

Health Scrutiny Panel
Review of Maternity Services at
Royal London Hospital



London Borough of Tower Hamlets
June 2016

Chair's foreword

Tower Hamlets has the fastest growing population of anywhere in the UK. The Health Scrutiny Panel wants to ensure that everyone born in the borough now and in the future has the best possible start in life, and women and their families from across our diverse community are supported throughout their pregnancy, birth and postnatal care.

Learning from what patients and were saying about their experiences has been at the heart of this review. To make services better it is vital that patients have the right opportunities to feedback on their experience of services and that they receive the right level of assurance that their views can make a difference.

For a number of years, the Panel has been hearing that patient experiences of maternity services at the Royal London Hospital are not always as good as they should be. Some women, particularly those who do not speak or read English have had particularly poor experiences. This needs to change.

Over the past few years there have been several reviews and inspections of maternity services at the Royal London which have raised similar issues about patient experiences but only limited progress has been made. This is set to change. A new leadership team at Barts Health Trust and a new midwife-led maternity unit at the Royal London will help to ease the pressure on the existing service and transform the care that patients receive. The Health Scrutiny Panel is pleased that Barts Health NHS Trust and other partner organisations are keen to work with the Panel to take forward the recommendations in this review

I would like to thank all the council officers who have worked on this review, especially colleagues from Public Health for their expert advice. My particular thanks also to the local community organisations; Healthwatch Tower Hamlets, the Maternity Services Liaison Committee, Maternity Mates and the National Childbirth Trust for bringing the community and service user perspective to the review. Finally, gratitude is due to the officers from Tower Hamlets Clinical Commissioning Group, the Care Quality Commission and Barts Health NHS Trust who presented evidence for this review and organised site visits to the Royal London Hospital and the Barkantine Centre.

Most significantly I would like to thank our co-opted members from the Maternity Services Liaison Committee and the patients themselves as it is their voices that are at the heart of this review.

I recommend this review to you.

Councillor Amina Ali

Chair of the Health Scrutiny Panel (2015-16)

Table of contents

1. Introduction	6
1a) Methodology	6
2. Background and context	9
2a) The National picture	9
National review of maternity services	10
2b) National patient perspectives	11
2c) Maternal health in Tower Hamlets	11
Barts Health Trust quality and performance	15
RLH complaints	16
3. Findings	16
3a) Differences between the Royal London Hospital and the Barkantine Birth Centre	18
3b) Compassionate care	19
Great Expectations Programme.....	21
Cultural differences in patient experience	22
Maternity Mates	22
Cultural change.....	24
3c) Consistency and continuity of care	24
3d) Communication: information, choice and control	25
3e) Women’s involvement in planning and monitoring services	26
3f) Capacity, organisation and administration.....	27
Hospital discharge planning.....	27
Resource allocation and design	28
3g) Patient experience: feedback and complaints.....	29
4. Conclusion	32
APPENDIX A: GLOSSARY.....	34
APPENDIX B: ACKNOWLEDGEMENTS	36

RECOMMENDATIONS

Compassionate care

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.

Consistency and continuity of care

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.

Communication: Information, choice and control

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.

Women's involvement in planning and monitoring services

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.

Capacity, organisation and administration

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.

Patient experience, feedback and complaints

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.

1. Introduction

- 1.1 The Health Scrutiny Panel (HSP) 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.
- 1.2 The Panel 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 Panel 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.

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 RLH.
- 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.

In doing so, the HSP'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.

1a) Methodology

- 1.3 To inform the Panel's work a range of meetings and evidence gathering activities were undertaken between December 2015 and March 2016. These included the following:
- The first meeting set out the local context to give an overview of local needs and demand along with commissioner and provider perspectives on the challenges faced. Tower

Hamlets Public Health set the background to the review by giving an overview of key data on maternal health in the borough. Tower Hamlets Clinical Commissioning Group (CCG) outlined the commissioner perspective on how they monitor the service provided and hold the provider to account. The CCG also covered how local women are involved in service planning and monitoring, and how patient experience feedback is captured and used. Barts Health Trust, (BHT) gave an overview of the services provided, the challenges faced and the various initiatives and improvement plans it has put in place.

- The second meeting focused on patient experience and other support provision in the community. This session involved the following:
 - A presentation from Social Action for Health (SAFH) who, since 2005, have run the Maternity Services Liaison Committee (MSLC) in Tower Hamlets. The MSLC is a local community led group which aims to capture patient experience to inform service improvement and ensure that the provider and commissioner take patient views into account. The MSLC report drew together insight from a total of 990 women over the period April 2014 to December 2015. During this time the MSLC held 32 outreach sessions and 11 support groups with local mothers.
 - Women’s Health & Family Services (WHFS) gave an overview of their Maternity Mates service as an illustration of local good practice in supporting women who have additional care and support needs, for example those who may be isolated, have complex health needs or do not speak English. The service is a peer support scheme; Maternity Mates receive accredited training and work alongside health professionals to provide advice, information and emotional and practical support.
 - Healthwatch Tower Hamlets (HWTH) presented a report on patient experience data they collated. HWTH carried out an Enter and View¹ visit to the RLH maternity service in December 2015 updating information from a previous visit in 2014. This was supplemented by analysis of patient comments and feedback from a range of other sources including NHS Choices that was brought together on the Healthwatch Information Hub. The timeframe for capture of patient experience data was July 2014 to December 2015.
 - The National Childbirth Trust (NCT) presented a summary of a recent online patient experience survey and outlined what good patient experience of maternity services looks like. The survey was ‘live’ for three days in December 2015 and a total of 16 detailed responses were received; 15 from women plus one from a male partner. The survey sought responses from women who had given birth at the RLH over the previous five years (2010 – 2015). It is worth noting that over this period, over 20,000 births took place at the RLH. The findings from this survey therefore are not necessarily representative of patient experiences across the whole population but do give detailed, personal insight into some important concerns which have been raised in other, more extensive investigations such as the National Maternity Review.
- The third meeting involved a presentation on the results from the last Care Quality Commission (CQC) inspection report published in May 2015 and a progress update from BHT on its improvement plan responding to the inspection findings.
- Site visits to the Barkantine Birth Centre and the RLH to understand the differences in patient experiences at the two sites and to speak to patients and staff.

¹ Local Healthwatch organisations have a number of statutory powers including Enter and View which means that their authorised and trained representatives can visit any public funded health and care facilities to observe service delivery, the care environment and to capture service user and patient experience.

- A broader literature review of national reports and local evidence including Healthwatch reports and sources of patient feedback and progress reports from the RLH.
 - Evidence from the site visits including feedback from conversations with patients and staff. It supplemented this by looking at recent (post November 2015) sources of patient feedback including NHS Choices.
 - A final meeting of the Panel and key partners to discuss the findings and recommendations was held on 22nd March 2016.
- 1.4 The evidence on patient experience was mainly qualitative. Where possible, this evidence has been examined in relation to broader trends and survey data on patient experience. In health care, qualitative methods are used primarily to capture in depth information on patient experience, attitudes, behaviours and interactions. The data that emerge are rich but not numerical so taken together they give a detailed description of experience rather than a scientific measure of representativeness.
- 1.5 To gauge national concerns around maternity services key documents that have been referenced include:
- CQC State of Care (2015)
 - National Maternity Review (February 2016)
 - Healthwatch England briefing on Maternity Care (December 2015)
 - Maternity Survey 2015 (Picker Institute, February 2015)
- 1.6 Information was received from the Council's Public Health team in relation to the Joint Strategic Needs Assessment (JSNA) projected population figures and trends data. This also included information about health inequalities, demography and prevalence of long term conditions. CQC hospital inspection reports were also reviewed. Information was also received from Tower Hamlets Healthwatch on the experiences of local people using maternity services and information on complaints data, training packages, patient feedback and improvement plans from Barts Health Trust and the Tower Hamlets Clinical Commissioning Group (CCG).
- 1.7 A key challenge in terms of presenting an overall picture of the quality of patient experience at the RLH is the availability of quality assured data from a range of sources. National surveys (Picker Institute) only offer a snapshot at a point in time; there is usually a significant time lag between event and data capture and response rates to such surveys tend to be low. Therefore this undermines confidence that the results are representative. Currently, the overall picture of patient experience data is fragmented and there is no overarching system for bringing this altogether in one place.

2. Background and context

2a) The National picture

- 2.1 Each year there are almost 700,000 live births across England. Having a baby is the most common reason for hospital admission. 94% of births occur in hospitals annually². While most women have a positive experience of birth, this is not always the case and there is a great deal of national variation across different Trusts and hospitals.
- 2.2 In the last two years there have been a number of high profile reports that have raised serious concerns about patient safety within NHS maternity services, most significantly the investigation into serious failings at the Furness Hospital in Morecambe Bay³. The report found that there had been major dysfunction at every level within the hospital over a period of nearly 10 years and several opportunities to recognise the problems over this period were missed. It is unsurprising then, that maternity services have subsequently been an issue for increased scrutiny nationally and locally. A key recommendation from this investigation was to produce a national review of maternity services.
- 2.3 It is well documented that the NHS is under increasing pressure with many trusts in financial deficit; there is also a growing staffing crisis in many areas. In February 2016, there were newspaper reports⁴ that BHT would report a year end £134.9 million deficit; the largest ever overspend reported by a single trust in the history of the NHS. The size of the financial deficits in NHS trusts across the country indicates that the additional £1.8 billion funding allocated by the government to the NHS in 2016/17 will be inadequate to cover the current overspend. The Kings Fund estimates that the total financial deficit of NHS Trusts in England for 2015/16 is £2.3 billion⁵.
- 2.4 The Royal College of Midwives (RCM) 2015 report calculated that in 2014 there was a shortfall of 2,600 midwives in England. NICE have recently published guidelines on safe staffing levels which is helping Trusts to calculate the staffing levels needed. The London Safety Standards (2013) recommended national staffing level is one midwife dealing with no more than 30 births per year; a ratio of 1:30. For the RLH each midwife should deal with 28 births per year which translates to a staffing ratio of 1:28 and reflects the higher acuity of needs in East London compared to the rest of the country. The RCM report warns that inadequate staffing levels are detrimental to overall patient experience.

“When there are not enough midwives it is the quality of the service that women receive that suffers.”

² NHS England data (2013)

³ Kirkup, W (2015) The report of the investigation into Morecambe Bay, HM Government, London

⁴ The Guardian, 7th February 2016 <http://www.theguardian.com/society/2016/feb/07/barts-london-hospital-trust-biggest-overspend-nhs-history>

⁵ Kings Fund (2016) Quarterly Monitoring Report, February 2016, London

National review of maternity services

2.5 The national review of maternity services⁶ published in February 2016 was the result of one of the key recommendations from the Morecambe Bay investigation. Key findings include that whilst nationally, maternity services are safer than ever with a 20% fall in neonatal deaths over the last decade, there is significant variation in quality of service and patient experiences. Over the same time period, more women are giving birth at an older age, and more women are living with long term, complex health conditions. All this has contributed to the complexity of births increasing but at the same time, clinical outcomes are improving. The review also recognised that pressures on hospitals and staff were increasing with many hospitals being at 100% occupancy rates most of the time. The report found that the best maternity services are based on a strong learning culture and a good team-working ethos.

The foreword to the review by Baroness Cumberlege (chair) states there is an unacceptable level of variation of quality care and patient experience across the country. The review also found that there is often a defensive culture when it comes to hospitals learning from mistakes:

“Things go wrong too often. We spend £560 million each year on compensating families for negligence during maternity care. And when things do go wrong, the fear of litigation can prevent staff from being open about their mistakes and learning from them.”

An extensive section of the National Maternity Review report focused on patient experience. Whilst birth is never risk free it is important that care should ‘wrap around’ the person. Too often people said they felt under pressure to make choices that fitted into existing service models and some resented the labelling of ‘normal’ births and risk categories.

The report highlights that many women are not offered real choices in their care and are often told what to do rather than being enabled to make informed decisions. Continuity of care is a crucial determinant of a positive patient experience yet the review team heard that many women had to repeatedly explain their situations to different people because their notes were sketchy, incomplete or had not been read.

Women said they valued being listened to by staff and want to know that the people caring for them are trained and competent. They also want their partners to be involved and included throughout the maternity pathway. They particularly highlighted that inconsistencies in communication are a big frustration for patients, particularly communication between professionals working on different shifts. It is frustrating for women to have to explain their situation repeatedly to different people, particularly at a time when they feel tired, stressed and vulnerable. Better use of e-records and digital communications was recommended. The women who were spoken to valued privacy and a supportive environment and, for those who had experienced complications or premature births, knowing their babies were close by.

⁶ National Maternity Review (2016), Better Births, Improving Maternity Care and Outcomes, HMSO London

Recommendations from the National Maternity Review include that services should be personalised around patients' needs and women should be able to make informed choices about their care. Also there should be continuity of care to ensure safe care based on relationship of mutual trust and respect in line with woman's decisions is also integral to a good patient experience.

2b) National patient perspectives

2.6 In December 2015 Healthwatch England (HWE), the national consumer champion for health and social care, published a report on women's experiences of maternity services. The research found that there were limited opportunities and a lack of information around how people could give their views and feedback to help shape services, finding that

"55% of women would be willing to give their views to shape services but 70% do not know how".

The report flagged concerns about the way Maternity Services Liaison Committees (MSLCs) are funded, noting that there is no longer mandatory funding from CCGs which may impact on women's opportunities to use their experiences to inform decisions and service improvements.

The HWE findings also highlighted that staff attitudes were often poor ranging from staff being rushed and unsupportive to downright rude. Similar to the National Maternity Review, the report called for better antenatal and postnatal support around mental health and better access to pre-natal care. It also highlighted the importance of infrastructure and environment, illustrating how important it is for women to feel as comfortable as possible whilst in waiting areas, labour wards and post-natal wards, and their needs for privacy and dignity to be respected.

2c) Maternal health in Tower Hamlets

2.7 In 2013 there were 4,800 births in Tower Hamlets⁷ and numbers have increased since then. The birth rate⁸ in Tower Hamlets is increasing, with approximately 500 extra births per year expected by 2024. According to the latest population projections, the anticipated birth rate for 2019 has already been exceeded in 2015/16. This is a substantial number and it will be a challenge for services to ensure this extra need is met to a sufficient standard.

2.8 39% of children born or living in Tower Hamlets are in an income deprived family and the borough is ranked 24th in deprivation nationally⁹. Tower Hamlets is no longer one of the 20 most deprived local authority areas in England¹⁰ but this improvement in the rankings is partly

⁷ Numbers of births that take place in Tower Hamlets is not the same as numbers of births from local residents as some women who give birth at the RLH live in other areas.

⁸ See glossary for definition of birth rate and fertility rate

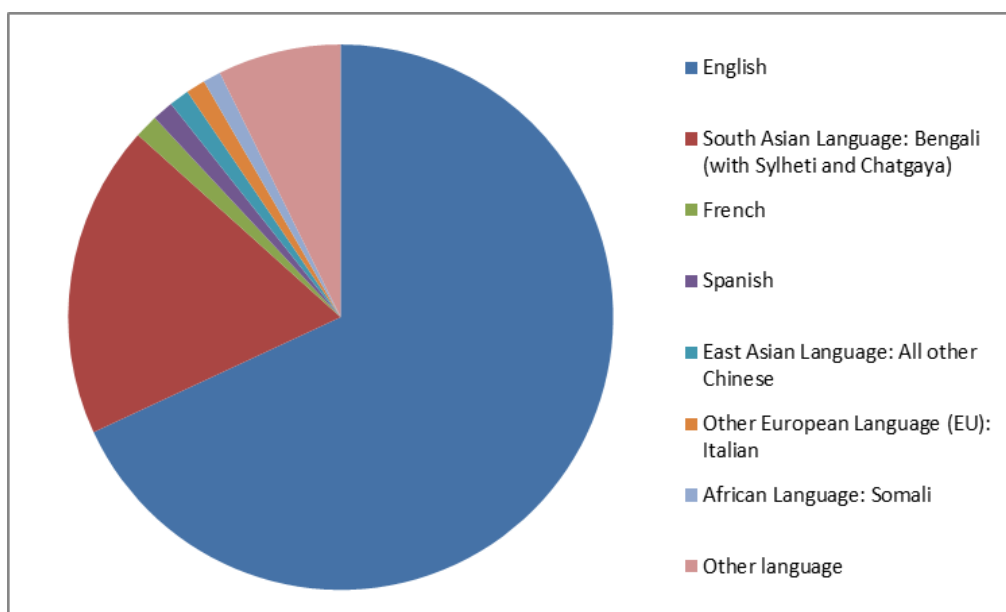
⁹ DCLG (September 2015), *The English Indices of Deprivation 2015*, National Statistics, London.

¹⁰ This ranking does vary according to the source measure used. In some indices, Tower Hamlets is ranked as high as 3rd most deprived area nationally. It should be noted that changes in rankings reflect relative rather than absolute changes so that an improvement does not necessarily mean that deprivation levels have reduced.

explained by inward migration of a cohort of affluent young professionals so inequality has increased over the last five years. Tower Hamlets remains the most deprived district nationally in terms of income deprivation of children.

2.9 A key factor which influences maternal outcomes is the ability of women to speak and read English^{11 12}. Those who cannot communicate effectively in English have problems with understanding and being understood by health professionals due to the language barrier¹³. Low health literacy also has a negative impact on patient experience in terms of the ability to comprehend information relating to pregnancy. In Tower Hamlets, 35% of the local population overall do not speak English as their first language. Nationally the level is less than 10%.

Figure i): Main language spoken in Tower Hamlets¹⁴



¹¹ Public Health use English Language proficiency as an indicator of health literacy. There is evidence that shows being unable to speak and read English is likely to impact on health literacy thus affecting patient experience and potentially, health outcomes.

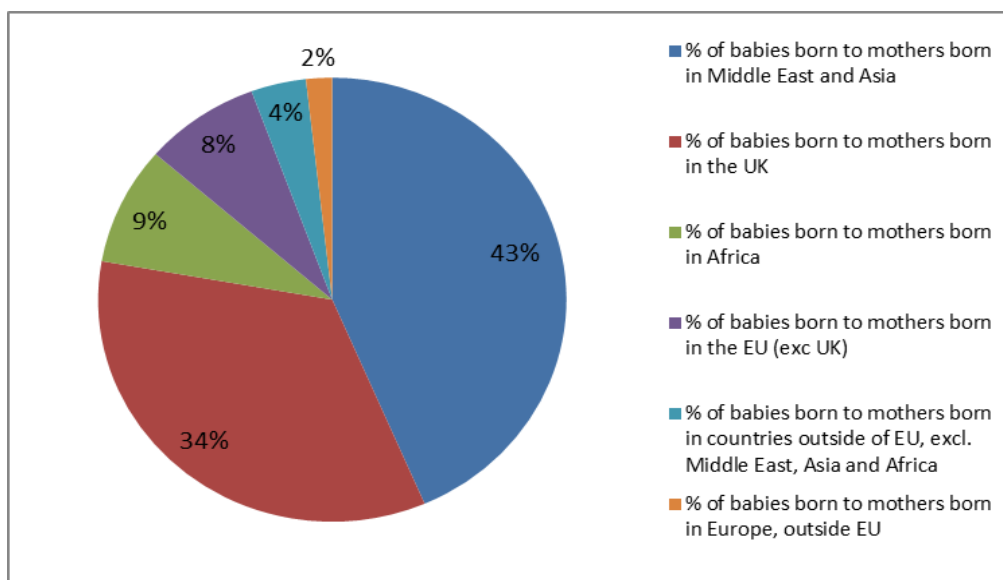
¹² Royal College of General Practitioners, "Health Literacy: Report from RCGP workshop" (2014) pg. 2

¹³ NHS NW London (2008) *An independent review of serious untoward incidents and clinical governance systems within maternity services at Northwick Park Hospital*, pg15. (Report found common factors in the serious incidents including communication difficulties due to culture and language).

¹⁴ Corporate Research Unit, LBTH (2013) Research Briefing 2013-02: Language in Tower Hamlets – analysis of 2011 census data

2.10 Moreover mothers who recently migrated to the UK often have poorer health literacy compared to other groups. According to the most recent population data, 66% of babies born in Tower Hamlets are born to mothers who were born outside the United Kingdom; mainly in the Middle East and Asia (43%) and Africa (9%).

Figure ii) – Birthplace of mothers to babies born in Tower Hamlets (2012)¹⁵



2.11 There are also congenital diseases and conditions which are specific to certain ethnic backgrounds, with a high incidence in Tower Hamlets due to its diversity. Moreover, women from some communities may be more vulnerable to infection due to lack of Mumps, Measles & Rubella (MMR) vaccinations.

2.12 Diabetes is a significant issue in maternal health and presents risks both to the pregnant woman and the developing foetus. Tower Hamlets has a higher than average prevalence rate of diabetes. It is also one of five boroughs in London with the highest number of low birth weight babies.

2.13 Many mothers in Tower Hamlets are vulnerable, isolated and need more intensive support than that which the maternity model alone can provide.

2d) Maternity services in Tower Hamlets

2.14 The new £650 million Royal London Hospital opened in 2012. Across its two sites (Barkantine and RLH) and including home births, there are now approximately 5,300 live births per year in Tower Hamlets with the majority of these (over 4,800) being in the main RLH. In line with national recommendations there are plans in place to improve awareness of choices, for example increasing the numbers of home births. The Barkantine Birth Centre opened in 2007

¹⁵ GLA Intelligence Update 11-2014 (July 2014) Births by birthplace of mother: 2012 ONS data, GLA, London

and is a free standing midwife led unit (MLU) suitable for women defined as 'low risk'. Around 400 of the 5,300 births annually in Tower Hamlets happen at the Barkantine. Additionally a small number of women give birth at home. Recent data puts this at 2% nationally.¹⁶ For Tower Hamlets the home birth rate for 2015/16 is 0.9%, an increase from 0.4% in 2014/15. This is a total of 50 home births in 2015/16 compared to 24 in 2014/15.

- 2.15 The RLH deals with the largest proportion of high acuity births in the country and delivers excellent clinical outcomes. Stabilised & adjusted neonatal mortality rates for Tower Hamlets are more than 10% lower than the national average and stabilised & adjusted extended perinatal mortality rates are up to 10% lower than the national average. This is an impressive outcome and a significant achievement.
- 2.16 The maternity services department at the RLH delivers over 5,000 births a year. It comprises a 31 bedded delivery suite, 2 obstetric theatres, a recovery area and an obstetric level 2 high dependency unit on the 6th floor of the new hospital. There is a 31 bedded postnatal ward on the 8th floor which includes a number of babies receiving transitional care. The service is supported by a Level 3 neonatal unit with 36 cots of which 19 are Neonatal Intensive Care Units (NICU) or High Dependency Units (HDU)¹⁷, 10 special care baby units and seven for surgical neonatal cases.
- 2.17 The Barkantine Birth Centre is a freestanding midwife led unit (MLU) that opened in 2007 and is part of the RLH in that a core group of midwives and staff work across both sites. It is based within a community health centre on the Isle of Dogs. As it is midwife led there is no obstetric service on site, thus it is only an option for women who are assessed as likely to have low risk births. Approximately 400 babies are born each year at the Barkantine Centre. However, when complications arise that may require clinical intervention; women need to be transferred to the RLH. On these occasions, they are accompanied by their midwife who where possible will stay with them throughout the birth.
- 2.18 In 2014 there were 806 women who were booked to give birth at the Barkantine and of those, 402 had their babies there. The majority of women who had chosen the Barkantine but had their babies elsewhere were admitted to the RLH (46.9%). The Royal London hospital deals with some of the most difficult and complicated births in the country.
- 2.19 The Trust is due to open a co-located midwifery led unit in summer 2016 to address some of the current pressures and increasing demand. This is currently being built and is located on the 8th floor of the RLH. The new unit will accommodate up to 1500 low risk births in a 'home from home' environment and is designed on similar principles to the Barkantine Birth centre which has been recognised for offering an outstanding midwifery-led service. It offers an advantage in terms of its proximity to the obstetrics unit and it will be easy to transfer mothers who need clinical care due to complications.
- 2.20 In addition to hospital services and primary care, there are a range of other community based, non-medical services to support women through pregnancy, birth and postnatal care. In Tower Hamlets there is a 'doula'¹⁸ peer support service to provide additional help to

16 National Maternity Review (op cit)

17 See glossary

18 A 'doula' is a birth support person or birth companion. It is a non-clinical service intended to supplement medical care.

vulnerable and isolated mothers called Maternity Mates and the National Childbirth Trust (NCT) are active locally in providing information, advice and support to families across the whole community. Tower Hamlets has an established, well-regarded and effective MSLC and the CCG has demonstrated a long term commitment to supporting the MSLC locally even though there is no longer mandatory funding.

Barts Health Trust quality and performance

- 2.21 Barts Health Trust has had a number of negative inspection reports in recent years and has consistently responded positively with improvement plans to address shortfalls in quality and performance. Since having been put into special measures in 2014, Barts Trust is going through an extensive change programme in leadership and culture. BHT is working towards coming out of special measures by the end of 2016/17. To do this BHT recognises that it must go beyond compliance but to aspire towards excellence and improvement. Senior managers from the RLH acknowledge that what is needed is a significant cultural shift and this will need to be led from the top of the organisation. The Trust is progressing towards this; a new leadership team is in place and BHT and the CCG are keen to work collaboratively with others to make the desired improvements.
- 2.22 In line with recommendations from the National Maternity Review and other reports, BHT has plans in place to increase awareness of home births and is aiming to enable more local women to give birth at home or in community rather than clinical settings.
- 2.23 The CQC inspection carried out in February 2015 rated maternity services at the RLH as 'requires improvement'. However the more detailed commentary and ratings against the CQC's five key lines of enquiry (key questions) found that the RLH is rated as 'good' against three of these; effective, caring and responsive. The rating for whether the service was well led 'required improvement' and in terms of safety the RLH was rated as 'inadequate'. The lower rating on safety was attributed to a lack of appropriate numbers of doctors and midwives. This shortfall in staff numbers was found to have negatively impacted on the quality of care received by some patients. The inspection also found that security for the maternity unit was a concern as there were high numbers of visitors to inpatient areas and electronic security systems were not in use. Barts Health Trust and the Tower Hamlets Clinical Commissioning Group (CCG) have put in place a number of action plans and initiatives to address these issues. It was noted in the National Maternity Review¹⁹ that almost half of CQC inspections of maternity services result in 'inadequate' or 'requires improvement' ratings and there is a high degree of national variance.
- 2.24 Since the CQC inspection report was published in May 2015, BHT has appointed additional midwives to raise the staff ratio to compliance levels and has been funded to enable the service to operate at the recommended 1:28 ratio since June 2015²⁰. The Trust are successfully filling vacancies and many mid-wives and support staff have been in post for some time (two or more years) which staff who were spoken to as part of this review felt had added to stability across the team.

See glossary for more information.

¹⁹ Op Cit

²⁰ In 2015/16 overall the RLH operated at a ratio of 1:31.2 (BHT dashboard: performance data) which is not yet at the compliance level though midwife recruitment is a challenge nationally – see 2.4 in this report

RLH complaints

- 2.25 Official complaints numbers at the RLH are reported to be reducing slightly over time. The RLH has seen an increase in positive feedback and complaints account for roughly half the feedback received. On average the RLH receives 7 official complaints per month about maternity services. The Maternity Services Data Set (MSDS) which is compiled nationally does not disaggregate data to the level of individual site. However, the latest data available for complaints at regional level²¹ shows that there are slightly higher rates of complaints about maternity services (3.5% of all written complaints received) in London compared to the rest of the country (2.9%).
- 2.26 At a national level, and across all community health services, 11.4% of complaints are about staff attitude and 10% relate to various communication problems²². The majority of complaints that the Royal London maternity unit receives²³ are about communication issues at around 32%. Other issues include obstetric diagnosis and treatment concerns, appointment and clinic issues. There has been a gradual reduction in complaints about staff attitude and behaviour which is now below 3% of all correspondence. Many concerns over care are addressed through local resolution and Barts Health Trust has introduced a number of new mechanisms to better capture feedback from patients but national evidence from Healthwatch England (HWE) and data captured as part of this review suggests that significant numbers of people do not complain even if they feel they have grounds to, and some patients we spoke to didn't feel that they knew how to go about raising concerns.

3. Findings

- 3.1 The Panel examined various sources of patient experience information ranging from direct conversations with patients and family members on the site visits to feedback from patient organisations and the RLH along with reports and presentations from key organisations involved in capturing patient experience insight. Whilst some sources were likely to be more representative than others, some key themes came through strongly. The MSLC²⁴ for example, highlighted poor communication and rushed appointments, lack of information, lack of support during labour and lack of compassion as the key areas of inquiry.
- 3.2 In presenting and summarising the findings of this review it is important to stress that the Panel heard about a number of positive experiences from the RLH, particularly that new midwives and student midwives were considered 'lovely' by patients. It is worth noting that there is a notice board in the corridor of the RLH maternity unit which is covered with thank you cards from patients and their families. This illustrates the extent to which many women value the service at the RLH.

21 HSCIC (April 2015) Compendium of Maternity Statistics 2013-14.

22 HSCIC (2015) MSDS national summary statistics 2014 - 15

23 Site specific data not available from published statistics – this information comes from internal BHT report submitted as evidence for this review

24 SAFH, (2015) MSLC presentation to Health Scrutiny Panel, 17th December 2015

Figure iii) Notice board at RLH



3.3 The review evidence also included several detailed accounts from mothers who had had difficult births or who had babies who were born seriously unwell and praise for the emergency care teams was widespread. Some women who had previously given birth at the RLH noted improvements since their earlier time there.

“In general I’ve found my care at the [Royal] London [Hospital] to be excellent, just overstretched at times” (NCT survey respondent)

3.4 Many women who are defined as “high risk” and have complicated deliveries experience excellent care with the emergency care teams being particularly singled out for praise by patients. There are also examples of staff ‘going the extra mile’, for example midwives staying with patients beyond the end of their shifts to provide reassurance and care throughout a protracted labour and delivery.

“The sisters on this team who cared for me as well as the anaesthetist, doctors and other staff were really amazing, truly caring and I feel so lucky to have met them and [that they] delivered my baby even though he was two weeks overdue, very large and it was done with forceps” (Patient feedback from HWTH report)

3a) Differences between the Royal London Hospital and the Barkantine Birth Centre

- 3.5 In terms of scale, design, service model and patient experience the Barkantine Centre is very different to the main RLH site. The Barkantine is consistently rated as 'outstanding' by patients whereas feedback from the main RLH site, where the majority of births take place in Tower Hamlets is more mixed. There are a number of reasons for this variance. As reported previously, the Barkantine is on a much smaller scale than the main RLH and is designed only for 'straightforward' births. The environment is generally less busy, and it is designed to be 'home-like'.
- 3.6 The National Childbirth Trust²⁵ (NCT) points out that those women who give birth in midwife led units (MLUs) are more likely to be cared for by the same midwife that they built a rapport with over the course of their pregnancy. The surroundings are relaxed and more private compared to a busy hospital ward. Women who give birth at a MLU are also more likely to be able to stay in the same room throughout their labour and postnatal care. As a freestanding MLU, the Barkantine has no medical facilities onsite so, for example women would not be able to get an epidural at the Barkantine should they need additional pain relief.
- 3.7 A number of women do start their labour at the Barkantine and have to transfer to the RLH due to complications. For example, in 2014, 71% of women who commenced labour at the Barkantine remained there through birth and postnatal care stages. Of those who transferred, the majority went to the RLH. 17.6% were transferred during labour (intrapartum²⁶ stage) and 11.3 % were admitted to the RLH after birth due to complications²⁷. Women who are assessed as 'low risk' are eligible to use the Barkantine. Somewhat surprisingly demand for the service is manageable as many women prefer to give birth in hospital. Barkantine staff members who were consulted on the site visit said that whilst around 1,400 local women could potentially give birth there each year, only half actually choose to do so. Nationally, 94% of births take place in hospitals. National data is not available for where women would prefer to give birth, but a recent survey of pregnant women in Cumbria²⁸ found that 69% stated their birthplace of preference would be a hospital and only 5% opted for a freestanding MLU though this could be partially explained by the fact that Cumbria is very rural and it can take a long time to travel to the nearest maternity hospital from some areas. The Panel found that a direct comparison between the Barkantine and the RLH is not feasible or indeed particularly useful given the differences in scale between the two facilities. Neither should it be assumed that the majority of good experiences happen at the Barkantine.
- 3.8 It is also evident that the hospital are listening to patient concerns and taking these on board; for example the plans for the new co-located low risk unit on the 8th floor were influenced largely by the MSLC. Senior managers who were spoken to by Panel members on the site visits said that briefings on patient feedback were regularly produced and shared with staff on the wards.

²⁵ NCT website <https://www.nct.org.uk/birth/giving-birth-midwife-led-unit-or-birth-centre>

²⁶ See glossary

²⁷ Barts Health Trust (2015) Barkantine Birth Centre (BBC) stats 2014

²⁸ HW Cumbria & MSLC (2016) Maternity Matters: What does great maternity care look like? Pg. 15

3b) Compassionate care

- 3.9 Compassion is one of the most important themes covered by this review, focusing as it does on patient experience. The National Maternity Review and other reports found compassion to be one of the key determinants of the quality of patient experience. Compassion can mean many things, but simply put it involves kindness, trust, empathy, taking time to listen and understand.
- 3.10 The Panel found examples across all of the evidence sources where care neither met the hospital's desired standards of compassion or empathy, nor patient expectations. The findings that the MSLC reported were thematically grouped around four main themes; poor communication and rushed appointments throughout the patient journey (antenatal, labour, postnatal), lack of information throughout the patient journey, lack of support during labour and finally, lack of compassion in the postnatal ward.
- 3.11 In their presentation, The National Childbirth Trust (NCT) stated that care is compassionate when patients feel that health professionals trust them, that women are treated as individuals and when small things happen which show that staff recognise how life-changing pregnancy and birth can be. Conversely care lacks compassion when women are treated as 'stupid' or not trusted, when pregnancy and births are seen as medical rather than life events and when women are treated as 'yet another pregnant woman' on a conveyor belt.

"Small things make a big difference. This is first baby, I hadn't anticipated such a traumatic birth with emergency c-section, and of course I'm overjoyed to have a healthy baby who is starting to gain weight. Just simple changes in tone of voice, for staff to speak more softly and be reassuring [like saying] "we know this is new to you" and show empathy. Recognise they are busy but this shouldn't be so hard." (Patient feedback to Panel member, RLH site visit, February 2016)

"One (BME) woman was worried about the colour of her breast milk. She asked a member of staff about it who responded "It doesn't have to be white. We are not all cows." Whilst this may have been intended as a humorous and reassuring comment, the mum in question was really upset". (Patient feedback to Panel members on RLH site visit, February 2016)

"The night-time staff are not as good as the daytime staff. They can be rude and often don't respond to my requests" (HWTH patient feedback)

- 3.12 The Royal College of Midwives' recent report on the state of maternity services nationally found that when staffing levels are inadequate, patient care suffers. In the past, the RLH did not meet the staffing ratio for midwives and clinical staff. It has also been noted in the CQC inspection and internal improvement plans make reference to the need for better staff numbers. New midwives have now been recruited and since June 2015 the RLH has reached the recommended 1:28 funded ratio of midwives to patients, so it is reasonable to infer patient experience should now be showing signs of improvement.
- 3.13 However, the current picture appears to be mixed. Whilst it is difficult to quantify, a significant number of mothers are still reporting poor experiences at the RLH; this came through the Panel's site visits and conversations - albeit these gave a 'snapshot' rather than a

fully representative view – as well as the presentations and reports from organisations involved in capturing insight from patient experience. The group of people who had poor experiences would appear to include a higher proportion of mothers who do not speak English as a first language though we do not have sufficient evidence as part of this review to assess the specific extent of poor patient care amongst those who are not English speakers.

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.

- 3.14 These findings about the culture of care and how it impacts on patient experience suggest two things. Firstly that adequate staffing numbers or resources alone will not necessarily improve patient experience. Secondly that, given the diversity of patients and the fact that many women do not speak English as their first language, BHT needs to do more to ensure that the workforce better represents the diverse community it serves. Actively recruiting staff from similar backgrounds to many of the patients with the ability to speak other community languages would be a way to address this. A sense of shared cultural experience and background, as well as ability to communicate in the same language should help to improve compassionate care. As stated in the introduction to this report, the ability to speak and read English is a key factor that influences the quality of patient experience, and 35% of households in the borough do not speak English at home²⁹.

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.

- 3.15 The evidence that the Panel examined and heard differs in some respects from key findings from regulatory inspections. The Care Quality Commission (CQC) inspection, whilst giving an overall ‘requires improvement’ rating to maternity services at the RLH did rate the service as ‘good’ against three of its five lines of enquiry; effective, caring and responsive. This is interesting considering that much of the evidence from patient experience that the Panel examined found that compassionate care was often lacking. As noted earlier in this report, the CQC inspection found the service to treat patients with kindness, compassion, dignity and respect.
- 3.16 The CQC inspection of Maternity Services was performed by a dedicated team of inspectors in January 2015. The inspection was thorough and took place over a 24/7 period for 48 hours. It also included a number of unannounced visits over a full week during the period of the review where a high number of women and staff were interviewed. The review report stated that the Friends and Family Test (FFT)³⁰ is a major source that inspectors use to measure patient experience and that there were very few responses from people who had used maternity services at the RLH. In light of this a number of other sources of patient feedback were used including in-patient surveys. CQC inspections all involve a review of performance literature but inevitably the methodology used is ‘broad brush’. The inspectors noted that bereaved

²⁹ ONS census 2011

³⁰ See glossary

families were treated sensitively at the hospital³¹, that staff attitude to patients had improved since the 2013 National Maternity Survey and they observed staff being kind and compassionate to patients. However, the report also highlighted a number of less positive observations such as lack of capacity on the wards leading to compromised dignity in some cases where women had to share postnatal rooms. It also noted patient frustrations around shift changes and waiting times but these factors did not detract from the overall rating.

Great Expectations Programme

- 3.17 In response to concerns about compassionate care, BHT introduced a cultural awareness programme for staff called 'Great Expectations'. This was designed to provide training and development around the "6 c's" – caring, compassionate, competent, communicative, courageous and committed. The project started in 2014 and a progress report is produced bi-annually. The latest report³² outlines some improvements; particularly that patient complaints about staff attitude have decreased and that most staff agree that 'Duty of Candour'³³ is embedded in the service as openness and transparency are encouraged. However, these improvements when looked at in relation to the overall review evidence do not appear to have translated into a step change in patient experience.
- 3.18 The CCG in their evidence from the first review meeting said that they felt that the Great Expectations programme had made positive progress but there was still some way to go for it to deliver the desired level of improvement. The BHT results to the latest National Maternity Survey³⁴ for example, have not shown a significant increase in patients feeling that they are treated with kindness and understanding. 47% of the 325 respondents stated that this had not been the case for them³⁵.
- 3.19 The review findings, particularly in regard to compassion and culture of care suggest that there is a *disconnect* between what the Panel heard, albeit a 'snapshot' from a small sample of people, and what managers, staff and indeed CQC inspectors perceive as the day to day reality of the service. The panel's general recommendation is therefore that something needs to be done to bridge this perception gap. A key question that has underpinned this review is what can the RLH do to give the Health Scrutiny Panel assurance that the extensive improvement plans that have been outlined over the course of the review will really deliver the desired outcomes for patients?
- 3.20 As a way to resolve the above issue and 'bridge the gap' the Panel is proposing that a 6 – 12 month independent study is commissioned following the opening of the new co-located unit at the RLH to look in depth at patient experiences over time.

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.

31 Care Quality Commission (May 2015), Royal London Hospital Quality Report, pp 81-82

32 Barts Health NHS Trust, (November 2015), Report on the Great Expectations Project

33 See glossary

34 Picker Institute (Dec 2015) National Maternity Survey: Barts NHS Health Trust

35 The results are for the whole of BHT not just RLH sites

Cultural differences in patient experience

- 3.21 Whilst BHT does collect data on ethnicity and other factors, currently this data has not been published widely or analysed alongside other factors such as long term conditions. Therefore it is difficult to say with confidence that some specific groups are likely to experience better care than others. Nonetheless, given the qualitative evidence that was submitted for this review from a range of sources, the Panel felt it was important for measures to be taken to ensure a better experience for mothers for whom English was not their first language.

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.

- 3.22 The National Maternity Review³⁶ included a section on cultural differences and diversity which noted the following:

- More time needs to be allocated to antenatal and postnatal appointments so mothers and partners can process information understand the choices available to them and be informed about next steps. Linked to this there needs to be more engagement and outreach from providers to local communities
- Information should be available in a range of accessible formats and community languages. Interpreters should be available if needed.
- Midwives, doctors, support staff should never make assumptions about people's choices based on cultural stereotypes, they should always ask.
- Specialist outreach services need to be available to the most vulnerable mothers
- Younger mothers more often feel that they are not listened to or trusted than older mothers. They particularly called for more postnatal support and for their decisions to be respected.

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.

Maternity Mates

- 3.23 The Maternity Mates service is commissioned by the CCG to support women from various backgrounds and/or with complex needs.³⁷ Maternity Mates is a doula service³⁸ that has been operating since 2013. Maternity Mates are volunteers from the local community who receive accredited training and work alongside midwives and health professionals to make sure that mothers can understand issues and decisions affecting their care. They provide emotional and

³⁶ Op Cit,

³⁷ Presentation from WHFS, HSP Review Meeting, 17/12/16

³⁸ A doula is an additional support service for mothers – see glossary

practical support before, during and after the baby is born. The service was set up in recognition that many local women can be vulnerable and isolated, or have more support needs than the ‘medical model’ of maternity care can address. The Panel heard that the service has proved particularly helpful for women who are new to the UK and may not have family or a support network nearby. Though the project has been at a small scale to date, by March 2015, 31 local women had been trained as Maternity Mates and 71 mums had been supported. 95% of the women who had received the service reported positive outcomes and the majority of trained Maternity Mates said the training had improved their confidence in terms of going on to paid employment. Some were considering further professional training as midwives or health professionals. The service was valued by RLH staff who saw it as offering continuity of care and additional support that midwives cannot always provide. Nonetheless, it is a resource intensive service and the CCG is evaluating it with a view to providing a comprehensive analysis of its effectiveness and sustainability. WHFS have recently been awarded a Big Lottery Fund grant of £448,330 to expand the Maternity Mates service in East London over the next three years³⁹.

- 3.24 The Panel recognised the long term potential of the Maternity Mates service in terms of trained volunteers going on to become midwives and nurses and thus the BHT workforce becoming more representative of the local community. BHT have noted the impact that the service has had to date, and are keen that it expands to support more women. A second phase “Maternity Mates + “ service, working not just on antenatal care but working alongside midwives on wards and in the community post birth could be a valuable addition to local service provision and expanding the service would help to promote midwifery as a career option for local women who may not have considered it previously due to cultural barriers. The Panel felt that it would be useful to expand the service to include more outreach work and involvement from minority groups. For example, Tower Hamlets has the 9th highest proportion of Somali residents nationally⁴⁰, but the council’s recent Somali task force project highlighted that this community is particularly hard to reach in health improvement initiatives generally.

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.

Cultural change

- 3.25 The National Maternity Review highlights the vital role of leadership in setting the right culture for compassionate care. Cultural change will only happen if it is led from the top of the

³⁹ WHFS press release, *Big Lottery Fund grants £448,330 to Tower Hamlets project supporting vulnerable women during pregnancy*, 10/5/2016

⁴⁰ LBTH (March 2016) Profiling the Somali-born community: Update report for Somali task force (Source data – 2011 census, ONS)

organisation. The Panel found that leadership at Trust level is key to getting the transformation required. Previous review reports over the years have raised similar concerns to those that are covered in this review, however the necessary pace of change has not been realised. Given the major changes to the leadership at BHT the Panel are more confident that the step change that is required to get the right culture in place is likely to happen over the next few years. One of the outcomes of this review is to present the findings at a high level meeting with the CEO of the Trust who has indicated she will lead on ensuring that the recommended improvement plans are in place and monitored.

3c) Consistency and continuity of care

- 3.26 Continuity of care is one of the key recommendations from the National Maternity Review. It found a culture of “silo working” and a “lack of respect” between midwives, obstetricians and other healthcare professionals in trusts across England. The review found problems with communication, handovers and disagreements about how to handle situations, such as the transition to specialist care. The need for better working relationships between staff groups – including with health visitors, nurses, neonatologists, GPs, paediatricians and anaesthetists – was highlighted by both midwives and obstetricians who submitted evidence to the review. All of these issues can impact on care received by patients.
- 3.27 The senior managers, midwives, clinicians and frontline staff who were spoken to as part of this review all said that one of the things they value working at the RLH is the strong team-working ethos. There are clearly mutually respectful and supportive relationships between obstetricians and midwives. However, the review evidence highlighted a few problems and inconsistencies. For example, there were reported incidents where ward coordinators had been rude to midwives and clinicians.
- 3.28 Patient experience feedback drawn from the various review sources (Healthwatch TH, MSLC, and NCT) showed that there were sometimes problems in terms of inconsistent communications when shifts change. Some patients felt that night staff were less compassionate and caring than the day staff. Patients also reported that they sometimes got conflicting information and advice from midwives and doctors which caused confusion. The CQC observed a small number of frustrations from patients having to explain their case repeatedly to different staff members during their inspection in February 2015.

“The midwife and doctor give inconsistent advice on health problems; findings from examination, reasons for taking medication” (HWTH evidence)

“I got very fed up with having to explain what happened every time someone new came or shifts change.” (Patient feedback, RLH site visit)

“I was in a lot of pain and the consultant said I could have an epidural but I would have to agree straight away as [consultant] was going off duty in 15 minutes. An epidural is a big decision and you can’t just make a snap judgement purely because shifts are changing” (Patient feedback, HSP site visit)

- 3.29 The findings from the RLH suggest that handovers between shifts are not always as seamless as they should be and there are instances where this leads to inconsistent advice and frustration for patients. The fact that a key member of the clinical team is going off duty shortly should not impact on the patient. The national maternity review which brought together evidence from maternity services across the country found that too often, patients do not experience continuity of care and have to repeatedly explain their circumstances⁴¹ to different staff members.

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.

3d) Communication: information, choice and control

- 3.30 Communication is consistently a main factor which determines the quality of patient experience. Problems with communications are now the most frequently cited reason for official complaints from patients in maternity services at the RLH⁴². A number of patients the Panel spoke to as well as evidence from the review presentations highlighted that patients did not always feel they were able to make informed choices about their care. Whilst this was an issue for women across different cultural backgrounds it was a particular challenge for those who do not speak English as a first language.

“I am very confused now. Every time I come here..... they don’t share diagnosis with me”
(HWTH patient feedback)

“At the end of my pregnancy my baby showed no sign of arriving. I spoke to a midwife and turned down induction. She.....made me feel like I’d made a terrible decision and put my baby at risk.” [Baby eventually showed up and was fine with no medical intervention]” (NCT survey respondent)

“It would be better if staff informed you of the progress of the labour and what will happen next” (Patient feedback, NHS Choices, 26th February 2016)

- 3.31 The national review of maternity services called for patients to be enabled to make informed choices at all times about their care and for their decisions to be trusted and respected by midwives and clinical staff. Clearly there are situations when critical decisions have to be made and patients should feel confident and able to trust the staff to be acting in their best interests.
- 3.32 The most recent National Maternity Survey data for the RLH shows that nearly half of survey respondents (44%) said they were not involved in decisions about their care.⁴³ The RLH has prioritised involvement in decisions as a key priority for 2016/17.

⁴¹ Asking patients their name and details is a way that hospital staff check that case notes are correct

⁴² Barts NHS Trust, (Feb 2016) Report to CQRM RLH (op cit)

⁴³ Barts Health NHS Trust, Report to CQRM Royal London Hospital (February 2016)

- 3.33 Giving birth is never without risk and a few patients we spoke to felt that their experience would have been better had they been forewarned about any potential problems and their choices in the event of complications. The RLH has recently produced a whole new suite of patient information materials and these should be helpful in addressing the demand for better quality information. There is also a need to ensure that this information is accessible and understandable for the diverse population. To this end, the RLH are working with the MSLC to check the new materials in terms of ease of understanding and accessibility.

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.

3e) Women's involvement in planning and monitoring services

- 3.34 The MSLC is one of the main mechanisms whereby women's views are collated and fed back to the RLH to inform service improvement plans. The MSLC model is based on supporting women to shape and influence their local maternity services with an emphasis on reaching out to those who are seldom heard. The MSLC has demonstrated its impact in a number of ways including the idea for the Great Expectations project to improve staff attitudes (See section on compassionate care). Significantly it was an MSLC petition that sparked the plan for a co-located birth centre at the new RLH which is due to open in July 2016. The MSLC found that many women were keen to have clinical care close by and this is a barrier to some people choosing to give birth at the Barkantine.

"I don't want to use the Barkantine birth centre as there are no doctors available." (MSLC patient feedback)

- 3.35 In terms of monitoring services, the MSLC have also set up a project called **mum2mums check** which involves MSLC volunteer mums visiting maternity wards and speaking to patients in their own language to gather feedback which is then reported back to BHT. This has been found to work well as it enables local women to give their views confidentially and independently to peers who are not NHS staff, thus tackling some of the barriers that can deter people from giving their feedback. (This issue is covered in more detail in the section on patient feedback.)
- 3.36 The MSLC are involved in an ongoing dialogue with BHT and are regularly consulted on improvement plans, for example the issue on partners paying to stay overnight at the RLH. The MSLC meet with BHT on a quarterly basis and the NCT are represented at the meetings.

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.

3f) Capacity, organisation and administration

- 3.37 This review along with the CQC inspection report has highlighted some ongoing concerns with resources, capacity and organisation. Problems were particularly reported around waiting times in prenatal triage ward. In postnatal areas single rooms were sometimes occupied by two people because of capacity issues but this compromised dignity and privacy. Staff who were consulted in this review recognised this was an issue.
- 3.38 The CQC inspection report noted the pressures on capacity in certain areas of the maternity unit at the RLH. The new co-located low risk facility on the 8th floor should in many ways help to alleviate the pressures and improvements in staff numbers should also have a positive impact. However, there are a number of additional areas that should be looked at. For example, the National Maternity Review noted that a higher proportion of staff time across the country was found to be allocated to collecting data and administrative work, though the quality of data is generally poor and it is paper based rather than electronic. The strong feeling from both staff and patients who took part in the national research felt that the administrative and data burden was detrimental to the quality of patient care.

Hospital discharge planning

- 3.39 Patient evidence from the various sources examined as part of the review mentioned discharge planning as an area that could be improved. A number of patients said they were not informed until the last minute that they were to be discharged, which meant they had been unable to plan for partners to come and collect them or make arrangements to look after other children at home. Conversely, some patients were told they were going to be discharged and got ready but were delayed for a number of administrative reasons.

“I am a bit upset they didn’t tell me they will discharge me this morning and my husband didn’t bring anything for me.....just two hours ago they told me to get ready” (MSLC patient feedback)

“I was advised that I can leave as soon as my discharge notes are completed. I waited until 9pm and I was told the notes will not be completed until the following day.” (MSLC patient feedback)

- 3.40 A third issue with discharge was the time taken to explain discharge notes and aftercare. This is particularly the case for women who do not speak English as their first language.

“I wasn’t given any advice or reassurance after I had a low birth-weight baby and I was left concerned” (MSLC feedback from European woman, Feb 2015, RLH)

“I had a very traumatic birthI had a rare condition which I have since researched on the internet. When my GP read my discharge notes he was at a loss about my diagnosis and how he or other health professionals could help prevent a similar thing happening should I decide to have another baby.” (Patient feedback, HWTH, East European woman)

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.

Resource allocation and design

- 3.41 Staff at both sites highlighted one of the key differences between the Barkantine and the RLH was that staff are more rushed at the RLH and it can often take some time to find equipment and resources they need, this means they have less time to spend with patients.
- 3.42 Midwives that were spoken to as part of the review mentioned that the sheer scale of the maternity unit at the RLH meant that sometimes resources were difficult to access even though there is an equipment store and a resource allocation system. Some staff felt they spent a lot of time 'running around' to find things which meant they had less time to devote to patient care. Patients often appreciated the pressures on staff and patient feedback from across the evidence sources in the review mentioned how rushed and stretched that staff were.

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

- 3.43 A frustration expressed by staff was that neither they nor patients had been involved in the design specification for the new hospital. They felt there were some current problems that could have been avoided had their expertise been sought in the design stage. For example small pantry areas dispersed throughout the maternity wards would mean patients could more easily get a hot drink, thus they wouldn't have to rely on staff to do this for them. Patients who had experienced complicated deliveries told the Panel that it was difficult for them to get up and move around, so facilities for getting drinking water or to make hot drinks were not accessible and they often had to rely on family members. The toilets were thought to be too far from the High Dependency Unit; and there is no staff toilet near this area which can be a particular issue. Whilst it is too late to 'retrofit' the new hospital on principles informed by the staff and patients who use a facility, as a general principle BHT should engage frontline and clinical staff as well as patient groups in the design stage of new or improved wards or facilities.⁴⁴

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.

- 3.44 Whilst the RLH is now resourced at the recommended staff ratio for midwives (1:28) and a new obstetrician has recently been recruited to add to the clinical team, there is still the issue of rising demand. The CQC inspection report notes that capacity at the new RLH is already

44 Op cit

stretched since opening in 2012. The inspection report notes that the birth rate in Tower Hamlets is increasing at a rate of 2% per year. The new co-located unit will alleviate some of these pressures, but it is important that the RLH is able to ensure that its staff capacity and resource levels can meet ever increasing demand. Some managers that were consulted felt that the model for making business cases for more staff was flawed as it does not prioritise projected demand as much as current and recent performance evidence.

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.

3g) Patient experience: feedback and complaints

3.45 The Panel has found that there are a number of problems which affect the extent to which the findings can be said to be truly representative. Previous sections of the report have highlighted a disconnect between the views of different stakeholders and the evidence presented based on patient experience as part of this review. This section looks at how the method and mechanism designed to capture patient feedback can affect the overall results and the extent to which patients are confident and willing to share their views.

3.46 The Panel heard from a number of people and evidence at the review meetings that patients did not feel that their views were sought about their experiences and there are a number of factors which mean people do not necessarily give feedback even if they feel they want to. The national maternity survey and the Friends and Family Test (FFT)⁴⁵ have a comparatively low response rate, so it is difficult to assess whether the views heard as part of this review were entirely representative.

“I would happily have filled in [Friends and Family Test questionnaire] but never received one!” (Patient feedback, NHS Choices)

3.47 Healthwatch England national research highlights that more than half of women want to give feedback on maternity services and to contribute to service improvements but 70% do not know how. Clearly this is not just an issue for the RLH or indeed BHT, but one of the obstacles which make it difficult to give an accurate assessment of overall patient experience at the RLH.

“I’m really glad you are collecting feedback; I always meant to complain or report my experience because I felt it was important that other women didn’t have to go through the same stuff but somehow life (and a baby of course) got in the way.....” (NCT survey respondent)

3.48 Accepting there are limitations with data as outlined in the introduction to this report, the National Maternity Survey⁴⁶ is the largest, quality assured survey designed to capture patient

45 Patient feedback mechanism introduced by NHS England in 2013. See Glossary

46 Picker Institute, National Maternity Survey – trust level results, December 2015

experience data around maternity services. Therefore it is useful as a baseline for comparing the other evidence examined in this review. The survey is commissioned by the CQC and carried out annually at the same time of year to enable trends analysis. It should be recognised that the response rate was low for BHT (30%) compared to 41% nationally. The high number of women who cannot speak or read English across BHT hospital sites may partially explain the low response rate locally. The results are not disaggregated to site level⁴⁷, but Trust level data for BHT shows consistently poorer results compared to other areas. The survey found that BHT's results were worse than expected in 74% of all the questions. Some of the biggest disparities between the results at BHT and national averages are shown in the table below:

Figure iv) Key results from National Maternity Survey (Picker Institute)

Question	BHT average	National Average	Difference
Labour and birth: concerns not taken seriously	29%	19%	-10%
Labour and birth: Not treated with respect and dignity	27%	14%	-13%
Labour and birth: Not always able to get help by a member of staff within a reasonable time	37%	21%	-16%
Labour and Birth: Did not have confidence and trust in staff	37%	21%	-16%
Postnatal Hospital Care: Not treated with kindness and understanding	47%	31%	-16%
Postnatal Hospital Care: patient not having anyone close by to stay as long as they wanted	59%	44%	-15%

- 3.49 One of BHT's key objectives is to "maintain a relentless focus on delivering high quality, safe and compassionate care for women, babies and families and meeting quality priorities to ensure a consistently good patient experience." The results reported above taken together with the evidence that has informed this review suggest that there is still some way to go before this is a reality for everyone who gives birth at the RLH.
- 3.50 The National Maternity Survey results for BHT have seen some small improvements compared to the previous survey (2013) for example performance in terms of choice of where to give birth, and getting appropriate advice from the midwife have both got better.
- 3.51 BHT has developed an improvement plan for 2016/17 based on the disappointing National Maternity Services results to address key issues. The plan includes actions to improve time allocated to appointments and to ensure that midwives listen and understand patient concerns. BHT is also reviewing care planning to enable women to make informed decisions about their care and is producing a new postnatal care information pack which will clearly state expected standards of care. Whilst all these initiatives are to be welcomed they need to be assessed in terms of the improvement that they are making to patient experience.

⁴⁷ The BHT data includes Newham hospital and Whipps Cross as well as the RLH

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.

- 3.52 In spite of the caveats with the patient experience data that have been noted, it is clear from available evidence that patient experience of maternity services in the BHT hospitals overall (including the RLH) has been consistently poorer than peer organisations. The national survey results corroborate with the various sources of evidence that formed part of this review. For example, between July 2014 and December 2015, HWTH compiled a report based on 84 comments they had received and sentiment analysis showed that 26 of these were broadly positive, 42 negative and a further 16 that were mixed or neutral.
- 3.53 Senior managers from BHT who took part in this review and presented evidence stressed that it is vital that they receive as much feedback about patient experience as possible. To this end, BHT have recently launched 'iwantgreatcare'⁴⁸; an online portal designed to capture feedback from patients and bring together patient experience evidence from other sources to build a more accurate and representative, current picture of patient experience.

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.

- 3.54 Previous sections of this report have noted a 'perception gap' or 'disconnect' between the views of managers and staff and the evidence of patient experience that has been examined in this review. One key part of addressing this gap is improving the quality of data on patient experiences and making the process for capturing data as simple and accessible as possible. Existing methods have their limitations and often there is a considerable time lag between the time a person was in hospital and when they are asked to give their views which can impact on both response rates and the way evidence is reported.
- 3.55 What is needed is an effective, simple, intuitive patient centred way to capture feedback, both positive and negative at or near the critical time; while the mother is in hospital or shortly afterwards. Equally in order to encourage honest feedback, patients must not feel reluctant to speak about their treatment or worry that complaining may have a negative impact on their future care. The hospital, working with MSLC and HWTH should look at how it can optimise availability of a 'safe space' to give feedback. It has already introduced a Birth Reflections Service allowing mothers to come back and discuss their experience with a consultant midwife, but it is too early to assess the impact of this. The Mums2Mums project run by the MSLC draws on the expertise of the local community to undertake peer review of the service and thus overcomes some of the barriers around language and culture that have been highlighted in this review, so it is important that learning from this initiative is built into the improved system for gathering patient insight.

⁴⁸ <http://www.iwgc.org/> this is an independent web based resource similar to 'Trip Advisor' and used by a number of health trusts nationally though not all.

- 3.56 The National Maternity Review reported that many women across different age groups and cultural backgrounds across the country felt that the 6 week postnatal check that is offered with a General Practitioner (GP) as standard is inadequate. They highlighted the need for someone to talk to around mental health, depression, support for breastfeeding and more aftercare where births have been traumatic. Public Health have offered to explore how the mandatory 6-8 week health visitor check could incorporate recording patient feedback and HWTH have been invited to advise on how this might be achieved.

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. Conclusion

- 4.1 This review has shown that it is difficult to pull together an entirely accurate and representative picture of patient experience at the Royal London Hospital. However, the evidence from all sources that this review has examined suggests that there is some way to travel before patient experiences reach the standard that should be expected for everyone. It is apparent that the Royal London Hospital achieves excellent clinical outcomes demonstrated by the results of the MBRACE report in both 2013/14 and again in 2014/15, which is a commendable and significant achievement given the proportion of very complex births that it deals with within an area of high deprivation and increasing birth rates. However, what is needed now is a push towards ensuring that patient experience is of an equivalent standard for all women who give birth at the RLH.
- 4.2 The Panel is satisfied that planned improvements being implemented by BHT are having some impact. The new co-located midwife led unit at the RLH planned to open in summer 2016 will go some way to alleviating current capacity pressures. Crowded wards and long waiting times have sometimes compromised dignity and privacy for patients. It is vital that making patient experience better for everyone is a key priority for BHT going forward. For this to happen, the support of leadership at the very highest level of the Trust is necessary.
- 4.3 One key theme in this review is the apparent 'disconnect' between senior managers and frontline staff views of the service provided at the RLH compared to some of the feedback which has come through the various sources of patient experience data that have been examined for this review. Therefore the Panel has recommended that a long term 'deep dive' study on patient experience should be conducted when the new co-located maternity unit opens at the RLH in summer 2016. Linked to this, the panel also made recommendations for improving data collection and reporting.
- 4.4 Clearly the hospital and Barts Health Trust are under pressures that are affecting the whole NHS across England as well as addressing challenges including difficulties in recruiting a workforce that is representative of the local population.

- 4.5 The Panel is keen for the council and other partners to work with BHT to address the current challenges and ensure that there is high quality maternity care for the increasing numbers of women giving birth in the borough now and in the future.
- 4.6 To this end the panel is pleased to hear that changes in the leadership and culture at BHT mean that senior managers from the Trust are keen to work with the Panel and other partners. The Panel welcomes the renewed appetite for joint working from BHT and looks forward to working together to improve maternity services for the future.

APPENDIX A: GLOSSARY

BHT – Barts Health NHS Trust: the Trust is a merger of three previous trusts; Barts and the London, Newham Hospital and Whipps Cross. It is one of the largest healthcare organisations in Europe and the Royal London Hospital (RLH) in Whitechapel is its largest site. The RLH moved to a new site in 2012. The trust employs 15,000 people and is the main provider of health care services in Tower Hamlets.

Birth Rate: Number of live births per thousand of the population annually.

CCG – Clinical Commissioning Group: Tower Hamlets NHS CCG was formed as part of the implementation of the Health and Social Care Act 2012 legislation. Established in April 2013 it is a clinically led organisation bringing together all 36 General Practices in the borough. It is responsible for commissioning most hospital, community and mental health care services in Tower Hamlets.

Doula: A birth support person or birth companion. The provision of continuous support during labour from a doula is associated with improved maternal and fetal health and a variety of other benefits, including lower risk of induction and interventions and less need for pain relief. Maternity Mates is the local doula service in Tower Hamlets.

Fertility Rate: Average number of children born to a woman of childbearing age (15 – 49) over the course of her lifetime. Replacement fertility rate – where the level of population replicates itself from generation to generation is set at 2.1. Human geographers use the Total Fertility Rate (TFR) as an indicator of population change over time.

FFT – Friends and Family Test: A patient feedback tool that was introduced by NHS England in 2013 to give patients across all NHS funded services the opportunity to feedback about their experience. It asks whether the patient would recommend the service to friends and family.

HDU – High Dependency Unit: Similar to intensive care, this is an area of hospital where seriously unwell patients access a higher level of care where specialist medical expertise and equipment are available.

HWTH – Healthwatch Tower Hamlets: Independent consumer champion that listens to patients came into being on 1st April 2013 as part of the implementation of the 2012 Health and Social Care Act. Every top tier, metropolitan and unitary borough has a local Healthwatch organisation which the local authority has a statutory duty to commission.

HSCIC – Health and Social Care Information Centre: Body responsible for compiling data and statistics about NHS provided services in the UK.

Intrapartum – care during labour and delivery or childbirth

MLU – Midwife Led Unit – The Barkantine Centre is an example. It is a freestanding unit set within community health centre, designed to offer a ‘home from home’ environment for

women to give birth. This type of facility is only suitable for women who are 'low risk' as there is no medical care onsite.

MSLC – Maternity Services Liaison Committee: Community led group that aims to capture patient experience and ensure that provider organisations take patient views into account. MSLCs were established as a measure to ensure collaborative engagement between those providing and receiving maternity services. Prior to 2012 MSLCs were a statutory function of the Primary Care Trust (PCT). Since the dissolution of PCTs, there is national variation as to whether MSLCs are in place, and the extent to which they are funded and supported.

NCT – National Childbirth Trust: An independent charity set up to give impartial advice to women and families so they are able to make informed choices about their care. For more information see <https://www.nct.org.uk/>

NICU – Neonatal Intensive Care Unit: A hospital based intensive care unit designed to support premature and low birth weight babies and newborns who are critically ill and require a high level of clinical care.

SAFH – Social Action for Health: A community development organisation based in East London. SAFH runs the Maternity Services Liaison Committee (MSLC) in Tower Hamlets. For more information see <http://safh.org.uk/>

WHFS – Women's Health and Family Services: a multicultural community health charity that works to improve health for disadvantaged groups. The WHFS run the Maternity Mates service in Tower Hamlets <http://www.whfs.org.uk/>

APPENDIX B: ACKNOWLEDGEMENTS

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