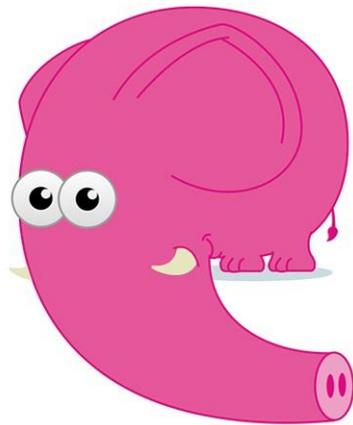


Healthwatch Derby Intelligence Brief Little Voices Consultation Summary



Methodology – Chapter 4 & Appendices

Consultation Item	Method	Individual items of feedback	Date	Venue
Patient Forum 'Focus Group'	Appendix A	133	6 th August 2015	Revive Chaddesden
Patient Forum 'Workshop'	Appendix B	222	26 th August 2015	Sunnyhill Community Centre
11 Separate Day Observations	Appendix C	509	2015	Various venues
Survey 1 Pregnancy & Maternity Services	Both surveys were designed with input from the Trusts, Commissioners, Inspectors, Support Groups and the Local Authority	51	2015 Surveys also generated a detailed Case Study into Pregnancy & Maternity Services.	Hosted online by HWD (Both surveys)
Survey 2 Children's Services 0 to 11 Years		39		
Enter & View 1 Appendix E	Healthwatch Derby Enter & View Policy – Appendix F	130	2015	Beeches Specialist Mental Health Maternity Unit
Enter & View 2 Appendix D		30	2014	Children's Hospital

Key Findings – Chapter 6, Page 50

Positives

Overall positives have been reported for all the services we have observed during our Day Observations.

Evidence of good practice and many instances of excellent patient care shared.

Services have been described as responsive, caring, and efficient by patients.

Enter & Views have highlighted good facilities and good support provision for patients.

Cleanliness and inpatient food have been highlighted as positives.

Negatives

Communication has been highlighted as a key negative for some services. Barriers to services .

Staff attitude has been highlighted as a negative.

Long waiting time for appointments and lack of explanation. Difficulty in getting GP appointments highlighted.

Patients have highlighted gaps in services and lack of cohesion between services such as the gap between maternity service and link up with health visitors.

Inadequate provision of support which hinders access such as sign language interpreters, and translators for non English speakers.

Discharge issues and delays highlighted.

Recommendations – Chapter 6, Page 51

- 1. The report has highlighted a need to review communication procedures and processes to enhance patient experience.**
- 2. Greater empathy by staff when dealing with patients is required. A review of training around empathy and customer service for staff.**

3. Long waiting times can have an adverse effect, and many patients have highlighted this in their comments. We would recommend a review of areas with the highest waiting time for booked appointments.
4. Access to GPs has been highlighted as a major concern. We would recommend commissioners continue to emphasize the need for easier access for this key service.
5. A review of the local capacity and provision of GP services.
6. Integration of services will help provide a more holistic and more effective treatment pathway. We would recommend continued efforts to link up patient treatment pathways between various sectors.
7. More education and awareness to break down barriers and help align services to the needs of emerging communities.
8. Access issues such as translation were highlighted by patients. A review of current service provision is recommended.

Responses (Chapter 6 pages 51 to 61)

From Derby Teaching Hospitals NHS Foundation Trust

Response to Healthwatch “Little Voices” report regarding Maternity Services (March 2016) & Little Voices Case Study (2013)

As a maternity service we actively welcome feedback from the women and families that use our maternity services. The maternity team would like to thank Healthwatch Derby for including the Royal Derby maternity services in their report as this provides the service with valuable feedback that can be used to further improve the care and services that we provide for women, babies and their families.

The themes that are included in the Healthwatch report are not dissimilar to the recent Picker national maternity survey (2015) and of those highlighted during the recent National Maternity Review consultations. The emphasis for maternity services focuses on listening to women and their views, using this feedback actively and ensuring that our services users understand that service improvements and changes have been made with a direct response to their comments.

It was reassuring to see within this report such positive comments regarding the professional, compassionate care that is delivered by midwives to women and their

families as this is fundamental to gaining trust and establishing a positive relationship with women and families.

As a maternity service we are keen to engage with women and are currently working with our Maternity Service Liaison Committee (service user forum) and our Commissioner maternity lead to develop an engagement strategy to ensure that all women's views are heard and that we use these views to model our services accordingly.

With regards to the negative feedback contained within the Little Voices report and the case study contained therein, we offer our sincere apologies and below we detail what actions have been taken in respect of these. The findings of this report will be shared with our staff to ensure that learning from these highlighted issues is implemented.

Responses to the negative findings in the Little Voices Report (Key Findings/Recommendations)

The themes from these examples include:

- **Poor communication regarding plan of care**

We would need to know more detail to appreciate the full picture, but it does appear from the small amount of information that the woman concerned was not clear about the plan of care relating to her pregnancy and therefore we sincerely apologise if this was due to a failure on our staff's part to communicate this more clearly.

- **Possible inappropriate access to maternity services via 111**

Whilst we can signpost and encourage women to use the PAU direct access number (01332 785796), which is clearly identified on the back page of the maternity hand held records, women may decide to contact 111 or emergency services. Or in some instances, their relatives may make this decision on their behalf.

Women will present at ED whilst pregnant if that is their choice, however as a maternity service we have an inter professional working relationship with ED and women will be transferred over to maternity services when this is more appropriate to delivering their care.

- **Lack of compassion for feeding support/lack of support/inconsistent care**

Women need a lot of support and guidance when breast feeding, especially with their first baby, and therefore it was very disappointing to read this comment.

Women may experience soreness and the role of the midwife is to ensure that when this happens the baby is latched on correctly to stimulate the breast milk supply in order to give the baby the best nutritional feeds. This advice and support needs to be in a sensitive and encouraging manner so as not to make the women feel that she is not able to continue to breast feed and is confident in her ability to breast feed.

Again, we sincerely apologise if it was felt that the advice and support was not delivered in a compassionate manner and we reiterate that this matter will be shared with the appropriate staff.

- **Midwife's lack of emotion and not listening to the woman**

Again we would need to know in more detail to appreciate the full picture of the case, however it goes without saying that midwives caring for women in labour need to be extremely sensitive to how anxious and vulnerable women feel during this often, very frightening time. Women need to feel safe and need a midwife who will listen to and action their concerns.

Community midwifery clinics

- **Midwives answering/using mobile phones whilst with a woman**

Generally, we fully appreciate that this is not good practice; however there may be occasions when the Midwife is awaiting a response from Royal Derby staff to a query made earlier and therefore if the caller is not identified (ie shows on the screen as caller 'unknown'), which is the case when calls from the Royal Derby Hospital are received, it is feasible that the midwife would decide to accept the call. If this happens however, we would expect the midwife to politely excuse herself and take the call and not have a conversation in front of the woman.

- **Home visit options**

The Maternity Service Specification supports midwifery antenatal home visits being undertaken on an individual needs basis, with the majority of antenatal appointments taking place in GP surgeries, health centres and/or Children's centres. Women who choose to have a home birth have a home visit around 36 weeks of pregnancy to undertake an environmental and home birth risk assessment.

Postnatal home visits are undertaken as a minimum on the first day home, day 5 (for the 'heel spot' test on baby) and day 10. Additional visits and extended visiting post day 10 will be offered on an individual midwifery assessment of mother and/or baby needs.

Transfer of care to the health visiting service is undertaken around day 10 with the HV making contact with the mother to arrange birth visit.

- **MW/HV antenatal checks**

There is no duplication of the antenatal visit from the midwife and the health visitor. The HV undertakes a 2 week antenatal visit with the women to introduce the HV and to assess any early signposting for the woman and/or her family. The midwife undertakes antenatal care as per local and national guidance.

PAU (Pregnancy assessment Unit)

- **Long waiting times**

Unfortunately there will be occasions especially when activity is high when women may have to wait for a longer period of time than we would like them to wait for. PAU accepts self referrals from women, GPs, other parts of the hospital and will experience peaks and troughs in activity. The midwives triage all calls taken and will advise women when attending if they are likely to experience a delay in being seen and will keep women updated on their wait so that they can access refreshments etc

- **USS lack of seating/not signposted to another seating area**

The pregnancy ultrasound scan department located in the antenatal clinic is part of the Imaging service. There is limited seating however, there is the ability to seat women adjacent to the department in other sub waiting areas.

Action: to be discussed by the Senior midwife with the Scan department manager on how to manage the scan department waiting area and avoid congestion/lack of seating for pregnant women.

- **Poor communication when pregnancy concerns**

All women should be able to discuss women's concerns regarding their pregnancy and women should be signposted to the information pages in the maternity handheld records and the Baby Buddy app for further information.

Car Parking issues

The parking issues at the Royal Derby are currently under review and a plan has been submitted to the Trust Board.

Induction ward

- **Partners having access to Induction Ward**

Currently partners are welcome to stay until late evening for women who have a Propress induction. The 4 bedded bay on labour ward is where women are situated pre labour and women are encouraged overnight to rest prior to their induction process being reviewed by the Obstetric team the following morning. The same is encouraged of the partners, if women are showing signs of labour they will be transferred into a labour room where the partners are able to stay as labour progresses.

Ward 314

- **Restricted visiting**

The current visiting hours were decided a few years ago after consulting with women however it is time to review in light of recent feedback.

Action: we are currently reviewing our visiting hours and are exploring open visiting and partners staying overnight. It appears that this is becoming more common practice in maternity units across the UK and we feel that this will generally be a positive way forward for women and their families.

- **Confusing terminology**

Staff should be making sure that women understand what is being explained to them and where appropriate use other forms of communication i.e. simplifying or pictorial guides

- **Delay in answering call bells**

At times of high activity on the maternity ward there will unfortunately be delays in getting to the call bells. However there should not be any prolonged delay in staff responding.

Action: ward managers and senior midwives to feedback to staff on the ward at team meeting.

- **Discharge – Felt rushed, too much given at one time.**

The majority of women wish to go home as soon as is possible and appropriate for themselves and their baby. Our discharge process from the ward has been evolving

over the past 18 months with several changes which have made the process slicker i.e. NIPE checks by midwives to avoid delay for the baby.

Labour ward

- **Midwife not sympathetic/ Midwife would not listen**

All staff are expected to follow the Trust C.A.R.E values, it is essential and indeed expected, that all staff that care for women during their maternity experience do so in a compassionate and caring manner.

- **Midwife awful (told woman she would tape her mouth up)**

This is a totally unacceptable response from a midwife to a woman even if said in a 'joking' manner as it is very offensive. As advised previously, this matter plus, all other matters relating to staff attitudes and behaviours will be raised with all appropriate staff to ensure they are more mindful in the future of what is expected of them.

- **Labour room not prepared**

At times of high activity there may be a delay in stocking up the labour rooms which is supported by all staff.

Key findings

Positives:

It was reassuring to see the positive responses from women regarding our maternity service. We do receive a significant number of compliments in all areas and our Friends and Family (FFT) response rates are consistently one of the highest in the Trust. All FFT cards with negative feedback and where the women's contact details are provided, are followed up by a telephone call from the ward/department manager of the area.

Negatives:

- **Communication, Staff attitudes and Behaviours**

This is an area that we have been addressing through human factors work in maternity. Staff are expected to display Trust C.A.R.E values and will be challenged when their behaviours/attitudes are not considered appropriate.

- **Maternity /Health visiting lack of cohesion**

The community Matron meets regularly with the Health Visiting leads and will take this feedback to the next forum.

- **Lack of interpreters**

All staff can access both face to face interpreters/BSL signers via the Trust approved providers. Alternatively language line can be used. In maternity all areas including community have the use of 3 way telephone connectors which enable the women, midwife and translator to have a simultaneous conversation.

- **Discharge issues**

As previously stated this is an area that is currently under review with the aim of reducing the length of time it takes to discharge patients and also ensure that appropriate communication between staff, patient, family or carers and any other outside establishments ie Social services is paramount and effective.

Recommendations

- **Communication/ Empathy/customer care training**

To be addressed through Trust C.A.R.E values

- **Long waiting times**

This is currently being reviewed particularly in relation to antenatal clinic

- **Integration of services**

Under review as part of the MSLC work plan

- **Emerging communities**

Under review as part of the MSLC work plan

- **Translation issues**

To be addressed through patient experience committee

Response to the Little Voices Case study (2013)

- **Labour Ward – less midwives – they were rushed off their feet**

*The maternity ward is a busy 47 (currently) bedded ward. As a senior team we are constantly looking at ways of making the ward work more effective and efficient. One project currently being developed involves extending the electronic white boards into maternity which will reduce the use of paper based processes.

- **Staff off-hand in their comments**

Sincere apologies are offered for this as this is completely unacceptable behaviour. This will be feedback to the staff so they are mindful of this in the future.

- **Poor communication regarding baby's jaundice**

This is concerning as all staff including the non-registered should be able to advise parents regarding baby jaundice, The midwives should fully explain to the parents the appropriate baby care and treatment if required and provide patient information.

Action: ward managers to ensure that all staff are aware of this feedback.

- **Discharge missed for Community Midwife Visit**

It is difficult to comment in more detail whilst not knowing the area or locality that the woman resides in. We do have occasional issues with cross border areas i.e. if the woman births at RDH and lives in a cross border area that requires a non Derby Community midwife.

- **Patronising video**

This safeguarding short DVD is shown as part of the discharge session to inform parents about how to manage fraught situations with crying babies and the risks associated with newborn brain injuries and shaking babies. This is the first negative feedback that we have received regarding this DVD.

- **Staff running around like headless chicken, not enough time, chasing up paper work**

See above response marked *

**Jane Haslam
Head of Midwifery
Derby Teaching Hospitals NHS Foundation Trust**

Response from Service Providers

From Derbyshire Healthcare NHS Foundation Trust

I am writing in response to your review and investigation into the little voices of our community. Thank you for undertaking the analysis work in the period January 2015 to the end of September 2015, we note that the Healthwatch Derby team has been working on a feature consultation called 'Little Voices'. We note that the consultation has reviewed the services for pregnancy and maternity, as well as services for children from the ages of 0 to 11 years. Thank you for hosting two events in August 2015 which saw you host two successful public events as part of your Little Voices consultation.

We accept the report in full with no changes to accuracy and analysis.
Our feedback is as follows:

Thank you for your time and commitment to raising the concerns and views of our families and children. So often we treat our children as little adults without an independent voice of their own. The voice of the child is such an important view in our services and we thank you for listening to it in our Enter and view at the Beeches, in our Health Visitor clinical and listening to our staff in the Child and Adolescent service.

This report at publication post purdah will be received by our Clinical reference group for Children's service and CAMHS as well as our Quality leadership team that oversees the clinical performance of the Beeches.

In response to the Enter and view for the Beeches in-patient unit we have formally responded to the report with the statutory timescale and we would like to re-express our thanks of the feedback received and your presentation of the feedback at the Derby Health and Well-being Board.

In response to the feedback detailed in the report, we were heartened to read the comments about our Health visiting service and the Roma service. In particular that our staff demonstrated good awareness of issues such as domestic violence, as well as other sensitive situations.

We note one area of improvement, we need to explore further is

There seem to be a duplication in the work of midwives and the health visitors, both do ante natal checks and pick up the same information. Staff observed shared with Healthwatch Derby, that they wished midwives and health visitors could work more closely together as it would give a more "streamlined" service. We will explore any

recommendations on how we can make this experience feel more seamless for anyone surveyed or if there is not any specific detail on solutions, we will ask our Clinical reference group for ideas and solutions based upon this feedback.

Although we noted no specific action for the organisation, we will continually strive to consider cultural adaptations to enable service access for our Roma community parents. We noted your feedback that there were no negatives identified for the service, but negatives identified around barriers to accessing service primarily around trust and misunderstanding of services. For example a rejection of contraception due to teenage pregnancy, leading to further unplanned pregnancies. Suspicion and mistrust of statutory bodies and how services function and what purpose they serve. We will ask our Clinical reference group to consider this feedback as well as sharing this with our Derby City Local Safeguarding Children’s Board on publication.

We noted your helpful table of feedback of gaining access

Services	Very Good	Good	Fair	Poor	Very Poor	Don't Know
GP Appointments	27.45%	11.76%	1.96%	9.80%	47.06%	1.96%
Hospital Appointments	34.00%	8.00%	6.00%	16.00%	36.00%	0.00%
Health Visitor Appointments	41.67%	25.00%	13.89%	0.00%	11.11%	8.33%

Although the Trust overall performance was strong, we would like to explore the 11 per cent of individual who feedback that gaining access to the service was poor, so we can learn from this in what we can do to improve

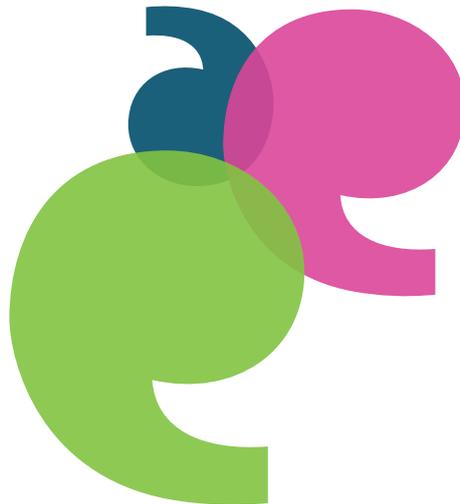
We reviewed the thirty nine responses in the survey section. Although we cannot establish which our Trust services, in the comments section, there is a comment which would be part of our Trust services. There are some fantastic health professionals we have experienced and unfortunately some negative ones. There is a real inconsistency in certain areas including community paediatricians and SALT. We will ask our Children’s CRG to review the feedback and should you have any more detail or have any specific information shared in the future we would act upon any comments and concerns raised to enable the Trust to explore it further. We will take this specific comments at face value and consider how we interact with our families to ensure consistency whenever and wherever we can.

We accept the CAMHS commentary from our staff in there challenges and we will share this report with our Children’s Health commissioner and our Children’s Public Health commissioner.

Can we take the opportunity to thank you and your team for your on-going support. Please do pass on my thanks to your Board for your careful consideration of the issues and focus on integrated children and family care. Your report is so important to our staff and I am sure that the Health visitor team will have a spring in their step for reading such comments like my health visitor is very good. As there professional lead it made me very proud of our hard working teams.

Yours sincerely

Carolyn Green
Director of Nursing
Derbyshire Healthcare NHS Foundation Trust



Healthwatch Derby will continue to monitor and report upon patient feedback received about pregnancy, maternity and services for children, and will report its findings to service providers and commissioners.

Samragi Madden
Healthwatch Derby Quality Assurance & Compliance Officer
13th July 2016