Healthier Communities, Outstanding Care



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RE: Freedom of Information Request

31st May 2024

Dear Sir/Madam

With reference to your request for information received on 25th April 2024, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below. Please accept our apologies for the delay.

In your request you asked:

1. Gestational Diabetes Mellitus Screening Methodology:

Please provide details on the current methods used by your Trust to screen for **Gestational Diabetes Mellitus.**

Risk assessment (as per NICE guidance – with additional screening if maternal age >40, if person taking anti-psychotic medications) via booking Community Midwife team...referral sent to ANC & OPA sent out.

2. Timing of Screening:

At which gestational week do the majority of pregnant women undergo GDM screening within your Trust?

Referral received in ANC for OGTT at 24-28 weeks or 14-16 weeks if previous GDM. Screening earlier or after if symptomatic of GD<, Glucosuria, accelerative growth.

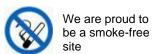
3. Early Screening for High-Risk Pregnancies:

Do you conduct GDM screening earlier for pregnant women deemed to be at very high risk? If so, please specify the criteria for determining high risk and the gestational week at which such screenings are conducted.

Some CMW are still taking HbA1C at booking if there is any query about diabetes status. Additionally if person has had gastric surgery & is unable to tolerate the OGTT an HbA1C is taken at booking, 16 weeks and 28weeks along with an issue of a glucose meter at 16 weeks for testing every 4 weeks for a week.

Home, Community, Hospital.





4. Administration of OGTT:

Who is responsible for administering the OGTT within your Trust? Additionally, where is the OGTT typically conducted (e.g., hospital clinic, community health centre)?

Maternity support workers based on our Pregnancy Day Unit.

5. Maternity-Related Risks Recorded in the Trust Risk Log:

Please disclose which maternity-related risks are logged in the Trust's risk register or risk log.

Risk title:

2 parallel Maternity electronic systems currently in use

Abduction from the Maternity ward

Access to choice of birth place (NICE CG190)

Access to premises - Maternity

Antenatal & newborn screening of cross-border women

Antenatal clinic appointments - Maternity

Availability of essential equipment - Maternity

Availability of essential information - Maternity

BSOTS triage system has not been fully embedded within Maternity Triage.

Community Midwifery Services accommodation

Deteriorating patient - Maternity

Diabetic Antenatal clinic appointments - Maternity

Excessive exposure of Nitrous Oxide/Entonox can potentially pose a risk of harm to staff

Maternity Triage Telephone Service

Mis-interpretation of cardiotocography (CTG)

Postnatal transfer of care from maternity services to GP services is not always digitally authorised for release

Safe & effective patient care - Maternity

SFHFT will not meet the trajectory for transformation described by the LMNS in line with Better Births

Staffing levels - corporate - Maternity

Staffing levels - medical - Maternity

Staffing levels - midwifery - In-patient Maternity Services

6. Bank and agency Spending:

- Please provide bank spend for midwifery staff for the year 2023, by job grade.
- For the period Apr 01st 2023 Mar 31st 2024
 - **Band 5 –** £14,763.00
 - **Band 6 –** £412,495.00
 - **Band 7 –** £6,506.00
- Please provide agency spend for midwifery staff for the year 2023, by job grade.
- For the period Apr 01st 2023 Mar 31st 2024
 - Band 5 £0.00
 - **Band 6 –** £27,392.00
 - **Band 7 –** £0.00

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: https://ico.org.uk/your-data-matters/official-information/.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the Open Government Licence (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.