



**Enter and View
Queens Hospital Maternity Unit
Saturday 5 April 2014**

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What is Healthwatch Havering?

Healthwatch Havering is an independent organisation, established under the Health and Social Care Act 2012, to act as the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence, challenge and shape how health and social care services are provided locally.

Healthwatch Havering is a company limited by guarantee, managed by three part-time Directors, including the Chairman and the Company Secretary and supported by a full-time Manager, who co-ordinates all Healthwatch Havering activity. We are also supported by a team of lay people and volunteers all of whom work to ensure we can become the influential and effective voice of the public.

Why is this important to you and your family and friends?

Following the public enquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Each local Healthwatch such as Healthwatch Havering feeds local views back to Healthwatch England which is the national organization; ensuring that views and concerns raised by you, your friends and your families about the local health and social care services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizen's needs.

*"You make a living by what you get,
But you make a life by what you give"*

Winston Churchill

What is an Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Background and purpose of the visit:

Healthwatch Havering (HH) is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

The decision to undertake this visit was prompted by:

- Survey feedback, highlighted at the CQC summit meeting in December 2013, which indicated that there may have been a slippage in standards.
- Concerns raised by a Healthwatch Havering contact that the unit may now be short of staff.
- The Trust has been placed in 'special measures' and Healthwatch Havering were seeking to determine whether this had had an adverse effect on staff morale.

Preparation and carrying out the visit:

Prior to the visit, the team had read and understood the recent CQC report(s) on the home, and had spoken to the Inspection Manager at the CQC beforehand.

The team met and spoke about the aims of the visit and before arriving at the hospital wrote to the Director and Deputy Director of Nursing, informing them of a given time span of the proposed visit and enclosing a copy of the Healthwatch Havering Enter and View Governance.

The visit:

Through a format of observation and direct discussion with staff and patients the following areas were reviewed:

- Staffing levels
- Attitude of staff
- Levels of agency staff
- Access to consultant cover
- Ratio of staff to patients on the Labour Ward
- Equipment
- Talking to staff
- Patient experience/Patient and visitor satisfaction
- Areas of staff concern
- Areas of patient concern
- Areas suggested for change/improvement

Staffing levels

On the day of the visit there were 13 midwives on duty and 3 maternity care assistants - one for theatre, one for high risk and one for low risk. The full complement of staff would be 15 midwives on duty. The Co-ordinator, whose position was supernumerary, indicated she was happy with the level of cover as the unit was not particularly busy. Although supernumerary the Co-ordinator agreed she would take part in deliveries in extreme emergencies, when questioned it was indicated that this had not been necessary for a long time.

Levels of agency staff

There was one Bank nurse on duty who was a qualified midwife who usually worked on the ward but was undertaking some additional hours through the Bank. Any additional staff are usually drawn from the Bank as opposed to using agency staff. These staff would be familiar with the ward and the hospital practices and procedures.

Attitude of staff

All the staff we encountered were happy, polite and very helpful. When we visited the Post Natal ward and whilst we were waiting to speak to the patients we were approached by two members of staff to see if we needed any assistance.

All the staff we spoke to commented on the great improvements since the level of births were capped to 8,000 per year from the previous 12,000. Over and over again staff indicated that they felt safer, less pressurised and more able to cope as there is now sufficient staff to deal with the level of deliveries. Staff told us there had been a period where they were all really concerned about the maternity provision being offered because of the pressure they were under but this was no longer the case.

We observed the team working and noted they appeared to be a happy team, working well with each other and interacting positively with patients. We noted that many of the staff had been working with the Trust for many years and spoke very highly of their jobs.

Access to consultant cover

It was confirmed that the Consultant is now on duty until midnight. We were advised that the Consultant on call must be less than 15 minutes from hospital, therefore as a general rule Consultants tended to stay on locally/ on site overnight.

Ratio of staff to patients on the Labour Ward

There are ten birthing rooms on one side of the ward and six on the other. Women in labour have 1 to 1 care with a midwife; this was the case on the day we visited and was logged on the monitoring board. The mother can be supported by up to two birthing partners.

When questioned what would happen if the numbers of women presenting to give birth were reaching the maximum for the unit, the Co-ordinator advised that low risk women would be referred to Newham or Whipps Cross Hospitals. However since the level of deliveries had reduced this had not been necessary in her experience. High risk patients, who are under the care of the Consultant, would not be diverted.

Discharge - Low risk mothers can be discharged after six hours whilst mothers who have undergone a cesarean section delivery stay in for 2 days when they can be discharged providing there are no other risk factors.

There are no level 3 special care units at Queens for treating very sick or premature children.

* The Trust advise that the neonatal intensive care unit does treat very sick and premature babies under 26 weeks gestation' these babies would go to a regional unit for their care* They would have to go to other hospitals. The ITU for babies at Queens was full at present

** The Trust subsequently advised that there is always one intensive care cot available for emergencies**

Equipment

If a piece of equipment failed to work when delivering a baby the equivalent working equipment may be taken from another room as a matter of expedience to make sure all the equipment was available for that particular delivery.

In each birthing room the equipment was checked when a midwife came on duty at 7.30 am or 7.30pm when the staff changed, the midwife checking the equipment signed on the chart to verify the equipment with the time of checking.

This was observed when we visited two delivery rooms, 9 and 10, both of which had been checked at 7.45am and 7.30am respectively with the name of the midwife who had checked it.

We were advised that the process for repairing or replacing faulty equipment worked well, each item has a specific asset number and this is called through and it is rapidly replaced or repaired

Talking to the Staff

All the staff we spoke to were very happy in their work, many had worked with the Trust for a number of years. Staff felt safe and supported in their work and it was clear from those that we spoke to that they loved their job.

Many remarked on the difference since the level of births were capped and said the place was so different from that time when they had felt they were under great pressure and had no time to see the mums after they had given birth. One staff member told us ‘Now I feel I can cope with the workload and go back to the mum to see how she is and congratulate her’. It was evident from all the staff we spoke to that there is now a high level of job satisfaction, which they attribute to higher staffing levels and fewer deliveries resulting in a safer environment. A number of staff commented on the learning environment.

One member of clinical staff said that she had left Queens and returned recently and ‘found there was a fantastic change’.

Patient experience /Patient and visitor satisfaction

Labour Ward

We visited a Mother who had just given birth. She was with her partner and mother. The new Mum said she had formed a very good relationship with

her midwife and felt very well supported during the birth. She would give Queens 10 out of 10. Her partner and mother agreed.

The Midwife said how important she felt it was to build up a good relationship with her Mums and to gain their trust and confidence. She never tired of delivering babies and the job satisfaction was unbelievable.

Post Natal Ward

Mother 1 had given birth 3 days before and was with her partner and mother. This was her first baby. Her baby was in ITU. We asked if they were happy with the care they had received at Queens and they all said that they were. Mum confirmed that the midwife had remained with her throughout her delivery. They also said they were happy with the care they were receiving after the delivery.

Mother 2 - had delivered by cesarean section. This was the lady's second delivery and she was hoping to be discharged tomorrow. She had been offered help with feeding the baby but as it was her second child and she was fine. Her experience was very good. Her partner was holding their baby and they both said they were happy with the delivery and help they had received at Queens.

Any areas of staff concern

There were no areas of concern highlighted on the Labour ward.

A&E referrals to maternity -gynaecology

When asked whether there were any changes or improvements they would like to see the clinical staff raised concerns about gynecology referrals from A&E to maternity. If pregnant women come into A&E they are sent up to the maternity unit even if the main problem is outside the expertise of the staff in maternity.

Maternity staff are not trained in triage and they no longer have access to the Symphony system which is still used in A&E, therefore they have no means of pre assessment and the women present at maternity and are seen in order of arrival. Staff cited a number of cases where patients had potentially life-threatening secondary conditions to vaginal bleeding or spotting. Because they were pregnant the patients were sent to maternity even though their condition, such as kidney infection (pyelonephritis) or extremely high blood pressure, where there may be a risk of stroke or heart failure which required immediate attention. They felt this was a clinical risk as Maternity staff are not trained to deal with these specialist conditions.

It was felt that reintroduction of the Symphony system would reduce this risk.

Post Natal Ward

The clinical staff on duty on the postnatal ward felt that they were under pressure at times and that a fourth midwife was required to help with discharge, dealing with pharmacy issues and prioritising patient discharges.

There are also concerns over reductions in single rooms for facilities such as phototherapy for jaundiced babies and assessment rooms. This is due to the extension work being undertaken, these rooms would be lost and converted into bays, which would lose privacy and would be smaller. It was felt this would make things harder to deal with as there would no longer be side rooms to deal with social issues and there will be a reduction in patient experience.* The Trust subsequently advised that this work has not yet commenced and the Business Case has not, as yet, been formally approved*

Any areas of patient concern

No areas of concern were reported to us.

Any areas suggested for change/improvement

An equipment panel at the back of the bed in the delivery room with everything the midwife would need and which could be checked at a glance was suggested to improve the management of equipment.

Conversation with the Manager at the end of the visit:

At the end of the visited we thanked the staff and commented positively on the observations we had made. We reiterated that issues raised by staff will remain confidential but will be reflected in the final report/recommendations.

Our observations:

In the waiting area we witnessed an altercation with the receptionist, where a member of the public was quite irate and being offensive towards the receptionist, and later the co-ordinator, because she was not allowed entry onto the labour ward to visit a relative who was in labour. The Co-ordinator reassured the relative that the delivery was proceeding as normal and both she and the receptionist were calm and polite and completely un-fazed by the incident. We later commended both members of staff on the manner in which they dealt with this incident.

It was notable from the first point of entering the Labour Ward that there was an air of calm efficiency about the place. We noted security was good; a number of the staff checked our passes and listened to our description of HWH and why we were there. All security doors were closed and in working order.

There was a warm, friendly atmosphere on the Labour Ward and we noted a high degree of cleanliness in areas we visited.

All the staff that we spoke to indicated they were happy in their work and there was a high level of job satisfaction.

All the mothers and relatives we spoke to reflected a high level of satisfaction with the care they had received and indicated that they felt well cared for and supported both during and after the birth.

Other issues

When entering the hospital main reception area at 4pm we visited the public toilets and noted they were in an unclean state.

At 6.30 p.m. we revisited and noted that the toilets were still in the same condition. There were 3 Sodexo operatives, who appeared to be supervisors, refilling the toilet roll holders. They advised they had been called down as an emergency. We noted no cleaning was being undertaken.

Our recommendations:

1. Staff on the Labour ward should be commended for their attitude and approach and the improvements they have delivered in the patient experience.
2. A&E referrals to maternity -gynecology - we recommend an urgent review of the A&E to Maternity referral and triage process. We also recommend that this is highlighted on the Trust risk register until appropriate steps are taken to mitigate this perceived clinical risk.
3. Post Natal Ward - we recommend review of the midwife staffing levels
4. Post Natal Ward - we recommend reconsideration of the removal of

single rooms and if this not possible suggest consideration is given as to the options available to ensure privacy and maintain the patient experience.

5. Main reception toilets - we recommend review of the cleaning schedule for these facilities which are in a very busy area of the hospital to ensure a safe and clean environment.

Disclaimer

This report relates to the visit on Saturday 5 April is representative only of those staff, patients and visitors who participated. It does not seek to be representative of all service users and/or staff.