Enter and View Report

Details of visit	Consultant-Led Maternity Unit.
Service address:	**Princess Royal Hospital NHS Trust, Grainger Drive, Apley Castle, Telford, Shropshire TF16TF**
Service Provider:	**www.sath.nhs.uk**
Date and Time:	**Thursday 21st April 2016@ 2.00pm** **Friday 3rd May 2016 @ 3.00pm**
Contact details:	**Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, Telford TF34HS**
Publication Date:	

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider Princess Royal Hospital Trust, service users, relatives/visitors and carers, and staff for their contribution to the Enter and View Programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised

representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To engage with Patients as service users of Telford Princess Royal Hospital Consultant-Led Maternity Unit to assess the levels of confidence in Maternity Services and care, following the Maternity Services review and reconfiguration.
- To hear about the experiences of relatives/visitors.
- Observe the Patients and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of dignity and respect, and good care practice.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work of Maternity Services at the Princess Royal Hospital Trust.
- The visit is also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons and requests.
- Hospital Wardsand Departments and Care & Nursing Homes are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and the local Healthwatch organisations.

Methodology

This was an announced Enter and View visit.

For the first visit, one HWTW Authorised Representative (AR), one AR from Healthwatch Shropshire, and one HWTW 'AR in training' were assigned to the visit. For the second visit, one HWTW AR and one AR from Healthwatch Shropshire were assigned. Representatives met with a member of management before speaking to anyone in The Consultant-Led Unit, and took their advice on whether any patients

should not be approached due to safety or medical reasons.

The representatives explained to everyone present why they were there. For the first visit, the team spoke to 2 patients, and on the second visit the team spoke to 10 patients, 7 partners, 2 grandparents, and some other relatives. The teams asked them about their views and experiences of the Maternity services at the Unit. The teams also captured responses to a short questionnaire which was developed before the visit.

The team spoke with 10 staff, management and other professionals during the first visit, to hear about their contributions to the services provided: quality of care, safety, dignity and respect, and acknowledging patient and families' wishes. During the visit the team also observed the delivery of the service. Observations were gathered whilst walking around the Unit to gain an understanding of how the Unit actually worked and how the patients engaged with staff members and the hospital facilities. A guidance-list of dignity and respect topics was also prepared to support the observational activities.

Consultant-Led Maternity Unit, Princess Royal Hospital

First impressions

The team were met promptly by senior unit staff and made to feel welcome. All areas were clean, tidy, and quiet. The 'horse-shoe layout of the unit was confusing for people to orient themselves sometimes – both for staff, patients and visitors, and several commented on this (to remember where they are and to orient themselves how to get to the next place). However, the links between the Labour Ward and the Neonatal Unit were considered good. Each area had a discrete reception point and we were told they were not always manned, however on arrival at the Post Natal Ward, staff were clearly visible. Management shared with us the 'Maternity Quality and Performance Dashboard' and explained the things that were being monitored.

Patient Areas

The rooms in all parts of the Consultant-Led Unit were well presented, clean, generously resourced, and had plenty of space. There were several specialised rooms - including water birth, twin and bariatric rooms, and the facilities of the bereavement suite were excellent, offering support to the needs of the parents. The facilities for parents of babies in special care were well thought out and included beds, and additionally freezers, fridges and microwaves were provided for patient needs. There was plenty of printed information available, and the neonatal guide

was particularly good, although it was not evident whether this was available in other languages.

Antenatal Triage Trial

A service, available to pregnant women over 16 week's gestation was being piloted in this area. We were told that a telephone triage assessment card was completed by a midwife, and dependent on priority, the decision was taken on whether a women was to be admitted for a face-to-face assessment. From a confidentiality point of view, the assessment area (a 4-bedded bay with monitoring equipment adapted for the pilot) was not considered by staff to be ideal.

The trial was being staffed by midwives, Women's Service assistants (WSA), student midwives; the duty midwife at the time of our visit had been part of the same piloted service in another trust, and was very positive about it. We heard that midwives on the labour ward were also very supportive of the piloted service, as the pressure to take a telephone call from women requiring help had been routed to this triage service. The midwives therefore felt they were able to concentrate more fully on their priority role of delivering babies. We were told that the trialled service utilised the 'BSOT' colour coded system for priority of urgency, and this was combined with the Maternity Early Warning Score (Mews), and CLU staff were complimentary about their experiences of this during the trial. They said that through-put was quicker with this system, and based on figures for February 2016 of 700 through triage, the expected annual number of pregnant mothers through triage would be around 800. It was proposed that the telephone would be manned by WSAs, if a Midwife was not available. However the call would always be directed to a Midwife for assessment. Staff mentioned they were hoping that the positive outcome of the trial would bring about confirmation of a permanent service, though it might need some additional "tweaking". One staff member commented that she thought substantial human resources would be required for this service.

On the day of our first visit there were no ladies in the Triage Bay. The pilot was due to complete on 11th April 2016, after 3months, but the trial had been extended. We were told the Trust's Board would consider the future of the pilot at their next meeting.

Antenatal Ward

The Antenatal Ward was situated on the ground floor and signposted with a distinctively styled 'light turquoise and flower design'. The Antenatal Ward had 2 bays, each with 4 beds and en-suite bathrooms. The bays appeared very spacious. There were also 7 side rooms - all were en-suite, and in response to mum-to-be requests had the facilities to accommodate a husband or partner overnight. A staff member explained to us that all the side rooms had a bath, but no shower, and that mums had given feedback that they would have liked the convenience of a shower. There was an assisted-bathroom for people with reduced mobility. Separate shower rooms were available from the 'communal bays'. A bereavement suite included a self-contained room with lounge furniture and kitchenette, wardrobe, and a pull-down double bed (for partner), and its own en-suite bathroom. A staff member told us that feedback from bereaved parents was very positive about the room, and the privacy of its situation.

Delivery Suite

The Delivery Suite was on the first floor, with signage identified by a 'dark turquoise and flower design', and entry by a controlled system. There were 13 single rooms - all en-suite, and included one room for when there was an expected delivery of twins. For women in labour with twins the dedicated room had a camp bed for their partner, if required. We observed that most of the labour/ delivery rooms were in use, and we were shown a new bariatric bed for use by women whose BMI was over 50.

A birthing pool room was spacious, containing a large birthing pool, above which in the ceiling was a circle of twinkling lights which changed colours. Staff commented that women found the water and the lights calming and relaxing during labour and giving birth.

Staff could prepare hot or cold food snacks for the women in labour when requested from a near-byroom, and a trolley was also situated in the corridor for partners to make drinks too.

We were told that the 'Snowflake' delivery room was for when a baby had already been diagnosed to have a life-limiting condition, or other serious complications. The room had a pull down bed for the couple to be together for however long they needed. The baby could be placed in a 'cold cot' and parents could, if they wished, take the baby home in this for a period (up to 72 hours) before returning to the Unit. The staff showed us baby memory boxes and a baby Moses basket received from the charity '4louis'. These were given to parents whose baby was still born, in palliative care, or had a life-limited condition. The staff in the unit commented that the unit worked well with Hope House.

Two Operating Theatres were used for planned caesarean or emergency births; non-reflective glass is used for the theatres' lights for patient comfort. Providing no general anaesthetic had been given, birthing partners could remain in the theatre with the mother. The birthing partner could also stay with the mother in the Recovery Room next to the theatre, before they went down to the Postnatal Ward.

The Neonatal Unit was signposted in blue and featured 'ducks and ducklings'. The Unit provided 6 intensive care cots, and during the day they had a designated quiet time for the babies when no visitors were allowed.

On a High-Dependence Unit, there were 6 cots. One Bay was for babies who were still being monitored by staff/parents, but were stable. There were 2 rooms where parents could be supported by staff to care for their babies, before they went home. We observed one new mother on the unit bringing in her expressed milk for her baby. Powered breast-pumps were available for mothers, who could also borrow these when going home.

Postnatal Ward

This Ward was situated on the ground floor, and the signage was green with a 'snowdrops' theme. Entry to the unit was controlled, and limited to authorised staff. Partners/relatives must use the buzzer and intercom to gain entry. Babies were tagged, and if they were taken near the door an alarm would be activated. There were 3x 4-bed Bays each with an en-suite shower room, and 11 single rooms with ensuite. On our visit we noticed that curtains had been drawn around the beds to give the patients privacy and to respect their dignity. We were told that mothers were supported in breast feeding by trained Midwifes, Health Care Assistants and Consultant Lactation Midwifes.

Patient Feedback

Antenatal Unit

On the antenatal unit the teams spoke with 4 patients, 2 partner and 2 other relatives. Patients told us that they had been advised for medical reasons to have their babies induced at the CLU.

Two of the patients said that antenatal support and information was good, that the accommodation at the CLU - single en-suite rooms was excellent, the food was good, and one described the staff as 'lovely and kind'. Both patients also said that they felt isolated in the side rooms.

Another patient told us that throughout their antenatal, they had built up a good rapport with their community midwife. The care had been "fantastic, really good" throughout, with all necessary information provided and questions answered in an understandable way. This patient and their partner felt that the CLU was comfortable and relaxed, and that the information they had received over the telephone had reassured them and put their minds at rest.

Some Patients told us that they had been on the unit for 24 hours and were not sure when their induction would begin. 'We have been told that they are very busy'. Some also commented that they 'hadn't seen a member of staff since just after breakfast'; "I wonder if staff even know I'm here".

One patient told us that the triage unit staff had been very supportive, understanding, kind, and caring. A couple commented that they were nervous of the quickness of events, and would feel better if the partner could stay. The woman hadn't been told when she was to be induced because the consultant "was busy". The couple had been told that partners could not stay in the bay after 9:00 pm. We were later told by staff that partners could stay if labour was 'established'.

Postnatal Unit

During the two visits we spoke with 8 patients, 4 partners, 2 grandmothers, and 2 other relatives. Patients were very satisfied with the professional care they received, both post-natal and antenatal. Some patients told us they did not have a named midwife as either admission to the CLU at PRH was a 'planned admission' (twins were due, discovered early in pregnancy), or there was a planned Caesarean.

Patients, including some in side en-suite rooms, said that the facilities were very good. When we asked patients about the Unit environment, they said it was

very relaxing and spacious, homely, clean, bright, and comfortable, though some parents were disappointed there was no access to Wi-Fi.

Patient comments about the staff included that they were “friendly and easy to talk to”, and “no question seemed to be too much trouble - which “reassured us”. Patients were supported in labour – saying staff were “caring, encouraging, reassuring and fantastic support”. One patient said the ‘whole experience’ had been good. Another patient commented that the theatre staff understood her nervousness, and they were very patient with her. After the birth the staff came with “happy smiling faces” to congratulate the parents on the birth of their baby. Patients told us that the midwives and consultants were all very supportive, very helpful, and that they (staff) made the experience personal and informative. One patient said she “loved the unit” and despite being nervous about coming to the PRH Maternity Unit, due to hearing “bad reports” about the hospital from others, she felt very comfortable with all the staff, and confident in their abilities. Another patient explained they had had her first child at RSH where she had felt claustrophobic, but not here at PRH.

Some of the patients we spoke with were inside individual rooms and they told us that staff were always considerate and knocked on the door before entering, even when the door was open. The en-suite facility ensured their privacy. Other patients in bays said that the staff had made every effort to respect their dignity, and had asked if it was ‘ok to come through’ each time.

A patient described that she felt that their antenatal care could have been better - they saw different community midwives, and felt that the information they received from their Medical Practice was rather confusing. However, the patient added that the staff in the unit couldn't be faulted since the birth – the staff “had been coming in checking on us which was fantastic”.

The parents of a premature baby said they had been ‘really well looked after – brilliant’ since arrival at the CLU. They also praised the information and support received prior to the birth, and during IVF sessions. Another birth planned to take place at Shrewsbury MLU had been changed to CLU in Telford in the middle of the night. The parents told us the staff were ‘very attentive here’ and that good support was provided for breast feeding. Similar comments were shared by other parents of babies born in CLU – praising the information they were provided with prior to birth and the help provided for feeding the baby before they left the Unit. Comments were made that staff were always friendly and professional, and were very welcoming to those parents readmitted to the CLU.

Patients found the ‘food good’ and they had a choice. Patient comments included; “it’s lovely and I have a good choice of food”, “it's good”, and “hot meals were still at a good temperature when they arrived”.

Visiting

One patient commented that visiting times were good, as her partner could visit at any time. Staff explained to us that the visiting times can be extended for partners. If labour is established on an anti-natel ward (where there are more restrictions for visits), parents are moved to a side room with more visiting time for the partners.

Support for Patient Mental Health

We were told that a support group/session is held at the Maternity Unit for mothers who had had a difficult experience during birth and/or following birth, no matter how long ago the experience happened. One patient explained to us that when her baby was poorly and she had felt "down", staff were very supportive and understanding. The patient's mother had been allowed to stay overnight to give the woman needed company.

Best Experiences

One patient described her best experience was during labour and delivery. She had been very worried about how she would cope and whether she would need a caesarean section. She told us that the staff were "so patient, it was unbelievable". Another patient said "having the baby here was her best experience" "staff at the Triage Unit were so kind and caring".

Staff Feedback

The teams met with several midwives and other support staff on the Labour Ward and discussed their work situation with them. All staff we spoke to appeared to be happy, and were open and honest in contributing to our feedback discussions. Their enthusiasm for the unit was 'fantastic', and they believed in patient centred care. It was evident to the team that everything staff did was for the good of the patient, and they tried to make it as close as it could be to a 'normal' (every-day) environment. We were told by staff that the delivery single rooms were large and bright, and everything the midwife needed was in an easily accessible cupboard. In each room everything was mirrored, so that the midwife knew where everything was located.

Staffing numbers was an issue that was raised; we were told that when fully staffed, working in the new unit was enjoyable, even though they had much more walking to do.

Staff we talked with all described that they felt well supported and more than adequately updated on relevant issues. We were told that they were able to meet and talk with the senior maternity management team, though none of the staff had met or seen any of the trust Executive team on the Labour Ward. We were informed that the CEO had visited the unit recently, but none of the staff we talked with were aware of that presence.

We talked with a few staff about their responsibilities and training. Staff were clear on their work duties, indicated they felt well supported, had both mandatory and specialist training, and had received annual appraisals. A staff member commented she found her role enjoyable but very hard work; she felt she could discuss anything with her manager. When asked about meeting the needs of people whose first language was not English, staff said that this was a challenge. They told us they do use interpreters, but those are not always available at the time they are required. Some staff said they used an 'online translation service' and some utilise the services of other hospital doctors or staff who are fluent in other languages needed.

Communication was noted as a regular issue, with information sent by email not always 'acted upon'. On notice boards, current printed notices could be easily

overlooked amongst older notices. Staff indicated it was difficult finding appropriate suggestions for what might be done about this.

Staff we spoke with told us that it took time to find their way around the Unit, but found the space was fantastic when they compared this to facilities at the other Hospital (RSH). On the day of our visit the Maternity Unit had just been accredited with the prestigious 'International Baby Friendly Award' from UNICEF.

Patients Suggestions for Improvement

Some patients felt that nothing needed improving - "couldn't have asked for a better stay- perfect- brilliant".

One relative commented on the hospital visitor parking; they felt it was 'disgraceful that it took so long to find a parking space', and they found parking pay machines on the main car park but none at the Women and Children Unit parking area.

One patient requested Wi-Fi.

Some patients in single en-suite rooms suggested they would like more visits from staff, as they often felt isolated.

Additional Findings

People of the Telford and Wrekin community had been supporting the Neonatal Unit by knitting bonnets, cardigans, and making quilts - for the babies in the incubators, and for over the incubators. Baby bonnets were useful for babies who were cold when born. Staff told the team that baby bonnets with a flap were the best design, so it's easier for babies who have scans. Small quilts for the incubators and larger quilts for putting over the incubators were also donated to the unit.

One patient partner commented about the lack of hot food after 2.00pm, and suggested either the restaurant should serve hot food after this time, or some other arrangement should be made for hot food for partners, especially for those who were staying with their partner and do not have their own transport.

We observed that some of the waste bins are foot-operated in some areas, and may pose difficulties for those patients' relatives or visitors with limited mobility or who are wheelchair users.

Recommendations

1. Some patients commented that they found it rather warm on the unit; investigate possible provision of fans or some other solution to make patient stay more comfortable in this respect.
2. Investigate possibilities for how to keep patients on the Antenatal Ward better informed about their treatment, including those in side rooms.

Service Provider response

No Service Provider response was received.