NHS England London

Barking, Havering and Redbridge University Hospitals NHS Trust

Maternity Services – Overview findings of Regional Ockenden Assurance Visit

Date: 08 September 2022

Purpose

An assurance visit to Barking, Havering and Redbridge University Hospitals NHS Trust's maternity services was completed on 8th September 2022.

The purpose of the visit was to provide assurance against the 7 immediate and essential actions from the interim Ockenden report (December 2020). The assurance visit team used an appreciative enquiry and learning approach to foster partnership working to ensure that the actions taken to meet the Ockenden recommendations were embedded in practice.

Conversations were held with several members of the board, maternity senior leadership team, front line staff and students in a range of job roles. Emerging themes from conversations were organised under the immediate and essential actions.

1. Enhanced Safety
2. Listening to Women & Families
3. Staff Training and Working Together
4. Managing Complex Pregnancy
5. Risk Assessment Throughout Pregnancy
6. Monitoring Fetal Well-Being
7. Informed Consent
8. Workforce Planning and Guidelines

Visit team members

Regional maternity team

Kate Brintworth Regional Chief Midwife, NHS England – London

Louise Keable, Clinical Fellow, NHS England - London

Nina Khazaezadeh Deputy Regional Chief Midwife, NHS England - London

Sarah Espenhahn Maternity Service User Voice Lead for London

Miss Susie Crowe Regional Lead Obstetrician, NHS England - London

Olivia Houlihan, Regional Lead Transformation Midwife, NHS England - London

Peer reviewers

Clare Maher, Director of Programmes, Midwifery and Lead Midwife for Education, Middlesex University London

Fatima Kermanifar, Chair for North Middlesex Maternity Voices Partnership

Manjit Roseghini, Deputy Chief Nurse and Director of Midwifery, Croydon Health Services NHS Trust

Natasha Singh, Clinical Director for Obstetrics, Chelsea and Westminster Hospitals NHS Foundation Trust

Philippa Cox, Assistant Director of Maternity Programmes, East London Maternity and Neonatal System, North East London ICS

Key headlines

- The maternity services at BHRUT have been under significant scrutiny for some time now, following a CQC inspection in 2021 that rated the service requires improvement in the safety domain. They have ongoing support from the National Maternity Safety Support Programme (MSSP) with both obstetric and midwifery maternity improvement advisors (MIAs). They are currently in the improvement phase following deep dive diagnostics, and so this visit was made in the context of a known comprehensive improvement plan in place, with a focus on assurance against the Ockenden Immediate and Essential Actions and safety culture.
- The visit demonstrated overall that some progress is being made on the improvement journey with regards to good safety culture, and the team are to be congratulated on this.
- Staff in focus groups generally spoke warmly about the service and demonstrated positive multidisciplinary respect and working. However there were some discrepancies between groups in terms of openness and willingness to talk to the team. This meant the narrative was sometimes mixed and there wasn’t a unified understanding of both the challenges and successes. There needs to be a focus on ensuring psychological safety for all, through the ongoing development of an open, just culture, through the culture workstreams identified by the MIAs.
- The service is highly engaged with their Maternity Voices Partnership (MVP) and is working on several co-produced initiatives to improve care, with a particular focus on improving inequities.
- The Trust has invested heavily in maternity services, including an upcoming expansion in consultant obstetricians, as well as supporting many specialist midwifery roles at band 8 level. The executive team is highly engaged with maternity and clearly has a desire to support sustained improvement in the service. This will come about through really understanding any existing or previous safety culture concerns, and encouraging staff at all levels to speak freely, honestly, and openly about the service, through the right reporting framework and governance systems. There is also an opportunity to strengthen the voice of maternity at board level.

Key headlines

- There have been recent changes in leadership across the service, in all disciplines, including at executive level. The senior triumvirate work closely together and are highly committed to delivering the improvements needed. The new leadership teams below them now need support and guidance to develop into their roles with clear lines of accountability and reporting, as well as visibility to the rest of the teams.
- The service works hard to listen to women and birthing people, both through the vibrant MVP, and as part of the innovative role of the Multi-Ethnic Empowerment Midwife. Information and services are co-produced with service users in response to this feedback – an exemplary relationship.
- Continuous risk assessment throughout pregnancy needs improvement. This has become particularly apparent following a deep dive into recent stillbirths undertaken by the maternity improvement advisors, and although immediate actions have been taken, they are not fully embedded.
- Midwifery led intrapartum care is often closed due to staffing issues, leading to a lack of choice for women, and the service reports high numbers of women birthing before arrival on its dashboard. Staff interviewed told the team they felt this was due to a lack of choice in birth environments. This urgently needs addressing, with a particular focus on both ensuring safety, and a positive birth environment for women birthing on the consultant led unit.
- Overall the visiting team enjoyed the visit, and want to extend their gratitude towards the whole team who greeted us so warmly on the day and are working hard on their improvement journey.

IEA 1: Enhanced safety

- The triumvirate demonstrated excellent MDT working and are clearly highly committed to the service and their roles. However, reporting lines are complex, and the divisional director is responsible for the line management of the rest of the triumvirate. There is an opportunity to work with the MIAs to understand alternative, flatter reporting structures, as well as strengthening the roles within the service lines to distribute both workload and accountability.
- The executive team are highly engaged with the service and have invested heavily for sustained improvement. However, there is an opportunity to strengthen the maternity voice at board level, with regular presence from the Director of Midwifery / Divisional Director.
- A recent spike in stillbirth rates prompted a deep dive review, undertaken by the maternity improvement advisors, and information has been shared with the sector / region by the Trust. Developed through the MSSP, a governance plan has been developed and both the executive teams and triumvirate were highly engaged with, and sighted on this at a granular level. The team is well resourced with both senior obstetricians and midwives but some roles and responsibilities need clarification, new processes need to embed, and the service needs to move towards becoming a truly learning organisation.
- The service has two full time bereavement lead midwives who lead PMRT, supported by an obstetric lead. The service engages across the sector for mutual review and support.
- The service is also highly engaged with the safety workstream of the Local Maternity and Neonatal System (LMNS), where learning from SIs and HSIB investigations across the sector are shared. However, it was noted there were sometimes challenges in obtaining external reviewers for SI reports.
- The service reports via the Maternity Services Dataset (MSDS) – the trust is about to undertake an options appraisal for maternity informatics and plans to engage with digital transformation leads across the sector regarding this.

IEA1	RAG
Q1 - Dashboards	
Q2 – External review of SIs	
Q3 – SIs to Board/LMNS	
Q4 - PMRT	
Q5 - MSDS	
Q6 - HSIB	
Q7 - PCQSM	
Q8 – SIs to Board/LMNS	

IEA 1: Enhanced safety (continued)

- Safety champions are well established within the service, with high visibility amongst staff. There are regular meetings to ensure ward to board reporting. However, there were some concerns that the obstetric safety champion role is held by a non substantive member of staff.
- Although the governance team appears to be well resourced (HOM for governance, 2 x wte 8A, 2 x wte B7 and an obstetric lead with 1 PA), the team described a lack of role clarity. The team has been unable to realise their ambition of sharing the learning as they have to cover additional workload due to long-term sickness absence. The Maternity Improvement Advisor is engaged and supporting the governance team to standardise its processes. There was an acknowledgement that they need to improve the quality of the written reports as it is currently creating an additional workload for the leads, and that they are still on a journey to full implementation of the process.

IEA1	RAG
Q1 - Dashboards	
Q2 – External review of SIs	
Q3 – SIs to Board/LMNS	
Q4 - PMRT	
Q5 - MSDS	
Q6 - HSIB	
Q7 - PCQSM	
Q8 – SIs to Board/LMNS	

IEA 2: Listening to women and families

- The safety champions are meeting regularly, but unfortunately the team were unable to meet with the Non-Executive Director (NED) for maternity on the day of the visit, which fell during the crossover period between postholders, so this part of the Immediate and Essential Action has been assessed mainly via submitted paperwork. However, the outgoing NED had met the MVP chairs and discussed walking the patch and service user experience, and the incoming NED has been put in contact with the MVP chairs.
- The maternity team work hard to listen to service users, both through their own mechanisms and through the strong MVP which is well embedded and supported. They co-produce information and innovative ways of engaging with the very diverse women and communities using the service, including holding listening events in different languages. The MVP is visible to service users via posters throughout the unit as well as online and through their outreach work.
- The maternity leadership have supported the MVP chairs with their exciting new “Cradling Cultures” project to provide a form of continuity of support for women from Black, Asian and Minority Ethnic communities with language barriers, inspired by MVP outreach work as well as the findings of the MBRRACE reports. This is a strong example of what can be achieved through coproduction and mutually supportive working.
- The appointment of the Multi-ethnic Empowerment Midwife is a very welcome advance, and her work with the MVP co-chairs is outstanding in listening to and prioritising those women and birthing people who experience inequalities in care and outcomes, to the extent that this is now business as usual.
- The antenatal clinic waiting area is shared with the gynae clinic (moved during covid) which is likely to cause distress to some of the patients. The service should urgently consider how a separate, clearly signposted waiting area could be available to patients who might be distressed by sharing the space with pregnant women and people. This should not be reliant on them having to ask or be identified.

IEA2	RAG
Q9 – Advocate role	N/A
Q10 – Advocate role	N/A
Q11 – NED	
Q12 - PMRT	
Q13 – Service user feedback	
Q14 – Bimonthly safety champ meetings	
Q15 – Service user feedback	
Q16 – NED	

IEA 3: Staff training and working together

- The service has a robust MDT training schedule, supported by the education leads, delivered through a combination of face to face and virtual learning.
- There are three days of maternity safety training overall, including fetal wellbeing and PROMPT. There is also Trust based e-learning, and although staff receive time off in lieu for this, some staff reported having to complete in their own time.
- The trust presented the team with a comprehensive education and training dashboard with a RAG style rating for percentage of staff groups trained.
- Overall, staff in all groups spoke positively about working in the service, and were particularly proud of a positive culture of MDT working. They described a supportive culture in which staff feel psychologically safe to escalate and speak up.
- Staff described good support and debrief available, particularly following adverse outcomes. The governance team help with statements and midwives are invited to 1:1 sessions with a Professional Midwifery Advocate (PMA).
- The service has high levels of consultant cover, with well embedded twice daily MDT consultant-led hand overs and ward rounds. Junior doctors described feeling extremely well supported clinically by consultants who are happy to attend when needed and support their individual training needs.
- There is a daily safety huddle attended by all midwifery leads. This focuses on staffing, any significant clinical concerns, as well as the dissemination of the safety message of the week.
- There are also multiple clinical safety huddles with the MDT throughout the day on delivery suite.
- There is a desire to embed learning from in situ simulation, although this programme has yet to be rolled out.
- There is also a Trust wide focus on staff wellbeing, which staff reflected positively upon.

IEA3	RAG
Q17 – MDT Training	
Q18 – Cons. Ward Rounds	
Q19 – Ring-Fenced Funding	
Q20 – workforce planning	
Q21 – 90% MDT Training	
Q22 – Cons Ward Rounds	
Q23 – MDT Training Schedule	

IEA 4: Managing complex pregnancy

- There are high levels of social deprivation in the surrounding areas and therefore staff in all groups described the need to manage complex pregnancy well.
- There is a well-established maternal medicine service with clinics across multiple specialities, run jointly by both obstetricians and specialty physicians. The service is a spoke site and feeds into the central hub of the North East London Maternal Medicine Network.
- The service is supported by a specialist obstetric physician one day per month.
- However, there is no specialist maternal medicine midwife, and this is a potential gap for the provision of care in this high risk population. The workload is currently covered by the diabetes specialist midwife.
- There is also a large, well-established fetal medicine service, supported by specialist midwives. The service aspires to become a level 3 Neonatal Intensive Care Unit.
- There is an obstetric high dependency unit, staffed by trained midwives / nurses.
- However, the service does not currently monitor feedback from women on complex care pathways and this needs to be addressed.
- There are two bereavement midwives. PMRT is under their portfolio, and there are plans to change this. There is one dedicated bereavement room. The team provides a seven-day service, including supporting midwives in the labour ward and undertaking antenatal clinics and postnatal visits for women from 20 weeks gestation. Women with early pregnancy loss attend the gynae ward. Staff explained that currently there is no dedicated support for those women and birthing people.

IEA4	RAG
Q24 – MMC Criteria	
Q25 – Named Consultant	
Q26 – Complex Pregnancies	
Q27 – SBLCBv2	
Q28 – Named Cons/Audit	
Q29 – MMC	

IEA 5: Risk assessment throughout pregnancy

- The service leads have recognised the need to improve triage of women throughout pregnancy - following a recent deep dive into in uterine deaths and have already put in immediate safety actions, including a new sticker in the handheld notes.
- However, these are not well understood by all staff and training needs to be undertaken to ensure robust risk assessment is always carried out, particularly in the acute setting. This rating therefore remains amber until these processes are fully embedded.
- Currently patient information is recorded in a variety of ways, including electronically and within paper notes. Staff described this as being cumbersome and confusing, and key information could easily be lost. Staff in the community do not always have access to all the electronic notes due to connectivity issues.
- Women are triaged for either midwifery-led or consultant-led care at booking; however it was not clear that the processes for moving between low and high risk pathways through pregnancy are well understood by all staff.
- The upcoming consultant expansion will have a focus on improving care for women presenting acutely, with more leadership and consultant-delivered sessions in outpatient and inpatient antenatal settings, triage, and day assessment unit. There are currently known gaps in this provision.

IEA5	RAG
Q30 – Risk assessment	
Q31 – Place of Birth RA	
Q32 – SBLCBv2	
Q33 – RA recorded with PCSP	

IEA 6: Monitoring fetal wellbeing

- The service has a long-established centralised monitoring system that is used effectively with regular MDT huddles.
- The consultant midwife for public health is the professional lead for the Saving Babies Lives Care Bundle. The fetal monitoring lead midwife (band 8) is responsible for element 4 (Fetal monitoring-MDT training, fresh eyes audits, learning from incidents, visibility on LW etc). The band 7 fetal surveillance midwife is responsible for all the other elements, and they provide cross cover.
- They are supported by a consultant obstetrician on 1 PA per week, although it was noted that the workload associated with the job outstripped this time allocation.
- There is a robust schedule of MDT teaching and training in fetal wellbeing, including an assessment process.
- The fetal wellbeing midwives work clinically supporting staff on the shop floor as well as delivering training, although currently this only occurs during normal working hours, and staff expressed an aspiration to expand to out of hours in the future, if possible.

IEA6	RAG
Q34 – Leads in post	
Q35 – Leads expertise	
Q36 – SBLCBv2	
Q37 – 90% MDT Training	
Q38 – Leads in post	

IEA 7: Informed consent

- The maternity pages of the Trust website is welcoming and generally straightforward to navigate, and is currently mid-update. There is information about different places and modes of birth, as well as links to lots of information to supporting planning for pregnancy and antenatal wellbeing. The information about requesting a caesarean is present but would benefit from being linked to other birth choices and more clearly signposted. There is also information on induction of labour, available via a padlet.
- The website is translatable via the ReciteMe app, which also provides the read aloud facility and therefore the update, lead by the Multi Ethnic Empowerment Midwife, is to include most information on the webpages to ensure they are accessible to those who need information in other languages or in non-written formats, which is an exemplary approach. The self-referral form is also translatable with a read aloud option, which is ideal, and also provides a reminder about folic acid and vitamin D; there is also a padlet collecting lots of resources in 10 locally-spoken languages.
- There are signs offering access to interpretation services in a number of key local languages throughout the unit, as well as welcome signs and BSOTS information provided in several languages, supporting members of different local communities to have better access to care and decision making.
- Service users mentioned being supported with plenty of information antenatally, and found the links and QR codes used in their handheld notes particularly useful. However some women described feeling pressured towards accepting an induction of labour which they did not want.
- Generally signage around the unit was clear, although it might be helpful to add clarification information e.g. “Coral (postnatal) Ward”.
- Ongoing birth centre closures restrict women’s choices and could potentially lead to safety concerns with increasing rates of ‘born before arrivals’. This needs to be placed on the risk register, and the visiting team would encourage the Trust to work with the MVP to improve access to a similar birthing environment, included use of the birthing pool, on the consultant led unit.

IEA7	RAG
Q39 – Accessible Information, Place of Birth	
Q40 – Accessible Information, All Care	
Q41 – Decision making and Informed Consent	
Q42 – Women’s Choices Respected	
Q43 – Service User Feedback	
Q44 - Website	

Workforce planning and guidelines

- At all levels, from executives downwards are extremely engaged with understanding workforce planning. They described a significant future risk being a potential rise in birth rate, coupled with increasing acuity, without the midwifery workforce numbers to provide a safe service. They are actively engaging in networks across the sector to look at safe models of care.
- The Trust is engaged with the Capital Midwife programme and has recruited 16 from overseas – one had started at the time of the visit.
- In July 2022 there was a 15% midwife vacancy rate with an aim to reduce this to 6.34% by January 2023. Midwifery workforce shortages are on the risk register with appropriate escalation, and the Trust has responded by changing some clinical pathways to maintain safety overall (e.g. induction of labour, midwifery-led intrapartum care).
- The Trust last undertook a Birthrate plus assessment in December 2020 and provided us with evidence of reports presented to the appropriate boards.
- Given the birth rate and acuity of women and birthing people, the trust appropriately staffs its obstetrics and gynaecology team with three middle grades overnight.
- They reported high levels of satisfaction in their training and overall culture of the unit, therefore contributing to retention. Many expressed a desire to return to the unit later in their careers.
- The trust has supported an expansion of 10 WTE consultant obstetricians and gynaecologists with a focus on patient safety and antenatal care.

Workforce planning and guidelines	RAG
Q45 – Clinical Workforce Planning	
Q46 – Midwifery Workforce Planning	
Q47 – D/HoM Accountable to Exec Dir	
Q48 – Strengthening Midwifery Leadership	
Q49 - Guidelines	

Workforce planning and guidelines (continued)

- There are strong links between members of the executive team and the divisional leadership, although there is now an opportunity to strengthen other leadership roles in both obstetrics and midwifery through MDT working and clear lines of accountability and responsibility. In addition to a Director of Midwifery, there are two Heads of Midwifery. Obstetric leadership has recently been strengthened by appointing a new Clinical Director for obstetrics and gynaecology and a new Clinical Lead for obstetrics in addition to the pre-existing divisional director and labour ward lead. The maternity patient safety champion role is held by another member of the team. This investment in obstetric leadership and time is to be commended.
- Guidelines are in place across all the clinical pathways and the service actively engages with the sector for benchmarking – e.g. regarding the new NICE guidance on induction of labour.

Workforce planning and guidelines	RAG
Q45 – Clinical Workforce Planning	
Q46 – Midwifery Workforce Planning	
Q47 – D/HoM Accountable to Exec Dir	
Q48 – Strengthening Midwifery Leadership	
Q49 - Guidelines	

Other points of note

- The service has been under significant scrutiny over recent years, which has affected the morale of staff, along with the impact of COVID-19 and the ongoing workforce challenges faced nationally. However, the visit team found a service that is already showing signs of improvement, and staff should be congratulated on their dedication and progress. This should encourage a culture of openness – understanding and speaking to both the challenges and successes of the service so that everyone has the same shared vision and goals.
- Good MDT working was demonstrated at all levels, particularly clinically. However, it was noted that there are some ongoing culture challenges within some MDT teams as well as certain staff groups. The Trust has invested in improving relationships; however, this will need to be considered a long term plan with support for strong leadership throughout in order to sustain meaningful cultural change.
- It was noted that there were no overdue complaints; however, this was due to extension, rather than meeting of deadlines. This needs to be addressed so that women's voices are heard in a meaningful, timely way.
- Continuity of carer has been paused due to workforce shortages but the trust are sighted on recommencing this once safe to do so. Of note, the leadership recognised that the existing continuity of carer team were looking after women in the lowest deprivation categories and so wasn't addressing inequities. When it restarts there will be a focus on providing this care for the women who need it most and the trust are to be congratulated on this.
- The triage waiting area is an awkward shape, with some service users hidden while waiting, which may sometimes make it harder to hear when they are called, or for the midwife to see that someone is responding.

Recommendations / points for consideration

- The Trust are already on an improvement journey, with comprehensive action plans in place, derived from both the CQC inspection and the maternity safety support programme. The visit team saw some green shoots of progress and the team are to be congratulated on this. The described safety culture on the shop floor was good – the team met with happy shop floor staff who are proud of their service and the working relationships across the MDT. However, it should be noted that there were concerns about culture, risk assessment, and governance processes raised through the recent deep dive into in uterine deaths that has been shared with the regional team, and the organisation needs to retain its focus on the issues highlighted through both this process as the MSSP diagnostics. It is also important not to be complacent and for the trust to truly get under the skin of any previous or longstanding cultural concerns in order to effect and sustain meaningful change. This will involve an ongoing commitment to implementing and embedding the recommendations in the existing action plans.
- There has been instability in leadership at all levels, from Trust executives downwards, with very new leadership teams across all the maternity quadrumvirates. The teams generally demonstrated excellent understanding of the service, including both its challenges and successes and are now entering a period where they need time to stabilise and focus on sustaining improvement work. This will be supported by a review of the lines of leadership, roles and responsibilities to ensure there is stable, devolved leadership, and also give time for leaders to be visible to staff and demonstrate the compassionate leadership they clearly model. In particular the visit team would recommend looking at the reporting lines within the divisional quadrumvirate, to ensure equity of all members.
- The reporting structures within the Trust need to be robust, but also streamlined and ensure the right information is discussed at the right time, with the right people. There is an ongoing opportunity to work with the MIAs to benchmark care with other services and ensure the service is not overburdened with reporting and assurance. At the same time, there is also an opportunity to strengthen the maternity voice at Trust board level, by including the Director of Midwifery / Divisional Director in its membership.

Recommendations / points for consideration

- A review of governance has already been undertaken and the trust are planning to work with the sector to expand on this further, in order not just to ensure processes are correct, but also to develop into a robust, responsive learning organisation. All the leads are highly engaged with this vital piece of work.
- There is a need for the governance team to come together and review their responsibilities/role clarity and have the opportunity to reflect on future direction.
- Risk assessment throughout pregnancy is not fully embedded. The Trust are fully aware of this and have already made plans for improvements in this area.
- Similarly, there is a known risk around patient notes and digitisation. The Trust have recently employed a digital midwife who is working with other leads while the trust considers an options appraisal.
- The service should consider how the waiting area for the antenatal and gynae clinics can be separated as soon as possible.
- Some signage around the unit could be improved by clarifying the purpose of the ward e.g. “Coral (postnatal) Ward”.
- Ongoing birth centre closures restrict women’s choices and could potentially lead to safety concerns with increasing rates of ‘born before arrivals’. This needs to be placed on the risk register, and the visiting team would encourage the Trust to work with the MVP to improve access to a similar birthing environment, included use of the birthing pool on the consultant led unit.

Offers of support

- The regional transformation midwife would be happy to support the trust as they develop their continuity of carer offer.
- The regional transformation lead will be happy to support the team as they work on the plans for a new maternity information system.
- The regional team are happy to have ongoing collaboration with the leads and MIAs to support the ongoing improvement journey.
- We would continue to encourage the matrons to attend the recently established London Matron Forum for opportunities for networking and support.
- The Capital Midwife team are happy to offer support with engagement with the preceptorship framework and anti-racism framework

Appendix 1:
15 Steps-style survey

For background please see the full 15 Steps for Maternity Toolkit:

https://www.england.nhs.uk/publication/the-fifteen-steps-for-maternity-quality-from-the-perspective-of-people-who-use-maternity-services/

Where to focus

For the assurance visits, we aim to visit the first 3 areas listed below, which tie in with the Ockenden priorities, and possibly more, depending on time and the layout of the unit:

triage waiting area

the antenatal clinic waiting room

postnatal ward

scanning waiting area

day assessment unit (or equivalent) waiting area

If there is time, you could visit other areas as well.

Aim to spend a maximum of 20-30 minutes in each area, depending on the overall time available, and observe what is happening (rather than talking to service users, or discussing with staff other than to say hello and why you're here).

All participants can take notes on paper/electronically, and then share so that both the MVP chair(s) on the assurance team and the local MVP chair(s) can use this information.

Use the following in the "Observed?" column:

Key:	✓✓✓	✓✓	✓	0	N/O	NA
	excellent/ always	good/ mostly	Could be better/ occasionally	poor/ never	Not observed	Not relevant

Alongside the overall impression, where possible make specific notes on what is working well and could be shared eg "excellent wall display with up-to-date information and showing a diverse group of service users", as well as specific things that could be improved.

Antenatal Clinic

Element	Observed?	Notes
Welcome		
How long did I have to wait to enter?	N/A	
Are reception staff welcoming and kind?	✓✓	
Does the space feel welcoming?	✓✓	Welcome sign in 13 languages
Is the atmosphere calm and peaceful?	✓	Beautiful artwork in area, and corridors
Are there enough seats? Are they comfortable	✓✓	Mixture of deep armchairs and others.
Do appointments seem to be on time?	N/O	
Is water available to drink?	✓	Slightly hard to see around corner
Safety		
Does the area feel safe? (Why/ why not?)	✓	
Is hand gel/hand washing available?	✓	
Are masks available?	✓	At entrance, or sign inviting service users to ask
Staff		
Are staff calm and friendly in general?	✓✓	
Are staff calm and friendly when calling someone for an appointment?	✓✓	
Do staff introduce themselves?	N/O	
Do staff seem caring of each other?	N/O	
Are staff kind (to service users and each other)?	N/O	
Is there information about who the staff in the area are?	✓✓	Including names on doors
Do staff communicate waiting times etc?	N/O	
Cleanliness & accessibility		
Is the area clean?	✓✓✓	
How accessible is the area for people with varying needs eg physical, mental or learning disabilities?	✓✓	
Is there access to translation/ interpretation services?	✓✓	Welcome sign; sign beside reception desk saying interpreters available (but could be in better position)
Are cultural needs taken into account or acknowledged?		
Are the toilets clean?	✓✓✓	1 Unisex and 1 women's
Are the toilets accessible?	✓✓✓	
Toilets for partners/support people too?	✓✓✓	Unisex
Are baby change facilities available?	✓✓✓	

Antenatal Clinic

Element	Observed?	Notes
Information		
Is the signage clear and well placed?	✓	Could be a bit clearer
How useful are noticeboards, posters (visual information)? Including • in places where service users can read them? • Well laid out • Up to date • Inclusive of different groups (eg ethnicities, LGBTQ, people with disabilities etc)	 ✓ ✓✓ ✓✓	Lots of information is behind where people are sitting. Screens work sometimes, but not on when we arrived; receptionist not sure how to turn them on. Some posters rather small, several just above heads of those sitting
Does the information available encourage/ support choice? Specifically choice about: • place of birth • different ways of giving birth (mode of birth) • coping strategies • personalising birth space • infant feeding • birth supporters	 ✓ ✓ ✓ ✓✓✓ ✓	
Is there information available about personalised care? For example: • using personalised care & support plans • use of birth preferences/plans • postnatal care plans • birth reflections services	 ✓ ✓ ✓ ✓	
Is there information about: • visiting times/policies • classes • staff • Trust values • Support • Birth reflections/afterthoughts service • How to give feedback (including PALS for complaints) • MVP	 ✓✓ ✓✓✓ ✓✓ ✓✓ ✓✓ ✓ ✓✓✓ ✓✓✓	 Area-focused survey via QR (no signal but can activate when leave area) MVP posts

Antenatal Clinic

Element	Observed?	Notes
Information		
Is there safety information? For example: • who to contact if you need help • covid restrictions • domestic violence • safe sleep information • skin to skin time with baby	✓✓ ✓ ✓✓✓	Posters on baby movements in several languages
ANY OTHER OBSERVATIONS? **NB Ockenden themes: Safety, information, personalised care & decision making, feedback, coproduction** Concerning that the waiting area is shared between gynae/antenatal clinic, which could be distressing for some patients. As services restore following the original covid adjustments, this needs to be changed.		

Triage

Element	Observed?	Notes
Welcome		
How long did I have to wait to enter?	N/O	
Are reception staff welcoming and kind?	✓✓	
Does the space feel welcoming?	✓✓	Reception area is narrow, and waiting room an awkward space, but effots made to improve eg lots on walls, etc
Is the atmosphere calm and peaceful?	✓	
Are there enough seats? Are they comfortable	✓✓	Some very hard, others comfortable
Do appointments seem to be on time?	N/O	
Is water available to drink?	✓✓✓	
Safety		
Does the area feel safe? (Why/ why not?)	✓	
Is hand gel/hand washing available?	✓	
Are masks available?	✓	
Staff		
Are staff calm and friendly in general?	✓	
Are staff calm and friendly when calling someone for an appointment?	✓	However, observed MW call a woman 3 times – but she was around the corner, so possibly couldn't hear/be seen immediately
Do staff introduce themselves?	N/O	
Do staff seem caring of each other?	N/O	
Are staff kind (to service users and each other)?	✓	Sometimes
Is there information about who the staff in the area are?	✓✓✓	
Do staff communicate waiting times etc?	N/o	
Cleanliness & accessibility		
Is the area clean?	✓✓	
How accessible is the area for people with varying needs eg physical, mental or learning disabilities?	✓	
Is there access to translation/ interpretation services?	✓✓	Welcome sign, do you need an interprerter? And BSOTS signs
Are cultural needs taken into account or acknowledged?		
Are the toilets clean?	✓✓	
Are the toilets accessible?	✓✓	
Toilets for partners/support people too?	✓	
Are baby change facilities available?	✓	

Triage

Element	Observed?	Notes
Information		
Is the signage clear and well placed?		
How useful are noticeboards, posters (visual information)? Including • in places where service users can read them? • Well laid out • Up to date • Inclusive of different groups (eg ethnicities, LGBTQ, people with disabilities etc)	 ✓✓ ✓✓ ✓✓✓ ✓	
Does the information available encourage/ support choice? Specifically choice about: • place of birth • different ways of giving birth (mode of birth) • coping strategies • personalising birth space • infant feeding • birth supporters	 ✓ ✓ ✓✓	
Is there information available about personalised care? For example: • using personalised care & support plans • use of birth preferences/plans • postnatal care plans • birth reflections services	 ✓ ✓ ✓	
Is there information about: • visiting times/policies • classes • staff • Trust values • Support • Birth reflections/afterthoughts service • How to give feedback (including PALS for complaints) • MVP	 ✓✓ ✓✓✓ ✓✓ ✓✓ ✓✓ ✓ ✓✓✓ ✓✓✓	 No pen/ paper next to FFT box (ask receptionist?). You Said We Did. PALS Great MVP chair introduction and weekly Q&A poster

Triage

Element	Observed?	Notes
Information		
Is there safety information? For example: • who to contact if you need help • covid restrictions • domestic violence • safe sleep information • skin to skin time with baby	 ✓✓ ✓✓ ✓ ✓✓ ✓✓✓	
ANY OTHER OBSERVATIONS? **NB Ockenden themes: Safety, information, personalised care & decision making, feedback, coproduction** Beautiful artwork helped to make the space feel calm and welcoming		

Postnatal/antenatal ward

Element	Observed?	Notes
Welcome		
How long did I have to wait to enter?	N/O	
Are reception staff welcoming and kind?	✓✓	
Does the space feel welcoming?	✓✓	Some lovely artwork eg beach scene
Is the atmosphere calm and peaceful?	✓	
Are there enough seats? Are they comfortable	N/A	
Do appointments seem to be on time?	N/A	
Is water available to drink?	✓✓	
Safety		
Does the area feel safe? (Why/ why not?)	✓✓	
Is hand gel/hand washing available?	✓✓	
Are masks available?	✓	
Staff		
Are staff calm and friendly in general?	✓	
Are staff calm and friendly when calling someone for an appointment?	✓✓✓	
Do staff introduce themselves?	✓✓	
Do staff seem caring of each other?	N/A	
Are staff kind (to service users and each other)?	✓✓	
Is there information about who the staff in the area are?	✓✓	
Do staff communicate waiting times etc?	N/A	
Cleanliness & accessibility		
Is the area clean?	✓✓	
How accessible is the area for people with varying needs eg physical, mental or learning disabilities?	✓	
Is there access to translation/ interpretation services?	✓✓	
Are cultural needs taken into account or acknowledged?	N/A	
Are the toilets clean?	✓✓	
Are the toilets accessible?	✓	
Toilets for partners/support people too?	✓	
Are baby change facilities available?	N/O	

Postnatal/antenatal ward

Element	Observed?	Notes
Information		
Is the signage clear and well placed?	✓	
How useful are noticeboards, posters (visual information)? Including • in places where service users can read them? • Well laid out • Up to date • Inclusive of different groups (eg ethnicities, LGBTQ, people with disabilities etc)	 ✓ ✓ ✓ ✓	 Quite a lot of information spread throughout the ward (mostly in the corridor). Might help to be organised by themes. Feeding/bonding posters show people from diverse backgrounds
Does the information available encourage/ support choice? Specifically choice about: • place of birth • different ways of giving birth (mode of birth) • coping strategies • personalising birth space • infant feeding • birth supporters	 ✓✓✓	 In milk kitchen and lots of pictures in corridors; includes bottle & responsive feeding
Is there information available about personalised care? For example: • using personalised care & support plans • use of birth preferences/plans • postnatal care plans • birth reflections services		
Is there information about: • visiting times/policies • classes • staff • Trust values • Support • Birth reflections/afterthoughts service • How to give feedback (including PALS for complaints) • MVP	 ✓ ✓ ✓✓ ✓✓	 You said/we did; PALS; It's good to talk; complaints; FFT; survey

Postnatal/antenatal ward

Element	Observed?	Notes
Information		
Is there safety information? For example: • who to contact if you need help • covid restrictions • domestic violence • safe sleep information • skin to skin time with baby	 ✓✓ ✓ ✓✓ ✓	Sepsis poster in Milk Kitchen – ABC of safe sleep
ANY OTHER OBSERVATIONS? **NB Ockenden themes: Safety, information, personalised care & decision making, feedback, coproduction**		

Coral (postnatal) ward

Element	Observed?	Notes
Welcome		
How long did I have to wait to enter?	N/O	
Are reception staff welcoming and kind?	✓✓	
Does the space feel welcoming?	✓	Welcome in multiple languages
Is the atmosphere calm and peaceful?	✓	Corridors feel busy, lots of computers on wheels
Are there enough seats? Are they comfortable	N/A	
Do appointments seem to be on time?	N/A	
Is water available to drink?	✓	
Safety		
Does the area feel safe? (Why/ why not?)	✓✓	
Is hand gel/hand washing available?	✓✓	
Are masks available?	✓	
Staff		
Are staff calm and friendly in general?	N/O	
Are staff calm and friendly when calling someone for an appointment?	NA	
Do staff introduce themselves?	N/O	
Do staff seem caring of each other?	N/O	
Are staff kind (to service users and each other)?	✓	
Is there information about who the staff in the area are?	✓	
Do staff communicate waiting times etc?	N/A	
Cleanliness & accessibility		
Is the area clean?	✓✓	
How accessible is the area for people with varying needs eg physical, mental or learning disabilities?	✓	
Is there access to translation/ interpretation services?	✓✓	
Are cultural needs taken into account or acknowledged?	N/O	
Are the toilets clean?	✓✓	
Are the toilets accessible?	✓✓	
Toilets for partners/support people too?	✓✓✓	
Are baby change facilities available?	NA	

Coral (postnatal) ward

Element	Observed?	Notes
Information		
Is the signage clear and well placed?		
How useful are noticeboards, posters (visual information)? Including • in places where service users can read them? • Well laid out • Up to date • Inclusive of different groups (eg ethnicities, LGBTQ, people with disabilities etc)	✓ ✓ ✓✓ ✓	Lots of information for staff mixed with information for women and birthing people. Information about side rooms. Helpful to have “You prefer to be called” signs
Does the information available encourage/ support choice? Specifically choice about: • place of birth • different ways of giving birth (mode of birth) • coping strategies • personalising birth space • infant feeding • birth supporters	NA NA NA NA ✓✓ NA	Feeding & bonding, including fathers. Countdown to home in Kitchen (less than upstairs)
Is there information available about personalised care? For example: • using personalised care & support plans • use of birth preferences/plans • postnatal care plans • birth reflections services		
Is there information about: • visiting times/policies • classes • staff • Trust values • Support • Birth reflections/afterthoughts service • How to give feedback (including PALS for complaints) • MVP	✓✓ ✓✓✓ ✓✓ ✓✓ ✓✓ ✓ ✓✓ ✓✓	You said/we did; Maternity Quality of Care; feedback

Coral (postnatal) ward

Element	Observed?	Notes
Information		
Is there safety information? For example: • who to contact if you need help • covid restrictions • domestic violence • safe sleep information • skin to skin time with baby	 ✓✓ ✓✓ ✓ ✓✓	 ABCs
ANY OTHER OBSERVATIONS? **NB Ockenden themes: Safety, information, personalised care & decision making, feedback, coproduction**		