

# Kingston Hospital NHS Foundation Trust

Maternity Services – Overview findings of Regional Ockenden assurance visit

Date: 28 June 2022

# Purpose

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An assurance visit to Kingston Hospital NHS Trust's maternity services was completed on 28<sup>th</sup> June 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 a number of 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

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## Regional maternity team

**Kate Brintworth** Regional Chief Midwife, NHS England

**Nina Khazaezadeh** Deputy Regional Chief Midwife, NHS England

**Olivia Houihan** Regional Transformation Lead Midwife

**Sarah Espenhahn** Maternity Service User Voice Lead for London

## Peer reviewers

**Amy Dignam** Chair, Chelsea and Westminster Maternity Voices Partnership

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

**Maureen Fitzgerald** Deputy Director Quality and Nursing, South West London ICS

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

**Sarah Purdy** Associate Professor in Midwifery, Kingston University

**Tracey MacCormack** Director of Midwifery, King's College Hospital NHS Foundation Trust

# Key headlines

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- Prior to the visit, Kingston had achieved compliance across all the immediate and essential actions in the interim Ockenden report. They are congratulated on this.
- The unit is clearly very focussed on the continual improvement of the quality of the care that they provide, with an enquiring and curious approach.
- This approach has contributed to them having the strongest CQC maternity survey results in the region and better than average outcomes.
- The board are invested and interested in its maternity services and see it as one of the trust's priorities and offer continual proactive support to the maternity leadership team.
- Staff clearly enjoy working in the unit and are proud of their work, with many staying for a considerable length of time.
- There was consistent understanding about what the issues of concern were for the organisation across everyone spoken to by the team.
- Workforce capacity is the greatest concern, particularly ensuring sufficient numbers of staff are available so that; staff do not get burnt out, that there is appropriate cover in all clinical areas and good will is not over relied on.
- There is a great need to update the maternity information system at the trust. This is vital to support safe, improving and efficient care.
- Information provision to women could be improved to ensure that women are clear about their choices across the pathway, which should be consistently available.

# IEA1: Enhanced safety

- The trust presented their data that showed that they were below national average for hypoxic brain injury in neonates, stillbirth and neonatal death. They are rightly proud of these figures.
- The trust board was clearly interested and invested in maternity and aspire to be visible and approachable with focus groups and walk abouts. The Director of Midwifery (DoM) and Clinical Director present maternity information at the board as needed.
- The Chief Nurse (CN) and Director of Midwifery meet weekly and have a close relationship with the Non-executive Director (NED) and the Clinical Director. These were described as supportive and important relationships. There is also support for the obstetric team which appeared to be focussed around a clinical leadership forum.
- All levels of the trust are clearly very interested in data and what it tells them about their organisation. There was a shared understanding of the challenges for the team from ward to board.
- Having a NED who was a midwife has clearly been valued by all of the team who recognise the unique challenge and insight that they bring in understanding their data, services and challenges.
- The trust has developed a new governance role which is a midwife dedicated to ensuring that there is regular learning from incidents, and understanding the perspective of staff on the shop floor. This is a great initiative and should be evaluated and shared and will be a good contributor to the no blame culture described.
- One board member said that the attitude of the board was consistently that quality trumps finance and everyone spoken to was keen to keep improving and very alive to the need to sustain the achievements the trust has made and surpass them. The trust QI lead described the attitude of the maternity team for him as 'pushing against an open door'.

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

## IEA2: Listening to women and families

- The Maternity Voices Partnership (MVP) chairs described feeling valued and engaged with. Their work focusses on collecting feedback, QI projects with staff and information for women rather than co-producing services. This was described by the MVP chairs themselves as being due to their capacity with the time resourced for the role.
- The MVP chair and NED knew one another and had met virtually and are planning face to face meetings. The NED described valuing the insight the MVP brought to her role.
- The MVP had established a new role of outreach and engagement to ensure that the trust was hearing all voices, and the trust also has an obstetrician with a special interest in women's experience. Both of these roles are excellent initiatives.
- The trust and MVP is part of a South West London Local Maternity and Neonatal System (LMNS) initiative "women's stories" with a focus on what women from ethnic minorities can tell them about using their services
- The NED was very engaged with maternity as described and holds engagement sessions and undertakes walkabouts to hear directly from the staff.
- Involving families in any investigation or review was valued highly and the visit team were told women would even come back to the trust after poor outcomes due to the approach rebuilding confidence in the service.
- Currently it can be difficult for women and birthing people to give feedback as the QR codes around the unit and website links didn't function and the website was not clear in signposting women on how to feedback. The direction to 'speak to your midwife' is not sufficient for women who either may be concerned about their midwife or who left the service some time ago. Women in the focus group were not clear on this either.

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	

## IEA3: Staff training and working together

- Working on quality improvement initiatives together was a key feature of how the trust functions. Initiatives like 'the Big Room' were used an opportunity to bring together staff from administrators to consultants, to share experiences and ideas from outpatient induction of labour to improving patient flow. The governance team reported staff as engaged and interested.
- MDT training was organised in a multi-disciplinary way with a quarterly planning meeting so as to ensure it was well structured for all.
- Patient flow was seen as a key issue for the team who were engaged in some work with the trust QI lead to try and improve women's experiences particularly in relation to induction of labour and caesarean section pathways. Both of these pathways had featured in complaints. Safety huddles were reported to be held twice a day.
- Staff of all disciplines described good levels of support and team working with their peers, but felt less connected with the management team and didn't always feel sufficiently supported or engaged.
- The consultant body has been organised so that each person has some specific areas of responsibility and interest in the unit which is a positive way of securing team working and engagement and making governance everyone's business.

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

# IEA3: Staff training and working together

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- The leadership team recognised the importance of communicating honestly with the team about difficulties and the work they were doing to address them. They see health and well being as key and recognised that services cannot run sustainably on good will.
- One interesting example of team working was that in the lead up to the appointment of the new DOM, staff complained initially of being insufficiently engaged in the process. This speaks of an approach by the trust that values and fosters staff input as business as usual and is commendable.
- Students described a positive working environment with civility and respect between staff and to women and had no difficulty in getting support and sign off of their documentation. They felt welcome in the clinical area and worked frequently with their mentor.
- In contrast Junior doctors described a very busy working environment with significant staffing shortages and pressures which impact on their training. They don't always get equal opportunities or time to attend events supporting wellbeing or teaching. They will however be happy to return to work at Trust if staffing is improved. They described the MDT working relationships as supportive and good.

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

# IEA4: Managing complex pregnancy

- The induction of labour, epidural and caesarean section rates had all increased significantly in recent years. The whole team, including the anaesthetists, wanted to review the resources allocated to these activities to ensure that they were managed effectively as there were concerns about long waits for women and birthing people.
- They had recently started working on the Kaiser Permenante pathway which they saw as a positive innovation to reduce unnecessary antibiotic use and support women and babies going home sooner.
- Maternal medicine is now established and ongoing collaboration with the maternal medicine hubs. The use of Attend Anywhere was seen as key to its development for both seeing women and running multi-disciplinary meetings. Preconception care is now established.
- There are stickers on the notes to identify the named consultant.
- There is no distinct feedback for maternal medicine; instead it is the usual friends and family survey method that was used. There are plans to audit the service.

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

# IEA5: Risk assessment throughout pregnancy

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- There was an aspiration to understand further the needs of all women using the service. For example a recent audit had shown that there were disparities in some outcomes between people from differing ethnic backgrounds.
- There was interest by the NED in understanding further the experiences of differing groups to ensure that the risks for women are fully understood the risks for all women fully and appropriate and personalised care was being offered.
- To support this the maternity service were piloting a piece of work with the trust to understand better how women from ethnic minorities access services and experience.
- The trust has started implementing BSOTS but it was noted that at night the resources are considerably reduced once both the Day Assessment Unit and the helpline close. This leaves one midwife on duty which may undermine the success of the BSOTS approach.

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

# IEA6: Monitoring fetal well-being

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- Training leads worked hard to ensure that learning from incidents was included in the training provided to staff.
- CTG training was part of the six day offer of mandatory training and comprised of 4 hours face to face MDT training, including human factors training. It was well regarded by staff.
- There is a robust assessment process, and staff who do pass the programme are not permitted to work in intrapartum care. There is good support offered to help them improve their skill and competency.
- Concerns were raised about junior doctors being pulled from training to fill rota gaps.
- Centralised monitoring had been introduced and was perceived to be highly effective.

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

# IEA7: Informed consent

- Interpreting was not seen as a key issue of concern for the trust.
- The Birth Centre was described as frequently closing which restricts choice for women and also results in movement of triage due to its co-location with the Birth Centre.
- The website was very good in terms of the quality of the information but not always how it was organised; for example the information on maternal choice caesarean section was in the leaflets section; similarly the induction of labour leaflets were not linked from the relevant page.
- The virtual tour video is excellent both in information and the language of choice.
- The ‘widget’ that supports accessibility for the website was good but there was not a similar approach for languages with translation being only available in five languages. This is easily addressed.
- Women and birthing people also described variation in care. Those who had experienced continuity really enjoyed it, others knew nothing about it. Some said that they had good experiences of choice while others felt that they were being pressured into interventions such as induction of labour without knowing why. The experience of skin to skin contact in theatre was described as being dependant on the operating surgeon. Efforts should continue to reduce such variance.
- Students described witnessing good collaboration and consent for care with women in general but there was at times a tendency to assume women understood procedures and care pathways – something women also described

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

# Workforce planning and guidelines

- Staff described the trust as a supportive and safe place to work, with good, respectful multi-disciplinary working and many staff having worked there for a long period of time.
- The board were committed to funding the maternity service to their Birthrate plus recommended ratio and see over recruitment as a positive measure to keep pace with the inevitable staff turnover and reduce reliance on temporary staff. Bank staff are currently paid an uplift to encourage interest.
- The trust have not used agency staff for many years in recognition of the risks that come from temporary staff. This is laudable, however staff reported some rota/shift gaps which does mean that this position should not be taken for granted given the reported shortages. The junior doctors were particularly concerned about rota gaps and the impact this was having such as them feeling insufficiently supervised at times and wishing that their trainee status was more apparent and needs met.
- Maternity attend the trust safer staffing meeting and are fully recruited for Maternity Support Worker posts.
- Midwifery staff have been supported to become advanced clinical practitioners and there is an aspiration to have many more to support staff on the labour ward.
- The consultant body was reported as needing expansion, with midwifery staff describing areas where they were concerned about insufficient cover. There is a review and business case planned to address this.

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

# Workforce planning and guidelines

- A number of staff with specific roles appeared to have only part time hours allocated to the roles which even as part of a job share did lead to some feeling insufficient time given the demands of the role.
- Staff did not describe always feeling confident about escalation around safe staffing, feeling that the responses were often to put the issue back to them to resolve rather than offering support. One person described raising a concern over four weeks ago and not having received a response.
- Staff felt that ‘the Big Room’ and health and well-being initiatives were good, but that it was hard to attend them due to their often being run in work time.
- Similarly, development opportunities were acknowledged to exist but both midwifery and obstetric staff felt that access was not necessarily equitable.
- Students described the support from the CPF as excellent. They were described as supportive, flexible and personalised in her care for them. Most wanted to work at the trust. CLIP was not being used at present but a new role in the LMNS will support placement expansion work further.
- The preceptorship and PMA support was well organised, personalised and visible with each staff group having a PMA assigned to them and two PMAs having substantively funded.
- High levels of sick and maternity leave are contributing to the staffing difficulties
- The junior doctors felt that the team is slow to address the significant gaps in the junior doctors rota. This had an impact in their day to day workload, having to cover multiple areas at one time.

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

## Other points of note

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- The maternity services would like to improve their offer to women experiencing miscarriage, who have traditionally been cared for in gynaecology, by strengthening the links between gynaecology and maternity and increasing training for the nursing team. This is a great aspiration that will require increased resourcing for the already overstretched bereavement midwife.
- Continuity of carer was described as challenging in the face of staff shortages which are currently 19 wte (with 26 wte in the recruitment pipeline). Staff were concerned to not implement an approach that just 'ticked the boxes' of compliance but that actually delivered continuity. Antenatal and postnatal continuity was seen as strong in community and there was concern this would be lost in the proposed changes.
- Access to high quality data was of concern to everyone as it was seen as an enabler of quality improvement, safety and efficiency and their desire to be paperfree. Currently the Cerner maternity information system does not meet the needs or aspirations of the service, for example, data is often manually pulled, including MSDS submissions which is incredibly inefficient. The trust need to actively engage with the team to improve maternity information systems so that they meet the needs of a modern service.
- The homebirth and birth centre rates were above the national average suggesting close attention is paid to ensuring women's choice of place of birth is respected. It will be important not to reduce this choice due to birth centre closures.
- PMA support was proactive for staff when incidents occurred and they provided tea and coffee rounds, so as to check in on staff.
- The trust have a well-established Band 4 MSW scrub role in theatre. It will be important to share the impact and learning from this work.
- The team presented their new strategy which looks across the service and outlined the ambitions of the team, including across improving service user experience, and Equality Diversity and Inclusion.
- The birth centre and delivery suite was described as lovely and calm by the visiting MVP team.

## Recommendations / points for consideration

- The trust should ensure that their commitment to avoiding the use of agency staff does not inhibit the safe staffing of the unit and should review the allocation of time to various specialist roles to ensure they are sufficiently resourced e.g. the education team and bereavement midwife.
- The planned review of the obstetric team should help address some of the concerns raised by junior doctors around the lack of supervision and educational opportunities.
- The learning from incidents role should be evaluated and shared with the LMNS and region as this is such an interesting initiative.
- The trust need to actively engage with the team to improve maternity information systems to make them meet the needs of a modern maternity service.
- The website should be reviewed to ensure that navigation tools and translation tools allow easy access to the good information provided.
- The leadership team should continue to engage with staff as much as possible to reduce the perceived distance between them. The team is clearly passionate and dedicated to hearing from the staff so continuing this work will be important in areas such as continuity of care, workforce, development opportunities and digital, where staff expressed concerns that currently there are not consistent fair and equitable developments.
- As part of the review of flow, the trust should consider the resourcing allocated to triage to ensure that BSOTS is being implemented with fidelity to the model and that this isn't a cause of delay in the unit.
- Not all women expressed experiencing choice and this should be a golden thread in the new strategy and in individual initiatives so that the good approach taken by some is shared by all.

# Offers of support to the Trust

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The regional transformation midwife would be happy to support the trust as they continue develop their continuity of carer offer.

The regional transformation lead will be happy to support the digital midwife as they work on the need for developing maternity information systems.

The service-user lead for London will support the MVP chairs through established meetings and networks.

Matrons are invited to attend the recently established London Matron Forum for opportunities for networking and support.

## 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:

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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:

1. triage waiting area
2. the antenatal clinic waiting room
3. postnatal ward
4. scanning waiting area
5. 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.

Area: Antenatal Clinic

Element	Observed? (	Notes
<b>Welcome</b>		
How long did I have to wait to enter?	NA	
Are reception staff welcoming and kind?	NO	
Does the space feel welcoming?	✓	
Is the atmosphere calm and peaceful?	✓✓	Reception is calm and relaxed, but AN clinic waiting area quite dark with lots of ambient noise. The screens have relaxing photos.
Are there enough seats? Are they comfortable	✓	Possible not enough seats as the space is shared with ultrasound unit
Do appointments seem to be on time?	NO	
Is water available to drink?	✓✓	No water at reception, but fountain in ANC waiting room
<b>Safety</b>		
Does the area feel safe? (Why/ why not?)	✓✓	
Is hand gel/hand washing available?	✓	
Are masks available?	✓	
<b>Staff</b>		
Are staff calm and friendly in general?	✓✓	
Are staff calm and friendly when calling someone for an appointment?	✓	Most people called first name only, not always clearly
Do staff introduce themselves?	0	Didn't hear staff introducing themselves
Do staff seem caring of each other?	✓✓	
Are staff kind (to service users and each other)?	✓	
Is there information about who the staff in the area are?	✓✓	In ANC waiting room
Do staff communicate waiting times etc?	0	
<b>Cleanliness &amp; accessibility</b>		
Is the area clean?	✓✓	
How accessible is the area for people with varying needs eg physical, mental or learning disabilities?	✓✓	Space for those with physical disabilities, but noisy
Is there access to translation/ interpretation services?		
Are cultural needs taken into account or acknowledged?		
Are the toilets clean?	0	Toilets were not clean. A bloody cotton bud lay on one of the surfaces. Light not working in one of the toilets and Domestic Violence poster only in one of the toilet.
Are the toilets accessible?	✓✓	
Toilets for partners/support people too?		
Are baby change facilities available?	✓✓	But not clean

Element	Observed? (see key)	Notes
<b>Information</b>		
Is the signage clear and well placed?		
<p>How useful are noticeboards, posters (visual information)? Including</p> <ul style="list-style-type: none"> <li>• in places where service users can read them?</li> <li>• Well laid out</li> <li>• Up to date</li> <li>• Inclusive of different groups (e.g. ethnicities, LGBTQ, people with disabilities etc.)</li> </ul>		<p>Information table at the entrance is very busy, and bright – would be hard to process for someone with ADHD. An easy read format would be better.</p> <p>Gestational diabetes board was better: tidy and clear and with useful info.</p> <p>Posters on wall not very inclusive (only 1 black baby was spotted!)</p> <p>Some good leaflets.</p> <p>Wall boards were mixed information so hard to find something specific, and often too small.</p>
<p>Does the information available encourage/ support choice?</p> <p>Specifically, choice about:</p> <ul style="list-style-type: none"> <li>• place of birth</li> <li>• different ways of giving birth (mode of birth)</li> <li>• coping strategies</li> <li>• personalising birth space</li> <li>• infant feeding</li> <li>• birth supporters</li> </ul>	✓✓	<p>Not spotted – this would be an ideal place to display information about birth choices and personalised care.</p>
<p>Is there information available about personalised care? For example:</p> <ul style="list-style-type: none"> <li>• using personalised care &amp; support plans</li> <li>• use of birth preferences/plans</li> <li>• postnatal care plans</li> <li>• birth reflections services</li> </ul>		
<p>Is there information about:</p> <ul style="list-style-type: none"> <li>• visiting times/policies</li> <li>• classes</li> <li>• staff</li> <li>• Trust values</li> <li>• Support</li> <li>• Birth reflections/afterthoughts service</li> <li>• How to give feedback (including PALS for complaints)</li> <li>• MVP</li> </ul>		

Area: Antenatal Clinic

Element	Observed? (see key)	Notes
<b>Information</b>		
Is there safety information? For example: <ul style="list-style-type: none"><li>• who to contact if you need help</li><li>• covid restrictions</li><li>• domestic violence</li><li>• safe sleep information</li><li>• skin to skin time with baby</li></ul>	✓	
<b>ANY OTHER OBSERVATIONS?</b> <b>NB Ockenden themes: Safety, information, personalised care &amp; decision making, feedback, coproduction</b>		

Triage

Element	Observed? (	Notes
<b>Welcome</b>		
How long did I have to wait to enter?	NA	
Are reception staff welcoming and kind?	✓	
Does the space feel welcoming?	✓✓	Welcoming signs
Is the atmosphere calm and peaceful?	✓	Some ambient noise and beeping, but lovely décor, calm lighting
Are there enough seats? Are they comfortable	✓	Only 2 seats available
Do appointments seem to be on time?	NO	
Is water available to drink?	✓✓	Nice table with water and cookies
<b>Safety</b>		
Does the area feel safe? (Why/ why not?)	✓✓	
Is hand gel/hand washing available?	✓	
Are masks available?	✓	
<b>Staff</b>		
Are staff calm and friendly in general?	✓✓	
Are staff calm and friendly when calling someone for an appointment?	NO	
Do staff introduce themselves?	NO	
Do staff seem caring of each other?	✓✓	
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?		
<b>Cleanliness &amp; accessibility</b>		
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?		
Are the toilets clean?	✓✓	Nice clean toilets with colorful plants and pictures on the wall, as well as information
Are the toilets accessible?	✓	
Toilets for partners/support people too?	✓	In reception, though do use the triage toilet
Are baby change facilities available?		

Triage

Element	Observed? (see key)	Notes
<b>Information</b>		
Is the signage clear and well placed?		
<p>How useful are noticeboards, posters (visual information)? Including in places where service users can read them?</p> <ul style="list-style-type: none"> <li>• Well laid out</li> <li>• Up to date</li> <li>• Inclusive of different groups (eg ethnicities, LGBTQ, people with disabilities etc)</li> </ul>		
<p>Does the information available encourage/ support choice? Specifically choice about:</p> <ul style="list-style-type: none"> <li>• place of birth</li> <li>• different ways of giving birth (mode of birth)</li> <li>• coping strategies</li> <li>• personalising birth space</li> <li>• infant feeding</li> <li>• birth supporters</li> </ul>		
<p>Is there information available about personalised care? For example:</p> <ul style="list-style-type: none"> <li>• using personalised care &amp; support plans</li> <li>• use of birth preferences/plans</li> <li>• postnatal care plans</li> <li>• birth reflections services</li> </ul>		
<p>Is there information about:</p> <ul style="list-style-type: none"> <li>• visiting times/policies</li> <li>• classes</li> <li>• staff</li> <li>• Trust values</li> <li>• Support</li> <li>• Birth reflections/afterthoughts service</li> <li>• How to give feedback (including PALS for complaints)</li> <li>• MVP</li> </ul>		

Triage

Element	Observed? (see key)	Notes
<b>Information</b>		
Is there safety information? For example: <ul style="list-style-type: none"><li>• who to contact if you need help</li><li>• covid restrictions</li><li>• domestic violence</li><li>• safe sleep information</li><li>• skin to skin time with baby</li></ul>		
<b>ANY OTHER OBSERVATIONS?</b> <b>NB Ockenden themes: Safety, information, personalised care &amp; decision making, feedback, coproduction</b>  Nice motivational phrases on the wall. I thought it was a nice space for women and birthing people to be assessed before the rest of their journey.		

Area: Postnatal ward (Esher wing)

Element	Observed? (	Notes
<b>Welcome</b>		
How long did I have to wait to enter?	NA	
Are reception staff welcoming and kind?	✓	
Does the space feel welcoming?	✓✓	Sofa and table
Is the atmosphere calm and peaceful?	✓✓	The ward felt very calm, even with a couple of clinics running (only 1 or 2 people waiting)
Are there enough seats? Are they comfortable	✓	
Do appointments seem to be on time?	NA	
Is water available to drink?	✓	Also tea & coffee
<b>Safety</b>		
Does the area feel safe? (Why/ why not?)	✓	
Is hand gel/hand washing available?		
Are masks available?		
<b>Staff</b>		
Are staff calm and friendly in general?	✓✓	
Are staff calm and friendly when calling someone for an appointment?	NA	
Do staff introduce themselves?		
Do staff seem caring of each other?	✓✓	
Are staff kind (to service users and each other)?	NO	
Is there information about who the staff in the area are?	✓	
Do staff communicate waiting times etc?	NA	
<b>Cleanliness &amp; accessibility</b>		
Is the area clean?	✓✓✓	Mostly single ensuite rooms, with reclining chair, temperature control.
How accessible is the area for people with varying needs eg physical, mental or learning disabilities?	✓✓	Wide doors
Is there access to translation/ interpretation services?		
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?		

Area: Postnatal ward (Esher wing)

Element	Observed? (see key)	Notes
<b>Information</b>		
Is the signage clear and well placed?		
<p>How useful are noticeboards, posters (visual information)? Including</p> <ul style="list-style-type: none"> <li>• in places where service users can read them?</li> <li>• Well laid out</li> <li>• Up to date</li> <li>• Inclusive of different groups (eg ethnicities, LGBTQ, people with disabilities etc)</li> </ul>		Graffiti wall. Various notice boards, both in rooms and in corridors
<p>Does the information available encourage/ support choice? Specifically choice about:</p> <ul style="list-style-type: none"> <li>• place of birth</li> <li>• different ways of giving birth (mode of birth)</li> <li>• coping strategies</li> <li>• personalising birth space</li> <li>• infant feeding</li> <li>• birth supporters</li> </ul>	✓✓	
<p>Is there information available about personalised care? For example:</p> <ul style="list-style-type: none"> <li>• using personalised care &amp; support plans</li> <li>• use of birth preferences/plans</li> <li>• postnatal care plans</li> <li>• birth reflections services</li> </ul>		
<p>Is there information about:</p> <ul style="list-style-type: none"> <li>• visiting times/policies</li> <li>• classes</li> <li>• staff</li> <li>• Trust values</li> <li>• Support</li> <li>• Birth reflections/afterthoughts service</li> <li>• How to give feedback (including PALS for complaints)</li> <li>• MVP</li> </ul>	0	QR code had expired

Area: Postnatal ward (Esher wing)

Element	Observed? (see key)	Notes
<b>Information</b>		
Is there safety information? For example: <ul style="list-style-type: none"><li>• who to contact if you need help</li><li>• covid restrictions</li><li>• domestic violence</li><li>• safe sleep information</li><li>• skin to skin time with baby</li></ul>	✓	
<b>ANY OTHER OBSERVATIONS?</b> <b>NB Ockenden themes: Safety, information, personalised care &amp; decision making, feedback, coproduction</b>  There are also some postnatal rooms on the birth centre/delivery suite areas, with the same décor as the birth rooms – dim lighting, calm décor murals.		