



Fifteen Steps for Maternity at Kettering General Hospital







Contents

Summary	3
Visit to Kettering General Hospital	4
Summary of Findings at Kettering General Hospital	9
Response from Kettering General Hospital	10
Conclusion	11
Acknowledgements	11
About Healthwatch Northamptonshire	12
About Northamptonshire Maternity Voices Partnership	13
About Connected Together CIC	14
Contact us	15





Summary

On 20 March 2019 volunteers from Healthwatch Northamptonshire and Northamptonshire Maternity Voices Partnership¹ came together to carry out a 15 Steps² Maternity Visit across both hospital trusts in Northamptonshire - Northampton General Hospital and Kettering General Hospital. This is the report for Kettering General Hospital

The 15 Steps visit was requested by the Local Maternity System Board³, Healthwatch Northamptonshire, both Northampton and Kettering General Hospital (KGH) NHS Trusts and Northamptonshire Maternity Voices Partnership. In January 2019 a group of volunteers from Healthwatch Northamptonshire and Northamptonshire Maternity Voices Partnership were trained using the 15 Steps for Maternity Toolkit⁴ published by NHS England.

On the day of the visit, the volunteers attended Kettering General Hospital where they visited four areas: Fetal Health Unit, Scanning Area, Delivery Suite and the Rowan Ward (Antenatal and Postnatal Ward).

In line with the 15 Steps criteria, volunteers looked at 4 key areas: Welcoming, Safe, Caring and Involving, and Well Organised and Calm. On the day of the visit volunteers were split into smaller groups to observe the different areas. Consistent with Healthwatch Northamptonshire practice, this report has been written by the volunteers that attended in their own words and is based on their own observations and those of people they spoke to - staff members, patients and their partners. The content has not been altered by Healthwatch Northamptonshire, Northamptonshire Maternity Voices Partnership, Nene and Corby Clinical Commissioning Groups, Kettering and Northampton General Hospitals, except for consistency and clarification.

The photos of babies used in this report are not photos taken on the day of the visit.

¹ A Maternity Voices Partnership (MVP) is a NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. http://nationalmaternityvoices.org.uk/

² The 15 Steps Challenge focuses on seeing care through a patient or carer's eyes, and exploring their first impressions.

³ www.england.nhs.uk/mat-transformation/

⁴ www.england.nhs.uk/wp-content/uploads/2018/05/15-steps-maternity-toolkit-v9-1.pdf





Visit to Kettering General Hospital

Ultrasound and Gynaecology Outpatients

The unit was very welcoming with a children's play area beautifully decorated. There was a "Time For Tots" magazine bundle available for all expectant families to learn about what is on in the local area. The visual information was very bright and interesting, going through the 'you said we did' for each month from 2018 to 2019. There was lots of visible information available for both gynaecology patients and maternity patients through leaflets and posters, for example a Macmillan cancer stand and antenatal screening poster. Information was available to both types of patients however this should be segregated e.g. having the antenatal screening information together rather than being next to the Macmillan cancer research stand or the information on pregnancy could be put in the little waiting area and the gynaecology information in the main waiting area. It could get a little confusing as to whether the area was used for gynaecology or maternity. The seating area was for both gynaecology and maternity patients. However, a separate area was used if both clinics were running on the same day. The colocation of professional staff may be logical, but for patients this may be more problematic and even upsetting at times. The signpost directions to the unit are being upgraded so that if you come in via the night entrance it will allow an easier way to find the unit. The toilets were clean and welcoming and a poster on healthy conversations and relationships were present but there were no mirrors nor baby changing available. [Kettering General Hospital clarified that there is a mirror in the main reception area toilets and that baby changing was available in the main reception of the Rockingham Wing.] This was the only area where visible LGBTQ posters were displayed.







Fetal Health Unit

On entering the unit it was very bright, neat, tidy and quiet. There were white boards with information on them including staff who were on shift but no displays with staff photos on and no poster to say what each uniform colour means. The staff were very friendly and easy to approach. The staff rooms, treatment rooms and offices looked very tidy and uncluttered.

There were posters on the walls in very neat displays, mostly around the waiting room. The posters were informative and easy to read with bite-size pieces of information. Topics include: myths about baby behaviour including 'You can't spoil a baby with touch'. There was information on the induction process, skin to skin and a very large 'Kicks Count' display banner. There did not seem to be any posters that were inclusive of minorities or LGBTQ or those with a Learning Disability or sight/hearing impairments. There was a leaflet that was 'Easy Read' and some that were in languages other than English. Staff said that they used Language Line if they needed an interpreter for a service user. Staff said that if they had a service user with a hearing impairment they would have to seek out some help as there isn't currently anything in place. There was no information on choices such as place of birth, coping strategies whilst in labour or personalisation of birth environment. [KGH told us that these are displayed on the labour ward.] We were told that this information is all given out in the community. Some leaflets with this information may be useful as often this sort of information is read whilst waiting for appointments. There was no information on antenatal or post natal classes and no information on Better Births.



⁵ Kicks Count aims to reduce the UK's stillbirth and neonatal death rate by raising awareness of baby's movements. www.kickscount.org.uk



There were rooms available to use if privacy was needed for discussion, either an empty treatment room or a special room named 'quiet room' with a plaque saying it has been made in partnership with Sands charity⁶. This was a very homely room with sofas, ornaments, a lamp and chest of drawers, unlike a hospital. There was a calming light green colour on the walls and butterfly decals around the room.

The waiting room had facilities for making hot and cold drinks and is spacious with lots of seating, surrounded by the informative posters mentioned above.

The toilets did not have baby changing facilities in but there was baby changing in the foyer downstairs where you enter the building to come to the unit. The toilets were clean but quite worn looking. There was a poster on display about healthy and unhealthy behaviours in a relationship, which we thought was useful as it could potentially help a woman to recognise signs within her relationship. This poster had contact information for someone that they could speak to that day at KGH rather than an outside agency. Sadly the posters were not in all the toilets. There was a lift to access the unit. Children were welcome to attend but not in the scan rooms; this is communicated ahead of time and family or friends were welcome to wait with children in the waiting area.

Labour Ward

There was a welcome sign written in different languages and it was a beautiful eye-catching welcome for any mother from the top three diverse language groups surrounding Kettering. The corridors and staff were welcoming with a clean, bright and calm ward area. The posters were informative and topical. There were posters about the stages of labour and skin to skin contact. The staff photo board was visible, as was a uniform identification poster. However, the range of different uniforms was confusing. There appeared to be 10-12 uniforms - maybe this could be scaled back to 4 or 5. There was promotion of active birth and for partners to be present. Skin to skin contact and baby feeding was promoted in every room. The Bereavement Suite was beautifully decorated and the garden attached was private and confidential, so parents could have a quiet reflective moment to remember or be with their baby. The toilets were clean and a poster of 'safe conversations' were present in each toilet. There appeared to be a logical separation of midwife-led patients to higher risk consultant-led patients even though it was all one ward.

Rowan Ward (Antenatal and Postnatal)

The space felt very calm and quiet. There was nice lighting. There was a display with staff photos as well as a poster with what each uniform colour means. The

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⁶ Sands is the stillbirth and neonatal death charity. Who operate throughout the UK, supporting anyone affected by the death of a baby, working to improve the care bereaved parents receive, and promoting research to reduce the loss of babies' lives. www.sands.org.uk



reception area was easily visible so clear to see where you would seek help from a staff member.

There were a lot of informative posters around the unit including information on breastfeeding, usual behaviours, signs that a baby is getting plenty of milk, feeding cues and photos showing normal bowel movements. There were UNICEF guides on bottle feeding and breastfeeding in 5 different languages that were laminated and hanging on the display for people to take away and read while they are on the ward.

There was a large day room with sofas, tables, chairs, a TV, drink making facilities and fridges. The room had a lot of information on the walls about responsive parenting, safe sleeping and breastfeeding. There was a poster about parent information sessions that were held daily. There were four private rooms that were used for parents on the ward but if they are not in use could be used to speak with parents about sensitive topics. There was a leaflet explaining about the 'Listen to Me' campaign which has been started at Kettering General Hospital and means that parents are introduced to someone who they are encouraged to speak with if they feel staff are not listening to them. They are to say to staff 'you're not listening to me' and staff are to immediately listen to the parents' concerns and act on them.

There was no visible information displayed about Better Births⁷, Maternity Voice Partnerships or the Patient Advice and Liaison Service (PALS). There were posters on hand washing and a display of positive feedback from patients. Visiting times were displayed on posters but staff said that these are flexible. Partners were able to stay on the ward based on an agreement that they will remain quiet and appropriately dressed. Children were welcomed on to the ward during visiting times.

There were floral wall decorations which made it appear a bit more homely and the area looked clean and tidy. The staff seem friendly and helpful. There are a lot of different uniforms so one would be unable to identify who did what without looking at the poster or staff photos.

There appears to be nothing specific in place to aid those who have hearing or visual impairments. None of the posters represented Black, Asian and Minority Ethnic (BAME) families, LGBTQ or other minority groups. In the toilets there were no posters with information on how to speak confidentially with a female staff member. There was information on the role of professional midwifery advocates⁸ (PMA).

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⁷ This report sets out our vision for the planning, design and safe delivery of maternity services; how women, babies and families will be able to get the type of care they want; and how staff will be supported to deliver such care. https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/

⁸ The aim of Professional Midwifery Advocates (PMA) is to support midwives in their clinical practice and advocate for women. The objective of the role is to provide restorative clinical supervision; advocacy and support quality improvement activities, education and leadership for midwives.





During the visit we spoke with staff members in various roles who worked in maternity services at Kettering General Hospital. All of the staff were relaxed, friendly, polite and helpful. Here are some of their thoughts;

"It is a small, friendly and pleasant environment to work in and there is good team work."

"The staff were passionate about the development plans for the Bereavement Suite and this was something of which they were very proud."

"Alternate clinics on different weeks were held in Gynaecology and Ultrasound, but there are sometimes antenatal patients sharing the waiting room with gynaecology patients - the staff member we spoke to said that they were aware that this is not ideal and that it could be distressing for some patients."





Summary of Findings at Kettering General Hospital

What worked well:

- Posters were eye catching, easy to read and in the relevant places. Nice pictures and decals on walls too
- Good evidence of awareness of language diversity, e.g. welcome sign in delivery suite in several different languages, leaflets on feeding on postnatal ward in 5 languages
- The 'Listen to Me' campaign is a good way for patients to feel heard
- Staff were friendly, positive and were able to explain how their aspirations are in line with national guidelines (Better Births)
- The environment appeared to be very clean and tidy

Recommendations:

- Reflect more diversity in ethnicity and different family forms in pictures and posters
- Have different waiting areas for gynaecology and obstetric clinics
- The number of different roles and uniforms is confusing, complicated and inconsistent. There is a key to show which colour links to which role displayed seen in several areas, but housekeeping staff (in purple) are not shown on this poster and the distinction between some colours (e.g. dark blue, mid blue) is not clear. Simplify the number of uniforms used
- We noted that often staff name badges were turned around so we had no idea
 of the name or role of the person we were talking to. Name badges that can be
 secured in place would be beneficial





Response from Kettering General Hospital

We are extremely proud of the services we provide to women and their families and welcome the feedback that Healthwatch has provided us with. It is extremely important for us at KGH that we listen to our service users and enhance our facilities based on the feedback we receive. Since the visit we have already complete some of the recommendations made including;

- A revised staff uniform poster clearly displaying what uniform relates to what role.
- We have highlighted the concerns raised regarding name badges and we are pleased to say that the Trust is supporting the procurement of new "Hello my name is...." badges for all clinical staff.
- We have made enquires with national maternity organisations regarding the procurement of LGBT and ethnicity diverse posters.

We unfortunately do not have the facility/estate to separate out our waiting rooms; however we are providing more separate speciality clinics i.e. not mixed gynaecology and obstetric clinics.





Conclusion

Overall, the areas we visited were clean and tidy. All the volunteers felt that they or family members would receive good treatment in Kettering General Hospital in the areas that were visited. The staff members that were seen were welcoming and well informed. The areas that were visited were quiet so that you could tell straight away that staff were not rushed off their feet, this gave the overall impression that if you were a patient in any of the areas then you would be able to ask questions about your care.

Acknowledgements

Healthwatch Northamptonshire would like to thank

- Northamptonshire Maternity Voices Partnership
- Staff and patients at Kettering General Hospital
- Staff and volunteers who gave up their time to take part in the visit





About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we
 find out what local people think about health and social care. We research
 patient, user and carer opinions using lots of different ways of finding out views
 and experiences. We do this to give local people a voice. We provide
 information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.











About Northamptonshire Maternity Voices Partnership

Northamptonshire Maternity Voices Partnership Help shape how your maternity service looks

- Making a different to local maternity services.
- Membership includes mums, dads, parents-to-be, grandparents, midwives, health visitors, infant feeding specialists, perinatal mental health experts and members of local community groups who provide services to expectant mums, new parents and their babies.
- A way to provide feedback and express your views on the maternity care received during pregnancy, throughout the birth and postnatal care.
- Part of the Local Maternity System (LMS) transformation programme.
- A critical friend to the NHS maternity team.
- Meetings are held four times a year in a relaxed atmosphere to encourage everyone to discuss their experiences. Whether you attend once or come to every meeting, these opportunities for discussion are invaluable in helping us develop your local maternity services.

How do I join?

If you are interested in being involved, please get in touch via our Facebook Group or on Twitter:

Facebook: www.facebook.com/groups/NorthantsMVP

Twitter: @northants mvp









About Connected Together CIC

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.











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