

**Details of visit****Service address:**

Wrekin Midwife-Led Unit, Princess Royal Hospital, Grainger Drive, Apley Castle, Telford Shropshire TF1 6TF

**Service Provider:**

Shrewsbury and Telford Hospital NHS Trust  
([www.sath.nhs.uk](http://www.sath.nhs.uk))

**Date and Time:**

Friday 8<sup>th</sup> April 2016 @ 2.30pm

**Contact details:**

Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS

**Publication Date:**

## Acknowledgements

Healthwatch Telford and Wrekin would like to thank Shrewsbury and Telford Hostila NHS Trust Princess Royal Hospital Wrekin Midwife-Led Maternity Unit, 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 from those who use the service 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 Patient service users of Telford Princess Royal Hospital Wrekin Midwife-Led Maternity Unit to assess levels of confidence in the maternity services and care, following a Review and Reconfiguration of Maternity Services.
- To hear about the experiences of relatives/visitors.
- Observe the Patients and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good care practice.

## Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings.
- 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 Wards and 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.**

Two authorised representatives were assigned to the visit. They met with a member of management before speaking to anyone in Wrekin Midwife-Led Unit, and took advice on whether any patients should not be approached due to their inability to give informed consent or due to safety or medical reasons. The representatives explained to everyone they spoke to why they were there. care, safety, dignity and respect, and acknowledging patient and families' wishes.

They spoke with two patients, and one relative present with the patient at the time, to ask them about their views and experiences of the Wrekin Midwife-Led unit. They also captured responses to a short Survey which was developed before the visit. The Representatives spoke to two staff, management and other professionals who were present to hear about their contributions to the maternity service provided - quality of During the visit the representatives would also observe the delivery of the Midwife-Led service; these were gathered while walking



around the Unit. A guidance-list of topics was prepared to support the observational activities.

## Summary of Findings

At the time of our visit we observed a good standard of care with regard to patient dignity and respect in the Wrekin Midwife-Led unit.

- We visited the unit and found it to be safe for mother and baby, with a door entry-system controlling both entrances.
- Patients told us how well they were supported throughout their labour, and that their care was exceptional; they had confidence in their midwife.
- Patients said the care they received throughout their pregnancy ‘was amazing’, they felt ‘listened to’, and that they could make a choice for their antenatal care with their midwife.
- Staff told us that they enjoyed working in the unit, and that every shift was different. They felt that they were fully supported by management and the hospital, and that on-going training and skills development kept all staff current to the needs.



## Results of Visit

The entrance to the Unit was by keypad/buzzer which was responded to promptly by a member of staff. We were met by the manager of the unit and shown around the unit by another member of staff. Our visit commenced to the Unit from the rear entrance accessed via a ramped pathway. The Unit is clearly signposted from the car park. Women in labour tend to use this entrance as it is away from the hospital main entrance, thus enabling discreet access; this helped to preserve patient dignity.



The corridors were wide, easily accessible for wheelchair users, and with showers, W.C.'s and a bathroom all were accessible from the the corridor. The first area visited was Ward 5 Hodnet Ward.

There were ample storage rooms in the Unit, and a supply of baby clothes, nappies etc for unexpected/emergency admissions when the mother may be unprepared. There was a ‘Staff Only’ kitchen for patient food preparation, and

a 'Milk Store' room which was only accessible by Staff to avoid contamination or mistakes.

## **Antenatal Care**

We were told that most women had their first contact with the unit when they were between 8 - 10 weeks pregnant. Each patient was given a personal book to hold all of the up-to-date information through the pregnancy. At each appointment, their book was updated, and this book went with them while in the unit and hospital; a large handbag was advised. If the need arose, patients could hand over their book to enable on-the-spot professionals instant access to current notes.

At the first visit, where the baby was to be born was discussed, and if the patient wished to have a home birth then arrangements were made to support this. We were told about 2% of women opted for home births. If the patient preferred to have the baby in this Midwife-Led Unit, the notes in the Book were updated with this. If the patient wanted to go to the Consultant-Led Unit then that was arranged, after all options had been explored and considered. We were told that the focus throughout the mother's term of pregnancy was for them to have their choice for the birth.

Those patients who chose to give birth in the Consultant-Led Unit were usually transferred into the Midwife-Led Unit after they had given birth, provided there were no complications.

Staff told us that at any one time patients from throughout Shropshire could be using the Unit. All patients here had been risk-assessed as 'low risk' prenatally, based on NICE guidelines. There are no doctors within the Unit, and any patients with or developing complications, were transferred to the Consultant-Led Unit for treatment and care.

A Red-Amber-Gold system of assessment is used covering conditions such as diabetes, health risks from obesity, and other health-related issues. We were also told that Mental Health liaison was available within the hospital, and patients would be referred to specialist mental health clinics. Those with previous mental health illness were monitored throughout their pregnancy, and would usually be treated in the Consultant-Led Unit. A Mother and Baby Unit at Brockington in Stafford was used for those patients who required relevant support with their mental health.

We were told that every effort was made to accommodate any special requirements such as those associated with different Faiths, and different Cultural needs. Patients for whom English was not their first language were accommodated, with professional interpreters made available when necessary. We were told that currently the Maternity services in Telford were working with Telford & Wrekin Council on a campaign encouraging breast feeding, called "Only Natural".

## **Delivery Suite**

We observed a comfortable waiting room at the entrance to the suite, with drinks trolley and comfortable chairs. A separate examination room was available for women who came in after labour had started, and we were told

that any woman who might be concerned or unsure were encouraged and welcome to come in to seek reassurance.

### **Delivery rooms and facilities**

We observed that each room had been made as homely as possible, and were told this was due in part to staff fundraising. Bedding, a small music centre, and battery operated candles were examples of things provided by the staff efforts.

Women in labour had the offer of soft wedges and a large ball, which could help make them comfortable; these could be used either to sit on, or lean over. The delivery room with a birthing pool was a generously sized facility where women could give birth, if they wished. During labour women were encouraged to eat and drink, and there were facilities to make drinks and snacks. We noticed the bathroom was well equipped, with shower cubicles, toilets and bidets, and we saw this was designed to give women privacy and respect their dignity.

Women in labour were monitored throughout their labour, and they were given support by their midwife. Midwives worked long shifts so that they could support women in labour and provide consistency. We were told there was a 'thirty minute handover' between midwife shifts.

#### **Delivery Room 2**

The room had a soft comfortable chair, bed, cabinet, and a specialist walk-in shower unit.

#### **Delivery Room 3**

The room was equipped with a birthing pool, as well as a bed, a soft reclining armchair, and a music centre. An emergency hoist, and wall-fixed 'pain relief' device were available, and WC. The midwives station was directly outside the room.



#### **Delivery Room 4**

This was a 'low risk soft' room, with floor-level padded areas and a soft birthing stool. Mothers in labour were free to move between this area and other rooms, and could choose to have the birth delivery in this room. The room was equipped with a W.C., shower and bidet.

## Post-delivery care facilities

For posty-delivery care, three 4-bedded bays - Hodnet, Coalport and Ercall, and a Clinical Room were provided. An extra room could be used for women who had given birth to twins - giving them more room to move around and for the 2 babies. Mothers could take their babies at any time to a rest room provided for feeding or for taking respite from the Ward environment; some women used this room during the night if their baby was unsettled to prevent disturbing others in their bay. Visiting children could also use this room during visits. There was a drinks trolley available for patients to make themselves refreshments when they wished.

'Computers on wheels' were used for post-natal checks; these could be positioned at the bedside to allow patients access to the information, and for them to add to their comments and summary. A printout was given to women to take home.



We were told that all members of staff underwent a 2-day 'Baby Friendly Initiative' training in Breastfeeding (UNICEF). Breastfeeding mothers were, if possible, put in the same bay and formula feeding mothers were put together in another bay. In adopting this process the mothers had felt comfortable without feeling any pressure in the chose of feeding method for their babies.

## Postnatal Care

We were told that staff offered advice to new mothers, before they left for home - on how to bath, change nappies, and feed their new baby. Many of the mothers returned home on the same day, or a couple of days after giving birth, but they could stay longer to rest and gain confidence in caring for their new baby if they wished. To ensure new mums had the right support and confidence needed to care for themselves and their baby, mothers were told if they felt the need that they could return to the unity even after they had gone home,.

New mums were encouraged to eat their meals in the dining area; someone observed it looked similar to a 'baby park' at meal times. Partners/husbands and their other children could visit mothers and babies between 9.00 am and 8.30

pm, and other visitors could visit from 2.00 pm to 4.00 pm and from 6.30 pm until 8.30 pm. Only three visitors were allowed at any time and only children from the immediate family were allowed to visit.

### **Staffing Levels**

We were told that Unit staffing for 13 postnatal patients and 4 labour rooms were typically 2 midwives on a 12 hour shift, and if possible, 1 other midwife on the 8.00 am to 4.00 pm shift. Other support included a Housekeeper, a Women's Services Assistant (on a 12 hour shift), and a Healthcare Assistant (from 2.00 pm to 8.30 pm). A Ward Clerk was on duty from 8.00 am to 4.00 pm.

Night shift was from 8.00 pm to 8.30 am, which included 30 minutes for handover. On this shift, there were 2 midwives, 1 Women's Services Assistant, and no support staff. All Staff had 'simulated emergency' training, and staff also undertook 'newborn life-support' training. In a life-threatening situation, an emergency team attended the Unit.

### **Patient Feedback**

One patient had come into the Unit on the day of our visit. She confirmed that she had a named midwife, and said she had excellent information before and after the birth of her son. She had been able to decide the location of the birth, and felt well supported both during pregnancy, and postnatally. She was very happy with the level of privacy and dignity given her on the Unit. She liked the atmosphere and environment of the Unit, had full confidence in the Maternity Service and did not have any negative experiences. She did not believe that any improvements were necessary.

A second patient with relative observed that it was good that the location for the birth was local, the unit gave a friendly feeling, and it felt relaxed. During labour, the 'care received from the midwife was amazing', and they felt that the care was 'outstanding all the way through'. The patient said she had been treated with dignity and her privacy was observed and supported. A 'water birth' was their choice, and she felt supported and had confidence in their midwife. The patient expressed that she thought the after-care was really amazing, they had never felt alone, and they had every confidence in the service. The patient had only praise for the staff, and did not have anything negative to say about the service.

### **Summary Observations of the Unit**

We were given a guided tour of the unit by a midwife who had finished her midwifery training, she gave us detailed information about all aspects of the Unit. We were impressed by the facilities offered, the organisation observed and the excellent standard of cleanliness in all areas. There were many homely touches and the Unit had a welcoming atmosphere. Mothers were encouraged to be as independent as possible and given a wide range of choice, both before and after delivery.

## Additional Findings

### Local Authority Health Visitor Services

A patient attending the unit with relative gave our representatives feedback on Healthvisitor Services. We were told that Health Visitors do visit women during the antenatal period. These services are a separate Local Authority service, and not part of the Maternity Services of PRH.

The patient told us that she hadn't seen their health visitor because it took them some time to find-out which Practice Health Visitor covered their home area. A different GP Practice had eventually given them the information that Hadley Practice Health Visitors covered their home area. They commented that they had received good antenatal care.

## Recommendation

1. Provide hand-operated waste bins for patients and visitors who could not use foot-operated bins.

## Service Provider response

Thank you for sending the draft report. We enjoyed showing the two Representatives round the Unit.

Regarding the recommendation, Trust Infection Control Policies require bins to be foot operated to prevent contamination, but we realise why the representatives felt that foot operated bins may not be suitable for all patients. The Manager will discuss this further with the Trust's Infection Prevention and Control nurses.

Jackie Copson  
Manager