

# Enter & View of Maternity Services at GWH

# **Contents**

Contents	2
About Healthwatch Swindon	3
What is Enter and View?	3
Details of the visit	4
Visit overview	5
Key Findings	6
Recommendations	6
Observations and findings	7
Day Assessment Unit	8
Delivery Suite	9
Hazel Ward	10
Department Response	12
Provider Response	12

## **About Healthwatch Swindon**

Healthwatch Swindon is the towns independent champion for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We are here to listen and understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed. We are totally independent and can provide you with impartial and independent signposting advice.

We are part of a network of 150 local Healthwatch across England and cover the whole of Swindon.

## What is Enter and View?

One of the ways we meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During visits we collect evidence of what works well and what could be improved to make people's experiences better.

We do this by observing the quality of service, observing the setting and how people are interacting, and talking to people using the service, including patients, residents, carers, staff and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

### **Details of the visit**

**Service visited**: Day Assessment Unit, The Delivery Suite, Hazel Ward and White Horse Birthing Centre.

Visit date: 19th February 2024

#### About the services

Day Assessment Unit: The Day Assessment Unit (DAU) provides close monitoring should any complications arise during pregnancy.

The Delivery Suite: The Delivery Suite provides care for women with more complex pregnancies who may require additional monitoring in labour or additional care immediately after birth. It also cares for women before, during and after a planned caesarean section.

The Hazel Ward: Hazel Ward is a ward at the Great Western Hospital if women require hospital care during their pregnancy, or if they need their labour to be induced, and the post-natal period.

White Horse Birth Centre: The White Horse Birth Centre provides a homely, comfortable, and family centred environment for labour, birth, and the immediate post-natal period before an early discharge home.

#### Purpose of the visit

To review and understand how Maternity Services are being provided at Great Western Hospital. We were invited to visit by the maternity team.

#### How the visit was conducted

A date was agreed with the staff and a time set.

The visit was carried out by three authorised representatives. The team spoke to members of staff and patients.

Information was collected from observations and conversations with staff and patients.

At the end of the visit there was a final team discussion to review and collate findings and initial feedback was provided to the team.

#### Healthwatch Swindon authorised representatives

Ann-Marie Scott (staff member)
Josephine Fliski (staff member)
Phoebe Hembling (Student Placement)

#### **Disclaimer**

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all patients/staff, only those who contributed. The visit did not include accessing any records. This report is written by two Healthwatch members of staff who are Authorised Representatives using collated feedback they and the placement student gathered.

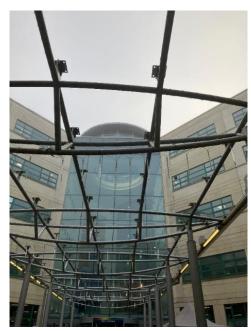
## **Visit overview**

After arranging a suitable date with the maternity team, we met with a member of staff to communicate the process and ask any additional questions. We discussed our plans for the visit and were encouraged to speak to as many people as possible. The only restrictions in place were to safeguard women giving birth, we did not enter any spaces being used for that purpose.

We were warmly welcomed and provided with a guided tour of all the units. Then allowed to freely access all the units in the main hospital. During which we spoke to patients and staff members and undertook general observations. Our initial thoughts were given to the staff members and an agreed time scale set for our full findings to be shared.



Maternity Department Notice Board



Great Western Hospital Main Entrance

# **Key Findings**

The following are our key findings from the visit and should be considered alongside both our observations and what people told us.

Overall patients were very happy with the support the hospital gave and praised the support offered.

Breastfeeding rates were higher than the national average and are to be commended.

The drop-in vaccination clinic for pregnant women is working very well and is inclusive.

The new Triage waiting space was still in development to make it look welcoming, it was due to be launched the day after we visited.

The waiting room for the Day Assessment Unit is small for the volume of people using it, as it is shared with the scanning department.

We found a patient's observations including their name and date of birth on the table in the Delivery Suite waiting room.

## Recommendations

We would like the trust to consider the following recommendations for improvement. These are based on our findings from the visit.

With the Triage moving to the Day Assessment Unit consideration needs to be given to making the waiting space welcoming. Healthwatch will return in 6 months to see how the new triage system is embedded and offer support.

Consideration needs to be given as to how staff admin can be completed whilst freeing senior staff to be more present on the ward, offering training and support.

Patients asked that the portion sizes of the food be increased.

Consider a board with information on local support groups for new parents be made available.

Ensure patient details are not left in the waiting room.

Look at the DAU unit waiting room and see if there are any options to increase space.

# **Observations and findings**

#### **General Observations**

All staff are very well trained and work in a fluid manner to support each other. Whilst this does sometimes present its challenges, the observed passion of every team member demonstrated their desire to provide the best experience possible for women.



All but one information board was up to date. The noticeboards included details on what each member of staff is capable of, depending on their uniform. They also shared the number of births, types of births and feedback received. This was extended to a token box, so that they could more accurately report how many pieces of feedback had been received.

The Day Assessment Unit (DAU) also provided a board for patients and family to write their feedback on, which even included feedback from a 6-year-old. It was very honest, a wonderful way to engage.

They have QR code cards for feedback, but this has been met with most not trusting the QR codes and depending on circumstances not always the most appropriate way to collect feedback. Questions have been printed on yellow cards, however due to the type of paper used they are not easy to write on.

In the Delivery Suite, they have a notice board for announcements about colleagues, such as welcoming new members of staff and promoting their success. They also have a notice board with the teams 'fur-babies' on, humanising staff members and also used to help distract those who are unable to go home with their baby.

There was a garden area that looked inviting and available to people staying on the ward, as it was winter and very windy the benches were upside down to protect them.

There was no mention of support groups advertised anywhere that we could observe, very little information regarding support available outside the hospital.

#### **Observed Challenges**

The onerous task of completing staff admin and HR, did mean that clinical managers did not always have the opportunity to implement and sustain changes and new learnings.

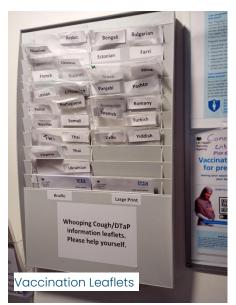
In the DAU due to the nature of the patient admissions, feedback is not generally collected. Apart from one board where people can write their comments, but this feedback is not measured.

A new triage system was being put in place to go live the day after we visited. This was still in development and after discussion we offered to return in 6 months to see how it has been bedded in and offer support where needed.

# **Day Assessment Unit**

We were met with a warm welcome and invitation to look around. The Day Assessment Unit (DAU) was very clean and tidy, with plants on the windowsill to help make the environment more relaxing and less clinical, it provided a bit of home comfort.

Equipment was well organised and every inch of space fully utilised. Including a small room to run a drop-in vaccination clinic. With information leaflets in a variety of languages and providing translation via language line where necessary.



The waiting room is shared with scanning,



From 20<sup>th</sup> February triage will be moved to the antenatal area. With the aim to see women within 15 minutes of arrival to determine the most appropriate place for their medical care – either DAU or the Delivery Suite. The waiting space is now a space that has been blocked off with barriers and is not as an

inviting space as the previous waiting area in the

Delivery Suite and needs development to provide a welcoming environment.



There was plenty to look at with comment boards and boxes for tokens of appreciation are all nice ways to give feedback to staff. It also ensures patients see others' views and feedback. However, they need to find an effective way to give feedback back to the DAU overall not just to the staff members.

There is a quiet room, non-clinical space for mothers to process any difficult information. This was in use when we visited so we were not able to observe the space.

# **Delivery Suite**

Well-staffed reception greeted us with smiles, allowing us to look around. The waiting area was comfortably decorated and made to feel quite homely. However, a patient's observations had been left on a bit of tissue. Once observed this was quickly removed.



Each room is equipped with personalised information about mother, baby, and birthing partner. Rooms don't have any tv's due to being expensive to use and can be hazardous – bumping heads.

The rooms are fully equipped with everything the midwife might need to make the birth as comfortable as possible, the rooms were clean and tidy, our placement student observed it was good for infection control, there was clearly labelled equipment for emergencies.

The room included 'goats' (gadget on a trolley) a portable computer for staff to update patients

notes whilst being present in the room. Along with a digital clock behind the bed to

allow the midwife to check the time but so not to be intrusive to the women in labour.

The discharge from giving birth is a minimum of 6 hours.

Minimal notice boards in the room, keeping them simple and any information provided was about the baby and equipment used during the birthing process.



The ensuite we saw was clean and functional with a bath to allow the mother to use while in labour.

The Maternity shout outs board for staff was good to see as it welcomed new staff and showed positive feedback for the staff to see.

There was a bereavement room available with double doors to minimise sound carrying, it was in use when we visited so we were not able to observe the space.

#### **Hazel Ward**

The Hazel ward is commissioned to provide six transitional care beds, supporting babies who require further observation but not poorly or early enough to warrant use of the local neonatal unit (LNU). We spoke to one patient from this section as her baby was born at 35 weeks and she felt very supported and pleased with the care she had received.

The breast-feeding rate when leaving hospital is 81.3%, which is higher than the national average according to government data. Staff attribute this to the peer support offered and the lead midwives being visually noted for parents to speak to.

The staff spoke highly of the breastfeeding volunteers who support whilst they are in hospital. At the time of visit there were no volunteers on ward.

The ward has facilities and expertise to snip tongue tied babies, which supports breastfeeding. The departments abilities and level of support offered is ever increasing.



Antenatal patients are placed at the end of the ward, so should they go into labour they can quickly be moved to delivery.

The wards and individual rooms were clean and functional with a chair that converted into a bed to allow the birthing partner to sleep by the bedside.

The Amenity room (individual room) was available at the cost of £275 for the stay, the staff informed us this was inline or cheaper than other local hospitals.

#### **Patient Feedback**

We spoke to a mother who had a caesarean section. She praised the support she had throughout the whole experience.

She felt that she had been supported really well and considerately, especially as her husband was away due to a family emergency when she had to have her baby, dad was meeting the baby two days after it was born.

She said that her family friends and mother-in-law had been allowed to stay with her which meant she felt more comfortable during her experience. She stated the food was fine, but family were bringing food in line with her family traditions.

We chatted with a mother of now 6 children who spoke highly of her experiences of maternity at Great Western Hospital. She praised the support she received and commented that she was alone during the labour as her partner was caring for the other children. She had the same midwife as she had for her third child that made her feel comfortable and cared for.

She did comment that the food portions are a bit small but ok otherwise. She enjoyed the fact food was brought to her and it was a lot quieter than being at home with her partner and children.

# **White Horse Birthing Centre**

Women with multiple and complex needs are supported to have the birth they desire, unless consultant led, but even then, this can be discussed. They take the approach of supporting the woman and bringing all the clinicians around the table to provide information and support. With ease of access from the birth centre to the delivery suite, should a complication arise, it offers a more traditional and holistic approach to childbirth.



The birthing centre suites were spacious and deliberately designed to feel less clinical. They were not in use when we visited, but there had been a mother in labour that morning who had to be moved to the delivery suite and the midwife from the birthing centre went with her to ensure the mother felt as comfortable as possible.

They offered aromatherapy, birth balls and a number of other birthing aids, they encourage the mother to be as mobile as possible during labour.

# **Acknowledgements**

The Healthwatch Swindon would like to thank all GWH staff and patients for a friendly welcome and unlimited access to the premises.

## Department Response

"Our thanks go to Healthwatch for their encouraging and detailed report that shares key findings from your recent visit, and to our staff and families for working with Healthwatch during their visit.

We are pleased that Healthwatch identified a positive, supportive, and welcoming environment across our maternity services. Well-trained and approachable staff members were acknowledged, and we are proud to hear the positive feedback from a mother.

We are also pleased that our breastfeeding rates, which are higher than the national average, were commended, alongside our drop-in vaccination clinic which was recognised for working well and being inclusive for all.

We appreciate the concerns raised and have been working very hard to make improvements across the service. This includes introducing a new triage system, which opened shortly after the Healthwatch visit, that is ensuring most women and birthing people are seen within 15 minutes and more robust processes for audits and reviews.

We recognise that there is still more work we need to do, and our maternity leadership team, supported by the wider maternity team, is working hard to drive forward continuous improvement to enable us to provide the very best level of service to our community."

## **Provider Response**

"The Trust is really pleased to have seen such encouraging feedback from Healthwatch, particularly during a time when maternity services are under more national scrutiny. We appreciate the recommendations for improvements that Healthwatch have shared with us and have already made positive steps forward in a lot of these areas.

Our maternity team is committed to providing the very best care to women, birthing people and families in Swindon and the surrounding areas, and they will continue their improvement focus to ensure real change happens to the environment, facilities, and care pathways across the Trust."

Lisa Cheek, Chief Nurse at Great Western Hospitals NHS Foundation Trust

## healthwetch Swindon

Sanford House Sanford Street Swindon SN1 4HE

www.healthwatchswindon.org.uk

t: 01793 497 777
e: info@healthwatchswindon.org.uk

@HealthwatchSwin

Facebook.com/HealthwatchSwindon