



Royal Oldham Hospital
Maternity: Postnatal Ward
Enter and View Report

Revisit – June 2024



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 and View visit Healthwatch:

- Collects the views and lived experiences of people at the point of service delivery (users, carers, relatives and staff).
- Observe the nature and quality of services being delivered.
- Write up a report which includes recommendations whilst also highlighting good practice.
- Share findings and 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>

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/ukxi/2013/351/pdfs/ukxi_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 revisit. 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 revisit. 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 Revisit 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 revisit	Wednesday 26 th June 2024 1:00pm – 3:30pm
Authorised Enter and View Representatives	Rochdale Rep: Naomi Burke Oldham Reps: Julie Cunliffe, Asma Khatun

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 at Royal Oldham Hospital Postnatal Ward was a revisit from our previous Enter and View in August 2023. The revisit was a planned joint revisit with the provider being notified in advance and given a two-week timeframe of when the revisit would take place.

Methodology

Representatives observed the Postnatal ward over a 2 and a half hour period on Wednesday 26th June 2024, 1:00pm – 3:30pm, through the eyes of a patient and spoke with postnatal patients and staff members. On the day of our revisit the ward occupied 24 patients.

Enter and View fully trained representatives on this revisit were:

-  **Naomi Burke (Lead)**
-  **Julie Cunliffe**
-  **Asma Khatun**



All Representatives were clearly identifiable by their ID badges/lanyards. Representatives are trained in safeguarding and have DBS clearance. Representatives were sensitive to the issues that may arise in this setting.

On arrival we spoke to the Midwife in Charge on the day, who showed us to the staff cloak room and discussed any particulars for that day. 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:

- **14** patients – all whom identified as female and heterosexual
- A total of **9** staff members, of which **5** completed staff survey questionnaires

And Representatives observed all areas.

This revisit was intended as a snapshot of the patient or staff experiences on that day. You can read the first visit's report here:

<https://www.healthwatchrochdale.org.uk/report/2023-12-06/enter-and-view-royal-oldham-hospital-post-natal-ward>

Following the visit, we 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/ukxi/2012/3094/regulation/44/made>

Re-cap: Summary of visit



What was working well?

Comparison of 2023 and 2024 visits

2023	2024 update
The ward was clean and tidy.	The ward was clean and tidy, observations of the cleaning team in action on the day.
Safe Environment, buzzer system to let people in and out.	Continues to be a Safe Environment, buzzer system to let people in and out, alongside better signage for exiting the ward.

Staff wore identity name badges.	Staff wore identity name badges, alongside clearer notice boards and posters with named and designated staffing.
New Discharge Lounge with dedicated midwife.	Discharge Lounge continues to be in use with a dedicated midwife.
The Ward was equipped with face masks and hand sanitisation was readily available.	The Ward was equipped with face masks and hand sanitisation was readily available.
Patients commented they felt safe on the ward.	Some patients commented they felt safe on the ward and they appreciated the video cameras for added security.
Patients felt that their dietary needs were well catered for.	Patients felt that their dietary needs were catered for, and they had opportunities to keep hydrated.





What wasn't working well?

Comparison of 2023 and 2024 visits

2023	2024 update
Noisy at nighttime (extended visiting, visitor and patient devices).	Still noisy at nighttime, although we observed posters in bays and rooms around the use of devices and sleep hygiene at night, and patients told us that partners could no longer stay at night.
Information only available in English (posters, displays, leaflets).	Information only available in English (posters, displays, leaflets). It was also commented that Badgernet (digital notes) is only available in English with no option to select language.
Not easy to locate fire exits.	Not easy to locate fire exits.
Ongoing issues about staff recruitment and retention	Some ongoing issues about staff recruitment and retention alongside staffing numbers, but staff spoken to seemed more positive, said there was more consistency in rotas, the birth centre had been relaunched and informed of new cohort of student midwives.
Discharge time (patients waiting a number of days to go home).	We received no negative comments around discharge time.
Staff wellbeing (staff morale, time allowed to participate in training opportunities, ratios)	Staff wellbeing was very positive, and staff shared training, progression or opportunities to upskill with us. Observations were made on the staff notice board of a wide range of development opportunities available and staff certificates of participation.

Results of revisit

Patients Voice

Time on Postnatal Ward.

We asked **14** patients how they would rate their time on the ROH Postnatal ward.

- **3** patients rated their time as **average**.
- **7** said their time was **good**.
- **4** commented their time was **very good**.

There was a common theme that stopped patients rating their experience on the Postnatal Ward higher:



"Staff not at all helpful, feel like always having to buzz or ask for things like pain relief or for help with the baby..."

"Would have liked more help and sympathy. I feel like I have been left on my own quite a lot to just figure things out!"

"I understand that staff are caught up in other things and with other people, but I have had requests 'forgotten' about."

"I feel the staff are not overly helpful, I actually feel ignored..."

During our first visit in August 2023, the theme that emerged from patients during their time on the Postnatal Ward was noise levels being high, this time the theme was down to the lack of help and attention for each patient from staff members, this was an ongoing reoccurring theme of conversation throughout the visit with patients.

Patients were asked how the communication had been with the staff on the ward, we received a mixed response.

- **3** patients told us it was Poor.
- **1** patient told us it was Average.
- **4** patients commented Good.
- **6** patients stated it was Very Good.





“They have been good with me, communicating everything.”

“We have had really good communication with staff as also have our visitors. They (staff) have been informative whenever we have asked something.”

“Would be easier if there was a Postnatal ‘frequently asked questions’ book – this would be easier than having to keep asking.”

“Language is a barrier, don’t always know what to say and I am shy also. This has also led to confusion over visiting times.”

“Communication breakdown over lunch in that staff were told I’d been discharged, meaning I have missed my lunch – but they are getting me something.”

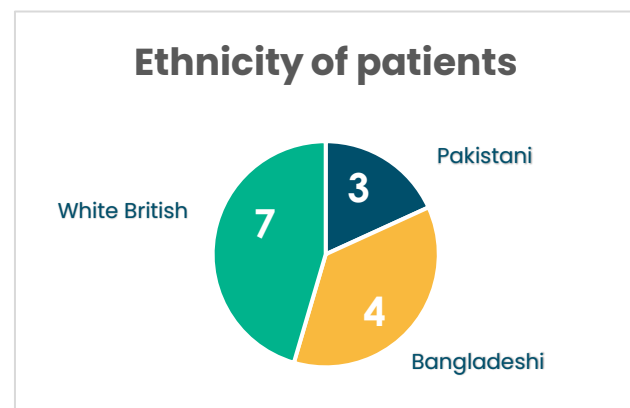
“Not great communication. It takes a while for staff to answer you. My husband witnessed this and how distressed I was getting at the lack of response and did comment on it to the staff.”

“Been asking for help with feeding, also asked for information, help and advice for feeding upon my discharge. I feel the communication around this has been terrible.”

Cultural and Religious Needs.

We asked all **14** patients if they had needed translation services. **3** of them responded Yes and from those **2** had requested Bengali and **1** had requested Urdu.

“My husband translates for me a lot, so not used a translator.”



Some of the ladies spoken to on the day of our visit did not speak English as their first language so therefore relied on their partner to translate, or our bi-lingual Enter and View Rep translated for them. This could be a barrier when no family around, or at night. This also restricts patients if they

may wish to discuss or disclose something they do not wish their partner or family members to be privy to.

Therefore, we re-recommend:

- **Out of hours translation services to be available on the maternity ward.**

We additionally asked if patients cultural or religious needs were met, **12** patients responded Yes, **1** responded sometimes and **1** patient skipped the question.

"We would like to have seen more helpful information leaflets in our language. Not really anything anywhere on local ethnic community baby groups or the family centres."

"My husband asked for a Prayer Room, and staff happy to show where this was."

Quality of Care and Safety

5 patients told us the quality of care they and their baby received was very good, **6** felt it was good and **3** said it was average. Only **5** out of the **14** patients said they knew how to make a complaint or raise a concern.



Patients told us that they felt that most staff had been helpful, attentive and caring. Some staff had offered support and been good around observations of mothers and babies after birth.

"Really on the ball and anticipating problems before they occur..."

"The staff have been really hands on, and caring. Felt good service from Postnatal staff."

Patients commented that they felt their care was not good around receiving medications in a timely manner, patients felt that limited staff on the ward impacted the length of time it took for staff to respond to requests for help or attention.



"Staff not around, and those who are, are difficult to get hold of..."

"I don't feel it (the care) is the best, they seem short staffed and have no time for you!"

"Could do with more staff as you can see they are maxed out to full capacity."

5 patients told us that they felt very safe on the ward and **5** felt safe. **4** patient said they felt their safety was OK.

Patients described their rooms as being safe. The cameras gave added reassurance as did the baby identification bracelets and patients expressed that the postnatal ward was safe and secure.



"I feel safe and I did feel comfortable enough to leave my baby for a few moments whilst I left my room to refill my water jug."

Furthermore, many of the patients we asked appreciated health and safety practices in place such as the presence of hand sanitizers, face masks and that the ward, their rooms, toilets and bathrooms, were clean.

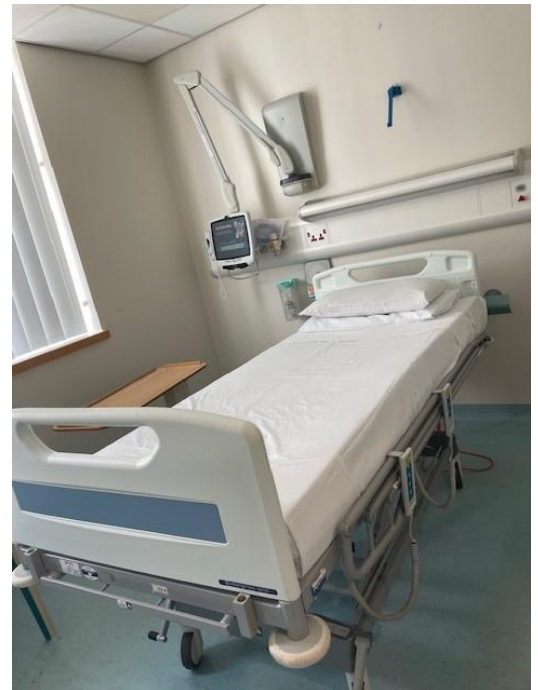
All **14** patients said that they had access to hand sanitiser in their rooms or bays.



"My room is very clean, and my toilet is checked and cleaned 3 times a day."

"It is clean, so have no worries about infections and sanitisers so not worried about Covid either."

"Hand sanitizer in this area (room) was empty, I spoke to a member of staff, and it was filled up almost immediately."



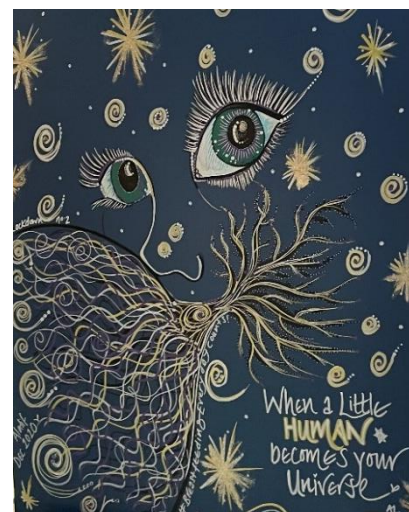
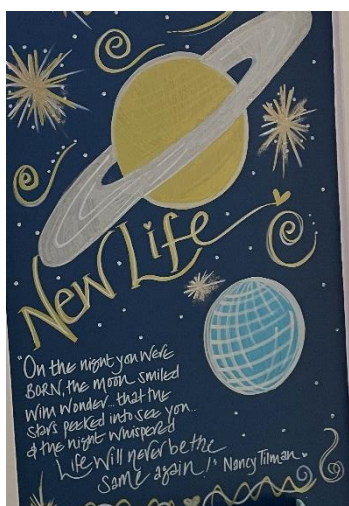
However, one patient told us her partner had health and safety concerns following him having to change her bed himself:

"I've had a caesarean section and there was quite a lot of blood on my sheets, my partner asked if they could be changed if possible and they handed him a 'Bed Pack' containing clean sheets and he changed the bed himself. Really concerned around infection control, is this even the correct procedure? Blood-stained sheets and cross contamination! My partner was really concerned around this as it was also difficult for him to manoeuvre me out of the bed too for him to make it. They aren't the easiest of beds."

Reception

The Reception area of the Postnatal Ward received mixed views around feelings of safety and security. Patients told us they liked the fact that it was a manned reception during the day giving the receptionist oversight on who was coming in and out. The receptionist was friendly and helpful to visitors and that they felt it was added security, as they had to physically let you in and out.

We received positive comments around the artwork of the reception wall with patients saying it was engaging, interesting and relevant to the ward.



Two patients told us that their visitors had come in with other families unchallenged.

"My visitors actually came in when another family did and came straight down to see me and the baby. They weren't challenged or asked to sign in. I didn't raise this with staff in case they stopped my visitors coming in."

Five patients told us the reception area was not very visible, identifiable, or easy to see and that visitors had been confused as to where the reception was.

"The reception area is a bit confusing though, you don't really notice it and did cause my visitors to be a little confused."

One patient felt that night times didn't make her feel as safe as she felt that there was no presence on the reception like there is in the day.

"I didn't feel safe last night, no one is manning the reception and not as many staff around at night, well there are staff, but not many."

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.



There seemed an overall lack of knowledge of Birth Plans on this revisit compared to when we visited in August 2023.

In 2023 all 13 patients we spoke to knew about having a birth plan although not all had one. On our revisit in 2024 we spoke to 14 patients and only 4 knew of, or understood what a birth plan was.

From **14** patients spoken to, only **2** had a birth plan compared to **6** on our prior visit. **12** did not compared to **6** on our first visit.

Although, **two** patients told us they did have a birth plan, **one** did not use it. The reason due to being her baby was premature. The **one** patient who did use her birth plan told us:

 *"I had a c-section previously and was very adamant that I had a VBAC (Vaginal Birth After Caesarean) delivery this time. Ensured I told that to every person I came in contact with!"*

In our 2023 report we made a recommendation around Birth plans. The evidence from this visit seems that birthing people have even less knowledge around a birth plan.

Therefore, we recommend again:

- **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.**

Badger Notes

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 have moved away from paper files (previously known as the Green Book) and all maternity patients now use this App.

11 patients said they had used the app however **3** said they had not, as the app was not accessible.

“It is on my phone, but language is a barrier. Husband helps but it has not really been of benefit.”

In response around language barriers to one of the recommendations from our prior visit in August 2023, the Deputy Director of Midwifery responded:

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.

From what three patients told us on the day, it seems that either they did not know how to access the toggle to change language, or it was not available on the Badgernet at the time. This stopped them using the app.

Therefore, we recommend:

- **Patients to be shown how to use Badgernet particularly if language presents as a barrier**

There were mixed reviews around the functionality and use of Badgernet. Positive comments included were that the app was: *handy, useful, good as you can set reminder on it*, and *everything being in one place*.

8 of the patients had experienced problems with the app which included: *it doesn't always work, information on it is not always up to date, information is missing, there is a delay in the 'real time', important information was easier to see on paper notes, glitches, and some information on it was inaccurate.*



"Not too keen on it, doesn't always work there's always problems with up-to-date appointment information on it."

Staff

14 patients were asked if they knew who their designated postnatal midwife/nurse was. **9** stated they did and **5** did not.

Patients told us that staff are different almost each day, they change staff numerous times in a 24 hour period- dependant on shift, and that some staff introduce themselves and others simply do not.

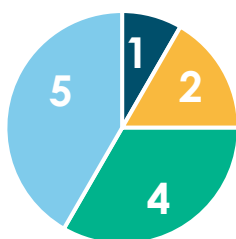
Alongside this a patient said she had appreciated a text from her designated Health Visitor introducing herself ready for patient discharge and postnatal follow up.

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

Comments made included: *went with what was told, trust the staff and what they said, didn't know what I could or couldn't do as my first baby, I went with what was suggested, just did what asked by staff, I acted on advice given, didn't get asked about birth choices and first baby born in Covid so all different.*

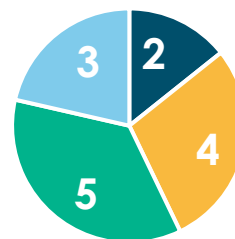
The responses are below from our 2023 visit and our 2024 visit for comparison.

Do you feel you had informed choices around your birth and after care? (2023)



■ Poor ■ Average ■ Good ■ Very Good

Do you feel you had informed choices around your birth and after care? (2024)



■ Poor ■ Average ■ Good ■ Very Good

One patient that stated “**poor**” gave her reasons as:
“Not really given options and choices during birth. Didn’t have a birth plan – no one went through that. Asked numerous times for a home birth but very little information given and to be honest no one was encouraging one either. I wanted my postnatal care to be at home with my family.”

The other patient that stated “**poor**” gave her reasons as:
“I had a very traumatic experience during delivery and ended up with a c-section. I kept asking for an epidural prior, but they would not provide it, there was constant delays during birthing and have been after. I really do not feel listened to nor my wishes respected. I feel this has overall had a negative impact and has hindered a positive birthing experience.”

The positive remarks included: *I was listened to and responded to at all times, staff have appreciated my views and respected my personal choices, I was given options, I have understood as been told all the pros and cons, I feel everything has been explained, all has gone to plan.*



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: nice, helpful, brilliant, respectful, friendly, lovely, supportive.

Additional positive Comments made about staff on the postnatal ward:

"The staff have been friendly, and I feel some have gone out of their way to help me as I can see how busy they are."

"All been friendly and really lovely, no worries or complaints at all."

"They have been really supportive of my emotional well being especially as following a c-section. It is our first baby and staff have also considered my husband in our situation and conversations."

"Having twins has been different! Staff have been really supportive and attentive. All have been willing to give help and advice. I have been on postnatal a week now and this has been beneficial as midwives given tips and advice on how to make things easier with twins, this has also allowed me time to heal better following a c-section."

"I think that they are all approachable, they do a hard job! Midwife on duty last night I was very appreciative of her care, she kept checking on me after a hard day."

"Although I can see and tell how busy the staff are, they have been helpful and friendly."

"Staff around postnatal care have been responsive and helpful as my first baby."

Moreover, patients expressed positive feedback in terms of effective communication from the wellbeing check ins, feeling these were helpful.



Suggested improvements (Patients Voice)

11 out of the 14 patients we spoke to, had shared that the Postnatal Ward was too hot: *the heat was unbearable, temperature uncomfortable, no air flow, windows did not open far.* 8 said they had brought their own fans in from home to cool themselves and 2 said they felt sick due to the heat. One patient was particularly distressed by the heat and told us:

"Temperature is red hot! There are no fans, I have brought in a fan from home. I was told I had a high temperature and was warned it may be an infection – I said it's no wonder my temperatures high and risk of infection higher as its far too hot, germs breed in warmth!"

Note: on the day of the visit, it was 26°C outside.

Therefore, we recommend:

- **For the Northern Care Alliance to loan electrical fans to new parents on the Postnatal Ward if requested. This would alleviate any Health and Safety Risks and ensure electrical equipment is PAT tested, safe and in good working order.**

For comparison, the 2023 Enter and view report suggested improvements were:

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

During our revisit, 12 patients told us about changes that could be made to improve the service on the postnatal ward. Many of these points were raised more than once.

Temperature, more postnatal information available, staffing at nighttime, waiting times (medication, staff response), Partners allowed to stay overnight, children visiting, parking costs, more empathy and compassion.

"When buzzer pressed can be a while until someone comes, I usually press 3 or 4 times."

"I have been advised not to do too much lifting following a C-Section. This has been frustrating as I have struggled to get out of bed at times and felt like I have had to buzz a lot until someone has come."



"I feel like at night I had to keep buzzing for help and then felt like I was pestering as didn't come first or second buzzes. I don't think they have midwives on this ward during the night shift, think they are more like auxiliary staff."

"Medication and pain relief not always on time, I know when it's worn off- then I have to ask, and then wait, and then I'm in pain!"

"Parking has been a huge expense for my husband, I have now been in a few days and he is here all the time which is expensive from a parking perspective. I have queried around a day parking pass or a discount as here longer term but no one is coming back to me yet."

"Visiting: No children allowed only siblings, we live with my nieces and nephews, but they are not allowed to visit!"

"Policy on partner staying- With the current and very visible staff shortages you would think if you were in a side room partners should be allowed to stay. I am sure they could previously."

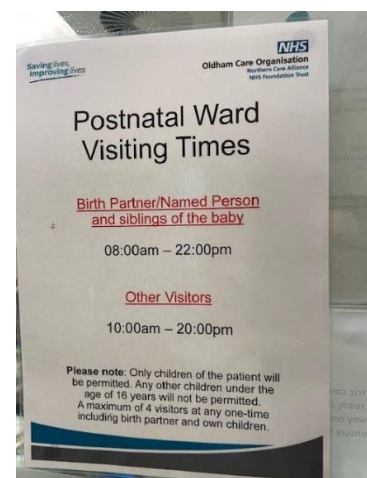
"I have asked if my husband can stay, but he is not allowed, this would have been a huge help for me not only from an emotional viewpoint but from a practical due to the nature of my c-section. It would relieve the pressures off the high support I have needed from the postnatal staff, who simply do not have the time to be dealing with each of us individually."

"I do feel some staff need to be more attentive to patients needs, this is my second baby – but that does not mean I don't need support."

*"Certain staffs attitudes, my cannular fell out and instead of reassuring me and replacing it, I was faced with 'how have **you** done that?' Made me feel like I had done something wrong and damaging in some way."*

"Patient Centred care is vastly lacking! Being listened to would really help, no conversations with me at all on my wishes. Common etiquette of 'how are you feeling?' and 'is there anything you need?' Would make a huge difference in your day. Birth is traumatic enough and especially as a first time mum, I want some reassurance I am doing things right and we are both OK."

"Nighttime needs more staffing. My wife had an emergency c-section and staff were not coming round to help when she needed them at night. Baby was crying most of the night, this made her very upset, she had a very bad night. A c-section is a very big operation, and this is our first baby. Want it to be a nicer experience."



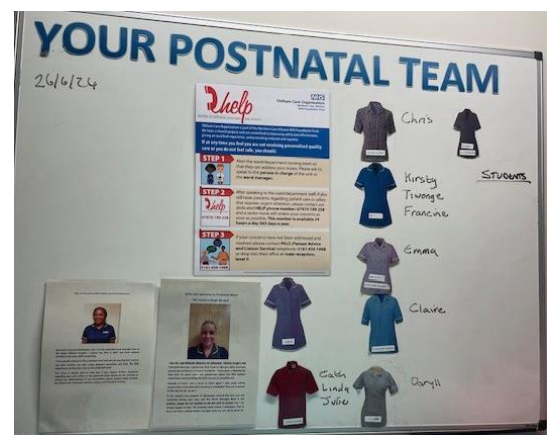
Results of visit

Staff

The Enter and View Team spoke informally with 9 members of staff on the day of our visit 5 of whom filled in our staff questionnaires.

General observations of the staff on the day were that they appeared very busy, but happy to stop and engage and answer questions, this was a vast difference to our previous visit in August 2023. On the prior visit staff were not overly welcoming nor inviting towards us with many declining to speak to us.

All staff had visible ID badges. There was a visible staff list up with staff on duty for the day, an additional board with staff names relating to their tunic/role, posters introducing staff. We observed the staff room in use for breaks and viewed cards of thanks and positive praise/feedback board alongside staff training certificates on display.



On our previous visit staff told us that they did enjoy their job, although cited struggles in terms of safe staffing levels and retention of staff, a lack of senior management presence, a lack of time to upskill or fulfil training needs although new roles were an added benefit such as the discharge midwife and the maternity support workers.

The staff whom we had conversations with on our revisits gave responses that were mixed. Comments made included:

- Patients on the ward now have more economical, social, physical and emotional needs than previously
- Training and upskilling has been greatly encouraged
- Student midwives being of huge value to not only the other staff but to the patients

Staff Support

When questioned around support from their Managers and the ease to engage with them, we had an overall very positive response.

Positive comments made included:

- Feel like could go to, to discuss any issues
- Manager is supportive
- Supports progression
- Manager encourages a positive work/life balance
- Supportive of staff member whom has a child with additional needs
- Appreciate the team meeting every Friday

Additionally, staff told us it was easy to talk to their manager but there are some barriers

- Difficult to get hold of them as they have a busy schedule
- Management spends a lot of time in meetings
- Difficult to find mutual time to talk – work schedules

Training, upskilling and Role Development

All staff we engaged with had done, or been offered, training, upskilling or had developed their role within the last 6 months. This was very positive to hear based on our previous reports recommendation.

When asked around the encouragement on developing their skills, all the staff told us they were encouraged. **5** members of staff confirmed that they were offered development courses or extra training opportunities to develop their training recently.



"I have taken on more responsibilities at work. I am the student link and infection control link for this ward. I have also undertaken further fire safety training."

We spoke to **two** student midwives who felt very enthusiastic about their roles and well supported. We observed a student midwife notice board with opportunities and information on it.



Safety

In regard to patient safety most of the staff felt that the postnatal ward was safe for patients but 3 commented it needed further improvements, there were concerns around staffing numbers, staff sickness and skill mix per shift.

"The ward is not always a safe place through no fault of individuals it is around staffing. It often feels unsafe in staffing numbers and also skill mix."

The pressures on staff was a running theme when asked if they had enough time to care for patients. This meant that staff felt they had a limited amount of time to spend with each patient, patients received limited attention and women have more complex needs now.

"We care for between 8 and 10 women and their babies per shift. These days the women we care for have more physical and mental health issues than previously. I would love more time with patients for feeding support and parent education."

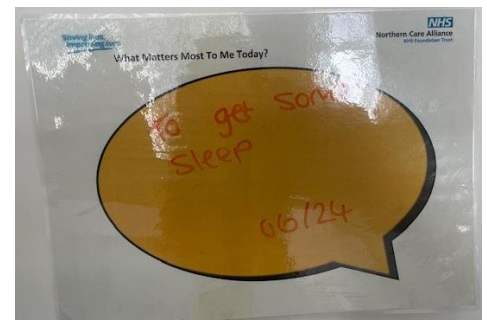
Note: We questioned all 14 patients around if they had received Antenatal Education and only 2 had received it with 7 telling us there was non available, alongside 4 expressing a desire to have taken part.

Patient Wishes

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

- Via the handover
- Ask patient
- Conversations with patients and family
- Signs above beds

"By being able to talk to them direct and help them feel comfortable around me."



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

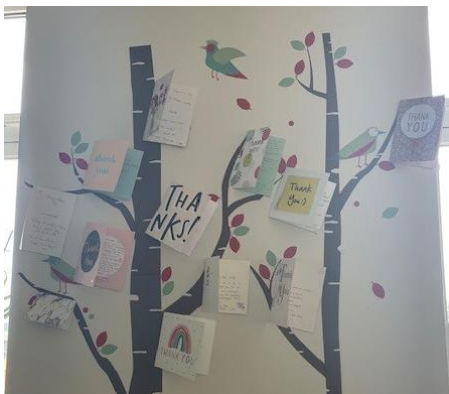
One staff member commented

"I would love to have more interactive parent teaching on the ward such as bathing demos."

Job Satisfaction

We asked staff what they enjoyed about their job on the postnatal ward. The responses are in the table below:

Getting to care for women and their families during one of the most important periods of their life.	Teamwork – I enjoy the most and also when I am told I am appreciated by my Manager.
I enjoy all of my role.	No two days are ever the same – I like the variety!
The day-to-day support for our women and babies.	I really enjoy reading the feedback from women and families about their time with us and the care received.
Building relationships with patients and helping them become new parents.	I work with some lovely colleagues; this makes me enjoy my work even more.



When asked if they felt appreciated one member of staff commented:

“Yes and no, I feel that patient expectations are high, not understanding the limitations of our NHS and our staffing, but on the whole I do feel appreciated.”

Another added:

“I love seeing our wall of thanks and positive feedback from the friends and family, it makes me know my job is worthwhile.”

How could your job be made better?

- More Midwives/Staff
- Management having a more active role on ward
- More Maternity Support Workers (currently recruitment out)



“I am unsure how my job could be made better, as I feel things for me are really OK at the present!”

Results of visit

Observations

Upon arrival at the Postnatal Ward it was noted that there was a multi-language welcome sign on the main door, security cameras in place and key fob coded doors were observed.

Upon entering the ward there were displays and flags for the football euro finals on display along the corridors and decorating the walls.



Enter and View Reps were greeted by the Midwife in Charge on the day at the main Reception. It was observed that the Reception area was not immediately visitor or doorway facing. The reception window is in the side of the wall as opposed to the front of the wall where the receptionist could be more visible.

The postnatal ward, although very warm, felt calm and quiet. Floors, walls and skirting boards were all clean, slip free and free from litter. We observed **3** cleaners while on our visit and a cleaning trolley was observed in the corridor. Observers noted linen baskets but no visible signs of dirty items.

Staff greeted us with smiles and had a natural curiosity about why we were there, and all we spoke to (9 staff) had heard of the Healthwatch Enter and View programme.

There were clear signs for specific areas or rooms on the ward including clear signs on doors and No Entry Signs. Each postnatal patients bay door had an allocated number and some had cards on them if the patient had an item of equipment within their room such as a monitor or pump.

The corridors were clean and tidy and mainly clutter free, they were wheelchair, or bed accessible.

The Enter and View Reps observed the Discharge Lounge to be clean and clutter free, it had drinks available (juice/water) and a number of leaflets on a range of topics.

Within the Discharge Lounge was located the Breast Milk fridge and Reps observed it being monitored, fridge temperature being checked and milk rotated by a member of staff. The staff also notified us that there are breastfeeding midwives who also encourage and help ladies, but we did not observe these on the day. She additionally told us that whilst ladies are on the ward they can loan a breast pump, we did observe one being used by a new mum.

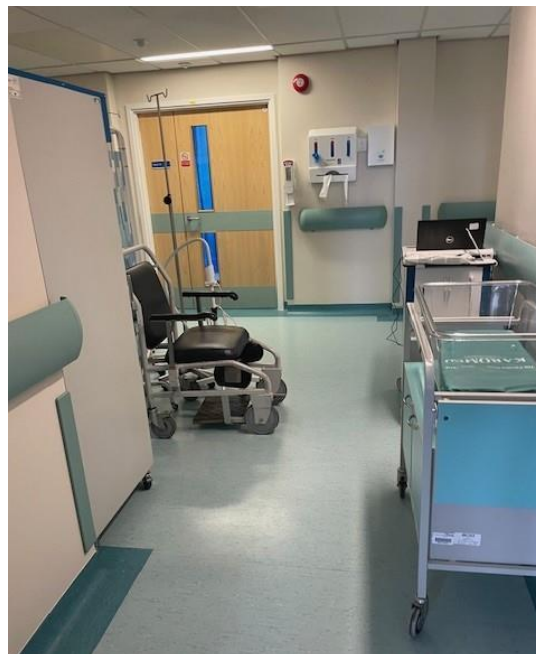


The Discharge Lounge was spacious, had a variety of seating, was well lit and had an overall calm and inviting atmosphere.



The displays within the Lounge were limited as were the information leaflets available, opportunities to display local groups missed within this space. The Discharge Midwife was very warm and welcoming to our team.

Outside the Discharge Lounge it was observed there were a variety of items such as wheelchairs, cupboards, a trolley, IV stands, blood pressure monitor, cots etc some partially hidden behind room dividers. This gave the appearance of clutter, and it was partially blocking a doorway.



Toilets were accessible in the bays and side rooms. There were also staff and visitors toilets observed to also be accessible. All toilets that were checked were clean, litter free and 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 alongside rubber gloves and disposable aprons.

There were jugs of water at the bedsides and a Brew making station in the corridor (pictured).

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 and did not see a clear route to take in case of fire.



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

- Breastfeeding advice (but no local or national helplines or group support information and posters were dated 2022 and 2023)
- Dad Matters board
- The different uniform and the job role of those wearing each uniform
- Hygiene and infection control
- Safer Sleep (Although this information was based around safe sleep for Winter and QR codes linking to Winter and we are now in Summer so not up to date information)
- Key Drivers Display (pictured - asked what the numbers meant within display and 3 staff did not know)



Therefore we recommend that:

- **Information more widely circulated around local breastfeeding groups and support including Home Start Oldham and Rochdale.**

Patient Voice

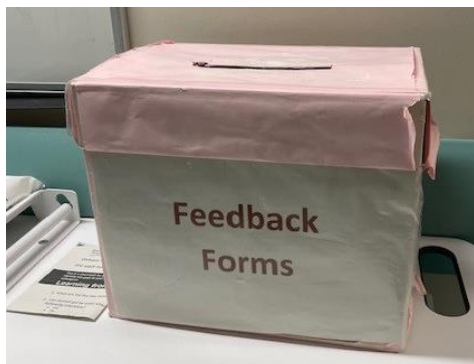


There was information available on how patients could provide feedback to the Northern Care Alliance, around a number of things and also to CQC but no information on how to provide feedback to the Rochdale and Oldham Maternity Voices Partnership.



Most offers for patients to give feedback were via a digital route (QR Code, Text service, Webform, Email) All displays, information and leaflets observed were only available in English.

The Reps observed two separate boxes for feedback or comments to be left from patients, friends or family members and a feedback form was observed on a bedside table in a side bay, alongside these was a patients positive feedback display board.



Most of the displays in and around the ward were laminated and tidy and arranged in themes, however they were all observed to be in English only and the Breastfeeding display had no information for example around Breast Feeding during religious festivals and much of the information was from 2022.



Visiting hours and rules was observed in the Reception area and was again only in English.

There was a poster, in English, stating how to contact the ward manager, we observed posters naming the designated Safeguarding team and who to contact on the ward with queries or concerns.



Therefore, we re-recommend:

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

And additionally recommend:

- **Boards to be updated to contain relevant and up to date information.**

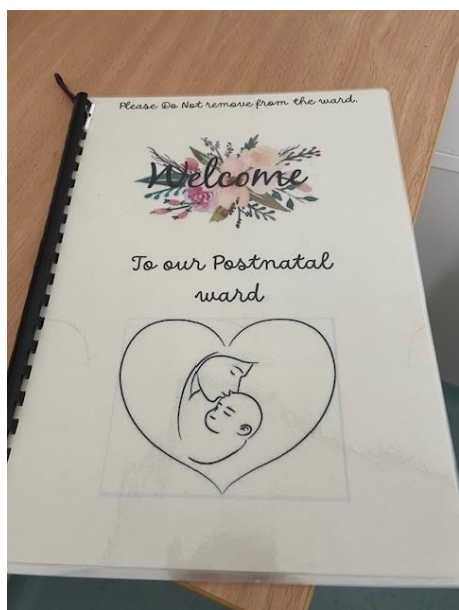
Patients Rooms/Bays

Disposable curtains in the bays and side rooms on the Postnatal Ward were in good working order and with up-to-date curtain checks noted on them.

The rooms appeared clean, clutter free and had TV screens in them that patients could pay to use if they wished. TV's that were on, were on low and not disturbing other patients.

Patients appeared comfortable in their designated rooms or bays, and we observed 4 patients using an electric or handheld fan due to the heat.

We observed in some of the side rooms Postnatal Ward laminated patient guides with information in, these were only in English.



Within the rooms and bays, the toilets and sinks were well maintained, clean, had hand soap and hand washing instructional cards and each area also had hand sanitiser stations therefore giving patients and visitors clear instructions and opportunities around infection control.

The shower areas observed were clean, tidy, free from rubbish or dirty towels and accessible, alongside emergency pull cords within them.

The Representatives observed the Entrance and exit to the postnatal ward and it was noted that there were clearer signs in place notifying people how to get out and to report to the reception area.

One observation made was a ceiling tile missing, however we were told it was temporary work being undertaken.



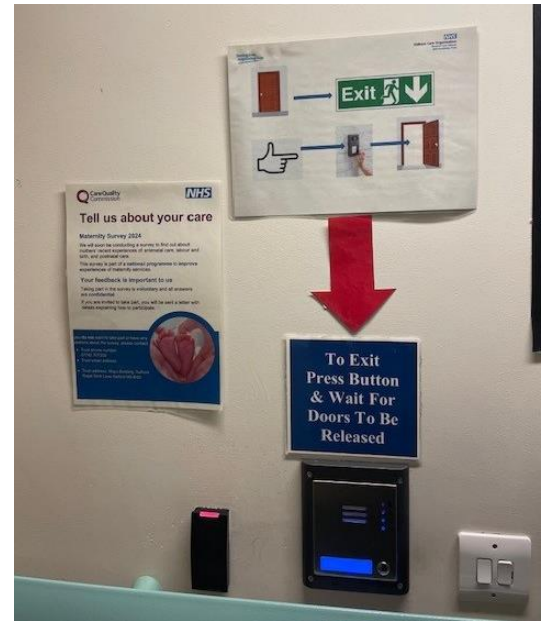
There were no observations raised as a cause for concern on the day.



Summary of revisit

What is working well:

- ✓ The ward was clean and tidy.
- ✓ Safe Environment, buzzer system to let people in and out and better signage for doorways.
- ✓ Patients commented they felt safe on the ward, and they appreciated the video cameras for added security.
- ✓ Communication between patients and staff was good.
- ✓ Development and progression opportunities for staff.



What could be improved:

- ✗ Visiting Restrictions.
- ✗ Response time to patients.
- ✗ Information only available in English (posters, displays, leaflets, apps).
- ✗ Not easy to locate fire exits (picture).
- ✗ Cost of parking and parking in general at Royal Oldham Hospital.
- ✗ Staffing numbers (not enough people on each shift to meet higher demands – although within legal ratios and recruitment out)



Review of the 2023 recommendations

Following the first Enter and View on the Postnatal Ward at Royal Oldham Hospital in August 2023 and the Healthwatch recommendations, the senior management team issued a response.

The table below shows the actions to date with the evidence we observed based on the recommendations. (June 2024).

Recommendation (First Visit October 2023)	Response from ROH	Progress Notes	Evidence of completion by E & V Reps on revisit
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.	Ongoing action tracker in response to the findings has been created. 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.	In 2023 all 13 patients we spoke to knew about having a birth plan although not all had one, on our revisit in 2024 we spoke to 14 patients and only 4 knew what a birth plan was.	Evidence from patients feedback on the day of the revisit highlighted a greater misunderstanding and lack of use of Birth Plans. Only 1 patient we spoke to actively used and enforced her plan.
Information and/or signage to be available in other languages in accordance with the needs of Greater Manchester residents.	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.		Welcome sign in different languages but still a lack of cultural representation in posters and all only observed in English.
Noise levels on the ward be monitored, rules implemented around use of devices.			Observed posters in place at patients bedsides advising to turn off devices etc and action plan board in corridor

			with reducing noise at night as an action.
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.	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.		Clearer sign in place along with pictures for exit procedure and receptionist visible at all times on the day of revisit.
Out of hours translation services to be available on the maternity ward.	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.		Women on the ward stated they had accessed translation services in Urdu and Bengali although 3 patients said they did not use Badgernet as it was not accessible to them. No observations made on how translation services could be accessed out of hours.
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.	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	Staff discussed in a positive manner ongoing recruitments drives for new roles alongside training and development taken or offered

	<p>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 shadowing her role to reach out, this would provide more insight to her accountability to families, the Trust and staff.</p> <p>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.</p> <p>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</p>	<p>manager picture and biography, both professional and personalised and encouraging staff to make contact should they need to chat or want additional support.</p> <p>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.</p> <p>(Lesley Chan)</p>	<p>over last 6 months.</p> <p>Staff spoke to and who filled in a questionnaire responded they enjoyed their job.</p> <p>Poster mentioned observed.</p>
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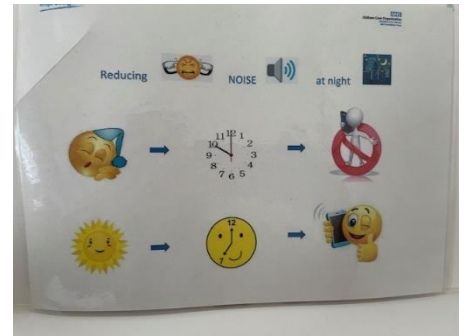
	<p>support the development of the NCA maternity workforce strategy. We also offer Professional Midwifery Advocacy [PMA] midwives who are available for confidential support to many. The ADM validates the feedback of “There is no regular interaction or support offered” and “The interaction is not regular.” 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.</p> <p>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.</p>		
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Recommendations

The findings in this report are based on our observations on the date of the revisit and the information that people told us.

We were please to see that our previous recommendations had made impact by...

- ✓ Seeing a “Welcome” sign in various languages
- ✓ Observing posters in place at patients bedsides advising to turn off devices etc and action plan board in corridor with reducing noise at night as an action.
- ✓ A clearer sign in place along with pictures for exit procedure and receptionist visible at all times on the day of revisit.
- ✓ Staff discussing in a positive manner ongoing recruitments drives for new roles alongside training and development taken or offered over last 6 months.
- ✓ Staff responding in a more positive manner around their job satisfaction



2024 NEW recommendations

Still to action from the 2023 visit

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 planned birthing.
2. Information and/or signage to be available in other languages in accordance with the needs of Greater Manchester residents.
3. Out of hours translation services to be available on the maternity ward.

From the 2024 revisit

4. Boards to be updated to contain relevant and up to date information.
5. Information more widely circulated around local breastfeeding groups and support including Home Start Oldham and Rochdale.

6. For the Northern Care Alliance to loan electrical fans to new parents on the Postnatal Ward if requested. This would alleviate any Health and Safety Risks and ensure electrical equipment is PAT tested, safe and in good working order.
7. Patients to be shown how to use Badgernet, particularly if language presents as a barrier

Revisit Response from Provider

Below received from **Lesley Chan (RM, NMP, PMA)**, Assistant Director Maternity Services. Operational and Quality Lead for Inpatient and Outpatient Services at Northern Care Alliance NHS Foundation Trust.

*Saving lives,
Improving lives*


Oldham Care Organisation
Northern Care Alliance NHS Group

Northern Care Alliance

Healthwatch Postnatal Ward
Response Report 2024
Revisit

Title of Paper	Response to Healthwatch Revisit to Postnatal Ward					
Visit	Wednesday 26 th June 2024. 13:00-15:30					
Author	Lesley Chan, Assistant Director of Midwifery					
Presented by	Faith Sheils, Director of Midwifery					
Date	08 th August 2024					
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’ revisit to the postnatal ward at The Royal Oldham Maternity Unit site, Northern Care Alliance NHS Foundation Trusts [NCA]. 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 26th June 2024 from 13:00 – 15:30, through the eyes of a patient and spoke with postnatal patients and NCA colleagues.

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 NCA colleagues is important.

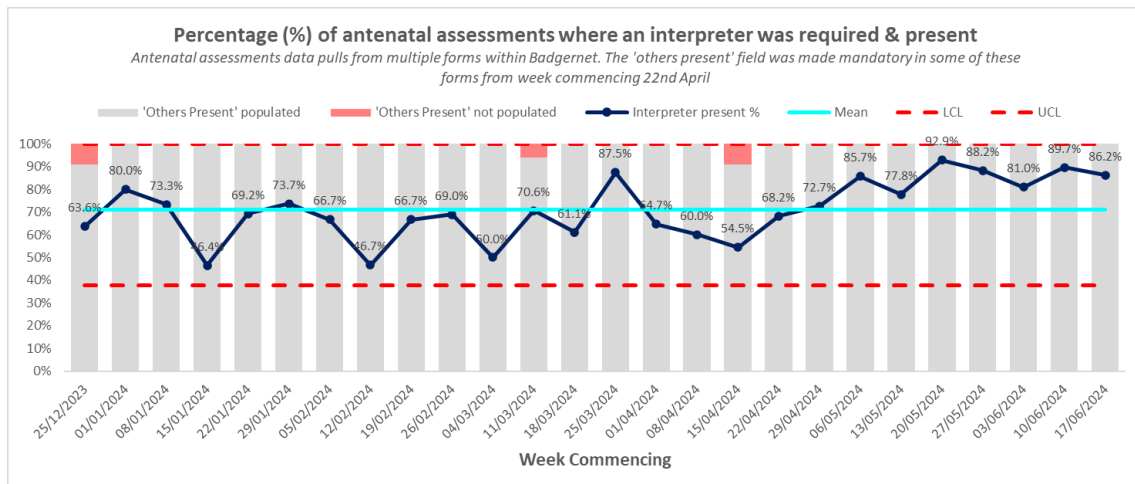
The leadership team have been working hard to engage staff and improve upon culture. I am delighted that staff were welcoming and receptive to your unannounced visit this year, as this is a core fundamental of our values and behaviours framework at NCA and evidence there is a positive shift on where we were last year.

Overall, there has been positive feedback from our families and some excellent feedback for our staff, reported to be; nice, helpful, brilliant, respectful, friendly, lovely and supportive. This 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, they enjoy working with colleagues and they enjoy reading women’s feedback and it’s important we can learn about how we can continue to develop and improve our services for the best possible outcomes for our families.

Language Barriers:

It was also pleasing that the signage using more pictures than words has been acknowledged. But to further assure a lot of work is underway for Health Inequalities and Interpretation needs of women.

Had I known you were present I would have shared the evidence of ensuring women are receiving interpreter support, some will decline and prefer a family member but overall, we are evidencing improvements each week and meet fortnightly to discuss within the working group.



Other improvements to language barriers:

- We have made mandatory in the BadgerNet system and RED flag that advises staff which women require an interpreter.
- Capturing information on the number of requests for support and the number fulfilled.
- Ongoing audit of clinical records to ensure language needs have been assessed and requests for support made where indicated.

I would have shared all the ongoing work which commenced in April 2024 and which I deputise with the chair Ahmed Elnahas Consultant, Christine Camacho, Public Health Registrar, and a team of midwives and community engagement midwives. We are also proudly 1 of 9 Trusts who committed to the Race Health Observatory programme which is 15 months and focus on South Asian Women and our quality improvement work is Diabetes and engaging with women earlier in their pregnancy. A lot of this work also features signage being created in the top 5 languages and BSL. Floor Banners work in progress with our medical illustration's teams encompassing 'your right to an interpreter' and 'how to raise a concern'.

The NHS Race & Health Observatory has partnered with the Institute for Healthcare Improvement (IHI) and the Health Foundation (HF) to deliver a Learning and Action Network which aims to tackle the gaps in maternal and neonatal morbidity, between women and babies from different ethnic backgrounds.

The Learning and Action Network will use Quality Improvement to drive clinical transformation and enable system-wide change. NHS RHO, IHI and an Advisory Group made up of experts in maternal and neonatal health have joined together to improve the outcomes for maternal and neonatal health through participation in an action oriented, fast-paced Learning and Action Network.

The Learning and Action Network is comprised of nine teams across NHS regions who are committed to reducing pregnancy complications and preventable morbidity and mortality for ethnic minority communities.

Aim Statement

To improve timely access for Asian Women to MDT Antenatal/Diabetes Clinic and optimising educational material used to reflect multicultural nutrition advice.

Actions: Diabetes QI project – offer HbA1C at booking to identify earlier those women from South Asian ethnicity and commence lifestyle healthy food options education earlier will improve newborn outcomes

We have introduced other patient experience initiatives for vulnerable women in terms of the d/Deaf. Raising d/Deaf awareness for *privacy and dignity* and *baby crying alert devices* we have purchased these through charitable funds to improve d/Deaf women's experiences. We launched our new devices during a combined GMEC visit. These were positively praised by GMEC and they featured this in their regional Northwest comms.

Women d/Deaf will be able to use these devices for their privacy dignity and baby crying alert needs making care equitable for this cohort of women.

Device kit purchases funded by Charitable Funds for improving the patient experience, privacy dignity, reasonable adjustments under Equality Act 2010





Women’s feedback *what could be improved:*

Visiting restrictions – we have opened our visiting times up further, apart from overnight as we do not have facilities for partners to stay. I am therefore unsure what is restricted as we have increased visiting since your last visit. If you could expand on this comment, I will certainly value additional narrative from families.

Response time to patients – This is a challenge as midwives on the postnatal ward are on average caring for 9 mothers and babies each within the team of nurses and neonatal staff. It is essential they prioritise cares, but our MSW workforce should be responsive to call bells. While we acknowledge vacancy this is something the management team will review again to see if we can improve this element of care.

Information only available in English:

As explained, this is challenging for every UK NHS Trust to have signage for every poster in several languages, and wall space a challenge. I welcome your suggestions how this can be achieved?

To provide some assurance there is currently a lot of signage in development stage which I attach here, this is not yet ready to print as it needs amends and these will be in the top 5 languages plus English plus BSL, but to show you examples of what’s been ordered. In the meantime, while these were being scoped, managers were asked to add the poster A3 which is also attached, and I have seen these up in our clinic spaces.

We went to lengths to create paper feedbacks while we had no digital electronic FFT (now resolved with a new system) in other languages but the challenge was interpreting these paper feedbacks back into English.



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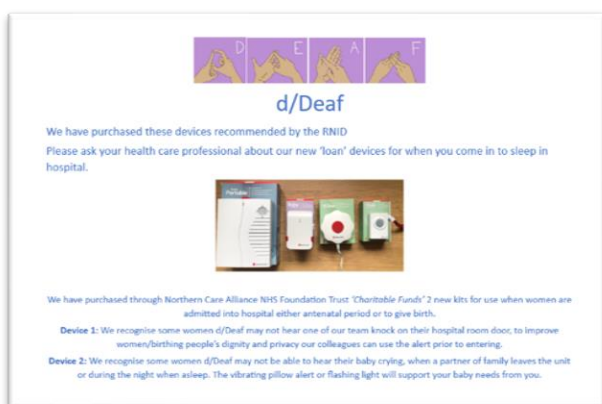
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do you need an
interpreter poster ui



Urdu Feedback
Forms.docx



We also have BSL signage up in clinic across both Rochdale and Oldham.

We are in the process of creating videos in the top 5 languages on how to change the toggle of languages in Badgernet and instructions how to use this.

We have also sent out comms to display and for staff to support women with digital literacy which creates exclusions for some women. Women

equally need to choose to engage in learning and using digital systems.



Our biggest success for leaflets in other languages was perhaps not explained on the day, staff are navigating their way through so much necessary change and new process that we as a senior leadership team have been developing in partnership with community engagement midwives and women. We have a fabulous Padlet which women are signposted to and can be reviewed [here](#) which has a plethora of information in many languages.

Fire Exit Signage:

I have escalated this to our Fire Department lead Tony Doyle and asked for a review of the signage on this ward and an update will be provided once they visit the unit. On 07th August 2024 a fire inspection review was carried out by Tony and 4 further signs have been placed on order for the area of the ward bay 10 to bed 17.

Cost of parking and parking in general at Royal Oldham Hospital:

We don't have any influence over parking fees, and we are sorry we don't, to advise staff equally must pay for parking.

Staffing numbers (not enough people on each shift to meet higher demands – although within legal ratios and recruitment out)

The unit was appropriately staffed this day and the team spoke to 9 NCA colleagues and it was appropriately staffed during the 2023 visit. Staffing is a challenge, as is redeployment to ensure 1:1 birth care. Staffing is taken very seriously and reviewed every weekday. Our staffing is transparent and reported through GMEC LMNS and to board level through our daily SitRep reports.

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 MSW and Nursing new roles which will then enable better delegation of some responsibilities, releasing midwives to focus on medications and women's postnatal needs.

Workforce:

Staff also fed back more midwives and staff, and this likely refers to periods of short-term sickness, and we do not have the staff spare to bridge sickness gaps the same as any other Trust. To advise we review staffing daily, provide staff wellbeing callbacks for absences, we go out to NHSP. We have introduced registered nurses to work daily across the 24/7 shift patterns providing post elective caesarean care and

maternal/baby observations, they have received maternity bespoke training from our education team. Furthermore, we ensure the unit remains safe we have a 24/7 band 7 bleep holder continuously going to each area, we do redeploy managers and specialist midwives into clinical roles to support staff on these challenging shifts. The staff feedback in terms of management having a 'more active role on the ward' does come as a surprise as ward managers are frequently clinical and our local 4 times daily SitRep records the redeployment of managers and other midwives who are supporting daily, perhaps this is a staff perception as they don't work consecutive days in the unit or in all areas of the unit. There has been a shortage of maternity support workers [MSW] due to vacancies and recruitment is ongoing, and we have received an increase in our staffing budget to support increased MSW staffing levels. I would recommend at your next visit you speak to ward managers too, as they would provide a balanced view of how many clinical supportive shifts they do provide to support staff throughout the year.

2024 NEW recommendations

Still to action from the 2023 visit

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 planned birthing.
2. Information and/or signage to be available in other languages in accordance with the needs of Greater Manchester residents.
3. Out of hours translation services to be available on the maternity ward.

I apologise and I am disappointed we haven't provided an update on the home birth rate action from last year's visit, and this has been rediscussed with Jen Michaels Lead Midwife for those services. Jen is also planning a 3 month focus on this along with aligning policy and personalised birth care plans.

In the last 12 months we have reintroduced antenatal classes for all based on the GM antenatal standards where all birth eventualities are discussed. Women are told at booking of the birth plan available in their badger App, appreciating there are reading and writing challenges for or population across Rochdale and Oldham and language barriers are a barrier to using the App as we all know the digital era and digital literacy does have its limitations for some.

We are in the process of planning implementation of language specific education sessions.

We have updated the antenatal care pathway and discussions around birth planning now takes place earlier than 36 weeks gestation, this is now carried out at 28 weeks and in line with NICE guidance. Women are advised of deviations for birth and what may occur and plans for example when care doesn't always go as they may expect it

43

Healthwatch Rochdale has used the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

too. In community we now have a double appointment so there is sufficient time to discuss birth plans at 28 weeks.

Our personalised care plan midwife has resigned and been on long term sickness. Jen Michaels is taking over this area within her community footprint which will see some changes coming and this can be reviewed by the whole team to ensure they advise women emergencies do happen and what that may entail. Women wanting to birth outside guidance will have a manager in community or birth centre which ever is most appropriate.

We are also in development phase of a virtual hospital tour guide.

The 2023 action for out of hours interpreters **should not** be recorded as an action, the NCA like most Trusts in the UK use 'Language Line' this is telephone interpreters service for out of hours and emergencies and available 24/7. We do use face to face on both clinic sites Monday – Friday and language line telephone too. Therefore, we have always had 24/7 access to interpreters. And new banners as explained will be visible advising all of this on every entrance to each service.

For the 2024 Actions please see our revised Tracker which I have kept 2023 together in one place.



Healthwatch Revisit
2024 Postnatal Warc

Update on recommendations on next page

Healthwatch Actions 2024

Action	Subject	Action	Action Owner	Due Date for completion	Completion date	Latest update and or evidence of completion
1	Birth Plans	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.	Jen Michaels Janine Mellor	28/02/2024	08/08/2024	Birth plans discussed at 28 weeks from original 36 weeks
2	All poster signage	Information and/or signage to be available in other languages in accordance with the needs of Greater Manchester residents.	All Managers	28/02/2024	Will be ongoing as new posters are designed	Niche work ongoing for languages, banners and posters: How to raise a concern How to provide FFT feedback Entitlement to an interpreter at every visit
3	Interpreters	To be available out of hours	All Managers	08/11/2023	08/11/2023	This is already NCA Trust wide available via language line 24/7
4	BadgerNet	Education required to women about the 'toggle' for a change in the language resources available	Digital Leads Caroline Green PNW Manager	08/11/2023	08/08/2024	When women sign into the App there is a video to watch on how to use the App and change languages
5	BadgerNet	Patients to be shown how to use Badgernet, particularly if language presents as a barrier	Digital Leads Zainab and Sid	07/08/2024	09/08/2024	When women sign into the App there is a video to watch on how to use the App and change languages
6	Information	Boards to be updated to contain relevant and up to date information.	All Managers	07/08/2024	Ongoing	

7	Infant Feeding	Information more widely circulated around local breastfeeding groups and support including Home Start Oldham and Rochdale.	Jen Michaels Wendy Blackwood Digital Leads	07/08/2024	01/08/2024	<p>The BadgerNet referral is up and running for Homestart Oldham and Rochdale. Every woman at booking gets offered a infant feeding referral regardless of preferred mode of feeding, as women may change their minds. Confirmation referrals are coming through and this works well has been fed back.</p> <p>The padlet has all our infant feeding services and in other lanaguges https://padlet.com/CEM2023/royal-oldham-and-rochdale-maternity-services-padlet-jumbcd90lq3y5vrk</p> <p>At 28/40 this double booked appointment includes infant feeding and</p>
8	Fire Exits	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 and did not see a clear route to take in case of fire.	Tony Doyle Fire Manager	23/08/2024	07/08/2024	<p>Fire inspection 07/08/2024 by Tony Doyle with Lesley Chan ADM. There 4 signs missing from rooms 10-17 these have been ordered.</p>
9	Environment	For the Northern Care Alliance to loan electrical fans to new parents on the Postnatal Ward if requested. This would alleviate any Health and Safety Risks and ensure electrical equipment is PAT tested, safe and in	IPC leads	24/08/2024	08/08/2024	<p>The length of stay for our women is very short and we also queried infection risks of using fans in clinical areas with our IPC lead for the Trusts, as they do spread particles in the air and respiratory risks can make others unwell. We are advised using a fan requires a full risk assessment following Trust policy and consideration of others in a bay who may not want a fan on needs to be explored.</p> <p>Babies need to be higher temperature than women in the immediate first few days of life, especially as we have transitional</p>

good working order.

preterm babies on this ward and hence why our wards in postnatal areas will be warmer.

I also note it was very unusually warm on the day the visit went ahead and therefore its essential we do not do any kneejerk response when the rest of the year is cooler weather.

staff will be reminded to ask a woman does she want to consider a fan and then a full risk assessment will need to go ahead with others in shared bays consent given.

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SMALL CHARITIES



Achieved.
Valid Until
April 2024



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