Caithness Maternity Service

Focus Group Feedback Report

(Version 3.0)

22 November 2019

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1. Introduction & Background

Aware that a number of issues continue to be raised by the population of Caithness as a direct consequence of changes to the maternity services model in the area in 2016, NHS Highland sought to gather information on the specific concerns being expressed in order to determine any actions required to address them.

In recognition of the fact that many of these concerns were also frequently presented in the form of reports "on behalf of" or highlighting the experiences or opinions of others, the Board were also anxious to ensure that any information gathering was done through direct interaction with those who had experienced the service "first hand". They also acknowledged that independence was extremely important in this process given the genuine desire to understand the full range of relevant issues being identified and difficulties arising from asking users to make un-biased comments about a service to people who have a direct connection to it. NHS Highland consequently engaged Higher Ground Health + Care Planning Ltd (HGHCP) as an independent facilitator to support the information gathering process through a series of structured focus groups.

HGHCP is a specialist, independent consultancy organisation that brings together health, social care, emergency services and third sector expertise into a single portfolio company. It was formed in 2015 by experienced former senior public sector professionals who continue to be driven by a strong commitment to UK public services and those services internationally that share similar values and objectives. HGHCP had previously supported early work on the development and evaluation of alternative options for services (excluding maternity services) in Caithness and independently facilitated elements of the public engagement exercise in relation to these. The company adopts an ethical charter and makes extensive use of an associate network to ensure that commissions are always supported by team members with an appropriate background and all of the relevant skills required.

Following discussion with NHS Highland, it was agreed that the Caithness Maternity Services focus group activity would be independently conducted and reported upon by Kay Fowlie from the HGHCP team.

Kay is the mother of two children and has nearly 40 years experience in health service management. During her career she has managed a variety of clinical specialties across the UK, including a period managing maternity services undergoing similar changes to those that have happened recently in Caithness. She was also latterly the Child Health Commissioner in NHS Tayside and maintains a specialist interest in related issues.

With regards to the process followed and this report that has emanated from it, HGHCP note that:

- The work of HGHCP Ltd in relation to this commission did not seek to assess the standard or appropriateness of clinical services, clinical care or the model for maternity services employed across NHS Highland in any way.

- All of the information presented in this report has been compiled by Kay Fowlie as the independent facilitator and is based on the first-hand accounts given to her by those who participated in the focus group process or specific individual meetings that were offered as an alternative and associated with it.
- None of the opinions expressed in the report are those of either HGHCP or the facilitator.
- None of the comments made by participants have been independently verified in any way, as this was not within the remit of the work undertaken. Rather, the experiences and stories of the women involved have simply been recorded and presented for further consideration as appropriate. Clear commentary is included in order to differentiate between those issues that affected only one or two participants rather than a majority.
- Although invitations to participate were extended to everyone from Caithness who had a baby within the defined period, the sample group who chose to attend was small (5% of women who had experienced the service). As with all self-selecting study methodologies, the possibility should also be considered that those who chose to attend may have done so because they had something specific to say - either good or bad.
- Notwithstanding the previous point, this report is a true reflection of the experiences, views and feelings of those who attended, with the facilitator having the clear impression that all contributions were genuine and offered with the intention of improving the service.
- No one has attempted to influence or alter the findings within this report as collected through the focus group and associated processes in any way.
- This report is presented in good faith with the sole purpose of relaying the direct experiences of those women who have experienced the service in order to allow NHS Highland to decide if and how any changes or actions may be required.

2. Methodology

Following discussion with relevant NHS Highland staff and an understanding being reached on the numbers of women affected since the change in Caithness maternity services provision, it was agreed that everyone who had experienced the new service model should be invited to participate in focus group activity. Furthermore, that this whole study group should be sub-divided into two specific groups to ensure effective management and the appropriate separation of those women who were currently pregnant from those who had delivered.

The first group was thus defined as “every woman who had been under the care of the Caithness midwives and who had had a baby between January 2017 and August 2019”. For completeness, it is noted that women who had given birth more than once during this period were only contacted once. Further it is noted that women who had suffered a still birth were not included within this group in reflection of the extremely upsetting nature of this situation and inability of the focus group structure as developed to manage this appropriately.

The second group was defined as “women under the care of a Caithness midwife who are currently pregnant”. Again, for completeness, it is noted that these invitations were extended to everyone on the Caithness midwife caseload at the time.

When the above parameters were applied, it resulted in a total of 599 women being invited to participate in the focus groups (533 in the first group and 66 in the second group).

Invitation letters were subsequently sent to the women asking them to select their availability from a list of 19 alternative focus group sessions running over five days between Tuesday 15 October 2019 and Saturday 19 October 2019. These sessions were structured in order to allow as many people as possible to attend and included morning, afternoon and evening sessions as well as mid-week and weekend options. In reflection of the uncertainty relating to how many might attend the sessions, it was also agreed at the planning stages that, should the response rate require a greater number of focus groups to be set up than had been initially planned, this would be done with a further set of dates being offered to women.

To ensure a reasonable geographic spread, the sessions were held either in Wick or Thurso with women also asked to indicate if they would require crèche facilities in order to further assist their attendance. In this way, it was hoped that no one who wanted to participate would be excluded on grounds of available capacity within workshops, access, timings or availability of childcare.

In reflection of specific concerns regarding confidentiality, the opportunity for women to take part in an individual discussion was also offered if they preferred. In the event, one woman requested that her husband attend with her and this was also accommodated in a 1:1 session.

From the first group of women (those who had delivered), a total of 32 women indicated they would like to be involved in the focus groups. This represented 6% of those invited. Of these 32 women, 26 attended the sessions in person. In addition, 2 written submissions were received and a 1:1 telephone conversation took place with one woman. This resulted in a total of 29 women participating, representing a response rate of 5%.

Of those participating, there was a good mixture of first-time mothers and women who had more than one child. Five women had their babies in Caithness General Hospital, one woman delivered outwith NHS Highland and the others delivered in Raigmore Hospital. Of those delivering in Raigmore Hospital, a high proportion reported that they were induced or had a caesarean section.

From the second group of women (i.e. those still pregnant), only one woman indicated a desire to participate in a session however, in the event, she did not attend.

The format of the sessions allowed women to tell the story of their journey through

pregnancy to the delivery of their baby using a semi-structured interview technique that utilised key "trigger questions" to stimulate discussion if required. These trigger questions covered key areas including: what concerned the women most about their pregnancy and giving birth; what would have made their experience better; what influenced their choice of where they gave birth; their level of satisfaction with the information and communication aspects of their experience; the impact on their family; the environments in both Caithness General Hospital and Raigmore Hospital; and any other issues they wished to raise that were relevant to the process.

Each focus group started with the women introducing themselves by their Christian name only. Thereafter several points about the process were emphasised as follows:

- The process was totally confidential with Kay Fowlie, the facilitator, only knowing the Christian names of the women who were participating.
- The process was wholly independent, with Kay having no connection with NHS Highland.
- The reason for the discussion was to listen to the experiences of women in order to make improvements to the service. It was not an opportunity to lobby for any changes in the service model.
- Notes would be taken during the focus groups in order that the report subsequently developed would present an accurate reflection of what was said. No one objected to this.
- The outcome of the focus groups would be a "Report of Findings" which would be presented to NHS Highland. The report (this document) would simply and truthfully reflect the experiences of the women and would not contain any recommendations.

Women were also asked if they had any further questions about the process. Thereafter the sessions began with the women telling their stories and sharing their experiences. It is these stories, experiences and the common themes that have emerged from them that have given shape to this report.

Findings from the focus group process are reported in terms of the key themes that emerged as interpreted by the facilitator who was the only person present at all of the associated sessions.

3. Findings

Overall, there was a significant level of consistency in the experiences of those who participated in the process, with 15 identifiable themes emerging.

Whilst the order in which these themes are presented should not be taken as any quantitative form of relevant importance or priority, it is broadly indicative of this in so far as it records the order in which issues were raised and the amount of time spent discussing them. These themes are as follows:

- Staff
- The Environment
- The Journey

- Emergency Transfers
- Influences
- Information
- Communication
- Impact on Women
- Impact on Families
- Accommodation for Husbands/Partners/Families
- Breast Feeding
- Ante and Post-natal Care
- Wider Support
- The Service Model
- Other Issues

3.1 Staff

3.1.1 Caithness

The overwhelming view of all focus group participants was that the staff were fantastic, a word that was used in several of the groups. Specific comments made were:

- absolutely lovely - couldn't find fault with them at all
- friendly and very supportive
- all helpful - some really special
- lovely, amazing staff
- really great
- excellent
- friendly, approachable and knowledgeable
- gave me 5* hotel treatment
- really lovely, kept me calm
- absolutely fantastic
- reassuring, fantastic

Notwithstanding this overall view, there were two exceptions where women were not as happy with their experience, one indicating that she felt the midwives were glad she was going to Inverness in order to take the pressure off them and another saying that she felt there was not continuity in her care as she seldom saw the same midwife.

3.1.2 Raigmore

Again, the overwhelming view of all the focus groups was that the staff were "fantastic". Specific comments made were:

- extremely good
- care was great
- fantastic care and staff

- all staff were nice
- great, very helpful
- clinical care was faultless and meticulous
- ward 10 and HDU staff were superb

Again, there were two exceptions to this where women indicated that they had not been as happy with particular midwives due to the way they had been treated. These two women indicated that the way they were spoken to on a few occasions did have an adverse impact on them and a negative impact on their experience. This uncommon behaviour by the midwives appeared to be associated with the fact that, without exception, the women commented on how busy the unit was and the impact this had on the staff. This was reflected in comments such as:

- staff were really good but had no time
- unit was too busy - you feel you are just a number
- after my section I was left alone to have a shower because the unit was so busy
- more staff would have helped improve my experience
- felt rushed to go home quickly because it was so busy
- only 2 midwives on at night which isn't enough
- not enough staff
- unit was really busy

A further example of this was described by one woman, who had experienced high blood pressure after giving birth but was discharged, only to have to return by ambulance a few days later.

Many women felt very sorry for the staff and had great sympathy for them due to the busyness of the unit. There was no sense of blaming the staff for the position they found themselves in.

All women, with the exception of one, felt that there was no difference in the way they were treated and managed in Raigmore because they came from Caithness. The one individual had a perception that Raigmore staff felt negative towards her simply because she came from Caithness.

3.2 The Environment

3.2.1 Caithness General Hospital

The comments made by the women concerning the accommodation and environment in the Henderson Unit were interesting in that those who had given birth in the facility described it, on more than one occasion, as a 5* hotel. They found the environment to be clean, warm and immaculate with one woman saying she felt as if she had her own private birthing suite.

Others however made the observation that they felt it to be a very sad physical

environment and “like a shop that closed at 8pm every evening”. Several women commented that the unit was being used for other things now with different specialties occupying some areas, which raised some concerns about soundproofing and confidentiality.

One comment made by one woman who had given birth in the Henderson Unit was that it would be even better if there was a room/bed for husbands/ partners to sleep in. A further specific comment was made by a woman who, for clinical reasons, was admitted to another part of Caithness General Hospital several days postnatally and was unable to have her baby with her. She found this particularly distressing.

3.2.2 Raigmore Hospital

Without exception, all women stated that the ward in Raigmore was extremely busy. This undoubtedly had a significant adverse impact on their experience, with several women saying they felt “just like a number” and one woman saying she felt as if she had been “shipped in then shipped out”. One woman said she felt she was on a “conveyor belt” and another described it as being on a “birthing production line”. One woman described it as “chaos” whilst another woman went as far as to say that her stay in the ward had been more stressful than having her caesarean section.

In addition to the general busyness in the ward, a significant proportion of the women referred to the ward being extremely noisy with staff run off their feet and the lights never out. This leads to the whole experience being stressful for everyone and not the relaxed environment that the women would want when they are labouring and giving birth.

A very frequent comment from women was their distress at being put into areas where there was a mixture of antenatal and post-natal women/babies. In one instance a woman said she had to use towels and her own baby blanket in the cot for her baby because the ward was “not a baby ward”. In another instance, due to lack of beds, a well post-natal woman and baby had to occupy a bed in HDU with sick mums and babies and the woman found this quite embarrassing. A further example of the pressure on accommodation was given by a woman who was awaiting clinical care following a foetal death and found herself very close to other women who had recently given birth. A related comment concerning this sharing of accommodation at different stages was that it was not possible to access appropriate pain relief in some areas where women were labouring.

A slightly different issue around accommodation was the instance related where a mother whose baby was in SCBU was herself on a ward with mothers and babies. She found this very upsetting as she witnessed other mothers having their babies close and developing relationships with them, whilst she was separated from her baby.

There were mixed views within the groups about the use of single rooms. Some women who had experience of a single room felt very vulnerable and isolated, especially at night. This appeared to be exacerbated by the staffing levels which

meant that, in a single room, there was little opportunity for either formal support from staff or informal support from other mums. It was acknowledged however that this would not be the case for all women and some women may prefer a single room, despite the isolation and lack of support. What the women wanted was to be able to have the choice and to be assured of support regardless.

Several women spoke of their experience of a delay in their planned induction due to the unit being too busy. An example was given of someone being asked to go and find a hotel because there were no beds.

There were several isolated and specific comments made by women. One related to there being no signs to the Labour Ward if you arrive at Raigmore out of hours (out of hours women have to use the main door, whereas in hours it is a different door). A further comment from a minority of women related to the labour suite door only having a curtain on it which did not afford the level of privacy they would have wanted. One woman commented that there was no access to a bath whilst labouring and this was recognised as beneficial in labour. And finally, the lack of Wi-Fi provision in Ward 10 and the requirement to pay for TV access were areas where some women felt improvements should be made.

3.3 The Journey

The road between Wick and Inverness, both in terms of the distance and the type of road (single carriageway, very exposed and steep in parts), is of huge concern and anxiety to the women and their husband/partners.

The main concern about the road, apart from the distance itself, is what would happen if the road was closed as a result of the weather or an accident. Reference was made to air transfer, however there was no confidence in any of the focus groups that this could be guaranteed, and it therefore provided no reassurance. One woman had experienced of a failed helicopter/ambulance transfer, which had been extremely traumatic for both herself and her husband. Another woman recounted that she and her husband had encountered an accident and they were only allowed through due to an opportunistic event, otherwise she did not know what they would have done.

Other experiences included the car having engine trouble on the journey and a collision with a deer.

Various women recounted experiences of journeys taking between 4 and 5 hours, both transferring to Raigmore and returning to Wick/Thurso, whilst another woman told of her blue-light journey taking only 1 hour 20 minutes and the midwife suffering from travel sickness.

There was a general view that the service should have a “duty of care” throughout the entire journey, regardless of whether it was an ambulance transfer or not.

There were differences of opinion about how best to make the journey in that most

women who had an ambulance transfer did not like lying down and being strapped in and neither did they like being apart from their husband/partner who was travelling behind the ambulance. On the other hand, they acknowledged that having a midwife with them was reassuring. Conversely, women who made the journey themselves liked the fact that they were with their husband/partner, but some felt vulnerable without a midwife being with them. One woman felt that there should be an option for all transfers to be accompanied, regardless of method of transfer.

When discussing access to public toilets - primarily at Golspie - the understanding of the women was mixed. Most, but not all women, were aware that they could access a key for the toilets. For those travelling by ambulance, a stop at the toilets was offered and the Ambulance Service had a key. Some women however were unaware of the availability of a key and thought you had to pay to use the toilet. Regarding the state of the toilet, several women described it as being horrible, whilst several others said it was so bad, they would prefer simply to relieve themselves at the roadside if necessary. No one was complementary about the situation.

The drive back home from Inverness also caused some women great concern particularly in relation to the optimum type of car seat and having to break the journey to feed their babies regularly - some women commented that they had to do this every half hour or so.

The most extreme comment about the road was from one woman who said her concern about the journey was so great that it might influence her decision about whether to have further children.

3.4 Emergency Transfers

Concerns over the ambulance service were voiced in all focus groups and the overriding concern was around availability. There were no negative comments at all about the skills or expertise of the ambulance staff however there was also no confidence that an ambulance would be available when required. Several women recounted having to wait for some time prior to the ambulance arriving in Wick and how stressful this was given that they had been advised an ambulance transfer was necessary due to the stage of their labour. One woman described an ambulance being requested for her at approximately 4.30am, but the midwives being told it would not be available until the shift change at 7.00am. The woman actually went on to give birth in Caithness whilst awaiting the ambulance.

A further issue with the ambulance service was the availability of pain relief en route. This issue was mentioned by only one woman, but her experience was that the gas & air ran out during the journey and that, as a result, she had no pain relief in the latter part of the journey.

3.5 Influences

This area of discussion, relating to where women chose to give birth, was heavily influenced by existing protocols and risk assessments with many participants, most notably first time mothers, being discouraged from delivering in Caithness. First time mothers accounted for approximately 25% of those participating in discussion groups, with a proportion of the remaining 75% of participants also identifying that they had been on the "red pathway" for clinical reasons. (Any woman who is assessed to be "high risk" from a clinical perspective is put on the "red pathway" which means the birth of their baby is normally be planned for Raigmore. This is discussed during their pregnancy and, although women have the right to choose to deliver elsewhere, this would normally be "against medical advice".)

Of those who chose to give birth in Caithness, a mixture of reasons for this choice were expressed including:

- It was my second baby and I assumed there would be no problems and also, I did not want the concern associated with a transfer to Raigmore.
- I wanted to support the unit in Wick, even although my husband was against having the baby in Wick.
- I was delighted to be able to choose Wick and had no concerns.
- I had my two previous children in Wick and fought to be taken off the red pathway so that I could deliver in the unit.
- There were many reasons for me choosing Wick - I didn't want to have to make the journey itself, being away from my family, the added expense and also, I had heard the experience in Raigmore is awful.

Again, there was a mixture of reasons for not choosing Caithness, however the most significant reason and the one mentioned most was around the safety for themselves as mothers and for their babies.

Caithness was seen by many women as "unsafe" and presented a greater risk, whilst Raigmore was seen as being more reassuring because there was a full clinical team immediately available (obstetrics, midwifery, paediatrics and neonatal).

One woman said that she had initially been considering delivering in Caithness, however following a tragic incident involving a baby, she opted for Raigmore. Another woman, who had her first baby in Caithness said that she would not opt to have her second there for fear of something going wrong and help not being available. An issue that was mentioned in a number of the focus groups was the women's concern around no one in Wick being available to undertake an emergency caesarean section and questions over what would happen if this was necessary.

Another aspect mentioned by one woman was that some midwives had said to her that they personally would not have their baby in Caithness, and this had influenced her decision. Another woman said she felt there was an undertone from the midwives of avoiding having your baby in Caithness.

For those women who had no choice but to give birth in Raigmore and for those women who chose to give birth in Raigmore, the issue of the road and possible ambulance transfer was a huge concern that cannot be overemphasised (see paras 3.3 and 3.4 above). There was an overriding opinion that many women were requesting an induction or an elective section in order that they could plan their journey and not have the stress and anxiety of undertaking the journey in an unplanned way whilst in labour. For some women, the concern was so great that they moved themselves and their family closer to Raigmore in the weeks approaching the birth, despite the additional expense and organisation this entails.

One further, slightly different, comment made by several women was that they were put off from choosing Caithness because the unit closed at 8pm and you may want/need to stay longer, even just for one night.

3.6 Information

This area of discussion centred on how satisfied the women were with the information they were given in the course of their pregnancy and birth experience.

In general, women were very satisfied with the level of information provided and many commented on how helpful the antenatal classes had been in providing information and the opportunity for discussion. None-the-less many women did not fully understand the reasoning behind some of the information. For example:

- They knew they might be able to have their second baby in Caithness, but not their first, however they did not understand why they couldn't have their first baby in Caithness. For some, they were unaware of the specific criteria for giving birth in Caithness.
- They knew they were on the "red pathway" but didn't really understand why they were on that pathway. The explanation of being "high risk" seemed inadequate.
- They knew they might have to make their own way to Raigmore or that they may require an ambulance transfer, but the criteria for determining which was not clear to them.
- They knew that "Strep B" was associated with being on the red pathway, but they didn't understand why that was the case, especially since the clinical view seemed to change over a period of time.
- One woman in particular, who wanted to give birth in Caithness and whose waters had broken, did not understand why there was such a strict time limit regarding transfer to Raigmore as she would have wanted to wait longer in Caithness to maximise her chance of giving birth there.

Many women raised the issue of the lack of detailed information about what would happen in an emergency in Caithness. This information was not readily available and when asking the midwives, a number of women reported that they seemed either not to know or to be reluctant to say. One woman even said that she had heard that the midwives would undertake an emergency caesarean section if necessary.

A video made available for women was mentioned in a number of the focus groups, but not all women were aware of it. Of those who were aware of it, although they found some bits helpful, they were annoyed and put off by the fact that it was very obviously not aimed at Caithness women, especially the section which encouraged them to stay at home for as long as they could. There was also a comment that the quality of the video was poor.

3.7 Communication

Communication between Caithness and Raigmore was also an area that was highlighted by women.

Where an ambulance transfer was made and the Caithness midwife was able to pass information and details directly to his/her Raigmore colleagues, communication was good and worked well. In many other areas however, communication was at best poor and at worst totally inadequate. The impact of this was significant and quite distressing for many women whose confidence in the service diminished. Examples of the poor communication raised by the women were:

- Several of the women who were sent to Raigmore in their own transport said that when they arrived no one was expecting them or knew anything about them.
- One woman, who had an induction booked, arrived at Raigmore to be told it wasn't necessary. She returned to Caithness and ultimately did have an induction rebooked for Raigmore several days later.
- Clinical information about the women's current and previous pregnancies did not always appear to be available to the service in Raigmore (e.g. MRI scan information not passed on; consent form missing).
- Some women said they had seen multiple consultants throughout their pregnancy and that they felt this represented a lack of continuity of care.
- Comment was made about how unsettling it was to arrive in Raigmore, not knowing any of the midwives and not having a named midwife or anyone in charge of you.
- One woman reported that Raigmore had tried to transfer her and her baby back to Caithness in the evening, not realising that the CMU was not open 24 hours.
- One woman reported that, at her 6-week baby check, staff did not realise she had undergone a caesarean section.

3.8 Impact on Women

During the course of discussion, several themes emerged about the unintended impact and consequence of the service model on women and their babies. Examples of this were:

- Some women plan to have their babies only in the summer to reduce the anxiety and stress created by the distance and the road between Caithness and Inverness, which is exacerbated in winter months due to the weather.

- A high proportion of women talked about the added stress and anxiety caused by the road and how this impacted on their whole pregnancy and not just as they approached the birth.
- Many women expressed the opinion that "seeking induction" is becoming the norm in order to be able to plan with some certainty regarding travel arrangements.
- Having to be discharged from Caithness at 8pm resulted in one woman having a difficult first night breast-feeding, which meant that breast-feeding was never established.

The busyness of the Raigmore Unit also led to unintended consequences such as:

- One woman who hadn't established breast-feeding wanted out of the Raigmore Unit so desperately that she gave up on the idea of breast-feeding and bottle fed her baby. Another woman also chose to bottle feed because of the lack of breast-feeding support overnight.
- One woman said the unit was so busy that she didn't feel able to ask for help with breast-feeding.
- One woman, who said she had heard terrible stories about the crowded, noisy and busy environment in Raigmore, fought to have an elective section because she felt it would avoid exposure to some of the busy environment.
- One woman was so stressed with the busy environment that, when relatives visited her and her baby, she asked them to leave as she could not relax.
- One woman said that there were so few staff available that her husband had to help her have a shower after she had a caesarean section.

3.9 Impact on Families

For those women who chose, or had no option, but to deliver their babies in Raigmore, the impact on their family cannot be underestimated. The impact most often mentioned in the focus groups was the often significant additional expense incurred in accommodation costs or other costs such as clothes, toiletries and baby clothes where the transfer had been sudden. More than one woman stated that the whole family had actually moved into accommodation closer to Inverness, at their own expense, in order to avoid having to make the journey from Wick to Inverness. This additional expense is often further exacerbated by the uncertainty of how long the stay in Raigmore /Inverness is going to be.

Other impacts which related to the uncertainty of length of stay in Raigmore/Inverness were considerations around taking older children out of school and the need for paternity leave to be taken earlier than desirable.

A number of the woman commented on the stress which their husbands/partners were under when they had to travel behind the ambulance transferring them. This was particularly so when the transfer was at night or during winter months. This in turn increased their own anxiety as they were worried about their husbands/ partners and whether they would be tempted to take any risks in their driving.

3.10 Accommodation for Husbands/Partners/Families

There was some variation in the views of women when talking about the accommodation options for their husbands, partners and families and some of this variation in experience seemed to depend on the age of their children. Those who had given birth around the time of the service change almost unanimously had a very bad experience. Their experience was that the availability and quality of accommodation was very poor, as was the information about it.

Women had stories about husbands staying in accommodation for three nights but having to move to a different room each night; husbands being sent to a B&B because no accommodation was available; husbands being offered accommodation before the baby was born but being told this was not an option after the baby was born; there being a limit on the number of nights husbands were allowed to stay; husbands being told to leave their rooms by cleaners in the morning, regardless of whether they had been awake all night with their wife in labour; being sent to one facility, but finding the key provided was for a different facility; Wi-Fi being available in some accommodation, but not others; some accommodation having free laundry facilities whilst it had to be paid for in other accommodation; kitchen facilities in the accommodation being very limited and although meal vouchers are provided for the hospital canteen, the opening hours are restricted and the food not considered to be of high quality.

Women who had more recently given birth appeared to have enjoyed a better experience, although not all of these issues had been addressed.

3.11 Breast Feeding

The majority of women who experienced services in Raigmore felt that breast-feeding support was poor. Women felt that there was very limited support and midwives often did not have the time either to check if feeding was being managed optimally or to offer additional support and guidance. This was particularly the case at night when there was almost no support at all.

There was less adverse comment about the support in Wick, however, with the unit closing at 8pm, some women found their first night of breast feeding very challenging which may impact on whether breast feeding is established or not.

3.12 Ante and Post-natal Care

A recurring theme in almost every focus group concerned having to travel to Raigmore for certain aspects of care whether that be in the antenatal period or the post-natal period. The most common reason antenatally was for scans, with women not understanding why these scans could not be undertaken in Wick. Post-natally, the most common reason was for a baby being jaundiced. The women questioned why the journey to Raigmore was necessary for the blood test, since if there was no problem with the result you could return to Caithness immediately. Questions were also raised regarding why midwives could not be trained to deliver phototherapy.

Other issues in the post-natal period where women questioned why the procedure couldn't be undertaken in Caithness were failed hearing test checks and "clicky hip" tests.

There was little confidence around efforts being made by the service to ensure that everything that could be done in Caithness was being done in Caithness, with some women wondering if the reason for this was that midwives were concerned about further extending their role and responsibilities.

3.13 Wider Support

A significant number of women commented on how helpful the support was from friends, family and other local groups, with Caithness Health Action Team (CHAT) mentioned specifically. Particular acknowledgement was made regarding their charitable provision of lie flat car seats and bags of essential items (including a key for the toilets at Golspie) being made available for women transferring to Inverness. Not all women however were aware of this.

Regarding the lie flat car seats, although most women were very grateful for the opportunity to borrow one, a minority of women wondered about how they were cleaned in between use and also how they were checked for damage.

Whilst most women acknowledged the role of CHAT in championing their cause, one woman did comment that she found reading some of the stories on the CHAT social media feeds made her even more nervous throughout her pregnancy.

3.14 The Service Model

It became apparent throughout the focus groups that, although women had largely accepted the service changes relating to maternity services in Caithness, a significant number of women still do not fully understand the reasons for them. Several questions/comments were raised, not in every focus group, but a sufficient number to merit inclusion here. These were:

- Why can't we have rotating obstetricians to allow a service in Caithness?
- Is there too much caution around putting women on the green pathway?
- Is risk assessment too risk averse?
- Is NHS Highland deliberately making Raigmore busy to justify new build and is this at the expense of Caithness where services are disappearing?
- I feel discriminated against just because of where I live.
- Midwives themselves have never come out and said whether they agree with the service change.
- Elements of the current service model may not allow Best Start Recommendations to be followed - e.g. choice of pain relief and positioning when in labour and travelling to Raigmore Hospital.

3.15 Other Issues

A number of other issues were raised by individual women through the focus group process. These issues do not sit comfortably in any of the specific themes identified however it is considered they are worth reporting:

- One woman felt it was a pity that the press only seemed to focus on "bad things"
- One woman indicated that when choosing where to give birth, it would have been helpful to speak to someone who had had their baby in Wick
- One woman who had experienced a horrific transfer to Raigmore was given the opportunity for a debrief afterwards and wondered if all mums should be offered this
- One woman felt that information about colostrum harvesting should be provided to women routinely
- One woman felt there should be more flexible protocols in Raigmore when dealing with Caithness women. She had been sent home on day 2, but when her baby was weighed on day 3 in Caithness, she had to return to Raigmore.
- One woman felt the language of Wick midwives in ante-natal classes was less focussed on natural birth and more on pain management

Whereas the above issues were raised by individual women, on a significant number of occasions, many of those who participated expressed concern about the future of the Caithness service. Their concerns covered three distinct areas. The first area of concern was the sustainability of the unit given the small number of births. The second was how the midwives would be able to retain their skills and the third related to the staffing model and, in particular, the problems created when a midwife is taken away on a transfer to Raigmore.

Although these concerns were raised, it is important to note that they were expressed in an entirely and wholly supportive manner. Also, as noted previously, it is important to note that women were consistently very complementary about the staff who looked after them throughout their journey.

4. Acknowledgements

HGHCP would like to thank a number of people who supported the focus group activity.

First and foremost we would like to acknowledge and thank those women and families who participated in the process, all of whom gave their time freely to engage in a constructive, open and honest manner. The overwhelming sense throughout, was that everyone who attended a session did so with the singular and genuine desire of improving services. We hope and trust that our report will be seen by all of them as a true reflection of what they wanted us to convey.

Secondly, we would like to thank the local service team in Caithness who supported planning for the focus groups and allowed the process to go ahead under our

independent facilitation without any interference. We note that the clear instruction we received at all times was that NHS Highland's sole objective was to better understand the genuine feelings of those involved in order that they might collectively consider ways of improving the experience for all. We hope that our findings will help them to understand the thoughts and feelings of those who have experienced the service.

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