Improving Service User Experience in Maternity Services

A Report

prepared by

The Patient Experience Network

For

NHS England

Prepared by Louise Blunt

May 2014

Patient Experience Network

Re:thinking the experience

PEN

NHS England

Contents

Figures

1. Introduction

Having a baby is the most common reason for admission to hospital in England. In 2012 there were just under 700,000 live births, an increase of around 23% in England in the last decade. Add to this the increasing 'complexity' of births (e.g. multiple births, obesity, women over 40), the perceived lack of strategic direction from the very top (Government as well as NHS Organisations) and the ongoing, long-term issues surrounding a shortfall in midwife numbers and improving service user experience in maternity care represents quite a challenge.

Ensuring a positive service user experience for all groups should be a strategic, commissioning and financial imperative for all NHS Trusts. Patient, or more commonly in maternity care – service user, experience is a fundamental component of how we should think about the quality and efficiency of healthcare and one which has the ability to free up scarce resources and provide value for money for the NHS. We already know that there is good evidence for the positive impact of delivering person centred services, in terms of clinical outcomes, staff satisfaction and retention, appropriateness of service use, complexity of intervention and likelihood of complaint or financial penalty – all of which have significant implications for funding requirements for the NHS, its financial health and for delivering best value for public money. The ongoing review of service user experience and the overall environment, and the relationship between this and staff experience, is vital and drives continuous improvement.

This report was commissioned by NHS England to look specifically at the subject of improving of service user experience in maternity services within the NHS.

For the purposes of this report maternity services cover the period from conception to shortly after birth, in order to bring into the fold the work done by community midwives and health visitors in the early stages of life.

A government report published in January 2014 states:

"The vast majority of women have good outcomes from NHS maternity services and most rate the care they receive as excellent or very good. However, performance and outcomes could be much better. There is significant variability in the quality of care between trusts, and there are persistent inequalities in the experience of different groups of women. When maternity care goes wrong, the impact can be devastating for those affected and costly for the taxpayer. Nearly a fifth of spending on maternity services is for clinical negligence cover. The Department of Health published Maternity Matters, its strategy for maternity services, in 2007 and yet still has little grip in key areas and little assurance about performance".

It is against this backdrop that the report seeks to identify key areas of concern and provide some insight into positive experiences which can be used to develop and improve service user experience in maternity services across England.

Fig. 1

2. Methodology

The objective of this report is to examine and comment upon the current situation in relation to service user experience for those engaging with maternity services, challenge existing thinking and suggest possible ways forward; ways in which the NHS can provide more positive service user experience in maternity services. A key objective of the report is to identify and share some of the excellent work that is already producing great results for maternity services and to showcase this, and additional work (not necessarily maternity based), which could be adapted to provide practical solutions to the developing question of improving service user experience in maternity services.

In compiling this report PEN conducted limited desk research, referring to available documents on the subject and utilising the case studies and information within its own data banks. In addition PEN conducted a survey amongst its members and other interested parties, requesting their views in response to a number of key questions. During the preparation of this report PEN also held an event on 2nd May 2014 in partnership with NHS England entitled Celebrating the Best of the Maternity Experience of Care.

Fig. 2

The event included speakers from across the maternity arena including NHS England, The National Childbirth Trust, Best Beginnings, the award winning maternity team at East Lancashire Hospitals NHS Trust, and a powerful fathers' perspective from Paul Webster. During this event delegates were asked to contribute their suggestions and thoughts on the subject – some of these contributions have also been included in this report.

The desk research was conducted over a period of two of weeks and encompassed searches of the internet, review of existing documents and the analysis of information from the PEN database. The survey was conducted on-line and reached 94 participants from 77 organisations representing a wide variety of interested parties including NHS England, commissioners, providers, specialist maternity services and other organisations. A Maternity Services event was held which related directly to the production of this report was attended by over 130 people from across the NHS and the wider healthcare community. It included staff from a range of settings and job roles from the Chief Executives to student nurses, commissioners to service users and their families. Feedback and comments from other events has also been taken into consideration.

The desk research and review of known best practice was conducted independently of the survey and, as with the recent Children's and Young People's (C&YP) Report, it is interesting to note the close correlation of the results – which provides support to the overall conclusions. The report has been structured to mirror the recent C&YP report (also authored by PEN in September 2013) in order that comparisons might be easily made and any necessary conclusions drawn.

3. Executive Summary

Having a baby is the most common reason for admission to hospital and maternity services in the broadest sense occupy a unique position in the NHS, being one of the few services which supports people who are predominantly healthy. Having a baby is a natural, albeit life changing, event and one which does not always require doctor or consultant-led interventions. Pregnant women receive care from a wide range of healthcare professions but all receive care from midwives, who act as the co-ordinating professional for all births.

Patient, or service user, experience is increasingly seen as one of the cornerstones of providing effective healthcare. It has been some time coming but the evidence shows that more organisations are embracing this concept and moving forward, however there is still a long way to go. In improving patient experience the over-riding need is still to replace the pockets of best practice with an organisation and nation-wide culture of service excellence. Consistency is key both across an organisation and between organisations; service users need to experience the same brilliant experience no matter where they interact with the healthcare system – a big ask in the current economic environment…..but not an impossible one. In this report we are focussing on improving service user experience in maternity care, a distinct group with distinct needs and requirements and one we clearly need to involve more effectively in the improvement process to achieve the desired outcomes.

The report draws from a number of sources including desk research, surveys, events and PEN's own database of information. As with the previous CYP Report, this report is not intended to be all encompassing but rather is a short overview undertaken as a snapshot of today's status, working on the premise of identifying and celebrating some of the positive steps taken to date.

The author has, however, been able to bring together some key strands relating to service user experience in maternity care and make some recommendations regarding ways to develop and further improve the experience for service users of maternity care. The key focus for the report was to highlight some of the issues facing organisations in providing the best possible maternity service user experience, and to give a flavour of some of the great practical best practice currently being undertaken across the NHS and wider healthcare arena.

Several themes have emerged and some learning points were repeated throughout the course of compiling this report. They are not listed in any particular order.

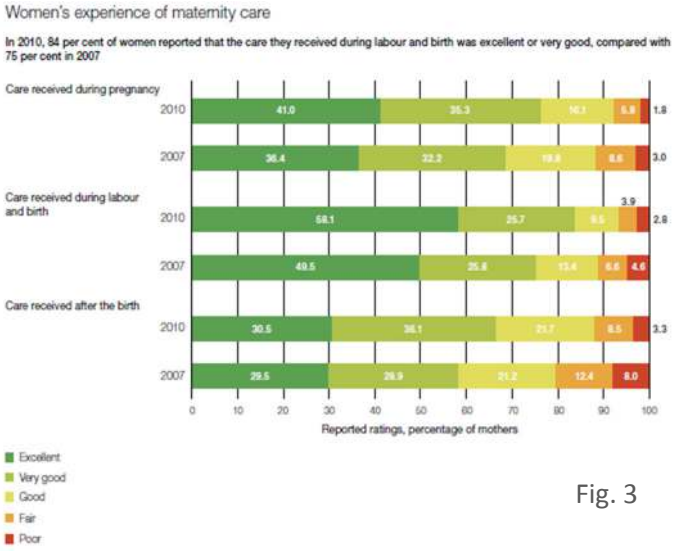


Fig. 3

Improving Patient Experience of Care – this is now rising to the top of many people's agenda. The focus has traditionally been on meeting, or exceeding, the NICE guidelines and (quite rightly) on patient safety. Patient experience is now having its time in the spotlight. There are a number of examples of improving patient experience in maternity services however there is a feeling that perhaps maternity services are not challenging themselves strongly enough or making the same progress as other areas of healthcare. Looking outside the area of maternity services for benchmarking and new ideas would be beneficial.

Improving Service User Experience in Maternity Care

Encouraging and Ensuring Service User Involvement – Some organisations are struggling to get more involvement from service users. This has been put down in part to the transitory nature of the relationship between service users and maternity services. In fact most women interact with maternity services over an extended period of time – 7 months or more from first to last interaction. More work is needed to understand why some organisations have excellent service user involvement and others do not – a clear learning opportunity.

Focus on Action – Some organisations have made great progress in improving experience for maternity service users, but there is still too much focus on 'intention' and 'talk' and not enough on action. It is clear that there is confusion at the very top – what is the Government position? The last strategy document 'Maternity Matters' was published in 2007. This lack of focus is cascaded down through all levels, with a few notable exceptions.

Choice – Service users across the whole healthcare arena are increasingly demanding greater choice; where to have their baby, how to experience labour, method of delivery, professional involvement. Choice has been identified as central to the Department for Heath's strategy for improving maternity services. For example, research by the NCT and the National Federation of Women's Institutes showed that although only a quarter of women wanted to give birth in a consultant-led, hospital based setting, in 2012 the figure actually doing so was 87%. How this might be achieved is yet to be decided, with the provision of adequate finance being a key issue.

Working More Closely Together - Closer Professional Relationships (Micro and Macro Level) – As with other areas of healthcare there can be a silo-mentality. The lack of joined-up working is found at all levels – GP's, Midwives, Consultants, Health Visitors; Commissioning Organisations and Heads of Midwifery; Government Policy Makers.

Clear Identification of Pathways of Care – This links to choice and communication and when done well provides clarity, inspires confidence (user and staff), and is shown to have a positive impact on intervention rates and service-user experience.

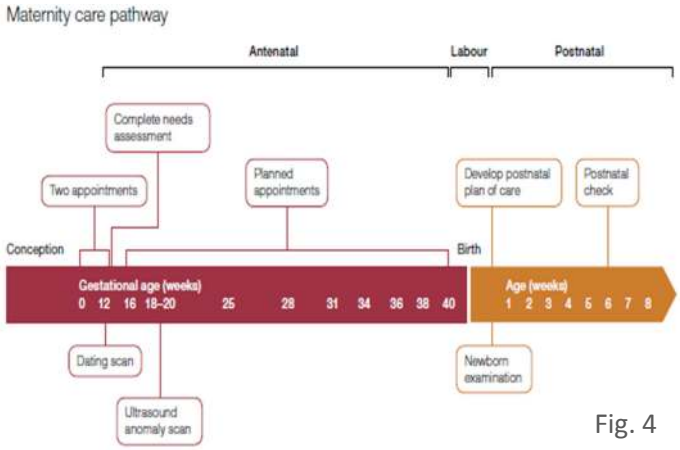


Fig. 4

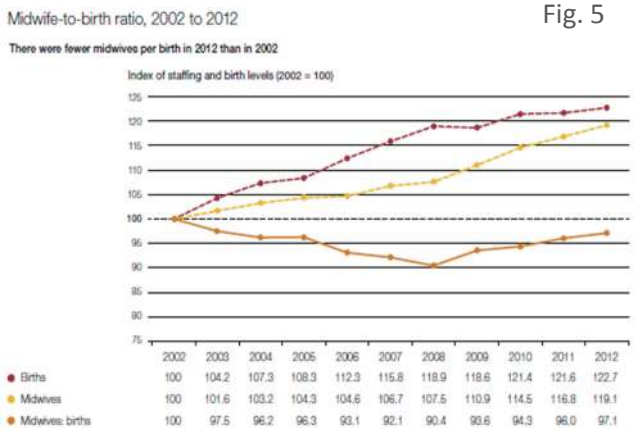
Normalisation – increasing the number of 'normal' births i.e. those not requiring intervention is a clear common objective of maternity services. Patient safety obviously plays a part in the decision-making process but how to achieve this is changing. This links strongly with midwifery-led units and changes to maternity practices.

Complexity – normalisation is a key objective for many maternity units but this is against a background of increasing complexity. Complexity refers to the rising age at which women are giving birth, the increase in BMI and obesity issues, the demand for more choice and the developments in medical science that enable medical professionals to save the lives of extremely premature or sick babies

Safety as Paramount, Focus on Positive Outcomes - The Royal College of Midwives identified that traditionally 'the principal driver of innovation and improvement in maternity services has been safety.' Whilst safety remains a key aspect, maternity services now need to consider the desire for increased choice for women, the need to improve quality and provide value for money ('normalisation' is seen as key to good outcomes and effective use of resources) and rising demand, increasing 'complexity' and increased pressure on staff and infrastructure.

Staffing Issues – Shortage of midwives is a long-term and ongoing issue. The current government has, according to the RCM, been moving things in the right direction. Despite cuts elsewhere there has been a continued rise in midwife numbers with 19% more in 2012 compared to 2001. A note of caution – the numbers fell slightly in the middle of 2013. By comparison, live births have increased by 23% over a similar period, resulting in an overall increase in pressure on staff.

Fig. 5



In addition the average age profile of midwives is continuing to rise moving up by around 10 years in the period 2001-2012. The rising age profile is potentially a ticking time bomb, policy makers and budget holders need to plan for a time when the service will lose (to retirement if nothing else) a high proportion of experienced midwives. Pressure on numbers is not the only staffing issue – as with other areas of healthcare – a lack of inclusion and at all levels, and the relentless changes and new initiatives, are also seen as contributing to dissatisfaction.

Midwifery-Led Units - Earlier in May NICE announced a change in recommendations. The Birthplace Study - the largest carried out into the safety of different maternity settings involving almost 65,000 births in England - found midwife-led care was just as safe as doctor-led hospital care for low-risk deliveries. Draft advice stated that healthy women experiencing a "straightforward" pregnancy should be encouraged to give birth in a midwife-led unit rather than a traditional labour ward.

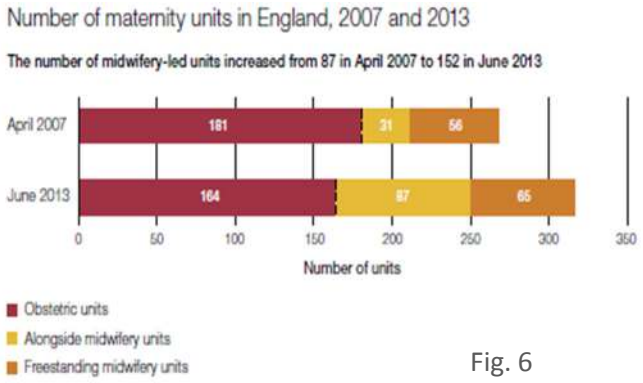


Fig. 6

According to NICE, hospital labour wards with doctors should be for difficult cases, otherwise there is a danger of over-intervention. The guidelines from NICE also indicate that a home birth may be just as safe for low-risk pregnancies. This creates challenges for maternity services but should be seen as a positive challenge with an opportunity to improve outcomes and service-user experience across the board.

Environment of Care - There is a need to address perceived shortcomings in both facilities and the environment of care. Both of these require investment and money is a scarce commodity, however evidence shows that providing the right equipment and environment, especially at the time of birth, results in more positive outcomes, fewer complaints, fewer interventions and greater staff and service user satisfaction and experience

Continuity of Care – Much of this relates to the need to improve communication and ensure that all professionals share information effectively with each other and in turn with the service users – including fathers, partners and other family members. For instance - it is clear from research conducted by the Care Quality Commission that women do not necessarily feel the need to see the same midwife throughout their period of care, although many would like the option. What they do want is confidence in the levels and consistency of communication, the provision of information to support them throughout their maternity journey from first contact through to support from health visitors and community midwives in the months immediately following the birth. Discharge was identified as an area of concern, together with information on the birth process itself. There is a clear need to develop some simple discharge procedures and information provision which would go some way to helping manage service users' expectations and smoothing the maternity journey whilst giving structure to maternity services, a framework on which to build.

Role of Leadership – In line with the CYP report there is a clear feeling that leadership is not always supportive of initiatives to improve patient experience. This particularly applies to policy makers who are seen as reactive (primarily to bad news) and not necessarily in possession of the information needed to make good strategy decisions. There was a surprising lack of strategy or strategic thinking identified in the survey with a large number of respondents indicating that they did not have, or were only just thinking about, a Maternity Strategy.

Maternity services have not been singled out for the same levels of criticism by the press and professional bodies as other aspects of care, despite the high cost of negligence claims, and this may have led to a certain complacency. Criticism is levelled at both government/commissioning bodies as well as senior management within trusts. Maternity services often feel isolated from the rest of the organisation (see Isolation).

Investment in Best Practice – Investment in improving patient experience pays off – in both service-user and staff related ways. Maternity cases account for a third of total clinical negligence payments and maternity clinical negligence claims have risen by 80% over the past five years. In addition trusts spend around 20% of their maternity services budget on clinical negligence cover – a total of £480m, or £700 per birth. Investment in identifying, spreading and embedding best practice in patient or service user experience will provide a platform for trusts, commissioning bodies and the government to make budgets go further. From a staff perspective improved patient experience is inextricably linked to improved staff experience – so investment in initiatives which seek to improve staff experience will also pay dividends. It may be a cliché but Happy Staff = Happy Patients.

Measurement and Evidence – With the Friends and Family Test now being applied in maternity services the importance and impact of measurement and evidence is being thrown into greater focus. The FFT has changed the culture of the NHS and has forced organisations to ask 'how was it for you?' It is not always seen in a positive light but it is here to stay (for the foreseeable future at least) and it has great potential – when used correctly – as a force for good.

There is much to be learned from those areas of healthcare which have already gone through the growing pains with FFT – how best to gather data, how to effectively analyse it, how to disseminate it (to teams and to patients) and how to act on the outcomes – and use the information to make changes, often very small changes which cumulatively add up to more significant gains. In addition to FFT there are many other methods of collecting, analysing and acting on data – and numerous case studies available to assist those new to it. Evidence is a powerful driver for change and linking this to financial benefits will attract the attention of budget holders seeking to do more with less.

Isolation – The survey, together with other outputs, highlighted the feeling that Maternity Services are not seen as 'core' to many organisations. The premise for maternity services is that service users are not patients, they are not ill and do not always require 'treatment' or 'intervention' and therefore they do not fit in with the rest of the organisation. Addressing this requires a little imagination on both sides – investment in maternity services has the potential to free up resources and reduce health problems in the nations' future health, on the other hand maternity services can learn much from improvements to patient experience in other areas of healthcare.

Local Service Provision – This was closely linked to the 'normalisation' agenda in the survey and the theme has been repeated in the desk research. Local access to care at all stages of pregnancy and ante-natally is important to service users. Women are increasingly seeing midwives as the first point of contact once they think they are pregnant (up from 24% to 32% since 2010) although GPs still see 63% of women.

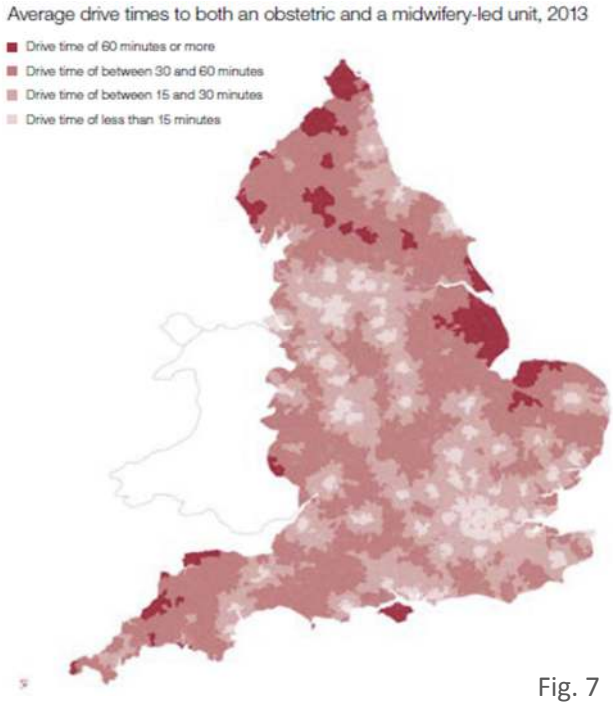


Fig. 7

This brings its own challenges in local service provision given that GP surgeries are far more prevalent. It brings into focus the need for GPs to work more closely with midwives and perhaps provide midwifery services within a surgery setting – this would also extend local service provision post-natally. Provision of local birthing centres also falls under this area.

Stillbirth / Bereavement – In 2011 it was reported that in England 5,186 babies were stillborn, or died within seven days of birth. This equates to 1 in 133 births it is not an uncommon occurrence yet it appears that mechanisms for helping parents through this traumatic experience are not as advanced as perhaps they could be. The survey highlighted concerns and the presentation from Paul Webster at the maternity event in Blackburn highlighted some simple actions which could be taken to help, these included a quiet room, the provision of a memories box, midwives trained in bereavement, information on what happens next and where to go for support, and not holding the 8 week check in a clinic full of pregnant women.

Post-Natal Services – Post-natal services appear to come in for relatively more criticism than antenatal services, although overall satisfaction levels are still good. The explanation for this is not clear and there needs to be more investigation into the reasons why this is the case. We also need to identify more examples of best practice in post-natal care.

The Role of Fathers, Families and Partners – There is increasing awareness of the importance of the role that fathers, partners and families play in the maternity journey and in improving service user experience. Fathers are clearly service users in their own right and are heavily invested in positive outcomes. Improving service user experience for this group is seen in the increasing involvement in the maternity journey and initiatives such as the creation of facilities for them to stay, especially during the birth of their baby. The Royal College of Midwives has published a useful document entitled 'Top Tips for Involving Fathers in Maternity Care'.

Fig. 8

Use of Social Media / New Technology – in all aspects of life the use of social media is expanding rapidly. Whilst not specifically identified in relation to maternity services the effective use of social media has clear benefits in the collection of data and in improving communication with service users. There is a wide range of mechanisms for service users to feedback on their experience of care and social media recently ranked highest.

That said there is also a call for face-to-face opportunities for feedback not to be lost completely. Outside of maternity services there are numerous examples of use of social media and technology to improve data collection and communication – and in turn improve service user experience. Social media was highlighted several times by speakers and delegates at the Maternity Event as an effective way of involving, communicating with and disseminating information to all manner of people and organisations involved.

Variation – Variation occurs both geographically and in relation to specialist units and is not unique to maternity services. There is also evidence that service users from black and ethnic minority communities (BME) have lower levels of satisfaction with maternity services – although the reasons why are not clear. More work needs to be done to understand this area, the true impacts and what can be done to improve services for BME communities

Information Provision – This is clearly linked to communication. We have highlighted this as a separate issue as it provides the opportunity for quick wins within maternity services. The Care Quality Commission's findings from the 2013 survey of women's experience of maternity care highlights some key areas for improvement in maternity care. The FFT also provides an opportunity for individual trusts to find out what their maternity services users want. There are case studies across a number of specialities regarding improving patient experience through improved provision of information. Bereavement and discharge are just two areas which have been identified

Strategy and Service Development – It is an observation of the author that Strategy and Service Development Plans are not as advanced in maternity services as in other healthcare arenas.

Improving Service User Experience in Maternity Care

The PEN Maternity survey highlighted a surprising lack of strategic thinking and it is clear from the desk research that the Department of Health is not as up-to-speed as it might be. The House of Commons Committee of Public Accounts report published in January of this year highlights confusion around the Department's policy for maternity services. Given the lack of leadership from the top and the recent changes to commissioning and payment systems for maternity care it is hardly surprising that individual trusts do not all have robust and affordable maternity strategies.

Servicing 'Hard to Reach Communities' – this is a common area of concern across all areas of healthcare and some have tackled the problem better than others. There are numerous examples of improving service user experience for these groups and maternity services could learn from these examples.

What can be done to improve service user experience in maternity services?

Whilst the messages coming through and the challenges being identified are complex, the answers to the question about what can be done to improve service user experience, whilst in no way easy, fall into a number of straightforward categories:

- ✓ Involve and listen to service users across the whole spectrum of maternity services – don't forget fathers/partners who often have a different perspective but who are equally invested in positive outcomes
- ✓ Involve and listen to staff in identifying and developing good practice. Staff, particularly those in close contact with services users, are in a great position to know what is and isn't working and to suggest ways forward. Positive staff and staff experience is imperative in delivering an excellent service user experience.
- ✓ Identify and develop existing good practice and make sure it is shared freely within and across organisations. Don't overlook great practice in non-maternity services, much can be learned from other areas
- ✓ Spread the message that, whilst maternity services are offering great service to their users, improving service user experience is still relatively under-developed in the maternity arena
- ✓ The desire to offer the very best service to users is undeniable, what is needed is help in developing and implementing it. As with the CYP report it is clear that there is great practice already out there (not necessarily always in maternity services) and making people aware of it, bringing people together and working with them to make the process easier has to be a priority
- ✓ Ensure that maternity services do not feel isolated from the rest of the organisation – develop maternity strategies which provide links with the rest of the organisation and opportunities for synergy across the organisation
- ✓ Look more closely at post-natal services and stillbirth/bereavement and invest in developing, sharing and implementing good practice
- ✓ Develop maternity strategies which ensure joined-up thinking from the top down and the bottom up. The Department of Health needs to set out its objectives for maternity care and ensure they are affordable and deliverable, in doing this it needs to involve those on the front line (perhaps through representative organisations) as well as heads of maternity, trusts, service users (possibly through recent reports) and commissioning bodies
- ✓ Identify and work with other organisations to develop best practice in improving staff and service user experience – much can be learned from outside the NHS

- ✓ Ensure that policy makers and budget holders understand that improving patient experience by developing new and spreading existing good practice is a sound investment and will enable the release and best use of scarce resources. Providing them with clear evidence is key
- ✓ Support teams to record and highlight robust evidence of the positive impact of their actions on other areas e.g. staff engagement, reduced absenteeism, lower recruitment costs, positive outcomes, reduction in negligence claims and insurance premiums, reputation, as well as patient experience

How can this be achieved?

Whilst improving service user experience in maternity services is clearly challenging there is much that can be done. Numerous case studies exist – some of which have been highlighted in this report. These can be used in a variety of ways including developing 'masterclasses', providing on-line resources, using social media and disseminating printed and other materials. The important thing is to identify best practice and get it out there. Too often great practice is hidden within organisations and not identified let alone used to improve patient and service user experience across a wider audience.

Networks – local networks have been identified as an important way of sharing good practice and ensuring a commonality of approach. Within maternity services they are not as well developed or supported as in other NHS services. Develop (and support) networks which bring together users, providers, commissioners and other interested parties with the clear aim of improving outcomes for staff and service users.

Internal / External Awards – the use of awards to flush out and celebrate best practice has been shown to be extremely effective. Develop internal systems and make better use of existing external systems to bring good practice to the fore, enable it to be shared, and demonstrate that it is something to be celebrate and be proud of. Awards not only help to identify best practice but also promote improvements in staff experience.

Web-based Resources – utilising case studies, discussion forums, web based training, video and archive materials, social media, You-Tube and other on-line resources

Staff Development – Staff are key to improving and sustaining excellent service user experience. Provide training and support staff development opportunities based on practical best practice

Regionally Based Masterclasses – these provide the opportunity to bring together a whole range of people involved in specifying, commissioning, providing and even using maternity services. Utilising existing case studies and presentations from organisations who have (and continue to) demonstrated best practice in practice develop further 'masterclasses' with the aim of spreading good practice and kick-starting and then maintaining effective local networks. Masterclasses are best kept to limited numbers to allow the format to work really effectively.

Focussed Events – events such as the recent 'Improving Patient Experience for Children and Young People' and 'Celebrating the Best of the Maternity Experience of Care' enable a larger number of people to come together to focus on a specific area of healthcare and explore current and practical best practice as well as providing a platform for targeted presentations, networking and discussions.

Involve, Listen, Act + Demonstrate What You Have Done – nothing new in this but it works. There are a number of examples already in existence which provide support in this area. 'You Said…We Did' is a simple way of informing service users and staff that their contributions have been listened to and acted upon. New technology and social media is increasingly being used to increase involvement and improve communication of outcomes.

Use Staff Effectively – empower staff to identify and develop practices which improve both staff and service user experience and to implement them across the organisation.

Work with Partners – Identify and partner with other organisations with expertise which can be used to enhance both organisational performance and improve service user experience in maternity services. Look both outside the NHS and at other services within the NHS for opportunities.

4. Background to Patient Experience

Defining Patient Experience: Patient Experience has been variously defined over the years and it is appropriate to get a flavour of how it has been interpreted for the purposes of this report, and to provide a snapshot of the current landscape in relation to patient experience.

Over the past couple of decades most people would agree that healthcare organisations have realised that providing excellent clinical care is not enough to satisfy patients. In fact – providing first class medical care is taken as read and the NHS is seen as an excellent example of public healthcare provision the world over. Even today it is very difficult to pin down exactly what makes up the patient experience and many definitions still proliferate. Given the lack of consensus on what 'patient experience' actually is should it be surprising that some organisations are struggling to provide 'excellent patient experience'?

In February 2012 the NHS National Quality Board (NQB) published the NHS Patient Experience Framework. This framework 8 point framework outlines those elements which are critical to the patients' experience of the NHS. The eight points cover Respect of patient-centred values, preferences, and expressed needs; Co-ordination and integration of care (across health and social care systems); Physical comfort; Emotional support; Welcoming the involvement of family and friends; Transition and continuity; and Access to care. In 2004 the Department of Health definition of patient experience included: Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; Having information to make choices, to feel confident and to feel in control; Being talked to and listened to as an equal; Being treated with honesty, respect and dignity.

The Beryl Institute defines patient experience as.....

The sum of all interactions, shaped by an organization's culture, that influence patient perceptions over the continuum of care.

.....and this is the definition PEN feels most reflects the essence of what organisations are trying to achieve – it effectively encapsulates patient experience in one sentence. It is not a stand-alone concept, it courses through the whole of the organisation touching every aspect and involving everyone, whether or not they have a direct relationship with patients.

There are currently a number of key policy drivers for patient experience in the NHS according to the NHS Institute for Innovation and Improvement – these include The Operating Framework 2012/13 (and ongoing iterations), The NHS Outcomes Framework, NICE Quality Standards, Commissioning for Quality and Innovation (CQUIN), Quality Accounts, NHS Constitution, Section 242 – The Statutory Duty to Involve, Essence of Care, Equity and Excellence – Liberating the NHS (White Paper), Healthy Lives, Healthy People (White Paper) and more recently the 6 C's. There is also a tendency for government to react strongly to tragic events and produce further recommendations – recent examples would be following the death of Baby Peter or the recent Mid Staffs fallout – The Francis Report, with its 290 recommendations. Whilst it is extremely important to understand what went wrong in these cases and ensure that it cannot happen again a large number of healthcare professionals feel that many of these inquiries and reports are over-reactive and out of date by the time they come into the public domain, and sometimes point the finger in the wrong direction. Media coverage of the NHS recently has been very negative and this has an extremely adverse effect on staff morale and, potentially, public impressions – making improving patient experience an even more difficult mountain to climb.

Improving Service User Experience in Maternity Care

The link with staff experience: Patient experience is also inextricably linked with staff experience. In the case studies and work undertaken by PEN this is clearly evident and their findings are backed up by many other organisations. A Department of Health report in 2007 produced by Aston Business School showed strong links between staff survey responses and inpatient survey responses. The report found that staff experience was 'closely linked' to good patient experience. More recently Quality Health, The Beryl Institute and Gallup have issued reports reinforcing this important relationship in healthcare. It may be a cliché but happy staff = happy patients. The link between happy staff and satisfied customers has long been recognised in the private sector.

'It was only when we realised the link between staff and patient experience that we started to make real progress in the Trust' Director of Nursing – London Acute Trust

The case for experience: One of the key recurring themes put forward for a lack of progress in improving patient experience is a lack of leadership, the failure of budget holders and policy makers to understand the real benefits of improving patient experience and not giving it the necessary resources – both time and money – to ensure success. In many ways this can become a self-fulfilling prophecy - as more time and money is spent on day-to-day issues, fire-fighting and reacting to the latest initiative or target less is available to adopt essential best practice which would free up valuable time and resources and produce better outcomes for both the organisation and its patients.

The business case for investing in improving patient experience is clear – improved patient outcomes, shorter hospital stays, fewer readmissions, improved staff engagement, reduced absenteeism, improved system efficiencies, and improved organisational reputation are just a few examples. The examples given below are not taken exclusively from maternity settings but they have universal application and the evidence is compelling. The key to further investment in improving patient experience across all settings and specialisms, Maternity Services included, is in getting these very positive messages across to the policy makers and budget holders.

- ✓ 'Patient average length of stay is now 2.5 days – reduced from 5 days'
- ✓ 'Generated annual savings for the PCT of £1.9m'
- ✓ 'Saved 1683 bed days at an average cost of £250 per night – that is a saving of £420,000'
- ✓ 'Improved attendance at clinics – DNA's down from 24% to 3%'
- ✓ 'The project has already made a positive impact on Trust reputation and more women are choosing to come to the Trust'
- ✓ 'Patient falls have reduced from 63 to 16 – especially those resulting in injury'
- ✓ '100% of patients have shown an increase in function following supported discharge'
- ✓ 'The service has allowed service users who may not have come into a clinic to have access to healthcare'
- ✓ 'Trust-wide 30 day mortality has reduced....by 31%'
- ✓ 'Staff now feel more empowered and confident'
- ✓ 'There has been over 50% reduction in staff resignations'
- ✓ 'Staff absence has reduced from an average of 8% to just below 2%'

Relationship between staff and patient experience with outcomes

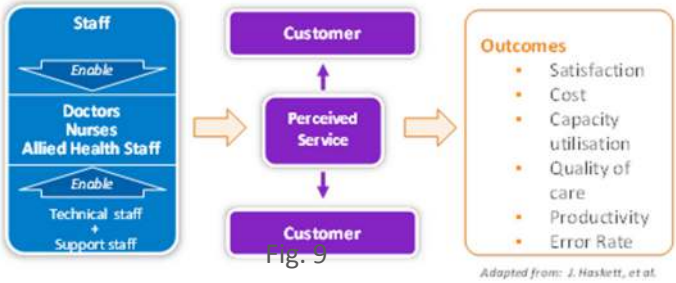


Fig. 9

Improving Service User Experience in Maternity Care

Continual drive to improve: Improving Patient Experience has received a lot of attention over the past few years and it is clear that great progress has been made, PEN alone has more than 300 case studies in its archives and work has been, and continues to be done by many organisations including the Royal College of Midwives, the Care Quality Commission, NHS England and many other bodies. However it is also clear that best practice in patient experience is not universal, there are pockets across the country and even within organisations – at a recent conference one speaker referred to a need within his hospital group for pharmacy to now work more closely with discharge procedures. PEN was able to put him in touch with a pharmacist from his own hospital group who had recently won a PEN National Award for just this. Knowing what is out there and having it easily accessible is key.

Patient Experience is not an exact science and it is continually evolving, each year patients' expectations increase and the NHS needs to view improving patient experience as an ongoing priority, not just a passing fad, today's imperative. Standing still is not an option. Neither is improving patient experience rocket science, much of it is simple common sense and in addition to wide ranging initiatives there are many small, everyday simple things which can be done to improve service user experience. The theory of incremental gains works – all the little 1%'s adding up to a much greater overall impact.

Improving patient experience in maternity services is a vital component of improving both the quality and efficiency of the NHS. It touches the entire organisation, staff both on the front line (midwives, receptionists and healthcare practitioners) and behind the scenes and has a direct impact on improving the depth and quality of services. Finding and implementing areas for improvement is vital to ensuring the effective development of services for maternity care.

The Royal College of Midwives has produced a guide in association with the Involvement and Participation Association which explores innovation and improvement in maternity services and showcases, in detail, four case studies covering broad cross section of maternity services including a Strategic Health Authority, Productive Maternity, Support Workers and Modernisation of Services. The guide concluded that the case studies were representative of the national picture stating that *"Maternity units are reshaping their services to cope with rising demand and restricted resources. Innovation and improvement are essential in meeting efficiency savings targets, but it is clear that those leading change are looking to innovate in order to improve quality, safety and value for money. Changes were frequently evaluated against these three criteria; it was not an either/or situation".* Evaluation is essential to making effective improvements and to demonstrating the value and effectiveness to management, budget holders and policy makers. Innovation is important but not vital to improving patient experience - it doesn't all have to be 'innovative' or something new. Innovation can take the form of adapting existing practices from other spheres, and excellent patient experience can be as simple as remembering to say *'Hello, my name is…"*

Staff are critical to making effective and sustainable improvements to patient experience and this is reflected in the findings of the guide and others reports. Attitudes of frontline staff have been identified as a key barrier to change, especially where change has become the norm. Where staff feel that change benefits service users and make their jobs easier to do well support is more forthcoming. Staff on the frontline are often the best placed to identify opportunities for improvement, they know the territory and have close working relationships with service users, but they need to be empowered to make the changes by being given the structure to feedback and the opportunity to adapt, develop and implement new ideas.

Strategy and policy for maternity: The National Audit Office report published in November 2013 identified the Department of Health's objectives for maternity care as follows:

- To improve performance against quality and safety indicators;
- For mothers to report a good experience;
- To encourage normality in births by reducing unnecessary interventions;
- To promote public health with a focus on reducing inequalities; and
- To improve diagnosis and services for women with pregnancy related mental health problems

It has not, however, explained how it intends these objectives to be achieved. The Department's latest strategy for maternity services remains Maternity Matters, originally published in 2007. The objectives, whilst laudable, are not as robust, ambitious or well defined as those identified for Children and Young People in the last report.

In addition to a lack of strategic direction maternity services have undergone changes to both commissioning structures and the payment system for maternity care. These changes came into effect in April 2013 and it is as yet unclear whether they provide enough income to allow providers to deliver policy objectives. It is against this complex background that maternity services are attempting to frame, identify and deliver ongoing improvements in service user experience in maternity services.

5. Survey

The full results of the survey have been submitted in a separate document so we do not propose to cover the results in their entirety in this report. However, the survey forms a major part of the overall conclusions for the report so it is appropriate to reiterate some of the findings and conclusions.

In summary the survey found that, overall, there is a sense that there is much good work being undertaken focussed on improving experience. The issue is that in many cases this is more around building robust foundations rather than innovative or stretching ambitions. When comparing to other areas of care, many of the activities would be considered the norm in other areas. It is clear that there is also a level of dissatisfaction and frustration with the current state of affairs from those closely involved in the delivery of maternity services. Maternity Services often feel isolated from the rest of the healthcare provision within an organisation. This may, in part, be due to the fact that maternity is almost unique in that the service users are not in fact patients, and are not referred to as such. Pregnancy and maternity is not an illness or ailment which needs curing or treating but a natural state of being which is monitored and managed by maternity services, with occasional intervention being required to prevent escalating circumstances. When it comes to improving patient experience maternity services do not have patients and therefore we need to consider improving service user experience as the imperative. Interestingly, whilst the title 'patient' is not synonymous with all users the title 'service user' is.

As with the CYP report (and a further reflection of 'isolation') it is clear that much of the work on improving patient experience in maternity services is being done by individual trusts and organisations without the apparent awareness that there is much going on elsewhere – within and outside of maternity services – which can be adopted and adapted. Why re-invent the wheel?

Improving service user experience of care, increasing service user involvement and creating more integrated experience by developing closer professional relationships were the top three priorities identified in the survey. Although not in the top three the desire to see an increase in the number of midwife led units also came through loud and clear. The case for midwife led units was well presented by East Lancashire Hospitals NHS Trust at the Celebrating the Best of Maternity Experience of Care Event and was backed up by NICE just a few days later as they amended their recommendations for low risk births in favour of midwife-led units.

There were 13 themes emerging from the survey covering the following areas:

1. Experience of Care – individualising care, consistency, safety, kindness, compassion, putting women at the heart of everything
2. User Involvement – listening, extending reach, role of Maternity Services Liaison Committee, inclusion, PPI representation
3. Closer professional relationships – GPs, midwives, health visitors, MDT, Clinical Commissioning Groups, and clinicians
4. Pathways – induction, normalisation, reducing caesarean rates
5. Staffing levels – not enough midwives, midwife to mother ratios, CMU, complaints due to low staffing levels
6. Midwifery Led Units – desire to increase the number of midwife-led units
7. Facilities/ environment – equipment, stock, improving the overall environment
8. Continuity of Carer – seeing the same midwife and ensuring continuity for the service user
9. Local service – community midwifery, on your door step, in your home, issues surrounding excessive waiting
10. Focus on fathers, partners and families – staying overnight, involvement of fathers/ birthing partners
11. Growth of social media – use of social media in data collection and dissemination, and communication
12. Isolation from rest of organisation
13. Emphasis on tactical activity – lack of strategic imperative, complacency, satisfaction with the status quo.

Although not identified as one of the top priorities bereavement was mentioned several times in the survey results. This is clearly an area of concern within maternity services, having also been the subject of an emotional and thought-provoking presentation at the Maternity Event in Blackburn, and one which affects 1 in 133 births in England. Bereavement at, or shortly after, birth is sadly not an uncommon occurrence and yet is not always handled in the way service users would like.

The survey results mirrored many of the desk research findings, and was reflected in some of the presentations and comments made at the Celebrating the Best of Maternity Experience of Care Event.

One of the questions included in the survey asked for examples of best practice in maternity care. In contrast to the CYP Survey there were relatively few examples put forward (that is not to deride maternity services or denigrate those put forward). Examples of Best Practice identified by respondents to the survey include:

We have met with hard to reach communities linking in with both the local Somalian and Afghan women's groups to help understand their needs better and to explain our services more effectively. We will be liaising with the Travelling community this year as well. From these meetings we look for user representation and feedback to all staff shared learning.

I practice in an extremely rural and isolated area which is 40 minutes by helicopter from any consultant led midwifery unit. My role as a midwife is very different because women are able to access my help at all times, including out of hours. Occasionally I will get a call from a breastfeeding mum who cannot get her baby correctly attached at 0200 hours and I think it is better to visit and support and keep mum breastfeeding. I can do that because of where I practice!

Several years ago myself and the health visitor established a mother and baby group as we felt there were a lot of mums who were experiencing social isolation due to the location of their house or lack of transport or separation from family and friends on the mainland. This group has gone from strength to strength and there are now multiple groups each with different activities for mums and children to enjoy.

We are currently in the process of starting a Facebook group for women with BMI>30 to encourage wider involvement in the Weight Management in Pregnancy programme. The WMIP group is highly evaluated by women who attend and who value the peer support and additional advice and educational development provided. For women who are currently unable, or may be unwilling to attend the group, it is hoped the Facebook group will enable them to access these benefits and may also encourage them to come in person.

Many women have various underlying medical/pregnancy conditions which could exclude them from the midwife led unit. We use the NICE Intrapartum Guideline 55 (2007) exclusion criteria as a guide however we have learnt to risk assess women who are considered to be borderline to ensure that they can be safely cared for in a midwife led environment and the midwives' practice is within the professional boundaries (NMC 2012). We liaise with the mental health specialists and Obstetric Consultant to discuss vulnerable women with various issues as we feel many of these women have a better birth experience in homely surroundings with excellent support. Many of these women have successfully delivered and enjoyed their positive experience in the birth centre which hopefully gives a more positive start to parenting.

Improving Service User Experience in Maternity Care

In February 2014 we started an antenatal clinic twice a month for community midwives and Obstetricians to refer women. This allows women to talk to experienced midwives who work in the environment and who can counsel them about their choices and the risks involved. This ensures that women can make informed choices prior to coming in labour and all decisions documented. This supports women in their choices and supports their midwives who will be caring for them.

The service has recently been awarded an RCM accolade for care that is commissioned separately to the mainstream maternity service that supports the most vulnerable women who access the service. The service also works collaboratively with the Breast Feeding Network who provide paid peer supporters to enhance the care of breast feeding women. Triage has also been recently developed which has clearly demonstrable benefits to women across the service not just those attending triage. The service has also worked with the regional quality team from AQuA to roll out shared decision making to various parts of the service.

We have increased the births at Chorley Birth Centre by 100% since reopening it 12 months ago, 55% women have had a water birth and 85% women admitted to the Birth Centre used water at some point during labour and birth. We provide discussion and care planning for women who are frightened about birth, have had a previous traumatic birth experience or have had a previous LSCS. We work together to ensure they work towards the birth they want. We also have a vulnerable families team who help and support women who are hard to reach, including those suffering domestic abuse, use substances or have mental health problems.

We have a team of midwives who comprise the 'Vulnerable' team caring for women with complex social issues, a substance misuse midwife, mental health midwife, child protection midwife and a midwife who deals with other social issues. We have received funding for a complex social issues suite which will comprise of 2 rooms (labour & recovery/postnatal) where women will receive one to one care.

Improving post natal experience project (ImPosE) ups skilling support staff. Re introduced nursery nurses. Closely working with voluntary group MAMTA accessing hard to reach communities. Employed 2 teenage pregnancy midwives. Commence new ways of community midwifery working in Demonstrator sites closely working with health visiting and children's centres in challenging areas of the city.

The full survey results and report are available separately and form a key part of the background to this report. Many of the issues and actions highlighted were also mirrored in the results of the desk research, archive material and feedback and contributions from the Blackburn Maternity Event.

6. Review of Existing Best Practice

A key part, if not the key part, of this report is to look at the existing best practice available - practical examples of how organisations have already tackled some of the perceived, and very real, problems associated with providing excellent patient experience and clinical care for maternity service users.

Fig. 10

For the purposes of this report we reviewed some of the extensive bank of case studies PEN (from the PEN National Awards) have either uncovered or made themselves aware of and examined other sources of case studies in improving service user experience in maternity care. A selection of these case studies has been recreated to demonstrate the wealth of practical best practice that already exists. As there are well over 300 case studies in the archives – all relating to improving patient experience, but not necessarily directly related to maternity services, we have picked just a few. Most of the ones we have used here are directly related to improving patient experience for maternity services, however, it is critical – and one of the key conclusions of this report – that organisations do not limit themselves to looking at best practice only from their individual specialism. This blinkered thinking ensures that some excellent initiatives and practical examples are overlooked on the basis that 'this does not apply to me'. Many of the case studies and examples uncovered are easily adaptable to other settings and should not be ignored. Perhaps work could be done to remove the opportunity for people to dismiss excellent best practice as not applicable, by working with service users to understand how some of this best practice can be adapted to service their needs?

Several learning points were repeated frequently throughout the case studies reviewed.

For example, critical to success is getting the "culture" right – where everyone understands their role in the delivery of superior experience and, in addition, the management at all levels support and encourage improved service user experience and lead by example, day-in and day-out. Another element which came out loud and clear was the need for support and leadership from the very top.

Clinical and senior management leadership, especially in the form of empowerment of staff to identify, develop and implement changes is key to sustainable improvements in service user experience. Building professional relationships between different professional groups is also identified as highly important, if not essential.

For the accountants and financially minded it is abundantly clear that positive service user experience pays dividends. Time after time case studies examined show how a small (or occasionally large) investment of time and money can produce rewards which far exceed the investment made. These rewards are sometimes not easily identified or quantified in monetary terms and therefore can be overlooked, but they should not be under-estimated. They include:

- Improved staff morale – lower staff turnover and sickness, greater engagement, more efficient working
- Improved efficiencies across the organisation by reductions in wasted time, duplication and errors
- Improved outcomes for service users – earlier discharge, fewer returns, lower demands on follow-up services and fewer long term conditions
- Reduced interventions
- Reduced complaints, incidents and claims (with the potential for reducing insurance premiums)

Keeping it simple and making it user friendly – for both service users and staff were other learning points. Posting results of projects and evidencing improvements being made clearly and concisely encouraged stakeholders to engage more fully and to continue the work started by many of these projects. Some other key learning points are:

- Staff and service users invariably have most of the answers
- Effectively engaging staff, service users, patients, stakeholders, partners and management pays dividends
- Support from management is fundamental to sustainable success
- Sharing the results of any initiative with those involved is vital to building trust
- Change can be a force for good if well managed – but change fatigue is a killer of many a good initiative

Case Studies

The case studies included in this report have been identified through a number of sources, many of them have been written by the organisations themselves, some are taken from news items, gleaned from reports, or collected from events and presentations. They represent a cross section of the best practice already being practised across the NHS and other healthcare organisations. The majority of these case studies are maternity related but it is critical not to dismiss great practice outside of the maternity arena – in many cases it can provide vital insight into potential solutions and great innovations and be adapted for use in maternity services.

6.1 Enhanced Recovery Program for Elective Caesarian Sections at St Mary's – St Mary's Hospital

Overview

St. Mary's Hospital is part of the Central Manchester University Hospitals NHS Foundation Trust. St Mary's Hospital is distinctive in that's its client group ranges from the healthy women delivering a healthy baby through to the highly specialised maternity and gynaecological clinical fields that forms the basis of the excellent reputation St Mary's holds within the Northwest Region. The maternity services deliver up to 8,400 births a year and more than 1,000 staff, including doctors, nurses, midwives, scientists, clinical and non-clinical support staff work within Saint Mary's.

Introduction

- The aim of Enhanced Recovery is to improve patient outcomes and speed up the recovery process after surgery
- The program focuses on ensuring that women are active participants in their own recovery process and results in benefits to both the patient and staff experience
- The introduction of this program has proved an exciting opportunity to provide a high standard of care to this particular group of women and to improve the patient experience.
- Saint Mary's Hospital already has a low overall Caesarean Section rate (20%) and the aim of the program is to ensure the quality of the patient experience

Summary of Outcomes

- Improved monitoring and continuity of care: Continuity of care as the women are cared for in an area designated to Elective Caesarean recovery by a core team of Midwives and Assistant Practitioners.
- Women are active participants in their recovery
- Promotes normality for women even when undergoing Caesarean section
- Facilitates reduced length of stay in hospital stay
- Releases time to care on postnatal wards as women who have undergone elective caesarean section are not admitted to the wards until 24 hours post-surgery if necessary
- The Enhanced Recovery pathway/program has nationally acknowledged benefits in general surgery and this work suggests the main elements are transferable to obstetric pathways/units elsewhere in the country.

This would facilitate Other units benefiting at a time of raising birth rates and challenges for capacity Vs. quality

Improving Service User Experience in Maternity Care

What Was Done?

- The programme already run successfully in other areas outside of Maternity. In a desire to improve patient experience and reduce hospital stay a proposal was made and accepted to implement this for maternity service users also
- Additional maternity ward changes in response to Service User feedback enabled care provision for women having Elective Caesarean Sections in a designated area which provided an opportune time to provide care in this way
- Multidisciplinary working between midwifery obstetrics and Anaesthetics
- The documentation for the program includes an audit tool
- Continuous review/monitoring of: length of stay; completion of documentation; readiness of TTOs; catheter removal time (and any issues); timing of discharge; re-admissions; service user feedback
- Following initial pilot, the plan was to implement as routine practice and expand the inclusion criteria
- The documentation for the program includes an audit tool
- Continuous review/monitoring of: length of stay; completion of documentation; readiness of TTOs; catheter removal time (and any issues); timing of discharge; re-admissions; service user feedback
- Following initial pilot, the plan was to implement as routine practice and expand the inclusion criteria

Learning Points and Tools

The aim of Enhanced Recovery is to improve patient outcomes and speed up the recovery process after surgery. The program focuses on ensuring that women are active participants in their own recovery process and results in benefits to both the patient and staff experience. The introduction of this program has proved an exciting opportunity to provide a high standard of care to this particular group of women and to improve the patient experience. Saint Mary's Hospital already has a low overall Caesarean Section rate (20%) and the aim of the program is to ensure the quality of the patient experience

- The process must be started in the antenatal period for it to be a success
- Begin with a small inclusion criterion
- Multidisciplinary working is essential
- A designated area for care provision is beneficial

6.2 The SPICE Quality Bus Tours at Saint Mary's Hospital - St Mary's Hospital – Central Manchester University Hospitals NHS Foundation Trust

Organisation

- St. Mary's Hospital is part of the Central Manchester University Hospitals NHS Foundation Trust. St Mary's Hospital is distinctive in that's its client group ranges from the healthy women delivering a healthy baby through to the highly specialised maternity and gynaecological clinical fields that forms the basis of the excellent reputation St Mary's holds within the Northwest Region.
- The Neonatal Intensive care Unit, The Genetics Medicine Directorate and the Saint Mary's Sexual Assault Referral Centre are also key members of the Division providing essential specialised care and resources for our diverse client group.
- The maternity services deliver up to 8,400 births a year and more than 1,000 staff, including doctors, nurses, midwives, scientists, clinical and non-clinical support staff work within Saint Mary's.

Introduction

- Facilitating the release of nursing staff, midwifery staff, support staff, administrative staff and trying to engage medical staff for ad hoc and mandatory training, the dissemination of important news, sharing learning points from incidents and complaints proved increasingly difficult so finding a different way of reaching a large number of individuals was essential. The development of a 'Saint Mary's Quality Tour bus' in which a team of 'drivers' visited every ward and department within Saint Mary's over a week has meant that we have talked to and engaged with all grades of Staff employed within the Division and delivered key messages.

Summary of Outcomes

- The mobile nature of the displays were very well received and staff recognised that time constraints and workload often prevent them from attending a variety of events that would normal take place in the Atrium, thus the Teams visits are welcomed. Stands set up in the atrium usually receive limited staff attendance as the main ward areas are not accessed through the Atrium by staff. The First tour in October 2012 received 306 visits; January 2013 received 380 attendees with a focus on Health and safety.
- In May, alongside the NHS Equality Diversity and Human Rights fortnight the bus was visited by 120 staff but in context with service activity and the number of other events taking place across the Trust, the organisers were not too disappointed. Our last tour in July focused on the Values and Behaviours activities within the Trust and 172 staff signed up, again whilst the numbers had dipped the high level of engagement and pledges signed up to made the week very satisfying to the organisers. The staff survey showed that staff satisfaction with support from managers improved by 3%, Staff able to contribute towards improvements at work increased by 8% and job satisfaction improved by 2.4%.
- As a follow up to the initial programme the purchase of a more robust and professional looking 'vehicle' has been agreed as the cot was not felt to be appropriate for the Gynaecology areas within the Division, and the volume of material at times was not displayed to advantage

Improving Service User Experience in Maternity Care

Summary of Outcomes *(continued)*

A program of tours has been agreed for the forthcoming year, linking with Trust wide events such as Audit days, launch of patient Safety events, Equality and Diversity events and Quality improvement events, so that the vehicle drivers are aware and can plan ahead. It is important to provide a directorate / specialist focus to engage with staff and provide material / focus that has a resonance for each group of staff and improves the level of engagement.

- The informality of the engagement process, and the personal 1-1 nature of the discussions allows all grades of staff to feel comfortable asking questions that they would not in a larger group. The variety of topics provides interest and can be focused within our specialties so there is always something to learn or feel it is appropriate to discuss. Clinical and administrative staff meet Senior Management team which promotes leadership visibility and empowers staff to contact individuals directly.

What Was Done?

- Initially a 'spare' large cot from the Neonatal Unit was borrowed and transformed into an opened topped double decker / tour bus by the attachment of laminated sides. The topic(s) of the tour were then placed inside, or tied to the rails for easy reading. A full box of 'Quality Street' chocolates accompanies the bus on all tours. The Clinical Effectiveness Lead, Clinical Effectiveness Administrator and Patient Experience lead coordinate each tour, linking it to Trust activities and liaising with each directorate for support. Timing is important and some planning with each ward / area has proven to be helpful in ensuring good attendance in line with service delivery.

Where Else Might the Initiative be Used?

- Where ever it is essential to improve the communication process and engage with a large number of varied and multi-skilled staff who are based in professional silo's, departments, wards and small offices, over a 24 hour period / 7 days a week, this method of taking the resource to them in their own areas, has helped to break down communication barriers, improve the networking internally and provided a degree of assurance to the Senior Management team

Learning Points

- We have found that case studies, patient stories and real events that staff can relate to carry a very powerful message.
- It is tempting to put a lot of information on the bus but it is better to focus on 2-3 specific messages.
- A sweet treat is a winner and will bring people to the bus.

Tools for Sharing

- Now designed a Quarterly Bus timetable to improve forward planning and to link with other Trust Quality and Improvement events providing the essential linkage from top to bottom and across the Trust.

6.3 PPE in Maternity Service Rebuild Project - Newham University Hospital NHS Trust

Overview

- Throughout the project, service users, staff and the public have meaningfully engaged with the Trust and been involved in planning what they really wanted for a much used service. This was by no means a task that involved ticking boxes. It has embedded ownership and accountability by the partnership working with the stakeholders and it has helped to manage expectations.

Organisation

- Newham University Hospital NHS Trust (NUHT), a 379 bed Acute Trust, serves one of Britain's most diverse, fastest growing and youngest populations. We are an organisation which is firmly wedded to the needs and priorities of our local population. This is demonstrated in the way services are developed, the ways in which we listen to and engage patients and local residents, and how we are shaping our social responsibility agenda as a local employer and provider of training.
- Many local people have complex medical and social needs and some find the way that the NHS traditionally delivers services difficult to access. Our strategy is focused on providing excellent care, specialising in meeting the particular needs of our community and delivering the best treatment and support as close to patients' homes as possible in partnership with community and specialist providers.

Introduction

- At the time Newham had the highest number of births per year anywhere in the UK, and the Trust decided to expand the capacity of the maternity unit in order to meet the high demand on the service. The hospital is also dedicated to ensuring the services best meet the needs of the local community. The proposal was to rebuild the department over three years on the current site (2008 – 2012) and local community and stakeholders were put at the heart of the project to ensure that the environment was developed and tailored to their wants and needs.

Summary of Outcomes

- The project has already made a positive impact on the Trust reputation and more women are choosing to come to the Trust. The state of the facilities has enhanced patient experience and the involvement of the stakeholders has meant a facility which is tailored to the needs of the population has been delivered.
- The environment has lots of natural light, large spacious rooms/wards with ensuite bathrooms/toilets, own television sets, happy colours to celebrate their new arrivals, kitchen facilities to make drinks in each ward, family rooms and play area
- A survey was conducted after the first phase to measure success with positive feedback. A patient representative was involved through the full process on phases 2 and 3, providing excellent feedback and direction throughout.

Improving Service User Experience in Maternity Care

Summary of Outcomes *(continued)*

On a recent visit to the Trust, the patient representative mentioned was delighted to see her comments and feedback was taken on board to deliver what she described as a 'fantastic new facility'. She continued: *"It is clear to see the Trust actually listened to all the things we said, I am so pleased to see all these suggestions come to fruition. All the equipment stored in cupboards in the rooms to make the experience less scary, touch lamps with dimmer facilities and even colour coded schemes."*

- The Delivery Suite which opened in September 2011 includes a double bed for the partner to stay at pre-labour stage, birthing balls, pools, ropes requested by the community. Over 800 people provided feedback in this initiative, 500 in the formal consultation and over 300 thereafter.

What Was Done?

- Initially a project team was set up which included senior managers, clinicians, the Membership and Engagement manager and building consultants. A formal consultation was held with stakeholders on the proposed development with the feedback incorporated in the development of the plans.
- The building plans were shared with the stakeholders to ensure they were engaged in the whole process of developing the new maternity services. This allowed the Trust to gain vital feedback and comments throughout the full project, and ensure their views were fed back into the project.
- A plan was created to build the new unit in five phases, which would ensure a smooth running of the current facilities, whilst launching each phase in a smooth and timely process.
- Stakeholders were engaged at each phase of the project kept updated through a range of media outlets throughout the project. We involved community groups, events, women's centres, children centres, post natal groups, SANDS and partner organisations in the project
- The project is in its fourth phase (Birthing Centre) and is scheduled to be completed in December and final phase Neonatal services in January 2012

Learning Points

- Be clear about the project and its scope
- Plan and engage stakeholders in a timely manner
- Target key groups but also involve other interested groups
- Keep them engaged and interested by providing updates using range of media

Tools for Sharing

- Current literature includes questionnaires, flyers, reports and the department plans.

East Lancashire Hospitals NHS Trust

6.4 Birthing Centre Helps Cut Caesarean Sections – East Lancashire Healthcare NHS Trust

Overview

- Over 3,000 women have chosen to have a relaxing home-from-home birth at a midwife-led unit in Blackburn. Opened in November 2010, the Birthing Centre on Park Lee Road offers mums a calm, personal alternative to the traditional maternity ward. And since its boasts birthing pools, beautiful grounds and unlimited access for visitors plus birth preparation classes, hypnotherapy advice and even baby yoga classes, it is proving a big hit with prospective parents.

Introduction

- *"The number of caesarean sections being performed is a huge challenge for everyone"* revealed Team Leader and Supervisor of Midwives, Caroline Broom. *"Not all women need a team of doctors and at the Birth Centre women are encouraged to progress through birth at their own pace, surrounded by experienced midwives in a relaxed and peaceful environment."*

Summary of Outcomes

- One of the keys to the Centre's success is that would-be mums are designated a midwife at their antenatal appointment who follows them from pregnancy and may even be present at the birth of the baby. The Birth Centre offers a "one stop shop" approach with all the appropriate checks, examinations and even vaccinations being done in one place.
- Nicola Bellusci used one of the birthing pools to bear her third child Lewis at the Centre recently – having given birth to her first two babies at The Royal Blackburn Hospital. Nicola said*: "It's such a nice, calming atmosphere here. You can walk about outside and have your midwife with you."* Music is an aid to relaxation at the Centre and Nicola was so calm when she gave birth that she sang along to songs on the radio!
- Over 85% of women who visit the centre end up having their baby there. Sue Watkin, Supervisor of Midwives admits that giving birth can seem frightening especially to first-time mums, adding, *"The environment is so important. The women show a great leap of faith in coming here but seem delighted with the care they receive."*
- Audley Range mum Freda Akhtar agrees with that sentiment. She recently gave birth to her fifth child (a baby girl) at the Birthing Centre and said: *"I didn't want to stay in hospital. This is much more of home, there is no stress and all the staff are smashing. I had a very quick labour so being close to home was really important. The staff were able to deal with me straight away."*
- Another bonus of the Birthing Unit is its commitment to the local community. Blackburn College student Alice Hegarty recently went on placement and is now determined to become a midwife. Alice said: *"I saw my first birth. It was a baby boy and I cried. It is such a good place to work and is nothing like the TV programme, Call the Midwife!"*
- The Birthing Unit is managed by the East Lancashire Hospitals NHS Trust.

Improving Service User Experience in Maternity Care

What Was Done?

- Mums-to-be in Rossendale can now expect the very best treatment – including being able to attend a clinic after work. A rise in commuting and longer working hours means that some women find it difficult to fix vital appointments during the day to be scanned and arrange a birth plan. A new evening clinic at the Birthing Unit at the Rossendale Primary Health Care Centre on Bacup Road has ensured they can now fit treatment around their busy lives. There is an added bonus for prospective parents attending the clinic because they can also see for themselves a Unit boasting mood lighting and a birthing pool – and bring along their partners for support.
- Running on Wednesday evenings between 5-8pm, the antenatal clinics are part of an East Lancashire Hospitals NHS Trust drive to offer women plenty of choice and one-to-one support. Designed for uncomplicated births, the Unit also has music and plenty of room for visitors, with staff using techniques such as hypnotherapy to relax their soon-to-be mums.
- *"The clinics are an opportunity to ask questions, create a birth plan and see our Birthing Unit first-hand"* said Gillian Brandon, Supervisor of Midwives and Team Leader for Rossendale at the East Lancashire Hospitals NHS Trust. *"Once they realise they get one-to-one support from the midwives and that the environment is calm, many parents decide there and then, this is a good place to give birth."*
- Opened in January 2011, the Unit is approaching its 150th birth and has attracted mums-to-be from as far afield as Todmorden and North Manchester. Midwife-led units are very different from the hospital maternity wards that became so popular in the 1960's and 1970's and Gillian Brandon admits, *"There was a slow uptake from mums when we first opened. I think local people were used to a hospital setting and didn't really understand how the Unit worked, having never had this kind of facility before."*
- The Birthing Unit is run by 14 midwives and one healthcare assistant. Women with more complex births can still attend hospitals but the Birthing Unit has many advantages for local mums - including being sited on their doorstep. *"The feedback we receive from patients is so positive"* said Gillian, *"most of all they are impressed by the calm, quiet atmosphere. That has to be good because the more relaxed a woman is, the easier the birth will be."*

6.5 'Improving services for giving birth' – A public consultation on the proposed changes to Maternity Services from 2010-2015 in Sandwell and West Birmingham

Overview

- The main areas that make this project special are the strong partnership working and the fact that we literally went out to people at the point of access to the service i.e. antenatal clinics, labour wards etc., and visited a wide range of preformed special interest groups and community meetings. Coupled with lots of hard work, passion and dedication from the consultation teams!

Organisation

- Sandwell PCT is at the heart of the local NHS in Sandwell and serves Oldbury, Smethwick, Rowley Regis, Tipton, Wednesbury and West Bromwich towns. Its 400 staff serve around 335,000 registered patients in an increasingly diverse population and enables people to access healthcare, treatment and advice, health promotion advice and guidance and support for carers.

Introduction

- The population in Sandwell and the Heart of Birmingham experience considerably poorer health than the English average. Evidence shows that locally, expectant mothers are more likely to have high risk pregnancies on the basis of deprivation, high obesity and diabetes levels, varied ethnic groups and high teenage pregnancy rates. This means that there is a high demand on specialist maternity services. The progression of events leading to the need to involve and consult on maternity and birthing services stemmed from a need to improve care for women during pregnancy and childbirth.
- In recent years, reports have raised concerns about quality, safety and outdated practice. A report in 2007 from the Healthcare Commission rated maternity services at Sandwell as 'weak'. An independent review also revealed concerns. The government had made the need to improve care for women during pregnancy and childbirth a national priority. Sandwell PCT was committed to improving care for mums and dads-to-be long before the opening of a specialist centre in 2016. A review led by Sandwell PCT looked at the potential options for medium term configuration of the service, which resulted in the development of 7 possibilities.

Summary of Outcomes

- People power won the day! As a direct result of the consultation process births were temporarily relocated to City Hospital in January 2011. Consultant antenatal clinics and births for women with complications and all special baby care were provided at City Hospital. Routine antenatal clinics for women with normal pregnancies have continued at Sandwell Hospital. The clinical impact of the arrangements thus so far have seen a significant reduction in caesarean sections, reductions in Serious Untoward Incidents and improved patient experience.

Improving Service User Experience in Maternity Care

Summary of Outcomes *(continued)*

- A site was identified for the new midwife-led Community Birth Centre with further engagement undertaken with local mums to be and their partners to ensure that the design of the new building, and its surroundings, reflected their needs.
- Our extensive consultation process was highlighted as national Best Practice by the Department of Health. The model which developed from it has been described as a leading example for maternity services across the region and beyond.

What Was Done?

- A partnership approach was adopted and the team involved in the planning and delivery of the consultation initiative comprised of a number of key players from Sandwell and West Birmingham Hospital Trust, Sandwell PCT and Heart of Birmingham PCT. The team is cross departmental and multi-disciplined and involves individuals that bring a depth of specialist knowledge and competencies, skills and experience including: Chief Executives, Commissioning Directors, Service Redesign leads, Consultants in Obstetric Medicine, Head of Midwifery, Senior Clinical Staff, Patient & Public Involvement Managers and members of the PPI teams, to name a few. It was agreed that the consultation initiative would be led by Sandwell PCT.
- Firm foundations were laid even before the formal consultation was launched in October 2009. The views of more than 620 local people were sought as part of a pre-engagement process designed to ensure the consultation itself would be as inclusive and meaningful as possible. A total of seven options remained on the table at this stage and the views of local people (gained through an options appraisal workshop) directly influenced the three which were finally short-listed for the formal consultation process. In fact, one option was reintroduced and ultimately short-listed at this stage because local people wanted it.
- An extensive consultation framework was developed to identify and ensure inclusion of a whole range of interested parties, including parents, pregnant women and their partners, grandparents, relevant organisations from the voluntary and community sector, partner organisations and staff were then formally consulted on the future of maternity services in Sandwell and West Birmingham. Merida Associates were then commissioned to produce a consultation document, assist with the formal consultation and analyse and report the findings.
- Views were sought in a wide range of ways, including focus groups, public meetings, face to face questionnaires and presentations to groups. Consultation documents and leaflets were widely distributed and included links to online background information and an online questionnaire. Articles and features in newsletters, e-bulletins and press releases were used to raise as much awareness of the issue as possible and encourage many people to make their views heard. The aim was to reach as wide a range of people as possible in terms of gender, race, age, disability and background.

What Was Done? *(continued)*

- A total of 780 people completed a questionnaire expressing a preference for one of the three options. Many more people had their say at over 20 focus groups and public meetings. Option 1 was preferred by 26 per cent of those who responded and Option 2 by 24 per cent, while Option 3 was the clear winner with 42 per cent of the vote. This option involved the temporary relocation of all births to Birmingham City Hospital while a Community Birth Centre that is not attached to a hospital site was also set up in Sandwell. Routine antenatal clinics for women with normal pregnancies would continue at Sandwell Hospital.
- As part of the formal consultation a number of events were held for the clinical staff who work for Maternity Services at Sandwell and West Birmingham Hospitals Trust including those who would be directly affected by the transferring of services to another site.
- The initiative has also been shared internally in various staff newsletters and bulletins including information about how they could share their views. Additionally a 'desk drop' of consultation documents at Sandwell PCT provided further opportunity to get more information and ask questions. A description of the consultation is part of 'Local Voices Make an Impact', a publication that has been shared with staff, partners and other organisation.

Learning Points

- Strong partnership relationships and working well with others has undoubtedly made this initiative a success, in addition to using a wide range methods and tools for involvement.

Tools Available for Sharing

- Pre-engagement questionnaire
- Consultation document and questionnaire
- Independent report on the public consultation
- Consultation Framework
- Sandwell 'Local Voices Make an Impact'

6.6 Pain Raid - University College Hospitals London NHS Foundation Trust

Organisation

Situated in the heart of London, University College London Hospitals NHS Foundation Trust (UCLH) is one of the largest NHS trusts in the UK. It provides acute and specialist services to local people as well as those from throughout the UK and overseas. The Trust comprises the following hospitals:

- University College Hospital
- Elizabeth Garrett Anderson Wing (Maternity)
- Macmillan Cancer Centre
- Eastman Dental Hospital
- National Hospital for Neurology and Neurosurgery
- Hospital for Tropical Diseases
- Royal National Throat, Nose and Ear Hospital
- The Heart Hospital
- The Royal London Hospital for Integrated Medicine
- The Institute of Sport, Exercise and Health

With around 8000 staff working with us, we treat over 700,000 outpatients and admit over 120,000 inpatients each year.

Aims

Pain is one of our most universal human experiences. It can affect us both physically and emotionally. It can drastically interfere with our quality of life. We know lots of things make a difference to our patients when they are admitted to our wards. Their experience of how we deal with their pain is arguably one of the most important.

As a Trust, we did everything we could to help control the pain of 85% of our adult inpatients according to a CQC survey in 2012. However, this means 15% of patients we admit each year could be receiving care below the standard to which we aspire. This potentially equates to a staggering 18,000 patients per year. While this puts us in 'about the same' position as most other NHS hospitals, we thought this was unacceptable. We had to improve.

We brought together our clinical experts, patients and managers in a Steering Group to co-create a vision for the future. We wanted:

- our patients to be given space to talk about their pain, to feel listened to and to feel they are involved, informed and supported in managing their pain;

Improving Service User Experience in Maternity Care

Aims *(continued)*

- the Trust to provide appropriate, holistic and timely pain management for all patients at all times
- UCLH to work in partnership with other organisations to provide the best possible evidence-based care and
- our staff to take personal responsibility to ask every patient about their pain and be able to respond appropriately

We were desperate for more information, a greater insight into the breadth and depth of the patients' experiences of pain management issues. It was clear that a different measurement approach was needed.

The innovative and exciting idea of a Trust-wide Pain Raid was soon formed through the inspiring leadership of the Steering Group. This 'raid' would provide a snapshot survey of the pain management experience for inpatients across our hospital sites during a two-hour window on a single day. We recognised a parallel survey of Nursing staff was also needed to see what we could do to support them in delivering the quality of care they aspire to.

Summary of Outcomes

- 'Insightful' and 'rewarding' were some of the words used by volunteers to describe their experience of the Pain Raid. Engaging our own staff from across the organisation on a single day meant we were able to really raise the profile of pain as an issue in the Trust. The approach to data collection also reinforced to staff the importance of volunteering within the organisation and some were even inspired to make positive career changes following their involvement.
- The Pain Raid itself gave us some fantastic data to work with. It supported the need for an integrated approach to pain management that was accessible to inpatients, especially those experiencing chronic pain. Using the information to build a business case, we were able to gain approval to engage the services of a Clinical Psychologist and Physiotherapist, both specialising in pain management as a pilot to support our inpatients. First introduced to the wards in September, we are expecting improvements to our patients' experiences of pain when the first set of data is analysed this month.
- The learning we have taken from the Pain Raid has subsequently led to further development of a robust business case for a completely new integrated service. We wanted reliable and detailed data to tell us how we could do more for our patients. Our approach enabled us to do this successfully. It is not often that a small project team gets Trust wide buy-in from the ward through to the Board but this is exactly what happened following this initiative. The interest in our approach generated by other NHS organisations was also remarkable. We took these to be a measure of our success.
- The Pain Raid data highlighted the need for a fully integrated care model, the likes of which does not currently exist elsewhere in the NHS. Establishing the Pain Project as a direct outcome of the initiative has allowed us to focus on beginning the transformation process across the organisation. Developing a pain education training package to share the learning forms part of this. We are also improving patient information about pain.

Improving Service User Experience in Maternity Care

What Was Done?

- While the Steering Group designed the survey questions, the planning of the Pain Raid was undertaken by the Making a Difference Together (MaDT) campaign team; an ambitious internal transformational programme focused solely on improving the experience of staff and patients at UCLH. It was really important to us as a campaign team that this was not 'just another survey'. We felt this was a unique opportunity to create a bold movement across the Trust to radically transform the way we treat pain.
- We needed a mass of people to help us obtain the aspired breadth of data and quickly realised that the whole organisation should be engaged in the Raid. We made a call-out to non-clinical staff to volunteer their time. This was overwhelmingly successful with 50 enthused volunteers from across the Trust signing up, from the Finance department through to HR. It demonstrated the effective communication of our vision and ambitions for the initiative. Drop in sessions were arranged by the MaDT team to ensure the volunteers felt clear and confident about what would happen on the day. A briefing note was also circulated. It detailed the initiative's objectives and what the volunteers could expect.
- We worked closely with our Nursing staff to identify the patients who were in scope for the Pain Raid. Broadly speaking, all inpatients aged 12 and above were eligible to be surveyed, with the exception of maternity patients. Clinicians individually assessed those being treated for cognitive or psychiatric reasons to determine whether or not they could participate. We assigned volunteers to wards, where they were given bed lists by our Nursing contacts based on the identified criteria. We emphasised that all patients were to be given the option to refuse their participation.
- On the 14th May 2013, the Pain Raid took place. Volunteers collected 381 responses during an intense two-hour window. Only 24 patients declined to participate giving us a fantastic response rate of 94%.
- We carry out thousands of surveys a year and gather lots of information about our patients' experiences. However, being dramatically different to anything we have done before, our Pain Raid has had an impact we could never have imagined. By engaging so many of our non-clinical staff in going out across our wards with a unified purpose, speaking with patients and reconnecting with why they are here; we've touched hearts and minds as well as obtaining hugely valuable data.

Where Else Might the Initiative Be Used?

- Our Pain Raid approach has already become a trail-blazer. In September 2013, we presented our innovative and ambitious initiative to the Shelford Group representing ten of England's leading academic healthcare organisations. There was a huge interest in replicating our methods with one Trust already planning the launch of their own Pain Raid. What started as a need to collect more information became so much more; its appeal lies in the revolutionary mobilisation of all staff, something that is relevant to all organisations interested in the relationship between staff engagement and patient experience.

Learning Points

- *Have a clear vision from the outset*

  This allowed us to build a consistent narrative around the initiative that we were able to communicate with others. It was the foundation upon which we built our success.

- *Get lots of people involved*

  Big initiatives like this are an excellent opportunity to engage staff from across the organisation, offering them exposure to areas they may never have seen before. It took a lot of hard work and determination but the benefits were worth it.

- *Keep the momentum and energy going afterwards*

  We committed to sharing the results of the Pain Raid within two weeks. This timely feedback further motivated our non-clinical staff in taking responsibility for patient experience, which echoed our vision.

Tools Available for Sharing

- The key tools we developed include the Pain Raid survey script, the Nursing survey and briefing notes for volunteers and ward contacts. All are available for sharing.

6.7 Improving staff and patient experience through our CARES values – The Hillingdon Hospitals NHS Foundation Trust

Organisation

The Hillingdon Hospitals NHS Foundation Trust was established on 1st April 2011 when Monitor authorised the Trust to become an NHS Foundation Trust. The Trust employs approximately 3,200 staff who support the delivery of health services at two hospitals in North West London, Hillingdon and Mount Vernon. Hillingdon Hospital is the only general hospital in the London Borough of Hillingdon and offers a wide range of services including accident and emergency, inpatient care, day surgery, outpatient clinics and maternity services. The Trust's services at Mount Vernon Hospital include routine day surgery at a modern treatment centre, a minor injuries unit, and outpatient clinics.

Aims

- Feedback from patients identified consistent themes around poor communication, attitude and lack of involvement in decisions about treatment/care. Furthermore, on-going themes around poor behaviours were highlighted in employee relations issues. As a result, in November 2010 the Trust undertook the exciting journey to review our values to improve staff and patient experience, providing high quality compassionate care. This was before the Francis, Berwick and Cavendish reports which reinforced the importance of providing compassionate care and the impact that not doing so can have.
- A gap was identified around the underpinning behaviours expected of staff and embedding them into everything we do, so they were continually reinforced. We wanted to clearly define and constantly reinforce the minimum standard of behaviour that is expected across the Trust from our staff, regardless of job role.

What Was Done?

- We engaged staff early on to decide what our values should be and to identify an acronym that would remind staff what these values are. We did this through focus groups with staff and at our Patient's in Partnership annual meeting.
- The acronym CARE received the highest votes to represent the values of Communication, Attitude, Responsibility and Equity. It was recognised that the word 'Safety' was a much needed addition to CARE, so it was added, making the acronym 'CARES'.
- We recognised the need to bring our values to life by embedding CARES across the organisation through everything we do. The Putting People First (PPF) steering group was set up, chaired by the Director of People to ensure that the Trust's operational and corporate processes were underpinned by CARES
- Several project groups looked at how we embed CARES into recruitment, reward and recognition, performance management, Trust polices, induction, training and health and well-being initiatives. An additional group worked on an event to launch our values. Staff from across the Trust were invited to work on the projects.

Improving Service User Experience in Maternity Care

What Was Done? *(continued)*

- We engaged staff early on to decide what our values should be and to identify an acronym that would remind staff what these values are. We did this through focus groups with staff and at our Patient's in Partnership annual meeting.
- The acronym CARE received the highest votes to represent the values of Communication, Attitude, Responsibility and Equity. It was recognised that the word 'Safety' was a much needed addition to CARE, so it was added, making the acronym 'CARES'.
- We recognised the need to bring our values to life by embedding CARES across the organisation through everything we do. The Putting People First (PPF) steering group was set up, chaired by the Director of People to ensure that the Trust's operational and corporate processes were underpinned by CARES
- Several project groups looked at how we embed CARES into recruitment, reward and recognition, performance management, Trust polices, induction, training and health and well-being initiatives. An additional group worked on an event to launch our values. Staff from across the Trust were invited to work on the projects.

Summary of Outcomes

- We wanted to measure how aware staff were of the values following the launch event and the work that our Ambassador's had been doing. We included 5 questions to test this awareness in the 2012 National Staff Survey. 86% of staff said they knew about CARES (only a few months after its launch).
- We used other questions within the survey to give us an indication of the early impact of implementing our CARES values and saw an increase in our 2012 survey when compared to the 2011 survey in the following areas:
  - Overall Engagement score increased from 3.66 to 3.75
  - Staff job satisfaction score increased from 3.47 to 3.60
  - Staff recommendation of the Trust as a place to work or receive treatment score increased from 3.53 to 3.66 (this was particularly relevant given the plans to use this question as part of the Friends and Family Test CQUIN nationally)
- Well-evidenced research indicates that if your staff are happy the patient experience will be more positive. The scores above suggest our staff are feeling more engaged and satisfied and this will be reflected in the care they give.
- Improvement in the Friends and Family test scores and positive patient comments about staff behaviour and attitude on the NHS Choices website are early indicators that CARES is having a positive impact.
- The CARES initiative is an example of real engagement in action. In a time when staff across the NHS are busy and feel stretched it serves as a reminder of the reasons that people come into this profession - patient care. It shows how easily we can make a difference to patient care through our behaviour and attitude which shouldn't be an extra burden but something we automatically do.

Improving Service User Experience in Maternity Care

Summary of Outcomes *(continued)*

- In an environment where there are various roles, grades etc it reminds staff that regardless of who you are the values are the same for everybody and it is everyone's responsibility to improve patient experience. Its simplicity makes it easily understood and adaptable regardless of where you work or the role you do. The passion, drive and engagement at various levels from the Chief Executive to the Ambassadors has been overwhelming, making it clear that it is everybody's business.

Where Else Might the Initiative be Used?

Our values are for every member of staff within the organisation. With outcomes of recent reports such as Francis and Cavendish the message has been clear that compassionate care is essential to a good patient experience. CARES simply sets out the standards we expect from our staff so that we can create and embed a culture whereby patients experience compassionate care. The simplicity of it means that it can be transferred easily across other Trusts.

Learning Points

- Early engagement of all staff and patients is essential to their buy in as they are the one's that receive and deliver care.
- Identify people from various areas within the organisation to make up the project team. Make sure they have the protected time to get the initiative moving and thereafter able to keep up the momentum so that people realise early on that you mean business.
- It's a long journey, the transactional changes will happen more quickly than the transformational ones. Stay focussed and don't give up, look for resilient, passionate and driven people to be part of the project team and your Ambassadors.
- Make sure the initiative is sustainable by making it prominent in your processes, policies and key strategies so that it's not just seen as a 'nice to have' within the organisation but a real strategic driver.

Tools Available for Sharing

- We have lots of material with our CARES logo that we are happy to share.

6.8 The development of a NICU Parents Forum - St Mary's Hospital – Central Manchester University Hospitals NHS Foundation Trust

Organisation

St. Mary's Hospital is part of the Central Manchester University Hospitals NHS Foundation Trust. St Mary's Hospital is distinctive in that's its client group ranges from the healthy women delivering a healthy baby through to the highly specialised maternity and gynaecological clinical fields that forms the basis of the excellent reputation St Mary's holds within the Northwest Region.

The Division is home to one of 3 Regional tertiary level Neonatal Intensive care Units and admits over a thousand infants requiring specialised intensive care and supporting families and carers through long periods of stress and anxiety.

Aims

- To provide support for families at this difficult and emotionally traumatic period and find out how we could improve the parents experience
- Introduce families to provide Peer support
- Ensure Families were able to comment and influence the service development locally and regionally.
- Provide input in to the neonatal research agenda

What Was Done?

- Parents on the unit were surveyed and asked what they thought of a forum they were very enthusiastic and helped set up the forum.
- Matron for Continuing Care has led the initiative from the start, supported by Administrator and member of the education team.
- Quarterly meetings are arranged in the evening and events such as the Christmas party, and a Summer Picnic event

Summary of Outcomes

- The Parents Forum has written a unit parent information booklet and added sections to the Neonatal webpage for other parents and carers.
- Added to research project by writing user information for parents
- Raised money for the parents forum to fund events and projects such as the publication of booklets

Summary of Outcomes (continued)

- The entrance to the Neonatal Unit had a long blank wall opposite the seating / waiting area. The parents forum designed a piece of wall art that has pictures of infants on admission and now which presents honest and heartfelt stories and has been universally praised. They are now helping with more wall art with parent and patient stories to inform and entertain other families throughout the Unit, and a sibling play are and redesign of the reception area.
- The Yearly summer and Christmas party are very well attended and families enjoy meeting each other and reminiscing about their stay on the Unit and their journey since.
- Parent satisfaction with engagement with the Unit staff is measured on a Patient tracker device, through audit and the low level of complaints the Unit receives.
- A Parents Information board in the seating areas informs parents about the group, the Family Support Nurses signpost parents to the activities and support mechanism's.
- Parent Volunteers who come to Unit to meet other parents to offer support and advice.
- BLISS involvement to promote the activity across the Neonatal network.

Where Else Might the Initiative be Used?

Parent engagement with the neonatal team is based on having a meaningful involvement and 'contract' with the multidisciplinary team. The availability of a forum that facilitates feedback and positive communication and enables families to have a voice is relevant to all areas whatever the age range or specialty.

Learning Points

- Need to succession plan, more families but more staff involvement to provide continuity.
- Persistence and resilience required. Takes a while to get the group going, small numbers but quality engagement
- Do a lot by Email
- Staff and parents working together
- Social events help motivation

Tools Available for Sharing

- Questionnaires and Flyers; Posters

6.9 Spiritual Aspects of Children's Dying and Death – Alder Hey Children's NHS Foundation Trust

Introduction

Alder Hey is England's first paediatric Health Promoting Hospital accredited by the World Health Organisation (WHO). Thankfully, the large majority of the 200,000 children and young people we see and treat each year have a positive outcome to their treatment.

During their treatment, however, parents, carers and families often face times of real concern and crisis, for when the treatment concerns their own child, nothing is perceived as being routine. At times like this, the Spiritual Care team is available to offer comfort, a shoulder to cry on and a listening ear. We are able to offer prayer, blessings or baptism if requested.

Sadly, for some families, the journey of patient experience does not end well, and they face the ultimate sadness, in losing their precious child. At this time too, we are able to come alongside bereaved families to try to help them through this most difficult of times with both practical advice and spiritual care.

After 14 years of experience in the Spiritual Care team at the hospital, I have developed this training to try to help all who may be involved in bereavement care, both in the hospital and in the community, to assist them in becoming better able, and more confident in their own ability, to assist those who are in such spiritual need.

Aims

- As an ordained minister, I am only too aware how greatly my colleagues in the Parishes dread having to take funerals for young children and babies, not because they do not care or empathise, but because they feel so inadequately prepared. The same can be said of those who work alongside the clergy in parish and community based bereavement support work. I believe that my years in Alder Hey have enabled me to become proficient in helping people along that journey of grief.
- My aim in providing this training is to offer some insights, to share some experiences and practice in order to better prepare those who may find themselves involved in this ministry, by empowering them to have the confidence to be themselves, and to be ready to share their own vulnerability with bereaved families.

What Was Done?

- Planning was informed by years of observation of, and of conversations with, colleagues and bereavement workers both in the hospital setting, and in the parishes and in the community.
- Many professionals and bereavement teams struggle when involved with the bereavement of babies and young children, and I have attended a number of funerals for children which have been so impersonal as to provide little or no comfort to the bereaved families.
- I began by distilling the salient elements of my own years of experience which have assisted me in helping families.

What Was Done? (continued)

- I decided also that a knowledge of the practical aspects which accompany death in hospital or at home would be desirable, so I engaged the assistance of a colleague from the Bereavement Care team at the hospital for a presentation on the Hospital's Care pathway.
- I also felt that the shared experience of a bereaved parent delivered first hand would be an essential element of the training and engaged the assistance of a colleague from outside of the hospital setting who sadly lost his young son some years ago.
- Training was then delivered by me, with supportive short sessions from these two colleagues.

Summary of Outcomes

As a brand new initiative, I am not yet able to quantify the impact of the training other than by assessing the universally positive comments and suggestions which were received as feedback from the first running of the course. These were from a varied group of clergy, chaplains, bereavement visitors and counsellors. Some of the feedback comments shared were;

- *This training course in unique within the Liverpool Diocese. The half day course is a reassuring, developmental and a totally moving experience. I totally recommend it'*
- *Having worked with Special Needs children for 18 years before I retired and faced with a grieving family at least once a year during that time, I have been very frustrated at some of the approaches on trainings I have been on. It was like a breath of fresh air – at last someone who is brave enough to say "this isn't normal it's wrong."*
- *I found much that will be of value in other work that I do concerned with loss, with adults and children affected by the breakdown of relationships.*
- *The first time someone has actually said that it's ok to cry with a bereaved family.*

Sadly, many who profess to give spiritual help and guidance can be so intent in passing on their own confidence and belief that they fail to demonstrate real empathy with the bereaved family to whom they are ministering. The key issue in this training is that it does not seek to teach any dogma or creed or belief. Its difference from other training, therefore, is that it does not seek to preach or to justify or to define a specific spiritual path. It seeks to enable the person ministering to have the confidence to admit that they do not have all the answers, to share their own vulnerability and sadness. I believe that it is in this honesty and openness to vulnerability, that connections can be made with people who might otherwise be closed to the whole concept of spiritual care.

The early feedback and comments have demonstrated to me that there is a real need for this training both within and without the hospital setting.

Where Else Might the Initiative be Used?

It is evident that much of the content of this training resonates with other disciplines both within and without the Paediatric Bereavement support setting. I believe that there will certainly be relevance to adult bereavement workers both in hospitals and in the community, and also to those working in hospitals who are at any time involved in the sadness of bereavement.

Practical guidance in helping families through the immediate hours following bereavement, or indeed in helping families who are expecting bereavement imminently, is not easily found. This training seeks to enable those who find themselves in that situation of ministering to be confident in being themselves and in not being afraid to share their own vulnerability.

Learning Points

- Whilst many families profess a religious affiliation on admission to hospital, often relatively few actually have what one might call a 'working relationship' with any sort of spirituality on a regular basis.
- Many families will have only a very vague belief in an enduring God or power greater than themselves, but they will cling to that belief now as never before in the hope that there is another life or existence to come.
- For those who are so vulnerable, the profession of absolute strength of belief and confidence in spiritual concepts, whatever life may throw at one, is not necessarily helpful.
- The vast majority of bereaved parents or bereaved family members will be far too traumatised to be able to begin the leap of faith that they would need in order to bridge the chasm between that confidence, and their unbelief.
- Faith or belief shared in vulnerability is much more likely to help the family – 'I don't understand, I don't know why, I don't have the answers you seek. But I do believe'.
- Using these key points, the one ministering can begin to build stepping stones along a path to an understanding of some spiritual comfort, with small steps rather than great leaps.

Tools Available for Sharing

- We have power point presentations which outlines the key learning points, along with reflective music, hand outs, booklets of useful and relevant poems and readings, and feedback from previous course attendees.

The Royal College of Midwives
The only professional organisation and trade union led by midwives for midwives

6.10 Royal College of Midwives / IPA

The following four case studies are taken directly from the Royal College of Midwives / IPA report – Innovation and Improvement in Maternity Services. The information gives a flavour of each interaction – for more detail, including explanations of the challenges, solutions, enablers, barriers and lessons learned please refer to the report which can be found at http://www.rcm.org.uk/college/policy-practice/government-policy/ipa/.

6.10.1 The South Central Strategic Health Authority Maternity Network

The SHA covers a population of 4 million. There are approximately 50,000 births per year, largely delivered at the regions 11 hospitals, and recent years have seen an increasing birth rate.

The Challenge:

- The SHA identified the need for £12m in savings from the maternity budget over the next three years. At the same time the SHA wanted to improve commissioning, productivity, quality and safety and reduce unnecessary variation of maternity services across the region.

The Solution:

- Strengthening the existing maternity network, bringing together commissioners and providers, to act as a more effective driver of performance improvement.

Lessons Learned:

- *Networks* can be a powerful tool
- *Resources* – networks need to be properly resourced to deliver greater value
- *Leadership* – is vital in making sure networks deliver tangible outcomes
- *Information* – networks and SHA's have access to the information necessary for performance management and innovation

6.10.2 Productive Maternity in Nottingham

The Trust delivers approximately 10,500 babies per year and employs 350 midwives and 74 maternity support workers in 2 consultant led units, a stand-alone midwife unit and the community midwife service for the area

The Challenge

- Data from patients, employers and CQC reports highlighted the need for improvement. Changes in staffing levels had made some ways of working unsustainable and there was a need to look at the maternity service as a whole, to review practice and procedure and identify improvements that would benefit women and staff and improve value for money.

The Solution

- Productive Maternity was launched in January 2011 and a project lead post was created to co-ordinate the work. The project has a steering group made up of senior managers and clinical leads. The objectives of the project are:
  - To have staff who are proud of where they work, what they do and how they do it
  - To have clear processes which will enable staff to deliver consistent care with excellence
  - To have a service which responds to feedback from women, staff and other services users
  - To have a culture of continuous assessment and improvement
- In the first area for review, the antenatal clinic, a process mapping exercise, engaging as many staff as possible, led to an understanding of how services currently worked. Staff identified a number of areas of improvement leading to an initial day's trial of the changes, followed by the scheduling of a longer trial and evaluation which will inform the decision whether the changes should be implemented permanently

Lessons Learned

- *Infrastructure and processes* – a clear set of processes through which innovation and improvement can take place is important, but lack of staff time can limit their involvement
- *Skills and training* – project management training enabled project delivery
- *Support* – senior managers with decision-making ability offered advice and were able to remove obstacles to change
- *Clinical leadership* – the project is led by two midwives which has encouraged staff participation

6.10.3 Maternity Support Work Apprenticeships at Basildon

The maternity service delivers between 4,100 and 4,300 babies per year at Basildon Hospital. It has 146 midwives and 36 maternity support workers

The Challenge:

- The SHA wanted to achieve a midwife to birth ration of 1 midwife for every 30 births (at the time if writing the RCM recommended a ratio of 1 whole-time equivalent for every 28 births for hospital births and 1 wte midwife for every 35 births for births at home or in midwife-led units). To achieve this it was estimated that a further 600 midwives would be needed across the region. The SHA also set a target for maternity units to achieve a 90/10 ratio in the maternity workforce, between midwives and support workers.

The Solution:

- Qualified midwife support workers (MSW's) can make up 10% of the midwife numbers in the midwife to birth ration and enable maternity units to focus midwife resources where their expertise is critical, such as caring for women in labour. In 2009 the SHA offered the opportunity to develop a bespoke MSW apprenticeship course which the head of midwifery at Basildon took up.
- The first students started the two year course in November 2010. The course is accredited by City and Guilds and now comprises three modules – Key Skills: level two literacy and numeracy; technical certificate; level three diploma in maternity and paediatric support. In 2011 the SHA confirmed funding to run the course again.

Lessons Learned:

- *Regional leadership* – the SHA played a key role in providing funding and support
- *Autonomy* – on workforce matters meant that Basildon maternity unit could act quickly to take up the funding opportunity for MSW apprenticeships
- *Workforce support* – for expanding MSW roles was gained by consulting midwives on what resources management could provide them to release time to care

6.10.4 Modernising Maternity at East Cheshire NHS Trust

The maternity service covers a large geographical area, delivering approximately 2,000 babies per year in one consultant led maternity unit in Macclesfield

The Challenge:

- In 2003 the service was organised into 8 teams which whilst creating flexibility also created variation across the service as teams adopted their own ways of working.

The Solution:

- Three new team leader posts were created, each overseeing up to three teams. These new roles were intended to create more capacity to lead service improvement and to increase co-ordination between the teams

Lessons Learned:

- *Leadership* – creating leadership capacity at the right level and with a mandate to improve services enabled change to take place
- *Patient feedback* – can be a powerful tool in service redesign and helped leaders build a case for change
- *Change* – if well managed can help build support and momentum for further change, leading to a culture of continuous improvement

6.11 Using Patient Group Directions to Improve Patient Experience - Birmingham Women's Hospital NHS Foundation Trust

Our Trust Values have been developed by our staff and describe our commitment to you

Using the newly developed Patient Group Directions (PGD), midwives now administer BCG without waiting for a doctor to be free to see the baby, write a prescription and give the BCG. Before this, women were often delayed going home.

Many midwives have extended their role in examination of the newborn and this PGD extends their service even further, resulting in continuity of midwifery care. Now, many midwives undertake the examination of the baby before going home and also administer the BCG for those requiring it.

Consultant Midwife, Paula Clarke and her team were shortlisted for one of the National Royal College of Midwives 2012 Awards held in London recently. Paula has been a midwife for many years and has been the Trust's Consultant Midwife since 2002. Her role is to promote normality and has been key in the development and success of the Birth Centre. She has also worked with midwives to develop their skills in examination of the newborn.

Paula Clarke explained, *"Whilst we did not win the actual award, it was an excellent achievement to have been shortlisted to the top three in the country for providing excellence in maternity care. This new directive empowers midwives to provide optimal care for women and babies. Having this recognition will hopefully assist others nationally to embrace the idea so that they can also provide this service."*

How does this enhance the patient experience?:

- Continuity of care is improved and patients can return home more quickly

How does this enhance the staff experience?:

- Staff are able to provide a wider more autonomous service and maintain patient links

For more information visit:

http://www.bwhct.nhs.uk/latest-news/562-patient-group-directive-shortlisted-for-...

6.12 Combined Services - Better Outcomes - Birmingham Women's Hospital

The Trust has pulled together PALs, complaints and feedback into one team allowing them to improve triangulation of feedback and make better use of resources. All of the original routes for information and contact remain in place but one team now sees all of the information coming through and can make connections and act more quickly than before.

Bringing the teams together was not without its problems and the Trust had a few issues to resolve. The teams were asked for their opinion in the restructure and were involved in the redesign.

The team has a single PE Officer focused on the Friends and Family Test. The new team is now looking to widen the patient experience role to include staff experience and ensure that the three key areas for performance improvement (Nursing/Midwifery Metrics, Patient Experience and Staff Experience/Safety) are equally weighted and aligned.

The new team has the backing of the Board and the Trusts' highly active User Groups and resulted from questions being asked about what PE experience the Trust was actually getting and what was being done about it. The team has constructed deeper questions which expand further on what is and isn't working well, to improve outcomes. With direct access to directorates, heads of service and managers resolution is now quicker.

How does this enhance the patient experience?:

- The new team has a wider view of what is going on and the clout to do something about it - which has a positive impact on both patient and staff experience.

Please give one piece of advice for implementing this idea:

- If you want to succeed you can't do it from an office - you have to lead from the front and get out there. Intelligence out on the floor is second to none

For more information visit:

http://www.bwhct.nhs.uk

6.13 Patient Shadowing - Birmingham Women's Hospital

BWHCT uses patient shadowing to collect high quality patient feedback and information. The methodology is taken from the NHS Institute best practice guides. The shadower (member of staff or volunteer)meets the patient at whatever point they come into the organisation and follows them throughout their journey. It is often very revealing to find out how many touch points they have before they even get to the point of treatment. The journey can be so complicated that the organisation is set up to fail on patient experience before the patient even arrives at the clinic.

Patient shadowing (NHS Institute Best Practice)

- This is when a member of staff or volunteer accompanies the patient on their journey through the health system. Preferably, the shadower will be unfamiliar with the process and should also be comfortable asking 'why?' This is a similar approach to a tracer study.
- It provides objective, observational feedback that needs to be balanced by other approaches, for example, by obtaining the views of the staff providing the service. Using this technique, you can record patient movement in time and space as well as capturing perceptions of the service. This enables you to build up a comprehensive picture of movement, combined with a flow diagram of actions and a qualitative perception of the process. While the patient is being shadowed, their shadower can use interview techniques and observation to supplement the information provided by the patient.

When to use it

- By mapping a patient process, you can find out what really happens on the patient's journey. This also helps to monitor and measure service performance. This technique is also useful as a training and development tool to help staff understand what is important to patients.

Advice on Patient Shadowing

- Establish what you are trying to achieve and how shadowing will help you achieve it
- Clarify why this process is appropriate and what aspect of the patient pathway you want to focus on (e.g. tracking the admission process)
- Develop a template to capture key timings e.g. the time patient arrived, time first seen by clinician, time referred for test. See process templates
- Ensure the shadower fully understands and is comfortable with their role
- Ensure the patient fully understands and is comfortable with their role; get their informed consent to participate
- Write an information sheet about the aims, what is involved and the expected outcomes of the study that can be given to the patient
- Make it clear that the presence of the shadower will not influence the care the patient receives
- Observe how the patient is treated by members of staff
- Observe how easy / difficult it is for the patient to find their way around the hospital
- What goes smoothly for the patient?
- Are any tasks duplicated?
- Observe the environment
- Provide support for the patient and shadower; acknowledge their time and effort
- Feed back to the patient and the shadower how their work has helped with service improvement.

Ways of recruiting patients, carers and the public

You can use posters or information stands in public areas to publicise a project or ask for volunteers. You then need to identify people who will be attending at a particular stage of treatment. There are several ways that you can do this:

- Make use of contacts in the community
- Think about where your target group might be found e.g. working men's clubs, libraries, Women's Institute, playgroups, community centres
- Use the voluntary sector if appropriate
- Use local networks in your area
- Ask your PALS manager
- Use existing patient / carer representatives
- Hold an event to raise awareness e.g. a stall at your local market, fete or community fair.

How does this enhance the patient experience?:

- The outcomes from shadowing are used to improve patient experience for future patients

How does this enhance the staff experience?:

- Staff gain a first-hand perspective of the patient journey, the hurdles they have to leap and the potential barriers to excellent patient experience

Please give one piece of advice for implementing this idea:

- There is always room for improvement

For more information visit:

http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_se...

Contact Name: Helen Young

6.14 Other Examples

6.14.1 Dads invited to share their feelings about baby loss – Liverpool Women's NHS Foundation Trust

When a new Honeysuckle Room for bereaved parents was opened at Liverpool Women's, Huyton dad Andy Craven spoke movingly of the support he and his wife, Andrea, received from hospital staff after the death of their baby, Lucas.

Andy is now hoping to compile a book about the experience and the emotions men feel at such a time. He is asking other dads who have experienced such tragedy to share their stories for the book.

Andy, who lost his son Lucas on December 30th 2007, can still remember the saddest day of his life as though it were yesterday. He feels that a book in which fathers shares their experiences could offer support and comfort to future dads coping with a similar loss.

The thing Andy remembers most about the birth of his stillborn son is the excruciating, painful silence as his baby entered the world when his wife, Andrea was only eight months pregnant. Only days before, he and Andrea, were elated and excited. "We couldn't wait to meet him. He was our first child," explains Andy, 36. But then they were told that their baby's heartbeat could no longer be detected, on December 30, 2007, at Liverpool Women's Hospital, Andrea, with Andy at her side, faced the unbearable tragedy of delivering a stillborn baby.

"We were treated with great care and compassion," says Andy. *"We had never heard the word stillbirth before. We just thought you got pregnant and had a baby. Instead we had to go through the process of registering our baby's birth and his death."*

Throughout that sad time, says Andy, he fought hard to keep "a stiff upper lip" to be strong for his wife and tended to "bottle up" his emotions, even when he had to carry a little coffin. *"I was trying to do as much as possible to support my wife after what she had been through, historically, men are supposed to have all the answers and solutions, to be the supporter and keep it all together when they are grieving deeply themselves. Our role as not showing emotion during highly emotional events, such as stillbirth or a neonatal death can be very challenging. How do we deal with that? I tried to be strong to support Andrea. I couldn't imagine what she was going through. But when I was on my own, I broke down."*

Andy spoke movingly of his experience when the Lord Lieutenant, Dame Lorna Muirhead, opened the new Honeysuckle Room (honeysuckle means bond of love) for bereaved families. Situated in a quiet part of the hospital, it provides privacy and comfort and the opportunity for parents who have lost a baby to spend time with their lost child and create some memories, supported by family members and friends if they wish. Such facilities are a great comfort to grieving parents, says Andy.

Andy believes there may be other dads who would like to share their stories of their journey through stillbirth or neonatal death and what it meant to see their, wife, partner, loved one and family members grieve at such a loss whilst experiencing it themselves. He believes their stories could be collected together in a book to raise funds for Liverpool Women's Kitty charity and for SANDS (Stillbirth and Neonatal Death Society).

Andy, now 37, and Andrea, 36, who live in Huyton, went on to have another son, Cayden, now aged four. "When he was delivered by caesarean section, all we were listening for was for his first cry. He knows all about Lucas. We've told him that Lucas is his Guardian Angel, always looking after him. When it is Lucas's birthday we let balloons go off into the sky. He is always in our hearts."

**If you would be interested in being part of sharing "A Dad's story" please email: communications@lwh.nhs.uk or call and speak to Liverpool Women's Communications Team on 0151 702 4018.*

6.14.2 Liverpool Women's leads North West with New Maternity Facilities

Liverpool Women's Hospital has announced that the £10 million transformation of its maternity services has now been completed.

The redevelopment work, which was carried out in two phases, gives women who choose to have their babies at Liverpool Women's facilities that match any in the UK and set new standards for the North West.

Kathy Thomson, CEO of Liverpool Women's, said:

"This development means the Trust is leading the way in the quality of maternity care it provides. Liverpool Women's has carefully planned this major investment over several years. The refurbishment has been funded by capital monies generated by the Trust delivering a surplus in recent years. We can think of nothing better to spend that money on than the women and babies of Liverpool and beyond. We see this as investing in our future, enabling us to continue to be at the forefront of women's healthcare."

"Phase One, our brand new, beautifully designed Maternity Base, is already in operation with 55 beds spread over more spacious bays, including ten side rooms. Each bed has computer access to patient records meaning midwives can spend more time with patients rather than on the staff base computers. There are also small counselling rooms."

"Phase Two is equally aimed at giving patients the best possible experience in comfortable and calming surroundings. It has been designed to provide the smoothest possible journey through triage and assessment to delivery. Staff and patients were closely consulted about the design of the "Big Push" facilities and their views incorporated. In all areas, patients' needs are at the centre of care."

New facilities include:

- A new Triage and Assessment unit with five individual consulting rooms for privacy and a telephone triage room. This leads into an obstetrics day ward, previously located on the ground floor. Previously patients were assessed on the busy Delivery Suite with staff working between two areas.
- An Induction Suite with five beds, a large and relaxing induction lounge with TV, tea and coffee facilities, for use by women and their birthing partners. This is designed to help women move around more and be relaxed, with wireless monitors being used so patients can be monitored at all times.

- Eight new delivery rooms, including a pool room with a large birthing pool for pain relief.

"The unit offers higher risk women the option of the same experience of our Midwifery Led Unit (MLU) whilst having more high tech support at close hand if required. The new facilities have the relaxing environment of the MLU, which many surveys have shown are better for women, including birthing pool and other aids. But should circumstances change and extra help be needed, more high tech aids are close at hand. Also, women needing an epidural can have it in the new unit rather than having to be transferred to the Delivery Suite."

The redevelopment also enables transitional care to be provided by a neonatal nurse for babies who may not require complete Neonatal Care but need extra attention. Two new bereavement rooms have been provided for those needing special privacy.

Consultant Obstetrician Joanne Topping believes the "Big Push" facilities match any in the UK. *"We should be very proud of our new facilities. No-one signs up for mediocrity when they come to Liverpool Women's!"*

"We are one of only two specialist women's hospitals in the country and a university teaching hospital so it is up to us to be a leader in maternity care. These new facilities demonstrate that commitment. We canvassed staff about what would make the most difference to our patient journey through triage to delivery and this is what they came up with. The facilities will also provide a better working environment in which our dedicated staff can do their work."

"The increase in rooms on our delivery suite has reduced the need for patients to be transferred to a different ward after delivery. All single rooms and multi-bed wards now include en-suite facilities and a nurses' station – meaning nurses can be more readily available."

6.14.3 The CenteringPregnancy Model – Centering Healthcare Institute (US)

- The CenteringPregnancy model was developed in the United States and is currently being trialled in England. In summary the model shows that group appointments improve antenatal care, help mums share tips and build networks which help them with childrearing and help to save midwives time.

Model Overview

Centering is an evidence-based redesign of health care delivery that helps to promote:

- safety,
- efficiency,
- effectiveness,
- timeliness,
- culturally appropriate patient-centred care, and
- more equitable care.

Centering is a model of group healthcare, which incorporates three major components: *assessment*, *education*, and *support*. Patients meet with their care provider and other group participants for an extended period of time, usually 90-120 minutes, at regularly scheduled visits over the course of their care. Centering promotes greater patient engagement, personal empowerment and community-building. The **13 Essential Elements of Centering** secure these benefits.

The 13 Essential Elements of Centering are:

1. Health assessment occurs within the group space.
2. Participants are involved in self-care activities.
3. A facilitative leadership style is used.
4. The group is conducted in a circle.
5. Each session has an overall plan.
6. Attention is given to the core content, although emphasis may vary.
7. There is stability of group leadership.
8. Group conduct honours the contribution of each member.
9. The composition of the group is stable, not rigid.
10. Group size is optimal to promote the process.
11. Involvement of support people is optional.
12. Opportunity for socializing with the group is provided.
13. There is ongoing evaluation of outcomes.

At the start of a typical session, patients have a brief individual assessment with the care provider, take part in self-care activities, use Self-Assessment tools to begin thinking about key topics, enjoy refreshments, and have informal conversation with the other participants. When the group "circles up", there is discussion facilitated by the care provider about health topics that builds on the group's understanding and shared experiences. Groups are lively, interactive, and patient-centred.

CenteringPregnancy care starts around the beginning of the second trimester and goes through delivery. CenteringParenting is well-baby care for new-borns through the 1st birthday and beyond combined with well-woman care for the mums.

Centering Pregnancy Overview

- CenteringPregnancy is a multifaceted model of group care that integrates the three major components of care: health assessment, education, and support, into a unified program within a group setting. Eight to twelve women with similar gestational ages meet together, learning care skills, participating in a facilitated discussion, and developing a support network with other group members. Each Pregnancy group meets for a total of 10 sessions throughout pregnancy and early postpartum. The practitioner, within the group space, completes standard physical health assessments.
- Through this unique model of care, women are empowered to choose health-promoting behaviours. Health outcomes for pregnancies, specifically increased birth weight and gestational age of mothers that deliver preterm, and the satisfaction expressed by both the women and their providers, support the effectiveness of this model for the delivery of care.
- CenteringPregnancy groups provide a dynamic atmosphere for learning and sharing that is impossible to create in a one-to-one encounter. Hearing other women share concerns which mirror their own helps the woman to normalize the whole experience of pregnancy. Groups also are empowering as they provide support to the members and also increase individual motivation to learn and change. Professionals report that groups provide them with renewed satisfaction in delivering quality care.
- There are patient materials available for two established areas of Centering care: CenteringPregnancy and CenteringParenting as well as group supplies and facilitator resources. Research has shown improved health outcomes and increased patient and provider satisfaction in Centering groups.

For more information please visit: http://www.centeringhealthcare.org

For more information on the following please visit the Patient Experience Network website and view the presentation by Birte Harlev-Lam

- Won't You Stay the Night? - Western Sussex Hospitals NHS Trust
- I Want Change – The Royal Wolverhampton NHS Trust
- Asylum Seekers – Bradford Teaching Hospitals NHS Trust
- Antenatal Care – University Hospitals Coventry and Warwickshire NHS Trust

7. Celebrating the Best of Maternity Experience of Care Event

The Celebrating the Best of the Maternity Experience of Care Event picked up where the successful Children and Young People's Event left off. The success of that event and the positive feedback and identification and sharing of excellent practice in improving patient experience for children and young people led to discussions with NHS England on expanding the formula into Maternity Care. The premise of the event was to bring together people and organisations from across the maternity spectrum allowing them to network, share ideas, discuss key topics, and, more importantly, demonstrate what has been shown to work and provide food for thought on how to improve service user experience. The event was due to be held at Blackburn Hospital but, owing to unforeseen circumstances had to be moved to a local hotel - the Dunkenhalgh Hotel on the outskirts of Blackburn. The event included the opportunity for delegates to visit the Trusts new birthing centre.

The event included a range of speakers, all of whom are listed below. The speakers included those involved in strategic decision making, senior managers, midwives, parents, volunteers, experienced and inexperienced speakers, all of whom brought their own unique perspective to the subject of how to improve service user experience in maternity services. At the heart of the day was a showcase from the award winning maternity team at East Lancashire Hospitals NHS Trust spearheaded by Deputy Chief Nurse Anita Fleming but with presentations from many members of the team involved in delivering maternity services to the women and families of East Lancashire.

- *Birte Harlev-Lam– Celebrating Compassion in Practice*
- *Kath Evans– Improving Experiences of Care*
- *Helen Sanderson – NHS Change Day and One-Page Profiles*
- *Georgina Craig - Potential of Commissioning Maternity Services Through Insight*

Exploring the Maternity Experience at East Lancashire Hospitals NHS Trust

- *Anita Fleming, Head of Midwifery / Deputy Chief Nurse with Midwives Gill Brandon, Julie Burgess, Laura Cooper, Caroline Broom, Paula Boswell, Steph Horridge Consultants Liz Martindale and Savi Sivashankar, NCT Antenatal Teacher Alex Severn-Jones, Local Mum Sarah Johnson and Chair of the MSLC Louise Dunn*

Creating Conversations to Improve Experience

- *Mary Newburn, Head of Research and Quality, NCT*
- *Sheena Byrom, Midwife, Author, Social Media Specialist*
- *Paul Webster, a Fathers perspective*
- *Debby Gould, Programme Manager Compassion in Practice, NHS England North*
- *Alison Baum, CEO, Best Beginnings*

The event was videoed and an edited version, including all of the speaker presentations, has been made available on the Patient Experience Network website. In addition the delegates were encouraged to talk about the event on Twitter and the comments and tweets were collated into a Storify summary of the day.

Here are some highlights taking us through the day:

Thanks so much to the wonderful @PEN_NEWS for bringing the #MatExp event to fruition with wonderful support of @AnitaFleming7 #appreciated

@6CsLive at #matexp talking about the six Cs - staff care - leadership throughout all the NHS - frontline staff are also leaders/innovative

Positive staff = positive caregiving = positive women and birth experiences #MatExp

'Won't you stay the night' excellent to hear about this innovation to enable partners to stay in hospital with new mums @BirteLam #matexp

Improving Service User Experience in Maternity Care

Royal Wolverhampton Hospital using #6Cs as framework to compile statements, appraisals & to improve how care is delivered @BirteLam #MatExp

Staffing levels need to be looked at every 6 months @MidwivesRCM #matExp" - and if not sufficient Boards need to explain

"What happens in maternity care has a huge influence on the life of a family" @KathEvans2 #MatExp #IDM2014

"We (staff) are the biggest service improvement tool" start with you, transform women's experiences! #MatExp

Communication & staff attitude can make the world of difference to women experiencing pregnancy loss/bereavement

…promise to myself and service users to encourage the family/friends test use more!

'If you are not improving staff experience cannot improve patient experience' #onepp important for staff and patients

Staff experience directly correlates with user experience #MatExp we have to capture and use both for improvement

Interesting commissioner's perspective on the Potential of Commissioning Maternity Services through Insight

Women who have peer networks do better - how do we facilitate this?

Clinicians can underestimate emotional impact of some unexpected events in pregnancy

COLLABORATION is key to success of service model in @eastlancshosp

…..passionate, moving and dedicated midwife that is Julie Burgess, I had the pleasure of being her student

"Choice is not on the midwife's terms but on the women's terms"

POSITIVE SUPERVISION: encourages midwives to practice midwifery - believe in their skills and facilitate normality

Celebration offers a great team a bit of magic! #MatExp #positivecultures do we celebrate enough?

"East Lancashire" celebrating - happy staff - safer environment - happier families!

Communication seems to be the fairy dust magic at @EastLancsHosp with great leadership

MSLCs increase social capital and reduces health inequalities, community based meetings and social media key tools

Social media is vital tool to engage service users

Sarah speaking passionately, says that women want to engage, we need to offer that opportunity easily

Louise Dunn Chair MSLC talking of importance of giving space for women to tell their stories.

……learnings from #MatExp morning session = that teams who celebrate are happier, more fulfilled, safer and deliver a better experience 4 all

Passing the baton of experience, knowledge and commitment is key to improving maternity services

@marynewburn1 of @nctcharity saying maternity care is a life experience, we need to keep passing the baton

What matters to women? They want to be involved in THEIR experience, to feel control.

NCT is piloting a befriending service for BME and vulnerable groups

…..lets not use the word allow when caring for women, who are we to say what women are allowed when having a baby?

"not allowed" should not be allowed

……never be afraid to challenge or question guidelines, use supervisor of midwives

Heartbreaking to hear a bereaved father talking about his experience of stillbirth and the support that is needed

ALL midwives should be given training in bereavement

@AlisonBaum speaking at #MatExp the power of educating parents and health profs by sharing families stories through film..

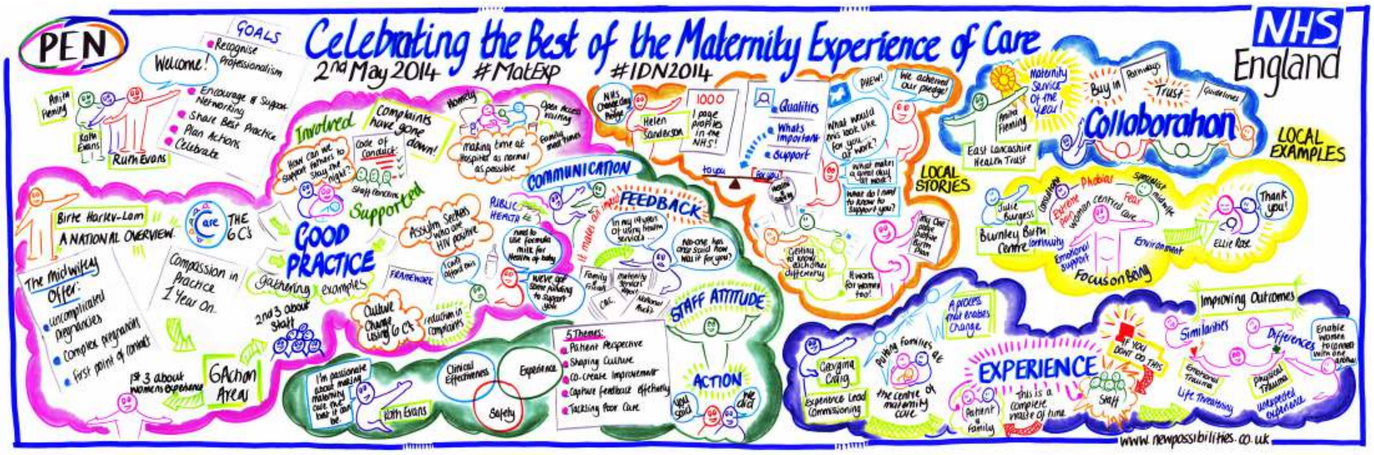
@babybuddyapp excited about the baby buddy app

Debbie Gould sharing open and honest reporting and application to maternity

My always event is...

Wonderfully inspiring event - so much passion

Thankyou @PEN_NEWS and all the amazing guest speakers at #MatExp. Feeling very inspired and privileged to have heard your stories today


PEN
Celebrating the Best of the Maternity Experience of Care
2nd May 2014 #MatExp #IDN2014
NHS England
GOALS
Recognise professionalism
Encourage & Support Networking
Share Best Practice
Plan Actions
Celebrate
Welcome!
Ruth Evans
Birte Harlev-Lam
A NATIONAL OVERVIEW
The 6C's
Compassion in Practice 1 Year On
The Midwifery Offer:
Uncomplicated pregnancies
Complex pregnancies
First point of contact
GOOD PRACTICE
Involved
Supported
Complaints have gone down!
Code of Conduct
COMMUNICATION
FEEDBACK
Culture Change using 6 C's
Staff Attitude
ACTION
5 Themes:
Patient Perspective
Shaping Culture
Co-create improvement
Capture feedback effectively
Tackling Poor Care
Clinical Effectiveness
Experience
Safety
Helen Sanderson
1000 page profiles in the NHS!
Qualities
What's important
Support
LOCAL STORIES
Collaboration
LOCAL EXAMPLES
East Lancashire Health Trust
Burnley Birth Centre
Focus on Being
Thank you!
Improving Outcomes
Similarities
Differences
EXPERIENCE
this is a complete matter of time
www.newpossibilities.co.uk


PEN
NHS England
I've heard you do great things here
Patient Satisfaction
Job Satisfaction
PROMOTING CHOICE
Individualised
Flexible
Personalised plans
Staff Autonomy
Rosendale Birth Centre
Reducing the amount of pain relief required
Reducing interventions
Reducing Rate of C-sections
Providing Safe Care
Positive Experiences
Paula
Daily case reviews
Sharing
EXCELLENT TEAM WORK
Learning
Empowering!
It's a wonderful place to work
CHOICE
Caroline
Blackburn Birth Centre
Safe
Positive
Supervised Sessions
Positive Supervision
Choices
Building social capacity
Collaboration
M.S.L.C.
East Lancs maternity group
social media forums
Chaired by Service Users!
Louise Dunn
Sarah Johnson
Alex Severns-Jones
MSLC
Maternity Services Liaison Committee
Service User Involvement
Using social media
Ask people to be involved
Being Heard
WE ARE ALL SERVICE USERS
THIS IS OUR NHS
WE CAN ALL MAKE A DIFFERENCE!
ELMG
A less formal group
3 simple questions to find out about experience
What went well?
What could be better?
Any Suggestions
Encouraging women to stand up
SHARING STORIES
Thank you!
Advice
What do women want?
Mary Newburn
Collaboration
Stick at it!
Sharing
What is Preventing Change Happen?
Celebrate Successes
Understand Preferences of coping with pain
Possibilities of using Water as pain relief
Emotional Support is essential
Learning from patients experience after Still births
Involve men in Maternity Care
www.newpossibilities.co.uk


To assist Clinicians
Guidelines aren't mandatory & they're not individualised!
Choice
Clinical Guidelines
A decision making tool
Sheena Byrom
The Policy Says...
TIPS: Use Evidence Challenge non-Biased
REFUSE
Decline
They can hinder and help
LANGUAGE
NOT ALLOWED
Human Rights
autonomy to make decisions about me!
CHOICE
Innovation Collaboration
Best beginnings
DVD
Small wonders Change Programme
Promoting Conversations
Baby Buddy
There are some unacceptable inequalities
Alison Baum
All babies should have the Best Beginning
BEST BEGINNINGS
Bump to Breast
Improving the experience of:
Babies
Parents
Staff
Shift Evidence in to Practice
PUBLIC CONFIDENCE
Open and honest Care programme
Excellent Care
Debby Gould
Excellent Reporting
Skin to Skin
PUBLISH
MONTHLY REPORTING
Safety Data
Improvements
Shared!
LEARNING
Continuous improvement
Meaningful data
Time
That makes sense to me!
It was a text book pregnancy
A Father's Perspective
Paul Webster
Our baby was born sleeping
SERENITY SUITE
Where do we go from here?
No Information
ALONE
We can't fault the support the care staff gave us but...
Nothing to make a memory with
We supply memory boxes
We understand what parents experience
Memory Box
www.newpossibilities.co.uk

Fig. 11

Improving Service User Experience in Maternity Care

Brief Summary of Key Messages

The 6C's – Compassion in Practice

- Maximising Health and Well Being
- Improving Women's Experience
- Measuring Levels of Care to Mothers and Babies
- Building and Strengthening Leadership
- Getting Staffing Right
- Positive Staff Experience

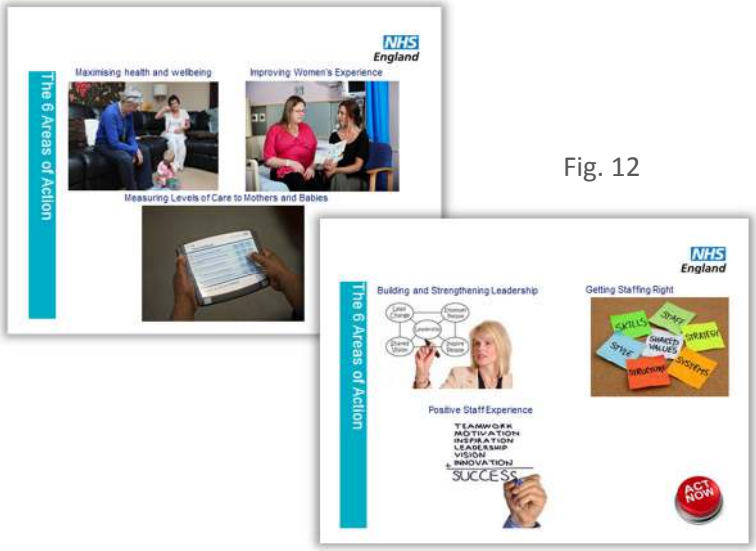


Fig. 12

Addressing Maternity Experience of Care

Five Themes for Improvement

1. Seeing care from a patient's perspective
2. Creating a climate for improvement
3. Co-creating improvement
4. Measurement and feedback
5. Tackling poor care

Fig. 13

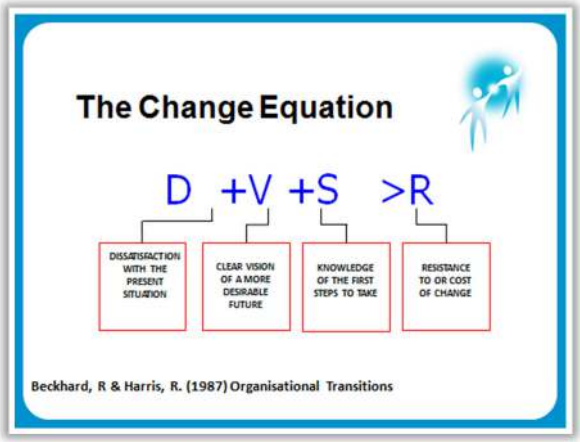
Use of the Friends and Family Test as a tool for making real improvement

One-Page Profiles

Potential of Commissioning Maternity Services Through Insight

- Using Experience Led Commissioning
- Putting families at the centre of maternity care – the East Berkshire Experience Led Commissioning Story
- Commissioning as a process that enables change The importance of staff and service users in improving service user experience

Fig. 14



East Lancashire Hospitals NHS Trust

One of the key messages to come out of the ELHT presentation was the critical importance of working together – midwives, consultants, service users, support services and MSLC and of celebrating positive events and what is working. Anita Fleming made it clear that the service is not perfect but that celebrating as a whole team has gone a long way to making maternity services at East Lancs such an award winning success. The showcase produced a wealth of ideas and inspiring presentations which can be viewed on the Patient Experience Network website. Benefits of the midwife-led units and the way of working at ELHT were identified including:

Benefits to Women – Complete midwife-led care; fully informed care; higher levels of control; 'normal' birth with more positive experience; flexible individual care; reduced analgesia, interventions and transfers

Benefits to Midwives – Increased job satisfaction; increased levels of autonomy; increased 'normality'; improved continuity of care and seamless service

Benefits to Maternity Services – Reduced cost implications; reduced admissions and length of stay; reduced costly interventions; increased patient satisfaction and engagement; midwives developing and using additional skills

What Do Women Want?

Some examples:

- Talk to local women and advocates
- To feel at ease
- Choice of place of birth
- Preferences for coping with pain in labour
- Better birth environment

Fig. 15

- 'Normal' birth – very closely linked to perception of care
- Better postnatal care
- Listening to parents after stillbirth or death of their baby shortly after birth

Creating Conversations to Improve Experiences

- Clinical Guidelines and Choice
- Whose decision is it?
- Getting away from inaction because 'The policy says….' Be prepared to challenge
- Guidelines as guidelines not strict instructions
- The birthing plan as the key – explain risks and let service users make the choice

Fig. 16

Improving Service User Experience in Maternity Care

A Father's Perspective

- What is needed when someone loses a baby at birth?
- Dedicated bereavement information
- Information about what happens next and where to go
- Something to record memories – A Memory Box
- The 8 week check – not in a clinic full of pregnant women

Best Beginnings

- Addressing inequalities
- Using film, the power of professional to get the information out
- Creating a virtual peer network
- The BabyBuddy app

Compassion in Practice, Open and Honest Care: Driving Improvement (Maternity)

- A culture change

Fig. 17

Fig. 18

Always Events

The event was extremely well received and comments on the day included – 'I feel inspired, motivated, proud to be a midwife. Thank you to all of the presenters. Best study event I have attended in a long time'

Other feedback from delegates and contributors included:

The importance of celebrating great practice for staff morale. The benefit of peer support groups for parents

Inspirational. Good leadership and teamwork = excellent care for women

Benefits of user involvement & engagement in services to help improve patient experience. Extremely powerful session by Paul Webster with really useful suggestions about the type of service & training of staff that is required in order to support parents / families in times of trauma.

Looking at bigger picture. Sharing and spreading good practice and gathering good work to evidence what changes can be made and how those changes, change lives and outcomes

Inspiration for existing embryonic ideas and for new ideas for e.g. Developing new user engagement group, social media engagement, positive supervision and "healing flame"

Improving Service User Experience in Maternity Care

The importance of listening to women and families and using their experiences to influence maternity decisions. How working together, co-operatively, can influence change

Met some key people including from PEN, for the first time. B) Some excellent printed materials to take away. C) Some touching real life stories and pleased we were not bombarded with "lots more of the same" - like policies & the plans / similar. D) I am one of the "few" men present at the conference & it was inspirational & many ideas for my patient experience service including maternity.

Fig. 19

That we are doing a lot of good but should always take the opportunity / risk to develop our services. Patient engagement is key.

How much difference the "ethos" of a service can make - comparing E Lancs with our local maternity services. This was the best section of the day.

……great advice setting up Maternity Group and use of social media

How fantastic the birth centres are. Brilliant day - best training for a long time. Thank you!

I have learned a huge amount - focus on normality - empowerment - collaboration is possible!

I loved the pictorial review. Paul Webster was amazing, a member of the public who has made a huge change to service users experiences. NHS staff should be ashamed we did not get there first

Always ask how was it for you? Today I have had a fantastic day, great speakers and many great people

Commissioners seem very removed from front line services and yet they dictate which services we have

Learned so much about how maternity care should be given and how women's choices are facilitated in ELHT

The day has been really useful with perspectives from all angles. Really useful to hear from a variety of speakers and many new ideas. I have learnt so much to take back to my unit. Thank you

Involve the whole family not just the woman. Be the midwife I want to be.

Networking – Strategic view NHS England - Meeting other MSLC people

Lots of things to list! How elements of practice can be improved and how areas of care can be evolved after hearing from other trusts - as a student, I am part of the future!

Bereavement care needs to improve. There are passionate & focussed midwives, AHP, commissioners etc. who passionately care about women's experiences of maternity care

….it has increased my own awareness of how services within my own unit have changed and improved. So that the service we provide is women focused and centred to normality becoming the central pin point for all women

Innovations across the country. Lots to think about to improve post natal care. Networking

I feel inspired, motivated, proud to be a midwife. Thank you to all of the presenters. Best study event I have attended in a long time

Selection of ALWAYS events proposed by participants in survey

Fig. 20

8. Who Else Could We be Working With?

Scarce resources are often cited as reasons for not making progress across all aspects of the NHS and improving patient experience is no exception. Some of the case studies PEN has identified, Alder Hey in particular, show how the NHS can effectively work with outside organisations to deliver cost neutral programmes for improving patient experience – but who else could the NHS be working with?

Potential conflict of interest is an obvious concern, especially in maternity services, and the public sector has long held a certain level of suspicion about working with private sector organisations, as PEN has experienced. Nothing should be ruled in or out until the need and opportunity has been identified, it is important to be open-minded about the type and range of organisations project teams could work with. PEN itself has a huge amount to offer in terms of improving patient experience for children and young people and in addition has experience of managing grant funding and identifying and bringing organisations together.

To provide some basis for discussion we have identified the following headline areas.

By Organisation Type

- PLC's, large and small limited companies and partnerships
- Specialist organisations, charities and not-for-profit organisations, maternity and non-maternity related e.g. NCT, Best Beginnings, Doula Organisations, etc
- Public bodies
- Social Enterprises - businesses or services with primarily social objectives whose surpluses are principally reinvested for that purpose in the community, rather than being driven by the need to maximise profit for shareholders and owners.
- Community Interest Companies
- Third Sector – we should not overlook the potential value of working with companies from within the Third Sector

By Locality

- Geographic accessibility and fit relative

By Area of Expertise

Overall these fall into 3 broad categories:

1. **Leadership** – visibility, credibility, ongoing commitment
2. **People** – have they been given the capability and authority to deliver excellent patient experience? Are they being continually developed to allow them to sustain the progress? Team working and interdepartmental relations.
3. **Process** – creativity, is there flexibility in the system to permit, enable and encourage creativity? Are the processes reinforcing continued improvement or are they getting in the way? Lean management thinking for the NHS – how can the processes be improved to release valuable resources?

Specifically key areas of expertise might include:

- Effective Spread and Adoption
- Delivering excellence safely with reduced numbers
- Freeing resources and delivering better value for both users and commissioners
- Retaining staff whilst delivering more and better quality patient experience
- Identifying and removing barriers within organisations
- Customer focus – both internally and externally

- Systems and procedures – making sure everyone works in harmony and understands the pathways, options and correct ways of achieving the best results
- Commercial management – understanding cost/benefit and the value attached to the improvements being made
- Measurement and effective use of data to inform process improvement - Developing measurement criteria that can evidence and deliver true value into the service chain.

9. Conclusions

The message coming out of the work we have done over the past month indicates that there is much to applaud in maternity services, but that there is still work to be done. Maternity services occupy a critical position within the NHS and what happens in maternity care can have enormous impact on the families and the future health of the nation. There are clear issues relating to resources, strategic thinking, changes in expectations, leadership and communication – but many of these can be found in other aspects of healthcare. Broad conclusions are identified below:

1. There are numerous examples of excellent best practice (both clinically and in Service User Experience) across the NHS. In maternity services these are perhaps not as advanced as in other areas of healthcare, look for examples from within and outside maternity services. More can be done to highlight and celebrate these examples

2. Improving staff experience is critical to delivering improvements in patient / service user experience and improving staff and patient experience should be seen as one. Positive staff = positive caregiving = positive women and birth experiences

3. Engage more with service users, including women and fathers/partners and let them know what you have done as a result of engagement

4. Investment in improving service user experience pays off but measurement and collection of evidence needs to improve. Evidence is a powerful driver for change and linking this to financial benefits will attract the attention of budget holders seeking to do more with less

5. Whilst many organisations are doing something to improve experience in maternity services there is still a clear lack of strategic direction from the very top (Government) and this is cascaded down and reflected in the fact that less than 60% of those responding to the survey indicated that they had any form of maternity strategy

6. Blinkered Thinking / Silo Mentality – across the NHS there are many clinical specialisms and settings resulting in considerable tunnel vision i.e. only looking at best practice from within similar settings or specialisms. Much work on improving patient or service user experience is transferrable and/or adaptable – why reinvent the wheel?

7. There is not enough time or money spent on collectively developing, celebrating and sharing existing (and new) practical best practice, this is not unique to maternity services.

8. Normalisation and localisation are high on the agenda of many service users and maternity service providers

9. Scarce Time and Resources – regularly used as a reason for lack of action. There is a wealth of evidence to show that implementing good patient experience practices releases valuable time and resources. Maternity services need more midwives and spend 20% of the total budget on insurance cover, investment in improving staff and patient experience will help to release scarce resources

10. Complexity continues to increase – service users expect more, women are giving birth later in life, obesity is an increasing problem and medical developments continue. These are known facts and need to be included in plans to improve service user experience of care. Clear identification of pathways of care will provide both staff and service users with more clarity and confidence in the service

11. We need to identify more examples of best practice in postnatal care
12. The feeling of isolation has been highlighted, but now that it is in the open there is little excuse for ignoring it
13. More attention needs to be paid to improving service user experience for bereaved families
14. BME service users appear to be less satisfied with maternity care than other users – is this unique to maternity services? Work needs to be done to understand why this is the case and address issues where appropriate
15. Social media has a real role to play in the collection of data, improving communication with service users (and staff) and the dissemination of information
16. Closer professional relationships are critical to improving service user experience whether that be at the micro level (GPs, midwives, consultants) or macro level (Commissioning, Heads of Midwifery, Policy Makers). Midwifery-led units are a good example of how closer relationships can benefit service users
17. There are opportunities to work with organisations outside the NHS, and even outside healthcare completely which will enable maternity services to improve service user experience
18. Local networks have been identified as a good way of sharing good practice and ensuring a commonality of approach. Within maternity services they are not as well developed or supported as in other NHS services.
19. Improving service user experience requires a willingness to accept that nothing is perfect and that everything can be improved. Providing an environment which allows the questioning of the status quo and brings together the thoughts of both service users and staff (at all levels) and enables them to act on those thoughts will provide a sound framework from which to build excellent service user experience and a strong, efficient maternity service.

10. Next Steps: How Should We Be Working to Improve Patient Experience in Maternity Services?

Whilst the messages coming through and the challenges being identified are complex, the answers to the question about how we should be working to improve service user experience in maternity care, whilst in no way easy, fall into a number of straightforward categories. It really isn't rocket science:

- ✓ Involve and listen to service users across the whole spectrum of maternity services – don't forget fathers/partners who often have a different perspective but who are equally invested in positive outcomes. Act on their inputs and let them know what you have done
- ✓ Involve and listen to staff more in identifying and developing good practice. Staff, particularly those in close contact with services users, are in a great position to know what is and isn't working and to suggest ways forward. Positive staff and staff experience is imperative in delivering excellent service user experience
- ✓ Identify and develop existing good practice and make sure it is shared freely within and across organisations. Why does everyone have to plough their own furrow? Don't overlook great practice in non-maternity services, much can be learned from other areas.
- ✓ Spread the message that, whilst maternity services are offering great service to their users, improving service user experience is still relatively under-developed in the maternity arena.
- ✓ The desire to offer the very best service to users is undeniable, what is needed is help in developing and implementing it. As with the CYP report it is clear that there is great practice already out there (not necessarily always in maternity services) and making people aware of it, bringing people together and working with them to make the process easier has to be a priority.
- ✓ Ensure that maternity services do not feel isolated from the rest of the organisation – develop maternity strategies which provide links with the rest of the organisation and opportunities for synergy across the organisation
- ✓ Look more closely at post-natal services and stillbirth and invest in developing, sharing and implementing good practice
- ✓ Understand that spreading and implementing existing best practice will make best use of and release valuable resources
- ✓ Develop maternity strategies which ensure joined-up thinking from the top down and the bottom up. The Department of Health needs to set out its objectives for maternity care and ensure they are affordable and deliverable, in doing this it needs to involve those on the front line (perhaps through representative organisations) as well as heads of maternity, trusts, service users (possibly through recent reports) and commissioning bodies.
- ✓ Identify and work with other organisations to develop best practice in improving staff and service user experience – consider the possibilities or working with private sector organisations, much can be learned from outside the NHS

- ✓ Ensure that policy makers and budget holders understand that improving patient experience by developing new and spreading existing good practice is a sound investment and will enable the release and best use of scarce resources. Providing them with clear evidence is key.
- ✓ Support teams to record and highlight robust evidence of the positive impact of their actions on other areas e.g. staff engagement, reduced absenteeism, lower recruitment costs, positive outcomes, reduction in negligence claims and insurance premiums, reputation, as well as patient experience
- ✓ One message coming through is that what organisations really want is help in developing and implementing best practice. The key action from this report has to be that there is great practice already out there and making people aware of it, bringing people together and working with them to make the process easier has to be a priority. The desire for improvement and the practical examples are out there, we have a real opportunity to make a real difference.

How Can This Be Achieved?

Whilst improving service user experience in maternity services is clearly challenging there is much that can be done. Numerous case studies exist – some of which have been highlighted in this report. These can be used in a variety of ways including developing 'masterclasses', providing on-line resources, using social media and disseminating printed and other materials. The important thing is to identify best practice and get it out there. Too often great practice is hidden within organisations and not identified let alone used to improve patient and service user experience across a wider audience.

- Building on some of the ideas suggested above, there are numerous case studies and examples of great practice in existence – some of which are highlighted in this report – use them to develop master-classes, provide on-line resources, printed and other materials which can be made available across the NHS

Help can be provided across a range of options including:

- **Networks** – local networks have been identified as an important way of sharing good practice and ensuring a commonality of approach. Within maternity services they are not as well developed or supported as in other NHS services. Develop (and support) networks which bring together users, providers, commissioners and other interested parties with the clear aim of improving outcomes for staff and service users.
- **Internal / External Awards** – the use of awards to flush out and celebrate best practice has been shown to be extremely effective. Develop internal systems and make better use of existing external systems to bring good practice to the fore, enable it to be shared, and demonstrate that it is something to be celebrate and be proud of. Awards not only help to identify best practice but also promote improvements in staff experience.
- **Web-based Resources** – case studies, discussion forums, web based training, video and archive materials. Using social media, You-Tube and other on-line resources
- **Staff Development** – Staff are key to improving and sustaining excellent service user experience. Provide training and support staff development opportunities based on practical best practice

- **Regionally Based Masterclasses** – these provide the opportunity to bring together a whole range of people involved in specifying, commissioning, providing and even using maternity services. Utilising existing case studies and presentations from organisations who have demonstrated best practice in practice, develop further 'masterclasses' with the aim of spreading good practice and kick-starting and then maintaining effective local networks. Masterclasses are best kept to limited numbers to allow the format to work really effectively.
- **Focussed Events** – events such as the recent 'Improving Patient Experience for Children and Young People' and 'Celebrating the Best of the Maternity Experience of Care' enable a larger number of people to come together to focus on a specific area of healthcare and explore current and practical best practice as well as providing a platform for targeted presentations, networking and discussions.
- **Involve, Listen, Act + Demonstrate What You Have Done** – nothing new in this but it works. There are a number of examples already in existence which provide support in this area. 'You Said…We Did' is a simple way of informing service users and staff that their contributions have been listened to and acted upon. New technology and social media is increasingly being used to increase involvement and improve communication of outcomes.
- **Use Staff Effectively** – empower staff to identify and develop practices which improve both staff and service user experience and to implement them across the organisation.
- **Work with Partners** – Identify and partner with other organisations with expertise which can be used to enhance both organisational performance and improve service user experience in maternity services. Look both outside the NHS and at other services within the NHS for opportunities.

Additional Acknowledgements:

- Patient Experience Network – archive (NHS and other contributors)
- NHS England
- NHS Institute for Innovation and Improvement
- Putting People First – Sharing What Works website NHS Midlands and East
- Francis Report
- National Audit Office – Maternity Services in England (Nov 2013)
- The Royal College of Midwives – various sources
- Innovation and Improvement in Maternity Services – The Royal College of Midwives in association with the Involvement and Participation Association
- Maternity Services in England - House of Commons Committee of Public Accounts HC776 (Jan 2014)
- National Findings from the 2013 Survey of Women's Experience of Maternity Care – are Quality Commission
- Excellence in Maternity Services – NHS Institute for Innovation and Improvement
- Top Tips for Involving Fathers in Maternity Care - Royal College of Midwives
- State of Maternity Services Report 2013 – Royal College of Midwives
- Making Normal Birth a Reality – National Childbirth Trust
- Listening to Parents - https://www.npeu.ox.ac.uk/listeningtoparents
- Evaluating the Focus on Normal Birth and Reducing Caesarian Section Rates Rapid Involvement Pogramme – York Health Economics Consortium / NHS Institute for Innovation and Improvement
- Maternity Matters – Department of Health
- Nursing and Midwifery Strategy 2013-2016 – East Lancashire Hospitals NHS Trust
- East Lancashire Hospitals NHS Trust
- Georgina Craig, Experience Led Commissioning
- Best Beginnings
- National Childbirth Trust
- Paul Webster
- Sheena Byrom

To contact us:

The Patient Experience Network

A6 Chaucer Business Park

Dittons Road, Polegate,

East Sussex, BN26 6JF

Tel: +44 (0) 1323 482 208

Email: info@patientexperiencenetwork.org

Louise Blunt l.blunt@patientexperiencenetwork.org

Ruth Evans r.evans@patientexperiencenetwork.org

Patient Experience Network

Re:thinking the experience

NHS England