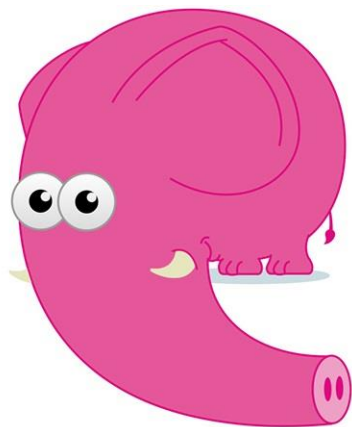


# “Little Voices”

A Healthwatch Derby consultation into pregnancy maternity services, and services for children aged 0 to 11 years

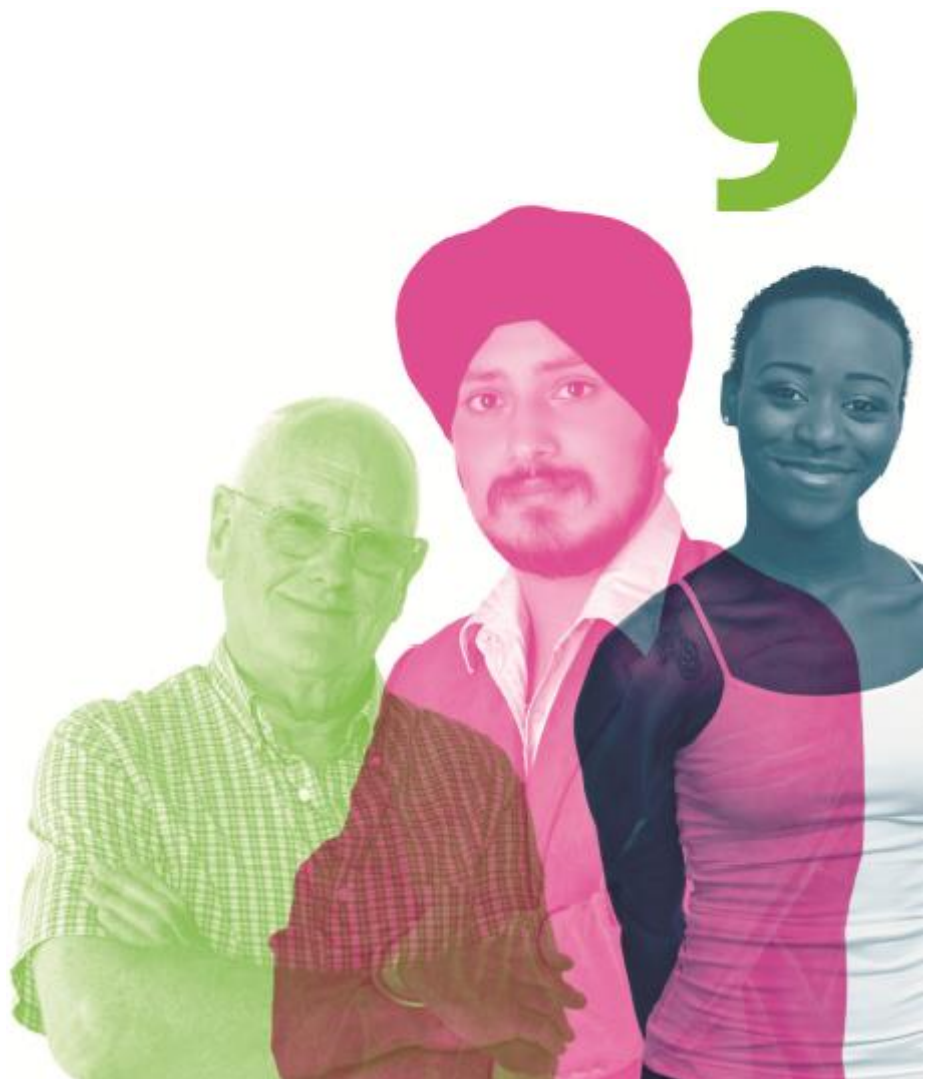




# Index

## Chapter

1	<b>Introduction</b>  Foreword by Chairman Introduction by HWD CEO
2	<b>Executive Summary</b>
3	<b>Our Structure</b>
4	<b>Methodology &amp; Engagement</b>
5	<b>Our Observations</b>  Patient Forums Day Observations Surveys & Case Study Enter & View 1 Enter & View 2
6	<b>Key Findings, Recommendations &amp; Response</b>
7	<b>Appendices</b> Detailed index of attached appendices  <b>Contact Us</b>





## Chapter 1

### Foreword

Listening to the voice of patients is the essence of what Healthwatch does. The challenge has always been to include as many patients' views as possible and finding good and innovative ways of doing this. "Little voices" captures that of children and has involved careful thought by the team and volunteers in doing this. The results show just how the young are generally being given positive treatment by service providers and that outcomes are good.

It is most encouraging to see the level of involvement given by service providers to enable Healthwatch to present its investigation into this subject and I thank them for that. There are of course points of concern particularly with GP appointments and this does need to be addressed if we are to continue to see good health provision for the young.

Speaking to children has often involved their parents and so I extend my thanks for their participation in supporting their children and acting as their voice where the child could not and needed support to do so. We all have to recognise that support is vital in society and it is good to see that it is there.

The report is an interesting and informative so read on.

**Steve Studham**  
**Chair**  
**Healthwatch Derby**

## **Introduction**

The Little voices report is the culmination of many hours of planning and hard work by the Healthwatch Derby staff, volunteers and the cooperation of the people of Derby who shared their experiences of the services of Derby Teaching Hospitals NHS Foundation Trust. The Trust also needs some recognition for making the team feel welcome and working within the true spirit of partnership, showing they are eager to listen to what the service users had to say with the intent to make improvements

The report has had made an impact, the responses given by the Trust show that the findings have been taken on board and that they will be used in future training sessions with the staff.

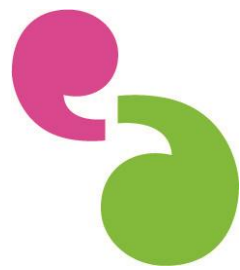
Overall the Maternity services and services for those 0-11 years old were given the thumbs up, with the key areas of concern being about access to, and capacity of GP services. Length of waiting times, improved communication and customer service when dealing with patients and families and further improvements into how services are integrated and how the public are made aware of services.

The Trust and local commissioners are aware of these issues and are already looking at ways of making improvements and along with the commitment shown by the Trust I am optimistic that we will see improvements in the near future.

The report has also had a wider impact with it feeding into Healthwatch England's work into Maternity services nationally and they co-hosted one of the workshops locally. This will further drive and inform improvements across the whole country.

I therefore thank all that gave their time and were involved in this report and give Healthwatch Derby's promise that we will continue to ensure that the voice of those that use local services will be listened too and we will act as a watchdog to monitor local services to ensure that our services are of the utmost quality.

**James Moore**  
**CEO**  
**Healthwatch Derby**



## Chapter 2

### Executive Summary

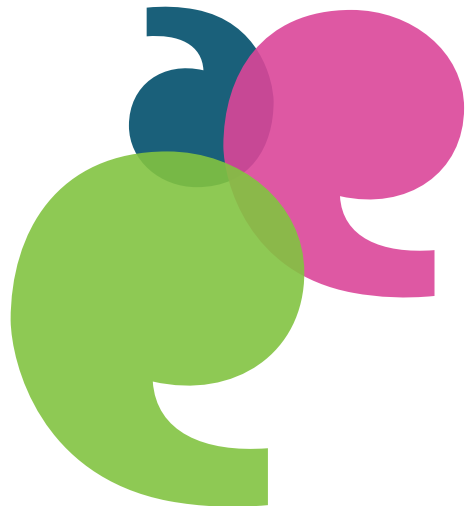
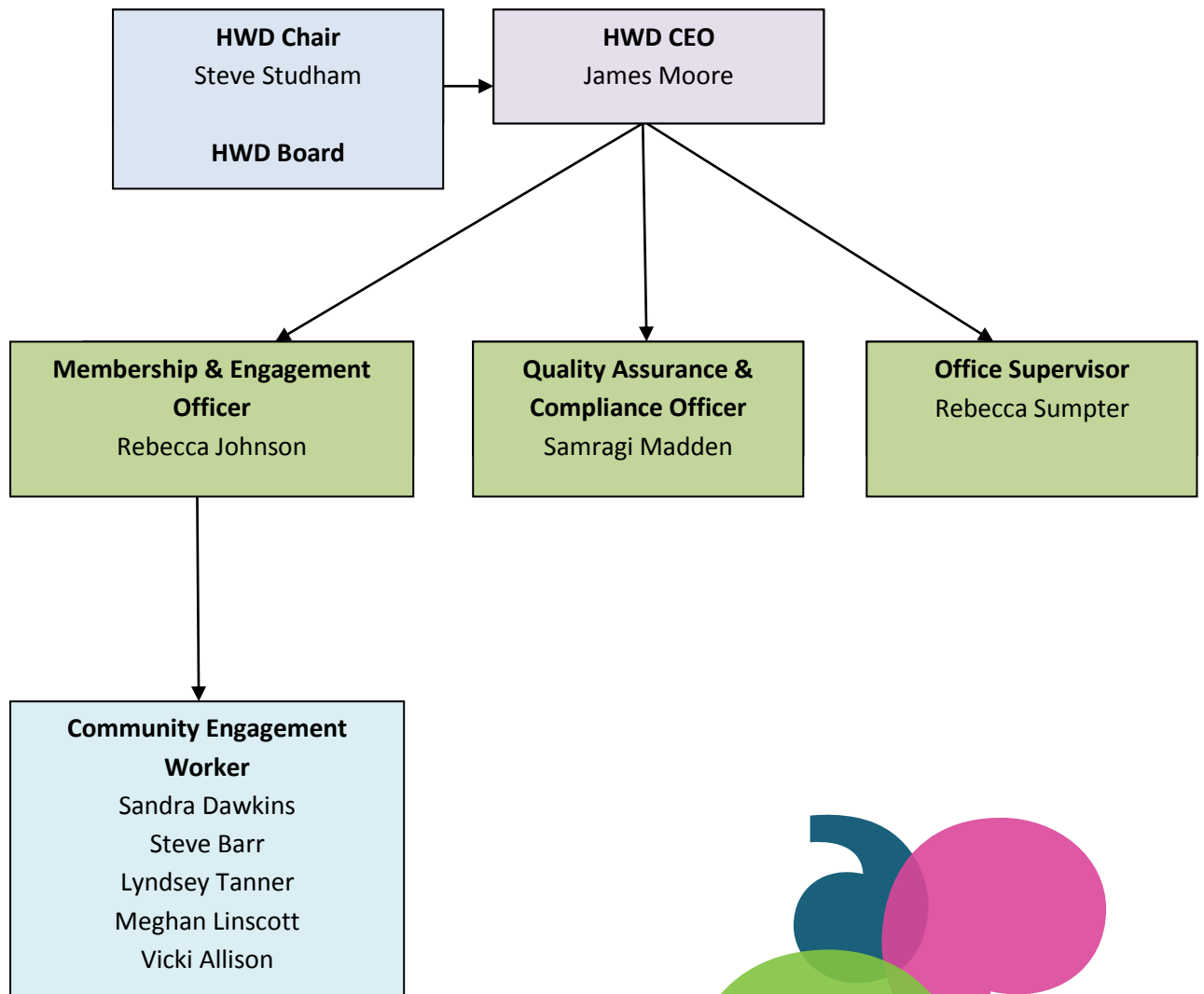
- Healthwatch Derby has successfully completed a consultation into pregnancy, maternity, and services for children aged 0 to 11 years. This consultation was named **'Little Voices'**.
- We have used **a number of different engagement and consultation methods** to gain a good understanding of the services in focus.

- We hosted **2** bespoke patient platforms – a focus group and a full workshop. We conducted **2** Enter & Views.
- We hosted **2** surveys for this consultation, and also completed **11** separate day observations of services.
- We worked in partnership with service providers.

- Our findings show **positive patient experiences overall for the themes of responsive and caring services.**
- **Communication, delay in appointments, access to appointments, and lack of cohesion** have been highlighted to us as key negatives.

## Chapter 3

### Our Structure





## Chapter 4

### Methodology & Engagement

#### What does Healthwatch Derby do?

Healthwatch Derby is an independent consumer champion for health and social care services in Derby, and also a newly formed Ombudsman with the remit to have an overview of health and social care services in Derby. Our role is to listen to feedback from patients, carers, and anyone who either accesses or is affected by services. We provide local intelligence to health and social care providers, commissioners of services, and regulators of services. Our aim is to be a critical friend to service providers and commissioners – and to work in partnership with our key stakeholders such as the local authority, patient support groups, community and voluntary groups amongst others. We hope to improve services by providing accurate and up to date local intelligence and insight.

#### What is 'Little Voices'?

Working in partnership with key stakeholders (such as service providers, commissioners, local authority, public health, service inspectors etc) Healthwatch Derby structured a comprehensive consultation programme to assess the impact and effectiveness of pregnancy maternity services and services for children aged 0 to 11 years. Since the start of its operations in 2013, Healthwatch Derby has used the consultation format to get an in depth understanding of key services. We have studied acute and mental health services, and the 'Little Voices' project was our attempt to better understand key services at the beginning of an individual's life. The consultation took place over a 12 month period (January 2015 to January 2016), however we have also used data pertaining to observed services in the period April 2013 to January 2016, to provide a comprehensive view of what we have been hearing about the highlighted services from the very beginning of our work as the watchdog for Derby's health and social care services.



## Consultation Structure

Consultation Item	Method	Individual items of feedback	Date	Venue
<b>Patient Forum 'Focus Group'</b>	Appendix A	133	6 <sup>th</sup> August 2015	Revive Chaddesden
<b>Patient Forum 'Workshop'</b>	Appendix B	222	26 <sup>th</sup> August 2015	Sunnyhill Community Centre
<b>11 Separate Day Observations</b>	Appendix C	509	2015	Various venues
<b>Survey 1 Pregnancy &amp; Maternity Services</b>	Both surveys were designed with input from the Trusts, Commissioners, Inspectors, Support Groups and the Local Authority	51	2015	Hosted online by HWD (Both surveys)
<b>Survey 2 Children's Services 0 to 11 Years</b>		39	Surveys also generated a detailed <b>Case Study into Pregnancy &amp; Maternity Services.</b>	
<b>Enter &amp; View 1</b> Appendix E	Healthwatch Derby Enter & View Policy – Appendix F	130	2015	Beeches Specialist Mental Health Maternity Unit
<b>Enter &amp; View 2</b> Appendix D		30	2014	Children's Hospital

One of our strengths at Healthwatch Derby is our ability to work with providers and commissioners to hear directly from services, and from the patient groups they serve.

By using a combination of consultation methods we provided a robust approach to capturing patient and carer feedback, support group feedback as well as feedback from Trust staff, commissioners and regulators of services ensuring each had opportunities to feed into our consultation.

## Consultation Report

This report has been produced by Healthwatch Derby with a clear and agreed timescale. Our timescale for the report was as follows:

Date	Details
January 2015 to March 2015	Little Voices Consultation Proposal & Feedback from Providers & Commissioners – Project Initiation & Collaborative Design
April 2015 to January 2016	Little Voices Outreach
May 2015 to October 2016	Little Voices Surveys
6 <sup>th</sup> August & 26 <sup>th</sup> August 2016	Little Voices Focus Group & Workshop
12 <sup>th</sup> January 2016	Last Little Voices outreach (CAMHS)
January to February 2016	Little Voices Report drafted
Mid February 2016	HWD Internal Quality Assurance of reporting
14 <sup>TH</sup> March 2016	Report sent to providers and commissioners for a response
Post 2016 Electoral Purdah	Report published and circulated

## Consultation Workflow

Officer/Organisation	Role
Sandra Dawkins (Engagement Officer)	All engagement and day observations.
Samragi Madden (Quality Assurance & Compliance Officer)	Research & conceptualisation, strategic liaison, workshops, final report, promotion and circulation.
Healthwatch Derby Board	Report quality assurance.
Healthwatch Derby CEO	Strategic guidance and approval of final draft.
Service Providers	Operational support and response.

## How did we engage?

The Little Voices consultation's success depended on meaningful engagement to gather patient experiences. For the duration of the consultation, the Healthwatch Derby team has engaged with or attended health focused events to discuss patient experiences, and have spoken to members of the public, carers, service users, staff, support group organisations about their experiences of accessing services. A selection of engagements highlighting our work:



### Engagement views:

Top left – Healthwatch Derby stall at Mickleover Library

Top right – Healthwatch Reference Group

Middle Left – Healthwatches Regional & Care Quality Commission Cross Directorate Meeting

Bottom Left – Healthwatch Derby stall at the Joseph Wright College



## Limitations and barriers

The team had the full strategic support of the services observed, however on some occasions the consultation was delayed due to individual departments taking a long time to decide on observation dates. We appreciate it is difficult for any service to be observed, and have taken on board the learning from this project to help us plan and deliver future projects to a more defined timescale.





## Chapter 5

### Our Observations

Processes of collecting information for the consultation is fully explored in this chapter with our findings and methodology listed for each category. This chapter is therefore divided into several sub-chapters pertaining to each consultation method.

#### 5.1 Patient Forums – Introduction

Healthwatch Derby hosted two bespoke engagement events which saw direct patient participation in a planned forum facility. The team heavily promoted both events across the city to get a good range of patient participation. To get a good cross section of patient experiences events were held at different parts of the city, in community venues with easy access and visibility.



Healthwatch Derby promoting Little Voices patient forums at Sure Start Normanton (Pictured left) and at Freddy's Play Kingdom Spondon (Pictured right)



The first event was a focus group jointly organised with our parent body Healthwatch England. The second event was a full workshop organised by Healthwatch Derby.



## 5.2 Patient Forum – Revive Focus Group, 6<sup>th</sup> August 2016



(Pictured Left) Healthwatch Derby & Healthwatch England colleagues at the focus group. Revive, Chaddesden 6<sup>th</sup> August 2015

Healthwatch Derby and Healthwatch England co hosted a focus group held at the Revive Centre in Chaddesden Derby. The delegate profile was 'parents of young children' and their experiences of accessing health and social care services. The focus group had **14** delegates in total. Through in depth conversations, we received **133** comments about different services, **25** comments were for out of area services. All out of area concerns were linked up with relevant Healthwatch colleagues operating in the identified areas.

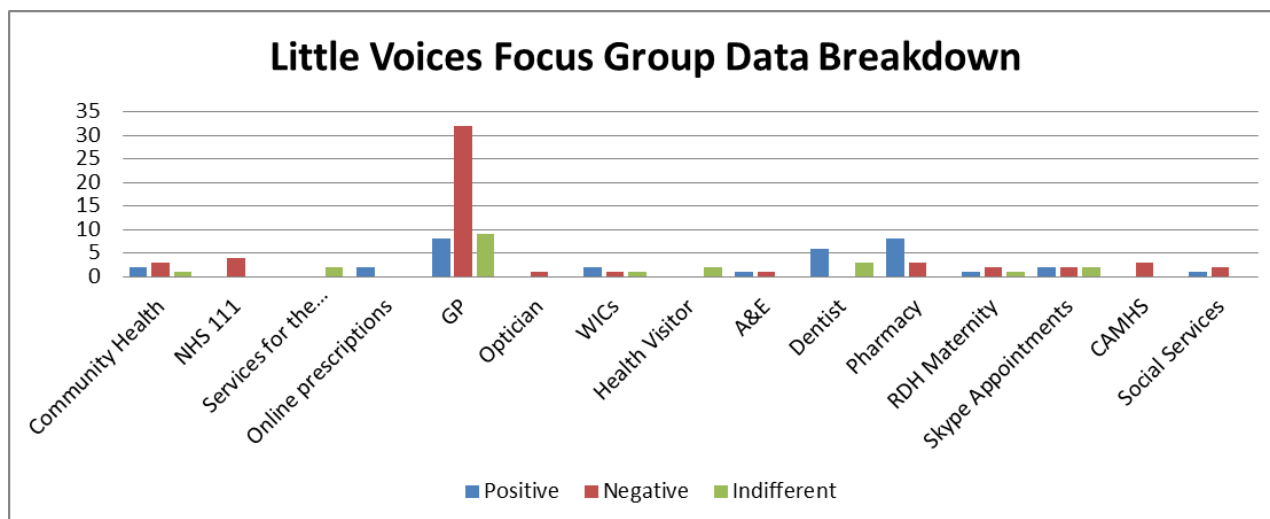


Healthwatch Derby focus group discussions, some young mums were accompanied by their children.

6<sup>th</sup> August 2016, Revive Chaddesden



The following is a breakdown of the core **108** comments (excluding out of area services) received at the focus group:



The greatest number of negative feedback was around access to GP services and the difficulties encountered when having to tend to a sick child there was nowhere to go. This was made more difficult by a NHS 111 service that provided inadequate or unsupportive advice. Young mums told us they felt they had no choice but to approach A&E.

One of our aims as a local Healthwatch is to ensure local voices are included when we feedback and link in with our national parent body Healthwatch England. The focus group held at Revive was used by Healthwatch England in their national report about services for children. Voices from the parents of Derby, were therefore linking in with voices of parents across the national network, and were highlighted nationally. We recognise that some of the difficulties experienced by parents of young children are not limited to Derby, but are shared across the country. Through our parent body, we hold the national decision making bodies at the NHS accountable – and we hope that our efforts will bring forward improvements.

### 5.3 Patient Forum – Sunnyhill Community Centre Workshop, 26<sup>th</sup> August 2016

Our second workshop was held at the Sunnyhill Community Centre. The workshop was open to anyone who accessed pregnancy, maternity, and services 0 to 11 years.

The workshop was run in partnership with Derby Teaching Hospitals NHS Trust who kindly provided inpatient food, for the food taster aspect of the workshop.

Colleagues from Children's A&E did a presentation about routes into A&E services.



Little Voices Sunnyhill Workshop Feedback Trees & Food Taster Charts (Pictured Above)  
Hearing from service users about their experiences (Pictured Bottom Left)  
Children's A&E presentation about treatment pathways (Pictured Bottom Right)

Sunnyhill Community Centre, 26<sup>th</sup> August 2015

Images from the Little Voices Workshop, Sunnyhill Community Centre, 26<sup>th</sup> August 2016:

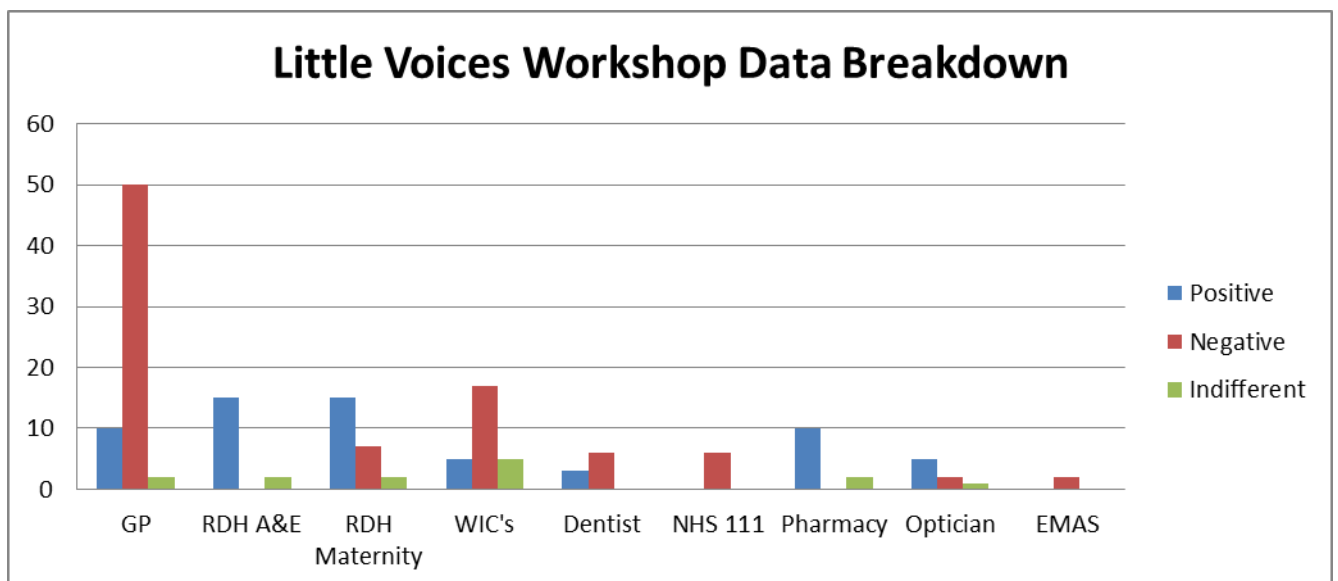


Above Left – Healthwatch Derby gathering patient feedback  
Above Right – Children's Accident & Emergency Presentation



Above – Feedback tree showing the positive and negative experiences of patients using pregnancy, maternity, and services for children aged 0 to 11 years

The workshop had **51** delegates in total. Through in depth conversations, we received **222** comments about different services. Out of these **55** comments were out of area/general observations about health. The following is a breakdown of the core **167** comments (excluding out of area services) received at the focus group:



Service	Negative Observations	Positive Observations
GP	Access to GPs	Support received once appointment secured
RDH A&E	None reported	Quick and responsive service
RDH Maternity	Long waiting time and communication issues	Support from individual staff highlighting positives
WICs	Parking, Feeling rushed	Reliable and available
Dentist	Fees for private care	Good patient experiences shared
NHS 111	Lack of awareness of out of hours	None reported
Pharmacy	None reported	Responsive and practical support
Optician	Delay in referrals	Good patient experiences shared
EMAS	Waiting times	None reported



Some feedback received in the workshop was also about Healthwatch Derby, and the Little Voices consultation. Delegates said:

- 🗨️ The event is very well organised
- 🗨️ I received valuable information provided by professionals
- 🗨️ Great to see such a good turnout at Little Voices today
- 🗨️ Very informative and a good forum to raise lots of concerns and issues
- 🗨️ Very good, lots of information
- 🗨️ I enjoyed all of it, the feedback tree was brilliant – and the food taster was a really clever idea

Derby Teaching Hospitals Trust provided inpatient food for a food taster, which was provided on a star rating system (Gold –very good, Silver-good, Bronze-average). Delegates were asked to mark a tick according to their preference as

illustrated below in the completed food taster charts:

FOOD	GOLD	SILVER	BRONZE	FOOD	GOLD	SILVER	BRONZE
TUNA SALAD		✓✓	✓	YOGHURT LOW FAT	✓	✓✓	
EGG SALAD/SANDWICH	✓✓	✓		YOGHURT THICK/cake	✓✓	✓	
CHEESE SALAD	✓✓	✓		YOGHURT CREAMY	✓✓	✓	
CHICKEN WRAPS	✓✓✓	✓		SHEPHERDS PIE	✓	✓✓✓	
HAM SANDWICH		✓		LASAGNE	✓✓		
TURKEY & STUFFING SANDWICH	✓✓✓	✓	✓	ROAST CHICKEN			
CHEESE/PICKLE SANDWICH	✓✓	✓		VEG. CURRY	✓✓✓	✓✓	✓
CHEESE SANDWICH	✓✓			Cauliflower CHEESE	✓✓	✓✓✓	✓
CHEESE/ONION WRAP				CHEESE OMELETTE	✓✓	✓✓	✓✓✓
JACKET POTATO CHEESE	✓✓✓			GLUTEN FREE CHEESE SALAD		✓	
JACKET POTATO BEANS	✓✓✓	✓	✓	GLUTEN FREE HAM SALAD			
JACKET POTATO TUNA		✓	✓✓	Chicken Biryani (Halal)	✓✓✓	✓✓✓	
FRUIT	✓✓	✓		Aloo Gobi (Halal)	✓✓✓	✓✓	
JAM SPONGE	✓✓✓✓	✓		Green Bean Masala (Halal)	✓✓✓	✓✓✓	✓
APPLE/BLACKBERRY CRUMBLE	✓✓✓						
LEMON CURD	✓✓✓						
YOGHURT Lentil Soup	✓✓✓✓	✓					

Majority of dishes were ranked as either good or very good, with a few securing average rankings. Comments were made about the wide range of food options available, as well as catering to individual needs such as Halal Chicken Biryani, and a range of vegetarian options.

Our aim is to present a balanced view of what we have observed with a chance given to the service provider to present their side of the story in an official response. The following section details our report into the facilities observed, and the full Trust response into our findings and recommendations.



## 5.4 Day Observations – Introduction & Methodology

Part of our consultation focused on different parts of services with a view to gaining in depth knowledge about specific services. In this we were greatly aided by service providers who provided us with opportunities to shadow staff and clinic facilities.



*Pictured Above - Healthwatch Derby colleagues with the children's pack promotional material used for the Little Voices consultation*

Services were selected within a collaborative framework. The two major NHS Trusts in Derby – Derby Teaching Hospitals NHS Foundation Trust & Derbyshire Healthcare Foundation NHS Trust suggested the services we could shadow and provided opportunities.

**11** service observations were carried out by Healthwatch Derby's Lead Engagement Officer for Little Voices - Sandra Dawkins (CAMHS and Ward 314 undertaken by Engagement Officer Vicki Allison). Methodology for observations and reporting structure was agreed with the services in advance. Our aim was to provide an observational assessment or a snapshot on the day of the services we visited. A full detailed methodology can be found in Appendix C.





## 5.5 Day Observations – Summary

At a glance this is the summary of our 'Day Observations' in the table below:

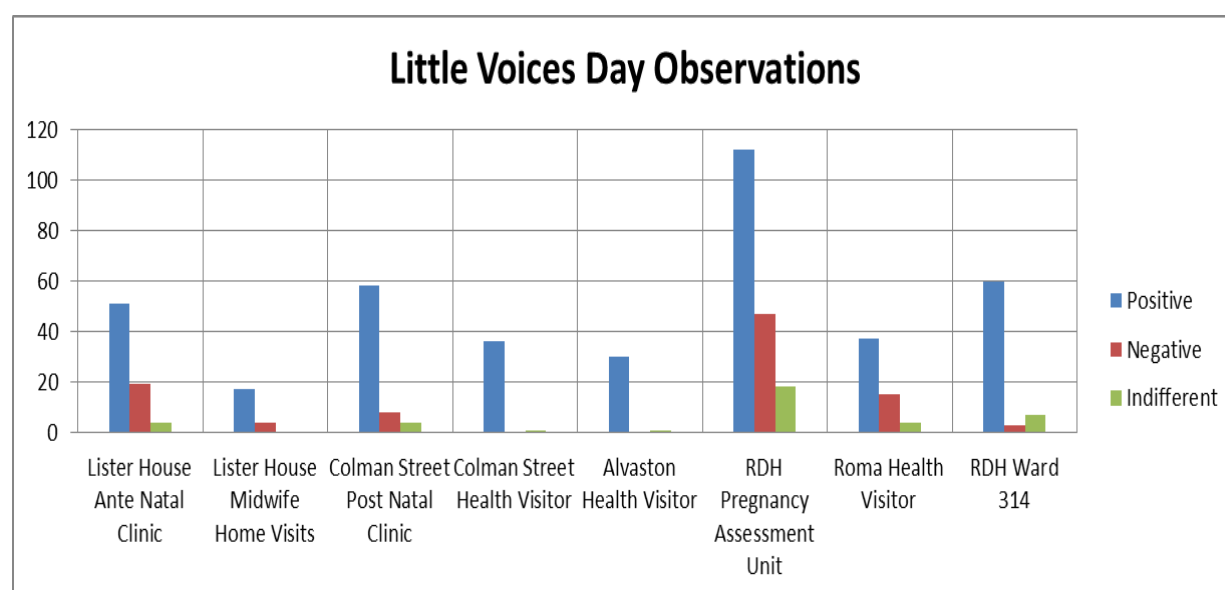
Observation venue/shadowed service	Date	Individual Service User Comments Received
Lister House Surgery Ante Natal Clinic	14 <sup>th</sup> May 2015	74
Lister House Surgery Midwife Home Visits	14 <sup>th</sup> May 2015	21
Colman Street Post Natal Clinic	15 <sup>th</sup> May 2015	70
Colman Street Health Visitor	1 <sup>st</sup> June 2015	37
Alvaston Children's Centre Health Visitor	1 <sup>st</sup> June 2015	31
Pregnancy Assessment Unit	8 <sup>th</sup> June 2015	85
Pregnancy Assessment Unit	13 <sup>th</sup> July 2015	92
Roma Health Visitor	28 <sup>th</sup> July 2015	56
Healthy Children Event	14 <sup>th</sup> October 2015	16
Maternity Ward 314	20 <sup>th</sup> October 2016	70
CAMHS (no patients interviewed due to sensitive nature of service, Healthwatch Derby spoke to service professionals)	12 <sup>th</sup> January 2016	0

In total we received **552** items of individual service user comments from our day observations. In the next section we will detail what we have heard from service users about the services observed.

We will finish this section with observation summaries for each of the services observed, including CAMHS where we only spoke to service professionals and not service users.

## 5.6 Day Observations – What are we hearing?

We have heard from service users about a range of different services during the Day Observations. We have also heard from children aged 3 yrs to 15 years. For the purposes of this report we have only focused on adult service users feedback, and the **16** comments received from children have not been used for a thematic breakdown. We have however used the comments from children for illustration and examples. The following thematic breakdown uses the core **536** comments received through day observations:



We will now further detail the findings above according to individual service, and themes observed:

Service Observed	General Summary	Negative Themes	Positive Themes
<b>Lister House Ante Natal Clinic</b>	Lister House is positioned in an area with a diverse population, they have a mixture of patients mostly of British Asian and Slovakian background. The surgery is clean bright and tidy. Reception staff are warm and friendly. Surgery has multiple clinics including phlebotomy service – this works really well for ante natal, if Midwife wants a patient to have a blood test	Midwife has a mobile phone which is used while she is seeing patients – answering a mobile while making observations of a young child is not advisable – Healthwatch Derby highlighted this to the midwife during observations.	Caring, sensitive and responsive service. Good signposting to other services. Proactive service. Good awareness of cultural issues, safeguarding issues, and a holistic service. Good awareness of issues such as domestic violence, as well as other sensitive situations.

	during the appointment, she only needs to ring the blood clinic nurse who will come and take the blood test during the appointment.		
<b>Lister House Midwife Home Visits</b>	<p>Patients can be seen in their home environment where a better assessment can be made about the patient's home life and living environment.</p> <p>Some patients are more relaxed having an appointment in their home environment.</p> <p>Many patients also have other small children and babies and find it difficult to get to the clinic so they find it easier to have a home visit.</p>	No negatives observed for the service, but there were some barriers. Some families do not want a midwife visiting, there is a lack of trust, and a fear of the service.	<p>Midwife was professional, polite and friendly. Midwife had a great understanding and awareness of health and safety and safeguarding issues and very quickly identified problems on entry to the home.</p> <p>Good awareness of issues such as domestic violence, as well as other sensitive situations.</p>
<b>Coleman St Post Natal Clinic</b>	<p>Coleman St surgery is positioned in the Alvaston area of Derby where the main population is white British so unlike Lister House they do not have as many issues with things like language barriers and cultural awareness.</p> <p>The surgery is very big and busy, it holds multiple clinics such as maternity dental and phlebotomy, patients travel across the city to use the services provided.</p> <p>Reception staff were warm helpful and friendly.</p> <p>The general surgery is clean bright and tidy and has lots of leaflets and information around the walls.</p> <p>The room used for post natal</p>	<p>Midwife said mothers/babies are discharged from maternity services to health visitor services 10 days after birth, but the next Health Visitor appointment is not usually until 4-6 weeks later, this means there is a large gap between the midwife and health visitor appointments. Other negatives were around comments from parents about other members of staff being unempathetic and reducing them to tears about baby not gaining weight. Midwife using mobile while with parents.</p>	<p>Professional and helpful. Sensitive to patient needs such as fear of needles. Concerted effort to check on wellbeing of babies, including ringing parents when they have missed the appointment. Good awareness of issues such as domestic violence, as well as other sensitive situations.</p>

	clinic was also very clean bright and tidy and had relevant information/posters around the walls such as breast feeding and contraceptive advice.		
<b>Coleman St Health Visitor</b>	<p>Recent increase in funding for this service. Midwives and health visitors work independently but there is some overlap in their job role. Health visitors serve 5 core points of care:</p> <ol style="list-style-type: none"> <li>1. Ante natal visit – fact finding about the family</li> <li>2. Primary birth visit – fact finding about the family</li> <li>3. 6-8 week review – child development and health</li> <li>4. 6-12 month review – child development and health promotion</li> <li>5. 2-2 half year review – child development and health promotion</li> </ol>	<p>There seem to be a duplication in the work of midwives and the health visitors, both do ante natal checks and pick up the same information.</p> <p>Staff observed shared with Healthwatch Derby, that they wished midwives and health visitors could work more closely together as it would give a more “streamlined” service.</p>	<p>Good introduction to service, and a lot of information provided. Rather than overloading with information, time taken to explain each part of the service, and also where further help can be accessed.</p> <p>Good awareness of issues such as domestic violence, as well as other sensitive situations.</p>
<b>Alvaston Health Visitor</b>	<p>There are various activities that take place at the centre every day, such as “messy” play and a breast feeding support group. There are 2 Health visitors present at each session. The clinics are open plan and there are 3 weigh in stations located around the room. Parents can request privacy and ask for their child to be weighed in a separate room.</p>	No negative observations.	<p>Good facilities for parents and young children such as play area, support groups etc. Friendly and supportive service</p>

<b>RDH Pregnancy Assessment Unit</b>	<p>The PAU _is a large clinic for expectant mothers who attend separate clinics within the unit for check-ups, scans, foetal and patient monitoring.</p> <p>Each separate clinic within the PAU has its own reception desk and waiting area. The unit contains two small wards where patients can be observed and monitored._All waiting areas were clean bright and tidy, with information available for patients. All clinic waiting areas were calm and quiet. Hand sanitizers were available for patients use._Water fountains are placed in waiting areas._All reception staff were warm and friendly</p>	<p>Long waiting time. Patients mentioned they felt uncomfortable sitting and waiting for long periods.</p> <p>(Heavily pregnant patient was stood in the corridor outside scan waiting room)</p> <p>"The scan waiting room is full today, so there is nowhere at all for me to sit down. The reception staff are aware of this, because they knew the waiting area was full to capacity when I booked in, I wasn't told to wait in an overflow area or anywhere else and that's why I am just standing and waiting in the corridor until a seat becomes available"</p> <p>Communication issues such as no reasons given for delay in appointment. Patients mentioned midwives had been 'distant', 'talking down', 'judgemental'. Staff do not realise the anxiety of parents.</p> <p>"During this pregnancy, I was taken into a side room, and advised that I have a particular condition; I didn't know what it was and didn't understand, I thought I was going to lose the baby. The staff must have seen my panic and anxiety, but they did not offer me any reassurance at all. I have had to google the condition myself and find</p>	<p>Information provided was highlighted as a positive. Clear and useful advice given at ante natal clinic, and there is enough time to ask questions. Most of the feedback was positive about friendly staff – (some patients were on their second pregnancy and felt that the maternity staff are much more friendly and approachable now than in previous years,) appointments are never rushed, patients feel as if they can ask questions and get answers, staff speak to patients at a level that the patient can understand.</p> <p>Responsive service.</p> <p>"Recently my baby wasn't moving much and I was worried, I rang the hospital and they told me to come in immediately and for 3 days they scanned and monitored me, they were brilliant; they knew that I had previously had a miscarriage and so they went out of their way to really put me at ease to let me know that my baby was ok, I felt very assured that all was well"</p> <p>Patient facilities catering to individual needs. Two patients stated that they only eat halal food, and noted that there are a lot of halal choices available on the menu.</p>
--	--	---	---

		<p>out all the relevant information".</p> <p>Parking issues identified.</p> <p>"The parking situation at the RDH is worse now than it was 2 years ago; it is really hard to find a parking space, especially if you have an afternoon appointment that clashes with general visiting hours. When I come for an appointment, I have to plan my journey around the parking issues that I know I am going to face"</p> <p>Partners not allowed in induction ward.</p>	
<b>Roma Health Visitor</b>	<p>The main role of the Roma Health Visitor is to identify problems within the Roma families/community and prevent a crisis from happening. There is a large Roma community living in the Normanton area, many are from Slovakia. They tend to have large families and live in groups of extended families. Some families have settled in quite well, found work and have engaged with the relevant services and agencies; but many families have very complex issues around areas such as poverty, safeguarding, child protection, teen pregnancies and language barriers.</p> <p>The Health Visitor plays an important role in the community; she will regularly</p>	<p>No negatives identified for the service, but negatives identified around barriers to accessing service primarily around trust and misunderstanding of services. For example a rejection of contraception due to teenage pregnancy, leading to further unplanned pregnancies. Suspicion and mistrust of statutory bodies and how services function and what purpose they serve.</p>	<p>Empathy and compassion for a service user community where many have got chaotic lifestyles. Able to break down barriers of mistrust and unawareness and reach out to the service user. Good knowledge and understanding of the Roma community. Health Visitor can speak Slovakian which further helps support the service users.</p>

	<p>visit the families, assess the developing children, look at the overall wellbeing of the family and link in with other agencies who also care for the families.</p> <p>Health issues include dental decay. Social issues include homelessness, sexual exploitation, lack of trust of services, alcohol and drugs, inter community frictions.</p> <p>There is a group set up for Roma families with complex issues, it is called the Roma complex case group and is made up of agencies such as Police, Housing, Social Services, Schools etc</p>		
<b>RDH Ward 314</b>	<p>Ward 314 is a busy post natal ward with 47 beds. The ward is usually full, and most would view it as a ward with 47 patients, however in reality it caters for 94 patients if you count the mother and the child.</p> <p>The ward has a calm warm friendly atmosphere. Visiting is strict – siblings of the new baby are allowed to visit, any other children under the age of 12 are not allowed to visit, the father and birth partner are allowed to visit at any time. Discharge meetings are held with patients where a film about discharge is shown.</p>	<p>Negatives identified were around restricted visiting times – patients feel more could be done to explain why these are restricted. Confusing terminology also identified:</p> <p>"There was only one slight bit of confusion around the word "induction." Ante-natal sent me to hospital and said I would have an induction when I got there, I think they meant as in the hospital would explain everything to me and show me where things are etc, but when I arrived and told the hospital I should have an induction, I think they</p>	<p>Good patient facilities, and comments received about good patient food provision.</p> <p>"The food is lovely - I feel really spoilt! The staff are fab - really friendly. The atmosphere is relaxed and calm. I get instant attention when I ring the bell"</p> <p>Friendly and attentive service.</p> <p>Majority of feedback has identified a good service with compassionate and responsive staff.</p> <p>"I went to my ante-natal appointment today and they sent me straight to the hospital as I was in labour, they rang the hospital to say I was on my way, the delivery</p>

		thought I was there to be induced, it got a little confusing, but was soon sorted"	went well and everything felt calm and relaxed, the maternity staff were friendly"
--	--	--	--

**CAMHS Observations** – Healthwatch Derby approached Derbyshire Healthcare Foundation NHS Trust to shadow the CAMHS service. However the Trust advised us that due to the sensitive and traumatic nature of the complex situations the patient and family are undergoing, it would not be fair to subject them to observations. The Trust made their service professionals available for Healthwatch Derby to discuss the service. CAMHS has not been included in any thematic breakdown of feedback.

A short summary of the CAMHS service discussion follows next:

**Healthwatch Derby Engagement Officer – Vicki Allison spoke to Derbyshire Healthcare NHS Foundation Trust CAMHS Officer Adrian Pugh:**

The services on offer are, in effect, from 0 – 18 years.

In Derby the psychology service is separate to CAMHS and is based at the Royal Derby. The psychologists do work around developmental issues – autism, challenging behaviour.

The **Leopold Street** building is used for issues around attachment and trauma. (It was previously used for issues re sexual abuse).

Essentially, **CAMHS works with psychiatric conditions and provides therapy**. In the UK ICD 10 is used (international classification diagnosis 10), which sets out clear parameters on how to and when to diagnose. For example: eating disorders – no age limit; schizophrenia – age 14; they follow the NICE guidelines; depression and low mood can depend on age ...

Typically, **CAMHS doesn't get involved with very young children** as they don't want to label them. However some parents want their children to be given a diagnosis because if they are receiving medication, then it can help with benefits. The Paediatricians look at things like ADHD for 7 – 10 year olds

Specified **parenting programmes** are run at Temple House; they use the Webster-Stratton programme.

Children and young people will attend CAMHS when there is a co-morbidity – depression, psychosis, trauma or eating disorders. **(The team for learning disabilities and mental health is based in the County).**

**Referrals into CAMHS come from qualified professionals** – GPs, school nurses, etc

The **“Safe Speaking” counselling service is not based at CAMHS**; it is based within schools as some schools have their own staff to deliver this. It was noted by Derbyshire Healthcare NHS staff that this might not always be helpful and even possibly harmful in the long-run as these counsellors are not mental health trained, are not used to dealing with trauma and are not able to prescribe medication.

CAMHS received extra funding and certain staff received specialized training to deliver support to children and young people with eating disorders – they are still waiting for the money to come through though. Also they have targeted CBT specialists re treating low mood and depression.

**Children and young people with social difficulties often get referred**, so for example: perhaps a 14 yr old boy who gets very angry/self-harms and has been in care, mum is a drug user, she had ant-natal depression, dad is absent/aggressive – they will be presented to CAMHS as children experiencing mental illness but actually they need looking after properly first.

At CAMHS there is a **specifically commissioned service for psychosis** that starts at 14+ years. It is a time-limited service and used to be run by adult services.

**With regards to eating disorders, they now use a family approach**; a dietician is involved and parents will support each other in a group on a one to one basis.

The approach used to be very psychodynamic but now they **try to work through and with the parents if at all possible**.

Nationally, it used to be primary mental health workers meeting with children to provide pro-active early intervention but the funding was cut and commissioners took the view that schools needed to provide that.

There are social workers, nurses and doctors all trained in systemic therapy working at CAMHS.

## **TREATMENT PATHWAYS:**

1) if a child comes in with anxiety (tier 3 service so quite unwell), they are

recommended to receive CBT. They are given a care coordinator and get assessed. There is a waiting time to receive support at CAMHS but children are prioritized so if someone is at risk of self-harm, they will get seen earlier. A trained therapist will offer evidence-based therapy. The care coordinator will do the overall assessment of needs first before they are referred on in any way – for example if they have attachment problems or are on the autistic spectrum. They also have a cognitive behaviour group where they are taught skills, for about 6 weeks and then they might be able to move on from that without further intervention.

2) Another route into the service might be – someone presenting with low mood, trauma (eg death of parent) – then they would see a separate family therapy service at CAMHS where the therapists have received 4 years specialist training. The room they work in will have a reflecting mirror. But this service is very expensive – staff are at band 7/8, however as there can be a lot of anger, it has to be managed very carefully to achieve good results.

There are youth workers for fragile parents so that the children can be provided with outlets and given information on empowerment.

There is a **mindfulness group**. The RISE team works out of the RDH, working with any children that are at risk of self-harm and mental health problems. They can see them very quickly and provide mindfulness – usually 4 – 6 sessions. For example: a 16 yr old girl has taken an overdose after being dumped by a boy ... Mindfulness might show that she's worth more than that and could very well help in such a situation.

**They don't have any creative therapies at CAMHS** as NICE do not approve of it as there is a lack of evidence base – it needs to show more robust evidence. But, they might use art or play therapy as a way of engaging with young children.

CAMHS has a **long waiting list** and is **expensive** but if you're very unwell, you will get seen quickly. It is an experienced team. If you're dealing with more complex cases, you need very experienced professionals.

**TRANSITION** from child services to adult: Psychosis is a 14 – 25 years service and eating disorders are developing links with adult services too. The referral criteria are very different between child and adult. For example ASD (autistic spectrum disorders) – children wouldn't hit the criteria for adults. Children who are at the 'lower end' of need in CAMHS do struggle when they enter adulthood as they don't trigger adult services. Bear in mind that their brains mature at different levels. It is tricky for them when entering the adult world.

**ENVIRONMENT:** With regards to the building itself and the waiting area – it is very difficult to aim it at 9 year olds, 13 year olds and 17 year olds and also parents all at the same time. You can't get the environment to keep them all happy at the same time. They just try and keep it calm.

***Feedback about services given to us by children at the Healthy Children Event, held at the Indian Community Centre on the 14<sup>th</sup> October 2015:***

Age of child	Comment
10	I was really scared at the dentist, I had a tooth out, and the dentist was nice.
8	I have been to the dentist often, and the dentist was nice and they gave me a sticker.
8	I went to the dentist and I cried because I was scared, but I am not scared anymore because they helped me with a bad tooth, I won't eat bad things anymore.
11	I went to the dentist and I was scared, but I am not afraid anymore. I once had a blood test, I was very scared, but it didn't hurt as much as I thought it would, the nurse was very nice; she gave me a sticker and a lolly.
7	I went to the doctor and I was scared.
8	I went to hospital and I was scared, but the doctor gave me something to feel better and then I wasn't scared anymore.
13	I went to A/E because I thought I had a broken leg, I went in an ambulance and they gave me oxygen to stop the pain. I had an x-ray at the hospital; the staff were nice and gentle. I didn't cry because my mum was with me. I am not afraid of hospitals
11	My brother was in hospital for an ear operation, he was very scared and I felt sad for him. The doctors were very nice and distracted him first and then put a needle in him. In the end he was ok and all my family were happy.
11	I went to the dentist, I had a tooth out and it hurt a little bit. The

	dentist was ok, I got a sticker, but it did make me cry.
3	I cried the first time I went to the dentist because I was scared, but the second time I was brave and I didn't cry.
15	I went to the dentist for the first time and they were really nice, and gave me advice on how I should look after my teeth.
7	I went to the dentist and the dentist was kind.
5	I have been to the dentist
6	At the dentist, I had a good time.
6	I went to the dentist and I was very brave, she said my teeth were good, she was a nice dentist.
10	I went to the dentist and it was really scary because I had to open my mouth really wide and it hurt, I had 6 teeth out.

The above are 16 comments received directly from children, who spoke to Healthwatch Derby about their experiences. The children vary in ages, and spoke to us in the presence of their parents at an engagement event. Although we are not including the comments in any thematic breakdown, they have been included to fulfil two important aspects of our consultation. The first is to get a wide range of feedback about services. The second is to ensure the service users for each service are involved and engaged as much as possible. Wherever possible, we have tried to include Children's voices throughout this report.

## 5.7 Surveys – Introduction

Healthwatch Derby designed two bespoke surveys for the Little Voices consultation. The first of our surveys looked at pregnancy and maternity services at Derby Teaching Hospitals NHS Trust. This survey was open to service users for pregnancy and maternity services only. This survey had **51** responses.

The second survey was aimed primarily at a range of services which may be used by children aged 0 to 11 years. The survey was open to parents of young children (0 to 11 years), and there was also the facility for children to be involved. We made this a

child friendly survey which we hoped would generate good interest and conversation. This survey had 39 responses.

From the information given to us, we were able to contact some respondents for more detailed feedback. One respondent agreed to be a part of a detailed case study.

## 5.8 Surveys – Pregnancy & Maternity Survey

In this section we will look at the responses received for the Pregnancy & Maternity survey, and we will use direct quotations from survey responses to illustrate the responses. We received 51 responses, the responses below are for each of the questions asked. Please note the following does not contain numbers of how many respondents skipped questions, but only focuses on what responses we have received.

1. Could you tell us if you have accessed any of the following services:

Royal Derby Hospital Pregnancy & Maternity Services	80.39%
GP – pregnancy & maternity consultations	11.77%
Health Visitors	1.96%
Midwife Services	5.88%
Others (please state)	0.00%

2. Could you please tell us when you have accessed pregnancy and maternity services:

Currently using services	Last 6 months	In the last 12 months	In the last 2 years
47.06%	25.49%	17.65%	9.80%

3. Overall how would you rate the services you have received:

Service	Very Good	Good	Fair	Poor	Very Poor	Don't Know
GP Support	21.57%	21.57%	0.00%	21.57%	29.41%	5.88%
Midwives	48.98%	30.61%	8.16%	8.16%	4.09%	0.00%
Inpatient	26.67%	33.33%	22.22%	8.89%	6.67%	2.22%
Labour	43.48%	8.70%	6.52%	21.74%	19.56%	0.00%
Post Natal	28.89%	13.33%	6.67%	28.89%	22.22%	0.00%

4. What were your experiences getting access:

Services	Very Good	Good	Fair	Poor	Very Poor	Don't Know
GP Appointments	27.45%	11.76%	1.96%	9.80%	47.06%	1.97%
Hospital Appointments	34.00%	8.00%	6.00%	16.00%	36.00%	0.00%
Health Visitor Appointments	41.67%	25.00%	13.89%	0.00%	11.11%	8.33%

**Comments:**

- 🗨️ GP appointment is a joke. Hospital medical treatment is very good, but long wait at appointments.
- 🗨️ GP Appointments - no on the day appointments when phoned at 8:10am, the next routine appointment was 3 weeks away. Hospital Appointments - generally good waiting times for scan but can be waiting between 45 mins to over an hour in antenatal clinic.
- 🗨️ Nightmare trying to get a GP appointment. I don't even bother now, just go straight down to A&E.
- 🗨️ It is very difficult to get a GP appointment and I feel worried that my baby has to wait atleast 3 weeks before he can be seen. My health visitor has been good looking after me while I wait.
- 🗨️ I have had to take my new born child to A&E three times because my GP appointments are either 2 to 3 weeks away, and I cannot wait that long to be seen.
- 🗨️ I am to see the consultant today after my 20 week scan. Still waiting to go in over 2 hours later. Waiting for this long is unacceptable, you should at least tell me to go away and come back or don't book so many in. Everybody has been waiting for long periods. Ridiculous!

5. Derby Birth Centre, Royal Derby Hospital - Patient Experience. Tell us more about the different aspects of your stay at the Labour and Maternity wards. Please rate your experiences for the categories below:

Categories	Very Good	Good	Fair	Poor	Very Poor	Don't Know
Staff Attitude	30.00%	20.00%	6.00%	18.00%	18.00%	8.00%
Dealing with complaints	18.37%	6.12%	10.20%	8.16%	6.12%	51.03%
Empathy & Listening	24.00%	20.00%	6.00%	22.00%	18.00%	10.00%
Advice & Support	28.00%	16.00%	26.00%	14.00%	8.00%	8.00%
During labour – responding to your calls for assistance	36.00%	12.00%	8.00%	22.00%	12.00%	10.00%
Cleanliness of hospital	50.00%	34.00%	0.00%	6.00%	2.00%	8.00%
Inpatient food	54.00%	24.00%	0.00%	10.00%	2.00%	10.00%
Discharge experience	28.57%	10.20%	24.49%	18.37%	10.20%	8.17%

### Comments:

- During my time on ward 314 I was not impressed with the lack of understanding from some of the midwives, my baby had to have a test for meningitis, I told my husband and he came in to wait for the results and support me, he was told to leave, I cried all night, the midwives were aware and not one person came to explain anything to me or try to comfort me. When my baby was finally allowed to come to my room, I was trying to breastfeed, and having to give him top up of formula, I found on average once I pressed the buzzer for support it took 20 minutes before someone responded. When my baby needed a top up he got very distressed and aggravated his breathing issues, I was on the ward for around 5 days. In this time I learned to press the buzzer 20 minutes before I needed to so I would get warm milk in time for my baby.
- Unless you shout at them people in the ward do not want to do anything to help you, and then they talk back to you. Really bad attitude.
- Don't give me everything at discharge and feel rushed to be shown the door,
- Midwife on Labour ward who delivered our daughter was awful. Not sympathetic wouldn't listen and cause myself a great deal of stress. The labour room was not ready as whilst I was on the induction bay she refused to check if I was dilating until midnight even though contractions were every 3 minutes. The midwife I had before her,

before shift change was brilliant.

- The midwife I had during labour was awful and even told me she was going to tape my mouth up if I asked if I was bleeding again. Midwives throughout pregnancy were brilliant.

6. Derby Birth Centre, Royal Derby Hospital - Information and Involvement. Tell us about your experiences with regards to the information you received and how you were kept involved in the process. Please rate the categories below:

Categories	Very Good	Good	Fair	Poor	Very Poor	Don't Know
Information about services	34.69%	22.45%	20.41%	12.24%	2.04%	8.17%
Catering to any special need	20.41%	16.33%	20.41%	8.16%	4.08%	30.61%
Involvement in your care plan	22.45%	20.41%	14.29%	22.45%	2.04%	18.36%
Involving your partner/birth companion	26.53%	32.65%	22.45%	8.16%	2.04%	8.17%

**Comments:**

- I didn't go to or stay in hospital but had a home birth (on both occasions for my children). That was the choice we wanted to make and the community midwives were brilliant.
- I was very happy with my experience at the labour and maternity ward at Royal Derby. I feel the information I received and involvement was very good.
- My partner and two children were included in the birth and later joined by my mother. Very thoughtful. Birth pool was ready and waiting as asked.
- My husband was impressed by how our midwife included him throughout delivery and immediately afterwards.

7. Improvements - If you could change anything about the service you received during pregnancy and post natal care, what would it be? Please use the space below to suggest any improvements or highlight any positive or negative experiences.

## Responses:

- Please think about how much it is going to affect me and my family if you mess up how we leave the hospital. Discharge was horrendous.
- How they speak to you is a big problem.
- Improve staff attitude and appointments.
- Speak to me properly and see me on time.
- Depends who you get. Most nurses are good, but there are some at the night time who have absolutely no empathy and do not know how to treat a patient in distress.
- Hospital needs to realise that it is very hard to be waiting for long periods over an hour to be seen when coming in for an appointment.
- Communication - staff sometimes do not treat me like a human being at the maternity hospital.
- Discharge needs to be better. I was kept waiting a long time for medication.
- Some nurses especially night time in labour ward could have more empathy training.
- Staff seem to be very different from each other. The majority were good, but there was one lady assisting me during my labour overnight who was horrible.
- Empathy & Listening - only one member of staff impacted my choice of lower rating. Most staff were brilliant, but one was less than empathetic and I felt was insensitive in the first few hours after birth - an emotional and vulnerable time already. I understand the value and importance of breast feeding. I had chosen to. but still felt immense pressure from some staff. It almost made me feel like it would be easier not to, as maybe they would put on less pressure.
- For the midwife to have listened to me, and been more understanding.
- There is a lot of paperwork that gets shuffled around and so not sure why it is all needed if you can use an electronic system - eg if I need a prescription, the doctor has to write out a form. Why can't they type it and then just send it off electronically to pharmacy so that you just have to walk round and collect it?
- As a new mum it would have been helpful for a bit more consistency in the advice given. On the maternity ward afterwards I was given conflicting advice by different members of staff and it was only when leaving that someone talked through the advice for breastfeeding. This was just my experience as a first time mother but consistency would have helped in those early days on the ward.

## 5.9 Surveys – Pregnancy & Maternity Case Study

The pregnancy and maternity survey had an option at the end of the survey to leave contact details if the respondent wished to discuss their patient experience at greater depth with the Healthwatch Derby team. We contacted all the respondents who had left their contact details. One respondent spoke to Healthwatch Derby in a planned office interview, where we took down details which with the patient's consent has been used as a case study.

### HEALTHWATCH DERBY CASE STUDY

**CASE STUDY REFERENCE** – LITTLE VOICES

**DATE OF PATIENT EXPERIENCE** – 2013

**PROVIDERS** – Derby Teaching Hospitals Trust

**RESPONSE RECEIVED?** Yes, please read section following the Patient Experience record.

**INFORMATION GOVERNANCE** – The patient has also provided signed consent to use photographs as part of this case study. The patient has also provided signed consent to use their patient experience as part of any Healthwatch Derby report or publication.

---

#### PATIENT EXPERIENCE:



"During 2013 I was pregnant with my daughter. I had a neucal scan in April and ultrasound for down's syndrome. I was asked to see foetal midwife and told that there was a one in five chance of my foetus developing chromosomal disorder. They were very kind when they informed me. They paid for my parking and also gave me a coffee. I was given a lot of information to look at.

I was in a state of shock. We elected to go for amr positive, and I was devastated. They were very kind and again very supportive. They focused on us as a couple. They were really good. My child was born with natural birth.

Pre birth medicine was very good. Foetal medicine team were brilliant. They put you first before anything else. They understood your needs. Midwives were nice on the ward, but the impression I got was that there was difference. Less midwives available. Rushed off their feet.

I feel at times because you are giving birth and are incredibly stressed staff get away saying anything – and can be quite off hand in their comments. At one point during labour I was told there may not be enough doctors and it may affect the birth of my child! This upset me and it made me fearful. I was next to a room with the midwives and once I heard them say 'the lady has the baby with the down syndrome, well something is better than nothing isn't it'. I could not see who said this as I was in the room, but it still hurts me.

My child got jaundice. She was taken away. The jaundice was not detected until right up to discharge. That is when they noticed it and said they would put my baby under the UV lamp. I was discharged and told that the midwife would come out to see me within 24 hours. This did not happen as the midwife did not complete the discharge paperwork properly with the correct stickers etc. My GP helped me, as did the emergency midwife helped me out and came out to me. Afterwards the hospital community midwife came home and continued to help me. The midwife in charge on the ward who found out Kara had jaundice was told I always had my 'boob in the baby's mouth' so they didn't have a chance to tell me about the jaundice!

If I hadn't been articulate and know the system things could easily slip through. In 2010 with my first child there was a lot of help, but with my 2nd child there wasn't enough help in 2013.

A young midwife actually said you had to put a hat on the baby for some reason (hospital was cold). I know this is a cause of cot death, so I do not know why they said this. If I was a less confident mother then this misinformation would be dangerous.

With breastfeeding I was made to watch a video which was patronising. I was told not to shake or smack the baby. If we didn't see the video we were told off. It felt like being in school. It was aimed at a 5 year old rather than a mother. It needs to have more thought put into it.

Lack of resources really impact the service. Maternity ward they were like headless chickens in the way they had to chase up paper work. It was hard for them and you felt empathy but frustration. Foetal medicine were very very good with time and energy invested in you. Maternity was stretched with not enough time, and not enough time to provide effort

To have safe passage you need to know the system or you will face problems"

---

***Response to the Case Study from Derby Teaching Hospitals NHS Foundation Trust TRUST***

- **Labour Ward – less midwives – they were rushed off their feet**

\*The maternity ward is a busy 47 (currently) bedded ward. As a senior team we are constantly looking at ways of making the ward work more effective and efficient. One project currently being developed involves extending the electronic white boards into maternity which will reduce the use of paper based processes.

- **Staff off-hand in their comments**

Sincere apologies are offered for this as this is completely unacceptable behaviour. This will be fed back to the staff so they are mindful of this in the future.

- **Poor communication regarding baby's jaundice**

This is concerning as all staff including the non-registered should be able to advice parents regarding baby jaundice, The midwives should fully explain to the parents the appropriate baby care and treatment if required and provide patient information.

Action: ward managers to ensure that all staff are aware of this feedback.

- **Discharge missed for Community Midwife Visit**

It is difficult to comment in more detail whilst not knowing the area or locality that the woman resides in. We do have occasional issues with cross border areas i.e. if the woman births at RDH and lives in a cross border area that requires a non Derby Community midwife.

- **Patronising video**

This safeguarding short DVD is shown as part of the discharge session to inform parents about how to manage fraught situations with crying babies and the risks associated with newborn brain injuries and shaking babies. This is the first negative feedback that we have received regarding this DVD.

- **Staff running around like headless chicken, not enough time, chasing up paper work**

See above response marked \*

**Jane Haslam**  
**Head of Midwifery**  
**Derby Teaching Hospitals NHS Foundation Trust**



## 5.10 Surveys – Children's Services 0 to 11 Years

In this section we will look at the responses received for the Children's Services (0 to 11 years) survey, and we will use direct quotations from survey responses to illustrate the responses. We received **39** responses, the responses below are for each of the questions asked. Please note the following does not contain numbers of how many respondents skipped questions, but only focuses on what responses we have received.

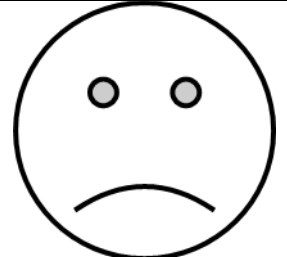
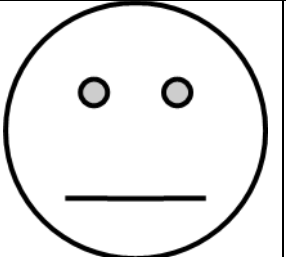
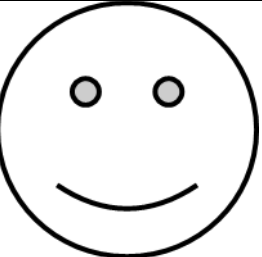
### 1. Who is filling this survey?

Parent/Carer	64.11%
Parent/Carer and child	28.2%
Child on their own	7.69%

### 2. Have you been to the doctor?

Yes	97.44%
No	2.56%

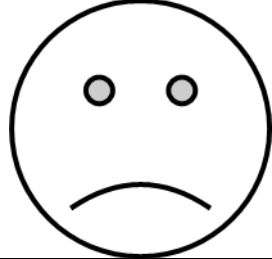
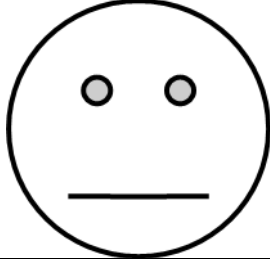
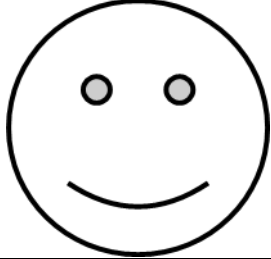
### 3. What was it like going to the doctor?

		
Bad	Okay	Good
68.42%	15.79%	15.79%

### 4. Have you been to the dentist?

Yes	97.44%
No	2.56%


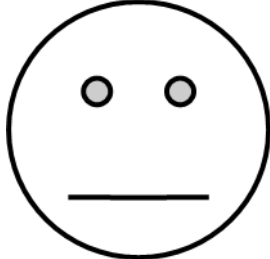

5. What was it like going to the dentist?

		
Bad	Okay	Good
26.32%	42.11%	31.57%

6. Have you been to the hospital?

Yes	91.18%
No	8.82%

7. What was it like going to the hospital?

		
Bad	Okay	Good
36.11%	38.89%	25.00%

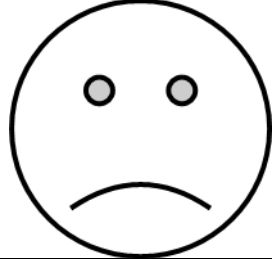
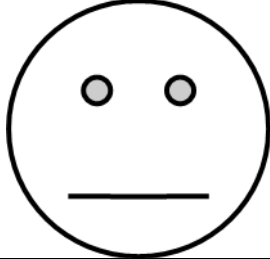
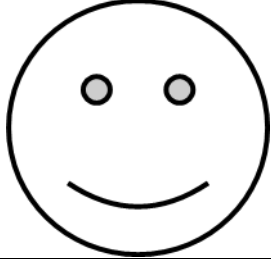
8. Have you been to an optician?

Yes	82.05%
No	17.95%

Children at the Little Voices Workshop (Pictured right) with Healthwatch Derby team member at Sunnyhill Community Centre, 26<sup>th</sup> August 2016



9. What was it like at your optician?

		
Bad	Okay	Good
12.12%	57.58%	30.30%

10. If your child attends any other health or social care specialist clinic not mentioned above, or if you have any other comments, please use the space below to give your feedback.

**Responses:**

- ☑ Just one problem, long waiting time while in hospital. Nobody tells you anything. Why are we kept waiting?
- ☑ Children's Hospital the care and service is very good, I have no complaints.
- ☑ Need Lithuanian translator please consider!
- ☑ I am deaf, and I find all appointments frustrating because they don't have proper sign language provision. I feel we are ignored or forgotten.
- ☑ No interpreter for appointments, I find it very hard.
- ☑ Sometimes it can be very difficult to ring in at 8am to get an appointment when you have a sick child who has been up all night.
- ☑ My midwife and health visitor were really supportive
- ☑ My health visitor is very good
- ☑ NHS Choices told me my local dentist was taking new patients, but when I rang up a very rude receptionist told me this is a private surgery. I was given the number for Health watch Derby. I spoke to Health watch and they gave me details of which dentist is taking new NHS patients. I don't think receptionists should talk to people like this, its very upsetting.
- ☑ My dentist is very good
- ☑ Don't like waiting for a long time to see the specialist.
- ☑ I go to A&E because I can never get an appointment when I ring up. A&E staff are so much better.
- ☑ Long waiting time to be seen. Very difficult with two young children.
- ☑ Doctor - I cannot get appointment Hospital - I have to wait a long time on the day of my appointment

- There are some fantastic health professionals we have experienced and unfortunately some negative ones. There is a real inconsistency in certain areas including community paediatricians and SALT.
- Ronnie mckeith as has down syndrome Nice clinic

Due to the number of negative comments received in the pregnancy and maternity survey, Healthwatch Derby raised an early indication alert with Derby Teaching Hospitals NHS Foundation Trust. The survey was analysed in February 2016, and an email was sent to the Patient Experience Manager on the 10<sup>th</sup> February 2016. The Trust responded to this early indication alert on the 11<sup>th</sup> February 2016 thanking Healthwatch Derby for the alert, and advised us that the Trust would begin an early escalation from their end.

## 5.11 Enter & Views

Part of our duties as a local Healthwatch is our statutory right to undertake Enter & View observational assessments. Little Voices saw two enter & views take place at the inpatient facilities of the Derby Teaching Hospitals Foundation NHS Trust & Derbyshire Healthcare NHS Foundation Trust.

Enter & Views offer a unique lay person's perspective into how health and social care facilities function. Full Enter & View reports, including our Enter & View policy can be found in Appendix F

## Enter & View 1 – Children's Hospital – Full report Appendix D

### Visit details

Service address:	Royal Derby Hospital, Uttoxeter Road, Derby, DE22 3NE
CEO:	Sue James
Service Provider:	Derby Hospitals NHS Foundation Trust
Date and Time:	Monday 11 August 2014
Authorised Representatives:	Rebecca Johnson and Farhat Yasin
Reason for visit:	Healthwatch Derby Enter and View Programme
Declaration of interest:	There were no declarations of interest on this visit

### Acknowledgements

Healthwatch Derby would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

### What is Healthwatch

Healthwatch Derby is an independent consumer champion created to gather and

---

represent the views of the public. Healthwatch Derby plays a role at both a national and local level, making sure the views of the public and people who use services are taken into account.

## **What is Enter and View**

---

Part of the Healthwatch Derby programme is to carry out Enter and View visits. Healthwatch Derby authorised representatives carry out visits to health and social care services to see how services are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allow representatives of Local Healthwatch organisations to enter and view premises and carry out observations for the purpose of carrying on of Local Healthwatch activity including hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.

**Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users, visitors and staff who contributed to the report on that date.**

## **Purpose of the visit**

---

This visit was part of Derby Hospitals NHS Foundation Trust monthly PLACE Inspection (Patient Led Assessment of the Care Environment), and was therefore an unannounced visit.

## **Methodology**

---

Derby Hospitals NHS Foundation Trust carry out monthly PLACE Inspections at each of their sites where they produce an internal action plan. Healthwatch Derby contacted the lead, Debbie Wild, Contracts Monitoring Officer, to arrange for the Enter and View representatives to take part.

## **Introduction/summary**

---

The Royal Derby Hospital is the second largest hospital in the East Midlands and is located near to the city centre. It provides general medical, surgical, maternity, rehabilitation care and accident and emergency services. During the tour, representatives visited the main entrance, the Neonatal Intensive Care Unit,

## **Conclusion**

---

During the visit it was apparent that trends were emerging, namely issues around:

- Toilets in some public areas need some maintenance work and more in depth

---

cleaning.

- Some of the courtyards and outside play areas need attention.

### **Evidence of best practice**

---

Evidence of best practice include:

- Monthly PLACE Inspections are conducted at this hospital site by the Trust in addition to the annual PLACE Inspection, involving patient representatives to produce an internal action plan.
- The disabled toilet near the main entrance has got a new clear sign which can be seen sideways from a distance. There is also a sign on the door asking people to use another toilet if they don't need to use the disabled toilet.
- Three comfortable, homely-feeling parents' rooms with en-suite facilities and medical equipment are available where parents can have privacy with their baby before going home.
- The waiting room near children's emergency x-ray had a range of excellent pictures and explanations of various procedures including x-rays and arm and leg plasters.

### **Recommendations**

---

Recommendations include:

- Fixtures and fittings need to be maintained in line with policies and procedures.
- Weatherproof fixtures and fittings should be used in outside areas.
- All equipment in the hospital should be free from dirt in an effort to improve infection control.
- Internal signs to Accident and Emergency need to clearly show that they are for children as well as adults, otherwise people may follow the signs to the Children's Hospital.
- More notice boards are needed in Children's Accident and Emergency.

## Enter & View 2 – Beeches Specialist Maternity Report – Full report Appendix E

### Visit details

---

Service address:	The Beeches, Radbourne Unit, Royal Derby Hospital site, Uttoxeter Road, Derby DE22 3WQ
CEO:	Steve Trenchard
Service provider:	Derbyshire Healthcare NHS Foundation Trust
Date and time:	Thursday 30 July 2015, 10.00 am
Authorised Representatives:	Rebecca Johnson, Sandra Dawkins and Sue Cowlshaw
Reason for visit:	Healthwatch Derby Enter and View Programme
Declaration of interest:	There were no declarations of interest on this visit

### Acknowledgements

---

Healthwatch Derby would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

### What is Healthwatch?

---

Healthwatch Derby is an independent consumer champion created to gather and represent the views of the public. Healthwatch Derby plays a role at both a national and local level, making sure the views of the public and people who use services are taken into account.

### What is Enter and View?

---

Part of the Healthwatch Derby programme is to carry out Enter and View visits. Healthwatch Derby authorised representatives carry out visits to health and social care services to see how services are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows representatives of Local Healthwatch organisations to enter and view premises and carry out observations for the purpose of carrying on of Local Healthwatch activity including hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.

**Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users, visitors and staff who contributed to the report on that date.**

## Purpose of the visit

---

This visit was part of Healthwatch Derby's Little Voices consultation and was therefore an announced visit.

## Methodology

---

During the visit, a tour of the facilities was carried out. Patient, staff and visitor surveys were left with freepost envelopes to be completed and returned within a two week timeframe.

## Introduction/summary

---

Derbyshire Healthcare NHS Foundation Trust is the largest provider of mental health services across Derbyshire. The Beeches is a self-contained specialised inpatient unit which has room for six patients with their babies. Women can be admitted from 32 weeks pregnant or with their babies, usually up to the age of nine months. During the visit, representatives toured the building making observations and spoke to patients.

## Conclusion

---

During the visit it was apparent that trends were emerging, namely issues around:

- A member of staff was carrying a baby in one arm and a jug with a bottle of milk in warm water in the other.
- Most of the surveyed staff members felt that there are not enough nurses on shift at this hospital to meet the needs of the patients.
- All of the surveyed staff members felt that they do not have enough time to fulfil their duties on shift.
- The majority of the surveyed staff members did not feel that their work is valued at this hospital.

## Evidence of best practice

---

Evidence of best practice includes:

- On Fridays the patients have a takeaway for dinner and watch DVDs, this adds to the feeling that The Beeches is a home from home.
- The unit encourages dads to engage as much as possible and they are included as part of the care plan.
- All of the surveyed patients felt that they were involved in planning their own care.
- The lounge is a safe space for patients and their babies as men are not allowed in this room and it is not used for visiting. This enables the patients to relax together

---

and breastfeed in private

## Recommendations

---

Recommendations include:

- A health and safety refresh or risk assessment should be carried out in the area of carrying babies and liquids.
- Staff concerns need to be addressed.
- The outside of the building would look more welcoming if the planters immediately outside the entrance had flowers in them.
- More leaflets or artwork in the entrance/waiting area would make it feel less empty and more welcoming.
- A lower mirror in the disabled toilet would make it more accessible for wheelchair users.





## Chapter 6

### Observations, Recommendations & Response

Through our report we have looked at a number of different methods of data collection resulting in a wide array of observations. In this chapter we will look at the key findings that have emerged, and also look at ways of making these key points of learning count for service improvements.

#### Key Findings

##### Positives

Overall positives have been reported for all the services we have observed during our Day Observations.

Evidence of good practice and many instances of excellent patient care shared.

Services have been described as responsive, caring, and efficient by patients.

Enter & Views have highlighted good facilities and good support provision for patients.

Cleanliness and inpatient food have been highlighted as positives.

##### Negatives

Communication has been highlighted as a key negative for some services. Barriers to services .

Staff attitude has been highlighted as a negative.

Long waiting time for appointments and lack of explanation. Difficulty in getting GP appointments highlighted.

Patients have highlighted gaps in services and lack of cohesion between services such as the gap between maternity service and link up with health visitors.

Inadequate provision of support which hinders access such as sign language interpreters, and translators for non English speakers.

Discharge issues and delays highlighted.

## Recommendations

1. The report has highlighted a need to review communication procedures and processes to enhance patient experience.
2. Greater empathy by staff when dealing with patients is required. A review of training around empathy and customer service for staff.
3. Long waiting times can have an adverse effect, and many patients have highlighted this in their comments. We would recommend a review of areas with the highest waiting time for booked appointments.
4. Access to GPs has been highlighted as a major concern. We would recommend commissioners continue to emphasize the need for easier access for this key service.
5. A review of the local capacity and provision of GP services.
6. Integration of services will help provide a more holistic and more effective treatment pathway. We would recommend continued efforts to link up patient treatment pathways between various sectors.
7. More education and awareness to break down barriers and help align services to the needs of emerging communities.
8. Access issues such as translation were highlighted by patients. A review of current service provision is recommended.

## Response from Service Providers

### From Derby Teaching Hospitals NHS Foundation Trust

Response to Healthwatch “Little Voices” report regarding Maternity Services (March 2016) & Little Voices Case Study (2013)

As a maternity service we actively welcome feedback from the women and families that use our maternity services. The maternity team would like to thank Healthwatch Derby for including the Royal Derby maternity services in their report as this provides the service with valuable feedback that can be used to further improve the care and services that we provide for women, babies and their families.

The themes that are included in the Healthwatch report are not dissimilar to the recent Picker national maternity survey (2015) and of those highlighted during the recent National Maternity Review consultations. The emphasis for maternity services focuses on listening to women and their views, using this feedback actively and ensuring that our services users understand that service improvements and changes have been made with a direct response to their comments.

It was reassuring to see within this report such positive comments regarding the professional, compassionate care that is delivered by midwives to women and their families as this is fundamental to gaining trust and establishing a positive relationship with women and families.

As a maternity service we are keen to engage with women and are currently working with our Maternity Service Liaison Committee (service user forum) and our Commissioner maternity lead to develop an engagement strategy to ensure that all women's views are heard and that we use these views to model our services accordingly.

With regards to the negative feedback contained within the Little Voices report and the case study contained therein, we offer our sincere apologies and below we detail what actions have been taken in respect of these. The findings of this report will be shared with our staff to ensure that learning from these highlighted issues is implemented.

#### Responses to the negative findings in the Little Voices Report (Key Findings/Recommendations)

The themes from these examples include:

- **Poor communication regarding plan of care**

We would need to know more detail to appreciate the full picture, but it does appear from the small amount of information that the woman concerned was not clear about the plan of care relating to her pregnancy and therefore we sincerely apologise if this was due to a failure on our staff's part to communicate this more clearly.

- **Possible inappropriate access to maternity services via 111**

Whilst we can signpost and encourage women to use the PAU direct access number (01332 785796), which is clearly identified on the back page of the maternity hand held records, women may decide to contact 111 or emergency services. Or in some instances, their relatives may make this decision on their behalf.

Women will present at ED whilst pregnant if that is their choice, however as a maternity service we have an inter professional working relationship with ED and women will be transferred over to maternity services when this is more appropriate to delivering their care.

- **Lack of compassion for feeding support/lack of support/inconsistent care**

Women need a lot of support and guidance when breast feeding, especially with their first baby, and therefore it was very disappointing to read this comment. Women may experience soreness and the role of the midwife is to ensure that when this happens the baby is latched on correctly to stimulate the breast milk supply in order to give the baby the best nutritional feeds. This advice and support needs to be in a sensitive and encouraging manner so as not to make the women feel that she is not able to continue to breast feed and is confident in her ability to breast feed.

Again, we sincerely apologise if it was felt that the advice and support was not delivered in a compassionate manner and we reiterate that this matter will be shared with the appropriate staff.

- **Midwife's lack of emotion and not listening to the woman**

Again we would need to know in more detail to appreciate the full picture of the case, however it goes without saying that midwives caring for women in labour need to be extremely sensitive to how anxious and vulnerable women feel during this often, very frightening time. Women need to feel safe and need a midwife who will listen to and action their concerns.

## **Community midwifery clinics**

- **Midwives answering/using mobile phones whilst with a woman**

Generally, we fully appreciate that this is not good practice; however there may be occasions when the Midwife is awaiting a response from Royal Derby staff to a query made earlier and therefore if the caller is not identified (ie shows on the screen as caller 'unknown'), which is the case when calls from the Royal Derby Hospital are received, it is feasible that the midwife would decide to accept the call. If this happens however, we would expect the midwife to politely excuse herself and take the call and not have a conversation in front of the woman.

- **Home visit options**

The Maternity Service Specification supports midwifery antenatal home visits being undertaken on an individual needs basis, with the majority of antenatal

appointments taking place in GP surgeries, health centres and/or Children's centres. Women who choose to have a home birth have a home visit around 36 weeks of pregnancy to undertake an environmental and home birth risk assessment.

Postnatal home visits are undertaken as a minimum on the first day home, day 5 (for the 'heel spot' test on baby) and day 10. Additional visits and extended visiting post day 10 will be offered on an individual midwifery assessment of mother and/or baby needs.

Transfer of care to the health visiting service is undertaken around day 10 with the HV making contact with the mother to arrange birth visit.

- **MW/HV antenatal checks**

There is no duplication of the antenatal visit from the midwife and the health visitor. The HV undertakes a 2 week antenatal visit with the women to introduce the HV and to assess any early signposting for the woman and/or her family. The midwife undertakes antenatal care as per local and national guidance.

### **PAU (Pregnancy assessment Unit)**

- **Long waiting times**

Unfortunately there will be occasions especially when activity is high when women may have to wait for a longer period of time than we would like them to wait for. PAU accepts self referrals from women, GPs, other parts of the hospital and will experience peaks and troughs in activity. The midwives triage all calls taken and will advise women when attending if they are likely to experience a delay in being seen and will keep women updated on their wait so that they can access refreshments etc

- **USS lack of seating/not signposted to another seating area**

The pregnancy ultrasound scan department located in the antenatal clinic is part of the Imaging service. There is limited seating however, there is the ability to seat women adjacent to the department in other sub waiting areas.

Action: to be discussed by the Senior midwife with the Scan department manager on how to manage the scan department waiting area and avoid congestion/lack of seating for pregnant women.

- **Poor communication when pregnancy concerns**

All women should be able to discuss women's concerns regarding their pregnancy and women should be signposted to the information pages in the maternity handheld records and the Baby Buddy app for further information.

### **Car Parking issues**

The parking issues at the Royal Derby are currently under review and a plan has been submitted to the Trust Board.

### **Induction ward**

- **Partners having access to Induction Ward**

Currently partners are welcome to stay until late evening for women who have a Propress induction. The 4 bedded bay on labour ward is where women are situated pre labour and women are encouraged overnight to rest prior to their induction process being reviewed by the Obstetric team the following morning. The same is encouraged of the partners, if women are showing signs of labour they will be transferred into a labour room where the partners are able to stay as labour progresses.

### **Ward 314**

- **Restricted visiting**

The current visiting hours were decided a few years ago after consulting with women however it is time to review in light of recent feedback.

Action: we are currently reviewing our visiting hours and are exploring open visiting and partners staying overnight. It appears that this is becoming more common practice in maternity units across the UK and we feel that this will generally be a positive way forward for women and their families.

- **Confusing terminology**

Staff should be making sure that women understand what is being explained to them and where appropriate use other forms of communication i.e. simplifying or pictorial guides

- **Delay in answering call bells**

At times of high activity on the maternity ward there will unfortunately be delays in getting to the call bells. However there should not be any prolonged delay in staff responding.

Action: ward managers and senior midwives to feedback to staff on the ward at team meeting.

- **Discharge – Felt rushed, too much given at one time.**

The majority of women wish to go home as soon as is possible and appropriate for themselves and their baby. Our discharge process from the ward has been evolving over the past 18 months with several changes which have made the process slicker i.e. NIPE checks by midwives to avoid delay for the baby.

### **Labour ward**

- **Midwife not sympathetic/ Midwife would not listen**

All staff are expected to follow the Trust C.A.R.E values, it is essential and indeed expected, that all staff that care for women during their maternity experience do so in a compassionate and caring manner.

- **Midwife awful (told woman she would tape her mouth up)**

This is a totally unacceptable response from a midwife to a woman even if said in a 'joking' manner as it is very offensive. As advised previously, this matter plus, all other matters relating to staff attitudes and behaviours will be raised with all appropriate staff to ensure they are more mindful in the future of what is expected of them.

- **Labour room not prepared**

At times of high activity there may be a delay in stocking up the labour rooms which is supported by all staff.

### **Key findings**

#### **Positives:**

It was reassuring to see the positive responses from women regarding our maternity service. We do receive a significant number of compliments in all areas and our Friends and Family (FFT) response rates are consistently one of the highest in the Trust. All FFT cards with negative feedback and where the women's contact details

are provided, are followed up by a telephone call from the ward/department manager of the area.

### **Negatives:**

- **Communication, Staff attitudes and Behaviours**

This is an area that we have been addressing through human factors work in maternity. Staff are expected to display Trust C.A.R.E values and will be challenged when their behaviours/attitudes are not considered appropriate.

- **Maternity /Health visiting lack of cohesion**

The community Matron meets regularly with the Health Visiting leads and will take this feedback to the next forum.

- **Lack of interpreters**

All staff can access both face to face interpreters/BSL signers via the Trust approved providers. Alternatively language line can be used. In maternity all areas including community have the use of 3 way telephone connectors which enable the women, midwife and translator to have a simultaneous conversation.

- **Discharge issues**

As previously stated this is an area that is currently under review with the aim of reducing the length of time it takes to discharge patients and also ensure that appropriate communication between staff, patient, family or carers and any other outside establishments ie Social services is paramount and effective.

### **Recommendations**

- **Communication/ Empathy/customer care training**

To be addressed through Trust C.A.R.E values

- **Long waiting times**

This is currently being reviewed particularly in relation to antenatal clinic

- **Integration of services**

Under review as part of the MSLC work plan

- **Emerging communities**

Under review as part of the MSLC work plan

- **Translation issues**

To be addressed through patient experience committee

### **Response to the Little Voices Case study (2013)**

- **Labour Ward – less midwives – they were rushed off their feet**

\*The maternity ward is a busy 47 (currently) bedded ward. As a senior team we are constantly looking at ways of making the ward work more effective and efficient. One project currently being developed involves extending the electronic white boards into maternity which will reduce the use of paper based processes.

- **Staff off-hand in their comments**

Sincere apologies are offered for this as this is completely unacceptable behaviour. This will be feedback to the staff so they are mindful of this in the future.

- **Poor communication regarding baby's jaundice**

This is concerning as all staff including the non-registered should be able to advice parents regarding baby jaundice, The midwives should fully explain to the parents the appropriate baby care and treatment if required and provide patient information.

**Action: ward managers to ensure that all staff are aware of this feedback.**

- **Discharge missed for Community Midwife Visit**

It is difficult to comment in more detail whilst not knowing the area or locality that the woman resides in. We do have occasional issues with cross border areas i.e. if the woman births at RDH and lives in a cross border area that requires a non Derby Community midwife.

- **Patronising video**

This safeguarding short DVD is shown as part of the discharge session to inform parents about how to manage fraught situations with crying babies and the risks

associated with newborn brain injuries and shaking babies. This is the first negative feedback that we have received regarding this DVD.

- **Staff running around like headless chicken, not enough time, chasing up paper work**

See above response marked \*

**Jane Haslam**  
**Head of Midwifery**  
**Derby Teaching Hospitals NHS Foundation Trust**

### **Response from Service Providers**

#### **From Derbyshire Healthcare NHS Foundation Trust**

I am writing in response to your review and investigation into the little voices of our community. Thank you for undertaking the analysis work in the period January 2015 to the end of September 2015, we note that the Healthwatch Derby team has been working on a feature consultation called 'Little Voices'. We note that the consultation has reviewed the services for pregnancy and maternity, as well as services for children from the ages of 0 to 11 years. Thank you for hosting two events in August 2015 which saw you host two successful public events as part of your Little Voices consultation.

We accept the report in full with no changes to accuracy and analysis.  
Our feedback is as follows:

Thank you for your time and commitment to raising the concerns and views of our families and children. So often we treat our children as little adults without an independent voice of their own. The voice of the child is such an important view in our services and we thank you for listening to it in our Enter and view at the Beeches, in our Health Visitor clinical and listening to our staff in the Child and Adolescent service.

This report at publication post purdah will be received by our Clinical reference group for Children's service and CAMHS as well as our Quality leadership team that oversees the clinical performance of the Beeches.

In response to the Enter and view for the Beeches in-patient unit we have formally responded to the report with the statutory timescale and we would like to re-express our thanks of the feedback received and your presentation of the feedback at the Derby Health and Well-being Board.

In response to the feedback detailed in the report, we were heartened to read the comments about our Health visiting service and the Roma service. In particular that our staff demonstrated good awareness of issues such as domestic violence, as well as other sensitive situations.

We note one area of improvement, we need to explore further is

There seem to be a duplication in the work of midwives and the health visitors, both do ante natal checks and pick up the same information. Staff observed shared with Healthwatch Derby, that they wished midwives and health visitors could work more closely together as it would give a more “streamlined” service. We will explore any recommendations on how we can make this experience feel more seamless from anyone surveyed or if there is not any specific detail on solutions, we will ask our Clinical reference group for ideas and solutions based upon this feedback.

Although we noted no specific action for the organisation, we will continually strive to consider cultural adaptations to enable service access for our Roma community parents. We noted your feedback that there were no negatives identified for the service, but negatives identified around barriers to accessing service primarily around trust and misunderstanding of services. For example a rejection of contraception due to teenage pregnancy, leading to further unplanned pregnancies. Suspicion and mistrust of statutory bodies and how services function and what purpose they serve. We will ask our Clinical reference group to consider this feedback as well as sharing this with our Derby City Local Safeguarding Children’s Board on publication.

We noted your helpful table of feedback of gaining access

Services	Very Good	Good	Fair	Poor	Very Poor	Don't Know
GP Appointments	27.45%	11.76%	1.96%	9.80%	47.06%	1.96%
Hospital Appointments	34.00%	8.00%	6.00%	16.00%	36.00%	0.00%
Health Visitor Appointments	41.67%	25.00%	13.89%	0.00%	11.11%	8.33%

Although the Trust overall performance was strong, we would like to explore the 11 per cent of individual who feedback that gaining access to the service was poor, so we can learn from this in what we can do to improve

We reviewed the thirty nine responses in the survey section. Although we cannot establish which our Trust services, in the comments section, there is a comment which would be part of our Trust services. There are some fantastic health professionals we have experienced and unfortunately some negative ones. There is a real inconsistency in certain areas including community paediatricians and SALT. We will ask our Children's CRG to review the feedback and should you have any more detail or have any specific information shared in the future we would act upon any comments and concerns raised to enable the Trust to explore it further. We will take this specific comments at face value and consider how we interact with our families to ensure consistency whenever and wherever we can.

We accept the CAMHS commentary from our staff in there challenges and we will share this report with our Children's Health commissioner and our Children's Public Health commissioner.

Can we take the opportunity to thank you and your team for your on-going support. Please do pass on my thanks to your Board for your careful consideration of the issues and focus on integrated children and family care. Your report is so important to our staff and I am sure that the Health visitor team will have a spring in their step for reading such comments like my health visitor is very good. As there professional lead it made me very proud of our hard working teams.

Yours sincerely

**Carolyn Green**  
**Director of Nursing**  
**Derbyshire Healthcare NHS Foundation Trust**

## Chapter 7

## Appendices

### Index of Appendices

**APPENDIX A – PATIENT FORUM METHODOLOGY**

**APPENDIX B – WORKSHOP METHODOLOGY**

**APPENDIX C – DAY OBSERVATIONS METHODOLOGY**

**APPENDIX D – ENTER & VIEW DERBY TEACHING  
HOSPITALS NHS TRUST (SEPERATE DOCUMENT)**

**APPENDIX E – ENTER & VIEW DERBYSHIRE HEALTHCARE  
NHS FOUNDATION TRUST (SEPERATE DOCUMENT)**

**APPENDIX F – HEALTHWATCH DERBY ENTER & VIEW  
POLICY**

## **APPENDIX A PATIENT FORUM – FOCUS GROUP METHODOLOGY**

**Healthwatch Derby worked in partnership with Healthwatch England to host a Patient forum at the Revive Centre, Chaddesden. This was in a dedicated focus group format.**

**There were no set questions or agenda for the group. Attendees were simply asked to share their experiences about accessing health and social care services. Dialogue was organic, with officers asking questions only for clarification.**

**Delegates were invited by extensive engagement and networking activities concentrated in the local area. Delegate criteria was parents of young children aged 0 to 11 years.**

**Transcripts from the session were shared by Healthwatch England and Healthwatch Derby. Healthwatch England subsequently used data from the patient forum in its reports under the title 'voices from Derby'.**

**All data analysis used in the report was undertaken by Healthwatch Derby.**

## **APPENDIX B PATIENT FORUM - WORKSHOP METHODOLOGY**

**The workshop was hosted by Healthwatch Derby in partnership with Derby Teaching Hospitals NHS Trust.**

**The agenda included activity sessions for delegates to speak about their patient experiences. Activities also included a 'tree of service' looking at scope for improvement, and barriers to services.**

**Childrens A&E Colleagues did a presentation about the correct route for treatment for minor to severe issues.**

**The Trust hosted a food taster of their inpatient food which was assessed by patients using a star rating system.**

**Many delegates came with children, and there was a small lay area set aside where several members of the Healthwatch Derby Team engaged with young children using our media and publicity materials such as playing cards, colouring pens etc.**

**Delegates were invited by extensive engagement and networking activities in the local area. Delegate criteria was service users accessing pregnancy, maternity, children's services for 0 to 11 years.**

**Food rating data was sent to the Trust for their consideration. Healthwatch Derby completed all the data analysis used in the report.**

## **APPENDIX C – DAY OBSERVATIONS METHODOLOGY**

- 1. Notes will be taken by Healthwatch Derby (referred to as HWD) during the observations, but NO details identifying either patient, carer, NHS staff, or any other sensitive information about the patient would be recorded.**
- 2. HWD's notes will be available to service provider at any time during the shift.**
- 3. During accompanied home visits HWD would have to abide by instructions of service provider staff in terms of being present at any assessments – these would have to be agreed by the patient/carers/family present. If there is any difficulty or they prefer privacy, HWD to step out to accommodate this.**
- 4. At no point during the observations will HWD's presence in any way cause disruption to services.**
- 5. HWD will speak to staff about any recommendations they may have for service improvements, and their suggestions will be noted down as anonymous.**
- 6. At no point will HWD ask service users about their current patient experience (for instance during an assessment observed etc). The service is dealing with patients seeking treatment and advice – it would be unfair to subject them to any further intrusive questions. All observations are to be undertaken in an empathetic and sensitive manner keeping the patient's welfare and dignity as paramount to all other considerations.**
- 7. If HWD comes across any instances where a patient is under threat and the service is not aware of this, or sees anything where HWD feels the service user may be at risk, HWD to immediately highlight any concerns to the service manager, as an agreed escalation and safeguarding policy for the observations.**

**8. If any safeguarding/escalation risks are highlighted the service provider reserves the right to terminate the day observations at that point to deal with the patient as a matter of urgency. If the shift is terminated HWD and the service provider will work together to reschedule another day observation at mutual convenience.**

## **APPENDIX D – ENTER & VIEW DERBY TEACHING HOSPITALS NHS TRUST (SEPERATE DOCUMENT)**

## **APPENDIX E – ENTER & VIEW DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST (SEPERATE DOCUMENT)**

## **APPENDIX F – HEALTHWATCH DERBY ENTER & VIEW POLICY**

### **1. Purpose**

- 1.1 The purpose of this policy is to provide guidelines for all staff and volunteers working and volunteering within Healthwatch Derby and includes our Board Members, to assess the potential risks and to establish procedures for staff and volunteers undertaking activity alone.

### **2. Scope**

- 2.1 This policy should be viewed within the overall context of the Induction Process and Volunteering Policy in that Healthwatch Derby has responsibilities as an organisation to ensure that it supports and values its staff and volunteers.

### **3. Background**

- 3.1 It is Healthwatch Derby's responsibility to assess risks to staff working alone and to volunteers volunteering alone and to take steps to avoid or control the risk where necessary. You have a responsibility to take reasonable care of yourself and other people who may be affected by Healthwatch Derby activity.

### **4. Definition**

#### **What is Enter and View?**

- 4.1 Enter and View' is the opportunity for Authorised Representatives:

- To go into health and social care premises to see and hear for themselves how services are provided
- To collect the views of service users (patients and residents) at the point of service delivery
- To collect the views of carers and relatives of service users
- To observe the nature and quality of services – *observation involving all the senses*
- To collate evidence-based findings
- To report findings and associated recommendations – good and bad – to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners
- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels

### **Where does Enter and View Apply?**

- 4.2 Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:
- NHS Trusts
  - NHS Foundation Trusts
  - Local Authorities
  - a person providing primary medical services (e.g. GPs)
  - a person providing primary dental services (i.e. dentists)
  - a person providing primary ophthalmic services (i.e. opticians)
  - a person providing pharmaceutical services (e.g. community pharmacists)
  - a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
  - Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

### **Exclusions – Where 'Enter and View' does not apply**

- 4.3 The duty to allow entry does not apply in the following circumstances:
- if the visit compromises either the effective provision of a service or the privacy or dignity of any person
  - if the premises where the care is being provided is a person's own home (this does not mean that an authorised representative cannot enter when invited by residents – it just means that there is no duty to allow them to enter)

- where the premises or parts of premises are used solely as accommodation for employees
  - where the premises are non-communal parts of care homes
  - where health and social care services are not provided at the premises (such as offices) or where they are not being provided at the time of the visit (for example when facilities and premises are closed)
  - if, in the opinion of the provider of the service being visited, the authorised representative, in seeking to 'Enter and View' its premises, is not acting reasonably and proportionately
  - if the authorised representative does not provide evidence that he or she is authorised.
- 4.4 The duty does not apply to the observing of any activities which relate to the provision of social care services to children.

### **Who can carry out Enter and View?**

- 4.5 Only **Authorised Representatives** may undertake 'Enter and View' and then only for the purpose of carrying out the activities of the local Healthwatch they represent
- 4.6 Any local Healthwatch can – and should – be operating local recruitment and selection processes – based on its defined requirements, and you will need to be accepted through these local processes. Such processes may be impacted by:
- The Local Authority and/or
  - Conditions of indemnity insurance.
- 4.7 Recruitment processes for Authorised Representatives may require that you undergo a criminal record check by the Disclosure and Barring Service - indeed Healthwatch England strongly recommend this checking. Where checking applies, a 'nominated person' of the local Healthwatch must consider, and be satisfied by, the certificate.
- 4.8 The local Healthwatch must make publicly available a comprehensive and up to date list of all of its Authorised Representatives.

## **5. Legislation**

- 5.1 The Health and Social Care Act 2012 provides for local Healthwatch to carry out Enter and View:

“Section 186 – Requests, rights of entry and referrals – Subsections (6) to (11) amend section 225 of the 2007 Act, the effect of which is to require the Secretary of State to make regulations to imposed a duty on persons such as certain providers of health and social care services to allow representatives of Local Healthwatch organisations to enter and view premises and carry out observations for the purpose of carrying on of Local Healthwatch activities, under the arrangements under section 221(1) or Local Healthwatch arrangements.”

(Explanatory Notes regarding The Health and Social Care Act 2012 on [legislation.gov.uk](http://legislation.gov.uk) on 4<sup>th</sup> January 2013).

## **6. Policy and Procedure**

- 6.1 This procedure describes the processes and arrangements for members of Healthwatch Derby’s Enter and View Team to enter and view premises providing health and social care services within the city of Derby for the purpose of observing services and service delivery.
- 6.2 In conjunction with the purpose of the visit and its aims; the group will observe and assess the nature and quality of services, obtain the views of people using those services, validate evidence already collected and gather information from both staff; services users and carers.

### **Planned/announced visits as part of the Healthwatch Derby Work Plan**

- 6.3 Prior to a visit, Healthwatch Derby will supply the provider of the service with the following information in writing:
  - Proposed date and time for the visit, along with an approximate duration.
  - The information that has prompted the visit excluding the source of the information.
  - The purpose of the visit.
  - The overall structure of the visit.
  - Identifying staff and service users that the authorised representatives would like to meet.
  - The number and nature of any discussions along with the identification of any special communication or access needs.
  - The activities that the authorised representatives wish to observe.
  - Whether the authorised representatives will be distributing leaflets or other information about Healthwatch Derby.

- Whether or not it would be beneficial for staff or service users to accompany the authorised representatives throughout the visit.
- The names of the authorised representatives conducting the visit.
- The identification that Healthwatch Derby authorised representatives will provide.
- Re-assurance that the draft findings will be shared with the provider of the service prior to being finalised and distributed more widely.
- Where appropriate, draft findings will also be shared with relevant parties whose information may have prompted the visit.

### **Unplanned/unannounced visits**

- 6.4 Un-announced visits should not take place if any other approach could produce the information Healthwatch Derby is seeking. Un-announced visits must be in response to a concern highlighted by the community, such as reports of dirty premises, statistics showing high infection rates or spot checks to review aspects of service delivery such as waiting times for clinic attendances.
- 6.5 The rationale for undertaking such a visit must be documented by Healthwatch Derby, along with the reason for not addressing the situation in another way.
- 6.5 Where Healthwatch Derby decides it is necessary to conduct an unannounced visit, they agree to provide the information above upon arrival.

### **Before the visit**

- 6.6 Prior to the visit:
- Authorised representatives must meet at The Council House to undergo a team briefing with the staff lead.
  - Healthwatch Derby must ensure all representatives are free of infection which could be passed to vulnerable service users.
  - Healthwatch Derby must cancel the visit if only one representative is available.

### **During the visit**

- 6.7 During the visit:

- Authorised representatives must wear identification badges throughout the visit and carry Healthwatch Derby leaflets to explain what Healthwatch Derby is.
- Authorised representatives must present themselves to the provider's named contact for the visit, or a senior member of staff, showing their identification badges and visit agreement/authorisation documents.
- Healthwatch Derby must brief the providers named contact on the structure of the visit and on those who will be involved (as agreed), extending this to a short briefing of all relevant staff to check everyone is aware of the visit.
- Authorised representatives must only note down observations during the tour of facilities on the Observation Sheet provided by Healthwatch Derby.
- Authorised representatives must conduct service user surveys only when the purpose has been explained and informed consent has been obtained.
- Strive to interview/survey a representative sample (based on diversity).
- Thank each individual for taking part.
- Note any possible safeguarding issues.
- Leave visitor and staff surveys with freepost envelopes to be returned, clearly stating the cut-off date (as agreed) in a public area.

## **End of visit**

### **6.8 After the visit:**

- Meet with the provider's named contact at the end of the visit, reporting any urgent findings on the day of the visit, giving thanks for their assistance, asking for feedback, and/or providing verbal feedback at to the intended general content of the written report.
- Thank the provider and inform them of imminent departure at the end of the visit.
- Collate service users, visitor and staff surveys if appropriate.
- Report any possible safeguarding issues to the council's safeguarding team – and the police in extreme circumstances.
- Meet as a visiting team to discuss information collected and to consider recommendations, pulling together evidence based findings.
- Request further information from the provider if required, using the Freedom of Information Act if necessary.

## **Essential Conduct and Behaviours**

### **6.9 Persons authorised to enter and view must:**

- Treat all people fairly and courteously, with sensitivity and respect.
- Treat people with dignity, and respect their privacy.
- Be as unobtrusive as possible.
- Inform people, especially staff, of what you are doing at each stage of the visit.
- Value people as individuals, respecting difference and diversity.
- Exhibit no discriminatory behaviour.
- Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about the safety and wellbeing of a service user, or if the person consents to the sharing of information.
- Co-operate with requests from staff, service users, carers and their families.
- Comply with all operational health and safety requirements, and with 'house rules'.
- Ensure that you do not interrupt the effective delivery of health and social care services.
- Do not make unreasonable requests or demands.
- Recognise that the needs of people using and receiving health and social care services take priority over the visit.
- Be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the visiting team.
- Dress appropriately, including consideration for infection control, e.g. no ties.
- Do not accept gifts or hospitality.
- Introduce yourself to people and gain an individual's agreement before talking to them.
- Apply the Seven Principles of Public Life (the Nolan Principles):
  1. Selflessness
  2. Integrity
  3. Objectivity
  4. Accountability
  5. Openness
  6. Honesty
  7. Leadership.

## Contact Us!



If you would like to share your experience accessing health and social care services in Derby, we would like to hear from you, contact us via:

Email: [info@healthwatchderby.co.uk](mailto:info@healthwatchderby.co.uk)

Telephone: 01332 643988

Write to us at: Healthwatch Derby  
1<sup>st</sup> Floor

Council House  
Corporation Street  
Derby, DE1 2FS

Visit our website: [www.healthwatchderby.co.uk](http://www.healthwatchderby.co.uk)

Visit our blog: <https://www.facebook.com/Healthwatchderby>

Facebook: <https://www.facebook.com/Healthwatchderby>

Twitter: <https://twitter.com/HealthwatchDby>

*Any enquiries please contact Healthwatch Derby Quality Assurance & Compliance Officer Samragi Madden on any of the contacts above.*

