



healthwatch
Tower Hamlets

Trends Analysis Report Maternity Services

April - Sept 2017





Trends Analysis Report Maternity 2017

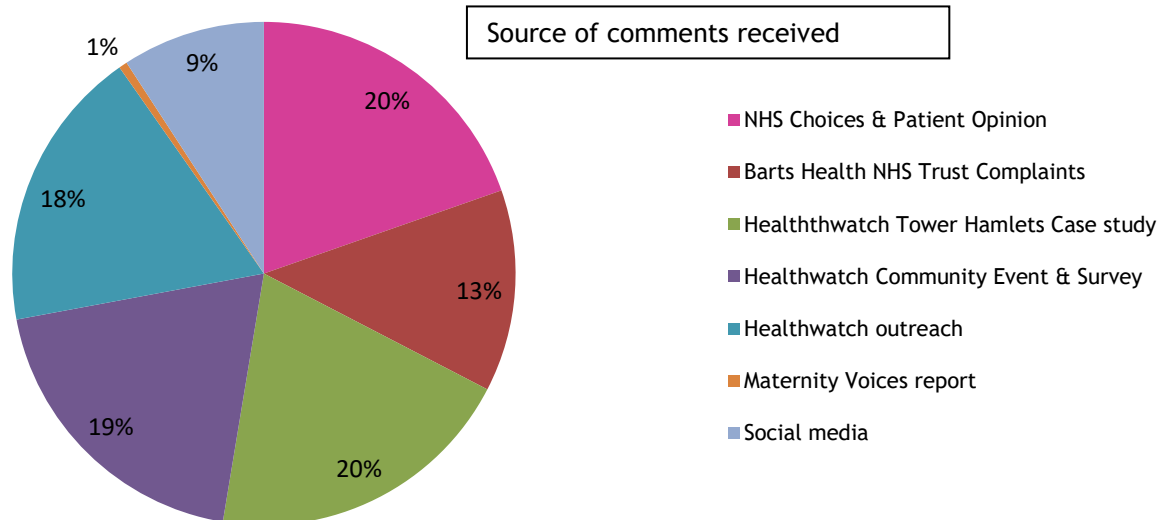
ABOUT THIS REPORT

Healthwatch Tower Hamlets has analysed the experience of local maternity services, over two quarters (April to September 2017).

This report builds upon the 2016 Health Scrutiny Panel’s Review of Maternity Services at the Royal London Hospital (RLH) and follows through changes in patient opinion of service provision following improvements made by Barts Health to the Royal London Hospital maternity services. It analyses data regarding maternity services available to Tower Hamlets residents across the borough; including the Royal London Hospital, the Barkantine Birthing Centre, GP surgeries and health visitors.

This report particularly aims to track and evaluate any changes in patient experience following the adoption of measures to improve maternity services at the Royal London Hospital, as a response to the 2016 Care Quality Commission (CQC) report.

Between **April and September 2017**, we collected and analysed comments from a total of **157** maternity service users in Tower Hamlets, identifying a total of **555** issues.



DISCLAIMER:

Please note that comments obtained from these sources may not be representative of all service users experiences or opinions. As our data includes PALS, complaints and online reviews, it might be slanted towards a more negative view than the average patient’s experience.

This report will now be circulated to the commissioners and providers of Tower Hamlets maternity services and the people responsible for their management or scrutiny. See <http://www.healthwatchtowerhamlets.co.uk/about-us/whatwedo/> for more info on how we make your voice count.

Table of Contents

What we have learned- in a nutshell.....	3
Royal London Hospital	4
Reception	5
Diagnosis& Testing	6
Clinical treatment.....	7
Clinical nursing	8
Discharge & Follow-on.....	10
Community services (incl. community midwives)	11
Midwife-led birth centres.....	12
GPs.....	13
Other services	14
Background.....	15
Royal London Hospital	15
Lotus Birthing centre.....	16
Barkantine Birthing centre	16
Methodology	17
Data collection	17
Data coding	19
Service users' demographics	20
Our insights	21
Top trends	21
Royal London Hospital	25
Reception	28
Diagnosis& Testing	31
Clinical treatment	35
Clinical nursing	39
Discharge & Follow-on.....	45
Community services (incl. community midwives)	48
Other services at the Royal London Hospital.....	53
Midwife-led units	55
Case study: Lotus Birth Centre.....	53
GPs.....	69
Other Community services	73
What Happens Next	76



In a nutshell:

- Since our last report (April 2016 to March 2017), patient opinion of maternity services in the borough has improved.
- Particularly significant improvements have been felt in relation to **community services and services provided by the Royal London Hospital**.
- Patient opinion of **the attitude of Royal London Hospital staff**, including midwives, receptionists and sonographers has improved considerably.
- The newly opened **Lotus Birthing Centre** receives positive feedback from service users.
- **Admin problems** continue to be an important problem affecting patient opinion of the services provided by the Royal London Hospital maternity.
- Not all patients at the Royal London feel that they can make **informed choices** about their birth and their care; some feel that they are not receiving the **advice and information** they need on what to expect from birth-related procedures.
- **Community services** such as postnatal midwives, health visitors, breastfeeding support and children's centres are an important resource and receive praise from new parents.
- In particular, **breastfeeding support services and Children's Centres/ playgroups** are very highly praised by service users.
- Unlike other groups of GP patients, expecting and new parents don't take issue with GP **booking or waiting times**; however, they are unsatisfied with the level of **advice and information** they receive from their GP about their pregnancy & baby.



What we have learned

Royal London Hospital

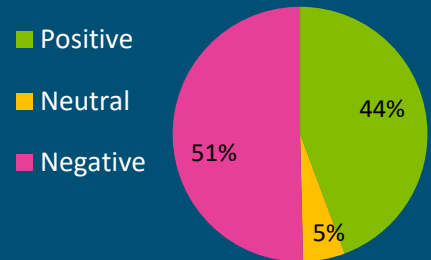
- Patient opinion of service provision at the Royal London Hospital has improved, compared with our previous report (April 2016 to March 2017:



Sentiment about:

- ❖ reception has **stayed broadly the same.**
 - ❖ diagnosis and testing has **improved significantly.**
 - ❖ clinical treatment has **stayed broadly the same.**
 - ❖ clinical nursing has **improved significantly (but remains negative).**
 - ❖ discharge & follow on has **improved significantly (but remains negative).**
 - ❖ community services has **improved massively**
- Perception of staff attitude has improved across the board: the attitude of receptionists, sonographers and midwives is viewed more positively than in the previous report; whereas opinion of doctors' attitude remains broadly positive.
 - Admin mistakes have an important negative impact on patient opinion of service provision; in some cases they can cause patients to miss out on check-ups or delay important procedures.

LOCAL PEOPLE'S VOICE

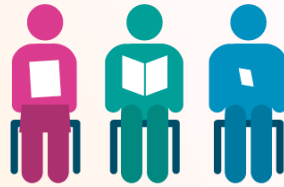


- ❖ “My baby was admitted to ICU. Which was upsetting, but we knew she was in the best hands possible! What a team of people! I'm crying as I write this and no words can describe how lucky and honoured we felt for our baby to be looked after by them all. Not one stone was left unturned! Communication was excellent and we never felt left in the dark or like we were waiting. Our baby is now 5 months and thriving.”
- ❖ “It's really busy, the admin is a bit up the creek. My record shows I am South Asian (I am white). But they're lovely! Generally, they make mistakes because they're very busy, but everybody is thoughtful and caring.”
- ❖ “The midwife who cared for me when I was in labour was great. The moment I got sent to the recovery rooms it just went downhill from there. I had to ask for water-when it finally arrived I was told to get the water myself from the pantry! Absolutely horrendous!”

What we have learned

Royal London Hospital

Reception

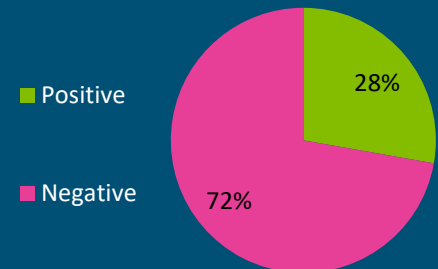


- Perception of staff attitude has improved since the previous report; and is now mixed. Staff members who are helpful, caring and professional are appreciated by patients and play an important role in offering expectant mothers reassurance at a stressful time.
- Admin issues have an important negative impact on patient opinion. Some patients report referrals or bookings not being processed, causing them to lose or delay appointments; or records being inaccurate.

Recommendations

- ✓ Ensure records of bookings, referrals and patient records are processed promptly and accurately. Wherever possible, simplify the record-keeping process to increase accuracy.
- ✓ If possible, prepare contingency plans for processing bookings in a timely manner in case of system failure.
- ✓ Continue training reception staff in communicating efficiently and sensitively with patients. Celebrate areas that have improved reception experience and highlight their impact on the service. Involve staff who have shown a consistent record of professionalism in training their peers.
- ✓ Ensure reception staff are confident signposting service users to relevant services and giving information; use signposting flowcharts, leaflets and reliable websites (links or printouts) to ensure patients receive advice and information.

LOCAL PEOPLE'S VOICE



- “The hospital staff are very helpful and caring. I felt calm and relaxed and happy to have had my baby here. I would recommend [Royal London Hospital] to friends and family because of the care and the love received”
- “Could not have asked for more professional and caring staff.”
- “Complainant - visitor is appalled at the service and attitude of the receptionist on his visit to see his new-born, and wife. He claims the staff member was rude and ignorant, compare with the rest of the ‘friendly’ staff”
- “I am incredibly disappointed. I have been waiting for an appointment for a seven-week scan for over a month. My GP has sent three referrals. I spoke to the Royal London this morning and they told me their external email and fax systems have been down for weeks and they have not received my referrals. They refused to book me an appointment over the phone without the referral.”

What we have learned

Royal London Hospital

Diagnosis & testing

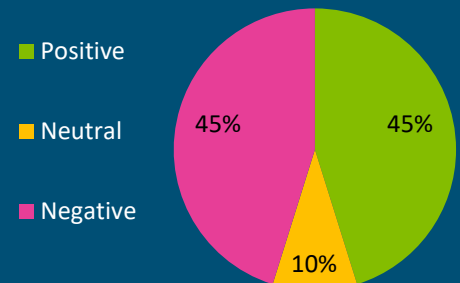


- Sonographers and other medical professionals are perceived as professional, helpful and thorough. Patients appreciate that they provide detailed information and explanation about their pregnancy and their child's development.
- Issues around administration and communication between specialists have a negative impact on patient opinion of the service.
- Royal London Hospital policies on what investigations ought to be carried out for various conditions and concerns are not always consistent with those of other health providers (such as GPs or other hospitals) and the rationale for them is not always clearly explained. There is a risk of fostering a culture of blame where patients don't feel confident they receive the best and most appropriated care. A small number of patients may be left feeling that relevant investigations are denied to them unfairly.

Recommendations

- ✓ Streamline, simplify and centralise patient record databases.
- ✓ Put in place clearer, transparent policies on referrals from third parties and raise awareness of them among patients and health professionals.
- ✓ Continue the good practice of giving patients detailed explanations about their pregnancy and birth. Involve staff who have shown a consistent record of professionalism in sharing good practice.
- ✓ Disagreement between medical professionals regarding the appropriateness of a referral should not necessarily be discussed with patients. When such a discussion is necessary, offer clear, detailed explanations.

LOCAL PEOPLE'S VOICE



- “My wife has suffered some symptoms, which require the continuous monitoring and scan. We have been well notified for all the facts, issues and most recommended actions, and feel we are informed and taken well cared throughout the period.”
- “She was very thorough and she wasn't rushing everything, taking it slowly. She couldn't tell [at first] if it was a boy or girl, the head was down, so she told me to move, so she can try to find out. Others may have just said, “sorry, we can't see it”, but she took the time to be helpful and friendly towards me to get into position which I thought it was quite nice.”
- [The sonographer] left me on that small bed at one point because she couldn't enter the data in the computer that she had, she had to enter it on a completely different database. It was a bit odd, and she was a bit grumpy about doing [a referral] scan- she said “Well, normally we don't scan for this and that”.

What we have learned

Royal London Hospital

Clinical treatment

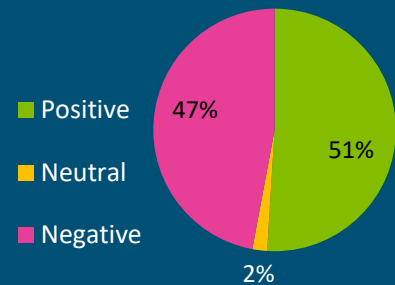


- Service users generally feel supported to make informed decision about their care and their newborn children's care. However, some patients felt that they do not receive proper information about the procedures they were about to undertake (such as inductions) and what to expect from them.
- Patients are generally happy with the attitude of consultants; they are usually seen as competent, professional and approachable.
- Some mothers due to receive C-sections have found their appointments pushed back, possibly because of emergencies. This could represent a risk.
- A small number of patients raised concerns about the difficulty of booking appointments; possibly impacted by admin issues at reception level and by general over-stretching of services.

Recommendations

- ✓ Provide information from reliable sources on a wide variety of birthing scenarios, to help mothers be better informed of a wide range of possibilities before arriving at the hospital to give birth. This could be achieved by:
 - Keeping materials with specific information on hand, distributing them to patients as they wait.
 - Making tablets or interactive screens displaying NHS Choices info available in waiting areas.
 - Including links or printouts in appointment letters.
- ✓ For women awaiting a C-section (planned or unplanned), explain their level of urgency in accordance with NICE guidelines, and reassure them that their pregnancies are carefully monitored.
- ✓ Ensure all medical staff introduce themselves to patients.

LOCAL PEOPLE'S VOICE



- “When I met the doctors, I could tell they were of the highest quality and I felt safe and confident. There was no messing around about 'should we, shouldn't we do a c section'... we all decided together it be the best action and then it was happening!”
- “The staff and consultant were very effective, I was stressing out and the consultant gave me reassurance.”
- “Everyone was nice but when it came to being informed about what was happening nobody had a clue, they left us in the room just waiting around not telling us what was happening or what will happen.”
- “They said I would have my section on Sunday 4th June then they took me in on Monday 5th. They kept me in duration for two days and kept saying I will be taken in to have my c section.”

What we have learned

Royal London Hospital

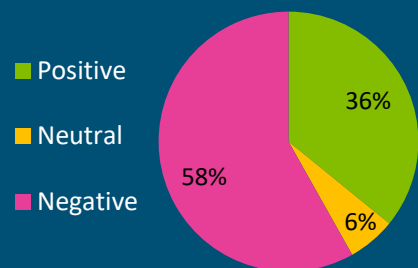
Clinical nursing



Many patients are happy overall with the quality of service provide. They think of the Royal London Hospital as a safe and pleasant place to give birth.

- Perception of nursing staff attitudes has improved considerably. Most service users are satisfied with the attitude of nurses and midwives. Particularly, Royal London Hospital nursing staff receive praise for being supportive of patients and making them feel at ease through a professional, empathetic demeanour.
- On the other hand, staff members receiving negative comments are perceived as neglectful and inconsiderate of patients' needs. Some service users may also be dissatisfied with the level of advice and information they provide.
- While in the postnatal ward, some mothers have found staff members to be busy/ unavailable when needed.
- The postnatal ward is often perceived as over-stretched, busy and not very well-organised; which impacts upon quality of care. Several patients report cases in which not enough staff members were available to give them the care they needed, or appropriate accommodation couldn't be provided.
- One issue signalled by patients is related to the presence of cleaners in postnatal wards; which can sometimes be somewhat disruptive.
- Patients have also reported failing to receive food they had ordered or missing out on food because of communication issues.

LOCAL PEOPLE'S VOICE



- "I would like to particularly mention the midwives working in the labour department. They have shown the great professionalism and extremely helpful and encouraging during the labour process. One midwife has even accompanied with my wife for some of the repairs, and the other midwife has helped to look after the new born baby. This is truly exceptional and hat off for them!!"
- "Everything was fantastic - from the moment I arrived to the moment I left. I ended up staying two nights and had loads of support with breastfeeding which has really boosted my confidence. Thanks so much everyone!"
- "I want to say a big thank you to two midwives who did all the help we wanted with a big smile. A Thank you is not enough for you. On the other hand, I went to staff base to ask where I can get a plastic cup, the member of staff was too rude. This kind of people give NHS a bad name NHS should take this matter seriously."

What we have learned

Royal London Hospital

Clinical nursing

Recommendations



- ✓ Offer patients information about what to expect from various medical or administrative procedures (such as an induction; or discharge from hospital after giving birth).
- ✓ Ensure all antenatal patients get to discuss with their midwife the pros and cons of various ways of giving birth (ex: natural birth vs C-section) and to make a birth plan together with their midwife.
- ✓ Ensure patients are offered an appropriate range of options for pain management, in line with NICE guidelines, and are appropriately informed of the pros and cons of each.
- ✓ Improve levels of midwife and consultant cover on the delivery suite and the postnatal ward.
- ✓ Carry out further research to generate insights on the difference in patient perception between staff members assisting with deliveries and those on the postnatal ward. Identify, celebrate and share examples of good practice.
- ✓ Make the cleaning schedule on the ward less intrusive and disruptive for new parents.
- ✓ Ensure new parents receive consistent advice on breast or bottle feeding while on the postnatal ward.

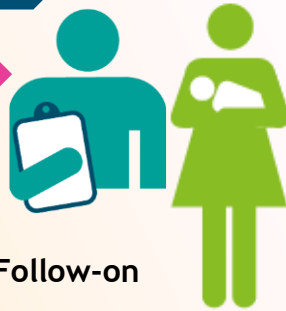
LOCAL PEOPLE'S VOICE

- “[My midwife] was great but didn’t follow through- she said she would email me or that she would book such and such appointment for me and then she didn’t. She talked the talk without necessarily following through- but otherwise she was lovely. She was so supportive and understanding and reassuring- it made a huge difference to me.”
- “There’s a lot of disturbance on that ward as separate teams of cleaners come to empty bins, clean and deal with laundry so it’s pretty hard to sleep during the day, as you get multiple cleaning visits rather than one to do everything.”
- “I had to ask for water-when it finally arrived I was told to get the water myself from the pantry! Absolutely horrendous!”
- “I’ve had no pillows on the bed and then I’m told I’m being moved “upstairs” at 12am- still no news to when I’ll be moved.”
- Lack of information is a major issue for me. Nobody can tell me why exactly I am here or how long I am likely to be here. This is very stressful with 6-day old baby.

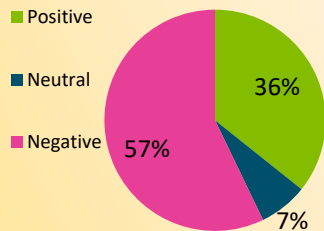
What we have learned

Royal London Hospital

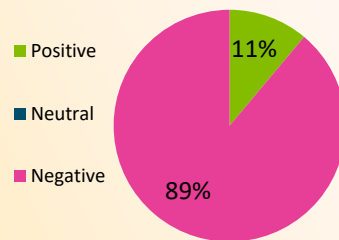
Discharge & follow-on



Discharge



Follow-on



- Discharge is an important occasion for informing new parents about the services available to them in the community (such as breastfeeding support, community midwives and health visitors). In this respect, patients' experiences varied- with some praising discharge nurses for being thorough and helpful.
- People's experiences with waiting times vary; while 20 minutes is seen as an acceptable waiting time for discharge papers, multiple hours are not. Overall, the system is perceived as over-stretched and not extremely efficient.
- Possibly because of admin errors and communication breakdowns, some service users missed out or experienced delays on follow-on visits.

Recommendations

- ✓ Streamline and simplify discharge admin process, to give staff members more time to give new parents advice/ information; and to reduce the risk of errors.

LOCAL PEOPLE'S VOICE

- “Discharge papers took 20 minutes. That was ok and quite reasonable. The person dealing with them did explain to me why it would take this long. The discharge nurse went through everything [community midwife, health visitors] with me, she discussed information on the red book with me- what appointments will I be getting and she put everything together in an envelope for me. She was very helpful.”
- “I wouldn't want to talk badly about it, 'cause there were nice people; there was a nice nurse. But she basically said she was too busy. Not our choice, but we had to leave without the paperwork. The discharge nurse was actually really thorough with the services that were available to me. She also said “You may get baby blues, because hormones, but if it doesn't pass let us know”. I did find the leaflets useful.”
- “Had the baby Saturday morning... discharged Saturday evening and haven't been contacted since. Midwife hasn't even called us to arrange a follow up. They didnt even check if we had a car seat or anything. Someone walked in to the labour ward and gave us discharge paper and walked out. No checks.”

What we have learned

Royal London Hospital

Community services



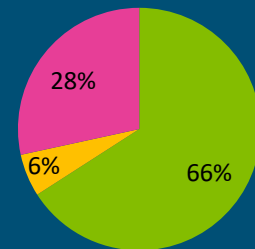
- Community services are an important source of support and advice/information for new parents; they are perceived as being of high quality.
- Community midwives and health visitors provide new mothers with useful information. Generally, they are perceived as warm, friendly and helpful. In some cases, however, they may need extra training in sensitively phrasing their concerns and advice. A small minority raised concerns about community midwives' competence and the quality of advice they give.
- Some users have raised concerns about midwives not arriving promptly for appointments, cancelling appointments at a short notice or not setting specific enough appointment times.
- Antenatal classes at the Royal London Hospital are praised by service users, who found them useful. More information on common birth complications and procedures could be added.

Recommendations

- ✓ Offer community midwives training in providing information and advice in a non-judgemental, reassuring manner, to avoid offending new mothers or causing needless worry.
- ✓ Improve booking and admin systems to allow community midwives to offer more specific visit times and keep a realistic schedule.
- ✓ Include info about common birth/ postnatal complications and procedures in antenatal classes (ex: what to expect from an induction; how much weight can babies lose after birth etc.) Signpost to reliable online resources such as NHS choices for further reading.

LOCAL PEOPLE'S VOICE

- Positive
- Neutral
- Negative



- “I saw a community midwife on Thursday. They contacted me straight away through mobile and they told me when they were gonna come. I had information about them from a leaflet. They were friendly and very helpful and they made me comfortable. They asked me how I was; they asked how I was healing down there, I told them I had natural birth with no tearing or anything.”
- “Amazing, wouldn't have got through early days without her”
- “Home visit [from midwife] was very reassuring”
- “The antenatal classes [at the RLH] are brilliant. It's very thorough. [...] I went to all of them, they're all free and you meet people there.”
- “One of them was punctual, but another said “Oh, I'll be there between 10 and 4.” I asked, “Can you be a bit more specific?” and she said “No I can't, I've got admin in the morning, so I don't know what time I'm gonna be there”.

What we have learned

Birthing centres (midwife led)

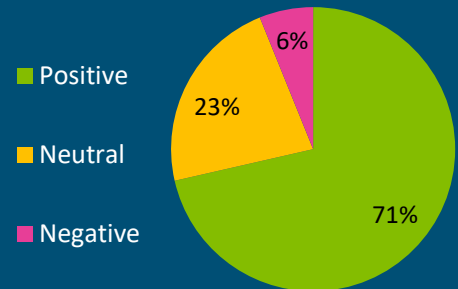


- Women who give birth in midwife-led centres (Lotus Centre at the Royal London Hospital or Barkantine) give more positive feedback overall than women who gave birth in the Royal London hospital delivery suite.
- The Lotus Birthing Centre and the Barkantine Unit receive roughly similarly positive feedback from service users.
- Midwives working in birthing units are praised by service users for their warm, reassuring, professional manner.

Recommendations

- ✓ Identify examples of good practice and invite midwives from the Lotus Birthing Centre and the Barkantine Unit to share experience and give training to other midwives/ other staff members at the Royal London Hospital and in the community.
- ✓ Raise more awareness among women with low-risk pregnancies of the option of giving birth in a midwife-led unit.
- ✓ Showcase the stories of local mothers who have used the birthing units on the Barts website and through local community organisations, to raise awareness of the possibility of giving birth in a midwife-led unit.
- ✓ Continue to work with Maternity Voices and Maternity Mates to promote the birthing units.

LOCAL PEOPLE'S VOICE



- “Everything was fantastic - from the moment I arrived [at the Lotus centre] to the moment I left. They were so calm and reassuring. I ended up staying two nights and had loads of support with breastfeeding which has really boosted my confidence. Thanks so much everyone!”
- One of the best days of my life was spent [at the Barkantine]. The facilities, care and attention was exactly what I needed to make my birthing experience wonderful. An hour after my daughter was born, I said I couldn't wait to do it again. My husband stayed overnight and we were given the space and privacy to enjoy our time as a new family, yet felt we could call for help when needed. The midwives were brilliant and gave me the confidence to trust my body.”
- Could be improved: The use of the name bands and checking twice a day seems unnecessary in this environment as there is no possibility of confusing the babies.”

What we have learned

GP surgeries

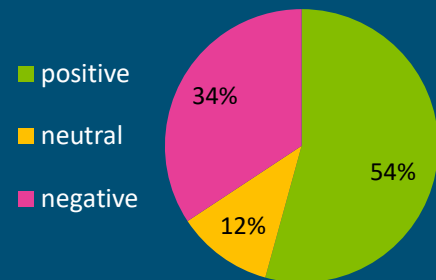


- Unlike other categories of service users in the borough, expectant/ new mothers do not have any complaints about timing, waiting times or booking; but they feel that they could be supported with more advice and information than they currently receive.
- Overall, expectant mothers feel that the GP-to-midwife referral process is straightforward. On the other hand, in some cases, GP's fail to offer expectant mothers options about where they can receive antenatal care and/or give birth.
- Most parents are generally happy with the attitude of their GP. GP's are seen as helpful and dedicated. However, some parents feel that their concerns around their baby's health are not taken seriously.

Recommendations

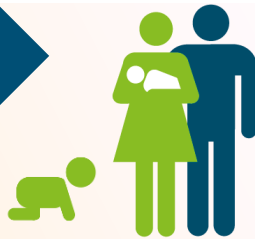
- ✓ Offer expectant parents information and choice about where to receive antenatal care and give birth.
- ✓ Offer new parents detailed advice and information about common problems new-borns may experience (such as: colic, reflux, jaundice), including signposting to reliable websites such as NHS Choices.
- ✓ Work with local pharmacies to signpost new parents to reliable online resources about their baby's health and common problems in new-borns; including sending links by email and text in reply to enquiries.
- ✓ Where not already introduced, consider introducing telephone or online consultations and telephone prescription, to the extent to which it is safe to do so.

LOCAL PEOPLE'S VOICE



- “It’s easy to book an appointment online, by phone or in the surgery and I can usually get an appointment at a time that suits me, in a couple days. They also have a walk in service with which you can get a same day appointment (albeit with a wait). Great that they offer early morning, evening and weekend appointments too. I’m pregnant and have had to go to a lot of appointments recently, and I’m pleased to say that the doctor or nurse has always been on time in the past 6 months.”
- “My GP referred me [to an antenatal midwife], I got a letter from the GP and I was able to schedule an appointment with my midwife. [The GP appointment] was quite easy to book; then the reception gave me a referral letter for the Barkantine.”
- “I was told by the GP that I was going to Homerton hospital, which is very far and there is no transport [Q: So, the GP didn’t give you any options about where you could receive antenatal care and give birth? (E.g. Barkantine unit] Not at all.”

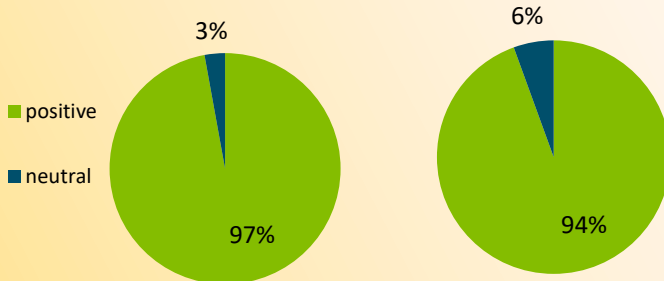
What we have learned



Other services

- Community services such as breastfeeding support, children's centres and One o'clock clubs (playgroups and meetups for parents with children under one) represent an important source of advice, information and community support for new mothers and fathers.

Breastfeeding support Children's centres & playgroups



Breastfeeding support

- Breastfeeding support is seen as a friendly, flexible service and an important source of advice and information. Some mothers mention that they may not have been able to breastfeed without their support.
- Breastfeeding groups also offer peer-support and socialisation

Children's centres & playgroups

- Children's centres and playgroups offer new mums an occasion to socialise and reduce social isolation.

Recommendations

- ✓ Promote children's centres, playgroups and breastfeeding support to women in groups at risk of isolation (such as new migrants and refugees)
- ✓ Use children's centres and breastfeeding groups to promote other services (such as mental health support, back to work/ employability projects etc.)

LOCAL PEOPLE'S VOICE

“[Breastfeeding support is] very patient-centred, it's flexible and adaptable to you, they're very supportive with advice and information. If they couldn't see you could find them at the children's centre instead. They're very thorough and very patient with you as well.”

“5 days after leaving hospital, breastfeeding not working out so well i went along to the local breastfeeding group. I would have in all likelihood given up at that point had it not been for their support and advice. Followed up by a phone call from their team and a friendly chat.”

“[I was told about children's centres] by the breastfeeding support lady. I also had a leaflet]. I think they were really great, it's a great way of meeting other mothers and getting advice. They also have breastfeeding support and... just socialising, really”

“Breast feeding support groups are useful place to meet other new mums.”

“[Going to a one o'clock club] stops feelings of loneliness or isolation or frustration at being inside”

The Royal London Hospital

The Royal London Hospital (RLH) is a leading, internationally renowned teaching hospital, home to one of the largest children's hospitals in the UK with one of London's busiest paediatric Accident and Emergency departments. However, following an inspection in July 2016, its maternity unit was rated 'inadequate' by the Care Quality Commission (CQC).

Following the CQC report, the maternity unit was put in special measures and a series of policies to improve service provision have been adopted. Healthwatch Tower Hamlets published a Maternity Trends Analysis Report in June 2017, which provided baseline data on patient experience of the maternity services available to Tower Hamlets residents across the borough; including the Royal London Hospital, the Barkantine Birthing Centre, GP surgeries and health visitors.

A new CQC report has been published in October 2017, based on an unannounced inspection carried out on the 8th and 9th of June 2017. Following this report, the Royal London Hospital Maternity is presently rated as "requires improvement", with a "good" rating for effectiveness of care and "requires improvement" for all other aspects.

Their key findings were that:

- ❖ *Women's experience giving birth at the centre were mixed. Some were pleased with the service received (particularly women who gave birth in the Lotus Centre- the newly opened midwife-led unit), but some still reported poor experiences.*
- ❖ *Communication between managers and maternity staff "had improved"; however, staff members still identified "some cultural issues and ineffective management styles as barriers to change".*
- ❖ *"Improvements had been made to staffing levels and there were enough midwives on wards during the day and at night. However, the number of clinical midwives was still below establishment, [...] [which] meant that some women did not get timely care.*
- ❖ *Improvements have been made to respond to concerns about baby safety. "All mothers and babies were wearing name bands and staff made twice daily checks which were recorded".*
- ❖ *According to staff members, "cultural issues identified in 2015 continued to have a negative impact on patients and staff. Although some managers were taking action to address bias and unprofessional behaviours they felt that changes were not rapid or effective enough.*
- ❖ *Clinical areas were "clean and well-maintained"*
- ❖ *"There were specialist teams to support women who may require additional support".*

- ❖ While “improvements have been made in physical security” for mothers and babies, “not all systems to identify, manage and capture risks had improved”.
- ❖ “Arrangements for governance and performance management did not always operate effectively. There remained inconsistencies in the way some data was collected and reported, which impacted in its accuracy and reliability”.
- ❖ “Some systems to identify, manage and capture risks and issues have improved”.
- ❖ My Body Back maternity clinic project, offering support to sexual abuse victims who are pregnant or thinking of having children has been rated as “outstanding practice”.
- ❖ The service had won an award for treatment of miscarriages under local anaesthetic, without a need for using the operating theatre.

The present report aims to monitor changes and improvement in patient opinion of maternity service provision; and to contribute to increasing understanding of the impact and effectiveness of these measures.

The Lotus Birth Centre,

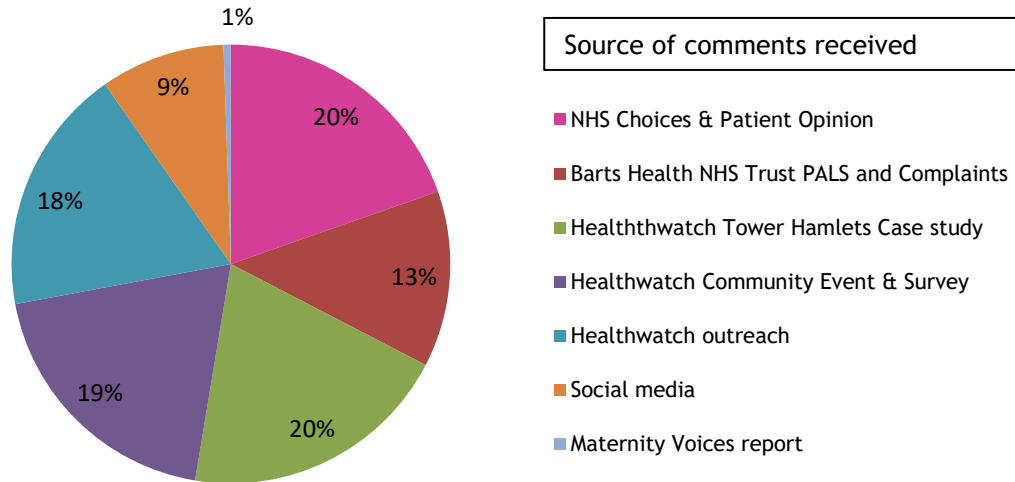
The Royal London Hospital's first midwife-led maternity centre for women with low risk pregnancies, has opened in the autumn of 2016. The centre contains four birthing rooms, lounge and triage area for antenatal and postnatal care and women who are seen at The Royal London in the early stages of labour so they can go home again after being seen.



The **Barkantine Birth Centre** is a freestanding midwifery unit for low-risk pregnancies based at the Barkantine Practice in the Isle of Dogs. The practice has been rated Good by the CQC and the birthing unit receives broadly positive feedback from service users; however, it remains underused while services at the Royal London are over-stretched. One likely reason for this situation is its lack of specialist consultants and equipment for dealing with emergencies, and its relative distance from the Royal London Hospital, where emergencies would be referred (at least 10 minutes by ambulance).

Data collection

Between April and September 2017, we have collected and analysed comments from 157 maternity service users in Tower Hamlets, identifying a total of 555 issues.

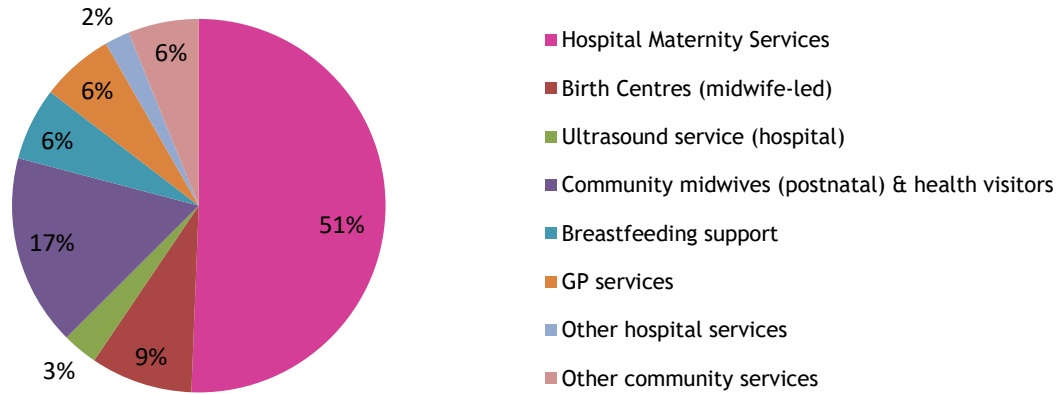


We collected comments in a variety of ways:

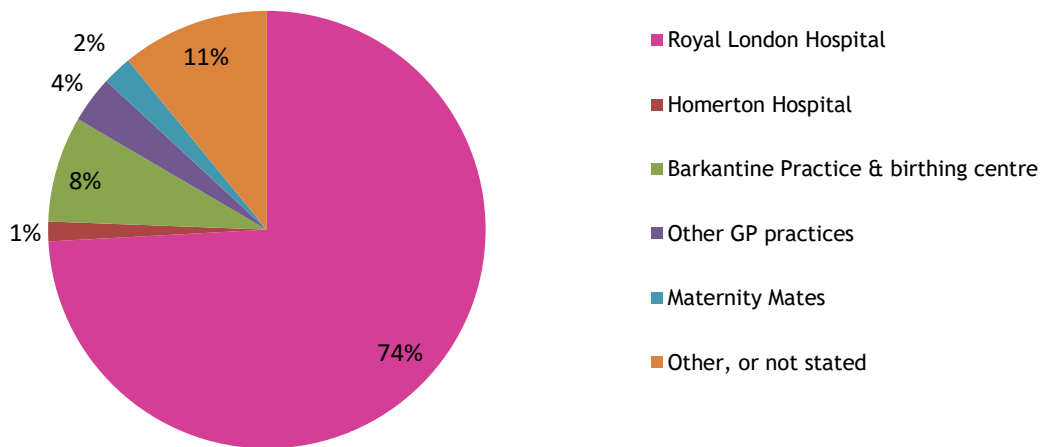
- ❖ We analysed data submitted by patients online through NHS Choices and Patient Opinion, social media channels (Facebook and Twitter, including online local parents' groups) as well as through the Barts Health NHS Trust PALS and Complaints system.
- ❖ We engaged directly with service users one on one at the Royal London Hospital, at community venues and our own community events.
- ❖ We analysed patient experience comments provided by Maternity Voices.

We have also conducted a case study following two Tower Hamlets residents who gave birth at the Lotus Centre in the summer of 2017.

Half of the comments received referred to **maternity hospital services**, the vast majority of which related to the **Royal London Hospital**; although some were about community midwives/ health visitors (also provided by the Royal London Hospital/ Barts Health), birth centres (including the Lotus Birthing Centre at the Royal London Hospital and the Barkantine Practice), GP services and community services such as breastfeeding support, children’s centres, playgroups etc.)



Three quarters of all comments received refer to various services provided by the **Royal London Hospital** (including maternity, Lotus Birthing Centre, community midwives, antenatal ultrasound, antenatal classes and other hospital services).



Data coding

Service user comments have been coded using a nationally recognised coding matrix, which applies issue, care pathway location, and (positive, neutral or negative) sentiment.

Quality assurance of coding is ensured through the Healthwatch Tower Hamlets Patient Experience Panel, a team of service users and volunteers based in the local community, who meet regularly to code all comments received by Healthwatch together.

The Care Pathway

Care Pathway locations cover:

- ❖ Transport (ability to get to-and-from services)
- ❖ Reception (reception services including back-office)
- ❖ Diagnosis/Testing (diagnosis of condition, including testing and scans)
- ❖ Clinical Treatment (treatment received by trained clinicians)
- ❖ Clinical Nursing (care received by trained nurses)
- ❖ Discharge (discharge from a service)
- ❖ Follow On (supplementary services following discharge, including care packages)
- ❖ Community (community based services, such as social care, district nursing and community mental health).

SERVICE USERS DEMOGRAPHICS

Most people who gave feedback were new or expectant mothers themselves; although



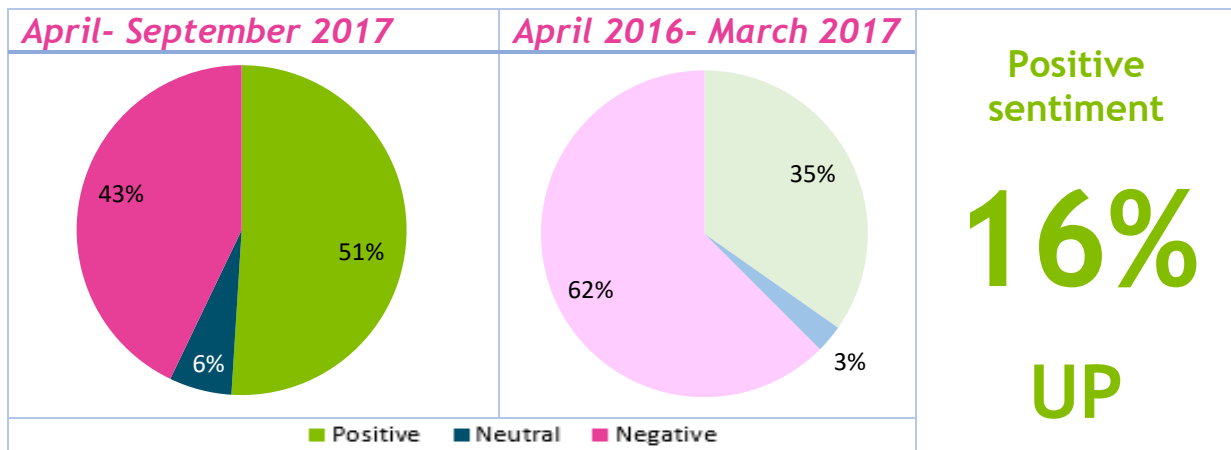
The diversity of the borough is partially represented among service users who gave feedback. As an important part of our data comes from anonymous sources such as complaints and review websites, we could not record the ethnicity of some respondents.



OUR INSIGHTS

Top overall trends

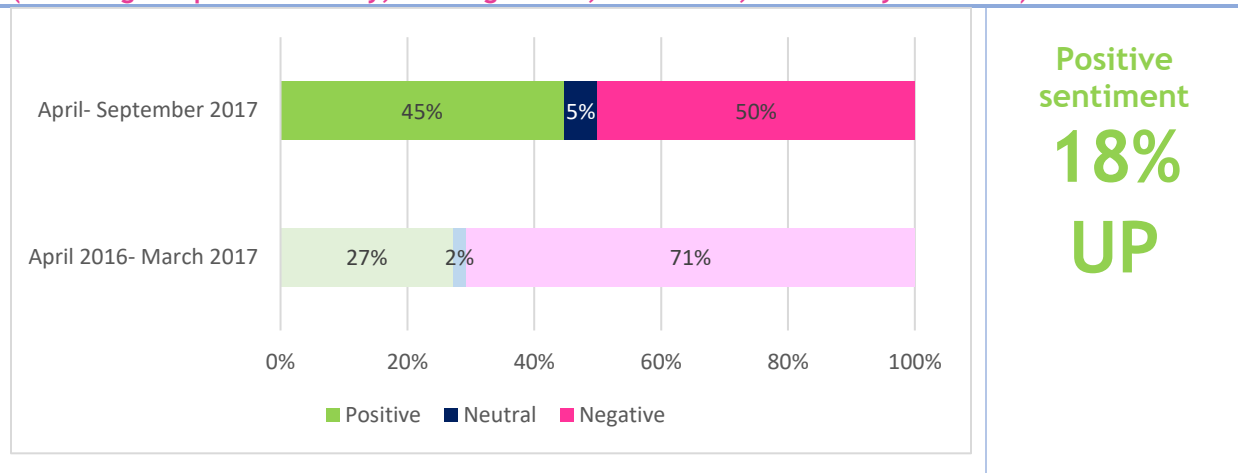
According to the comments, the overall sentiment as a whole is mixed (**51% positive**). This represents an important improvement compared with the previously analysed period (April 2016- March 2017).



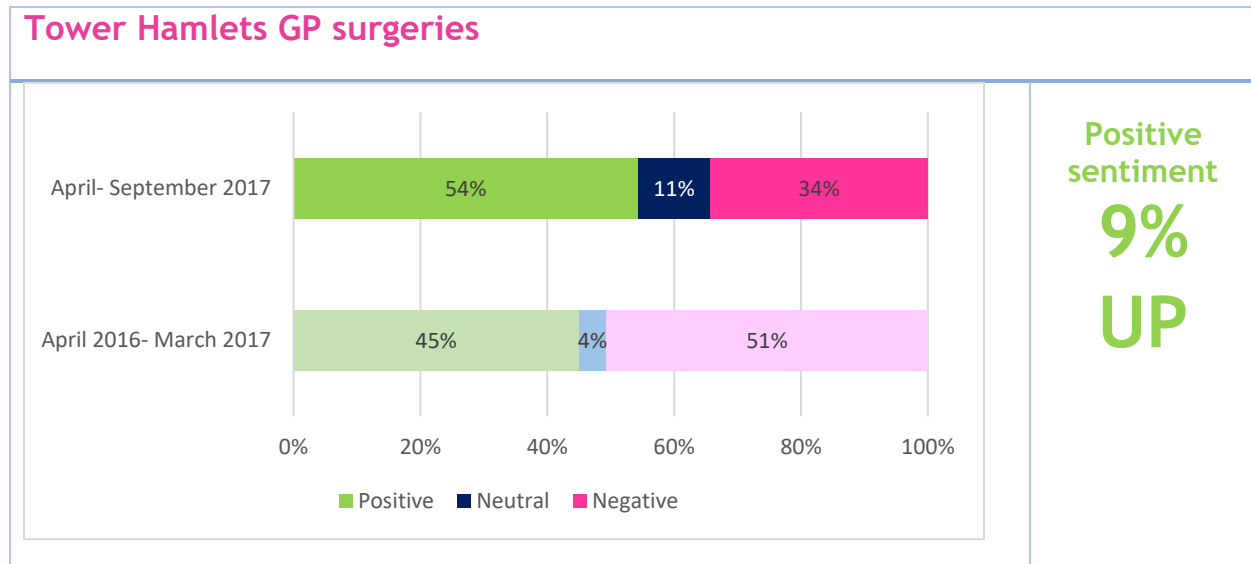
Attitude towards services provided by the Royal London Hospital has **significantly ameliorated**, but it remains **mixed**. The opening of the Lotus Birthing Centre and the improvement in community services such as antenatal classes and postnatal midwifery account for an important part of this shift in patient opinion.

Royal London Hospital maternity-related services

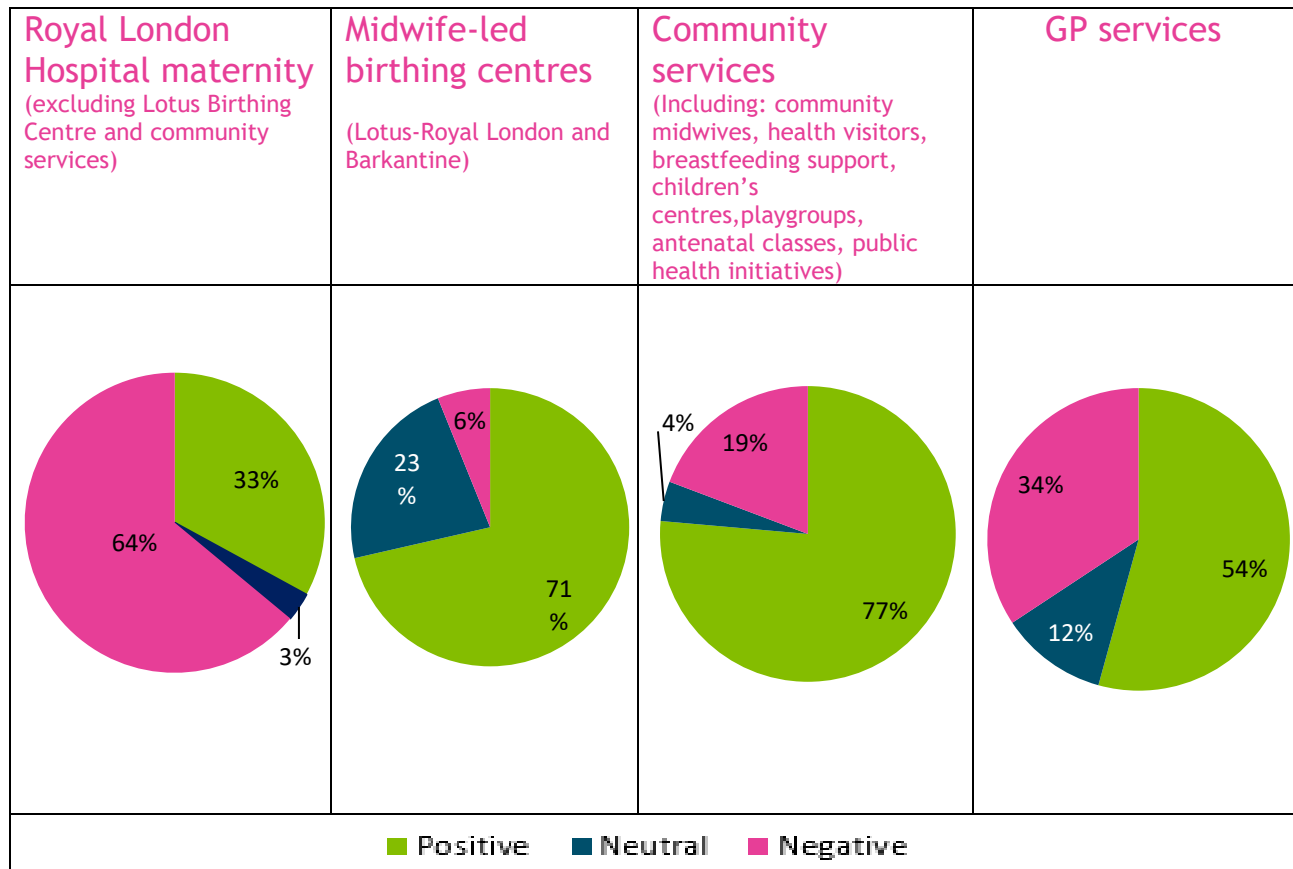
(including: hospital maternity, birthing centre, ultrasound, community midwives)



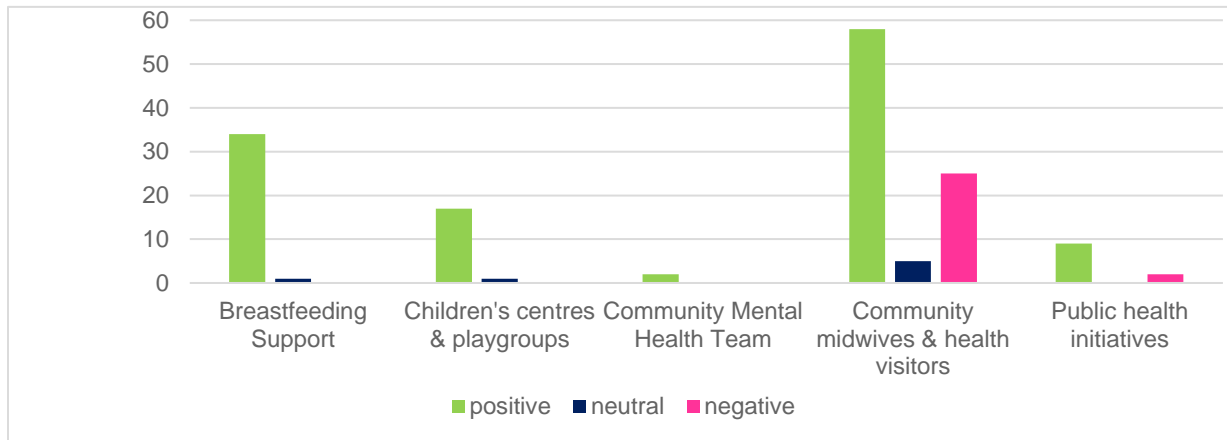
Attitude towards GP surgeries has also improved:



Overall, Tower Hamlets residents are **satisfied with community services** available to new and expectant parents, as well as with **birthing centres**, but less happy with **hospital maternity services**.



Community services are highly valued as a resource for new and expecting parents:



Users of Tower Hamlets maternity services used the following words to describe their experience

**a larger font signifies more mentions*

Positive words



TOP POSITIVE WORDS

- Good (45 mentions)
- Happy (39 mentions)
- Great (20 mentions)
- Nice (10 mentions)
- Brilliant (9 mentions)
- Supportive (8 mentions)
- Excellent (8 mentions)

Negative words

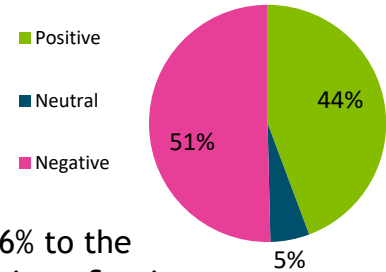


TOP NEGATIVE WORDS

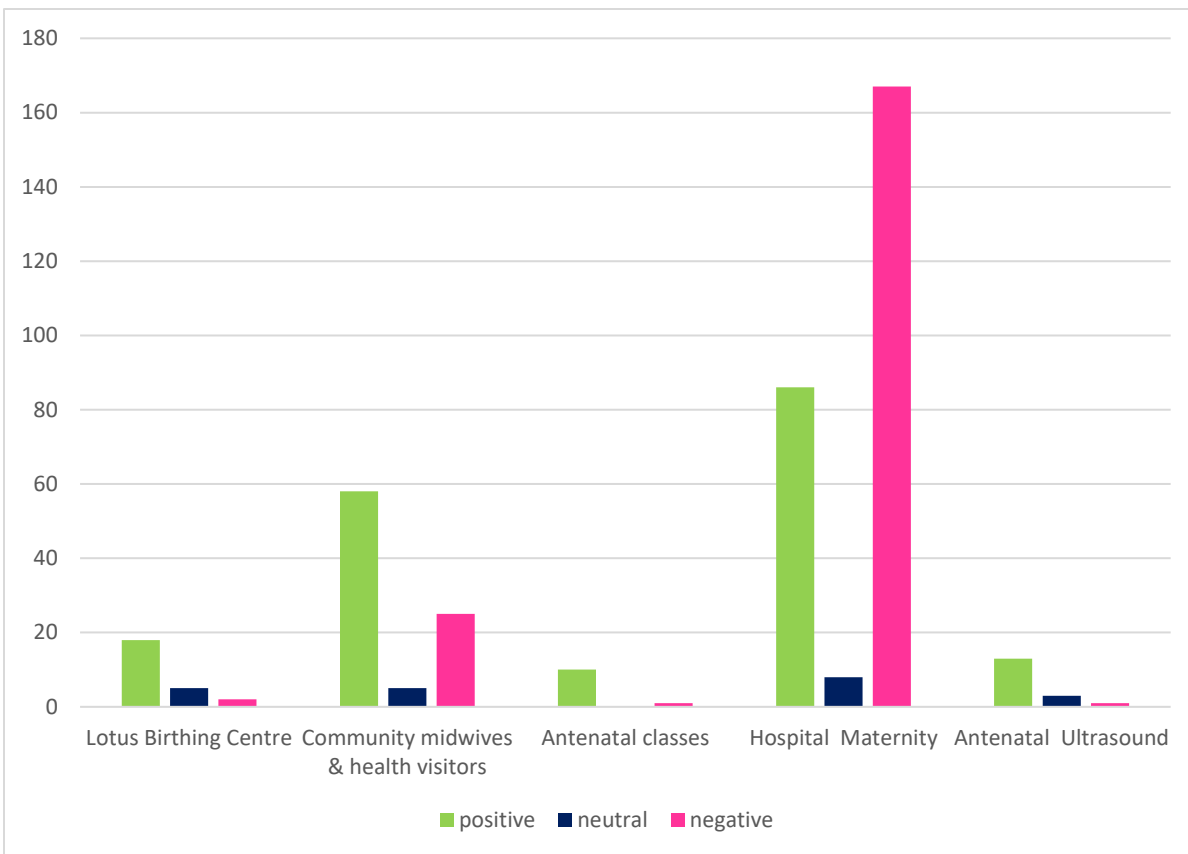
- Rude (15 mentions)
- Concern (10 mentions)
- Busy (10 mentions)
- To complain (7 mentions)
- Bad (7 mentions)
- Unhelpful (5 mentions)
- Stupid (5 mentions)

THE ROYAL LONDON HOSPITAL

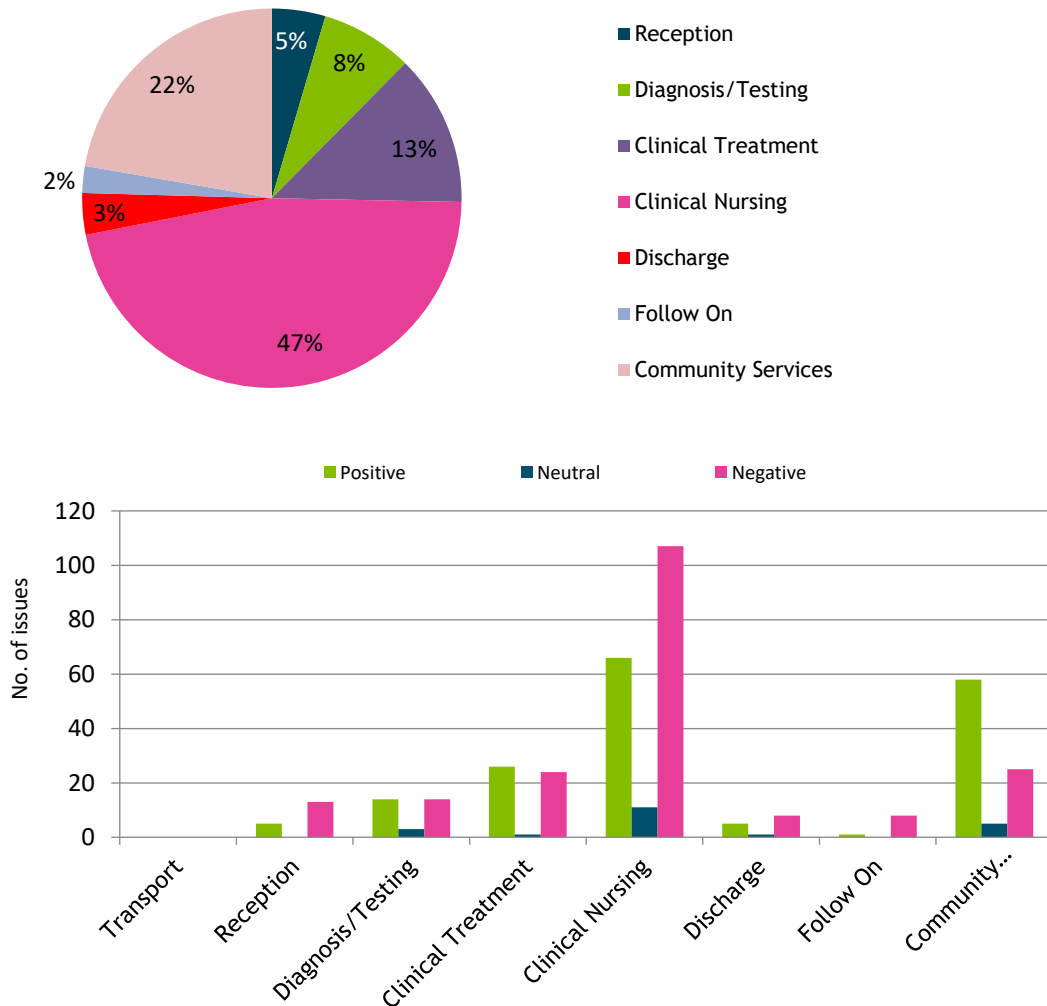
Overall, patient opinion of the maternity services offered by the Royal London Hospital (including hospital maternity services, the Lotus Birthing Centre and community services) is mixed (51% negative).



65% of comments refer to the hospital maternity services; 6% to the Lotus Birthing Centre, and 4% to antenatal ultrasound services. Service users are much more satisfied with the Lotus Birthing Centre and the community services provided by the Royal London Hospital than with the hospital maternity.



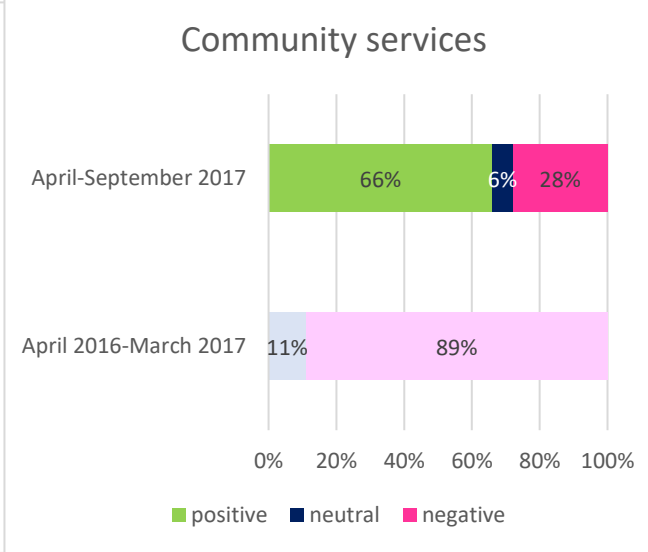
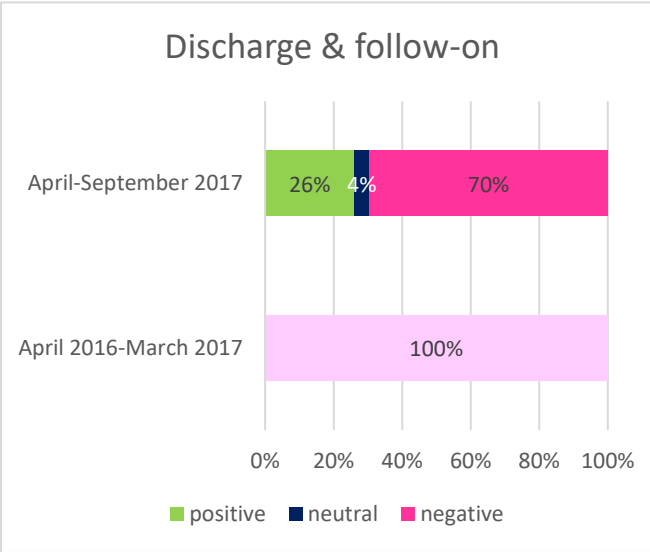
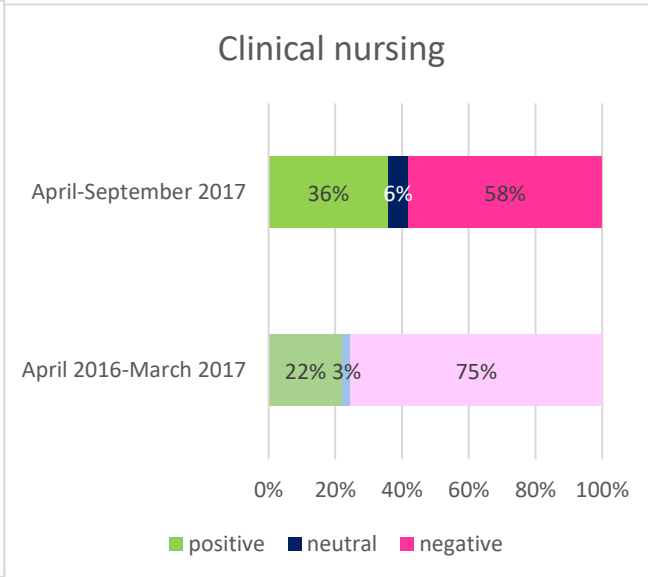
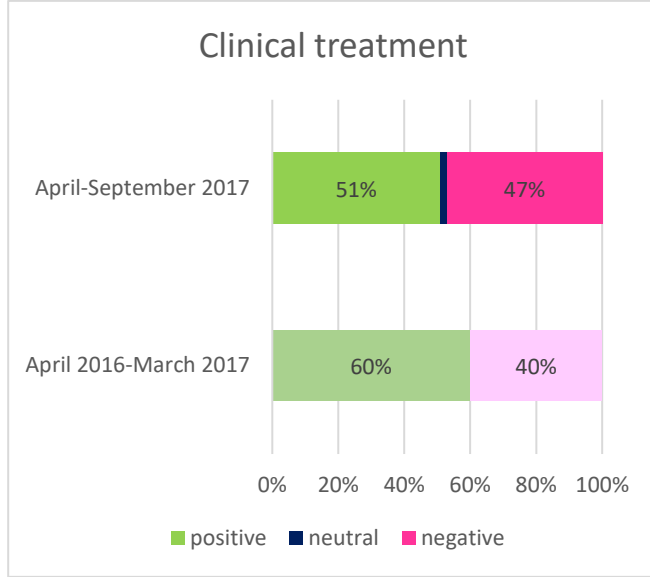
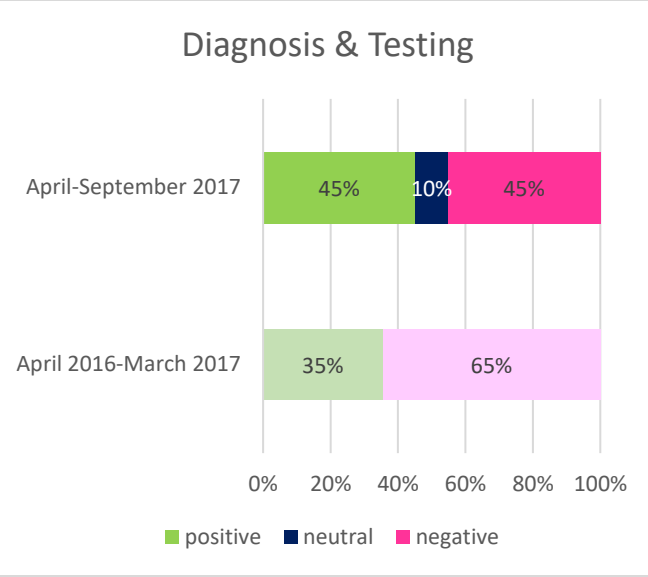
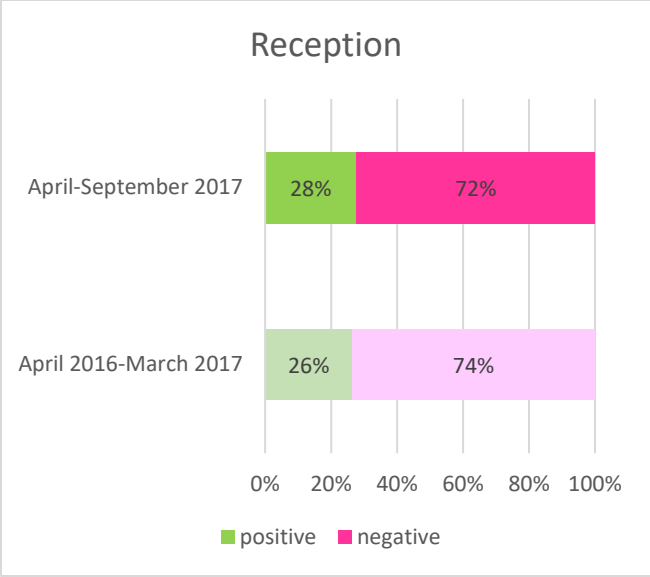
Clinical nursing is the care pathway stage most issues identified referred to, and sentiment about it is leaning negative.

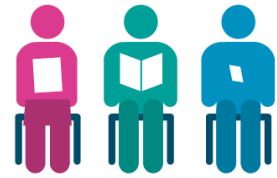


Reception, **diagnosis/testing** and **clinical treatment** were also discussed. Sentiment about reception is broadly negative, while sentiment about community services is broadly positive.

Compared with the April 2016- March 2017 trends analysis report:

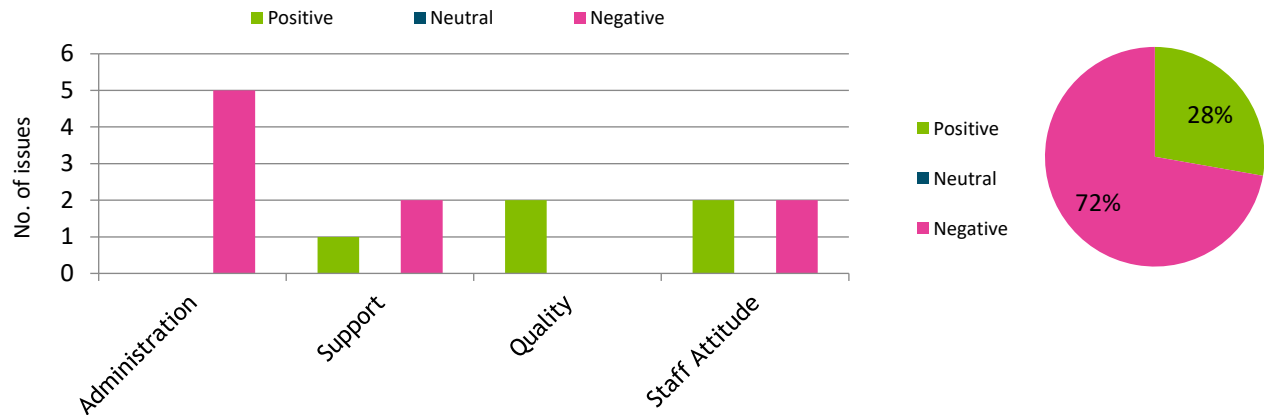
- ❖ Sentiment about reception has **stayed broadly the same**.
- ❖ Sentiment about diagnosis & testing has **improved significantly**.
- ❖ Sentiment about clinical treatment has **stayed broadly the same**.
- ❖ Sentiment about clinical nursing has **improved significantly (but remains negative)**.
- ❖ Sentiment about discharge & follow on has **improved significantly (but remains negative)**.
- ❖ Sentiment about community services has **improved massively**.



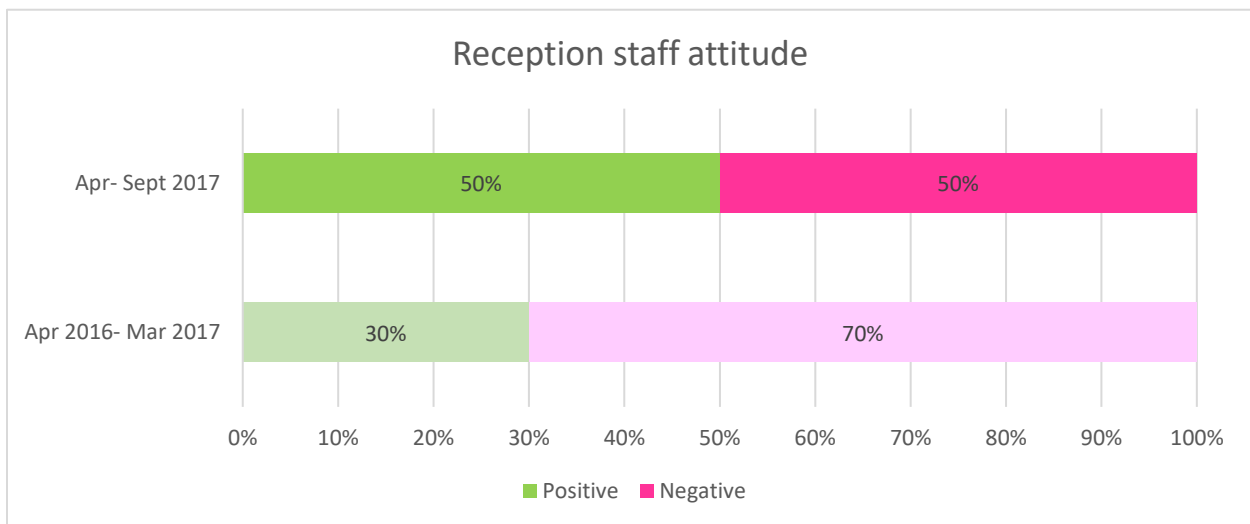


RECEPTION

Overall sentiment about Reception is **72% negative**; and **administration** is the most discussed aspect in relation to it.



Notably, opinion about staff attitude (which in the last report represented the largest source of negative comments at this care pathway stage) is now mixed; having since improved.



Admin issues

Some patients report their bookings or referrals not being received or processed by the hospital, which may result in them not being seen:

- *My midwife referred me to see the obstetrician 4 weeks ago to see the obstetrician to discuss having a caesarean section. Since I did not receive an appointment letter, I called the hospital 2 weeks later and was told that they received the referral but were deciding which obstetrician should see me. I waited for another week and called again. This time they told me there was no referral at all. My midwife did the referral again and 1 week later I called the hospital they are still saying there is no referral at all! The last call I had with the hospital they were trying to dissuade me from even seeing the obstetrician which is totally unprofessional.*
- *I have been waiting for an appointment for a seven-week scan for over a month now (I am now past seven weeks). My GP has sent three referrals. I spoke to the Royal London this morning and they told me their external email and fax systems have been down for weeks and they have not received my referrals. They refused to book me an appointment over the phone without the referral. My GP has told me that I have a high-risk pregnancy and I am on medication that apparently requires monitoring by a specialist team. I have not heard a peep from the Royal London about any of this.*
- *I had an appointment at maternity then when I came she said it was not in the system and I was really upset because I have been wasting my time and it is not fair to wait for another appointment.*

Some patients also report not being informed of their appointment dates or receiving inaccurate booking information:

- *Today is the 3rd time when they change my appointment without me I mean they didn't let me know. Officially my appointment should be this Friday but last Friday stupid reception called me and explained that they need to change the date because my consultant is not in on Friday. I said, "ok no problem but I and my fiancé we can do only Tuesday" ... so she said, "ok so Tuesday 10 o'clock". We came there and surprise what we heard from stupid reception: "I'm really sorry but your appointment is tomorrow on 9 o'clock". What the hell?! Again?!?!?!"*

There are also reports of patient records being filed inaccurately:

- *It's really busy, the admin is a bit up the creek. My record shows I am South Asian (I am white) and I told them twice- these records go into birth registration and can have a knock-on effect. But they're lovely! Generally, they make mistakes because they're very busy.*

This issue has also been discussed in the CQC October 2017 report, which points

We saw that there have been improvements on the standard of record keeping [...]. Intensive training had taken place in January 2016 on documentation of record keeping, scrutiny of notes [...]. However, we still found some gaps in records [...] We found medical notes for women and babies were inconsistently completed, particularly the handover to post-natal care and notes on the postnatal ward.

out that:

Quality, support & staff attitude

Staff members who receive positive feedback are caring, helpful and put patients at ease.

- *The hospital staff are very helpful and caring. I felt calm and relaxed and happy to have had my baby here.*
- *Very happy with the care I received at the Royal London. Could not have asked for more professional and caring staff. We've had a very positive experience despite a difficult delivery.*

Staff members who receive negative feedback are seen as rude and unhelpful; they don't provide service users with useful information.

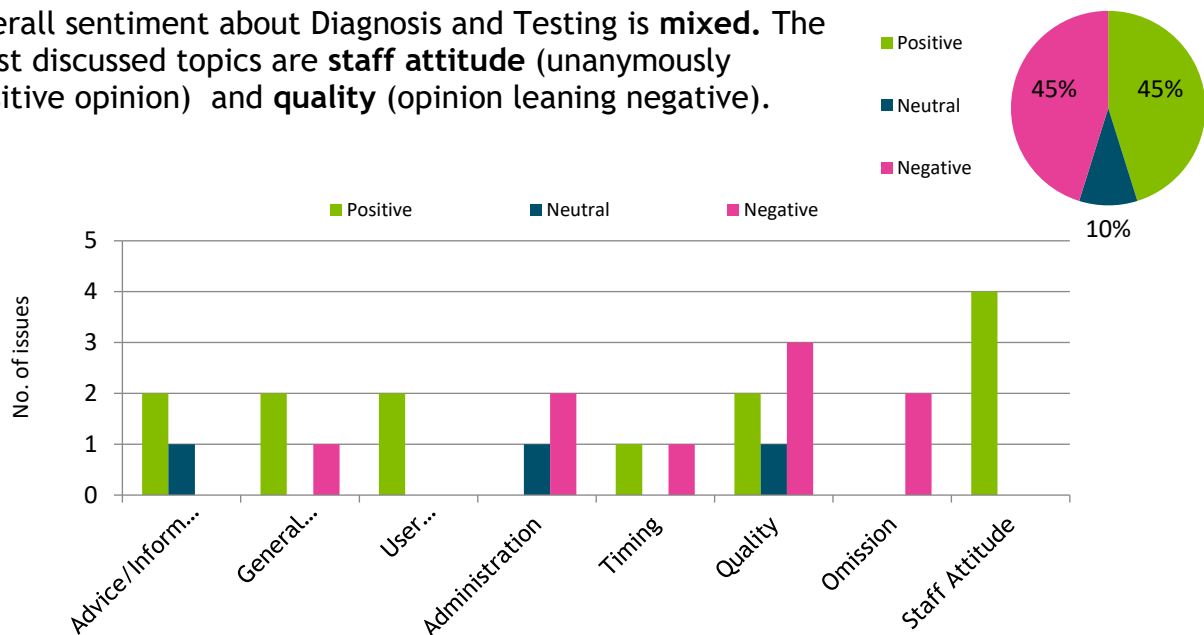
- *All the people I have spoken to at The Royal London have been nothing but unhelpful and rude, from the switch board to the midwives.*
- *Complainant - visitor is appalled at the service and attitude of the receptionist on his visit to see his new-born, and wife. He claims the staff member was rude and ignorant, compare with the rest of the 'friendly' staff.*





DIAGNOSIS AND TESTING

Overall sentiment about Diagnosis and Testing is **mixed**. The most discussed topics are **staff attitude** (unanimously positive opinion) and **quality** (opinion leaning negative).



Sonographers and other medical professionals are perceived as professional, helpful and thorough. Patients appreciate that they provide detailed information and explanation about their pregnancy and their child’s development.

Issues around administration and communication between specialists have a negative impact on patient opinion of the service. Royal London Hospital policies on what investigations ought to be carried out for various conditions and concerns are not always consistent with those in other hospitals or GP practices that patients may be referred from. As a result, a small number of patients may be left feeling that relevant investigations are denied to them unfairly.

One person commented upon the admin system used by sonographer to record patient data. Results of her supplementary monitoring scan could not be entered in the sonographer’s computer, but only on a separate database. This aspect may make the process more time-consuming and error-prone. **This issue has also been discussed generally and in relation to risk reduction in the CQC October 2017 report, which**

The maternity unit’s current IT infrastructure did not support good record keeping. Although clinical information such as scan results could be accessed through the computer system, some staff told us these were not easy to use. [...] The system of dual risk registers for hospital site and cross-site maternity risks was confusing and did not provide clarity and transparency for managers around all service risks. However, some systems [...] have improved with the introduction of a site-specific maternity risk register.

points out that:

Advice and information

Sonographers are generally perceived as confident and proficient in explaining the routine scan process to pregnant women; service users are satisfied with the advice and information they receive.

- *My wife has suffered some symptoms, which require the continuous monitoring by seeing the doctors, midwives and conduct scan. We have been well notified for all the facts, issues and most recommended actions, and feel we are informed and taken well cared throughout the period. During the induction period, we have once again been well given the information for step, consequences and so on.*
- *[The sonographer] was really thorough. She was really good with [explaining what we were seeing on the scan]. I think everyone I met at the Royal London are good at that, they always talk things through, they are very thorough.*
- *The sonographer explained to me [what I was seeing] a little bit, but not in depth, she was focused on getting all the measurements and doing what she can getting ready the papers. [I found out] I was 16 weeks instead of 12 weeks; that was quite good [to know] how far I was and I generally felt [it was an] enjoyable experience.*

Staff attitude

Sonographers, as well as other medical professionals providing diagnosis and testing, are perceived as professional, caring, and helpful. No negative comments about them have been received in these two quarters.

- *She was very thorough and she wasn't rushing everything, taking it slowly. I heard from other mothers that their sonographers were rushed, but mine wasn't. She couldn't tell [at first] if it was a boy or girl, the head was down she couldn't see the sex of the baby, so she made me do things- she told me to move and the baby's legs were crossed at that time , that's way couldn't see the gender, so she can try to find out but she couldn't see it because the baby was in the wrong position, the head was down and the baby didn't move around, but eventually she saw it at the end and that was quite nice. Others may have just said, "sorry, we can't see it", but she took the time to be helpful and friendly towards me to get into position which I thought it was quite nice.*
- *As a result of early water broken, we have been placed in observation for 1.5 days, the staff are professional and friendly.*

Waiting times

Patients' experience in terms of waiting to be seen varies:

- The waiting time wasn't long; only ten minutes.
- Doctors and nurses were very kind, only thing they are not happy about the waiting time.

This issue has also been discussed in the CQC October 2017 report, which points

Women experienced waits for care throughout their maternity experience.

out that:

A small number of patients report not being offered relevant tests, that other patients can potentially pose a risk to

Omissions/ access to procedures

- *[Mother had been diagnosed with low PAPP-A, therefore she needed extra scans. She had previously been seen at the Homerton hospital, then transferred to RLH]. had to do a referral scan, and that went really well, they were really good. When I had another one, at about 37 weeks, there was a bit of an argument going on between the consultant and the sonography department. The policy of the Royal London was not to scan [for my condition] and Homerton's policy was to scan. So there was a bit of delays and a bit of politics about whether I could get the scan or not. [I did eventually get it]. [The sonographer] left me on that small bed at one point because she couldn't enter the data in the computer that she had, she had to enter it on a completely different database. It was a bit odd, and she was a bit grumpy about doing the scan- she said "Well, normally we don't scan for this and that".*
- *Patient says she attended A&E at 16 weeks pregnant. Claims she was quite unwell with a high pulse, which she believes can indicate an infection. But says they did not perform a urine dipstick test. Patient sadly went on to lose her baby. She is concerned that there was not scanning facilities over that weekend and not tests were done on her urine samples.*
- *Last year when I had a miscarriage they refused to see me, telling me I had to have three miscarriages before they would do blood tests (that I had already had done) to see if there was anything wrong (which we already knew there was, because we had already had the blood tests). I have never had such bad care. They make you feel like a criminal for trying to get help. I am incredibly stressed and desperate to see someone and they make you feel like you have no right to call them up. There are so many rings you have to jump through to prove that you need to someone and they treat you with immediate suspicion. Not once did I feel like they were on my side, or wanted to help in any way. It was as if I was an inconvenient hassle taking up their time.*

Quality of service

While many patients are satisfied with the quality of service provision, a small number report being misdiagnosed or having their symptoms not taken into consideration.

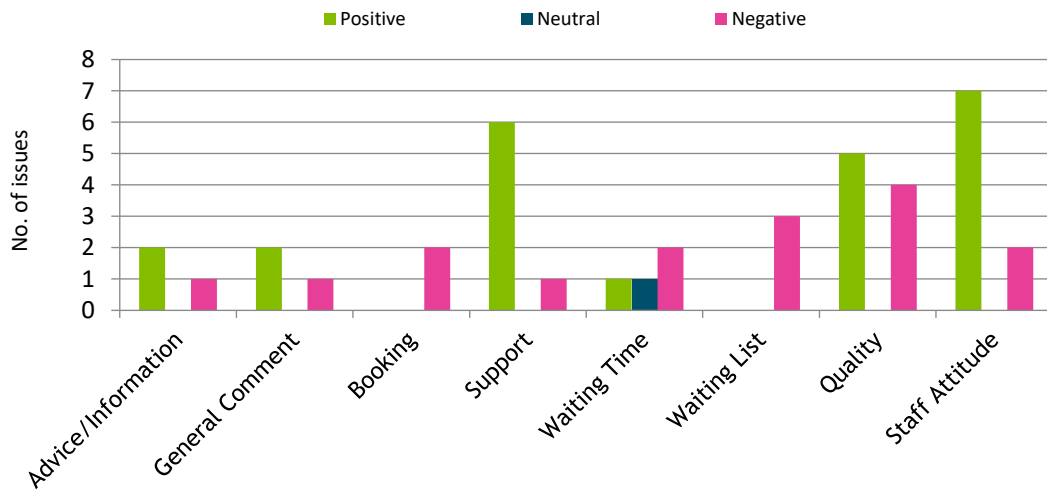
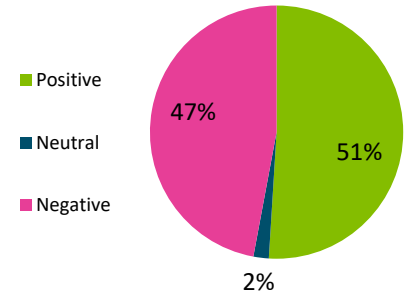
- They came with their baby for a follow up scan, they are happy with the service
- Patient is unhappy with her care management. She attended clinic in June and 5 weeks later received a letter asking her to see her GP for antibiotics for urine infection. Patient is in pain and has been informed by her GP that the cause of the pain is kidney infection.
- I was expecting twins having been scanned regularly - only to find out during the birth that the second baby had previously died and was attached to my placenta. Through the pregnancy I was told the babies were fine and I was ok too, never have I been told that one of my baby was at risk or that one of them had died. This has made me extremely anxious around the wellbeing and birth of my 3rd (unborn) child and I knew I could never give birth at the Royal London again





CLINICAL TREATMENT

Overall sentiment about **clinical treatment** is mixed (51% positive). **Staff attitude and support** are the most discussed topics and sentiment about both is broadly positive. On the other hand, **booking, waiting times** and a long **waiting lists** are the main causes of frustration among patients.



Advice and information; support

Service users generally feel that they are supported to make informed decision about their care and their new-born children's' care.

- ☛ *I had my baby by emergency c section at the RL after baby's heart rate dropped and I wasn't dilating past 3cm. Throughout, a midwife was with me and I never felt like we had to wait forever for the doctors to come around. When I met the doctors, I could tell they were of the highest quality and I felt safe and confident. There was no messing around about 'should we, shouldn't we do a c section'... we all decided together it be the best action and then it was happening!*
- ☛ *I was sitting in the waiting room with the other pregnant women and their companions, and on the plasma in the room they played a video about a birth.*

However, some patients feel that they did not receive proper information about the procedures they were about to undertake and what to expect from them.

- ☛ *I am 39 weeks pregnant and had to come in due to gastric pain and had to stay to be monitored; overall everyone was nice but when it came to being informed about what was happening nobody had a clue, they left us in the room just waiting around not telling us what was happening or what will happen. I mean, when you come into the hospital, especially one with midwives, you can be understanding that it can get busy which is why they don't tend to you straight away but they should eventually come to you and tell you what is happening instead of my husband going and checking what the deal was....*
- ☛ *I had [my baby] on 19th may in the royal London hospital. In the end I had an induction because my waters broke prematurely. I had had a one-day NHS birth preparation class on a Sunday. It was very good but didn't explain what would happen in the event of an induction in the labour ward and I think it would have been helpful to have gone through this as we were perturbed to be moved room 3 times during the process!*

Staff attitude

Generally, consultants at the Royal London Hospital are perceived as competent and personable.

- ☛ *Very Happy with the service she received in her pre-natal. This was 2nd Unit, the service is excellent. The doctors and nurses are very supportive.*
- ☛ *Could not have asked for more professional and caring staff. We've had a very positive experience despite a difficult delivery.*
- ☛ *I had an appointment at 9.30 they saw me 10.30. The staff and consultant was very effective, I was stressing out the consultant give me reassurance.*

However, a small number of patients report less positive experiences with medical professionals; possibly related to them being busy and rushed.

- ☛ *The midwife teams were v good at introducing themselves to us but the doctor team didn't so at the most stressful moment in the birth there were at least 2 randoms in the room observing who weren't introduced!*

Quality of service

Many service users are generally happy with the quality of service they receive.

- *In recovering my baby was a bit sick, and because I'm strep b positive they wasted no time in checking her, observing her and eventually admitting her to ICU. Which was upsetting, but we knew she was in the best hands possible! What a team of people! I'm crying as I write this and no words can describe how lucky and honoured we felt for our baby to be looked after by them all. Not one stone was left unturned! Communication was excellent and we never felt left in the dark or like we were waiting. After 6 days our baby was ready to go home. She is now 5 months and thriving. We can't thank those special people that looked after me and my baby enough!*
- *She was admitted to the maternity ward she had a baby on Thursday night, she said it was O.K, good nurses and doctors. She feels O.K with the baby check, she said the care was really good.*

However, some feel that they have been neglected or haven't received the support they needed.

- *[After giving birth] I've been waiting for doctors, but doctors were busy with somebody else who was more urgent, and... I had just given birth, so I asked for some painkillers and they never came. My boyfriend went home and he got the baby car seat and some warm clothes; it was a really cold hospital. He was the one who got me paracetamol that he bought], because there was no one to give me the drugs.*
- *'When I was taken in for my induction I vomited no one came to my assistance and helped me to clean up.*

Booking/ access to care

A small number of patients raised concerns about the difficulty of booking appointments; possibly impacted by admin issues at reception level and by general over-stretching of services.

- *Patient not happy that she was calling the antenatal department to cancel her appointment (0203 594 2557) and could not get through as constantly ringing and no one picking up.*
- *[Coming into hospital with gastric issues while approaching due date] I was told one thing by a midwife that was on duty in the morning about me seeing a doctor and discussing c section options and that the Dr would come see me in the evening and they would tell all this info to the night midwife when they took over. I waited to be seen and wasn't seen. When I spoke to the night midwife they were really rude and said why did that it's not written in the book that it will happen they should not have said that to me, they do not know anything as they are a trainee etc.*

Waiting list and waiting times

Long waiting lists are particularly an issue for mothers considering a c-section:

- *They said I would have my section on Sunday 4th June then they took me in on Monday 5th June. They kept me in duration for two days and kept saying I will be taken in to have my c section.'*
- *My midwife referred to see the obstetrician 4 weeks ago to see the obstetrician to discuss having a caesarean section. Since I did not receive an appointment letter, I called the hospital 2 weeks later and was told that they received the referral but were deciding which obstetrician should see me.
I waited for another week and called again. This time they told me there was no referral at all. My midwife did the referral again and 1 week later I called the hospital they are still staying there is no referral at all! The last call I had with the hospital they were trying to dissuade me from even seeing the obstetrician which is totally unprofessional.*

This issue has also been picked up by the October 2016 CQC report, which states that:

Staff reported regular difficulties meeting demand in the maternity unit [...] Some sessions for planned caesarean sections were over booked, which could often cause delays for women. Inductions were also often over-booked, which meant some women were not able to have their induction on the expected day, which could cause distress.

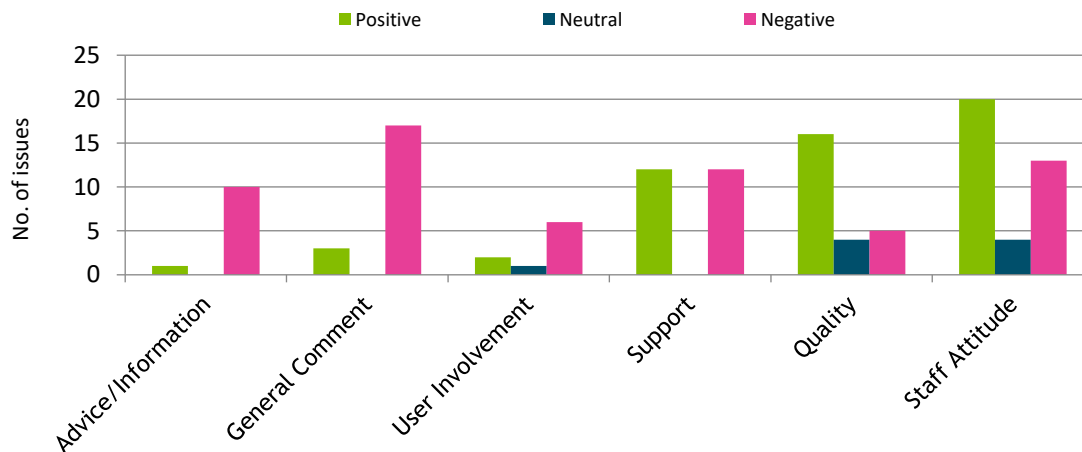
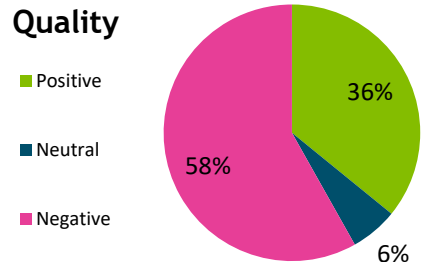
Some patients report having to wait a long time before being seen:

- *He came with baby for follow ups appointment. The appointment was really late the parents was really unhappy the see then really late. No good.*
- *I had an appointment at 9.30 they saw me 10.30.*
- *Overall, I am very satisfied with the experiences we have for our first baby. The slight improvements for the hospital may be focus ed on better time management as sometimes we have to wait up to 1.5 hours after our appointed time to see the doctor.*

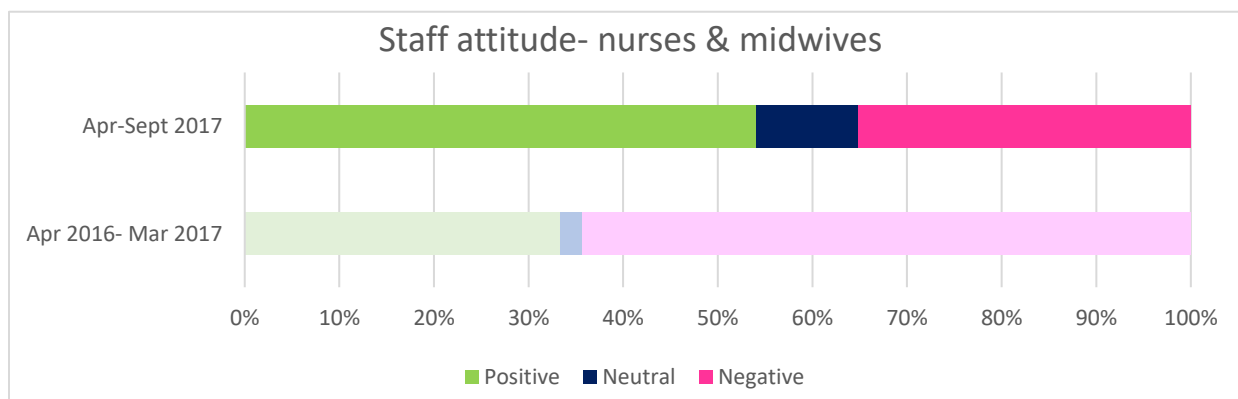


CLINICAL NURSING

Overall sentiment about **clinical nursing** is leaning negative. **Quality** and **staff attitude** are the most discussed topics and sentiment about both is broadly positive. On the other hand, comments about **advice and information**, as well as **user involvement** are broadly negative, and comments about **support** are mixed.



Compared with our previous report (April 2016- March 2017), sentiment about **staff attitude** has considerably improved.



Quality of service; environment

Many patients are overall happy with the quality of service provided. They think of the Royal London Hospital as a safe and pleasant place to give birth.

- *Everyone was nice and calm, was surprised how quiet it was - felt like we were private patients*
- *I want just to say thank you to everyone. They save my baby life. He arrived with a terrible haemorrhage and was in not good condition. They saved his life.*
- *Everything was fantastic - from the moment I arrived to the moment I left. I ended up staying two nights and had loads of support with breastfeeding which has really boosted my confidence. Thanks so much everyone!*

However, the ward is often perceived as over-stretched, busy and not very well-organised; which impacts upon quality of care.

- *One ridiculous NHS fail happened in the labour ward where there was an overhead lamp to provide light for the midwives at night and the doctors during deliveries. It was needed post-delivery for the doctor to sew up my class 2 tear but there was no light bulb and no spares available which made a difficult and painful procedure much longer needlessly!*

One issue signalled by patients is related to the presence of cleaners in postnatal wards; which can sometimes be somewhat disruptive.

- *We were v grateful to be given a private room for free because the rest of the postnatal ward was full. I think they've been given this feedback before but there's a lot of disturbance on that ward as separate teams of cleaners come to empty bins, clean and deal with laundry so it's pretty hard to sleep during the day, as you get multiple cleaning visits rather than one to do everything.*
- *Overnight, we had five different cleaners coming into the room... We clearly didn't have that much rubbish because we had barely been there, and the midwives... So many student midwives came into the room. This was supposed to be a private room, but it clearly wasn't. I really didn't want to be there in the night. So many cleaners coming in the room with my newborn baby... It was crazy! They would come and sweep the floor, and me and my boyfriend were so exhausted and in love with our new baby, we were like "yeah, OK"; and then in retrospect "Why did they let so many cleaners in our room?" They did ask, but there's a sort of...*

Staff attitude

Most service users are satisfied with the attitude of nurses and midwives. Particularly, Royal London Hospital nursing staff receive praise for being supportive of patients and making them feel at ease through a professional, empathetic demeanour.

- *I would like to particularly mention the midwives working in the labour department. They have shown the great professionalism and extremely helpful and encouraging during the labour process. One midwife has even accompanied with my wife for some of the repairs, and the other midwife has helped to look after the new born baby. This is truly exceptional and hat off for them!!*
- *People who work there are very friendly and kind. I felt like to be at home, a big family . Thank you.*
- *My birth midwife was fantastic. How she dealt with things, and how she was in control of the situation [was great]. I was in a lot of pain and fully dilated, she knew things were happening really really fast, but she dealt with the situation calmly and coolly, and [I liked] how she spoke to me...She really helped me plus she was with some students, explaining what is happening. She really helped me, overall her approach was very good. She was calm, very professional and that calmed me down as well, that helped me to give a very good birth.*
- *I was so well supported during the birth by Zaara and Amanda. They were so calm and reassuring.*
- *My wife was admitted in delivery unit in room 22 on 30/05/2017 and we had a tiny little daughter that night. I am making this review just because want to say a big thank you to two midwives who did all the help we wanted with a big smile. A Thank you is not enough for you. On the other hand, I went to staff base to ask where I can get a plastic cup the member of staff was too rude. This kind of people give NHS a bad name NHS should take this matter seriously.*
- **On the other hand, staff members who receive negative feedback are perceived as neglectful and inconsiderate of patients' needs.**
- *New mum was not given choice to take food: if yogurt taken no fruit and vice-versa. The nurse was very rude, didn't allow to keep belonging or home cook food to keep by bed side.*
- *Maternity patient was admitted due to possible difficulties with her delivery. During her labour the family claim the midwife assigned to look after them was very rude and unprofessional in her approach to the patient. She left the room when the patient requested pain relief, and showed no signs of being busy when the husband went to look for her to see why she was taking so long. Despite pleas for assistance the midwife ignored the patient when she said she felt ready to deliver. The baby was born without any assistance from staff.*

Support and user involvement

Not all service users felt supported to make their own choices about their care:

- *I had a Gateway midwife, the same all through the way. She was great but didn't follow through- she said she would email me or that she would book such and such appointment for me and then she didn't. She talked the talk without necessarily following through- but otherwise she was lovely. [...] I did a birth plan from NHS Choices on my own, [without her or any other medical professional's assistance]. I guess she wasn't doing her job, but at the time I didn't see it that way. I'm educated and I was doing it anyway. I tried to discuss my birth plan with my midwife- she always said "oh, email it to me" and then never got back to me about it.*

While in the postnatal ward, some mothers have found staff members to be busy and unavailable when needed:

- *The midwife who cared for me when I was in labour was great. The moment I got sent to the recovery rooms it just went downhill from there. I had to share a room with another woman. I had to ask her to buzz for a nurse to attend to my help. Why would I have to ask that woman to help me? She's busy with her new-born. When supper was ordered I wasn't told to go out and get our food. It's absolutely disgusting to know for a woman who has given birth the hospital staff expect that woman to start walking up and about as if she's super woman!?! Then I had to ask for water-resistant when it finally arrived I was told to get the water myself from the pantry! Absolutely horrendous!*
- *I was put in a ward where I continuously asked staff for help with feeding the baby. All they kept saying was the will be a person who goes around that can help me. By this time I've been sitting there for 2 hours and my baby hasn't had anything. When I asked the midwife on duty to help me they just said there is a class in the morning that can help you just give him the bottle. I was confused as they should at least show me the basics as I'm sure they are trained. I decided to wait for the nursing nurse as they were the one on duty who would show me how to breastfeed. When they did finally see me, they said the same thing give him the bottle. I was so disappointed and confused as to why people who advocate breast is best refused to help me.*



Advice and information

Mothers report receiving conflicting or insufficient information about their care, which causes them distress.

- *Patient has been given conflicting information on several occasions, and is most concerned that her baby - due to what she believes was neglect, caught an infection.*
- *Lack of information is a major issue for me. Nobody can tell me why exactly I am here or how long I am likely to be here. This is very stressful with 6-day old baby.*
- *Disorganised service and lack of communication from the get go.*
- *The midwife who delivered [my child] said I shouldn't have co-codamol, paracetamol only. Because I had gone on an assessment Sunday morning, when I was 2 cm the doctor advised me to take co-codamol if I'm in pain, but when I related it to the midwife she was surprised, she said "We don't advise that anymore! Just paracetamol!".*

This issue has also been discussed in the October 2017 CQC report:

Some family members did not feel that they were proactively kept informed by hospital staff, and some women did not feel midwives helped them understand their treatment.



Capacity/ staffing levels

Several patients report cases in which not enough staff members were available to give them the care they needed:

- *Mother submitted complaint on behalf of her daughter who recently gave birth. Family very unhappy with the level of care the patient has received since admission. She was told to go home when she presented herself to the unit, on the onset of labour, but was told to go home as they were short of staff.*
- *Complainant [diagnosed with pre-eclampsia] began to give birth but says no staff member was around to assist. She gave birth shortly after arriving in the delivery suite. Believes that lack of care she suffered resulted in her baby having cerebral palsy, deafness, short-sightedness and chronic lung disease*

Because of over-stretched services, some patients report not receiving appropriate accommodation:

- *We were not transferred to a post-natal ward because apparently the hospital was packed. So, we were discharged from a shared labour room.*
- *I've had no pillows on the bed I'm sitting on and then I'm told I'm being moved "upstairs" that was at 12am still no news to when I'll be moved. Now I dread to whatever will happen next.*
- *I went to the floor three times because of my contraction pain but they never offered me a bed or a room to make myself comfortable. From 3pm to 9pm I was by the corridors. Also, they were trying to examine me while I was in pain but I just told them to be off as it was already too much to me.*

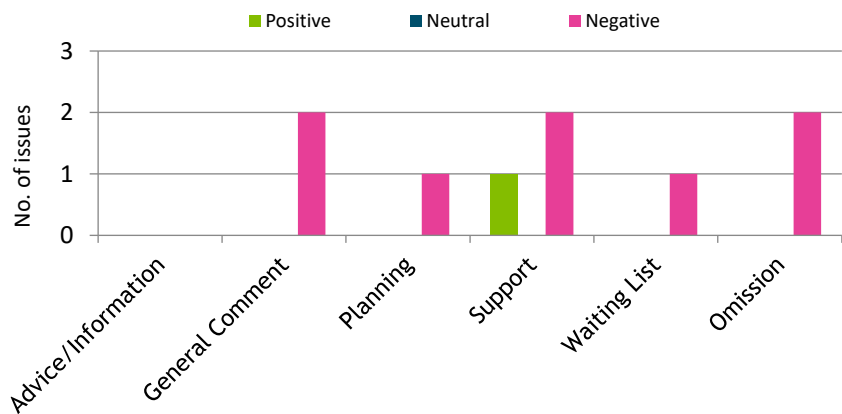
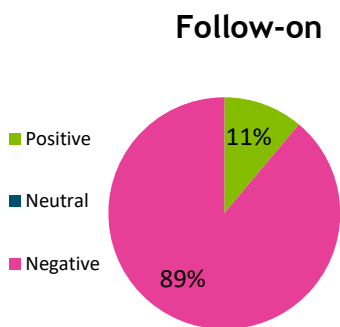
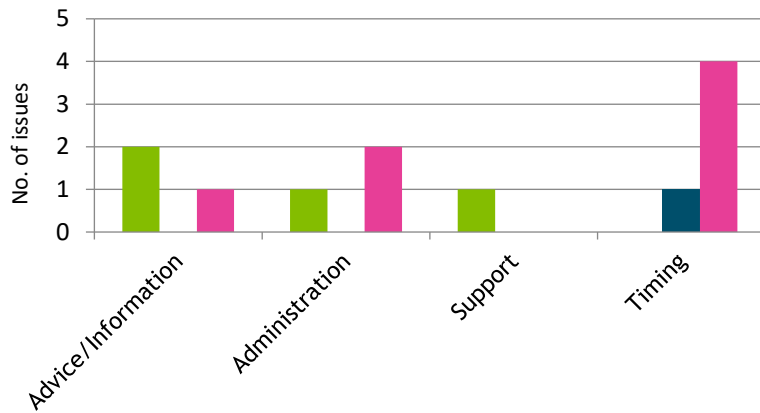
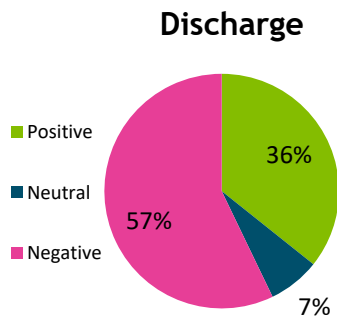
According to the October 2017 CQC report:

At the previous inspection, midwifery staffing had been graded as high risk [...]. An increase in permanent staffing and use of bank and agency staff to fill staffing gaps has reduced the risks to moderate. [...] Although staff strove to achieve 1:1 care in labour, midwives said this was not always possible. The maternity dashboard showed 95.2% of women had one to one care in 2016/17 and 96.4% year-to-date for 2017/18. When midwives were busy with women giving birth, those awaiting triage, having inductions, or mothers still on the delivery suite after giving birth, women could wait a long time for care or assessment.



DISCHARGE AND FOLLOW-ON

While the present data paints a more balanced picture than in our previous reports, sentiment about **discharge** is still leaning negative; while sentiment about **follow-on** is strongly negative.



Advice and information; staff attitude

- Discharge is an important occasion for informing new parents about the services available to them in the community (such as breastfeeding support, community midwives and health visitors). In this respect, patients' experiences varied- with some praising discharge nurses for being thorough and helpful.
- *The discharge nurse went through everything [community midwife, health visitors] with me, she discussed information on the red book with me- what appointments will I be getting and she put everything together in an envelope for me. She was very helpful.*
- *The discharge nurse was actually really thorough with the services that were available to me. She also said, "You may get baby blues, because hormones, but if it doesn't pass let us know". She was quite thorough. I did find the leaflets useful.*
- *Someone walked in to the labour ward and gave us discharge paper and walked out. No checks.*

Waiting times; administration

People's experiences with waiting times vary; while 20 minutes are seen as an acceptable waiting time for discharge papers, multiple hours are not. Overall, the system is seen as over-stretched and not extremely efficient.

- *Discharge papers took 20 minutes. That was ok and quite reasonable. The person dealing with them did explain to me why it would take this long.*
- *There is no point crying wolf to the media about shortage of beds when midwives take more than 3 hours just to discharge a patient and won't even update the patient on the process or how long it will take!*
- *I wouldn't want to talk badly about it, 'cause there were nice people; there was a nice nurse. But she basically said she was too busy. I really wanted to go home, I had been there too long. I was healthy and fit to go home after the labour, but we stayed in overnight in a cold room. So, the discharge wasn't great. We didn't get our papers, we were able to leave... Not our choice, but we had to leave without the paperwork. They hadn't done the paperwork because they were too busy, so my boyfriend went back the following day .*

According to the October 2017 CQC Report:

"Staff told us the discharge process was cumbersome. Midwives told us it took 30 minutes to generate a six page report for GPs and community midwives. This reduced the time they could spend with women and families explaining going home and follow up appointments. Staff told us other delays were caused by the wait for medicines to take away.

Omissions in follow-on

Possibly because of admin errors and communication breakdowns, some service users missed out or experienced delays on follow-on visits.

- I was discharged and told my midwife and health visitor will call me to visit the next day. It's now Saturday and I haven't been seen by anyone. I called my local centre who told me that no one notified them that I was discharged. So, if I didn't call the centre I would not be visited and my baby would not have been checked.*
- I delivered my baby at UCLH via caserean section on Wednesday. I was discharged home on Thursday to the care of the Royal London midwives. I'm now 6 days delivered and I have not been seen by a community midwife yet. On Sunday I contacted the Royal to be told they had referred me back to UCLH as they don't provide care in my area, they asked me which is my local hospital and who I pay my council tax to. I told them it's the Royal London and my council is Tower Hamlets, therefore I come under their boundary of care. I arranged for a home visit for Monday so my sutures can be removed, baby weighed and have newborn blood spot. 2pm Monday still no sign, I phoned them and was informed I would receive a visit. 4pm midwife phones unable to visit today as attended and emergency home birth and their shift had now ended, no sorry or how are you recovering, how is your baby, any problems”.*
- Mum had C-Section at Royal London hospital and had problems with healing afterwards. She was not getting enough help to recover.*

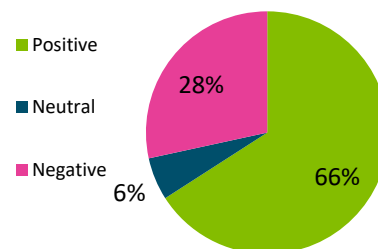




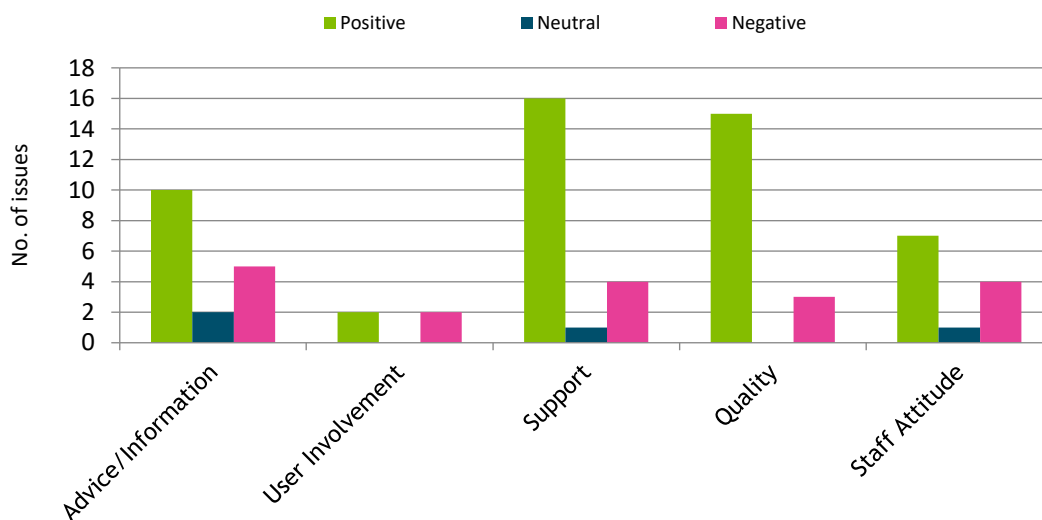
COMMUNITY MIDWIVES/ OTHER ROYAL LONDON HOSPITAL COMMUNITY SERVICES

The Royal London Hospital offers postnatal midwifery services to new parents in Tower Hamlets, as well as antenatal classes in preparation for giving birth; and on topics such as breastfeeding support.

Public perception of these services is broadly positive; they are seen as an important resource for new parents.



They are seen as an important source of **support** and **advice/information** for new parents; and they are perceived as being of **high quality**.



Support & staff attitude

Generally, community midwives and health visitors are perceived as warm, friendly and helpful. In some cases, however, they may need extra training in sensitively phrasing their concerns and advice when talking to new mothers.

- *I saw a community midwife on Thursday. They contacted me straight away through mobile and they told me when they were gonna come. I had information about them from a leaflet. They were friendly and very helpful and they made me comfortable. They asked me how I was; they asked how I was healing down there, I told them I had natural birth with no tearing or anything.*
- *Three out of four appointments I didn't find that helpful... They haven't really asked me about my health, it did seem a tick-box exercise and I'm now thinking they didn't realise that I had a low pap-a & this is why my baby was underweight anyway... it was [to be expected], not a personal thing, but one of them in particular made me feel... she was like "OK, priorities: feeding!" Pretty assertive person! I was like "Obviously, my priority is feeding my son". The health visitor was really good in giving me information about things like children's centre, whereas the midwife was checking mostly on my health. [I wasn't too happy with] the first visits from the community midwife, they didn't see the big picture of [my baby being born with low papp-a] so they made me feel like I was incompetent or inadequate. In hot weather, he was struggling to feed because he was hot and he was asleep all the time and I was putting cold flannels on him... I was doing the best I could and the midwives were like "Priorities: feed your son!". They just weren't very sensitive. But they got better once they got the whole picture. They didn't seem to know he was underweight because he was born with low papp-a*

Advice and information

Postnatal midwives usually provide useful information for new mothers.

- *Fantastic service, the health visitors were amazing and answered loads of questions we had.*
- *We had a visit from the local midwife (Grace from the ocean centre, wonderful lady) a few days after getting home. She answered all of my questions and recommended lots of local services.*

Quality of service provision

Most service users are happy with the quality of Royal London Hospital community midwifery services. A small minority report concerns about their competence or the quality of advice they are receiving.

- *Very helpful and well organised*
- *Well organised, came to my home.*
- *Antenatal and postnatal treatments care are excellent.*
- *Home visit [from midwife] was very reassuring*
- *Amazing, wouldn't have got through early days without her*
- *The main HV at our surgery is excellent. I have been given some questionable advice by some of the others, one told me to stop breastfeeding my daughter at 4 months for no reason (I ignored her). Another gave me a lecture about letting my daughter eat the pips in watermelons.*
- *[My son] wasn't weighed at discharge or on the first visit, only on the second visit. He only lost 8% of his weight during the first week- and the midwives were like "He lost a massive amount of weight!". The midwife didn't know how to use the scales very well, you'd think in their profession they should know about kilograms and pounds... That was really frustrating. It would have been nice to have a benchmark instead of "he lost a massive amount of weight!"*



Scheduling and punctuality

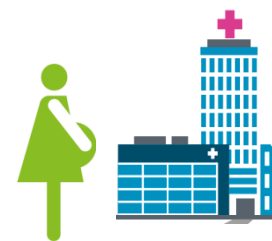
Some service users have raised concerns about community midwives not arriving promptly for appointments, cancelling appointments at a short notice or not setting specific enough appointment times.

- *I see a midwife most weeks and I've seen the health visitor once. One of them was punctual, but another lady said "Oh, I'll be there between 10 and 4." I asked, "Can you be a bit more specific?" and she said "No I can't, I've got admin in the morning, so I don't know what time I'm gonna be there". I said, "Just let me know when you're leaving the hospital", it's just... maximum, absolute maximum an hour from the Royal London Hospital, but you can do it in half an hour. That's such a weird amount of time, I said to her a few times "I can't believe you don't tell us time more specifically". She wouldn't give any specific indication unless prompted.*
- *I arranged for a home visit for Monday so my sutures can be removed, baby weighed and have new-born blood spot. 2pm Monday still no sign, I phoned them and was informed I would receive a visit. 4pm midwife phones unable to visit today as attended and emergency home birth and their shift had now ended, no sorry or how are you recovering, how is your baby, any problems. Emergency home birth is not my problem, make alternative arrangements, midwifery care is 24/7, 365 days a year. I told the midwife of the initial problems I'd had trying to arrange a community midwife visit and that I had not been seen since being discharged from hospital. I told them of my concerns about my sutures needing to be removed and baby weighed and new-born blood spot. All they said was the blood spot can be performed up to day 8. I told them they were missing the point completely, that I had not been seen since being discharged.*
- *Still waiting for my health visitor to get back to me she always puts me off.*

Antenatal classes

Antenatal classes at the Royal London Hospital are praised by service users, who found them useful. More information on common birth complications and procedures could be added.

- *The antenatal classes [at the RLH] are brilliant. It's very thorough and they are the ones who said, "Question your care and be assertive with your care". When I went in to the assessment, Sunday morning, [2cm dilated], the doctor really wanted me on my back and I was like "No". The antenatal classes taught me to be assertive with medical professionals and it paid dividends to be able to say, "I want to have my baby on my knees, I don't want to be lying on my back". I think where women fall short is when the doctor says, "Do this!" and they're like "OK". For that the antenatal classes were the best thing. The classes were taught by midwives, and breastfeeding support did the breastfeeding class. I went to all of them, they're all free and you meet people there.*
- *I liked that the breastfeeding support [class] was very informative. The antenatal class was very informative too albeit too long. I had had a one-day NHS birth preparation class on a Sunday. It was very good but didn't explain what would happen in the event of an induction in the labour ward and I think it would have been helpful to have gone through this. I also went to an NHS breastfeeding workshop before birth. It was helpful but could be improved by stating more clearly that breastfeeding is natural but often doesn't come naturally to you or your baby but don't worry there is lots of support there on the ward! Also would help for them to explain that babies lose weight in the first few days before your milk comes in and if this is more than 10% of birthweight the hospital will keep you in to help support breastfeeding. It would have been useful to know when packing that we might be in hospital for up to 7 nights (as my baby did lose 9.9% of his birthweight) rather than being given the impression that most people are only in for one night (from the people on the ward with us that was unusual)!*



OTHER SERVICES AT THE ROYAL LONDON HOSPITAL

Some pregnant women and new mothers have also use other hospital services at the Royal London Hospital- including obstetrics and gynaecology, paediatrics/neonatology as well as A&E. Patients using these services are often in poorer health (some suffering miscarriages or finding themselves/their new-born children in life-threatening situations), and therefore in more stressful situation than the average maternity user.

We have received a total of **7 comments** for the period covered by the current report:

Some of these comments were positive or mixed, reflecting a caring, albeit overstretched service:

- *Mum had a baby 0 month, she came on Thursday to operate on his stomach. She said the treatment is good and she is really happy. She is very happy with the hospital.*
- *I went to the hospital on 24/6/2016 as I had contractions and my water broke. Arriving at 10am in the morning, we only received a hospital room only by 9pm, during that time we had to wait in the hospital hallway. We understand that the nurses/Doctors did their best, converting unused room into a bed for us. Once we did get a room the service was quite acceptable.*
- *It took our new-born twins a long time to get up to our birth weight so we had to go back to the Barkantine a lot. If they could have visited us at home this would have been much easier. Also, they kept sending us to A&E, where we waited around a lot and the doctors there clearly weren't worried. Otherwise the support was great.*



On the other hand, several complaints have been received through the PALS service:

- *Patient husband submitted an on-line form with concerns regarding discharge without medication.*
- *Patient was originally admitted in January with a neck injury. Requested a pillow and bedding. Patient claims she was made to stay on the ward for 3 days without bedding or a pillow. Two women were later admitted, requested pillows and were given some without hesitation. Complainant feels this was a race issue. Due to be admitted within the next 3 days for delivery, is afraid she will encounter the same attitude. (Women's Health and Children's Services, Obstetrics, Ward 6E)*
- *Case No: 65054: Patient on the ward complain about poor attitude of staff towards her sister who came to visit with her daughter. (Women's Health and Children's Services, Obstetrics, Ward 8F)*
- *Patient attended A&E with abdominal pains. After waiting several hours, she says for a scan, she was told she had a extrauterine pregnancy and to go home and come back within 2 days. She attended the next day with pain much worse and re-attended A&E, and diagnosed with a haemorrhage. Underwent surgery but was later told she had in fact had a miscarriage. Not happy with the misdiagnosis (Women's Health and Children's Services, Gynaecology, Ward 8C)*





MIDWIFE-LED UNITS

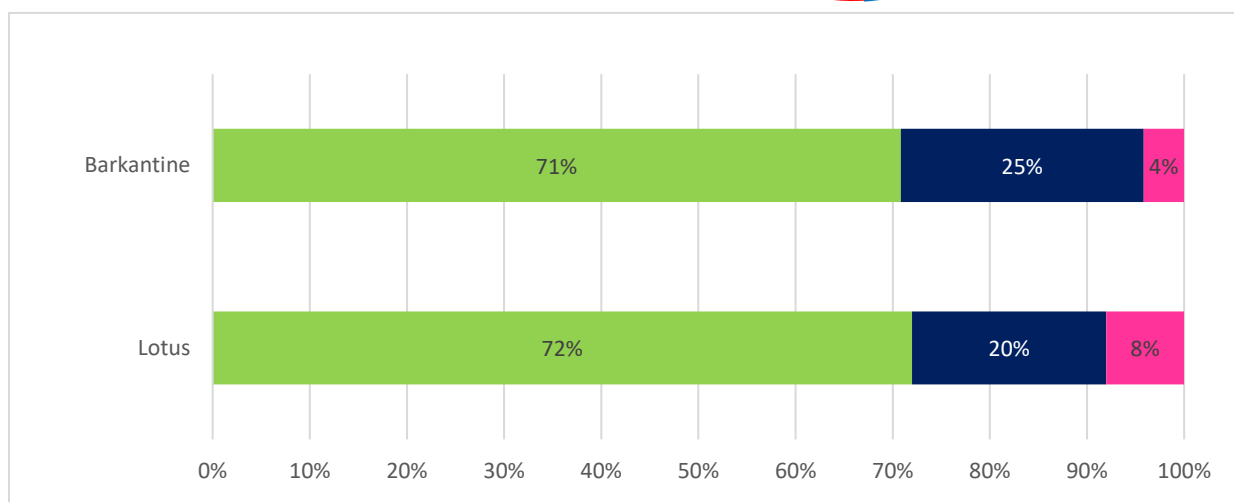
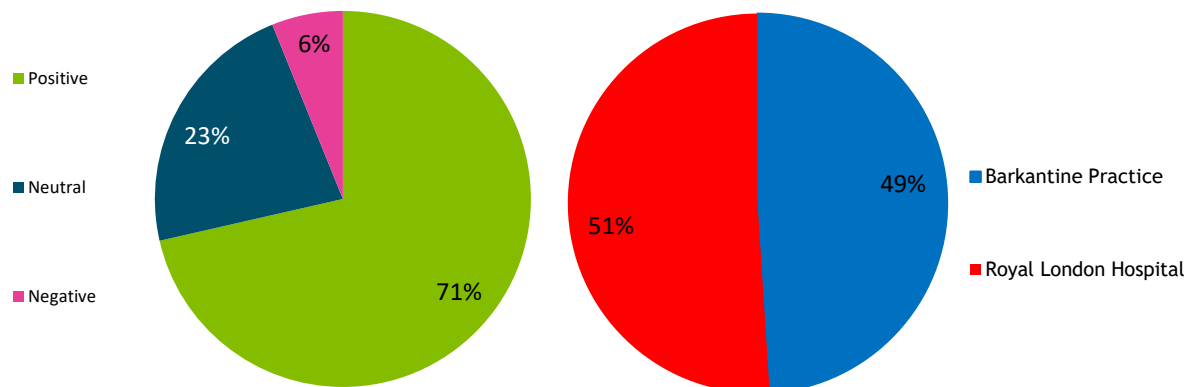
Birthing centres or midwifery units are run by midwives without the medical facilities of a hospital.

They can be next to a main hospital maternity unit ('alongside') or completely separate from hospital ('freestanding')

Tower Hamlets has two birthing centres: The Lotus Centre at the Royal London Hospital and the freestanding Barkantine unit.

We have received **11 comments** the two birthing centres in the borough, and we have identified **49 issues**.

The two centres received a roughly similar volume of feedback, and for both patient opinion is broadly positive, with very few negative comments.



Both birthing centres receive praise for creating a supportive environment where women are care for, and for the warm, helpful, attitude of midwives:

Barkantine Unit

- *Just really friendly and hospitable environment. Staff always offering help and assistance at every opportunity. A highly recommended which we will pass onto friends and family. Thank you.*
- *One of the best days of my life was spent here. The facilities, care and attention was exactly what I needed to make my birthing experience wonderful. An hour after my daughter was born, I said I couldn't wait to do it again. My husband stayed overnight and we were given the space and privacy to enjoy our time as a new family, yet felt we could call for help when needed. Would highly recommend and will be back for the next one. The midwives were brilliant and gave me the confidence to trust my body.*

Lotus Birthing Centre

- *Everything was fantastic - from the moment I arrived to the moment I left. I was so well supported during the birth by Zaara and Amanda. They were so calm and reassuring. I ended up staying two night and had loads of support with breastfeeding which has really boosted my confidence. Thanks so much everyone!*
- *It was all very rushed because I was already fully dilated and in a lot of pain, but the help and support I received was very good. I was taken to a room to be assessed, and from there I was taken straight into the birthing room, it was very good. The person who assessed me was fantastic, she was very supportive all the way. She made me feel at ease. I was in a lot of pain at that time, and she just helped me calm myself down. The way she spoke to me was very calming. She was very professional; she knew exactly what she was doing and... the way she behaved, even though she was a young person, she knew what to do, how to react, everything. So I think everything went really well.*

Less positive comments focused on admin and efficiency issues

Barkantine Unit

- *Could be improved: The use of the name bands and checking twice a day seems unnecessary in this environment as there is no possibility of confusing the babies.*

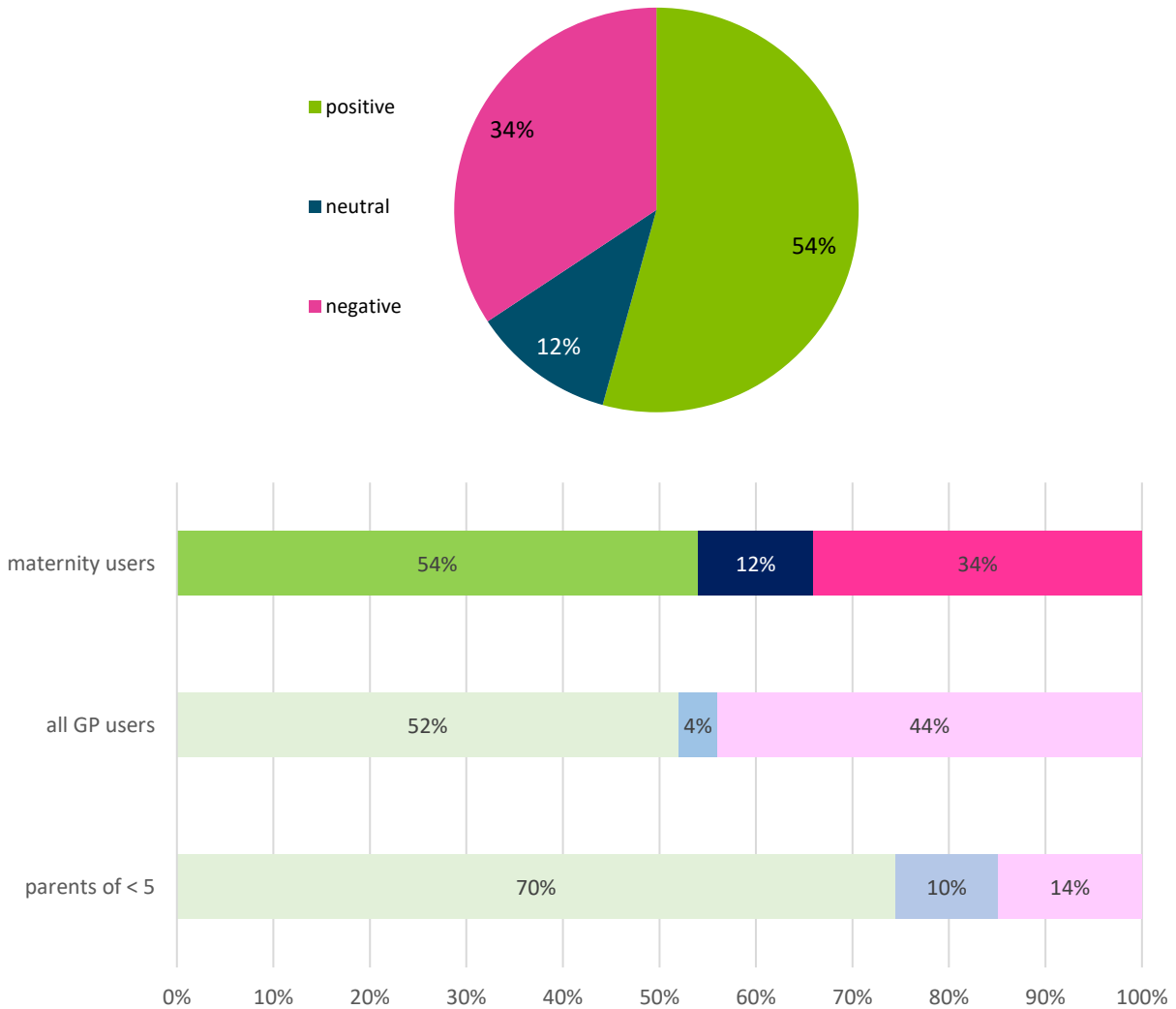
Lotus Birthing Centre

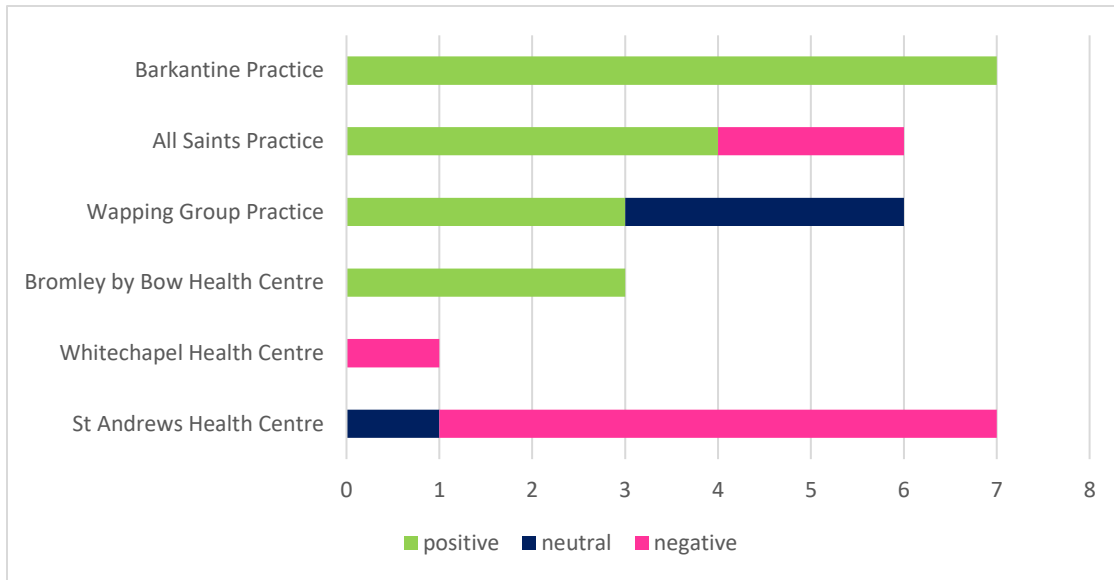
- *The midwives that oversaw us prior to this were less impressive - they did not provide the same level of care and spent a lot of time on the computer, which we found quite stressful as they were not as in control of the situation or as supportive.*



GP SURGERIES

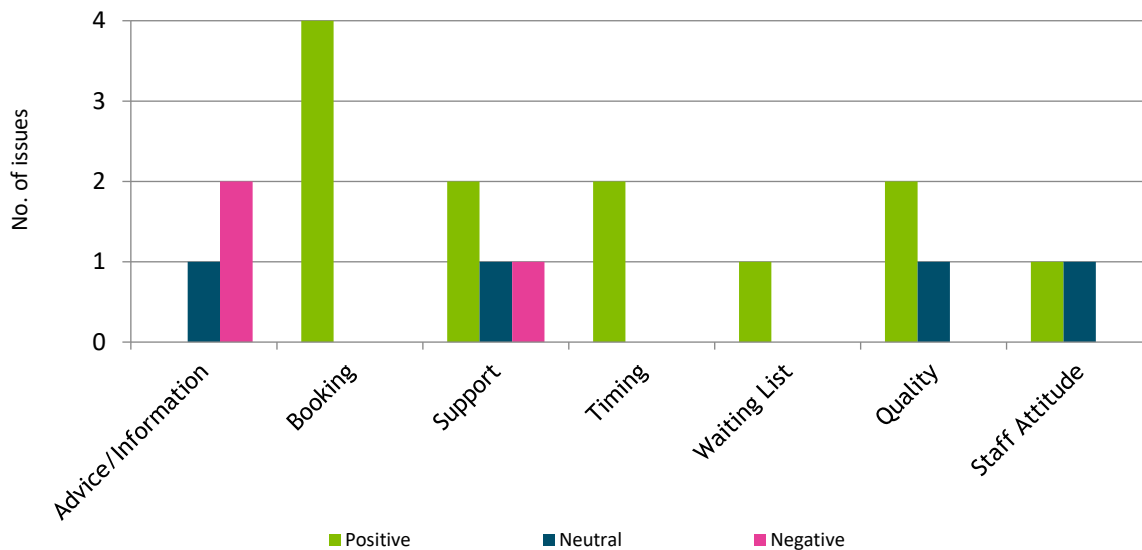
Expectant and new mother's experiences of **GP services** are leaning positive; in line with that of borough residents in general.





Patients' experience is variable from one surgery to another:

Unlike other categories of service users in the borough, expectant/ new mothers do not have any complaints about timing, waiting times or booking; but they feel that they could be supported with more advice and information than they currently



receive.

GP to midwife referrals

Overall, expectant mothers feel that the GP-to-midwife referral process is straightforward. On the other hand, in some cases, GP's fail to offer expectant mothers options about where they can receive antenatal care and/or give birth:

- *My GP referred me [to an antenatal midwife], and I got a letter from the GP and I was able to schedule an appointment with my midwife. [The GP appointment] was quite easy to book; then the reception gave me a referral letter for the Barkantine.*
- *I was told by the GP that I was going to Homerton hospital and at the time my address was E3 and went to Homerton and didn't get referred from GP. I later turned out that GP was a locum and I kind of complained [when] I went to the other GP. I went to Homerton, which is very far from E3 and there is no transport [Q: So, the GP didn't give you any options about where you could receive antenatal care and give birth? (E.g. Barkantine unit)] Not at all.*

Booking & appointments

For new parents whose life revolves around caring for a new-born baby, being able to obtain medical consultations promptly and flexible is crucial. Where walk in or telephone appointments are available, they are popular with new parents:

- *Good access via telephone appointments. I've recently needed a lot more appointments due to pregnancy and now for my baby. I've been V impressed with the telephone appointments. A GP has always rung back within an hour or so. I'm very happy that most of the GPs are happy to prescribe over the telephone (if it's safe to do so) as it makes life so much easier.*
- *It's easy to book an appointment online, by phone or in the surgery and I can usually get an appointment at a time that suits me, in a couple days. They also have a walk in service with which you can get a same day appointment (albeit with a wait). Great that they offer early morning, evening and weekend appointments too. I'm pregnant and have had to go to a lot of appointments recently, and I'm pleased to say that the doctor or nurse has always been on time in the past 6 months.*

Advice and information

A baby's first weeks/ months can be a stressful time for parents. Some parents feel that their concerns around their baby's health are not taken seriously. Better advice/information would help parents understand their child's symptoms and worry less.

- *Baby has re-flux, vomits a lot with acid. The mum feels she is not getting enough help for the baby. She would like more help and better support. But GP doesn't give her good advice not explaining clearly what she should do. The doctor says it's normal and things will get normal, but she doesn't feel that way.*

Staff attitude

Most parents are generally happy with the attitude of their GP. GPs are seen as helpful and dedicated.

- *There is one GP who I have found rude and unhelpful but aside from them I've found all the GPs to be polite, professional and extremely helpful.*
- *Brilliant always. I have had numerous visits to this surgery on and off for various reasons especially during my pregnancy. The doctors went beyond their duty to help me.*

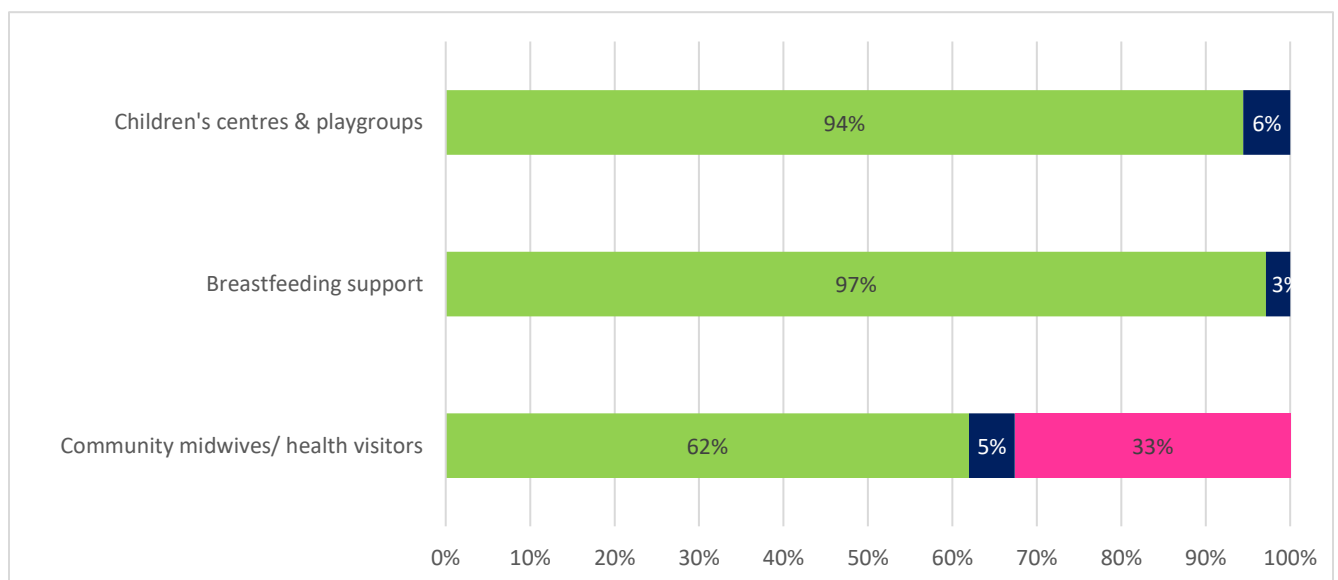
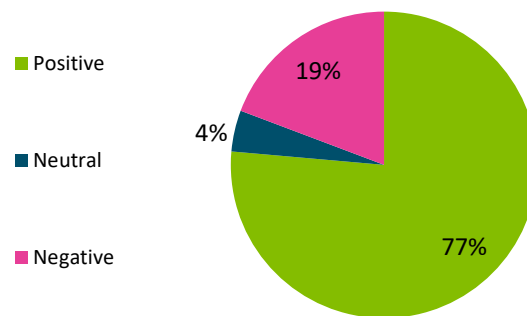




OTHER COMMUNITY SERVICES

Services such as breastfeeding support, children’s centres and One o’clock clubs (playgroups and meetups for parents with children under one) are available to Tower Hamlets parents. They represent an important source of advice, information and community support for new mothers and fathers.

Overall, residents’ opinion of community services (including previously discussed services offered by the Royal London Hospital, such as community midwives and antenatal classes) is broadly positive. Sentiment about both **breastfeeding support** and **children’s centres** is overwhelmingly positive.



Breastfeeding support

Breastfeeding support is seen as a friendly, flexible service and an important source of advice and information.

- *It was excellent. I think it's a really good thing. It's very patient-centred, it's flexible and adaptable to you, they're very supportive with advice and information. If they couldn't see you, you could find them at the children's centre instead. They're very thorough and very patient with you as well. Breastfeeding support [was one of the best things about my experience with the NHS].*
- *Fantastic! the lady come out to my house within 48 hours and offered lots of practice support and assistance.*
- *A consultant came to see me as I was struggling, and her support was very valuable. I always recommend TH breastfeeding support to new parents.*
- *Brilliant. Went to bfeeding support where they helped with latch problems. They followed up with home visit. Helped detect tongue tie.*
- *Very patient worker who stayed beyond her timetabled hours to help me.*

Some mothers mention that they may not have been able to breastfeed without their support.

- *5 days after leaving hospital, breastfeeding not working out so well i went along to the local breastfeeding group. I would have in all likelihood given up at that point had it not been for their support and advice. Followed up by a phone call from their team and a friendly chat.*
- *Breastfeeding support was fantastic and saved me from giving up*

Breastfeeding groups also offer peer-support and socialisation to mothers who may be at risk of isolation.

- *Breast feeding support groups are useful place to meet other new mums.*

Children's centres and playgroups

Children's centres and playgroups offer new mums an occasion to socialise and reduce social isolation:

- *[I was told about children's centres] by the breastfeeding support lady. I also had a leaflet]. I think they were really great, it's a great way of meeting other mothers and getting advice. They also have breastfeeding support and... just socialising, really.*
- *I enjoy One O'Clock clubs regularly*
- *[Going to a one o clock club] stops feelings of loneliness or isolation or frustration at being inside.*
- *Nice relaxing place to meet other mums. Stimulating environment for my baby. Lovely toys*





LOTUS BIRTHING CENTRE: CASE STUDY

Note: The names of the women interviewed have been changed, to maintain anonymity.

The Lotus Birth Centre, The Royal London Hospital's first midwife-led maternity centre for women with low risk pregnancies, opened in the autumn of 2016. The centre contains four birthing rooms, lounge and triage area for antenatal and postnatal care and women who are seen at The Royal London in the early stages of labour so they can go home again after being seen.

In order to obtain a better in-depth understanding of women's' experience with maternity services in the borough, and particularly with the Royal London Hospital, we have interviewed Lisa, who gave birth to her first child in the Lotus Centre, and Rehana, who gave birth to her third in the Centre. Rehana's first child was born in the Royal London Hospital maternity ward and her second in the Barkantine Birthing Unit.

Rehana had a very positive experience with maternity services, while Lisa's experience was more mixed.



What we have learned

Comparing the experience of these two new mothers with that of women who gave birth at the Royal London Hospital (RLH) before the adoption of special measures, it is apparent that significant improvements have been made and are being felt by patients, especially in regard to compassionate communication and to service users' perception of staff attitude.

Rehana's and Lisa's maternity journeys highlight some of the main strengths of the Royal London Hospital as an excellent provider of perinatal care, including:

- ✓ Most members of the Tower Hamlets based staff (Royal London Hospital or Barkantine), including midwives, nurses and sonographers the two mothers came into contact with were perceived as helpful, humane, empowering, confident, trustworthy and professional.
- ✓ According to both mothers, health professionals at the Royal London Hospital are very thorough in giving detailed explanations about routine procedures and what to expect from them.
- ✓ Antenatal classes at the Royal London Hospital are highly useful to first-time mothers and empower them to make informed choices about their care.
- ✓ Facilities are adequate and give a good first impression to users.
- ✓ Breastfeeding support services in Tower Hamlets are high quality. They represent an important community asset and are particularly relevant to first-time mothers.

On the other hand, there is scope for improvement in the following respects:

- ✗ Admin errors can happen at all stages of the care pathway and they impact negatively on user experience; more care should be put into accurate record-keeping and referring service users within the correct catchment area.
- ✗ In some cases, because of planning and admin errors, patients could miss out on necessities such as food or pain relief. Special care should be taken to avoid such situations.
- ✗ Cleaning in hospital suites should be scheduled in such a way as to avoid disruption to patients and respect their privacy.
- ✗ Professionals doing home visits, such as midwives, should proactively give patients a reasonable timeframe within which they should be expected.
- ✗ In a fast-paced, busy environment, options should be explored to simplify and streamline admin procedures and/or centralise patient records in order to increase efficiency and decrease incidence of errors.
- ✗ Communication around diagnosis and test results should be sensitive and open; patients should be given an accurate idea of which signs and symptoms are potentially worrying and which are normal. Health professionals need to always be aware of the language they are using in order to avoid needlessly alarming patients.

Initial contact: GP surgery and antenatal midwives

Both Lisa and Rehana made initial appointments with their GPs in order to be referred to antenatal midwifery services. Both found the initial appointment relatively easy to book.

For Rehana, who was seen by antenatal midwives at the Barkantine Practice, the process was entirely straightforward: *“I got a letter from the GP and I was able to schedule an appointment with my midwife. [The GP appointment] was quite easy to book; then the reception gave me a referral letter for the Barkantine.”* Lisa, on the other hand, has been referred to the Homerton Hospital, outside of her catchment area, because of a clerical error. Because of that, she was subjected to a long and unnecessary commute: *“I went to Homerton, which is very far from [where I live] and there is no transport. It was really hard, I usually cycled all the way and after three months I had [a model of bike] you can’t really bend on and already had a bump for three months. The location wasn’t helpful, I should have gone to Royal London Hospital straight away, the Homerton was unsettling.”* Lisa’s GP gave her no option in regard to where she could choose to give birth or receive antenatal care.

Lisa’s experience with the Homerton Hospital midwives was broadly negative. She was particularly dissatisfied with the way a midwife communicated with her about her blood test results: *“The Midwife was saying: “OMG there is something wrong with the blood and urine, you might be diabetic, there’s too much sugar in your urine. 14 weeks pregnant. Can you imagine the anxiety I am going through? I told the midwife: “what’s wrong with my blood and urine? I have a balanced diet, with healthy eating.” Later I find out it’s normal- pregnancy puts pressure on your kidneys and it’s quite normal; I had hot chocolate the day before as I was freezing cold and I was hungry and there was nothing else on the train and that affected my urine. She told me “The doctor has written on your notes you have low PAPP-A,” I didn’t know what that means- you’ve got a midwife saying that to you... She phones the blood test people or department for the result, no one is picking up the phone. I did not find out for a week what was going on with my blood. I obviously relayed it to my GP, really upset and worried. Turns out there was a missing hormone in my placenta, but all they do is basically monitor and give you some more scans, and baby is more likely to have a low birth weight. It was my own GP who explained this to me, not the hospital midwife.”*

In contrast, after being transferred to the Royal London Hospital, upon realisation that Homerton was outside her catchment area, she found the midwifery service at the Royal London Hospital *“so much better”*. Lisa described her gateway midwives at the Royal London as *“lovely”*, although she did point out that *“generally, they make mistakes because they’re very busy, but everybody is thoughtful and caring. Talking to you as a person makes a difference- not shouting like in Homerton.”*

Lisa was satisfied with her midwife’s attitude and personality, but less so with her ability to plan and follow through: *“I had a Gateway midwife, the same all the way through. She was great but didn’t follow through- she said she would email me or*

that she would book such and such appointment for me and them she didn't. She talked the talk without necessarily following through- but otherwise she was lovely. She was so supportive and understanding and reassuring- it made a huge difference to me."

Rehana, on the other hand, found her midwives at the Barkantine Practice to be well-organised and more thorough about admin: *"I saw three midwives. They were very friendly and easy to talk to. All three were equally good; they checked me, booked my appointment, checked my records and referrals, the maternity book- I found all of them very good."*

Birth plan, choices and information

Rehana was empowered to make an informed choice about where and how she would like to give birth. Based on her past birth experiences, Rehana found that, while her experience with the maternity has been positive, she prefers giving birth in a midwife-led unit, particularly because of the possibility of giving birth in a pool. However, because of her own physical state, she was concerned about giving birth in a freestanding unit, at a distance away from the hospital where she could be treated should complications arise:

"[My midwives] did ask me why I wasn't planning on giving birth in the Barkantine. The choice was based on how I was feeling. If I wasn't that weak, I would have had her in the Barkantine as I would be near with my son. And it would have been easy for my pregnancy."

Rehana's decision echoes the community response we have had upon consulting expecting mothers and women intending to have children at our locality event held at the Barkantine Practice in April 2017; where it has emerged that women would like to have a more bespoke, less medicalised birthing experience, but feel unsafe giving birth in a unit without support for emergencies and complications on-hand. Situated in the Royal London Hospital building and offering services similar to the Barkantine Unit, the Lotus Birth Centre has been identified by respondents as the best of both worlds.

Both mothers prepared a birth plan on their own in order to make an informed choice about the kind of birth they would like to have. Rehana was advised by her midwives to read the relevant chapters in the NHS Choices /Department of Health Maternity Book, while Lisa did her own research using the NHS Choices website. Neither of them discussed their plan in-depth with their midwives. While for Rehana, who had given birth twice before, this was not a problem, Lisa wishes she could have received some feedback on it from her midwife:

“I did a birth plan from NHS Choices on my own, [without her or any other medical professional’s assistance]. I guess she wasn’t doing her job, but at the time I didn’t see it that way. I’m educated and I was doing it anyway.

I tried to discuss my birth plan with my midwife- she always said “oh, email it to me” and then never got back to me about it. I was supposed to have another appointment with her on the 6th of July but [my baby] was born before that. I didn’t get a chance to discuss [the pros and cons of various ways of giving birth, such as natural birth vs. c-section] .

She was good, she was from a good team and you could tell she was very experienced, but the one thing I would tweak is that when she said she’d do something she would follow through.”

Lisa attended antenatal classes at the Royal London Hospital, that she found to be very useful and informative. She credits these classes, rather than her one-to-one sessions with her midwife, with helping her understand what to expect during labour and birth, and empowering her to make choices about her care:

“The antenatal classes [at the RLH] are brilliant. It’s very thorough and they are the ones who said, “Question your care and be assertive with your care”. When I went in to the assessment, Sunday morning, [2 cm dilated], the doctor really wanted me on my back and I was like “No”. The antenatal classes taught me to be assertive with medical professionals and it paid dividends to be able to say, “I want to have my baby on my knees, I don’t want to be lying on my back”. I think where women fall short is when the doctor says, “Do this!” and they’re like “OK”. For that the antenatal classes were the best thing.”

NICE guidelines on Antenatal care for uncomplicated pregnancies state that “Antenatal information should be given to pregnant women [...] at the first contact with a healthcare professional [on] folic acid supplementation, food hygiene, including how to reduce the risk of a food-acquired infection, lifestyle advice, including smoking cessation, and the implications of recreational drug use and alcohol consumption in pregnancy, all antenatal screening, [...] as well as risks and benefits of the screening tests.”. Furthermore, at booking, by the 10th week of pregnancy, women should receive information on “nutrition and diet, including vitamin D supplementation for women at risk of vitamin D deficiency, and details of the Healthy Start programme”.

Through a Public Health England programme, aiming to protect infants by boosting pertussis immunity in pregnant women, government policy is that “from 1st April 2016, pertussis containing vaccine should be offered to pregnant women from 16 weeks gestation, ideally after their foetal anomaly scan (usually at around 20 weeks).”

Discussions with both mothers suggest that, for finding out which foods, medications or vaccines they should have or, on the contrary, avoid, the onus is placed on individuals to inform themselves rather than on health professionals to raise awareness.

Lisa's GP encouraged her to take folic acid, as recommended, but did not mention vitamin D supplementation. Neither the GP nor the midwife brought up any information about medicine to avoid during pregnancy: *"I learnt the hard way. In particular, I had problems with my knees and legs and I had carried on taken Ibuprofen which is apparently is not good and [she didn't] even [mention] I shouldn't have raw food. Only at my 12 weeks appointment did the midwife mention I should avoid certain things, like coffee, but not from the GP. All the information I learnt from friends."*

Similarly, Rehana was only offered the whooping cough vaccine by a nurse in her GP surgery because she had plans to travel abroad: *"I had a whooping cough vaccine- my nurse booked it for me. The midwife did ask me if I had done it, but she hasn't actually recommended it. The reason why the nurse recommended it- I was thinking of going to India and I went to see her, to see what the recommended travel vaccines were. And in that conversation, she said- "You should have your whooping cough vaccine done". But the midwife didn't explain to me the pros and cons about it; not now and not for my previous pregnancies."*

Antenatal scans

Rehana's pregnancy was free of complications, so she was offered the usual scans at 8 and 18 weeks. As Lisa was diagnosed with low PAPP-A, she received supplementary scans for monitoring. Both mothers had their scans done at the Royal London Hospital (RLH).

Of her experience with Royal London Hospital sonographers, Rehana says: *"It was good, they were very helpful. The waiting time wasn't long; only ten minutes. I didn't have any issue they did what they did and were quite talkative."*

On her first scan, the sonographer *"checked everything she needed to check, she was very thorough. She explained to me [what I was seeing] a little bit, but not in depth, she was focused on getting all the measurements and getting ready the papers. [...] [I found out] I was 16 weeks instead of 12 weeks; that was quite good [to know] how far I was and I generally felt [it was an] enjoyable experience."*

Lisa had her 8 weeks scan at the Homerton Hospital and her 18 weeks scan at the Royal London, followed by another two scans by referral. She was happy with the quality of the information she received and the sonographer's attitude, but she also commented on inefficient planning and admin practices:

“[The sonographer] was really thorough. She was really good with [explaining what we were seeing on the scan], I think everyone I met at the Royal London are good at that, they always talk things through. But she left me on that small bed at one point because she couldn’t enter the data in the computer that she had, she had to enter it on a completely different database. It was a bit odd”.

As Lisa was transferred from the care of Homerton Hospital to the Royal London, she was faced with issues around communication between health professionals regarding her care:

“When I had [my second referral scan], at about 37 weeks, there was a bit of an argument going on between the consultant and the sonography department. The scan department didn’t want to scan me, but the obstetrician [I had been seeing at Homerton]- he wanted me to have the next scan, but the policy of the Royal London was not to scan [for my condition] and Homerton’s policy was to scan. So, there was a bit of delays and a bit of politics about whether I could get the scan or not. [...] [I did eventually get it, but the sonographer] was a bit grumpy about doing the scan- she said “Well, normally we don’t scan for this and that”

Rehana has had a particularly good experience with her 18 weeks scan, when the sonographer went above and beyond in trying to find out the sex of her baby:

“I had a different sonographer this time]. She was very thorough, and she wasn’t rushing everything, taking it slowly. I heard from other mothers that their sonographers were rushed, but mine wasn’t. She couldn’t tell [at first] if it was a boy or girl, the head was down she couldn’t see the sex of the baby, so she made me do things- she told me to move and the baby’s legs were crossed at that time, but eventually she saw it and that was quite nice. Others may have just said, “sorry, we can’t see it”, but she took the time to be helpful and friendly towards me to get into position which I thought it was quite nice.”

Giving birth at the Royal London Hospital

Both Lisa and Rehana have had a mostly positive experience of giving birth in the Lotus Centre- with Rehana considering her experience to be overwhelmingly positive. *“It was all very rushed because I was already fully dilated and in a lot of pain, but the help and support I received was very good.”*, Rehana recalls. *I was taken to a room to be assessed, and from there I was taken straight into the birthing room, it was very good. The person who assessed me was fantastic, she was very supportive all the way. She made me feel at ease. I was in a lot of pain at that time, and she just helped me calm myself down. The way she spoke to me was very calming. She was very professional; she knew exactly what she was doing and... the way she behaved, even though she was a young person, she knew what to do, how to react, everything. So, I think everything went really well.”*

The room Rehana gave birth in was “very clean”, “bright” and comfortable room. “In terms of the facilities the birth centre was excellent” she says. She gave birth with a midwife that she described as “fantastic”. In particular, Rehana highly praised her midwife’s ability to reassure her: “How she dealt with things, and how she was in control of the situation [was great] [...] She knew things were happening really really fast, but she dealt with the situation calmly and coolly, and [I liked] how she spoke to me...She really helped me plus she was with some students, explaining what is happening. [...] She was calm, very professional and that calmed me down as well, that helped me to give a very good birth. Rehana considers the level of support she had from her birth midwife to be the best thing about her maternity experience.

Lisa gave birth with two different midwives, as the shift had changed while she was giving birth. While both midwives were professional and considerate, Lisa found one of the midwives more effectively supportive than the other:

“The first one... I think she was Polish, and she was very much like “You do what you feel, you let me know what you would like” and that kind of thing. It was a relaxed style. At one point my contractions slowed down, she ended up just staring and not talking and I felt like I was in a zoo. Bear in mind, I was in labour so probably a bit irate, but just... her style didn’t match with what I needed. Then the shift changed and I had a completely different personality. She was like “how would you like to give birth? This is when you push! Come on, girl, it’s gonna be out before quarter to 6!”. I ended up having him in 15 minutes, on my knees. She was just the perfect midwife for me- she was like “Go for it, push, like this!” Whereas the other midwife was just sort of... I can’t remember the exact words she said, but it was like “do what you feel like doing, la la la”. This was my first one. I was pretty nervous and panicky and in pain- and the second midwife was “Push, go for it, I can see the head already!” and I had him in 15 minutes on my knees, and she said “That was a great labour, I wish all women had babies like that!” so she was very happy with it; and then she asked me “How are you feeling?” and I said “That was horrendous!” because I was in so much pain! (laughs).”

Neither Rehana nor Lisa used any kind of pain relief apart from taking paracetamol and, in H’s case, labouring in water. “I wasn’t offered any kind of pain relief or told about it; maybe it’s because I was going to have a water baby”, says Rehana. But I walked in there at quarter past nine in the morning and I had the baby at ten to ten, so it was a bit rushed for everyone. When I gave birth to my second at Barkantine I used gas and air [Entonox]. This time, I felt quite in control of myself and don’t feel like I would have needed it, but they should have offered it.”

Lisa received conflicting pain management advice from the obstetrician who saw her before giving birth and the birth midwife: “The midwife who delivered him said I shouldn’t have co-codamol, paracetamol only. Because I had gone on an assessment Sunday morning, when I was 2 cm the doctor advised me to take co-codamol if I’m in pain, but when I related it to the midwife she was surprised, she said “We don’t advise that anymore! Just paracetamol!”.

No other pain relief methods were discussed with either Rehana or Lisa, either at antenatal appointments or by the birth midwife. 2007 NICE guidelines on Intrapartum care for healthy women and babies state: “Assess the woman’s knowledge of strategies for coping with pain and provide balanced information to find out which available approaches are acceptable to her.”, “Ensure that Entonox (a 50:50 mixture of oxygen and nitrous oxide) is available in all birth settings as it may reduce pain in labour, but inform the woman that it may make her feel nauseous and light-headed.” and “Ensure that pethidine, diamorphine or other opioids are available in all birth settings. Inform the woman that these will provide limited pain relief during labour and may have significant side effects for both her (drowsiness, nausea and vomiting) and her baby (short-term respiratory depression and drowsiness which may last several days).”

NICE guidelines also state “Encourage and help the woman to move and adopt whatever positions she finds most comfortable throughout labour”, which both Rehana and Lisa report doing.

Postnatal care; staying in hospital after giving birth

H. did not spend the night in hospital after giving birth, but Lisa did: *“I could have gone home that evening. It was a bit messy and it was about... I had him at 5:30, but they say I could stay overnight because of my things... It wasn’t entirely straightforward.”*. Rehana, on the other hand, had been admitted in the morning and she left the hospital in the evening: *“I waited to be discharged for six hours, during which I’ve been seen and my [newborn] daughter had a check”*.

The check for Lisa’s baby, on the other hand has been delayed because of emergencies on the ward; at the same time, she did not receive appropriate pain relief post-partum: *“I’d been waiting for doctors, but doctors were busy with somebody else who was more urgent, and... I had just given birth, so I asked for some painkillers and they never came. My boyfriend went home and he got the baby car seat and some warm clothes; it was a really cold hospital. He was the one who got me paracetamol that he bought], because there was no one to give me the drugs.”*.

Lisa also ran into difficulties when trying to order food: *“[My partner] had ordered food, but it never came, so he had to argue- “My wife just had a baby, you know, she needs to eat!”*. *And my contractions had been quite long, I hadn’t slept in three days... two nights; I was exhausted and I could have really done with a meal without having to argue with someone about it. I just had some biscuits, and my boyfriend went to the shop to get some more food for us. So yeah... That was the only way to get paracetamol and food.”*. Next morning, when she was able to get breakfast in the hospital, she was happy with the quality of the food served.

In contrast, while not entirely impressed with the taste of the food served, Rehana found the process of ordering it easy, straightforward and efficient: *“The only thing I was not happy about was hospital food [...]. Obviously, the food wasn’t brilliant. Hospital food is not brilliant [in general]. [Otherwise], the food service was very good, they automatically came in and asked if I need anything and what I wanted to*

order for my next meal for collection. She gave me the exact food I wanted, I can't complain about anything."

Overnight, Lisa also found the presence of cleaners in her room quite disruptive: *"Overnight, we had five different cleaners coming into the room... We clearly didn't have that much rubbish because we had barely been there, and the midwives... So many student midwives came into the room. This was supposed to be a private room, but it clearly wasn't. I really didn't want to be there in the night. So many cleaners coming in the room with my new born baby... It was crazy! They would come and sweep the floor, and me and my boyfriend were so exhausted and in love with our new baby, we were like "yeah, OK"; and then in retrospect "Why did they let so many cleaners in our room?" They did ask, but there's a sort of..."*

Discharge from hospital

Rehana reports a relatively positive discharge experience, with efficient communications and expectations set on waiting times: *"Discharge papers took 20 minutes. That was ok and quite reasonable. The person dealing with them did explain to me why it would take this long."*

Lisa found the process to be somewhat chaotic and inefficient, as she was not able to get her papers upon leaving, but she commented positively on staff attitude: *"I wouldn't want to talk badly about them, because there were nice people; there was a nice nurse. But she basically said she was too busy. I really wanted to go home, I had been there too long. I was healthy and fit to go home after the labour, but we stayed in overnight in a cold room. So, the discharge wasn't great. We didn't get our papers, we were able to leave... Not our choice, but we had to leave without the paperwork. They hadn't done the paperwork because they were too busy, so my boyfriend went back the following day "*

Lisa also found that because of an admin error, her baby's ethnicity had been recorded incorrectly, as "South Asian" instead of "White": *"My record shows I am South Asian (I am white) and I told them twice- these records go into birth registration and can have a knock-on effect- and seeing south Asian with a low birth baby, they will think "Oh, that's it" because it's normal... well, not normal you know what I mean, they have smaller babies."*

For both mothers, the discharge nurse played a very important role in signposting them to relevant services. Both were very happy with the level of information that they received. Both mothers received written information (leaflets) from the discharge nurse, which they found helpful. Lisa described the nurse as *"very thorough"* in sharing information about available services. *"The discharge nurse went through everything [community midwife, health visitors] with me, she discussed information on the red book with me- what appointments will I be getting and she put everything together in an envelope for me. She was very helpful."* said Rehana.

Lisa also received information about her own mental health from the discharge nurse: “She also said “You may get baby blues, because hormones, but if it doesn’t pass let us know”.

Services for babies and their parents: community midwives, breastfeeding support

Both mothers were contacted by community midwives and health visitors directly. Rehana has been happy with her community midwife: “They were friendly and very helpful and they made me comfortable. They asked me how I was; they asked how I was healing down there, I told them I had natural birth with no tearing or anything. “. While the midwife asked questions about the new mother’s physical well-being, she did not also inquire about her mental state. Rehana has been comfortable with this, as she believes the topic is too personal and sensitive to be brought up unprompted by a health professional.

Lisa, on the other hand, found interactions with her community midwife quite frustrating at first. Midwives did not seem to fully understand the specifics of her baby’s case did not communicate sensitively and did not inspire confidence in their competency.

“They didn’t see the big picture of [my baby being born with low papp-a] so they made me feel like I was incompetent or inadequate. In hot weather, he was struggling to feed because he was hot and he was asleep all the time and I was putting cold flannels on him... I was doing the best I could and the midwives were like “Priorities: feed your son!”. They just weren’t very sensitive. But they got better once they got the whole picture. They didn’t seem to know he was underweight because he was born with low papp-a. Also, he wasn’t weighed at discharge or on the first visit, only on the second visit. He only lost 8% of his weight during the first week- and the midwives were like “He lost a massive amount of weight!”. The midwife didn’t know how to use the scales very well, you’d think in their profession they should know about kilograms and pounds... That was really frustrating. It would have been nice to have a benchmark instead of “he lost a massive amount of weight!”. And 8% isn’t that bad- most babies lose 10% of their weight in the first week. So, it wasn’t a massive amount or really unusual. I was made to feel.... It was just the choice in vocabulary. If she had used the word “significant” I would have thought, “OK, not great but we can work on it!”

This experience has been made even more frustrating by one of the midwives not giving Lisa a clear indication about when to expect her:

“One of them was punctual, but another lady said “Oh, I’ll be there between 10 and 4.” I asked, “Can you be a bit more specific?” and she said “No I can’t, I’ve got admin in the morning, so I don’t know what time I’m gonna be there”. I said, “Just let me know when you’re leaving the hospital”, it’s just... maximum, absolute maximum an hour from the Royal London Hospital, but you can do it in half an hour. That’s such a weird amount of time, I said to her a few times “I can’t believe you don’t tell us time more specifically”. She wouldn’t give any specific indication unless prompted.”

Rehana reports receiving a follow-up call from the breastfeeding support team, which she felt she had no particular need for, as this was her third child and she was already experienced with breastfeeding. Lisa used breastfeeding support services and found them useful:

“It was excellent. I think it’s a really good thing. It’s very patient-centred, it’s flexible and adaptable to you, they’re very supportive with advice and information. If they couldn’t see you, you could find them at the children’s centre instead. They’re very thorough and very patient with you as well. Breastfeeding support [was one of the best things about my experience with the NHS].”



What Happens Next

Under the Health and Social Care Act 2012 Healthwatch Tower Hamlets has a statutory duty to:

1. Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. Enable local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
3. Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
4. Make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

In line with these duties a copy of this report will now be circulated to the following organisations.

- ❖ Maternity Voices (local mothers who work to influence services);
- ❖ Barts Maternity Programme Board;
- ❖ Tower Hamlets Clinical Commissioning Group - Clinical Quality Review Meeting;
- ❖ Tower Hamlets Health Scrutiny Sub Committee;
- ❖ Tower Hamlets Health and Wellbeing Board;
- ❖ The Care Quality Commission;
- ❖ Healthwatch England.