

Oldham

LINK

**MAKE IT
HAPPEN!**

Local Involvement Network



Voices 4 Wellbeing
Rochdale Borough Local Involvement Network

**Report of Enter & View Visit to
Royal Oldham Maternity Unit
3rd October 2011**



GADDUM CENTRE

a tradition of innovating in health and social care



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Registered Charity No 507162

Contents

Acknowledgements	5
1 Introduction	6
1.1 The role of Oldham Local Involvement Network (LINK)	6
1.2 Parameters of report submissions and response	6
1.3 LINK Power to “Enter & View”.....	6
1.4 Oldham & Rochdale Maternity Services	7
1.5 Context of Enter & View Visit to Royal Oldham Maternity Unit	9
2 Methodology.....	10
3 Results.....	11
3.1 Findings from patients	11
3.1.1 Travelling to the Hospital	11
3.1.2 Differences between Oldham and Rochdale (and other hospitals)	13
3.1.3 Patient Support	15
3.1.4 The Ward Environment	19
3.2 Findings from staff.....	21
3.2.1 Proportion of Oldham-Rochdale staff	21
3.2.2 Access to necessary equipment	21
3.2.3 Level of care	21
3.2.4 Expertise in providing specialist care.....	21
3.2.5 Effect of reconfiguration on staff	22
3.2.6 Staff Morale	24
3.2.7 Line management support & supervision.....	24
3.2.8 Communication within staff teams	24
3.2.9 Procedures to capture patient feedback	25
4 Reflections & Recommendations	27

4.1	Patient Care	27
4.1.1	Patient Experience	27
4.1.2	Staff perception	27
4.1.3	Patient confidence in staff	27
4.1.4	Travelling & transport issues	27
4.2	Ward environment	28
4.2.1	Hygiene	28
4.2.2	Comfort of patients.....	28
4.3	Staff experience.....	28
4.3.1	Staff morale	29
4.3.2	Staff confidence.....	29
5	Appendices.....	30
	Appendix 1	31
	Appendix 2	31
	Appendix 3	31
	Appendix 4	31
	Appendix 5	31
	Appendix 6	31

Acknowledgements

Many thanks are extended to the staff at Pennine Acute NHS Hospitals Trust for accommodating the LINKs' request to visit the interim maternity unit at the Royal Oldham Hospital.

It is also with great thanks to the patients and their families for taking the time to speak to the LINKs, especially at a time at which a new life was being brought into the world! Your contribution will greatly help us to work with local service providers to promote good patient care.

Gaddum Centre would also like to acknowledge the hard work of the LINKs' Authorised Representatives both in preparing for the visit and conducting interviews on the day. They are thanked for their contributions in enabling this consultation work to take place.

1 Introduction

1.1 The role of Oldham Local Involvement Network (LINK)

Local Involvement Networks seek to gather the experience of people using health and social care service services. Service commissioners and providers have a statutory responsibility under the Local Government and Public Involvement in Health Act (2007) to account for this reported experience to inform decision-making about the development and/or redesign of these services. LINKs also have a statutory role to monitor and scrutinise health and social care services, once again with a view to being able to support service improvement and also as a means of enhancing the democratic and public accountability of statutory services. The role of Oldham LINK is to be a “critical-friend” in a spirit of cooperation, to act as an intermediary facilitator between citizens and commissioners to support regular dialogue.

1.2 Parameters of report submissions and response

The acknowledgement of and response to this report should be processed in accordance with the Local Government and Public Involvement in Health Act (2007) with particular reference to Part 2, Section 5 of the Local Involvement Networks Regulations 2008. This work constitutes a formal LINK report and the following findings and recommendations require a formal response from each commissioning/provider organisation that receives it. Additionally the content must be considered as part of any commissioning decisions that are to be taken in relation to the services referenced.

1.3 LINK Power to “Enter & View”

Local Involvement Networks have the power to ‘Enter and View’ premises owned or controlled by statutory service commissioners. This is within a legal framework under the Local Government and Public Involvement in Health Act 2007. This legislation also places a duty on statutory services allow Authorised Representatives

of a LINK to enter and view premises that they own or control and observe on premises that it owns or controls. (See http://www.legislation.gov.uk/ukxi/2008/915/pdfs/ukxi_20080915_en.pdf).

The power should be used in the context of properly conducted and co-ordinated visits carried out as part of a constructive relationship between LINKs and health and social care providers [that] may enable ongoing service improvement.

Therefore, the general aim of using the power to Enter & View should be to gather evidence on service quality; monitor consistency; and/or to follow up on previous recommendations made by the LINK. Visits should be conducted in a spirit of openness and partnership between the LINK, the provider and the individuals receiving service, so as to maintain a positive and constructive dialogue between all parties. The purpose of using the power should be to collect people's experiences as they are directly using services and to validate local evidence and feedback.

Persons approved by the LINK Host Organisation as "Authorised Representatives" are able to conduct Enter & View visits. They must abide by their own LINK's Code of Conduct and comply with the regulations for Enter & View. Further details can be found in the LINKs' governance arrangements documents at <http://www.oldhamlink.org.uk/assets/documents/handbook.pdf> (Oldham LINK) and <http://www.oldhamlink.org.uk/assets/documents/handbook.pdf> (Voices 4 Wellbeing).

1.4 Oldham & Rochdale Maternity Services

Maternity services across Greater Manchester have recently been reconfigured as part of the Making it Better initiative. Making it Better has involved large scale investment and radical changes to NHS services for children, babies, young people and families in Greater Manchester. Clinical evidence indicates that the new arrangements should lead to enhanced patient safety and clinical effectiveness and to improved services that are more suited to today's health needs. Services will be arranged as follows:

- There will be more services closer to home so that where it is safe, more children and mums can receive care at home or in the community. This is what families said they would prefer.
- All hospitals will continue to provide outpatient and daytime children's services.
- Emergency services for children will continue at all hospitals with an Accident & Emergency Department.
- All acute hospitals will continue to provide outpatient antenatal and postnatal care along with maternity care in the community.
- Overnight services for children and maternity will be provided in fewer, larger hospitals to concentrate specialist staff and expertise and improve staffing levels. This will make services safer.
- The hospitals that will provide overnight maternity and children's services in the future will be:
 - Saint Mary's Hospital*/New Royal Manchester Children's Hospital*
 - Wythenshawe Hospital*
 - The Royal Bolton Hospital*
 - The Royal Oldham Hospital*
 - Tameside General Hospital
 - Stepping Hill Hospital, Stockport
 - The Albert Edward Infirmary, Wigan
 - North Manchester General Hospital*

Those hospitals marked with a * have new buildings built, being built or planned.

- The hospitals that will no longer provide an inpatient maternity or inpatient children's service will be:
 - Trafford General Hospital (from 1 Feb 2010)
 - Fairfield General Hospital (from late 2011)
 - Salford Royal Hospital (from winter 2011/12)
 - Rochdale Infirmary (from winter 2011/12)

There will be extra capacity at neighbouring hospitals to care for women, children and babies who would have been admitted to these hospitals.

- There will also be a move from two to three regional neonatal intensive care units to improve access to this specialist service for all families in Greater Manchester. From winter 2011/12, there will be the existing unit at Saint Mary's Hospital and new units at the Royal Bolton and Royal Oldham Hospitals. Salford Royal Hospital will no longer provide a regional neonatal intensive care service from winter 2011/12.

1.5 Context of Enter & View Visit to Royal Oldham Maternity Unit

The local implication of this is that Rochdale women that would previously have accessed in-patient maternity services at Rochdale Infirmary would now be redirected to The Royal Oldham Hospital.

Feedback received by NHS Heywood, Middleton & Rochdale (HMR) Patient Advice and Liaison Service (PALS) indicated that there was broad-scale concerns about redirecting in-patient maternity services to a hospital in another borough. More broadly, questions have been asked about the staffing capacity at the Royal Oldham Hospital and whether the new arrangements would compromise patient care/experience for (Oldham and Rochdale) women currently using the new service.

For these reasons, Oldham LINK and Voices 4 Wellbeing (Rochdale Borough LINK) determined it appropriate to conduct a joint Enter & View visit to the maternity unit at the Royal Oldham. The aim was to investigate whether these concerns could be substantiated, by working to the following objectives:

1. Gather information on patient experience in relation to the redirection of in-patient maternity services from Rochdale Infirmary to the Royal Oldham Hospital.
2. Ascertain if there have been any negative or positive implications for service quality; privacy & dignity & patient safety.
3. Understand any implications for clinical practice in relation to the redirect.

2 Methodology

Two Authorised Representatives from each LINK along with three members of the Host Staff Team formed the visiting team. Of these, two teams were formed:

- Team 1 visited the ante-natal ward. It comprised one Oldham LINK Authorised Representative and one Voices 4 Wellbeing Authorised Representative, accompanied by the Oldham LINK Manager for support.
- Team 2 visited the post-natal ward. It comprised one Oldham LINK Authorised Representative and one Voices 4 Wellbeing Authorised Representative, accompanied by the Voices for Wellbeing Manager and Oldham LINK's Outreach & Engagement worker for support.

The visiting team met prior to the visit for briefing, preparation (see agenda items, Appendix 1) and to sign up to the Enter & View Visit Agreement (Appendix 2).

During the visit, both teams spoke with patients and nursing staff on the ward. A member of staff from Pennine Acute NHS Hospitals Trust was available to support each team. Both visits took place at the same time, on the morning of 3rd October 2011.

Each team used a semi-structured questionnaire to frame the discussions with patients and staff respectively. The questions were designed to gather information in relation to the visit objectives (see 1.5). Two separate interview schedules can be found at Appendices 3 and 4.

The Authorised Representatives were able to use the prompt sheet at Appendix 5 to standardise the information participants received prior to taking part. Information about how their information would be used and background to the visit was also available to participants. This can be found at Appendix 6.

3 Results

3.1 Findings from patients

3.1.1 Travelling to the Hospital

Figure 1 (following page) illustrates the nature of people's experiences in travelling to the hospital. This includes where people were travelling from; how they got to the hospital; if they had any problems in getting to the hospital or if they experienced any complications with their labour as a result of the travel; and if their visitors had any problems travelling to the hospital.

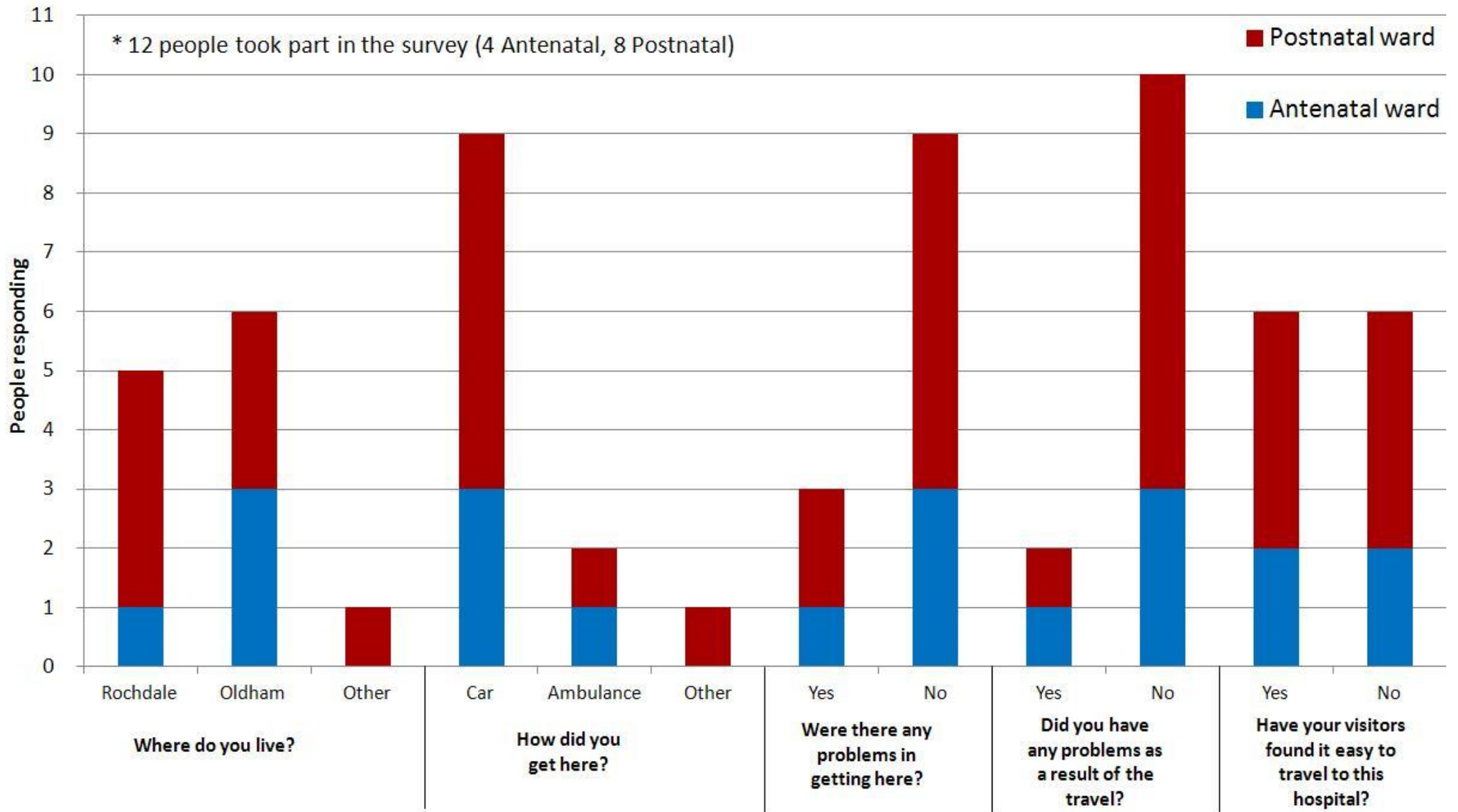
The majority of people arrived by car, and most people did not have any problems travelling to the hospital and nor did they have any problems as a result of the travel.

This was not entirely the case for visitors to the hospital however. Of the patients interviewed, half of them reported that their visitors did have problems with travelling, such as when family members did not drive. This was reported as making travelling to Oldham very difficult.

One person who did have problems in getting to the hospital did make the point that the postnatal ward was hard to find, the directions were unclear, and that they had to phone for help. Another person also said they had difficulties finding the postnatal ward.

Figure 1

Travelling to the Hospital - People's Experiences



3.1.2 Differences between Oldham and Rochdale (and other hospitals)

Figure 2 (following page) concerns the differences people have experienced in coming to Oldham to have their baby as opposed to other hospitals with maternity wards in the region.

Three women had previously given birth at Oldham, four at Rochdale, one at another hospital (Fairfield General Hospital, Bury) and for five women it was the first time they had given birth.

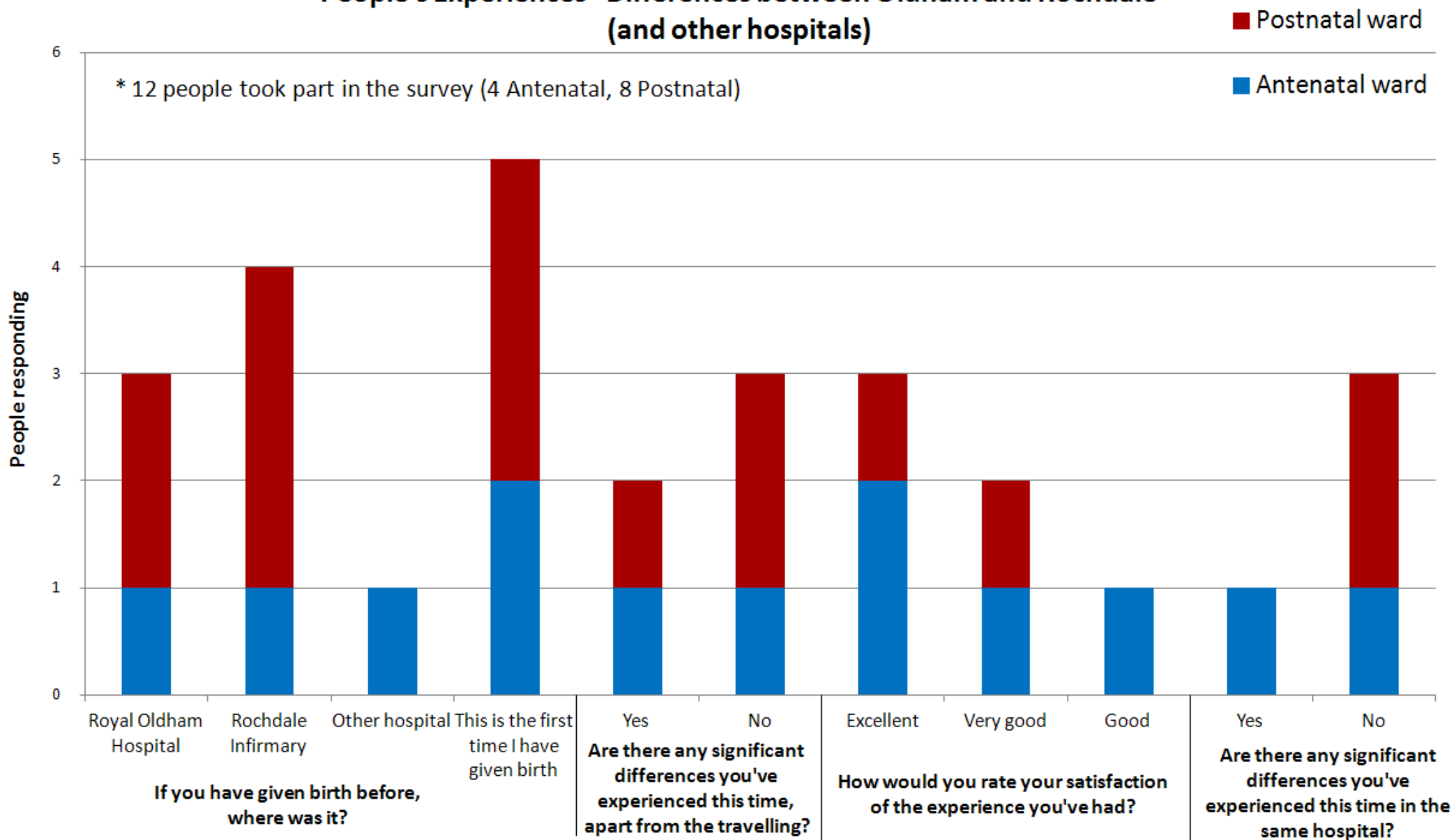
Three women said that there were no significant differences since last time, while two said there were. Three said there were no significant differences other than the travelling, whilst two said there were. One lady felt that the car parking was poor, and the decor of the ward was old-fashioned and disappointing (antenatal ward). She also reported feeling isolated.

Women who had previously given birth in Oldham were asked whether there were any significant differences that they experienced between then and this time in the same hospital. Two women whom were on the postnatal ward and one on the antenatal ward said that there were not any differences. One person on the antenatal ward said that there were differences: This was the lady who felt that the decor was poor and the building old.

The women were also asked to rate the satisfaction of the experience that they had on the ward. Of those that answered, three said the experience had been "excellent", two "very good" and one "good". No one said their experience had been "poor".

Figure 2

**People's Experiences - Differences between Oldham and Rochdale
(and other hospitals)**



3.1.3 Patient Support

3.1.3.1 Support from staff, ability to ask questions & access to consultant

Figure 3 (following page) shows people's experiences of the level of support they felt they had.

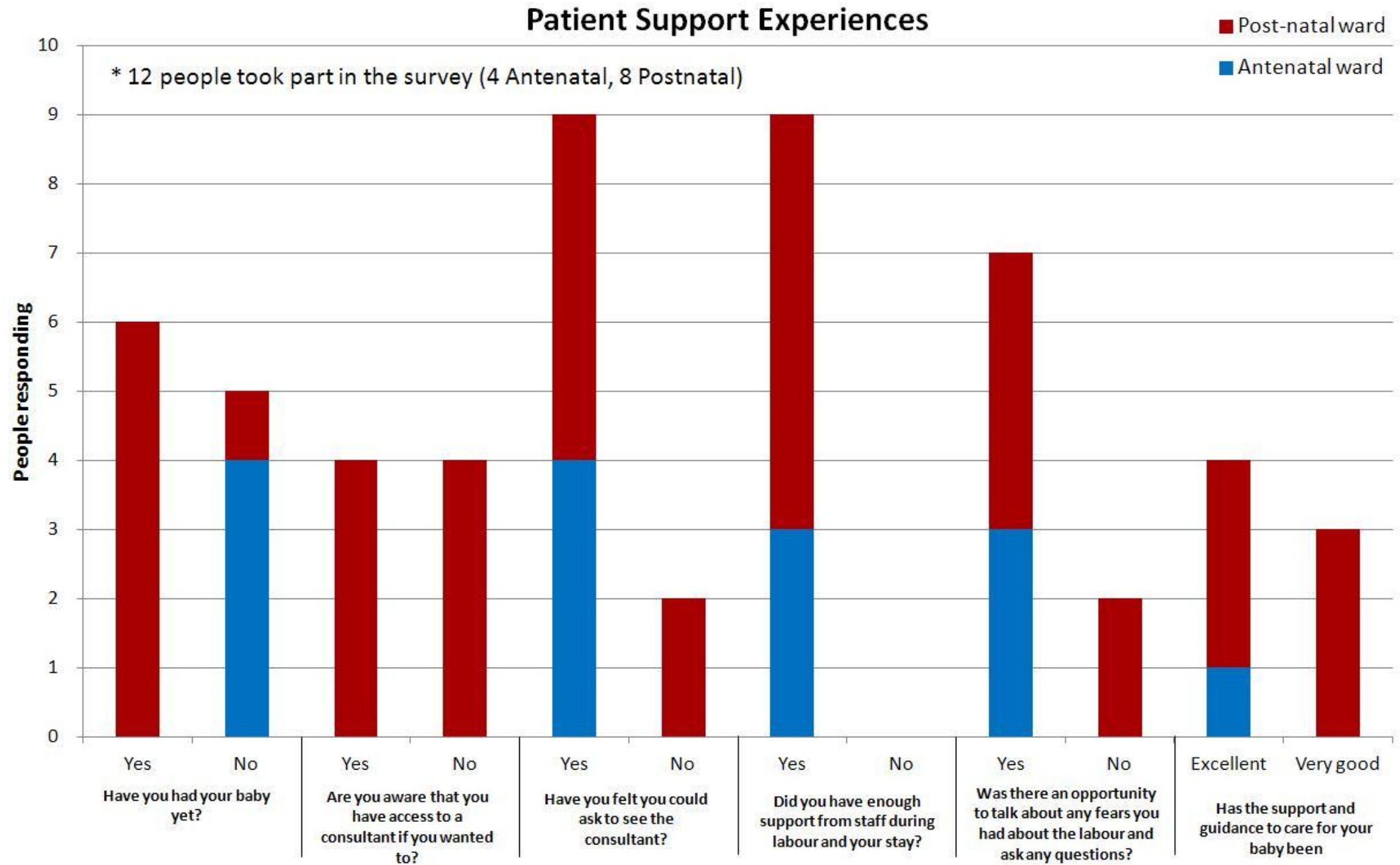
The majority (9 patients) said that they felt they were able to see the consultant, whilst two women on the postnatal ward said that they did not feel that they were able to see the consultant.

The women were also asked whether they felt they had enough support from staff during labour and their stay. The result of this was a resounding "yes", with no one on either ward saying they did not feel as though they had enough support.

The majority (7 patients) also said that they did have an opportunity to talk about any fears they had about the labour and were able to ask questions. There were two who felt that they did not, although one of these said that the reason for this was that she was rushed into the clinic due to early labour and said she was able to ask questions whilst in the clinic.

The women were also asked to rate the support and guidance they have received to care for their baby. Four stated that the support they had has been "excellent" whilst three said it has been "very good".

Figure 3



3.1.3.2 Comfort and confidence

Figure 4 (following page) again concerns women's experiences with the support they have received while on the maternity wards, and also how they have felt during their stay.

One person on the postnatal ward said they felt that they were able to relax, compared to four on the antenatal ward. Interestingly, all four women interviewed on the antenatal ward felt that they were comfortable, able to relax, were confident in the staff's ability and felt supported. The women interviewed on the postnatal ward did not quite have the same experience, with only three being confident in the staff's ability and feeling supported, although five did feel comfortable.

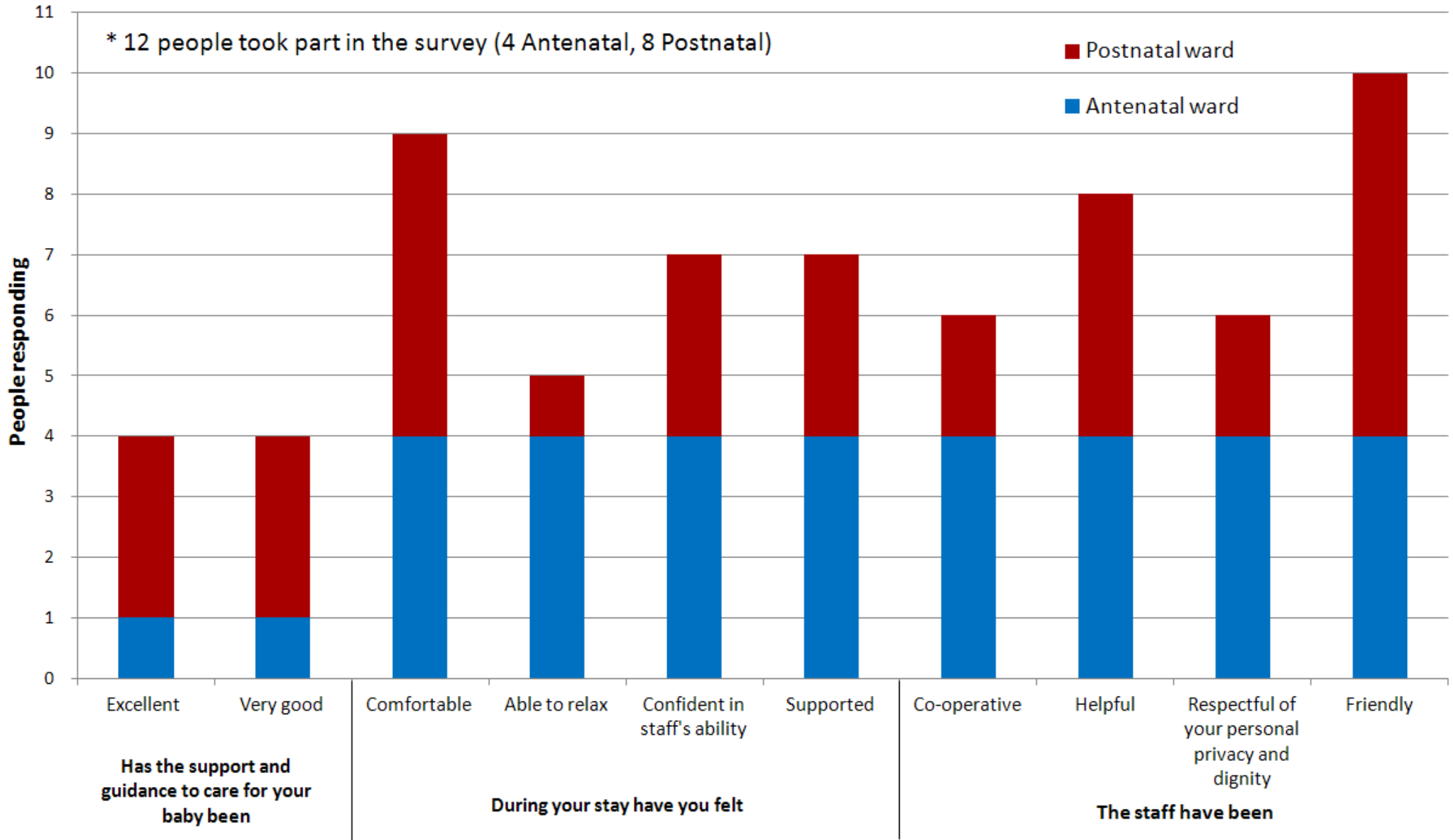
3.1.3.3 Conduct of staff

The women on the antenatal ward also commented very favourably on the staff, with all of them saying that they felt the staff had been co-operative, helpful, respectful of their privacy and dignity and friendly.

Again, the postnatal ward results were not so clear cut, only two stated that they thought the staff were respectful of personal privacy and dignity, likewise only two stated that they thought the staff were co-operative.

Figure 4

Patient Support Experiences



3.1.4 The Ward Environment

The final part of the questionnaire to patients concerned the ward environment itself (antenatal and postnatal). The first question asked the patients to rate the ward in terms of environment for both them and their baby.

Six women said that the postnatal ward was "excellent" and "very good" respectively, and two said the same about the antenatal ward. One lady rated the antenatal ward as being "poor" (this was the same lady who commented on the decor of the ward being old-fashioned).

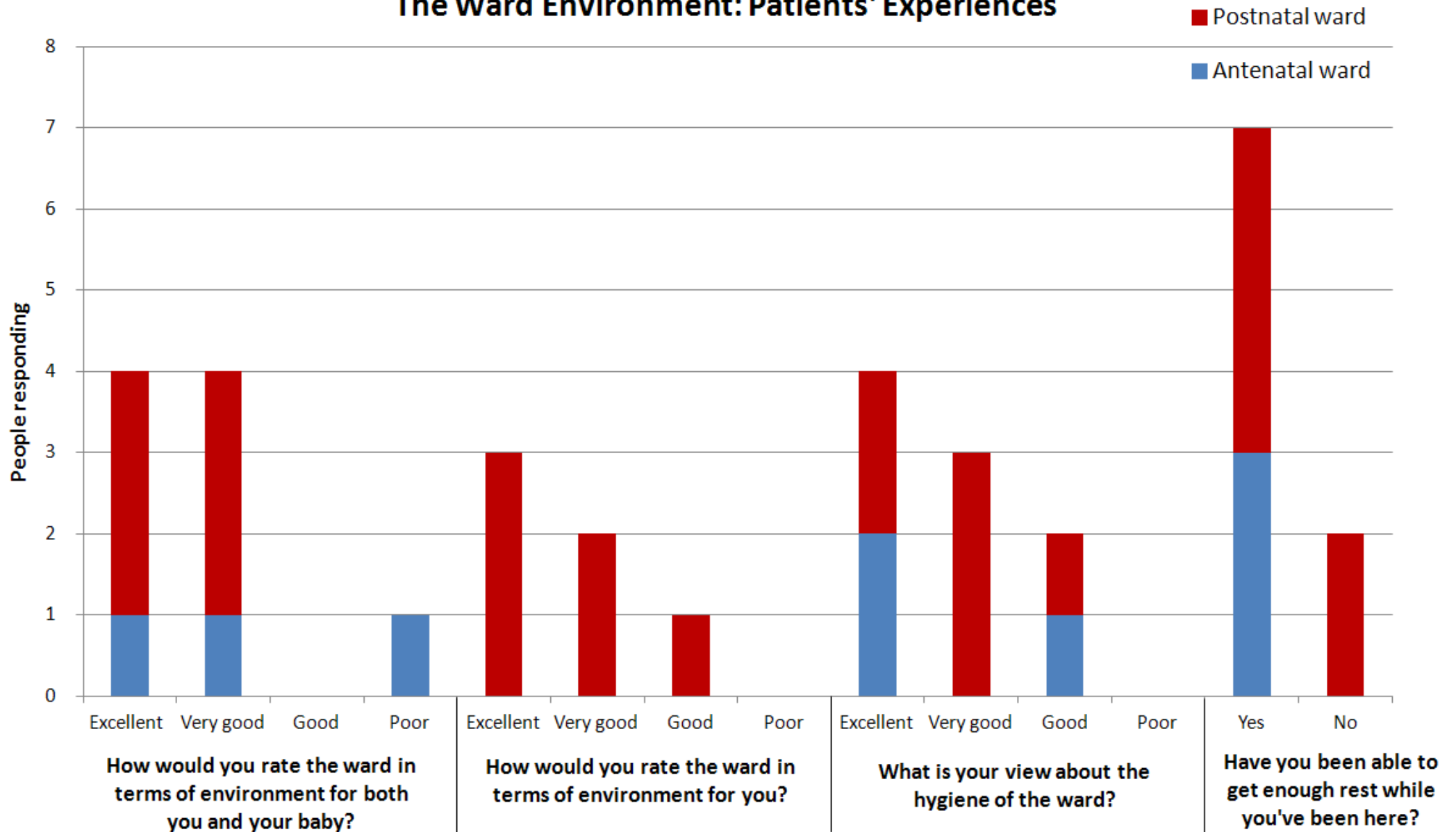
When the patients were asked how they would rate the environment for themselves (antenatal patients were not asked this question), three rated the ward as being "excellent", two rated it as "very good" and one rated it as "good". No one rated it as being "poor".

Patients were also asked about the hygiene of the ward. The majority thought it was excellent or very good, with two (one each from antenatal and postnatal) saying that hygiene is good.

Finally, patients were asked if they felt that they had been able to get enough rest while on the ward. The majority (seven) said that they had, whilst two (on the postnatal ward) said that they had not. One said that the reason for this was the environment itself and the baby being awake due to being disturbed.

Figure 5

The Ward Environment: Patients' Experiences



3.2 Findings from staff

3.2.1 Proportion of Oldham-Rochdale staff

Figure 6 illustrates the responses to questions asked of staff, the first being whether they had worked on the Rochdale unit prior to the relocation of the maternity units to Oldham. Three said they had, the rest were already Oldham staff.

3.2.2 Access to necessary equipment

Two thirds of the staff felt they did not have access to all the equipment and resources that they needed. Some said they had difficulty in finding fully functioning equipment, and that equipment was badly stocked. Several mentioned that equipment often gets moved around and can be hard to find. These problems were reported from across both antenatal and postnatal wards.

3.2.3 Level of care

Two thirds of staff participants reported that they did not feel that they were able to provide the level of care they wanted to, citing reasons such as the ward being short staffed and that this was a particular problem during busy periods. One staff member commented that they had felt better at Rochdale and that it was more organised.

3.2.4 Expertise in providing specialist care

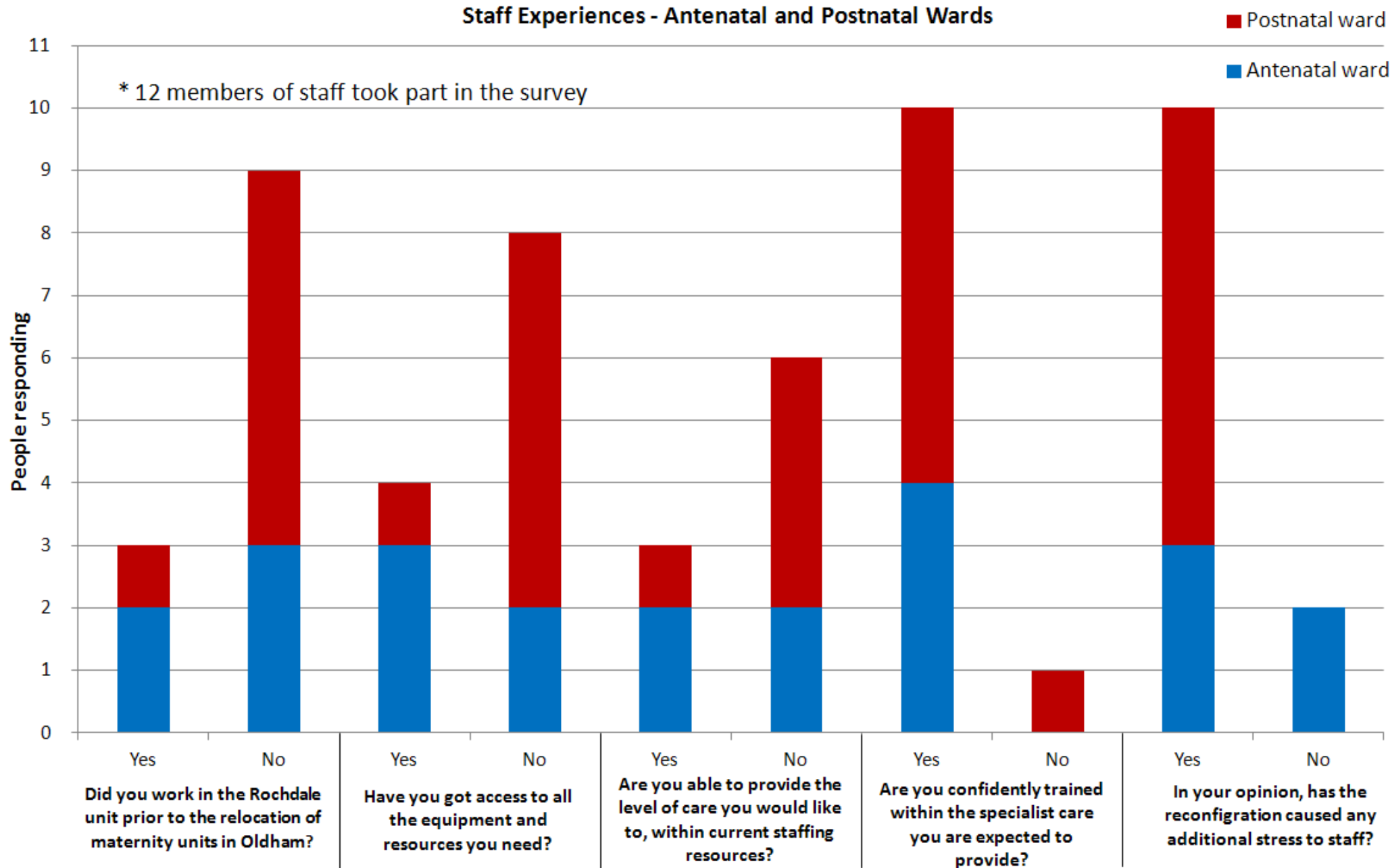
Out of those interviewed, 10 said that they felt that they were confidently trained within the specialist care that they were expected to provide, with only one staff member (from the postnatal ward) saying they weren't. Some did make the comment that there were some differences in the systems used between the Oldham and Rochdale units.

3.2.5 Effect of reconfiguration on staff

Staff on the antenatal ward varied in their responses to what impact the reconfiguration has had on them. Some felt that stress had gone up a lot, whereas others seemed unaffected. Stress seemed to be more of an issue on the postnatal ward, with every staff member interviewed reporting that they experienced more stress as a result of the reconfiguration.

Figure 6

Staff Experiences - Antenatal and Postnatal Wards



3.2.6 Staff Morale

There were some rather large discrepancies between the antenatal staff and postnatal staff reports of staff morale levels. The majority of the antenatal staff reported that morale had at first fallen immediately after the reconfiguration, and then began to rise again.

The postnatal ward results showed that the majority of the staff felt that morale had decreased. Many reported that staffing shortages were a problem and this led to stress. Two staff also mentioned that staff from Rochdale were used to doing things differently, which also caused some issues.

3.2.7 Line management support & supervision

Out of the 10 that answered, six said they had not received enough information and line management/supervision to be able to respond to the changes. An equal proportion of antenatal and postnatal staff gave this response.

There were some interesting comments made particularly from the postnatal staff, who said that they were simply told to "get on with it". One also made the comment that the information pack they were given was too big, and they had had no time to read it.

There was another comment regarding the differences between Oldham and Rochdale units, this time with regards to the equipment used, which had caused some issues.

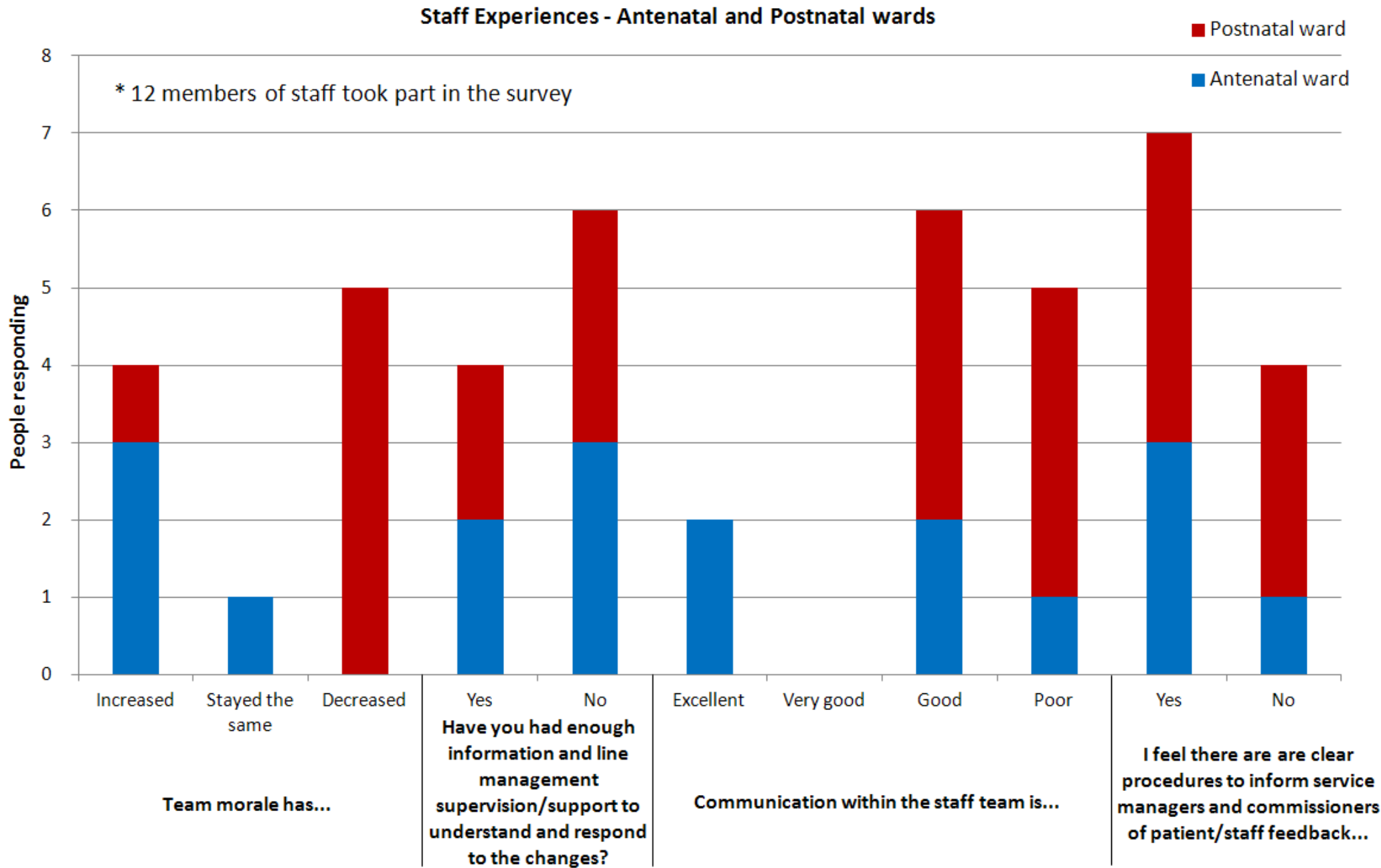
3.2.8 Communication within staff teams

Six staff reported that communication within the staff teams was "good" (below very good and excellent), and five reported it as being "poor". Two staff on the postnatal ward mentioned that changes were not communicated effectively and were only ever announced at short-notice.

3.2.9 Procedures to capture patient feedback

Seven out of the 11 staff felt that there were clear procedures to inform service managers and commissioners of patient/staff feedback, whereas four said they did not. Three of these were from the postnatal ward.

Figure 7



4 Reflections & Recommendations

4.1 Patient Care

4.1.1 Patient Experience

It was clear from the findings that patients have had a good experience and that the reconfiguration has not affected the level of care they consider to be good.

4.1.2 Staff perception

The majority of staff members interviewed however were not wholly satisfied with the level of patient care that they are able to give, often due to access and organisation of equipment. It would be a sensible recommendation to have equipment organised in a way considered to be most effective by the staff that use it daily.

4.1.3 Patient confidence in staff

There is some discrepancy with regard to patients' confidence in staff. Reports were more favourable from the ante-natal ward participants, and less so on the post-natal ward. The reasons for this should be investigated to achieve consistency in quality across each ward.

4.1.4 Travelling & transport issues

Travelling to the Royal Oldham Hospital has not caused any significant problems and certainly not led to any complications for labour, which has been a major concern although an evident misconception. There are some practical recommendations to be made however with regard to signage and directions to the maternity unit once a patient arrives at the hospital site itself.

4.2 Ward environment

4.2.1 Hygiene

Participants reported that the ward environment and levels of hygiene were good.

4.2.2 Comfort of patients

Some women on the post-natal ward reported that they were not able to get enough rest, due to it being a very busy environment.

This is in comparison to the ante-natal ward, where 100% of respondents reported that they were able to get enough rest, that it was comfortable and that it was a relaxing environment.

It is worthy to note that the ante-natal ward design is very different to post-natal, with each patient having their own private room. This may account for the differences.

The layout of the post natal ward should be reviewed to determine if it can be organised to provide patients with a more relaxed and restful environment.

4.3 Staff experience

The purpose of interviewing staff as well as patients was to ascertain if there had been any implications for clinical practice, following the reconfiguration. 3.1 indicates that staff perceive that there has been a negative impact.

Additional issues were also raised however, which may be useful for service managers to be aware of. These are described here for this reason:

4.3.1 Staff morale

There were notable differences in staff morale between each ward, with the postnatal ward staff reporting that morale had continued to be negatively affected since the reconfiguration. There is clearly a need to consider the management practices across each ward to try to achieve a level of consistency.

A greater number of staff on the post-natal ward reported that they felt stressed as a result of the reconfiguration and that the different methods of working between Oldham and Rochdale staff had caused some tensions.

A significant proportion of staff respondents felt that they had not had enough line management/supervision support to respond effectively to the changes, and that the communication of the changes could have been better.

4.3.2 Staff confidence

The majority of staff felt that they had been confidently trained to provide the specialist care expected from them. This is of course important given that the Royal Oldham is working towards becoming a specialist neo-natal centre.

5 Appendices

Appendix 1: Maternity Enter & View Planning Meeting Agenda

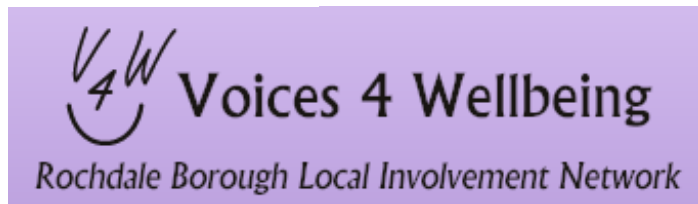
Appendix 2: Enter & View Visit Agreement

Appendix 3: Enter & View Patient Questionnaire

Appendix 4: Enter & View Staff Questionnaire

Appendix 5: Authorised Representative's Prompt Sheet

Appendix 6: Patient & Staff Information



Maternity Unit Enter & View Planning Meeting

AGENDA

Wednesday 28th September 2011, 10am
Oldham LINK & Voices4Wellbeing Office
17 Salmon Fields Business Village, Salmon Fields, Royton,
Oldham, OL2 6HT

1. Welcome & Introductions

2. Background to the Enter & View Visit

- Making It Better initiative
- Clinical evidence for service reconfiguration
- Purpose of the Enter & View visit

3. Objectives of the Enter & View Visit

- Gather information on patient experience in relation to the redirection of Maternity Units from Rochdale infirmary to the Royal Oldham Hospital.
- Ascertain if there have been any negative implications for service quality; privacy & dignity & patient safety
- Understand any implications for clinical practice in relation to the redirect

4. Format of the Enter & View Visit

- Visiting Teams
- Enter & View Crib Sheet & note taking
- Electronic handheld questionnaire
- Patient questionnaire
- Staff questionnaire
- General discussions with patients

5. Particulars on the day

- Meeting point
- Time
- Support from LINK Host & Pennine Acute NHS Hospitals Trust
- Using the electronic hand held devices
- Identification badges

6. Enter & View Visit Agreement

7. Any Other Business

Enter & View Visit Agreement

Name of Authorised Representatives	Marian Corns Jennifer Fletcher Olwen Fish Jean Frankell
Date of Visit	Monday 3rd October 2011
Place of Visit	Royal Oldham Hospital of Pennine Acute Hospitals Trust Maternity Wards
Time & duration	10am-12pm (2 hours)
Enter & View visit rationale <p>The visit will enable the LINK to fulfil its role to monitor and scrutinise services. This is with reference to Rochdale women being redirected to from Rochdale Infirmary to the Royal Oldham Hospital for in patient maternity services. This is part of the Making It Better initiative to improve patient safety and service quality by having fewer, but specialist neo-natal centres across Greater Manchester. Patient feedback gathered via NHS Heywood Patient Advisory & Liaison Service (PALS) and discussions with NHS Oldham in relation to the service change has promoted this visit.</p>	
Objectives <ol style="list-style-type: none"> 1. Gather information on patient experience in relation to the redirection of in-patient maternity services from Rochdale Infirmary to the Royal Oldham Hospital. 2. Ascertain if there have been any negative or positive implications for service quality; privacy & dignity & patient safety. 	

3. Understand any implications for clinical practice in relation to the redirect

Methodology

An Authorised Representative from each LINK along with a member of the Host Staff Team will form a total of two teams. One team, accompanied by Oldham LINK Manager will visit Maternity 1 and the other team, accompanied by Voices4Wellbeing (Rochdale LINK) Manager will visit Maternity 2. On each ward, one Authorised Representative will focus on talking to staff, and one Authorised Representative will focus on talking to patients.

Additional requirements

Marian Corns requires a wheelchair to be available.

It may be appropriate to have a room made available to talk with staff confidentially.

Equipment needed

Pen, clipboard, questionnaires, ID badges

Declaration

I have been fully briefed and understand the nature of this Enter & View visit, as outlined in this Agreement.

I agree to conduct the visit in line with the specified Enter & View Crib Sheet and to adhere to the LINK's code of conduct.

I will respect the confidentiality of the patients/staff and will conduct myself in accordance with the training I received to become an Authorised Representative.

Cameras **must not** be taken into the unit.

Date of Agreement

28-9-2011

Olwen Fish (signature)

Olwen Fish

Jean Frankell (signature)

Jean M. Frankell

Marian Corns (signature)

M Corns

Jennifer Fletcher (signature)

Jennifer Fletcher.

Approved by Gaddum Centre Host Organisation

Date: 28-9-2011

Print

Usula Hussain.

Sign

U Hussain



Enter and View Patient Questionnaire 3/10/2011

Authorised Rep's name		Time	
		Ward	

1. Where do you live? (Circle below)				
Heywood	Middleton	Rochdale	Oldham	Other

2. How did you get here?				
Car	Ambulance	Taxi	Bus	Other
Comments				

3. Were there any problems in getting here?	
Yes	No
Comments	



4. Have your visitors found it easy to travel to this hospital?

Yes No

Comments



5. Did travelling to this hospital complicate your labour?

Yes No

Comments

6. Where have you have previously given birth? (please circle)

Royal Oldham Hospital Rochdale Infirmary Home Other

This is the first time I have given birth

(If answer is Rochdale Infirmary go to question 7 For all other answers apart go to question 8)

Comments

7. Are there any significant differences you've experienced this time, apart from the travelling?

Yes No

Comments

8. How would you rate your satisfaction the experience you have had? (please circle)

Poor Good Very good Excellent

Comments

9. Are there any significant differences you've experienced this time in the same hospital?

Yes No

Comments

10. Did you have enough support from staff during your stay?

Yes No

Comments

11. Have you been able to see the consultant during your stay?

Yes No

Comments

12. Have you felt you could ask to see the consultant?

Yes No

Comments

13. During your stay have you felt: tick all that apply

- a) Comfortable
- b) Able to relax
- c) Confident in staff's ability
- d) Supported

Comments

14. The staff have been: tick all that apply

- a) Co-operative
- b) Helpful
- c) Respectful of your personal privacy and dignity
- d) Friendly

Comments

15. Was there an opportunity to talk about any fears you had about the labour and ask any questions?

Yes No

Comments

16. Has the support and guidance to care for your baby been

Poor

Good

Very good

Excellent

Comments

17. How would you rate the ward in terms of the environment for both you and your baby?

Poor

Good

Very good

Excellent

Comments

18. What is your view about the hygiene and cleanliness of the ward?

Poor Good Very good Excellent

Comments

|

19. Have you been able to get enough rest whilst you've been here?

(If yes end of questionnaire if no question 19)

Yes No

Comments

20. If no what has prevented you from resting?

Comments

General comments

Appendix 4

Oldham



Local Involvement Network



Maternity Enter & View Staff Questions 3/10/2011

Authorised Rep's name		Time	
		Ward	

What is your Job Title?

Did you work in the Rochdale Unit prior to the relocation of maternity units to Oldham?

Yes No

Have you got access to all the equipment and resources you need?

Yes No

Are you able to provide the level of care you would like to, within the current staffing resources?

Yes No

Are you confidently trained within the specialist care you are expected to provide?

Yes No

Comments

In your opinion has the reconfiguration caused any additional stress to staff?
Yes No
Comments

Team morale has...
Decreased Stayed the same Increased
Comments

Have you had enough information and line management supervision/support to understand and respond to the changes? Yes No

Comments



What impact has the reconfiguration had?

Comments



Are there any additional constraints upon you following the change?

Comments

Communication within the staff team is...

Poor Good Very good Excellent

Comments

What are your thoughts regarding the current systems in place to care for patients: e.g. example effectiveness & efficiencies both good and bad processes

Comments/ideas

I feel there are clear procedures to inform service managers & commissioners of patient/staff feedback Yes No

Comments/ideas

General Comments

Introduction for patients:

Would you like to speak to me about your experiences on this ward?

The patient & staff information sheet goes into more detail, however concisely we are here to distinguish if there are any issues you have experienced whilst travelling & staying on the ward. This will enable us to feedback your perspectives & experiences with a view to improving service in the future. |

Information is confidential and will not be discussed with any member of the staff currently responsible for your care. We will feedback your comments to hospital management after your stay. Anything you discuss will remain confidential until after we leave the ward, unless you disclose anything which affects safety.

Introduction for staff

I am a volunteer with Oldham and Rochdale Borough Local Involvement Network.

I'd like to speak to you and other staff about the experience of merging Rochdale and Oldham maternity units. Our intention is to gather information anonymously about any positive or negative impacts of the change from a practitioner's point of view about patient safety and patient experience.

LINK Maternity Unit Visit 3rd October

Patient & Staff Information

What are LINKs?

Local Involvement Networks (LINK) Oldham LINK & Voices4Wellbeing (Rochdale Borough LINK) are networks for individuals, groups, organisations and communities in Oldham & Rochdale that want to make a difference to their health and social care services.

What do LINKs do?

LINKs have a legal responsibility to gather information from patients, service users and carers about their experiences of health and social care services and then to communicate this to the people that make decisions about how service are run.

Why do they do this?

The intention is to inform the decision-makers from a patient point of view so that services can be developed and delivered appropriately for patients' needs. LINKs also have a role to monitor and scrutinise local services, particularly when there have been changes to services.

How does this affect me?

Volunteers of Oldham & Rochdale Borough LINKs are conducting an Enter & View visit to the Maternity Unit at the Royal Oldham Hospital to find out what the experience is of patients and staff following the redirection of in-

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patient maternity services from Rochdale to Oldham. They would like to speak to patients from both areas and a broad range of staff too.

How will my information be used if I decide to take part?

The aim of this work is to use patient and staff views to help the hospital see if there are any improvements that can be made, so that the experience of women and their families on the ward can be the best it can be and so that staff can give the best quality of care.

All information will be confidential and the findings will not be discussed with anyone until after the current patients have been discharged from the service.

What would I need to do?

An Authorised Representative of the LINK will help you to fill out the questionnaire if necessary; either using a handheld electronic device, or in writing. Otherwise you can complete it personally. However, it would be helpful for the Representative if you could have a general chat about your experience during your stay at the hospital.

The handheld electronic questionnaires will gather information quickly & easily. This will be anonymous and will be fed directly to a central database. Not even the Authorised Representatives will know the answers you give, unless you choose to discuss the issues further with a Representative.

How do I find out what has happened as a result?

If you would like to be kept informed of what we find from today's survey and what impact it has had, please complete your details on the attached form and hand it to the representative.

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