Purpose of Visit:

1. To ascertain feedback from patients about their experience of using the maternity services at the Royal London Hospital (e.g. how they feel about the care and treatment they received; staff attitude and behaviour; information provided; overall experience of service (good and bad)).

2. To find out if patients have any suggestions for improving the maternity services at the Royal London Hospital.

Key Facts/figures (General Information)

- The Royal London Hospital has an average of 5,400 births per year. This continues to increase by an average of 1000, with projections that by 2016 the unit will handle around 6,400 births. The majority (95% = 4650 births) of the mothers that give birth at The Royal London are local residents. In the remaining 5%, approximately 600 births are from Newham and 150 are from Queens, UCH and St. Thomas.

- Currently the midwife to birth ratio at Barts Health is set at 1.32. The London target is 1:30. The management at the maternity department have put forward a business case to the Trust Board with a request to fund more midwives. The requested increase will aim to reduce the ratio to 1:28/30. An independent audit undertaken by ‘Birth Rate Plus’ has supported the business case and the department is currently waiting to hear if funding will be approved.

- On the labour ward, an average of fourteen midwives and three maternity care assistants work per day shift. On the postnatal ward an average of four midwives, two maternity care assistants and a nursery nurse work per day shift. Midwives on the wards work 12.5 hour shifts per day or night and they work a total of three days or nights per week. There is then a team of midwives working during the day in the antenatal clinic and MFAU and within the community.

- For additional staffing to cover for vacancy and sick leave, the department utilises staff from their ‘bank’ (pool of internal staff) and do not deploy staff from external agencies. Currently due a vacancy, there is on average 34 midwives, with only 3 midwives in the post natal ward, when there should ideally be a minimum of 4.

- The number of births per day varies from three to 20 per day (average of 14) so it is very difficult to predict how many staff may be needed. The number of midwives at the weekends and nights is the same as on the weekdays.

- ‘Great Expectations’ programme- In order to improve standards around behaviour and attitude of staff, the maternity departments across Barts Health set up a programme in March 2013 called ‘Great Expectations’. The programme aims to improve staff value and behaviour in regards to the following core commitments:
‘treating patients with compassion’, offering the highest standard of care, better communication and involvement of women and their families, ensuring that the best standards of care are provided at all times. Patients and the community are encouraged to complete a feedback forms to raise concerns if the pledge standards are not being met. Also the local Maternity Services Liaison Committee (managed by Social Action for Health), help train nursing staff on how to interact with patients via role play scenarios.

- Midwives and Health Care Assistants that receive negative feedback from patients have a meeting with their line manager and are identified for receiving intensive training (under the ‘Great Expectations’ programme).
- Patient Feedback: In addition to feedback from Healthwatch, the Maternity Department currently collects feedback in four different ways (1) Senior management visit wards and talk to patients to gather their experience (2) Patients are asked to complete the ‘Great Expectations’ questionnaire 3. Family and Friends Test (Picker Institute) 4. MSLC mothers group’s feedback.

Observation of E & V Representatives

- The ‘Great Expectations’ programme is promoted well on the sixth floor (i.e. on entrance door to Labour Ward); however there is not a similar promotion on the eighth floor (post natal care wards).
- There were no ‘wheelchairs’ on the ground floor (main) entrance to the Women Centre.
- On the day of our visit the Triage/Antenatal area was ‘short of staff’, this delayed patients waiting time by at least 2 hours. The waiting area for Triage/Antenatal was very busy; there was a feeling that patients were very frustrated with the waiting time delays.

Patient Comments/Feedback (Patient feedback was collected over different areas in the Maternity services department)

Triage MFAU & Antenatal Unit (8th Floor)

Patient 1: (spoke with a partner of a pregnant lady)

He said that it had been easy to make and get an appointment but now that they are here, they have been waiting for more than an hour to be seen. They would prefer shorter waiting times. He said that ‘we understand that the doctors are busy as there is a staff shortage but the staff have been helpful and happy’.

35, Male, Portuguese

Patient 2 (12 week pregnant lady)

The patients said that the experience so far had been good. ‘It was easy to get the appointment’ and she had been seen relatively quickly. ‘The staff had been pleasant.’

23, Female, British White

Patient 3 (32 weeks pregnant, the patient had an appointment at 11am but had been waiting for a very long time. When Healthwatch representative spoke to her it was already 12:45pm)

The patient said ‘that there were too many people waiting to be seen’. She was not happy with the amount of time she had been waiting already. Her husband had just asked the receptionist as to why it was taking so long and the receptionist said ‘that they were short staffed and would have to wait for another couple of hours’. The receptionist was friendly
and explained everything clearly. The lady also mentioned that it would be good to have a
digital display with your name on it when you are called for your appointment as it is
sometimes difficult to hear the staff.

Female, British Muslim

Patient 4 (24 weeks pregnant, this was her third pregnancy)

The patient said that she was certain that she was having early contractions. She had come
in at about 9:50am and was still waiting to be seen at 1pm. The receptionist had explained
that they were very busy. The lady mentioned that it would be useful if someone would
apologise and explain to everyone the reason for the delay. She had just been waiting
without any updates. In terms of deliveries in the past, she said that the midwives were
excellent and the hospital was very good. She said that she hoped that it would retain its
good standard but realised that it's just getting too busy.

33, Female, British Muslim

(Representative Note: After the conversation with this patient a member of staff came out
and explained that there was a delay due to staff shortage)

Patient 5

I didn’t like the old hospital. I think that the new hospital is good; the midwives are nice and
friendly…good service. I am waiting to be seen by a doctor and it has been a long time and
no one at reception has told me how long I will have to wait for.

34, Female, Bangladeshi

Patient 6

I am here to see a Doctor or Obstetrician I am not sure (which one) as nobody told me. I am
concerned about the care the hospital is providing because every time I visit Triage I receive
different diagnosis. When I was 23 weeks pregnant my water broke, I came to the hospital
and after the doctor checked me they confirmed my water broke and told me I was 2 cm
dilated…I stayed 6 days in hospital in order for them to monitor the baby. At 25 weeks they
said I wasn’t in high risk to give birth anymore, but with a blood test they found I had
infection so they gave me antibiotics. At 28 weeks, I saw another doctor who told me that I
still had the water and I wasn’t dilated…I am very confused now. Every time I come here
they never inform me of my test results or their concerns, they don’t share diagnosis with
me.

They also never tell me how long I am going to wait, on the 6th floor I had a very bad
experience with the midwives…they are horrific and not bothered. For example the midwife
didn’t monitor me or my baby, when the doctor finally arrived he was surprised to see me
with no basic check up done. The triage needs to be improved, long waiting times and they
always say they are short of staff. Also there is no communication whatsoever with patients.

29, Female, Bangladeshi

Patient 7

I have been referred here by my GP after experiencing pains in my stomach. She asked me
to book an emergency scan and I was told that 10am is available. I came in today at 10am
but the reception staff told me that it was not an appointment, it’s a first come first basis
system; I have 5 people before me. I have now been waiting 3 hours and still no one has
seen me yet. However my experience overall throughout my experience of this pregnancy has been nice, I got pregnant by IVF and I was looked after well by my midwife. I would suggest that the people making the appointment should have more information and not mislead people. The waiting time should be reduced, its not nice being 38 weeks pregnant and to sit on a chair for that long especially when I haven’t been sleeping well.

36, Female, Bangladeshi

Patient 8

I am here for my twelve week scan and blood test, they sent us a letter informing us of todays appointment, when we arrived today they said that we don’t have an appointment for today, apparently they sent us another letter informing us of the cancellation of today’s appointment, however we never received this second letter, must be a mistake somewhere in the system. My husband took a half a day from work for this appointment so we was adamant that we was going to be seen today…so they did see us eventually, now we are waiting for the result…the waiting is the problem, it happened on our last visit as well. The nurse that did the scan today was lovely and the environment of the new hospital is lot better than the old hospital, also the gentlemen at the reception was not very helpful in regards to resolving the initial problems we had with the appointment date mix up.

30’s/Female/ White Irish

Patient 9

I have been referred by my GP; they had a suspicion that I might have something wrong with my liver. I came to the hospital first then been told to see my GP. The GP send me here again for blood test. Once the blood test was done I have been asking if the results are back and no one can give be the answer. I am 35 weeks pregnant with twins, I am worried that something is wrong with my baby and I have been sitting and waiting for a scan for more than 4 hours, every minute is precious to me.

I would suggest that they need to look back on their system and see what they can do for emergency patient.

35, Female, White British

Post Natal Ward (8th Floor)

Patient 10

This patient had given birth about 6 hours earlier. She mentioned that she had low expectations from the start and so wasn’t too bothered. They have been looking after her ok. She said that some of the other mums she had spoken to have had a bad experience with staff, as staff were too busy to look after them.

30, Female, Bangladeshi

Patient 11

Representative spoke to a prospective father who said that his wife came in on the due date with labour pains but was sent home without a thorough examination. They failed to notice the water build up and the infection around the womb. They came back the next day, the doctor checked her and said that she had a urine infection; it was nothing much and she was sent home again. She then came in on the third day (swollen) and they mentioned that she in fact had an infection in the womb (hence the pain) and she was sent back home again.
There were no assessments done and the husband felt that the staff though his wife was faking the pain. They came back the next day as she couldn't take the pain any longer, the staff took her blood pressure, and it was up. They kept her in but said that she was not dilated enough. She then started bleeding and the midwife informed that it was fresh blood. They eventually had their baby but they are on antibiotics, they will be staying in the hospital for a further five days. She has been in the high dependency unit after the birth for extra blood.

She is now better. The husband said that the hospital food wasn't great, "typical hospital food". She was made to walk even though she is still in a bit of pain.

34, Male, Bangladeshi

**Patient 12**

Representative spoke to a new mum who had given birth the day before and she explained that the ‘staff were lovely and they had been really helpful. They had looked after her well. Food is ok as well’.

23, female, Nigerian

**Patient 13**

*The staff are good; they had explained everything very clearly. The midwife was really nice and looked after me well, everything went according to plan.*

37, Female, Bangladeshi

**Patient 14**

*I am happy with the service except that some midwives keep avoiding you. My bed sheet hasn’t been changed even after I asked them to do so. I stayed 2 days in my sheet full of blood, I feel like they don’t care even after chasing them.*

40, Female, Bangladeshi

**Patient 15**

*I had a previous bad experience 4 years ago at the old hospital, for this pregnancy I was looking to go private. This time around I found doctors and nursing staff were very supportive and next time I won’t look to go for a private care. I have noticed that midwives don’t show sympathy and nobody is changing the bed sheets.*

34, Female, Chinese

**Patient 16**

*I first come in with my water broken and some contractions (I was 40+ weeks). After they examined me I was told to come back when the contraction get closer. I went home… after few hours I came back, this time I had lots of pain and closer together; the midwife was patient and nice to me as I waited to do the initial assessment. I was very happy because I had three midwives to myself and they took care of me very well.*

*Even though I had good experience I have family members who have had bad experiences so I would suggest that there should be more midwives on duty.*
28, Female, Bangladeshi

Patient 17

Giving birth was nice, however I was told to go back even though I believed they should assess me more because my pain was very high, I was not dilating and they believed they didn’t have any reasons to keep me in. However other than that they were nice and I had my baby. I was a bit upset they didn’t tell me that they will discharge me this morning and my husband didn’t bring anything for me…just two hours ago I was told to get ready, now I have to wait for my husband. I would suggest that they should give more time and notice to people before being discharged.

*Equalities data not recorded*

Patient 18

I have had a very good experience so far, I had a few complications with my pregnancy and they have kept me in to keep an eye on me. The staff have been very nice, the midwives are very good; they listen and have looked after me well. I think the food has also been nice so far.

20’s, Female, European

Patient 19

It’s been a really good experience, the environment is nice and the staff are very helpful and friendly, they have supported me to change and feed my baby, talk to me… I have noticed daytime staff are very good and as they respond quickly to my needs… however the night time staff are not good as the daytime staff, they can be rude and don’t often respond to my requests. I was really happy with labour staff, there was lots of encouragement …I definitely made the right choice by having the baby here. The information by the main doctor (consultant) post birth was very clear and they identified that my baby had jaundice and have kept us in a few day longer to see how he doing, so I am very happy with the level of care provided.

The staff at the Antenatal Clinic are also very nice and helpful; I felt they checked me out thoroughly on every occasion…the only issue with the Antenatal Clinic is the waiting time, it can take a long time to be seen.

My only suggestion for making the service better is to ensure that night time staff are more alert and positive to helping patient, they could be more helpful. The night time staff kept saying that they are short of staff and therefore they are rushed off their feet…I would suggest that management monitor night time staff a bit more to ensure that they provide better care.

20’s, Female, Bangladeshi

Summary of Patient Feedback

- In the past the patient feedback received by Healthwatch Tower Hamlets on the Royal London maternity services nursing staff has not been on the whole very positive (i.e. rude behaviour, poor attitude), however during this visit we had some very positive feedback about their attitude and behaviour, the majority of patients that gave feedback said that they feel the nursing staff are helpful, friendly and pleasant. One patient mentioned that ‘the midwives are very good; they listen and have looked
after me well’ another said ‘the staff are very helpful and friendly, they have supported me to change and feed my baby, talk to me’. It is quite evident that the ‘Great Expectations’ Programme which is as a very positive and proactive initiative to address staff behaviour is having an positive impact on improving nursing staff behaviour and attitude.

- There were a few reoccurring negative comments about nursing staff that need to be addressed, two patients commented on the changing of their bed sheets, one of the patients said, ‘My bed sheet hasn’t been changed even after I asked them to do so. I stayed 2 days in my sheet full of blood, I feel like they don’t care even after chasing them. Another patient said, ‘I have noticed that midwives don’t show sympathy and nobody is changing the bed sheets’.

- Waiting times in the Triage/Antenatal Clinic (8th Floor) was an issue for almost every patient that gave their feedback, most patients commented that they did not know when they will be seen and had already waited for an hour or two hours. On the day of the visit staff announced around 12pm that they had staff shortage and that this would delay everyone’s appointment time, therefore representatives are not sure if the comments given during the visit are reflective of normal clinic waiting times. However a few other patients reconfirmed that they also experienced long waiting times during past visits, a patient in Triage/Antenatal Clinic said ‘the waiting is the problem, it happened on our last visit as well’ and another patients said ‘the triage needs to be improved, long waiting times and they always say they are short of staff’. Based on these additional comments one can make an assumption that the issues around waiting time and staff shortage is possibly an ongoing challenge for patients visiting the Triage/Antenatal Clinic.

- There was a perception from patients that the maternity service at the Royal London has ‘staff shortage’ issues, a patient said ‘I would suggest that there should be more midwives on duty’. Another said the following (information provided to her by a receptionist at triage/antenatal clinic), ‘that they were short staffed and would have to wait for another couple of hours’.

- A few patients mentioned issues with the appointment system/process (Triage MFAU), one patient commented that they had their appointment cancelled but did not receive a letter to confirm this, they turned up on the intended appointment date (as stated in the original appointment letter) only to be told that they do not have an appointment, after explaining (found that reception staff was not helpful;) that they had not received a second letter (informing of cancellation) they were offered their appointment on the same day. Another patient mentioned that she had been given an appointment time for 10am, only to be told on the day of the appointment that they do not operate a time allocated appointment system, rather the system operates on first come, first serve basis.

- There was also numerous comments on negative experiences at Triage MFAU (provided by post natal patients), the feedback mostly centred on patients feeling that they did not receive adequate attention (not being checked up properly at later stages of pregnancy); support (sending patients home that are experiencing high levels of pain) from staff when turning up with contraction pains or possible pregnancy complications. One patient mentioned that doctors gave different diagnosis on different visit dates, which left the patient confused (please refer to Patient 6).

Recommendations & Suggestions (based on patient feedback and observations)

- Patients are under the impression that wards and triage/antenatal areas are under resourced (lack of midwives and consultants), we would therefore strongly support the recommendations made in the business case by Maternity Services management (and as recommended by Birth Rate Plus) for the recruitment of more midwives.
• We would recommend that there should be better promotion of ‘Great Expectations’ programme in the waiting areas of Triage and Antenatal Clinic and on Post Natal wards.

• We would recommend that management ‘monitor night time staff’, as a patient mentioned that the level of care provided by night time staff is different to daytime staff. (please refer to ‘Patient 19’ comments)

• On the day of our visit we could not see any ‘wheelchairs’ on the ground floor entrance that leads into the Women Centre, we would strongly recommend that Maternity Services management liaise with Estate and Facilities management to ensure that wheelchairs are always available in the main entrance leading to the Women’s Centre.

• A patient suggested that patients should be given adequate notice on the discharge process in order for families to prepare for the discharge; she felt that inadequate discharge notice was given to her and therefore she felt everything was rushed. (Note for Management: Please provide further information)

• A patient suggested that there should be a ‘digital screen display’ to notify patients that the nurse/doctor is ready to see them in the waiting areas of the Triage/Antenatal Clinic areas, they said that sometimes it’s difficult to hear staff calling their name.

• A patient (Triage/Antenatal Clinic) suggested that ‘emergency’ patients should be prioritised to get their results back before other patients; she mentioned that ‘waiting around’ can lead to anxiety especially if mothers are concerned about the health of their unborn child, she feels these types of patients need reassurances a lot sooner.

• We would recommend that the Maternity Services Department aims to improve the ‘patient experience’ (at Triage MFAU) when patients reach the later stages of their pregnancy and come into the Antenatal Clinic based on the assumption that they could go into labour or have complications with their pregnancy. We would recommend that staff should not be dismissive of patient's feelings and show compassion and understanding (communicate in a manner that is supportive and reassuring), and most importantly staff should take ‘due care’ to examine patients thoroughly as this would reassure patients that they have been sent home only after receiving appropriate care and attention.

Important Information for Management:

• We expect management to provide an ‘Action Plan’ on the raised issues under the ‘Recommendations and Suggestions’ heading. (Refer to page 10 for the responses/action plan from Barts Health Management)

• Copies of this report will be circulated to the Tower Hamlets Clinical Commissioning Group, Barts Health Management, CCQ and will also be available for public viewing on Healthwatch Tower Hamlets website.

Healthwatch Tower Hamlets representatives and staff would like to thank Alison Herron (Lead Midwife) for making all the necessary arrangements in organising the visits and for helping us during our visits.

DISCLAIMER:

1. The observations made in this report relates only to the visit carried out at the Maternity Services Department at the Royal London Hospital on the 8th October 2014, which lasted for a total of two and half hours.
2. This report is not representative of all patients that use the maternity services at the Royal London Hospital; it only represents the views of those who were able to contribute within the restricted time available.
**Response from Barts Health (in relation to recommendations in report)**

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<td>Ratio 1:32 to be in place and monitored Ensure recruitment plan is followed through and all new midwives in place as planned (compliance to 95%) Complete and submit staffing business plan to CAG directorate and subsequently Trust Board</td>
<td>Fully recruited to 1:32 – ongoing active recruitment for fixed term posts to cover maternity and long term sickness leave. Business plan for improving staffing ratio submitted to CAG board Jan 2015. Presented to Trust Board in Feb 2015, in view of increased activity and acuity and recommendations from Birth rate plus audit July 2014</td>
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<td>We would recommend that there should be better promotion of ‘Great Expectations’ programme in the waiting areas of Triage and Antenatal Clinic and on Post Natal wards.</td>
<td>Increase the number of Great Expectation banners in both antenatal/triage area (8E) and postnatal ward (8F) Display the Great Expectation signage/letters on entrance to 8F and within ward area</td>
<td>Banners displayed in all areas Great Expectation lettering displayed at entrance to ward 8F</td>
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## CAG: Women and Children

**Specialty: Maternity**

**Title of report:** Healthwatch Tower Hamlets visit Oct 2014 - Action plan RLH maternity dept. February 2015

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<td>We would recommend that management ‘monitor night time staff’, as a patient mentioned that the level of care provided by night time staff is different to daytime staff.</td>
<td>Ensure rotation of all staff between regular days and nights Senior band 7 rostered for night duties to lead the night team and monitor staff behaviour and care</td>
<td>Monitor, audit and review complaints relating to postnatal care at night via Governance complaints, Trust reporting system (Datix) and MSLC quarterly log of women’s issues/concerns</td>
<td>Alison Herron/Grace Waters</td>
<td>Ongoing review</td>
<td>January 2015 e-rostering commenced Monthly complaints processes Quarterly MSCL</td>
<td>Governance team/HOM</td>
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<td>Liaise with Carillion Estates Management team to ensure wheelchairs available 24hr for pregnant women at entrance to the women’s Centre</td>
<td>Via patient feedback and regular monitoring</td>
<td>Alison Herron</td>
<td>March 2015</td>
<td>Ongoing review</td>
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<td>A patient suggested that patients should be given adequate notice on the discharge process in order for families to prepare for the discharge; she felt that inadequate discharge notice was given to her</td>
<td>Create and implement postnatal discharge info pack. Commence group postnatal information session for women on the ward.</td>
<td>Via patient feedback questionnaires</td>
<td>Grace Waters</td>
<td>April 2015</td>
<td>Postnatal info pack being developed (Jan 2015) PN ward groups</td>
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<td>Implement use of triage RAG rating tool to prioritise women requiring urgent assessment</td>
<td>Staff in post natal area informed and discussions about appropriate communication and behaviour to all women Observational team training and feedback to take place</td>
<td>Grace Waters/Alison Herron</td>
<td>April 2015 and ongoing</td>
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