

Enter and View Report

FINAL

Name of Establishment:	City Road Hospital Maternity Services Dudley Road Birmingham B18 7QH
Date of Visit:	Friday 5 th December 2014
Time of Visit:	1.00 pm
Purpose of Visit:	To ascertain patient, carer and user experience and observe service delivery
Healthwatch Authorised Representatives Involved:	Patricia World June Phipps
Healthwatch Staff Member(s) Involved:	Claire Lockey
Date of Report:	10 th December 2014
Disclaimer:	This report relates to findings observed on a 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 during the visit.



1.

1. WHAT IS ENTER AND VIEW?

1.1 Enter and View is part of the local Healthwatch programme 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 Reps are intended to 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 CQC where they are protected by legislation if they raise a concern.

2. BACKGROUND

2.1 City Road Hospital Maternity Services is part of the Sandwell and West Birmingham Hospitals NHS Trust.

2.2 Care Quality Commission last inspected the maternity and midwifery services on 28th June 2013 at the time of our visit where the report had been published in August 2013, where they had met all standards.

- 2.3 Initially we met with Elaine Newell, Head of Midwifery and Colin Ovington, Chief Nurse to provide an overview of Healthwatch Birmingham, reasons for our visit and the process thereafter our visit. Prior to conducting our visit, we asked a series of questions that will be documented in this report.
- 2.4 The Serenity Suite is the birthing centre and if this is an option, it is discussed at the beginning of the women's maternity journey where a community midwife will take their history to inform whether pregnancy can be managed as a low risk birth or needs to be transferred into obstetric care. If low risk, the woman can be referred to the Serenity Suite Birthing Centre providing they have no complications. If there are any complications that develop, then the women is then referred to the obstetric team. If a woman is birthing in the Serenity Suite and her birth becomes complicated during labour, then she is transferred to the labour ward.
- 2.5 There is a strict criteria regarding who can deliver, some women may choose to have a home birth and if so, a robust plan would be put in place.
- 2.6 There are approximately 5,630 deliveries per year.
- 2.7 During our visit we conducted our Enter and View to the following:
- Serenity Delivery Suite
 - Ante-Natal
 - Post-Natal Wards

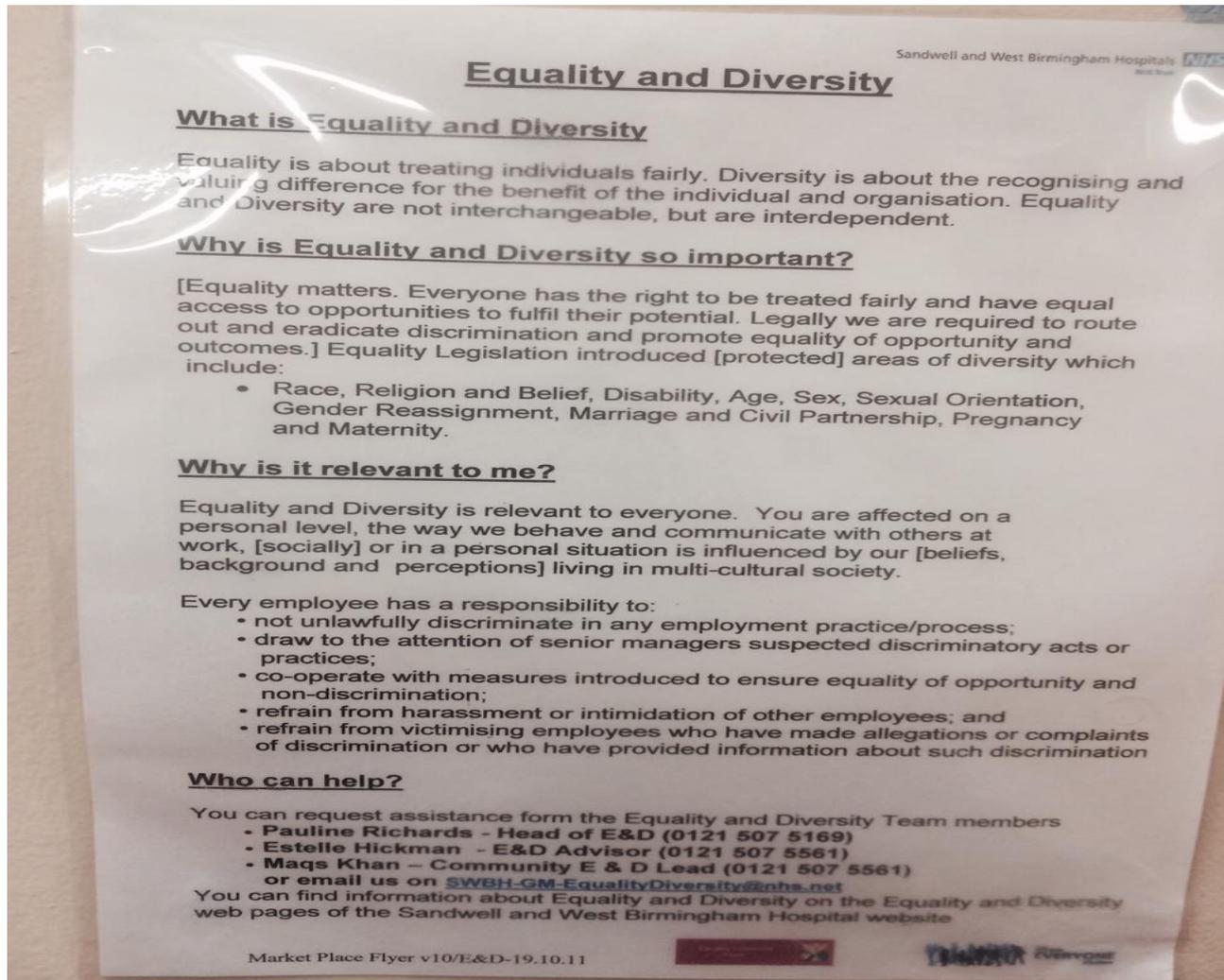
3. RESPECTING & INVOLVING PEOPLE WHO USE SERVICES

- 3.1 Interpreting process was discussed and these services are booked in advance of any ante-natal appointments. There are telephones that are used for interpreting services that are effective but at times, it can be difficult to book an interpreting service if emergencies occur and the need for these was discussed.

- 3.2 (BSL) British Sign Language service is available when necessary and the service is provided via BILKs that is funded by the NHS.
- 3.3 Green notes (that are the history of pre-natal maternity journey) are currently in the process of being implemented electronically and all women will carry a reduced amount of information, including their history as an alternative. Healthwatch Birmingham asked how this process will work for people with a learning disability or those who are unable to access a computer.

Midwife responded: this is being flagged up with the architects and Healthwatch Birmingham is welcome to input their comments.

- 3.4 During our visit we observed respect and dignity was maintained and curtains had been drawn where individual care was being provided. Their equality and diversity information was visible, see below:



- 3.5 NCT access is available and accessed a lot including a Doula Group where women can be provided with support, advocate or a buddy if necessary.
- 3.6 During our walk around on the post-natal ward, a midwife raised an ongoing issue with discharges in that there is often a delay of 3 - 4 hours wait for discharge medication from pharmacy. This has a knock on effect for discharges and at times, patients can be distressed because they cannot go home and then arrive home with their new baby, very tired, at the end of a long day of waiting.
- 3.7 It was visible during our walk around that if you have a learning disability, easy read information are accessible, see below: -

Learning Disabilities

Sandwell and West Birmingham Hospitals NHS Trust

DO YOU NEED EASY READ INFORMATION?

All staff can get onto the Easy Read link by following these simple steps

- Go onto the Staff Intranet Page and search Adult Safeguarding
- Click onto Learning Disabilities
- Click onto the Easy Read link

<http://www.easyhealth.org.uk/>

For guidance, support or advice contact

Learning Disabilities Liaison Nurse
Sandwell
Direct Telephone Number: 0121 507 2949
Mobile: 07976 499389
in office hours

Health Facilitation Team
Birmingham
0121 465 8797

Picture courtesy of Photo Symbols

4. SAFEGUARDING PEOPLE

- 4.1 Staff undertakes robust training including safeguarding that is reviewed and updated regularly.
- 4.2 There are CCTV cameras within the wards and gaining access is only via the public entrance and ante-natal clinic/delivery suite has a doorbell system to access the triage area. Main entrance have security and all babies are tagged which is an electronic system that's highlights if batteries are running low or need to be replaced. If the baby tag is removed or cut by an unauthorised person, the alarm sounds on the ward.
- 4.3 Some communities such as the gypsy/migrant community do not access prenatal care in the community. They then arrive at the

hospital in active labour. This leaves the mother and baby at risk, especially if the mother has medical complications or problems. It also leaves all at risk of infection in this high risk population

- 4.4 There is a lead obstetrician for (FGM) Female Genital Mutilation with a model ante-natal clinic for conditions such as FGM, vulnerable women, diabetes etc. The FGM lead midwife also leads on sexual exploitation and any trafficking incidents that may occur.

5. TRAINING PROGRAMME, INDUCTION OF STAFF & STRUCTURE

- 5.1 All staff undertakes one week mandatory hospital training. In addition maternity staff undertakes specific obstetric training for the area in which they will work as well as safeguarding, mental health pathway, vulnerable women, post-traumatic stress disorder and Female Genital Mutilation among others.
- 5.2 Staff also carries out a local induction including skills drill; safeguarding, manual handling that is every 12months and is recorded and reviewed electronically.

6. PATIENT, CARER & USER FEEDBACK

- 6.1 There is a designated lead for patient information and leaflets.
- 6.2 Visiting times for patients and relatives are going over to opening visiting times with patient + 2 visitors per bed. However there are some flexibilities due to a loss, complexities etc.
- 6.3 Survey conducted with women regarding visiting times and there are currently no restrictions on the serenity suite, birthing centre.
- 6.4 Friends and family test is conducted with patients as well as the care quality commission survey. They also access social media, twitter and mums net for feedback.

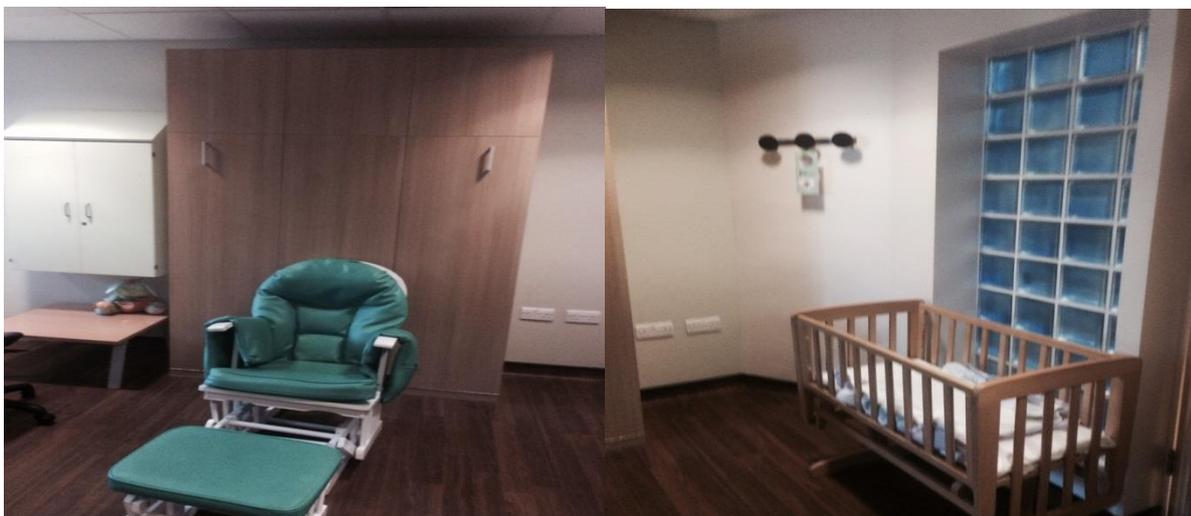
- 6.5 NHS choices and PALs (patient advice liaison service) also provide feedback regarding patient experiences that is taken into account.
- 6.6 During our visit we spoke to various patients:
- 6.6a Patient X - seen at Serenity Delivery Suite and had not long given birth but gave us permission to speak to her about her experience. She advised us that she had an excellent service, one to one care and was provided with respect and dignity. Father and young child were present. Father said “if he was to give birth, then this would be his first choice of hospital, the staff are fantastic”. Mother continued she would highly recommend this service and felt like it was home from home.
- 6.6b Staff X - Junior Medic who was at the hospital for two weeks on rotation said the unit was very busy but found all the staff very supportive.
- 6.6c Patient Y - had a C-Section who was so impressed with the staff and her experience of the hospital environment in general. She said that she was kept fully informed all of the time, during her delivery. She had her previous child at Sandwell by C-Section and that she encountered a very different experience, not in a good way.
- 6.6d Patient Z - spoke to her on the post natal ward after her delivery. Her sister was present with her and had stayed with her during labour. This was her first baby and she seemed a bit anxious but felt that she had very good staff and family support. She said she was “going to try” breastfeeding and we talked about the idea of asking for help if she felt she needed it. They were both very happy with the care.
- 6.7 During our visit to the Serenity Birthing Suite we saw a range of thank you cards from patients and relatives on display:



7. ENVIRONMENT

- 7.1 Infection control services are in-house and their rate is less than national average, as well as an in-house cleaning service with their own supervisor for maternity services on site. They use no agency staff and know all of the staff work on their units.
- 7.2 There are no systematic MRSA cases reported in the last year.
- 7.3 On occasion issues occur regarding violence, anxiety amongst fathers and this is managed and defused. There is hospital security that is in-house and we were informed that they provide an excellent service that are fully trained and respond to difficult situations effectively.
- 7.4 During our visit on the post-natal ward we visibly noted a lot of equipment stored within the corridors and could be deemed a health and safety issue. The member of staff informed us that they are limited for storage and recognise this as an issue but is due to the building being purpose built.

7.5 During our visit we looked around the Serenity Birthing Suite; that had a range of facilities including en-suite bathrooms, baby facilities, TVs, double beds allowing fathers to stay overnight with their partner during and after their birth:



8. CONCLUDING COMMENTS

- 8.1 It appeared that City Road Maternity Services is well managed who provides an excellent service to women providing choice, dignity and respect. During our visit, we observed the staff team members being very supportive towards patients.
- 8.2 It was apparent that service users are treated with care, dignity and respect and services are positively supported by Management and Medical Staff.

9. STAFFING COMPOSITION & SHIFT PATTERN

- 9.1 The shift pattern consists of 12hrs entailing 7.30 am - 7.30 pm and 7.30 pm until 7.30 am where handovers are undertaken before/after shifts.
- 9.2 A manager is on call 24 hours in case of an emergency and the following staffing composition exists:

Midwives	Support Workers
X1 Admin/Clerical Assistant	100% 1:1 care in labour for active labour

- 9.3 To manage staffing vs capacity, an acuity tool is in place operated by the computer that confirms capacity and level of care required vs staffing levels.
- 9.4 Within the last CQC visit, they raised the triage telephone system where two forms was being used and proposed this should be reviewed. Head of Midwifery confirmed this had been reviewed and they are now only using one form.

- 9.5 The obstetric unit deals with complex, high risk and a very diverse patient population and has the highest rate for HIV and syphilis outside of the London area. However, there is not a high rate of home births conducted, partially because of these factors.
- 9.6 The trust does not employ agency staff as usually substantive or staff who has retired cover shifts where necessary. This maintains the continuity of service.
- 9.7 There is a high level of support provided whereby the ratio is 1:26 for midwifery and the community caseload is reported to be higher, where birthing ratios are based on the delivery numbers.
- 9.8 There are several internal vacancies regarding appointments of community midwives, which can be an issue to recruit.
- 9.9 There is a 24hr onsite anaesthetic coverage within the delivery suites, as an in-house obstetric consultant from 8.00 pm - 8.00 am. Two senior Registrars are in house with consultant cover on call.

10. **RECOMMENDATIONS**

- 10.1 Healthwatch Birmingham to input/put forward comments regarding the new process of the green notes are being implemented electronically in respect of: **(1). Will easy-reads be available? (2). How will patients access these if they do not have access to a computer?**
- 10.2 Healthwatch Birmingham to Enter and View the delivery suite in New Year as this was unavailable at the time of our visit. **To be carried out in January 2015.**
- 10.3 Healthwatch Birmingham recommends a pharmacy is available on the ward for discharges 3 - 4 hours per day to ensure these are managed effectively and reduce delayed discharges.

11. ACKNOWLEDGEMENTS

11.1 Healthwatch Birmingham would like to thank the service provider, patients, relatives and staff for their contribution to the Enter and View visit conducted on this date.

12. FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER

**REGISTERED MANAGER / CARE MANAGER COMMENTS AND
FEEDBACK**

Please provide us with feedback on how well you felt the visit went and if there are any improvements we need to make:

Healthwatch Birmingham