

Submission for London NHS People's Commission of Inquiry

A Mother's perspective: I attended the 25 October, Walthamstow Inquiry

1. My name is Sian, I gave birth in Whipps Cross in 2010.
2. During the 2nd part of 2010 I saw a change in maternity services and other local services that had supported me. It was clear a reorganisation was taking place. Midwives were removed from Sure Start Centres. Breast feeding cafes started to close, then Sure Start centre services started to close. By 2011 my friends were going through their antenatal period in fear. It transpired they were no longer seeing one midwife for antenatal appointments, but were seeing a different one each time and had almost no continuity of care. In May 2012 I decided to get involved with Whipps Cross Maternity Services as part of the Maternity Services Liaison Committee (MSLC) so that I could offer ideas of the successful ways in which I had been supported, in the hope that they could be again available for other women. In October 2012 the merger with Barts took place and in April this year the CCG took over from the PCT.

A service unravelling

3. I have really had to think about what and how I can talk about these issues as I am working with Staff at Whipps Cross and I do not want to risk the relationships I have built up, but everyone who I have spoken to privately about my experiences has encouraged me to say what I have seen.
4. I have noticed a difference in both service and communication. I now see a service hampered by confusion, fragmentation and lack of resources, both in the services themselves and the pathway to improve them.
5. I think in the MSLC we made some strides forward initially in terms of improving the experience for women/families using the service, but in the last 6 months we've made no further progression. And of the work of last 18 months, much of the plans have disappeared along with the people we agreed them with.
6. Most importantly the service is being asked to do more with less.

Function and dysfunction

7. The MSLC predates patient involvement of the 2012 Health Bill. Whipps Cross MSLC has been going in some form for many years and I joined in May 2012. Working together hasn't always been easy as staff can be defensive, but over the 6-8 months from when I started we made good progress and the atmosphere was collaborative.

8. With the merger with Barts Health Trust in Oct 2012 staff disappeared and some posts weren't replaced. I now realise from listening to other witnesses at the Enquiry (25th October) that at least one of these missing posts that was crucial to us was a 'patient experience' position. We continued with our work of the MSLC and in April 2013 the CCG took over from the PCT. Everyone is doing their best, but there is a huge amount of confusion and the structure for the working of the MSLC that was emerging has been disrupted again.

9. For example, when Barts Health took over, the existing Whipps Cross website along with all the information about services, was taken down. There was no replacement so there was huge disruption and loss for both users and staff, much of the information may still not be replaced as far as I know.

10. Another example, in February a focus group was undertaken after months of developing a strategy for reaching out into the community. By April after 2 sessions of the group meeting, we were still not receiving the support we needed from the hospital and were promised, most likely because there were not enough midwives available to attend a meeting outside the hospital or possibly because of a lack of understanding about what was required. But instead of addressing the need for support and how it would be met, the focus group was stopped and we were required to use an MSLC meeting (previously allocated to discussing antenatal care) to discuss the remit of the MSLC.

11. The focus group was then redesigned with agreement across the committee. But without a clear idea of who should be doing what, it hasn't restarted in any form at all.

12. From the middle of this year, instead of working on patient centred maternity experience improvements, we've spent most of our time looking at who we are, what we do and how we're going to do it. It has hindered our actual work, which is very frustrating.

13. We have no clear view of how things are working and it's very confusing to know who has the power to make changes. If this is the experience of one committee, then I can't imagine how the hospital and its staff have been able to function with all these changes.

Impact on users and frontline staff

14. Service scrutiny, like the work of the MSLC can always give staff cause for feeling attacked (although it's certainly not intended), but in the MSLC, we were slowly building relationships where we could work together and staff knew we shared the same ideas. However the merger and change destabilised people and processes. My feeling is that midwives are no longer talking to us freely anymore.

15. Communication and conflicting information are big issues for women using the maternity services.

16. For example, we were told by the hospital that the Home Birth team is doing really well, which in some ways it is, the last 18 months has shown an improved and highly regarded service that women are very happy with. This new homebirth team was as a result of staff shortages a couple of years ago, when [Whipps Cross was threatened with legal action for suspending the home birth service](#) over the christmas period.

17. The organisation Birthrights advises that "If an NHS Trust refuses to provide a home birth service, this may breach your Article 8 rights" <http://www.birthrights.org.uk/library/factsheets/Choice-of-Place-of-Birth.pdf>. Faced with legal action Whipps Cross [changed its decision to suspend the service](#) and since then has provided a very good home birth service which is very highly valued by its users.

18. Now the cuts are biting, it is believed that due to staff shortages the well-regarded service is again under threat. We now know that one midwife has left the hb team and has not been replaced. Her work is being covered by community midwives, which is not the same as dedicated home birthing midwives and already the HB team is not functioning as it used to. I spoke to a women in October during her last weeks of pregnancy who was told by text one day that the HB services were not available that evening due to staff sickness. This ad hoc removal of service is not uncommon and it is unacceptable, both to mothers labouring at the time of the removal and to the trust and feelings of security, that other pregnant women have in their care providers.

19. I have also had reports from mothers that the low risk birthing (lilac) ward has been closed. A low risk mother who gave birth in August was told she could not go to the lilac ward on arrival as there were not enough staff to cover the ward. She was placed in the high risk delivery ward and as she started to settle into labouring she was told there was an emergency coming in and the room was needed. This type of disruption can be distressing and potentially dangerous for labouring women. Luckily this mother was found a place on lilac ward after all and despite all the unnecessary disruption went on to give birth in the way she had always planned.

20. Another mother who gave birth around the same time also told me recently that she was settling into a private room she had paid for following a traumatic emergency C-Section only to be moved back to the main ward within a few hours, as due to staff shortages they needed to close the ward she was on. (yes, women can buy private rooms for £100 per night - anecdotally I know in the past that fees have been waived in some circumstances, although I wonder if staff are now able to use their discretion on this.)

21. I have been told (in MSLC meeting) that these closures and suspensions of service are to pool resources to the high risk wards when staff

numbers are short. No one can argue against the fact that high risk birthing mothers must be prioritised, however this is a form of ad hoc reductions in service to low risk women and is very distressing to mothers and also may be in breach of their human rights.

Communication with Barts Health Trust

22. I brought up the concerns about the homebirth team at the following MSLC meeting (September) and was told that the home birth team would be soon merged across the whole of Barts Trust. Not only was this not what had been said at the previous meeting when the HB team was being championed, I was also concerned that it would not remedy the problems of ad hoc removal of service. A larger area/population means that there are more chances of multiple women going into labour at the same time and across a greater geographical distance for midwives to travel, possibly leading to longer waiting times and more midwife “Arrivals After Births” and possibly leaving birthing mothers without an available midwife at all. Certainly if the experiences above of sharing midwives across wards is anything to go by, it could be chaos.

23. It may also introduce the other issue of problems of continuity of care, an issue which doesn't currently affect women cared for by the HB team as they still 'caseload' (I believe is the term) and maternal satisfaction is still very high for the HB team in that area, unlike the rest of the service. However I stress that continuity of case is more than a satisfaction point, [I believe it saves lives.](#)

24. I'm very concerned about the pooling of maternity staff across Barts, so “more staff are on shift”. I worry that if the service becomes patchy women will use it less and our figures will look poor. I worry that closing services ad hoc may also distort birth statistics of where women are giving birth.

25. Another example of incomplete information from Barts: We had an MSLC meeting a few days after Barts Health financial crisis was announced in the news and no one from the Hospital or CCG mentioned it in the MSLC meeting.

26. Another connected example and why it was so important that we should be given the financial information (above): In 2012 we were told about the plans to modernise the wards and a huge rebuilding plan that we were keen to be consulted on. It was made one of our priorities for 2013. In the September 2013 meeting we asked what had happened and were told that building work for developing and updating the maternity building has been stopped in planning stage (perhaps some time ago).

27. In an email exchange with the Communications Lead – Transformational Change North and East London Commissioning Support Unit, they wrote:

“...There is capital development underway at Whipps will increase capacity for births at Whipps in the future”

28. So maybe there is now a lack of future capacity?

29. I am told by We Are Waltham Forest Save Our NHS, that the scrutiny committee mentioned resources coming to the maternity unit, and I was told about a few new rooms to the service in the November 2013 meeting, but as I say, it is another example of current confusion and lack of ability to plan coherently.

30. Many of the criticisms of the recent CQC report are to do with the state of the wards. Our own work flagged these issues to Whipps management long before the CQC report. I am certain it is not Whipps Staff who are complacent here but that it is lack of management support higher up that meant that changes were not made before the inspection. In fact a midwife who left Whipps for another country coincidentally met a pregnant friend of mine and told her that she was very sad to have left her colleagues in the situation they are in.

31. It is Barts Board who needs to make the necessary changes post CQC and we should be consulted. As yet Barts Trust has not had any contact with the MSLC directly. **(NB update: on the 6th December, the clinical academic group director for women’s and children’s health, Whipps Cross, (Barts Health) wrote to the outgoing Chair of the MSLC following the Chair’s resignation - resignation letter is included in this submission)**

32. We had heard via a third party that following the CQC report, Barts had come up with a strategy.

33. We had no contact from Barts and the MSLC Chair requested for someone from the management board to attend our meeting in September 2013. We wanted to invite them to come to the meeting to let us know what the strategy was. They agreed for someone to come, but then pulled out just before the meeting and instead asked the head of midwifery for the Barts Group, a usual attendee, to explain instead.

Communication with Whipps Staff

34. Communication within the MSLC appears to have broken down partly because the midwives are so busy that they barely have time to do their jobs let alone communicate with outside bodies like the MSLC. I fear this is the same story for the service itself.

35. I have feedback from mothers that staff are under enormous strain from being too low on numbers, they can see it on the wards. I have been told by the hospital that there are many more newly qualified midwives starting soon, so hopefully this will improve, as currently the staffing is such

that the services can be withdrawn at a moments notice: As I said before, Home births might get cancelled, or wards might get closed to new admissions if there are unsafe levels of women to staff. Again this can be due to the sickness of midwives OR the women being cared for. This suggests to me that staffing is operating on “just enough” levels and any (normal everyday) stress on the system, like a peak in sickness or births can result in loss of service to some mothers.

36. Since giving evidence on the 25th October I have been told in confidence by a Whipps midwife that although I was given assurances in the September MSLC meeting that there would be no downbanding of experienced midwives (6 down to 5, as is happening in the rest of the Trust). In fact 20 band 7 midwives have already been reduced to 6 midwives on a band 7. And the remaining 6 (band 7) midwives are now being cut to 3 of them (overall 17 fewer band 7s)

37. Since the recent CQC report states that “sufficient numbers and suitable qualified skilled and experienced persons....” is a cause for concern, this experience cull at Whipps is particularly shocking.

Regulated Activity	Regulation
Maternity and midwifery services	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	<p>How the regulation was not being met:</p> <p><i>In order to safeguard the health, safety and welfare of people who use the service, the registered person did not always take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22.</i></p>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>38. 1. The midwifery staffing numbers will continue to be reviewed daily by the Care Pathway Coordinator midwife to ensure staffing levels are sufficient to meet the clinical demand. If there is insufficient number of midwives available because of sudden absence or sickness the Coordinator seeks approval form CAG Tier 1 to book temporary staffing. Out of hours support and advice is accessed by the wards from the senior on call maternity manager who can authorise temporary staff.</p> <p>2. A CAG admin and clerical staffing review is in progress to ensure adequate reception provision. When completed the CAG will seek approval to recruit to any identified vacant posts.</p>	

39. Also, the midwife has told me that the Trust has completely removed a 9pm-8am shift. So a day midwife will then be on call for the following night until next morning!

Area G: Although I don't really know if this is significant, I've been told that my observations of the issues cropping up with Area G could be important:

40. Area G appears to have come about when a neighbouring maternity unit (King George's) was closed for birth deliveries. Women can still use KGs for antenatal and postnatal, but must deliver elsewhere. This already alarms me (continuity of care), but that's another matter.

41. As lay members of the MSLC we first got in to trouble after [receiving a letter from Chief Executive of NHS North East London and the City today \(19 March\)](#), for stating on [our FB page](#) that women would be transferred from KG's to Whipps. This was not true apparently.

42. We were told in an email from Communications Lead Transformational Change North and East London Commissioning Support Unit:
"There will be no additional births at Whipps Cross from 19 March. There is capital development underway at Whipps will increase capacity for births at Whipps in the future, however it is the additional capacity at Newham and Homerton hospitals, as well as the new birth centre at Queen's Hospital, which will support the transfer of birthing services from KGH."

43. We were happy to clarify our mistake, but added in our email reply:

"...however, as the letter says, women are entitled to chose the place where they give birth and it therefore is possible that there will be some women who choose Whipps, in the absence of a King George hospital birth option (as opposed to Homerton, Newham or the mentioned birthing centre) particularly regarding the recent negative experiences with Queens." (there had been maternal deaths at Queens)

44. We received the reply:

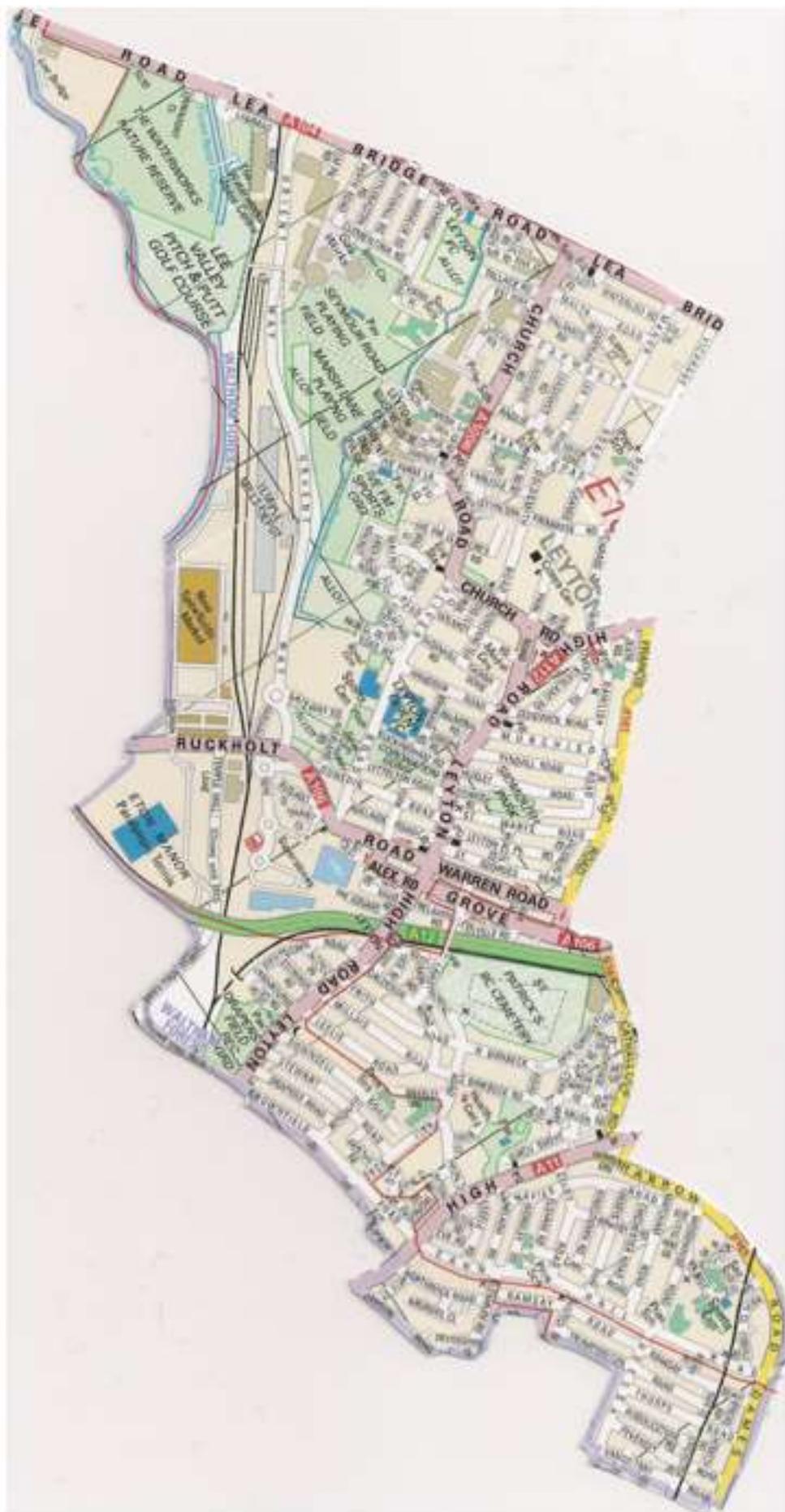
"With regard to choice, we have included the following line in the maternity guide: "Hospitals prioritise women from their local area (catchment) so you will only be able to give birth at a hospital outside your local area if there is space for you or if there is a particular clinical reason."

47. So much for maternal choice.

48. In reality, women are having to book very early to secure places in the hospitals of their choice (and since the 25th October I have been made aware online, of women from Walthamstow who have tried to book in Homerton who have been refused due to *"being out of catchment and over subscription"*)

49. Then following the email, I was told in April, by a member of Homerton MSLC that Homerton midwives told the committee that their course of action when they were full was to divert women to Whipps. I became worried about women being sent backwards and forwards, so when I was asked to attend the Homerton MSLC I took the opportunity to ask what the situation was.

50. There seems to be an arrangement since the closure of King George's where Whipps takes an amount of women and in turn transfers a group of women to Homerton so that perhaps numbers remain the same at Whipps. This makes sense as although Newham hospitals and Homerton apparently have extra capacity to deal with the women transferring from Kings, they are not necessarily nearby. Therefore women in an area which lies between Whipps and Homerton Hospitals "area G" are expected to go to Homerton.



52. For some women in area G, Whipps will be walking distance from their homes, so if we refer to the Women's Choice quote above, it seems that some women might not be happy about this arrangement.

53. I discovered that Homerton women were also worried about increased numbers, as Homerton birth admissions had been closed a few months after the Kings closure. The women at the Homerton MSLC were assured that no more women had been admitted from area G than planned; that the midwives were monitoring this daily; and that the wards had been closed below the normal threshold, because of sick mothers. I was struck by the waste of trained midwives' time monitoring this area G daily when other more pressing issues are there to be dealt with.

54. I then attended the CCG board meeting the following day. Area G popped up again. Apparently not only had Homerton not taken more women than they had signed up for, in fact birth rates were down in area G (or those in the area booking in to Homerton) and they were 'under-performing' for what they had been paid. This apparently was a financial concern.

55. To me this all seems like a ludicrous timewasting situation, taking up midwives time and administrative money and it doesn't help women receive better care.

56. It seems to me that with the new fashion for closing maternity units, this problem of predicting and paying for maternity care. Sharing care 'inefficiently' between financially separate institutions (all supposedly the NHS serving across the community) will become more and more frequent.

57. Lastly: It's also worth noting here, the demolition of community support services in breastfeeding. In Waltham Forest midwives relied on a strong network of BF groups with highly trained staff to pass women on to. The network took 10 years to build up, the volunteer-led community alongside the medical community. Now the funding has been removed, cafes and clinics, particularly in Sure Start Centres have closed and women have nowhere to go. Leaving midwives with **no pathway of care for their patients.**

58. The Chair of the MSLC stepped down from her post November 2013. With her permission I am forwarding her resignation email as part of my submission. The email contained documents she obtained by FOI request, which I can provide if requested:

Dear MSLC Members,

It is with great regret to inform you that I have decided to resign from my post as Chair of the Whipps Cross MSLC as of 15 November 2013. The November MSLC meeting will be the last meeting that I will chair. I would like to thank all the mums, partners, Diane Jones (former Maternity Commissioner for Waltham Forest PCT), Midwives, Supervisor of Midwives, Waltham Forest CCG, Healthwatch Waltham Forest, the gorgeous and adorable babies and toddlers that have attended meetings, and everyone that has contributed via email, Facebook, face to face discussions on the phone and during meetings. I certainly could not have chaired the group without your support, encouragement and contributions.

I was asked to take on the role of Chair around November 2011 and it is a role I took on literally with all my body, spirit and soul and I did the best I could with the support of Diane Jones (Maternity Commissioner for Waltham Forest PCT) and most recently from Bisi Olufunwa, Lynn Morris, Vanessa Taggart and Anna Sullivan from Waltham Forest CCG and most of all from the MSLC (lay) members.

Although there are many challenges currently facing the MSLC and front line maternity practitioners at Whipps Cross Hospital, I am pleased that the MSLC has achieved certain milestones which should be celebrated. Since my time as Chair:

- The MSLC has met bi-monthly consistently come rain, sunshine and snow thanks to all the lay members and to Whipps Cross for providing a venue.
- I have successfully recruited past and present users to the MSLC (without any budget) and currently we have 37 members (excluding healthcare practitioners) on our members list.
- With the support of Diane Jones, we successfully approached Waltham Forest CCG and asked them to support the MSLC following the health and social care changes that took place in April 2013.
- The MSLC has built an online presence via Waltham Forest website, CHiMat, Stella Creasy's newsletter, Facebook and Netmums (<https://www.facebook.com/WhippsCrossMSLC> , <http://www.wflink.org.uk/index2.php?page=67&id=225> , <http://www.chimat.org.uk/mslc/support/websites> , <http://www.netmums.com/walthamforest/noticeboard/search/MSLC>)

- The MSLC has successfully carried out three engagement activities which was well received by users of the maternity services at Whipps Cross (Breastfeeding Survey and Labour & Childbirth survey completed by approximately 300 women; 2 user/discussion events in the community)
- The MSLC has engaged successfully with community groups, charitable and public organisations i.e. Noor Ur Islam Group, HealthWatch Waltham Forest, Waltham Forest CCG, NCT Waltham Forest, NCT Redbridge, Whipps Cross Patient Panel, Whipps Cross Special Care Baby Unit.
- The MSLC raised the visibility of the role of Supervisors of Midwives (SoMs) and produced a leaflet (available on our Facebook page) on the roles of SoMs and how to contact them.
- We have between 2 - 10 lay members/users (including myself) attending MSLC meetings (lowest we have had is 2 in a meeting and it was snowing on the day)
- And most of all (what I am proud of): The MSLC has brought together past and present users and groups with various expertise, skills and experiences who are passionate about their local maternity services.

My reasons for resigning are outlined below:

- 'Absence' of communication from Senior and Strategic decision makers across Barts Health in light of the recent CQC Report and all the changes currently taking place across Barts Health and progress of the maternity building at Whipps Cross. In addition, the MSLC has not received a response to date (since September 2013) to a letter sent to the Chief Executive and Director of Women's Services of Barts Health NHS Trust for invitation to work with the MSLC to look at how we can improve maternity services in the areas highlighted by the recent CQC Report.
- Lack of response from senior decision makers to email request to work in collaboration with the MSLC to continually improve the maternity services at Whipps Cross.

- A culture that is defensive (rather than embracing) of feedback specifically negative feedback from users about their experiences of the maternity services; recommendations for improving services and non-response to regular invitation to work in collaboration with the MSLC to celebrate the good work being carried out by frontline practitioners and in addressing user concerns about the local maternity services.
- Non-involvement and input from the MSLC (from the planning stage) of initiatives and key programmes i.e. Great Expectations, Planning and build of the current refurbishment of maternity wing at Whipps Cross.
- No pro-active communication from Whipps Cross and Barts Health NHS Trust with regards to the most recent CQC Report and Whipps Cross response to the CQC. I have had to push and be persistent in requesting for this information from Barts Health through direct written correspondence and via Waltham Forest CCG and it was only presented (very briefly unfortunately due to insufficient time) at the last MSLC meeting in September. The MSLC has only just received a soft copy (please find attached) of Whipps Cross response to the CQC report via a Freedom of Information request.
- Lack of support for staff i.e. having 'one' Head of Midwifery post responsible for 3 big maternity services across Barts Health (Whipps Cross, Newham and Royal Free) although this has now been rectified. There are currently freeze of using agency staff when needed, down-grading post and reducing the numbers of Midwives for the Home Birth team.

I have contributed personal time, personal (and unpaid) annual leaves, expertise and skills to the MSLC. I would like to stress that other members of the MSLC have also contributed personal time and expertise to the progress of the MSLC. I must also stress that I have not regretted a single 'second' of the time I dedicated to the MSLC. I am not saying this to have a pat on the back, but to let you know that the time and work contributed to the MSLC has left me very physically and mentally exhausted and has encroached on important relationships in my life.

A typical day for me includes checking, sending and responding to MSLC related emails during my lunch break and personal time at home and having telephone meetings/discussions also during my lunch and tea break and after work. I currently have 455 un-read emails in my inbox (40% of which is maternity related i.e. google alerts to keep me abreast of maternity issues locally and nationally, responses from my email to other MSLC chairs, emails containing best practices on MSLC across the country, emails containing reports around maternity etc).

My voluntary role which I received numerations (to cover personal expenses i.e. phone calls, printing, transport to attend meetings) for takes up a large amount of my time on a daily basis and unfortunately I can no longer dedicate the time needed to function effectively in this role and the lack of engagement from Senior Management from Barts Health NHS Trust is extremely frustrating.

As Chair of the MSLC, I observe from my visits to Whipps Cross and from information we receive from users that staff are demoralised and lack support to be able to provide excellent and safe care in maternity. For example at the last MSLC meeting, a member of staff said *"The CQC report has enabled me to get things done that I've wanted to happen for ages"*.

Another example is a recent feedback from a user on 10 November:

".... went to triage today as having mild contractions every ten minutes. Was absolute chaos. Only one midwife on triage, a queue of 8 people, no delivery rooms (though they did make one for an emergency but it didn't have all equipment in)....two doctors on duty but both stuck in theatre the entire time. .."

I want to let the Midwives, Supervisors of Midwives, Health Care Assistant, Cleaners, Receptionist, Security Guards, Obstetrics, Sonographers and everyone that I and MSLC members appreciate the care and services they are currently providing under extremely difficult circumstances.

I cannot guarantee that I will be able to attend future MSLC meetings but I will continue to provide support in any way I can to the work of Whipps Cross MSLC.

Once more I would like to thank everyone for the support I have received in carrying out the duties of my role as chair these past two years.

Yours sincerely,

Ruth Adekoya