

# Enter and View Report

## Final

Name of Establishment:	<b>Good Hope Hospital Maternity Services Postnatal Services</b> Rectory Road Sutton Coldfield Birmingham B75 7RR
Date of Visit:	Thursday 12 <sup>th</sup> March 2015
Time of Visit:	1.00 pm
Purpose of Visit:	To ascertain patient, carer and user experience and observe service delivery
Healthwatch Authorised Representatives Involved:	Pat Coyle and Tina Brown-Love
Healthwatch Staff Member(s) Involved:	Claire Lockey
Date of Report:	20 <sup>th</sup> March 2015
Disclaimer:	This report relates to findings observed on a specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visit.



## 1. WHAT IS ENTER AND VIEW?

- 1.1 Enter and View is part of the local Healthwatch programme to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.
- 1.2 The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Enter and Views Representatives are intended to identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time, an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to CQC where they are protected by legislation if they raise a concern.

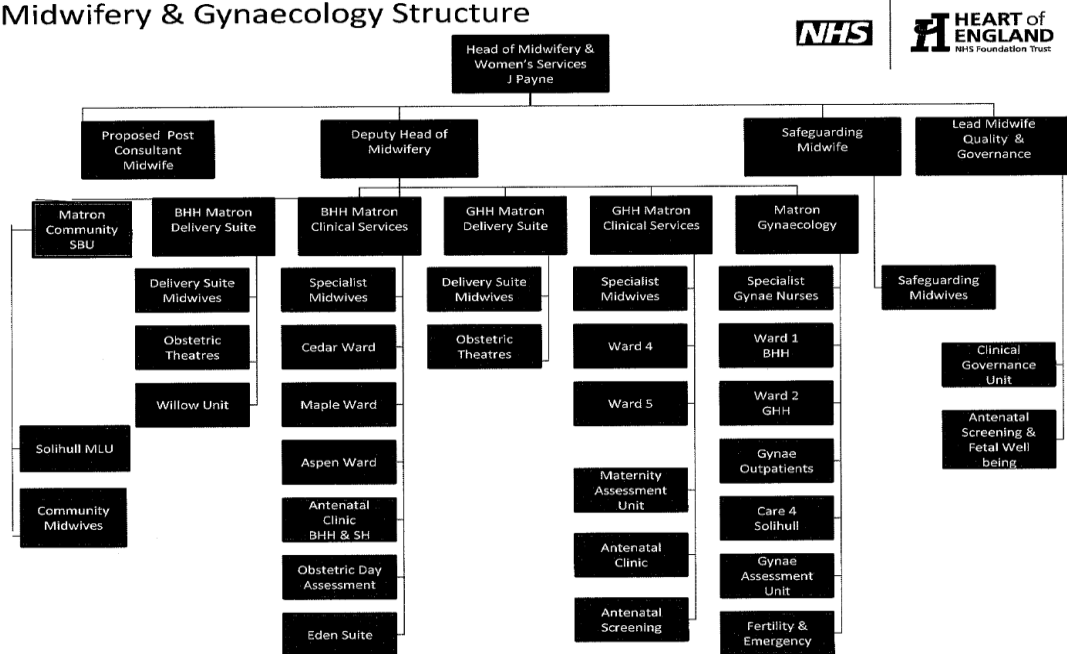
## 2. BACKGROUND

- 2.1 Good Hope Hospital is the second largest of the three hospital locations run by the Heart of England NHS Foundation Trust. It provides general and specialist hospital and community care for the people of East Birmingham, Sutton Coldfield, Tamworth and South Staffordshire. Good Hope Hospital has approximately 521 beds and is a centre for pain management.

- 2.2 This trust has a longstanding history of struggling with its turnaround times, in particular within the Accident and Emergency (A&E) Department. However management have put in initiatives in place to reduce the amount of time people were waiting in A&E. Full services, including emergency intervention and surgery are only available at Heartlands and Good Hope Hospital(s).
- 2.3 Care Quality Commission last inspected the maternity and midwifery services at Good Hope Hospital between 11<sup>th</sup> - 15<sup>th</sup> November 2013 and February 2014. A subsequent CQC visit took place just prior to our visit and the Trust is awaiting the outcome of this Inspection. We were informed during our visit that improvements following the previous CQC Inspection that were recommend had been implemented. In particular, the areas that required improvement and deemed to be “requires improvement” within the maternity services were access, treatment of vulnerable patients, discharge planning, complaints, leadership and vision, quality monitoring staffing and learning from incidents.
- 2.4 Initially we met with the Head of Midwifery and Matron for an informal discussion.

2.5 Staffing composition and structure was provided - please see attached below:

Midwifery & Gynaecology Structure



2.6 There is an ongoing recruitment process whereby they have a plan to over recruit new midwifery appointments into the funded establishment and also to cover for sicknesses and maternity leave. The recruitment programme encompasses all the maternity units in the Trust. However due to the ageing workforce, and the national shortfall of midwives the majority of new recruits are junior midwives. In addition, the Trust has received extra funding over 3yrs to recruit an additional 45 whole time equivalent midwives. In particular it is difficult to recruit to Band 6 posts.

2.7 Upon arrival to the ward there was a board displaying visiting hours, ward manager and matron details, including a contact number and how to ask questions. It was noted that fathers can visit 10.00 a.m. - 10.00 pm whereby other visiting times are 3.30 - 4.30 pm and 7.00 - 8.00 pm .There was also a board visible on the ward indicating who was on duty for that day - see below illustrations:

**WARD 5**  
MATERNITY UNIT

**YOUR WARD MANAGER IS:** SUZANNE WILSON

**YOUR MATRON IS:** MAGGIE COLEMAN

If you wish to speak to your doctor, please speak to the ward midwifery staff in the first instance.

Partners: 10.00-20.00hrs  
Visitors: 15.30-16.30 & 19.00-20.00

**VISITING TIMES ARE:**

**WARD CONTACT NUMBER:** 0121 424 7205

**HAVE QUESTIONS?** Please speak to the ward manager in the first instance. There is a maternity triage holder available 24/7 for further assistance via switchboard if required.

**WE WELCOME FEEDBACK** (Please scan the QR code to download our feedback app or download from <http://www.heartofengland.nhs.uk/app/>)

NHS HEART of ENGLAND

12th March 2015

**CO-ORDINATOR** maxine/michelle










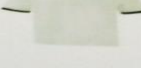

**MIDWIVES** mandy  
Karen  
maria  
Anne

**MSW'S** Annie  
Kirsty  
Heidi

**WARD CLERK** Sarah

2.8 There was also a visible board displaying different uniforms to indicate the name of each professional:

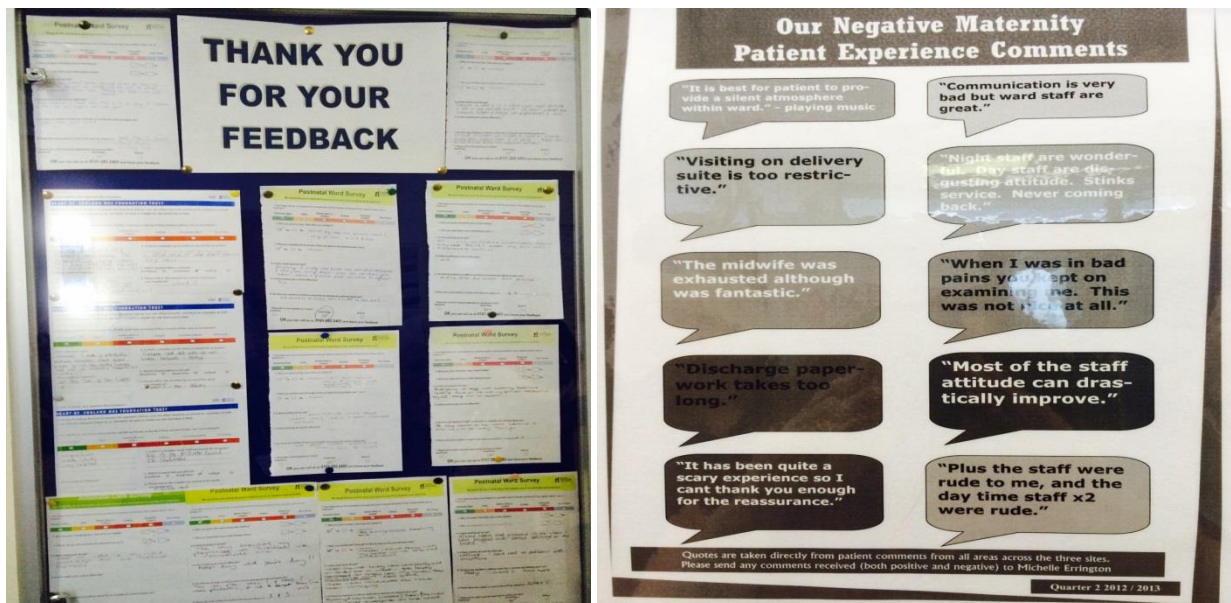
Who will be looking after you?  
**Our Uniforms**

	<b>Ward Clerk</b>		<b>Chief Nurse Head Nurse</b>
	<b>Ward Housekeepers</b>		<b>Emergency Dept Clinical staff</b>
	<b>Healthcare Assistant</b>		<b>Doctor</b>
	<b>Staff Nurse/Midwife</b>		<b>Physiotherapists</b>
	<b>Senior Nurse/Midwife Specialist Nurse Sister</b>		<b>Occupational Therapists</b>
	<b>Matron</b>		

- 2.9 The trust does not use any agency staff and only in-house bank staff, utilising their substantive staff where cover is required. The maximum shift staff work is 13hrs and this is monitored by the trust. All staff hours are monitored ensuring they do not exceed 90hrs over a two week period as well as encouraging staff to change shifts and undertake shorter shifts to avoid tiredness. There is an electronic roster in place that looks at staff shift patterns to monitor and manage peaks/flows and deploy staff accordingly to where the need is.
- 2.10 A Quality review that took place last year identified mixed views from staff regarding shift patterns looking at issues identified in the quality review to encourage team building and innovation in practice. A [management consultant](#) has been employed to manage the projects arising from the review.
- 2.11 Their current sickness rate is 2 - 3% majority resulting in staff surgery and a high number of maternity leave e.g. five members this currently relates to.
- 2.12 Their current vacancy rate is 16.90 across all three sites e.g. Good Hope, Solihull and Heartlands Hospital Maternity Services. The trust is heavily investing into midwives and recently appointed 13 new midwives across the trust's three sites.

### **3. RESPECTING & INVOLVING PEOPLE WHO USE SERVICES**

- 3.1 We were informed of Interpreting services available for women and these services are booked in advance of any appointments.
- 3.2 Throughout our visit we observed various feedback methods on display and accessible to patients and carer. We also observed thank you for your feedback whereby patients/carers feedback was displayed including negative comments - see below illustrations:



3.3 We were informed that they had recently swapped the wards from a mixed ward of postnatal and antenatal, to single wards. This has reduced antenatal beds to nine to have more ambulatory care. This was in conjunction with consulting with patients and finding out their preferences and has proved to be successful.

3.4 We was also informed that father's had been given the option to stay overnight (where possible) if their partner had been allocated a single room. This proved positive and during our visit we witnessed during our round, a lot of father's had opted to stay with their partner overnight and thought it was a great concept allowing them to assist and bond with their new born baby.

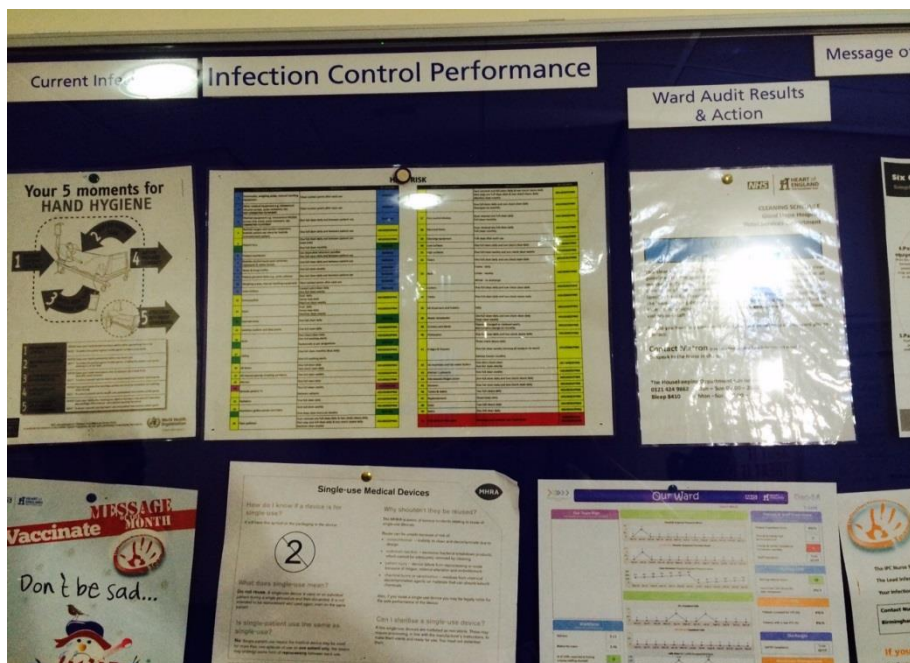
#### 4. SAFEGUARDING PEOPLE

4.1 Staff undertakes robust training including safeguarding that is reviewed and updated regularly.

4.2 There are CCTV cameras within the wards and gaining access is only via the public entrance. Security is paramount and all babies are

tagged which is an electronic system and can be quite sensitive even if a mother wishes to walk the ward with her baby and goes near to the exit doors, the alarm will sound.

- 4.3 There is a lead (FGM) Female Genital Mutilation within the trust and Domestic Violence specialist and staff members receive regular updated training in these areas.
- 4.4 There was a visible infection control board displayed for patients and carers indicating their infection control performance indicators and information - see below:



## 5. TRAINING PROGRAMME, INDUCTION OF STAFF & STRUCTURE

- 5.1 All staff receive a one week induction to the Trust and the hospital. In addition they also receive an induction to the maternity unit. Mandatory training is carried out throughout the year, as required and specific training programs for obstetrics are offered including e-learning. It was acknowledged that this is difficult to monitor at times, during the times of shortage of staff.

- 5.2 The trust provides good development in that every Band 5 midwife undertakes a preceptorship programme for a period of 12 - 18 months. This supports the newly registered midwife in their first year of practice.
- 5.3 Furthermore, staff receive appraisals that are documented and reviewed whereby there is a robust process to monitor this.
- 5.4 They reported good support and resources within the Trust and the hospital for women who are at risk of HIV and domestic violence. They are also experienced in working with the patient population if FGM does arise; however given the geographical area this is not as prevalent as their other site Heartlands Hospital.
- 5.5 They do have good resources for in house translators and they can also use the phone service for translation when needed.

## 6. PATIENT, CARER & USER FEEDBACK

- 6.1 There is a designated Patient Experience Lead who oversees complaints, compliments and comments for the trust as well as PALs. There is a range of ways patients, carers and users can feedback their experiences:

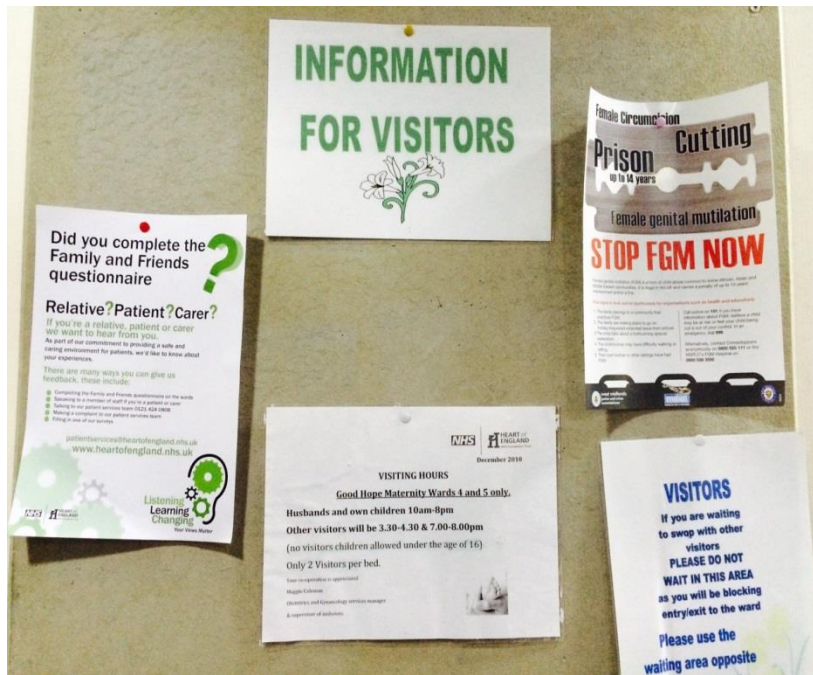


6.2 Various patient information was visible and displayed providing various information regarding different services that are available - see below:



6.3 There is a breastfeeding specialist on site. If a woman has had a C-Section their stay can vary from 24hrs until 3days depending on the care they require. Prior to discharge all woman are checked and each patient is provided with information.

## 6.4 Information displayed for visitors, including information regarding FGM and family / friends feedback test - see below:



## 6.5 Further information was displayed and visible during our round –





6.8 During our visit we spoke to six patients and two relatives:

6.9 Patient A - found the service very helpful.

Patient B - was very happy with the experience that had been good.

Patient C - good experience could not fault anything and all staff members were very helpful.

Patient D - had been in for four days felt well and all midwives are lovely. She had been treated with respect and dignity provided with choice and liked it that her partner could stay with her. If she had any concerns she felt supported by the staff.

Patient E - had a planned C-Section, felt she was provided with information and the date in advance. Great service and was provided with a single room which was lovely and would recommend the service.

Patient F - good care received, felt respected and was treated with dignity. Father had been able to stay with her for two nights and found this helpful.

Father A - felt involved and was provided with information “staff need to know that they do a very good job”!

Father B - impressed with the anaesthetist who explained every step of the process throughout all stages. Felt part of the process and put him at ease.

## **7. ENVIRONMENT**

- 7.1 During our visit we found the maternity ward to be clean, airy, and spacious decorated in a colourful and friendly manner with a lot of light.
- 7.2 There is a sitting area available for patients and their carers to access at all times where refreshments, fruit and cereals are also available and a fridge free of charge and a vending machine that is payable - see picture below:



- 7.2 Cleaning services are provided by G4S with their own supervisor for maternity services on site. All wards looked visibly clean and well looked after. GS4 are the contracted cleaners for Trust. Every room is cleaned before and after births.
- 7.3 MSRA rates are low and are not an issue. There are no systematic MRSA cases reported in the last year.
- 7.5 Infection control services are in-house and their rate is less than national average (as reported above see illustration).
- 7.6 During our walk around the postnatal ward had a notice board displaying thank you cards to staff following the services they had received - see below:



## 8. CONCLUDING COMMENTS

- 8.1 It appeared that Good Hope Hospital is well managed who provides an excellent service to women providing choice, dignity and respect.
- 8.2 During our visit, we observed the staff team members being very supportive towards patients and being on hand if women required assistance and/or information.
- 8.3 Having spoken to various patients and relatives during our visit, it was apparent that service users felt they are treated with care, dignity and respect. They felt cared for and would recommend this service.

**10. ACKNOWLEDGEMENTS**

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

11. FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER

**HEAD OF MIDWIFERY / PATIENT EXPERIENCE LEAD COMMENTS AND FEEDBACK**

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

*We felt the visit went well, it is always good to have an external view of the service and it is always good to know when our staff have done well. They work very hard and are committed to the women they care for and their families.*