Hull Royal Infirmary's 'Big Push'

healthwatch East Riding of Yorkshire

healthwatch Kingston upon Hull

Contents

Disclaimer

All the views, opinions and statements made in this report are those of the public who participated in our research across Hull and the East Riding.

This report presents the data collected with regards to patient experience within maternity care from Hull Royal Infirmary.

About Healthwatch

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the Government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

Introduction

Why this Subject?

In August 2023, a report written by the Care Quality Commission (CQC) deemed the overall service provided in the Maternity sector in Hull Royal Infirmary (HRI) to be inadequate and several areas of the service, such as the antenatal day unit environment, to be unfit for purpose. The report highlighted several areas for serious improvement, including evidence of missing mandatory training and unkindness between staff and reports that informing management about this behavior was met with indifference or even a cold shoulder from members of leadership.

As a result of the CQC inspection the maternity services at HRI has undertaken a number of improvements in line with the actions outlined in the report. This report looks reflectively at the experiences of patients who have used the maternity service as well as staff and stakeholder experiences. The landscape for maternity is ever changing and evolving at the moment so Healthwatch felt it was important to hear the views of patients, staff and stakeholders as well as hearing what improvements have been made to improve patient experience and outcomes within maternity services.

This feedback has been gathered via parent/baby events across Hull and the East Riding from October 2023 until January 2024 with women and birthing people expressing both praise and concern for many areas of the Maternity sector. Throughout all, patients maintain an understanding of the problems the staff of the National Health Service (NHS) are facing everyday due to an abundance of underfunding and understaffing.

Healthwatch Hull and Healthwatch East Riding worked together on this project as we are aware patients from across Hull and East Riding use the Hull Women and Children's hospital therefore it was important to hear the views of as many patients as possible.

What is Maternity Care?

Antenatal Care

'Antenatal' refers to the period of time before and during the birth of a baby. Antenatal care is the care you get from health professionals during your pregnancy.

You'll be offered appointments with a midwife, or sometimes a doctor who specialises in pregnancy and birth (an obstetrician).

You should start your antenatal care as soon as possible once you know you're pregnant. You can do this by contacting a midwife or GP, or referring yourself directly to maternity services near you. This is usually done by filling in an online form on your local hospital or NHS trust website.

What is antenatal care?

This is the care you receive while you're pregnant to make sure you and your baby are as well as possible.

The midwife or doctor providing your antenatal care will:

- check the health of you and your baby
- give you useful information to help you have a healthy pregnancy, including advice about healthy eating and exercise
- discuss your options and choices for your care during pregnancy, labour and birth
- answer any questions you may have

If you're pregnant in England you will be offered:

- 2 pregnancy ultrasound scans. One between the weeks of 11-14 and one between 18-21 weeks

- antenatal screening tests to find out the chance of your baby having certain conditions, such as Down's syndrome
- blood tests to check for syphilis, HIV and hepatitis B
- screening for sickle cell and thalassemia

You may also be offered antenatal classes, including breastfeeding workshops.

Post-natal care

Once a woman/ birthing person has given birth, they are placed under the care of the staff at the Rowan Ward, there they are cared for by a team of midwives, midwifery assistants and medical staff.

Whilst under the care of the staff at the Rowan Ward, a patient and their baby will see a midwife daily who will undertake a health check on both of them. Patients are able to access parent education sessions to support them with caring for your baby, including bathing demonstrations, safe sleeping, keeping baby healthy. Patients are also offered health education and advice on how to stay fit and well following the birth of their baby. New-born babies will receive a health check called a NIPE (Newborn and Infant Physical Examination) check, which will include tests such as hearing tests. This will be performed by a trained practitioner: either a midwife, a doctor or a neonatal nurse, prior to their transfer home.

The midwife caring for you will discuss your discharge plan with you before going home. When you leave hospital your care will be transferred to the community midwife.

Aims and Approach

Evidence used within this report was gathered across a period of 4 months. We utilised a series of parent and baby sessions to gather information from the parents of newborns who have the most up to date experiences.

We worked with the Hull Maternity and Neonatal Voices Partnership (MNVP), who have regular access to the maternity department at Hull Royal Infirmary and create actions of their own based on their '15 steps' system. This is where they look at what a patient can observe in their first 15 steps into an area of the department and what this means for their overall experience.

The aim of this current report is to highlight areas of improvement made by the Women and Children's hospital at HRI in response to the recent CQC report. We also looked at the wider services such as breastfeeding support, and how they support women and families in their maternity journey.

It is through the CQC report, engaging with Hull MNVP and conducting our own engagements into this topic that we have observed areas for improvement for maternity health care, and the need for person centered care became apparent.

Throughout our research we have identified themes that have emerged after speaking to both patients and staff. The themes are:

- Issues in communication
- Issues in patient notes
- Issues in accessing appointments
- Issues with Health visitors
- Lack of representation of birthing partners
- Antenatal Day Unit (ADU) wait times
- Staff attitudes
- Bed availability
- Issues with access to counselling `
- Breast feeding support
- Lack of awareness: Epidurals
- Staff training.

Communication

One of the main areas for concern that we identified via patient feedback is the lack of communication across the board in maternity services. Patients report a number of issues surrounding communication with medical professionals. For example, we received intelligence about a patient not receiving any communication when she was losing a lot of blood during her baby's birth and was not fully informed about what medication she was given. It was also noted that the patient nor her birthing partner were given the option to decline the drug.

'What shocked me was when they couldn't stop the bleeding they said they were going to give me this drug but that it would likely cause deep despair and depression but I didn't get the option to decline it!! It did give me the ultimate sense of doom but it wore off! Perhaps more education for women around epidurals etc. as I didn't know a lot of it - including that in the theatre there's about 15 staff members in there with you!! Not the most relaxing of births. I also still to this day don't know what that drug was!'

A mother reporting receiving a drug that would likely cause 'deep despair and depression' without agreeing to it/ being adequately informed on the drug in the first place, raises much cause for concern. As informed consent from a mother/ birthing person or at least someone in the birthing party at the very minimum should be the priority. It would be expected that should the medication administration be a case of acting in a patients best interest, that once the patient has regained capacity, they should have their notes explained to them thoroughly so they understand what has happened and can be put at ease.

It is reported in a study by Elmir .R. et al (2010) surrounding the perceptions and experiences of a traumatic birth, that one of the resounding factors that tend to lead to a traumatic birth is a lack in communication from medical professionals; the study says that women and birthing people had expected communication from healthcare professionals about their labour

process to be an essential part of their birth. When there is a lack of communication, women and birthing people feel less involved in the decision making within their care. Women and birthing people also state that when they recall conversations that health professionals have about their care without their inclusion they become very distressed, leading to a feeling of trauma linked to their birth. This highlights the importance of healthcare professionals listening to their patients during their birthing experience.

There are also issues surrounding communication between groups within maternity, whereby several sectors of the service work in 'SILO' (working completely independently of each other) to a point where a patients notes aren't even passed over from team to team. This can lead to potentially emotionally damaging scenarios, whereby new mothers who have experienced a birth trauma have to relay their traumatic birth story several times across what is essentially the same team i.e. maternity and gynecology. These two systems that in theory would be linked together to share information, are working separately and because of this it is having an impact on the patient. Due to the current way of working this is causing new mothers to have to repeat their traumatic experience which will have adverse effects on their mental and physical health. With respect to this topic, Hull MNVP was given a patient experience story whereby a woman had received an MTOP (Medical Termination of Pregnancy) around 20 weeks into her pregnancy, she cited that the lack of communication between the Labour Ward and Gynaecology led to her having to repeat her traumatic story to medical professionals because the notes weren't shared between the services. This had a further adverse effect on her mental state at the time. Furthermore, the patient was already struggling to get assistance for her mental health due to a lack of service providers for post-natal mental health care in the NHS.

The Women and Children's hospital in Hull Royal Infirmary have made changes to ensure that communication between staff and patients is made a smoother experience with far more clarity. One way they have done this is through the use of their newly launched app; 'BadgerNotes'. BadgerNotes is an online portal and app supported by a system called BadgerNet that allows you to access your maternity records over the internet through your PC, tablet device or mobile phone. Through this app,

patients will have access to their full maternity records, including every clinical interaction since the start of the patients' maternity journey. The information the patient is able to view is generated in real-time from the hospital-based maternity system, using details entered by your midwife or other health professionals involved in your care.

Alongside this, another new portal/app has been launched called 'Badger Notes'. This replaces the handheld paper notes patients receive at the start of their pregnancy. This will allow patients to see their records and add/adjust their preferences such as where they would like to give birth and details of their birthing partner.

The launch of both these new portals will allow not only patients to see their records but will also allow all the staff assisting the patient to have access to all their notes/records since the start of the patients' maternity journey. Due to this, patients will not have to repeat any stories/traumatic events that has happened to relevant medical professionals.

Patient Notes

Previously we have stated that there are issues surrounding a lack of communication within the Women and Children's department, as a result of this issue it has led to serious potential breaches of GDPR within the services, with patients notes being confused with others. We've had reports of patients receiving procedures like blood tests without needing them, or professionals would take blood without really knowing the purpose; *'(Medical Staff) would take blood repeatedly and not know why. (Patient) Wanted to leave and waited a whole day just for notes to be handed over. So understaffed'*.

Others reported having professionals attend to them on the ward with other patient's notes. Not only would this lead to potential breaches in GDPR, it can also lead to patients potentially receiving treatment they don't require i.e. blood tests. We've received intelligence from engagements of

professionals attending to patients with notes and realising they have the wrong notes in quite an alarming way;

'My notes it said I was Bangladeshi!!!! The Indian doctor said when she saw me, oh you're not Bangladeshi!! They'd messed my notes up which explains why I was sent for random blood tests with no one knowing what it was for'.

This is a concern as a patient could be potentially receiving the wrong treatment and care because of an error in notes made by staff. The hope of course is that the switch over from the current paper system to the new electronic system, BadgerNet will ensure a more accurate record of patients' notes to guarantee a safer environment. This could potentially help to support patients to start advocating for themselves as they will be able to see what procedure/medication they require and ask medical professionals as to why they are receiving certain procedures/medication.

Access to appointments + Health Visitors

Throughout our engagements, postnatal care continues to be a highlighted issue as there are continued reports of people not getting access to GP appointments for their 6–8-week postnatal checkup. This checkup allows the patient to express any concerns about their mental and/or physical health. Through engagements we have found that not only patients are struggling to access these appointments but GP's are using this time to focus more on the health of the baby instead of the mother. In our research we have found NHS England's guidance for GP's which provides information in what this checkup should look like. In this guidance it states that GP's have a contractual agreement to carry out 6-8-week postnatal checks on new mothers. It also states that there should be a separate appointment for the mother and the baby, however these two appointments may run consecutively. This is leading to many patients

feeling abandoned by the services, especially if a patient misses their doctors review post birth, as it is extremely difficult to then get a replacement appointment.

Other issues surrounding post-natal appointments include the issue of childcare while a parent attends their appointment at HRI. With reports noting that there are very little by way of activities to keep any children entertained and busy so that the parent can focus on the contents of their appointment.

'With the new baby appointments have been later than they should. Long wait times at appointments and no one to look after the little girl as not allowed during appointments and [Patient] is a single mum, has no family here or childcare. [Patient] has haemoglobin with this baby so had to have an early scan - she lost lots of blood. [Patient] Not supported since.'

We have also received reports of issues surrounding health visitors, with patients not being able to access them at all;

'Health visitor says she has visited - but no answer - we were in. I honestly don't think they even turn up.'

Patients reported they had felt judged by the health visitor's attitudes;

'I actually asked mine to be changed as she was just so rude and judgmental. Questioning things about my house and why things weren't prepared - I'd gone into labour at 32 weeks that's why'.

One of the biggest issues reported was a lack of consistency from the Health visitors. Previously, 'Continuity Care' (a system where a patient would see the same midwife/health visitor throughout the antenatal stages of pregnancy) was prevalent however now due to staff shortages and system changes patients often see different midwives/health visitors both antenatally and postnatally. Mothers have now report a feeling of a lack of care, feeling as though they are passed pillar to post with healthcare professionals.

'Health visitor has been different every single time '

'Health visitor told us we wouldn't be seeing her again as she was retiring'

'When we ask a health visitor for advice - they just pass you onto somebody else'

'It would be helpful if you could stick with one health care visitor where possible so you don't have to relay your child's "story" again and again and again as certain things aren't kept in the red book'

We also gained reports from MNVP (maternity and neonatal voices partnership) that parents felt as though their time with the Community Midwives was rushed, as they were until recently only allowed 20 minutes for each appointment, this however has recently changed and Community Midwives are now allotted half an hour for each appointment. Despite the ten extra minutes seeming like a small addition to appointment times, patients have reported to be reacting positively to this change.

Birthing Partners

An area that has very little by way of patient feedback is the support offered to birthing partners, as well as what is available to birthing partners. Birthing partners have told us that they are not always receiving the support which they require following witnessing a traumatic birthing experience. One patient remarked

'[Patient] from this point doesn't remember much, only [Patient's] husband said he was traumatised as they went into a rushed panic talking with each other and don't communicate to him what was going on. People tend to forget that the dad is "sober" during this and she was out of it so fortunately isn't too affected, they then were able to look at the report as the consultant informed them this was available to them.'

There are also mixed reports when it comes to during the actual labour, with some birthing partners feeling heavily involved with the birth compared to others who felt '*ignored completely*' by midwives.

There is also a distinct lack of birthing partner acknowledgement in terms of artwork/displays that reflects the role of the partners, as noted during a 15 steps visit by Hull's MNVP in August 2023. This observation was made

specifically about fathers, to which the department responded that there was concerns about excluding same sex couples or single parent families, noting that they would rather use generic information so the department does not single out any type of family. MNVP noted in response to this answer, that *'The update provided was useful and acknowledged. There was no evidence this had been amended to include representation of dads. Service user input was offered previously to support with these actions'*.

Another theme that has emerged through our engagements in relation to birthing partners is how birthing partners feel left out of the decision-making process in the antenatal appointments. For example, a birthing partner reported:

'I don't feel completely included in the appointments, everything is more directed at my wife, which is obviously understandable but just wish they would talk to both of us about some decisions'.

This is also highlighted by a report we gained at the Hey Baby Carousel from a birthing partner stating that the letters they receive containing information pertaining to the pregnancy are addressed solely to the person carrying the baby. It is a recommendation from Healthwatch that more effort is made to address letters to those who will be actively involved in the parenting of the baby should consent be given from the pregnant person.

However, through engagements we have seen that this is different with some birthing partners as others report that they feel included in what they can and are happy with the support given to their partners. We have learned that this should be approached by a case-by-case basis as different birthing partners have different opinions on how much they want to be involved. For example, a patient reported that feel completely included:

'[Birthing Partner] feels very confident and comfortable in expressing [his] opinions and feels as though [he's] as included as he can be'.

Antenatal Day Unit: Wait Times

A common theme that we regularly came across was the issues with the wait times for the appointments in the Antenatal Day Unit (ADU). We discovered that patients would end up waiting almost an entire day with wait times ranging from 15 minutes to almost 7 hours to be seen. For example, this can be seen when speaking to patient's waiting for their regularly scheduled antenatal appointment:

'Appointment wait times way too long and not much to do other than sit in a comfy chair and stare at a wall, sometimes for 5 hours. No magazines or charging stations so couldn't communicate with family etc. No staff knew what was going on or how long times wait would be. No access to water as didn't want to walk to cafeteria incise missed our appointment. Appointment times keep changing'.

After talking with staff and patients we soon discovered that in the ADU scheduled appointments take place where birthing people would have their scans/checks, however it was soon realised that all emergency non appointments were also directed into the ADU. Meaning that not only scheduled appointments take place but also emergency patients. As a result of this it meant that people waiting for their scheduled appointments were having to sometimes wait hours as emergency patients would come in and need to be seen to.

In order to combat this issue, Hull Women and Children's hospital have created a Maternity Triage Department. The Triage Department was introduced on the 20th of November 2023 and provides a system where urgent and unplanned patients can be seen to. For example, this can be things such as reduced foetal movements, vaginal bleeding etc.

In this department patients are able to ring up prior to coming in and speak to a midwife who will advise on what is best to do and whether they believe they should come in or not. If attendance is not required then the midwife speaking on the phone will provide support and guidance. With regards to this, they have a specific station with a midwife who is assigned to that station and only deals with phone calls into the department.

When a patient comes into the department, they will speak to the receptionist and express their issues if they haven't previously rang up, in which they will be RAG rated. RAG rating is a red, amber, green rating in which patients are rated as the different colours depending on how urgent the patient's inquiry is. For example, if a patient arrives at the Triage Department with reduced foetal movements, they will be given a RAG rating of Red. The different ratings means that patients will be seen within certain times. If a patient has a Red rating the patient will be seen within 15 minutes, if Amber the patient will be seen within 30 minutes, if Green they will be seen within an hour.

The Triage Department is open Monday to Sunday between the hours of 8:00am-10:00pm. If a patient has any urgent concerns while the department is out of hours the patient will still be able to ring the Triage department in which the phone call will be routed to the Labour Ward in which they will deal with any concerns and advise the patient on the next steps. If this happens the Labour Ward would then communicate the patients' concerns to the Triage Department when they re-open. All issues/concerns that are made through the phone or at the triage department will go on the patients record.

After speaking with patients about the new addition to the Women and Children's Hospital, we have received a lot of positive feedback. This includes patients feeling listened to and has made them feel a lot more at ease knowing they will not have to wait long to be seen.

'I went to the triage department today actually and yeah I felt really looked after and I was seen to straight away. I was so relieved'

After speaking with staff working at the ADU they have informed us that the Triage department has helped them to a great extent. It has also allowed them to see patients that have a scheduled appointment at an appropriate time. However, when we spoke to staff working in the Triage department, we were informed that the department is not always staffed to the extent that is needed, causing issues for emergency patients such as having to wait longer than they should and their inquiry feeling rushed. From our research we have been informed that there should always be at least 2 midwives manning the department during opening hours. Through

observation and speaking with staff we have realised that the department has unpredictable rushes of patients at the same time making it very difficult for the staff to handle the workload. At Healthwatch we do understand the frustrations that staff face on a daily basis and understand that issues such as staffing is out of their control. The Triage department overall has shown improvements in the ADU wait times however there are still questions about the triage department in terms of staffing compared to the workload.

Staff Attitudes

While many patients express an understanding for the limits of the service at the moment due to staffing issues, many still report a distinct issue with attitudes displayed by staff towards the patients, often feeling alone, not listened to or simply looked down upon by staff within the maternity wards.

There have been repeated reports of issues with the staff in the maternity sector coming across as rude, with many patients reporting regular poor attitudes and inappropriate comments. Patients have also reported feeling as though they are a 'tick box' and don't feel listened to. Throughout our engagements we have heard a range of lived patient experiences on this topic that range from feeling as though professionals ignored the concerns of patients, in some cases leading to serious medical problems later on, through to comments made by staff that are simply inappropriate given the scenario some of these patients are in.

'I gave birth at home but noticed something was wrong with his breathing but the newly qualified midwife dismissed my concerns. She kept reassuring me that that's how new-borns breathe but when a more experienced midwife checked him over we were rushed to intensive care with potential sepsis.'

'I gave up on breastfeeding during my time in the aftercare on rowan ward as I just didn't see any staff! Then they came in the next morning as said "aww why aren't you breast feeding have you given up already"'

Our conversations with Hull MNVP revealed that they have also received reports from current and ex patients of rude behaviour from staff.

'Rowan ward bad experience - overheard midwives moaning about how busy and short-staffed they were. She also heard them moaning about how women kept pressing buzzers (so [Patient] does not dare press [Patient's buzzer] even though [Patient] was in pain and had had no pain medication). Also heard cleaners changing sheets moaning.'

At one point she needed the toilet and asked a midwife to hold her baby while she went, the midwife told her: *'We are not a baby holding service.'*

Bed Availability

Throughout our engagements a theme has been identified that there appears to be a severe lack of beds within the wards, with reports of heavily pregnant patients being put in spaces that were supposed to be used for storage of medical apparatus just to give them spaces to lay down. This can be dangerous for birthing people as if they are unmonitored in a storage room things could potentially fall on the patient. Furthermore, patients may be ignored as they are not in the usual rooms and may result in some patients being forgotten about. This especially is a risk for those in labour as if they are potentially forgotten about, they could be near to giving birth without being monitored making it very dangerous for both the parent and the baby.

As a result for the lack of bed, we have spoken to patients that have been transferred to another hospital in the surrounding area such as Grimsby and York or have been told to go back home. We have received reports of birthing people being in labour, going to Hull Women and Children's hospital and being told that they need to go to a different hospital or go home and that they must make their own way there. This could potentially pose a massive risk to patients as they are being unmonitored during the transfer period in which potential issues could occur threatening the health of both the patient and the baby, for example, this could lead to problems such as sepsis or infections. As well as this, both York and Grimsby hospital range between 33-41 miles from Hull Women and Children's hospital which

takes approximately an hour to reach. In that time a patient could potentially give birth on the journey depending on how far along the patient is in her labour, causing extreme risks to the mother and the baby.

'[Patient] had gone into labour but they sent her home as no beds. Told to come in again once contractions were closer together, then [Patient & Baby] both got an infection so baby had to be in intensive care.'

'By the fifth day [Patient] went into labour but there were no beds for [Patient] to give birth at Hull so had to make [Patients'] own way to Grimsby Hospital. [Patient] was in two days so partner and mum had to make own way, pay own travel – it's over an hour away.'

'Rang a few times and told not to come in for a check as busy or no beds. Then when we went in she was eight cm dilated'

'I was waiting over a week for a bed to become available after a fourth stretch and sweep – because of my specific medical condition I got sent to Scunthorpe last minute.'

There is also evidence that women that are sent home during early labour experience varying levels of anxiety around the situation, Morson M. (2013) identified that women sent home in early stages of labour *'sought reassurance and being sent home made them feel unsupported and may have actually increased their anxiety". Being sent home, "can be extremely stressful for women and their partners and can result in feelings of being neglected". Anxiety and fear were two psychosocial concepts prominent to the theme of conflict between knowledge of labour symptoms and women's initial responses when at hospital too early in labour to be admitted'*

Other women expressed a feeling of disappointment having been sent back home when appearing at the hospital experiencing symptoms of early labour, and almost a guilt in attending the hospital while not knowing

they were in active labour in case they were bothering the staff on the ward.

For example, a woman explained that she wanted to feel excited and joyful for herself and for her husband but instead she *'just kept feeling that letdown from [herself].'* When labour became more evident for this patient she felt as though she did not want to go back to the hospital because she did not want to be sent home again.

We have received multiple reports of women being concerned that the midwives would be *'angry'* at the patient because the patients' contractions were further than 5 minutes apart. Women who had their second baby also reported that they did not was to be seen as an *'annoyance'* to the hospital staff by returning to the labour unit and then being sent home again.

The cervix needs to open about 10cm for a baby to pass through it. This is what's called being fully dilated. In a 1st pregnancy, the time from the start of established labour to being fully dilated is usually between 8 to 18 hours. It's often quicker (around 5 to 12 hours), in a 2nd or 3rd pregnancy. It's therefore understandable to think why some pregnant people appear at the hospital more than once out of concern for how dilated they are, especially if this is their first baby.

Access to Counselling

Many mothers/birthing people require access to professional counselling after their birth, especially in cases where there has been a birth trauma, defined as *'any physical or emotional distress you may experience during or after childbirth'*. The main issue surrounding counselling for post-natal mothers/ birthing people is the time they are expected to wait before they can receive the help they need.

'She is having counselling now the baby is almost 2 but it is through work as the NHS wait list was so long'

'My daughter was offered one counselling session after her traumatic birth but no more after that then she was out on a waiting list again. She's still waiting and it's been a year'

'There's not been much support throughout but my mum is a counsellor for house of light which is a hull service for perinatal mental health specialists offering counselling and support to women affected by Antenatal and Postnatal Depression - they have been amazing support'

Perinatal Mental Health services in Hull are available to women that are registered with a GP who are pregnant and then up to 12 month's post-partum, their team is made up of:

- Advanced and Specialist Nurses
- Perinatal Consultant Psychiatrists
- Specialist Doctors
- Cognitive Behavioural Therapists
- Occupational Therapists
- Social Workers
- Nursery Nurses

These services are available upon professional referral to women who experience issues with their mental health such as;

- Moderate to severe post-natal depression
- Anxiety disorders including obsessive compulsive disorder and panic disorder
- Eating disorders
- Post-traumatic stress disorder

- Severe mental illnesses including schizophrenia, schizoaffective disorder and bipolar affective disorder
- Postpartum psychosis
- Severe self-harm
- Suicidal thoughts

One woman we spoke with at a Goodwin breast feeding support session spoke of a perinatal mental health worker that were *'unbelievable'* and *'changed her life'*. Her report states; *"The advocacy and genuine care and compassion helped heal previous trauma and enable me to parent and enjoy my little girl free of boundaries and crippling anxiety"*

The aforementioned service 'House of light' is mentioned frequently in discussions surrounding post-natal care, particularly with reference to post-natal therapy. House of Light is a charity founded in 2007 that works specifically with those in need of assistance with perinatal mental health care. With the lack of access to perinatal mental health service being provided by the NHS in this area, House of light often has to step in to provide this much needed assistance for mothers/ birthing people in this area. They cover areas such as:

- Antenatal Depression and Anxiety
- Postnatal Depression and Anxiety
- Obsessive Behaviours and Thoughts (e.g., OCD)
- Birth Trauma
- Miscarriage and Baby Loss

House of light provides much needed support groups and one-to-one sessions with women/birthing people who really require it but can't gain access through NHS provided channels.

Another charity highlighted by the research into maternity services around Hull would be Chasing Rainbows, similar to house of light with regards to the level of support the charity provides to women/birthing people, however chasing rainbows looks more into the care of patients that have

cases of recurrent baby loss. Providing support groups and helpful alerts for medical professionals such as memory bracelets and stickers that state 'my baby died' to be attached to any potential future maternity notes a patient may have. This is particularly helpful with regards to improving empathetic language used towards these women/birthing people.

Testimonials from service users of Chasing Rainbows include:

"The charity has supported me and got me through the last 3 years. There is still so much education needed on the topic of recurrent miscarriage and it's still very much of a taboo subject but this wonderful support group has acknowledged every single one of my losses and provided me with the empathy and kindness that's needed when the wave of grief hits time and time again. I will forever be grateful for Sam and the charity for listening, giving me the strength to continue and for walking alongside me during this difficult journey."

The fact that so many women and birthing people need to rely on the assistance of charities such as House of Light and Chasing Rainbows very much highlights the strain surrounding the area of perinatal mental health.

The owner of the charity Chasing Rainbows, has been taken on as part of the maternity bereavement team at Hull Royal Infirmary in November 2023 under the role of bereavement support worker. This position was created after feedback from service users station there as too much time spent in the bereavement suite without attendance from a professional. There was also feedback stating that bereaved parents found peer support to be a massive help in processing the feelings present following the loss of a child. This addition to the team has meant that there are now two bereavement midwives and one bereavement support workers available to those in need, it has also meant that it has freed up more time for midwives who were being pulled away from their duties to attend to bereaved parents when there were no bereavement specialists available. The bereavement support worker is also trained to support bereaved parents through the process of making memories with their babies. This role is brand new to the services, demonstrating an understanding by the maternity team of both the gap in services and the need from service users to have more support present in their bereavement team.

Breast Feeding Support

While it is acknowledged by Healthwatch that much has been done to improve the care surrounding support given to new mothers should they choose to breastfeed their baby. We have found that when a patient decides that they definitely want to breast feed, the care and support from NHS staff is available and has very positive outcomes. However, for those who mark that they are not sure on their birth plan, mothers find that they are left with little to no support from health care professionals, when the reality is that they may choose to breastfeed at a later date and require education/assistance around this issue. Patients also find that they more often than not have to seek out their own help via local groups set up by other parents rather than from actual medical professionals with training in this field.

Unfortunately it has been noticed that the reported problems surrounding the negative attitudes expressed by medical professionals extends into people who would like breast feeding support;

'Wasn't supported afterwards with breast feeding they made [Patient] feel small and stupid.'

'No support really for breast feeding only one specialist I saw in the three days as no none else specialist to advise. VERY understaffed and neglectful because of it'

'I gave up on breastfeeding during my time in the aftercare on rowan ward as I just didn't see any staff! Then they came in the next morning as said

We attended a meeting at Lemon Tree Family Hubs centre breast feeding group on Friday 27th October 2023 and gained this information from a general group discussion:

'A lot of women at the breast feeding (BF) group felt unsupported at hospital with BF. Some encouraged others discouraged. Some felt patronised and demonized for NOT wanting to BF. There's zero support

with it afterwards other than your HV checking on you and they're always seeming to be in a rush, they say ring this number but then you just get advised to find these self-made groups by mums! There's also zero help on stopping so mums can't win either way! Hence why many mums still BF at three now. Also not enough education around it at all. I was actually in an NHS video last year which was to hopefully go in hospitals as part of an education video as there has been a massive decline in women's breast feeding in Hull and ER. There's also no education about the health issues that can come with BF such as mastitis and abscesses so women are having to go on online forums to get help and support from other mums'

'After care wasn't great except one staff member took time to help me with breast feeding'

I had my baby during the night so I'm Not sure if there's even less staff on a night but I was in my own room but was left all night so had to do three unaided breast feeds which I already told them I was struggling with but just had to manage as there was no staff to be seen. I was an emotional wreck'.

'I wish there was more support to stop breast feeding. They encourage you to do it but then there's no support to stop other than to go cold turkey when the consequences of that are dangerous, especially for mental health.'

'I've found there's a lot of support for breast feeding set up by local women's groups but not in the actual hospital. I also had to find them myself'.

We see once again that there are certain groups of stakeholders outside of the medical profession that must be set up in order to support the mothers/birthing people who require assistance with breast feeding. While this is fantastic and proactive work by those working outside of the

Maternity sector, it is concerning that feedback from groups outside of the hospital would suggest that support is lacking for those wanting to breast feed.

After speaking with the Family Hubs Programme, we understand that initially there was only one lactation professional on the maternity ward and only one available to the community, since then the hubs have put 100 volunteers in place to assist the professionals and in April 2023 five of those volunteers were recruited in to paid roles as breastfeeding practitioners and consultants.

Procedures: Epidural

During our research many patients reported that they were being encouraged not to have epidurals during their labour:

'I was encouraged not to have an epidural as then I wouldn't be able to have my water birth like I had planned, and you also cannot stay on the Fatima suite which is so much nicer'

Epidurals are used in labour and childbirth which involves an injection into the back to stop you feeling pain in parts of your body. When doing our own research we soon discovered the reason as to why patients are being encouraged not to have epidurals. This is due to how dangerous epidurals can be and how there are very serious risks to be considered including permanent nerve damage, infections, paralysis and even death.

When speaking to a midwife about why women were encouraged not to have epidurals she reported:

'An epidural is such a serious procedure that unless needed for emergency purposes we try to persuade the woman not to have one. A woman is more like to tear as she doesn't know when to push, it can take a while to wear off afterwards so can't care for baby as much. The woman cannot move about at all during contractions which can be more painful and doesn't allow the use of gravity to help the baby naturally drop. It also

has such serious side effects and in worse circumstance to even lead to total paralysis or death, so it's not a great option.'

It would appear from our feedback that women are being encouraged not to have epidurals without fully understanding the reasons why. This links back again to the theme of communication, and more awareness needs to be made about the safe use of epidurals during labour. This is putting not only massive pressure on the midwives/doctors as they have to persuade patients to endure labour away from an epidural, but also puts the patient at risk as they are unaware of the effects/risks and blindly ask for an epidural.

Staff Training

In the recent CQC report published in August 2023 - about Hull Women and Children's hospital staff training was a key concern. For example, in the report it was expressed that only 51% of staff had completed their standard height measurement training, the trusts target is 90%. Furthermore, only 39% of staff had completed their perinatal institute growth assessment protocol. All figures will be at the time of the CQC visit/inspection. Many more figures were highlighted throughout the CQC report, which carries massive concern.

When speaking to staff about this issue many members of staff have expressed how they don't have time to complete the training as they are too busy with patients.

Currently at Women and Children's hospital they are monitoring staff training levels and encouraging staff to complete their mandatory training. By this they are asking staff to possibly complete the training in their own time in which they will receive the time back in TOIL.

Antenatal Support Services

Hull Women and Children's Hospital run a monthly service called the Hey Baby Carousel. It is at these events that pregnant women and their partners can learn essential information for when their babies arrive, companies and branches of the NHS can attend in order to give people this vital information, such as:

- Labour Ward and Midwifery Led Unit
- Healthy lifestyles
- Infant feeding
- Car seat safety
- Baby massage
- Pre and postnatal exercise
- Home birth
- Oral health
- Bathing and nappy changing
- Safe sleeping
- Ask a Midwife service
- Maternity and Neonatal Voices Partnership (MNVP)

People that attend the carousels have reported that they are extremely useful and informative and that people appreciate being able to access maternity professionals to ask questions they may have between appointments.

Conclusions

To conclude, through our investigation into the maternity care experienced by patients of Hull Royal Infirmary, we can say that there has been many improvements made by the staff of HRI to improve patient experience following the CQC report published in 2023.

We look forward to observing how the new implemented 'badgernet' will assist both patients and professionals in keeping patients notes organised and together to avoid future potential emotionally damaging repetition of traumatic birth stories. We appreciate the change of adding more time to health visitations and recommend the continuation of this adjustment as the improvement to patient care is very evident from the patient feedback we have received since this change was implemented, the benefits also provided to health visitors due to this change are also very positive, as it is sure to lessen the feelings of being rushed through appointments.

Whilst Healthwatch acknowledges the potential pitfalls of trying to include everyone and the difficulty of attempting to please everyone, we do strongly recommend that the services make use of the service users made available to them to ensure that as many bases are covered as possible with regards to the representation and inclusion of birthing partners within the wards and throughout the pregnancy as well as adding more artwork/displays around different types of families to showcase the equality and diversity of those accessing the services and not just displaying the stereotypical nuclear family. The positive changes made to the Antenatal Day Unit (ADU) including the triage department has enacted improvements to the times patients are waiting for care, Healthwatch does however acknowledge the questions surrounding the staffing of the triage service and hope this stress can be alleviated in the near future. We would strongly recommend that should the budget allow for it that the labour ward be allowed additional beds to allow the care of patients in a more timely manner and prevent any dangers that may arise from displacing patients either back to their homes, to other hospitals or to inappropriate areas within Hull Royal Infirmary.

The appointment of a bereavement support worker is highlighted to us as a major step forward towards solving the problems patients are finding in accessing counselling, particularly for bereaved parents. We do however suggest that more work is done towards making counselling in all of its form more accessible to all patients of the maternity services in this area. Breast feeding support within the hospital setting is an area in which improvements need to be implemented, but we have heard only positive reports surrounding the external support available to those parents

choosing to breast feed their babies i.e. the Goodwin Breast Feeding Peer Support Service.

The lack of awareness surrounding patients awareness of the pros and cons of receiving an Epidural prior to giving birth is an area of concern for both the staff at Hull Royal Infirmary and us at Healthwatch, we believe that more education on the topic of epidurals is essential to making sure birthing people are given every option they are entitled to prior to their labour experience. We at Healthwatch understand the difficulties faced by staff in the maternity ward at Hull Royal due to the current staff deficit, we do however believe that despite this, it is crucial that staff are given the adequate time to complete their mandatory training that allows them to complete their jobs to the utmost of their ability, as without it they would be liable to put themselves, their colleagues and their patients in unnecessary and avoidable danger.

Recommendations

As part of their improvement plans, Hull Royal Infirmary maternity department should implement the following actions to improve patient experience.

- The important role of birthing partner should be made explicitly clear and efforts should be made to ensure that partners do not feel excluded from the birthing process. This can be achieved by the inclusion of partners in all posters and external communication, e.g. leaflets and notice boards.
- Managers in the maternity Triage department should ensure that minimum staffing levels are adhered to at all times, to ensure that the triage system works effectively and prioritises those in

emergency whilst at the same time, ensures that all other women are adequately supported.

- More appropriate organisation of the Maternity Triage Department so it is staffed with the appropriate levels of staff when needed
- Labour ward to increase the amount of beds available to birthing people in labour
- For the Hospital to have more in-hospital postnatal mental health support, such as signposting information for services such as House of Light and Chasing Rainbows. Additional support workers for mental health support within the hospital maternity department.
- More in-hospital breastfeeding support, such as better utilisation of the voluntary sector breast feeding support volunteers for example from Goodwin.
- For the Women and Children's hospital as well as other organisations to create more awareness of the potential dangers of patients having an epidural for example in antenatal classes and during pre birth mid wife appointments to ensure women and birthing people are able to make an educated, informed choice about having an epidural.
- For the Hospital to allow more time for staff to complete their mandatory training during work hours to ensure training is up to date and staff are supported to complete their training.
- A point to consider could be that during initial appointments it could be discussed, where appropriate, for letters to be addressed to those who will be actively involved in the parenting of the baby should consent be given from the pregnant person.

Acknowledgments

Healthwatch Hull and Healthwatch East Riding would like to thank the following organisations for their feedback and co-operation:

- Hull Women and Children's hospital
- Maternal Neonatal Voices Partnership
- Chasing Rainbows
- House of Light
- Goodwin Breast Feeding Peer Support Group
- Family Hubs Programme
- Rosie Willis Healthwatch East Riding Project Officer

References

Elmir, R., Schmied, V., Wilkes, L., & Jackson, D. (2010). Women's perceptions and experiences of a traumatic birth: A meta-ethnography. Journal of advanced nursing, 66(10), 2142-2153.

Morson, M. (2013). Experiences of women in early labour sent home following hospital assessment (Doctoral dissertation, Trinity Western University).

Fenwick, J., Bayes, S., & Johansson, M. (2012). A qualitative investigation into the pregnancy experiences and childbirth expectations of Australian fathers-to-be. Sexual & Reproductive Healthcare, 3(1), 3-9.

Appendix

A strategic group looked to improve breastfeeding levels and in 2018 carried out a needs assessment on the area. This found that breast feeding levels drop from 60% to 33% around the 6-8 week mark. It was noted that visitation happens between 10-14 days of the family being back at home, meaning there is quite the gap for new mothers with no professional contact. Now with the assistance of breast feeding practitioners, that number has increased from 33% to 44%, proving that the additional assistance does help improve people's chances at breast feeding for longer. Hull is a recognised UNICEF baby friendly city and is only 6% off achieving the gold standard in this acclaim.

The Hub team have also discovered that returning to work negatively affects the drop off rates for breastfeeding, because of this they are looking to implement a better back to work policy surrounding breast feeding within their own systems. They are also looking to provide safe and comfortable areas for parents to express their breast milk in the hopes of encouraging mothers to breastfeed for longer.

Awareness around breast feeding is being raised in several different ways, one of which includes the team attending city wide events with a breast feeding friendly gazebo. The gazebo is covered in art created by children from local schools to help tie it in to the area but also to help normalise the concept of breastfeeding to local children. The attendance of the gazebo at many different city wide events was primarily to ensure that those choosing to breastfeed have a dedicated designated area where they can feel safe and supported while they breastfeed their infant. There is also a 'Milk Trail' hoping to open in spring 2024, which involves breastfeeding friendly venues across the city of Hull. Each venue will have a question relating to breast feeding outside it and the answer will be available inside the venue. The hopes of this is to highlight venues which are breast feeding friendly, as well as attain a level of normalcy for those wanting to breast feed.

(Photos supplied by Jason Goforth, Programme Lead for Children, Young People and Families)

The Hub highlights that every parent of a new-born infant should receive what's known as a 'pink sheet' with various information on regarding the breast feeding support available across Hull and the East Riding (featured below).


The Pink Sheet

produced by Goodwin Breastfeeding Peer Support Service

March 2024

Breastfeeding Support

In Hull East Riding & North Lincolnshire

Goodwin Breastfeeding Peer Support Service

Mums supporting mums at groups, in the hospital and on a helpline **07980 731013 (8am-10pm)**. Referrals for home visits or to discuss hire of a breastpump, please call **01482 497811.**

Hull

Breastfeeding Support Groups

Tuesday 11am-2pm, **Cups and Scoops, 209 Chanterlands Avenue, HU5 3TP**

Tuesday 1.30pm-3pm, **Acorns Family Hub Café, Nestor Grove, HU9 4DP**

Tuesday 1pm-2pm, **Little Stars Family Hub Breastfeeding Support Group**

Wednesday 1pm-2.30pm, **Bransholme Play Group, Bransholme Methodist Church, HU7 4RS**

Thursday 10am-12 noon, **World of Wonder, Oasis Hub Hull, 310 Newland Avenue, HU5 2NB**

Thursday 1.30pm-3.30pm, **Marfleet Family Hub, HU9 5AN**

Friday 10am-12 noon, **Lemon Tree Family Hub, Lothian Way, HU7 5DD**

Friday 10am-12 noon, **Christchurch Newland Toddlers, 552 Beverley Road, HU6 7LG**

Our weekly groups are a great way to socialise with other breastfeeding parents in the local area. Each session is supported by a breastfeeding peer support volunteer who can give breastfeeding support during the session or arrange one-to-one support. Partners welcome to come along too! Please check availability of groups on Facebook.

National Organisations

La Leche League of Hull and East Riding: Claire 01759 302883, Laura 07796 717754

National Childbirth Trust: 0300 330 0770 (8am-midnight)

La Leche League: 0345 120 2918 (8am-11pm)

National Breastfeeding Helpline: 0300 100 0212 (8.30am-9.30pm) (Breastfeeding Network and Association of Breastfeeding mothers) including Welsh and Polish support

Breastfeeding Network Bengali / Sylheti Helpline: 0300 456 2421

Association of Breastfeeding Mothers Helpline: 0300 330 5453 (9.30am-10.30pm)

Drugs in Breastmilk Information Service: www.breastfeedingnetwork.org.uk/drugs-factsheets/ or via Facebook.

Lactation Consultant Service

This is a free service provided by the hospital and community NHS Trust in Hull. If you are experiencing challenges to breastfeeding (for example recurrent mastitis, low milk supply, weight loss or a slow gain) please ask your midwife or health visitor to refer you for specialised support. You will be contacted by a trained lactation consultant who will explore the issue and provide a plan of care.

Please ring Single Point of Contact (SPoC) 01482 259600

Scan me!

www.familyhubshull.org.uk

Goodwin doulas and breastfeeding peer support

East Riding

The East Riding Infant Feeding Service is delivered by the integrated specialist public health nursing (ISPHNS) and children's centre services. The service is here to provide you with information and support on feeding and caring for your baby throughout pregnancy, birth and throughout your child's first formative years. The services provide one to one breastfeeding support via home visits, breastfeeding support groups and specialist support delivered by IBCLC's (Lactation Consultants).

Lactation Consultant Service

Some women and their babies may need more intensive or specialist breastfeeding support. If you are continuing to experience problems with breastfeeding for example weight loss, slow weight gain, or low milk supply your midwife or health visitor may refer you, or you can ask to be referred, to the appropriate lactation consultant service. This is a free service.

For telephone advice Mon-Fri 9am-5pm please ring the Single Point of Contact (SPoC) ISPHN contact number: 01482 689689 or visit **www.humberisphn.nhs.uk/east-yorkshire-breastfeeding-support/**

Scan me!

East Yorkshire Breastfeeding Support

North Lincolnshire

Weekly Breastfeeding Support Groups

Monday 10am-11:30am, **Scunthorpe Central Library,** Carlton St, DN15 6TX

Tuesday 10am-11:30am, **Crosby Collective Cafe,** Ave Vivian, DN15 8LG

Wednesday 1:15pm-2:45pm, **Barton Children's Centre,** Council Terrace, DN18 5AP

Thursday 1pm-2:30pm, **The Arc,** Westcliff, 2 Lichfield Ave, DN17 1QL

Friday 10am-11:30am, **Ashby Children's Centre,** Collum Lane, DN16 2SZ

Run by trained peer support volunteers offering a chance to socialise with other breastfeeding mothers, ask questions or share useful tips. Just pop in, partners and siblings welcome.

East Riding

Breastfeeding Support Groups

Please find below a list of all East Riding of Yorkshire Children's Centres along with the day and time of the Breastfeeding support groups.

The groups are informal and a lovely way to meet other breastfeeding mums and gain confidence feeding out and about.

Contact your local Children's Centre if you would like support with breastfeeding or to find out more about the groups. You can get support before you have your baby too. Partners and birthing partners are also welcome to attend.

Scan me!

Anlaby Children's Centre Monday 10am-11.30am Tel: 01482 565560

Beeford Children's Centre See Beverley or Driffield

Beverley Children's Centre Tuesday 1.30pm-3pm Tel: 01482 882066

Beverley Baby Bistro (available fortnightly, term time only) Tel: 07580 741859

Bridlington Children's Centre (Butts Close) Wednesday 10am-11am Tel: 01262 409596

Bridlington Family Centre (Shaftesbury Road) Friday 1.30pm-2.30pm, The Hinge Centre Tel: 01482 395470

Brough Children's Centre Wednesday 10am-11.30am Tel: 01482 669474

Cottingham Children's Centre Tuesday 10am-12pm Tel: 01482 845636

Driffield Children's Centre Tuesday 11.15pm-12.30pm Tel: 01377 240782

Goole Kingsway Children's Centre Thursday 1.30pm-2.30pm Tel: 01405 761287

Hedon Children's Centre (Scout Hut) Tuesday 10.30am-12 noon Tel: 01482 899962

Hessle Children's Centre Tel: 01482 629085 See Brough or Anlaby

Hornsea Children's Centre Thursday 11.30am-12.30am Tel: 01482 537160

Howden Children's Centre Tel: 01482 395229 See Goole Kingsway

Market Weighton Children's Centre Tuesday 10am-11am Tel: 01430 874090

Pocklington Children's Centre Tuesday 1pm-2pm Tel: 01759 307154

Withernsea Children's Centre Tuesday 10am-11.30am Tel: 01964 612618

www.eastriding.gov.uk/living/children-and-families/childrens-centres

(Pink Sheet supplied by the Goodwin Breast Feeding peer support service)

The Goodwin breast feeding peer support service put on several breast feeding support sessions across the Hull and East Riding areas, which are highlighted on the pink sheet, each session is attended by a breastfeeding peer support volunteer who can give breastfeeding support during the session or arrange one-to-one support for those in attendance.

Volunteers hold regular infant feeding groups and have noticed a distinct lack in attendance of of partners. Family Hub suggests that this may be due to partners having to return to work sooner than mothers and therefore perhaps don't have the time to attend meetings with their partners. The Hub has suggested that it may be appropriate to have a text/email alert service whereby partners can be clued in as to what was discussed at the support meetings and therefore feel in a better position to support their partners through their breastfeeding journey.

Report Response

Hull University Teaching Hospitals NHS Trust is grateful for the work undertaken by Healthwatch and the opportunity to respond to the recommendations in order to take these forward and make further improvements.

We are pleased to receive the feedback in the conclusion that there have been many improvements made by the staff at the HRI to improve patient experience following the CQC report published in August 2023. We also recognise that there continues to be significant work to undertake on our improvement journey and are grateful for the commitment of our teams to delivering continued improvement.

Healthwatch representatives form part of our monthly assurance visits in maternity that the Integrated Care Board (ICB) and Maternity and Neonatal Voices Partnership (MNVP) partners also support as we seek to implement, and test the effectiveness of, our action plans to continue to improve maternity services.

1. The important role of birthing partner should be made explicitly clear and efforts should be made to ensure that partners do not feel excluded from the birthing process. This can be achieved by the inclusion of partners in all posters and external communication, e.g. leaflets and notice boards.

We are committed to making improvements for the inclusion of birthing partners across services.

Labour Ward
The team is in the process of developing a new notice board promoting Support Partners and other family members.

The new board will take all of these dynamics into account.

Maternity Led Unit (MLU)
MLU has pictures of dads and birthing partner. At the monthly carousel events, the MLU representatives talk to service users about how their birth partners can be involved. Birth partners are actively welcomed at the birth options appointments and their questions answered. The MLU Philosophy of Care signs displayed twice on MLU public areas state “we are dedicated to providing a positive birth experience for women and their families” and “we work together with women and their families…” (By “families”. The team are trying to be inclusive to whoever their birth partners may be). Moving forward the team will create another board, including information in rooms.

The team will work together to ensure there are consistent information in all areas. The team will develop an information leaflet on the ‘role of a birthing partner’ and include this in the Birth Education package and include the links to the NCT video and information for 'top ten tips for birth partners'.

The team will consider covering in the antenatal education package put together by our Antenatal Education Midwife

2. Managers in the maternity Triage department should ensure that minimum staffing levels are adhered to at all times, to ensure that the triage system works effectively and prioritises those in emergency whilst at the same time, ensures that all other women are adequately supported.

We are pleased with the progress that we have made against our performance targets now in place to triage women in a timely manner. Since October 2023, we have been consistently able to see women within an average of 20 minutes, which is a transformational improvement since the time of the CQC inspection.

The team are consistently working towards ensuring optimum staffing in all of the antenatal outpatient services in Women & Children's. The team are streamlining how services delivered and supported to ensure that staffing is as required in the Triage department. We are seeking to embed our staffing and are working with system partners to secure funding for the staffing structure required for 24/7 Triage cover.

We have expanded our oversight reporting to include the triage department. This allows us to monitor and act on any deviations in our planned staffing against actual staffing.

3. More appropriate organisation of the Maternity Triage Department so it is staffed with the appropriate levels of staff when needed.

The triage staffing model has been designed using the Birmingham Symptom Specific Obstetric Triage System (BSOTS) and applying the suggested staffing for a unit of 4,800 births. It also incorporates local data for identification of peak times where increased staffing is required to ensure safe and appropriate assessment and triage of birthing people attending the unit. This data undergoes regular review and staffing requirements adjusted.
We are continuing our focus to improve our triage department to sustain the improvements in waiting times we have achieved in 2024 to date.

4. Labour ward to increase the amount of beds available to birthing people in labour.

We are currently part of a National Programme, which is looking at ways to improve Patient Flow across Maternity Services.

To maximise patient throughput and bed utilization, within the current climate of needing to recruit to our vacancies and clinical acuity, we currently adopt the following measures.

- We have Operational Matron Cover 7 days /week (08:00 -20:00 Mon - Fri, 08:00 - 17:00 Sat-Sun)

- Morning Multi-disciplinary meetings to discuss acuity and Patient flow. Huddles throughout the day to gain Operational insight
- We dial into an LMNS midday meeting to discuss acuity within the region, with the potential to transfer Women to other Units.
- We are working towards a 24 hour Triage service (currently open until 22.00) to free bed space and Midwifery time on Labour ward for birthing people
- We are awaiting a review of establishment/ birth rate refresher to ensure staffing is allocated to the right areas

We have introduced Nurses working within Maternity (scrub nurses/recovery nurses/bank nurses) to improve patient flow with timely cares and assessments on women; this alleviates the pressures on the Maternity Workforce.

5. For the Hospital to have more in-hospital postnatal mental health support, such as signposting information for services such as House of Light and Chasing Rainbows. Additional support workers for mental health support within the hospital maternity department.

Women receive information postnatally regarding mental health support including House of Light and Every Mum Matters where they can self-refer to services. Midwives enquire about mental health and wellbeing at each assessment; they can support and escalate for in-house support or external referral if required on a case-by-case basis. House of Light attend the Carousel events to promote their services too.

We will work with the MNVP and service users to identify what further improvements we can make. We will explore the feasibility to introduce Additional Support Workers.

6. More in-hospital breastfeeding support, such as better utilisation of the voluntary sector breast-feeding support volunteers for example from Goodwin.

The Goodwin Support volunteers provide in-house breastfeeding support. We also have Infant feeding support workers both in hospital and out in the community who work closely with our Infant Feeding Lead Midwife to provide support, referrals and feeding plans for women. All Midwives and Midwifery Assistants have had the appropriate infant feeding training and therefore can support with breastfeeding. We are working with our system partners to try to secure funding to increase the Infant Feeding Mat Neo Specialist team so they can also support with appropriate breastfeeding support.

- Our voluntary sector support has been supportive and proactive.
- We recognise that to achieve our Breastfeeding Initiative (BFI) Standards, we will require a robust training package and which will require appropriately trained specialist leads to deliver the service at this standard
- We are reviewing our resources, with a view to progressing the objectives

We recognise that as a trust, we should not be overly reliant on the voluntary sector such as Goodwin, rather that we invest in paid roles to progress this important support.

We are working with our system partners to try to secure funding to improve our staffing in place.

We recognise the importance of meaningful conversations in the antenatal period for BFI requirement and this reflected in our most recent BFI audits and that currently we are not meeting this standard. We have developed a newsletter around this topic to improving these conversations to help families prepare through evidence-based information from health professionals.

As part of our BFI reassessment in 2019, the assessor highlighted implementation of a robust training package. We completed our training package, despite the challenges from the pandemic and our current workforce pressures. Some of our key training focus has been for newly qualified midwives, midwifery assistants and our recovery suite nurses that work within maternity services. This led to delays in training existing midwives. We are continuously recruiting to additional posts and we will be able to provide a full day's update as part of the new training schedule.

7. For the Women and Children's hospital as well as other organisations to create more awareness of the potential dangers of patients having an epidural for example in antenatal classes and during pre birth mid wife appointments to ensure women and birthing people are able to make an educated, informed choice about having an epidural.

Pain relief discussed as part of the Birth Education classes provided by HUTH. A full discussion regarding epidural risks / benefits discussed with the birthing person by the anaesthetist and informed consent obtained. Information is available in almost any language and the information is utilised from the 'Labour Pains' website. Interpreter services used if required discussion to take place.

We will seek to work with the MNVP to redesign our information on the risks and benefits of pain relief - this should not just be limited to epidurals.

8. For the Hospital to allow more time for staff to complete their mandatory training during work hours to ensure training is up to date and staff are supported to complete their training.

The Trust recognised that it needed to undertake significant work to recover our mandatory training performance, and crucially support our staff to undertake training.

Where possible staff are encouraged to undertake their mandatory training during working hours. A number of these training days are rostered in to the duties.

We have ran additional sessions to recover our training performance to above 90% in the majority of modules by the end of April 2024 including a focus on those drawn out in the Healthwatch report (fundal height measurement and perinatal institute growth assessment protocol).

We have supported staff with overtime pay or given the time back for completing their training in their own time. We are extremely grateful for the commitment and response from our staff; however, we have begun work to ensure that our training for 2025 is already fully booked in rosters and ensuring staff have sufficient time to undertake it. We are trialling an 'education week' where staff will be allocated a full week for training to accommodate their mandatory requirements. Additional recruitment initiatives are also in place.

9. A point to consider could be that during initial appointments it could be discussed, where appropriate, for letters to be addressed to those who will be actively involved in the parenting of the baby should consent be given from the pregnant person.

We have recently implemented BadgerNet, which will improve our communication and information available to parents.

As part of our implementation, we will work with the MNVP and evaluate information governance considerations to review this recommendation.