

NUH Patient Information Mat

By Colleen Wright



“PINCHED WITH PRIDE”

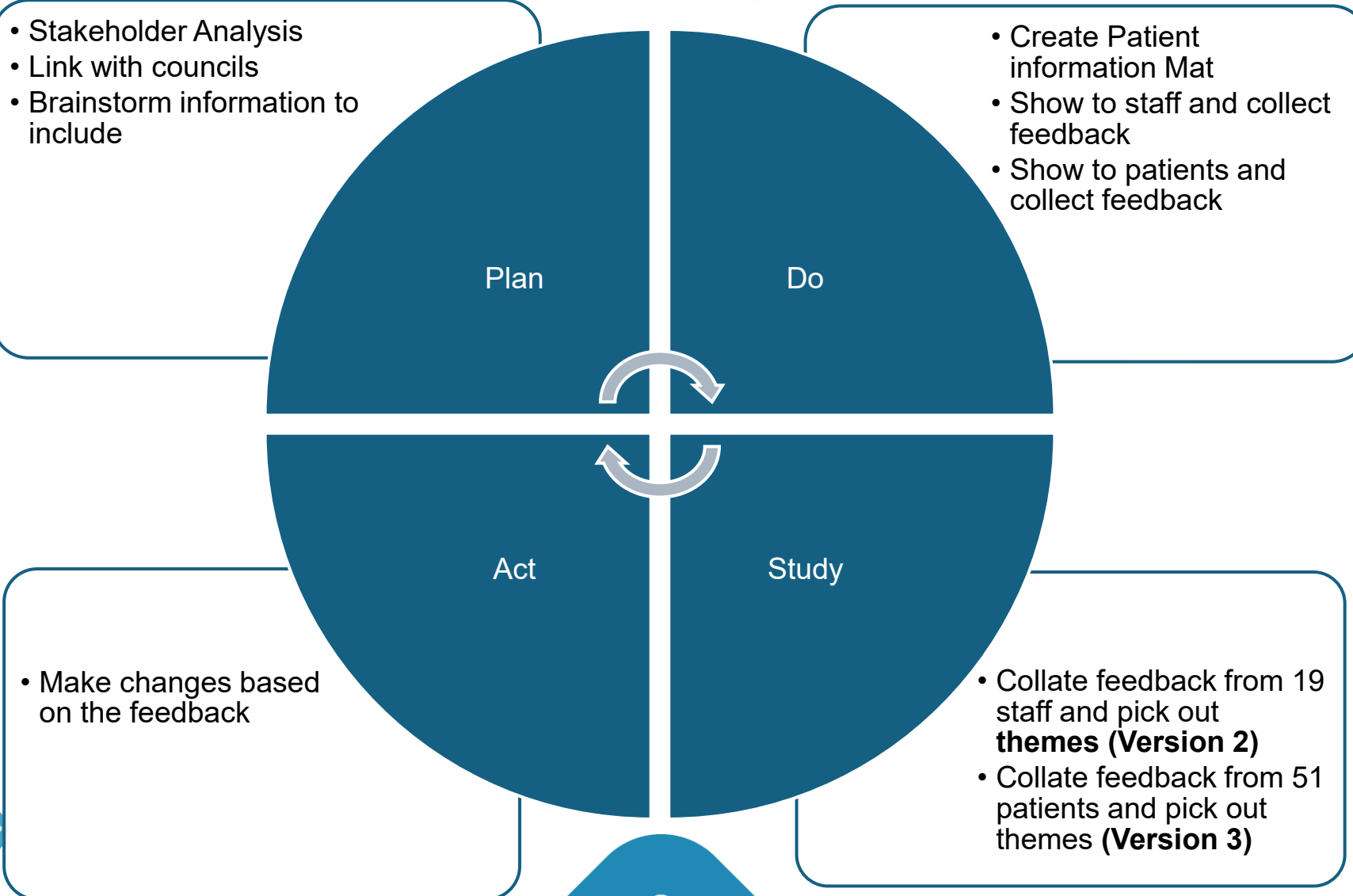
- Initial idea was taken from a Shared Governance leadership council and we believed the mat would allow us to:
- Spend less time answering repetitive questions for patients
- Increase easy access to access patient information
- Create a release of staff time
- Build a picture of consistency within maternity across both sites given the current climate

Our Aim – using a smart tool

- S – to produce an informative and consistent patient information tool
- M – that improves patient experience, staff time and possible safety aspects given the information now readily available in another format
- A – realistic goal
- R – Relevant to the clinical area and maternity as a whole
- T – within 12 months to give time for cross site collaboration, the creation, patient and staff feedback and communication team involvement



PDSA Cycle 1



PDSA Cycle 2

- Link with managers
- Link with matrons
- Link with communication team
- Link with maternity voice partnership

Plan

- Mat shown to stake holders and new opinions and suggestions collected

Do

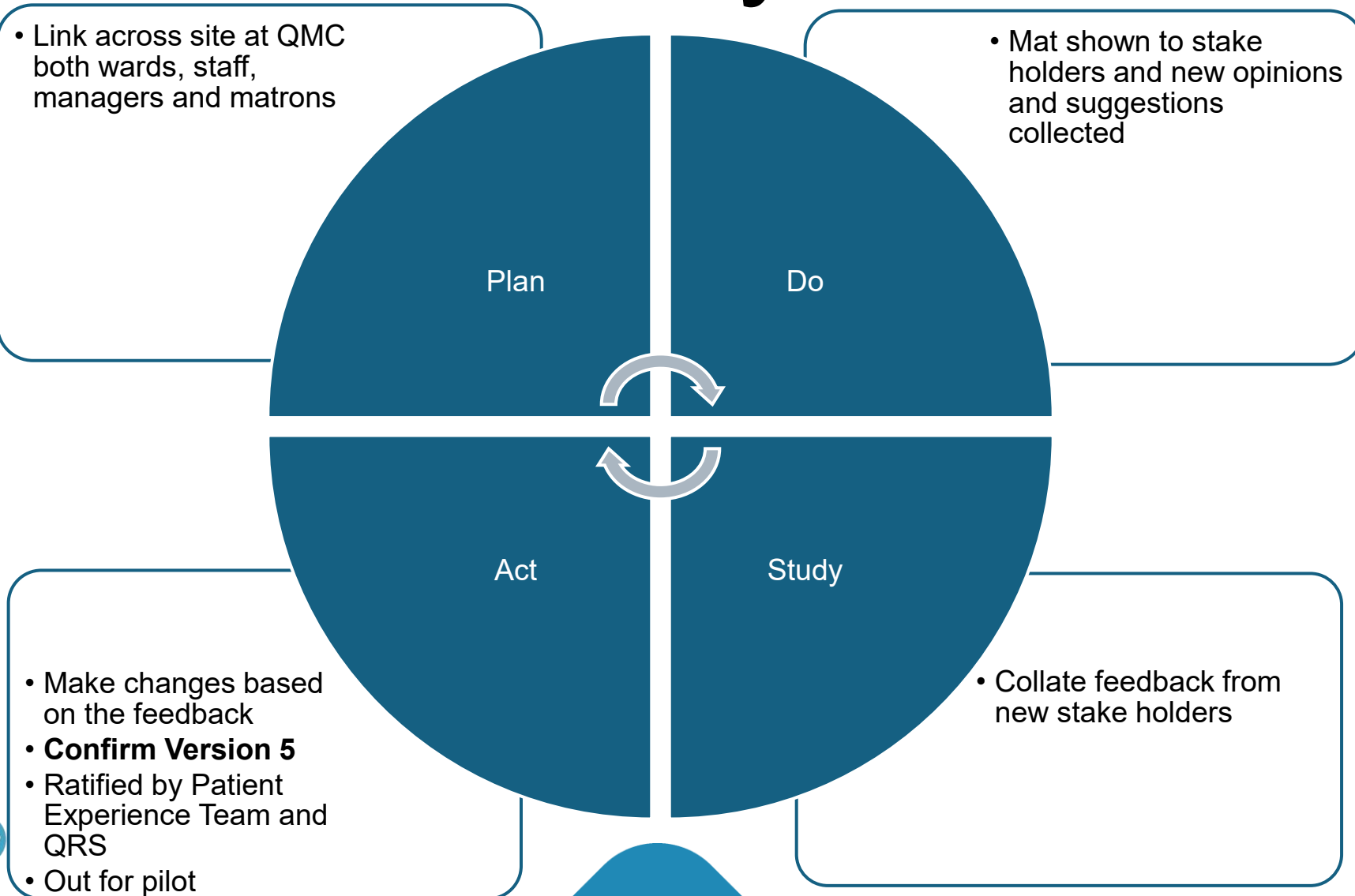
Act

- Make changes based on the feedback
- **Confirm Version 4**

Study

- Collate feedback from new stake holders

PDSA Cycle 3



Pilot

- The mat was produced to go onto every patient table
- They are laminated and easy to clean to maintain infection control standards
- There was education to staff to ensure they can tell the families what the mat is and how to utilise it
- We are currently considering translations and the best way to perform this that is cost effective.
- After a 6-month period the Mats were evaluated via staff and patient surveys. The plan was to review the mats and implement sustainably if positive feedback was gained and have printed for future use or end the project if feedback suggested it was not useful.
- Also to determine if the implementation has improved patient experience and staff opinions on how it had impacted their working days

Measurable Improvements

- Discharge video QR Code - staff no longer need to give their own work devices to service users which has saved on average **142.76** hours of midwifery device time per month
- On average staff are asked for visiting times 9X per 24 hours. This has saved **22.77 minutes minimum and 40.77 Maximum** of staff time per 24 hours
- DAISY Award nominations increased by **30.5%**, and TULIP nominations rose by **38.5%**
- Friends and Family submissions increased by **191**

Measurable Improvements

Service User Feedback

- All 70 respondents (**100%**) found the mat easy to read
- Thematic analysis of open-text feedback showed that most users felt the mat was complete, with comments such as “**got everything you need**” and “**all information seems to be on it.**”
- Users also praised its clarity and practicality, describing it as “**a really good idea**” and “**a handy sheet to know when things will happen and all the necessary info being in one place.**”



4. How useful did you find the information on the mat?

[More details](#)



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Extremely useful Useful Neutral Not useful Extremely not useful

Welcome Information

Ward Timeline

Discharge Journey

Visiting Times

Friends & Family Questionnaire

Discharge Video

Daisy & Tulip nominations

Feeding your baby

Nappy Changes

Temp Fact sheet

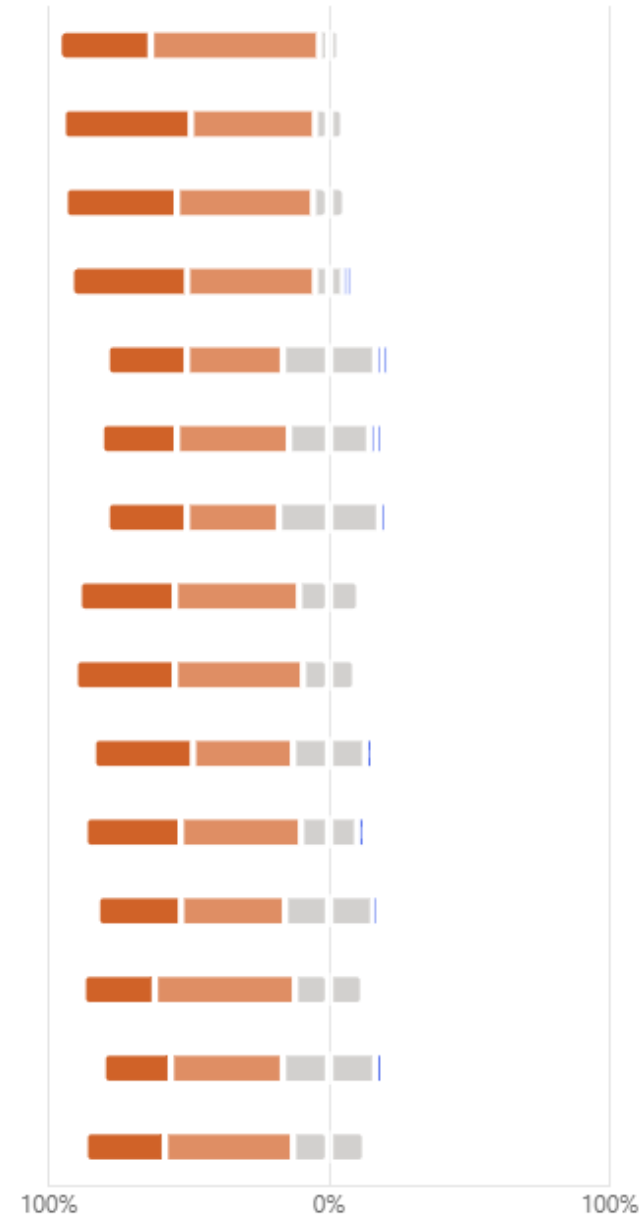
Safe Sleeping Leaflet

Infant Feeding Video

Badgermet Notes

Fathers Pack

MAL and Pals Information



76% rated the
content as
useful or
extremely
useful.



Measurable Improvements

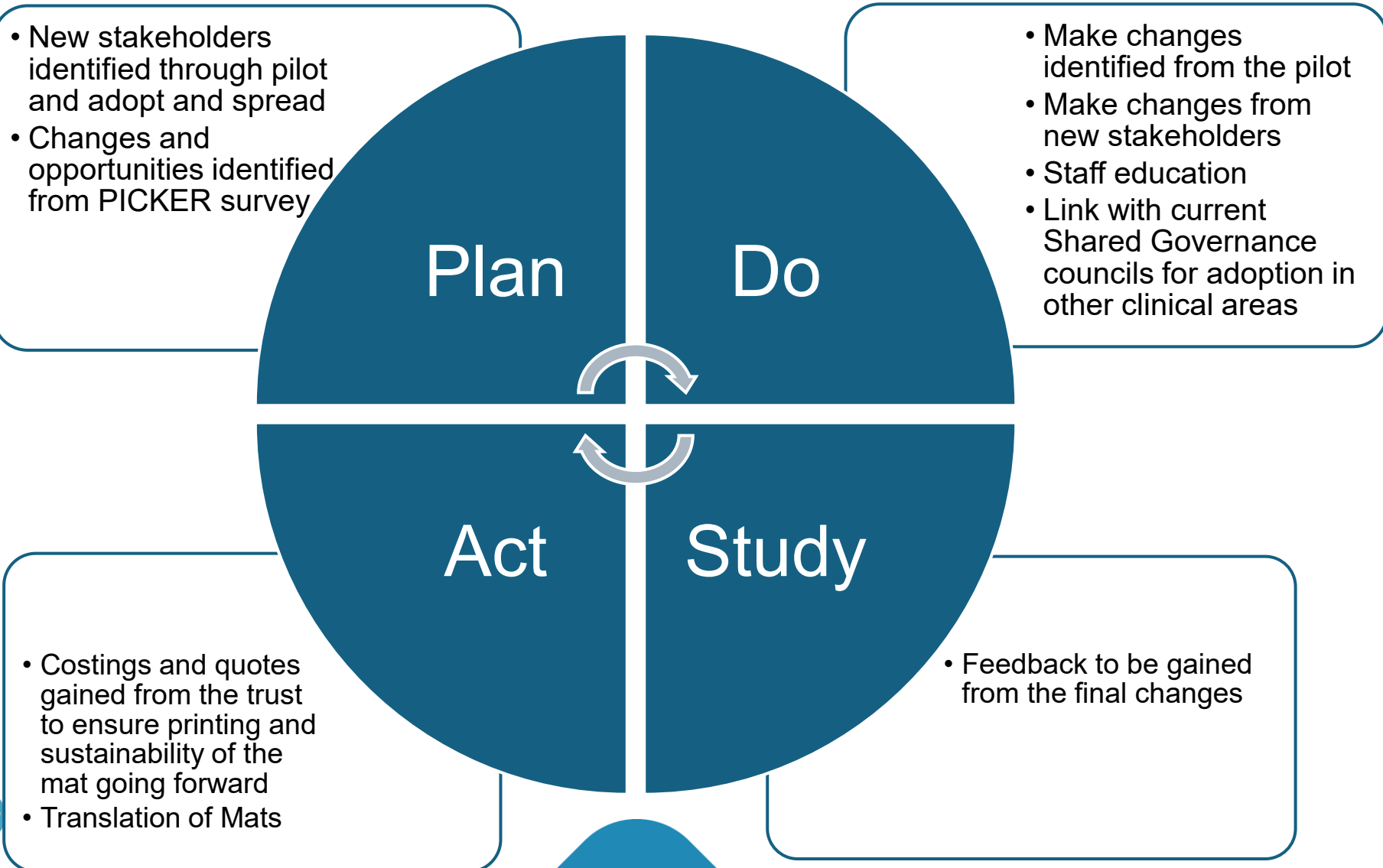
- Encouragingly, **72%** of staff agreed that the mat helped reduce repetitive questions.
- Despite low response rates and considerable workforce changes since the mat's initial launch, the feedback has been resoundingly supportive.
- Staff described it as “**a fantastic idea**” and “**a nice introduction and ice breaker.**”
- The findings underscore the need to re-embed the mat into the ward culture through improved visibility, staff training, and consistent implementation.

Improvements to be made

- Some patients interpreted the mat's schedule as a strict timetable rather than a guideline, leading to mismatched expectations.
- Additionally, 32% of service users reported that no staff member had discussed the mat with them, reflecting wider staff engagement challenges.
- Staff feedback echoed this, with 79% admitting they did not regularly use the mat—primarily due to lack of awareness, availability, and the high number of new starters
- Following reports of mats going missing—believed to be taken home by families—the mat was reprinted and made available digitally via Badger Notes and the hospital website to ensure continued access.
- Staff education emerged as a key area for future development.



PDSA Cycle 4



Welcome to NUH Maternity.

We encourage you to familiarise yourself with the ward and get to know your way around it. If you need bedside assistance, please use the handheld buzzer at the side of your bed and a member of staff will be with you as soon as possible.

Food and drink

Water is available from the fountain located at reception.

Catering is provided for patients on the ward. Food is available for visitors to buy at the cafe on the ground floor of the hospital and the restaurant on the second floor.

Ward daily routine



Friends and Family Questionnaire



Visiting times

Your discharge journey checklist

- ♥ Daily check for you and baby
- ♥ Newborn & Infant Physical Exam (NIPE)
- ♥ Doctor review
- ♥ Newborn Hearing Screen
- ♥ IV Cannula removal
- ♥ Take home medications
- ♥ Catheter removal
- ♥ Discharge talk/video

Turn over for more information and leaflets.



Nominate a midwife or nurse using the QR code above.



Our shared governance baby clothes cabinet is located at Lawrence ward reception and all donations are welcome.



FEEDING YOUR BABY

The milk kitchen is located by the reception desk, please familiarise yourself with the location. There you can find sterilisation kits, pumping equipment, bottles and teats.

- Responsive feeding is all about creating a close and loving bond between you and your baby.
- Your baby's stomach is tiny and can only hold a small amount of milk at a time, so it's best to feed them whenever they seem hungry.
- Feeding cues: rooting, moving their eyes, wriggling, waving, sucking fists and making murmuring noises.
- New babies have a strong need to be close to their parents as it helps them to feel loved and secure. Keeping baby close to you and enjoying skin-to-skin contact is a great way of doing this.

Please ask a member of staff for help with feeding and expressing

Day 1

Day 2-3

Day 4

- Your baby should be healthy and gaining weight after the first 2 weeks.
- In the first 48 hours, your baby is likely to have only 2 or 3 wet nappies. Wet nappies should then start to become more frequent, with at least 6 every 24 hours from day 5 onwards.
- At the beginning, your baby will pass a black tar-like stool (poo) called meconium. By day 3, this should be changing to a lighter, runnier, greenish stool that is easier to clean up. From day 4 and for the first few weeks, your baby should pass at least 2 yellow stools every day. These stools should be at least the size of a £2 coin. Remember, it's normal for breastfed babies to pass loose stools.
- Your breasts and nipples should not be sore. If they are, do ask for help.
- Your baby will be content and satisfied after most feeds and will come off the breast on their own.
- If you are concerned about any of these points, speak to your midwife or health visitor.



Temperature Rect Sheet



Safe Sleeping Leaflet



Discharge video



Badgermet Notes QR Code



Pack for new fathers



Nominate support staff using the QR code



The TULIP Award

Adopt and spread

- The mat was taken to leadership council and was celebrated by the Deputy Chief Nurse who forwarded it to the Head of Patient Experience Alison Cargill.
- Other councils contacted us for adoption to their own areas including:

Papplewick	E39	Innovation Repository	IOL
F22	C52	Carell	Labour Suite
Respiratory	D8	D34	
A23	Cardiology	Maternity Triage	

- Mentioned at Flow and Capacity Meetings
- “A how to edit guide” was also created to aid in adoption and spread with lessons learned through the PSDA models so others can “steal with pride”
- Shortlisted for 2 awards at PENNA





Welcome to City Hospital – Papplewick Ward

Papplewick is a 32-bedded Cardiology Ward with a lot going on! We appreciate that being in hospital can be difficult and confusing, so please use the information on this mat to your advantage.

You will be allocated a nurse at every shift, and they will co-ordinate your care across the day. Doctors are around from 9am – 5pm and we have reduced medical cover overnight. The labs for procedures are open Monday – Friday from 8am – 5pm. Scheduled lists are liable to change due to emergencies, so be prepared that your procedure may get rearranged last minute.

We encourage you to familiarise yourself with the ward and get to know your way around. If you need assistance, please use the handheld buzzer at the side of your bed and a member of staff will be with you as soon as possible.

Ward Daily Routine

(Note: these times are approximate – so please be patient!)



Ward Information

Location: We are in City Hospital (Papplewick Ward) on the 2nd Floor of South Entrance.

Wi-Fi: You are welcome to use our 'NHS Free Wifi' which is accessed through the settings on your device. It will take you to a separate page where you should click 'Proceed to Internet' to be connected.

Visiting: Visitors are welcome from 13:00 – 20:00, with strictly only two people at a bedside at any time. There is visitor parking available across the campus – the closest is Green Car Park.

Contact Numbers: 0115 969 1169 (ext. 76271 / 76272)

Uniform Colours

	Support Worker		Phlebotomist
	Staff Nurse		Cleaner
	Deputy Sister		Occupational Therapist
	Ward Manager		Physiotherapist
	Discharge Coordinator		Housekeeper

Discharge Journey

So the Doctor has said that you can go home... fantastic news!

The discharge process can take **several hours** to complete, so get comfy and make sure to still order some dinner, just in case.

The Discharge Process:

1. The Doctor writes your discharge summary and new prescription.
2. The Ward Pharmacist approves your new prescription, and organises supply of medication.
3. The Inpatient Pharmacy Team sorts the prescription and dispenses whatever needs to be supplied.
4. A Porter collects the medication and brings it to the ward.
5. Two Nurses check your medication and prescription, print off your discharge letter and explain the contents to you.

What Can I Do?

- Organise a lift, taxi or public transport home.
- Make sure your cannula has been taken out.
- We have a high demand on our beds so we may ask you to wait for your medication at The Discharge Lounge to help the process along.
- Be understanding – we appreciate that it is a very long wait and we really value your kindness and patience.

Feedback



Nominate a Nurse for a Daisy Award



Friends & Family Survey



Nominate a Support Worker for a Tulip Award



Nottingham
University Hospitals
NHS Trust

Informational Websites and Videos

There are many more resources available on the British Heart Foundation Website

Understanding Your Diagnosis:



Understanding Your Treatment:





Welcome to NUH Maternity QMC Induction Lounge

Congratulations! You will soon be meeting your baby. You're welcome to have one birth partner with you during your Induction of Labour to offer you support and comfort. Whilst the beds are designated for patient use only, chairs are available for birth partners to rest. There will be a table nearby that we'll make sure is clear to allow space for your refreshments. If you need any help at your bedside, simply use the handheld buzzer located at the side of your bed, and a member of our team will be there to assist you as soon as possible. In the case of an emergency, we have an emergency buzzer that will alert the entire team to ensure prompt attention. Throughout your time with us, several colleagues may enter the room as part of the care team. We'll do our best to keep you informed every step of the way, including a thoughtful debrief after your experience if required.

Since we are a teaching hospital, there will be midwifery, nursing, and medical students present on the ward. If you'd prefer not to have a student involved in your care, please let us know, and we will make sure to respect your wishes. If you need to park for an extended period, we offer reduced parking rates for long-term users. For more information on prices, feel free to ask at the Security Office located at the Main Entrance, but the form will be available from your midwife. We're delighted to offer a little Induction Lounge Library, filled with books and games for you to enjoy during your stay. We hope this small collection helps make your time with us a bit more comfortable and enjoyable. If you'd like to leave any donations, we would be grateful, and they will be warmly accepted.

Food and Drink

A Refreshments Trolley is available in the lobby of the Induction Lounge for your comfort and convenience. If you notice that it needs restocking, please feel free to let the Induction midwife know, and we'll be happy to assist. Water is also available for refilling bottles and jugs at the water fountain, located at the top of the furthest corridor within the Labour Suite. If you need help finding it, just ask and we'll be glad to point you in the right direction. Catering is provided for our patients if you're able to eat, and we'll let you know if there are any restrictions. Throughout the day and night, you'll also find a selection of sandwiches and snacks available. If you have any specific dietary needs, please don't hesitate to speak with a member of staff – we're here to ensure you're well taken care of. For your visitors, food is available for purchase at the Main Entrance of the hospital and in the restaurant on D Floor. Unfortunately, we do not have facilities to rehearse your own food at this time, but food can be ordered to the Main Entrance.

Daily Routine



Our Shared Governance Baby Clothes and Gift Cabinet is thoughtfully located right at the entrance to the Labour Suite, just by Reception. If you would like to have any items, please don't hesitate to speak with the Receptionist, who will be happy to assist you. The knitted baby hats are especially important in helping our newborns stay warm as they adjust to the world outside, before they can regulate their own body temperature. Any donations to this cause are truly appreciated and will be put to good use.

If you feel that you've received exceptional care throughout your pregnancy, whether in the community or the hospital, we would love for you to share your experience. Your feedback is invaluable! You can nominate any staff members who have gone above and beyond for one of our special awards: the Daisy Award for Midwives and Nurses, the Tulip Award for Support Staff, or the Rose Award for Admin Staff. Our team is always grateful to hear the kind words from the people they care for.

We also invite you to fill out the feedback questionnaire on the left. Your thoughts and suggestions help us continue to improve and provide the best care possible. If there's anything else you'd like to share or suggest, please feel free to add your comments. Your input is important to us.



24/7 Maternity Advice Line (MAL): 0115 9709777

Turn over for more information and leaflets



Initial Assessment

When you arrive at the Induction Lounge, we'll begin by performing a routine antenatal check to ensure both you and your baby are doing well. We'll also monitor your baby's heart rate with a CTG for at least 20 minutes to assess baby's wellbeing prior to induction. If you haven't had an ultrasound in the last two weeks, a quick presentation scan to confirm that your baby is head down and ready for the journey ahead will be done.

Induction Method

Based on your individual preferences and any risk factors, we'll begin your induction with either **Gavage**, **Gonale**, or **Gonale**. If you're still considering which method is best for you, please feel free to use the link to explore the Induction of Labour booklet or watch the video. If you have any questions after these, don't hesitate to ask your midwife, we're here to guide you every step of the way.

Ongoing Monitoring

Once your induction is underway, we'll continue to keep a close eye on both you and your baby. We'll check in on you and listen to your baby's heartbeat at least every 4 hours. For most, about 6 hours after the induction method is inserted, we'll do another CTG monitoring to check on your baby. Please let your midwife know if you experience any bleeding, discomfort, if your waters break, or if you notice any changes in your baby's frequency or pattern of movements. Also, if you feel that the induction method might have shifted or moved, please inform us right away – we may need to assess your cervix earlier in such cases. You're welcome to leave the ward, within the hospital grounds. Taking a walk, including using the stairs, can be helpful to encourage things along. In your room, you'll also have access to a chair and birthing ball, should you find them useful for your comfort. Some women without risk factors, may be offered an outpatient induction, where they can continue the induction at home.

Transfer to Labour Suite

The time between your induction method and the next routine vaginal assessment will vary depending on the method used. With **Gonale**, this will be 24 hours, with **Gonale**, 6 hours, and with **Gonale**, it can be removed between 12 to 24 hours, but typically at 24 hours. Once the induction method is removed, if everything is ready, we'll proceed with transferring you to the Labour Suite to continue the induction process. Whilst we will try to avoid delays in your transfer, this may happen due to room or midwife availability, as sometimes medical priorities arise that need immediate attention. Please know that we'll keep you fully informed every step of the way and do everything we can to ensure you remain comfortable and supported during this time.

Once in Labour Suite, we'll break your waters. At this point, you're welcome to have your second birth partner join you. We'll give you up to 4 hours (depending on your medical history and clinical findings) for contractions to begin, aiming for 4 contractions in 10 minutes. If necessary, we will start an intravenous oxytocin infusion to help things progress.

Birth Preferences

We encourage you to have a conversation with your midwife about your birth preferences, as we want to ensure that your experience is as comfortable and personal as possible. You might like to consider the following options and more information is available on the right for some topics.

- Analgesia options:** You have a variety of choices to help manage any discomfort, including Paracetamol, Dihydrocodeine, Diamorphine, Entonox (gas and air), or an Epidural.
- Stim-to-suck:** This helps your baby feel calm and secure right after birth, as well as regulate their heart rate and temperature.
- Third Stage:** You can choose between an injection (recommended) or a physiological method, involving maternal effort, for the management and delivery of your placenta.
- Who would like to cut the cord?** This can be a special moment shared with a loved one, but it's entirely up to you.
- Feeding preferences:** Whether you prefer breastfeeding or formula feeding, we're here to support you in whatever way feels right for you and your baby.
- Vitamin K for your baby:** You can choose between an injection (recommended) or oral drops for your little one.

Induction of Labour Booklet

Induction of Labour Video

Vitamin K

Labour Pain Relief Options

Third Stage



24/7 Maternity Advice Line (MAL): 0115 9709777
Patient Advice and Liaison Service (PALS): 0800 183 0204

Turn over for more information and resources



Welcome to NUH Maternity QMC Triage

We will soon be with you to assess your concerns. In the meantime, we kindly ask that you only bring one companion with you due to space and privacy of other patients in the bays. Whilst the beds are designated for patient use only, chairs are available for birth partners to rest. There will be a table nearby that we'll make sure is clear to allow space for us to work.

We encourage you to familiarise yourself with the area and get to know your way around. If you need assistance or your symptoms have worsened, changed or new ones have arose, please highlight this to a member of staff. If you need any help at your bedside, simply use the handheld buzzer located at the side of your bed, and a member of our team will be there to assist you as soon as possible. In the case of an emergency, we have an emergency buzzer that will alert the entire team to ensure prompt attention.

Throughout your time with us, several colleagues may enter the room as part of the care team, and we'll do our best to keep you informed every step of the way. Since we are a teaching hospital, there will also be midwifery, nursing, and medical students present on the ward. If you'd prefer not to have a student involved in your care, please let us know, and we will make sure to respect your wishes.

Food and Drink

Snacks are available on the table within the Triage waiting room. There can also be water and juice found here, but if you need to refill your bottle or jug, water is available at the water fountain, located at the top of the furthest corridor within the Labour Suite. Feel free to ask for directions if you need help finding it. For your visitors, food can be purchased at a range of cafes and restaurants at QMC, but food can also be ordered to the Main Entrance.



QMC Facilities



Visiting Policy:
1 birth partner



Friends and
Family Feedback
Questionnaire

Our Shared Governance Baby Clothes and Gift Cabinet is thoughtfully located right at the entrance to the Labour Suite, just by Reception. If you would like to have any items, please don't hesitate to speak with the Receptionist, who will be happy to assist you. The knitted baby hats are especially important in helping our newborns stay warm as they adjust to the world outside, before they can regulate their own body temperature. Any donations to this cause are truly appreciated and will be put to good use.

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We also invite you to fill out the feedback questionnaire on the left. Your thoughts and suggestions help us continue to improve and provide the best care possible. If there's anything else you'd like to share or suggest, please feel free to add your comments. Your input is important to us.



The TULIP Award

Nominate Support Staff



The DAISY

Nominate a Midwife or Nurse



The ROSE Award

Nominate Admin Staff



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Patient Advice and Liaison Service (PALS): 0800 183 0204

Turn over for more information and leaflets



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Your Journey through Triage

Your journey into us today may have been a stressful one, so please be reassured that you are important to us and Triage staff are here to support you and your baby(s) needs.

Upon Arrival: You will be seen using our standardised safety tool for Maternity Care called BSQTS, so Midwives can critically prioritise and manage care safely for everyone.

How It Works: A support worker, midwife or student will ask you for a urine sample. You will then be taken into the Initial Assessment Room and have your observations performed, including blood pressure, heart rate, temperature etc. The midwife will then come talk to you about your concerns and listen to your baby's heartbeat. Once this is completed, you will then have an ongoing assessment, likely including a monitoring of your baby (CTG) in order of urgency. After your assessments are completed by the midwife, you may need to see a doctor who will also see you in order of urgency. Before you leave you may need to have further appointments or scans booked for you, which your midwife will inform you of.

After Triage: Once you have been discharged from Triage, if you experience ongoing or new concerns, please do not hesitate to call the Maternity Advice Line at any time.

Feeling your Baby Move	Vaginal Bleeding in Pregnancy	High Blood Pressure in Pregnancy	Oral Iron in Pregnancy	Diabetes in Pregnancy
Safety Info for BAME Women	Pre-Labour Spontaneous Rupture of Membranes (SRDM) > 37/40	Signs and Symptoms of Preterm Labour	Induction of Labour	Latent Phase of Labour
Safe Sleeping Leaflet	BabyNet Notes	Partner's Pack	Temperature Fact Sheet	Infant Feeding Video

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Turn over for more information and leaflets