

ID	Action	Action Description	Owner	Start date	End date	Status	Comment	Issue no.	Issue Identified
10	Review list of items provided by family	_____ to review	_____	16/05/25	18/06/25	Delayed	Part of policy	25	Review and update the list of items that families are expected to provide for home birth.
12	On-call review	_____ to raise this with HR as part of new rota currently being looked at	_____	16/05/25	18/06/25	Delayed		31	The current on-call pay rate for midwives is considered low, affecting staff morale.
14	Parking permit request	_____ to contact _____ (PA to Minister) and Andium (they have a pass for their buildings)	_____	16/05/25	18/06/25	Delayed		39	Parking at home birth locations could be an issues. No time for trial runs. Formal printed permits from Government should be requested.
16	Policy update	_____ to include breaks into the SOP/ policy.	_____	16/05/25	31/07/25	Delayed	Email sent 12/06	43	Midwives report lack of breaks, food access
18	SOP update	_____ is working on the Home Birthing SOP.	_____	16/05/25	31/07/25	Delayed	Email sent 12/06		Homebirth guidance last published Sept 21 - overdue review Sept 24
20	Templates to be reviewed and updated in line with Future state process	_____ to cross-reference the templates and share	_____	16/05/25	31/07/25	Delayed	From Isle of Wight		Templates - all to be reviewed
23	Hospital home birthing kit	Check hospital kit is same as Bridge kit	_____	12/06/25	31/07/25	Delayed			
25	Insurance cover	Check in with _____ where _____ is at with the insurer	_____	12/06/25	31/07/25	Delayed			
28	Schedule a meeting with the consultants group to review and clarify the escalation process from low to high-risk cases	MDT discussion, allocation of named consultant, Friday afternoon meetings?	_____	19/06/25	31/07/25	Not started	Consultant present at future state mapping workshop		
29	Review of triage checklist	Checklist on Maxims but not used. Evaluate if to add to the triage sheet the following: inform the woman that a midwife will call back within 10–15 minutes of her first call. If she doesn't hear from her to call again	_____	19/06/25	31/07/25	Not started			
30	SOP	Consider clear SOP for escalation and emergency situations	_____	19/06/25	31/07/25	Not started	Including how to contact the senior MW, and what to do when call doesn't go through labour ward		
31	Documentation	Review paper documents' folder in midwife bags	_____	19/06/25	31/07/25	Not started			
33	Competencies	Define and communicate the minimum competency requirements for midwives	_____	19/06/25	31/07/25	Not started			
33	Set up Birth Notification email for sending forms	Create account and review who is in group	_____	19/06/25	31/07/25	Not started			
34	Improve patient information	Develop and distribute supplementary informational materials via leaflets, web pages, mobile apps, and QR codes to support better information retention.	_____	19/06/25	31/07/25	Not started			
36	Update triage sheet	Add the following to the triage sheet: inform the woman that a midwife will call back within 10–15 minutes of her first call. If she doesn't hear from her to call again	_____	19/06/25	31/07/25	Not started			
37	Risk assessment checklist	Conduct group review and consultation to finalize the risk assessment checklist	_____	19/06/25	31/07/25	Not started			
38	Improve patient information	Home birthing: Organize Monthly drop-ins	_____	19/06/25	31/07/25	Not started			
39	Infant feeding	Feeding/Home birthing - Look at options of discussion at every appointment: tick off when discussed - Provide Leaflet/Web page/App/QR code with information	_____	19/06/25	31/07/25	Not started			
40	SOP	Include in SOP: Any risk identified at any point, refer to consultant and MDT discussion	_____	19/06/25	31/07/25	Not started			
41	SOP	Include in SOP: LWC knows who the senior is and they can be bleeped	_____	19/06/25	31/07/25	Not started			
42	SOP	Include in SOP: Clarify process during handover period	_____	19/06/25	31/07/25	Not started			

ID	Action	Action Description	Owner	Start date	End date	Status	Comment	Issue no.	Issue Identified
1	Future State 'To Be' workshop 1 to be organised	to look for a date w.c. June 16 (most likely June 18/19) and to send the list of attendees. Location, The Bridge meeting room.		16/05/2025	31/05/2025	Complete		All	Several process issues - see 'As Is' process and issues documented
3	Future State 'To Be' workshop 2 to be organised (ambulance)	to look for a date. Ambulance new contact (). Invite practice development ambulance technician and Fire and Coast guard rep		16/05/25	31/05/25	Complete	to email	1-6 & 40	Ambulance -Several process issues - see 'As Is' process and issues documented
4	Digital Lead Midwife meeting to be organised (phone signal issues)	to contact (digital lead midwife) to discuss about phone signal issue		16/05/25	31/05/25	Complete	Waiting for a date from and Network team . Escalated on 10/06	13	Phone signal issues may occur in some areas of the island
5	Digital Lead Midwife meeting to be organised (contingency plan for when signal fails)	to contact (digital lead midwife) to discuss about phone signal issue		16/05/25	31/05/25	Complete	Waiting for a date from and Network team	14	There is no contingency plan in place if the phone network fails.
6	Digital Lead Midwife meeting to be organised (K2)	to contact (digital lead midwife) to discuss about phone signal issue		16/05/25	31/05/25	Complete	Contract negotiations undergoing. confirmed offline features. Negotiation taking long, we can't wait for it.	15	Laptop connectivity issues; K2 should resolve (pre-downloading and offline typing).
7	Digital Lead Midwife meeting to be organised (lone worker device)	to contact (digital lead midwife) to enquiry about the lone working device contract		16/05/25	31/05/25	Complete	Not within remit. Email sent to and to ask how to proceed.	20	Lone working devices, contract ended. Possibility to use code words?
8	5s & Kanban of kit	to arrange visit with to review equipment		16/05/25	31/05/25	Complete	Waiting for a date from . Clarify with we need to visit stock room as well (Tuesday 27/05)	18	Home birth bags are heavy; equipment needs to be reviewed.
9	Visit to the Bridge	to arrange visit with to review equipment		16/05/25	31/05/25	Complete		19	No standard work for the setup of kits.
13	Skills Matrix	In progress. is creating a skill matrix		16/05/25	18/06/25	Complete	Matrix currently not including skills practice. Email sent to and to ask how to proceed.	37	Not all midwives are sufficiently skilled in procedures such as suturing or cannulation due to low exposure; regular skills practice is needed
15	Process review during Ambulance workshop	To raise during the conversation with ambulance. Consider using Taxis. Think about options for a backup plan.	QI	16/05/25	TBC	Complete	Date to be set for ambulance mapping workshop	40	If midwife cannot drive, alternative transport (fire car, ambulance, coastguard) must be arranged.
17	Counselling available for midwives	Maternity Dept counsellor will start providing support		16/05/25	18/06/25	Complete		44	Wellbeing support for midwives is inadequate, especially after adverse events; no debrief and aftercare. TRiM only up to 48 hrs after
19	Policy update	to ask and update on waterbirth policy		16/05/25	31/07/25	Complete	Email sent 16/06		Waterbirth guidance published October 18 due Oct 21
21	Pre workshop meeting	Once the workshop date is confirmed, set up a meeting & QI on the previous Thursday at 11am		16/05/25	31/05/25	Complete	Calendar invite sent for June 12th		Planning for workshop 1
22	Follow-up Workshop: June 18th, h 9-12, Education Room 2					Complete			
24	Lone worker device	Contact about lone worker device		12/06/25		Complete			
26	Set up meeting with Network Team-date: July 8th	Discuss about contingency plan in place if the phone network fails.		08/07/25		Complete			
32	Suturing	to create SOP for Self-certification for suturing. to help her with spreadsheet		19/06/25		Complete			

ID	Theme	Issue Identified	Owner	Status	Resolution	Notes
3	Ambulance	Confusion around code words for ambulance calls, unclear whether Midwife or ambulance initiates.				
4	Ambulance	No established protocol for communicating when an ambulance is unavailable.				
5	Ambulance	No SOP for Midwife if ambulance is unavailable				
6	Ambulance	Used to have named contact but due to pause in service this will need to be reestablished.				
7	Communication	Unclear process for contacting the Labour ward/bleep/Midwife/Senior Midwife				
8	Communication	Midwives often unaware who the Senior Midwife on call is				
9	Communication	Senior Midwives are not always informed which midwives are out at home births; critical in case of emergencies.				
10	Communication	Handover procedures are unclear. Roles, responsibilities, and contact points need clarification.				
11	Communication	Midwife 1's decision to call Midwife 2 is a judgment call, sometimes premature or affected by handover timing, or traffic. (July 3rd workshop)				
12	Communication	Transition signs may be missed at home; difficult to determine when to inform the second midwife.				
14	Equipment, Kit, Environment	There is no contingency plan in place if the phone network fails.				
17	Equipment, Kit, Environment	After birth, midwife is responsible for draining pool, cleaning, packing, and restocking.				
18	Equipment, Kit, Environment	Home birth bags are heavy; equipment needs to be reviewed.				
20	Equipment, Kit, Environment	Lone working devices, contract ended. Possibility to use code words?				
21	Post Birth process	Midwives currently return a second time to complete stats (a different midwife may return).				
22	Post Birth process	Entire post-birth process needs review; currently no standard work.				
23	Post Birth process	After long home births, Midwife has to restock kits and may have to go to The Bridge late at night, raising safety concerns.				
24	Pre Birth Process	Late decision making and planning for home birth (36 weeks). Consider making and documenting the decision about home birth at booking.				
25	Pre Birth Process	Review and update the list of items that families are expected to provide for home birth.				
26	Pre Birth Process	Home environment is not suitable for Consultant or MDT input				
27	Pre Birth Process	If the woman is high risk and needs to be seen by a consultant prior to the birth, there is not enough time to get an appointment if the risk assessment is only completed at 36 weeks				
28	Pre Birth Process	Presentation scan may be required as outpatient. May be unable to have home birth				
29	Pre Birth Process	Midwives face difficulty discussing changes to birth plans late in pregnancy, reducing flexibility to redirect to hospital if needed.				
30	Pre Birth Process	Expectations need to be managed. Women should be aware home birth may not be guaranteed.				
31	Staffing & Capacity					
32	Staffing & Capacity	There is no operational capacity to support more than one home birth simultaneously.				
33	Staffing & Capacity	Capacity issues may prevent midwives from attending; women should be informed this is a possibility.				
34	Staffing & Capacity	No capacity or process to support women choosing home birth while already in labour.				
35	Staffing & Capacity	Long-term strategic planning required to support & encourage women to have home birth where safe				
36	Staffing & Capacity	If Labour ward is busy, sometimes fails to call community midwife or call too early, causing coordination issues or unnecessary sleep disturbance				
41	Triage	Triage is inconsistent; not standard form or process. ICP is not used (K2 may resolve this)				
43	Wellbeing	Midwives report lack of breaks, food access, and issues collecting hospital vehicles.				

Home birthing Workshop - Car Park

	Issue	Owner	Suggested resolution
1	Consider buying an extra scanner		Investigate purchase of additional scanner
2	Make sure the documentation will be integrated in K2 EPR system	TBC	Raise with digital team
3	GP not updated on home birthing. More education needed	TBC	Create information pack for GPs or invite to Friday lecture
4	If more capacity, community midwives do early assessment when waters break for planned hospital birth - could result in home birth		Depends on available capacity
5	We could facilitate low risk home birth decision at labour	TBC	To be decided once the service is reinstated
6	What does Insurance and Jersey Law say regarding the length of hours worked before having to rest/stand down		Investigate employment law, discuss with HR
7	All midwives need competence assessment for suturing and cannulation. will speak to . New Born Life support - not all done, some out of date. will highlight who needs to do it. to create SOP for Self-certification for suturing. to help with spreadsheet		Action:
9	Patients that become high-risk New Labour Ward Consultant Lead Bring this discussion to Consultants group New Labour Ward Consultant Triage Low risk: no consultant input Clinical risk: Friday afternoon meeting Hot Week consultant	TBC	Further engagement with consultant team needed
10	Homebirth Notification email to be set up. Review who is in group. Labour Wards coordinators, action for sending forms		Set up new email address
11	Booking form. EPR system to ping GPs? Check GDPR - data sharing	TBC	Check data sharing agreement then contact digital team about notifying GPs
12		TBC	Engagement with GPs needed
13	Get asset numbers of all midwives' laptops so that IT can update to help connectivity issues	TBC	Asset numbers to be collected
16	Ask all women at booking what3words - on self referral form	TBC	Shall we ask about Wi-Fi and landline in the house as well?
17	Develop Triage Checklist when woman calls to say she is in labour	TBC	Triage checklist to be developed
18	Homebirth coordination sheet to include call log to Labour ward- Ambo - who is where etc	TBC	Coordination sheet to be created or reviewed
20	Looking at template for labour care in clinical notes, for assessment prompt when woman goes in to labour	TBC	Investigate with digital team
21	Birth notification currently sent to Ambo. Do they want to see risk Assessment?		Ambulance
22	Can Birth Notification and Risk assessment be combined?		Ambulance
23	Ambo to provide named link to email info to. Read receipt and acknowledge email		Ambulance

ID	Theme	Issue Identified	Action	How
1	Ambulance	Ambulance availability to transfer is limited; Each home birth may need 2 ambulances	Develop and document agreed protocol	Workshop with Ambulance & Community Midwives, Fire / (as back up?)
2	Ambulance	Ambulance response is more effective when called by Labour Ward Co-ordinator than by partner.	Discuss with Ambulance and include in SOP for Community Midwives	Workshop with Ambulance & Community Midwives
3	Ambulance	Confusion around code words for ambulance calls, unclear whether Midwife or ambulance initiates.	Discuss with Ambulance and include in SOP for Community Midwives	Workshop with Ambulance & Community Midwives, Fire (as back up?)
4	Ambulance	No established protocol for communicating when an ambulance is unavailable.	As per action 1	Workshop with Ambulance & Community Midwives, Fire (as back up?)
5	Ambulance	No SOP for Midwife if ambulance is unavailable	Protocol to be agreed as above then included in Midwife SOP	Workshop with Ambulance & Community Midwives, Fire (as back up?)
6	Ambulance	Used to have named contact but due to pause in service this will need to be reestablished.	Discuss with Ambulance and include in SOP for Community Midwives	Workshop with Ambulance & Community Midwives, Fire (as back up?)
7	Communication	Unclear process for contacting the Labour ward/bleep/Midwife/Senior Midwife	Include in To Be process - ensure contact methods and numbers are identified and documented in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
8	Communication	Midwives often unaware who the Senior Midwife on call is	Include in To Be process - ensure rota shared and contact methods and numbers are identified and documented in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
9	Communication	Senior Midwives are not always informed which midwives are out at home births; critical in case of emergencies.	Include in To Be process - ensure process to communicate this information is clear and documented in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
10	Communication	Handover procedures are unclear. Roles, responsibilities, and contact points need clarification.	Include in To Be process - ensure process is clear and documented in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
11	Communication	Midwife 1's decision to call Midwife 2 is a judgment call, sometimes premature or affected by handover timing, or traffic. (July 3rd workshop)	Include in To Be process and SOP - Are there any clear signs to look out for that can be documented?	Workshop Senior Midwives / Labour Ward / Community Midwives
12	Communication	Transition signs may be missed at home; difficult to determine when to inform the second midwife.	As per issue 11	Workshop Senior Midwives / Labour Ward / Community Midwives
13	Equipment, Kit, Environment	Phone signal issues may occur in some areas of the island	Discuss with network provider - alternative communication?	Discuss with [redacted] initially
14	Equipment, Kit, Environment	There is no contingency plan in place if the phone network fails.	As per issue 13	Discuss with [redacted] initially
15	Equipment, Kit, Environment	Laptop connectivity issues; K2 should resolve (pre-downloading and offline typing)	As per issue 13 & 14	Discuss with [redacted] initially
16	Equipment, Kit, Environment	Birthing Pool has to be checked for integrity	Include in To Be process - discussion on who is best to do this task	Workshop Senior Midwives / Labour Ward / Community Midwives
17	Equipment, Kit, Environment	After birth, midwife is responsible for draining pool, cleaning, packing, and restocking.	Include in To Be process - other options	Workshop Senior Midwives / Labour Ward / Community Midwives
18	Equipment, Kit, Environment	Home birth bags are heavy; equipment needs to be reviewed.	Review of Equipment - 5S and Kanban system?	QI with help from Community Midwife(s)
19	Equipment, Kit, Environment	No standard work for the setup of kits.	Review of Equipment - 5S and Kanban system? SOP and include in To Be process	QI with help from Community Midwife(s)
20	Equipment, Kit, Environment	Lone working devices, contract ended. Possibility to use code words?	Discuss with [redacted] - cost of contract and other options	Initial discussion QI with [redacted]
21	Post Birth process	Midwives currently return a second time to complete stats (a different midwife may return).	To Be process and include in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
22	Post Birth process	Entire post-birth process needs review; currently no standard work.	To Be process and include in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
23	Post Birth process	After long home births, Midwife has to restock kits and may have to go to The Bridge late at night, raising safety concerns.	To Be process and include in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
24	Pre Birth Process	Late decision making and planning for home birth (36 weeks). Consider making and documenting the decision about home birth at booking.	To Be process and include in SOP plus comms	Workshop Senior Midwives / Labour Ward / Community Midwives
25	Pre Birth Process	Review and update the list of items that families are expected to provide for home birth.	Review - list (separate to workshop)?	Discussion outside of workshop to review with [redacted] and midwives
26	Pre Birth Process	Home environment is not suitable for Consultant or MDT input	To Be process	Workshop Senior Midwives / Labour Ward / Community Midwives
27	Pre Birth Process	If the woman is high risk and needs to be seen by a consultant prior to the birth, there is not enough time to get an appointment if the risk assessment is only completed at 36 weeks	To Be process and include in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
28	Pre Birth Process	Presentation scan may be required as outpatient. May be unable to have home birth	To Be process and include in SOP - Comms	Workshop Senior Midwives / Labour Ward / Community Midwives
29	Pre Birth Process	Midwives face difficulty discussing changes to birth plans late in pregnancy, reducing flexibility to redirect to hospital if needed.	To Be process and include in SOP - Comms	Workshop Senior Midwives / Labour Ward / Community Midwives
30	Pre Birth Process	Expectations need to be managed. Women should be aware home birth may not be guaranteed.	To Be process and include in SOP - Comms	Workshop Senior Midwives / Labour Ward / Community Midwives
31	Staffing and Capacity	[redacted]	Raise with HR Business Partner for Maternity	[redacted] to raise
32	Staffing and Capacity	There is no operational capacity to support more than one home birth simultaneously.	Long term strategy - out of current scope	[redacted] to look at
33	Staffing and Capacity	Capacity issues may prevent midwives from attending; women should be informed this is a possibility.	To Be process and include in SOP - Comms	Workshop Senior Midwives / Labour Ward / Community Midwives
34	Staffing and Capacity	No capacity or process to support women choosing home birth while already in labour.	To Be process and include in SOP - Comms plus long term strategy	Workshop Senior Midwives / Labour Ward / Community Midwives
35	Staffing and Capacity	Long-term strategic planning required to support & encourage women to have home birth where safe	As per issue 32 - [redacted]	[redacted] to look at
36	Staffing and Capacity	If Labour ward is busy, sometimes fails to call community midwife or call too early, causing coordination issues or unnecessary sleep disturbance	To Be process and include in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
37	Training	Not all midwives are sufficiently skilled in procedures such as suturing or cannulation due to low exposure; regular skills practice is needed	Training needs analysis - practice in other areas?	[redacted] to look at
38	Transport logistics	Directions to homes are sometimes unclear, especially at night.	To Be process and include in SOP	
39	Transport logistics	Parking at home birth locations could be an issues. No time for trial runs. Formal printed permits from Government should be requested.	To Be process and include in SOP. Also request formal permits	[redacted] request permits?
40	Transport logistics	If midwife cannot drive, alternative transport (fire car, ambulance, coastguard) must be arranged.	Initial discussion with [redacted] - otherwise need to be part of SOP and protocol agreed with ambulance, fire and coastguard	Workshop with Ambulance & Community Midwives, Fire / (as back up?)
43b	Transport logistics	Issue collecting hospital vehicles (separated from issue 43)	To Be process and include in SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
41	Triage	Triage is inconsistent; not standard form or process. ICP is not used (K2 may resolve this)	To Be process and SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
42	Triage	No standard work or SOP for triage and contact of on-call community midwife	To Be process and SOP	Workshop Senior Midwives / Labour Ward / Community Midwives
43	Wellbeing	Midwives report lack of breaks, food access, and issues collecting hospital vehicles.	To Be process and SOP	Initial discussion with [redacted] Workshop Senior Midwives / Labour Ward / Community Midwives
44	Wellbeing	Wellbeing support for midwives is inadequate, especially after adverse events; no debrief and aftercare. TRiM only up to 48 hrs after	Discuss with [redacted] re TRiM and [redacted] re other support?	QI and [redacted] discussion
45	Policy/Guidance	Homebirth guidance last published Sept 21 - overdue review Sept 24		
46	Policy/Guidance	Waterbirth guidance published October 18 due Oct 21		
47	Templates	Templates - all to be reviewed		

Ensure actions identified in the action log [redacted] shared are included in To Be process

Other Islands Isle of Wight findings [redacted] to contact head of service?