Report of Survey Findings:

Celebrating the Best of the Maternity Experience of Care

For

NHS England

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May 2014

Patient Experience Network

Re:thinking the experience

PEN

NHS England

Contents

Introduction

This is a summary report of a survey that was undertaken by PEN in partnership with NHS England. The survey was prepared to support a Best Practice event and a report celebrating the great work that is in place today to improve Maternity experience of care. It was open for responses from 29th March 2014 until 6th May 2014, and was an on-line survey. Both Ruth Evans of PEN and Kath Evans of NHS England extended invitations to their respective networks to take part. Upon closing we had nearly 100 participants.

In September 2013 we reported on a mirror survey for Children and Young People (C&YP) and therefore where appropriate we have drawn comparisons across the two specialist areas.

Midwife

Executive Summary

- In total 94 participants from 77 different organisations took part in the survey. This represented a wide range of interested parties including NHS England, commissioners, providers, and other organisations. Just over half of the respondents (52%) were from Trusts with 13% from GP practices, 10% from Commissioners and another 10% from service users groups. *See Appendix 1* for more information of the break down.
- This response compares to 147 participants from 111 organisations for the C&YP survey, where Trusts represented 49% of the participating organisations. This survey was open for 32 days vs 38 days for the maternity survey. Therefore the maternity survey has a lower participation although the maternity survey was open for almost 1 more week. It is difficult to draw firm conclusions from this as we may not have the same reach with this audience.
- Respondents included
  - **Service users**: MSLC chairs, doula volunteers
  - **Clinical Leadership:** Clinical Directors. Obstetric Consultants
  - **Organisational Leadership:** Divisional Directors, Associate Directors, Finance, Directors
  - **Commissioners:** Senior managers in commissioning, commissioners
  - **Patient Experience leads**
  - **Midwifery:** Heads of Midwifery, matrons, senior midwives, midwifery managers, delivery suite managers
  - **Specialist midwives:** Research midwife, community midwives, matron postnatal care, diabetes specialist midwife, midwife with the substance use team
  - **General Practice:** GPs, Practice managers, assistant practice managers, office managers
  - **Council:** Public Health Manager
- As always with surveys of this kind the results may be skewed by the very nature of the survey itself, the audience who have been approached and indeed have then decided to take part, however, what is clear from this survey is that there are some great beacons who are working tirelessly to improve their maternity experience. There is a very real commitment to giving a great experience.
- There has been focus on involving service users and their families with a range of examples of how organisations have acted upon feedback to improve the experience. Patient stories, quality review meetings and working with user groups are some of the mechanisms identified to focus on the experience. Overall respondents scored their organisations at 7.87 when asked on a scale of 1-10 how would you rate your focus on the experience for maternity where 1 represents 'We do not focus on this at all' to 10 'This is built into everything we do' *(see Appendix 2).* CCG respondents tended to score this question more harshly.
- This score of 7.87 compares to a score of 7.06 for C&YP. The difference is driven by 34% of maternity respondents scoring their organisation at 10/10 versus only 14% for C&YP. There is sense in maternity that improving the experience is already built into everything that they do, potentially undermining the desire, creativity and energy to improve.
- 57% of the organisations who responded have a strategy in place for maternity services *(see Appendix 3)*. For C&YP this was less than 50%. As a standalone unit one may have anticipated a higher proportion than 57%. Although 57% did report yes, the supporting comments and other input across the survey give a sense that this is not a strategy that is widely embedded, driving everything that is done with all work being aligned back to this.

Executive Summary *(continued)*

- This question elicited a very broad range of answers and it is clear strategy is not always deemed important from being laughable to: *"We don't have a written maternity strategy - I need to write one."* and *"This is an aspiration for our 5 year business plan -to develop a maternity specific strategy".* Others recognise it would be a useful asset *"This is key at present as we are developing a new Midwife Led Unit."* and many do have one in place *"Each Directorate has a Business strategy based on their specialty linked to the overall Trust strategy for improving the patient experience, Patient safety and Quality of care."*
- It is perhaps unsurprising considering the backdrop to this survey that of the very many priorities listed by the survey participants, the top two priorities are to focus on the *patient (or service user) experience of care*, and also to ensure *user involvement*. *(see Appendix 4 for the full list).* These areas are covered in more detail later in the report.
- Creating a more integrated experience comes in at 3rd and 4th on the priorities as the respondents identified building *closer professional relationships* and *improving the pathways* as key. Perhaps surprisingly staffing issues are only ranked 5th and 6th is a drive for *Midwifery Led Units*. *Facilities/ environment* comes in at 7th place (with car parking only mentioned once!). *Continuity of carer* is a key theme running through the survey responses, and specifically ranked 8th priority for improvement. There is an undercurrent throughout the responses calling for a movement towards making the experience as normal and as local as possible.
- Other areas were mentioned as key priorities and some of these are covered in more detail in the following pages as they were recurring themes across the survey answers.
- Although not one of the top priorities overall, bereavement is mentioned on several occasions in the survey e.g. *"Care of families experiencing stillbirth"* and clearly this is a area that concerns many of the respondents as they feel their service is inadequate here.
- Survey respondents were invited to share how they collect feedback today and what plans they have to improve this plus how they have used the feedback in their organisation. *(See Appendix 5, 6 and 7 for the full details).*
- Participating organisations were encouraged to share their examples to best practice. *(See Appendix 8 for full details).* Across the survey other examples were mentioned –these are collated in *Appendix 9.*
- We introduced the concept of ALWAYS events in this survey and the respondents identified over 40 ALWAYS events for the maternity experience. *(See Appendix 10 for the full list).* The inspiration of Kate Granger shines through as the top ALWAYS event is to say "My name is".
- Overall there is a sense that there is much good work/ solid activity being undertaken focussed on improving the experience, however, 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. This is not to understate their importance as these are critical foundations, but what it does indicate is that this area of care may be slightly behind the patient experience curve in terms of personal ambition, vision and practical activities. One respondent's simple comment *"we provide an excellent service"* perhaps captures the nub of the issue – this may be the case but how do you create a constructive discontent around the organisation to strive to be even better?

1. Patient Experience of Care

Ranked top priority this area was top of mind for many of the respondents as an area for improvement. As stated before this may not come as a surprise bearing in mind the nature of the survey.

Many commented that a focus on and responding to their service users was at the heart of what they did:

- *"We do work well with users and ask for feedback which we do act on but we could do better"*
- *"Women and their families is the focus of all of our work streams with active involvement from the service users"*
- *"Women's experience of maternity care is a key concern which is central to developments within our service"*
- *"Maternity is one of our four networks, currently recruiting to Oversight and Steering Groups to ensure maternity experience is at the heart of our decision making"*
- *"Maternity services are focussed on women and families having a positive experience of the care they receive from the Trust"*

> *Everything we do is user focussed. When a positive or negative observation is made, after due consideration with the users of the service we agree collectively where possible to incorporate their views and suggestions into further developing the service.*

Postnatal care was mentioned specifically on several occasions as an area to improve the maternity experience of care.

The tension for this group is they are incredibly well intentioned and believe they deliver a great experience of care (and indeed they do), however, perhaps they are not challenging themselves hard enough. and maybe would benefit from looking at areas outside their own area to benchmark themselves and gain new ideas to implement.

Stated Priorities

1. Patient Care
2. Patient experience
3. Consistent safe care and good patient experience
4. Individualising care
5. The Patient is at the heart of all we do; promote care that is provided to meet each women's individual needs, becoming women centred
6. Listening to women
7. Postnatal care and support
8. Post natal
9. Clear staff understanding of those expectations, including clinicians
10. Improved engagement with users
11. Normality
12. We believe the experience during labour and birth is unique for each family and continue to promote a positive experience for the women and birth partner
13. Although we score highly ensure all women and their families are treated with kindness & compassion
14. Actively listening to our service users and respecting their view

2. User Involvement

There is a deep seated commitment to involving service users and it is seen as essential to the majority of respondents and consequently ranked second. Again perhaps this is not surprising bearing in mind the specific nature this survey, but nevertheless is a great accolade to the people who are working in the maternity service representing their organisations in this survey.

> *"The experience of our client group is essential to us as a department as well as to the organisation. Without feedback from the women and their families we would not know whether the service we were providing was high quality and safe."*

Some organisations are specifically struggling to get more involvement. Perhaps this is because of the defined transitory nature of the relationship with this specialism. One commented: *"We actively encourage user engagement, and use this to improve services. however the local MSLC is floundering and we are struggling to understand why"*

Where changes have been made as a result of feedback they do not tend to be transformational – rather they are more tactical action orientated changes, which are of course important as every single improvement matters, however, the feedback does not seem to be contributing to wide organisational or cultural improvement – or even in some cases across units within the maternity unit. *"COO's - comments on our service - feedback cards provided to encourage feedback on service"*

Mechanisms to involve people more include:

- *"Maternity Feedback Drop-in Forum - regular drop-in forum held at local Children's Centres to explore women's experience and to seek comments on service developments."*
- *"We have a service user representative on our intrapartum group."*

There is a focus on involving certain groups of women with very specific challenges e.g. *"Weight management in pregnancy programme to support women with BMI > 30"* and also from more 'hard to reach communities' or specialist requirements e.g *"Education for staff caring for orthodox Jewish population, same sex relationships and surrogacy", "Consultant midwife for teenagers", "We have a dedicated midwife for each vulnerable group.", "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", "I work with a caseload of women who are involved in substance use ".*

Stated Priorities

1. Getting more user involvement in maternity forums
2. PPI Representation
3. Always wanting to extend our reach, involving women and collecting feedback more widely in the community
4. Include service users more within our smaller groups looking at service development, within the midwifery teams
5. Getting MSLC and user voices heard at all levels of planning, strategy
6. Improving classes for parenting/baby care
7. Getting NHS trust and commissioners to fund MSLC and user rep training and expenses

3. Closer Professional Relationships

There is an appetite to create closer professional relationships amongst the respondents – who ranked this as the third most important priority for improvement.

Particularly the relationship between GPs and midwives was highlighted with a drive to bring the maternity service back into the clinic, however, many areas were noted:

– *"The consultant unit deals with women with increased medical problems where the need for safe care is sometimes at odds with the women's perceptions of their ideal experience and the type of birth they would have chosen"*

> *"Closer working relationships with midwives and GPs - maybe joint clinics?"*

Stated Priorities

1. Closer working relationships with midwives and GPs - maybe joint clinics?
2. The midwives used to attend surgery to see our patients - that worked well for the patient and practice
3. MDT communication
4. Working with primary care commissioning colleagues to improve experience of primary care for those on maternity pathway
5. Communication between professionals about a women's experience
6. Closer relationships with Health Visitors and GPs - rarely that HV come into the surgery. Would help improve uptake of childhood imms etc. if they came to baby clinics. Better communication with General Practice
7. Creating a system for ensuring heads of midwifery seriously engage with commissioning intentions
8. Clinic back in the practice

4. Pathways

Overall ranked fourth in terms of priorities for improvement this area is less clear in terms of what need to be done. There are also several facets and elements mentioned including *"Induction of labour pathway".*

> *I believe we still have a lot of work to do to improve the experience as well as the clinical pathways for women*

Stated Priorities

1. Normalisation: increasing the normal birth rate
2. Working with CCGs and NHS trusts to improve response rates and net promoter scores for Friends and Family Test for maternity services
3. Further develop antenatal triage and induction of labour services
4. Reduce C/S rate
5. A renewed focus on normality ,i.e. normal childbirth
6. Reduced Caesarean Section rates
7. Perinatal mental health pathway

5. Staffing Issues

> *Improving staff working lives*

Staffing levels is clearly an issue for many of the respondents, ranked fifth in their priorities for improvement. In a way it is surprising that is only fifth and not higher bearing in mind the commentary in the press about staffing levels.

Also important here is the way we look after our staff which is interestingly only mentioned specifically by one respondent who suggests that*: "Support and kindness to colleagues/ staff"* is an important area to address. Does this indicate perhaps that this group are feeling already cared for by their managers?

Interestingly ensuring staff are fully trained is also highlighted as a key area to focus on – this is seen particularly in the question about ALWAYS events.

"Staff Individuals named as providing exemplary care to women within the Friends and Family feedback are sent a letter from the Trust recognising their contribution to ensuring a positive experience for women. Recently, a Maternity Assistant who had received one of these letters, feedback that this had made her feel that the Trust valued her contribution and recognised her as a caring and compassionate individual. This is a simple low cost approach and it is hoped that staff who feel valued are more likely to be kind, caring and compassionate in their approach to women and their families" shows the power of positive feedback to staff morale

Stated Priorities

1. Employ more midwives
2. Improving staff working lives
3. The postnatal ward receives the most complaints due to the workload/busy staff/delays in discharging
4. Staffing levels
5. Mother to midwife staff ratio
6. Staffing levels
7. One to one care on main labour ward
8. Lack of clerical support to take the calls
9. Improved staffing ratios
10. Increase numbers of CMU especially in very rural areas
11. Support and kindness to colleagues/ staff
12. Staff that is fully trained in IT and other areas

6. Midwifery Led Unit (MLU)

As well as the need for more staff the respondents were keen to develop midwifery led units. This ranked sixth in their improvement priorities, and was specifically commented on when referring to the strategy for maternity patient experience. It is seen as an area that can both improve the maternity experience of care but also use resources more effectively.

> *"The strategy is key at present as we are developing a new Midwife Led Unit"*

– *"This is strongest for low risk women who are booked under midwife led care and are encouraged to make their own choices regarding maternity care."*

Stated Priorities

1. Adding a Midwifery Led Unit
2. Development of a midwifery led unit on Trust site where this is not yet available.
3. We provide a midwifery model of care and aim to avoid unnecessary medical intervention and help to ensure the birth process remains normal.
4. Clarity about the future of a standalone midwifery led unit
5. Increasing deliveries at the off site MLU
6. Development of an MLU

7. Facilities / Environment of Care

Coming in at seventh position facilities and environment of care is seen as an important area for improvement.

Unusually perhaps car parking is only mentioned once! In many cases this is linked to a later theme to create facilities for the fathers, families and partners.

Stated Priorities

1. More equipment and stock
2. Development of the estates to provide the facility for partners to stay (5 rooms at present)
3. More equipment and stock
4. Improved environment
5. Low risk environment
6. More single rooms on post-natal ward
7. Car parking at the maternity hospital - stressful when attending appointments

> *"The birth centre has been planned, equipped and run with quality, safety and the women's experience at the forefront of the service and staff attitudes."*

8. Continuity of Carer

A recurring theme across the survey and particularly in the priorities for improvement and the ALWAYS events is the need to have a named midwife who the service users sees most of the time.

> *Same staff members caring for patients*

Stated Priorities

1. Continuity of carer (AN & PN) delivered by a named team of staff (achieved via 4 members in the team)
2. Continuity of care
3. Same staff members caring for patients
4. Patient continuity of care
5. Continuity of carer
6. Develop continuity of midwife in the community

9. Local Service

Linked to the “normalisation” agenda respondents were keen to see services provided closer to the home, if not in the home, with a drive to give all service users access to the same standards of care.

> *Equality across all geographical areas to ensure all patients have access to the same standard of care.*

Stated Priorities

1. Community midwifery
2. Creating a citywide offer for maternity services
3. Woman centred care at home- increasing care delivery at home
4. Patients have to travel too far to see a midwife - they also cannot get hold of them or wait days for a response
5. Being able to give birth in your local hospital on your doorstep and not having to go 15-20 miles
6. Increase numbers of CMU especially in very rural area
7. Equality across all geographical areas to ensure all patients have access to the same standard of care
8. Community care

10. Focus of Fathers, Families and Partners

> *Fathers welcome to stay overnight on ward in early post natal period to promote early family bonding and support for mothers.*

Throughout the survey there was an emphasis on more involvement of the father, families and partners. This is particularly seen in the creation of facilities for these people to stay and is noted as the tenth priority for improvement overall.

Stated Priorities

1. Development of the estates to provide the facility for partners to stay (5 rooms at present)
2. Involvement of fathers and partners
3. Improving the birth environment
4. We believe the experience during labour and birth is unique for each family and continue to promote a positive experience for the women and birth partner
5. Empower women and their birthing partners in labour
6. Partner involvement

Other observations

- The last year has developed the accommodation of the postnatal ward to include:
  facilities for partners to stay; family focused - toddler toilet, soft play room, nice coffee & tea; ensuites for all; modern environment; alternative 'younger persons' menu; allocated free parking for birthing partners during labour
- Change in practice where a dad fed back how he felt alone and isolated when his wife transferred to theatre - dads and baby now allowed to go into theatre
- Over night stay for partners accommodated on recliner chairs
- MSLC members stated that the decision on whether partners could stay over night either ante-natally or post-natally was not consistent, and often depended on the midwife in charge. This led to confusion and anxiety.
- Concerns raised limited visiting: Open visiting for partners and own children 9- 9.
- Change in visiting times for partners
- Fold down beds purchased to enable Dads to stay overnight
- Fathers welcome to stay overnight on ward in early post natal period to promote early family bonding and support for mothers

11. Growth of Social Media

Although not one of the top 10 priorities for improvement, there is reference to the need to improve communication with service users at many points across the survey and particularly when looking at mechanisms to collect feedback.

Although FFT is playing a key role in providing feedback the respondents noted an extremely wide range of mechanisms for service users to feedback on their experience of their care. Several of these were regular surveys including Annual, quarterly, monthly and weekly surveys, both off the shelf (Picker, Equip, NICE IOL) and in-house. Social media, however, ranked higher in terms of mechanisms to collect feedback with Facebook leading just ahead of Twitter. There is a sensitivity to how best to collect feedback at this time for mothers and babies: *"We would like to have something that is via mobile phone as everyone has one, appreciation that women do not have time for long surveys once they are at home - incorporate friends and family test feedback this way as well".*

There was a plea from some that we did not lose the so important face to face opportunity for feedback.

See *appendix 5 and 6* for more information on collecting feedback.

In terms of future plans Facebook, Twitter and QR codes all feature as mechanisms to collect feedback moving forward. Social media is seen to have a role to play to reach specific audiences e.g. "*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".*

Stated Priorities

1. Information formats such as website etc.

> *More use of social media*

Other observations

- Developing our Facebook page (run by the parent representatives and maternity advocate representatives). Using a QR code - plans to make this available to women postnatally, to complement leaflet given out antenatally (and posters in health visitor clinics)
- We are interested in social media and soft data feedback from clinicians using Datix
- More social media use
- Setting up a Facebook group to extend the weight management in pregnancy programme

12. Isolation from Rest of Organisation

"Midwifery plays an integral part in the health and wellbeing of future generations. We have an unique insight into how women and families live work and play and often this role is not recognised because it is not seen as 'clinical' enough" ……Maternity appears to feel quite isolated from the rest of their organisations. As a specialism maternity are dealing with a very different dynamic – typically well women, who are therefore service users, rather than patients, for a specific, clearly defined and predictable period – a department that is therefore quite separate philosophically from the rest of the organisation. Nevertheless, the long term impact the maternity experience can have on both the women's and the babies' health and well-being should not be under-estimated, nor should the potential for cross-departmental learning.

> *The Maternity Department itself focusses well on women centred care. The organisation takes very little interest in maternity services.*

Other observations

1. Link a none exec from the Trust Board to maternity services and ensure they have regular contact with our service users. If they become passionate about our service they will use their voice within exec team
2. Invest in maternity to reduce health problems in the nations future health- getting this message across at Trust Board level
3. Getting NHS trust and commissioners to fund MSLC and user rep training and expenses
4. Recognition of vital role of service user voice by NHS trust and commissioners
5. Leadership by Trust management for the effective delivery of service that meet those expectations

13. Emphasis on Tactical and Practical

Many actions and activities are taken based on the insight provided by service users and the families. These are primarily focussed on specific steps that can be taken to improve the experience for others in similar circumstances, with several looking at how staff can change their behaviours. In all of the comments there was little evidence of wider organisational learning or indeed of how this is fed back into the strategy for the maternity services or the whole organisation.

> *Updating the results of Friends and Family test scores within the department on a monthly basis - on You said we did boards*

Stated Priorities

1. Updating the results of Friends and Family test scores within the department on a monthly basis - on You said we did boards
2. Mechanism for feedback of qualitative experience not just quantitative elements such as Friends and Family

Other observations

- Themes around long waiting times in the ANC - we had a rapid process improvement workshop and identified ways to address this. As a consequence of simple changes the waiting times have been reduced
- Call bell in the birthing pool room relocated
- The provision of a birthing pool for high risk patients to labour in
- Staff feedback on a bone fragility service caused us to realise we were not providing a satisfactory service. Patient voices around the good and bad aspects of our OOHs GP service. Patient surveys of General Practice to inform practice visits
- Extra nurse appointments
- Have introduced maternity tour
- Patient food- women wanted more than soup and sandwiches in an evening (this is what was provided). This has now changed to the introduction of salad and jacket potatoes with a choice of fillings for the women who would like this.
- Staff Individuals named as providing exemplary care to women within the Friends and Family feedback are sent a letter from the Trust recognising their contribution to ensuring a positive experience for women. Recently, a Maternity Assistant who had received one of these letters, feedback that this had made her feel that the Trust valued her contribution and recognised her as a caring and compassionate individual. This is a simple low cost approach and it is hoped that staff who feel valued are more likely to be kind, caring and compassionate in their approach to women and their families.
- Staff attitude has been raised as an issue and training has been provided to staff directly identified and will be further cascaded to remainder of team.

Appendices

Patient Experience Network

Re:thinking the experience

Appendix 1

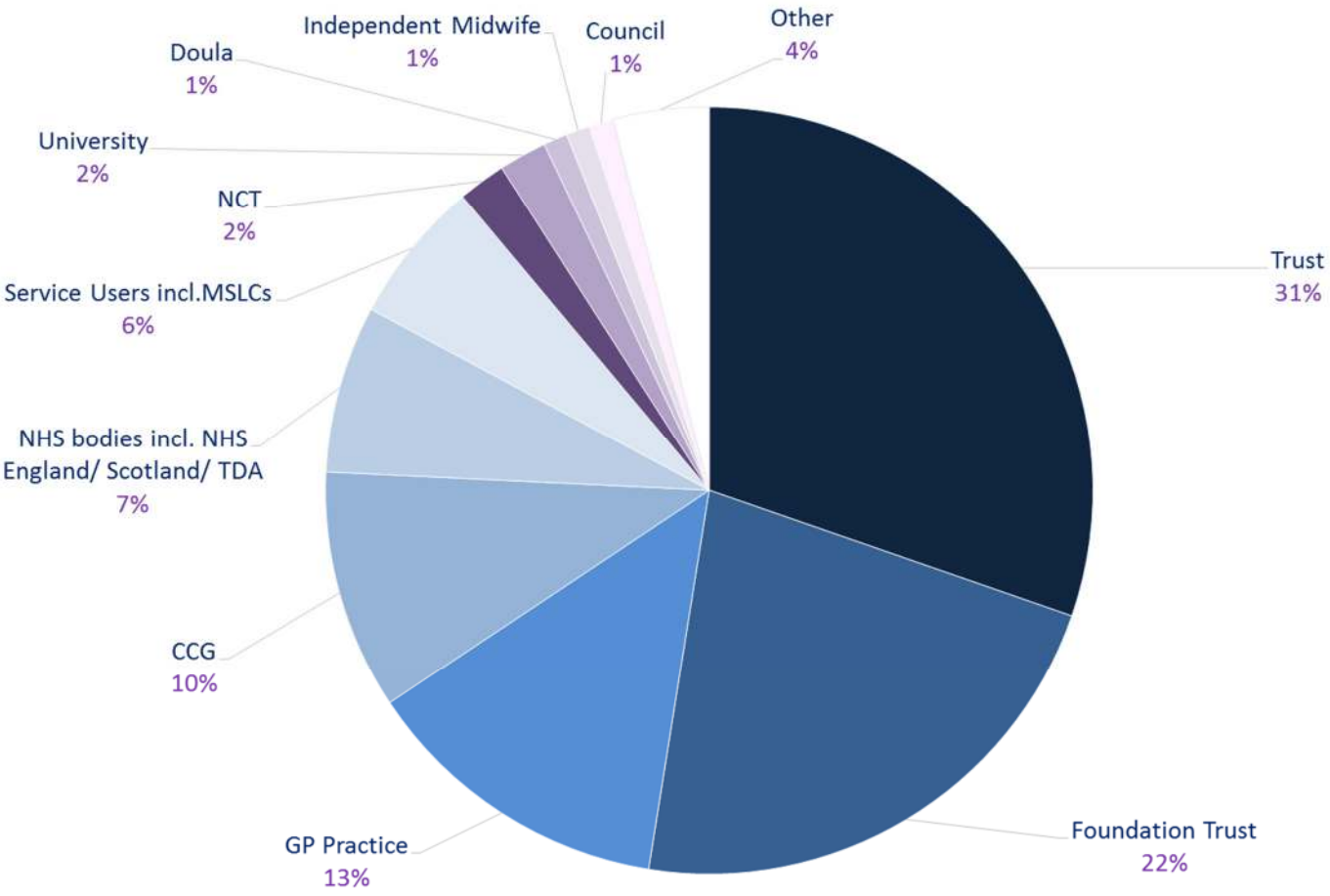
Type of Organisation

Organisation Type	TOTAL	%
• Trust	28	30
• Foundation Trust	21	22
• GP Practice	12	13
• CCG	9	10
• NHS bodies incl. NHS England/ Scotland/ TDA	7	7
• Service Users incl.MSLCs	6	6
• NCT	2	2
• University	2	2
• Doula	1	1
• Independent Midwife	1	1
• Council	1	1
• Other	4	4
TOTAL	**94**	**100**

Appendix 1

Type of Organisation

Total number of organisations = 94



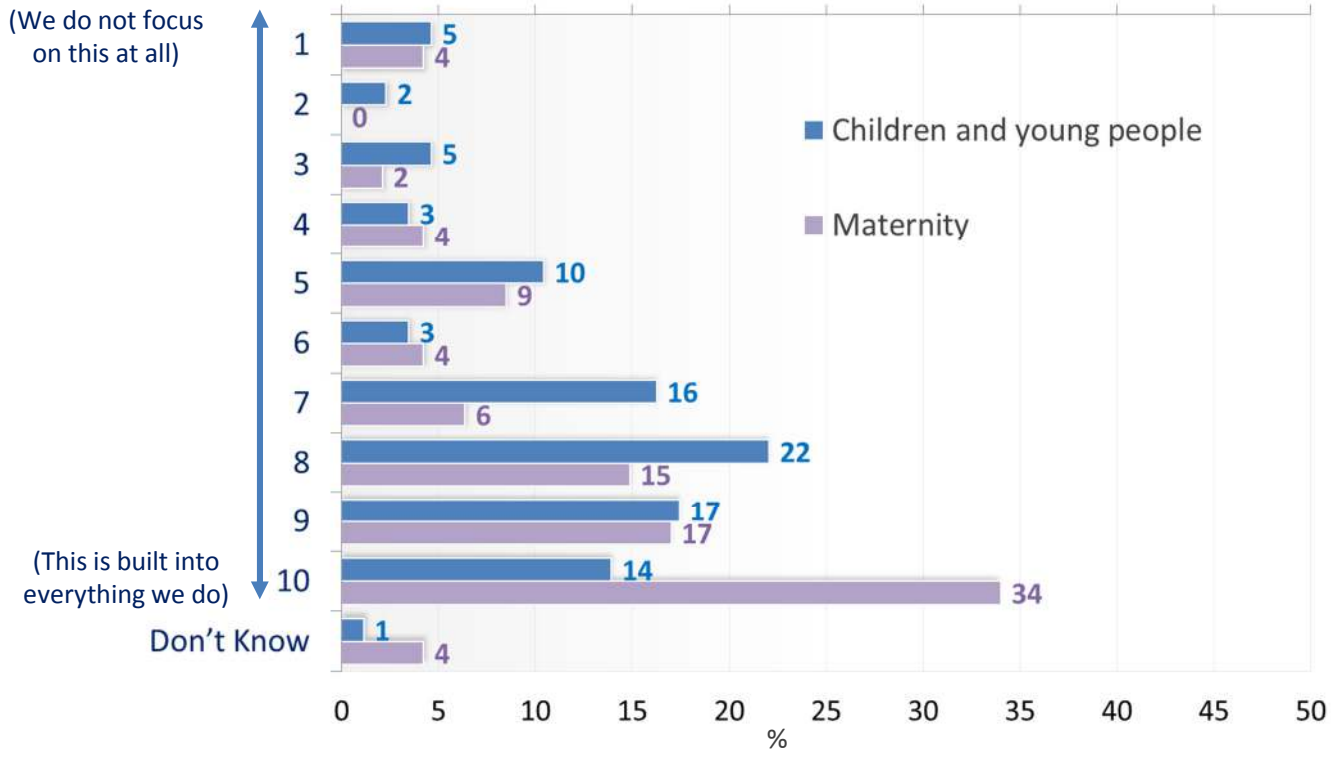
Appendix 2

Overall View of Organisational Focus

Thinking about your own organisation, how would you rate your focus on the experience for maternity? Please rate your organisation on a scale of 1 to 10 where 1 represents 'We do not focus on this at all' to 10 'This is built into everything we do'

Answer Options	No. of Respondents
1 (We do not focus on this at all)	2
2	0
3	1
4	2
5	4
6	2
7	3
8	7
9	8
10 (This is built into everything we do)	16
Don't Know	2
Response Count	**47**
Rating Average	**7.87**

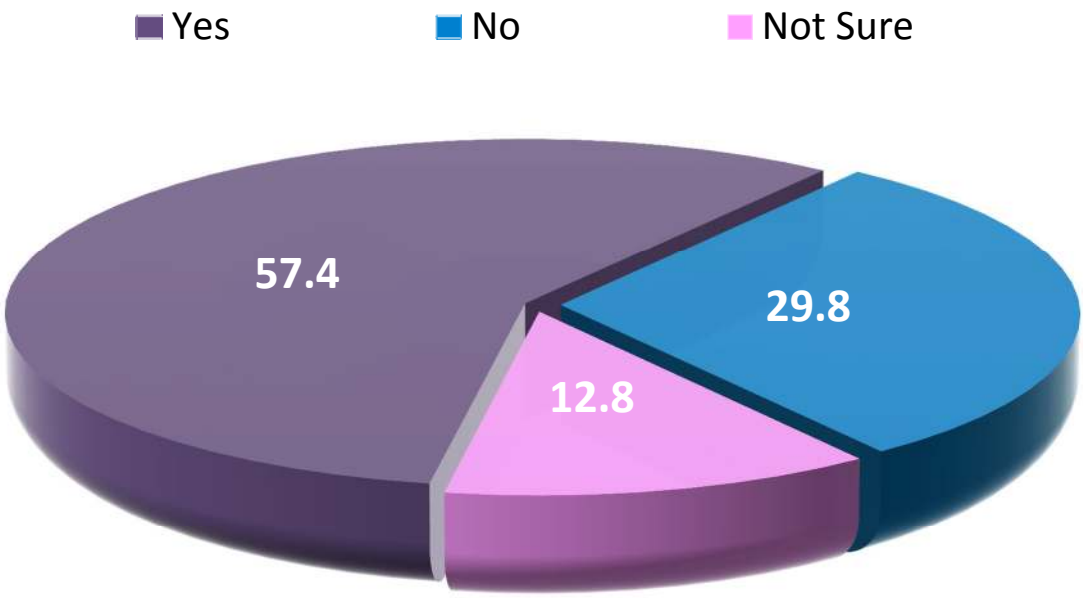
'Focus on the experience' - Comparison between *Children and Young People** & *Maternity*



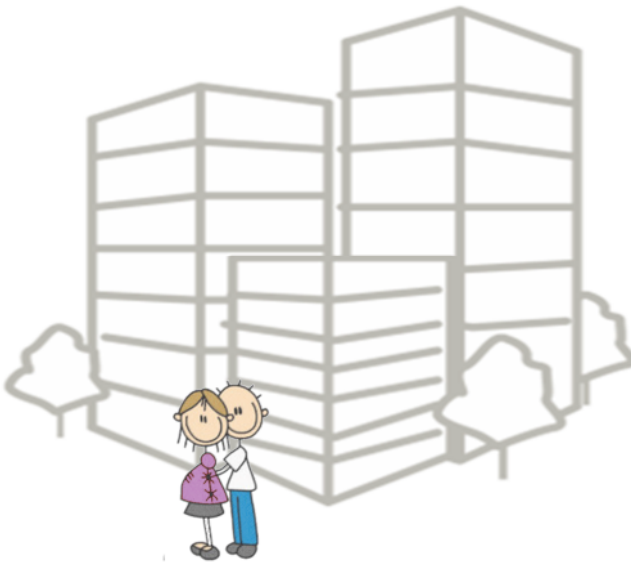
Comparing with a mirror survey of Children and Young People in September 2013

Strategy for Maternity

Still thinking about your organisation, do you have a strategy focussed specifically for the maternity experience?



Response Count: 47



Appendix 4

Priorities for Maternity

Rank*	Issue	Mentions
1	Patient experience of care	12
2	User involvement	12
3	Closer professional relationships	9
4	Pathways	8
5	Staffing	8
6	Midwifery Led Unit	6
7	Facilities/ environment	6
8	Continuity of carer	6
9	Local service	6
10	Focus on fathers, families and partners	5
11	Bereavement	3
12	Breastfeeding support	3
13	Triage	2
14	Access	1
	Using FFT	
	Interactive patient record	
	Information	
	Increase choice re mobility at birth	
	Support by phone	
	Support and kindness to colleagues	

**Ranking defined by 1st, 2nd, 3rd choice of priority mentioned*

Appendix 5

Ways of Collecting Feedback

Rank	Mechanism	Mentions
1	FFT – score and comments	26
2	MSLC Surveys/ interviews	13
3	Face to face Debriefs	13
4	Facebook	12
5	Twitter	10
6	In house survey	9
7	Compliments/ thank yous	8
8	Hospital website	7
9	Yearly service survey	7
10	Complaints	7
11	PET/ PALS	6
12	Evaluation forms from maternity documents	4
13	Social media	4
14	Picker	4
15	Reports from CCG/ CSU	4
16	Service user groups	3
17	Quarterly patient survey	3
18	NHS Choices feedback	3
19	Audit notes	3
20	Children's centres	3
21	Matron walkabout	3
22	Your opinion counts too	2
23	Weekly patient survey	2
24	Patient stories	2
25	Comment cards	2
26	Monthly survey	1
	Claims	
	QR code	

Rank	Mechanism	Mentions
26	Electronic patient tracker	1
	Drop in centre	
	Maternity listening service	
	Labour ward forum	
	NCT	
	New mums group	
	Pregnancy and birth revisited sessions	
	Local site - Mumbler	
	Mumsnet	
	Home birth cafes	
	Elephant kiosk	
	Healthwatch	
	NICE IOL questionnaire	
	Bedside via TV	
	Local newspaper	
	Real time patient experience	
	Staff newsletter	
	SoMs	
	Intentional rounding	
	Governors	
	NEDs	
	Emotional mapping	
	Message to matron cards	
	Maternity March	
	Ask staff	
	Equip	
	Visitor books	
	Ward poster	

Appendix 6

Plans to Collect Feedback Differently

Respondents were asked to consider what plans they have to collect feedback differently moving forwards *Plans included:*

Develop a debrief service for all managed by soms
Continue as above and development the mediums for patients stories. We are developing a trust film similar to the Cleveland video.
Encourage to complete the family and friends test cards
No change at present
No plans as woman may feel over loaded
Surely this should be what plans do the midwifery department have to improve their service. Mums dont have the same problem being seen in surgery by a doctor.
We would like to have something that is via mobile phone as everyone has one, appreciation that women do not have time for long surveys once they are at home - incorporate friends and family test feedback this way as well. We would like to arrange a service users event through supervision at a location away from the hospital setting.
Elephant kiosk and midwives attending meetings
My feedback is done on a very local informal basis as I am an island midwife and district nurse so I know my caseload very well and I see the women and children frequently in my everyday activities
We are interested in social media and soft data feedback from clinicians using Datix
More social media use
We are considering having an annual MSLC event that will focus on a given topic
Use patient group and children centres
Working with comms to look at text service re feedback
Walk ward by user group members
We would like to change the FFT feedback as this has affected how we receive feedback in other ways (i.e. Women write their gratitude on the cards instead of personal cards/ letters) also, if concerns are recorded, there is no way that this can be looked at according to the woman's specific care as they are anonymous.

Plans to Collect Feedback Differently

Respondents were asked to consider what plans they have to collect feedback differently moving forwards *Plans included:*

Challenging what we do on a daily basis
Setting up a Facebook group to extend the weight management in pregnancy programme Improving trust website for information and feedback
More use of social media
Gathering of patient stories, greater patient engagement
Promoting our online survey. Reaching a broader range of parent and baby groups with visits - at the moment, we focus on children's centres. Developing our Facebook page (run by the parent representatives and maternity advocate representatives). Using a QR code - plans to make this available to women postnatally, to complement leaflet given out antenatally (and posters in health visitor clinics)
Improve electronic feedback
We are waiting to see if the friends & family test collects the appropriate data
Develop trust website to enable feedback.
Working on new methodologies
Working with CCGs and NHS trusts and use best practice from other organisations and use the feedback received from FFT responses to help improve care and the patient experience
Using more electronic devices in community hopefully
Go out to children's centres and women's groups to. "Walk the patch" but still waiting for trust to approve CRBs for volunteers
Be more innovative with collecting friends & family data - try to get more qualitative data (texting, scanning codes etc.)
I would like to invite mums back to groups to discuss their care.
I plan to visit postnatal groups in the community to gain feedback

Appendix 7

Action on Feedback in Last 3 Months

Respondents were asked to give an example of how feedback has been used effectively in your organisation in the last 3 months.

The last year has developed the accommodation of the postnatal ward to include: facilities for partners to stay; family focused - toddler toilet, soft play room, nice coffee & tea; ensuites for all; modern environment; alternative 'younger persons' menu; allocated free parking for birthing partners during labour
Early stage room set up on busy ante natal and post natal ward
We have improved dramatically our National Survey results.
It has supported service developments and pathway changes.
Patient stories as a medium to open Corporate meetings is very strong.
Change in practice where a dad fed back how he felt alone and isolated when his wife transferred to theatre - dads and baby now allowed to go into theatre
Following a complaint in regard to how a patient felt following poor communiication. general reminder to staff re importance of listening to women and how they respond. For individuals involved sent on customer care course.
Over night stay for partners accommodated on recliner chairs
Themes around long waiting times in the ANC - we had a rapid process improvement workshop and identified ways to address this. As a consequence of simple changes the waiting times have been reduced
Practice Meetings and Mid-wife feedback and clinics in the surgery
Call bell in the birthing pool room relocated
The provision of a birthing pool for high risk patients to labour in
The provision of a midwifery service on Mull has been altered after feedback from the community
Staff feedback on a bone fragility service caused us to realise we were not providing a satisfactory service. Patient voices around the good and bad aspects of our OOHs GP service. Patient surveys of General Practice to inform practice visits
Midwife service that was taken out of the practice is now back with in the practice.
MSLC members stated that the decision on whether partners could stay over night either ante-nataly or post-nataly was not consistent, and often depended on the midwife in charge. This led to confusion and anxiety. the MSLC supported the development of a policy to ensure that the request was dealt with consistently
Extra nurse appointments
Results of on line in house survey fed back to staff
Have introduced maternity tour
Patient food- women wanted more than soup and sandwiches in an evening (this is what was provided). This has now changed to the introduction of salad and jacket potatoes with a choice of fillings for the women who would like this.
Not enough information for LSCS therefeore leaflet devised
Staff Individuals named as providing exemplary care to women within the Friends and Family feedback are sent a letter from the Trust recognising their contribution to ensuring a positive experience for women. Recently, a Maternity Assistant who had received one of these letters, feedback that this had made her feel that the Trust valued her contribution and recognised her as a caring and compassionate individual. This is a simple low cost approach and it is hoped that staff who feel valued are more likely to be kind, caring and compassionate in their approach to women and their families.
Helps shape the direction of work.
A community post natal service clinic has been established to improve the efficiency of the service for mums.

Action on Feedback in Last 3 Months

Respondents were asked to give an example of how feedback has been used effectively in your organisation in the last 3 months.

Concerns raised limited visiting: Open visiting for partners and own children 9- 9.
Staff attitude has been raised as an issue and training has been provided to staff directly identified and will be further cascaded to remainder of team.
It informed the production of the CCG report on maternity services, which was summarised by PH manager for use within the council, to inform elected members and the health and wellbeing board.
See presentation to be used on the day of the event where I am presenting
The woman also met the manager and we addressed her concerns about the process where there was an apparent delay in calling the team due to the fact that the baby was taken outside the room to the resuscitation equipment and the parents were unaware of the processes going on.
Change of practice - not to separate mother and baby (should not have happened for security reasons) so that the parents can see what is happening
Sharing of good practice amongst NHS trusts and CCGs during Patient Experience Network
Patient accessed website as wishing advice in early pregnancy – contacted PILS to say the times someone available to speak to were incorrect. Senior Midwife investigated and found this was information about when the PILS office is open on main website. Requested through Comms for this to be corrected and added a more obvious 'concerns in early pregnancy' section to the Maternity website with relevant contact numbers
Women very concerned because if midwife thinks baby may have significant jaundice has to refer baby in to CAU. CCG and Maternity worked together to purchase 13 bilirubinometers to enable midwives to assess the level of jaundice. Only those with a raised level will need to attend CAU so less anxiety for a number of families and better reassurance when all well
Change in visiting times for partners
Core teams to enable better team work and stability
A woman previously had a stillbirth and requested an elective LSCS. Worked with her with hypnobirthing, looking at birth options- water birth, birth at freestanding birth centre to make this experience totally different and good.
Fold down beds purchased to enable Dads to stay overnight
More midwives being trained for NIPE to enable a smoother service.
Seeking to improve continuity of antenatal and postnatal care in community as a result of national maternity survey.
Seeking ways to improve keeping women up to date with waiting times in hospital antenatal clinics as a result of feedback from surveys.
We changed visiting We employed nursery nurses We have volunteers to support with breastfeeding
Refreshments given to visitors.
Arrangements made for partners to stay on post natal ward overnight in some circumstances.
A woman came back to talk to a supervisor of midwives with concerns about her care. She delivered rapidly and the baby needed resuscitation in the birth centre.
Development of a postnatal DVD
Questions asked by parent reps and feedback from women are discussed in each quarterly meeting, and points are taken away by NHS members to follow up on - it's an ongoing process of working together, to which local women and our provider unit and commissioners (old and new, of course) have been committed for years.

Appendix 8

Examples of Best Practice

Respondents were asked for a brief description of Best Practice activities related to Maternity *Examples included:*

Education for staff caring for orthodox Jewish population, same sex relationships and surrogacy.
Consultant midwife for teenagers Parencraft for teenagers Parencraft in children centres One stop shop flu vaccination clinic in ante natal clinic during flu season After thoughts service for women families who have had a difficult experience
We work with the individual women to record the patient story. We do the friends and family test. We use NHS choices feedback. We have a website We use QR codes We do local surveys We have electronic patient experience trackers given to all women at the point of discharge. We contributed in media documentaries and associated social media using twitter and Facebook. We have a dedicated midwife for each vulnerable group. We have an active supervisors drop in session for women. Maternity transformation programme. Equity and diversity plan.
Co-ordinating activities on the birth suite. Making the women feel special. Trying to make their experience as positive as possible.
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.
All the data/examples mentioned above. The availability of a MLU The availability of a 'family in need' / bereavement suite In the picker institute - maternity survey 2013, a woman who described herself as a 'traveller' made comment on how she enjoyed her care throughout as she was treated as a 'normal' citizen by the midwives caring for her unlike her experience and feelings about the manner in which she was treated in her previous two pregnancies/births.
We are a rural practice but the midwife gives a very good service to our patients, clinics in the practice and home visits when required we have not had any problems or complaints
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 I have no anonymity and 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.

Examples of Best Practice

Respondents were asked for a brief description of Best Practice activities related to Maternity *Examples included:*

I am the lead midwife for the midwife led birth centre. Since the BC opened in July 2009 it has had good outcomes and has become very popular with the local women who all aspire to birth there. 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' practise is within the professional boundaries (NMC 2012). I 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. In February 2014 I 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
Specialist midwifery team for vulnerable clients. We work in an area of social and economic deprivation.
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 work with the regional quality team from aqua to roll out shared decision making to various parts of the service.
We have done all these in our work in slough
I work with a caseload of women who are involved in substance use (drugs, alcohol and on some occasions prescribed medication which may affect the pregnancy in some way.) I work closely with other agencies,and am based with the substance use team. (As opposed to being hospital based) I see women at home, or wherever is most convenient for them, to ensure an equitable provision of maternity care, encouraging maternal stability to ensure the best possible outcomes for mother and baby. Stigma for these women is often evident, and often they will not access mainstream services for a variety of reasons. I am often the first point of contact, carry out a pregnancy test and refer women for scans etc. Women often self refer. For women who are alcohol dependent, we work together and try to facilitate in patient detox at an early gestation, hopefully limiting the risk of morbidity for the fetus. All women are offered support from a multidisciplinary team, with ongoing psychosocial interventions as appropriate. Engagement is generally good. I am lucky to have excellent support and close working relationships from colleagues both within the substance use teams, maternity, paediatrics etc. Individualised care plans are discussed with the women. I carry out the majority of postnatal care, and try to arrange a chosen method of contraception for each women during the early postnatal period. I particularly follow up women who do not take their baby home, as the CEMACH report demonstrates that in these cases services generally go to where the baby is placed, and these women are particularly at risk of maternal death (intentional/unintentional). Many of these women have long standing issues around poor mental health, and we have recently started an antenatal yoga group to encourage antenatal bonding, gentle births, relaxation etc.

Examples of Best Practice

Respondents were asked for a brief description of Best Practice activities related to Maternity *Examples included:*

I have recently been working on the midwifery led unit empowering women to give birth as natural as possible our water births have increased considerable the women are amazed how effective water is as a medium for pain relief and how relaxing and providing a calming birth experience
Specialist midwife team developed to give additional support to vulnerable groups
MSLC walking the patch as above to gather feedback and input from seldom heard groups.
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 I 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
Full range of choice of place of birth including obstetric unit, co-located birth centre, 2 free-standing birt h centres and home birth. Specialist team to support most vulnerable women Substance misuse and diabetes specialist midwives
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.
Generally speaking patients seems happy with the service and like the new Burnley unit, though dislike the travelling
Service user experience is important as it helps ensure provision meets local women's needs. A variety of sources used at COCH that then feeds into a working subgroup as part of a local maternity network which has stakeholders from a wide variety of organisations.
A team of community midwives piloted parent education targeting young mums to be, involving specific teaching and peer groups to enhance their understanding of their pregnancy, labour and demands on them as young parents.

Appendix 9

Other Actions being Implemented

The following initiatives within the maternity unit were developed prior to initiation of the Friends and Family Test, with a focus on improving women's experience of maternity care:

1. Fathers welcome to stay overnight on ward in early post natal period to promote early family bonding and support for mothers
2. Weight management in pregnancy programme to support women with BMI > 30
3. COO's - comments on our service - feedback cards provided to encourage feedback on service
4. Maternity Feedback Drop-in Forum - regular drop-in forum held at local Children's Centres to explore women's experience and to seek comments on service developments.

- We have a dedicated lead for Quality and Patient Experience.
- We use patient stories in all forums.
- We have Quality Review meetings monthly.
- Innovative methods for engaging staff regarding patient experience.
- Embedded Values and Behaviours on commitment to delivering best patient care.

- We have launched a project called ImPosE (improving postnatal experience) within our service

- 2014 launch of "Great Expectations"

- It's what we do - look at services; discuss new projects; collect and review feedback from women and partners; share views/ideas/questions with the National Forum of the MSLC Chairs, Parent Reps & Maternity Advocates Reps online; advise the commissioners of services via our commissioner members.
  See: http://www.chimat.org.uk/mslc and
  https://www.nct.org.uk/sites/default/files/related_documents/MSLC%20document%202013%20web.pdf

- We have just developed a replicable maternity commissioning programme

- We have a patient experience work plan.
- Have a dedicated maternity transformation team reviewing individual elements of the maternity pathway inclusive of patient engagement.
- Maternity enhanced recovery programme.
- Dedicated maternity high dependency unit.
- Dedicated maternity bereavement team.

- Have integrated user group , involved in work streams such as leaflets website and user satisfaction Implementing user walk ward reviews

Appendix 10

ALWAYS Events

Respondents were asked to consider what would be your top 5 "ALWAYS" events

Rank	ALWAYS statement	
1	Say “my name is…” – introduce self	23
2	Treat with respect as a an individual not a number	10
	Allow choice of birth method and place	
4	Explain steps	9
5	Take time to listen	7
	Provide information on choices	
7	Smile	6
	Treat with dignity and respect	
	Invite to ask questions	
10	Have a visible/ accessible midwifery team	5
	Have a named midwife who sees you most of the time	
12	Take a non-judgemental approach	4
	Promote breast-feeding	
14	Have courage to be the women’s advocate	3
15	Provide care with compassion	3
	Constantly seek their views	
	Follow the Trust/ Cares Values	
	Use patient feedback to shape services	
	Be knowledgeable practitioners	
	Seek and gain consent	

Appendix 10 *(continued)*

What would be your top 5 "ALWAYS" events

Smile

Safe care protect from harm

Have the courage to be the woman's advocate.

Always be pleasant and approachable

Diplomacy

Not sure I understand this question BUT always have consistency of care

Always remember 90% are new mums who are waiting to be guided through their pregnancy

Treat women and their families as individuals

Always introduce myself to women and families building a relationship that is transparent, trusting and productive

Always have a name midwife who sees you most of the time

Contacting first time mother to be asap as they have many question need answering

Always introduce and give name and role

Named midwife for everyone

Always treat women & families with respect

Always consider trust values

I always introduce myself - this is a way of life!

Great communication, we have the largest ethnic diversity in relation to patients within the trust so actively use interpreters and big word to ensure we can 'talk' to our women better.

Choice is with the woman - respect her autonomy at all times.

Always wash hands

What would you prefer

Always meet women in a welcoming manner when they are attending the unit

Always give unbiased evidence based information

Provide continuity of care and of carer where possible

Always introduce yourself to women and families, give your name, and discuss what your involvement will be

Treat each patient as a human being, with respect and ask if there are any issues or questions about their care

Introduction women and families

Start with a smile

I cannot comment, as I have no evidence to back up any statements I might wish to include.

Always have continuity one to one care through pregnancy birth and post

Say hello my name is.... I am a ... can i help?

A positive birth experience whatever mode of delivery

Provide care with compassion.

All staff follow the staff CARES values

Hospitality

ALWAYS be familiar with the place you will be sent to give birth

Always respond daily to your telephone messages otherwise don't give the mums your mobi numbers

Respect privacy and dignity

Qualifications

Always keeping updated and skilled so I can deliver best care possible

Always undertake all necessary screening procedures and necessary examinations throughout antenatal period

Patient having easy access to midwife

Always explain choices to patients

Every woman should know what pathway she is on (standard/intermediate/intensive) and why

Trained excellent front of house

Always ensure shared decision making used

Introduce and explain

I always ask how the woman is and if she needs me to do anything for her

Always remember women are vulnerable at an exciting part of their life

Treat women as individuals

Deliver caring compassionate and individual care and be accountable for our actions

Real informed choice requires a strong philosophical commitment from all healthcare professionals, and a time commitment

Always look at women when speaking with them

Do you have any questions

Always ensure that however busy the area is, the woman is made to feel important and explain if she might have to wait, if appropriate to do so

Support all women equally regardless of social standing or ethnicity.

Treat others as would be expected to be treated yourself

Take time to listen to women at every appointment

Work to build therapeutic relationships with women and their families

Polite

Always have visible name badge

Listen

Open and transparent service

A visible midwifery team.

Always listen

Privacy and dignity

Facilitative approach

ALWAYS have plenty of information pre birth about childhood imms and post natal care

Always remember what might not be important to you is so for the mum

Partnership working - listening and acknowledging their views

Always being alert to the detrimental effects that domestic violence can have on women and children

Always allow choice of birth method and place - depending on clinical factors

Patients able to speak in their own preferred language

Always explain next steps / stage to patients (i.e. you'll move to postnatal in the next couple of hours etc.)

Always invite women to ask questions (Dr. and midwife)

Respect diversity

Always ensure staff introduce themselves to women & families

Ensure privacy and dignity

I always make sure the woman is involved with how her care is provided

Always remember each woman's experience is different

Be kind caring and compassionate

Show respect and dignity to our families at all times.

Women value continuity of carer, and continuity in care.

Always listen to women and their families

Always be open and honest.

Respect views of women

Ensure that there is good handover to health visitors and other teams and women know about this

Explain procedures in clear and precise manner so client understands

Listen to women

Always have non- text versions of signs, instructions etc. for non English speakers

Support staff to gain the confidence needed

Always plan care together

Always ask permission

What would be your top 5 "ALWAYS" events

Speak as you would want to be spoken to

Complaints actioned quickly / more resolved at source

Ensure a supportive environment based on openness and trust.

Always be an advocate

Confidence

Non judgemental approach

ALWAYS meet health visitor before birth

Always remember you are there to provide a service - not the client having to chase you

Keep them informed at all times

Hospital

Always being alert to child protection and applying the GIRFEC model antenatally and postnatally

Always provide information of why things are done and choices around birth method - shared decision making

Informing patients well about what is normal and the importance of the regular checks with midwifes

Encourage birth plans, and open discussion re pain relief

Have information of choice

Always ensure women are seen in timely manner

Seek and gain consent

I always explain what is happening to the woman

Ask women about their expectations - what do they want

Always listen and empathise with our women, currently looking at visiting policy with families

A sense of control matters: respecting her right to choose; being compassionate, and respectful

Would you like any refreshments

Always try to answer queries/resolve problems before discharge and before they escalate into a formal complaint

Always treat everyone as an individual

Be the woman's advocate

Give time for supporting establishing feeding

Always find something positive .

Put the women at centre of care

Explain what you need to do and why

Say sorry if we get something wrong or perceived as wrong.

Continuity of carer ante and post natal

Always use patient feedback to shape services

Happy

Knowledgeable practitioners

ALWAYS be encouraged to attend for post natal checks for mum and baby

Always treat them with respect not as a number or statistic

If it appears that someone is no happy with care or decisions how we react matters

Postnatal

Always promoting breastfeeding but never being judgemental and supporting women in whichever method of infant feeding they choose

Always treat patients with respect and constantly seek their views

Importance of caring during pregnancy of themselves and the baby

Flexible access, alternative venues

Female friendly

Always treat everyone as an individual

Consider partner and impact on family

I always care about women and their families and make this the centre of everything I do and how I do it

Ensure women have information to enable them to make informed choices that are right for them

Communication matters: introductions, tone, content, intent

Introductions

Always ensure the women collaborate in discussions and are well informed with future appointments in place

Always embrace diversity

Maintain woman and family's dignity

Treat women with respect and compassion

Strive to provide the best standards of care

Discuss any concerns

Link to voluntary trained breastfeeding support in community

Ensure they know who to contact

Care, achieve, innovate

Always ensure service user involvement and feedback is integral when planning / evaluating services.

to many mums feel isolated and have to wait to long for information/appointments/ they find out a lot earlier now so you need to cater for that within your registration process.

Smile - it costs nothing

always being supportive and recognising that the transition to parenthood is a life changing experience and not always like the advertisements

Accept women's choices and support their decisions - be non judgemental

give information on public health topics, e.g. vitamin D, breastfeeding

Encourage discussion with all clients in relation to their care - informed choice. Encourage questions/discussion re plans of care

Give options - don't make decisions for people - help them to make them

We have used the 6 C's to develop values and behaviours framework and bespoke values wheels.

a letter and an information pack will go down better rather than you have to wait until your 12 weeks.

recognising post natal depression and mental illness for women and families.

There is much valuable guidance already - see for example NICE Intrapartum Care Guideline 2007.

Improving post natal experience

Always provide women with information to enable fully informed choices

Advocacy and support choice

Always ensure they know what is happening, when and why

Always explain procedures

Always support women in the choices they make

Have a staff member to help them

6c's

Always try to facilitate a positive birth experience

Support with breastfeeding

Ensure they have the options that they want, even if against medical advice, as long as they are aware of evidence

Ask and listen

Always put quality & safety first

Personalise care

Have IBCLC trained brew feeding specialists, BFI trained staff, and

A Few Words About PEN

The Patient Experience Network (PEN) is a not for profit organisation. We were set up in 2010 to recognise, share and celebrate the great things that are happening to improve the patient experience. By doing this our aim is to help organisations sustain and embed their best practice and be more effective at demonstrating their success.

We welcome individuals and organisations across all facets of healthcare; our common ambition is to improve our patients' experience. By joining PEN members recognise that we will do our best to share their best practice and to help them recognise and celebrate the work their teams are doing.

Patient experience has at its heart an understanding that this is all about ordinary people over-coming everyday obstacles to do extraordinary things.

To find out more please visit our websites:

www.patientexperiencenetwork.org or *www.patientexperienceawards.org*

Or contact **Ruth Evans** on **07798 606610** or **r.evans@patientexperiencenetwork.org**

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Patient Experience Network

Re:thinking the experience

PEN

NHS England