<table>
<thead>
<tr>
<th>Name of Establishment:</th>
<th>Birmingham Women Hospital FT Maternity Services Postnatal Services Mindelsohn Way Birmingham B15 2TG</th>
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<tbody>
<tr>
<td>Date of Visit:</td>
<td>Thursday 26th February 2015</td>
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<td>Time of Visit:</td>
<td>1.00 pm</td>
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<tr>
<td>Purpose of Visit:</td>
<td>To ascertain patient, carer and user experience and observe service delivery</td>
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<td>Healthwatch Authorised Representatives Involved:</td>
<td>June Phipps</td>
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<td>Healthwatch Staff Member(s) Involved:</td>
<td>Claire Lockey</td>
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<tr>
<td>Date of Report:</td>
<td>3rd March 2015</td>
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Disclaimer:
This report relates to findings observed on a specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visit.
1. **WHAT IS ENTER AND VIEW?**

1.1 Enter and View is part of the local Healthwatch programme to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Enter and Views Reps are intended to identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time, an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to CQC where they are protected by legislation if they raise a concern.

2. **BACKGROUND**

2.1 Birmingham Women’s NHS Foundation Trust operates from Birmingham Women’s Hospital and provides specialist healthcare for women and their families in South Birmingham and the West Midlands.

2.2 Care Quality Commission last inspected the maternity and midwifery services at The Birmingham Women’s Hospital in November 2013.
2.3 The Birmingham Women’s Centre provide maternity services that include a birthing centre where women can have the option to have a water birth (x3 pools available on Birth Centre and Delivery Suite) where fathers can stay overnight if the woman is still in labour. If required, there is quick access to consultant led care if any difficulties arise during labour. There is a home birth team available if women choose to give birth within their own home. Women are given a voucher to obtain a pool at no cost, should they choose to use water for their homebirth. Parents are obligated to purchase a small kit of consumable items to support the use of the pool (liner, hose, etc.). Since the launch of the home birth team, there has been an increase in home birth rate and women receive continuity of care often with the same midwife but within a small team of named midwives. There are approximately 8,100 births delivered annually.

2.4 Initially we briefly met with Trixie MacAree, Head of Midwifery who introduced us to Sarah Colclough, Senior Midwife, Postnatal Ward Manger who provided an overview of the maternity services at The Birmingham Women’s Hospital.

2.5 We had a pre-meeting with Trixie MacAree whereby we introduced ourselves and gave an overview of Healthwatch Birmingham, reasons for our visit and the process thereafter our visit. Prior to conducting our visit, we asked a series of questions that will be documented in this report. Sarah then gave us a tour of both postnatal wards 3 and 4 where we conducted our visits. We were introduced to Amy Mclean, Head of Patient Experience for The Birmingham Women’s Hospital who agreed to meet with us following our visit to discuss and provide an overview of patient experience within the trust.

2.6 There are two postnatal wards based at The Birmingham Women’s Ward where we visited: Wards 3 and 4. It was noted that visiting hours for dads/partners is 9.00am-8.00pm and all other visitors is 3.00pm-4.00pm and 7.00pm-8.00pm every day. However we were informed if there is an ongoing issue with the discharge, then visitors can visit mother and baby for as long as they wish and provided contact details of both wards for information and advice if required.
2.7 There are various specialists based at The Birmingham Women’s Hospital. For example, there is a Safeguarding Team and a specialist midwife to support someone with a learning disability, domestic violence, mental health, etc. They work closely with the Mother and Baby Unit based at the Barber Centre with respect to mental health patients. Furthermore, there is an FGM (Female Genital Mutilation) specialist based on the wards and study days for this subject are run for staff to attend routinely. Information regarding FGM is displayed in the milk kitchen including domestic violence awareness that is visible for all patients. Furthermore, we spoke to the Breastfeeding Coordinator who runs regular initiatives to encourage breastfeeding, provide information and support to women including information on the importance of holding babies close to them. She also promotes bottle feeding if mothers are unable to breastfeed, and for all women, she stresses the importance of cuddling.

2.6 See below staffing composition there are currently 284 midwives employed by the trust. During our visit to both wards staffing boards were visible displaying the number of midwives on duty that day and the required number - see illustration:
2.8 A Safeguarding Board was visible upon arrival to both wards where various information regarding domestic abuse was displayed. During our visit we also saw information displayed regarding a drop in service provided by Solihull and Birmingham Women’s Aid, available during Monday to Friday - see below illustrations.
2.9 There are three way telephones available for women with a hearing impairment and this is usually highlighted in advance of the lady coming into the clinic.

2.10 BILKs Interpreting services are accessed for different languages.

3. RESPECTING & INVOLVING PEOPLE WHO USE SERVICES

3.1 We were informed of Interpreting services available for women as discussed above and these services are booked in advance of any appointments.

3.2 Care rounds are undertaken daily by a PALs Member of Staff for every bay to ask patients how they have been treated, provide feedback on their services and raise any concerns. These are fed back immediately to the Ward Manager and information is provided to PALs to address any areas of concerns. We were informed that this has been extremely effective despite the process being a new initiative, whereby it has reduced the number of complaints, administration and paperwork needing to be completed and improved customer service satisfaction in issues being addressed before they reach complaint stage. Furthermore, this is a process that is involving the patient who is receiving the care to feedback on their experiences where their voice is heard, listened to and acted upon if there are issues of concern. We understand that in the month we were here, nearly 200 conversations were had by PALS which triggered 11 formal concerns which were able to be addressed and likely mitigated from becoming a formal complaint.

3.4 There is a complaints management tier to reduce the number of investigations required with the expectation of the following:

- Call each complainant to seek understanding
- Invite to talk or meet as a pre-investigation
- If investigation is then not required, ensure that feedback is still received and embedded
Complaints Action Plan is still triggered even if a formal complaint was not warranted

The Head of Patient Experience has created an action plan following themes from all patient feedback and experience. This is looking at the headline issues, short, medium and long term solutions with the needs for the solutions becoming reality being identified. This has been effective, although in its infant stages and has been adopted by the trust to improve patient feedback and experience. These themes form part of a larger Patient Experience plan which is created in partnership with each Directorate with agreed timelines.

3.4 During our visit we observed respect and dignity were maintained and curtains had been drawn where individual care was being provided or if the women wished to have privacy.

3.5 During our walk around the post-natal ward, Sarah showed us the information book that is situated at the end of each patient bed - this is an excellent resource detailing a range of information regarding birth, after birth until women are transferred home:

![Information Book](image_url)
3.6 During our visit there was no comments or suggestions boxes available for patients, however when discussed with Head of Patient Experience we were informed that these are currently being reviewed and in the process of being updated.

3.7 We were informed that all patients who are discharged are given a patient experience leaflet to feedback their experiences, signposted to Family and Friends test and a phone app. Patient discharge letters also include suggestions and complaints/comments leaflet including information regarding aftercare, activities, red health book and a contact number for any life threatening emergencies.

3.7 We raised Learning Disabilities and whether the trust have any easy-read information regarding expressing their views if they felt unhappy about their service - there is a “tell us what we can do to make our service better” easy-read. It was good to see Voiceability, Advocacy Organisation for dealing with NHS complaints details were listed within the leaflet including the PALs service and an explanation of what happens next - see below illustration:
4. **SAFEGUARDING PEOPLE**

4.1 Staff undertakes robust training including safeguarding that is reviewed and updated regularly.
4.2 There are CCTV cameras within the wards and gaining access is only via the public entrance. Security is paramount and all babies are tagged which is an electronic system and can be quite sensitive even if a mother wishes to walk the ward with her baby and goes near to the exit doors, this can sound the alarm.

4.3 There is a lead (FGM) Female Genital Mutilation and Domestic Violence specialist as discussed above and staff members receive regular updated training in these areas.

5. TRAINING PROGRAMME, INDUCTION OF STAFF & STRUCTURE

5.1 All staff undertakes one week mandatory trust training. In addition maternity staff undertakes specific training for the area in which they will work as well as safeguarding, mental health pathway, vulnerable women, post-traumatic stress disorder and Female Genital Mutilation among others. There is a practice development manager who provides development to staff and interview midwives.

5.2 Staff also carries out a local trust 1 day induction course that entails fire drill; safeguarding, manual handling and mandatory training takes place every 12 months that is recorded and reviewed electronically. The current compliance rate is 84%.

5.3 There is no agency staff employed since substantive staff cover sickness/leave etc which works very well for the trust. Sickness rates of staff fluctuate depending on the season and there is a rolling advert to recruit midwives. The trust has successfully recruited 40 new staff members, in the last 12 months.

6. PATIENT, CARER & USER FEEDBACK

6.1 There is a designated Patient Experience Lead who oversees PALs and complaints and comments for The Birmingham Women’s Hospital.
6.2 As discussed above there is a range of various methods for patients to provide feedback regarding their experiences before or after using the service.

6.3 During our visit we observed various information displayed for patients around the ward(s) regarding medical conditions and guidance on feeding:
Meals are provided on each ward however if patients do not like the choice of menu they are provided with meal ticket upon admission to use in the ground floor canteen (given an option) in order to access other types of food.

Trust recruit a range of volunteers where there is currently a waiting list. Their role entails speaking to patients, collect fresh water, administration tasks and assist during visiting times. There is a clear handbook on do’s and don’ts for volunteers that are visible for all patients so there are no blurred lines of responsibilities.

During our visit we spoke to various service users:

Patient A - patient had recently given birth via C-section. Received brilliant care, felt she had been informed of the process in advance and had been provided with dignity and care throughout. She said “midwives are great here and really look after you”. She was provided with menu choices.

Patient B - patient had been previously been to the hospital to give birth to her first child and this was her second birth. Felt she had
been treated with dignity and respect. She said “great care and I would recommend this hospital to my family and friends”.

6.6c Partner A spoke to father who was visiting his wife. He said “he felt he and his wife had received a good service, had been treated with respect and dignity. The midwives are excellent and would recommend the hospital”.

6.6d Patient C - received a good experience and said “Sarah in particular and Jas (she thinks it was Jas) were very kind and caring towards her all of the time”. She had been in there a number of days and was waiting for Social Services to “sort things out”. She said “she has been treated at all times with dignity and respect and the food was okay”.

6.6e Partner B - spoke to ladies partner who said “all was good and he had no complaints about anything”.

6.6f Patient D - patient had been in hospital for 11days for a C Section and said “her experience had been really good and she had been well informed about her care plan and constantly updated about herself and the baby’s progress throughout her stay. She had been treated with dignity and respect at all times and was very grateful to all the staff for their care”.

6.6g Partner C - he said “the experience had been phenomenal and the only comment he would like to make was the he thought they needed more staff”.

6.6h Patient D - stated “she had been looked after really well and had no concerns or complaints about the level of service she had received from the hospital. Staff was very helpful and kind. Throughout her pregnancy journey she could not fault the service in any way”.
7. **ENVIRONMENT**

7.1 Infection control services are in-house and their rate is less than national average, as well as an in-house cleaning service with their own supervisor for maternity services on site.

7.2 There are no systematic MRSA cases reported in the last year.

7.3 WIFI services have just been introduced and now available for patients although getting on to the wifi is cumbersome and takes too many steps.

7.4 During our visit on the post-natal ward we visibly noted the both wards to be spacious, clean and high level of hygiene. There was no equipment stored in corridors or cluttered.

7.5 A range of facilities on each ward are available including side rooms with their own en-suite bathroom, baby facilities for washing/bathing and a shared kitchen - see below and bedside TVs are available at a cost and the hospital have their own radio station who visit daily to take music requests from patients:

7.6 Staff informed us that if women come into hospital and their stay exceeds 8 hours then they receive free car parking.
8. **CONCLUDING COMMENTS**

8.1 It appeared that The Birmingham Women’s Maternity Hospital is well managed who provides an excellent service to women providing choice, dignity and respect. During our visit, we observed the staff team members being very supportive towards patients and being on hand if women required assistance and/or information.

8.2 Having spoken to various patients and relatives during our visit, it was apparent that service users felt they are treated with care, dignity and respect and majority knew how to complain. In particular, some service users spoke very highly of the staff and would recommend the service to friends and their family.

9. **RECOMMENDATIONS**

9.1 Healthwatch Birmingham recommend an increase in PALs staffing to enable them to continue providing “ward rounds” that has proven beneficial to the service in reducing complaints and maximising concerns/issues being addressed at early stages. This would enable the service to be provided on a full time basis since the current staffing levels are low in that only 3 days per week of staffing is available.

11. **ACKNOWLEDGEMENTS**

11.1 Healthwatch Birmingham would like to thank the service provider, patients, relatives and staff for their contribution to the Enter and View visit conducted on this date.
12. FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER

HEAD OF MIDWIFERY / PATIENT EXPERIENCE LEAD COMMENTS AND FEEDBACK

Please provide us with feedback on how well you felt the visit went and if there are any improvements we need to make:

The Patient Experience Team found the visit extremely helpful, particularly in terms of your feedback regarding ensuring visibility of the Patient Experience Team and how we are promoting our services.

It was also useful to hear your views on making our information to patients accessible to people with learning difficulties/disabilities.

Healthwatch Birmingham