAR, "CUS" Supporting everyone to have challenging conversations	Clinical Director and Director of Midwifery				13/09/2021 HR have looked at the number of managers who had attended training on difficult conversations.			Open		Remove SBAR from the action as covered in SP9
CL1	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Staff report they have the opportunity to have a regular meeting and are listened to by senior maternity management and divisional leads. Staff report that they feel able to raise concerns and feel listened to. The survey results improve over time.	Develop methods of staff engagement to enable staff to have direct access to and feel listened to by the divisional and senior maternity management team to facilitate feedback, raising of ideas for service change, sharing of thoughts and feelings and influence change. Ensure leaders are visible, there are photographs of leaders and staff know how to contact the Maternity service and Divisional leadership teams.	Deputy Director of Communications & Engagement		21/10/20	Overdue	DLT hold fortnightly MS Teams events, send weekly 'good news' emails and have recently started sharing 'you said, we did' communications. A closed FB group has been set up and is developing as an active community used to share and disseminate information. In addition, a detailed communications plan is in place Photograph boards to be put up. Exec team are doing regular walk about to the service Welcome tea party for new Director of Midwifery. 27.09.2021 - this action has been completed. CJ and SO to discuss closing and expanding some of the actions to take forward.	open		Evidence of meetings held with points raised captured and acted on	27.10.2021	Action has been completed but needs expanding and further actions adding to take forward.

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Revised Due Date	Days until Due	RAG	MOC Verified	RAG	ashboard KI	Progress/Comments	Status	Action Change
CL1	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Staff report they have the opportunity to have a regular meeting and are listened to by senior maternity management and divisional leads.		Develop a timetable of staff engagement to enable staff to have direct access to the divisional and senior maternity management team - this will include: Teams sessions, social media, face-to-face engagement events in the department areas and regular multi-channel communications to follow-up on resolutions for points raised (you said, together we did...).	Deputy Director of Communications & Engagement			Overdue					DLT hold fortnightly MS Teams events, send weekly 'good news' emails and have recently started sharing 'you said, we did' communications. A closed FB group has been set up and is developing as an active community used to share and disseminate information. In addition, a detailed communications plan is in place Photograph boards to be put up. Exec team are doing regular walk about to the service Welcome tea party for new Director of Midwifery. 27.09.2021 - this action has been completed. CJ and SO to discuss closing and expanding some of the actions to take forward.	Closed	Action removed from the Action plan as the new section Inclusion and Engagement have new actions that incorporate all of the contents of CL1 27 January 2022
		Staff report that they feel able to raise concerns and feel listened to.		Ensure there is regular and clear multi-channel communication and engagement so that staff know the multiple ways they can raise concerns. Embed channels for raising concerns throughout the service (see FTSU for specific relevant elements). Continue with 'All About You' staff forums with DoM and expand to include other roles. Re-trial open door sessions with senior leadership and include them walking areas to open conversations. Launch new style of engagement events introduced by Chief Nurse/ DoM but then led by other team members to allow for different spaces (psychological safety). Relaunch the digital feedback boxes to allow for anonymised concerns from staff. Develop and support methods for staff briefings to enable managers to better engage with inform their teams. Develop ways to evaluate without adding to survey burden.									DLT hold fortnightly MS Teams events, send weekly 'good news' emails and have recently started sharing 'you said, we did' communications. A closed FB group has been set up and is developing as an active community used to share and disseminate information. In addition, a detailed communications plan is in place Photograph boards to be put up. Exec team are doing regular walk about to the service Welcome tea party for new Director of Midwifery. 27.09.2021 - this action has been completed. CJ and SO to discuss closing and expanding some of the actions to take forward.		
		Staff report that they know who their leaders are and that they are visible.		Arrange programme of leadership walk arounds for conversations – including the elements above around listening. Ensure photos and contact details of senior leaders are included in communications and posted around department areas. Ensure each senior leader is available at least monthly at an engagement forum. Ask senior leaders to join the maternity Facebook group and encourage posts. Develop ways to evaluate without adding to survey burden.									DLT hold fortnightly MS Teams events, send weekly 'good news' emails and have recently started sharing 'you said, we did' communications. A closed FB group has been set up and is developing as an active community used to share and disseminate information. In addition, a detailed communications plan is in place Photograph boards to be put up. Exec team are doing regular walk about to the service Welcome tea party for new Director of Midwifery. 27.09.2021 - this action has been completed. CJ and SO to discuss closing and expanding some of the actions to take forward.		

23 November 2021

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

IMPROVING CHILDREN'S AND EMERGENCY SERVICES AT BASSETLAW HOSPITAL

Purpose of the Report

1. To inform the committee of the results of the recent consultation in relation to a proposed development of service at Bassetlaw Hospital.

Information

2. In 2017, Bassetlaw Hospital closed its children's ward to overnight admissions for safety reasons linked to staffing. The committee heard in November 2021 that, significant capital investment is proposed for the Bassetlaw Hospital site in order to create an 'Emergency Village' which would meet the needs of the community now and in the future, and the committee determined that this change represented a substantial variation of service, thereby initiating full public consultation.
3. An analysis of the results of the consultation, which concluded in February, from the Bassetlaw Clinical Commissioning Group is attached as an appendix to this report.
4. Senior representatives of the commissioners will attend the committee to present this information and answer questions.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

Blyth and Harworth (Councillor Sheila Place)
Misterton (Councillor Tracey Taylor)
Retford East (Councillor Mike Introna)
Retford West (Councillor Mike Quigley)
Tuxford (Councillor John Ogle)
Worksop East (Councillor Glynn Gilfoyle)
Worksop North (Councillor Callum Bailey)
Worksop South (Councillor Nigel Turner)
Worksop West (Councillor Sybil Fielding)

Health Scrutiny Committee Briefing March 2022

The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital

Background

NHS Bassetlaw Clinical Commissioning Group's ambition is to improve access to local services, ensuring that high quality care is provided at the right time as close to home as possible. To help achieve this, £17.6 million is being invested in the development of a modern centre for urgent and emergency care services at the Bassetlaw Hospital site. This investment creates an opportunity to look at the way in which urgent and emergency services are provided to meet the needs of our local community, now and into the future.

The development specifically allows the CCG and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) to address the challenges which resulted in the temporary closure of the overnight non-complex children's inpatient services in January 2017 due to safety concerns.

Before making any decision about the permanent urgent care pathway for Bassetlaw paediatric patients, the CCG wanted to seek the views of the local community, service users, staff, community groups and partner organisations. The CCG is keen to ensure any decision on the long-term solution to meeting local patient need is fully informed and shaped by local people and partners.

On 7 December 2021, the CCG launched *The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital* consultation and the process ran until 28 February 2022.

The consultation process

The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital consultation offered people a number of ways to make their views known including:

- **Online survey** accessible via a direct link publicised widely in consultation materials.
- **Paper surveys** which mirrored the online survey with a freepost return option. Other formats were also available on request and the survey was translated into Polish.

- **Meetings and public engagement** took place with a number of partners, staff and stakeholders during the consultation period as well as engagement drop-ins at supermarkets and at Bassetlaw Hospital.
- **Written feedback** in the form of letters, emails and long form submissions were sent to the CCG and direct consultation email address from individuals and organisations.
- **Targeted engagement** with parents and carers; children and young people; and rural and Polish communities
- **Social media** comments were received through Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's Facebook and Twitter channels.

NHS Bassetlaw CCG and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust carried out a programme of planned communications and engagement to promote the consultation and encourage people to have their say. As a consequence, almost 2,000 responses were received across different channels within the consultation period.

An objective analysis of the responses received during this consultation has been carried out by The Campaign Company and the independent report of the consultation findings is attached in Appendix 1.

NHS Bassetlaw CCG welcomes the opportunity to attend Health Scrutiny Committee to present the findings of the consultation.

Next steps and recommendations

The CCG is producing a Decision Making Business Case (DMBC) for consideration by the CCG Governing Body in April 2022. The findings of the engagement, alongside other considerations including clinical and patient safety and quality issues will be central to the development of the DMBC and recommendations to the Governing Body. It will also include feedback from HSC. The Governing Body will be making its final decision at this stage.



THE FUTURE OF CHILDREN'S URGENT AND EMERGENCY SERVICES AT BASSETLAW HOSPITAL

Analysis of public consultation responses

March 2022

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Executive Summary

Background to the consultation

NHS Bassetlaw Clinical Commissioning Group's ambition is to improve access to local services, ensuring that high quality care is provided at the right time as close to home as possible. To help achieve this, £17.6 million is being invested in the development of a modern centre for urgent and emergency care services at the Bassetlaw Hospital site. This investment creates an opportunity to look at the way in which urgent and emergency services are provided to meet the needs of our local community, now and into the future.

The development specifically allows the NHS Bassetlaw Clinical Commissioning Group (CCG) and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) to address the challenges which resulted in the temporary closure of the overnight non-complex children's inpatient services in January 2017 due to safety concerns.

Before making any decision about the permanent urgent care pathway for Bassetlaw paediatric patients, the CCG wanted to seek the views of the local community, service users, staff, community groups and partner organisations. The CCG is keen to ensure any decision on the long-term solution to meeting local patient need is fully informed and shaped by local people and partners.

On 7 December 2021, the CCG launched *The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital* consultation and the process ran until 28 February 2022.

This report provides an analysis of the responses received during this consultation.

The consultation process

The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital consultation offered people a number of ways to make their views known including:

- **Online survey** accessible via a direct link publicised widely in consultation materials.
- **Paper surveys** which mirrored the online survey with a freepost return option. Other formats were also available on request and the survey was translated into Polish.
- **Meetings and public engagement** took place with a number of partners, staff and stakeholders during the consultation period as well as engagement drop-ins at supermarkets and at Bassetlaw Hospital.

- **Written feedback** in the form of letters, emails and long form submissions were sent to the CCG and direct consultation email address from individuals and organisations.
- **Targeted engagement** with parents and carers; children and young people; and rural and Eastern European communities.
- **Social media** comments were received through Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's Facebook and Twitter channels.

The CCG and DBTH carried out a programme of planned communications and engagement to promote the consultation and encourage people to have their say. As a consequence, a total of 1,983 responses were received across different channels within the consultation period (see Table 1).

Table 1: Responses to the public consultation

Method	Total number of responses
Consultation survey (completed online)	1,750
Consultation survey (completed on paper in English)	14
Consultation survey (completed on paper in Polish)	13
Consultation survey (completed with families on CAU)	4
Feedback on consultation postcards	29
Submissions from individuals (by letter, phone or e-mail)	8
Written submissions from organisations and elected representatives	7
Engagement meetings – number of participants	4
Social media responses	90
Engagement events – number of conversations	64

Method	Total number of responses
TOTAL	1,983

Headline findings

The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital consultation document set out the proposals for investment in urgent and emergency care at Bassetlaw Hospital alongside the proposals for changes within children's urgent and emergency services.

NHS Bassetlaw CCG wanted to consult with the public on these proposals before making any decisions. Alongside gathering information about people's experience and the design of the overall Emergency Village, three options for the future of children's urgent and emergency care were presented including the preferred option.

Attitudes were consistent across the different ways in which people responded to the consultation and so are summarised thematically below.

Experience of urgent and emergency services

In the consultation survey, respondents were asked if they had any experience of using the urgent or emergency services at Bassetlaw Hospital and how recent that was. Most of those responding to the survey have used Bassetlaw Hospital for urgent or emergency care (70%) or have accompanied a minor accessing those facilities (64%), with 82% of those experiences taking place within the last three years.

85% of respondents were satisfied with their treatment, with most commenting on the high quality of care they felt they had received.

The new Emergency Village

Respondents were asked to consider which factors would be most important in the development of the new Emergency Village.

Within the survey findings, the top three priorities were: timely access to clinical treatment (82%), the availability of staff to help with queries (71%), and comfortable surroundings which are inclusive of neurodiversity (55%).

When giving further reasons for their views, respondents focused on features which would make the facilities welcoming for children, with greater privacy, more inclusive of disabilities and diversity, with better signage and communication, and greater accessibility. Similar views were expressed across other consultation channels. In addition, in conversation with stakeholders and partner organisations, introducing the role of volunteers in helping with children was raised as a possibility as well as looking at the type of facilities (such as introducing online resources and support) available for childcare and play within the setting in the future.

Proposals for the future of children's urgent and emergency care

Respondents were asked for their views of each of the options for the future of children's urgent and emergency services in turn before asking for their preferred option and any alternatives that should be considered.

Option 1

Option 1 was described as continuing the current temporary model, with the Children's Assessment Unit staying where it is, closing at 9pm each evening and patients being transferred to Doncaster Royal Infirmary from 4pm.

Key findings

88% of respondents expressed opposition to this, with 71% recording strong opposition. Those with dependent children were statistically more likely to state that they strongly oppose this proposal.

The main reasons stated for this were the ability to access care for children at Bassetlaw Hospital at any time of day or night and the concerns people had in trying to access provision away from Bassetlaw. These included: the detrimental impact to children physically and mentally of breaking the continuity of care and transferring them when they are ill; the additional stress of locating children further away from parents and carers; and the knock-on impact for other NHS services

along with the confusion offering different services at different times of day may have on parents and carers. In terms of broader accessibility, respondents also highlighted the travel time to Doncaster, especially for those in more rural areas; the affordability of travel and dependence on sometimes unreliable public transport; the additional impact on other commitments (caring responsibilities for other children, work); the reduced ability to visit the child in hospital potentially impacting wellbeing and recovery; as well as parking provision being insufficient at Doncaster and that the extra delay in accessing treatment could seriously affect the child's chances of recovery.

Of the 8% who expressed support for this option, the majority of those providing further reasons stated that their support was to retain the Children's Assessment Unit in preference to not having any provision at Bassetlaw Hospital at all. Some also suggested that Option 1 would enable a better use of NHS resources and that, as a result, it would be safer than the alternative options.

Option 2

Option 2 was described as building a new Children's Assessment Unit next to the emergency department but to close the Unit at 9pm each evening and patients being transferred to Doncaster Royal Infirmary from 4pm.

Key findings

82% of respondents expressed opposition to this option, with 57% recording strong opposition.

Many respondents suggested their reasons for opposing this option were similar to Option 1, with the main concerns being: a continued lack of overnight provision in the district; the wider impacts of transferring children to Doncaster Royal Infirmary as detailed above under Option 1; the difficulties people face in accessing care that is further away; and a desire to have the maximum level of healthcare provision as close to home as possible.

Some felt that, as the existing facilities were not a concern, Option 2 was no better than Option 1 and was actually a waste of NHS resources.

In line with those who supported Option 1, some of those who supported Option 2 felt that the limited resources available – including staffing – should not be spread too thinly across too many

sites as this might create safety risks. As a consequence, a limited provision at Bassetlaw Hospital was seen as a reasonable compromise. A few also stated that they felt a new building would be good for the area and would improve the quality of local services.

Option 3

Option 3 was described as building a new Children's Assessment Unit next to the emergency department, allowing children to stay at Bassetlaw Hospital for a short stay, including overnight and patients requiring a longer length of stay being transferred to Doncaster Royal Infirmary.

Key findings

84% of survey respondents supported Option 3, with just over half of this being strong support.

The reasons given for this support were largely focused on the benefits of dealing with the issues relating to transferring children to Doncaster Royal Infirmary as detailed under the key findings for Option 1 and the positive impact of being able to access these services locally.

Of the 12% that indicated they did not support Option 3, those that gave reasons stated this was because they felt the proposal was inadequate and – even in cases where people had supported Option 3 – some people felt that a more comprehensive provision for children, including for more complex cases who need to stay for longer, should be available at Bassetlaw Hospital.

However, others also did not support Option 3 as they were concerned about the stretching of already limited resources and the impact this may have on the quality of the services. Even amongst those who supported this option, there were views that Bassetlaw would need to demonstrate its competency in managing the service for the proposal to work.

Preferred option

When asked their preferred option, 85% of respondents indicated that Option 3 was their preference. Those with disabilities were more likely to select 'none of the above' options and those with dependent children more likely to select Option 3.

This view was consistent across all consultation channels.

Alternatives for consideration

Most of those who provided a written response to this question would like a more comprehensive provision of services at Bassetlaw Hospital to be considered, particularly to avoid transfers to Doncaster for longer-term stays. The reasons stated for this included: maintaining continuity of care; reducing the impact of delays in transport affecting the health outcomes of children; minimising the disruption and emotional strain on families; and the need for local services being justified by the area's current large and growing population.

Other responses also restated their support for Option 3, suggested improvements to facilities in the Children's Assessment Unit (including a larger space allocated to CAU, a more welcoming environment for children both in terms of the visual appearance and entertainment, access to refreshments, more comfortable waiting areas, better communication and signage, improvements to parking and facilities where parents could use to sleep and shower while their children were admitted), increased levels of staffing in the Children's Assessment Unit, and a wish to see more health services available at Bassetlaw Hospital, with more joined up care across sites.

1 About the consultation

1.1 Background to the consultation

NHS Bassetlaw Clinical Commissioning Group (CCG) is the NHS organisation that plans and buys local healthcare services and makes sure that everyone in Bassetlaw receives good quality care.

The planned significant investment in urgent and emergency care at Bassetlaw Hospital – including the development of the Emergency Village - will offer the opportunity to secure high quality and sustainable services for the Bassetlaw community. The CCG believes that by improving urgent and emergency care services for adults and children there will be:

- Better patient and carer experience in a modern environment
- Improved access to services and same day emergency care
- Greater capacity to allow for social distancing and isolation when required
- Improved staff satisfaction and better staff retention, as they would be in more modern and sustainable services
- Quicker access to and more effective use of specialist staff and services
- Greater ability to attract new staff to work in Bassetlaw
- More flexibility and adaptability to respond to increased demand at different times
- Improved access to diagnostic services at Bassetlaw Hospital by urgent and emergency staff to support timely assessment of patients

This investment also offers the possibility of changing the way in which children's urgent and emergency care is provided.

In January 2017, temporary changes had to be made to the inpatient provision for children at Bassetlaw Hospital to address safety issues created by shortfalls in specialist children's nursing staffing at night. The changes meant that the overnight children's inpatient service was temporarily transferred to Doncaster Royal Infirmary (DRI).

The temporary model meant that the ward changed into a Children's Assessment Unit (CAU) with 10 clinical assessment spaces open until 9pm but only accepting referrals until 7pm. All children requiring overnight care (including observation) still continue to be transferred to DRI, a 20 mile journey which on average takes 35-40 minutes.

Before any temporary changes were made, there were 14 beds available for children and young people to stay in hospital at Bassetlaw. Just before the ward was temporarily closed

staff shortages meant there were 6 beds available. Under the current arrangements, the unit has 10 assessment spaces available.

The investment and development in urgent and emergency care at Bassetlaw Hospital brings an opportunity to look at how children's urgent and emergency care services could be changed and provided on a permanent basis.

There are a number of options for consideration, including the preferred option of locating the Children's Assessment Unit and Outpatient Department alongside the Emergency Department to make best use of specialist nursing and medical staff capacity within the hospital. This would mean that children coming to Bassetlaw Emergency Department who need observation would be able to stay for longer at Bassetlaw Hospital, including overnight for non-complex children, before being safely discharged home.

The consultation to get the views of patients, public and stakeholders was launched on 7 December 2021 and ran until 28 February 2022.

1.2 The consultation process

While the continuing COVID-19 restrictions limited some of the opportunities for face-to-face engagement with the public, patients and interested stakeholders, there were a range of ways in which people could have their say.

The following channels were provided for people to respond throughout the consultation period:

- **Online survey** accessible via a direct link publicised widely in consultation materials. Supporting information was also available on NHS Bassetlaw CCG's website and Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust's website (<https://www.dbth.nhs.uk/news/say-urgent-emergency-paediatric-care-bassetlaw-hospital/>) alongside the link to the survey.
- **Paper surveys** were also available on request which contained the same questions as the online survey with a freepost return option. The survey was also translated into Polish to aid in engaging with this community. There were no requests for other languages or formats.

- **Meetings** took place with a number of partners and stakeholders, including fortnightly clinical steering group meetings and regular engagement project meetings, during the consultation period and, where available, reports and notes of these were submitted as part of the consultation.
- **Targeted engagement** in the form of in-depth conversations with parents and carers on the children's unit at Bassetlaw District Hospital and outreach engagement with communities within Bassetlaw, including the Eastern European community, and children and young people via youth groups and a children's competition.
- **Staff engagement** was carried out throughout the consultation period through team meetings, briefings, emails and through line managers
- **Public engagement** via stalls with a range of feedback mechanisms at supermarkets in Retford and Worksop as well as the main foyer at Bassetlaw Hospital.
- **Other response channels** feedback in the form of letters, emails, social media and telephone calls were also encouraged.

NHS Bassetlaw CCG and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) carried out a programme of planned communications to promote the consultation and encourage people to have their say. This included:

- Information about the consultation displayed on both the CCG and Trust websites
- Local, regional and national print and broadcast media (generating 13 pieces of media coverage during the formal consultation period)
- Advertising and information included in many venues and newsletters, briefs and social networks through local and regional services and community groups, including Bassetlaw CVS; Bassetlaw District Council; nurseries, schools and colleges; hospices; children's and young people's centres; libraries; leisure centres and sports clubs; large employers; parish councils and vaccination centres
- Information distributed directly to members, staff and partner organisations locally and regionally
- Consultation materials were distributed to provide easy ways to get involved in the consultation, including posters, postcards and a children's colouring competition

- Social media activity throughout the consultation period to raise awareness and promote engagement in the process (generating 67 social media posts during the formal consultation period)

1.3 Responses to the consultation

A total of 1,983 responses were received across all channels within the consultation period (see Table 1).

Table 1: Responses to the public consultation

Method	Total number of responses
Consultation survey (completed online)	1,750
Consultation survey (completed on paper in English)	14
Consultation survey (completed on paper in Polish)	13
Consultation survey (completed with families on CAU)	4
Feedback on consultation postcards	29
Submissions from individuals (by letter, phone or e-mail)	8
Written submissions from organisations and elected representatives	7
Engagement meetings – number of participants	4
Social media responses	90
Engagement events – number of conversations	64
TOTAL	1,983

1.4 Understanding the responses

The Campaign Company (TCC) was commissioned to provide an objective analysis of the responses received throughout the consultation period. This report covers the main themes that emerge through the analysis and acts as a summary of the feedback received during the consultation.

This report, along with other relevant evidence, will help to inform the final decisions on the outcome of the consultation and next steps that will be made by the CCG's Governing Body later in Spring 2022.

The methods used by NHS Bassetlaw CCG to collect feedback during the consultation period were designed to allow everyone to contribute but the evidence collected is not necessarily representative of the population as a whole. Respondents are self-selecting: only people who chose to give their views have had them recorded. Typically, in public engagement and consultations, responses tend to come from those who are more likely to be impacted by any proposals and more motivated to express their views. The responses must therefore be seen as representative of those who wanted their views heard. As a result, in interpreting the response, particular attention is paid to understanding who has responded to the consultation, to understand where some groups are being under or over represented through the findings.

For the analysis of the survey feedback, closed question responses are described in percentages. In places, percentages may not add up to 100 per cent. This is due to rounding. Due to a number of partially completed responses, the base number for many questions varies and is stated for each question.

Open questions and free text responses were analysed using a qualitative data analysis approach. Using qualitative analysis software (NVivo), all text comments have been coded thematically to organise the data for systematic analysis. To do this, a code-frame was developed to identify common responses; this was then refined throughout the analysis process to ensure that each response could be categorised accurately and could be analysed in context.

It is important to note that where open text comments have been analysed using qualitative methods, these aim to accurately capture and assess the range of points put forward rather

than to quantify the number of times specific themes or comments were mentioned. Where appropriate, we have described the strength of feeling expressed for certain points, stating whether a view was expressed by, for example, a large or small number of responses. However, these do not indicate a specific number of responses that could be analysed quantitatively.

The analysis has been presented thematically based on the method through which the responses were received.

2 Analysis of consultation survey responses

2.1 Introduction

This section reports on the response to the feedback survey. The online survey was hosted by TCC, with all the data processed and analysed before being shared anonymously with the CCG. Paper copies of the survey were available in English and Polish, as the most significant potentially non-fluent English speaking community in Bassetlaw. Completed responses being sent to TCC for analysis alongside the results of the online survey. A consultation document was produced that provided information on the proposals and options. Questions in the survey were designed to gauge:

- Experiences of urgent and emergency care at Bassetlaw Hospital
- Views on what people would like to see at the new Bassetlaw Emergency Village
- Attitudes about proposed options for the future of children's urgent and emergency care services

The survey was open to all members of the public and available to be completed between 7 December 2021 and 28 February 2022. A copy of the questions is in Appendix 1.

As with all public consultation and engagement, the feedback cannot be seen as representative of the population but rather a cross section of interested parties who were aware of the process and were motivated to respond. Because of this self-selecting nature, it is therefore common to have polarised views (either for or against change) expressed by respondents who choose to respond.

Within the analysis, even though the consultation document was widely promoted and consultees were encouraged to read the information provided, there is no way to be clear about the extent to which responses are informed by the supporting information.

This section breaks down each question by its quantitative and qualitative elements. The quantitative data has been analysed using statistical software. Where there is a notable statistical difference, breakdowns of the data by demographics have been included. For quantitative data, a base figure is included to highlight the number of responses.

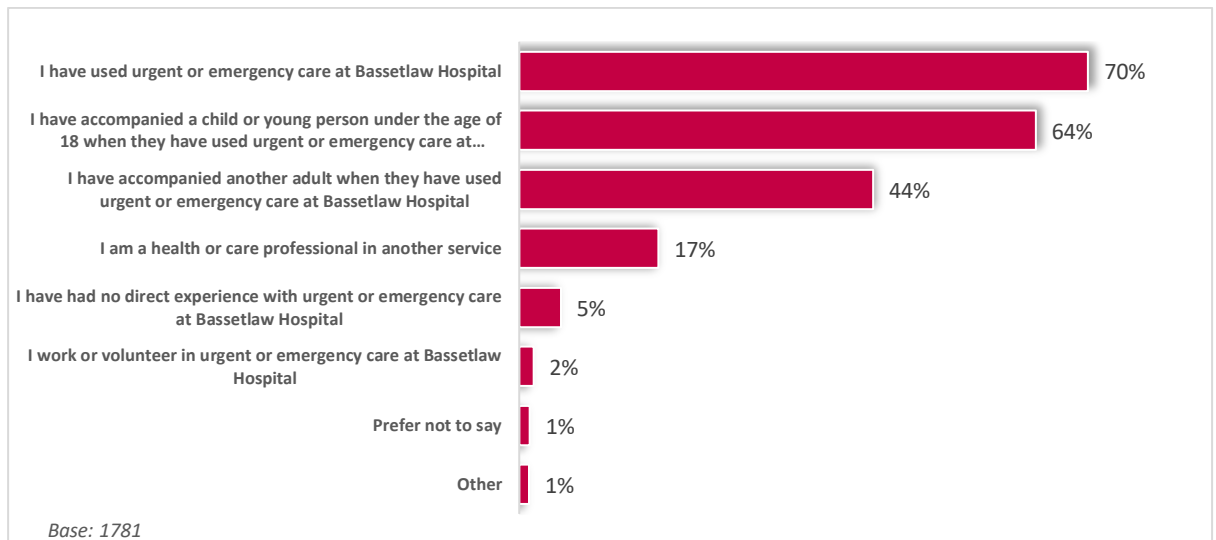
In order to analyse the qualitative responses, comments were first coded thematically, with a summary of views presented under each relevant section.

In total the survey received 1,781 valid responses, where participants had consented to their data being used in the research and answered at least one of the substantive questions, almost all of which were from local residents responding in a personal capacity. Of these survey responses, 4 of the surveys were completed during in-depth conversations with families on the Children's Assessment Unit at Bassetlaw Hospital. A further 27 came from paper surveys, which were completed with members of the Polish community targeted through the engagement work. All other survey responses were completed online.

A full demographic profile of participants is shown in Appendix 2.

2.2 Survey responses

Q. Which of the following best describes you (tick all that apply)

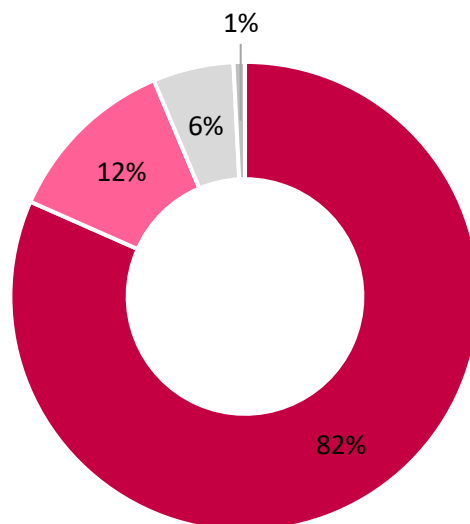


Over two-thirds of those answering this survey are patients who have used urgent or emergency care services at Bassetlaw Hospital, in addition roughly two-thirds are also carers who had accompanied a child under the age of 18 to access urgent or emergency care at the hospital. Only 5% of respondents have no experience urgent or emergency care at Bassetlaw Hospital.

Other

Where respondents selected 'Other' they were given the opportunity to provide further detail. Responses included former and current governors of Doncaster and Bassetlaw Teaching Hospitals NHS Trust and former health care professionals.

Q. Thinking about your most recent experience of urgent or emergency services at Bassetlaw Hospital, when was this?



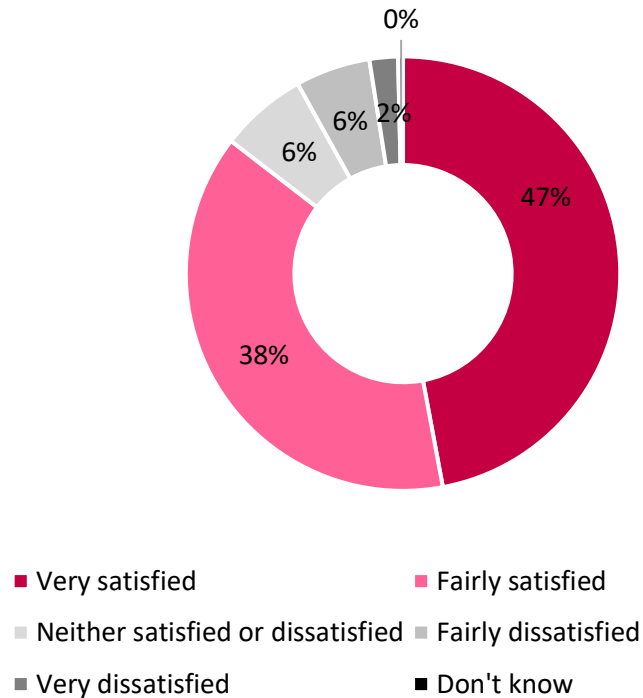
- Within the last three years
- Three to five years ago
- More than five years ago
- Don't know

Number of respondents who answered the question = 1,579

94% of those responding to the survey indicated that they had used the urgent or emergency services at Bassetlaw Hospital within the last five years, with 82% having used it within the last three years.

Those with dependent children were statistically more likely to have accessed these services within the last three years than those without dependent children.

Q. Again thinking about your most recent experience, overall how satisfied were you with the care you received?



Number of respondents who answered the question = 1,577

Participants expressed a high level of satisfaction with the treatment they received when they last used urgent or emergency services at Bassetlaw Hospital, with 85% of respondents saying they were satisfied in some way with the care they had received. Just 8% expressed some level of dissatisfaction with the care they had received.

Please tell us why.

Around two-thirds of those taking the survey provided feedback on their most recent visit to urgent or emergency services at Bassetlaw. The question was not exclusively aimed at those using the provision for children people and consequently the feedback related to services for all age groups.

The greatest proportion of responses related to the quality of care people received, with the vast majority of these comments expressing satisfaction with their treatment and the performance of medical staff even when under considerable pressure. However, there was also a small proportion who felt that they had received less than adequate care or were

unhappy with the performance of hospital employees, with reception staff being particularly likely to be criticised.

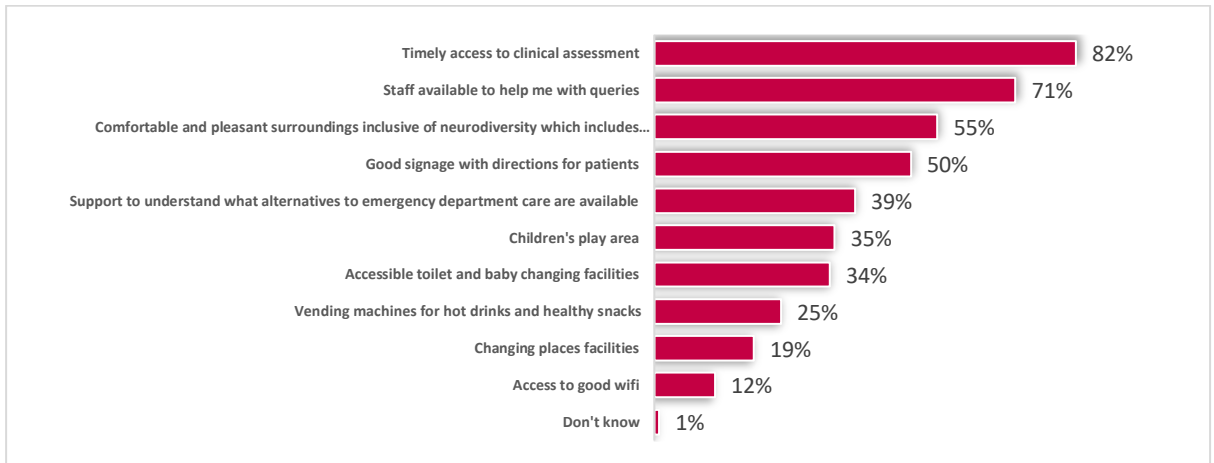
Waiting times were the next most likely thing to be referred to, often overlapping with comments around the quality of care. The split between those who experienced long waits and those who did not was far more evenly split than comments around the quality of care. However, in many cases where patients did experience a long wait, they qualified their complaint in some other way - most frequently by commenting on the high standard of care they received when they were eventually seen.

A sizable number of respondents expressed concerns regarding the physical or emotional impact of a child being transferred from Bassetlaw to another hospital unit, having either experienced it directly themselves or been aware that it was a risk when seeking care for their child. In several cases, it was suggested that the delays involved or the desire to avoid a transfer had resulted in sub-optimal clinical outcomes for the child.

Various responses also discussed the benefits of being able to use services within the Bassetlaw area, due to the smaller delay involved in accessing treatment - particularly in emergencies, the benefits of parents being able to remain in closer proximity to their child while they are in hospital, and a range of problems with transport and parking for those visiting Doncaster.

Although the question focused on recent experiences, a few of the answers did discuss improvements service users would like to see at the hospital, including the ability for children to stay at Bassetlaw overnight, the full range of children's hospital facilities returned to the hospital, a need for more physical space and resources to be allocated to paediatric services, improvements in the cleanliness of the facilities (something a number of those discussing the quality of their care complimented the hospital on), a better reception system, and modernised facilities.

Q. Thinking about using the new Emergency Village, which of the following factors would be most important to you? (Please select up to three)



Number of respondents who answered the question = 1,773

The most important factor for participants in using the new Emergency Village is timely access to clinical assessment, with 82% of responses indicating that this was important. Over two-thirds indicated that having staff available to help with queries was important, making it the second most important factor for respondents. The third most important factor was having comfortable and pleasant surroundings, inclusive of neurodiversity, with over half of respondents selecting this option.

However, those with dependent children were statistically more likely to prioritise a children's play area, changing places facilities, and accessible toilet and baby changing facilities in answering this question, compared to those without dependent children. Those with disabilities were more likely to stress the importance of comfortable surroundings and access to refreshments than those without a disability.

Is there anything else you think we should consider in the overall design, look and feel of the Emergency Village?

There were a wide variety of different suggestions. Some felt that structurally, the area needed to be segregated from the provision for adults, with greater space allocated to it, and more treatment rooms. It was suggested the atmosphere should be welcoming for children, modern, bright but with low light areas for those who needed it, with a high level of cleanliness, more opportunities for privacy and social distancing, and generally

comfortable for the times people were required to wait. It was suggested that there were play and other entertainment facilities for children, sensory areas, access to food and drink, and sleeping arrangements for parents.

Some respondents also proposed improvements to current service provision at the site, most significantly the return of a full range of children's services with overnight provision being seen to be of particular importance. There were those who expressed a desire to see all forms of health services available at Bassetlaw and potentially additional provision at Retford too, but specific suggestions included improving mental health provision, enlarging A&E, keeping as many services as possible at Bassetlaw Hospital, greater GP provision either on-site or at surgeries off-site, improvements to imaging services.

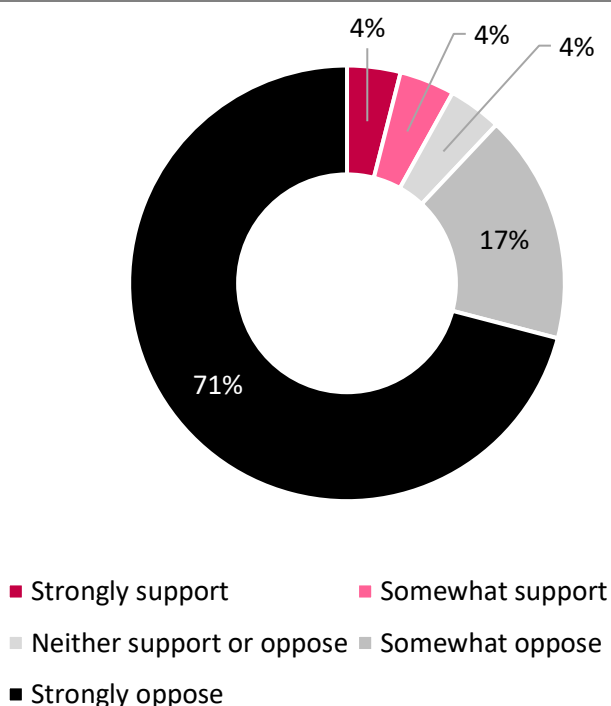
There were a number of suggestions around signage and communication. People wanted good signage for navigating around the Emergency Village, noticeboards containing useful information, and signs displaying current waiting times. The importance of keeping people fully informed throughout their time accessing treatment was also raised.

Many responses focused on ensuring equalities issues were captured as part of the design, particularly for those with mobility issues. It was important to ensure that people could easily access the building from the car park and make their way around the site regardless of their degree of mobility, which meant building into the design the space needed for those with a pram or using a wheelchair. A number of participants were keen to suggest the importance of ensuring neurodiversity and dementia was built into the design of facilities and services to make the experience of accessing treatment as easy as possible for patients with these conditions. For deaf people it was highlighted that they needed to be able to read as much of the information required as possible, with signs to make them aware of when it was their turn as they would not hear someone calling. It was also felt that signs needed to take into account those with visual impairments or with limited English abilities, ensuring that they conveyed information in a way which was more accessible. Alongside signage, there were also requests that translators be available for those for whom English was not their primary language.

Other key issues raised included improving the accessibility of those trying to access the site, particularly in terms of the quantity and cost of parking, but also ensuring that those who relied upon public transport would be able to reach the Emergency Village. There were also a few responses expressing a desire for environmental sustainability into the design.

A small number of responses stated that there were bigger priorities for funding, particularly in improving staffing and reducing waiting times.

Q. Option One would be to continue the current temporary model, with the Children's Assessment Unit staying where it is and closing at 9pm each evening. Patients would continue to be transferred to Doncaster Royal Infirmary from 4pm. What do you think about Option One?



Number of respondents who answered the question = 1,514.

Option one was very strongly opposed with the numbers of respondents prepared to express any support being just 8%. 88% of those responding recorded their opposition to the proposal, with 71% stating that they were strongly opposed.

Those with dependent children were statistically more likely to state that they 'strongly oppose' this proposal.

Why do you think that?

The overwhelming number of comments in response to Option 1 focused on two things: the ability to access care for children at Bassetlaw Hospital at any time of night and the concerns people had in trying to access provision away from Bassetlaw.

In commenting on transfers to Doncaster, the concerns raised were that it was detrimental to children physically and mentally to break continuity of care and move them when they are sick, that locating children away from their parents would be a significant source of stress at an already emotional time, that it involved significant hassle for parents involved, that relocating children put additional pressure on other NHS services, and that having a cut-off point risked confusing parents as to where they would take their child when they were sick.

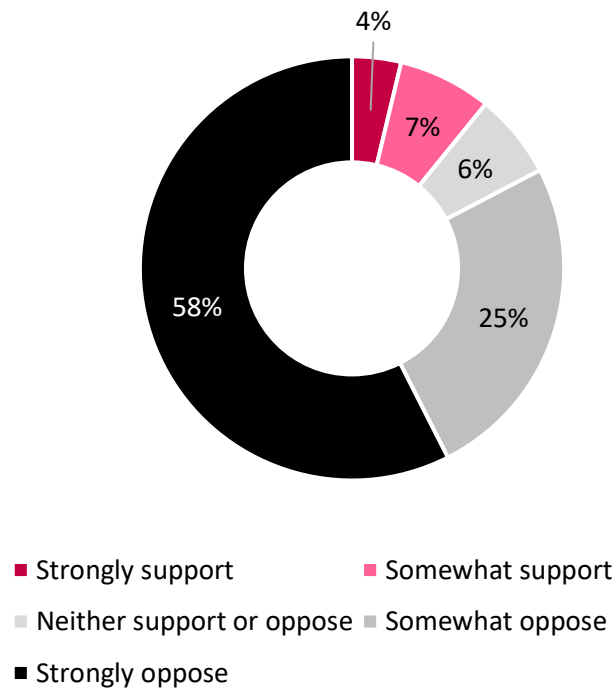
On the broader issue of accessibility, it was highlighted that the Doncaster Royal Infirmary was a long way when Worksop was already a fair distance for those in more rural parts of the district; that many families could not afford to travel or would depend upon public transport which some considered to be unreliable; that for those in work or with other children this created a substantial additional challenge; that the added distance would limit the ability of parents to visit sick children and take children away from the area they know - potentially impacting upon their wellbeing and recovery; that the parking provision at Doncaster was insufficient, and that in the event of an emergency at night the extra delay in accessing treatment could seriously affect the child's chances of recovery.

In addition, a number of answers focused on the desire to retain as many services as possible within Bassetlaw, with a particular desire to see a return of a full range of children's services to the hospital. This was felt to be justified by medical need, the existing population of the area, and the rate of housing growth. A number of those taking the survey praised the quality of provision at the hospital and questioned why children needed to be relocated when the facility existed and delivered what they considered to be a good service.

Amongst those who expressed support for the option, most of written answers made it clear that they were supporting the retention of a Children's Assessment Unit in preference to not having the unit at all, rather than it being their preferred option, with similar arguments being made around the importance of having these services available in relatively close proximity to where they live.

However, there were also a few comments which suggested that Option 1 would enable NHS resources to be used more effectively and that as a result it would be safer than the alternatives.

Q. Option Two would be to build a new Children's Assessment Unit (CAU) next to the emergency department but close the CAU at 9pm each evening. Patients would continue to be transferred to Doncaster Royal Infirmary from 4pm. What do you think about Option Two?



Number of respondents who answered the question = 1,500

While not as unpopular as Option One, Option Two similarly received very low levels of support, with 83% of participants stating that they oppose the proposals in some way, and 58% recording this as 'strong' opposition.

Why do you think that?

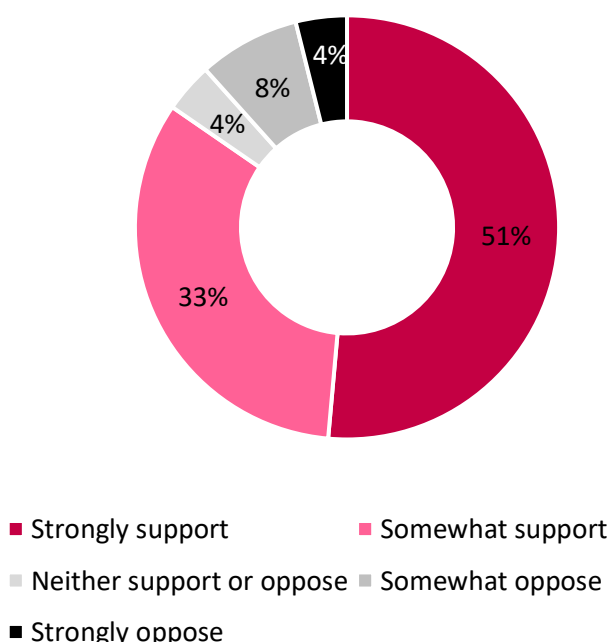
Respondents views on Option 2 were largely consistent with their views of Option 1, with 17% making a direct request that their earlier answer also be taken as their response for Option 2.

As with Option 1, this included concerns around the impact of a lack of overnight provision within the district, the consequences of relocating children to Doncaster Royal Infirmary, the difficulties people face in accessing a more remote location for care, and the general desire people have of securing the maximum level of healthcare provision as possible near to where they live.

While Option 2 would provide the area with a new Children’s Assessment Unit, respondents made it clear in their answers that the existing facilities were not a significant concern for them and that this proposal did nothing to resolve the issues they had previously raised. Option 2 was therefore seen as no better than Option 1 for most respondents, with a number criticising it as not a good use of resources.

There were those who viewed the option more positively. As with Option 1, some felt that the limited resources—particularly staffing—available to the NHS meant that it made sense not to spread things too thinly across too many sites, as this might create safety risks. Consequently, having more limited provision at Bassetlaw was a reasonable compromise. Others felt that a new building would be good for the area and improve the quality of local health services. However, these responses were few in number.

Q. Option Three would be to build a new Children’s Assessment Unit next to the emergency department and allow children to stay at Bassetlaw Hospital for a short stay of observation, including overnight. Children needing a longer length of stay will continue to be transferred to Doncaster Royal Infirmary. What do you think about Option Three?



Number of respondents who answered the question = 1,513.

Option Three received substantial support from survey-takers, with 84% stating that they supported the proposal in some way with just over half expressing that this was ‘strong’ support. 12% did express some level of opposition, with 4% stating strong opposition to the option.

Why do you think that?

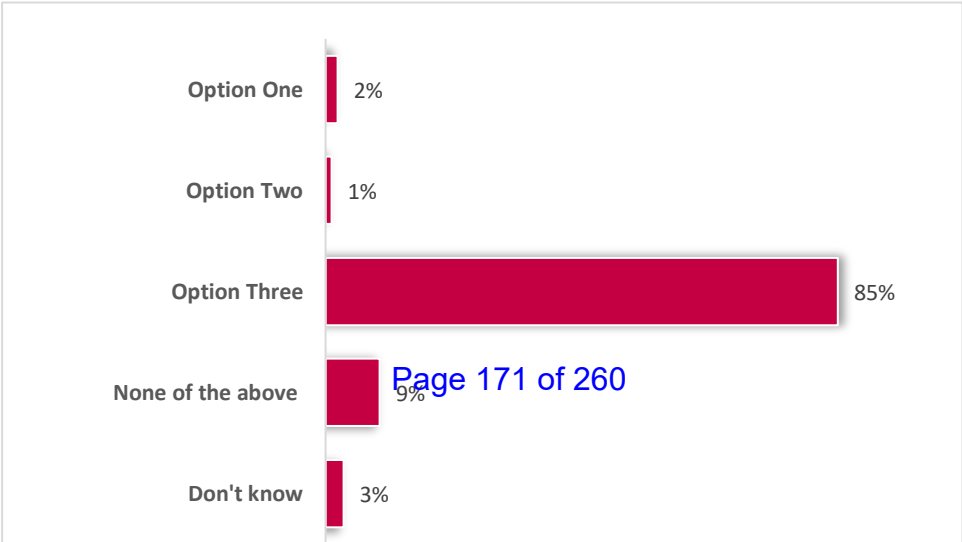
Most responses focussed on the relative benefits the proposal offered in dealing with the issues highlighted earlier with regard to transferring children to Doncaster Royal Infirmary and the impact upon parents in being able to access the services their children need.

Others just stated it was the best option without explaining their reasons.

For those indicating that they did not support Option 3, they thought the proposal was inadequate because it provided short-term inpatient care. Indeed, a fair proportion of those who indicated their support for the option still went on to make the case for more a comprehensive provision children’s services to be implemented as part of the changes, particularly in enabling children to remain at Bassetlaw for long-term stays. In doing so they built upon the same arguments made around Doncaster’s accessibility and the impact of disruption for children who were transferred overnight, only in this case making those arguments for children who were facing these long-term stays outside of the district.

However, there were also those who disagreed with the proposal from another angle, with concerns that the impact would be stretching limited resources over too many sites and consequently impact upon the quality of services. There were several of those who supported Option 3 who similarly expressed the view that Bassetlaw Hospital would need to demonstrate their competency for managing a greater range of conditions for the proposal to work

Q. Which is your preferred option?



Number of respondents who answered the question = 1,501

As the preceding questions suggest, Option 3 is the clear preference of those responding to this survey, by a considerable margin. 85% of those answering this question again indicated their support for Option 3.

Those with disabilities were statistically more likely to say that they preferred 'none of the above' when it came to expressing a preference. Those with dependent children were more likely to select Option 3.

Are there any alternative options you feel we should consider in the future of children's urgent and emergency care at Bassetlaw Hospital?

In keeping with the answers given to earlier questions, most of those responding would like to a more comprehensive provision of children's services at Bassetlaw Hospital to be considered, particularly where transfers to Doncaster could be avoided for longer-term stays. While less than a third of those taking the survey provided an answer to this question, this was the focus of the vast majority of those responses. The case made again rehearsed the same arguments around the benefits for maintaining continuity of care, reducing the impact of delays in transport affecting the health outcomes of children, minimising the disruption and emotional strain on families, and the need for local services being justified by the area's current and growing population.

Of the remaining responses, the greatest proportion restated their support for Option 3 or an enhanced version of it, using repeating the same arguments made in support of the proposal from their earlier answers.

Improvements to facilities in the CAU were also raised again, with a larger space allocated and more room to grow, a more welcoming environment for children both in terms of the

visual appearance and entertainment, access to refreshments, more comfortable waiting areas, better communication and signage, improvements to parking and facilities where parents could use to sleep and shower while their children were admitted.

A fair proportion of answers also raised the need to improve the level of staffing in the CAU, with specialist staff potentially being rotated out of Sheffield to help improve the range of paediatric provision in Bassetlaw.

Other responses included a general wish to see more health services available at Bassetlaw Hospital and more joined-up care across sites. In addition, several of those taking the survey said that they would prefer Option 1 to be implemented or that they would not use the CAU regardless of what changes were made, preferring to use specialist children's services such as Sheffield Children's Hospital.

Is there anything else you would like to add?

While this question gives respondents the ability to raise any relevant issue which had not been captured as part of any of the earlier questions, the answers which were given repeated those which provided as part of responses to earlier questions. These focussed on the issues related to the accessibility of sites, concerns regarding the transfer of children from Bassetlaw hospital, the facilities people would like to see included, the importance of ensuring adequate staffing, and the general premium residents place on having a full range of health services available within the district.

3 Analysis of other submissions

3.1 Introduction

Whilst the majority of responses took the form of completed surveys, submissions and responses to the engagement were also received in a range of different ways. These included:

Other submissions	
Submissions from individuals (by letter, phone or e-mail)	8
Written submissions from organisations and elected representatives	7
Feedback postcard comments	29
Stakeholder meetings	4
Social media responses	90

As the majority of these submissions do not follow the format of the survey, they have been analysed separately in this section of the report. Key themes arising from these responses are detailed below.

All of the original individual letter and email submissions have been shared with NHS Bassetlaw CCG so that the detail can be taken into account by the decision-making body.

3.2 Individual submissions

In total, 8 individual submissions were received by email as responses to the consultation. All 8 expressed their support for the return of overnight children's urgent care services at Bassetlaw Hospital. Of these, 4 detailed direct experiences of using the services with either their children or grandchildren.

The main themes expressed within the submissions were:

- Those with experience of travelling to Doncaster with a child recently expressed the following concerns: the trauma of observing a child in pain being transferred further than necessary; the additional worry of being away from other children when in Doncaster; and the discharge process (in the early hours of the morning with no means of safely getting home).
- Those with experience of a child being looked after at Bassetlaw recently commented on the quality of care received on the unit and the amazing staff.
- The recent and continued population growth within Worksop more than justifies the need for the service to be available locally.
- The advantages of co-located services
- Recognition that paediatric nurse recruitment was a challenge and that adequate measures should be in place to address this
- The knock-on impact of the service being available locally would free up ambulances for other emergencies, rather than transporting children, and might save lives.
- That Bassetlaw services seem to have been run down at Bassetlaw to the benefit of Doncaster in recent years.

3.3 Submissions received from organisations and stakeholders

Submissions were also received from 7 organisations and stakeholders. These were submitted as letters or emails either directly to the consultation or to the CCG. Each of the full original submissions have been shared with NHS Bassetlaw CCG.

Short summaries of each of these submissions are provided below. The summaries are included to provide an overview of the points made regarding the views on the proposals, consultation or other evidence in each submission. The length of summaries is not an indication of their individual importance. They have been designed to accurately represent the views expressed rather than assess the strength of the evidence submitted.

The following organisations and stakeholders submitted responses:

- Bassetlaw District Council
- Brendan Clarke-Smith, Member of Parliament for Bassetlaw
- Nottinghamshire County Council
- Sherwood Forest Hospitals NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- South Yorkshire and Bassetlaw Integrated Care System

- Rural Community Action Nottinghamshire

Summaries

Bassetlaw District Council

A submission was received from Bassetlaw District Council. The submission expressed views on all three options and the overall investment.

The views expressed on the planned investment commended the positive move and the demonstrable commitment to providing high quality care as close to home as possible.

In regards to the options, the Council does not support options 1 or 2 as these would still require patients needing an overnight stay to be transferred to Doncaster, creating a greater dependency on NHS provided transport and more disruption for families in need. These options would also not realise the same benefits operationally, reputationally or financially as option 3. The views expressed are that option 3 is the Council's strongly favoured option as it would minimise the transfer of Bassetlaw patients; provide better operational resilience; prevent a future recurrence of the current closure; and would help attract and retain more staff as well as better operational efficiencies leading to better value for money.

Brendan Clarke-Smith, Member of Parliament for Bassetlaw

A submission was received from Brendan Clarke-Smith, Member of Parliament for Bassetlaw. The submission expressed views on both the overall investment in emergency services and the proposals for the future of children's urgent and emergency care.

With regards to the 'Emergency Village proposals, the submission expressed full support and stated that the £17.6 million investment was universally welcomed by constituents.

The submission also expressed support for the proposal to locate the Children's Assessment Unit and Children's Outpatients Department next to the Emergency Department, allowing children requiring treatment at evenings and weekends to be seen locally rather than having to travel to Doncaster, and the opening up of the possibility of further children's services in the future.

Nottinghamshire County Council

A submission was received from Nottinghamshire County Council. The submission expressed the views on both the overall investment in Bassetlaw Hospital and on the proposals for the future of children's urgent and emergency care.

Within the submission, the proposed investment was welcomed as was the provision of state-of-the-art facilities for Bassetlaw residents and the increase in size and scope of existing services.

The submission also expressed a strong preference for option 3 and the hope that the substantial investment is able to address the issue of the recruitment of clinical staff.

Sherwood Forest Hospitals NHS Foundation Trust

A submission was received from Sherwood Forest Hospitals NHS Foundation Trust. The submission expressed the view that the Trust welcomed the development and also a desire to be further involved in clinical pathway design.

Sheffield Children's NHS Foundation Trust

A submission was received from Sheffield Children's NHS Foundation Trust. The submission expressed views on option 3, workforce challenges and information provided as well as the wider development of the Emergency Village.

The views expressed on option 3 are that this is broadly welcomed and would be the most desirable in view of accessibility, addressing health inequalities, providing an improved patient and family experience, and the efficient use of clinical staff.

With regards to the workforce challenges, the views expressed are that there is potential for Sheffield Children's Trust to work with DBTH to facilitate rotational nursing posts, and also through the use of international nurse recruitment, but that this would need to be very carefully considered so as to ensure existing colleagues and services were not disadvantaged. The view was also expressed that the risks around workforce were not as emphasised as they needed to be in the consultation documentation and that there is a question about maintaining competency amongst medical staff.

On the wider Emergency Village, the view was expressed that the proposal could explore other opportunities, including a co-located GP surgery and joint working around theatres.

South Yorkshire and Bassetlaw Integrated Care System

A submission was received from South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS). The submission gives views on option 3 and the overall workforce challenge.

The views expressed are that option 3, to co-locate services next to Bassetlaw's Emergency Department, resonates with the commitments set out within the 5 year system plan for SY&B ICS in that it: is more accessible to the local community; delivers a greater proportion of care closer to home; enables more efficient use of existing specialist paediatric staff; and is indicatively supported by the patient and family feedback provided.

The submission further expresses views specifically relating to workforce challenges. It states that, whilst some proposals to address the challenges are identified, the feasibility and totality of the proposals needs to be fully understood with regards to the deliverability and sustainability of a Bassetlaw service without destabilising neighbouring specialist paediatric services. The submission also details the role that the Children's Hosted Clinical Network in supporting this.

Bassetlaw Gypsy Roma Traveller Community Engagement Report by Rural Community Action Nottinghamshire

A report on previous engagement with Bassetlaw's Gypsy, Roma and Traveller communities was received during the consultation. Whilst the core focus of the engagement - which took place between May and July 2021 - was around attitudes to the COVID-19 vaccination programme, the report also looked at general access to medical services and barriers to access and uptake.

Within the summary report, there is evidence that most respondents who had experience of using emergency healthcare stated that it was good.

Some of the main challenges and potential barriers to access reported included literacy difficulties, receiving correspondence and that individuals would often prefer to be accompanied when they attend healthcare services or appointments *'for support, to read information, for childcare and other reasons such as transport or feeling vulnerable'*.

Respondents also stated the importance of a trusted, consistent doctor/nurse that understood their needs as fundamental to them feeling confident to access the local GP practice. Many described the general 'mistrust' within their community, leading to them not waiting to disclose that they are from the GRT community. A feeling of being judged or

discriminated against in some way remained an overarching theme of many of the conversations.

These are all aspects which would be relevant to the design of both the children's and adults urgent and emergency care at Bassetlaw Hospital.

3.4 Feedback postcards

Submissions were also received via the consultation comment postcards at the two public engagement events held in Morrisons supermarkets in Retford and Worksop on 27 and 28 January 2022 respectively.

In Retford, approximately 40 people took part in conversations on the day and 19 comment cards were received. In Worksop, approximately 20 people took part in conversations on the day and 10 comment cards were received.

All comments have been anonymised and the content shared with the CCG.

The main themes of the feedback received are detailed below.

Worksop

All responses stated that they supported the return of overnight services for children at Bassetlaw Hospital. Many either had direct experience or who knew someone within their family who had recently used the services. The main themes raised were:

- Support for overnight services for children at Bassetlaw Hospital
- The service needs to be available locally, especially for those families who do not have access to their own transport
- The time it takes to travel to Doncaster is an unnecessary risk
- Overall it is better for families if the services are as close to home as possible
- Children will be able to receive the right care quicker if it is available in Bassetlaw
- Comments in relation to the high quality of the care at Bassetlaw Hospital
- Investment is needed in the hospital

Retford

The vast majority of responses stated that they supported the investment and the return of overnight services for children at Bassetlaw Hospital.

Many had recent direct experience of urgent and emergency care for their children or grandchildren and some worked in the services. The main themes raised were:

- Support for overnight services for children at Bassetlaw Hospital
- A local service would be more accessible for everyone
- Children often don't need to stay in hospital very long at all, less than 24 hours, so they need to stay local
- Currently people without their own transport rely on family and friends to get them home, and sometimes to, Doncaster
- The journey to Doncaster can be terrifying and an added stress – for the child and the family
- Less travel would be better for families, staff and the NHS resources
- Bassetlaw is a big enough place to have its own facilities

3.5 Meetings

Members of Bassetlaw CVS were invited to a consultation event on 2 February 2022 to explore their views on the planned investment and the future of children's urgent and emergency services at Bassetlaw Hospital. On the day, three participants joined the meeting and a further interview was conducted with a fourth participant.

The organisations represented included: Bassetlaw CVS; Barnsley Premier Leisure; The Sleep Charity; and The Royal Voluntary Service.

A summary of the discussion is detailed below.

Bassetlaw Emergency Village

Participants discussed the design of the Bassetlaw Emergency Village and which aspects would be important. The main points raised were:

- The need for a **dedicated children's area** within the emergency department was seen as paramount. It was felt that this would help children to feel safe and offer some segregation from the adult waiting area. One participant also expressed the view that there should also be separation between young children and teenagers – even if just by a partition or different décor – to help put less stress on parents/carers and children.
- Developing the **role of volunteers** in the emergency department was felt to be an opportunity as part of the design process. Participants expressed the view that this would free up staff resources and make families more relaxed. It was felt that volunteers could play a role in several ways, including: meeting and greeting; offering companionship, play and support; watching children to enable parents/carers to visit the toilet, for example.
- Proper **changing facilities and breastfeeding areas** were also felt to be important in the new emergency village.
- For adults seeking care who have had to bring their children to the emergency department, a **dedicated space for children to be looked after** whilst the adult is being seen was thought to be helpful.
- The opportunity to share information about **charity and third sector support** was also discussed.
- The **layout of the waiting areas** was also felt to be important – with family spaces rather than rows of chairs and enough room for a whole family to stay together.
- **Online resources for children** were also mentioned by participants, for example ipads and e-resources (Barnsley Premier Leisure offer an online platform which could be developed to contain interactive content for children and young people).
- **The ease and availability of parking** was also raised by one participant.

The future of children's urgent and emergency care

Participants discussed each of the available options for the future of children's urgent and emergency care at Bassetlaw Hospital.

Option one

For option one, the key points made were around the transfer to Doncaster and the discharge after receiving care. For the transfers, it was felt that it is traumatic especially if not all parents or carers are allowed in the ambulance. In relation to being discharged, it was felt that this was equally an awful position to be in when people need to make their own way home from Doncaster.

The need to consider the impact on rural communities was also raised, places where there are no direct transport links through to Doncaster and the impact this may be having on people calling 999 rather than finding their own way.

Option 2

Option two was seen as better than option one as some participants felt it would address the staffing challenges within the hospital setting. However, participants also recognised that it still had many of the same drawbacks as option one and, whilst addressing staff needs, it would not address the needs of patients and their families.

Option 3

Overall, all participants supported option three. This final option was broadly thought to be the best option for staff, consistency of care and for families and the children themselves.

There was a recognition that for most children the need to stay in hospital would be short and an overnight observation in Bassetlaw would be far less traumatic than a short-term transfer to Doncaster, which could also increase the risk of infection.

It was also felt good planning from the onset could also mean the area could be designed to support other critical emergency needs as they arise.

3.6 Social media comments

A total of 90 comments were received via Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's (DBTH) social media channels. 89 of these were received in response to Facebook posts by DBTH and 1 was a response via Twitter.

Some comments were from those who have used the service – both at Bassetlaw and Doncaster – and they commented on their positive experience. A number of these were from parents of children with long term conditions, including epilepsy, breathing difficulties and asthma.

The vast majority of responses via social media were supportive of the possibility of overnight urgent and emergency services for children at Bassetlaw Hospital being available in the future. In particular, responses expressed the views that:

- The overnight service should be reopened as soon as possible, should never have been closed and was promised to return
- Travel is a huge concern with the current service - the added difficulty and trauma of the journey and the added challenge this brings if you do not drive or have access to a car
- Being close to home makes it easier for visiting, receiving support from relatives and being able to keep up with other commitments
- Becoming familiar with the surroundings and staff is important when you are staying in hospital
- The investment and overnight service will create more local jobs
- Parking is an issue at Doncaster and no one wants to use the shuttle if you are ill
- Bassetlaw is a large area and there is a high demand for the 24/7 service locally

In terms of the design of new services, comments were made about the need for an area where both parents could stay with the child, or at least could take it in turns to stay, and the need to ensure supporting services are also in place (for example emergency surgery, surgical ward and orthopaedic ward).

A number of comments expressed the view that, whilst option 3 was the best option, it still was not ideal as it is not a full reopening of the children's ward, children may still need to travel elsewhere and there are fewer beds than before.

Other concerns raised included:

- Other services should also be returned to Bassetlaw from Doncaster Royal Infirmary
- Montagu Hospital has lost a lot of services and why is this different to Bassetlaw

- Travel will now be necessary for those using the mental health wards at Bassetlaw and no shuttle is being provided
- Views should be sought from people across Bassetlaw, not just Worksop
- Asking for a direct link to the survey

APPENDIX 1: Consultation survey

Introduction

NHS Bassetlaw Clinical Commissioning Group (CCG), who are responsible for planning and buying local health services in Bassetlaw, want to hear your views to help shape the future of urgent and emergency care at Bassetlaw Hospital.

£17.6 million is being invested to develop a modern centre for urgent and emergency care services at Bassetlaw Hospital, creating an Emergency Village.

This is an exciting opportunity to look at how urgent and emergency care is provided in a way which meets the needs of our community now and for years to come.

It also allows challenges which led to the temporary closure of the overnight children's inpatient service in January 2017 due to safety concerns to be addressed and look at the options for a different service in future.

In preparation for answering these questions, we would encourage you to read the public consultation document and additional information, available at www.bassetlawccg.nhs.uk

Data protection statement

This survey is being conducted by The Campaign Company (TCC) on behalf of NHS Bassetlaw CCG. The data from this survey will be processed by TCC and reported to the CCG and its partners. This report will anonymise all responses and you will not be personally identified in any reporting of the findings of this research.

For more information on how we use and handle personal information, your rights relating to your personal information, and how to get in touch with us if you would like to query anything about any of your personal information that we hold, or withdraw your consent, please visit:

www.thecampaigncompany.co.uk/our-privacy-notice

If you have any questions about this research please contact info@thecampaigncompany.co.uk

1) Please tick the 'yes' box below to confirm that you consent to taking part in the survey and to your data being used in the ways outlined.*

☐ Yes – I consent to take part in this research

☐ No – I do not want to take part in this research

Your experience of urgent and emergency care at Bassetlaw Hospital

2) Which of the following best describes you: (please select all that apply)

- ☐ I have used urgent or emergency care at Bassetlaw Hospital*
- ☐ I have accompanied another adult when they have used urgent or emergency care at Bassetlaw Hospital*
- ☐ I have accompanied a child or young person under the age of 18 when they have used urgent or emergency care at Bassetlaw Hospital*
- ☐ I work or volunteer in urgent or emergency care at Bassetlaw Hospital
- ☐ I am a health or care professional in another service
- ☐ I have had no direct experience with urgent or emergency care at Bassetlaw Hospital
- ☐ Prefer not to say
- ☐ Other: _____

3) Thinking about your most recent experience of urgent or emergency services at Bassetlaw Hospital, when was this?

- ☐ Within the last three years
- ☐ Three to five years ago
- ☐ More than five years ago
- ☐ Don't know

4) Again thinking about your most recent experience, overall how satisfied were you with the care you received?

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied or dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

5) Please tell us why.

Bassetlaw Emergency Village

6) Thinking about using the new Emergency Village, which of the following factors would be most important to you? (Please select up to three)

- ☐ Comfortable and pleasant surroundings inclusive of neurodiversity which includes ADHD and autism
- ☐ Good signage with directions for patients
- ☐ Staff available to help me with queries
- ☐ Timely access to clinical assessment
- ☐ Support to understand what alternatives to emergency department care are available
- ☐ Access to good wifi
- ☐ Accessible toilet and baby changing facilities
- ☐ Vending machines for hot drinks and healthy snacks
- ☐ Children's play area
- ☐ Changing places facilities
- ☐ Don't know

7) Is there anything else you think we should consider in the overall design, look and feel of the Emergency Village?

Children's urgent and emergency care

8) Option One would be to continue the current temporary model, with the Children's Assessment Unit staying where it is and closing at 9pm each evening. Patients would continue to be transferred to Doncaster Royal Infirmary from 4pm.

What do you think about Option One?

- ☐ Strongly support
- ☐ Somewhat support
- ☐ Neither support or oppose
- ☐ Somewhat oppose
- ☐ Strongly oppose

9) Why do you think that?

10) Option Two would be to build a new Children's Assessment Unit (CAU) next to the emergency department but close the CAU at 9pm each evening. Patients would continue to be transferred to Doncaster Royal Infirmary from 4pm.

What do you think about Option Two?

- ☐ Strongly support
- ☐ Somewhat support
- ☐ Neither support or oppose
- ☐ Somewhat oppose
- ☐ Strongly oppose

11) Why do you think that?

12) Option Three would be to build a new Children's Assessment Unit next to the emergency department and allow children to stay at Bassetlaw Hospital for a short stay of observation, including overnight. Children needing a longer length of stay will continue to be transferred to Doncaster Royal Infirmary.

What do you think about Option Three?

- ☐ Strongly support
- ☐ Somewhat support
- ☐ Neither support or oppose
- ☐ Somewhat oppose
- ☐ Strongly oppose

13) Why do you think that?

14) Which is your preferred option?

- ☐ Option One
- ☐ Option Two
- ☐ Option Three

☐ None of the above

☐ Don't know

15) Are there any alternative options you feel we should consider in the future of children's urgent and emergency care at Bassetlaw Hospital?

16) Is there anything else you would like to add?

17) Email address

18) Mobile phone number

Equalities questions

19) What is your postcode?

20) What age are you?

21) What is your sex?

☐ Male

☐ Female

☐ Non-binary

☐ Prefer to self-describe: _____

☐ Prefer not to say

22) Is the gender you identify with the same as your sex registered at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

23) Which of the following options best describes your sexual orientation?

- ☐ Heterosexual/Straight
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to say

24) What is your ethnic group?

- ☐ White: White British
- ☐ White: White Irish
- ☐ White: Other White: _____
- ☐ Mixed: White and Black Caribbean
- ☐ Mixed: White and Black African
- ☐ Mixed: White and Asian
- ☐ Mixed: Other Mixed: _____
- ☐ Asian or Asian British: Indian
- ☐ Asian or Asian British: Pakistani
- ☐ Asian or Asian British: Bangladeshi
- ☐ Asian or Asian British: Other Asian: _____
- ☐ Black or Black British: Caribbean
- ☐ Black or Black British: African
- ☐ Black or Black British: Other Black: _____
- ☐ Other: Chinese
- ☐ Other: Other Ethnic Group: _____

25) How would you describe your national identity?

- ☐ British
- ☐ English
- ☐ Northern Irish

- ☐ Welsh
- ☐ Scottish
- ☐ Other (please specify): _____

26) Are you a UK Citizen?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

27) If you are a national of another country, are you?

- ☐ An EU National
- ☐ A refugee
- ☐ An asylum seeker
- ☐ A student
- ☐ Prefer not to say
- ☐ Other (please specify): _____

28) Do you have a religion?

- ☐ Christian - Protestant
- ☐ Christian - Catholic
- ☐ Hindu
- ☐ Buddhist
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ No religion
- ☐ Other (please specify): _____
- ☐ Prefer not to say

29) Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

30) Please can you tell us the nature of your disability?

- ☐ Deafness or severe hearing impairment

- ☐ Blindness or severe visual impairment
- ☐ Condition which severely limits physical activity for example climbing the stairs, walking
- ☐ Learning disability
- ☐ Long standing psychological or mental health condition
- ☐ Other long standing health condition

31) Does your disability affect your ability to access services? If so, please tell us briefly how:

- ☐ Yes: _____
- ☐ No

32) Are you currently pregnant, or expecting a baby?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

33) Do you have any children, or do you have caring responsibilities for children within your immediate family? (e.g. step-children)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

34) What is your marital status?

- ☐ Single
- ☐ Co-habiting
- ☐ Married
- ☐ Divorced/Separated
- ☐ Widowed
- ☐ Prefer not to say

35) Do you have caring responsibilities for adults? Do you provide paid or unpaid care for a family member who is ill, elderly or frail?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

36) Are you currently in employment?

- ☐ Yes - either self-employed, or in part-time or full employment

- ☐ Not currently employed
- ☐ No - in full or part-time study
- ☐ No - retired
- ☐ Prefer not to say

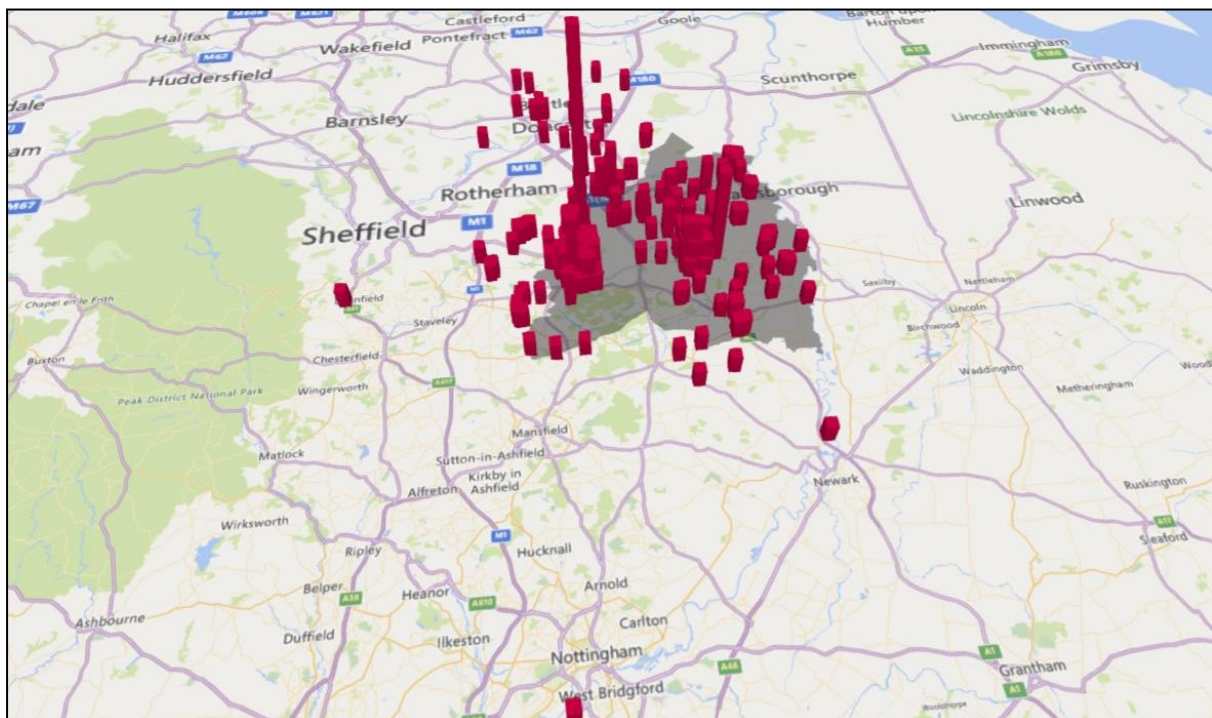
APPENDIX 2: Profile of survey respondents

As part of the survey, respondents were asked a number of personal questions not directly related to the proposals under discussion. This was done to ensure that the survey did not contain response biases which were likely to distort its conclusions, to enable us to breakdown the responses to questions by demographic and other characteristics to see if there are disproportionate impacts for different parts of the community which need to be taken into account, and lastly to enable targeted engagement efforts to gather the input from key groups which may not have provided sufficient feedback through the survey.

For reasons of transparency, a full breakdown of these questions is provided in this appendix to the main report.

Distribution of respondents

The map below shows all the postcodes given as part of the survey. The shaded area represents the geographical footprint of the CCG, with each marker representing a single postcode and the height of each marker indicating the number of responses within that postcode.



What age are you?

	n	%
15 to 29	245	19%
30 to 44	706	54%
45 to 59	243	19%
60 to 74	94	7%
75 and over	8	1%
Total	1,296	100%

Number of respondents who answered the question = 1,296

The vast majority of respondents are those aged 30 to 44, while the last published Census indicated that amongst those aged over 15 just 23% fell into this category. However, this is the age range in which people are most likely to have young children and consequently is likely to be broadly representative of the ages of those whose children are accessing the services.

What is your sex?

	n	%
Male	165	12%
Female	1,202	87%
Non-binary	1	0%
Prefer to self-describe	2	0%
Prefer not to say	17	1%
Total	1,387	100%

Number of respondents who answered the question = 1,387

According to the 2011 Census, 50% of the population of Bassetlaw are female, meaning that women are statistically overrepresented amongst respondents. However, women generally tend to be more likely to respond to consultations around health, particularly those relating to children, so this result is in keeping with expectations.

Is the gender you identify with the same as your sex registered at birth?

	n	%
Yes	1,346	98%
No	1	0%
Prefer not to say	24	2%
Total	1,374	100%

Number of respondents who answered the question = 1,374

As the 2011 Census did not ask respondents whether or not they identified as cisgendered, consequently we cannot compare the composition of respondents to that of the overall population of Bassetlaw.

Which of the following options best describes your sexual orientation?

	N	%
Heterosexual/Straight	1,297	94%
Gay	10	1%
Lesbian	4	0%
Bisexual	17	1%
Prefer to self describe	1	0%
Prefer not to say	49	4%
Total	1,378	100%

Number of respondents who answered the question = 1,378

The 2021 Census is the first to ask respondents to provide their sexual orientation. However, as those figures have not yet been released, we do not have an accurate figure for assessing how closely respondents match the population of Bassetlaw for this characteristic.

Prefer to self-describe

Where respondents selected 'prefer to self describe' they were given the option to provide further details, with one participant referring to themselves as 'Pansexual'.

What is your ethnic group?

	n	%
White: White British	1,306	95%
White: White Irish	4	0%
White: Other White	50	4%
Mixed: White and Black Caribbean	2	0%
Mixed: White and Black African	1	0%
Mixed: White and Asian	1	0%
Mixed: Other Mixed	2	0%
Asian or Asian British: Indian	6	0%
Asian or Asian British: Pakistani	1	0%
Asian or Asian British: Bangladeshi	0	0%
Asian or Asian British: Other Asian	1	0%
Black or Black British: Caribbean	0	0%
Black or Black British: African	1	0%
Black or Black British: Other Black	0	0%
Other: Chinese	0	0%
Other: Other Ethnic Group	5	0%
Total	1,380	100%

Number of respondents who answered the question = 1,380; number of respondents eligible to answer = 1,882; 502 did not answer

97% of respondents in Bassetlaw indicated that they were white in the 2011 Census, which is broadly in-line with the ethnic composition of respondents.

Other

Where respondents indicated 'Other White', 'Other Mixed', 'Other Asian', 'Other Black, or 'Other Ethnic Group', they were asked to provide greater detail as to how they self-identified.

There were 34 answers from those who selected 'Other White', with 20 identifying as 'Polish', three stating that they were European and individual responses of 'Anglo-Italian', 'Canadian', 'Dutch', 'Jewish', 'Latvian', 'New Zealander', 'Portuguese', 'Romanian', 'South African', 'Welsh', 'White, English'. The participant who selected 'Other Asian' stated that they were 'South Korean' and the three responses received under 'Other Ethnic Group' were 'White Jewish', 'Mixed', and 'Prefer not to say'. There were no further details from those who selected 'Other Mixed' and no respondent indicated that they identified as 'Other Black'.

How would you describe your national identity?

	n	%
British	1,142	83%
English	176	13%
Northern Irish	1	0%
Welsh	3	0%
Scottish	9	1%
Other (please specify)	53	4%
Total	1,384	100%

Number of respondents who answered the question = 1,384

In the 2011 Census, just under 97% of respondents in Bassetlaw identified as either 'British', 'English', 'Northern Irish', 'Welsh' or 'Scottish', roughly in-line with the composition of those responding to this survey.

Other

Of the 30 survey-takers who selected 'Other', 43 provided further details, with 27 indicating that they were 'Polish', four stating that they were 'European', two 'Indian', two 'Portuguese', and individual responses of 'American', 'Czech', 'Dutch', 'Irish', 'Latvian', 'South African', 'South Korean', and 'UK'.

Are you a UK Citizen?

	n	%
Yes	1,365	97%
No	37	3%
Prefer not to say	4	0%
Total	1,406	100%

Number of respondents who answered the question = 1,406

Although the Census does not ask about citizenship, it does ask what passports people hold. Removing those without a passport from consideration, a little over 3% hold a passport for a country other than the UK, which suggests the numbers of survey-takers who are non-UK citizens is a little low. Indeed, when we review EU Settlement Scheme applications made in Bassetlaw over recent years, it would appear that over 5% of the district's population are EU citizens alone.

If you are a national of another country, are you?

	n	%
An EU National	31	84%

A refugee	0	0%
An asylum seeker	0	0%
A student	0	0%
Prefer not to say	0	0%
Other (please specify)	6	16%
Total	37	100%

Number of respondents who answered the question = 37

Amongst those eligible to respond to this question, the majority are EU nationals, which is roughly in-line with the split in non-UK passports held by residents in Bassetlaw according to the last Census.

Other

Of those who selected 'Other', five elaborated, with one stating that they were an 'American', one 'Indian', and the remaining answers providing information other than their nationality.

Do you have a religion?

	n	%
Christian – Protestant	440	33%
Christian – Catholic	108	8%
Hindu	3	0%
Buddhist	2	0%
Jewish	0	0%
Muslim	3	0%
Sikh	1	0%
No religion	664	49%
Other (please specify)	31	2%
Prefer not to say	94	7%
Total	1,346	100%

Number of respondents who answered the question = 1,346

The 2011 Census, indicated that 71% of Bassetlaw respondents identified as 'Christian' and 21% as 'No religion'. While this would appear to suggest that those who are 'Christian' are substantially underrepresented statistically and those with 'No religion' overrepresented, it is also possible that this reflects social change over the past eleven years.

Other

27 of the 31 participants who selected 'Other' provided details, with 18 providing a description of a Christian denomination, five indicated that they were 'Wiccan' or 'Pagan', two described themselves as 'Agnostic', one respondent was 'Spiritual' and another stated that they were 'Omnist'.

Do you consider yourself to have a disability?

	n	%
Yes	132	9%
No	1,218	88%
Prefer not to say	42	3%
Total	1,392	100%

Number of respondents who answered the question = 1,377

78% of respondents in the Census indicated they lacked a long-term health problem or disability affecting day-to-day activities. While the proportion of survey respondents who do not consider themselves to have a disability is higher, it is worth noting this may be due to the younger age profile of respondents, reflecting the age at which people's children are more likely to be service users.

Please can you tell us the nature of your disability?

	n	%
Deafness or severe hearing impairment	6	5%
Blindness or severe visual impairment	3	2%
Condition which severely limits physical activity for example climbing the stairs, walking	44	34%
Learning disability	4	3%
Long standing psychological or mental health condition	23	18%
Other long standing health condition	50	38%
Total	130	100%

Number of respondents who answered the question = 130; number of respondents eligible to answer = 132; 2 did not answer

The greatest proportion of respondents eligible to answer this question stated that they had a different 'long standing health condition', followed by mobility-related issues, and mental health conditions. Unfortunately, the Census did not collect detailed statistics on the nature of people's disabilities, so comparison with the wider Bassetlaw population is not possible.

Does your disability affect your ability to access services? If so, please tell us briefly how:

	n	%
Yes	43	33%
No	86	67%
Total	129	100%

Number of respondents who answered the question = 129

The majority of those with disabilities did not find that it affected their ability to access services.

How?

Where respondents indicated that their disability affected their ability to access a service, they were asked to provide further information, with 35 of those eligible to provide an answer doing so.

The majority of those who provided a response indicated that mobility was in some way an issue, either terms of difficulty getting to hospital facilities themselves due to transport and parking issues or distance, or with getting around the hospital, particularly due to problems with lifts and the inability to stand for long periods of time.

The next greatest range of issues centred around people's mental health or neurotypicality, where respondents' conditions made it hard to leave the house or to engage with others, particularly in a public setting like a hospital. The last specific issue was with the level of noise and the echoey nature of the rooms making it hard for those with hearing difficulties.

Are you currently pregnant, or expecting a baby?

	n	%
Yes	68	5%
No	1,311	94%
Prefer not to say	17	1%
Total	1,396	100%

Number of respondents who answered the question = 1,396

Although the vast majority of those responding to the survey were not pregnant, there was still a reasonable number of responses from those who were expecting a baby. Unfortunately, there are no clear statistics on the baseline number of pregnancies we would expect there to be in Bassetlaw at any one time and consequently do not know how well this response rate reflects the population of the district.

Do you have any children, or do you have caring responsibilities for children within your immediate family? (e.g. step-children)

	n	%
Yes	1,145	81%
No	232	17%
Prefer not to say	28	2%
Total	1,405	100%

Number of respondents who answered the question = 1,405

While only 28% of households in Bassetlaw contained dependent children, the overrepresentation of participants who have caring responsibilities for children within their immediate family is to be expected, given that the focus of the survey was on the medical facilities available for children within the district.

What is your marital status?

	n	%
Single	182	13%
Co-habiting	277	20%
Married	845	60%
Divorced/Separated	50	4%
Widowed	11	1%
Prefer not to say	38	3%
Total	1,403	100%

Number of respondents who answered the question = 1,403

In 2011, single households made up 20% of the population of Bassetlaw. However, with single people being less likely to have children than the other groups, the lower response rate to the survey would appear to be more reflective of the composition of service users.

Do you have caring responsibilities for adults? Do you provide paid or unpaid care for a family member who is ill, elderly or frail?

	n	%
Yes	239	17%
No	1,119	80%
Prefer not to say	43	3%
Total	1,401	100%

Number of respondents who answered the question = 1,401

At the last census, around 12% of respondents indicated that they provided some form of unpaid care. This would suggest that those providing care are slightly overrepresented amongst participants.

Are you currently in employment?

	n	%
Yes - either self-employed, or in part-time or full employment	1,120	80%
Not currently employed	100	7%
No - in full or part-time study	37	3%
No – retired	87	6%
Prefer not to say	54	4%
Total	1,398	100%

Number of respondents who answered the question = 1,398

68% of those aged 16 to 74 were economically active at the time of the last Census. While those in employment are overrepresented amongst respondents compared to the Census, the age range in which most people are economically active will also be the age range in which they are most likely to have children who access the CAU.

29 March 2022**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****TOMORROW'S NUH****Purpose of the Report**

1. To provide a further briefing on the development of service at Nottinghamshire University Hospital (NUH) following the award of seed money from the the Department of Health Social Care's Health Infrastructure Plan 2 (HIP2).

Information

2. This topic was last on the agenda of the Health Scrutiny Committee in July 2021. Tomorrow's NUH is an initiative giving the Trust the opportunity to transform critical infrastructure, its approach to care provision, to address health inequalities and to spur economic regeneration.
3. The Committee had previously been advised that a pre-consultation business case was being developed with a view to conducting a full public consultation initially planned for the summer of 2021 (the latest documentation indicates that the public consultation will now take place October - December 2022). A range of pre-consultation engagement activity had already been conducted, including a virtual events programme, online survey, a stakeholder reference group overseen by Healthwatch Nottingham and Nottinghamshire and outreach work with specific patient cohorts. Work was currently ongoing to develop a range of options on which to consult, at which point additional detail would be available. Though feedback was broadly positive, there had been some criticism of the lack of specific detail at the pre-consultation engagement stage.
4. Members previously commented on the relatively low levels of response to the pre-consultation engagement process but acknowledged that engagement would be easier when there were more concrete proposals available for consideration. It was also confirmed that complaints raised at the pre-consultation stage were being followed up
5. A briefing from the Clinical Commissioning Group setting out the latest information regarding the Tomorrow's NUH initiative is attached as Appendix 1 to this report. Appendix 2 is the spring 2022 engagement document and Appendix 3 is the engagement survey.
6. Senior officers of the Nottingham and Nottinghamshire Clinical Commissioning Group will attend the Health Scrutiny Committee to brief Members and answer questions.

7. Members are requested to consider and comment on the information provided and schedule further consideration.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules further consideration.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottingham and Nottinghamshire CCG

Tomorrow's NUH / Reshaping Health Service in Nottinghamshire
Briefing for Health Scrutiny Committee

March 2022

1 Background and Summary

Nottingham and Nottinghamshire ICS has a number of ambitious plans for service and system change to improve the health and wellbeing of our local people through the provision of high quality health care delivered in a sustainable way. 'Reshaping Health Services in Nottinghamshire' (RHSN) is the overarching programme which brings together all the plans that are transforming health services, and Tomorrow's NUH is the single biggest component part of this programme of change. The Health Scrutiny Committee have previously been briefed on the progress of Tomorrow's NUH in November 2020, January 2021 and July 2021.

The Tomorrow's NUH (TNUH) programme is working to national timelines for the Government's New Hospital Programme (NHP) which commits the Government to delivering 48 new hospitals by 2030. The NHP supersedes the Health Infrastructure Plan programme (HIP). TNUH was in the wave 2 (HIP2) pipeline, and remains as a similar priority for the NHP. The investment available through NHP is considerable and must be spent on improvements to the NUH estate; however the impact and benefits of this investment will be experienced by the health and care system as a whole.

The CCG's statutory duty is to develop a Pre Consultation Business Case (PCBC) which describes the proposed major service change and ensure that the public are engaged and involved in the process. In November and December 2020 a programme of patient and public engagement was undertaken.

A detailed options appraisal process on the location of clinical services, including taking into account the feedback from the November/December 2020 engagement, was conducted in early 2021. This options appraisal work generated a preferred way forward which included a number of revised proposals when compared with the original proposals. This was presented to the East Midlands Clinical Senate who recommended that further work be undertaken on the proposed configuration for cancer care. As this further work on cancer was delivered throughout 2021, the requirements of the New Hospital Programme became clearer. There is now clarity around the stipulations for clinical buildings e.g. at least 70% of rooms must now be single occupancy, and all backlog maintenance must also be addressed through the capital funding available through the NHP. These changing parameters have also generated further changes to the proposed model. A further round of engagement is therefore taking place during March and April 2022 on this revised model.

2 Developing the service offer

Since our last period of public engagement we have been working with clinicians and staff from across the health and care system to further develop our thinking about how services might be potentially be organised in the future. This has involved looking at options for how and where services could be delivered. To do this, we have applied a rigorous options appraisal process that takes into account:

- The best 'clinical model' for services, particularly where services need to be located together
- The impact on our patients, and their views and preferences
- Designing services so that they have the best possible impact on reducing health inequalities
- Financial considerations to ensure we can achieve the best value for the money available
- The options we have for sites, buildings and equipment, considering the locations we are already occupying and land owned by the NHS.

In addition to this, there has been considerable learning from the last two years of the pandemic, and changes to the way in which care has been delivered. This has informed the requirements of the programme at a national level, and has informed how the programme has developed locally. Because of the large number of specialities that exist across our hospital sites there are many options for configuring which services go where. Our options appraisal process has helped us identify what we believe would be the best possible configuration of services across our sites against number of criteria, to provide the best fit with our service offer and the best value for money. This is still very much in development and the views of stakeholders, patients and the public are crucial to helping us to finalise the proposals that will be considered as part of a public consultation later in the year.

3 Our current thinking

In 2020 when we talked to the public we set out a clear steer for our aspirations for how services might look in the future across the service areas of emergency care, family care, elective (planned) care and cancer care services. The process we have been through has helped us to identify a set of proposals for each of those areas, and this is what we now need to test with stakeholders and the public. The details of these proposals can be viewed in the engagement materials, along with a set of questions to help inform how they develop further.

In summary, the developing proposals would mean some changes to where some services are currently delivered across the QMC and City Hospital sites. A very high level overview of how services might be organised is as follows:

- A and E would continue to be based at the Queen's Medical Centre site, and some emergency care service currently delivered from the City would move to the QMC.

- Most planned operations (sometimes called 'elective' surgery) like hip replacements and cataract surgery would be delivered at the City Hospital.
- Cancer treatment would continue to be delivered across both sites, as well as in the community
- The majority of maternity care would take place at the QMC, in a new Women's and Children's hospital.
- In addition, we are also exploring the possibility of increasing capacity in our mental health services by having dedicated spaces in both the A&E department and in the Women's and Children's hospital.

Alongside this potential significant movement of services to the QMC, we have major ambitions for the City Hospital. Our vision is to transform this site into a centre of excellence for elective (planned) care. This would enable us to protect capacity for our planned operations and also help us to maintain high quality emergency services at QMC, even at our busiest times.

4 Public Engagement

4.1. Statutory duties

Nottingham and Nottinghamshire Clinical Commissioning Group have a statutory duty to involve the public in proposals for changes to services and a statutory duty to consult the Local Authority on any proposals for substantial variation to services:

"The CCG must make arrangements to secure that individuals ... are involved (whether by being consulted or provided with information or in other ways) —

(a) in the planning of the commissioning arrangements

(b) in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them

(c) in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact"

The scale of the TNUH programme will inevitably mean substantial changes to services to ensure that they are set up in the best possible way to improve people's health and wellbeing. This therefore means we should expect to conduct a full public consultation before any final decisions are made.

We will undertake all engagement activity in line with our statutory duties and with The Gunning Principles², which are:

¹ [National Health Service Act 2006 \(legislation.gov.uk\)](http://legislation.gov.uk)

² [The Gunning Principles.pdf \(local.gov.uk\)](http://local.gov.uk)

- That engagement and consultation must be a time when proposals are still at a formative stage.
- That the proposer must give enough reasons for any proposal to permit intelligent consideration and response.
- That adequate time is given for consideration and response.
- That the product of engagement and consultation is conscientiously taken into account when finalising the decision.

4.2. Phase 1 pre-consultation engagement

In November 2020 a programme of patient and public engagement commenced, to inform the development of the TNUH proposals. Within this engagement, the outline service offer was described, which would provide the foundations for improvements to hospital services, centred around enabling the provision of the best possible care to ensure positive impact on people's health and well-being.

Healthwatch Nottingham and Nottinghamshire (HWNN) and North of England Commissioning Support Unit (NECSU) were commissioned to support this engagement, which included virtual public events, focus groups and engagement with key patient groups.

At the time of this engagement, plans were at a formative stage. People were invited to give their feedback on the outline service offer developed for the programme. Over 650 shared their views, summarised as follows:

- Most people were supportive of our proposals.
- Access to buildings and services was important to people, in particular parking.
- People wanted to know how services would work together, inside and outside the hospital
- People were concerned about the affordability of the model and whether we would have the right staff in the right places.
- People were supportive of plans to split emergency and elective care, but concerned about accessibility of centralised emergency care services.
- People were supportive of plans to co-locate maternity services on one site, but concerned about accessibility of centralised services and reducing choices on location of care and birthing services and potentially longer travel times for some people.

4.3. Phase 2 pre-consultation engagement

Overview

A second phase of pre-consultation engagement commenced on 7 March 2022. The aim of this is to continue the conversation with patients and the public about the latest iteration of the proposed service offer and what future hospital services and facilities could look like. This phase of engagement will allow the "testing" of the latest service offer iteration. The conversations and the feedback received will be analysed and considered in shaping the final proposals for the

programme. Once these have been developed, the CCG will consider if further engagement is required based on this feedback or whether it is now possible to undertake a formal public consultation prior to implementing any changes.

Our approach

To ensure meaningful engagement with patients and the public, it is imperative we have:

- Tailored our methods and approaches to specific audiences as required.
- Identified and use the best ways of reaching the largest amount of people and provide opportunities for vulnerable and underserved groups to participate.
- Provided accessible documentation suitable for the needs of our audiences.
- Offered accessible formats, including translated versions relevant to the audiences we are seeking to reach.
- Undertaken equality monitoring of participants to review the representativeness of participants and adapt activity as required.
- Used different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of any underrepresentation.
- Arranged our engagement activities so that they cover the local geographical areas that make up Nottingham and Nottinghamshire.
- Arranged meetings in accessible venues and offer interpreters, translators and hearing loops where required

Methods

A range of different methods will be used to engage with patients and the public to understand their views.

a) Engagement Events. Three public engagement events have been scheduled. These will be run as information sessions with a Q&A and will include breakout rooms for more detailed discussion of work stream areas. The events will:

- Describe the process of moving from an outline service offer to potential options for change
- Provide answers to the key points raised within phase 1 pre-consultation engagement (e.g. access; accessibility; affordability; link with community and primary care services; service locations)
- Provide detail on current plans within work stream areas
- Enable questions from the public, on the programme as a whole and on specific work stream areas.

The events will be led by CCG and NUH and clinical leads. Breakout sessions (for those most impacted by change, identified within the Integrated impact Assessment) will be led by work stream leads with clinical support.

b) Targeted Engagement An Integrated Impact Assessment undertaken during the first phase of engagement identified four specific key areas of populations that may be disproportionality impacted upon around the proposed changes:

- Pregnancy and Maternity
- Deprived Communities
- Black, Asian and Minority Ethnic Communities
- Older People

Key groups and communities who the CCG will target have been identified through an extensive stakeholder mapping database. An invitation has been sent to these stakeholders, offering a member of the Engagement team to attend relevant community/groups to provide presentations and obtain feedback.

Alternative formats and languages of information will be available for our diverse communities.

c) Survey

A draft survey has been produced and will be cascaded to gather feedback from all of our communities/members of the public.

Data analysis and reporting

All written notes taken during the public events, community group meetings, and qualitative responses from the survey will be thematically analysed. Quantitative data will be analysed to produce descriptive statistic. The report produced will be based on these analyses, outlining the findings for each of the four specified groups along with findings for those engaged who did not fall into any of these groups. A summary of the key findings and a set of conclusions based on this evidence will be presented to inform the development of the clinical model. The report will be completed by 14 April 2022.

The views of the public are crucial to informing the service configuration proposals and the outputs of the engagement will be fed back into the programme and used to inform the development of the service offer and the PCBC. Should this phase of engagement raise further queries or areas for consideration, then it may be that further work is required on the clinical models and further engagement required. The programme milestones and timelines are all indicative at this stage, subject to the outcome of the engagement.

5 Key Programme Milestones and Indicative Timelines

Milestone	Indicative Timescale
Pre-consultation engagement	March 2022
Clinical Senate Review	April 2022

Finalise PCBC and Readiness Assessment	May – July 2022
Draft PCBC undergoes Stage 2 Assurance	August/September 2022
Formal Consultation	October – December 2022
Decision Making Business Case	From January 2023

6 Actions requested of the Health Scrutiny Committee

Members of the Health Scrutiny Committee are asked to:

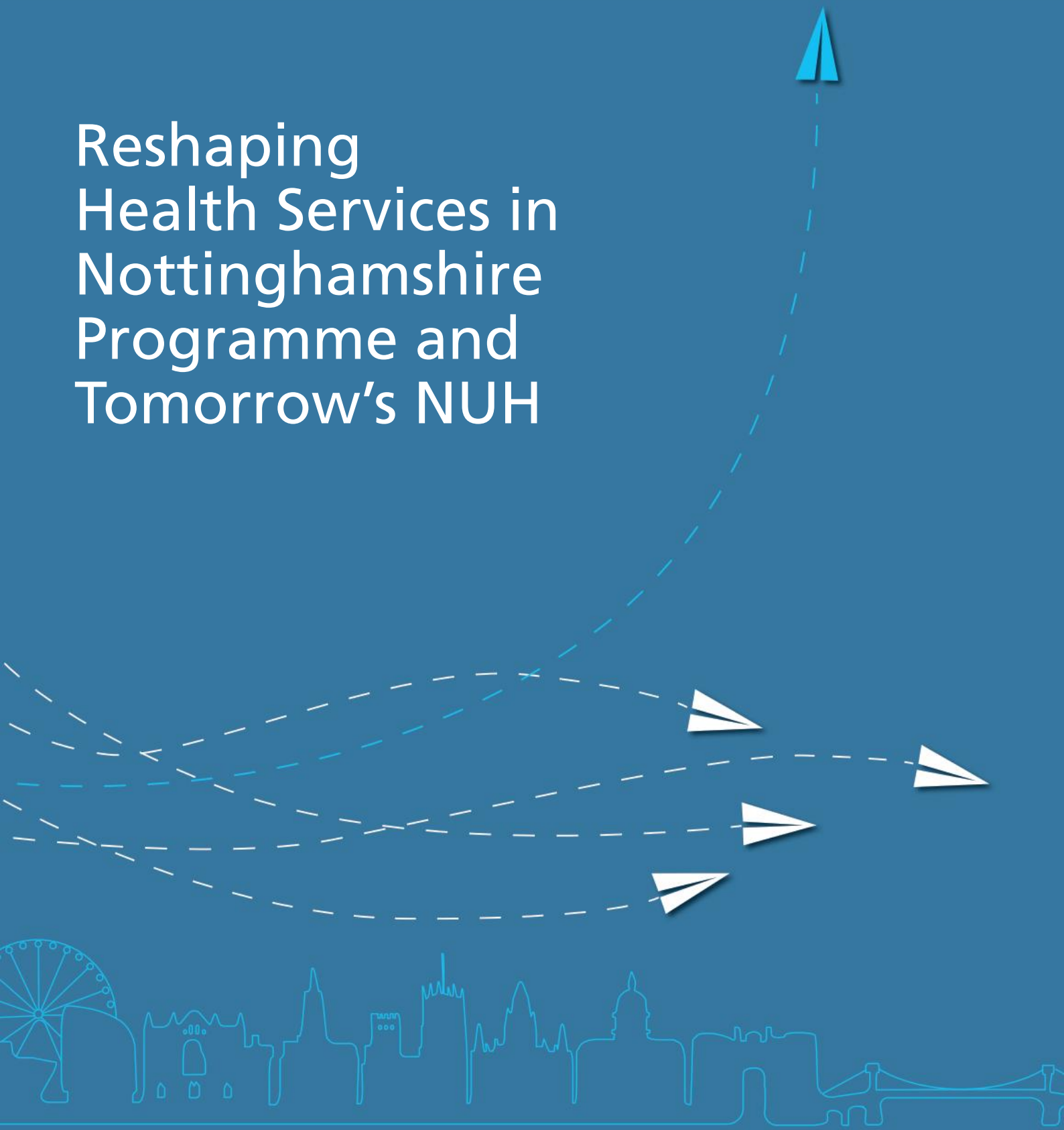
- To note the progress of TNUH including next steps;
- To share any comments on the changes proposed;
- To encourage citizens to share their views on the proposed service offer through the three methods of engagement described.

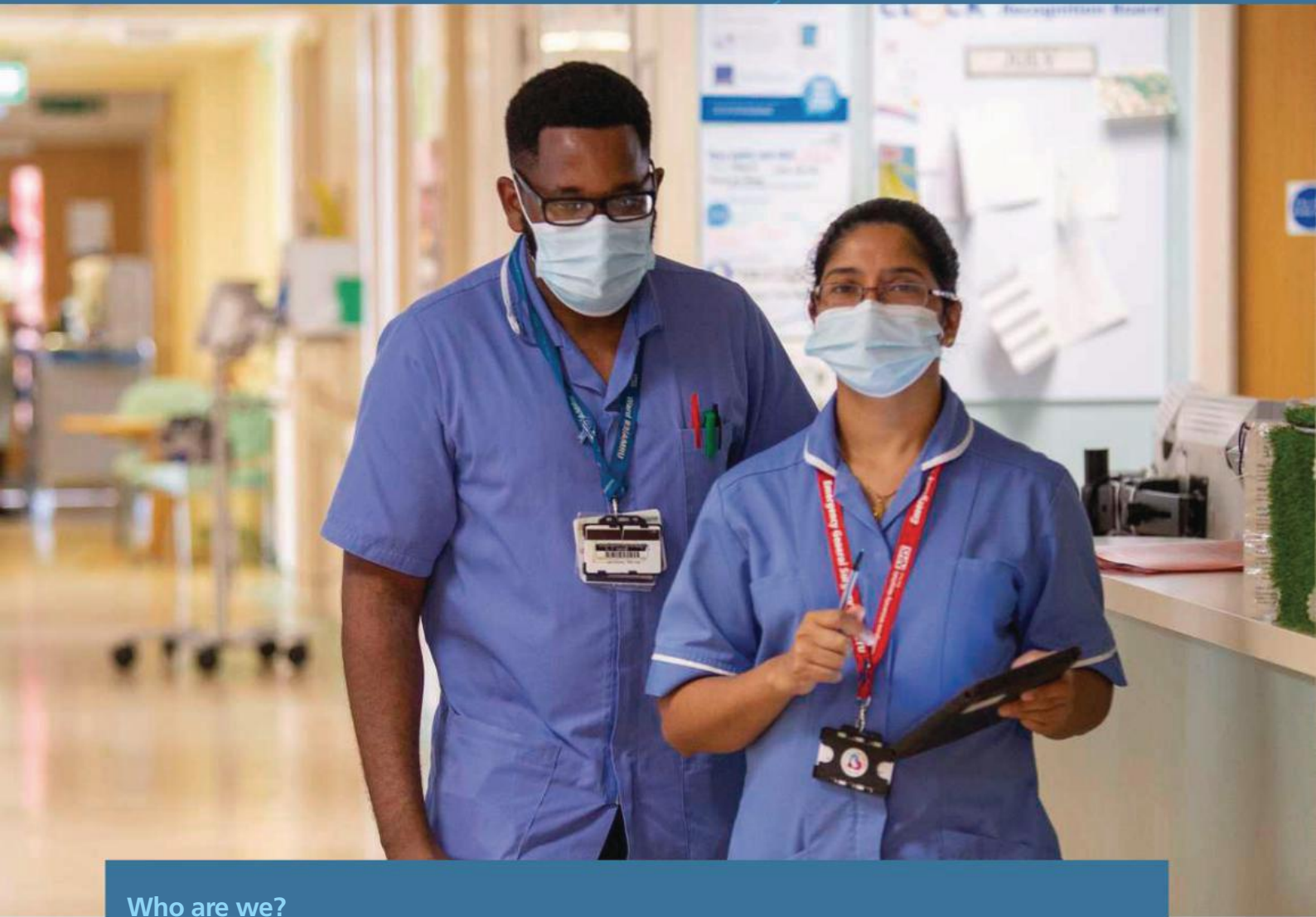
7 Appendices

Appendix 1. Public narrative document

Appendix 2. Survey questions

Reshaping Health Services in Nottinghamshire Programme and Tomorrow's NUH





Who are we?

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is an NHS organisation led by local GPs. The CCG is responsible for understanding the health care needs of the population of Nottingham and Nottinghamshire and planning and paying for healthcare services. This includes listening to, and taking account of, feedback from local people to make sure that services meet local need.

On 1st July this year the CCG will become an Integrated Care Board (ICB). Across Nottingham and Nottinghamshire, our vision will continue to be: to increase the duration of people's lives and to improve those additional years, allowing people to live longer, happier, healthier and more independently into their old age. The ICB will ensure that the plans in this document continue to be developed after 1st July.

Nottingham University Hospitals NHS Trust (NUH) runs the facilities at Queen's Medical Centre (QMC), City Hospital and Ropewalk House.





What is 'Tomorrow's NUH'?

Tomorrow's NUH is a once-in-a-generation opportunity to transform our hospital services and facilities in the Greater Nottingham area for the better. It is part of the Government's New Hospital Programme, which is investing in buildings and equipment across the NHS, to ensure our healthcare system and staff have the facilities they need for the future. By 2030 we have the opportunity to have in place top-class healthcare services for our population. It is hard to imagine exactly how our society and health services will look in 2030 but we do know that they will be different to today.

Tomorrow's NUH is a significant part of Reshaping Health Services in Nottinghamshire (RHSN), a long-term strategy involving all local health and care organisations working together, ensuring that we continue to provide leading edge, innovative and life-changing care well into the future.

We therefore need to agree the best way forward to modernise the QMC and City Hospital. We're also considering the services currently delivered from Ropewalk House, and the best location for the delivery of these services in the future.

We are now at a key stage in the process, and we need your input to help us to shape the way we deliver our healthcare in the future. This is your chance to comment on our current proposals as we develop them, and be part of building the future of your health and care system.

Why Are We Doing This?

The NHS in Nottingham and Nottinghamshire has an ambition to transform health and care services, so that people living in our area live longer, healthier, and happier lives. We want to provide the best services we can to meet the needs of our diverse communities, ensuring that services can be accessed by all of our citizens when they need them.

Our population across Nottingham and Nottinghamshire is living longer with more health needs. As new treatments unheard of five or ten years ago become mainstream, it is important that the health and care services that we all rely on also change. Here in Nottingham and Nottinghamshire we are constantly looking at ways to improve the care that we deliver now and in the future.

NUH is a large part of the health system in Nottingham and Nottinghamshire, and we know that any changes made will have an impact across wider health and care services and how people access these. We are already seeing people accessing healthcare in different ways, not always at their local big hospital. This will continue. We know we must continue to adapt our hospital facilities and services to provide the best possible care to those who need to use those services. Tomorrow's NUH will be a key part in this process, helping us to deliver exceptional quality care in the future.



Over the last two years, we have innovated like never before in the face of the pandemic, including delivering a world-leading vaccination programme using all parts of the health system, working with local councils and the voluntary sector. This is a really good example of how excellent hospitals are important, but are not the whole solution. Other examples include how we are working to support the homeless population in our area through coming together as the NHS, the voluntary sector and the local authorities. Our work to deliver world-class new facilities through the Government's New Hospital Programme will help to underpin this wider transformation for how health and care services are delivered.

This opportunity isn't just about a construction project – it will also be instrumental in local social and economic regeneration, creating new jobs and stimulating ground-breaking medical research. It will also help us to attract the best healthcare staff to the region.

To secure investment in the Tomorrow's NUH programme, we need to show that we have a plan for how we will use the funding to improve the health and wellbeing of local people. To do this we have to set out the changes we would like to make to our local services. We are talking to many different people about what those changes might look like and what they might mean for the users of these services, now and in the future.

What Has Happened So Far?

In November and December 2020, we talked to the public about Tomorrow's NUH. We highlighted some of the issues with our hospital buildings, and the challenges that remain from merging the City Hospital and the QMC under one Trust, resulting in staff and services being split across two sites. We also outlined our thoughts about the future and the possible changes to the way we could deliver our services, to improve the experiences of all who use both hospitals.

Since then, we have been further developing our plans and identifying what we think we could do to make the best use of the funding available to us. This work has involved looking at where we could locate our services and planning how they would work together.

Some of the thinking we shared in late 2020 has developed – due to more detailed discussions with expert doctors and nurses, or because of new national guidelines and rules, or because of what we've learned from the Covid-19 pandemic. This means that some of the things we previously proposed have now changed. Many of the proposals, however, are unchanged and we can now share more detail and answer some of your questions.

We are taking our time to get this right – listening to our local communities is a crucial part of this process, so we're again going to be asking for your views and feedback, to fully test this latest thinking.

No firm decisions on any of this will be made until after a full public consultation has taken place in due course.



Planning For The Future Of Our Hospital Services

In planning how all our hospital and community services could work together, we have taken into account the need to do all of the following:

- Designing services to meet the needs of all our communities.
- Identifying where those services need to be located together.
- The impact any changes could have on patients, carers and staff.
- Financial considerations, to ensure we have plans that are affordable and achieve the best value for money.
- Ensuring that the plans can be delivered within the timescale determined by the New Hospitals Programme.
- The options we have for locations, buildings and equipment.

Over the last year, a lot of work has been undertaken by our expert doctors and nurses to explore these plans in more detail, to ensure any proposed changes will deliver the outstanding care we want to offer you.

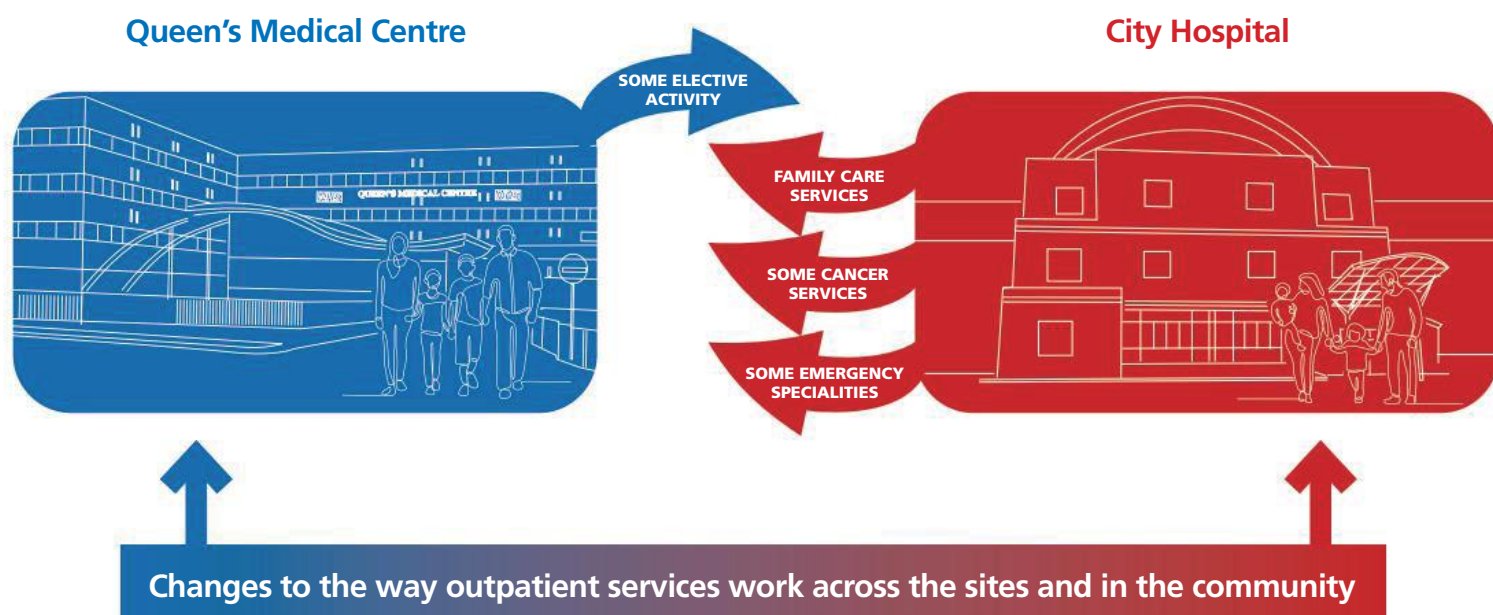
As well as the unique opportunity for investment that Tomorrow's NUH provides, we will also continue to spend on other areas of our healthcare services. The benefits at the end of this process will be modern, fit-for-purpose hospital buildings supported by smarter ways of working, ensuring we deliver the best possible experience for service users, their carers and staff.

The investment that we understand the Government will offer us is significant, and we have calculated the cost of all our proposals, to make sure that they can be achieved and affordably run once they are completed.

Our Latest Thinking

The diagram below describes, in simple terms, the changes that we are now proposing. In summary, this means that most elective operations planned like hip replacements and cataract surgery, would be delivered at the City Hospital, with some emergency care moving to the QMC. Cancer treatment would continue to be delivered across both sites, whilst the majority of maternity care would take place at the QMC, in a new Women's and Children's hospital. In addition, we are also exploring the possibility of increasing capacity in our mental health services by having dedicated spaces in both the A&E department and in the Women's and Children's hospital.

Alongside this potential significant movement of services to the QMC, we have major ambitions for the City Hospital. Our vision is to transform this site into a centre of excellence for elective (planned) care. This would enable us to protect capacity for our planned operations and also help us to maintain high quality emergency services at QMC, even at our busiest times.





Our Plans for Emergency Care

Proposal: We would like to locate Emergency Care, where patients require immediate or urgent hospital treatment, on one site, where possible.

Our overall ambition for emergency services is to ensure that people are seen by the right staff at the right time, first time. We have also learnt a lot about how services like the NHS 111 have become more popular and responsive during the Covid-19 pandemic, which means that our thinking about where care can be delivered has changed.

This means that we will be considering how our current ways of accessing urgent care i.e. through the QMC's emergency department, the Urgent Treatment Centre on London Road or through GP surgeries, can work together. This, we feel, would enable us to future-proof our services and offer flexibility for future demand.

When we last talked to the public, we asked about the option of having hospital emergency care all on one site. There was a great degree of support for this concept, though at that time this was still in its early stages of development. It was clear people wanted more information and to understand what this really meant for these services.

Since then, a considerable amount of work has been undertaken to explore this proposal in more detail, to ensure we are offering the best solutions for patient care, as well as for our staff.

Following the work that has been undertaken over the last year, we are now looking to hear your views on the following:





Some urgent and emergency care currently based at the City Hospital would be relocated to the QMC, where the main site for Accident and Emergency and the Major Trauma Centre are based. This would include acute respiratory (care for people with flu and pneumonia for instance) and burns and emergency plastic surgery services.

Why? We are proposing to move these services from the City Hospital to ensure that they are close to specialist services at the QMC, as well as to reduce the number of emergency transfers that currently take place between the two hospitals. For example, bringing acute respiratory services to the QMC, and basing them alongside other emergency services, would reduce the number of patient transfers between the two hospitals by 30 per cent. Doing this would also reduce the need for extra beds at the City Hospital during the winter months, when acute respiratory services are under increased pressure. Patients who require urgent treatment for burns and emergency plastic surgery would be seen at the QMC, alongside major trauma services.

Some urgent and emergency care specialities - including cardiology (heart), cardiac and thoracic (chest and lungs) surgery, urology (for example prostates and bladders), renal (kidney) and infectious diseases would remain at the City Hospital.

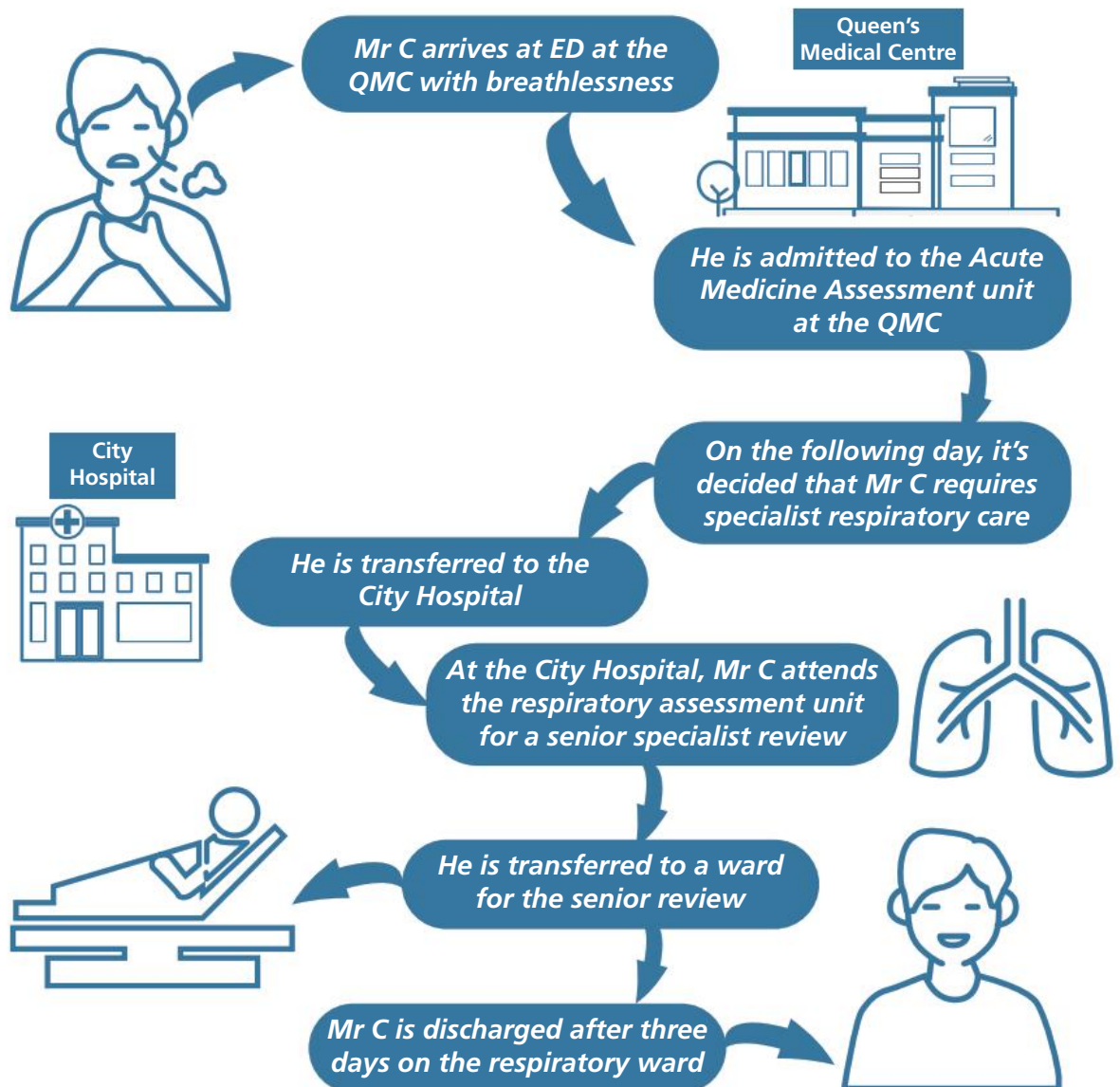
Why? This is because these services are either currently delivered from purpose-built centres or are linked to each other, so it would not make financial sense to move them.

At both the City Hospital and the QMC we would aim to make how you get seen for an emergency more streamlined and efficient.

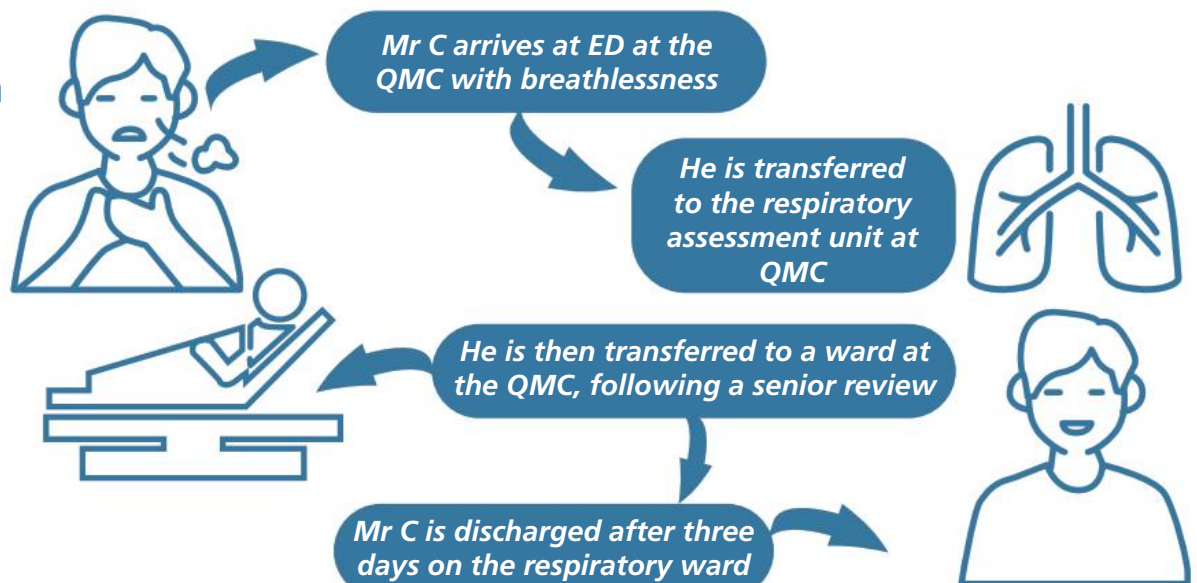
Why? We want to get patients accessing the right treatments as quickly as possible, reducing waiting times and time spent in hospital.



Current Provision



Future Provision





What We Want to Know

We want your views on this more detailed set of proposals. We would like to understand if they seem sensible and what these proposals would mean to you. We are interested in hearing where you would expect to go to be seen for different types of urgent care.





Our Plans for Family Care

Proposal: Family Care Services to be provided from a Women's and Children's Hospital

In 2020, we talked about a single site for all Family Care services, but we didn't indicate where this could be at that time. We are continuing to explore this option with the QMC being the preferred location for a Women's and Children's Hospital, where it would be co-located with emergency care.

We think co-locating all women's and children's services with emergency care at the QMC would help us to improve the quality of care and safety for women, babies, children, and their families. It would mean people have access to the specialist and emergency care they sometimes need when they give birth, without having to be transferred by ambulance to another hospital site.

In addition, one single, larger, maternity unit is easier to staff and manage, when compared with two smaller units and would help create opportunities to improve the recruitment and retention of staff, as well as supporting quality and safety improvements.

We know we need to improve our maternity services, and many people in the NHS in Nottingham and Nottinghamshire are currently working hard to respond to the concerns that have been raised by the Care Quality Commission (CQC) about maternity care at NUH through the maternity improvement programme.

NUH is also proposing to redevelop and expand the neonatal facilities at the QMC, including providing an additional 21 cots, refurbishing the two obstetrics theatres to make them both full-sized and increasing the number of maternity beds. This work is set to be completed by Spring 2024. The expansion of the current facilities needs to be carried out now because too many babies and their families are currently having to be sent out of the area for neonatal care due to the lack of space. This can have very serious implications for these pre-term babies.



The work to improve maternity care services, including the establishment of an Independent Thematic Review of Maternity Services at NUH, will continue to be a priority separately to the development of the changes proposed here. However, we believe that these proposed changes will help to support that journey to improving safety and quality.

Our vision across Nottingham and Nottinghamshire is for our maternity services to become safer, more personalised, kinder, professional and more family friendly; where every family has access to information to enable them to make decisions about their care; and where they and their baby can access support that is centred around their individual needs and circumstances.

The proposed Women's and Children's hospital would be in a brand-new, fit-for-purpose and technologically appropriate building that patients, families and staff could help to design. All facilities that currently support children and young people such as children's A&E, neonatal and paediatric intensive care units would be in one place and in age and sensory appropriate facilities.

This would mean:-

Family care services currently delivered at City Hospital (maternity, neonatal, gynaecology and genetics) would move to the QMC. The maternity unit currently at the City Hospital would become part of the dedicated elective hub (planned care centre) that would be created at the City site.

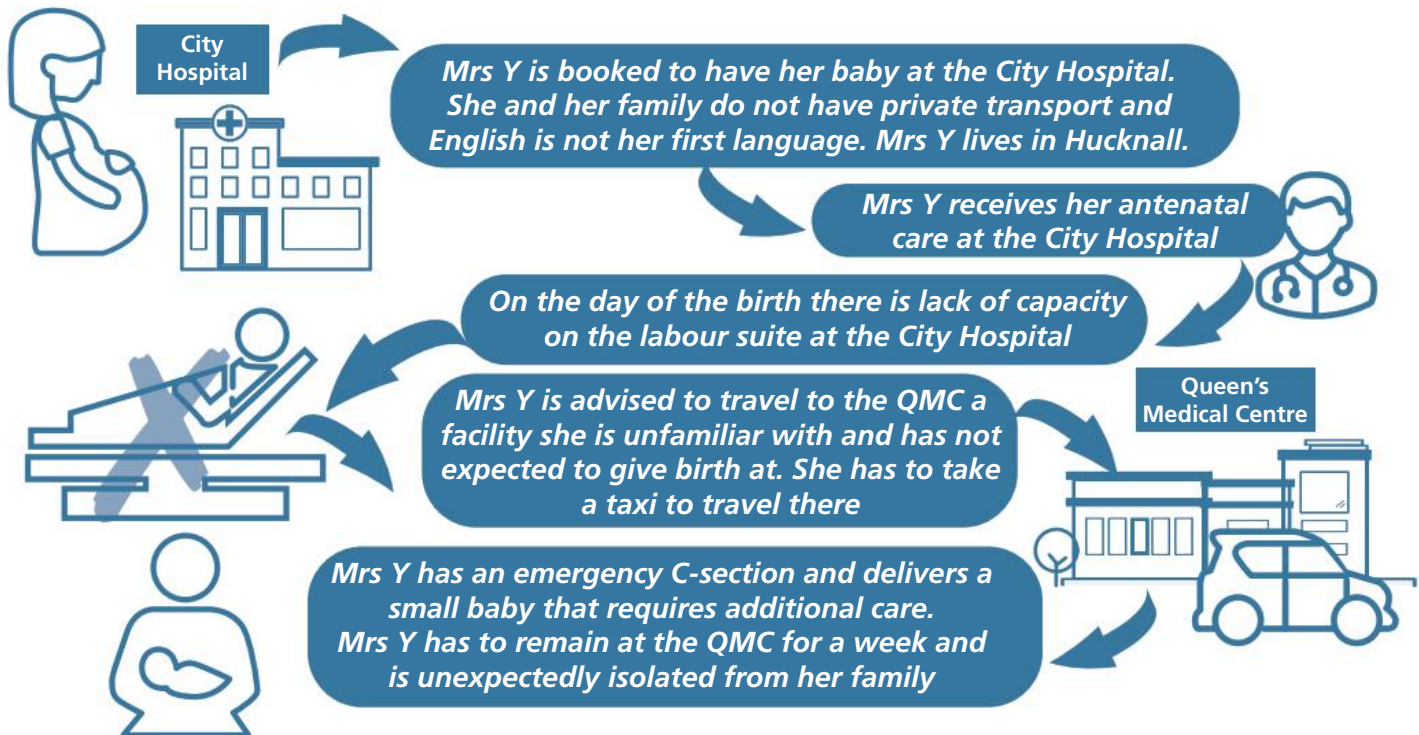
Families would still be able to choose whether they would prefer to have a consultant or midwife-led birth in hospital or a home birth as they currently do, but they would no longer have the option of giving birth at the City Hospital.

Antenatal and postnatal care would be retained at both the City Hospital and the QMC, to maintain local access and provide choice.

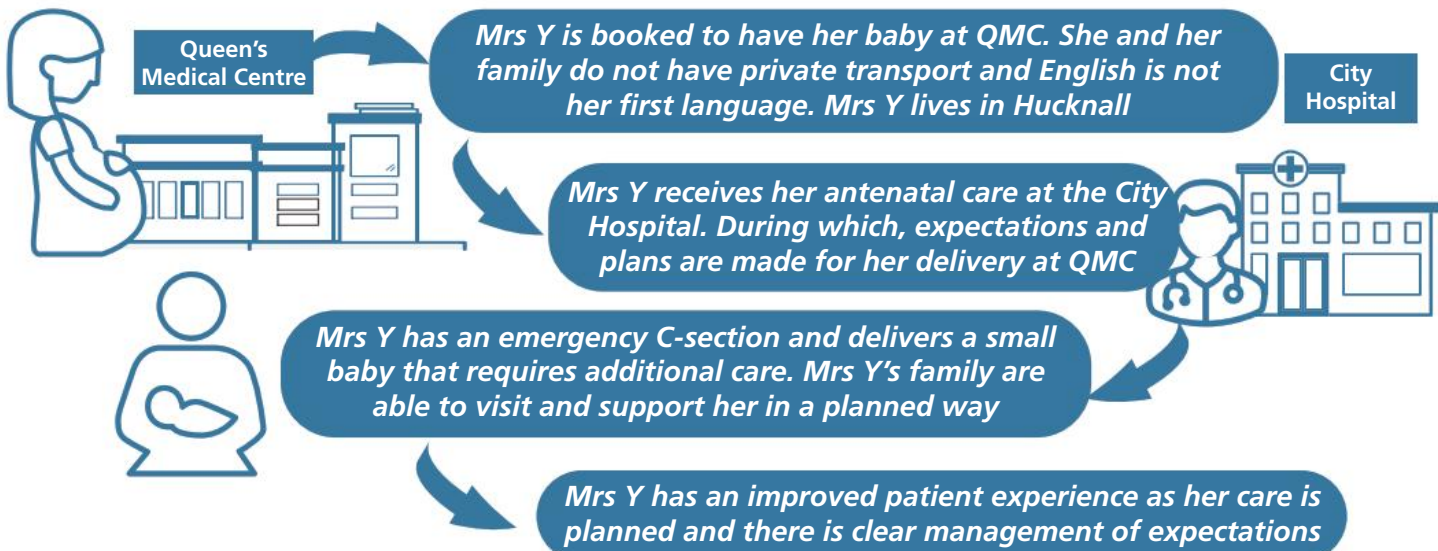
Fertility services (for men and women) would be located within the proposed Women's and Children's hospital.



Current Provision



Future Provision



What we want to know

We want to hear your views about where you could give birth. We also want to hear whether you would prefer antenatal and postnatal care at a site potentially closer to home, or at the hospital where you would give birth, which might be further away.

In addition, we would like to know if you would prefer to have gynaecology surgery or fertility treatment in the proposed Women's and Children's hospital or at a separate location.



Our Plans for Adult Elective Care

Proposal: The majority of elective operations will be carried out on a separate site away from emergency and urgent care.

When we see lots of very ill people in our A&E it sometimes impacts our ability to carry out elective operations. Operations are cancelled because beds and operating theatres are being used to treat patients needing emergency care. We know cancellations are both distressing and inconvenient for patients and their families, and we have an ambition to reduce them as much as possible.

We also want to offer more elective care in community settings, where it is appropriate to do so. This would mean people can have operations without having to come into hospital.

In addition, we want to make more use of remote consultations, through digital technology and phone consultations, where people are able to access care in this way. This may mean that follow up appointments after surgery and other appointments that don't require face-to-face contact could be provided remotely, if appropriate.

In 2020, we said we were exploring the option of delivering elective operations, including cancer surgery and day-case surgery, separate from emergency care - we currently provide these services at both the City Hospital and the QMC (including at the Treatment Centre and at the Eye, Ear, Nose and Throat (EENT) Centre).

Previous feedback showed that people were strongly in favour of splitting emergency and elective care. As a result, we have been developing this proposal in more detail and exploring the possibility of having most elective operations in one place, at the City Hospital.

This would mean:-

Moving services such as bowel surgery from the QMC to the City Hospital.

Why? We would aim to eliminate disruption from emergency care pressures at the QMC, whilst utilising the space we would have at the City Hospital, in the best way possible to improve patient care.

Continuing to carry out some operations at the QMC, predominantly day surgery, at the Treatment Centre and the EENT Centre.

Why? These services are either dependent on other services at the QMC or are currently based in modern, fit for purpose facilities.

What we want to know

At this stage we want to explore what this more detailed proposal means to you. Whilst most elective operations would be at the City Hospital, we want to know where you would like to receive your care, before and after an operation. This could be closer to where you live - or even virtually, for example via a telephone or video call.



Our Plans for Cancer Care

Proposal: Patients with cancer who are unwell and need to be looked after in hospital would have access to a range of specialist medical care on the same site.

We know that the numbers of people diagnosed and living with cancer continue to grow year-on-year, due to an aging population and increasing survival rates. What we can't predict is what the treatments for cancer will look like in the next 10, 20 or 30 years - we can, however, be ready for them. By co-locating cancer services with other acute hospital services, we want to ensure easy access to emergency specialist care, which will become increasingly important with the development of new and cutting-edge treatments.





Our vision is for us to be at the forefront of cancer research and innovation, developing centres of excellence, so that our patients have access to the best cancer care. To support this we want to empower our workforce to deliver 'Best in Class' cancer care through extensive training and development opportunities. Being closely linked to the University of Nottingham research expertise is really important for this.

Our focus also extends to the early diagnosis of cancer and to provide more cancer services in the community – making treatments and care more accessible and closer to home for people.

We have previously explored the possibilities of bringing our hospital cancer services together, alongside other specialist services that cancer patients sometimes need - we currently provide these cancer care services across the QMC, City Hospital and in some cases, at other hospitals such as Kings Mill. When we discussed this in late 2020, the feedback was very strongly in favour of bringing these services together.

Over the last year we have really explored this proposal in more detail and given a lot of thought as to how we can provide the best care for both acutely unwell patients, as well as those requiring other cancer care.

As a result of this work, we have adjusted our plans and are now exploring a multi-site approach. Through our detailed exploration of the original proposal we have come to realise that it is more important for us to focus on delivering really fast access to the very latest treatments, rather than necessarily bringing everything together in one place. We know that getting your cancer treated, fast, is probably more important than if that treatment happens at the City Hospital or QMC.

We feel this proposal would support our ambition for excellence in cancer care, and want to hear from you about the following:-

The City Hospital would be where patients mainly go for diagnosis, surgery and outpatient treatments, including chemotherapy and radiotherapy. Patients would also continue to benefit from other cancer services currently based at the City Hospital, including the Maggie's Centre and palliative care.

Why? Whilst there is an urgency for this care, it is nearly always a planned operation. Being located on the site where most of our planned activity takes place will enable us to protect these services from last minute cancellations, due to emergency pressures.



The QMC would be where we would have our inpatient beds for patients with cancer, meaning a move for oncology and haematology from the City Hospital to QMC. Radiotherapy and chemotherapy services would be available at the QMC whilst patients are in hospital.

Why? We believe this would improve the care we provide. Patients being looked after by our cancer teams on the oncology and haematology (blood cancer) wards would benefit from having the support of the wider medical teams based at the QMC. In addition, having radiotherapy on both sites would mean some patients who are currently transferred from the QMC to the City Hospital wouldn't have to be in the future.

All of these services would work together with GP surgeries and our community services to provide care and support to patients with cancer and their families.

Why? Support for people before and after an operation or treatment could be provided outside the hospital, making services more accessible and closer to home for most people.

What we want to know

We'd like to know what you think about having cancer care managed across the QMC and City Hospital as outlined above, and how you think it would impact you, if you needed to access these services?

Also, if needed, would you prefer your radiotherapy and chemotherapy on the site where you have your main cancer treatment or at a different site potentially closer to home? This includes how cancer care services are provided at King's Mill Hospital and in the community, such as via your GP.



Our Thoughts for Outpatient Care

Proposal: We want to look at the way we deliver outpatient care to minimise disruption to patients' lives, providing that care in accessible locations and making the best use of new technologies.

Our aim for outpatient services is to provide care that is designed with patients at the heart, with high quality services provided at a time and place that is convenient for them, minimising disruption to their lives. We also want these services to embrace new technology so that patients can access this care remotely (via telephone or video consultations), if they are able to do this and when it is clinically safe to do so.

Outpatient care is currently provided at a number of locations including the QMC and City Hospital, the Treatment Centre, Ropewalk House and in some community settings.

If people require an outpatient appointment, we are looking at more of a "one stop shop" type approach, so they wouldn't have to attend multiple times for diagnosis and treatment.

Our overall ambition has not changed from when we talked to the public in 2020. The feedback then was very positive. However, we know that whilst these plans were welcomed by many people, they raised concerns for others. We want to reassure you by saying: -



We know that telephone and digital consultations would not be suitable for all patients and all medical problems, and patients would have the choice of a face-to-face appointment.

There are different ways of providing specialist out-patient care in community settings, and we would ensure that no additional pressures are put on community teams and GP surgeries. We would also ensure that there would be enough specialists working in the hospitals.

At this stage no decisions have been made about what would happen to Ropewalk House. However, we would like to understand your thoughts about the services provided at Ropewalk House and whether they might be better provided elsewhere. Our thinking on this is at a very early stage, so your initial thoughts would be very useful.

Interpreter services would continue to be available, both in hospital and the community.

What we want to know

We want to know how important it would be for you to have your care closer to home, than in a hospital setting. If you have accessed outpatient care, what has your experience been like and what could have been done differently?

In addition, these plans focus on elective services being delivered from the City Hospital and the QMC and not from Ropewalk House, and we want to know what you think about this. Do you think the care currently delivered from Ropewalk House, such as audiology or ophthalmology, should stay where they are, or could they be delivered in other community settings, or would you prefer them to be located at the two hospital sites?

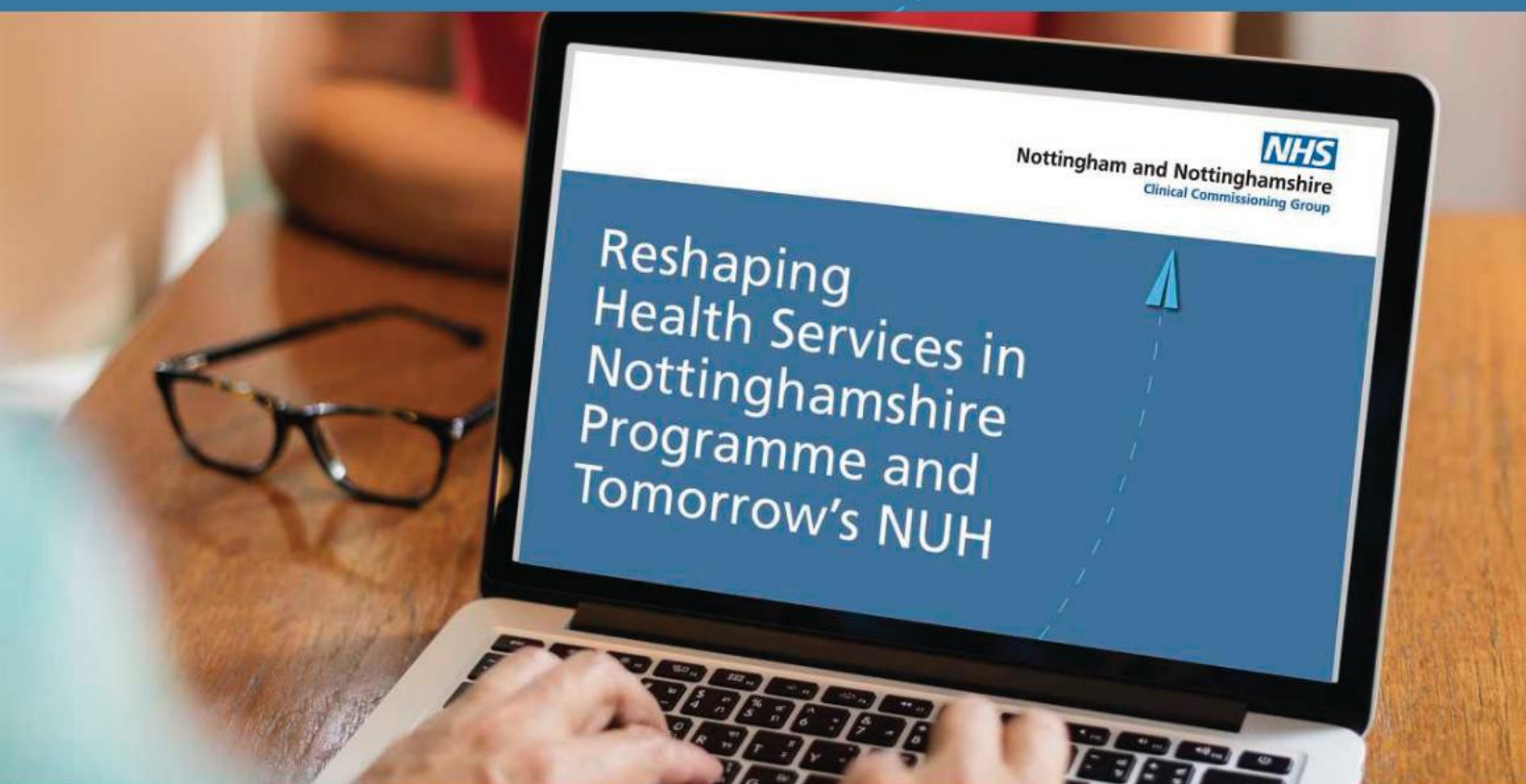




Travel and Access

Comment and questions about travel, parking and accessibility were a key part of the discussion when we last shared our plans with the public in late 2020. Relocating services inevitably means that travel to the hospital will be impacted, with some patients having further to travel and some having a shorter journey.

Exploring ease of access to services for all users and their families is central to our plans. We know that the proposals outlined above could have an impact on where people need to travel to for their care. We are working closely with local Council colleagues to understand how we can improve public transport to our hospitals and how car parking needs to be improved. As such, both car parking facilities and public transport links will be important areas for discussion during the public consultation. We are, however, keen to hear any thoughts you may have on the topic of travel at this stage too.



We Need Your Input

We're at an important stage in the development of our proposals and we again want to hear what you have to say about our latest proposals. No decisions on any of these have yet been made.

Your input will help to further develop and shape our work on the Tomorrow's NUH programme and enable us to draw up firmer proposals that we will need to formally consult you on in due course. This would be an important next step in securing the money from the Government's New Hospitals Programme.

We have a series of opportunities where you can have your say, find out more and ask questions.

You can complete an online survey at: <https://www.surveymonkey.co.uk/r/RHSNtnuh2022>



To request a paper copy of the questionnaire, or if you have any other queries regarding this engagement exercise, please email nnccg.engagement.team@nhs.net or call **07385 360071**.





Public engagement events

To hear first-hand from clinical leaders, register to attend one of the following virtual events.

Event Dates Times

23 March 2022 – 6pm - 7pm

26 March 2022 10am – 11am

1 April 2022 - 9am – 10am

Register to attend

[Click to register](#)

[Click to register](#)

[Click to register](#)

These virtual events will take place via Zoom and joining instructions will be shared once you have registered.

Visit our website: **<https://nottscg.nhs.uk/get-involved/current-and-previous-engagement-and-consultations/>**

Call: **07835 360071**

Email: **nnccg.engagement.team@nhs.net**

To request this document in an alternative format please contact us using the details above.

To request this information in another language or format please contact the Engagement Team at: **nnccg.team.engagement@nhs.net** or call or text **07835 360071**.

If texting or leaving a message, please provide your contact details and a member of the team will get back to you.





Arabic

Engagement Team على هذه المعلومة بلغة أخرى أو شكل آخر الرجاء التواصل مع فريق التواصل
nnccg.team.engagement@nhs.net إذا ارسلتم 07835360071 رسالة نصية على
رسالة نصية أو تركتم رسالة أرجو ترك بياناتكم المفصلة وسيقوم عضو من الفريق بالرجوع اليكم

Czech

Chcete-li tyto informace v jiném jazyce nebo formátu, kontaktujte prosím zákaznický
tým na adrese: nnccg.team.engagement@nhs.net nebo zavolejte nebo napište na
číslo 07835 360071. Pokud pošlete textovou zprávu nebo zanecháte vzkaz, uveďte
své kontaktní údaje a člen týmu se s vámi spojí

Latvian

Lai saņemtu šo informāciju citā valodā vai formātā, lūdzu, sazinieties ar Attiecību
veidošanas nodaļu (Engagement Team) pa e-pastu:
nnccg.team.engagement@nhs.net, vai zvaniet vai sūtiet īsziņu uz tālruni 07835
360071. Ja jūs sūtāt īsziņu vai atstājat balss ziņojumu, lūdzu, norādiet savu
kontakta informāciju, un nodaļas darbinieks sazināsies ar jums.

Lithuanian

Jei norėtumėte gauti šią informaciją kita kalba ar formatu, susisiekite su Kontaktine
grupe (Engagement Team): nnccg.team.engagement@nhs.net arba skambinkite ar
siųskite tekstą, telefono numeriu: 07835 360071. Jei siųsite tekstą ar paliksite žinutę,
nurodykite savo kontaktinius duomenis ir šios grupės atstovas su jumis susisieks.

Polish

Aby uzyskać tę informację w innym języku lub formacie, proszę skontaktować się z
Zespołem ds. Zlecenia (Engagement Team) pod: nnccg.team.engagement@nhs.net
lub zadzwonić, czy wysłać SMS pod numer 07835 360071. Jeżeli wysyłają Państwo
wiadomość tekstową lub zostawiają wiadomość, proszę podać swoje dane
kontaktowe, aby członek naszego zespołu mógł do Państwa oddzwonić.

Punjabi

ਇਸ ਜਾਣਕਾਰੀ ਦੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਇੰਗੇਜਮੈਂਟ ਟੀਮ ਨਾਲ
nnccg.team.engagement@nhs.net 'ਤੇ ਸੰਪਰਕ ਕਰੋ ਜਾਂ 07835 360071 'ਤੇ ਫੋਨ ਜਾਂ ਟੈਕਸਟ
ਕਰੋ। ਜੇ ਟੈਕਸਟ ਕਰ ਰਹੇ ਹੋ ਜਾਂ ਸੁਨੇਹਾ ਛੱਡ ਰਹੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸੰਪਰਕ ਵੇਰਵੇ ਮੁਹੱਈਆ ਕਰੋ
ਅਤੇ ਟੀਮ ਦਾ ਇੱਕ ਮੈਂਬਰ ਤੁਹਾਡੇ ਨਾਲ ਮੁੜ ਸੰਪਰਕ ਕਰੇਗਾ।

Romanian

Dacă doriți să cereți această informație în altă limbă sau într-un alt format, vă rugăm
contactați Echipa de Angajament (Engagement Team) la:
nnccg.team.engagement@nhs.net sau sunați sau trimiteți mesaj la numărul

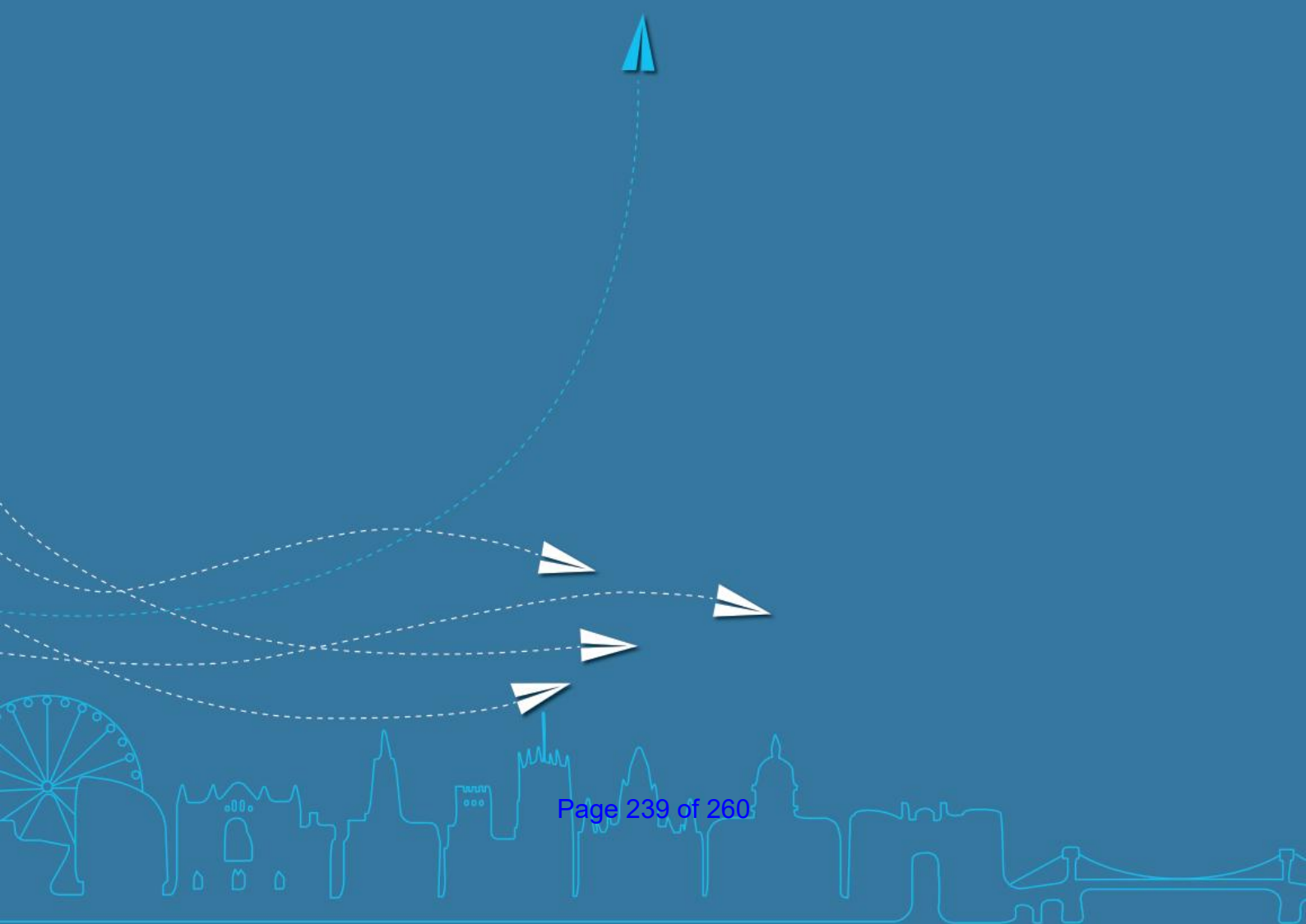
07835 360071. Dacă trimiteți mesaj sau lăsați un mesaj, vă rugăm să furnizați
detaliile d-voastră de contact și un membru al echipei vă va contacta înapoi.

Urdu

ن معلومات کو کسی اور زبان یا فارمیٹ میں حاصل کرنے کے لیے ہماری ٹیم سے مندرجہ ذیل طریقوں سے
رابطہ کریں

ای میل nnccg.team.engagement@nhs.net

فون یا ٹیکسٹ 07835 360071 پرانے مہربانی ٹیکسٹ یا پیغام چھوڑتے وقت اپنی تفصیلات سے آگاہ کریں
تاکہ ٹیم کا رکن آپ سے رابطہ کر سکے۔



Reshaping Health Services in Nottinghamshire: Tomorrow's NUH

What is this survey all about?

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) want to hear from you again on proposals to transform hospitals health and care services in our area.

Previously in 2020, we discussed with the public the work called *Reshaping Health Services in Nottinghamshire* and *Tomorrow's NUH*. Since then, we have been developing our plans and identifying what we think we could do to make the best use of the funding available to us. Furthermore, we have worked with nurses, doctors and health professionals across our area to start to identify in more detail the things we think need to change.

We are now looking to share our plans again and hear feedback from the public. We still have some work to do to develop the plans and we will put our proposals to the public in a full consultation process in due course.

Over the last year a lot of work has been undertaken to explore these proposals in more detail, to ensure any proposed changes will deliver the outstanding care we aspire to. The progress of this work is outlined in the relevant sections.

Invitation

Before you decide to take part in this survey, it is important for you to understand why it is being done and what it will involve. Please take the time to read the information contained carefully and discuss it with others if you wish. A member of the team can be contacted if there is anything that is not clear or if you would like more information.

As part of the engagement work we are also inviting people to public events, attending community groups and would welcome any telephone interviews or conversations with you to obtain your feedback. If you would like to hear more about this and would like to request attendance at groups or to provide feedback please contact the Engagement Team at nnccg.engagement.team@nhs.net or call or text Katie Swinburn on 07385 360071. This survey is also available in alternative formats and languages upon request, so please do contact us.

This survey has been set out into different sections: -

1. Emergency Care
2. Family Care
3. Planned Care
4. Cancer Care
5. Outpatient Care

Please complete all sections of the survey that you feel are relevant to you. You do not need to answer all of the questions. The survey will take around 25 minutes for you to complete.

Why have I been asked to complete the survey?

This survey is for anyone who wants to have their say on local services (Queens Medical Centre, Ropewalk and Nottingham City Hospital in Nottingham/Nottinghamshire). You can answer these questions whether you have previously accessed these services or whether you would do in the future. Your feedback is really important to us as we plan for the future.

This survey is open to patients, members of the public, staff, carers and organisations.

Will my taking part be kept confidential?

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example, name or address). Your responses may be recorded but the data you provide will be anonymised, so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit www.nottscg.nhs.uk/privacy-policy/

This survey will close on Friday 1 April 2022. All information from the engagement activity will be collated and produced in a final report which will be available on our website here: <https://nottscg.nhs.uk/RHSN/>. Should you require a copy of the report to be sent to you please contact nnccg.engagement.team@nhs.net, or call 07385 360071 to request a copy, which we can send to you either via email or post.

Section 1: Your response

How are you responding to this survey? (Please tick all that apply)

As a member of the public	1
As a member of NHS staff	2
On behalf of someone else (e.g. I am a carer)	3
As a representative of an organisation (please specify in the box below)	5
Other - Please Specify:	6
Rather not say	7

Section 2: Our plans for Emergency Care

Proposal: We would like to locate Emergency Care, where patients require immediate or urgent hospital treatment, on one site, where possible.

Our overall ambition for emergency services is to ensure that people are seen by the right staff at the right time, first time. We have also learnt a lot about how services like the NHS 111 have become more popular and responsive during the Covid-19 pandemic, which means that our thinking about where care can be delivered has changed.

This means that we will be considering how our current ways of accessing urgent care i.e. through the QMC's emergency department, the Urgent Treatment Centre at London Road or through GP surgeries, can work together. This, we feel, would enable us to future-proof our services and offer flexibility for future demand.

When we last talked to the public, we asked about the option of having hospital emergency care all on one site. There was a great degree of support for this concept, though at that time this was still in its early stages of development. It was clear people wanted more information and to understand what this really meant for these services.

Since then, a considerable amount of work has been undertaken to explore this proposal in more detail, to ensure we are offering the best solutions for patient care, as well as for our staff. Our latest thinking is that some urgent and emergency care currently based at the City Hospital would be relocated to the QMC, where the main site for Accident and Emergency and the major Trauma Centre are based. This would include acute respiratory (care for people with flu and pneumonia for instance) and burns and emergency plastic surgery services.

What we want to know

We want your views on this more detailed set of proposals. We would like to understand if they seem sensible and what these proposals would mean to you. We are interested in hearing where you would prefer to go for if you need urgent care.

Q1. To what extent do you support the proposals we are starting to develop for Emergency Care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q2. How do you think these proposals would benefit you?

Q3. What concerns do you have about the changes being proposed?

Q4. Have you, or a member of your family, attended A&E (Accident and Emergency department) or been admitted to hospital as an emergency in Nottingham, in the last three years? (Please select only one)

Yes	No	Rather not say
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Q5. Thinking about accessing urgent treatment (something that is not life threatening), where would you prefer to access this?

Urgent Treatment Centre (located separately from Accident and Emergency)	Urgent Treatment Centre (co-located with Accident and Emergency)	Via NHS 111	In my community, E.g. GP or pharmacy	Not sure
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Section 3: Our plans for Family Care

Proposal: Family Care Services to be provided from a Women's and Children's Hospital

In 2020, we talked about a single site for all Family Care services, but we didn't indicate where this could be at that time. We are continuing to explore this option with the QMC being the preferred location for a Women's and Children's Hospital, where it would be co-located with emergency care.

We think co-locating all women's and children's services with emergency care at the QMC would help us to improve the quality of care and safety for women, babies, children, and their families. It would mean people have access to the specialist and emergency care they sometimes need when they give birth, without having to be transferred by ambulance to another hospital site.

In addition, one single, larger, maternity unit is easier to staff and manage, when compared with two smaller units and would help create opportunities to improve the recruitment and retention of staff, as well as supporting quality and safety improvements.

We know we need to improve our maternity services and many people in the NHS in Nottingham and Nottinghamshire are currently working hard to respond to the concerns that have been raised by the Care Quality Commission (CQC) about maternity care at NUH through the maternity improvement programme.

NUH is also proposing to redevelop and expand the neonatal facilities at the QMC, including providing an additional 21 cots, refurbishing the two obstetrics theatres to make them both full-sized and increasing the number of maternity beds. This work is set to be completed by Spring 2024. The expansion of the current facilities needs to be carried out now because too many babies and their families are currently having to be sent out of the area for neonatal care due to the lack of space. This can have very serious implications for these pre-term babies.

The work to improve maternity care services, including the establishment of an Independent Thematic Review of Maternity Services at NUH, will continue to be a priority separately to the development of the changes proposed here. However, we believe that these proposed changes will help to support that journey to improving safety and quality.

Our vision across Nottingham and Nottinghamshire is for our maternity services to become safer, more personalised, kinder, professional and more family friendly; where every family has access to information to enable them to make decisions about their care; and where they and their baby can access support that is centred around their individual needs and circumstances.

The proposed Women's and Children's hospital would be in a brand-new fit for purpose and technologically appropriate building that patients, families and staff could help to design. All facilities that currently support children and young people such as children's A&E, neonatal and paediatric intensive care units would be in one place and in age and sensory appropriate facilities.

What we want to know

We want to hear your views about where you could give birth. We also want to hear whether you would prefer antenatal and postnatal care at a site potentially closer to home, or at the hospital where you would give birth, which might be further away.

In addition, we would like to know if you would prefer to have gynaecology surgery or fertility treatment in the proposed Women's and Children's hospital or at a separate location.

Q6. To what extent do you support the proposals we are starting to develop for Family Care? (Please tick one only)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q7. Would these proposed changes affect where you or your family would like to give birth in the future?

Yes (Go to question 8)	No (Go to question 9)	Not sure (Go to question 9)
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Q8. If yes, how would these proposals affect you or your family?

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Q9. Should the proposals be progressed, would you or your family prefer to have antenatal and postnatal care at the QMC (where you would likely give birth) or at the City Hospital?

QMC	City Hospital	Not Sure	Other (please state)
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Q.10. The proposed creation of a single service for midwife-led or obstetric-led births at QMC would mean a much larger unit. What would this mean for you and your family? Would there be any concerns you would have about this?

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Q11. Should the proposals be progressed, do you think gynaecological surgery or fertility treatment should be part of the Women's and Children's hospital at the QMC or in a separate location?

Part of the Women's and Children's hospital	In a separate location	Not sure
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Section 4: Our plans for adult elective (planned) care

Proposal: The majority of elective operations will be carried out on a separate site away from emergency and urgent care.

When we see lots of very ill people in our A&E it sometimes impacts on our ability to carry out elective operations. Operations are cancelled because beds and operating theatres are being used to treat patients needing emergency care. We know cancellations are both distressing and inconvenient for patients and their families, and we have an ambition to reduce them as much as possible.

We also want to offer more elective care in community settings, where it is appropriate to do so. This would mean people can have operations without having to come into hospital.

In addition, we want to make more use of remote consultations, through digital technology and phone consultations, where people are able to access care in this way. This may mean that follow up appointments after surgery and other appointments that don't require face-to-face contact could be provided remotely, if appropriate.

In 2020, we said we were exploring the option of delivering elective operations, including cancer surgery and day-case surgery, separate from emergency care - we currently provide these services at both the City Hospital and the QMC (including at the Treatment Centre and at the Eye, Ear, Nose and Throat (EENT) Centre).

Previous feedback showed that people were strongly in favour of splitting emergency and elective care. As a result, we have been developing this proposal in more detail and exploring the possibility of having **most** elective operations in one place, at the City Hospital.

What we want to know

At this stage we want to explore what this more detailed proposal means to you. Whilst most elective operations would be at the City Hospital, we want to know where you would like to receive your care, before and after an operation. This could be closer to where you live - or even virtually, for example via a telephone or video call.

Q12. To what extent do you support the proposals we are starting to develop for adult elective care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
------------------	------------------	--------------------------------------	-----------------	-----------------	-------------------

1	2	3	4	5	6
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Q13. What benefits do you think these changes would bring to you and your family?

Q14. Have you any concerns about the adult elective care model we are starting to develop?

Q15. If proposals were progressed, where would you prefer to receive your care, before and after an operation?

In the hospital where I had my operation	In my home, virtually (telephone or by video)	In the community (i.e. in a GP practice)	Other (please describe)
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Section 5: Our plans for cancer care

Proposal: Patients with cancer who are unwell and need to be looked after in hospital would have access to a range of specialist medical care on the same site.

We know that the numbers of people diagnosed and living with cancer continue to grow year-on-year, due to an aging population and increasing survival rates. What we can't predict is what the treatments for cancer will look like in the next 10, 20 or 30 years - we can, however, be ready for them. By co-locating cancer services with other acute hospital services, we want to ensure easy access to emergency specialist care, which will become increasingly important with the development of new and cutting-edge treatments.

Our vision is for us to be at the forefront of cancer research and innovation, developing centres of excellence, so that our patients have access to the best cancer care. To support this we want to empower our workforce to deliver 'Best in Class' cancer care through extensive training and development opportunities. Being closely linked to the University of Nottingham research expertise is really important for this.

Our focus also extends to the early diagnosis of cancer and to provide more cancer services in the community – making treatments and care more accessible and closer to home for people.

We have previously explored the possibilities of bringing our hospital cancer services together, alongside other specialist services that cancer patients sometimes need - we currently provide these cancer care services across the QMC, City Hospital and in some cases, at other hospitals such as Kings Mill. When we discussed this in late 2020, the feedback was very strongly in favour of bringing these services together.

Over the last year we have really explored this proposal in more detail and given a lot of thought as to how we can provide the best care for both acutely unwell patients, as well as those requiring other cancer care.

As a result of this work, we have adjusted our plans and are now exploring a multi-site approach. Through our detailed exploration of the original proposal we have come to realise that it is more important for us to focus on delivering really fast access to the very latest treatments, rather than necessarily bringing everything together in one place. We know that getting your cancer treated, fast, is probably more important than if that treatment happens at the City Hospital or QMC.

What we want to know

We'd like to know what you think about having cancer care managed across the QMC and City Hospital as outlined above, and how you think it would impact you, if you needed to access these services?

Also, if needed, would you prefer your radiotherapy and chemotherapy on the site where you have your main cancer treatment or at a different site potentially closer to home? This includes how cancer care services are provided at King's Mill Hospital and in the community, such as via your GP.

Q16. To what extent do you support the proposals we are starting to develop for cancer care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q17. What impact, if any, would these proposed changes have on you or your family?

Q18. What would be your preferred location to access cancer services?

In the hospital	In the community (i.e. in a GP practice)	Other (please describe below)
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Q19. Have you accessed cancer care in Nottingham in the last three years for either yourself or a family member? (Please select only one)

Yes	No	Rather not say
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Section 6: Our plans for outpatient care

Proposal: We want to look at the way we deliver outpatient care to minimise disruption to patients' lives, providing that care in accessible locations and making the best use of new technologies.

Our aim for outpatient services is to provide care that is designed with patients at the heart, with high quality services provided at a time and place that is convenient for them, minimising disruption to their lives. We also want these services to embrace new technology so that patients can access this care remotely (via telephone or video consultations), if they are able to do this and when it is clinically safe to do so.

Outpatient care is currently provided at a number of locations including the QMC and City Hospital, the Treatment Centre, Ropewalk House and in some community settings.

If people require an outpatient appointment, we are looking at more of a "one stop shop" type approach, so they wouldn't have to attend multiple times for diagnosis and treatment.

What we want to know

We want to know how important it would be for you to have your care closer to home, than in a hospital setting. If you have accessed outpatient care, what has your experience been like and what could have been done differently?

In addition, these plans focus on elective services being delivered from the City Hospital and the QMC and not from Ropewalk House, and we want to know what you think about this. Do you think the care currently delivered from Ropewalk House, such as audiology or ophthalmology, should stay where they are, or could they be delivered in other community settings, or would you prefer them to be located at the two hospital sites?

Q20. To what extent do you support the proposals we are starting to develop for outpatient care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q21. What impact, if any, would these proposed changes have on you and your family?

Q22. If we were to move the services at Ropewalk House, where would you prefer them to be?

City Hospital	QMC	In the community (i.e. in a GP practice)
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Q23. Have you accessed outpatient care in Nottingham in the last three years for either yourself or a family member? (Please select only one)

Yes	No	Rather not say
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Thinking about all of the information in this survey

Q24. To what extent do you support the overall proposals that are outlined in above? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q.25. The proposals outlined suggest potential services moving to existing hospital sites. Do you feel this would have any impact on you and if so, what would this be?

Positive Impact	No Impact	Negative Impact
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Q26. Please tell us a little about the impact that these proposals would have on you:

--

Q27. Are there any additional comments you would like to add that haven't been covered in previous sections?

--

Section 7: About you

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q28. How old are you? (Please select only one)

Under	16 –	18 –	25 –	35 –	45 - 54	55 –	65 –	75 or	Prefer
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16	17	24	34	44		64	74	older	not to say
1	2	3	4	5	6	7	8	9	10

Q29. What is your gender? (Please select only one)

Male	Female	Other	I do not identify with a gender	Prefer not to say
1	2	3	4	5

Q30. Does your gender identity match your sex as registered at birth? (Please select only one)

Yes	No	Prefer not to say
1	2	3

Q31. Are you currently pregnant or have you been pregnant in the last year? (Please select only one)

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q32. Are you currently...? (Please select only one)

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q33. Do you have a disability, long-term illness, or health condition? (Please select only one)

Yes	No	Prefer not to say
1	2	3

Q34. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2

Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

Q35. What is your postcode?

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Q36. Which race, or ethnicity best describes you? (Please select only one)

Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	1
White (British, Irish, European, or other)	2
Black / British Black (African, Caribbean, or other)	3
Mixed race (Black & white, Asian & white, or other)	4
Gypsy or traveller	5
Prefer not to say	6
Other	7

Q37. Which of the following terms best describes your sexual orientation? (Please select only one)

Heterosexual or straight	1
Gay man	2
Gay woman or lesbian	3
Bisexual	4

Asexual	5
Prefer not to say	6
Other	7

Q38. What do you consider your religion to be? (Please select only one)

No religion	1
Christianity	2
Buddhist	3
Hindu	4
Jewish	5

Muslim	6
Sikh	7
Prefer not to say	8
Other religion	9

Thank you completing this survey and for taking the time to contribute to our survey.

29 March 2022**Agenda Item: 7****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2021/22

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	External Contact/Organisation
8 June 2021			
NUH Maternity Services Improvement Plan	Further briefing on NUH's improvement plan for maternity	Scrutiny	Dr Keith Girling and Sarah Moppett (NUH)
Diabetes Services/Public Health	Initial briefing on diabetes and public health services	Scrutiny	Lewis Etoria & Laura Stokes, Nottingham & Nottinghamshire CCG
13 July 2021			
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Lewis Etoria, Head of Insights and Engagement Nottinghamshire CCG (and other senior officers TBC).
7 September 2021			
Access to Primary Care	An initial briefing on patient access to primary care as part of an ongoing review.	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Joe Lunn, Associate Director of Primary Care and other

			senior Nottinghamshire CCG officers
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
12 October 2021			
Mental Health Crisis Services	An initial briefing on the state of mental health crisis services as part of an ongoing review	Scrutiny	Julie Attfield Nottinghamshire Healthcare Trust
Bassetlaw Mental Health Proposals – Travel Plan	Consideration of the draft travel plan	Scrutiny	Julie Attfield, Nottinghamshire Healthcare Trust and Dr Victoria McGregor Riley, Bassetlaw CCG
Nottingham University Hospitals Maternity Improvement Plan	Update on NUH's actions in relation to its CQC inspection improvement plan	Scrutiny	Dr Keith Girling, Medical Director and other senior NUH officers.
Public Health and Commissioner Maternity Improvement	An initial briefing on wider maternity improvement issues.	Scrutiny	Rosa Waddingham, Chief Nurse, Nottinghamshire CCG, Louise Lester, Public Health Nottinghamshire County Council
23 November 2021			
Health and Social Care Bill	An initial briefing on the implications of the Health and Social Care Bill	Briefing	Alex Ball, Director Communications and Engagement, Nottinghamshire ICS/CCG TBC
NUH Neo-natal proposals	Initial briefing on new proposals at NUH	Scrutiny	Lucy Dadge, Chief Commissioning Officer and

			other senior Nottinghamshire CCG
Access to Primary Care	Further consideration of information as part of an ongoing review	Scrutiny	Lucy Dadge, Chief Commissioning Officer and other senior Nottinghamshire CCG officers TBC
Bassetlaw Emergency Village (including paediatric proposals)	Initial briefing on Emergency Department/front door proposals in Bassetlaw	Scrutiny	Dr Victoria McGregor Riley, Bassetlaw CCG
4 January 2022			
Access to Primary Care	Further consideration of access to primary care issues	Scrutiny	Dr Jeremy Griffiths, Vice-Chairman, Health and Wellbeing Board
Maternity Improvement	Further consideration of the wider maternity improvement agenda	Scrutiny	Rosa Waddingham, Chief Nurse, Nottinghamshire CCG
22 February 2022			
Temporary Service Changes	Initial briefing on temporary changes to NHS services as a result of the COVID 19 pandemic	Scrutiny	Lisa Durant, Nottingham & Nottinghamshire CCG
Mental Health Services Review	Continuing review of mental health issues	Scrutiny	Senior Healthcare Trust officers (TBC).
29 March 2022			
NUH Maternity Services Improvement Plan	Consideration of the Improvement Plan	Scrutiny	Senior NUH representatives
Tomorrow's NUH	Further consideration of the proposals	Scrutiny	Lucy Dadge, Nottinghamshire CCG
Bassetlaw Hospital Children's and Emergency	Consideration of consultation response	Scrutiny	TBC

Services – Consultation Result			
10 May 2022			
Diabetes Services Update	Further information on diabetes services	Scrutiny	Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB)
NUH Dementia Strategy Update	Further update on priorities for developing dementia care services	Scrutiny	Senior NUH officers (TBC)
Non-emergency Transport Services (TBC)	An update on key performance.	Scrutiny	Senior CCG/ICB officers.
14 June 2022			
Maternity Thematic Review	An initial briefing from the review team.	Scrutiny	TBC
27 July 2022			
EMAS Key Performance Indicators	Further briefing on ambulance service performance	Scrutiny	TBC
To be scheduled			
Public Health Issues			
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	TBC
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC
Operation of the Multi-agency Safeguarding Hub	Initial briefing on the MASH	Scrutiny	TBC
Frail Elderly at Home and Isolation (TBC)	TBC	Scrutiny	TBC
Winter Planning (NUH)	Lessons learned from experiences of last winter	Scrutiny	TBC
Tomorrow's NUH	Further briefing on development of	Scrutiny	TBC

	services at NUH		
EMAS (July 2022)	Key Performance Indicators	Scrutiny	TBC
Dentistry Provision	Dentistry issues including dentistry access	Scrutiny	TBC
Long COVID	An initial briefing on the effects of Long Covid, particularly in children.	Scrutiny	TBC

Further topics to be scheduled following November 2021 committee meeting

- Management of the Vaccination Programme – particularly around access to the vaccine for the clinically vulnerable;
- Health and Care Bill Update;
- Improving Children's and Emergency Services at Bassetlaw Hospital – post-consultation update;
- Information on Bassetlaw GP statistics.

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Air Quality (NCC Public Health Dept)

CAMHS – Mental Health Support

Mental Health – Young People and COVID

