healthwatch Staffordshire

healthwatch Stoke on Trent

Enter and View Report

Maternity at Royal Stoke Hospital

20th November 2023

Report on Joint Enter and View Visit to Maternity Unit University Hospital North Midlands, Undertaken by Healthwatch Staffordshire & Healthwatch Stoke-on-Trent on 20th November 2023 9 am-3 pm

Service Provider: University Hospital North Midlands

Premises Visited: Maternity Services UHNM

Royal Stoke Maternity Hospital,

Address: Newcastle Road, Stoke on Trent ST4 6QG

Tel: 01782 715444

Authorised Representatives:

Emma Ford, Christine Sherwood (Healthwatch Staffordshire) Jackie Owen, Sophia Leese (observer) (Healthwatch Stoke-on-Trent). Representatives have undertaken Enter and View training and are DBS checked.

The maternity service based at Royal Stoke Hospital is delivered over 3 floors and is made up of postnatal and antenatal wards, a midwifery birth centre, a daycare assessment area, and a maternity assessment unit (MAU). The service also provides specialist substance misuse clinics, perinatal mental health and lifestyle clinics, foetal medicine, and maternal medicine services. The community midwifery team is also based in the maternity unit and works closely with the midwifery team. These services are available to all pregnant individuals from across Stoke-on-Trent and Staffordshire.

Purpose of the visit:

This visit, a joint visit by Staffordshire and Stoke-on-Trent Healthwatch follows the publication of the Care Quality Commission (CQC) report on maternity services at Royal Stoke Hospital in June 2023 having undertaken an inspection visit in March 2023. The CQC inspection focused only on the safe and well-led key questions.

The outcome of the inspection was that the service was judged to require improvement overall. Following this inspection, under Section 29A of the Health and Social Care Act 2008, the Trust was served a warning notice requiring them to make significant improvements to the safety of the service. The two main areas of concern were:

The maternity assessment unit and the implementation of the BSOTS model of triage (Birmingham Symptom Specific Obstetric Triage System).

The induction of labour process including the system for prioritisation of risk and delays.

Therefore, the purpose of this visit was to look at how the Trust has developed and implemented measures to address the 'must do' actions as set out by the CQC in their final report and what impact this has had on the experience of women/birthing people and families attending the unit to give birth. We aimed to engage with women/birthing people and families to explore their overall experience of the service received when delivering their baby under the care of Royal Stoke Hospital.

We also wanted to engage with a range of staff working in maternity care to find out how any actions taken and plans in place had impacted upon their ability to undertake their role and have the skills and tools to do the job in a supportive and safe environment.

Methodology

This was an announced visit carried out by 2 Authorised Representatives from Healthwatch Staffordshire and 2 from Healthwatch Stoke-on-Trent, one of whom was in training and was an observer on this visit. The team arranged to meet senior staff at the entrance to the maternity unit. Signage from the car park to the unit was mostly clear to follow, other than in one area where there were two signs in close proximity pointing in opposing directions which was confusing. Signage upon entering the maternity unit in the entrance reception area was very clear as to where the various departments were located.

We were met in the reception area by the senior leadership team who identified themselves as the Director of Midwifery and her two Deputies. Also joining us was the Deputy Chief Nurse and the inpatient Midwifery matron. They were accompanied by a student midwife on placement from Staffordshire University, participating in a leadership and governance programme. The leadership team spent time with us helping to set the context for the visit and were extremely helpful taking time to explain the plans and strategies in place to address the issues leading to the CQC judgement. We were informed that before

the CQC visit the department was fully aware of their problem areas which subsequently led to the section 29a notice being issued and had already put an improvement plan and implementation programme in place prior to the visit which was shared with CQC at the time of the inspection.

Setting the context, the Director of Midwifery explained that Royal Stoke Hospital had approximately 6,200 births in the previous 12 months many of which were and still are of an extremely complex case mix deemed 'high-risk'. High risk can be preexisting health conditions, lifestyle factors such as diet, smoking, drug & alcohol misuse, pregnant individuals aged over 35 or under 17 and pregnancy-related health conditions. Royal Stoke Hospital is in the top 2% category nationally for high-risk births. To this end, every contact with the unit is risk-assessed through a 24/7 assessment and triage service at the Maternity Assessment Unit. This unit has around 14,500 admissions per year due to the number of women/birthing people attending with pregnancy-related health conditions or concerns. Pregnant individuals can self-refer if they have any concerns about their pregnancy.

The Director of Midwifery has been in post for the past two years but has previously worked in a range of diverse maternity settings including nationally developing an end-to-end maternity information system. Her priorities upon taking up an appointment and gaining a full understanding of the maternity service in practice at Royal Stoke Hospital was to develop an action plan focusing on 3 main areas for development and improvement.

- Workforce
- Governance
- Culture

We were told that these are key areas underpinning the action and implementation plan addressing the must-do improvements required by the CQC. We were provided with an overview of some of the specific actions that have been taken to improve on these areas and were later sent copies of reports presented to the System Maternity Oversight and Assurance Group, the latest dated the 31st of October as evidence of the work being undertaken. The first report focused on setting the scene, an update on Maternity services the Maternity Quality Improvement Plan and the Risk Log. The latter report provides an update on how the actions from the s29a CQC notice are being addressed and the progress made. In summary, we were informed that.

Workforce- A long-term recruitment and retention workforce plan has been developed in conjunction with NHS England (NHSE) both

regionally and nationally. £850,000 of external funding has been secured as well as £509,000 in LMNS (Local Maternity and Neonatal Systems) funding which has enabled the recruitment of 30 specialist roles and an additional 22 midwifery roles. Some of these are new in post and going through the induction process currently.

There are 5 Maternity Support Workers undertaking midwifery degree apprenticeships, and student nurses are offered roles upon successful completion of their training and have the added incentive of development in leadership and governance opportunities.

The service has recruited 3 of 5 midwives through international recruitment with the remaining two in progress. All new midwives are offered preceptorship packages which are bespoke and flexible and offer a very personal welcome to all new staff.

There is investment in staff training, other than the mandatory training required there are also opportunities for leadership and development training which is focused on succession development and includes shadowing. There is also the Vitality development programme which is based around organisational culture and behaviours offered to most staff.

Governance – The service has in place a range of governance arrangements which oversee the quality and safety of the services, and the outcomes of action and implementation of improvement plans and targets. The Maternity service feeds into a hierarchy of 8 quality and safety assurance groups both internal and external and oversight is also provided through the Integrated Care Board (ICB) and the Local Maternity and Neonatal Systems (LMNS). We were told that the leadership team have a good and honest relationship with the Executive Board and Non-Executive Directors who are described as a listening, supportive and open board that provides an open, transparent, and mature governance structure which holds the service to account and ensures compliance in duty of candour. The team have a monthly 2-hour voice with the executive and non-executive board and an open and good relationship with the Chief Executive Officer.

Culture – The Midwifery service has a Cultural improvement plan that is focused on creating a "kind and respectful workplace." The leadership team have put in place a whole range of actions aimed at cultural change. We were informed of some of the achievements over the past 12 months including.

- Strengthening leadership (new structures)
- Perinatal Culture & Leadership Development Programme (NHSE/I) (April 23)
- SCORE survey

- Vitality Team Building and Leadership Behaviours Programme (46 midwifery leaders)
- Vitality Team Building and Leadership Behaviours Programme (roll out for band 5's & 6's) (250+ band 5&6 midwives)
- ENABLE Training for all maternity, neonatal and gynaecology teams.
- Kindness into Action – Trust-wide
- INSIGHTS Training for all maternity, neonatal and gynaecology teams
- FRIDAY FOCUS
- Freedom to Speak Up – responses.
- NHS England/Improvement Insight Visits – Maternity and Neonatal
- Engagement with student midwifery workforce
- Leadership Toolkit - Maternity and Neonatal
- Daily safety huddles

The results of these and other actions and ongoing plans, the evidence outlined in documents to the System Maternity Oversight and Assurance Group (SMOAG) and shared with us indicate an improvement in all areas of concern outlined in the CQC's Section 29a notice. The figures indicate that there is still work to be done but the actions taken are heading in the right direction. For example, of the 1487 people who attended the MAU in September 2023, 87% were triaged within 15 minutes, as opposed to 75% triaged within 30 minutes highlighted in the CQC report.

Similarly, within the same document (SMOAG), 240 women/birthing people commenced their induction of labour within the specific guidelines & reached 88% in September 2023 against a target set out at 95%.

Training is still an area that requires improvement, but the evidence suggests that this is being monitored closely with plans in place to address the shortfalls and improve the outcomes of these targets.

We were informed that because of the measures put in place around recruitment and retention of staff, the expected vacancy level was expected to hit the target of 10 vacancies by December 2023. We were told that all the student nurses recruited in the past 12 months are still in the post due in part to the very good preceptor package and the level of support that is offered to new staff. We were informed

that the staff turnover is generally one of the lowest in the country at 6.9%.

The leadership team came across as open and transparent about the strengths and weaknesses of the service and the steps being taken to achieve the vision for the service as well as the steps, still needed to achieve this. They presented as very passionate and enthusiastic about the service, and this was very evident in the way they spoke about the work they were doing and their determination to make the vision a reality. Following this session, we were given a guided tour of the whole maternity department and were then left to go freely around all areas to speak with patients and staff.

Staff Experience.

We visited all wards and maternity areas and spoke to staff from across the board from senior managers, ward managers, staff of all levels, ward clerks and domestic staff. We spoke to at least one member of staff on each ward and often more. Although it was evident from observation that the staff were busy, there was quiet and calm throughout all areas we visited and a sense that everything was under control.

The busiest unit was the MAU and although there appeared to be a lot of staff around, we were told by the ward manager that there were staff shortages on that day. There should have been 14 core staff, 8 floating Staff + 1 new staff member who was not yet fully operational. However, on duty, there were 8 core staff, 2 floating staff + 3 new staff. We were told that there are days when the unit is extremely short of staff and the Flow Coordinator must move staff around to fill emerging gaps. We were informed that there is a high use of bank staff at present but most of these are their staff, so this works well in terms of employing appropriately trained staff with the right ethos. Talking to some of the staff working on the MAU there was a perception that they were still very short-staffed, this was later clarified by managers who told us that this is largely because a lot of new staff were not yet fully operational due to going through the induction and training process, and this perception may change over the next few weeks.

All the staff we approached to speak to us were very friendly and very willing to give us time and answer our questions and it felt that they were doing this openly and freely. Even the negative comments were made openly, and it was clear that staff felt able to speak without fear of reprisals.

There was a feeling that staff felt they were a part of a close-knit unit with close relationships and a strong level of trust among their colleagues. Most staff other than new staff told us they had been in

post for periods of between 5-25 years. Many told us they loved their job and loved the environment they worked in, describing it as happy. There was a very positive feel of a close-knit, mutually supportive staff team with a strong sense of unity who are proud to work in Maternity services at Royal Stoke Hospital and that came over in the welcome we were given, and the way staff spoke to us.

Not all staff felt well supported by their managers or peers, though these were the exception, not the rule. A couple of staff told us that they did not feel as valued by the rest of the team due to their role as Health Care Assistants (HCA). This was despite feeling that their role in supporting the running of the unit is vital and without which the ward would not run smoothly and there would be even greater pressure. They felt taken for granted on occasions and not always as valued as the medical and midwifery team and therefore sometimes treated differently. We spoke to staff in the same role on a different ward however and their view was very much the opposite in that they felt that their role was valued by colleagues, and they were seen as valued for their contribution to the ward.

Two staff told us they did not feel as well supported by their manager and felt that the turnover of managers over the last few years made it very difficult to gain any continuity and consistency in the way things are done. One HCA mentioned that managers come and go so quickly that it is hard to get adjusted to their ways and then must get used to a new manager who has their own ways of doing things and it is all change again. These staff did not feel that they really got any recognition in the Friday Focus newsletter which was surprising as the latest one dated November which we had sight of particularly recognised the role and contribution of the Maternity and Health Care Support Workers and celebrated the work they do. These views reinforce the ongoing need to address the culture of the organisation so that every member feels valued for the important role they play as part of the wider team.

We spoke to one member of the domestic staff who told us that they had worked on the unit for over 15 years and could never imagine leaving. They had told us that although their manager was fantastic, and they felt respected and treated well by the senior managers, they sometimes felt 'looked down on' by some of the staff on the ward and not seen or treated with dignity and respect. However, they love their job and the patients and therefore would never contemplate leaving because of this and thought generally it was a great place to work.

Several staff told us that they don't always get their breaks due to the pressure of work on occasion. A few told us this was a regular occurrence as there was so much going on that it wasn't possible to take a break. We were told that breaks are the responsibility of the individual to take them when they can. The shifts are 12½ hours long,

so breaks are important to take sustenance and recharge batteries. It was repeated a few times by staff that the MAU is a very busy ward with a fast turnover of patients and little to no control over the flow of patients. We were told that the ward could have over 1000 patients a month and there are times when it feels very manic working on MAU. However, staff we spoke to appreciate initiatives like the daily huddle which they saw as an opportunity to share concerns and raise issues of pressure. Most staff also appreciated the Friday Focus as a means of keeping updated and celebrating the good work being done.

We spoke to the Flow Coordinator whose role is to do 2 hourly checks in the whole dept to see where the hotspots are and to move staff around accordingly. They told us that the role brings with it a lot of pressure and is a very visible role, but they have been in the post for 5 years and feel very well supported by their colleagues and manager.

Most staff we spoke with told us that managers and the leadership team were well respected, approachable, and supportive. Staff told us they were well supported by their line managers, ward managers and matrons and were given good opportunities for training and development. Most told us they felt respected, supported, and valued.

Many of the staff we spoke with came over as compassionate and caring and were focused on the needs of patients and their babies. We were told of the actions that had been taken to make the experience of the parent and baby more pleasant by little things that they could do to enhance the comfort of the rooms or comfort for parents and babies. This was communicated to us in a way that demonstrated care and compassion and put the needs of the patient first. This was more evident in wards 205 and 206, the Midwifery birth centre and the delivery suite. For example, the High-risk delivery suite is now adjacent to the Neonatal unit, and this allows parents to stay with their babies. This is not to say that the MAU staff were not compassionate or caring just that the pace of care and the nature of the unit seemed to be more focused on dealing with immediate problems resolving issues and throughput.

Service User Experiences:

During our visit, we engaged with a total of 12 women/birthing people and people/family members supporting them.

We saw 5 women/birthing people within the Antenatal Department, 3 in the Maternity Assessment Unit, 1 in the Low delivery Suite, 1 in ward 205 and 2 in Ward 206. Our numbers reflected the time we had within the unit after our tour by the deputy midwives and this was just a snapshot of each department.

Demographics

3 aged between 18–24

8 aged between 25-49

1 age unknown

10 White/British

1 Asian/Asian British Pakistani

1 Asian/Asian British-any other Asian/Asian British background

Positive Findings:

We were told many times during our conversation with women/birthing people and families about the caring attitudes of staff and most people felt they had been treated with dignity and respect.

The twelve women/birthing people we spoke with were either seen quickly following the referral from their GP once a positive pregnancy was confirmed or given a link to complete themselves from the GP to the community midwife.

The twelve women/birthing people we spoke with all said they saw the same community midwife, and this helped with the continuity, trust & reassurance. It appeared that the community midwife tends to talk about feeding, birth planning, mental health, Domestic violence, safeguarding, and any other support needs.

Wards 205, 206 and the Midwife Birthing Centre all received only positive feedback. Some of the most pertinent comments are stated on Pages 11 & 12 of the report.

People said that they didn't feel pressured to breastfeed and that the choices around alternatives were adhered to & listened to, including pain relief & birthing plans.

Three of the women/birthing people we spoke with also attended the outpatient facilities at the County hospital for Antenatal care and gave positive feedback about their experiences. We did not meet anyone who had recently attended the postnatal facilities either at County or Royal Stoke hospitals or within the community services. Currently, women/birthing people are not given the option for home delivery or births at Free-standing Midwifery Birthing Units as these have currently been suspended. (Reviews are currently taking place regarding FMBU's).

The Royal Stoke Hospital Maternity Unit did offer a facility to use a birthing pool and had theatres for elective C-Sections or emergencies. Some women/birthing people had stated they had requested a tour of the facilities before giving birth and this has been accommodated, another woman/birthing person stated they weren't aware they could tour the facilities. However, there is a virtual tour of the facilities at Royal Stoke Hospital maternity on the hospital website.

Most people said that birth plans were followed where it was safe and practical to do so. This helps to reinforce to the patients that their voice had been heard.

Patients said that on the wards & birthing suites staff would accommodate partners to stay overnight and were prompt when answering buzzer calls.

We asked the patient on the ward "What has been the best aspect of the service?" These are some of the comments:

"The best aspect is the nurturing I felt from the midwives".

During Labour "The team at the hospital are very good and kept checking in on me and my partner".

"My partner was included in everything, and we felt respected".

"The best aspect for me was how involved my partner was and how well he was looked after. My partner was allowed to stay with me and stayed on the ward".

"Every handover on the ward the staff would pop in and introduce themselves on each shift and I had a named nurse

per shift. Even the cleaner would pop in and see how we were doing".

Healthwatch asked women/birthing people & the people/family members supporting them. "If there was one thing you could change what would this be?"

These are some of the comments:

"Size of the rooms"

"The food, but I am picky but there are plenty of options."

"Some staff attitudes"

"Culture & process on MAU"

"Time it takes after your scan in Antenatal to see the midwife."

"Would like a facility to bring siblings in during my antenatal appointments as not all of us have support externally, I feel this would reduce my anxiety and stress levels."

Strengths:

The Royal Stoke Maternity has made some positive changes.

- Access to our records: This is a service which electronically allows patients to translate their notes into a particular language.
- Alternatives for people with Learning Disabilities or Sensory Impairments (a member of staff is the National Representative for Digital Lead midwifery) and sits on the All-Things Digital National Table.
- Every Contact Risk Status: From the contact for pregnancy booking this is looked at.
- Good to see images of uniforms so that patients can recognize the staff's roles.

- Examples of the maternity units' Values and Promises on notice boards across all departments.
- Areas to get fresh water from and vending machines on most of the floors with a café located on the ground floor adjacent to the Antenatal unit.
- Patients can access the Maternity and Neonatal Patients Voice & give feedback regarding their experiences.
- The Maternity Assessment Unit now has a waiting room with a 24-hour reception area and a triage midwife. This service is working on getting women/birthing people seen within 15 minutes.

Environment

The building is situated away from the main entrance but shares car parking with the main hospital. The signage to the hospital was mainly clear but confusing in one area with two signs pointing in different directions.

The maternity unit is well laid out over 3 floors with a large entrance lobby that contains a reception desk. The entrance was light, spacious and clean with clear signage to all the main areas. There are vending machines on the entrance levels that are accessible to all visitors. The antenatal service and ultrasound are located on the ground floor.

Each floor we went on was spotlessly clean and well-maintained with a lot of colourful pictures on the walls. The walls on each floor also had noticeboards containing information on various topics helpful to new parents, but these all appeared to be in English only. There was no indication that these were available in alternative formats for people whose main language was not English and those who may have sensory or other impairments.

It was very heartening to see outside the neonatal unit, the walls full of what we were told were previously premature babies' photos who had gone through the unit and were now thriving babies and toddlers. This seemed to be such a morale booster and perhaps seeing them brought a sense of relief and comfort to patients.

Hand sanitisers were located at each ward/unit entry, and we only found one that did not contain sanitiser. We observed that the "Hand-wash only"/ “No drinking water” signs above the taps were often too faded to read.

The rooms in all parts of the unit were well presented, clean, generously resourced, and had plenty of space. There were several specialised rooms - including water birth, twin and bariatric rooms,

and the facilities of the bereavement suite were excellent, offering support to the needs of the parents.

The equipment that we saw was clean and looked well maintained from a layman's perspective and we saw domestic staff in most areas and no evidence of clutter or litter anywhere in the unit.

Overall, the maternity unit presented as a warm and welcoming environment with cleanliness and maintenance at a high standard.

Recommendations

- Review external signage to ensure patients can find their way to the unit easily.
- Review the information available to patients and families on notice boards and in waiting areas ensuring that patients who have different needs to access information know that this is available and how to access it.
- Think about language - a lot of posters are very wordy, think about simple language and pictorials, think about coloured backgrounds and contrasting print.
- Ensure that staff can access a break in line with working time regulations to support safe and effective working.
- Consider what actions can be taken to ensure that staff at all levels can feel valued and involved in the running of the service as an integral part of the team.
- Wi-Fi access needs to be in alternative languages.
- Some of the seating in waiting areas in both the Triage on the MAU and Antenatal are of a foam box construction with a low triangular backrest. They are low to the floor and offer no support with arms. These could be uncomfortable if seated for long periods. Heavily pregnant individuals or people with mobility issues may struggle to mobilise.
- Consider having a notice that explains the Triage process at MAU and why you may have to wait. A small number of people who have spoken to Healthwatch about maternity services have been unclear on the Triage process.
- Consider a pager/text system if women/birthing people must wait for long periods in the Triage or Antenatal areas so at least they can walk about or go outside for a break.
- Communication is key: For example, recent guidance recommends Induction of Labour (IOL) is offered at 7 days past due date (40

weeks plus 7 days). Women/birthing people may be booked for an IOL, but if another woman/birthing person presents in labour they will take priority. There will be times when Induction of Labour's are delayed, resulting in the recommendations not being met. Healthwatch would recommend that if the situation was explained to women/birthing people this could prevent some of the frustrations.

- Improvements need to be made within the MAU, including the waiting times as these can still be problematic.
- A few patients felt some staff appeared negative towards them.
- Some of the staff's terminology needs improving as it comes across as unsympathetic.
- Several patients we spoke with felt that they had not been listened to, within the MAU department. One patient also felt there was a breakdown in communication between the call handler and those telling the women/birthing people to come into MAU to be induced, but the receptionist on MAU didn't appear to have been made aware of this on arrival.

  "I get here no-one seems to know why I am here and what I have come for."

- Another patient felt the electronic system with patient records needs updating. "If you come under a different trust for the community midwife, she cannot read the Royal Stoke Hospital Notes and Royal Stoke Hospital cannot read my Birthing Plan or community notes, so I have to relay all the information".
- Some women/birthing people stated they found their own Antenatal classes and must pay for the service. They do not think they are provided free in the area since Covid.

The Royal Stoke Maternity Hospital also offers other services such as:

- Bereavement rooms with sofa beds and kitchenette, and TV and stereo to give a more homely feel. This allows families to spend as much time as they need with their child and gives them the dignity and respect that is needed during this time. There is also access to specialist-trained staff on hand for the patients and families.
- Royal Stoke Hospital Forget-Me-Not Support Group-STILL was launched in 2017 and currently has 245 members. It offers a support group for after discharge in both face to face and online forums to help with bereavement. This has expanded recently into a separate group for families needing support during subsequent pregnancy.
- We were made aware of the Palliative Care Service that was offered onsite. This is when a life limiting/life shortening condition of an unborn baby is diagnosed during pregnancy. This service allows families to consider options that can then be discussed in a calm, controlled & realistic manner.
- An Advance Care Plan is created where all discussions are recorded & shared within the appropriate teams to prevent repeated conversations surrounding difficult decisions. The planning helps in memory building during the antenatal period, appointments, and during delivery and postnatal periods to give better continuity. After delivery women/birthing people & families can access “cold cots” which allow more time with the baby and can be used to take the baby home for a short length of time.

Summary

On speaking with patients and their support, feedback was largely positive with some patients wishing to compliment the staff. Negative feedback was related to service within the MAU department & general waiting times in MAU & antenatal.

Contact Details for the Public:

Maternity Assessment at Royal Stoke Contact Details.

- Royal Stoke Delivery Suite on 01782 672333
- Royal Stoke Midwife Birth Centre on 01782 672200
- Royal Stoke Maternity Assessment Unit on 01782 672300
- Freestanding Birthing Unit County Hospital on 01785 230059
- For all enquiries relating to maternity-related bereavement services the contact is: nos-tr.bereavementmidwife@nhs.net

Please contact Healthwatch with any further feedback

Staffordshire (Excluding Stoke-on-Trent)

enquiries@healthwatchstaffordshire.co.uk

https://healthwatchstaffordshire.co.uk/contact/

https://www.smartsurvey.co.uk/s/G84ZDT/

Stoke-on-Trent

info@healthwatchstoke.co.uk

www.healthwatchstokeontrent.co.uk

Maternity and Neonatal Voices Partnership (MNVP)

MNVP's primary objective is to gather feedback from women/birthing people and their families about their experiences with maternity and/or neonatal services. This information is then utilised to help shape the future of local maternity and neonatal services and to drive forward improvements in the care offered and provided.

Visit their website here.

Related Healthwatch Staffordshire report:

You may also be interested to read our report "Maternal Mental Health Matters Survey Staffordshire". This looks at a small sample of feedback on maternal mental health for Staffordshire births between April 2020 and Autumn 2022.

“Healthwatch would like to thank all the staff for making us feel welcome and showing us around the departments and all the feedback from patients and family/support, we hope this report will be useful”.

Next Steps

The report will now be published on Healthwatch websites.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of this visit.

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