healthwatch Staffordshire

healthwatch Stoke on Trent

Enter and View Follow up Report

Royal Stoke Hospital Maternity Service

16th October 2024

Report on Enter and View Visit Undertaken by Healthwatch Staffordshire and Healthwatch Stoke on Trent on 16th October 2024 10.00 am - 2.00 pm

Service Provider: University Hospital North Midlands.

Premises Visited: Maternity Services UHNM

Royal Stoke Maternity Hospital, Address: Newcastle Road, Stoke on Trent ST4 6QG Tel: 01782 715444

Authorised Representatives:

Christine Sherwood, Jackie Owen (Healthwatch Staffordshire) Sophia Leese (Healthwatch Stoke-on-Trent). Representatives have undertaken Enter and View training and are DBS checked.

The Service:

The maternity service based at Royal Stoke Hospital is delivered over 3 floors and is made up of postnatal and antenatal wards, a midwifery birth centre, a daycare assessment area, a delivery unit, an ante-natal clinic and a maternity assessment unit (MAU). The service also provides specialist substance misuse clinics, perinatal mental health and lifestyle clinics, foetal medicine, and maternal medicine services. The community midwifery team is not based in the maternity unit but works closely with the midwifery team. These services are available to all pregnant individuals from across Stoke-on-Trent and Staffordshire.

Purpose

This visit was arranged as a follow up to our previous visit on the 20th November 2023. Following this visit several recommendations for improvement were made and the purpose of this visit was to look specifically at whether those recommendations have been implemented.

Methodology

We employed a dual approach to our follow up visit. We contacted the maternity unit senior management team in advance of the visit with a copy of the recommendations in order that they could prepare before the visit and provide evidence for us to look at on the day. We then verified the responses by talking to staff and patients on the maternity unit during our follow up visit.

Inclusive Language:

At Healthwatch Staffordshire and Stoke on Trent, we champion inclusivity and equality in all that we do as an organisation. Most maternity service users are women. Therefore, we have primarily used the term 'mothers' in this report, but we recognise the experiences of diverse gender identities. Where we refer to the experience of birthing parents who do not identify as women, we will use the term birthing parents and their chosen pronouns.

Findings:

The table below is an outline of the recommendations made and the responses from the senior management team.

Recommendations made by Healthwatch following the Enter & View Visit to Royal Stoke Maternity Unit

20th November 2023

Healthwatch Recommendations November 2023	UHNM Response
Review the information available to patients and families on notice boards and in waiting areas ensuring that patients who have different needs to access information know that this is available and how to access it.	• Following the recommendation UHNM reached out to our Maternity and Neonatal Voices Partnership and arranged and held an inclusivity visit • As a result of the visit the LMNS/MNVP have drafted some suggestions, this is yet to go through the LMNS governance process ○ Notice boards to be more culturally diverse

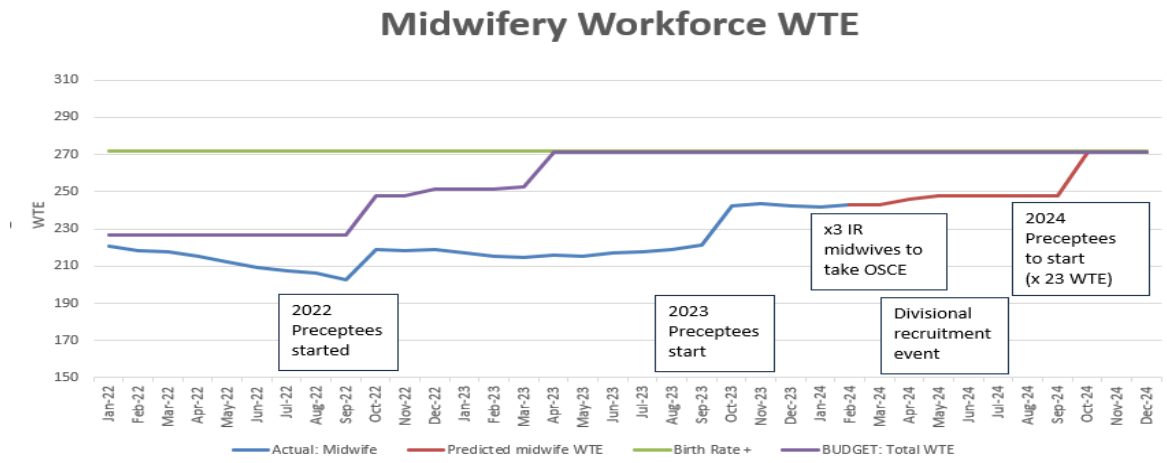
Think about language – a lot of posters are very wordy, think about simple language and pictorials, think about coloured backgrounds and contrasting print Wi-Fi access needs to be in alternative languages.	○ Hearing loop facilities to be more available ○ QR codes to highlight Wi-Fi access • At the entrance to the building, we have now added signage with a yellow background to allow access in the top 10 most used languages for our population • We have requested a quote for some signage to different areas via footprints and acknowledge that we need to address others needs including language and are seeking views of our service users • My Pregnancy Notes – available to all women in the language they choose to use on their phone or device
Ensure that staff can access a break in line with working time regulations to support safe and effective working.	• There are staff rooms on both floors to enable staff to take their breaks • The major factor relating to breaks is staffing numbers – since 2022 the service has been successful in securing 3 separate business cases, covering all aspects of staffing – midwifery, obstetric and neonatal. Numbers of midwifery staff have increased by over 70 over the last 3 years in line with our improvement plan. • Increases in staffing numbers with an appropriate uplift mean that all staff should get their breaks in most circumstances other than those exceptional peaks in spontaneous activity. • October 2024 is the first month in three years that the midwifery establishment has been achieved in full, this will take effect following their supernumerary period – end of November 2024.
Consider what actions can be taken to ensure	• Improving Together methodology – e.g. IOL, MAU, daily safety huddles

that staff at all levels can feel valued and involved in the running of the service as an integral part of the team.	• Labour ward co-ordinators invited to all leadership team meetings • Vitality – Team Building and Leadership Behaviours Programme – all staff • Planned staff engagement events in February 2025 – to be run quarterly throughout the year • Monthly engagement team meetings • Insights training • Connects Programme • ENABLE • Kindness into Action
A few patients felt some staff appeared negative towards them Some of the staff's terminology needs improving as it comes across as unsympathetic. Communication is key: For example, recent guidance recommends induction of labour (IOL) is offered at 7 days past due date (40 weeks plus 7 days). Women/birthing people may be booked for an IOL, but if another woman/birthing person presents in labour they will take priority. There will be times when IOLs are delayed, resulting in the recommendations	• Cultural improvement plan – see above and additional evidence from SMOAG • Vitality Programme – see above • IOL improvement work – video (answering the topmost asked questions) leaflet – working with the MNVP • Top tips working with the MNVP • MNVP engagement event • Monitoring of ARM delays and regular reporting • 15 steps planned with the MNVP – November 2024

not being met. Healthwatch would recommend that if the situation was explained to women/birthing people this could prevent some of the frustrations.	
Consider having a notice that explains the triage process at MAU and why you may have to wait. A small number of people who have spoken to Healthwatch about maternity services have been unclear on the triage process. Improvements need to be made within the MAU, including the waiting times as these can still be problematic. Several patients we spoke with felt that they had not been listened to, within the MAU department. One patient also felt there was a breakdown in communication between the call handler and those telling the women/birthing people	• Floor banners indicating triage colours and triage process and what this means for women • Colour coded cards to be given to women at the point of triage to explain the journey – these will be in different languages • Performance for the last nine months in line with or ahead of regional trajectory – this continues to be monitored via our Executive Performance Review and our LMNS/ICB • MAU improvement work around assessment and waiting times is ongoing • Again, staffing levels of both midwifery and obstetric cover has and will continue to improve – to meet the needs of this service fully

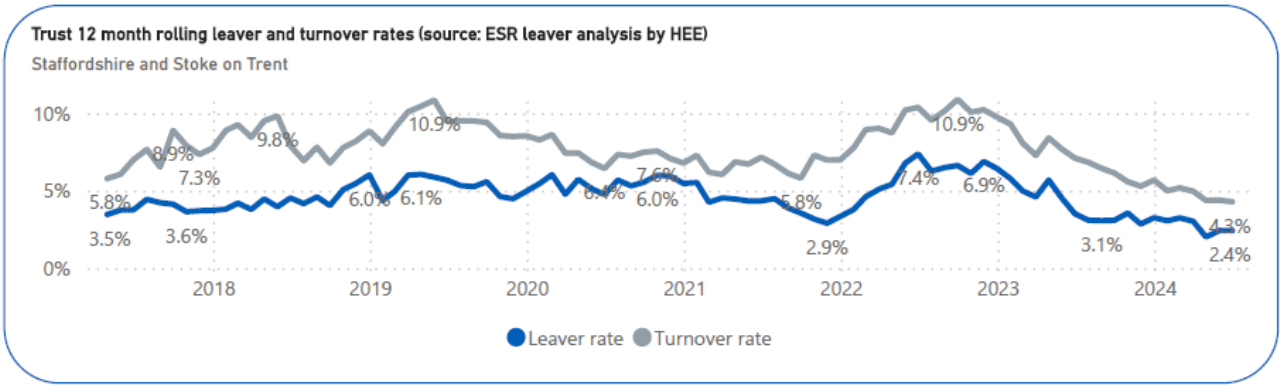
to come into MAU to be induced, but the receptionist on MAU didn't appear to have been made aware of this on arrival. "I get here no-one seems to know why I am here and what I have come for."	
Another patient felt the electronic system with electronic records needs updating. "If you come under a different Trust for the Community Midwife, she cannot read the Royal Stoke Hospital notes, and Royal Stoke Hospital cannot read my Birthing Plan or community notes, so I have to relay all the information."	• We can print off the notes in full for patients if they require it • We also provide an electronic summary • This is a nationally recognised problem of different systems across different Trusts
Some women/birthing people stated they found their own antenatal classes and must pay for the service. They do not think they are provided free in the area since Covid.	• We still provide antenatal classes both in hospital and outside • We also provide community-based breastfeeding support/classes

UHNM's workforce journey



UHNM is in the lowest quartile of peer Trusts for midwife attrition. Their midwifery leaver rate at UHNM is 2.4%, whilst regionally this is 4.4% and nationally 4.7%. Their turnover rate is 4.3%, whilst regionally this is 7.9% and nationally 9.8%.

	UHNM	Regional	National
Midwife Leaver Rate	2.4%	4.4%	4.7%
Midwife Turnover	4.3%	7.9%	9.8%
Midwife vacancy	0%	8.54%	7.8%
MSW vacancy B2	0%	12.07%	14.1%



October 2024

Position	Vacancy
Midwife band 6	0 WTE
Maternity Support worker band 2	0 WTE
Maternity Support worker band 3	3.59 WTE (advertised)
Maternity Support worker band 4	1.0 WTE (advertised)
Nursing	0 WTE

The responses provided indicate considerable progress on most of the recommendations made and we saw evidence that there are action plans in place to address the outstanding recommendations. Additionally, there are several initiatives in progress that aim to enhance the experience of maternity services for both patients and staff. We were told of the appointment of an Equality, Diversity and Inclusion post starting shortly, whose immediate priority will be to look at written communications across the maternity unit including signage, information for patients and language access across all maternity services. An issue flagged up at the last visit was the absence of adequate, accessible translation services for patients whose first language is not English. We were told that they have now increased the Trevor Translator service (a portable computer with a visual and audio translation service including BSL interpretation or, "Interpreter on wheels") available 24/7 to 3 just for maternity services as they are the biggest user of the system and have the most impact for patients requiring translation assistance.

Several initiatives arising from our previous recommendations and a visit from the Local Maternity and Neonatal System (LMNS) and the Maternity and Neonatal Voices Partnership (MNVP) are awaiting approval from the LMNS governance process but if approved will further enhance availability and access to a whole range of information for people with diverse needs including people with hearing and sight impairments.

Feedback from Patients/ Families

The team visited each of the wards and areas visited previously to speak to patients about their experiences to capture any changes in feedback from the last visit. We spoke to a total of 22 people including 12 mothers/birthing parents and 10 partners and/or relatives across the various units and wards.

Summary of maternity patient feedback.

Ward 205

One mother who shared her "whirlwind" experience mentioned that although sometimes she had to wait long periods in the MAU, that she was kept informed throughout the process. She felt that if you weren't an emergency case during the night times you might get pushed to the back of the list, overlooked and "forgotten about". However, she noted that her overall experience has been positive. Her records are all up to date and available via the myPregnancy app, mental health services seem more comprehensive, and she appreciated being listened to about her options. She felt well treated, calm, and was "put at ease", her family were also well informed.

We spoke to another mother who was with her partner. They felt that they had been treated well and kept informed. They observed that the doctors were very eager to communicate with patients and noted that all decisions were in their hands. Additionally, they appreciated that pregnancy records were updated almost instantly on the app. However, they expressed concern about occasional communication gaps between the consultants and midwives. Her partner explained how he had been able to visit and be in attendance as much as he wanted.

Ward 205 - Neonatal Community Outreach Team (NCOT)

We spoke to a father who was preparing to take his partner and child home, he described their experience as "not good to start". He mentioned that his partner had possibly made a complaint about some baby clothing going missing. He also noted that in a previous ward, their premature daughter couldn't maintain her temperature, yet the windows were left open, making the room cold. He reported that at one point, the mask on the

baby was upside down, which he addressed with the staff. Despite these issues, he feels they have been well cared for and kept informed particularly on this ward. He wasn't 100% aware of what to expect once at home other than knowing that a midwife was due to visit.

We also spoke to a mother on this ward who expressed that the "staff are amazing" and that she cannot fault the service. From start to finish had been "lovely" and that there was nothing that they couldn't help with. They had even made an exception by allowing her young daughter to enter the ward because she was distressed and needed reassurance that her mom was okay, which she felt was a nice touch. She mentioned that one healthcare assistant (HCA) goes above and beyond in her role and is exceptional. The HCA who recognised if she was feeling the 'baby blues' and gave her time for herself, and to shower, etc. Having had two previous pregnancies in earlier years, she stated that this has been her best experience so far. She feels empowered, having been kept updated, with processes explained and referrals made to services prior to her discharge, including a visit from the mental health team and stated, "I was in charge." The staff had even sorted clothes for her baby as the clothes brought weren't a suitable fit and had explained how to set-up and use the car seat. "There was nothing too much for them to do, they even got pillows for dad."

A couple on the ward stated that their experience has been fantastic. They found the staff to be compassionate and felt that they were fully heard, with everything explained thoroughly. Comparative to previous experiences, this had made them "feel like a person." They noted that while the Maternity Assessment Unit (MAU) is okay, the consultants sometimes do not listen well. They felt pressured to follow the consultants' preferred path rather than their own choices and that "consultants talk at you than to you." In one incident, an HCA had to intervene with a consultant who claimed that the patient had misunderstood, while the HCA confirmed that the patient's understanding was correct. The couple feels this communication issues and conflicting/contradicting information detracts from the overall experience.

Ward 206

We spoke to a couple (mother & daughter) who had a C-section. They stated that the staff had been absolutely amazing and the best they have ever encountered. The mother felt that her choices were heard, as she had elected for the C-section, which although they had initially tried to advise against it was then respected. One particular staff member in the theatre, made the experience comfortable for both her and her mother. They both felt well informed and listened to throughout their stay and are very grateful to the staff. One member on the ward also checked in with the young mother after finishing their shift before going home to make sure she was ok. If it weren't for the staff, she shared "I'd have been a nervous wreck."

One mother who spoke very little English, mentioned that she had a good experience and felt listened to. When asked if she had seen her maternity records in her own language, she nodded but didn't seem completely sure about the question. Nonetheless, she indicated that the staff were good and helpful.

Another couple (mother & daughter) had also felt overall it had been "very good". Both mentioned having had experiences of working in hospital settings, so the mother did feel worried on behalf of first-time mums due to potential "naivety" in case they didn't have the confidence to express their needs and concerns. They also shared of the staff making accommodations to have her partner accompanying her during a spinal anaesthetic due to her nerves.

MAU (Medical Assessment Unit)

We spoke with a woman and her mother, who shared that their experience so far has been fantastic. They felt well-informed, listened to, and noted they have never waited long in the MAU—the longest wait was 3 hours, which included the time from attendance to being hooked up to a machine before being discharged home. They also mentioned that the lady answering the phone in the unit has been reassuring. Overall, they described their experience positively, feeling respected and heard.

A couple in the MAU, who were there due to contractions felt that there was a miscommunication between the consultants and midwives and even across different departments and services. During one assessment she was

informed that everything was fine, but then the next thing they know is they're now being informed that there is a concern with growth. The woman had been offered an induction at 39 weeks but preferred to wait for natural progression as she was already presenting signs of labour and agreed on a date. Unfortunately, the consultant failed to note this decision, leading her to be called back to the MAU to have it rewritten. Both of them had expressed feeling pressured at times to accept the consultant's choice rather than their own, as the responsibility should anything go wrong would be on her, which has caused stress. This situation reflects a shortcoming in the service they received so far. They also recalled an argument on whether she was due to be at the birth centre or labour ward. The staff had made them aware of PALS for purpose of complaints.

Neonatal Intensive Care Unit

A couple, who were accompanied by another relative, had twin babies in the unit. They noted that sometimes messages relayed to them were conveyed in an inconsiderate manner. In ward 205, they waited all day from 9 AM to see a consultant, and it was only when the mother decided to discharge herself at 5 PM that the consultant finally came to see her. They mentioned that consultants sometimes referred to only one baby rather than both, which could be concerning for mothers. Addressing this issue and ensuring thorough communication in patients' notes is essential to reduce stress. Overall, during scans and on the ward, the midwives and nurses kept them well-informed and updated.

Delivery and Blossom Suite

A woman who was being induced stated that the service she received had been excellent across the entire area. She felt reassured and was regularly checked on throughout her pregnancy. After experiencing two previous miscarriages, she found the services to be outstanding and appreciated being asked if she needed support for her mental health. She received notifications through her pregnancy app whenever her notes were updated. Her partner felt respected, and they both felt in control of their care, with options clearly explained and given plenty of information, advice, and guidance.

Additionally, we spoke to a couple who had recently given birth to their fourth child. They noted that the upgrade to the delivery suite and the overall atmosphere significantly enhanced their experience this time. The staff were fantastic, and the husband was even offered food. However, they suggested that a hot water bottle would help with pain relief and mentioned that the food quality has not been as good as during their previous experiences. They felt well informed to the extent they joked that they were asked too much and shared that it "can't get any better."

Feedback from Staff

On this visit we spoke to around 25 staff from across all sections of the maternity unit. They included, Ward Managers, Midwives, Health Care Assistants, Admin Staff, Student Midwives, Nursing Staff and Domestic Staff. Everyone who spoke to us on wards and units commented very positively about a strong sense of 'teamwork' and the support they get from each other and their managers. All expressed that they worked together well in a supportive environment with great managers. On our previous visit some staff had told us that they did not feel valued as equal participants of the team, but on this visit, no-one expressed those views with everyone we spoke to feeling a valued and integrated part of the team. The feeling of belonging to a supportive team came across very strongly to everyone we spoke to.

We asked staff about being able to take scheduled breaks. Previously staff had told us that they often missed breaks due to the unit being so busy and staff shortages meaning it was often difficult to take a break. On this visit most staff told us that they were able to take breaks most of the time and that it was only at very busy times that it was not always possible to take a break. Further, staff said that their senior often asked them if they had taken a break and if they hadn't encouraged them to do so. The most difficult time for taking breaks is the nighttime when the shift is often too busy to take an uninterrupted break.

Staff were asked to give examples of how the support they received was manifested in their day-to-day work. Most reported that their manager was very supportive and someone you could go to if you

were struggling or who would be there if things were busy. One midwife told us that she has been able to work on a flexible contract which has really helped her as a single parent. Another told us that they felt recognised and encouraged and were given opportunities for training and career enhancement. One Midwife told us that they had all attended the 'be kind' training and she had seen evidence of managers identifying and supporting staff who needed extra support due to personal circumstances. Another newer member of staff told us that the support given to new staff to enable them to learn the job in a protected way was most appreciated as it enabled them to learn in a less pressurised environment and develop confidence. One midwife told us that she really appreciated the daily huddle at the start or early in the shift as it enabled them to become much better informed about any issues that they needed to be aware and enabled them to be better prepared to deal with them.

Staff spoke of their appreciation of the awards event a few months ago where staff were invited to nominate colleagues for outstanding practice and attend an awards evening. Staff spoke of their pride in either being nominated themselves or seeing members of their team nominated and receive awards and felt that this was a real boost to team building and staff morale.

From the point of view of staff, the news of full staffing levels comes as a welcome development. One of the frustrations stated was the redeployment of staff from one ward to another to fill staffing gaps at busy periods. Staff and managers told us that this is frustrating because it means that less experienced staff can't receive the same level of support from more experienced staff when this happens and that it interrupts the smooth running of units if staff are moved about. This was despite the fact that most midwives work on rotation across wards and units every 6 months. Managers told us that they do fight to keep their staff on the unit but appreciated that safety of the whole unit has to take precedence.

Another area of concern on one ward was around skill mix during the day shifts and some felt that the balance of experienced to new staff was wrong, with staff citing that the more experienced staff tended to be on the late and night shifts and whilst they could understand the reason, it could "be scary" when there may be only one or two band 6

staff on the labour ward with mostly junior staff who need a lot of support. Staff sometimes feel pulled in lots of different directions and feel too busy to provide the support due to their own workloads.

Other frustrations shared included, not enough computers on the wards, especially as most of the administration is now digital. This causes delays in inputting data across the board from medics, nursing, and admin staff and leads to a lot of waiting around to get the admin aspects of the work completed This can be very frustrating for all staff concerned including medical staff. Similarly, staff felt that a lot of time gets wasted looking for equipment that isn't always available on the ward. An example given was staff often chasing around wards looking for suturing instruments.

There was a view expressed that whilst induction of labour needed to improve significantly, the improvement has been excellent but seems to override everything else, sometimes overlooking the 'bigger picture'. Some staff told us that whilst senior managers are visible and approachable and concerned with the wellbeing of staff, they did not always feel listened to when they report issues to them or express concerns.

Staff also said however, that they did not feel pressurised by the senior management team to rush things and risk making unnecessary mistakes. There was some optimism that the full staffing levels will help alleviate many of these concerns and frustrations and generally staff felt positive about the future.

Summary

Since our initial enter and view visit in November 2023 there have been improvements in many of the areas we raised concern about in our report. There are some outstanding actions, but we were assured and provided with evidence that are plans are in process to address these.

The improvements are evidenced in the feedback provided by both staff and patients/families. There was much more positive than negative feedback and it was clear that the actions taken have had a significant impact on patient care, evidenced through feedback on their experience which was almost wholly positive.

The feedback provided by staff demonstrated evidence that there is a strong leadership presence which permeates down to ward management level, and this led to a strong feeling of teamwork and mutual support. When talking to staff, what came over strongly was a sense of being valued as a team member and this was summed up by a midwife when she said, "**we only moan because it is busy not because it's not good working here"** Further evidence of this demonstrated is in the turnover versus attrition of staff figures which are the lowest both regionally and nationally.

There is still work to be done to achieve all the recommendation but with the support of the MNVP, the LMNS and the senior leadership team, and the plans in process we are confident that these can be achieved and improve the experience for patients even further.

There are areas of frustration identified by staff that inhibit the delivery of the service to some degree, and we would ask the senior management to demonstrate that these concerns are listened to and addressed.

It is also important to acknowledge that from the patient experience, they identified a divide between staff (midwives and consultants) which impacted their sense of wellbeing due to the inconsistencies in the information being provided, discrepancies in what the consultant and then the midwife said, and the emotional (compassion) support provided. This is something that could be addressed by the rolling out of the 'Be Kind' training to medical staff working on the unit.

As this was a follow up visit to look specifically at the recommendations of the previous visit, there are no further recommendations arising from this visit. Healthwatch have however been invited to visit the maternity unit again in 12 months to view the changes that have been made because of the plans that are in place to address all outstanding recommendations.

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