

Changing Services: Perinatal – staff involved in service change

Deborah Sells – Ward Manager, Mother and Baby Unit

We have to remember that when patients come to us, they may well have just delivered their baby. Although we appreciate that it has to be a hospital environment and we have rules and procedures that we have to follow, we want it to be as homely as we possibly can, at the time in their lives when it should be a great experience and a happy experience. They've been hit with this illness, this tragedy really in lots of respects.

We can't stay at this site, so the Trust are looking to build us a purpose built unit. It's been very clinically driven, we've been able to put preferences from my point of view, from the staff's point of view, from patient point of view and from the very early stages it does feel that that has been listened to and actioned.

Staff have felt really excited. We got together as a staff team and brainstormed what we wanted on the ward, what we needed on the ward, what needed to be better, what needed to stay the same. We have a lot of good patient involvement anyway, so feedback comes in a variety of forms. But with regards to the new build we've had a series of focus groups, they've actively been asked what they would like in the new build, what wants to stay the same – similar to the staff really. Patient feedback from questionnaires which we give out to every patient.

Lots of patients want to be involved and want to support the service, so fairly regularly people will just get in touch with us and ask if there's anything they can do, how they can help. So all patients who are on the ward will give some feedback about the services they're getting already, but there's a point in there where we are asking them what they want to see in the new build. Just how they'd like to see the service develop really, what's good, what's not good, what can be improved.

We collate it on a three monthly basis, we get it all in nice little graphs and put it up on the wall for patients, visitors and other professionals to see. In that respect patients have come back to us and told us what they want it to look like. As I say, although we have to have the proper procedures in place, the policies and such like, we want to take on board what they're saying, make it a warm environment for them to recover in and I think in terms of their recovery that can only benefit them.

The garden is a massive thing that patients really want, because we obviously don't have a garden on this site. Just being able to open the doors and letting mums and babies walk out.

We're looking to probably increase our beds by two at some point. We don't want it to be massively different to how this is in lots of respects. We want to keep the warmth, keep the compassion for patients. We don't want it to be diluted in any shape or form.

We encourage patients to write their own story, either at the point of discharge or later on in their recovery, and we keep those stories and put them in a folder for other patients to read. They take on board what's being said from the other patients, they know that yes they're going to get better, this is going to be alright. And lots of previous patients have done that for us, written their story. And with regard to ECT, we've got lots of stories in there. We say "read this, this is what helped this lady. It'll get you better".

We've recently just got our first dad's story, so I think that will be quite a nice tool to use for dads.

We get a lot of thank you cards. We like to put them up – again, just to give that hope, instil hope to other mothers. And also for the staff, to let them know they have done a good job.

We ask all patients to write a sentence, a word – something that will instil hope for other mothers. We do that on a leaf and stick it on a branch. They're just snippets of what other mothers think will help other mothers, and it's gone down really well actually.