Maternity Services in Norfolk

A snapshot of user experience Oct 2014 - April 2015

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Healthwatch Norfolk in partnership with

for young people finding their way

Contents

About this report

This report sets out the findings and recommendations of a project about maternity services in Norfolk. It is intended to help inform the commissioning and provision of maternity services and provide complementary information to the Healthwatch Norfolk programme of engagement with families, children and young people.

Who this report is for

This report is intended for:

- Commissioners of maternity services in Norfolk's Clinical Commissioning Groups
- NHS England commissioners of specialist services for women and children
- The Maternity Services Departments of the James Paget, Norfolk & Norwich and Queen Elizabeth Hospitals

It will be also be of interest to:

- Commissioners of mental health services in Norfolk
- Norfolk and Suffolk Mental Health Foundation NHS Trust
- Children's services and Children's Centres
- Voluntary and community organisations whose beneficiaries are parents and children
- Commissioners with responsibility for reducing health inequalities

Acknowledgements

We gratefully acknowledge the contribution of the Mancroft Advice Project and the young parents who shared their experiences. We are also very grateful to all the women, partners and families who gave us their feedback on experiences of maternity care. We would especially like to thank Healthwatch Norfolk volunteer Dilly Turton for her expert support and guidance.

Headlines

- Maternity service user-led forums can enable commissioners and providers to engage past, current and prospective service users. Led by women for women, these forums are best placed to create easy, baby-friendly, enjoyable and meaningful ways for service users (and fathers, partners and families) to give feedback on maternity services which can improve services
- Four of the five Clinical Commissioning Groups in Norfolk are providing, or ready to provide, funding to Maternity Services Liaison Committees
- There are two Maternity Services Liaison Committees currently operating in the county and a third waiting to be re-established with the support of volunteers
- We conducted 3 Enter and View visits to observe care in the Queen Elizabeth, James Paget and Norfolk and Norwich hospitals, observing the services provided and listening to over 100 women, partners and families about their experiences of maternity services
- A comparison of the Friends and Family Test recommendations shows that the proportion of women who would recommend the service they'd received during the birth of their baby is reasonably steady between 80-90% for the Norfolk and Norwich and James Paget Hospitals - and consistently higher than women receiving care at the Queen Elizabeth Hospital (45–75%). We suggest that this reflects the experience women have as a result of giving birth in the Midwifery Led Birthing Unit at the Norfolk & Norwich Hospital and in The Dolphin Suite of the James Paget Hospital. Whilst there is midwifery-led care at the Queen Elizabeth Hospital there isn't currently a Maternity Led Birthing Unit. This means not every women in Norfolk has access to a Midwifery Led Birthing Unit however; a unit is being developed at the Queen Elizabeth Hospital and is expected to be operational by autumn 2015.
- Women and their partners have told us that information about where and how to access antenatal classes is variable and unreliable.
- A snapshot of feedback on the services provided by the Family Nurse Partnerships in the county show that young mothers are very happy with the service they have received from the Family Nurse Partnership. It is not clear to all young people how they can access this service and possibly many miss out.
- The consultation with young parents carried out by MAP on behalf of Healthwatch Norfolk tells us that there are eligible young parents in Norfolk who are not aware of, or been able to access, the Family Nurse service.
- The consultation with young parents tells us that young people generally have a good experience of maternity-related services which are delivered in Children's Centres, however, there is some variance in the quality on the service experience and the extent to which the services are tailored towards young parent's needs and preferences.
- The mental health needs of young parents can be overlooked by health and social care professionals and women can develop mental health problems which are not consistently identified and appropriately supported or treated.

Recommendations

In drawing together a picture of service experience, the following is recommended:

Recommendation: Maternity Services user forums, such as Maternity Services Liaison Committees, are best placed to engage women and gather service user experience from women and their partners and families in the most appropriate ways. Clinical Commissioning Groups in Norfolk could utilise the peer-friendly structures of these committees as a means to collate regular, independent feedback on maternity services by committing to an annual funding (and yearly review) of their local Maternity Services user forum or Maternity Services Liaison Committees.

Recommendation: Healthwatch Norfolk should continue to support maternity services user forums including Maternity Services Liaison Committees in the form of practical support with focused engagement with parents, recruitment and support for volunteer coordinators and members of maternity forums to work with the Maternity Service Liaison Committees and encourage Clinical Commissioning Groups to allocate a sum not exceeding £2,000 specifically to facilitate wider service user engagement and to ensure a consistent county-wide approach.

Recommendation: Our hospitals' maternity services departments should carry out a community language needs assessment and use the findings of that to inform provision of information in languages other than English to mothers, fathers and families.

Recommendation: Women and their partners have told us that information about where and how to access antenatal classes is variable and unreliable. Not every prospective parent is able to access the kind of local antenatal class they feel would enhance their parenting skills and confidence in caring for their new-born baby. There is a need to undertake an equity audit of access to antenatal classes by women living in Norfolk as a means to identity unmet needs, increase provision of classes and improve maternal and child health and wellbeing in the long term.

Recommendation: Client experience of the Family Nurse Partnership is very good indeed. Local commissioners should at least maintain the level current service provision and consider widening access to the service to all eligible mothers (and fathers) across the county.

Recommendation: Norfolk's Children's Services, West Norfolk, South Norfolk, North Norfolk and Norwich Clinical Commissioning Groups and the Norfolk and Suffolk Mental Health Foundation NHS Trust should make a public and formal commitment to deliver a programme of systematic and meaningful engagement with women and families in the development of the Perinatal Mental Health Services, making full use of the voluntary and community sector organisations in Norfolk that work closely with women and families, young people and young parents.

Recommendation: Explore whether antenatal sessions could be run at weekends or alternate weeks to fit in with the factory shift patterns. Also discussed were ESOL embedded antenatal classes.

Recommendation: Explanation about what to do in active labour should be given during antenatal care. In order to improve understanding about the process to follow when in active labour perhaps information could be provided in different languages, or as some women suggested antenatal groups in different languages.

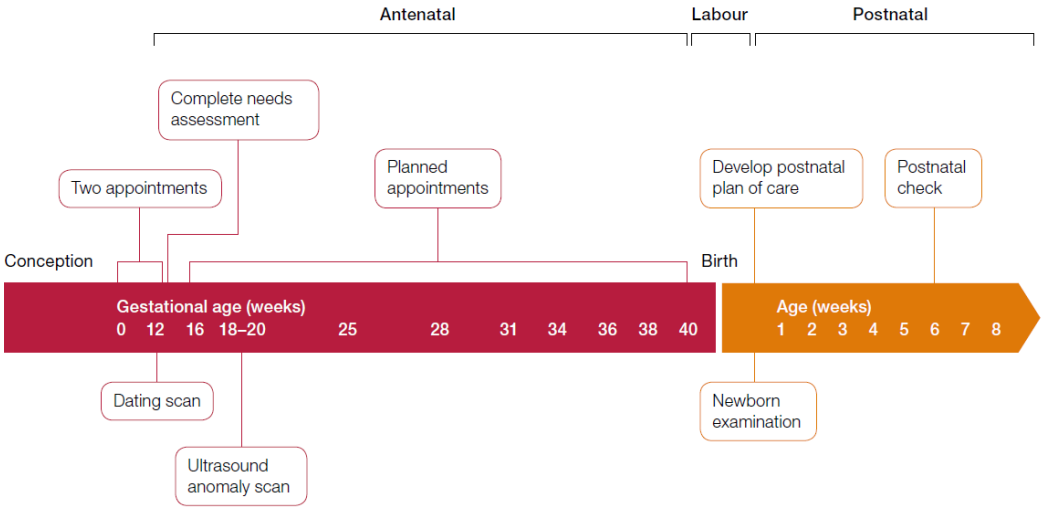
Recommendation: Healthwatch Norfolk recognizes that limited reference is made in the report in relation to the Health Visiting service and aware that this service. This is due to the service being in transition. To that end, it is recommended that a further study on the Health Visiting service is undertaken once the transition into the remit of the Local Authority has been completed.

1a. Background

Healthwatch Norfolk chose a number of priority areas for 2014-2015 and one of these is a large piece of work on engaging families, children and young people across the county. As part of this, a small scale project was conducted which aimed to gather a snapshot of experiences of maternity services across the county. The focus was on women within the services and support offered along the maternity care pathway (see Fig 1).

The information gathered was intended to complement our wider programme of engagement with families, children and young people across the county. With this in mind, one focus of the maternity services project was to explore the experiences of young parents in the county in accessing the kinds of information, support and services they felt they needed. Mental health and wellbeing services continue to be a priority for us and mental health in pregnancy was also a focus of this work.

Figure 1
Maternity care pathway



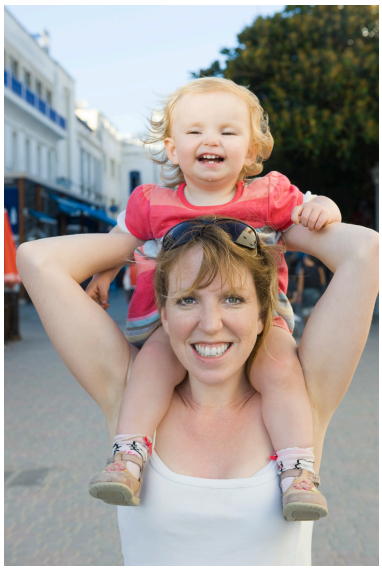
Note
1 The diagram represents a simplified summary of the actual pathway and includes only key, indicative elements.

Source: Adapted from NHS England

1b. Aims and Components

Aims

Through looking at specific areas initially, Healthwatch Norfolk aimed to identify good practice and areas for improvement, which can be shared with commissioners and providers of maternity services in order to improve services for women and their families.



Anecdotally, we were told that the number of babies born to migrant worker mothers in the county has been increasing in the past five years and we particularly wanted to explore the experiences of mothers from European countries. This was included as part of a larger piece of work on access to health services by migrant working communities in Norfolk and we are still awaiting the results.

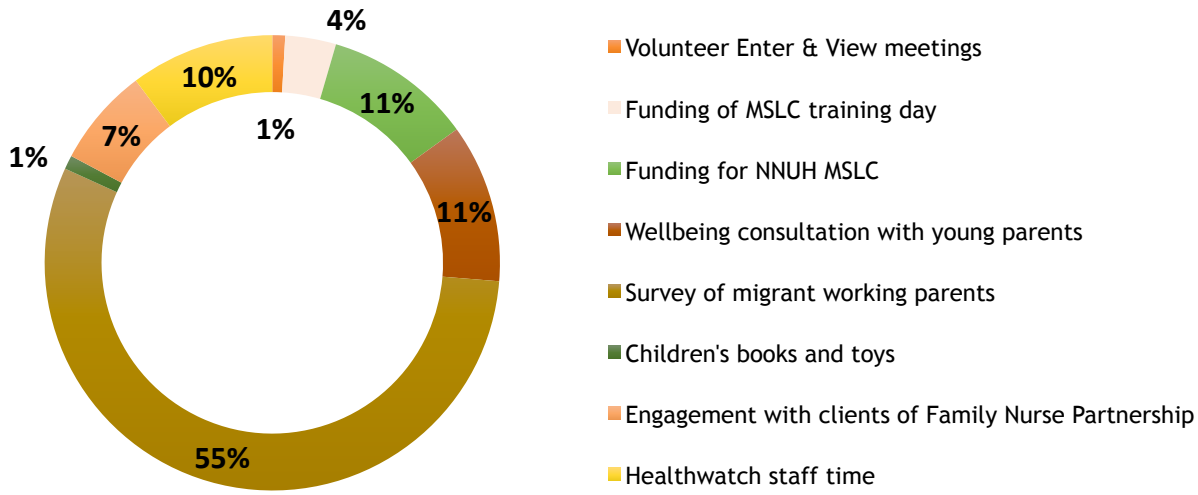
Components

The maternity services projects had several components including:

- Engaging with, and supporting if requested, the three user-led Maternity Services Liaison Committees (MSLCs) aligned to each provider of acute maternity services.
- Requesting each of the five Clinical Commissioning Groups (CCGs) in Norfolk to describe how they are supporting and financing MSLCs to provide feedback to providers and commissioners on how well maternity services are working and what can be improved (responding to the Healthwatch England national call-out to local Healthwatches, for information on funding of MSLCs).
- Carrying out Enter and View visits to the out-patient and in-patient maternity services departments of the James Paget, Norfolk and Norwich and Queen Elizabeth Hospitals.
- Collating Friends and Family Test scores for the areas of antenatal, delivery and postnatal care, for each provider in Norfolk
- Working in partnership with the Mancroft Advice Project to consult with young parents in the Norwich area about their mental health and wellbeing needs in pregnancy (please see Section 9 for MAP's report)
- Collecting a snapshot of experiences of clients of the Family Nurse Partnership services (young mothers aged 19 years or under)
- Carrying out a desk review of maternity services complaints reporting in our three local hospitals
- Working through community and voluntary sector organisations GYROS, KLARS, The Keystone Trust, to engage with, and listen to, the experiences of parents from migrant worker communities around the Great Yarmouth, Kings Lynn and Thetford areas (*please see Section 10 for report on migrant workers access to services for further detail on experiences of maternity*)

This project was of a smaller scale compared to our other projects and therefore we used the available resources very carefully. Fig 3 below shows how we spread the resource available between the different components of the project.

Fig 3 Use of project resource – % expenditure of overall budget



1c. Engagement

We engaged with a range of people and organisations; these are shown in Fig 2.

Fig 2 Engagement with users, commissioners and service providers

Service user groups and community service user organisations

- Norfolk & Norwich Maternity Services Liaison Committee, Norwich and surrounding area
- West Norfolk Community and Voluntary Action, King's Lynn
- Mancroft Advice Project, Norwich
- GYROS, Great Yarmouth
- Kings Lynn Area Resettlement Support, King's Lynn
- The Keystone Development Trust, Thetford
- Baby Cafes in Children's Centres in the Great Yarmouth area

Services

- Maternity Services Department, James Paget Hospital NHS Foundation Trust
- Maternity Services Department, Queen Elizabeth Hospital King's Lynn
- Maternity Services Department, Norfolk & Norwich University Hospital NHS Foundation Trust
- Family Nurse Partnership, Norfolk Community Health & Care NHS Trust
- Family Nurse Partnership, East Coast Community Healthcare CIC
- Norfolk and Suffolk Mental Health NHS Foundation Trust

Commissioners

- Great Yarmouth and Waveney Clinical Commissioning Group
- North Norfolk Clinical Commissioning Group
- Norwich Clinical Commissioning Group
- South Norfolk Clinical Commissioning Group
- NHS England Midlands & East Team
- Norfolk Child and Maternal Health Commissioning Network

We also engaged with Healthwatch England by responding to call to action on information regarding the funding and support of local Maternity Services Liaison Committees.

2. Maternity Services Liaison Committees

2.1 Commissioners support for Maternity Services Liaison Committees

Maternity Services Liaison Committees were first set up in 1984 with the aim of providing a forum where users of maternity services could meet with the professionals responsible for providing the service, to discuss how the service could be improved to meet the needs of the local population. The Department of Health last published guidance[1] on Maternity Services Liaison Committees (MSLCs) in 2006, which said:

"In every area there should be an effective multi-disciplinary maternity services forum where commissioners, providers and users of maternity services bring together their different perspectives in partnership to plan, monitor and improve local maternity services" and *"MSLCs should be established, organised and maintained by primary care trusts (PCTs) and report to them, although they may be provider or community-based depending upon local circumstances"*.

Things have moved on since then; this statutory requirement was not inherited when Clinical Commissioning Groups were established. The National Childbirth Trust[2] responded by championing the role of MSLCs in 2013 and recommending that MSLCs:

- Continue to exist, under the auspices of an appropriate body in the local health structure
- Continue to be the main means of giving service users an influence over maternity strategy and delivery of the service
- Are provided with a ring-fenced budget to make sure that they can meet regularly in suitable settings, and that chairs and members have the appropriate training and support
- Continue to act as strategic advisory groups that help create and maintain high quality maternity services, defined as those where women and their partners have a safe transition to parenthood and an experience that is positive and life-enhancing
- Are constituted as at present and chaired or co-chaired by a lay user.
- Continue to have responsibility for creating mechanisms to elicit and collate both qualitative and quantitative input from users

Clinical Commissioning Groups have, however, a statutory duty to engage patients and the public in commissioning processes and decisions. The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006. This guidance supports two legal duties, requiring Clinical Commissioning Groups and commissioners in NHS England to enable:

- patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission
- the effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people

[1] Department of Health (February 2006) National Guidelines for Maternity Services Liaison Committees (MSLCs).
[2] NCT, RCM & PROG (2013) Maternity services liaison committees (MSLCs): a consensus statement from NCT, RCM and RCOG . Our shared views on the importance of engaging with women and their partners in the planning and monitoring of maternity services and the role played by MSLCs

This does not mean that every Clinical Commissioning Groups must establish, organise and maintain MSLCs. These committees exist still, however, and can be of great benefit to the commissioners of maternity services in fulfilling their statutory duty. Healthwatch England put out a 'call for evidence' to local Healthwatches in England last autumn due the number of escalated concerns on the disbanding and/or lack of support for user-led forums in maternity services, including MSLCs. In response to this call for evidence, Healthwatch Norfolk wrote to each of the five Clinical Commissioning Groups in Norfolk asking them to describe how they were currently supporting their local maternity user forum and what they planned to do in future (see Appendix 1 for the Chief Executive's letter).

Until recently, there were three MSLCs in Norfolk, each aligned to the maternity department of Norfolk's largest, acute hospital trusts; James Paget University Hospital, Norfolk & Norwich University Hospital and the Queen Elizabeth Hospital King's Lynn. Presently there are two operational MSLCs in Norfolk aligned the Norfolk & Norwich University Hospital and the Queen Elizabeth Hospital. The committee at Great Yarmouth has recently been suspended due to resourcing issues

Regarding our letter to Clinical Commissioning Groups, we received a reply from Great Yarmouth and Waveney Clinical Commissioning Group and from North Norfolk Clinical Commissioning Group (on behalf of the three CCGs covering central Norfolk). The outcome is that:

- Great Yarmouth and Waveney Clinical Commissioning Group are willing and able to support a local MSLC (2015-2016) with both practical and financial support but the committee is currently suspended whilst a new Chair is sought
- North Norfolk, South Norfolk and Norwich Clinical Commissioning Groups are providing funding for the Norfolk & Norwich MSLC (for administrative services and core activity) for the year 2015-2016
- We did not receive a response from the West Norfolk Clinical Commissioning Group so we cannot report if it is, or intends, to support the Queen Elizabeth Hospital MSLC or not

2.2. Our local MSLCs

West Norfolk Voluntary and Community Action[3] has provided administrative support services to the MSLC serving women in the west of Norfolk. This MSLC is reported to be lively and well-supported by the midwifery, obstetrics, patient and public involvement and management teams of the Queen Elizabeth Hospital. The QEHKL MSLC has been operated on a very small budget for several years in succession. At the time of writing this report, Healthwatch Norfolk is not aware of any practical or financial support given to the QEHKL MSLC by the West Norfolk Clinical Commissioning Group at the present time.

The QEHKL MSLC administers a patient survey that collects feedback on a range of issues. These include; place of giving birth, attendance to antenatal classes, level of support during antenatal care, and the best and worst things about women's experiences.

[3] West Norfolk Voluntary and Community Action merged with Norfolk Rural Community Council, forming a new organization called Community Action Norfolk 1st April 2015.

Women gave comments on a wide variety of issues relating to their experiences and their care, for example: pain management, pain relief with contractions and stitches, induction, C-sections, complications with birth, noise levels on the ward, responsiveness of staff and staffing levels, communication with staff, receiving timely information, ward facilities, information and advice. The overview of service responses for July 2013 -2014 showed that 84% of women having their babies at the Queen Elizabeth Hospital felt supported through their antenatal care. Access to antenatal classes appears to be problem for some women. The 'Time to Talk' service offered by midwives at the hospital is valued by the women who have used it as an opportunity to talk through their experiences of maternity care and the birth of their baby. The QEHKL MSLC recommended that the community midwifery team at the hospital review the timings, frequency and promotion of antenatal classes.

For women living the Norwich and central area of Norfolk, the Norfolk & Norwich Hospital MSLC (NNUH MSLC) is their local maternity services forum. This committee is user-led, has a lay chair-person and is well-supported by the midwifery, obstetrics and specialist departments at the hospital. The MSLC has been and continues to be funded by the local Clinical Commissioning Groups (Norwich, North Norfolk and South Norfolk) for the year 2015-2016 and has used the 'charity back-room) services of West Norfolk Voluntary & Community Action as a host organisation for funding arrangements etc. The meetings of the MLSC and a service user forum are supported by an Administrative Coordinator who also maintains and analyses a user survey that collects feedback on a range of issues.

The NNUH MSLC is a lively forum with an on-going programme of activities and plans to do out-reach and community based engagement with service users in the forthcoming year. This is intended to better enable the MSLC to engage with mothers from diverse ethnic communities and parents in disadvantaged communities in the central Norfolk area.

MSLCs and similar forums are good at engaging women and collecting useful information in a user-friendly way. MSLCs, as a peer-led bodies, are best placed to advise about gathering feedback in ways that they know to be easy and accessible to other women who've used maternity services but require sufficient resources to be able to do so.

Recommendation: Maternity Services user forums, such as Maternity Services Liaison Committees, are best placed to engage women and gather service user experience from women and their partners and families in the most appropriate ways. Clinical Commissioning Groups in Norfolk could utilise the peer-friendly structures of these committees as a means to collate regular, independent feedback on maternity services by committing to an annual funding (and yearly review) of their local Maternity Services user forum or Maternity Services Liaison Committees.

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3. What the public have told us

Letter to Healthwatch Norfolk from a father-to-be

" In the Healthwatch newsletter it talks about starting a new project on maternity services. The article seems to suggest that you are more interested in the views of women, rather than dads to be, but I've got some thoughts on our experience so far (Baby… is due three weeks tomorrow).

I think some of the areas that might be worth probing are:

Consistency of midwives (We saw four different midwives at our first four appointments, and the appointments had to be in two different places).

Access to ante-natal classes (Despite repeatedly asking, we never got an invitation or information about NHS ante-natal classes - we kept being told that the invitation is in the post, but it has never arrived. One midwife told someone we know that they should get themselves booked onto the NHS ante-natal classes, but the next midwife they saw said you really shouldn't be going to the NHS classes if you can afford and are going to NCT ante-natal classes).

Consistency of advice from midwives (On the inside page of your notes it explains what your midwife should be talking to you about at each appointment, but this was in no way reflected in what our midwife actually spoke to us about at each appointment). I know that their advice needs to be tailored to the individual, but it does mean that there is a lot of stuff none of our midwives talked to us about. Also at our first appointment they told [my wife] to be mindful of slap cheek and chickenpox, and that if there were cases in school to phone the midwife and they would arrange for her blood to be tested to see if she was immune. During her pregnancy, there were cases of both at school. The first time [my wife] phoned because of the slap cheek in school they had lost [her blood test results]. A week later they took more blood. Two weeks later we had not heard anything, so we called them and they said that everything is fine - she is immune to it. However no-one told us the results, and to be honest after two-weeks it seems slightly pointless anyway. The second time it happened, [my wife] phoned because she has not had chickenpox and they didn't do anything. So despite following the process they told us to follow, they then didn't do anything. I know that there are lots of factors involved in the decision about whether or not to test someone's blood, for example whether the infected child is in the pregnant teacher's class etc, but they really weren't helpful).

Explanation of paperwork (When you go for a scan at the hospital they add sheets of stuff to your notes, but no-one really ever explains what it all means - I can understand some of it, but despite being reasonably well education I don't understand much of it).

Access to midwives (When you call the number to speak to your midwife, sometimes they call you back and sometimes they don't).

Midwives approach to dads to be (I completely understand that the mother is the focus, but I have been to quite a lot of appointments with [my wife] and during almost all of them it was like I was completely invisible).

None of these were necessarily big issues for us as a couple, but I think that they might be bigger issues for others. For example some people choose not to or can't afford to go to the NCT for ante-natal classes. I don't particularly blame the midwives themselves for our slightly frustrating experience - most of the ones we have seen have been nice. And it may be that the midwives consider [my wife] and I to be middle class parents that don't need a lot

of support, and to some degree that is true - we have a helpful family, have been to NCT, seem fairly sane (hopefully) and have even read a book. But from experience and point of view, the systems and processes do feel disjointed and disorganised and just a bit frustrating."

These are the most common things we've heard when listening to women, partners and families about maternity services:

- Midwives are frequently described as 'lovely'

- "they were amazing and I couldn't have done any of it without them"
-"Just to say that my experience on the maternity ward was excellent - the staff were fantastic. I felt like a VIP! The nurse that was looking after me and the baby stayed on to see everything through - she had done a 12 hour shift and was so professional"

- Mainly good experiences of care in the delivery suite and Maternity Led Birthing Units
- Some people find the waiting times for antenatal appointments a bit long
- Good communication and having the right information is, as always, very important
- Positive staff attitudes make all difference

3.2 Antenatal classes

There is a theme around antenatal classes and access to antenatal classes:

"I looked forward to antenatal classes because my mum (who's a nurse) told me they would be good for me. I think some of the stuff I could have looked up myself online but there was around 25 of us packed into quite a small room. The best bit I found was the tour of the delivery suite. This is our first baby and it helped a lot to see where I would be going"

"We felt like we were 'left to get on with it' when it came to antenatal classes"

"I went to my first session last week. I didn't know what to expect but actually it's better than I thought because everyone else there was really friendly, bit nervous like me I suppose. She did pretty much rattle through the talk though and seemed a bit pushed for time"

"Haven't heard of them – don't know anything about them"

"I was told to ring up when I got to about 26 weeks or so but when I did it was hopeless because there was only one course running at the time and that was all booked up. [The person on the phone] said that they were having difficulties because they couldn't always find enough midwives to be able to cover the classes, to be able to put on the classes as often as they'd like. It never occurred to me that there wouldn't be classes, I suppose I sort of expected it. [My partner] wasn't that bothered and I'm not sure he would have come anyway but me, well, I was keen"

"Not sure if I should have gone to them or not but the midwives on the ward were great and showed me how to take care of my baby before I went home"

Recommendation: Women and their partners have told us that information about where and how to access antenatal classes is variable and unreliable. Not every prospective parent is able to access the kind of local antenatal class they feel would enhance their parenting skills and confidence in caring for their new-born baby. There is a need to undertake an equity audit of access to antenatal classes by women living in Norfolk as a means to identity unmet needs, increase provision of classes and improve maternal and child health and wellbeing in the long term.

4. Enter and View visits to Maternity Services

4.1 Enter and View

Every local Healthwatch has an important statutory power that entitles its authorised representatives to enter and observe health and social care services as they are being delivered. It provides an opportunity to see and hear how people experience a service and to collect their views and those of their relatives and carers. Enter and View applies to health services for both adults and children and social care services for adults. Enter and View visits are not inspections, they are visits conducted by trained, authorised people who observe the nature and quality of services from a lay perspective and report back to Healthwatch. Enter and View can be used to find out what maternity services are like for the women (and their families) who are using them.

4.2 About the visits to local services

Representatives were drawn from Healthwatch Norfolk's staff and volunteer team trained in the Enter and View protocol and authorised to represent us in in-patient settings. The authorised representatives aimed to visit the antenatal, delivery [birth] and postnatal care areas of the maternity departments of our three local hospital, depending on the availability of staff and access to patients (where appropriate).

A letter about the visit (Appendix 2) was sent to the Head of Midwifery at each hospital:

- James Paget University NHS Foundation Trust
- Norfolk and Norwich University Hospital NHS Foundation Trust
- Queen Elizabeth Hospital King's Lynn

The approach used was the 'The Fifteen Steps Challenge' which is a process which looks at the quality from a patient's perspective. The 15 Steps Challenge is a toolkit with a series of questions and prompts to guide the user through their first impressions of a ward. The impressions of the ward can be sorted into four groups:

- a) Welcoming
- b) Safe
- C) Caring and involving
- d) Well organised and calm

Usually, the 15 Step Challenge is carried out as a 'walkabout' the ward and is usually unannounced; however the Enter and View visit was an announced visit.

One visit was conducted to each department, starting at 10am and finishing between 3pm – 4pm. In the morning, the authorised representatives visited the antenatal outpatient clinics and waiting areas. Around midday the visit moved into the delivery suite and Maternity Led Birthing Unit and in the afternoon into the postnatal care wards.

Following the visit, the representatives wrote a report on what they had observed and heard from staff, women and visitors. A draft version of this report was shared with the Head of Midwifery Services for comments on factual accuracy and a final report created. The final report was given to the Head of Midwifery Services to share as they wished and a copy sent to the corresponding Maternity Services Liaison Committees (where these exist).

4.3 Speaking to women, visitors and staff

Our Enter and View visits to each of the hospitals was anticipated and staff had put arrangements in place to accommodate the visit timetable and the representatives. We felt that all the staff we encountered in the maternity services departments of the three hospitals were friendly, welcoming and ready to talk about what they did and answer any questions. In particular, we felt that the Head of Midwifery Services and her team at the James Paget University Hospital had made very thorough arrangements, involving all the team and others from the hospital, for example, the manager for Patient and Public Involvement in the Trust.

From the onset, we were mindful of respecting women's privacy and dignity at all times. The midwives said that '*patients come first'* and we took their guidance on opportunities to *approach women only where it was appropriate and the women had agreed to speak to us about their experiences*. At each of the three hospitals we were able to speak with many women who were attending the outpatient clinics for their antenatal appointments and in the postnatal wards (and one women in the delivery suite).

4.4 Observations

At the end of the visit, we had the opportunity to give feedback to the midwives and ask questions for clarity on some observations. Each visit report given to the Heads of Midwifery contained a small number of recommendations spanning the following:

- Access to baby changing facilities when attending antenatal outpatient appointments
- Access to disabled toilets
- Midwives told us that some deliveries require equipment which must be ready to hand when needed, so trollies and other pieces of equipment are stored in corridors. This can give the clinics and wards a slightly cluttered look and sometimes makes moving around certain areas a bit tricky for women.
- Occasional lengthy waiting times for antenatal clinic appointments. Women and their partners would like to know how long they are expecting to wait, especially if young children have accompanied them to the department.
- Wanting more information on parking charges and parking fines – these can mount up and dads in particular can get caught out by these

Common to all three hospitals:

- We observed that staff in the maternity departments wear different coloured uniforms depending on their role. We saw some posters displayed to depict staff uniforms and describe what the different colours mean but the siting, size and clarity of some of these posters were variable and could be improved.
- Staff at all three hospitals told us that some patient information is available in languages other than English and a translation and interpreter services can be provided for women in labour/delivery through the use of Language Line (based in Ipswich). Language needs are routinely assessed during the very first, 'booking-in' appointment. For each department, however, given the diversity of languages spoken by the international community and migrant worker community in the

county, we suggest that provision of information in languages other than English could be improved.

4.5 Observed good practice

We particularly liked the 'welcome' display in the antenatal waiting area of the James Paget Hospital, which had balloons and signs written in a number of languages. An equity audit has recently been undertaken by the Community and Antenatal Clinical Lead Manager. The Head of Midwifery at the James Paget Hospital has plans to supplement the equity audit by conducting a community language needs scoping exercise/assessment and use this to inform the adoption of good practice from other departments in provision of information other than English (e.g. through audio-visuals such as DVDs, YouTube etc) and translation services. We considered this to be good practice which we hope could be shared with other maternity departments. Healthwatch Norfolk are willing and able to support this work through our ongoing programme of community engagement.

At the Norfolk & Norwich Hospital we saw leaflets and posters about the 'Birth Reflections' service, which gives women an opportunity to speak to a midwife about the birth of their baby and what had happened, once they'd gone home and had time to think about it. A similar service is offered at the Queen Elizabeth Hospital and it is called 'Time to Talk'.

Recommendation: Our hospitals' maternity services departments should carry out a community language needs assessment and use the findings of that to inform provision of information in languages other than English to mothers, fathers and families.

5. Maternity services complaints

"In order to use complaints to drive improvements, we must first have a system that is simple, compassionate and responsive to those making the complaints..."[4]

At the beginning of this project, we wrote to the James Paget, Norfolk and Norwich and Queen Elizabeth hospitals asking for information on complaints about maternity services for the period 1 Jan 2014 to 1 June 2014.The information provided by the Trusts is summarized in Table 1, below. Complaints about communication (verbal, written) and staff attitudes are common between the three hospitals however the percentage of complaints in a six month period appears very small, given the number of births taking place in each hospital. We noticed that it is the practice of senior staff at the Queen Elizabeth Hospital to contact complainants in person to discuss the issue and to explore a solution. This seems like good practice. The evidence[4] on complaints handling shows that most people prefer to speak to someone in person or over the telephone and that written communication (or no communication) is frustrating and upsetting for patients.

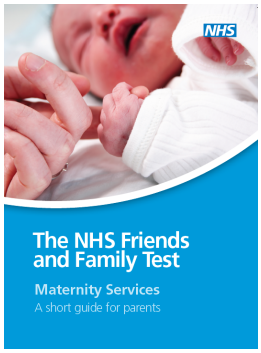
Table 1 Summary of maternity services-related complaints 1 Jan 2014 to 30 Jan 2014 provided by Norfolk's hospitals

Hospital	Time period of complaints review	Approx number of births per year*	Number of complainants [no of separate complaints] recorded	Most frequent subject of complaint	Comments
James Paget University Hospital	1 Jan 2014 to 30 June 2014	2,000	12 [unknown]	- Diagnosis problems - Nursing care - Communication & staff attitude	A description of the learning from the complaint was provided to Healthwatch Norfolk but the action taken was not.
Queen Elizabeth Hospital	1 Jan 2014 to 30 June 2014	2,500	10 [19]	- Cancellation of the home birth service - Communication & staff attitude	The response to the complaint commonly involved a senior member of the midwifery team contacting the complainant in person to discuss the issue and to explore solutions.
Norfolk & Norwich University Hospital	1 Jan 2014 to 30 June 2014	6,000	24*	- Clinical care - Diagnosis problems - Communication	A description of the action taken, and learning, was not provided to Healthwatch Norfolk

**this information is taken from that give to us by midwifery staff during our Enter & View visits to the maternity services department of each hospital*

[4] Healthwatch England (October 2014) Suffering in silence. Listening to consumer experiences of the health and social care complaints system.

6. Friends and Family Test



"How likely are you to recommend our …….service to friends and family if they needed similar care or treatment?"

The Friends and Family Test question asks people if they would recommend the services they have used and offers a range of 6 responses. Most NHS Trusts using the Friends and Family Test chose to ask a range of further, supplementary questions such as asking patients to describe what worked well about the service they'd received and how it could be improved. Maternity services had to start asking the friends and family question in October 2013.

Women are asked for their views on their maternity services at three touch points:

1. Antenatal care – at the 36 week antenatal appointment
2. Birth and care on the postnatal ward – at discharge from the ward/birth unit/following a home birth
3. Postnatal community care – at discharge from the care of the community midwifery team to the care of the health visitor/GP (usually at 10 days postnatal)

Healthwatch Norfolk regularly reports on the Friends and Family Test scores for our local services, turning the spotlight on maternity services in December 2014 and January 2015 [see Appendix 3]. The NHS England guidance states that 'the minimum response rate for organisations is expected to be around 15%' adding; 'for the majority, this figure could be much higher'. In January 57% of mothers who gave birth at QEH were asked to complete the Friends and Family test question. Data has been collected since April 2013. In the last two years the highest response rates were 33% at A&E and 43% on Inpatient wards, both recorded at the James Paget Hospital in September and October of 2014 respectively. A response rate of more than 50% is a significant achievement, demonstrating a real commitment to asking patients what they thought of the care they received (see Fig 4).

We've plotted the responses from women using local maternity services (see Figs 5, 6, 7 and 8). This enables us to make comparisons between the three hospital trusts and it also tells us something very interesting about their experiences.

Fig 4 Percentage of maternity service users who gave a response to the Friends and Family Test (Oct 2013 - Jan 2015)

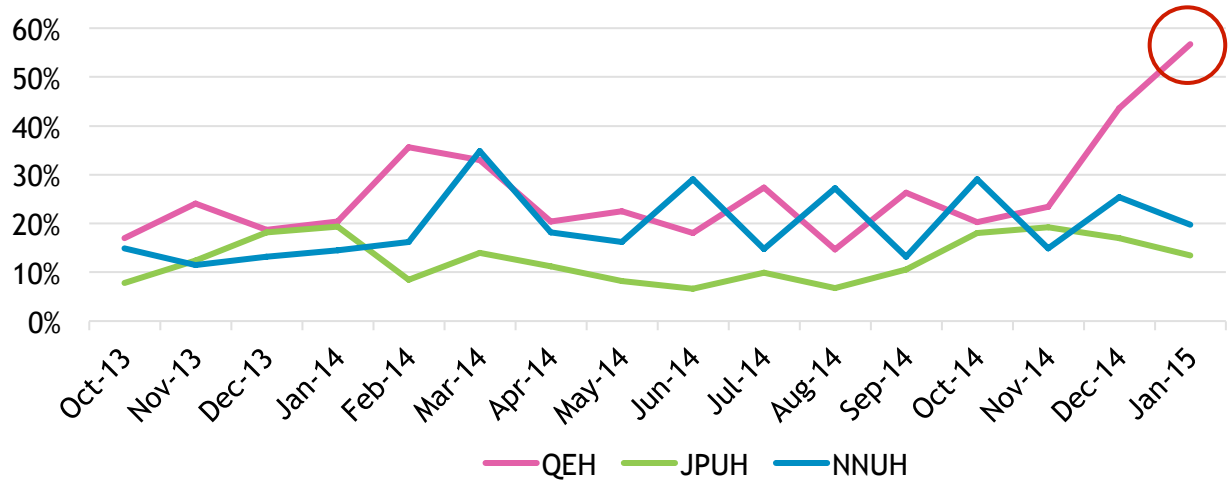
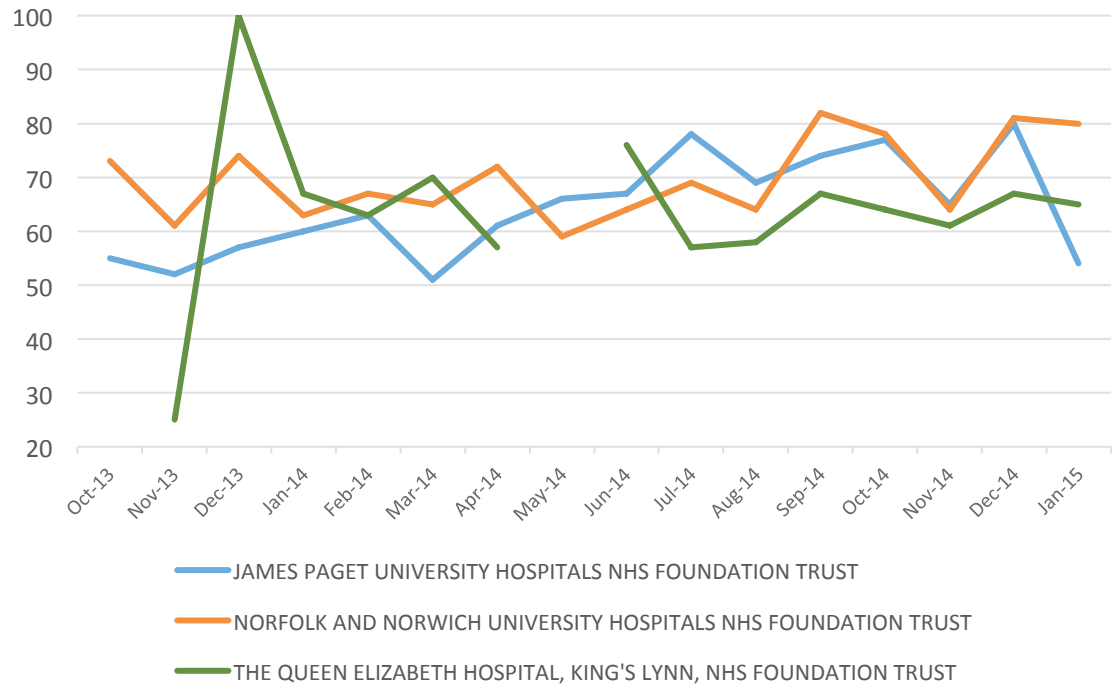
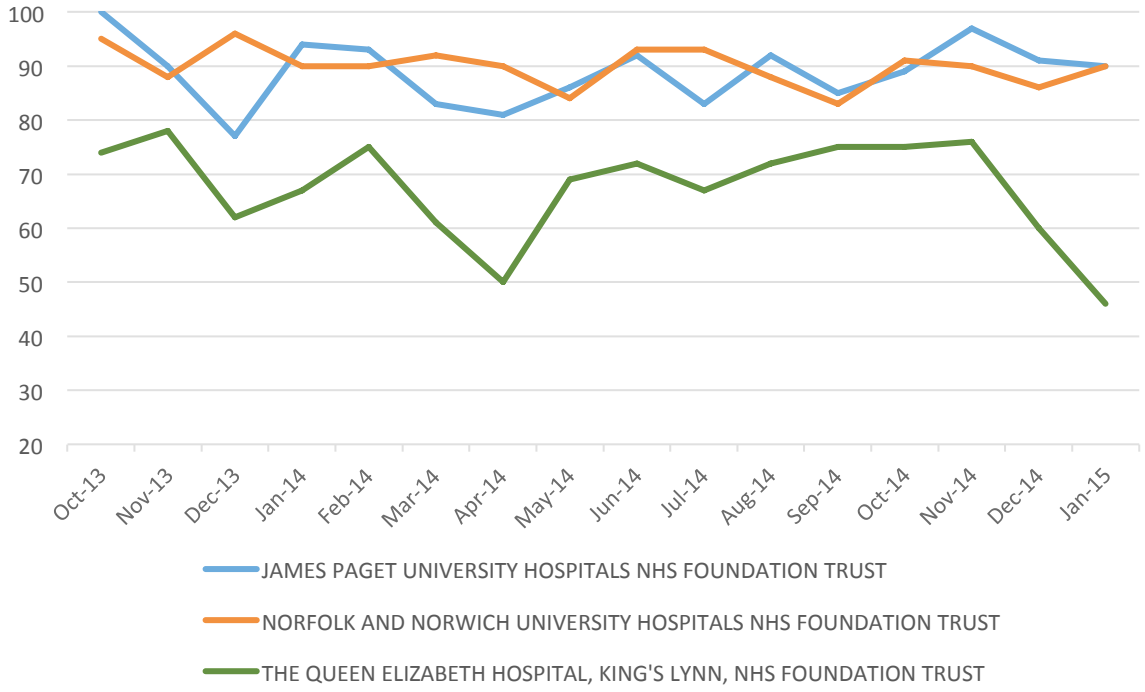


Fig 5 Proportion (%) of women who would recommend* the Antenatal Care service they'd received to friends and family (Oct 2013 - Jan 2015)



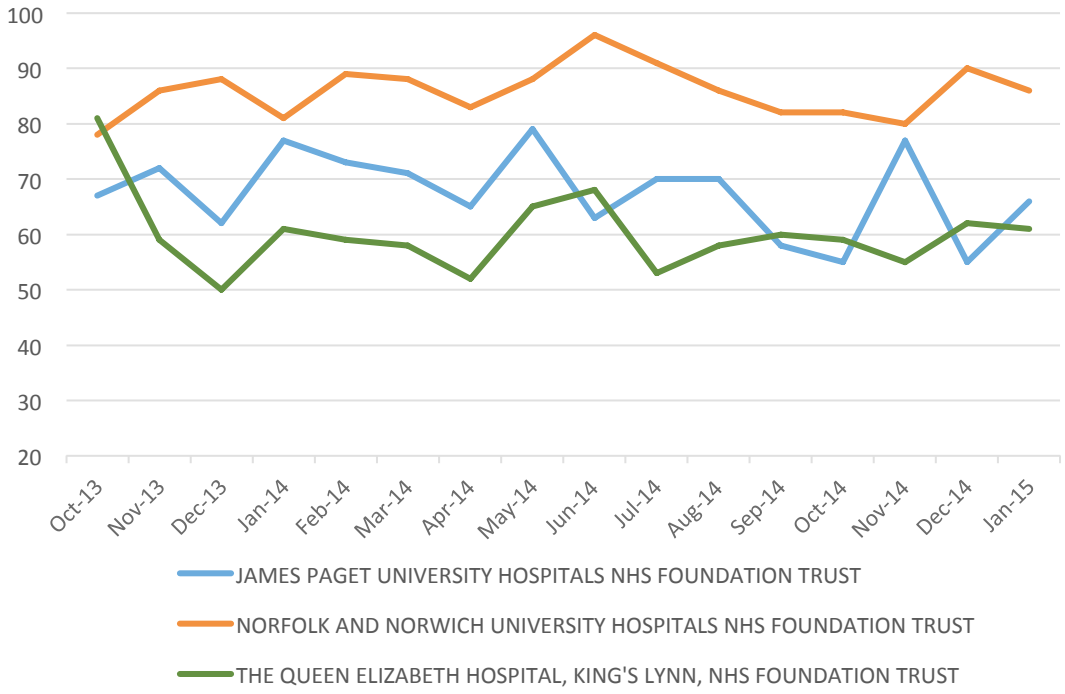
*Sum of 'extremely likely' or 'likely' to recommend responses

Fig 6 Proportion (%) of women who would recommend* the Birth/Delivery Care service they'd received to friends and family (Oct 2013 - Jan 2015)



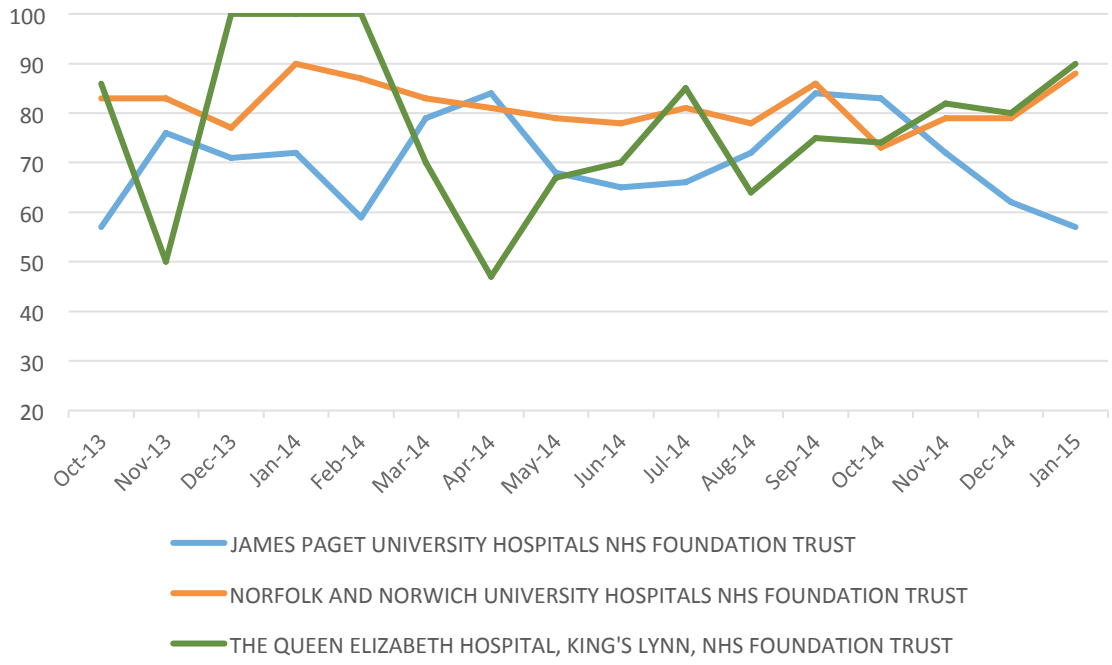
*Sum of 'extremely likely' or 'likely' to recommend responses

Fig 7 Proportion (%) of women who would recommend* the service they'd received on the Postnatal Ward to friends and family (Oct 2013 - Jan 2015)



*Sum of 'extremely likely' or 'likely' to recommend responses

Fig 7 Proportion (%) of women who would recommend* the Community Postnatal Care service they'd received to friends and family (Oct 2013 - Jan 2013)



*Sum of 'extremely likely' or 'likely' to recommend responses

There is a mixed picture in the Friends and Family test scores for women recommending the antenatal care service they'd received (see Fig 5) but three months data is missing for the Queen Elizabeth Hospital service (April to July 2014). Fig 6 reveals to us that the proportion of women who would recommend the service they'd receiving during the birth of their baby is reasonably steady between 80-90% for the Norfolk and Norwich and James Paget Hospitals - and consistently higher than women receiving care at the Queen Elizabeth Hospital (45–75%). We suggest that this reflects the birthing experience women have as a result of the option of giving birth in the Midwifery Led Birthing Unit at the Norfolk & Norwich Hospital and in The Dolphin Suite of the James Paget Hospital. Senior managers at the Queen Elizabeth Hospital have informed us that a Maternity Led Birthing Unit is being developed and it is anticipated the unit will be operational by the late summer/autumn of 2015. This is good news as it means that women who are eligible to have their baby in a Maternity Led Birthing Unit will be able to do so - regardless of where they live in Norfolk.

A consistently higher proportion of women would recommend the care they'd received on the Norfolk and Norwich Hospital's postnatal care wards, compared with those using the James Paget and Queen Elizabeth Hospitals (see Fig 7). The picture of community postnatal care is mixed (Fig 7) with recommendations of the service fluctuating for the services provided by the James Paget and Queen Elizabeth Hospitals.

7. Support for young parents

The Family Nurse Partnership offers a home visiting programme for first time young mums, aged 19 or under (and dads). A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two. In Norfolk, this service is provided by staff from Norfolk Community Health and Care NHS Trust in the Norwich and King's Lynn area and East Coast Community Healthcare CIC in the Great Yarmouth area.

The Family Nurse Partnership programme aims to enable young mums to:

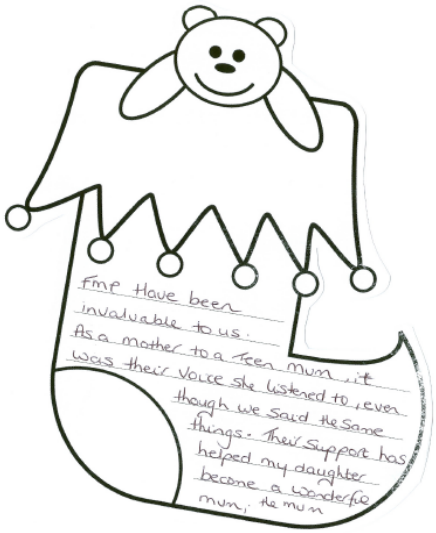
- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

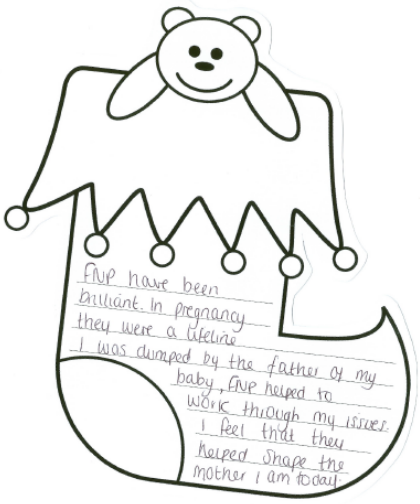
The Family Nurse Partnership programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing cost benefits.

We attended an event for clients in Norwich in December 2014 and supported another event in March 2015. We spoke to mothers, their partners and families to get their feedback on the service. We were able to contribute towards the costs of running the event and we chose to provide party bags for the children to take away with them.

All the comments about the Family Nurse Partnership were strongly positive:

- *"The partnership is a good service."*
- Family nurses are really helpful - they help with the problems during pregnancy and when your baby is born. They will put themselves out to help you.
- Family Nurses and Health Visitors are really supportive, they are always on your side. They talk through issues with you and help you to come to decision that works best for you and your baby.
- Clients said it is nice for young women to be able to ask the nurses about things they are not sure about. You can to talk to them about anything. This definitely helps if you need a bit of advice. It is nice to know there are people there to help and someone just to have a chat to.
- Clients are very happy with the service they have received from the Family Nurse Partnership.
- You can share all your issues and worries with the Family Nurse Partnership. They can help with other things like getting access to food banks, problems with your children and housing.





"The family nurse has been brilliant. It was always difficult for us, as her parents, not to take over looking after the baby too much…because she needed to learn for herself. But the nurse helped us to think about giving her support she needed but not taking control of everything" [Parent of client]

There are some geographical and commissioning factors which restrict women's access to the service. Not all young mothers aged 19 years or under are able to access this service because the service is not commissioned – or funded – in their local area. This creates inequity of access to a service which makes a contribution to ensuring good outcomes for young mothers and their babies.

Recommendation: Client experience of the Family Nurse Partnership is very good indeed. Local commissioners should at least maintain the level current service provision and consider widening access to the service to all eligible mothers (and fathers) across the county.

8. Mental health and wellbeing of parents

Maternal mental health[5]

- *More than 1 in 10 women develop a mental illness during pregnancy or the first year after having a baby*
- *7 in 10 women hide or underplay the severity of their illness*
- *Suicide is a leading cause of death for women during pregnancy and in the year after giving birth*
- *All women in the UK have access to specialist physical health care in pregnancy and postnatally, but most women do not have access to specialist perinatal mental health care at this critical time*

Perinatal mental health problems affect between 10% and 20% of women at some point during pregnancy and for the first year after birth. The importance of women being able to talk about their mental health, seek help and get the support they need is well recognised, not least because of the impact this can have upon their future health and wellbeing and that of their baby. Some women, however, still fall between the gaps in pathways to care[6], even during the maternity pathway.

Over the next five years, £75 million will be allocated nationally to perinatal mental health services. Specialist perinatal mental health services offer, for example:

- a safe, high quality, family friendly, mental health service - including assessment, treatment and care - for women suffering from psychiatric disorders associated with pregnancy and childbirth
- support and information to the families of the women under the care of the services
- work in partnership with local authority social services and family teams to protect children who may be vulnerable as a consequence of their mother's illness but whenever possible, minimise disruption to family life and strive to maintain privacy and dignity at all times
- work collaboratively and encourage mothers to be actively involved, whenever possible, in the development of their treatment plan

In Norfolk, mental health services are provided by the Norfolk & Suffolk Mental Health NHS Foundation Trust. Currently we do not have equitable Specialist Perinatal Mental Health Service serving the county: only women and families in the Great Yarmouth area can access a specialist perinatal mental health at the Priory Children's Centre, because the Great Yarmouth & Waveney Clinical Commissioning Group has commissioned this. Equity of access, therefore, to perinatal mental health services is a presently a problem in Norfolk. At the time of writing this report, perinatal mental health services are in development: we asked the Mancroft Advice Project[7] to run a small number of focus groups with young parents about mental health issues on our behalf. We would like these insights can be used to inform the development of perinatal mental health services.

[5] Source: Maternal Mental Health Alliance Maternal Mental Health: everyone's business http://everyonesbusiness.org.uk/wp-content/uploads/2014/07/FINAL-Maps.pdf

[6] Khan, L (2015) Falling through the gaps: perinatal mental health and general practice. Centre for Mental Health; Royal College of General Practitioners & Boots Family Trust.

[7] Mancroft Advice Project, Risebrow Centre, Chantry Road, Norwich Norfolk, NR2 1RF www.map.uk.net

Mental Health Support for Young Parents from Maternity Services

Outcomes from Four Focus Groups run by MAP

on Behalf of Norfolk Healthwatch

March 2015

MAP was commissioned to consult with young parents about:

1. Support needs and mental health during pregnancy
2. Support needs and mental health during the 'fourth trimester'
3. How to find out what help is available in Norwich
4. Where participants already go for support
5. Review of information available
6. Experiences of best and poor practice
7. Experiences of support the GP, midwife, mental health practitioner and health visitor
8. Other matters raised by the group.

We consulted with **18 young parents**: **15 mothers** and **3 fathers**
16 people took part in the 3 planned focus groups (15 mothers and 1 father)
A further small group with two fathers was added.

Question
Did you get the support you felt you needed during the pregnancy; what kind of support did you want? Who was good, who was bad at supporting you? Looking back, what kind of support do you think would have helped you more?

Experiences of support during pregnancy differed widely. 3 strongly agreed that they had been well supported, whilst 5 strongly disagreed; the other 8 had experienced a mixed service: some having a good service from some practitioners and not so good from others.
There was an agreement across all groups that not having one point of service or provider meant a less than satisfactory support service. None of the 16 had had a Family Nurse*. Those who saw the same mid-wife felt better supported than those who saw a different one each time. **Building a relationship with the same practitioner helped deal with anxieties and stresses that affected their mental well-being. They often felt 'fobbed-off' or belittled by practitioners that they felt, didn't know them.**

There were a couple of women who had mental health problems prior to becoming pregnant. Both had had to come off or reduce their own medication; neither felt they had received sufficient support from GP or mid-wife. They both felt that a maternity/mental health specialist service would have helped all the way through the pregnancy and the 4th trimester. **Both were worried that professionals were 'more likely' to report them to Social Services than provide additional support if they showed signs of mental instability, and therefore that they had to 'hide' their feelings and not seek help or support.**

"*I was told I'd be 'watched' because of my mental health, which made me worry*."

Question
Did you get the support you felt you needed during labour and birth; what kind of support did you want? Who was good, who was bad at supporting you?

Throughout all stages many said they felt practitioners had been judgemental of them or dismissive of their worries because of their age; many agreed that they 'weren't listened to'. There were more examples of this kind of ill-treatment during labour/birth and in relation to breastfeeding – either feeling pressured to do it, or not given enough helpful support or encouragement when they were trying to establish it. *"I didn't feel listened to at the hospital and some staff were rude."*

Most agreed that the quality of support was dependent upon the individual practitioner – there were many examples of inconsistent care during labour and birth.

With respect to how partners (fathers) were treated, these variations seemed to be greater. One reported that the midwife was 'nice' to her partner but she hadn't given him any support when he was very distressed. One mum said, it '*wasn't acknowledged*' how afraid dads are of being a new parent. Although many of the mums were separated from their child's father, there was general agreement that much more needs to be done to support dads right through maternity.

Question

Did you get the support you felt you needed during the '4th trimester'; what kind of support did you want? Who was good, who was bad at supporting you?

All 3 focus groups took part in two SureStart Children's Centres. Everyone agreed that the support they received in their Centre was spot on: non-judgmental and holistic (ie by dealing with other worries such as money, benefits, housing). However, those who had experienced different Centres were quick to point out that this was not universal: some centres were more welcoming to young parents that others. Again, the emphasis was placed on how well they felt supported when there was a **dedicated worker** who was good at understanding the needs and situation of young parents (which they saw as being quite different to those of older parents), could meet their various needs consistently over time, and build a trusting relationship with them. Participants expressed the feeling that it was down to pop luck whether they found such a person to support them.

It was also emphasised that a worker who could respond to these additional practical needs was really helpful in supporting their mental wellbeing.

Question

Looking back, what kind of support for your mental well-being do you feel would have been most useful during the pregnancy and the birth?

There was unanimous agreement that **having the same mid-wife throughout** would have been a significant contributor to their mental, as well as physical, wellbeing.

Practitioners being patient and understanding of their worries and anxieties; not making them feel stupid (even shameful) for being alarmed, anxious, not very well informed; or for being judged as 'too young'.

For those who got good support from their partners, many said they found it very distressing that partners were not allowed to stay with them in hospital. One woman was outraged when she had had to stay in hospital for care to herself, and the hospital wanted to send baby home with the father. **Therefore all agreed that their mental wellbeing would have been much better supported if fathers could stay with them throughout their hospital stay, if they wanted him to be there.**

Question

Looking back, what kind of support for your mental well-being do you feel would have been most useful during the 4th trimester?

There was agreement that, in order to deal more effectively with anxieties and stresses that cropped up, their mental health would have been better cared for if they had had more visits from their Health Visitor

The consistent and non-judgemental support of the same practitioner all the way through: the Health Visitor assigned to them needed to be more sympathetic and understanding of the particular needs of young parents.

Breast feeding was hotly discussed as something that had caused distress, and most women reported that in various ways caused mental anguish. Many felt ill-prepared by practitioners: that they had either been pressured into trying it; and/or not supported sufficiently when they had tried; and not supported sympathetically (even shamed) when deciding to stop.

Some had experienced pressure with no practical or emotional support in hospital; but others experienced sufficient and appropriate support in the community.

Several told how they had subsequently found out about appropriate breastfeeding support that they hadn't been offered or made aware of at the time they needed it.

Question
What information was available to you? Was it useful? How could it be improved?

Some mum's recalled being given information about postnatal depression and it being talked about but that it hadn't been very useful for those who did suffer.

Many agreed that there was an 'over-kill' of information provided in the birth pack and that it 'went in the bin'. There was some agreement that information needed to be targeted and tailored to specific needs and that it wasn't good enough to 'shove it all in a pack'; important things needed to be talked through.

Some agreement that there needed to be a 'pack for dads'.

Question
How did the following professionals do in supporting your mental well-being:-

Mid-wives
The response was that either they had been 'brilliant' or 'useless'. The following was reported as being stressful:

- a lack of consistency in the advice given by different mid-wives
- not seeing the same one
- them not seeming 'bothered'

The Medicom Service was roundly condemned: *"[it was] rubbish – they don't call back when they say they will. I had to wait 4 hours for an urgent call to be returned*."

Health Visitors
Not many stories about supportive or helpful Health Visitors.
Many mums said they had seen very little of their Health Visitor and had experienced them as not being available when they had sought them out for help.

In the discussion about whether fathers got emotional support, one mum told us about her brothers' experience of the service as a single father. His child had been placed in his sole care at birth by Social Services; he had only recently found out that his ex-girlfriend had been pregnant, and therefore had had very little time to prepare to be a single father. He had received only one visit from the Health Visitor, and had had had to reply on the support of his family instead.
GP's
Not many had accessed their GP in relation to maternity, and again some people had very good experience and others the opposite
Family Nurse Partnership*

No one had had a Family Nurse[8] or knew what the service was, even though many would have been eligible to have had one.

Other

Some had had a Children's Services involvement during these stages of parenthood and largely they felt the involvement of the Social Worker negatively affected their mental wellbeing rather than helped.

Additional Focus Group for Young Fathers

Two dads took part. Both M and S have learning difficulties to different degrees, and have had significant Children's Services involvement. Their feedback is contextualised by the trauma of having been separated from their children directly after the birth.

The Pregnancy

During the pregnancy both men felt that the maternity service had been engaging and helpful, S in particular felt supported with his additional needs.

S: "*She was very good with me*."

M: "*yes she engaged with me and my partner, but I don't think she gave any attention to my needs. Her interactions were about advice on how to support (my partner). She asked (my partner) about how things were going in her life, but not me. (My partner) had had post natal depression with a previous pregnancy so she got additional help*."

M was given literature for fathers about becoming a father, supporting mum through child birth and something else, which he couldn't recall. S didn't think he'd been given anything. S attended an ante-natal class at which he felt welcomed and included. M didn't attend a class and couldn't recall if one had been offered or not.

M was suffering from a mental illness during the pregnancy which he felt the mid-wife hadn't taken into account, but his GP was very supportive. He was under medication, and was seeing his GP regularly. The GP had taken time to ask how he was coping with the immanency of fatherhood, and took the trouble to let him know that he could come to him if he needed additional support.

The birth

Both men felt the medical staff at the hospital had been supportive: S said he felt there had been an understanding of his additional needs and allowances made for him. M noted a difference in attitude towards him between the senior and junior mid-wives who attended his partner. The more senior one hadn't taken the trouble to be reassuring with him and he felt that at times things got more stressful for him than they needed to have been.

S: there had been an emergency for baby and mum: but he did feel that staff had taken time to support him through these difficulties.

M felt he was very involved in the delivery of his child and that it had been on the whole a positive experience which the staff had contributed to.

M noted a major change in the attitude of the staff towards him and his partner once they knew Children's Services were to intervene: that they stopped being as attentive: *"they backed off".*

[8] *The Family Nurse Partnership is a specialist service for teenage mothers. Health Visitors undergo additional training to become Family Nurses. The service may be offered from 16 weeks into the pregnancy up until the child's second birthday. Clients work through a particular programme during pregnancy. This can, with the mother's agreement, include the father.

S's child was removed from the hospital straight into care; M's partner and child were taken straight to a mother and baby unit. Neither men received any support for how this made them feel whilst at the hospital when they were separated from their partner and/or child.

The consultation with young parents carried out by MAP on behalf of Healthwatch Norfolk tells us that there are eligible young parents in Norfolk who are not aware of, or been able to access, the Family Nurse service. Young people generally have a good experience of maternity-related services which are delivered in Children's Centres, however, there is some variance in the quality on the service experience and the extent to which the services are tailored towards young parent's needs and preferences. The mental health needs of young parents can be overlooked by health and social care professionals and young parents can fall between the gaps in service pathways.

Based on what MAP's report is telling us about young parents' experiences of services during pregnancy, we suggest that mental health and wellbeing services do not have a clear enough service offering. Our local mental health services can do much better in describing the sorts of information, therapy, treatment and support they offer, who can access them and how.

Recommendation: Norfolk's Children's Services, West Norfolk, South Norfolk, North Norfolk and Norwich Clinical Commissioning Groups and the Norfolk and Suffolk Mental Health Foundation NHS Trust should make a public and formal commitment to deliver a programme of systematic and meaningful engagement with women and families in the development of the Perinatal Mental Health Services, making full use of the voluntary and community sector organisations in Norfolk that work closely with women and families, young people and young parents.

GYROS

Experiences of migrant workers accessing maternity services in Norfolk

Findings are from a survey, focus groups and interviews in Great Yarmouth, Kings Lynn and Thetford on behalf of HealthWatch Norfolk.

What we did:

GYROS, with partners KLARS and Keystone (through the META project) were commissioned to consult with migrant workers, living in Norfolk who have accessed maternity services and collate their experiences.

How we did it:

We collected information in the following ways;

Part of a Norfolk wide survey of 368 migrant workers undertaken Jan- Mar 2015

Focus groups with mothers of young (under 2yrs). One focus group was undertaken in December prior to the survey being written. This enabled the researchers to focus on issues that are relevant to migrant women who had accessed maternity services in Norfolk. The second focus group was undertaken after the survey and in-depth interviews in order to contextualise some of the information we had.

In-depth interviews with 7 women.

What we found out:

Survey sample deomographics:

- Of 368 respondents to the main HealthWatch Norfolk Survey, 73 had accessed maternity services.
- 64 respondents were women, 7 men.
- Nationalities of respondents included:

Nationality	N	%
Portuguese	24	33
Polish	13	18
Lithuanian	15	20
Russian	1	1.5
Latvian	8	11
British* * origin Kenya, Guinea Bissau, China,	4	5
Romanian	2	3
Brazilian	5	7
Moldavian	1	1.5
TOTAL	**73**	**100**

- In terms of immigration status:

Immigration status	N	%
EEA National	56	77
UK national (born outside UK)	8	11
Indefinite Leave to Remain	3	4
Non EEA National – family member of EEA national (Brazilian & Moldovan)	3	4
Work Visa (Chinese)	1	1
Spouse Sponsorship	2	3
TOTAL	**73**	**100**

So, most respondents to the survey were entitled to free healthcare. Thus, whilst there are lessons to be learnt from the recent report on pregnant migrant women most of the respondents in this research did not have to worry about the cost of maternity care or arrest by the Home Office[9].

Fertility/pre conception care

Fertility treatment was not part of our brief but during the first focus group we heard about several East European women, who were struggling to conceive, and a doctor in Great Yarmouth who they described as very judgemental and dismissive of their cases describing that he knew about 'East European girls' and refused a referral. As they couldn't get a referral in the UK they were returning home for fertility treatment.

One Polish woman, who had successfully conceived after treatment in Poland, subsequently miscarried back in Great Yarmouth but could not get a referral from the GP to have a check-up. She was incredibly emotional about her experiences, a friend talking on her behalf.

Experiences of antenatal services

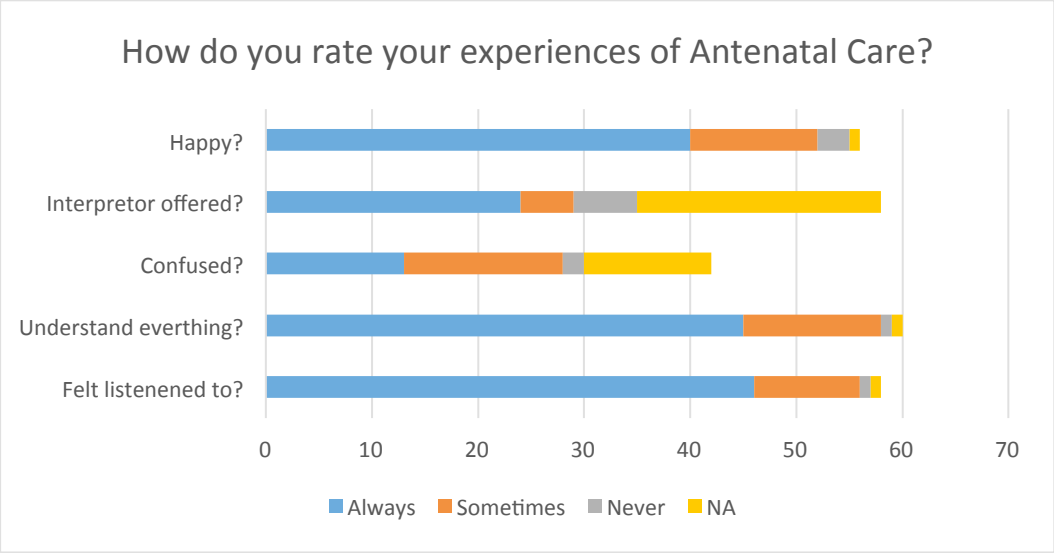
In the focus groups there was some discussion about how easy it is to access antenatal care – checks and classes. Many woman are working during the early stages of pregnancy and find it difficult with the shift patterns to access sessions. Therefore, many claim not to access services until the start of the third trimester. Note: The National Institute of Health and Care Excellence's (NICE) guidelines for Antenatal Care recommends that first contact with antenatal services should be made as early as possible, with full booking, interview and antenatal blood screening taking place by ten weeks' gestation[10]. It seems with many migrant women this is not happening.

In the interviews some women explained how they didn't trust medicines in the UK and felt nervous about accessing antenatal services. To the point that they consider returning home to have the baby there.

[9] Shortall, C., McMorran, J., Taylor, K., Traianou, A., Gracia de Frutos, M., Jones, L. and Mur-will, P. (2014) Experiences of Pregnant Migrant Women receiving Ante/Peri and Postnatal Care in the UK:
A Doctors of the World Report.

[10] NICE: National Institute of Health and Care Excellence (2008) Antenatal care routine care for the healthy pregnant woman. Clinical guideline, CG62. March 2008. Available at http://www.nice.org.uk

In the survey, respondents were asked to rate their experiences of antenatal care. The ratings are;



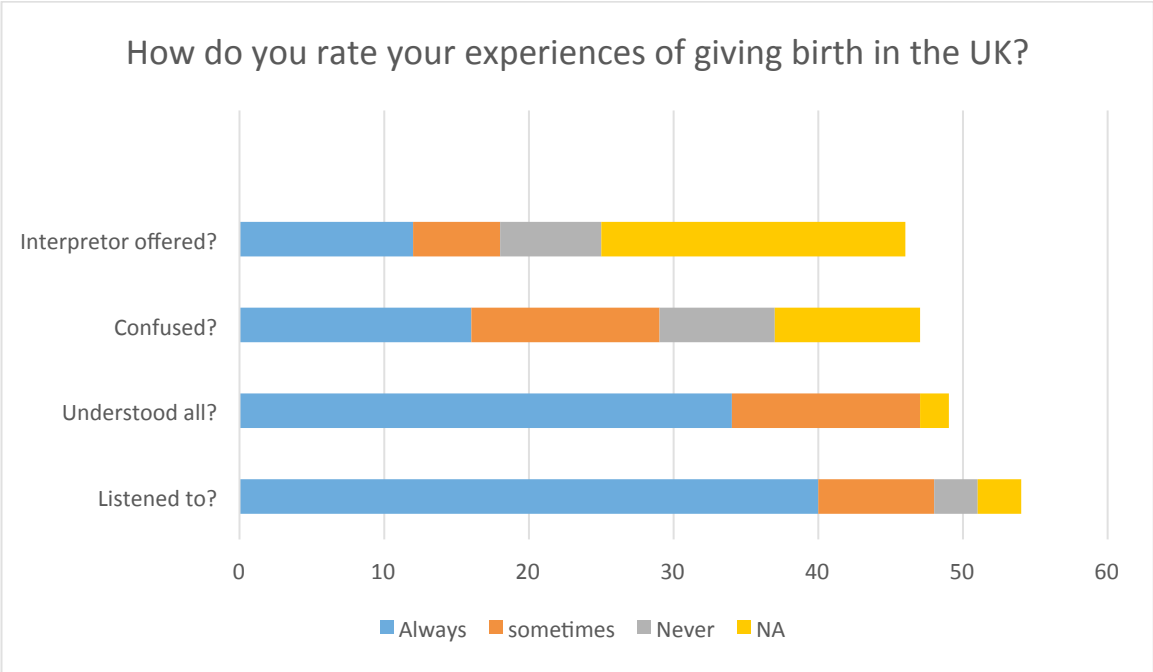
Overall a positive picture – the majority were happy with their experiences and felt listened to. Confusion seems to arise more from the process rather than the lack of language skills/ interpretation. In the interviews and second focus group respondents felt that interpretation and translation during antenatal care was the biggest gap – in hospital and with the Health Visitors in Postnatal provision it was much better. Many used the internet or friends to explain.

Recommendations for antenatal:

Explore whether antenatal sessions could be run at weekends or alternate weeks to fit in with the factory shift patterns. Also discussed were ESOL embedded antenatal classes.

Experiences of giving birth in UK:

The survey respondents were asked to rate their experience of giving birth. The results are;



Again, overall a positive picture. Some of the specifics are given in quotes below;

"To give birth was the most horrifying situation on my life. During labour never was asked if I was ok. The midwives tided my legs.... I could not move properly and I could not grab my hands to make the necessary effort to help the baby to born." Portuguese Woman from Thetford, first child.

"*I was discriminated. They left me in pain without any anaesthetists not even a drip to suffer (like an animal)"* Romanian woman living in Great Yarmouth, first child.

"*Birth was a nightmare, I thought I just will die. Did not explain what had happened*". Lithuanian woman, first child, lives in Kings Lynn.

"*Doctor was indifferent in event of complications during labour*". Lithuanian, third child, lives in Kings Lynn.

"*Customer care 24/6. No complaints*". Lithuanian woman, 3 children, lives in Kings Lynn.

"*I really liked the midwives that were with me when I have birth*" Portuguese woman, Thetford

"*Loved the attention given at birth, care by the sisters and the midwife*" Lithuanian woman, second child, Kings Lynn

"*The best experience I had of UK health services*". UK National (born outside EU), Great Yarmouth, second child.

"*Breeched birth, it was OK. They only thing you can do is do your own research beforehand*". Polish woman, Thetford, first child.

"*Well, I was in 3 different hospitals in the UK. I can say the Whitechapel in London is the worst. They're not humans. They're were disrespectful at all times. No consideration of the language barrier or even the pregnant woman, alone and very vulnerable. At JPH and Kettering they were great."* Mozambique woman, 2 children, live in Great Yarmouth.

"I can't believe you can't get an ambulance to JPH when in labour. When in labour I phoned a taxi company as my partner was working only to be refused by the taxi company because I was 'in active labour'. (OS: Latvian, first child)
So, she had to walk to the JPH whilst in labour. This was an incredibly moving story as she was quite a young woman, recently arrived from another part of the UK and didn't have a support network in GY.

There is obviously some confusion amongst women in labour about how to access the hospital services. Both this woman from the second focus group who had to walk to the JPH and other women who describe how they arrive at hospital without phoning beforehand because they didn't realise they needed to – this causes confusion on arrival.

Indeed, in the main Healthwatch survey of the 138 visits to A&E by respondents the following visits related to maternity;

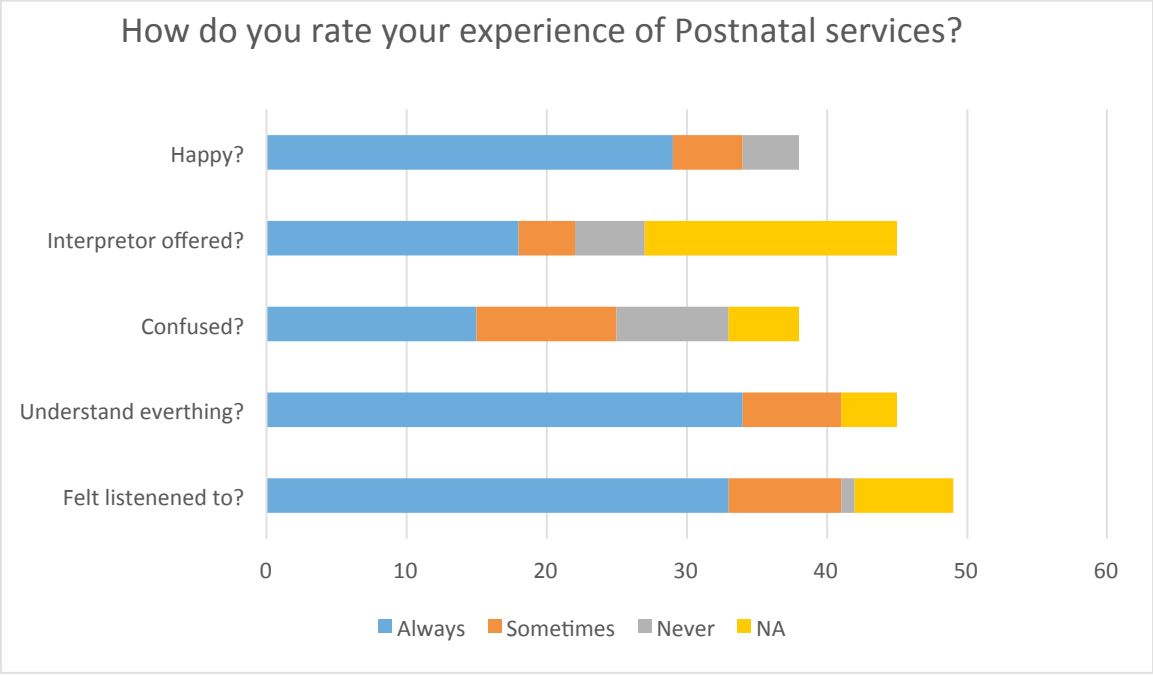
Reason for visiting A&E	*n*
Maternity - Bleeding after childbirth	1
Maternity birth	3
Maternity: pregnancy complications (bleeding, miscarriage, not felt baby)	6
Total	**10**

Recommendations:

Explanation about what to do in active labour should be given during antenatal care. In order to improve understanding about the process to follow when in active labour perhaps information could be provided in different languages, or as some women suggested antenatal groups in different languages.

Post Natal services

In terms of postnatal care respondents in the survey rated the following – again a relatively positive picture;



Some of the quotes from the survey about Postnatal services included:

"*When I had my child in the UK and health visitor was coming to see me and my baby, I felt like I got lost in the pile as the health visitor was extremely busy (there were only two of them for central Great Yarmouth and Gorleston area) and we were not considered as high risk/need family.*" Woman, Great Yarmouth, 2 children.

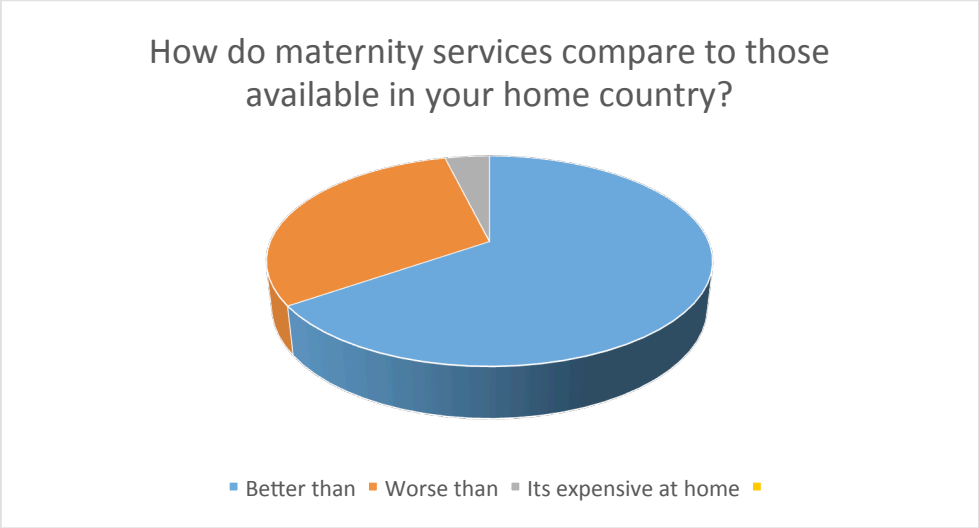
"*Very little help in breastfeeding, returned to the hospital for three consecutive days due to a large ultra-term birth weight of the delivery and for low blood sugar*" Polish woman, West Suffolk Hospital, second birth.

In the second focus group we discussed returning home for services. Many women, particularly Lithuanian women return to Lithuanian to get babies screened, scanned and checked. '*Everyone takes babies back home for postnatal check ups*'.

In terms of on-going care in the UK, all parents in the focus group got '*loads of prescription drugs from home*' so when the children 'get the flu' they can self-medicate their children.

Experiences of maternity services compared to that available in home countries:

As a point of comparison, we asked people how the services compared. Note: for almost half respondents, it was the first time they had experienced pregnancy so could not compare.



Some of the quotes from the survey about difference between the UK service and home included:

"*Easier to access specialist related to motherhood in Brazil*". Brazilian born woman, lives in Great Yarmouth.

"*There are paid Maternity hospitals in my home country that provide good conditions for mothers to be and new mothers, but it does not come even close to peace of mind that I had in the UK compared to the worry and anxiety that I experienced in my home country. I also like that Caesarian is done only when it is necessary (UK), not because I would like to have one (home country*)" now British, woman living in Great Yarmouth.

"*At home, if approaching the date of birth you can stay in the hospital. After the birth you spend 3 days in the hospital. The child after birth is weighed and measured etc*". Polish woman, 3 children.

"*In Poland is different than here. If you are pregnant doctor looks after you. Always you need see a doctor not a midwife. If it is the date of birth - you need stay in hospital - not like here.*" Polish Woman

Case studies:

Maternity Case Study 1: JK

Lithuanian national, mother with three children, lives in Thetford. Third child (boy) May 2013 in Bury St. Edmunds hospital.

Antenatal experience

When I first discovered my pregnancy, I was hit with an overwhelming sense of shock because of my mature age. Moreover, I did not feel ready to become a mother for the third time. Though my shock subsided and was later replaced with an excitement about what would be happening to me and my new born baby in England. One month later I lost the underlying sense of fear because of my previous experience. I had already given birth twice several years ago in Lithuania.

I did not feel listened to by my GP and found myself more stressed when pregnant with 16 weeks was misunderstanding between me and my midwife. My skills in English are not perfect, may be, it was the reason they could not understand me. However they did not offer me a translation service. It was not easy to understand information about antenatal service including screening, appointments and I cannot assess if this information was beneficial or not. I saw an interpreter for the first time in Bury St Edmunds hospital before giving birth and the staff listen to me carefully and could answer my questions.

I consider that antenatal classes could have improved my birth experience and given information of what life with a new-born baby will be like in England.

In hospital

I was nearly two weeks overdue when was taken to hospital. I was involved in decision making process when to give birth my baby and the surgery staff assisted me. The worst part of my experience was getting the sterilizing wash on my back before the anaesthesia as it was so cool. The positive part was being offered interpretation service and amazing nursing staff. When I arrived back to the ward and having a bath I found that the nurse gave massage to my new-born baby.

Post Natal

I was discharged from Bury St.Edmunds hospital the same day after delivering a child I did not get any post-natal care. But my health visitor gave me the postnatal care guidelines during the first 6-8 weeks after the birth. She visited me 4 times with an interpreter, took care of my well-being and gave me consistent advice on feeding, weaning and dental health. Furthermore, I consider that it was emotional support and high quality care in postnatal period as she provides me with understanding such services as vaccinations, heel pricks for my new born baby. I believe that in order to improve the experience a health visitor should come twice a month to a new-born baby.

Maternity Case Study 2: MB

Portuguese national, age 44, lives in Thetford, experience at West Suffolk Hospital

Antenatal experiences

When I noticed that my period was not coming I decided to do the test. I bought the pregnancy test in a pharmacy and one day when I was arring home, 2am, I decided to do the test and the result was positive, pregnant more than 3 weeks. I could not believe it as I was experiencing problems getting pregnant for a long time. It was a surprise! A few days later I went to my GP Surgery and I told the receptionist that I probably was pregnant and I wanted to speak with a nurse to check if I was really pregnant. They told me that the test is very trustworthy and they would not any test. So, when I went on holiday to Portugal, I went to my GP and the nurse did the test. After that I was sure.

Before pregnancy I had bad experiences with midwife and good experiences in hospital.

The midwife was not very helpful- she was much more interested in my relationship with my partner than doing her job- always asking where he was. Every time I went to an appointment I needed to ask her to listen to my baby. When I asked her something she was constantly giving me leafltets - sometimes the info on leaflets was not very clear. When I asked the midwife to clarify the birth so I could decide which one would be the best for me.... she was always saying "we have time". My baby decided to born 3 weeks early so I went to hospital and had to decide which method without being informed.

At hospital the ante natal appointments and scan staff were very friendly and helpful

I was not well informed by the GP or the midwife, but by the gynecologist.

I asked to the midwife, health carers and hospital doctor about antenatal care.

The health carers and midwifes must be much more helpful, professional, better qualified.

In hospital

I had a frightning experience - when I went to the hospital I had terrible pains and the nurses/ midwives only asked if I wanted to take paracetamol and always saying those pains were not labour pains, but they never called a doctor to check what was going on. During birth I was never asked if I was comfortable or not. The midwife tied my legs so high that my back was making a curve. I asked them to untie me swearing that I would have my legs open, but they did not listen to me.

When I went to the maternity ward, I could not move my body from my waist because of the epidural. I was 24 hours paralysed. Because of the fact that I am small I was not able to reach my baby from the craddle to feed her. I told the doctor that I was concerned for my baby, but she said not to worry that the midwives would be able to help me. The midwives shouted at me saying that I could feed my baby that I was only paralysed from my waist. Another member of staff when was doing my hygiene threw to me a wipe saying/ shouting that I must wash my face with it.

That night when I was trying to sleep I heard the hospital staff making coments at the reception saying that I was not feeding my baby because I was lazy. I was so afraid that they could call the social services to take my baby that I decided not to sleep.

Some time later I found out about the organization that we can use to make a compaint, which is based in the hospital, but I never made it because I am afraid that one day I could need their services again.

During the labour I was not listened. Only when I need to go to the theatre to remove the planceta I felt that I was dealt as a human being, during the operation there was a very nice lady, holding my hand and talking to me, melodious voice distracting me.

The midwives must treat people as human beings, we must be able to participate much more on the decisions. And the beds that we are lying on giving birth must be wider and have something where we could hold the baby. Most of the time I felt that I was going to fall down and I did not have anything

to hold myself against and give me the strength to help the baby to be born.

Post Natal:

Difficult accessing post natal support. When I called the hospital they said that from that moment if I needed something I needed to go to the GP. When I went to the GP he said that I must speak with the health visitor. I had terrible difficlties breast feeding and I asked a health visitor for help and she said to me they could not afford a health visitor for me 24hrs a day!

When I complained to the GP and health visitors that I still was experiencing terrible pains after birth, for several times, they told me that it was pains post- labour. One day I was in such terrible pain that a friend who was vising me insisted on taking mw to the hospital..... there I found out that I had stones on my gallblader and I must be operated on.

As I was given the red book, when I read there about vaccinations, I asked the heath visitor to clarify things for me.

It would be useful to have access to gynecologist and pediatrian after the birth.

Maternity Case Study 3: Olga

Lithuanian national, lives in Watton, given birth in 2010 at QEH & 2013 at N&N Hospital.

Antenatal experiences

I was nervous during the first pregnancy as did not know what to expect and did not trust the medicine in the UK. Having watched many TV programmes and listened to the rumours from different friends, started thinking if I could actually go back to Lithuania to have my baby there.

I had had negative experiences before this. I tried to get pregnant, but when I was unsuccessful for almost one year, I went to speak with the GP. I have not been checked (no scans, consultations, etc.). I had a little conversation with GP and after this, I was diagnosed with polycystic ovaries syndrome. GP had explained to me that I could not get pregnant because I had polycystic ovaries syndrome. Because most women who cannot get pregnant suffer from polycystic ovaries syndrome, GP decided I had the same diagnosis. I was told there was no treatment for it and I had just to accept it.

On my first pregnancy, I felt that midwife was doing this all just for a 'tick', was not giving any advice even when asked how could I speed up process of labour (I was two weeks overdue), any remedies, etc, but was ignored.

QEH hospital – I did not know what was happening at all when I arrived to the hospital with the contractions. My midwife did not mention that before going to the delivery unit, I had to call, so I simply turned up to the A&E and waited in the queue while having the contractions. After checking me, midwife offered me to go home as was not dilated enough. However, when I said I was not local, offered me to stay in the hospital.

The second experience was with the midwife in Watton – pleased, chatty and reassuring midwife was always happy to listen and help. I was overdue with the second baby as well and when I asked another midwife the same question of how could I speed up the process of labour, she talked me through, what could happen and even mentioned small thing such as having a mint tea, walking, etc. N&N Hospital – I rang before going and was asked to come immediately to the hospital. The midwife stayed with me all the time, showed the room, facilities and guided through the process.

These two experiences were different to me. I was much happier with the Watton midwife and N&N Hospital rather than QEH.

When I thought I was pregnant I rang the GP and was told to book a double (first) appointment with the midwife. During my first visit to midwife she explained about antenatal care.

The information was helpful especially during the first pregnancy, as I did not know what to expect. However, I did not have language barriers when talking to the midwife / GP and was given all leaflets in English language. I am not sure if this information is available in different languages. It was difficult at the beginning to understand the process, but then I spoke with friends, researched online and got used to the procedures. Midwife in King's Lynn would not provide any of this information, so I had to research myself. Watton midwife was much more useful and pleasant.

I did not need translation, but in Watton I was offered leaflets in my native language.

More chats with the midwife during the appointment time would have helped as it seems that midwifes check you / your pregnancy for a 'tick'. There is a list of things they need to do during each appointment (blood pressure, measure baby, etc.) and this is the only thing they would do. I would prefer more informal chats on the pregnancy itself especially first one.

There are groups for pregnant women both in King's Lynn and in Watton. I have attended those few times, but those who struggle understanding English would not be able to attend them. I think regular groups for Eastern European women could be organised.

In hospital

There was a confusion at the QEH when I arrived to the hospital as I did not call before arriving. At this time I already moved to Watton and the trip was long. I had to wait in the queue at A&E while having contractions. I was checked by midwife and was asked to go home as was not dilated enough. However, when I explained I was not local, I was given a chance to stay in the hospital. The midwife who stayed with me during the birth process, did not provide any information, was not paying attention on what I was saying, she was busy writing up and taking notes. N&N Hospital was different. The midwife greeted me at the beginning and stayed with me during all labour, birth. She was the only person I saw during my labour at all. Whereas midwifes in QEH kept swapping, changing, different people kept coming to the room and talking to the midwife. This all made an unpleasant experience.

I was involved in decisions at both QEH and N&N Hospital midwifes offered epidural, gas, etc. At times when I was not able to reply, my husband was involved in the decision making process.

In the N&N Hospital they listened to me but at the QEH they didn't. At the QEH I had to wait for some time for midwife to approach me when I was put in a room after I refused to go home. My waters had broken down and I suffered from pain, I pressed the bell and waited for 20 minutes. Then my husband went to see if someone is available. Ten minutes later the midwife had come and decided to move me to another unit as I was fully dilated. Several other times I had to wait for someone to assist me during the labour.

It would have helped if more attention could have been paid to me and if midwife could chat to me explaining what was going on / why it was important to call other doctors into the room / why they were worried while monitoring baby's heartbeat. All this was not explained to me at the QEH. But it was during the second labour.

Post Natal:

I was given this information on discharge from the hospitals about postnatal support. One day after I returned home, the midwife visited me on the second day of giving birth and provided more information on centres and groups that I can access.

My midwife told me what will happen and provided me leaflets, where more information about vaccination, etc. was available. But this information was in English only.

Post Natal care was a pleasant experience both times. It was nice to see a midwife a day after giving a birth and then a health visitor on a regular basis. When I needed more support with the breastfeeding or other issues, both midwife and a health visitor were able to arrange additional appointments.

Maternity Case Study 4:

Lithuanian national, living in Kings Lynn, delivered at the QEH

Antenatal

I was very happy to find I was pregnant. I didn't have much experience of pregnancy.

I felt completely ignored by my midwife during the whole pregnancy, she did not care about any of my concerns, when I was 6 months pregnant I started to feel pain around my tummy almost every day and couldn't sleep during the night time. No checks were carried out and no advice given. Fantastic….

I wasn't impressed by GP either as when I came to ask about reducing my working hours from 12-13 hours to 8-9 hours per day (as I was 7 months pregnant) she told me that I came to the wrong country, men and women are equal here and should work the same hours no matter what and pregnancy is not an illness so I shouldn't complain.

I learnt information from friends and Google. It was easy to understand.

I didn't need translation - but it wasn't offered anyway

Lots of things could be improved. Midwives and GPs should care more about pregnant ladies and be more polite and try not to upset them no matter what. In my experience I was very emotional and such nasty behaviours from GP made me cry quite badly…they made me suffer from pain, long hours, less happiness during pregnancy as I didn't feel very confident and wasn't sure if me and my baby had enough health checks done.

In hospital

I had an elective c-section. After the operation I found out that my baby had lots of bruising on her arms but no-one seemed to know anything about it, then I took photos and called paediatricians, at first they were assuring me that is isn't bruising but very rare illness called Mongolian blue spots…I didn't believe in that and faced them straight away saying that I am sure that my baby has no such thing as Mongolian blue spots and she got it when she was pulled out by surgeons…after investigation they said that I was right and that they would deal with people who was involved in that.

I didn't really feel involved in the decision making process and I didn't feel listened too. I was discharged in 24 hours after c-section and had to wait another 5 hours to get out from that horrible place…

Ladies who had a c-section needed someone to stay with them over the first night as they feel completely helpless and can't take proper care of the baby which makes them unhappy and very stressed. I had waited to have a baby for a very long time but that precious moment was ruined by rude and mean people

Post Natal:

Postnatal care was alright.

Maternity Case Study 5:

Lithuanian national, living in Kings Lynn, delivered at the QEH 201

Antenatal

Baby was planned so I was happy when I discovered I was pregnant.

I was very well looked after by the midwife, by the GP, in hospital. I asked them for information about antenatal care. They were very helpful, however was never offered an interpreter. Very easy and all info was given in writing I done all the translation myself at home, medical terms were difficult. I was never offered an interpreter.

Personally for me, nothing could have improved the experience. 100% happy with care received from staff at QEH.

In hospital

All midwives were supportive at all stages

I was involved in decision making process at all times! I felt listened to in hospital. Everything was well explained, translation was an issue for my partner at emergency stage, but translation wasn't offered to us.

Two midwives at the labour would have improved the experience.

Post Natal:

Easy to access, all appointments were sent by posts and home visits were made.

I had an interpreter at first visit at home, then was reading info if I was not clear. I was offered a translator but I didn't need one

Nothing could have improved the experience, they do a great job – thanks!

Maternity Case Study 6:

Moldovan national, living in Great Yarmouth, delivered at the JPH 2014

Antenatal

I had massive support from the midwife that was visiting me at home while I was pregnant. She has given me all the necessary information and all the support that I needed. I have been offered language support over the phone when was needed.

I had a very good experience accessing my GP services. The doctor had offer me information and language support. I have understood everything that was said to me when I had the scan.

Hospital

The hospital experience was a total different story. I didn't need language support neither was offered one.

The moment I have arrived at the hospital to give birth, I have felt I haven't had any control or saying in the process. I've felt that I haven't been listen to even when I have begged for their attention to give me painkillers. I've felt like dying, the pain was so unbearable. I couldn't hear or see anyone else crying or suffering as I was, even though there were few more others mums.

If I could change anything that would be the staff's attitude towards the foreign patients, especially the midwives. If there are any training courses that they can learn about how to treat patients with kindness and also not to be racists.

The difference between Romania and England is that if any UK patient would need to receive treatment they would be treated with respect and genuine care for the patient. In Romania you have access relatively easy to a specialist. It makes you feel safe that you are in good hands. In Romania you always get answers and further support when you see a doctor.

My experience in UK made me feel humiliated, discriminated, very disappointed and traumatised.

Appendix 1 Request for information from Norfolk's Clinical Commissioning Groups

To: All CCG Chief Officers
From: Alex Stewart
Cc: Dr Sam Revill
Date: 1 December 2014
Re: Maternity Services Liaison Committees

Following an escalation of concerns on Maternity Services Liaison Committees (MSLC) by LHWs to Healthwatch England – and as part of Healthwatch Norfolk's maternity project – I have received a formal request to obtain information relating to the provision of maternity services in each of your CCG localities.

To that end, I would be grateful if you would provide me with information in relation to the following questions: -

1. A comprehensive description as to how your respective CCG presently supports engagement in the commissioning and provision of maternity services for your local population.

2. A comprehensive description as to how your CCG has used feedback from your local MSLC to inform commissioning of maternity services, and whether or not any changes have been made to the maternity services specification in the previous 12 months.

3. A comprehensive breakdown of the amount of funding (£) your CCG has directly contributed for the financial year 2014-2015, towards :-

    - the operation and administration of their local MSLC
    - re-imbursement of parents/volunteers expenses in attending MSLC committee meetings and service user meetings
    - funds allocated to the MSLC in order to undertake engagement activities with parents and families
    - funds allocated to the MSLC to survey mothers in order to collect feedback on maternity services
    - funds allocated to the MSLC to undertake specific projects in priority areas

4. A comprehensive breakdown of indicative funding provision demonstrating how your CCG intends to fund its local MSLC in the financial year 2015-2016.

I would appreciate your response within 20 working days in accordance with the Health and Social Care Act - Healthwatch Regulations 2012.

Kind regards

Alex Stewart
Chief Executive, Healthwatch Norfolk

Appendix 2 Example Enter and View visit letter sent to hospitals

21 January 2015

Head of Midwifery Services
Acute Hospital Trust

Dear

Re: Enter and View Visit

I am writing on behalf of Healthwatch Norfolk, the consumer champion for health and social care in Norfolk. We are undertaking a project which aims to gather some patient feedback on recent experiences of maternity services in Norfolk and would very much like to talk to patients, their families and staff within your department who care for pregnant women and their babies. The purpose of the Enter and View visit is to listen to the experiences of women attending antenatal clinics and using delivery and postnatal care services, to identify what is good and what could be improved in terms of patient experience.

The reason for my letter therefore is to arrange for 3 of our volunteers to visit your premises. We plan to visit initially on 11th February 2015 starting at 10am -12 noon in antenatal services and moving on to birth and antenatal care in the afternoon from 1pm to 3pm. We anticipate this visit will take approximately 4 to 5 hours in total and is very much an introductory visit to enable our volunteers to gain a good understanding of how your department works, to talk to staff about what works well within your service and to speak to patients (where appropriate) about their experiences.

If this date or time is not convenient please can you contact Sara Sabbar (Business Support Officer at Healthwatch Norfolk) on 01603 813904 or by email – enquiries@healthwatchnorfolk.co.uk -within the next 5 working days and we will endeavour to re arrange the date.

Sara Sabbar will contact you by telephone at the end of this week to ensure that the arrangements are mutually acceptable.

Yours sincerely

Alex Stewart
Chief Executive, Healthwatch Norfolk

Additional information regarding Healthwatch Norfolk and the visit to your premises.

Healthwatch Norfolk was set up to represent everyone who lives in the county. We aim to give everyone an opportunity to have their say about health and care services. We are an independent organisation but we have a statutory voice — commissioners and providers have to listen to service users through us. We represent the views of the public on all NHS services, social care for children and families, adult social care and public health in Norfolk. Healthwatch Norfolk is funded by the Department of Health through Norfolk County Council.

We are currently undertaking a project to gather women's experiences of maternity services in Norfolk. Conducting Enter and View visits to the maternity wards of our acute hospitals is one part of this project. The purpose of the visit is to view the care provided and talk to patients (where appropriate) and visiting family members, if possible, to understand what makes for a positive patient experience in your care.

It would be very helpful if you would advise both your patients and staff about Healthwatch Norfolk and our visit as we would like to speak to as many people as possible on the day. We have attached some leaflets to help you publicise the visit and will provide some posters a week before the visit. Further information about Healthwatch Norfolk can be obtained from the website http://www.healthwatchnorfolk.co.uk or by contacting the local office at the address below.

Following the first visit we will make appropriate arrangements for one further visit to enable us to engage with as many patients and their families as possible.

The visit will be undertaken by the trained Authorised Volunteers named below:-

[Names of the three Authorized Representatives entered here]

All our representatives are fully DBS checked and will adhere to the Healthwatch Norfolk code of conduct and Enter & View Policy (available on request). They will be wearing their Healthwatch Enter & View identification badges and will bring a copy of this letter with them.

In line with the Enter and View policy residents and staff are not obliged to speak to us if they do not wish. However we would welcome the opportunity to speak with some of them. Please be assured that individuals' privacy, dignity and confidentiality will be respected at all times. Any information gathered during the visit will be treated anonymously and we will take into consideration safeguarding and personal consent.

Following the visit the team will compile a report based on the information gathered. You will receive a draft copy of the report to check for accuracy only prior to its submission to the Quality Control Panel of Healthwatch Norfolk.

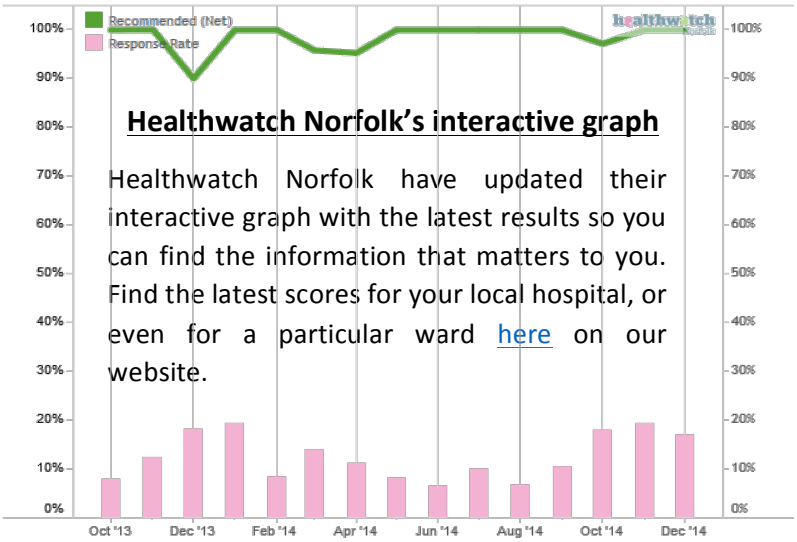
Following this a copy of the final report will be forwarded to you for your record. It will also be forwarded to all the bodies named in the report and agreed by the Healthwatch Norfolk Quality Control Panel.

The final report may also include good practice and recommendations agreed by the visiting team and it is the practise of Healthwatch Norfolk to follow up on recommendations after an appropriate time.

Appendix 3 Friends & Family Test Reports

Friends & Family Test Report

Maternity Service 2014-2015



Healthwatch Norfolk's interactive graph

Healthwatch Norfolk have updated their interactive graph with the latest results so you can find the information that matters to you. Find the latest scores for your local hospital, or even for a particular ward here on our website.

The Friends & Family Test

Changes to the Friends and Family Test (FFT)

A review of the FFT was published in July 2014 recommending the NHS stop using the Net Promoter Score (NPS). FFT results will now show the percentage of respondents that would recommend a service ('extremely likely' and 'likely') compared with those that would not ('extremely unlikely' and 'unlikely'). More information about these changes are available on the NHS England website.

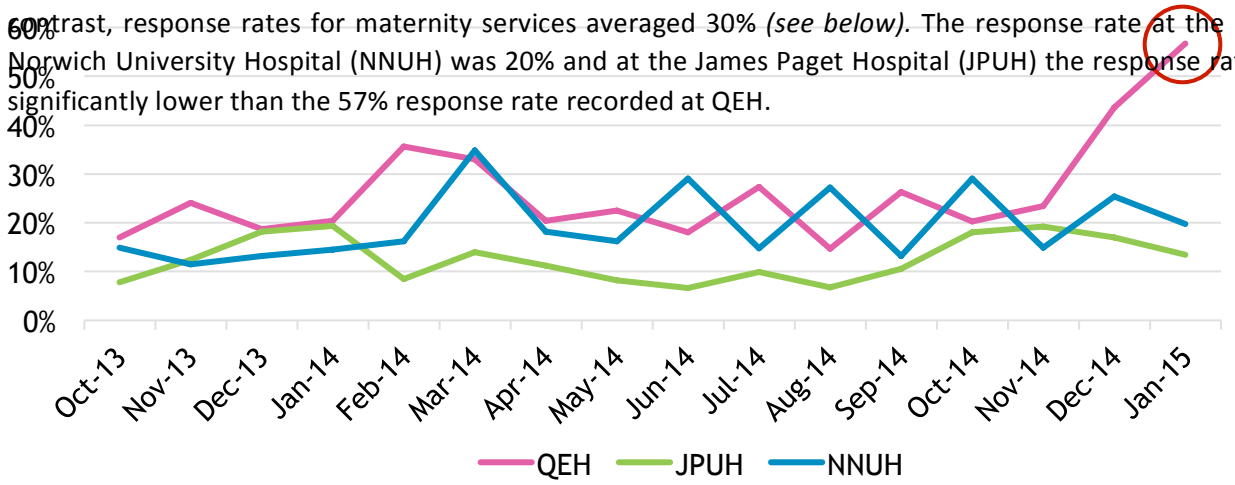
Record Response Rates at Queen Elizabeth Hospital (QEH)

Response rates describe the proportion of patients that have been asked to complete the FFT. By looking at response rates we can see how many people are being asked to complete the test. NHS England guidance states that 'the minimum response rate for organisations is expected to be around 15%' adding; 'for the majority, this figure could be much higher.'

In January 2015, 57% of mothers who gave birth at the Queen Elizabeth Hospital (QEH) were asked to complete the FFT. Of the 106 respondents, 97% said they would recommend the service to family and friends. FFT data has been collected since April 2013. In the last two years the highest response rates were 33% at A&E and 43% on Inpatient wards, both recorded at the James Paget Hospital in September and October of 2014 respectively. A response rate of more than 50% is a significant achievement, demonstrating a real commitment to asking patients what they thought of the care they received.

How many people are doing FFT on Maternity Wards?

Response rates are not collected for antenatal or postnatal services but we do have data for births at Norfolk's three acute hospitals. Inpatient services across Norfolk in January 2015 had an average response rate of 35%. In contrast, response rates for maternity services averaged 30% *(see below)*. The response rate at the Norfolk and Norwich University Hospital (NNUH) was 20% and at the James Paget Hospital (JPUH) the response rate was 14%, significantly lower than the 57% response rate recorded at QEH.



Response Rates for Maternity Services in Norfolk

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST								
	Antenatal Care		Birth		Postnatal Ward		Postnatal Community	
	✓	×	✓	×	✓	×	✓	×
Mar-14	*	*	95.8%	0.0%	90.5%	0.0%	95.8%	0.0%
Apr-14	96.8%	0.0%	95.2%	0.0%	100.0%	0.0%	97.8%	0.0%
May-14	90.6%	1.9%	100.0%	0.0%	100.0%	0.0%	95.5%	4.5%
Jun-14	95.7%	0.0%	100.0%	0.0%	91.7%	0.0%	92.5%	0.0%
Jul-14	98.1%	1.9%	100.0%	0.0%	95.0%	1.7%	94.3%	2.9%
Aug-14	96.0%	1.3%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Sep-14	100.0%	0.0%	100.0%	0.0%	92.7%	3.6%	98.0%	2.0%
Oct-14	97.4%	0.0%	97.1%	0.0%	95.5%	2.3%	100.0%	0.0%
Nov-14	91.7%	2.4%	100.0%	0.0%	90.0%	0.0%	100.0%	0.0%
Dec-14	100.0%	0.0%	100.0%	0.0%	86.4%	13.6%	96.3%	3.7%
Jan-15	94.0%	4.0%	95.5%	0.0%	97.4%	2.6%	92.9%	7.1%
Feb-15	98.8%	0.0%	100.0%	0.0%	82.4%	0.0%	96.9%	0.0%
Mar-15	98.8%	0.0%	100.0%	0.0%	100.0%	0.0%	94.9%	0.0%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST								
Mar-14	96.3%	1.4%	97.6%	1.2%	97.5%	0.8%	98.1%	0.5%
Apr-14	96.0%	1.3%	100.0%	0.0%	96.3%	1.3%	97.5%	0.8%
May-14	94.1%	3.9%	100.0%	0.0%	97.6%	1.2%	98.2%	0.0%
Jun-14	96.4%	1.2%	99.3%	0.0%	100.0%	0.0%	100.0%	0.0%
Jul-14	99.1%	0.0%	100.0%	0.0%	98.6%	1.4%	97.1%	0.0%
Aug-14	92.5%	1.3%	97.7%	2.3%	97.7%	2.3%	96.0%	0.0%
Sep-14	98.6%	0.0%	98.6%	0.0%	96.7%	0.0%	98.0%	0.0%
Oct-14	98.2%	0.0%	99.4%	0.0%	97.8%	1.1%	100.0%	0.0%
Nov-14	93.9%	3.0%	98.5%	0.0%	96.4%	3.6%	96.5%	0.0%
Dec-14	97.7%	0.0%	96.7%	2.5%	100.0%	0.0%	100.0%	0.0%
Jan-15	100.0%	0.0%	97.8%	0.0%	96.1%	1.3%	100.0%	0.0%
Feb-15	100.0%	0.0%	100.0%	0.0%	97.3%	2.7%	100.0%	0.0%
Mar-15	100.0%	0.0%	98.6%	1.4%	100.0%	0.0%	100.0%	0.0%
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST								
Mar-14	92.2%	2.0%	84.2%	3.5%	88.7%	4.8%	93.1%	0.0%
Apr-14	85.7%	14.3%	80.0%	0.0%	93.1%	0.0%	94.7%	0.0%
May-14	*	*	92.3%	0.0%	94.4%	0.0%	95.8%	0.0%
Jun-14	100.0%	0.0%	97.0%	0.0%	94.6%	5.4%	100.0%	0.0%
Jul-14	95.5%	0.0%	86.0%	2.0%	87.8%	2.0%	95.2%	0.0%
Aug-14	90.3%	3.2%	92.6%	0.0%	92.3%	0.0%	100.0%	0.0%
Sep-14	91.3%	0.0%	90.0%	2.0%	90.2%	2.0%	100.0%	0.0%
Oct-14	94.3%	1.6%	89.7%	0.0%	86.8%	4.4%	100.0%	0.0%
Nov-14	92.2%	1.7%	100.0%	0.0%	98.1%	1.9%	100.0%	0.0%
Dec-14	96.3%	1.2%	97.5%	1.2%	94.7%	1.3%	100.0%	0.0%
Jan-15	96.8%	0.0%	98.1%	0.9%	92.1%	3.2%	100.0%	0.0%
Feb-15	97.0%	0.6%	97.9%	0.0%	95.5%	1.1%	100.0%	0.0%
Mar-15	97.8%	1.6%	95.7%	2.1%	97.8%	1.1%	97.3%	1.4%
	✓	×	✓	×	✓	×	✓	×
	Antenatal Care		Birth		Postnatal Ward		Postnatal Community	