healthwatch Luton

Enter and View Programme 2025 Maternity Services

A review of Maternity Care wards in Luton – Ward 32/33 Thematic Review

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Statutory functions of Enter and View

What is Enter and View?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved. Although Enter and View sometimes gets referred to as an 'inspection', it should not be described as such.

Healthwatch statutory functions

• The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 20071 and Part 4 of the Local Authorities Regulations 20132 to carry out Enter and View visits

• Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2003. The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide. During the visit, Healthwatch should focus on:

• Observing how people experience the service through watching and listening

• Speaking to people using the service, their carers and relatives to find out more about their experiences and views

• Observing the nature and quality of services

• Reporting their findings to providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit 1 Section 225 of the Local Government and Public Involvement in Health Act 2007 2 Part 4 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 3 Section 221 of the Local Government and Public Involvement in Health Act 2007

Healthwatch decide to carry out Enter and View of maternity services following recent feedback of services.

20220323 Enter and View guidance final.pdf (healthwatch.co.uk)

Thematic Review

Summary

Healthwatch Luton would like to extend our sincere thanks to Bedfordshire Hospitals NHS Foundation Trust, particularly the Luton and Dunstable University Hospital site, for granting us the opportunity to visit and observe their maternity services on March 26 and April 22. This thematic review of maternity care provision in Luton would not have been possible without the cooperation, openness, and insights of both staff and patients.

Ward 32 provides antenatal services for women who require closer monitoring or induction of labour. Healthwatch Luton visited this ward on March 26. Our representatives observed a welcoming and friendly atmosphere. Upon arrival, the Healthwatch team was warmly greeted and encouraged to engage with patients, residents, and staff. The ward environment was described as light, airy, and comfortable, contributing positively to the overall patient experience.

Ward 33 offers postnatal services to mothers and their babies during the first 24 hours after birth.

While we collected individual experiences, this report focuses on overarching themes and trends that emerged during our visits. These insights inform our recommendations and reflect how patients perceive their care. All patients interviewed were female, in line with the ward's service focus. No personal information, such as age, was requested unless volunteered; none of the participants chose to share this information.
To ensure confidentiality, no names or job titles of patients or staff have been included in this report. Detailed observations and specific recommendations are presented in the full findings.

Methodology

Healthwatch Luton had previously informed Bedfordshire Hospitals NHS Foundation Trust, via an official announcement letter, that we would be visiting the maternity wards as part of our *Enter and View* programme scheduled for March and April 2025.

During our visit, our authorised representatives conducted questionnaires with staff members and engaged with patients and relatives. The purpose of the visit was clearly explained, and questionnaires were distributed to collect feedback on key themes including staffing levels, quality of care, safety, refreshments, activities, and the admission and discharge processes.

In addition to the formal feedback process, Healthwatch Luton representatives also engaged in informal conversations with patients to gather personal insights about their experiences on the wards. A large portion of the visit was dedicated to observational work, during which representatives toured communal and public areas. This allowed for a more comprehensive understanding of the ward environment, including how patients interacted with staff and utilised available facilities.

In total, Healthwatch Luton engaged with 16 individuals, comprising 11 patients and 5 staff members. These interactions enabled us to gather a range of perspectives, contributing to a well-rounded view of the ward's atmosphere and operations.

All insights and feedback were themed across the contributions of all authorised representatives to produce a single, coherent overview of our findings on maternity care provision in Luton.

Overview of wards

Luton and Dunstable University Hospital (L&D) describes their maternity services as providing comprehensive maternity services, with care from early pregnancy through to postnatal support. The hospital manages over 5,000 births annually and features both a consultant-led delivery suite and a midwife-led birthing unit (MLBU), which includes a birthing pool and home-like amenities

Key Services and Facilities:

Consultant-Led Delivery Suite: Available 24/7, staffed by medical and midwifery teams.

Midwife-Led Birthing Unit (MLBU): Offers a more homely environment with one birthing pool.

Specialist Neonatal Intensive Care Unit (NICU): The only Level 3 unit in the region, providing care for sick and extremely premature babies

Fetal Medicine Unit (FMU): Provides care for multiple births and complex fetal abnormalities.

Community Midwifery Services: Offers antenatal, home birth, and postnatal care within the local region.

Breastfeeding Support: Includes care rounds on the postnatal ward to assist new mothers.

Birth Reflections Clinic: Provides postnatal support and addresses any concerns after birth.

Recent Developments and Considerations:

In July 2024, the Care Quality Commission (CQC) rated L&D's maternity services as "inadequate," citing issues such as staffing shortages, delays in emergency equipment checks, and concerns about leadership and safety culture . The hospital has initiated an action plan to address these concerns, including the recruitment of international midwives.

At Luton and Dunstable University Hospital, Wards 32 and 33 form a central part of the Women's and Children's Unit, offering specialised maternity care throughout the antenatal, delivery, and postnatal journey. Both wards operate within a multidisciplinary model, with midwives, obstetricians, support staff, and nursery nurses working collaboratively to provide safe, compassionate, and personalised care for mothers and babies.

Ward 32 is primarily an antenatal and postnatal ward, located on the first floor. It caters to women who require inpatient monitoring during pregnancy, as well as those recovering after birth. Patients here may be admitted for a variety of reasons, including high-risk pregnancies, early labour monitoring, or postnatal recovery following uncomplicated vaginal deliveries. The ward provides individualised care plans, promotes mobility, and ensures that women have access to pain relief and emotional support. Although there are no designated communal areas, patients are encouraged to remain active, and partners are allowed to stay, supporting a family-centred approach.

Ward 33, situated on the second floor, is focused more specifically on postnatal recovery, particularly for women following elective or emergency caesarean sections. The ward is staffed by a dedicated team of midwives and nursery nurses, who have been recognised for excellence in neonatal care. Services on Ward 33 include breastfeeding support, postnatal education, and close clinical monitoring to ensure a safe recovery for both mother and baby.

Thematic findings

Observations

The Luton and Dunstable Hospital Maternity wards 32 and 33, are well-maintained inpatient wards in good external and internal conditions. Both wards have easy community access, sufficient parking including facilities for disabled visitors, and excellent accessibility with lifts and wheelchair-friendly doors. The environment is clean, bright, comfortably warm, and adequately signposted, with clear signage for essential areas such as toilets and fire exits. Although amenities such as payphones, tissues, and hearing loop systems are lacking, essential facilities like hand sanitisers, water on request, and breastfeeding support are available.

Staff are approachable, welcoming, and attentive to privacy, evidenced by the presence of confidential office spaces. Information provided is generally available in English and other languages, however, complaints information, a comments box, and PPPG information were not observed. A wide range of health promotion was displayed on both wards, including baby vaccination information, help with breast feeding, sleep information and where to get support.

Additionally, the wards accommodate child visitation, contributing to a family-friendly atmosphere.

Themes

Staff Roles and Experience

Ward 32 is staffed by a combination of newly qualified Band 5 midwives and more experienced practitioners, some of whom bring international experience, including time spent working in Uganda. Several members of staff had rotated through all areas of maternity care during their training, contributing to a well-rounded skill set.

Ward 33 features a mix of Band 6 midwives and student midwives, with a strong emphasis on clinical learning and professional development. Many of the staff on this ward have previous experience in community midwifery or in other areas of the maternity service, enhancing their ability to deliver comprehensive postnatal care.

Notably, several patients on Ward 33 were women returning for their second or third pregnancies. Their perspectives offered valuable continuity and comparative insight into the quality and consistency of the maternity services over time.

Ward Environment and Team Morale

Feedback from both wards reflects a strong sense of teamwork and professional dedication. Staff on Ward 32 describe a busy but supportive working environment. Many commented on how every day is different, with some days proving challenging while others are highly rewarding. In contrast, staff on Ward 33 highlighted the emotional impact of high workloads and the need for more effective ways to raise concerns, particularly when interpersonal issues arise.

From the patient perspective, care on both wards is broadly described as professional, supportive, and kind. On Ward 32, patients consistently reported feeling safe and cared for, often praising the responsiveness of staff. While the majority of Ward 33 patients also expressed satisfaction, one noted that a few staff members had appeared “rude” or disengaged.

Staffing Levels and Responsiveness

Staffing levels are a recurring concern, particularly on Ward 33. Staff there reported consistent shortfalls, including the lack of nursery nurses on shift, and described situations where community midwives were brought in to support the ward. Ward 32 staff also reported occasional strain due to staff being pulled to the delivery suite, although they generally felt better supported.

Despite these concerns, patients on both wards largely perceived staffing levels to be sufficient. Multiple patients stated that call bells were answered promptly and staff were visibly attentive. This discrepancy between staff and patient perspectives suggests that staff are successfully maintaining care quality even under staffing pressure. However, the long-term sustainability of delivering such care under ongoing staff constraints may be questionable.

Accessibility and Communication Support

Staff on both wards demonstrated awareness of how to manage patients with additional needs, including sensory impairments and learning disabilities. Safeguarding protocols were well understood, and both wards referenced the availability of specialist staff or referral pathways. Ward 33 staff placed particular emphasis on inclusive access, including the physical infrastructure such as lifts and ramps.

However, from a patient perspective, the proactive identification of communication or access needs was less consistent. While some patients in Ward 33 recalled being asked about translation or hearing support, most on

Ward 32 stated they were not asked, although they had no such needs. This may be due to admissions information held by the team, however this is not clear and could indicate missed opportunities.

Use of Translation Services

Translation services are reportedly available on both wards via phone-based interpretation systems or in-person support for specific needs. Ward 33 patients were more likely to mention that staff spoke their language (e.g. Urdu), and some acknowledged being asked whether they required translation support. This was less frequently reported by patients on Ward 32.

Care Planning and Birth Plan Discussions

Across both wards, staff confirmed that care plans are discussed with patients, with Ward 33 staff highlighting structured documentation in antenatal and postnatal notes. Patients also largely confirmed that they had discussed their care and birth plans with midwives, although some did not recall the details.

Patients in both wards appreciated being included in decisions regarding their care. In Ward 32, patients noted that discussions had taken place both early in their pregnancy and following admission, while Ward 33 patients described the process as “smooth” and well-communicated.

Pain Relief and Mobility Encouragement

Pain relief options were reportedly available to all patients, although some on Ward 33 observed inconsistencies in how information was shared, depending on the nurse or midwife on shift. In Ward 32, patients generally confirmed that pain relief was offered and available upon request. Staff on both wards reported actively encouraging mobility, and this was reinforced by patient comments that they were regularly walking around the ward or in corridors.

Ward Environment and Safety

The general ward environment was described by both staff and patients as safe, clean, and supportive. All patients on both wards reported feeling physically and emotionally safe during their stay. Visitor access, particularly for birthing partners, was appreciated and considered important for emotional wellbeing.

One patient on Ward 32 shared that having their children visit boosted their mood significantly.

However, communal or outdoor space access was minimal. While some patients in both wards noted they could go outside if they wished, few had done so. Several stated they were unaware of communal areas, believed they were not available or allowed to use them.

Dining and Nutrition

Meal provision received largely positive feedback, especially on Ward 32, where food was described as varied, well-timed, and served at the bedside. Patients appreciated the ability to choose meals, although a few noted a desire for more snacks or refreshments. Feedback from Ward 33 was more mixed, with some patients expressing dissatisfaction with the range of cultural options and a lack of variety in vegetarian dishes.

Postnatal Services and Activities

Staff on both wards highlighted the availability of breastfeeding support and other postnatal services. However, many patients stated they had not yet accessed these services or were unaware they existed. Some attributed this to being on the ward pre-delivery or due to clinical reasons (e.g. being on a monitor). Patients with previous pregnancies noted that they had received strong support previously, which may imply that services are more reactive than proactive.

Discharge Planning and Follow-Up Support

Staff described clear discharge procedures, including risk assessments, provision of discharge packs, and liaison with community midwives and health visitors. Patients confirmed that they were generally well informed about their discharge, although some said the conversation occurred very late in their stay. All patients expressed satisfaction with their discharge destinations, noting that they had strong family support at home.

Contact information for follow-up care was well understood by patients, with most knowing how to contact their community midwife or triage if needed. Awareness of postnatal support services was slightly stronger among patients on Ward 33.

Complaints and Feedback Mechanisms

Staff on both wards referred patients to the PALS system for complaints and advised that feedback was collected through surveys, particularly on Ward 32. However, Ward 33 staff were less certain about how patient feedback was routinely collected. From a patient perspective, most knew how to raise concerns, although a small number were unclear on the process or felt uncomfortable doing so.

Overall Findings

Wards 32 and 33 at Luton and Dunstable University Hospital provide a clean, safe, and welcoming environment for antenatal and postnatal care. Both wards are easily accessible, well-signposted, and equipped with features supporting physical access, such as lifts and wheelchair-friendly doors. While core amenities like hand sanitisers and drinking water are available, the absence of items such as hearing loops, tissues, and visible feedback systems was noted. Overall, both wards foster a family-friendly atmosphere, particularly through policies that support partner and child visitation.

Staffing across both wards is diverse and experienced. Ward 32 includes newly qualified and internationally experienced Band 5 midwives, while Ward 33 is a training-focused environment with Band 6 and student midwives. Despite challenges—particularly under-resourcing on Ward 33—staff on both wards were praised for their professionalism, responsiveness, and compassionate care. Patients consistently reported feeling safe and supported, though Ward 33 staff raised concerns about team morale and limited channels for raising interpersonal issues.

Staffing pressures were more evident to staff than to patients. While staff described frequent shortages, particularly on Ward 33, patients on both wards generally felt well cared for, noting prompt responses and regular staff contact. This suggests that staff are maintaining high standards under pressure, though the sustainability of this is uncertain.

Both wards demonstrated good understanding of accessibility and safeguarding needs, but consistent screening for communication or translation support was lacking. Ward 33 patients were more likely to have been asked about language needs and benefitted from language-concordant care. This highlights a need for standardised approaches to identifying and addressing accessibility requirements.

Care and birth plans were reportedly discussed with most patients, with Ward 33 providing more structured documentation. Pain relief was generally accessible, though inconsistently explained, and mobility was actively encouraged on both wards. However, limited awareness of communal areas or outdoor access reduced opportunities for patient movement and engagement.

Dining services were better received on Ward 32, with patients praising variety and timeliness. On Ward 33, feedback was mixed, with calls for greater cultural sensitivity in menu options. While staff highlighted the availability of breastfeeding and postnatal support, many patients reported not accessing these services—suggesting a need for more proactive engagement, especially for those awaiting delivery or under observation.

Discharge planning was largely effective, though sometimes communicated late. Most patients felt prepared for going home and had confidence in follow-up support, with slightly higher awareness of postnatal services reported on Ward 33. Complaints and feedback processes were broadly understood, though some patients felt unsure about how to raise concerns, likely due to the lack of visible materials such as comments boxes or multilingual information.

In summary, both wards are delivering safe, compassionate care in well-maintained settings. Key strengths include staff responsiveness, patient safety, and continuity of care. Areas for improvement include staff wellbeing support, visibility of feedback processes, consistency in accessibility screening, and more proactive delivery of postnatal services.

Thematic Recommendations for Review:

Based on the thematic analysis of both staff and patient feedback from Maternity Wards 32 and 33, the following recommendations are proposed to enhance care quality, patient experience, and staff wellbeing:

Strengthen Staffing Support and Stability

- Implement proactive staffing reviews on Ward 33 to assess shortfalls in key roles (e.g. nursery nurses), and ensure contingency planning is in place.
- Consider increasing the use of flexible or bank staff during peak periods, ensuring adequate induction to maintain continuity and quality of care.
- Introduce structured wellbeing check-ins for staff, particularly during long or challenging shifts, to support morale and resilience.

Standardise Communication and Accessibility Screening

- **Embed a standardised checklist at admission** to confirm whether patients have communication, translation, or accessibility needs—ensuring this is documented and acted upon.
- **Audit the consistent offering of translation services**, even when patients appear fluent in English, to reduce assumptions and improve equity of access.
- **Provide visible signage or information leaflets** in multiple languages upon admission to help orient non-English-speaking patients and families.

Enhance Visibility and Use of Postnatal and Support Services

- **Develop a welcome information sheet** or digital resource highlighting available services such as breastfeeding support, relaxation sessions, and peer groups.
- **Train staff to offer postnatal services proactively**, especially to patients who may assume they are not eligible due to parity or clinical condition.
- **Consider designated times each day** when support staff or peer volunteers round the ward to offer informal support or check-ins.

Improve Dining and Nutritional Provision

- **Review and diversify meal options**, with particular attention to cultural preferences and vegetarian variety—especially for South Asian dietary needs on Ward 33.
- **Expand snack and refreshment availability**, particularly for patients admitted during off-meal hours or undergoing long stays.
- **Explore communal dining options** or dining space availability for patients able and wishing to leave their beds.

Reinforce Pain Management Communication

- **Ensure that discussions about pain relief options** are documented as part of the care plan and reviewed at shift handover.
- **Train all staff to adopt consistent messaging** when offering pain relief, ensuring parity regardless of which midwife is on shift.

Increase Access to Outdoor and Communal Spaces

- **Publicise access procedures for outdoor space** and encourage its use, particularly for antenatal patients or those awaiting discharge.
- **Evaluate feasibility of a designated communal or relaxation room**, even on a limited schedule, to reduce feelings of isolation during extended admissions.

Enhance Discharge Planning Consistency

- **Introduce a 'discharge readiness conversation'** 24 hours before anticipated discharge, allowing time for patient questions and clarity around postnatal care.
- **Ensure all patients receive a standardised discharge pack**, including contacts for health visitors, community midwives, emergency advice, and mental health support.

Standardise Feedback and Complaints Pathways

- **Develop a brief bedside leaflet or poster** outlining how patients can give feedback or raise concerns, with options for anonymous input.
- **Explore real-time feedback collection tools**, such as digital tablets or QR-code surveys, to capture experience more dynamically.
- **Introduce protected time during shifts** for staff to raise concerns with management, ideally without the presence of those involved in interpersonal issues.

Improve Cultural Competency Across Staff Teams

- **Deliver periodic training sessions** on cultural humility, language awareness, and unconscious bias, particularly for staff regularly working with diverse patient populations.
- **Encourage peer sharing** of experiences across wards to understand different patient expectations and needs, enhancing personalised care.

Next Steps

Feedback to Tara Pauley – Head of Midwifery at the Luton and Dunstable University Hospital

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