

Enter and View Report

FINAL

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| Name of Establishment: | Birmingham Heartlands Hospital Maternity Services Postnatal Services Bordesley Green East Birmingham B9 5SS |
| Date of Visit: | Friday 27 th February 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 World and Tina Brown-Love |
| Healthwatch Staff Member(s) Involved: | Claire Lockey |
| Date of Report: | 7 th 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. 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 Reps 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 Birmingham Heartlands Hospital is the largest of the three hospitals run by the Heart of England NHS Foundation Trust. It provides general and specialist hospital and community care for the people of East Birmingham, Solihull, Sutton Coldfield, Tamworth and South Staffordshire.

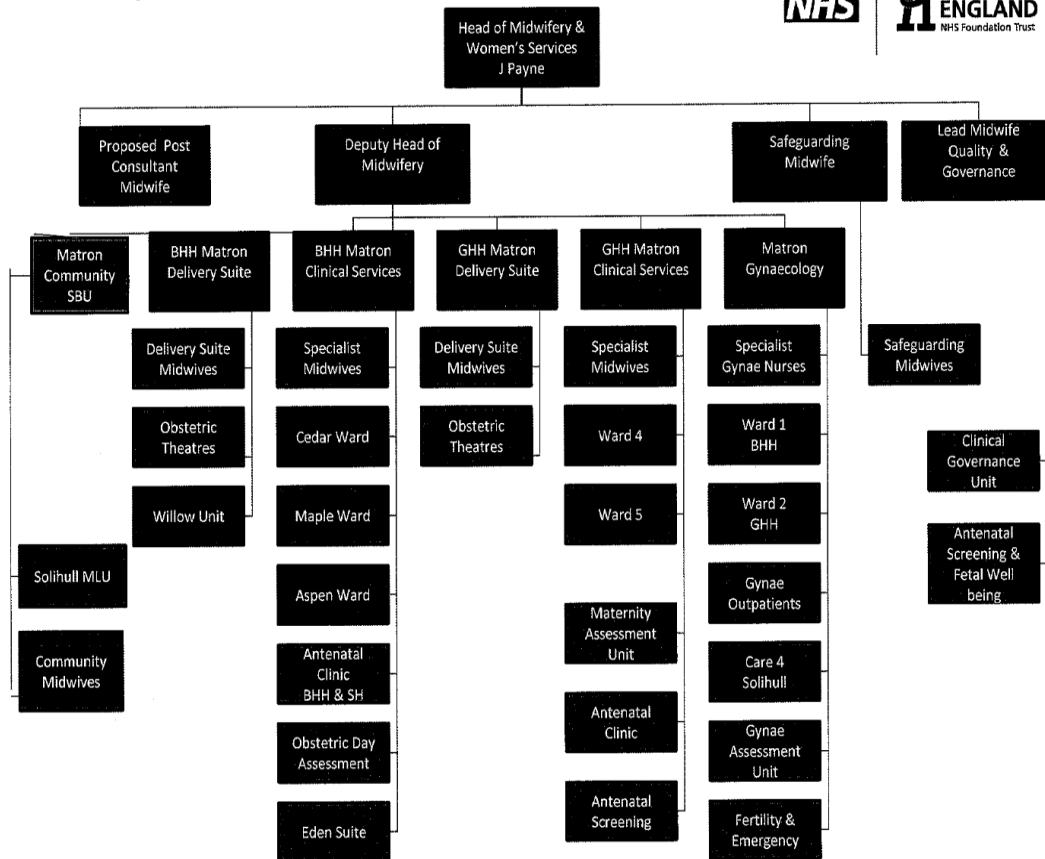
- 2.2 The hospital has about 700 beds and is a regional centre for thoracic treatment tweaking patients from across the Midlands. It also has an extensive research department that supports all the service the sites provides. In particular to maternity services, the hospital environment was built for 3,500 births per year, however following a reconfiguration of local services the birth rate at the Princess of Wales Maternity Unit now sits at approximately 6467 births a year.
- 2.3 The trust has been awarded funding to ensure there is 168 hour consultant cover on the delivery suite and this been in place since July 2014. This increase will bring it in line with the recommendations from the Future Role of the Consultant guidance provided by the Royal College of Obstetricians and Gynaecologists. The Trust will be the first in England to attain this standard.
- 2.4 Care Quality Commission last inspected the maternity and midwifery services at Birmingham Heartlands Hospital between 11th - 14th November 2013. We were informed during our visit that improvements following the CQC that were recommend had been implemented. The critical issue across the board was for increased numbers of experienced and trained staff that are lacking in part due to difficulties recruiting to all posts.
- 2.5 Given the current capacity of 6467 births per year, the sheer volume of work on a service with these numbers of patients and a lack of staff affects them across the board in terms of time for training, audit, supervision and so forth. Staff we initially met with informed us that “there is little or no down time in labour and their numbers stay fairly consistent at all times”.
- 2.6 Initially we met with the Head of Midwifery, Head of Patient Services and Engagement, Operational Deputy Women’s services, Head of Operations and the Lead Matron for the site for an informal discussion.
- 2.7 Audits and outcomes are posted on the units; however we were uncertain whether staff had the time to review them in depth. However, it was noted that these are visible for patients to

access and read. There are specific staff members allocated to manage this function.

2.8 Heart of England Foundation Trust provides maternity services for Heartlands, Good Hope and Solihull Hospital. Full services, including emergency intervention is only available at Heartlands and Good Hope Hospital(s). Solihull is a stand-alone birth centre and mothers must have informed choice and be low risk to access the birthing centre.

2.9 Staffing composition and structure was provided - please see attached

Midwifery & Gynaecology Structure



2.10 The Trust has developed a workforce plan and is in the process of increasing the midwifery staffing establishment with funding for another 44 midwives over a three year period for this department. There is an ongoing recruitment process whereby they have recruited new appointments and there are 450 midwives across the trust, however due to the national ageing workforce and shortfall of midwives the majority of new recruits are newly registered midwives. In addition, their most acute staff need is for senior midwives who have the experience and capability to function effectively in this very acute and busy service. The board below illustrates information on audits and performance metrics:

| ANNUAL | Tissue Viability MATRESS Audit 25/1/15 INFECTION CONTROL AUDIT 1/3/15, 19/3/15, 29/4/15 MEDICAL DEVICES AUDIT 12/1/15 MATRESS AUDIT 12/1/15 | | | | | | | | | | | | Director of Nursing A. FOSTER S. FOSTER |
|---|--|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|---|
| BI-ANNUAL | | | | | | | | | | | | | Head Nurse J. PHINE |
| QUARTERLY | Ward link nurse liaise with I/C Practitioner Update/Walkabout & observation of ward | | | | | | | | | | | | Midwifery Co-ordinator S. EVANS/FOSTER |
| MONTHLY | January | February | March | April | May | June | July | August | September | October | November | December | Ward Sister L. FOSTER |
| <ul style="list-style-type: none"> High impact interventions - PVC care, urine catheter PVC ONGOING CATHETER ONGOING I/C Cleaning standards - Hand hygiene ENVIRONMENTAL LINEN AUDIT Ward Review Observation of clinical practice - staff hand washing/PPE | 6/1/15 ✓ ✓ ✓ ✓ ✓ ✓ | 8/2/15 ✓ ✓ ✓ ✓ ✓ ✓ | | | | | | | | | | | |
| WEEKLY | Week 1 2/2/15 | | | Week 2 9/2/15 | | | Week 3 16/2/15 | | | Week 4 23/2/15 | | | Ward Sister T. J. GREENHILL |
| <ul style="list-style-type: none"> Bed space clean & tidy, patient hand wipes available. Water Flushing: all taps/showers - completed by initial domestics. All equipment clean & tagged ready to use Resuscitation trolley clean/checked Drugs trolley - clean/tagged - lifting hoist, scales, ECG EMERGENCY BONES | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | ✓ ✓ ✓ ✓ ✓ ✓ | |
| DAILY | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Ward Sister T. J. GREENHILL | | | | | |
| <ul style="list-style-type: none"> Sluice: observe general cleanliness/ tidy/ stocked, equipment clean, commodes clean & tagged, Chloraclean solution changed daily Ward environment clean/ tidy General environment clean/ tidy SAFETY BONES CARDIAC ALERT TROLLEY CALIBRATE CBX MACHINE ASEPTIC Trolley | 23/2 ✓ ✓ ✓ ✓ ✓ ✓ | 24/2 ✓ ✓ ✓ ✓ ✓ ✓ | 25/2 ✓ ✓ ✓ ✓ ✓ ✓ | 26/2 ✓ ✓ ✓ ✓ ✓ ✓ | 27/2 ✓ ✓ ✓ ✓ ✓ ✓ | | | Target Met Compliance Action Required | | | | | |

2.11 Head of Midwifery commented that the day before our visit the staffing in labour wards consisted of senior midwives co-ordinating the shift supported by junior midwives. On a day when most deliveries are uncomplicated this may not present difficulties but on a

day when there are a number of complex cases running in tandem, the judgment and experience of a senior midwife is crucial. The service stated they are continually looking to improve the skill mix.

- 2.12 With the high volume and quick turnover, we asked whether staff have time to help new Mums with bonding, feeding and care of their new baby. We were informed that there is a workforce plan in place to have a “nursery nurses” (1 nurse per shift per ward) extra on the postnatal wards in hospital to help mums. Two cohorts of nursery nurse have been recruited to and they will start their training course in March and in April of this year. There is also the newly developed role of “midwifery assistant” in the community setting to check on new mums at home after discharge who may need support and care for themselves and/or their baby. They can contact other staff for help if needed. This kind of creativity can only help patients when there is a shortage of qualified staff. This role is being well evaluated by midwives and patients.
- 2.13 It was noted that there is a Special Care Baby Unit at Heartlands Hospital.
- 2.14 Staffing shortages and absences are filled in-house and therefore agency staff is not used. They use their own bank staff but regular staff may be asked to work on days off or stay later than their shift. Most new midwives are juniors.
- 2.15 There are registrars in house on a 24 hour basis with consultants on call during the night shift.
- 2.16 Their current sickness rate is 5.99% which is just over the Trust average.

3. RESPECTING & INVOLVING PEOPLE WHO USE SERVICES

- 3.1 We were informed of Interpreting services available for women as discussed above and these services are booked in advance of any appointments.

- 3.2 Post-natal wards are for short stays and there are currently nursery nurse(s) on each ward to support every shift. Their role is currently being developed to support with breastfeeding and will be trained to help ladies with this.
- 3.3 There are Midwives to support patients, where necessary with domestic violence. Staff members have been trained and are aware of how to manage domestic violence cases. There are specialists for learning disability, FGM (Female Genital Mutilation), Mental Health and Learning Disabilities. The current population of FGM within the trust across the three hospitals is 2.87% and they recognise women who may have experienced this whereby they are provided with support by the Specialist Midwife.

4. SAFEGUARDING PEOPLE

- 4.1 Staff undertake 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, this can sound the alarm.

5. TRAINING PROGRAMME, INDUCTION OF STAFF& STRUCTURE

- 5.1 All staff receives 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. Given their current staff shortages we would have concerns that staff would have little opportunity for ongoing on-site training after they complete the mandatory induction training. Midwifery staff must complete their mandatory CPD training required to renew their registration.

- 5.2 Staff 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 where FGM is prevalent.
- 5.3 They do have good resources for in house translators and they can also use the phone service for translation when needed.
- 5.4 Mental health resources are not as available and care of these patients can be problematic at times. There is no mother/baby unit in the Midlands for women with acute psychiatric illness.

6. PATIENT, CARER & USER FEEDBACK

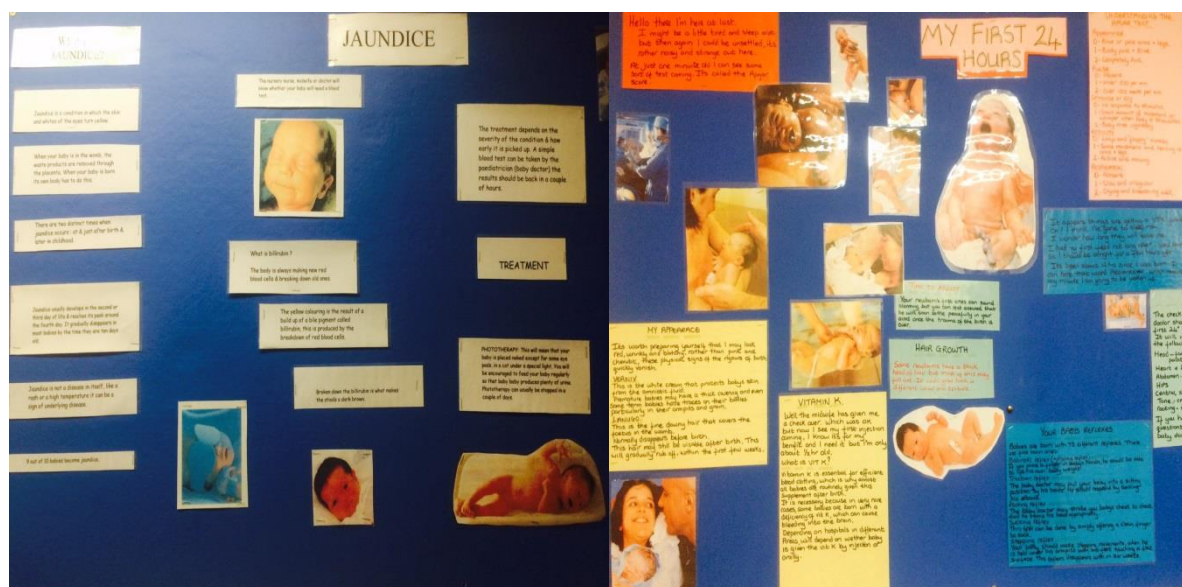
- 6.1 There is a designated Patient Experience Lead who oversees complaints, compliments and comments for the trust as well as PALs. There is a range of ways patients, carers and users can feedback their experiences:

Themes evident in complaints, both formal and informal are routinely analysed and themes are reported and acted upon.

- 6.2 Various suggestion boxes for patients and the trust have implemented ward rounds to frequently visit patients, find out their experiences and address any issues/concerns they may have prior to them being escalated. This has proved effective. Upon visiting the post-natal wards we saw various leaflet and information stands on display for patients to access - see below:



- 6.3 Peer staff comes into the trust to support patients with breastfeeding and the trust is looking to develop two midwife assistants to work with the Breastfeeding Coordinator to improve this.
- 6.4 Trust is currently looking to redevelop the hospital and therefore have a Pelican Project that is looking at the redesign of the service. This has included patient input and lots of feedback.
- 6.5 Patients can use the text message facility to provide their feedback as well as the friends and family test that is regularly monitored and any themes or issues are identified and looked at.
- 6.6 As discussed above there is a range of various methods for patients to provide feedback regarding their experiences before or after using the service.
- 6.7 During our visit we observed various information displayed for patients around the ward(s) regarding medical conditions and guidance on feeding - see below illustrations:



6.8 During our visit we spoke to nine patients and relatives to find out their experiences whilst staying within the hospital:

6.9 Patient 1- Good experience and outcome for mother and baby.

Patient 2 - Same as above

Patient 3 - had visitors present and informed us that she was busy and did not wish to engage.

Patient 4 - Mother had undergone a C Section and was in hospital 3 days prior to her delivery; both mother and father were very pleased with the care they had received and the fact that they had received a good outcome.

Patient 5 - Mother had had a difficult delivery and had bled afterward. She was very tired and worried about the baby whom they said was in the SCBU downstairs with jaundice. Both parents felt that they had received good care during labour and delivery but were hoping for good news about the baby's ongoing condition.

Patient 6 - Mother stated that “Midwives are brilliant”

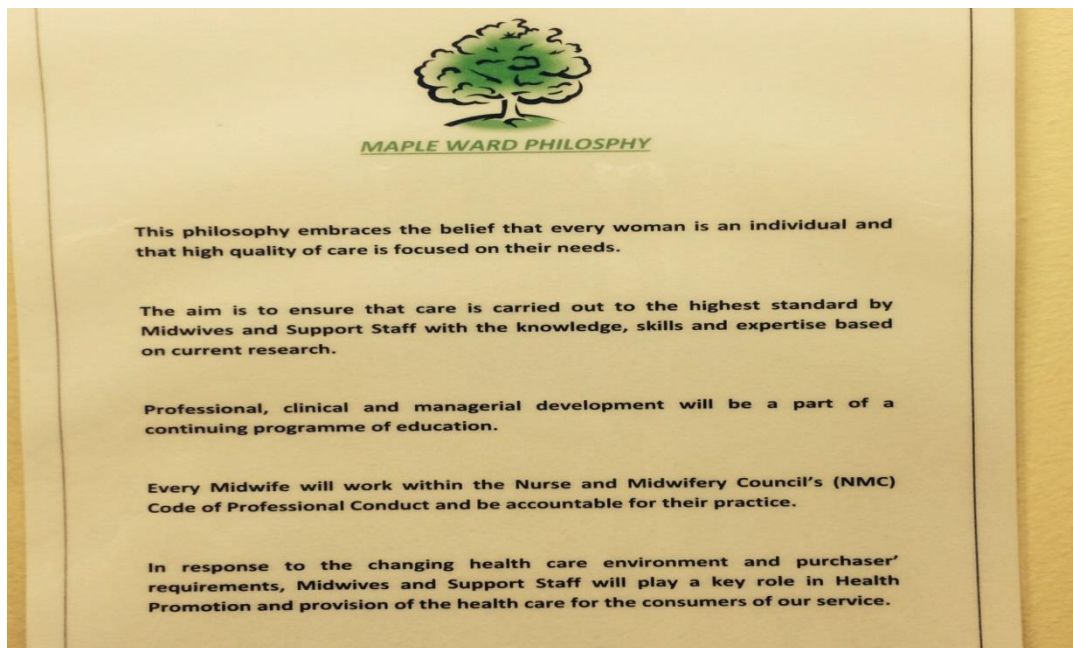
Patient 7 - Mother advised she had received a good experience, kind, helpful and was treated with respect. This was her second child and was happy with care she had received.

Patient 8 - was unhappy with the care and advised us that she was going to discharge herself today. She felt, at times that she was left to do things herself and was receiving no support during the day but received better care during the evening. G4S Cleaning Provider had been cleaning and dusted over her baby, and was unhappy with the meals. (We reported this to the midwifery staff during our de-briefing session at the end of our visit who informed us that they would speak to the lady in question).

Patient 9 - had received a happy experience, chose to have a caesarean that ran smoothly and had been informed of the date in advance. She was very apprehensive about having her baby at Heartlands but said that the care she had received was a lot better than expected. She was impressed with the diabetic care during her pregnancy as it was checked every week. She suggested having tea and coffee making facilities available, if possible so that patients could make their own tea and coffee as and when required.

7. ENVIRONMENT

- 7.1 During our visit we visited three wards: Ceder, Aspen and Maple post-natal wards where a ward philosophy was clearly presented upon arrival to each ward - see illustration:



- 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. G4S are the contracted cleaners for Trust. Every room is cleaned before and after births. There are two cleaners situated on the labour wards at all times. However, if there is an infection on the ward then extra staff can be brought down to the ward to assist.
- 7.3 Reported HIV rates are low and nothing to report. If patients require HIV care there is a specialist available within the trust on site.
- 7.4 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).
- 7.6 During our walk around the post-natal wards we observed 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 Birmingham Heartlands Maternity Hospital provides a good maternity service to women providing choice, dignity and respect, despite at times their capacity and shortage of staff. Management has very realistic and constructive objectives on increasing the numbers of qualified staff as their clinical needs increase. Staff numbers are increasing and it seems that the hospital management is supportive of these activities.
- 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.

9. RECOMMENDATIONS

- 9.1 Continue with the current care plan to recruit a target number of 44 midwives with a certain percentage of those midwives being experienced in obstetric practice.
- 9.2 For the trust to continue with the current plan to use nursery nurses and assistant midwives, ensuring that they are properly trained to a basic standard for this work and are properly supervised.
- 9.3 To listen to staff and ask for their feedback. When numbers are stretched, staff meetings often go by the wayside. One way would be to put up a suggestion box where staff could provide suggestions and opinions on how to improve the service. There seems to be some real creativity here in developing support roles so it is worth trying to develop that.
- 9.5 G4S Cleaning Providers to be informed of the above concern relating to a patient's baby whilst they carried out their cleaning duties, for future cleaning activities.
- 9.6 Recommend having tea and coffee refreshment facilities made available, if possible for patients to access as and when they require throughout the day.

11. ACKNOWLEDGEMENTS

- 11.1 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.

12. FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER

HEAD OF MIDWIFERY / PATIENT EXPERIENCE LEAD COMMENTS AND FEEDBACK

Head of Midwifery

I thought the visit went well you were very open and informative at the outset and in your communication. During the visit you looked to find key developments and positive experiences in the service but you also highlighted when women were not happy. Your visit was very inspirational.

Head of Patient Experience

Thank you to all for taking the time to come and see us and appraise the actions we are taking to listen to patients and understand the experiences they have. The external scrutiny of such visits is very important to maintain in terms of assurance or otherwise. I enjoyed the discussions we had prior to the walk around and the questions you had prepared were a good test for us and I'm pleased we were able to provide answers; if there is anything further we can help with, we will be happy to.