

Committee: Health Scrutiny Sub-Committee	Date: 28/06/16	Classification: Unrestricted	Report No.	Agenda Item
Report of: Health Scrutiny Sub-Committee: Originating Officer: Sarah Valleley, Strategy Policy & Performance Officer		Title: Review of Maternity Services at the Royal London Hospital Wards: All		

1. SUMMARY

- 1.1 This report provides the Health Scrutiny Sub-Committee (previously known as the Health Scrutiny Panel¹) with the final report and recommendations from the Panel's review of maternity services at the Royal London Hospital. The review specifically addresses patient experience as feedback from patient organisations had highlighted instances of poor experiences in terms of compassion and continuity of care. Barts Health Trust has agreed in principle to endorse the recommendations outlined in the report and to work with the council and other stakeholders in addressing the issues identified. A short film which forms part of the review and aims to bring the work of the Health Scrutiny Sub-Committee to life has been produced and will be shown at the meeting as part of this agenda item.

2. RECOMMENDATIONS

The Health Scrutiny Sub-Committee is asked to:

- 2.1 Note the report and agree the recommendations
- 2.2 Authorise the Interim Service Head Corporate Strategy & Equality to amend the draft report before submission to Cabinet, after consultation with the Scrutiny Lead.

¹ The terminology changed from Panel to Sub-Committee in the new 2016/17 municipal year. Therefore historic references to the 'Health Scrutiny Panel' in terms of the review are correct as it was carried out in 2015/16.

3. BACKGROUND

- 3.1 The Health Scrutiny Sub-Committee identified the performance of maternity services at the Royal London Hospital (RLH) as the subject for a review in its work programme for 2015-16. Annually 5,300 women give birth in Tower Hamlets, and the majority of them have their babies at the RLH. Clinical outcomes at the RLH are excellent, and the hospital deals with a high proportion of complex, high acuity births. However, a number of inspections and investigations that have taken place in the last two years; most significantly the report of the Care Quality Commission published in May 2015 have raised concerns about aspects of the service, for example long delays in waiting areas and inadequate staffing levels. Issues such as staffing deficits can impact on patient care.
- 3.2 The Sub-Committee wanted to find out the extent to which patients' experiences have improved since the move from the old Royal London Hospital (RLH) to the new site which opened in 2012 and to examine the improvement plans that Barts Health Trust (BHT) and the Tower Hamlets Clinical Commissioning Group (THCCG) have developed. Through listening to patient feedback the review explored the extent to which women are involved in monitoring and planning services and how accessible and responsive services are for people from different social and equalities backgrounds. The Sub-Committee members were also keen to understand the reasons for the differences across the sites (RLH and Barkantine Birth Centre) and the extent to which various improvement plans were impacting on the quality of patient experience.
- 3.3 In summary, the aim of the review was:
- To understand the reasons for differences in patient experiences from the Barkantine Birth Centre compared to the main Royal London Hospital site.
 - To assess the actual and planned impact of various initiatives and programmes that Barts Health Trust (BHT) has put in place to improve patient experience in maternity care.
 - To evaluate evidence from a range of sources of data in order to understand whether there are inequalities in terms of the quality of patient experience that affect particular groups or communities.
 - To look at the role of local community services that are designed to support pregnant women through their pregnancies and birth and how these services can be developed further.
 - To explore the extent to which local women are involved in planning and monitoring services.
- 3.4 In doing so, the Sub-Committee's main objective was to produce informed and practical recommendations based on the evidence from the review to help the RLH and partners improve maternity care for the future.

3.5 The full report with recommendations is included as Appendix 1 to this report. 17 recommendations have been made:

Recommendation 1: That Barts Health Trust explores how it can further implement good practice on offering compassionate care, particularly for women who have had traumatic births and those who do not speak English as their first language.

Recommendation 2: That Barts Health Trust reviews its midwife recruitment strategy to ensure that it strengthens its approach to increasing the diversity of staff to reflect the characteristics of the local population.

Recommendation 3: That Barts Health Trust carries out a 6-12 months in depth study focused on patient experience following the opening of the new co-located unit in August to provide deeper insight and assurance around improvement plans that are being implemented.

Recommendation 4: That Barts Health Trust develops options to ensure that there is sufficient time dedicated for a range of staff to provide information to patients, particularly for women who do not speak English as a first language.

Recommendation 5: That Barts Health Trust ensures that it incorporates the findings and recommendations from the National Maternity Review in terms of how it tailors support to women who do not read and speak English.

Recommendation 6: That subject to the findings of an evaluation of the Maternity Mates service; Tower Hamlets Clinical Commissioning Group and Barts Health Trust work to further develop and strengthen the Maternity Mates service to expand its role working with midwives and local women in hospital settings and the wider community. This should include working with a diverse range of local women both as service users and Maternity Mates with a particular focus on minority groups such as the Somali community.

Recommendation 7: That Barts Health Trust regularly reviews the process for conducting handovers between shifts to ensure that this process is as seamless as possible for staff and patients.

Recommendation 8: That Barts Health Trust reviews the information provided as part of antenatal and postnatal care and works with patient groups (Maternity Services Liaison Committee, Healthwatch Tower Hamlets, National Childbirth Trust) and local residents to ensure information is accessible, appropriate and meets local needs.

Recommendation 9: That the Tower Hamlets Clinical Commissioning Group continues to fund, support and strengthen the Maternity Services Liaison Committee as a key mechanism for involving local women in shaping the future of maternity services in the borough.

Recommendation 10: That Barts Health Trust strengthens its discharge planning with patients and ensures that adequate time is taken for patients to

understand the information provided and that it reflects their needs and choices. This is particularly the case for women who do not speak English as a first language.

Recommendation 11: That Barts Health Trust reviews its resource allocation systems to enable staff to have more time to spend with patients.

Recommendation 12: That Barts Health Trust builds on its work to engage staff groups and patient organisations in plans for designing wards and waiting areas.

Recommendation 13: That Barts Health Trust develops a 'listening in action' programme so that midwives and ward staff can share practice with managers and learning is cascaded 'up' the management chain.

Recommendation 14: That Tower Hamlets Clinical Commissioning Group and Barts Health Trust review the demand modelling process to ensure they can better understand future demand and enable Barts Health Trust to ensure sufficient resources can be allocated more swiftly to meet peaks in demand.

Recommendation 15: That Barts Health Trust improves the way that data on patient experience is collated and finds a way of bringing together data from various sources that can be analysed at a sufficient level of granularity, for example ethnicity, age group and site specific.

Recommendation 16: That Barts Health Trust strengthens how it is using patient feedback (good and bad) and to demonstrate to patient representative groups how this feeds into improvement plans.

Recommendation 17: That Barts Health Trust works with patient representative groups and forums to develop easily accessible, timely and intuitive ways to give feedback. Linked to this that Public Health review how the new birth visit (and 6-8 weeks check) could provide an opportunity to better capture patient experience feedback and to develop a process to feed this information back to Barts Health Trust.

4. COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 4.1 This is a noting report and there are no direct financial implications on the Council as a result of the recommendations within this report. However, the 17 recommendations above aimed at improving maternity services at the Royal London Hospital, could have financial implications on both Barts Health Trust and Tower Hamlets CCG. These will need to be considered by the relevant bodies.

5. LEGAL COMMENTS

- 5.1 The Council is required by section 9F of the Local Government Act 2000 to have an Overview and Scrutiny Committee to discharge the functions conferred by sections 9F to 9FI of the Local Government Act 2000; or any functions which may be conferred on it by virtue of regulations under section 244(2ZE) of the National Health Service Act 2006 (local authority scrutiny of health matters). The scrutiny of health matters is undertaken by this Sub-Committee. Both the Committee and the Sub-Committee may also make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions.
- 5.2 This report provides details of a Health Scrutiny Sub-Committee review looking at Maternity Services at Royal London Hospital. A review report has been prepared and which makes 17 recommendations all of which appear to be capable of being carried out within the Council's powers.
- 5.3 When considering its approach to scrutiny of health matters, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010; the need to advance equality of opportunity; and the need to foster good relations between persons who share a protected characteristic and those who do not.

6. APPENDICES

Appendix 1: Report
