Improvement Action Plan

Healthcare Improvement Scotland:
unannounced Maternity Services Safe Delivery of Care Inspection

Ninewells Hospital, NHS Tayside

27 January – 29 January 2025

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature: _____

Full Name: Carole Wilkinson

Date: 23 September 2025_____

NHS board Chief Executive

Signature: _____

Full Name: Nicky Connor

Date: 24 September 2025

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Recommendations				
1	***NHS Tayside should ensure improvement in their assurance of staff bereavement training***				
	NHS Tayside will continue to monitor and improve recording of maternity staff bereavement training • Ensure process of MDT training figures are recorded and maintained	August 2025	**Quality Lead Practice Development Midwife** Clinical Lead	Monitoring and reporting via Maternity Forum for improved assurance and monitoring. National Bereavement Care Pathway self assessment to assess learning needs and gaps	**Complete June 2025**
2	***NHS Tayside should ensure processes are in place to support mothers and babies to have access to family centred care with extended family members actively encouraged to engage in maternal and newborn care***				
	NHS Tayside will continue to promote open access for partners/fathers/support people and defined visiting times for extended family members within the postnatal ward • Signage regarding visiting to be reviewed and improved • Information for person centred visiting to be discussed in antenatal period	August 2025	**Senior Charge Midwife** Communication Team	Opening visiting return to pre-covid open visiting with protected times for meals, ward rounds, quiet time. New visiting signage in place for open visiting Bedside leaflet and website updated to ensure families aware.	**Complete August 2025**
3	***NHS Tayside should consider ways to improve oversight and staff feedback of interpretation services, to ensure any areas for improvement can be identified and addressed***				

	NHS Tayside will improve oversight and use of interpretation services for maternity services	August 2025	**Addressing inequalities in maternity services (AIMS) group** Senior Charge Midwives	Reporting of unavailability via datix and reporting via governance structure Interpreter guidance from Staffnet circulated to all staff Oversight by Consultant Midwife via AIMS group – audit of patient outcomes for pregnant patients accessing interpreting services	**Complete August 2025**
Requirements					
Domain 1					
1	***NHS Tayside must ensure a system is in place to monitor women requested to attend for review following telephone triage and should inform women of the urgency and timeframe for attendance***				
	Birmingham Symptom-Specific Obstetric Triage System (BSOTS) implementation NHS Tayside will ensure that an appropriate system for triage is in place, this will encompass advice from telephone consultation to attendance at hospital.	August 2025	**BSOTS maternity project team** Senior Midwife Consultant Obstetrician Senior Charge Midwife Maternity Service Improvement Group	Interim process with BSOTS QI work, mapped and action plan. Barriers now understood. Guidelines to support interim processes and BSOTS implementation • Did Not Attend (DNA) Maternity Triage • Interim Triage Prioritisation Process • Midwifery Assessment and Referral of Women	**Complete** **August 2025**

				in Maternity Triage Guideline • BSOTS Guidance Professional Judgement Tool for Staffing to support BSOTS model Working with IT Telephone Answering machine and recording - Consultant Connect Staffing training for BSOTS underway	
	Divisional team to monitor implementation progress as part of weekly oversight group and escalate as appropriate any barriers or challenges to implementation	August 2025	**Divisional leadership team**	Weekly meetings organised and running	**Complete** **August 2025**
2	***NHS Tayside must ensure signage is in place to provide clear instruction and direction to the public within the hospital environment. This includes but is not limited to maternity triage***				
	NHS Tayside to continue to progress wayfinding project work to improve hospital signage work	August 2025	**A/Associate Director of Facilities**	New signage in place to Maternity Triage from main entrance and returning from USS department. Temporary signage for overnight relocation to Triage in Labour Suite when Triage doors are closed Larger wayfinding project agreed for Ninewells site and	**Complete** **August 2025**

				plans developed to progress with key stakeholders.	
3	***NHS Tayside must ensure effective oversight of guidance and process within maternity triage to support safe delivery of care***				
	NHS Tayside will ensure maternity triage guidance is up to date and available for all staff to use in practice.	February 2025	**Director of Midwifery** Senior Charge Midwife Maternity guidelines group	Maternity triage guidance up to date and progressed via appropriate governance route Raised via hot topics Audit >90% staff signed for awareness of current guidance document	**Complete** **February 2025**
	Maternity services improvement group in place including CCG & divisional oversight	August 2025	**Divisional leadership team**	Weekly meetings in progress with Improvement Academy / team Process Mapping undertaken. Action Plan developed and progressing	**Complete** **June 2025**
4	***NHS Tayside must ensure medication required for emergency treatment is accessible to staff with effective oversight and assurance of staff knowledge of process***				
	NHS Tayside maternity services will ensure there is an emergency response pathway.	April 2025	**Clinical Obstetric Lead** Maternity guidelines group	Obstetric specific emergency medication located in labour ward, with signage and direction from Maternity Triage Supporting Obstetric Emergency SOP in place	**Complete** **July 2025**
	NHS Tayside maternity services will conduct a programme of emergency simulation training specific to maternity triage area.	Complete	Quality Lead Practice Development Midwife	Undertaken and programme developed for throughout the year	**Complete** **June 2025**

	Attendance tracked.		Consultant Anaesthetist **Consultant Obstetrician**	Staff Audit and Emergency Drill Programme with Learn Pro log	
	NHS Tayside will ensure that staff are aware of how to access emergency medications	Complete	**Senior Charge midwife**	Visual reminders placed in clinical areas of where emergency medications are kept Staff Audit completed	**Complete** **May 2025**
	Conduct an audit of staff awareness of emergency medication location and process in emergency.	July 2025	**Senior Charge Midwife**	First audit April 2025, repeated June 2025.	**Complete** **June 2025**
5	***NHS Tayside must ensure effective oversight to ensure essential patient equipment is in working order and ready for use this includes but is not limited to fetal monitoring equipment***				
	Effective oversight in place from clinical teams to ensure all equipment available to provide safe and effective patient care.	April 2025	**Senior charge midwives**	Daily handover equipment check in place Daily checks for all equipment on BadgerNet handovers In room sticker prompts for staff communication Monthly audit cycle ongoing	**Complete** **April 2025**
	Process in place to ensure comprehensive oversight of equipment issues and report to clinical care group relevant issues.	May 2025	**Clinical care group management team** Senior midwives medical physics Digital department	Issues identified from above audits/checks are escalated to Clinical Care Group Leadership team via Clinical Governance Structure as per SOP. Staff communication via newsletters and meetings	**Complete** **May 2025**

				regarding escalation process (April and June 2025)	
	NHS Tayside will ensure that staff are aware of how to escalate and monitor equipment faults impacting on clinical care and where no mitigations can be put in place.	February 2025	**Clinical Care Group Manager** Senior Charge Midwives Senior Midwives	Initial audit of equipment and communication. Since completion of initial actions, discovery and development work with medical physics to formulate pathways SOP "Equipment Repair Requesting Process" to support staff escalation and timely equipment maintenance.	**Complete** **February 2025**
6	***NHS Tayside must ensure improvement in governance and oversight of ethnicity completeness data for all women and birthing people booking for perinatal care***				
	NHS Tayside to review and ensure accuracy of data completion for PMRT reports submitted nationally	August 2025	Quality Lead Midwife **Clinical Lead for Governance**	Tracked excel sheet for PMRT reports – 2023 and 2024 data with complete ethnicity data Monthly review and oversight of MBBRACE live data by Consultant Midwife Bereavement Checklist updated with reminder to complete PMRT data	**Complete** **August 2025**
	Ensure process is robust for NHS Tayside Public Health to notify maternity services leadership team of Missing or incomplete data	August 2025	**Public Health** Laboratory senior midwife	Currently no identified concern regarding data collection following review of data as above. Oversight in timely way as above	**Complete** **August 2025**

	Communication to be sent to all staff to ensure ethnicity data is completed for mother and baby post-birth, incorporated into documentation audit	April 2025	**Senior midwife** Senior charge midwives	Communication complete Follow up documentation audit	**Complete** **April 2025**
	Consideration of implementation of electronic FOQ (Family Origin Questionnaire)	August 2025	**Senior midwife** Public Health Lab team – System C	Dialogue commenced – request sent to System C. National project therefore awaiting outcome.	**Complete** **April 2025**
7	***NHS Tayside must ensure all fire exit signage is present and maintained to ensure safe fire evacuation and actions and improvements identified within fire safety risk assessments are addressed***				
	To address immediate deficiencies related to fire signage noted at inspection	31/01/2025	**Fire Safety Team**	Complete	**Complete** **Feb 2025**
	A review has been undertaken to enhance audit findings and remedial actions are recorded and an informed risk-based action plan is produced	28/02/2025	**Head of Estates** Fire Safety Manager	Complete.	**Complete** **Feb 2025**
	Implement revised Standard Operating Procedure (S.O.P.)	31/07/2025	**Head of Estates** Fire Safety Manager	In progress ongoing -SOP developed and awaiting implementation.	Aiming for completion September 2025
Domain 4.1					
8	***NHS Tayside must ensure venous thromboembolism guidance and risk assessments in place are aligned to support staff during the risk assessment of venous thromboembolism***				
	Local Guidance in production in line with National recommendations.	May 2025	**Clinical Lead**	New VTE Guideline in line with RCOG Guidance and ratified. Communication shared with teams.	**Complete** **July 2025**

	RCOG guidance regarding VTE assessment points shared with team	19/02/2025	**Badgernet Project Midwife**	Complete	**Complete** **February 2025**
	Ensure over arching NHS Tayside VTE policy updated in line with any changes to maternity recommendations	May 2025	**Clinical Lead** Maternity guidelines group	New VTE Guideline in line with RCOG Guidance, updated in clinical policies relevant.	**Complete** **July 2025**
9	***NHS Tayside must ensure robust processes are in place to support quality assurance processes within maternity services***				
	NHS Tayside to redefine quality assurance audit schedules, benchmarking and report via maternity governance forum onto WCF governance forum / QPRs	August 2025	**Lead Midwife** **Clinical Director** **Clinical Care Group Manager** Senior Midwives Clinical Lead	Monthly Maternity Forum in progress. Terms of Reference reviewed. Monthly quality assurance schedule via maternity forum and Clinical Governance Framework 2025	**Complete August 2025**
	Roles and responsibilities session for Senior Charge Midwives in relation to quality assurance	June 2025	**Lead Midwife** Associate Nurse Director Senior Midwives	Clearly identified and assigned oversight roles of each SCM with clear structures to clinical governance meetings via maternity forums. Clinical Governance Framework 2025 discussed at SCM Meeting	**Complete** **June 2025**
10	***NHS Tayside must ensure effective systems and process are in place to support assurance of a safe healthcare environment and that all essential maintenance works are completed***				

	Undertake a review of existing fault reporting procedures.	31/01/2025	**Head of Estates**	Complete	**Complete** **January 2025**
	Implementation of a new CAFM (computer aided facilities management) system to enhance fault reporting and monitoring progress.	31/01/2026	**Associate Director of Facilities.**	In progress New CAFM procured (Agility) currently being updated prior to "going live".	Ongoing within timescale
11	***NHS Tayside must ensure compliance with SICPS this includes but is not limited to:*** ***a) hand hygiene*** ***b) linen management*** c) ***sharps management***				
	WHO Hand Hygiene campaign planned for 5th May- this will include refresher training and resource materials.	May 2025	**IPC Team**	The Communications Team have circulated a save-the-date notice along with resources for NHS staff to access. Successful communication and campaign delivered within NHS Tayside hospitals.	**Complete** **May 2025**
	NHS Tayside will ensure Hand Hygiene compliance against National IPC manual monitored through IPC annual audit programme (Clinical teams carry out NHS Tool for Environmental Auditing of the Clinical Area HAI (TEACH) and hand hygiene audits) • Regular visits to clinical areas IPC team will address observations of practice including hand hygiene • Exception reports to be raised at acute HAI committee	August 2025	**IPC Team** SCMs Senior Midwives / Lead Midwife	Verbal and written feedback are provided to clinical teams to aid learning. Dashboard available to all teams / leaders Feedback to August 2025 Acute HAI committee for assurance Monitored via TEACH tools	**Complete** **August 2025**

	Hand hygiene education is incorporated into all IPC educational sessions as part of NHS Tayside's annual IPC educational programme.	May 2025	**IPC Team**	Educational programme in place	**Complete** **May 2025**
	Standard Infection Control Precautions, including linen and sharps management compliance are monitored against the National IPC Manual as part of the IPC annual audit programme. • Ensure process in place for monitoring through maternity forum and escalated where triggered to acute HAI committee	July 2025	IPC Team **Senior Charge Midwives**	IPC annual audit programme is ongoing as agreed as part of IPCT annual Work Plan. Currently in discussion with an external audit company to procure an IPC audit system to support quality assurance. Feedback to August 2025 Acute HAI committee for assurance	**Complete** **July 2025**
	Clinical teams also carry out a monthly audit of Standard Infection Control Precautions which is currently feedback to the IPC team and shared on a dashboard which is discussed at the Acute HAI Committee. • Ensure process in place for monitoring through maternity forum and escalated where triggered to acute HAI committee	July 2025	**Senior Charge Midwives**	Feedback to August 2025 Acute HAI committee for assurance IPCT audits and Maternity Forum reporting TEACH Tools and Hand Hygiene Audits	**Complete** **July 2025**
12	***NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers' guidelines***				
	Key messages shared with teams regarding safe storage and labelling of cleaning products via site safety huddle	January 2025	**Site safety teams**	Sent via safety and flow information on regular occasions to ensure improvements. Initially sent January 2025 and last sent August 2025. Regular discussions on meetings also.	**Complete** **January 2025**

	NHS Tayside will send memo to all nursing and midwifery and facilities staff regarding compliance of safety for hazardous cleaning products. Compliance documented through area risk assessments.	April 2025	**Associate Nurse Directors** Domestic services manager	Discussions above and memo sent. Audited via domestic services regular audits. Quality of care walkarounds reviewing also.	**Complete** **June 2025**
	Memo to be issued out to Domestic staff members reiterating the requirement to: • Ensure all chemicals are locked away in the Domestic Services Room (DSR) or within the cupboards within the DSR. Ensure that all DSR's are not left wedged open or unlocked.	February 2025	**Domestic Services**	Memo issued via payslips Audited via domestic services regular audits. Quality of care walkarounds reviewing also. Improvements reported.	**Complete** **February 2025**
	Replacement keys to be arranged for DSR's that require them.	March 2025	**Domestic Services**	Key request submitted to Property 30/1/25. Keys returned and issued out to relevant teams on 7/2/25 & 11/3/25.	**Complete** **March 2025**
	Monitor ward based compliance through leadership walk arounds, highlight any concerns immediately for rectification via team leaders / SCM of areas or teams	June 2025	**Senior Midwives** Lead Midwife Associate Nurse Directors Acute Leadership Team Senior and Lead Nurses	IPCT walkarounds in place, exception reports and actions. IPCT board developed in clinical areas. Delay in completion as Care Assurance Visit template created to align with HIS Action Plan EiC Framework and Quality Assurance Framework Domains. Dates arranged for	**Ongoing – revised timescale of October 2025**

				implementation of new CaV process with teams including team education of process.	
13	***NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift***				
	NHST provide secure storage of clinical waste through use of Lockable Eurobins, which are stored at designated storage areas across the site.	April 2025	**A/Ass Director of Facilities**	Standard operating procedures in place which provides guidance for storage and movement of lockable eurobins for relevant staff groups.	**Complete** **April 2025**
	In instances of Clinical Waste Bins reported full, NHST Waste and Porter Services are contactable by email with additional collections put in place accordingly. A Standard Operating Procedure for an Escalation process to be followed will be developed	June 2025	**A/Asso Director of Facilities**	Standard operating procedures in place which provides guidance for staff including timings of uplift and escalation where required out with these times.	**Complete** **June 2025**
14	***NHS Tayside must ensure infrequently used water outlets are flushed in line with current national guidance***				
	NHS Tayside will update NHST Water Safety Management Procedures Document	June 2025	**Acting Responsible Person (**Water)	The Water Safety Group (WSG) is in the process of updating "NHST Water Safety Management Procedures Document" and in particular flushing of little used outlets. Communication shared from the Acting Responsible Person (Water) on the 21 March 2025, highlighting the requirement of	**Complete** **June 2025**

				using water daily as an important part in maintaining good quality domestic hot & cold-water systems, and included the Log Sheet for Recording Water Flushing. Guidance issued re little used outlets flushing. Monitored via water flushing schedules for individual areas	
	Water Safety Management Group (WSMG) to refresh and issue the guidance on water safety to the safety & flow huddle for onward dissemination.	April 2025	**Water safety management group (WSG)**	Issued via safety and flow communication	**Complete** **April 2025**
	NES <u>animation on the do's and don'ts of clinical wash hand basins</u> to be reshared with clinical teams as a refresher.	April 2025	**Associate Nurse Director IPC**	Shared with Nurse and Medical Directors, along with the Manager for Soft Facilities to share with Clinical Teams across NHS Tayside. Shared with Nursing and Midwifery Leadership Team and acute leadership team for distribution within teams	**Complete** **April 2025**
15	***NHS Tayside must ensure the appropriate management and monitoring is in place to ensure the safe storage of medicines***				
	Key messages shared with teams regarding safe storage of medication via site safety huddle	January 2025	**Site safety team**	Shared via daily huddle information Locked drug cupboards and drug trolleys in line with policy.	**Complete** **January 2025**

				Drug room doors are kept closed with signage for staff.	
	Safe and Secure Handling of Medicines information to be completed highlighting importance of locked medicine storage within wards.	May 2025	**Associate Nurse Directors** Associate Director of Pharmacy	Initial update via site rep Initial update via site rep Memo sent Monitoring via quality of care assurance visits with additional pharmacy audit for any areas of concerns.	**Complete** **June 2025**
	Day of care audit on safe and secure handling of medicine within specified wards. Audit will include practice as well as environmental improvements which can be made.	August 2025	**Senior / Lead Midwife** Supported by Consultant Midwife and pharmacy	Medication CAV Template Dates arranged	**Revised** **Sept 2025**
Domain 4.3					
16	***NHS Tayside must ensure that clear and robust systems and processes are in place to allow consistent assessment and capture of real time staffing risk across all clinical professional groups within Maternity services to support consistent management of any identified staffing risks within maternity services. This must include feedback to staff regarding decisions undertaken***				
	NHS Tayside will ensure that safecare is embedded for safe, realtime decision making and escalation of staffing to ensure consistent management of staffing decisions within inpatient maternity services	July 2025	**Director of Midwifery** Lead Midwife Senior Midwives Senior Charge Midwives Safe care leads Workforce staffing lead	Maternity Escalation Plan in place Embedding of SafeCare progressed and in use every shift SafeCare Training for all SCMs Senior Midwife engagement in Real Time Staffing short life working group	**Complete** **August 2025**

	NHS Tayside will ensure up to date staffing escalation guidance is in place for maternity staffing and staff are aware of use.	July 2025	**Director of Midwifery** Tayside maternity guidelines group Senior Midwives Lead Midwife Clinical Lead	Maternity Internal Escalation Guidance Operational Pressure Escalation Level Framework (OPEL) Internal guidance Updated as per guidelines process Daily Maternity Co-ordinator Master sheet SafeCare identifying staffing gaps, real time staffing acuity and professional judgement feeding into Governance reports for escalation	**Complete** **June 2025**
	Medical staffing managed via on-call team, SOP available on Staffnet and staff are aware of how to access.	May 2025	**Clinical director** Clinical Lead	Communication sent to wider team regarding process for medical staffing management. Promoting Attendance at Work Flow Chart shared with medical team	**Complete** **May 2025**
17	***NHS Tayside must ensure there are clear systems and processes in place for the monitoring and mitigation of any severe and/or recurring staffing risk within maternity services to support longer term workforce planning and service improvement***				

	NHS Tayside will continue to develop midwifery workforce plan annually to ensure review of staffing requirements are current. Risks to workforce planning to be escalated as per staff governance in line with safe staffing and resource available	July 2025	**Director of Midwifery**	Delay in timescale due to development of plan considering workforce tool runs to ensure triangulation of data. Annual workforce tool run Spring 2025, data produced, engagement with Workforce Team to produce Women's Services Service Plan by December 2025 as per acute services scheduling Exception papers for NGP recruitment and BSOTS using professional judgement tools Workforce profile and predicted challenges are escalated through the CCG and Clinical Governance and QPR. SafeCare provided local context, timeout and protected time data	**Revised timeline** **Sept 2025**
	Utilise safe care to best effect to ensure any staffing risks and trends are identified realtime and escalated appropriately	July 2025	**SCMs** Senior Midwives	Safecare embedded Engagement with Real Time Staffing SLWG Escalation tool Maternity Co-ordinator Master Sheet with staffing plan and x3 daily huddles	**Complete** **August 2025**

18	***NHS Tayside must ensure that there are clearly defined systems and processes in place within Maternity services to support effective leadership and oversight relating to appropriate staffing requirements as defined within the Health and Care (Staffing) (Scotland) Act 2019.This includes, but is not limited to, the monitoring and mitigation of the impact of staffing challenges, including reduced skill mix***				
	Maternity services will ensure workload tool runs are completed and compliant with legislation and escalate accordingly	August 2025	Senior charge midwives **senior midwives** NHS Tayside HCSSA Team	To commence in line with acuity tool implementation Tool run completed data reviewed to established learning for next run	**Complete** **May 2025**
	To ensure effective and regular monitoring of staffing compliance including mitigations are appropriate	August 2025	**Senior charge midwives** senior midwives	SafeCare embedded Maternity Co-ordinator daily huddle with escalation plan with risk mitigation Reporting of protected time to Maternity Forum and via Clinical Governance.	**Complete** **August 2025**
	NHS Tayside to be pilot site for national Acuity tool for maternity services development.	Commences May 2025	**Workforce team** **Senior Midwives**	Implemented Workforce Team working with teams to collate date. Final Data will be complete by 14th July 2025 To be introduced as business as usual going forward as successful pilot	**Complete** **July 2025**
19	***NHS Tayside must ensure they are complying with the duty imposed by section 12II, ensuring that its employees receive time and resources to undertake such training essential to their role***				
	Ensure maternity teams are provided with time and resource to undertake training essential to role	August 2025	Consultant Obstetricians SCMs	Medical rotas include dedicated time for CPD	**Complete** **August 2025**

			Senior Midwives **Clinical Lead / Rota Managers** Consultant Midwife Practice Development team as appropriate	Review maternity training identified as essential for role within NHS Tayside (reflective of national guidance/DL) Engagement with SG for Protected Learning Time as part of 2024 pay deal SafeCare will provide data of cancelled timeout with reporting to maternity forum & Governance Framework	
	Ensure process is in place for mandatory training data to be reported via Maternity Forum and Maternity Governance meeting, this should include number of training cancelled due to acuity or staffing to review themes. This should also be available per professional staffing group.	July 2025	**Senior Midwives** **Clinical Lead** Lead Midwife Clinical Director	Education MW reviewing mandatory training data and sharing training gaps via maternity Forum & Clinical Governance Structure.	**Complete** **August 2025**
20	***NHS Tayside must ensure that there are systems and processes in place to support clinical leaders within Maternity services being able to access appropriate protected leadership time to fulfil their leadership and management responsibilities. This will include consistent monitoring and recording of when and why this is sacrificed as part mitigation for staffing shortfalls***				
	NHS Tayside will safeguard rota shifts in line with job roles that allocates leadership time for each Senior Charge Midwife. This time will be protected and only interrupted due to critical staffing situations in clinical areas. Compliance will be monitored monthly by the senior midwifery and care group leadership team through SafeCare data analytics and direct feedback from SCMs through managerial one to ones	August 2025	**Lead Midwife** Senior Midwives HCSSA Team Safe care leads.	NHST supports the requirement of ensuring adequate time for clinical leaders through exclusion of SCM and team leaders during SLT runs to produce the staffing level demand for patient facing care excluding delivery of clinical care by Senior Charge Midwives/Team Leaders. The Professional judgment	**Complete** **August 2025**

				outcomes and the SLT outcomes are then triangulated as part of the CSM triangulation outcomes.	