

Details of visit
Service address:**Ward Enter & View**
Ante Natal Clinic and Rivelin Ward, Jessop Wing, Tree
Root Walk, Sheffield S10 2SF**Service Provider:**

Sheffield Teaching Hospitals NHS Foundation Trust

Date and Time:

Tuesday 29 March 2016, 1 – 3 pm.

Authorised Representatives:

Helen Rowe, Penny Lewis, Chris Sterry, Jasmine Warwick

Contact details:Healthwatch Sheffield, The Circle, 33 Rockingham Lane,
Sheffield, S1 4FW.

Acknowledgements

Healthwatch Sheffield would like to thank the management and staff of the wards for facilitating this visit and giving their time and thanks also to the patients who took time to talk to us on the day for sharing their experiences.

Disclaimer

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

What is Enter and 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 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.



Purpose of the visit

- To gather information to inform us about how the service is viewed by patients and relatives, with special reference to those with particular needs.
- To identify examples of good working practice.
- To observe the environment and processes in the service area.
- To identify any areas for improvement and make suggestions if appropriate.

Strategic drivers

- Healthwatch Sheffield focus on access for excluded groups

Methodology

This was an announced Enter and View visit.

We visited two areas: Rivelin Ward, which is for antenatal in-patients (including those who have come in for observations, tests, and for induction of labour), and the out-patient Ante Natal clinic.

This visit was arranged via the senior management team. Access was given to the reception area, the main ward, clinic reception and waiting areas. The visit was advertised in advance with Healthwatch flyers being placed in the display area in reception.

We met with 2 matrons, the clinic manager, sisters and staff of the wards, 3 patients in Rivelin Ward, and about 19 patients in the clinic. A tour of the Ante Natal Clinic was given by the Patient Experience Co-ordinator, who also kept in touch for any essential feedback during the visit.

Summary of findings

- We found a service that was very much appreciated by patients, where the staff seemed to communicate well and in a supportive way
- Wards and clinic areas were bright and clean, and there appeared to be good attention to hygiene
- The corridors and ward areas seemed to be rather sparsely decorated. There was some beautiful art work in the main corridors, but less in the ward area to interest patients
- In a building that had many similar corridors, we felt there was a need for much more signage for patients and relatives
- We felt the better use of electronic systems would enable
 1. Better tracking of patients and analysis of where waits occur in Ante Natal clinic, and give more freedom for patients to move around during what could be long waits for results between tests
 2. Provide more information for patients about the length and reasons for waiting

times

3. Access to WiFi for patients would also improve their experience, both for in-patients and those waiting as out-patients.

Results of Visit

General

On the day of our visit, there was an unusually low number of patients in Rivelin Ward, and so we were only able to speak to a few patients there. In contrast, the Ante Natal Clinic was very busy, especially the main waiting area, so there we were able to talk with many patients.

Access and the Physical Environment

Access

The problems of parking around the area are well known, and are stressful to staff and patients even though Jessop's Wing has its own large ground level car park, at the rear, with 5 or 6 disabled parking bays. The main Hallamshire Hospital car park may be used by patients, who then have to walk through the campus to the Jessop site. From the nearest tram stop it is a 10 minute uphill walk. Bus services, from all across the city, are frequent. The shuttle bus service from the Northern General site may be used, where people can park on the Northern site and travel to the Royal Hallamshire site.

The Physical Environment

Rivelin ward

The ward had both individual rooms, and 4 bed bay areas. Next to the ward was an accessible large balcony area, facing an internal quadrangle, with seating. We felt this could have been developed into a more relaxing area with the addition of interesting features eg sculpture, plants.

The ward rooms themselves were tidy, spacious, and appeared clean, although there was little, apart from the chargeable television service, to entertain patients and child visitors. A patient commented that although toys etc were brought from home her toddler wanted something different to occupy her. This patient was likely to remain in hospital for the 11 weeks left of her pregnancy. When we spoke about this to staff, following our time on the ward, they would follow up on the comment to resolve the issue (possibly using the BLISS-funded nurse (see later) to help. The patient was also very complimentary about how, knowing she was in for a long stay, the staff had rearranged the furniture in her room to feel a little more like a hotel room, arranged a small table with two low chairs by the window and other small touches. She also

commented that the room was clean and well decorated, but very plain: art work on the walls would break it up and make it a little more homely.

Antenatal clinic

The main waiting area for the Ante Natal Clinic, which had seating for approximately 20-25 persons, was in front of the main reception. Off this area, through double doors, was the Consultant-Led Waiting area. This contained another reception desk, which unfortunately is no longer used. This area also had seating for about 20 persons. From this area there was access to other areas by corridors (which eventually appeared to return to the main reception). Along these corridors were rooms with multiple uses e.g. as consulting rooms, scan rooms, a Triage room, toilets, etc. and a waiting area for the complex Feto-Maternal unit.

When we were discussing the internal environment, staff told us that they wished to improve the Ante Natal Clinic environment, not least the fact it had no natural light. They hoped for some skylight type additions in the ceiling that were back lit by natural looking light.

Within the centre of this cluster of corridors there was access to an open air garden area, which in fine weather could be used as a relaxing area from the busy atmosphere of the various waiting areas. As in the Ward area, we felt that this area could be developed. However, it was possible that for anyone who was waiting in that area might miss knowing when they were being called for a scan or consultant appointment.

In each waiting area there were leaflet racks containing relevant information leaflets and Friends and Family Test (FFT) leaflets. However, there did not appear to be any container into which completed FFT leaflets could be placed. FFT leaflets are also given out at the end of each consultation, however the return rate is low.

There was a general and disabled toilet within the main reception area. On our progress down the various corridors at least one further disabled toilet was located and some other general toilets. The signage for these toilets was not apparent, and the labelling on the toilets was small. In the Consultant-led waiting area, the disabled toilet was not visible from the seating and there was no signage. Staff were aware of the signage issue, and were trying to get this addressed.

Both the main reception and Consultant led waiting areas had TV screens. The flat screen TV in the Consultant Led waiting area showed a scheduled TV programme (with sound off or low, no subtitles). The TV in reception was an older non-flat screen TV, which was not on. There also appeared to be long electronic ticker message machines

both in the main reception and the Consultant-led waiting area, but neither of these were in use.

Service Processes

In general, service processes follow designed 'pathways' (most laid down by NICE) that segment the flows through the clinical system for those with different needs eg there is a midwife-led pathway, an 'induction' pathway, and a consultant-led pathway, dependent on the level of risk assessed. Risk and patient wishes are considered at the first consultation and throughout the birthing process. Staff reported that the pathways were helpful in staging and tracking essential procedures, and had taken pressure off some critical points in patient flow.

Patients are offered a choice of home or hospital births, with or without birthing pool. The majority of patients prefer to give birth in hospital. Jessop's Wing has only 1 birthing pool, which limits availability for in hospital pool births. Staff were very aware of this and were working with the Trust to increase the number of birthing pools at the hospital site. There are some portable birthing pools, should these be requested for home births.

Attending patients are booked in manually at reception.

In the clinic, patients are verbally called from the main reception area for their scan and directed to their consultation with either the Consultant or midwife. After their scan each patient is presented with their medical records (which will be electronic (digital) in the near future) to take with them to each area of their consultation and treatment. These records are retained by the Ante Natal clinic when their consultation and treatment for that day is concluded.

Waiting times may sometimes necessarily be long, and there may be several waits in one visit, as various test results and interpretation are processed. There was no visible tracking of patients through their attendance, and patients felt they might miss being called if they left the waiting area and were reluctant to risk leaving the area. The lack of tracking also increases the chance of staff not being aware of, and hence unable to intervene, in any problems in the process pathway. Staff were aware that this could be frustrating for patients and their families, and felt that a system that uses more up-to-date technology was needed.

DNAs (Did Not Attend) figures are very low, only being reported for some tests eg the '20 week anomaly scan', and glucose tolerance clinics. It may be that these clinics could get e-reminders, as is done in many GP surgeries.

Specialist Support for Patients

Staff reported patients having a wide range of needs, which are addressed as follows:

- they report a great diversity of languages used (Language Line provide telephone and face to face interpreting)
- there is a 'midwifery vulnerabilities' team, who are used for support and advice on where there are issues such as safe-guarding, mental health, learning disability
- there is a special 'bereavement room', apart from the main areas, and staff trained to support this
- there is a BLISS (a charity that supports premature and sick babies, and their families) nurse attached to the neo-natal ward, who also does work with all antenatal patients and their children.

Staff and Training

It was reported that there was a full complement of staff, and felt the deterrent effect of parking issues was compensated for by the good training facilities and standards. There is a 'core team' of experienced staff for each area, and these are supplemented by teams that rotate around the various areas, in order to gain experience.

On the ward, we observed continual informal conversation about patients, updating and discussing their needs. This was open and reflected a positive attitude to each other and patients.

Midwives also support undergraduate doctor training, and one such student reported her satisfaction with the way she was supported, and how much she had learned from the nursing staff, while also being allowed to safely 'push the boundaries' of her skills.

It was reported that the use of agency staff was minimal - in periods of sudden high demand, they drew upon their own 'bank' staff, or permanent staff extended /altered their shifts. In periods of low demand, opportunities were taken to do administration and training.

It was very clear to see how enthusiastic the staff were. Some told us how much they loved their work and how satisfying they found it. They reported being well supported in the team and that there were opportunities for further development to their skills and career.

Services

Information: There was a clear and helpful website, which appeared up to date, and which had a good range of patient information leaflets in several languages. Electronic

screens were not used on site, as we have seen in other sites, to provide patient related information. Information about waiting times in clinics was not clearly visible.

Feedback on services:

There were clearly visible 'Friends and Family' feedback forms on the ward, and a patient reported being given one personally and asked to fill this in. There are secure FFT postboxes located across the Jessop Wing, including two on Rivelin Ward and one in the Ante Natal Clinic.

On the ward, a patient reported "feels like a hotel", and that her treatment was "all explained" and the staff were "very friendly". Being a diabetic, she reported that the food was good but had "too much calories".

From the 19 patients consulted in the Out-patients Ante Natal clinic, many had been waiting what they felt were considerable lengths of time. One couple reporting waiting over 2 and a half hours (a 1 hour wait for scan, plus 1 and a half hours to be seen by a consultant). Another had been waiting 2 hours; another waiting 1 hour for a scan. Other than the waiting times, patients were very complimentary about the service received from staff: *"Staff helpful and friendly", "great so far, good experience", "happy with service", "good information received about treatment"*.

8. Immediate Service Improvements

None

9. Additional Findings

In a situation where there are often long periods of waiting, either in the Ante Natal Clinic or to see a range of professionals, it would have been nice to see more information for those waiting, or amuse/relax/ distract them while waiting.

10. Recommendations

- Maintain the supportive informal communication
- improve electronic systems
 - to inform both staff and patients about the reasons for waits, and enable better tracking. This was a particular issue in the Consultant led waiting area, where there were concerns about waiting times
 - to tell people when it is their turn for their appointment (i.e. not just a verbal system)
 - to provide more information /entertainment for patients and their relatives eg the use of WiFi and display boards

- explore ways of enhancing the physical environment (e.g. pictures, natural light) so as to educate /entertain/relax patients and families
- improve signage for both directions round the Jessop Wing as a whole, and for specific named areas
- further develop the outside spaces and garden areas, and ensure that access to these is well signposted
- refine the information available on the Friends and Family Test – what do you do with it and where does it go?

COMMENTS FROM SERVICE PROVIDER

We are very pleased with the overall positive feedback from the report and this has been shared with the staff. Our response to the specific recommendations within the report is as follows:

1. **Improve electronic systems**

The Jessop Wing has approved a scheme to implement intelligent interactive tracking in the Ante Natal Clinic, which will improve both communication and waiting times. This involves a booking in system for women in which they enter their own demographic data. They will then be guided through the clinic by use of visual screens which will state the woman's name and where she needs to be. The system will also keep women updated regarding current waiting times. **We aim to implement the system by early 2017.**

The 'ticker message machines' in Ante Natal Clinic do not have the capacity to list all of the different clinics which may be running at any one time and therefore the information is currently presented on a separate board. A decision will be made in the near future as to whether the system should be updated or removed, pending implementation of the intelligent interactive tracking system. **Decision to be taken by September 2016.**

In relation to e reminders, all appointments are sent by letter because the consultant appointment time does not reflect the scan appointment time and, when texting was piloted, this created considerable confusion. If a woman does not attend, this is followed up by the community midwives. **No further action required.**

A Trust-wide project is underway to enable WiFi for patients and visitors, although the exact implementation date has not yet been agreed. The generation of women accessing maternity services generally utilise their own electronic devices for

communication and entertainment purposes and this initiative will help to enhance their outpatient experience and any hospital stay.

The Antenatal Services Matron will review the quality of the televisions in the Antenatal Clinic and make arrangements to upgrade or replace these where necessary. **Review by July 2016.**

2. Enhancing the physical environment

The Ante Natal Service Matron works closely with the Trust's Arts in Health Coordinator and, during 2015-16, the antenatal counselling room was refurbished including the purchase of new artwork. We will continue to work with the Arts in Health Coordinator during 2016-17, with a focus on ward areas. **Review of ward areas to be completed by September 2016.**

The availability of magazines in the Antenatal Clinic will be reviewed. It has been the case recently that a magazine article in clinic caused offence and therefore there does need to be oversight of the magazines which are available. The Antenatal Services Manager will make arrangements for the Trust's volunteers to ask women attending the clinic what kind of magazines or reading material they prefer and a process will then be put in place to ensure appropriate materials/magazines are provided and checked/updated regularly. **Review completed and process in place by October 2016.**

The Reception Desk in the Consultant Led Clinic is no longer used and is to be removed to create additional seating. **We are currently looking into this improvement and are hopeful to meet it by the end of 2016.**

3. Improve Signage.

The Patient Experience Coordinator is working with women who use our services to review and improve signage across the Jessop Wing. This will include signage for the toilets to make these facilities more obvious. **Review completed and new signage in place by November 2016.**

The Trust has recently commissioned a Trust-wide access audit and review of facilities for people with a disability. A team of disability specialist surveyors will undertake the audit, following which detailed information regarding the location and a description of facilities for people with a disability will be published via the Trust's web site. The audit will also highlight good practice as well as areas for improvement, including signage to disabled facilities. **Audit, access guides and recommendations completed by February 2017.**

4. Further develop outside spaces

Consideration will be given to enhancing external spaces, in conjunction with the Trust's Arts in Health Coordinator. Spaces will be reviewed with a view to making them more pleasant and relaxing areas whilst also ensuring safety, in particular for young children who often visit or attend with parents. **Review completed by September 2016.**

5. Friends and Family Test (FFT) information

The single question asked on FFT cards is nationally determined, as are the timings for data collection. A variety of methods has been trialled for the distribution and return of the FFT, including SMS texting, however cards have proved to be the most suitable method for the Jessop Wing. Whilst response rates can fluctuate each month, overall rates are good, with the most recent rates being 18% for both April and May 2016. This is a level we are aiming to maintain and which we will continue to monitor each month. Scores are excellent with an overall positive rating of 95% for the past 12 months. Data is shared monthly for discussion with all staff concerned, so that positive feedback can be reviewed and any areas for improvement identified. **Ongoing.**