



Fifteen Steps for Maternity at Northampton General Hospital







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On 20 March 2019 volunteers from Healthwatch Northamptonshire and Northamptonshire Maternity Voices Partnership¹ came together to carry out a 15 Steps² Maternity Visit across both hospital trusts in Northamptonshire -Northampton General Hospital and Kettering General Hospital. This is the report for Northampton General Hospital.

The 15 Steps visit was requested by the Local Maternity System Board³, Healthwatch Northamptonshire, both Northampton (NGH) and Kettering General Hospital NHS Trusts and Northamptonshire Maternity Voices Partnership. In January 2019 a group of volunteers from Healthwatch Northamptonshire and Northamptonshire Maternity Voices Partnership were trained using the 15 Steps for Maternity Toolkit⁴ published by NHS England.

On the day of the visit, the volunteers attended Northampton General Hospital and visited four areas: Labour ward; Robert Watson (Postnatal ward); The Barratt Birth Centre; and the Antenatal Assessment Unit / Day Assessment Unit.

In line with the 15 Steps criteria, volunteers looked at four key areas: Welcoming, Safe, Caring and Involving, and Well Organised and Calm. On the day of the visit volunteers were split into smaller groups to observe the different areas. Consistent with Healthwatch Northamptonshire practice, this report has been written by the volunteers that attended in their own words and is based on their own observations and those of people they spoke to - staff members, patients and their partners. The content has not been altered by Healthwatch Northamptonshire, Northamptonshire Maternity Voices Partnership, Nene and Corby Clinical Commissioning Groups, Kettering and Northampton General Hospitals, except for consistency and clarification.

The photos of babies used in this report are not photos taken on the day of the visit.

¹ A Maternity Voices Partnership (MVP) is a NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. <u>http://nationalmaternityvoices.org.uk/</u>

² The 15 Steps Challenge focuses on seeing care through a patient or carer's eyes, and exploring their first impressions.

³ www.england.nhs.uk/mat-transformation/

⁴ <u>www.england.nhs.uk/wp-content/uploads/2018/05/15-steps-maternity-toolkit-v9-1.pdf</u>





Visit to Northampton General Hospital

Day Assessment Unit and Antenatal Assessment Unit

The Day Assessment Unit was a welcoming unit with a wide spacious waiting room with music and children's corner, including an art mural and toys. There was visual information on display including 'You Said We Did' posters and a staff information board including the MVP poster. The staff were welcoming, and you could clearly identify the midwives, sonographers and obstetricians. There were lovely homelike pictures as you come into the treatment rooms. Hand washing was promoted throughout this area. Throughout, there was nothing to suggest that the area was ever attended by any non-English speakers. However, when we spoke to the staff they said that they had leaflets and that they could get interpreters on the phone. The posters outside the treatment rooms were not seen to be relevant to the area, and a healthy eating board could not be seen easily because there were seats underneath. These could be revamped to be something more topical such as antenatal screening or the Professional Midwifery Advocate⁵ (PMA) role or local groups that could promote healthy relationships e.g. baby massage. The posters that were on display were small and a bit tatty and did not appear to be inclusive of LGBTQ+ families or in large print for those with a visual impairment. Inside the toilets there were notices and posters about domestic abuse but these all suggested phoning an external number. There was nothing to suggest that staff could be approached for help.

The interactions between the staff were very positive and professional and the visiting team was made to feel very welcome. The staff appeared very approachable and helpful, they generated a positive atmosphere for us while being very considerate of the mothers who needed extra sensitivity in the way they were approached.

There was difficulty in immediately recognising the different grades of nursing staff and others, all of whom seemed to wear a similar blue uniform. Doctors seemed to be wearing stethoscopes but some were not.

Wards and bays were clean and tidy, as was the toilet, but the décor and use of colours felt tired. However, there was a notice about domestic violence and the opportunity to take away useful external contact information.

⁵ The aim of Professional Midwifery Advocates (PMA) is to support midwives in their clinical practice and advocate for women. The objective of the role is to provide restorative clinical supervision; advocacy and support quality improvement activities, education and leadership for midwives.





There may be leaflets and information about health and feeding given during support by midwives but what was lacking was the big positive message and other messages about equality and diversity, help and support, and valuing the women and their families.



Labour Ward

We were welcomed onto the unit by the ward matron. There is nowhere dedicated for you to sit when you register at the reception desk- patients needed to wait to be signposted to the labour ward or to another area, e.g. The Barratt Birth Centre. There were no facilities in the waiting area, for example a toilet. The staff were very welcoming and friendly. Birthing rooms were set up to promote active labour with birthing balls and partners/doulas⁶ are welcomed. Partners can stay overnight if requested. We were told that evidence based information was available to all parents in the postnatal pack and is talked through by the discharge midwife. There were no women giving birth when we visited and a sense of calm and being in control filtered through the ward. All levels of clinical staff could be identified by their brightly coloured uniforms. Information on Professional Midwifery Advocates was visible. The seating area in the labour ward itself was clean and tidy with a little garden attached for fresh air. We were told that continuity of carer was given importance and this is evolving in two different teams that feed into NGH. The ward itself felt very clinical, perhaps this could be improved with more home like décor including wall stickers of positive birth mantras, warm coloured paint and pictures. The staff notice board was handwritten detailing who was on shift. The staff were all in uniforms and it was easy to identify that they were staff, however it was not easy to identify what their roles were. A noticeboard to explain the different uniforms would have been useful for the

⁶ A woman, typically without formal obstetric training, who is employed to provide guidance and support to a pregnant woman during labour.





patients. If a patient was waiting to be seen then the access to the toilet was limited. One room we saw had a small pool and was where women could have an active birth but within the main Labour ward. This was also the only room on the ward to have an ensuite. We were unable to visit the room for parents whose baby had died, we saw that it was in a secluded part of the Labour area. Access was currently through the main part of the ward but we were told there are plans to change this.

Barratt Birth Centre

The unit felt very calm and quiet; there were no sounds at all. On the Midwife Led Unit there is no waiting area, just a chair in the corridor. Staff said that as the unit was not usually at capacity, they would always move a mother to an empty room if possible. There were posters up about the Patient Advisory Liaison Service (PALS) and hand washing. There were lots of other posters up but nothing particularly eye catching, they had lots of text on them. There were



information posters about responsive parenting, confidence building and healthy development in the birthing rooms and posters about the Sunflower Centre⁷ on the toilet doors. There were no posters that were inclusive of Black, Asian, Minority and Ethnic (BAME) or Lesbian, Gay, Bisexual, Transitioning or Questioning (LGBTQ) service users and there is nothing on show that is helpful to those whose first language is not English.

There were curtains inside the rooms so that staff can enter the room and announce themselves and wait to be given permission to come into the room.

There was a water cooler but there were no other facilities for making drinks. There was no day room available but there are facilities to make and store food and drinks in the birthing rooms, if the mother would like privacy/sleep the birthing partner could use somewhere else to go to for refreshments or mum may wish to have a change of scenery. [NGH told us that all rooms have a small kitchen

⁷ The Sunflower Centre employs qualified Independent Domestic Violence Advisors (IDVA's) who have specialist knowledge and understanding of domestic abuse, including the effects it has on individuals, their family, the local community and society as a whole.



area for making drinks and a fridge to store cold drinks.] Birth partners or doulas were welcome to stay with mum on the Midwife Led Unit.

The birth rooms were set up to promote active birth. They had nice big pools in each room and birthing balls were available. There was adjustable lighting in each room and women were welcomed and encouraged to bring things to make each room feel more homely. The use of own bedding, affirmations and LED candles was all very usual on this unit. There were big canvases of landscapes around the unit but other than this it did not feel very homely and we felt there could be more in terms of decorations. There was breastfeeding support accessible on the unit and information about breastfeeding support that could be accessed outside of the hospital was included in the information pack given after birth.

Robert Watson Ward (Postnatal ward)

The overall impression of Robert Watson ward was that the corridors were quiet but staff bustling in and out of rooms. Corridors were clean and tidy but the building feels dated. There were no posters or information on display. There were 23 postnatal beds, most of which are in 4-bedded rooms. Partners could stay overnight in recliner chairs next to the mother (in single rooms only). The shower suite was seen and appeared clean and spacious.

Staff were busy but not rushed. They described it as a "quiet" day, although almost all the beds were occupied.







During the visit we spoke with staff members of various levels that worked in maternity at Northampton General Hospital. The staff appeared friendly, relaxed and supportive of choice. Here are some of their thoughts;

"It's very good working here, teamwork is very good - people are very friendly, supportive and welcoming. There are some negatives - bureaucracy is difficult. Change management needs to happen from the bottom up. I would love to see a new maternity unit, but there are limitations to the building."

"I love everything about working here, I love babies. It's a really good team, very supportive. Staffing can sometimes be an issue, particularly during the night (fewer staff on), but I don't find it too stressful."

"The staff are supportive of one another. There is pressure due to the number of patients. Patients need space and time which we sometimes don't have - the ward can be very noisy."

"It's a lovely team, a nice atmosphere, there are really good outcomes and it's just all lovely. The staff are well supported but they could do with having more core staff. At the moment, staff go where the need is, which they're happy to do. There could be better communication with the wards about who is where."



Summary of Findings at Northampton General Hospital

What worked well:

- All areas appeared clean and tidy
- Birthing rooms were set up to promote active labour on the Midwife Led Unit
- The Barratt Birth Centre allowed women the choice of where to give birth
- Staff were friendly and approachable, they were enthusiastic about how the service was developing and positive interactions were witnessed between staff and patients

Recommendations:

- Promote more diversity in ethnicity and family types in pictures and posters, with posters being tidied up and displays looking more uniform with information being made available in different languages
- Display information on what the various staff uniforms mean
- Implement more home like décor in and around the Labour Ward
- Provide information detailing that staff can be told about domestic abuse and that outside organisations are not the only option

Response from Northampton General Hospital

We thank the volunteers for taking the time to visit our maternity unit and provide valuable feedback. It is important that we understand how women and their families feel during their stay at our unit and areas that we can improve on. It was fantastic to hear that staff were friendly, approachable and enthusiastic about the service.

With regards to the labour ward reception there are many chairs in that area for both relatives and women waiting.

With regards to the notice boards we have taken on board the comments made verbally about which ones the volunteers thought worked better than others. With regards to information about different uniforms this display is presently in draft form.

We have recently secured funds to improve décor to ensure a more homely environment which we know will improve the women's birth experience.

Information re domestic abuse is displayed on the back of all the toilet doors providing information and contact details.





Overall, the areas we visited were clean and tidy. All of the volunteers felt that they or family members would receive good treatment in Northampton General Hospital in the areas that were visited. The staff members that were seen were welcoming and well informed. The areas that were visited were quiet so that you could tell straight away that staff were not rushed off their feet, this gave the overall impression that if you were a patient in any of the areas then you would be able to ask questions about your care.

Acknowledgements

Healthwatch Northamptonshire would like to thank

- Northamptonshire Maternity Voices Partnership
- Staff and patients at Northampton and Kettering General Hospitals
- Staff and volunteers who gave up their time to take part in the visit

About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.



About Northamptonshire Maternity Voices Partnership

Northamptonshire Maternity Voices Partnership Help shape how your maternity service looks

- Making a different to local maternity services.
- Membership includes mums, dads, parents-to-be, grandparents, midwives, health visitors, infant feeding specialists, perinatal mental health experts and members of local community groups who provide services to expectant mums, new parents and their babies.
- A way to provide feedback and express your views on the maternity care received during pregnancy, throughout the birth and postnatal care.
- Part of the Local Maternity System (LMS) transformation programme.
- A critical friend to the NHS maternity team.
- Meetings are held four times a year in a relaxed atmosphere to encourage everyone to discuss their experiences. Whether you attend once or come to every meeting, these opportunities for discussion are invaluable in helping us develop your local maternity services.

How do I join?

If you are interested in being involved, please get in touch via our Facebook Group or on Twitter:

Facebook: www.facebook.com/groups/NorthantsMVP Twitter: @northants_mvp







Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.











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