

**Enter & View
Queen's Hospital:
Maternity Unit**

1 June 2015



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

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

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

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is 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 citizens' 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.

Who carries out Enter and View visits?

Enter and View visits are undertaken by Healthwatch volunteers, all of whom are members of Healthwatch Havering and have been authorised to do so by the Company's Management Board.

Our Enter and View volunteers have undergone a Disclosure and Barring Service criminal records check and have been fully trained in Enter and View, Deprivation of Liberties, the Mental Capacity Act and Safeguarding.

Background and purpose of the visit:

Healthwatch Havering 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 residents is not compromised in any way.

We decided to visit the Maternity unit as a follow up to the Enter and View (E&V) visit we made in April 2014. In particular, we wanted to

see what, if any, changes and improvements had been made since then in:

Accident and Emergency (A&E) referrals to maternity

Staffing levels, especially use of agency staff

Access to consultant cover

Birthing levels: are they still capped at 8000?

Areas of staff concern

Equipment

Discharge arrangements

Preparation and carrying out the visit:

Prior to visit, the team re-read our previous report. The team met and discussed the aims of the visit. Before arriving we wrote to the Chief Executive, Ward Matron and Deputy Director of Nursing informing them of the visit and sent the ward a poster to display, so as to encourage patients and relatives to contact us with any concerns.

Background:

The Maternity Matron was aware of the planned visit and warmly greeted the Healthwatch representatives on their arrival. She made herself available throughout the visit; **her assistance and that of the staff is greatly appreciated.**

The configuration of the wards is such that the HDU (high dependency unit), which is in close proximity to the labour ward, has six beds for special care and recovery. There are two post-natal wards, one for high risk and the other for low to medium risk discharge. The high dependency unit (HDU) has 6 beds for special care and recovery.

Visiting times are 9am - 8pm, with open visiting for parents and siblings. The visiting time for other visitors is 2pm - 8pm. There should be two visitors only to a bed, but despite signage, often more arrive. This does cause a problem for the person being visited and other patients. There

have been incidents where so many people have visited a patient that staff have had to ask people to leave. Regrettably, when that has become necessary, some visitors have become abusive, to the extent that police have had to be called. It has recently been found necessary to employ a security guard to patrol the wards, especially near closing time, and this has assisted staff.

Post-natal wards have three midwives, a ward manager and a deputy ward manager, one nursery nurse and one co-ordinator. Rounds are done first thing in the morning to diffuse any overnight problems, they then have 2-hourly ward rounds. The new birthing unit opened in January 2013. There are eight birthing rooms, four post-natal care beds and over-night beds for partners to stay.

A&E Referrals

Healthwatch Havering had conducted an E&V in April 2014 and there were several recommendations after that visit which had been taken forward by the management at Queen's Hospital to be considered as important improvements. One of the recommendations by the E&V team then was that improvements were needed in the A&E triage system so that information from A&E would be prominent and carried through to the staff in Maternity, in order that any patient with complications other than pregnancy complications would quickly have the relevant support from other specialty consultants. The team was pleased to see that this had been put into operation and maternity staff said that the new procedure was working well; staff were happy with the procedure, which had been in place for some time now. The new system clearly highlighted Red, Amber and Green rating at Maternity Triage and was prominent on the front of patients' notes. A Red rating denoted immediate transfer to the Labour Ward and patients would be seen immediately; Amber patients would be assessed within 15 minutes and Green within 30 minutes. The system has been in place for a year.

Staffing Levels

At the time of the team's visit, there were 13 midwives on duty, with three in support. The ratio of staff to patient was 1:1. Staffing was assessed at 11.30am and a risk assessment made by the Co-ordinators, who then contacted the supervisors to tell them what staffing levels were needed. There was a risk assessment every two hours and if more staff were needed in a certain ward, they would be moved around. At 5pm, if necessary, agency staff might be requested. All staff spoken with during this part of the visit were happy with the staff cover. The busiest times of day were 10 am to 2pm and 4pm to 6pm. Registrars saw patients to assess whether they would need to be seen by a consultant.

The shift patterns were 7.30am-3.30pm, 12-8pm and 8pm-7.30 am. Most midwives worked 3 days on and 4 days off. The management use a rolling method of recruitment. Bank staff, when used, were all hospital bank staff; agency staff would be used only in extreme circumstances. The team spoke to the Labour Ward Co-ordinator who reported that she was happy with the staffing levels and was able to cope. The Care pathway midwife visited 3 or 4 times a day to re-deploy staff where necessary.

Access to Consultants

Consultants are on site. They would stay if there were any imminent complex births, and if they left the unit, they would give instructions as to where they could be contacted immediately.

Birthing Levels

The Matron confirmed birthing levels now and for the near future would be capped at 8,000.

Equipment

The team inspected a labour room: the checklist for equipment was on the door, and every piece of equipment was checked and signed off. Rooms were cleaned twice.

All weighing machines were cleaned every day and had a quality assurance sticker on them with the date and time they were cleaned.

The birthing pools were run every day, even if not used.

Breast Feeding

Parents are encouraged to bring their own milk. The ward uses a skin-to-skin system even if mothers have chosen not to breast feed. All staff are trained to help mothers with babies born with learning disabilities, Down's syndrome or cleft palates. Midwives told us that there was some inconsistency of advice to parents but staff underwent a two-day course and there was an infant feeding co-ordinator in the unit.

Discharge arrangements

Mothers would normally stay in for six hours but were encouraged to stay in overnight. Discharge was staggered, with two or three patients leaving at 10am and then another two or three leaving at 12noon. There was a new system in use where TTAS (To Take Aways) are produced early and all tables and home packets are produced in the morning to reduce waiting times. The team was particularly pleased to learn that there is a dedicated pharmacist in the unit, which has greatly reduced discharge waiting times for patients.

The views of the people the team spoke with

Areas of staff concern

The team spoke with staff about their concerns. Most of the staff seemed to be happy, thought the system was working well and enjoyed

their jobs. The staff told the team that they could cope and were well supported.

The team was told that getting staff cover for illness absence was sometimes difficult and the view was also expressed that not all HCAs seemed to have the same level of commitment as the midwives as they lacked training specific to a maternity setting. The answer was said to be more training and encouragement for them in order to improve their understanding of the accountability of maternity staff.

Speaking to the Ward Clerk

The ward clerk was a very valued member of the team and worked from 8am to 4pm. The unit has secured ward clerk coverage at the Birth Centre for 7 days a week, and were now putting forward a business case to increase the availability of cover on the ante-natal ward up to 8pm each day. This is particularly important as this would help to improve security and access, both of which are important in a maternity unit. Asked if they had considered using volunteers in this role for part of the time, they responded that it had been considered but did not have any volunteer cover at present.

Patient experience

The team spoke to a first time mother, who said that her experience in the unit had been wonderful: from the very beginning she had been well informed, at every stage everything had been explained to her in detail and any questions she or her husband had were answered fully.

Other parents we spoke to had also had a good experience: one couple who had had their other babies delivered at another hospital said there was no comparison. At Queen's, they were told step by step what was happening and given choices in medication.

Both couples said staff and consultants were very helpful.

The only problem one father had was with parking as he had not realised there was free parking for expectant parents. But this must have been an isolated incident as, when the team discussed this with staff, they were assured that all fathers were told about the parking.

New signage around the unit regarding implementing ideas recommended by patients, was very informative. One initiative that had resulted from this scheme was providing meals at all times for mothers as giving birth at normal meal times meant that they could miss out on meals. It was good to know that this has been addressed. Another change that had been made in that respect was not making new mothers queue for their meals; meals were now brought to the mother's bedside. Signage also encouraged fathers to stay overnight if the new mother was in a side ward.

Recommendations

As a result of the visit, the team recommends that:

- **Parents are given forms for parking and that their rights to free parking are explained clearly: the natural excitement at an imminent birth may mean that they do not always realise their rights at the time and avoiding unnecessary complications over parking will help reduce stress levels**
- **More training is given to HCAs regarding their roles and accountability specific to the maternity setting**

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 1 June 2015 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
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