

Maternity Services at Eastbourne District General Hospital

Why women and their families value this service

September 2018



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Executive Summary

This report reflects what women, their partners and families told Healthwatch East Sussex Authorised Representatives during a short programme of visits to the Midwifery-led unit at Eastbourne District General Hospital in September 2018.

It completes a series of visits Healthwatch has undertaken in cooperation with Trust that have included; an overarching review of Maternity Services across both sites in April 2016, a snapshot of the Consultant-led services at The Conquest Hospital in Hastings in October 2018, and finally this report looking at the Midwifery-led unit in Eastbourne.

This report of the services provided at Eastbourne focusses on the high-quality care women receive and clearly value. It revisits recommendations made in previous reviews and builds upon the conclusion's women had already shared with Healthwatch on what a 'Gold Standard' service looks like.

A total of 24 surveys were completed, lots of overwhelmingly positive views were shared, citing, 'continuity of care from a named midwife' 'calm, relaxing and peaceful' environment, and 'person-centred care' that made their experience such a positive one.

Meeting the 'Gold Standard service...women and their partners thought the gold standard was being met by the way they described the staff, the facilities, the cleanliness of the unit and the person-centred care they received.

Elsewhere in the unit, The Women's Health clinic also received positive comments 'everyone is very friendly, and two women went on to say that in their view they had received a Gold Standard service. The Day Unit however, did receive numerous negative comments from one patient.

Women also said they are satisfied with the service even when the birth hasn't gone as planned. Even after transfer to the Conquest for birth, women want to come back to for care because the unit offers.

The Trust have responded fully to the recommendations raised in previous reports which Healthwatch is delighted to include and will look forward to hearing what list of actions they intend to agree that continues to build even further on the positive feedback.

Acknowledgements

Healthwatch East Sussex would like to thank everyone who participated in this review including -

- Those who shared their experiences with us.
- The authorised lay representatives who gave their time, commitment and energy visiting the maternity services at Eastbourne District General Hospital.
- East Sussex Healthcare NHS Trust staff and management team for their support in making this work happen.

All those involved brought a range of perspectives to this review which has been invaluable in completing the work and producing these recommendations.

Background

Healthwatch East Sussex has the responsibility to review the services provided by the Eastbourne District and General Hospital (“DGH”) as part of its remit to review all health and social care services across East Sussex (excluding Brighton and areas west of Brighton).

In April 2016 Healthwatch East Sussex reported on the maternity services provided by East Sussex Healthcare NHS Trust (“ESHT”) in its report “Special Measures, to Special Moments”.

<https://www.healthwatcheastssussex.co.uk/wp-content/uploads/2016/06/From-special-measures-to-special-moments-April-2016.vfinal.pdf>.

In the report Healthwatch East Sussex committed to; -

- continuing to work with ESHT in gathering maternity feedback, and involving parents as partners going forward with ESHT’s overarching improvement plan;
- continuing to support ESHT with its patient engagement activities where appropriate; and
- strengthening partnership working with the local Maternity Services Liaison Committee Local National Childbirth Trust (NCT) to ensure that improvements made as a result of the findings of the report were embedded.

Since Healthwatch East Sussex’s report, Eastbourne Borough Council has also carried out a survey of mothers who gave birth in East Sussex during 2016 based on

Office of National Statistics (ONS) data. The report was considered by East Sussex Health Overview and Scrutiny Committee on 29th March 2018.

As part of the Healthwatch East Sussex's Listing Tour in Hastings the maternity services at the Conquest Hospital were re-visited. ESHT requested Healthwatch East Sussex to re-visit the maternity services provided at DGH and to report and make recommendations to it.

Healthwatch East Sussex had three objectives in this piece of work; -

1. The main purpose of the revisit to the maternity services at DGH, was to engage with patients and their families using the maternity services at the DGH with a view to finding out what they think worked well, what they thought didn't work well and areas for improvement - having regard to what they would say would be a gold standard service.
2. The second objective was using the views and evidence gathered in the re-visit to DGH to describe what a gold standard maternity service looks like to patients and their families and to make recommendations about how to deliver services to this standard.
3. Thirdly, it was also intended to look at the maternity services in the light of the recommendations made to ESHT in the April 2016 report.

ESHT told us:

In discussion with SECAMB there is a local agreement for safe travel of mother and baby between maternity units. This guidance ensures that the baby is safely secured and wherever possible mother and baby are not separated. A trust wide operational policy to streamline movement of patients from the community to hospital and between hospital settings is in development. The maternity pathway will be embedded in this policy.

All care provided at the midwifery unit is personalised on an individual basis. Women wishing to birth at the unit are invited to attend a birth preparation workshop which has a specific activity for partners which focusses on the support they can offer.

An individual birthplace assessment session provides the opportunity to discuss personal wishes and provide information about our open visiting policy. A leaflet is in development describing ESHT maternity services which will be made available as hard copy and electronically.

Each woman has a named community midwife who will coordinate their care pathway. At the initial contact the woman's individual home and family circumstances are explored and recorded in her hand-held record. Where there is the need for specific enhanced arrangements this is documented on the maternity data system which all staff can access.

The midwifery unit runs a flexible appointment system which enables appointments to be mutually convenient. In line with the national maternity transformation plans, continuity of carer schemes is being piloted in the New Year which will greater enhance this personal relationship.

All staff at the midwifery unit are skilled in providing breastfeeding and nutrition support and receive annual training updates. Additional support may be obtained via breastfeeding peer supporters who run twice weekly drop in sessions. Some staff at the midwifery unit are trained to provide specialist services, for example tongue tie division.

There are special arrangements for birthing partners to have a reduced payment for parking. This is agreed on an individual basis.

Methodology

Healthwatch East Sussex's authorised representatives visited the maternity services at DGH on Tuesday 11th, Thursday 13th and Saturday 15th September 2018. They visited the Midwifery Unit, the Day Unit and the Women's Health Clinic. The authorised representatives interviewed women and their families using maternity services during these times. Overall 24 respondents completed the questionnaire used by the authorised representatives (see Appendix 1 - East Sussex Healthcare NHS Trust Your Maternity Service Experience). They also spoke to members of staff. Finally, they made a note of their observations of the facilities and services.

Healthwatch East Sussex's authorised representatives are volunteers who have been trained to carry out enter and view visits to places where health and social care services are provided. They see and hear for themselves how services are provided.

The key benefits of enter and view, are to encourage, support, recommend and influence service improvements by -

- Capturing and reflecting the views of service users who often go unheard.
- Offering service users an independent, trusted party (lay person), with whom they feel comfortable sharing experience.
- Engaging with carers and relatives.
- Identifying and sharing "best practice" e.g. activity which works well.
- Keeping "quality of life" matters firmly on the agenda.
- Encouraging providers to engage with local Healthwatch as a "critical friend", outside of formal inspection.
- Gathering evidence at the point of service delivery, to inform a wider understanding of how services are delivered to local people.
- Validating existing evidence and insight.
- Supporting the local Healthwatch remit, to ensure that the views and feedback from service users and carers play an integral part in the local commissioning.
- Increasing awareness with the public about Healthwatch East Sussex.

From April 2017 to March 2018 287 babies were born in DGH's Midwifery Unit - 80 to first time mothers. In July 2018 there were 32 births, whilst in August 2018 there were 29 births. At the time of the enter and view (15th September 2018), 10 babies had been born, but there had been only one birth during the week that the enter and view took place.

- Activity in the MLU is increasing. Birth numbers fluctuate but our current (rolling) figures indicate a 21% increase in births compared to this time last year. However, activity at EMU is not solely births. The Midwifery led Unit functions as a community hub and some community teams are co-located. As

well as births, activity at EMU includes bookings, antenatal and postnatal contacts, labour care, a 24-hour advice line for the whole maternity service and several specialist clinics/contacts, e.g. birth options, debriefing, breastfeeding support, BCG, NIPE, etc. all of which contribute to its necessity and viability. The only service not currently provided at Eastbourne is obstetric cover for high risk labour.

- In addition to the births, September activity also included 249 contacts by the EMU team and 20 community midwife clinics therefore some of the rooms would have been occupied during the visit

Enter and view headline findings

A total 24 survey interviews were completed. A copy of the survey used can be viewed at Appendix 1). Of those 24, six surveys related a woman attending an ante natal clinic and were solely about their experiences of giving birth to a previous baby at the Conquest Hospital. The results of these six surveys are not included in this report as the births were at the Conquest and the date of the births are not within the timescales for this report.

Participants who completed the questionnaire in ante-natal clinics did not complete the questions relating to post-natal care.

Most entries when logged showed that the mother completed the survey. When the father or partner was present, the experiences given were recorded as those of a family unit, and the experience of giving birth treated as a shared one.

Eleven questionnaires were completed in respect of services provided by the Midwifery Unit itself. Two questionnaires were completed for the Day Unit and five questionnaires for the Women's Health Clinic. Of the eleven questionnaires completed in the Midwifery Unit only two women had given birth in the Midwifery Unit. Five had started to give birth in the Midwifery Unit but were transferred to the Conquest Hospital during labour. Three women had planned births at the Conquests and one couple described an unplanned home delivery.

What worked well

The Midwifery Unit

“From start to finish and even today - made it so easy. Flows really nicely. Never felt like a number. Continuity of care from a named midwife - pre-natal, birth and post-natal.”

“All expectations met fully.”

“Been great - everything exactly what was needed in an unexpected situation” [an unplanned for home birth].”

“Welcoming, friendly, kind.”

“Calm, relaxing, peaceful.”

“Staff - helpful, offered support and advice.”

“Comfortable and homely.”

Five women were transferred from the Midwifery Unit to the Conquest during delivering their babies - no-one commented adversely regarding this experience. They said that they felt involved and consulted about the changes to the birth plan.

The Day Unit

There were only two surveys completed in the Day Unit reflecting the absence of patients when Healthwatch East Sussex visited the Day Unit. The two patients that completed the survey felt very differently about the Day Unit. One patient felt that she had received a gold standard services saying -

“lovely people, nice and clean, well-equipped and treated well”.

The Women’s Health Clinic

“Everyone is very friendly”.

Patients said that they had received the support from the nursing staff, doctors and consultants that they had been expecting with one woman commenting on good communication. Two respondents said that they had received a gold standard service.

What did not work well

The Midwifery Unit

There was only one comment which wasn’t positive and that was by one woman who said that although the facilities were good, a doctor on call is needed for emergencies.

The trust responded to that comment by adding:

- NICE has produced guidance on what is available in a Midwifery led Unit and the content of this is discussed with anyone intending to birth at EMU (see below)
- NICE: ‘what happens if a doctor is needed? If a woman or her baby needs a doctor during labour or afterwards, the midwife will call an ambulance and take her to the obstetric unit. If the baby needs to be seen by a doctor after the birth, both the woman and her baby will be moved to a hospital with a neonatal unit.’

The Day Unit

There were only two surveys completed in the Day Unit reflecting the absence of patients when Healthwatch East Sussex visited the Day Unit. The two patients that completed the surveys felt very differently about the Day Unit. One patient felt that she had received an average to poor service.

The midwife had not introduced herself and the patient said she was unclear about what was going on and felt that she was sitting there like a lemon. She felt that the facilities of the unit were very poor as they were out of date, signage was poor and there was only one heart monitor machine which was taken from her and immediately used for another woman.

- Appointments are scheduled so that one to one care can be provided, occasionally there are additional attendees who are referred on from antenatal clinic/scan
- There are 3 machines for 4 bed spaces

The Women's Health Clinic

There were no adverse comments.

Gold standard requirements

The Midwifery Unit

Women and their partners thought the Midwifery Unit met the gold standards currently -

“Staff were described as very supportive, welcoming, kind, caring, treating the child as their own, friendly, creating a relaxed atmosphere, informative, offering personal care”.

“The facilities of the Midwifery Unit were said to meet the gold standard because they were “homely, each woman had their own room, a partner was able to stay, totally clean, everything in its place, all rooms nicely decorated with lovely lighting, comfortable, had a water bath.

“The cleanliness of the Midwifery Unit was very clean, including the bedding and the toilet areas, everything was ready for a mother and baby.

Women and their partners described their experience of the Midwifery Unit as meeting the gold standard because of the Unit being; -

- “calm, friendly and welcoming”;
- “everyone is so helpful, staff very kind”;
- “helpful and involved us in everything”;
- “all expectations met fully”;

“from start to finish and even today - made it so easy. Flows really nicely. Never felt like a number. Continuity of care from a named midwife - pre-natal, birth and post-natal”.

Enter and view observations from the Authorised Representatives

Thoughts and conclusions from the Authorised Representatives, that reflect their experiences during the visits to the maternity services at DGH are given below.

The Midwifery Unit

The Authorised Representatives observed -

The whole of the Midwifery Unit was very clean and tidy and well presented. The atmosphere was welcoming and calm.

“blends homely features such as dimmed lights, duvets with birthing equipment creating a calm, clean and organised unit”.

The Midwifery Unit has eight beds in single rooms which are individually decorated with low lighting. The duvets are patterned, and the Authorised Representatives were told that they were separately laundered from the standard hospital laundry to ensure that they never get lost. None of the rooms were occupied during the visits by Authorised Representatives.

The Authorised Representatives saw the delivery room with birthing pool which was low lit and spacious.



There is a common room open 24 hours which was well stocked with food (cereal, fruit and bread for toast) and drinks. Free nappies were available and there was a selection of baby clothes for sale in the common room.

As patients arrived for ante natal and post-natal appointments, the Authorised Representatives observed them being greeted with warmth and friendliness. Patients were not seen to be waiting for appointments but were taken straight through for their appointments.

There were notice boards on the walls in the corridor providing a wealth of information which would allow women to make balanced and informed choices about giving birth. One board was called “Finding a place to birth to fit your preferences” and contained helpful information, was evidence based and supported choice.

Whilst there were no recent comments in the comment book, there was a word cloud poster including the words “supportive”, “fantastic”, “professional”, “great”, “calm”, “re-assuring” and “caring”.

The Day Unit

The Day Unit consists of one four bedded unit for monitoring mothers and a large waiting room (which was once a four bedded ward). There was a midwife on the central reception desk.

During the visit of Healthwatch East Sussex there was very little activity taking place in the Unit and very few patients were observed.

During the visit on Tuesday 11th September two women were seen to have their babies’ heart monitored and on Thursday 13th September only one patient was interviewed. The Unit was totally unused on Saturday 15th September.

On 11th September six women attended (no doctor available that day) and on 13th September ten women attended for appointments. The Day Unit is a Monday to Friday service and therefore was closed on Saturday 15th September.

The Unit was clean, and no broken fixtures or fittings were observed. It was observed though the signage for the toilets was difficult to see from either the waiting room or the ward.

On speaking to staff about the Day Unit, the authorised representatives were told that the Day Unit could be busy at times - for example on Mondays. The Authorised Representatives were told that it could feel isolating to the sole midwife in charge of the Day Unit who would be working on her own and without any other member staff, such as a Midwifery Support Worker.

The Women’s Health Clinic

Authorised Representatives visited the Women’s Health Clinic on Tuesday 11th and Thursday 13th September - it was closed on Saturday 15th September. It was observed to be a “calm and bright and tidy area”. As there was a consultant

undertaking their own survey on the visit on the Tuesday it was not felt possible to ask patients to complete another survey.

What staff told us

The staff in the Midwifery Unit were very co-operative and friendly and helpful. They eagerly answered a wide range of questions reflecting their pride in the Midwifery Unit. A midwife from the Midwifery Unit covers the Day Unit. The Authorised Representatives did not interview any staff members in the Women's Health Unit.

Changes since April 2016

Midwives in the Midwifery Unit told Healthwatch East Sussex about the changes that had taken place in the Unit since Healthwatch East Sussex's last visit in 2016 -

- The birth rate in the Midwifery Unit has gone up - perhaps as a result of positive media coverage.
- There is a triage senior midwife available 24 hours every day who women can phone for assistance. All women are given the telephone number at their first appointment. Women using the maternity services at the Conquest Hospital can also ring this number.
- There is a mental health clinic once a week.
- A lot more women are coming after giving birth at the Conquest Hospital for post-natal support, for example with breast feeding.
- All the rooms have been redecorated. The environment is less clinical than it used to be - but the midwife would still like it to be still less clinical in feel.
- Natural birth workshops are being held.
- Community midwives are based in the Midwifery Unit and so doing more inter-working.
- Two midwives have been on a hypno birthing course and so will offer this service shortly.

What does a gold standard maternity service look like?

Midwives in the Midwifery unit told Healthwatch East Sussex what they thought made the maternity services offered in the Unit gold standard;

“Women say it is in their comments. They are satisfied with the service even when the birth hasn't gone as planned. Even after transfer to the Conquest for

birth women want to come back for care because the Unit offers a really good service.”

One midwife described the Midwifery Unit as a hub - woman can come back to the Unit after giving birth at the Conquest Hospital.

What Healthwatch East Sussex were told in April 2016

Healthwatch East Sussex asked women to describe what their requirements would be for a gold standard service.

They said; -

- More staff, midwives especially.
- Allow for one to one care, so the team(s) get to know you.
- More capacity for staff, and more time to answer questions.
- Holistic systems approach - more working together between the Conquest Hospital and the DGH.
- Better car parking and food arrangements.
- Caring teams that respond to the needs of the mother.
- Own rooms.
- Clean and hygienic environment.

Has this standard been maintained at DGH?

The Midwifery Unit has continued to meet the gold standard. The women and partners interviewed were clear about the standard of care that they received.

Women and their partners described their experience of the Midwifery Unit as meeting the gold standard because of the Unit being -
“calm, friendly and welcoming”;
“everyone is so helpful, staff very kind”;
“helpful and involved us in everything”;
“all expectations met fully”;
“from start to finish and even today - made it so easy. Flows really nicely. Never felt like a number. Continuity of care from a named midwife - pre-natal, birth and post-natal”.

Have what patients want as a gold standard changed since April 2016?

What patients want for a gold standard maternity services have not changed. They still want personal care from caring, professional midwives. They want a clean, calm and friendly environment that feels homely. As referenced in the [Better Births](#) review.

Equality Monitoring overview

Finally, when people completed a survey, they were asked to provide some equality monitoring information, to help us understand further the demographics of people who we speak to as part of our activities.

The headline results are shown below for information.

How old are you?

18-24 years - 3 25-34 years - 16 35-44 years - 5

Are you?

Male - 2 Female - 22

What is your marital status?

Single - 3 Married - 13 Civil Partnership- 1
Co-Habiting - 7

Do you consider yourself disabled, as set out in the Equality Act 2010?

Yes -1 No - 23

How would you describe your ethnic origin?

White British - 16 Any other ethnic group - 4
Black African -1 Any other Mixed Background - 1
Bangladeshi - 1 Prefer not to say - 1

What is your religion of belief?

Christian - 8 Muslim - 2 None - 14

Have caring responsibilities which you are not employed for?

Yes - 3 (caring for a child) No - 20

Are you currently serving in the UK armed forces (this includes reservists or part time service - e.g. Territorial Army) or have you ever served or are you a member of a current or former serviceman or woman's immediate family or household?

No - 24 (all respondents)

How have ESHT responded to the April 2016 recommendations?

The outcomes of the visit will also be considered in the light of the recommendations made to ESHT in the [April 2016 report](#). One issue to look at is whether there is a clear protocol in place for the private travel arrangements between the DGH and Conquest.

The report found very good standards of care at the DGH and the visit will look to see whether these standards have been maintained.

- (1) *[a longer-term recommendation around encouraging women to opt to give birth in DGH where this would be a clinical option for them - yes, there are more births, but there was only one birth in the Midwifery Unit when HWES visited. We were told could be busy - but 35 births a month is only just over one birth a day in a unit that can deliver two women at a time. I suspect that I'll be told can't get babies to be born to order. It does though seem from the recent enter and view (and the 2016 enter and view) an underused Unit. If the current office in the Midwifery Unit was moved could that room be converted into a delivery room and increase capacity at DGH and help with getting the Unit more used?]*

This longer-term recommendation has been considered by the Trust, however their response to converting the office into a birthing room was: a room is required for confidential handover and phone calls. Increasing birth number is multifactorial and not reliant on having a 3rd birthing room. All rooms are multipurpose when needed.

- (2) *[a recommendation around reducing numbers of transfers to the Conquest? Again, really thinking about increasing the birth rate at the DGH. But this is potentially quite a complicated issue since the obvious way to do this would be to have no first-time births at the DGH and that would affect the element of choice for first time mothers.]*

The Trust's response was as follows:

Regarding reducing number of transfers and having no first-time births at the MLU. Better Births advocates all women having choice to opt for an MLU. NICE guidance and The BirthPlace study state that opting to birth in an MLU for all women with uncomplicated pregnancies is as safe as choosing to birth at an obstetric unit.

Our transfer rates are equitable to those quoted in the birthplace study. Transfer should not be considered a problem - rather it is part of a safe pathway of care. All transfers are reviewed for learning/appropriateness.

The Birthplace study identified that there is an advantage to starting labour in an MLU even if transferred as intervention rates are lower in these women than women who started labour at an obstetric unit. (the rates of Caesarean birth in primips* transferred from EMU last year were half the national rate of CS birth in primips starting their labour in obstetric units nationally). (*Primipara: Sometimes called the prim or primip - a woman giving birth for the first time.

(3) [recommendation around the Day Unit which was deserted when visited.

Perhaps could have a recommendation around having patients for the day unit staying or being seen in the Women's Health Unit - one woman said it hadn't been very pleasant walking from the WHU to the Day Unit in order to have her baby's heart monitored. And one midwife said was quite isolating to be the midwife in the Day Unit as working on your own. You'd think that the hospital would want the 8 beds for other patients.]

(4) Standardise arrangements for parking for birthing partners so that individual negotiation is not required, and all birthing partners receive a standardised reduced payment

(5) Produce a leaflet about the maternity services and choices available at ESHT to include hard copy and electronic formats

Recommendations for Healthwatch East Sussex

To agree with the Trust a list of actions the trust will take forward to continue to offer a gold standard midwifery-led unit at Eastbourne District General Hospital.

HWES will share its findings with the wider system review.

Improving maternity services across the STP

A programme of work is looking at how maternity services can be improved for women and their babies across Sussex and East Surrey. A national maternity review - called 'Better Births' - was published in 2016 and gave recommendations for improving safety of maternity care and improving choice and personalisation of services for women and their babies.

Across the country, 44 Local Maternity Systems (LMS) have been established to help mobilise change and meet the recommendations. The Sussex and East Surrey LMS was formed in June 2017 and has formed nine workstreams that are looking how our local system will implement the recommendations up until 2025.

The workstreams are:

- Commissioning Local Transformation
- Promoting Good Practice for Safe Care
- Personalisation and Choice; Perinatal Mental Health
- Workforce Transformation
- Data information and sharing
- Harnessing Digital Technology
- Prevention and;
- Service User Engagement

Some of the key objectives of the programme are:

- Increased access to specialist perinatal mental health services.
- Deliver improvements in safety towards the 2020, with the ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025.
- Increase the number of women receiving continuity of the person caring for them during pregnancy so that by March 2019, 20% of women booking receive continuity.
- Investigating and learning from incidents to allow better sharing of knowledge through the LMS.

For more information, contact Sean Cemm, Sussex and East Surrey Local Maternity System Programme Lead Commissioner, sean.cemm@nhs.net

Healthwatch comment

Healthwatch East Sussex is pleased to produce a report that showcases a service patients' and their families consider to be a 'Gold Standard'. Not only is this rewarding and reassuring for patients, parents and potential parents, is highly motivating for the staff too.

The report acknowledges there is always more to do, especially in providing a Gold Standard service as it would be easy to maintain what you have achieved and not be constantly striving for that excellence. This snapshot reflects the Trust's commitment to constantly striving to improve and HWES is happy to work together with senior staff to agree what outcomes from this report can be taken forward as part of embedding that feedback into service improvement.

Partner's comment

We are delighted that this report recognises the Maternity Services at Eastbourne District General Hospital as 'Gold Standard'.

We take all feedback we receive on our services very seriously and it is encouraging that the experiences shared in this report are overwhelmingly positive. This recognises the hard work and dedication of the staff and is endorsement for women choosing to have their baby at Eastbourne.

We would like to thank the women and families who took time to share their insights and Healthwatch East Sussex for their expertise in producing this report and their continued commitment to working with us for the benefits of local families.

We continue to strive for our maternity services to be outstanding and we welcome the opportunity to work closely with Healthwatch East Sussex to achieve this.

Vikki Carruth, Director of Nursing - East Sussex Healthcare NHS Trust

Appendix 1: East Sussex Maternity Services - Your Experience Matters

East Sussex Healthcare NHS Trust
Your Maternity Service Experience



We would like you to tell us about your experience of the East Sussex Healthcare NHS Trust Maternity Service at Eastbourne District General Hospital. Your responses today will help inform them where they are doing well and where things may need to change.

Healthwatch East Sussex is talking to you today to find out what makes a good experience for you.

The answers you give are completely anonymous and will not be used to identify you in any way.

Thank you for taking the time to share your experiences.

Q1 Please tell us which maternity service you are telling us about today (all that apply):

Ante Natal Clinic	Scanning Dept.	Post Natal Ward	Day Ward
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 Please tell us who you are:

Mother	Father	Family Member	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 If you answered "Other" to Q2 please tell us here who you are:

Q4 Is this your first baby? (where applicable)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Q5 Were you expecting to give birth at this hospital?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Q6 If you answered "No" please tell us briefly what happened

Q7 What was your experience arriving at the unit?

Very Good	Good	OK	Poor	Very Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 Why was this?

Q9 Were you transferred, to or from, maternity units during your stay in an unplanned way? Yes No Don't know

Q10 If you answered "Yes", was this a positive experience?

Q11 Did you receive the support from staff you were expecting? Yes No Don't Know
Nursing Staff
Doctors
Consultant

Q12 Did you receive the pain relief you requested? Yes No Don't Know

Q13 If you answered "No", approximately how long did it take for you to receive relief?

Q14 Did you achieve the birth plan you wanted? Yes Almost No

Q15 If your plan needed to change, did you feel involved and consulted about the changes? Yes A little No

Q16 Following your delivery and return to the ward, did you receive the care, support and information you were expecting? Yes No Don't know

Q17 If you answered "No", please briefly tell us why here:

Q18 Did you receive all the information you needed for you and your baby before you went home? Yes No Don't Know

Our final few questions ask you about your thoughts of the service overall and if you feel it achieved a 'Gold Standard' while supporting you. It is the aim to achieve the highest standards of care and support for you while you are with them and you can let us know if they achieved that or if they still have some areas you think we could do better in.

How would you describe the staff at the unit for caring? (i.e kindness, compassion, dignity and respect)

Gold Standard Good Average Poor Very Poor

Why do you say this? (Do not prompt)

How would you describe the facilities at the unit?

Gold Standard Good Average Poor Very Poor

Why do you say this? (Do not prompt)

How would you describe the cleanliness of the unit?

Gold Standard Good Average Poor Very Poor

Why do you say this? (Do not prompt)

How would you describe your experience of the unit?

Gold Standard Good Average Poor Very Poor

Why do you say this? (Do not prompt)

Thank you for completing this questionnaire.

If you would like to complete and return your questionnaire later you can do so by sending it to us by 30th September 2018:

Freepost RTTT-BYBX-KCEY
Healthwatch East Sussex
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex.
BN21 3UT

Contact us

Primary contact: Elizabeth Mackie - Volunteer and Community Liaison Manager

✉ Elizabeth.Mackie@Healthwatcheastsussex.co.uk

Address:

(Freepost)
RTTT-BYBX-KCEY
Healthwatch East Sussex
Barbican Suite
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

Phone: 0333 101 4007

Email: enquiries@healthwatcheastsussex.co.uk

Website: www.healthwatcheastsussex.co.uk

Disclaimer

This report relates to findings observed on the specific dates set out in the report. 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 at the time. We will be making this report available to the Trust board and staff in all the wards and units visited in September 2018. The report will also be circulated to Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee and our local authority.

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