

Patient Story

Subject:	Maternity Services
Date of meeting:	21 January 2016
Presented by:	Nichola Bramhall
Report prepared by:	Mariea Kennedy
Summary:	Discrimination experienced by a same sex couple during the birth of their second child.

1. Introduction

Bringing patients or their carers into the Board to tell their stories is welcomed by the Governing Bodies as a mechanism for understanding the impact of the service we commission, positive and negative, on service users. Patient Stories are advocated as a powerful catalyst for change by the Institute for Healthcare Improvement (www.ihl.org).

Patient stories are a key feature of our ambition to revolutionise patient experience. They provide a focus on how, through listening and learning from the patient voice, we can continually improve the quality of services and transform patient and carer experience.

2. Background

This story is told by the wife of a same sex couple whose child was born at NUH this year. It highlights the challenges experienced by same sex couples when engaging with staff who appear to lack sufficient awareness of equality and diversity.

3. The Patient's Story

My wife went into labour on Friday and once we arrived at hospital she was admitted to the birthing unit. Our child was born on Saturday afternoon. Up to this point, all the staff had been really good and their treatment towards us both had been very professional and we had received excellent care. However, this changed during a staff shift change. I asked for assistance, for my wife, with her shower and we felt that the staff member that we addressed was short and sharp and her demeanour was off hand. We appreciated that the staff were busy and in the middle of a handover, but I didn't think this was conveyed to us in an appropriate manner.

It was identified that my daughter had an ectopic heartbeat and the doctor advised us that she would have to go to the neonatal ward. I wasn't aware at this point that this meant the Intensive Care Unit (ICU). At the time, our other daughter and our sperm donor were present. Shortly after, when it was time to go to ICU, the midwife informed us that only the father and mother could go and I was told I would have to stay behind. I

tried to explain that we were married, but the midwife insisted that only the father and mother could go and that she didn't make up the rules and there was no room. I was baffled by this as I was the parent, along with my wife and I therefore insisted that I be able to go with my wife and our baby. Due to the situation we were being put in, our sperm donor offered to stay behind in order for me to go. The midwife agreed that she would go and check. When she returned she advised that I could come with them, but I would have to wait in the visitor's room.

On the way to ICU, both my wife and I questioned the situation with the midwife who once again said it was hospital policy, that only the mother and father were allowed on the ICU. My wife questioned this stating "what you're saying does not make any sense as she is her mother and she, not the sperm donor will be on the birth certificate." I felt that the midwife was being unnecessarily aggressive and obstructive in her manner to us. It was heartbreaking that we had such an amazing team of staff of all ages up to that point, that had demonstrated no prejudice or discrimination and we had never imagined that this could happen at the birth of our second child.

I was angry and bewildered by the situation and on reflection my main attention should have been on my new daughter, but it was difficult to focus on this when I was being told that I couldn't go to the ICU with her. Upon arrival at ICU, I asked another member of staff to get clarification on the policy. I was told that it wasn't just mothers and fathers, but it could be whoever the birth mother wanted. From this point there was no issue and I was allowed to focus on my wife and our baby.

About an hour later, we were informed that we would need to go back to the maternity ward. Before going to ICU, we had been advised by the doctor that we could have a side room and when we were on ICU, the staff there told us that there are normally rooms available for parents of children on ICU, but when we returned the same midwife said there were no rooms and that our other daughter could not stay. I persisted with the request and eventually, they found us a room, by this stage our other daughter had been taken home by our sperm donor. It later transpired that we could have had a room on ICU; this was never offered as an option.

The next morning, we informed the doctor about the previous day's events. The doctor was extremely apologetic and was dismayed by the whole situation. She offered to speak with the midwife and suggested that she may wish to apologise. No apology was forthcoming. Our baby daughter joined us on the maternity ward on Sunday and we were discharged on Monday evening. By this stage we just wanted to get home.

On reflection, it felt that the staff member involved had an issue with gay people. Patients often take instructions and guidance from figures of authority (Doctors/Nurses) and if we hadn't been strong people, we would just have accepted what we were being advised and I would have missed the opportunity to be with my baby daughter and wife at a very important and worrying time.

The whole situation made me feel totally irrelevant and that I and our older daughter were being excluded from what should have been a joyful, family occasion.

4. Key issues raised from story

- Policies may be in place within organisations, but staff may not always be observing these policies or be clear on what is expected of them.
- Staff need to consider their actions and how they impact on the patient.

- Family dynamics are changing and staff should ensure they remain professional as this is a reflection of the organisation's values and behaviours.
- The need to be aware of and understand different family structures in order to provide an inclusive and high quality service.

5. Contextual Information and Triangulation with Other Data Sources

NICE Guidance 2008 identifies that women, their partners and their families should always be treated with kindness, respect and dignity. The views, beliefs and values of the woman, her partner and her family in relation to her care and that of her baby should be sought and respected at all times (*NICE guidelines Woman-centred care CG62 Published date: March 2008*).

The Equality Act 2010 (the Act) offers individuals stronger protection against discrimination. The Act also gives employers and businesses greater clarity about their responsibilities, and it sets a new expectation that public services must treat everyone with dignity and respect.

Under the Act public authorities must meet the 'public sector equality duty'. This is a particular duty in addition to the other general requirements under the Act.

(Technical Guidance on the Public Sector Equality Duty England – Equality Act 2010)

The Nursing and Midwifery Council's Code contains the professional standards that registered UK nurses and midwives must uphold. The Code reflects the world in which we live and work today, and changing roles and expectations of nurses and midwives. It is structured around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust.

In relation to this patient story the following standards within the Code have been highlighted:

Prioritise people

- 1.3 avoid making assumptions and recognise diversity and individual choice
- 1.5 respect and uphold people's human rights.

Promote professionalism and trust

- 20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment
- 20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

NHS England Maternity Review - In March 2015 NHS England launched a major review of the commissioning of NHS maternity services, as committed to within the NHS Five Year Forward View. The review will assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies.

Recent advances in maternity care, changes in the demographics of women having babies, and preferences of where they want to give birth will form a key focus. The review will be expected to conclude and publish proposals by the end of the year.

6. Excerpts of Provider Response taken from formal complaint response letter - Nottingham University Hospitals (NUH) Head of Midwifery and Clinical Lead for Women's Services

You would like to know why the midwife felt it appropriate to treat you in the way that she did.

The midwife has provided me with her recollection of the events and wants to reassure you that she provides the same care to all women regardless of the gender, sexual orientation and race.

The midwife felt that she had kept you informed whilst you were in her care and provided you with clear information and explanations. She would never mean to cause anyone in her care upset and sincerely apologises if this was the case.

You would like to know if the Trust finds this sort of behaviour acceptable.

The Trust does not find this behaviour acceptable. As a Trust we are committed to ensuring that all patients and staff are given equal opportunities and treated the same. We provide Equality and Diversity Training (Equal Opportunities) in the following options:

- An e-learning course called 'Equality Essentials'
- An e-learning course called 'Understanding Bias'
- A 2-hour presentation on the Health Care Assistant Academy
- The NUH training film, which is mandatory for all staff to attend.
- Available soon – a 'podcast' equality presentation. This will be a voice-over rolling power point presentation.

You would like to know what action the Trust is going to take to ensure that this does not happen again. You would also like staff to have further education in this area so that they can learn from the impact that this can have on a family.

Your complaint has highlighted that in Maternity we need to raise the profile of this and will ensure that your complaint is shared with all staff so they can reflect on your experiences. Matron has attached a poster for you to see (see attached page 6-7); to help facilitate this, once the podcast is available we will also ensure staff are sign posted to this.

Additional information as requested by the Quality and Patient Safety team.

In order to demonstrate that the training delivered by the Trust is effective, NUH confirmed that the 360 Assurance auditors mandatory training report did not highlight any issues with equality training. The staff survey in 2014 asked if people had attended equality training. A low response rate led to a bolstering of the equality message in the mandatory staff training film. Also where additional training needs are identified, the Trust will look to deliver against them. No additional training has been identified this year.

Patient experience information in relation to monitoring of protected characteristics is collected through surveys undertaken at community events. Information is also fed

informally directly to the Head of Equality and Diversity at NUH. This is always passed on to the relevant divisional lead. The Trust also provides the facility to capture equality monitoring, e.g. Friends and Family cards, but it is acknowledged that data is sparse and there is currently no formal process for analysis. However, feedback is again directed back to the division concerned.

From all data sources available, there is no evidence of any other concerns of this nature being raised within the Trust.

The Quality and Patient Safety team asked for further assurance in relation to the midwife involved to indicate that the Trust are able to demonstrate that staff are monitored through supervision, analysis of complaints, compliments etc.

The Trust confirmed that this was not a pattern of behavior in a 30+ year career. Comments for this staff member have only ever been complimentary. All complaints for QMC maternity are reviewed by the Maternity Matron who monitors performance and identifies if any concerns of a similar pattern are evident.

We have also requested evidence that the lack of clarity over the visiting policy has been addressed, i.e. if any communication went out to all midwives to clarify that the birth mum can decide who visits and that this is not restricted to just biological mum and dad.

The Trust advised that clear visiting policies are sited in all areas and on admission to the neonatal unit. The nurses ask the parents who they would like to visit and the midwives should not make decisions on who can visit.

7. Commissioner Response

Following the publication of NHS England's guidance to CCG's outlining the expectation that commissioning of maternity services will focus on quality and choice, the NUH Maternity Pathway Review was undertaken by Nottingham City CCG and the Nottinghamshire Children and Young People's Integrated Commissioning Hub on behalf of the 3 South Nottinghamshire CCGs. The objectives of the review were to:

- Provide high level assurance to the CCG's about the quality of service delivery.
- Make recommendations on key priorities and challenges for NUH maternity services.
- Inform the Maternity Pathway Service Specification 2015/16.

This group, attended by members of the South Nottinghamshire Shared Quality and Patient Safety team, reports directly to the Quality Scrutiny Panel and Quality and Risk Committee.

8. Recommendations

The following recommendations are made:

- The Board is invited to note key themes raised by this patient story and the provider's proposed actions to address the issues raised.
- Collaborative working with Nottingham University Hospital (NUH) to ensure that the learning identified in the response (i.e. posters, training, etc) has been

implemented as part of an on-going monitoring process via our South Nottinghamshire Equality and Diversity Forum.

- Use of the patient's story for training purposes both internally within the organisation and more broadly across the healthcare landscape to enable learning and the sharing of best practice.
- Strengthening of quality schedules for all providers for 2016/17 to ensure that Equality and Diversity information is utilised to analyse the relative experience of different protected characteristic groups.

These recommendations have been added to the service improvement log and will be monitored until completion by the Patient Experience Team.

We would like to take the opportunity to thank this patient's wife for taking the time to share her family's experiences during the birth of their daughter.

mum + dad = 

auntie + uncle = 

foster mum + foster dad = 

mum + mum = 

dad + dad's boyfriend = 

mum + mum's girlfriend = 

mum =  dad = 

dad + dad = 

dad + stepmum = 

mum + mum's boyfriend = 

grandma + grandpa = 

----- + ----- = 

families = 