Enter and View Report

Wards 205 and 206 (Maternity Unit), Royal Stoke University Hospital (RSUH)

Date and time of visit

9th December 2019

10:30 a.m. – 12:30

Name of Service Provider

University Hospital of the North Midlands (UHNM)

Premises Visited

Wards 205 and 206, Royal Stoke University Hospital (RSUH)

Managers: Sister Elizabeth Law and Angela Rooney

Authorised Representatives

Simmy Akhtar, Paul Harper and David Rushton

Representatives have undertaken Enter and View Training and are enhanced CRB checked

Purpose of visit

Healthwatch Stoke-on-Trent had, during September 2019, received verbal concerns from a few new mothers. We felt these comments merited a visit and so accordingly these two wards within the Maternity Unit were added to our Enter and View schedule.

Methodology

Letters were sent to the Ward Managers on 29th November 2019 informing them that we would visit 'at some point within the next three months'.

Environment

At the time of our visit, neither of the Ward Managers were on duty but we were welcomed by the Assistant Ward Manager on Ward 206, who introduced us to Judith Davies, Professional Midwifery advocate, who in turn explained the general purpose of both wards and informed us we were free to talk to most patients and staff.

Ward 205 is deemed to be the antenatal and transitional care ward, while ward 206 is the postnatal ward. The wards were bright, clean and despite one being a post-natal ward the environment was quiet and the corridors and rooms seemed to have a good level of acoustic that meant it was not too noisy or 'echoey' in the environment, which is positive.

It was observed that the hand sanitisers at the entrances to both wards were empty, which needs to be addressed by more regular checks. *See action plan attached for evidence of action (UHNM comment).*

The accommodation in both wards was a mix of single bedded or smaller 4 bedded units. The single bedded rooms were well equipped, having full ensuite facilities and a television. When we entered some of the four bedded rooms, privacy curtains were drawn around several beds and so these were not approached, to maintain full privacy, dignity and respect. Our 'interviews' were subsequently conducted with mothers and visitors, with their full permission.

Feedback from patients, family members and carers
Ward 205

- A patient said that she arrived at the Maternity Assessment Unit (MAU) at 9pm the night before and was in for one and a half weeks last month too. She said the staff were brilliant including the cleaning and cooking staff.
- A patient said she has been in for a fortnight due to high Blood Pressure and she has had a really good experience. She said that the food was not nice and could be better.
- A patient said that she arrived at A&E last Thursday and was diagnosed as having a suspected blood clot. She said that the ward staff has been really good. However, she felt that there is a lack of communication between A&E, MAU and the wards. When she arrived in A&E she could not be admitted to MAU as she is over 16 weeks pregnant and the MAU requested a plan from A&E before they could take her. She said the medics in A&E '*starved me'* – she had no food or water from 3am to 3.30pm the next day as they were not sure whether she may need an emergency c-section. She said she was left without any care for twelve hours. She reported observing '*confused conversations'* between A&E staff and MAU staff, with no one willing to admit her even though she needed care. She said that A&E medics did not communicate with her and they lost all her paperwork, so she had to have repeat tests in MAU. She said that it was frightening especially as a first-time mum to be.
- A couple with English as an additional language said that they are first-time parents and would have appreciated support from staff on the ward. They said mum and baby's medication is always given to them late and mum had to wait two days for socks. Mum's partner was constantly chasing, and they kept being told 'yes' but no socks would

arrive. The said that they had not been given any breastfeeding support and they have no family help. Neither have they been given any contact details for breastfeeding help. *Please see action plan for evidence of the actions – UHNM comment.* They said that they would benefit from being spoken to in clear English with no jargon. They said that there are too many staff changes and they do not appear to communicate with one another, so they have no idea what is happening and they have to keep updating the staff. They would like more information about self-care. A student took three attempts to take a blood test from mum which was very uncomfortable. Mum has been at hospital for seven days. Her waters broke 'upstairs' last Tuesday and she was waiting for a bed for hours (they kept saying 'in 2 minutes' but it was hours) with 3-4 other mothers. At 2am on Wednesday they were told there is no space in delivery – when a room became available, they had a lovely midwife, but they felt she was over-stretched. As soon as she completed their delivery, she was called to help with the delivery of twins and then came back a few hours later to complete the process. She had to do everything from delivery, measurements, computer records, cleaning etc. There was only one midwife present throughout the birth. Furthermore, mum had a tear and was left in an undignified position for over half an hour while the staff looked for equipment to finish her stitches. They said they were sharing their story in the hope that others don't go through a similar experience and that if they have another child it will not be in the UK as they have struggled with the lack of care due to lack of resources and lack of caring and worry about safety. One to one care in labour is the gold standard which we protect and are proud that we achieve and maintain 100% in this.

- Conversely, a mum told us that she has had great care for the two days she has been on ward 205.
- A mother of a mum to be said that her daughter attended a routine clinic appointment last Thursday and reported pains. She was not given a scan beyond a baby scan and was told that they suspected kidney stones and was sent home with paracetamol and antibiotics even though an infection or UTI had not been diagnosed. Her daughters friend is a nurse and given the excruciating pain mum is in she said she should have been admitted and given morphine for the extreme pain (daughter is vomiting too, can't stand, and had just been taken for a scan today to identify cause). She was given co-codamol at 7:00 am the morning of our visit. MAU could have given pain relief but did not and neither did they provide information about what was going on though ward 205 staff have provided some information about what may happen next. Mother said she felt that her daughter only received better care in the end as her

friend is a nurse who was challenging staff re painkillers/next steps – they do not know what might have happened without her. The mother also told our team that she had been informed by her 'nurse friend' that the staff at the MAU '*had not been busy and were largely just sitting around*'. We cannot, of course, either confirm, nor deny, this statement.

Ward 206

- We spoke to a new mother who was due to be discharged on the day of our visit. She told us that the '*whole experience has been fantastic*' and she could not praise the staff highly enough. She also told us that the whole system seemed to have improved vastly in the two years since her son was born in the unit. At that time, she said that the care received was far poorer, so she was keen to praise the staff across the unit.
- Another told us that the staff had displayed the right level of care throughout (both on this ward and in the MAU) and they '*could not have been more helpful*'. Her only negative comment concerned being provided with 'inaccurate information' when she was ringing from home to find out when a bed would become available. She was told to call back throughout the day at intervals of two hours as a bed '*will be available in just a few minutes*'. This was not the case and she was eventually admitted the day after.
- We also spoke to a father who had just come out after visiting his wife. He told us that both he and his wife had been unhappy with staff attitudes on ward 205. The care workers in particular had been, in his words, 'almost confrontational' when he had made requests for support for his wife. At one point, shortly after the birth, he had been told to bring the 'car around' as his wife was ready for discharge. However, when he got back to collect his wife and baby, his wife was in tears as the staff had just discovered the baby had jaundice. Mother and baby were transferred to Ward 206 two days before the visit and he commented that the difference was 'phenomenal'. The quality of care was tremendous and in particular he wanted to praise the 'specialist nurses'.

General comments from staff

Most staff we spoke to during the visit expressed a positive view of their work and duties. They felt valued and pleased they were working in such an essential role However one of our team spoke to a couple of staff members in a little more detail (he discussed experiences of working in the unit with two long serving staff who displayed a high level of dedication to their work). Another member of our visiting team took feedback from a couple of staff members on ward 205 and, again, these comments were also less than positive. They are noted here as they may have an impact on staff satisfaction and, subsequently, performance.

- Staff said that the closure of the maternity ward at County Hospital has resulted in an additional 1,000 births each year on the RSUH site with no additional beds or staff, This has put a great deal of strain on the staff that remain. Their workload has increased, the wards are often full they felt that both have had an impact on safety and the quality of care they are able to provide.
    - A member of staff told us there has been an increase in mastitis readmissions due to the change in pathway which used to see mothers attend their GP Practice for treatment but since the new pathway has been introduced they are now readmitted due to the need for a sepsis assessment. There is a clinic in Stafford, not in Stoke and there is a 24-hour helpline.
    - All post-natal readmissions are reportable on Datix and monitored for appropriateness. A greater awareness of sepsis has resulted in an increase in appropriate admission and treatment whereas in the past, GPs may have treated women with oral antibiotics; this is no longer the case.
    - Staff said that they often have to keep mother waiting not because they want to but because there are not enough staff to provide the required level of care and support. For example, there was a mother who was waiting for her paracetamol over an hour due to staff dealing with another patient who had collapsed. This was a clinical necessity and priority. A project is currently underway to allow women to self-administer their medication whilst in hospital with the aim of reducing the incidents of women waiting for pain relief (SAM's). This project has divisional support and is planned to be launched this year.
    - Staff said that the Birth Rate Plus Audit identified that on a 'complication versus rate' of staff calculation they are 19 members of staff short of what is safe.
    - Staff said that they often feel they cannot share these concerns with Directors as Senior Ward staff are always present and they feel they are unable to speak about these daily challenges due to lack of confidentiality.
    - One of the staff, a HealthCare Social Worker, said there are generally only two on the ward and that sometimes they are moved to cover shortages on other areas thus making their work harder in a busy environment.
    - Staff also said that due to being Special Financial Measures there have been staff cutbacks and they are unable to recruit for the same reason. See response above.

Record keeping and IT

In relation to records the K2 IT system is not completely paperless yet with a number of reports and tests that have to be filed and then tracked to the electronic system. This was described as time consuming. There is apparently no

on-site IT scanning system for the paper records to be integrated into the electronic records. However, it was stated that if this was possible it would also be very time consuming. A scanner has been purchased to address this and will be in place by end of March 2020. The backlog of records were moved off site.
One of the issues discussed was the issue of the two wards having only one ward clerk each and that in their absence for leave or sickness there is currently no other clerk cover and so when the ward clerk returns from their absence she has to catch up with a lot of administrative work In their absence other clinical staff will do some of the basic necessary work required but this in turn takes them away from their clinical work.

Staff Support and training
Both staff said that generally they felt well supported on the ward and that one of the ward managers who is due to retire soon is fantastic in their support of staff. They felt that generally staff are treated with dignity and respect.
All staff have their mandatory training and the two staff stated that their CPD were up to date. Much of the training is done on-line (as it is across many if not all trusts).

Complaints and incidents
The staff did discuss issues around safety in relation to incidents, one of them described an incident some time in the past where a visitor was angry and intimidating towards her which she reported through the *Datix* system for incident reporting but felt let down by the response at that time. They both said that patients and visitors can be very rude and aggressive.

Between the two staff neither felt confident in reporting incidents as they felt little gets done as a result and therefore would be unlikely to report incidents. We did discuss the importance of doing so in order for the unit and the Trust to address them, to support staff and make it safe for staff patients and visitors. Staff should feel confident in the system and management and it is a concern if staff do not feel confident in reporting incidents. *Please see attached action plan for evidence of communication with staff - UHNM comment.*

In fact, after the main visit, we spoke with the Head of Midwifery . who told us of a serious incident which had taken place at the weekend, which had involved the security staff and the Police. While this was definitely to be escalated through all official channels, our comments were that it might still not be treated as being so very serious as it may have been ‘reported in isolation’ as opposed to one amongst many incidents.

Summary and conclusions

- Hand sanitisers. We observed that some of the hand sanitisers around the facility were empty and would strongly recommend they are checked frequently.
- Ward 205/206 discrepancies. We observed a large difference of perception by both patients and family members between wards 205 and 206. Feedback regarding Ward 205 was worrying and included some very worrying comments, while generally speaking, feedback regarding Ward 206 was excellent. Of particular note is the comment made by the father regarding his 'unhappiness' while his wife was on ward 205 compared to his 'relief' following her transfer to ward 206.
- Incident reporting. We feel that EVERY incident needs to be reported so that it is logged properly and senior staff can be provided with a far more accurate picture of incidents. We were told that the maternity unit 'reports more incidents' than anywhere else within the RSUH, but we were concerned when we were told that several incidents had not been reported in the correct manner.
- Staff levels – while we appreciate this is a major issue across all departments of the hospital and that senior staff are fully aware of the situation, the staffing in the maternity unit presents, and will continue to present, concerns and issues regarding safety levels. The staff we observed and managed to speak with are all extremely dedicated and hard working, but we felt they were perhaps being 'expected to do too much' due to staff shortages. We felt that this shortage also applied to non-NHS admin staff as well - i.e. those supplied by Sodexo.
- MAU – following some of the comments received during the visit, we are proposing a separate visit to the Maternity Assessment Unit in the near future and this will be notified to them in due course.
- Security – while this is a more general comment, relating to the whole of the Maternity Unit building and not wards 205 and 206, we felt a general sense of 'insecurity' around the building with access to 'safe' parts of the Unit being easily reached by unauthorised visitors. We would suggest a review of security to see how this might be improved.

We wish to thank the staff we met during our visit for their time, consideration and helpfulness. We would like to visit again in a few months time to see if any of our recommendations/suggestions have been implemented. This re-visit will be supplemental to our proposed visit to the MAU, as mentioned earlier.

FEEDBACK FROM UHNM based on our draft report (received 11th Feb 2020)

- Judith Davies is the Professional Midwifery advocate, her role is to support midwives in their professional practice and to offer support to women and their families support when facilitating birth choices which do not necessarily follow recommended practice.
- Regarding the patient said that she arrived at A&E last Thursday and was diagnosed as having a suspected blood clot (page 2): We appreciate the concerns raised by this lady. We cannot account for her experience in A&E but we will share this with them. MAU processes are being reviewed to ensure timely and appropriate care. There can be clinical cases where maternity may not be the right place for a pregnant woman depending on her condition. National reports highlight that women should be cared for within the most appropriate speciality however at UHNM we see increasing numbers of pregnant women with complex medical conditions who are cared for in maternity with outreach from specific specialties. Midwives are not nurses and we need to ensure that the safety of the woman and the registration of the midwife is not compromised.
- . One to one care in labour is the gold standard which we protect and are proud that we achieve and maintain 100% in this.
- Regarding Staff said that the closure of the maternity ward at County Hospital has resulted in an additional 1,000 births each year on the RSUH site with no additional beds or staff: This is inaccurate, a workforce review was completed at the time of the amalgamation, which resulted in Midwifery staff, medical staff and support staff relocating to the Royal Stoke site to support the increased numbers of women receiving care. Our current midwife to birth ratio average is 1:28 this is in line with national averages.
- Regarding the apparent increase in mastitis: there is no evidence to suggest there is a significant increase in the number of women readmitted with mastitis; postnatal clinical are run 7 days a week both numerous locations within the Stafford and Stoke areas, this allows women to have open access to face to face midwifery support on a daily basis, in addition 24 hour feeding line is available for all women, which is staffed by experienced staff who offer both verbal and face to face support when required, out of normal working hours to women and their families.
- All post-natal readmissions are reportable on datix and monitored for appropriateness. A greater awareness of sepsis has resulted in an increase in appropriate admission and treatment whereas in the past, GPs may have treated women with oral antibiotics; this is no longer the case.

- Regarding documents and scanning: However, it was stated that if this was possible it would also be very time consuming. A scanner has been purchased to address this and will be in place by end of March 2020. The backlog of records were moved off site.

Letter received from UHNM with their comments:

Private & confidential
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11th February 2020

Dear Dave

Re: Healthwatch Stoke on Trent enter and view report - ward 205/206 Maternity

I am writing in response to the report following the Enter and view visit on December 9th 2019. Firstly, thank you to you and your team for a positive visit and I hope that you had suitable assurance. Apologies for the delay in responding; I'm sure you can appreciate that implementing Continuity of Carer models is extremely time consuming at the moment.

There are a number of factual inaccuracies in the report which I have enclosed and reference to other areas within the Trust such as ED which are out with the remit of the visit however we acknowledge the experience of the family told to your team on the collaborative working between departments.

We have focused an action plan on the following areas;

- Availability of hand sanitizing
- Breastfeeding support and information
- Safe staffing levels and workloads
- Incident reporting
- Security concerns

I have attached the action plan for your information. Please let me know if you require any further information or have any questions.

Yours sincerely

Sharon Wallis

Head of Midwifery/ lead nurse for gynaecology

The next page contains the Action Plan referred to above

Action plan in response to Health

watch Stoke on Trent Maternity Enter & View visit December 9th 2019

Priority Issue to be Addressed	Expected Outcome	Objective/Actions to improve	Responsibility	Date	Comments
Hand sanitizers empty on entry to the ward	Hand sanitizers will be full and available for use at all times	*Escalate to Sodexo supervisor and Matron for estates; agree a recorded daily check to ensure this is actioned.*	*Sodexo*	Complete	Hand sanitisers.msg
		Laminate wall sign to ask visitors to report to staff if the unit is empty		Complete	Laminated notices put up 15/1/2020 Further laminated notices added at main entrance to the wards and to the entrance to 206 on 22.01.2020.
Patient feedback Lack of Breast feeding information whilst inpatient	Patient feedback Lack of Breast feeding information whilst inpatient	*To explore the education and training programme provided for staff* *To gain further understanding of women's perspective*	 *Infant feeding team*	 May 2020	Successful reaccreditation of UNICEF Baby Friendly Initiative, achieving gold award. Training programmes adhere to the National Breast Feeding Initiative standards

Patient feedback Lack of Breast feeding information whilst inpatient	Patient feedback Lack of Breast feeding information whilst inpatient	*To explore the education and training programme provided for staff*			Successful reaccreditation of UNICEF Baby Friendly Initiative, achieving gold award. Training programmes adhere to the National Breast Feeding Initiative standards
		To gain further understanding of women's perspective	*Infant feeding team*	May 2020	Currently embarking on audit of women demonstrating adherence to BFI standards Await and act upon results accordingly
		Written Breastfeed information to be provided on admission to the ward rather than on discharge.	*Ward managers*	Complete	Mothers and others guide readily available on wards Raised at Senior team for ward managers to action All staff emailed on several occasions advising that Infant Feeding Information

					should be given on admission during orientation to the ward. Most recent email sent 22.01.2020. (see attached)  Health Watch concerns..msg Discussion also taken place previously at Senior Team around information being given whilst on Delivery Suite prior to delivery when c/o 1 to 1 care in preparation for first feed prior to transfer to the PN Ward. (as per policy).
Concerns raised safe staffing level and workload.	To ensure staffing levels meet the demands of the service	• *Midwifery staffing red flags monitored by risk management team on a weekly basis and reported at Trust level* • *Midwifery safe staffing report to trust board every 6 months* • **All women** receive one to one care in labour • *Escalation guidance in operation to divert staff to area of highest activity* • *Birth rate plus acuity tool has been purchased and will be launched in February 2020. This will provide detailed analysis of the acuity of the ward areas including times of high activity.*	*Ward manager and Inpatient matron*		No red flag incidents related to midwifery staffing reported in last 3 months Nominated staff informed of log in codes/access in preparation for launch in February 2020. Actions from this will be discussed and reviewed at senior team meetings.

Staff stated they felt reporting incidents is not beneficial as actions are not taken	Support staff to complete incident reporting when required	• *Raise awareness of the importance of completing datix in monthly delivery dispatches and governance Q and R newsletter.* • *Invite staff via a memo to the weekly datix review meeting.* • *Encourage staff to complete datix / RCA training* • *Improve feedback to individuals who report incidents*	*Ward managers*	Complete April 2020	Newsletter, delivery dispatches and MEMO Email sent 15/1/2020 to all Ward 205 staff. Email sent to all ward staff on 17.01.2020 discussing the importance of engagement in the Datix reporting system. See attached.  Update..msg Additional datix training provided – Jan 2020 Agree process for monitoring feedback/ communication to staff who have raised a datix
General security concerns	That areas will be safe and secure	*Invite security team to visit the area to speak to staff and review the process and complete a report with actions.* *Share report and actions with staff.*	*Security leads /Ward managers*	Complete	Meeting held 16th December following incident. Email report/action plan sent by Security following meeting arranged by Professional Midwifery Advocate attached, same forwarded to all staff on 22.01.2020.  RE Datix Incident Report Number REF2(