Royal Oldham Hospital

Maternity: Postnatal Ward

Enter and View Report

August 2023

Introduction

About Healthwatch Rochdale and Healthwatch Oldham

Healthwatch Rochdale and Healthwatch Oldham are the local independent health and social care champions within their localities. They are here to listen to local people's experiences of using health and social care services and they use those experiences to help improve services locally and nationally.

About Enter and View

Healthwatch Rochdale and Healthwatch Oldham are part of the Healthwatch network which was established by the Health and Social Care Act 2012, with the right to 'Enter and View' places that deliver health and care. The right to 'Enter and View' is a statutory power for Healthwatch.

The objective of an 'Enter and View' visit is to understand the experiences of patients, collect their views and make observations of the site.

As part of an Enter & View visit Healthwatch:

- Collects the views and lived experiences of people at the point of service delivery (users, carers and relatives).
- Observe the nature and quality of services being delivered.
- Write up a report which may include recommendations or praise for good practice.
- Share findings & reports with providers, regulators, local authority, NHS commissioners and quality assurers, the public, Healthwatch England and other relevant partners.
- Use insights and recommendations to shape health & care decisions that are being made locally.

Healthwatch Rochdale Enter and View policy is available to view at

https://healthwatchrochdale.org.uk/news/2023-01-18/our-policies

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You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at
http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale and Healthwatch Oldham would like to thank Royal Oldham Hospital Maternity Postnatal ward staff members, patients and all those who took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all patients or staff, and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale or Healthwatch Oldham to see evidence of policies, procedures, care plans or any other written evidence.

Enter and View Visit Information

Service address	Royal Oldham Hospital Rochdale Road, Oldham, OL1 2JH
Service Provider	Northern Care Alliance NHS Foundation Trust
Type of service	NHS Maternity Hospital: Postnatal Ward
Date and time of Enter and View visit	Wednesday 30th August 2023
Authorised Enter and View Representatives	**Rochdale Reps:** Margaret Parker, Naomi Burke, Judith Driver, Melanie Tunney **Oldham Reps:** Tamoor Tariq, Julie Cunliffe, Gaynor Keane, Asma Khatun, Martyn Nolan

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Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. The CQC publish their findings, including performance ratings to help people choose care. To read the inspection report please visit **https://www.cqc.org.uk/location/RM317**

Northern Care Alliance web link to Postnatal Ward information

https://www.northerncarealliance.nhs.uk/our-services/postnatal-care?q=%2Four-services

Visit Background & Purpose

The Enter and View Visit was the third carried out by Healthwatch Rochdale since the Covid 19 pandemic, and the first for Healthwatch Oldham. The visit was a planned joint visit with the provider being notified in advance and given a two-week timeframe of when the visit would take place.

Methodology

Representatives observed the Postnatal ward over a 2 hour period on Wednesday 30th August 2023 from 11am – 1pm, through the eyes of a patient and spoke with postnatal patients and staff members. On the day of our visit the ward was full.

Enter and View fully trained representatives on this visit were:

- **Naomi Burke (Lead)**
- **Margaret Parker**
- **Melanie Tunney**
- **Judith Driver**
- **Tamoor Tariq**
- **Julie Cunliffe**
- **Martyn Nolan**
- **Asma Khatun**
- **Gaynor Keane**

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All Representatives were clearly identifiable by their ID badges/Lanyards additionally some representatives had Healthwatch uniform on. Representatives are additionally trained in safeguarding and have DBS clearance. On the visit all Representatives were sensitive to the issues that may arise on this ward.

On arrival we spoke to the Assistant Director for midwifery who allocated us a meeting room and established some background information about the ward including relevant health and safety information. The Representatives then visited the postnatal ward including shared bays, private bay rooms, discharge lounge, staff room, corridor spaces, bathroom/toilet facilities and reception area. On the visit we spoke with:

- 13 patients
- 10 staff members
- And observed all areas

This visit was intended as a snapshot of the patient or staff experiences on that day. Following the visit, we met with the Chief Operating Officer and thanked them for supporting the visit and advised we would be sending a report with recommendations which require a response within twenty working days in line with the following legislation.
http://www.legislation.gov.uk/uksi/2012/3094/regulation/44/made

Summary of visit

What is working well?

- The ward was clean and tidy.
- Safe Environment, buzzer system to let people in and out.
- Staff wore identity name badges.
- New Discharge Lounge with dedicated midwife.
- The ward was equipped with face masks and hand sanitisation was readily available.
- Patients commented they felt safe on the ward.
- Patients felt that their dietary needs were well catered for.

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What isn't working well?

- Noisy at nighttime (extended visiting, visitor and patient devices).
- Information only available in English (posters, displays, leaflets).
- Not easy to locate fire exits.
- Ongoing issues about staff recruitment and retention
- Discharge time (patients waiting a number of days to go home).
- Staff wellbeing (staff morale, time allowed to participate in training opportunities, ratios)

Results of visit

Patients

Time on Postnatal Ward.

We asked 13 patients how they would rate their time on the ROH Postnatal ward.

- **2** patients rated their time as **average**.
- **5** said their time was **good.**
- **6** commented their time was **very good.**

There was a common theme that stopped patients rating their time higher:

"Care outstanding but experience has been let down for following reason: **Noise levels** after appropriate hours is unacceptable, not managed well by staff. This has led to a severe inability to get any rest or sleep."

"Patients having phones on loudspeaker also very **noisy** and inappropriate."

"**Loud** phones on after midnight until 5am - I have complained but night after was same".

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Patients were asked how the communication had been with the staff on the ward.

- **2** patients told us it was Average.
- **5** patients commented Good.
- **5** patients stated it was Very Good.
- **1** chose not to answer.

"Communication is excellent, every time I have rung the bell, staff have been there for me".

"Today (Wednesday), all staff who had changed over came and introduced themselves."

"They have helped us sort forms out and communication is alright – but just don't feel there is **enough** communication to us from the staff".

"Once you can get hold of a member of staff – the communication is great and they answer all queries".

Upon asking one of the patients to answer our questionnaire, she required Google translate in order to conversate with our team. She then rang her sister and put her on loud speaker.

Quality of Care and Safety

7 patients told us the quality of care they and their baby had received was very good and **5** said it was good.

Patients told us that they felt very supported, they would recommend ROH to anyone, they were happy with everything, the level of care had been good, after care following a traumatic birth had been great.
Patients additionally commented that they felt their care was good around having frequent observations and getting medications when needed.

8 patients told us that they felt very safe on the ward and **3** felt safe. Only **1** patient said they felt their safety was OK. **1** did not answer this question.

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"The room is very clean, and there are people cleaning, this helps my anxiety around Covid or catching something".

"Like the idea of the security on this ward, the buzzer system is good then know who in and out. Only thing is – the signs are all in English. My family took ages to get out as they don't read it."

"Was initially in a side room as baby had an infection, and this was a little lonely. Moved into a bay last night. All OK and understand baby safety is key to best recovery."

"I needed support to take me to the toilet as I was wobbly and no staff available – this made me really worry I would wet in my bed and caused me anxiety."

Birth Plan and Badgernet

A birth plan can cover anything about labour, birth and postnatal care. It is a personal way for patients to tell their healthcare team what kind of labour they would like, what they want to happen and what they want to avoid along with any special requirements.

Although all 13 patients knew about having a birth plan, out of 13 patients we spoke to **6** did have a birth plan, **6** did not and **1** chose not to answer. The reasons being for not using them, or not having one:

- Had the baby at 37 weeks
- Had emergency c-section 5 weeks early
- Only plan was to go to hospital immediately as labour had started and had Strep B – antibiotics were needed
- I was due the Birth Talk at 38 weeks and I've had baby at 37 weeks – birth plan was half done
- Had planned a whole different experience – ALL CHANGED! I wanted a c-section but birthed early, quickly and naturally.
- Had a birth plan, but it didn't go to plan!
- No birth plan as gave birth all of a sudden.

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Some patients expressed that they had given birth early, or unexpectedly so their birth plans were not in place or did not go to plan.

Therefore, we recommend:

- **Birth plans to be discussed earlier in pregnancy and dedicated time to completing these alongside a "plan B" in the case of an emergency situation or an alternative situation to birthing.**

BadgerNet is an electronic maternity healthcare record system that comes with a portal for maternity patients to view and access their maternity records online using the App: Badger Notes. This is based on a women centred model and at present is only available in English.

Northern Care Alliance are moving away from paper files (previously known as the Green Book) and all maternity patients will now use this App.

11 patients said they had used the app and **1** said they had not as they had cross border/area care and the app was not accessible in all areas she was visiting for care. **1** patient did not answer this question.

There were mixed reviews around the functionality and use of Badgernet:

"When first registered at start of pregnancy, lots of wrong info on App, it has however improved over my maternity journey."

"Overall I liked the amount of information we could access on it, and easy to carry as opposed to the large notes which were not as easy to keep with you ".

"Was OK – not the best. Some appointments I went to all not recorded on App – gaps in care."

"I can understand the barriers to this as it is digital – Some people I know do not have, or use, technology and additionally it is ONLY in English."

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"Faulty a lot of time – things not updating or showing."

"Can't message direct on it, had to use text service on my phone there was no way I could get to communicate using the actual App"

"Told all things that were going wrong with it was as it was new and was due to *System Problems*".

We asked if patients felt that they had **informed choices** around their birthing experience and the care that they received.
The responses are below:

	Informed Choices (birth and Care)		Response Percent	Response Total
1	**very poor**		0.00%	0
2	**poor**		8.33%	1
3	**average**		16.67%	2
4	**good**		33.33%	4
5	**very good**		41.67%	5
			answered	12
			skipped	1

One patient that stated "**average**" gave her reasons as:
"High Blood Pressure – this is something I have always had as I have anxiety – been given three ECG's and constant observations that I said I did not want and have told each member of staff I have always had this – but no one is listening! I want to go home soon."

The patient that stated "**poor**" gave her reasons as:
"Since 16 weeks not had a very good experience and felt VERY misinformed. Was told my waters had broken early, experienced bleeding a few occasions and had routine check-ups. Don't feel was informed enough of my status. Additionally there was no consistency with information for birth was told by one staff member could have water birth – next one said not possible, then another said see on the day. I then ended up having a c-section!"

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Positive Praise (Patients Voice)

Through speaking with the patients on the postnatal ward there was an overall theme of positivity and praise for the staff.

Staff are: Helpful, supportive, brilliant, lovely, conscientious, encouraging.

There were also 4 patients who were happy that they had been offered good quality food and the ward catered to their dietary needs (Halal, Vegetarian)

Additional positive Comments made about staff on the postnatal ward:

"The staff have been great all round".

"Everything has been fine; we are really happy with both our birth and after care."

"Staff on the night I was admitted were brilliant, very encouraging of me as a new mum and made me comfortable."

"Very Friendly staff, always around for advice and help."

"Staff have been very conscious to ask me for food and drinks etc ensuring I'm hydrated."

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Suggested improvements (Patients Voice)

11 patients told us about changes that could be made to improve the service on the postnatal ward.

Noise levels, Temperature, information sharing, continuity (staff), waiting times (to see Consultants/Doctors), increase in staffing levels, visiting.

"Loud and disruptive patients and family members at inappropriate times – needs rules in place around the use of devices also at night".

"Less noise! Weak as a patient, at night can be noisy."
"Been upset due to lack of sleep at night due to high noise levels."

"Everyone has different opinions on how things should be – I just thought the rooms a little too warm and I wanted to keep robe on for dignity, but just too hot."

"Air Flow – VERY hot!"

"Better information to us, as Mothers, around length of stay, expectations, how to do basic things. First time Mum, so felt a bit useless – no staff to help."".

"Staff introducing themselves each day as it's never the same person doing your care. Never know who I need to ask for, for what thing."

"Continuity – Staff always changing."

"Waiting to speak to staff, to be kept up to speed takes a long time".

"Waiting times – Doctors doing rounds and time it has taken to get to see Doctors – Long waits!"

"We do know that staff are busy but is there not a role of someone who can come instead of a nurse/midwife to help instead for things like bathing, breast feeding etc?"

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Results of visit

Staff

The Enter and View Team spoke with 10 members of staff on the day of our visit, additionally, 4 declined to speak with us, 3 further staff stated they were too busy, and 3 said their colleague expressed their views- so also declined.

General observations of the staff on the day were that they were not overly welcoming nor inviting towards us. There was a definite air of reluctance to engage with the team, with many declining or avoiding any eye contact.

The Enter and View Team were advised that it had been necessary to close/stop admissions to the ward the previous night as the ward was full to capacity and birthing families needed to be diverted to an alternative location (St Mary's Tameside, Bolton). At the hand over meeting the day shift staff were requested to concentrate on prioritising the discharge of patients as soon as it was feasible for them to return home in order to free up the beds to enable more patients to be admitted and no further need to divert patients.

All staff had visible ID badges, there was a staff list up with staff on duty for the day, an additional board with staff names relating to their tunic/role, we did see the staff room in use for breaks and when asked around support for staff wellbeing was directed to the poster (right image.)

The staff who did engage with us gave responses that were candid and mixed. However, common themes were:

- A consistent struggle around safe staffing levels and staff retention
- A lack of time to further upskill or develop training needs
- Lack of senior management *involvement* and presence on ward
- A strong feeling that the ward was not a safe place for the patients, the common theme on the reason for this being due to lack of safe staffing

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ratios and need to divert (ward full to capacity, so needing to close – birthing families sent to alternative location: St Marys, Tameside, Bolton)

- Several staff members feel there is not the time to fully support the patients with all their caring responsibilities, such as breast feeding and changing their babies
- Overall, the majority of staff state on the Postnatal ward stated they did enjoy their job
- The Discharge Midwife and discharge lounge were a welcome addition to reduce work pressures and ensure a dedicated, consistent role
- The Maternity Support Workers had greatly helped the midwives with their roles and improve patient care

A number of staff reported "loving" their job but highlighted the added pressures of the role affecting their performance, and staff retention. One staff member commented *"Can't ever imagine doing anything else, I love my role, but it can be stressful at times."*

Staff Support

When questioned around support from their Managers, and the ease to engage with them, we had a mixed response.

Positive comments made included:

- Can go for advice for things that need senior level approval
- Manager is supportive and approachable
- Easy to talk to
- Good support from direct line manager, approachable and listens

One staff member told us that her manager works part time hours, yet whenever she emails her, she always gets a timely response, often on her managers non-working days or hours.

Opposing Comments included:

- No regular interaction
- No consistent support
- Higher Managers not seen on ward
- Not on same shifts
- Usual Manager on Maternity leave
- If Managers around more, then mistakes are reduced

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A staff member stated that they had regular informal chats with their line manager, yet two others stated "*There is no regular interaction or support offered*" and "*The interaction is not regular*."

"Don't go to seniors, as they are not accessible."

"If I want to speak to the assistant director, there is a route I need to take in order to speak to her."

3 Staff told us about "Staff appreciation" they had received from Managers and we observed a "Staff Appreciation Board" in a room on the ward. However additional comments were made by several staff which included: staff feeling underappreciated, a view that there was inconsistent appreciation, and some staff feeling that not all team members received valid praise – only certain individuals.

Training, upskilling and Role Development

One staff member referenced that they did receive annual appraisal meetings ("Me Time") and are given opportunities at this to discuss upskilling and wellbeing.

When asked around the encouragement on developing their skills **6** staff told us they were encouraged, **3** felt sometimes and **1** responded no, they were not encouraged.
Although most staff said they were encouraged to maintain their requisite qualifications for the role and enhance their skill levels, **Staff shortages** meant that staff did not feel they were always able to undertake their training in work times as they had experienced: being pulled off training, had study time cancelled, had to "catch up" on e-learning whilst off sick, had no free time, were only offered skills associated with current role – not higher banding or other skills not related to their current field of work, and expressed frustration that this left them with the expectation they were to do training in their own time.

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Safety

In regard to patient safety **6** staff felt that the postnatal ward was not safe, **2** said sometimes and **2** said they thought it was safe, these two members of staff had a designated role in their own area on the ward.

The pressures on staff, along with staff shortage and issues about patient to staff ratios, was a running theme with all 10 staff spoken to. In this context the staff highlighted that the demands of the job and duties had an impact on caring for patients, with staff expressing concerns for patient safety.

- **5** staff told us that they did not feel they had enough time to care for patients
- **3** said sometimes they do
- **2** staff said they did feel they had enough time

The two staff who responded yes had designated roles and worked a specific day and shift.

There was high praise for the appointed Maternity Support Workers. **4** staff commented that this developed role had made a positive impact on care supported midwives in ensuring women and babies had quality support, allocated individual time to new mothers which improves care, and ensuring individual attention around their care.

Additionally, the Discharge Midwife role was mentioned by **5** staff as a position that has ensured that women receive better, consistent support with their readiness and care upon discharge.

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Discharge Lounge on the Postnatal Ward at Royal Oldham

In regard to patient safety **6** staff felt that the postnatal ward was not safe, **2** said sometimes and **2** said they thought it was safe, these two members of staff had a designated role in their own area on the ward.

Reasons given for the ward feeling unsafe:

- Increase in care needs: c-sections, surgeries, and after birth complications
- Increase in emotional needs: social, economic and mental health
- Too many women to look after
- Staffing: Pressures, Pace, Retainment – mistakes made
- Buzzers: No way to differentiate priority
- Pressures to discharge: quality of care

It was observed that staff appeared demoralised for reasons that may be described as systemic and national.

"Things not the same since Covid, increase in pressures to move the patients giving them less ward time and impacting individualised care."

Patient Wishes

When asked how they get to know patient's wishes, staff responded:

- Via the handover
- Trust the patients to say – breastfeeding, meal choices, medication
- Use of I-pads – although not always practical, info missing
- Talking to patients
- Ward rounds
- When use bedside buzzers (call buttons placed next to beds that a patient can press to call for a member of staff)
- Review notes
- Other staff – Maternity Support Workers, GP/Consultants, Midwives

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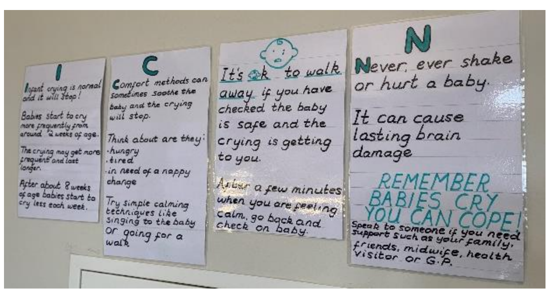

We also discussed how **useful information** is shared with patients. The reponse: Midwives, Managers, Leaflets, Apps, Conversations, and Badgernet.

We were told that interpretation services were only available during office hours and there was not anything in any additional languages.

We observed wall displays for themed topics such as breastfeeding, safer sleep and the ICON campaign.

"I would ask if they wanted to talk to the team leader/ nurse in charge. If not, I will give them a PALS leaflet".

"PALS or the department manages. There is also a feedback leaflet given when booking in".

Therefore, we recommend:

- **A workforce plan is developed and implemented for safety assurances and to ensure a commitment to staff wellbeing, staff recruitment and retention is included within the plan.**

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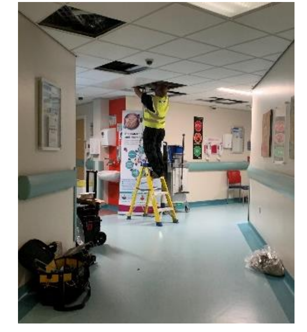
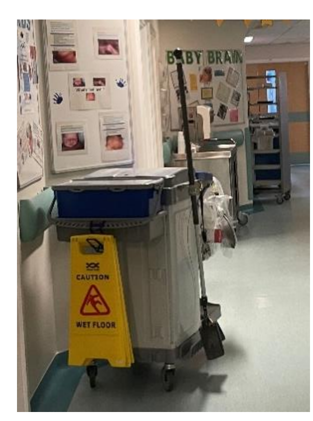


Results of visit

Observations

Upon arrival the ward was undergoing maintenance work, workmen, tools, equipment, and poor lighting at entrance. Also some levels of noise observed within the corridor from the maintenance work, but this wasn't carrying into the ward. Security cameras and key fob coded doors were observed. The postnatal ward, although very warm, felt calm and quiet and floors, walls and skirting boards were all clean. We observed cleaners while on our visit, 2 cleaning stations and a cleaning trolley observed in the corridor. Observers noted linen baskets but no visible signs of dirty items. It was observed that in a shared bay sink, it was very dirty and a visitor had to go to another room to wash his hands on arrival. Three members of staff were observed in the area of the sink, yet it remained dirty for over 30 mins.



The corridors were clean and tidy and wheelchair, or bed accessible, however were not free from any clutter, one corridor was used for storage, which was clearly labelled with the stock and the area outside the Discharge lounge had a variety of items such as a wheel chair, a trolley, an IV stand, blood pressure monitor, this gave the appearance of clutter, but it was not blocking any fire exit or doorways. As we were on the ward over lunch period the lunch tray racks were also in the corridors.

Toilets were accessible in the bays and side rooms. Toilets were checked and were clean with appropriate waste bins.

Hand sanitising stations were observed across the areas visited on the ward and hand washing advice accompanying each sink, however this was only in English. There were bins and clinical waste bins provided in all areas. Disposable Face Masks available from entrance.

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There were jugs of water at the bedsides and a water machine available, although this was not clearly visible.
There was notably a lack of Fire Exit signage in the main corridors, and it was not clear what to do in the case of a fire or fire evacuation.

In the main corridor it was not clear how to leave the ward, and the button, nor the sign stood out. This was also only in English. Observations were made of visitors waiting for quite some time as either there was no staff in the reception area to buzz them out or they were pulling, banging and puzzling over how to exit.

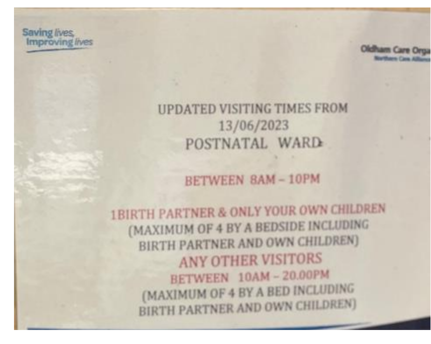
Therefore, we recommend:

- **Clearer signage for the exit, staff to inform patients and visitors verbally how to exit the ward upon arrival.**

In the postnatal ward Information boards, displays, posters included informative information including:

- Breastfeeding advice (but no local or national helplines or group support information)
- Dad matters leaflets
- The different uniform and the job role of those wearing each uniform
- Hygiene and infection control
- Positive quotes or phrases
- Rashes
- Baby Brain

There was information available on how patients could provide feedback to the Northern Care Alliance, but not information on how to provide feedback to the Rochdale and Oldham Maternity Voices Partnership. Most offers to give feedback were via a digital route (QR Code, Text service, Webform, Email) All displays, information and leaflets were only available in English.



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Visiting hours and rules was observed once and was again only in English.

There was a poster, in English, stating to contact the ward manager, but other than the suggestion to “ask for her” there was no other information on how, and upon enquiring our observers noted that she was on annual leave that week.
We did however, find a poster elsewhere in the ward with her contact details on

Therefore, we recommend:

- **Information and/or signage to be available in other languages in accordance with the needs of Greater Manchester residents.**

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Recommendations

The findings in this report are based on our observations on the date of the visit and the information that people told us. Following our visit, we recommend the following:

1. Birth plans to be discussed earlier in pregnancy and dedicated time to completing these alongside a "plan B" in the case of an emergency situation or an alternative situation to birthing.
2. Information and/or signage to be available in other languages in accordance with the needs of Greater Manchester residents.
3. Noise levels on the ward be monitored, rules implemented around use of devices.
4. Clearer signage for the exit, staff to inform patients and visitors verbally how to exit the ward and a member of staff to be in the reception office/area at all times.
5. Out of hours translation services to be available on the maternity ward.
6. Workforce plan is developed and implemented for safety assurances and to ensure a commitment to staff wellbeing, staff recruitment and retention is included within the plan.

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Response from Provider

Northern Care Alliance

Healthwatch Postnatal Ward Response Report

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Title of Paper	Response to Healthwatch Visit to Postnatal Ward				
Visit	Wednesday 30th August 2023				
Author	Lesley Chan, Assistant Director of Midwifery				
Presented by	Faith Sheils, Director of Midwifery				
Date	15th November 2023				
Purpose	Decision		Assurance		Information	✓

Purpose

The aim of this report is to provide a response to the Healthwatch Rochdale and Healthwatch Oldham report findings from their recent 'Enter and View' visit to the postnatal ward at The Royal Oldham Maternity Unit site. The objective of an 'Enter and View' visit is to understand the experiences of patients, collect their views and make observations of the site. Representatives observed the Postnatal ward over a 2-hour period on Wednesday 30th August 2023 from 11am – 1pm, through the eyes of a patient and spoke with postnatal patients and staff members.

I would like to thank the Healthwatch team for their visit and report, which will aid our services in making necessary improvements and sharing their feedback with our staff is important.

I am disappointed that staff were not as welcoming or receptive to chat to the team from Healthwatch, the unit was appropriately staffed this day and the team spoke to 10 staff.

Overall, there has been positive feedback from our families and some excellent feedback for our staff which makes me very proud of our team, and they should be very proud of their achievements. It is reassuring some staff expressed enjoying their roles, and important we can learn about how we can continue to develop and improve our services for the best possible outcomes for our families.

The ADM was delighted to see the positive feedback from staff for the new discharge midwife role she has introduced, this is making families discharges timelier which responds to some family feedback within this report of delayed discharges. Following thematic data analysis this role has recently been extended from 7.5 to 11 hours each day in response to reducing the length of stay for women and their babies.

Staff and workforce: families reported staff are kind, caring and approachable, unfortunately Healthwatch feedback didn't correlate with families. Healthwatch general observations of the staff on the day were that they were not overly welcoming, nor

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inviting towards the team. There was a definite air of reluctance to engage with the team, with many declining or avoiding any eye contact.

It is important to recognise there has been some historical challenging behaviours and a poor culture at Oldham maternity unit. The leadership team have been working hard to engage staff and improve upon culture.

The staff feedback about the ***"staff appreciation"*** they had received from Managers is truly disheartening to read. This was one of the initiatives that has been implemented to improve morale. The staff interpretation of this initiative is disappointing, and their feedback of ***staff feeling underappreciated, a view that there was inconsistent appreciation, and some staff feeling that not all team members received valid praise – only certain individuals,*** is misinformed, these are produced from our staff themselves when they submit compliments.

It is further disappointing to read staff feedback advising a lack of senior management involvement and presence on ward. The unit status is circulated to an executive level 3 times a day and this evidences the amount of manager clinical support being provided to teams, most managers leave work after their contracted hours and stay behind to support their teams. The manager redeployment is also recorded daily to track this. There is a lack of staff understanding for managers covering multiple vacancies.

There are monthly presentations for the staff engagement drop-in sessions, these are circulated to all staff. The current time of this drop-in is 3pm chosen to try and encourage the early to late period where more staff may be on shift and able to attend. We have also seen staff choose to drop-in on their days off as this engagement is via teams.

One action in response to this report and staff feedback that has already been actioned is a personalised poster of each senior manager that has put up in all ward areas, to include manager picture and biography, both professional and personalised and encouraging staff to make contact should they need to chat or want additional support.

Staffing levels: The senior management team have been working clinical most shifts to support safe staffing levels, along with staying on site after their shift time ends and in their on-call capacity to help support staff. There are shifts out to NHSP, daily staffing reviews occur, daily reach outs to try and cover vacancy and sickness are essential parts to their roles. It is essential staff understand the differentiation between certain management roles and accountability they also have. Since this report has been received the ADM for these areas has offered for anyone wanting to spend a day

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shadowing her role to reach out, this would provide more insight to her accountability to families, the Trust and staff.

In response to having visible management the maternity unit also introduced the 24/7 bleep holder role 12 months ago, this is a senior band 7 midwife on shift each day who can be bleeped at any time to ask for guidance or discuss patient safety. The division has an establishment of 5.97 WTE Band 7 maternity bleep holders, whose role is to maintain a ‘helicopter view’ of clinical acuity and midwifery staffing levels, and to proactively support redeployment of staff to optimise and support the delivery of safe high-quality care.

Recruitment and Retention: The division have employed a 0.5 WTE recruitment and retention midwife whose focus is to provide early intervention and support for those members of staff who have expressed an intention to seek alternative employment. The recruitment and retention midwife offers to meet all members of staff who have resigned to undertake a ‘Stay with Us’ interview; the information that is gained from these interviews will be used to inform and support the development of the NCA maternity workforce strategy.

We also offer Professional Midwifery Advocacy [PMA] midwives who are available for confidential support to many.

The ADM validates the feedback of *“There is no regular interaction or support offered” and “The interaction is not regular.”* As there has been no local ward manager meetings since my arrival March 2023, when asked why the mitigation from the ward manager is due to the clinical needs and she has not been able to facilitate these. As staffing has increased now our newly qualified midwives are in post the ADM has asked for bi-monthly as a minimum for postnatal ward staff, and this will support the feedback above.

Staff training is a challenge when staffing levels are low, we must prioritise patient care and safety first and foremost. Although we are proud to assure that our staff did meet the Trust standards for PROMPT and CTG training of >95% for 2023.

In terms of role opportunities to develop ‘*not higher banding or other skills not related to their current field of work’* there have been a vast amount of band 7 opportunities for; postnatal deputy and other ward manager vacancies, there has been bleep holder vacancies, Induction and elective pathways managers, education roles, CTG fetal surveillance roles. There isn’t a higher banding development opportunity than a band 6 on the postnatal ward, therefore if staff are wanting to develop their banding, they will have to step outside of perhaps their comfort zone and try some of the other development opportunities we do have to offer.

Buzzers: In terms of the feedback for the *‘No way to differentiate priority’* from the sound of the buzzers, this is a confusing comment to make, perhaps there is missing narrative? there are two types of buzzers. The emergency buzzer and the patient’s bedside buzzer (call bell). Any woman using her call bell needs assistance, it should not need prioritising further, because it is a priority and needs answering. When an

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emergency buzzer is pulled, this is deemed an emergency where all staff will attend to the woman's bedside and respond.

Women's feedback:

Safety: The exit must be *'staff release only'* and cannot be the same as other wards in the Trust, whereby patients can release themselves with a push button knob. This prevents tailgating and provides high assurance to prevent baby abduction risks. Further signage will be explored to explain this, but it should be acknowledged it is challenging throughout the NHS to have paper signage on the walls and have this in all languages, especially given the diversity of populations we do serve.

Our digital **BadgerNet system** has been settling in its development and as with any new digital role out issues and errors within the system were to be expected. The system does have a language 'toggle' to change all our documents to their preferred language. We are also in progress with a padlet of National resources information, this is being developed by our community engagement midwives. The digital midwife will ensure more visible instructions are sent out to women at booking about how to do this on their iPhone.

We will link in with our digital lead midwives to see if there is a picture, we can upload into BadgerNet App and toggle in all languages, perhaps a 'what to expect on the postnatal ward' and engage postnatal ward staff to support the development of this.

Having visible support for the toilet, hygiene and infant feeding, his has recently been increased from 3 maternity support workers per shift to 4. This should improve the call bell answering and support women.

A lot of the women's feedback was not relatable to the postnatal ward and they shared feedback about their antenatal birth plans, the ADM has added this feedback to an action tracker and will ensure its enacted upon with the appropriate leads for antenatal services.

I do acknowledge the staffing challenges and this as we know is a UK national challenge for all Trusts. What has been recognised for the postnatal staff is a 'back to basics' campaign to focus strengthening our maternity support worker roles which will then enable better delegation of some responsibilities, releasing midwives to focus on medications and women's postnatal needs.

Ongoing action tracker in response to the findings has been created.

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Achieved.
Valid Until
April 2024

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