



Milton Keynes University Hospital

(Maternity Wards 9 and 10)



Patient Experience Review

Published February 2020

healthwatch
Milton Keynes

Introduction

Details of Enter and View

Service Provider	Milton Keynes University Hospital NHS Foundation Trust Standing Way, Eaglestone, Milton Keynes MK6 5LD
Department	Maternity (Wards 9 and 10)
Authorised Representatives (ARs)	Nadine Lynch, Gill Needham, Diane Barnes & Liz Whalley
Contact details	01908 698800
Participants engaged with	37

Schedule of visits

18 October 2019 09:30 - 11:30	Saplings Children's Centre Knowles Nursery School, Queensway, Bletchley MK2 2HB
21 October 2019 09:30 - 11:30	Seedlings Children's Centre Singleton Drive, Grange Farm, Milton Keynes MK8 0PZ
21 October 2019 13:30 - 15:00	Tickford Meadow Children's Centre Thames Drive, Newport Pagnell MK16 9DS
7 th November 2019 10:00 - 13:00	Milton Keynes University Hospital NHS Foundation Trust Wards 9 & 10

Engagement

We engaged with a total of 37 women; 5 of whom did not wish to partake in a full interview but were happy to provide some feedback and for their comments to be included.

Of the 37 women we spoke to, 20 of these conversations took place at community Health Visitor Drop-in clinics (see *Schedule of visits* above) and 16 took place on wards 9 and 10 at Milton Keynes University Hospital (MKUH).

In respect of demographics:-

- 3 were under 25 years old
- 9 were over 35 years old
- 15 were from Black, Asian and Minority Ethnic (BAME) groups

Acknowledgements

Healthwatch Milton Keynes would like to thank the families that participated in these visits for their time and valuable contributions.

We would also like to thank the following organisations and their staff for their cooperation with this project and for their enthusiasm, helpfulness and hospitality:

- Milton Keynes University Hospital (MKUH)
- Central and North West London NHS Foundation Trust (CNWL)
- Maternity:MK - Maternity Voices Partnership
- Saplings Children's Centre
- Seedlings Children's Centre
- Tickford Meadow Children's Centre

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of these visits.

Background

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives (ARs) to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

If you are interested in finding out more about Healthwatch Milton Keynes, becoming a member or would like to get involved by volunteering with us, please visit www.healthwatchmiltonkeynes.co.uk

Strategic drivers

We agreed to undertake this project, which fulfils our strategic objectives of:

- Engaging with the people of Milton Keynes around matters relating to their health and social care needs and experiences.
- Empowering the community to evaluate and shape services.
- Using local experiences to influence how services are designed and delivered.
- Using evidence to help providers understand what local people need from their health and care services.

Purpose of Visit

The purpose of this Enter and View visit was to engage with women and families to explore their overall experience of care received when delivering their baby under the care of MKUH.

About MKUH

Milton Keynes University Hospital (MKUH) NHS Foundation Trust is a medium sized district hospital that provides a range of acute hospital services and an increasing number of specialist services to the growing population of Milton Keynes and surrounding areas. The hospital has around 550 beds.

The Maternity Services unit comprises wards 9 and 10, which are joined, as well as the Neonatal unit which is accessible via ward 10.

Planning and methodology

In planning this visit, Healthwatch Milton Keynes met in advance with Milton Keynes' Maternity Voices Partnership (MVP) 'Maternity:MK'¹ to discuss the purpose of Enter and View and its objectives. Discussions were had to ensure both service users and volunteers would be supported in having these conversations, particularly where women were vulnerable or where discussing traumatic birth experiences could be upsetting.

As this was an announced visit, we liaised directly with MKUH to inform them of the date and time of the visit. MKUH requested that the original date be postponed due to a coinciding CQC inspection, therefore the visit was delayed whilst an alternative date was arranged. Healthwatch posters publicising the visit were provided to MKUH in advance with the request that these be displayed where service users would see them.

A total of four visits were carried out to collect these views (see *Schedule of visits*, page 2). We decided that, whilst it was important to visit the ward at MKUH and speak to people currently using the service, those in hospital would not yet have had the opportunity to fully reflect on their experience. We were also mindful that new parents may be feeling vulnerable and may not wish to have conversations with us if they are breastfeeding, in pain, or tending to their babies. With this in mind, we worked with the Milton Keynes Health Visiting Service run by CNWL (Central North West London NHS Foundation Trust) to arrange supplemental visits

¹ An MVP is a group of people with a shared interest in our local maternity care provision, including maternity service users and providers. For a full list of members, see: www.maternitymk.co.uk/members

to Health Visitor led Baby Clinics at Milton Keynes Council's Children and Family Centres. This allowed us to have conversations with parents in an environment where they felt comfortable and had been given time to process and reflect on their experience.

On arrival at all visits, Authorised Representatives (ARs) introduced themselves to the staff. All visits were announced, which means providers were aware of the date and time of the visits, as well as their purpose.

The ARs approached service users with an introduction and gained their consent for interview. All participants were asked at the outset whether they felt comfortable talking to Healthwatch about their experience and ARs had been briefed on giving women *Birth Afterthoughts*² self-referral information where appropriate. Some mothers were accompanied by their partners or other family members and their comments have also been included.

All participants were given contact details for Healthwatch Milton Keynes and told how their information would be used and how to access the published report.

To ensure consistency in the analysis of the findings, ARs used a set of pre-agreed conversation prompts (see Appendix A) specifically designed for this project. ARs recorded the conversations and observations via hand-written notes.

It should be noted that only parents who were supported by MKUH were included within this project; some of the people we approached at the Baby Clinic visits had used hospitals outside the local area and therefore did not partake.

² The Birth Afterthoughts service is an opportunity to reflect on birth experience in discussion with a Professional Midwifery Advocate (PMA): <https://www.mkuh.nhs.uk/maternity-services/professional-midwifery-advocates>

Summary of findings

On the basis of what parents told us and our observations at these visits, experiences of the Maternity Service at MKUH were largely positive.

Families we spoke to felt safe and supported by passionate and dedicated staff and ARs found staff at all levels to be welcoming and receptive of the visit, taking pride in their roles and eager to listen to feedback. Whilst there were some areas identified for improvement, these were mainly practical and environmental issues, as opposed to quality of care, which was highly praised.

During the visit, the following aspects were considered:

- Choices about where to give birth
- Keeping families together
- Staff
- Infant feeding support
- Communication
- Environment and facilities
- Food

Notable positive findings

- Caring and compassionate staff are considered to be the best aspect of the service and families told us they felt they were treated with dignity and respect.
- A holistic, person-centered approach is taken when looking after families.
- All parents felt supported with infant feeding and hospital staff are proud to have achieved full UNICEF Baby Friendly accreditation.

Opportunities for improvement

- Environmental factors such as temperature and space were identified as most in need of improvement.
- Overnight sleeping facilities for partners could be better.
- Parents would like more communication from health professionals and to be better informed about tests and results.

Main Findings

Arriving at MKUH

The hospital entrance is situated opposite the main multistorey car park and is easily accessible from the car park. The lobby area is modern, spacious and welcoming with an abundance of seating and décor is clean and bright with artwork on display, as well as a large hospital directory and wall decals of MKUH's values.

There is a reception desk, which was well-staffed by volunteers at the time of the visit, an Information Advice and Support office, Patient Advice and Liaison Service (PALS) office, as well as public toilets. There are also places to buy food: Costa, Subway, and Little Fresh convenience store.

MKUH were well prepared for the visit; the ARs were welcomed at reception by the Patient Experience Manager and shown to the Maternity unit. Healthwatch posters were on display at the entrance to wards 9 and 10 and ARs were given a tour of the unit.

Choosing where to give birth

Participants were asked about the options presented to them during pregnancy about where they could choose to give birth. During pregnancy, people should be given information about the following options: to give birth on the labour ward at MKUH, to give birth at home supported by MKUH's Homebirth Team or to go to a midwife-led Birth Centre (the nearest is at Northampton General Hospital).

Some mothers felt their choices had been removed or limited due to their circumstances:

“I would have preferred a home birth but technically I didn't have a choice because I've had two caesarians.”

“They said I would need to be in hospital because of my previous birth.”

From the conversations we had, it was apparent that most parents had not been informed about midwife-led units and that the choices given usually came down to 'home or hospital'. Only two women mentioned having been informed about midwife-led units, both of whom had heard about this option via their NCT classes³.

³ The National Childbirth Trust, known as NCT, offers a range of antenatal and postnatal workshops and courses for parents. There is a cost for these courses. See www.nct.org.uk/courses-workshops

The hospital has two birthing pools within the labour suite, however we did not hear from anyone who had experienced using them and not all the participants had been informed about them. One person said they had wanted a water birth, but it was not available.

“I’d have liked a water birth but someone was already using it.”

“I always wanted a hospital birth. The birthing pool wasn’t mentioned.”

“My partner wasn’t keen on a home birth. [when asked about a birthing pool] There was no option of a birthing pool.”

Whilst we only heard from one person who had experienced a home birth supported by the MKUH Homebirth Team, it was reported to be a very positive experience:

“I booked a home birth but was very open-minded. I’m so pleased it happened. The Home Birth Team made the experience so personal. I think [my partner] found the experience so much better too.”

We also heard positive comments about elective caesarian sections:

“It was so nice. Not like going to hospital - more like a hotel!
So calm.” *(about elective caesarian)*

Keeping families together

- Families are supported to stay together but environmental factors can make this difficult.
- A holistic approach is taken to ensure partners also feel supported and cared for.

Evidence has shown there are many positive benefits to involving partners in the birth experience⁴. This extends to those first few hours and days when some mothers may still be staying in hospital.

We found that the majority of women we spoke to in the hospital setting were accompanied by either their partner or a family member (and in some cases, both) during our conversations. Everyone we spoke to felt they had been supported to stay together as a family and many told us their partner had stayed with them overnight.

Some of the people we spoke to specifically mentioned the emotional support their partners received. There was a feeling that all the healthcare professionals were not only looking after mothers and babies, but also providing care, support and encouragement to the whole family unit and empowering partners to take an active role.

“They made sure my husband was fine while I was in surgery.”

“They helped my boyfriend because he was so nervous. They were friendly and showed him what to do - took care of him as well as me! The person had teddies all over their hat and took photos of us as a family.”

Whilst people wanted to feel supported and looked after, having a baby is an intimate and special time. Families expressed appreciation at being left to bond with their new baby in private:

“You’re left to enjoy the moment but they’re on hand.”

For those who had older children, it was important to involve older siblings in welcoming new family members and it was evident from comments that staff recognised this:

“They even explained things to my 9-year-old and gave him extra ice-cream when he visited!”

One person, although complimentary about the care received on the Neonatal Unit (NNU), felt it was strange that staff expected she would be discharged home whilst

⁴ www.fatherhoodinstitute.org/2014/fi-research-summary-fathers-at-the-birth/

her baby was still under hospital care. However, her preference to stay was respected:

“I was a bit surprised they said I could be discharged whilst [my baby] was still in NNU. I said no - I wanted to stay and be near her.”

Whilst families were undoubtedly made welcome, practical issues regarding space and chairs were often mentioned as a barrier to supporting partners and family to stay together; this is explored further within the *Facilities* section.

Staff

- 96% of those we asked felt treated with dignity and respect.
- Three quarters of participants said the staff were the best aspect of the service.

Participants were asked by ARs whether they felt treated with dignity and respect and the vast majority answered with an emphatic yes.

Every single participant had praise for the people working at the service and were complimentary about the care provided by staff at all levels. It is evident from the comments we heard that person-centered care is becoming embedded into the culture here.

“The best part was the support from the midwife who delivered my baby. She had my interest central, rather than the easy way for them.”

“They treat everyone as individuals - it’s very person-centered.”

“The staff are brilliant. They ask how you are. The midwife remembered me from my previous baby.”

“Really good at making sure patients get the best care - always asking if they can help - not just for me, for everyone.”

Other comments highlighted the quality and confidence of staffing - the majority of people we spoke to felt safe and reassured.

“Patient and professional. So nice.”

“I felt safe and comfortable.”

“Lovely and reassuring just before I went into theatre, especially as my husband couldn’t be with me.”

When asked what they felt was the best aspect of the service, 27 people made reference to the staff. It is evident that the teams of caring and compassionate staff at MKUH are considered the most valuable asset to this service.

“The best aspect has been the care of the baby in the Neonatal ward - they were quick to spot signs of distress and acted so quickly.”

“The kindness, empathy and understanding.”

“I had so much anxiety, but they put me at ease and said ‘*we’ll do this together*’. If it wasn’t for their psychological support, I wouldn’t have made it.”

“The support, guidance, and encouragement” (*partner*)

“Midwives were wonderful. They listened to me and took action immediately.”

“The best aspect is the people. They are very kind.”

“The care from the moment we arrived. When a new midwife came on shift, they came and introduced themselves and acknowledged the handover from the previous shift.”

“The labour ward were so attentive, they couldn’t do enough.”

For many of the people we heard from, it was clear that the midwives genuinely cared about them and went above and beyond to support them:

“100% cannot fault the midwife care. We saw a couple of shift changes. Our midwife stayed 2 hours over her shift to stay with me - she went home that night and came straight back to me the next morning to see how I was doing. Above and beyond!”

Whilst praise for staff was overwhelming, there was a clear perception that healthcare professionals are overburdened. Several participants commented on the heavy staff workload; five people told us they felt staff were too busy or that they did not feel there were enough midwives and a member of staff also told us they felt workload pressures prevented them from spending more one-to-one time supporting mothers.

“The midwives in hospital are too busy.”

“They did help me, but I had to keep asking for it. The night staff were great when she was cluster feeding but the day staff seemed to have less time.”

Infant feeding support

- 100% of parents said they were supported with feeding and many had received one-to-one help with positioning and attachment.
- The Hospital are committed to UNICEF's Baby Friendly Initiative and have recently achieved full accreditation.

We asked all post-partum participants, both breastfeeding and formula-feeding, about the help they had received in learning to feed their babies. Of all those we spoke to, every person told us that they felt supported in feeding their baby.

“Someone came to show me how to do it... the day midwives particularly are really, really helpful.”

“They’ve been really good. If it wasn’t for them, I would have given up, as it’s been really hard.”

“I made sure to ask for breastfeeding support and they’ve been good. You can get a bit forgotten about in the side room but I’m proactive in asking for help. I’m doing lots of skin-to-skin as they’ve advised.”

“I was struggling because I was in so much pain. They helped me to hand express the colostrum.”

Many of the women we spoke to were having skin-to-skin contact with their babies during the visit and one was breastfeeding whilst talking to us. Several women described how they had been shown positioning and attachment by staff:

“The midwife observed feeds then someone else came - a breastfeeding support person - and showed me different positions and techniques. She made it clear where I could get support.”

“They helped - how to latch and different positions. Three times.”

“Baby’s not feeding well... they’ve given me syringes so that I can express my milk and give it that way. They’ve shown me different positions and to make sure his mouth is open wide.”

One person commented that, whilst she had been shown how to breastfeed using a demonstration doll, she would have liked more hands-on support⁵. She went on to tell us that a breastfeeding support professional came to her home the day after discharge and spent two hours helping her, after which she felt a lot happier.

⁵ MKUH follows evidence-based standards on breastfeeding support, set by the UNICEF Baby Friendly Initiative (BFI), which recommend practical ‘hands-off’ teaching methods:

<https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/research-supporting-breastfeeding/supporting-breastfeeding-research/>

Whilst the hospital is committed to increasing rates of breastfeeding, parents choosing to formula feed their babies also reported positive experiences of receiving advice and support:

“We’re bottle feeding. We were concerned that we might be harangued to breastfeed, but we’ve been supported, not pressured.”

“I couldn’t breastfeed, but they were really helpful and gave me options. I did see lots of breastfeeding support ladies going around the ward.”

MKUH is committed to the UNICEF Baby Friendly Initiative (BFI) which aims to enable public services to support families with feeding. The Hospital have recently achieved Stage 3 accreditation, which means they have been *‘recognised as supporting mothers and babies with their infant feeding choices and encouraged the development of close loving attachment’*. MKUH will receive ongoing re-assessment to maintain this accreditation.

During the hospital visit, we spoke with the Infant Feeding Lead Midwife who spoke passionately about the work that has gone into achieving BFI accreditation at the hospital and told us how proud they were of the progress they have made in increasing breastfeeding rates in Milton Keynes.

Communication

- Almost a quarter of participants felt communication could be better.

During the course of our conversations, comments about staff attitude were largely positive. However, the theme of communication was raised by 6 participants.

Whilst healthcare professionals may be wary of overwhelming people with too much information, particularly when unexpected circumstances arise, the people we spoke to told us they would have liked to be better informed.

“Initially I thought they weren’t talking to me, but it was because they were deciding what to do... I’d never had pre-eclampsia before, so I didn’t understand - they didn’t explain it properly at the beginning.”

One mother told us she was confused when a midwife told her it was time to “have her medication”, but had no idea what the medication was, or why it was necessary. It transpired that tests had been ordered and iron was recommended to treat her anaemia, but this had not been explained to her.

Healthcare professionals need to also ensure people are giving informed consent for any tests carried out. One family told us they were waiting to hear about their baby’s test results but were unaware why tests were necessary. This participant said the only thing they would change about the experience would be better communication regarding tests and results:

“They say they are doing a number of tests, but we don’t know what for and they don’t tell us about results... We’d be happier if we were fully informed, but we are just left worrying.”

Others were keen to be discharged and were unsure what still needed to happen in before they could go home.

“I’d like to be kept informed. When are we going home? What needs to happen?”

We also heard from a family who felt that communication between doctors was lacking. They explained that two different doctors had examined their baby and offered differing opinions; there was frustration that the two professionals did not liaise with each other.

Environment

- The wards are clean, bright and tidy.
- Over a third of people found the ward too hot.
- A third of participants felt they did not have enough space.

All areas of the ward we visited were observed to be spotlessly clean and tidy. The ward was not full at the time of the visit and the atmosphere was calm with plenty of visible staff.

Each ward has an open, centrally situated, ‘nurses’ station’, which one mother told us they felt was intimidating to approach. Whilst it may not be possible to change the ward layout and staff attitude was not the issue, the hospital should be mindful of this and explore ways to ensure people are comfortable approaching staff to ask questions.

“I found it a bit daunting to approach the midwives [on Ward 9] when they were all clustered around the desk busy. You feel a bit awkward if you have to ask an embarrassing question.”

When asked about the environment, temperature was a hot topic, with over a third of participants saying that the ward was too hot.

“It was ridiculously hot. They need air-con. I had to have my curtains open to keep the air moving but then I couldn’t breastfeed in private or have a little cry.”

“It’s like a sauna.”

Noise was also mentioned by tired mothers; 15 people reported difficulty sleeping due to the noise on the ward. However, parents were quick to acknowledge that it was unavoidable and joked that their own babies’ voices contributed to this.

Both wards consist of large open bays with beds lined up across either side, separated by curtains. At the end of each bay are large windows and a handwashing station. Each bed has its own bedside locker and high-backed chair, as well as a hospital cot and overbed table.

With so little space between each bed (or ‘cubicle’), the environment does feel overcrowded. When asked if there was one thing they could change about the service, a third of interviewees said they would like more space:

“Too claustrophobic and cramped.”

“Make it less cramped... When you walk around the bed to the other side, you’re bumping into people through the curtain.”

“More private rooms. We were told one wasn’t available.”

“En-suite rooms would be nice. Or less beds to a bay so there is more space per person.”

Facilities

- Noticeboards are well presented with helpful, up-to-date information.
- The Family Room is an under-utilised resource.

Wards 9 and 10 are accessible by one secure entrance where visitors must be buzzed in. There are numerous large noticeboards on display throughout the main corridor, which ARs felt were well-presented with easy to read information themed into various topics, including infant feeding, labour induction, safe sleeping and useful information about the ward and staff.

Ward 9 is the larger of the two wards and has most of the amenities, including a kitchen and refreshments area, 3 bathrooms and a dedicated Family Room.

The Family room is freely accessible at all times and contains two tables with chairs, a small sofa and some young children’s toys. There is a small wall-mounted TV screen (which was switched off when we visited) and tea/coffee making facilities. The room, whilst clean and tidy, feels a little bare and clinical and might benefit from bright wall art and some homely touches to make the space more appealing. The room remained empty throughout the visit and staff told us it was not frequently used by families. Some people we interviewed felt it could be better equipped to entertain visiting siblings and suggested that a TV showing children’s programmes would have been useful.

At least three of the people we spoke to were unaware that the Family Room existed and another person had heard, following discharge, that they could have rented a private room.

“No-one ever told me I could rent a private room. I would have done that.”

“You have the baby and then you’re back on the ward like you’re poorly, but you should be sitting up and maybe have a room to go to. *[Did you use the Family Room?]* Oh, I didn’t know there was a Family Room!”

It may be useful to look at ways of ensuring all families are made aware of the facilities available to them.

Food

- Food and refreshments are always available but opinions on quality are mixed.
- People would like to see better options for those with dietary needs.

In terms of the availability of food and refreshments, we were told that snacks such as fruit and toast, as well as hot and cold drinks, were available to mothers at any time. Four people told us they liked being offered a menu with options to choose from.

“It’s good that they have a menu.”

“Breakfast was good. We were given a form to fill in my options for lunch.”

Opinions on food were mixed, with the overall consensus that food provided on the ward was adequate but could be improved. Seven people commented on the poor quality of food and six people said they prefer to have family or friends bring them food from the café in the main hospital reception or from elsewhere.

“There’s room for improvement... get Gordon Ramsey in there!”

“I’m not used to this kind of food but enjoyed it. I didn’t like the cold English food, but I liked the hot halal Caribbean food.”

“I was hungry, but I didn’t like the food, so they made me toast.”

In terms of individual dietary requirements, two people felt that vegetarian choice was limited, and two other people commented that the provision of food for those with diabetes could be better.

“I have allergies and diabetes. They kept getting the food mixed up - it was sent down wrong, so a complaint was made to catering by staff.”

“There are less choices for vegetarians.”

“Food is not so good. Not great options if you are diabetic.”

It is worth noting that opinions on food quality did not overshadow people’s positive experiences in terms of the care they and their babies received.

“It’s hospital food - you can’t complain. I eat it and it goes down, so it’s fine.”

Additional Findings

Whilst the main objective of these visits was to collect thoughts and experiences relating to the Maternity unit at MKUH, Healthwatch Milton Keynes exists to listen to the collective voice of service users. Some of the people we spoke to made comments and suggestions that, whilst not specifically related to this service, are still worth noting:

New Baby Boxes

One person we spoke to suggested that many babies would benefit from a free New Baby Box, as is currently provided to all babies in Scotland⁶ and in selected areas of England. The purpose of these boxes is to give every baby an equal start in life and to reduce the risk of SIDS.

“If I could change one thing, it would be for mums to be given New Baby Boxes, like they have in Scotland - a little survival kit.”

Opportunities to talk about abuse

We heard from a mother who felt that more care and attention is needed from healthcare professionals when asking about risk of abuse. She explained that she was not personally at risk but felt it would have been easily missed if she had been. She told us she had been asked safeguarding questions at various appointments throughout her pregnancy but had felt rushed, with the healthcare professional usually typing and looking at their computer screen.

“They ask but they’re just rushing through the questions and not looking at you. Some people might not speak up.”

Whilst it is a challenge for healthcare professionals to discuss a large amount of information with people in such a short space of time, it is important that questions designed to identify those at risk of abuse, or being abused, are asked in a way that gives women maximum opportunity to open up.

⁶ <https://www.mygov.scot/baby-box/>

Recommendations

Staff

- To address the perception that staffing levels are not adequate, we recommend that MKUH provide assurance that a systematic process⁷ is used to set staffing levels that ensure continuity of the maternity service and safe care at all times.

Communication

- Review procedures for recommending and requesting tests to ensure healthcare professionals are gaining informed consent for any testing carried out.
- Explore ways to close gaps in communication, ensuring test results are clearly explained to patients, providing regular updates as to next steps and checking that information is fully understood by families.
- Consider introducing an Orientation Checklist to ensure all parents arriving on the ward are aware of facilities such as the Family Room.

Environment

- Explore ways to make the nurses station less intimidating and ensure people are given the opportunity to talk in a less conspicuous place if needed.
- Look at ways to enhance and better utilise the Family Room, considering décor and entertainment such as demonstrated in the Paediatric A&E department at MKUH.
- Continue to consider how the layout of the ward could be improved to provide more space per person and comfortably accommodate a partner overnight.

Food

- Review the menu to ensure all dietary needs are catered to and ensure that all families are made aware of these options on their arrival at the ward.

External to MKUH

- Ensure families are fully informed about all options when choosing where to give birth, including midwife-led units outside Milton Keynes.

⁷ As recommended in *RCM guidance on implementing the NICE safe staffing guideline on midwifery staffing in maternity settings* (www.rcm.org.uk/media/2369/rcm-guidance-on-implementing-the-nice-safe-staffing-guideline-on-midwifery-staffing-in-maternity-settings.pdf)

MKUH Response

Milton Keynes University NHS Foundation Trust (MKUH) welcomes this Enter and View visit to our Maternity Wards. We would like to thank the Healthwatch Milton Keynes team for the time taken to complete the visit and compile the report. We would also like to acknowledge the time and effort to gain feedback from women at the Family centres in Milton Keynes as well as on the MKUH site.

We will use this important feedback to inform improvements in the Maternity service delivered to the women and the families of Milton Keynes.

MKUH is a 500 bedded University teaching hospital that provides a full range of acute services to the people of Milton Keynes and surrounding areas. In 2019 the Trust was awarded a 'good' rating for the second consecutive time, from the Care Quality Commission, the independent regulator of health and social care in England. The number of births at MKUH is approximately 3600 per year.

This report has provided MKUH with real time feedback from the women who experience our maternity services. It has acknowledged the areas that 'work well' and identifies areas for improvement for women and their families.

Women shared with you that they felt there may not be enough staff on the wards. MKUH ensures that safe staffing levels are in place on a daily basis, in line with the Birth-rate Plus recommendations and the Trust 'Safer Staffing' Levels. We will continue to recruit to all vacancies and will monitor staff levels through our Annual Workforce Planning Review.

It was good to know that women felt we take an 'holistic, person-centred approach' when looking after families. In addition, we are delighted that parents felt supported with infant feeding. MKUH is exceptionally proud to have achieved full UNICEF Baby Friendly (BFI) accreditation. Such feedback on the emotional support we are delivering is testament to the training and developments that have been underway for the last few years.

We were pleased and encouraged to hear that women felt that our 'caring and compassionate staff' were considered to be the best aspect of our service. We are heartened that women and families felt they were treated with dignity and respect.

The environment of the MKUH Maternity wards was a focus for feedback. The Maternity team are committed to improving the welcome and orientation of the ward for our women and families. There is a 'Welcome to the Ward' booklet by the bedside and we will ensure that families are aware of the facilities available including the 'Family Room'. There are plans in place to improve the 'Family

Room' which includes decoration and new signage. We are also exploring how we can adapt our wards to give women and maternity teams more space.

Feedback highlighted that, although there is comprehensive range of food options for women on the ward, women were not as well informed as we would like. This will be addressed as a part of the orientation on the ward and will be supported by the Volunteer Dining Companions who have been recently introduced to the ward.

We acknowledge the feedback about overnight sleeping facilities for partners. With the constraints on the physical space available we strive to accommodate partners whilst always ensuring that the safety of mothers and babies is not compromised. To support partners staying, there have been additional reclining 'partner chairs' ordered. It was acknowledged that there are improvements required in our maternity ward environment. It was encouraging to hear that overall, women said our wards were 'clean, bright and tidy'.

The area of most concern to us was that parents would like more communication from health professionals, including being better informed about tests and results.

We have learnt that some women did not understand why they or their babies were undergoing 'tests' and what results meant. The Maternity team will be reminded to gain informed consent for all tests carried out in accordance with MKUH hospital policies and procedure. There are checks in place to ensure women and families understand the reason for tests, the results and potential impact of results. Implementation of the Maternity Personalised Care Plan to all women by March 2021 programme will support information sharing and understanding of tests and the potential impact of results. This is an example of an area of communication that needs to improve.

Women told HealthwatchMK that they need to be fully informed about all options when choosing where to give birth. We will continue to give information on all birth choices available to women and families. Options will be discussed at regular intervals along their journey and will be documented in their maternity notes. Additional information will be placed on the website, shared via social media and through the MVP MaternityMK group. We are also planning additional Parents Antenatal sessions where this will also be discussed.

The maternity teams will use the feedback and insight from this HealthwatchMK report to inform and support further improvements in communication and collaboration with women and families. The implementation of our continuity of carer teams, in line with the recommendations of Better Births will ensure women have more continuity of care which we feel will support improvements in how we communicate. This is in part, due to the relationship which is built between the woman and the midwife caring for her consistently throughout her pregnancy, birth and aftercare.

The maternity team acknowledge that clear, effective communication is a fundamental part of the care delivery we provide to women and their families and

will continually to strive for deliver an improved experience. Overall, this report forms an important part of feedback that the hospital receives from women and families. The feedback highlights themes which will be incorporated into an action plan. The action plan will be developed by the Midwifery Matrons responsible for the wards and will be monitored and reviewed quarterly at the Trust Patient Experience Board.

We thank Healthwatch for taking the time to visit and providing the Maternity Unit with such a positive report for the wards and the multidisciplinary teams who support women and families. We look forward to sharing our improvements and updates with you.

Enter and View

Review of Maternity at MKUH (Wards 9 & 10)



	HWMK Recommendations	Response from MKUH <i>To be provided within 20 working days of report</i>	Action taken by MKUH <i>To be completed within 12 months as part of Healthwatch follow-up process</i>
1	To address the perception that staffing levels are not adequate, we recommend that MKUH provide assurance that a systematic process is used to set staffing levels that ensure continuity of the maternity service and safe care at all times.	• MKUH ensure safe staffing levels in line with Birthrate Plus recommendations and the Trust Safer Staffing levels • Bimonthly maternity staffing reports to Trust Board • Ongoing recruitment to fill vacancies for midwives and support staff • Annual workforce planning review	• Undertaken in 2018 • Ongoing reports to Trust Board • Ongoing • April 2020
2	Review procedures for recommending and requesting tests to ensure healthcare professionals are gaining informed consent for any testing carried out.	• All staff should gain informed consent for any test undertaken in line with policy and SoP. Any queries or questions should be addressed by midwives and a check should be in place to ensure women and families understand the consent they are giving.	• Compliance with MKUH Trust Consent Policy • Local audits to explore women and families understanding of tests undertaken
3	Explore ways to close gaps in communication, ensuring test results are clearly explained to patients, providing regular updates as to next steps and checking that information is fully understood by families.	• Feedback from the national survey has told us this is an area of improvement. MKUH has a project in place lead by a senior midwife which is eliciting feedback from women on their understanding of test and results. There are checks in place to ensure woman and families understand the reason for tests and potential impact on results.	• Implementation of the Maternity Personalised Care Plan to all women by March 2021 which is part of the Maternity Transformation programme will support information sharing and understanding of tests and the potential impact of results.

Enter and View

Review of Maternity at MKUH (Wards 9 & 10)

4	Consider introducing an Orientation Checklist to ensure all parents arriving on the ward are aware of facilities such as the Family Room.	On arrival to the ward all women and families will be given an information booklet and given an orientation of the facilities on the ward. This will include toilets, showers and family room. Information will also be given at Antenatal classes.	- Ward 9 and 10 have a 'Welcome to Ward 9 or 10' booklet. This is present by the bedside on ward 9 and 10 when women and families arrive. - Welcoming and orientation of the ward is a role that volunteers can support
5	Explore ways to make the nurses station less intimidating and ensure people are given the opportunity to talk in a less conspicuous place if needed.	- Staff will be reminded that the midwife station should be a welcoming area and should not provide a barrier to care and communication. - As appropriate, conversations of a sensitive nature should occur in a quiet space, for example the family room.	- Declutter Midwives station. - Identify a room for confidential conversations.
6	Look at ways to enhance and better utilise the Family Room, considering décor and entertainment such as demonstrated in the Paediatric A&E department at MKUH.	The family room is a focus for improvement. This will be done with the support of the MK Hospital Charity and MaternityMK. Women and families will be involved in changes and improvements.	- Minor works requested for estates to decorate the family room. - Play area already implemented for siblings. - New signage required to direct families and visitors to the family room on Ward 9.
7	Continue to consider how the layout of the ward could be improved to provide more space per person and comfortably accommodate a partner overnight.	When possible, beds will be removed from the 6 bedded bays to create space for 4 beds and allowing for all women and families to have more space. This may not be possible if the ward is at capacity.	Additional partner chairs ordered to facilitate partners staying overnight.
8	Review the menu to ensure all dietary needs are catered to and ensure that all families are made aware of these options on their arrival at the ward.	There is an existing Food Patient Group which is led by patients and carers to review new additions to the menu, to consider aspects such as delivery and presentation of food. This is a developing group and improvements are expected Trust wide. There is a clear link to this group via the Patient experience operational groups and Catering Steering Group. Additional volunteers will be placed on the maternity wards to support women and families at mealtimes.	- Dining companions implemented on Ward 9 and 10 to support women and families at mealtimes. - Additional support planned as a part of the ongoing Volunteer recruitment programme.
9	Ensure families are fully informed about all options when choosing where to give birth, including midwife-led units outside Milton Keynes.	All women and families will be given information on all birth choices available to them. This will be discussed at regular intervals along their journey and will be documented in the notes. Additional information will be put on the website, shared via social media and through the MVP Maternity group. There will also be additional Parents Antenatal sessions where this will be discussed.	- Implementation of the Maternity Personalised Care Plan to all women by March 2021 which is part of the Maternity Transformation programme will support women's choice and personalised care. - Midwifery Led Unit (MLU) Business case in progress.

Review completed by ___Nicky Burns-Muir, Chief Nurse and Director of Patient Care

Date ___20th February 2020

Appendix A

Age:

Ethnicity:

Do you feel comfortable talking with me about your experience at MK hospital?

What options were you given about where to give birth? Informed about midwifery led unit (outside MK)? Home births? Birthing pool?

What choices were you given in terms of pain relief?

How have you been supported with feeding your baby?

Did you have a partner/family member supporting you? How were they involved? Were they able to stay with you? Visiting times? Families kept together when baby in NNU?

Do you feel treated with dignity and respect by the staff?

When receiving advice and information from professionals, is the information easy to understand and do you feel empowered to make your own choices?

Explore use of language / jargon

What has been the best aspect of the service at the maternity ward?

If there was one thing you could change about the Maternity ward, what would it be?

Have the facilities met your needs?

How's the food? Have you got access to food and water outside usual mealtimes?

What are your thoughts on the environment on the ward? Temperature / noise / décor

Additional info: