



# Northampton General Hospital Maternity

## Enter and View Revisit



October 2024

In October 2024, our team which included two Healthwatch staff and two volunteers revisited the Maternity Department at Northampton General Hospital (NGH) to see whether the previous report's recommendations were listened to and acted on by the department. We looked at each of the previous report's recommendations and briefly observed the environment of the department during our visit. We did not conduct a full Enter and View and therefore we did not speak to patients.

We spoke to two members of staff and a member of the senior management team to see if staffing within the department was still an issue, and if the international recruitment drive had been successful. As with many areas within the NHS, recruitment continues to be an issue in the department which is still understaffed. However, the international recruitment drive organised by the department has resulted in 25 new starters since the last 15 steps visit. A recruitment day in April of 2024 was also very successful with potential staff able to apply and have an initial interview on the same day. Staff retention within the department continues to be quite good.

General nurses are still being used within the maternity department, but they are unable to undertake specialist maternity duties. A phlebotomist post is still open with bank staff being used occasionally to cover this vacancy and volunteers being used to help deliver blood samples.



The Birth Centre within the department is not fully staffed so is unable to be fully utilised because of which most births within the department occur on the labour ward. Staff did highlight that 50% of births at NGH are caesarean sections (either elected or medical necessary) meaning that half of patients would not have any use for the Birth Centre.

In relation to shift length which was mentioned by staff during the last visit as an issue, some flexibility has been introduced, when possible, e.g. shorter twilight shifts, when this does not compromise patient safety. Staff are still struggling to take all their breaks but improvements have been made. Volunteers are being engaged to ensure staff receive drinks when needed. Staff from other areas of the department are also being used to cover staff breaks where possible.

During our initial visit staff voiced that they would like to see an increase in senior staff visibility within the department and during our visit we did see senior staff on the department floor. It was also stated that senior matrons are always on call if needed and that when the department is busy senior staff try to prioritise visiting the floor.

A recommendation from the last visit was that the department could apply for charity funding to allow for improvements to be made. During our visit we viewed the garden improvements that were taking place because of fundraising but no charity funding had so far been applied for to make improvements.

The décor within the department had been improved from our last visit, especially within the MDU waiting room. The area has new chairs and a new layout allowing more room for patients. The room was brightly decorated with up-to-date noticeboards showing relevant information in a clear and attractive way.

One of the recommendations from the last visit was for noticeboards to be improved and better utilised. During our visit we observed that all the



noticeboards for staff and patients across all areas of the department were now showing relevant, up to date information displayed in an attractive and easy to read way. New noticeboards had been made showing which members of staff spoke languages other than English. These included a picture of the staff member making it easier for patients and staff to find assistance if English was not their first language. Notices in reception were available in a variety of languages and noticeboards also showed information in a variety of languages.

There are currently no noticeboards in the department showing the uniform colours that different members of staff wear as new uniform standards are coming into place for all NHS staff in November 2024.

Since the 15-step visit took place a Patient Experience Midwife has been appointed within the department. This post has been instrumental in improving the notices and signage within the maternity department, as well as bringing in improvements such as QR codes around the department which allows patients to access information in the appropriate language for them and the use of the positive birth app for patients.

In relation to the difficulty some staff identified during our last visit in locating observation and monitoring equipment, locked boxes had been installed in rooms to ensure this equipment could be locked away to avoid it being misplaced but was easily accessible to staff when needed. All equipment is regularly audited so any that is missing can be quickly replaced.

During the last visit it was noted that the Home Birth Team was no longer in place. While the Home Birth Service has not been reinstated, home birth is still given as an option to women when they book in. There are two experienced midwives who coordinate the department's home births and another is expected to come on board soon. The maternity unit currently has nine women booked in for a home birth in October 2024 and is keen to allow women this option when medically possible.

Other initiatives seen since the 15-step visit include the introduction of night



mode within the wards, meaning that after 10pm patients and staff are asked to keep noise to a minimum and TV's etc. to be used with earphones. This was initiated as a result of patient feedback that wards were excessively noisy at nighttime which made it hard to sleep.

Staff are also offered the opportunity to attend wellbeing drop-in breakfasts and lunches off site to encourage staff to talk confidentially with an emphasis on improving staff wellbeing and welfare.

The department is currently working on a consultation in relation to partners being able to stay overnight on the wards and is creating a video to suggest some of the issues that patients may want to consider when replying to the consultation.

In conclusion it would appear that where possible, many of the recommendations from the initial report have been acted upon. There appeared to be a real desire from staff and management to try to ensure that the patient's experience was considered when making decisions within the department and the appointment of the Patient Experience and Engagement midwife has given this a focus within the Maternity Department.

To access the original Northampton General Hospital Maternity Visit Report please follow the link below:

<https://www.healthwatchnorthamptonshire.co.uk/report/2023-09-08/northampton-general-hospital-maternity-report>



## About Healthwatch North and West Northamptonshire

Healthwatch North and West 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 well-being 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 feel that the views and voices of Healthwatch North and West Northamptonshire and the people who we strive to speak on behalf of are not 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.

Find out more at [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)

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## About Connected Together

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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. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more.

Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at [www.connectedtogether.co.uk](http://www.connectedtogether.co.uk)



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