patient PERSPECTIVE

PATIENT EXPERIENCE SURVEYS – SERVICE IMPROVEMENT CASE STUDY

National Maternity Survey 2021

The case study highlights the summary of findings from the CQC and shares examples of good practice and improvement. Themes arising include telephone triage service, patient flow, and the UNICEF Baby Friendly Initiative.

October 2022

FOCUS ON THE MATERNITY SURVEY - CQC SUMMARY RESULTS

The Care Quality Commission published key findings for England and reported on the Maternity survey 2021 which looked at the experiences of women who gave birth between 1 and 28 February 2021 (and January if a trust did not have a minimum of 300 eligible births in February). Fieldwork took place between April and August 2021. This was during the third national lockdown for the COVID-19 pandemic. This means that respondents will have gone through their antenatal, labour and birth, and postnatal stages under pandemic conditions. Therefore, results of this survey reflect experiences of care throughout the COVID-19 pandemic.

The 2021 maternity survey was also the first mixed-mode maternity survey in the NHS Survey Programme, where women were encouraged to respond online (but were also given the option of postal completion).

Responses were received from more than 23,000 women. The response rate increased substantially, from 36% in 2019 to 52% in 2021, with 89% of women taking part online.

In previous surveys, the picture of maternity care in England has been one of year-on-year improvement. In 2021, results have declined in many areas. This is likely reflecting the impact that the COVID-19 pandemic had on services and staff. Results show that areas particularly affected were involvement of partners, choice, information provision and staff availability. Despite the pressures of the pandemic, the majority of women continued to report positive experiences of maternity care, particularly during their labour and birth.

Source : https://www.cqc.org.uk/publications/surveys/maternity-survey-2021

The CQC announced in July 2022 they are beginning a new maternity inspection programme soon. It aims to help maternity services improve, both at local and national levels.
https://www.cqc.org.uk/guidance-providers/news/maternity-inspection-programme
https://www.cqc.org.uk/guidance-providers/nhs-trusts

Evidence on actions taken as a result of the National Maternity survey will be requested and reviewed as part of the inspection.

CARE QUALITY COMMISSION (CQC) SUMMARY RESULTS

Positive results

Continuity of carer - The CQC found statistically significant improvements since 2019 in questions asking about continuity of carer. Forty-one per cent of women said they saw or spoke to the same midwife every time during their antenatal check-ups, up from 37% in 2021. Postnatally, 30% said they saw or spoke to the same midwife every time, up from 28% in 2019.

Mental health support

Sixty nine percent of women said that during their antenatal check-ups, the midwife asked them about their mental health. Postnatally, 95% said that the midwife or health visitor asked them about their mental health. Most women (83%) said that if they needed this, they were given enough support for their mental health during their pregnancy.

The majority of women continued to report positive experiences about their interactions with staff. For example, 86% of women said they were 'always' spoken to in a way they could understand during their antenatal care; 85% said that they were 'always' treated with respect and dignity during labour and birth and 71% said that they were 'always' treated with kindness and understanding while in hospital after the birth.

Key areas highlighted in results requiring improvement

Postnatal Care – The CQC findings continued to show poorer experiences of care for many women postnatally compared with other aspects of the maternity pathway. This aspect of care in particular has worsened during the pandemic, with the results for several questions showing statistically significant declines. For example, 34% of women said they would have liked to have seen a midwife 'more often' during their postnatal care compared with 25% in 2019; and 55% of women who needed it said that in the six weeks after the birth of their baby, they 'definitely' received help and advice from a midwife or health visitor about feeding their baby, down from 62% in 2019.

How experience varies for different groups of people

Women who had continuity of carer, women who have had a previous pregnancy and women who had an unassisted vaginal birth consistently reported better experiences. Women who have a caesarean birth (emergency and elective) and women who have a mental health condition consistently reported poorer experiences.

Source - https://www.cqc.org.uk/publications/surveys/maternity-survey-2021#:~:text=Responses%20were%20received%20from%20more,of%20women%20taking%20part%20online

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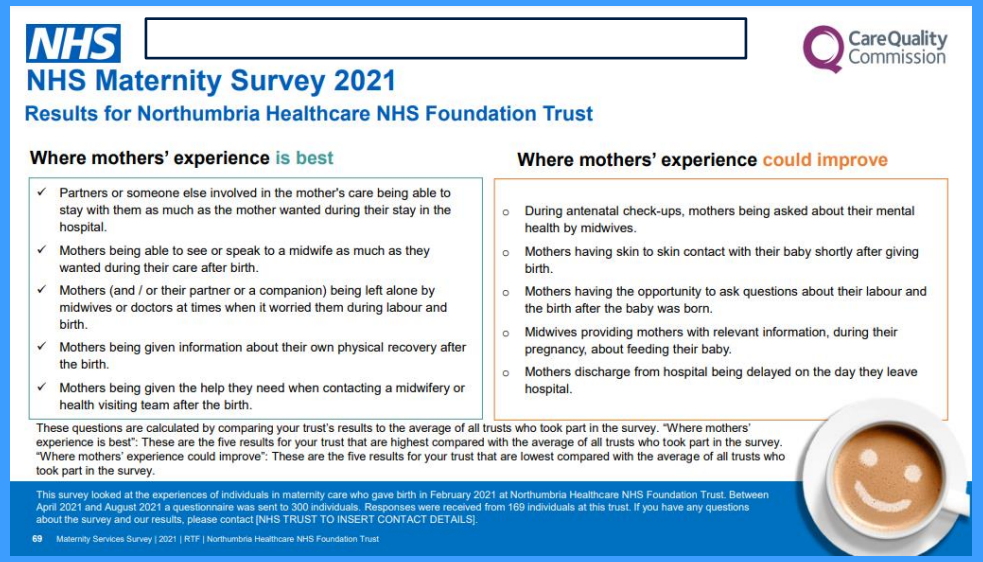
FOCUS ON THE MATERNITY SURVEY

- The data collected from the survey can seem overwhelming, and even when the results are made clear, and your strengths and areas for improvement are highlighted, it can be hard to work out how to go about making changes in response to the feedback patients have given you.
- To assist you in this process, we have gathered examples of improvement work undertaken by some of the Trusts we support into case study format. By sharing their good practice and ideas, we aim to assist you to improve your patients' experience and ultimately improve your survey scores.
- We would like to thank our customers who have shared their stories in this case study : Northampton General Hospital NHSFT; Frimley Health NHSFT, and University of Derby and Burton NHSFT.
- Included is a literature search further links to possible sources of information on issues highlighted by women on page 5, courtesy of Mid Cheshire Hospitals NHSFT Library services. A full citation review is available on request.
- If you have further examples to add, please email us and we will include them in an update. If there are other topics you are interested in receiving case studies about or you have good examples you wish to share with others please also let us know. sue.pickup@patientperspective.org

- Benchmark reports for all trusts can be viewed :- https://nhssurveys.org/all-files/04-maternity/05-benchmarks-reports/2021/
- The CQC Benchmark reports all include a template poster highlighting five results for each trust that are lowest compared with the average of all trusts who took part in the survey . This can be personalised for your trust and displayed.


NHS

Care Quality Commission

NHS Maternity Survey 2021

Results for Northumbria Healthcare NHS Foundation Trust

Where mothers' experience is best

- ✓ Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.
- ✓ Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- ✓ Mothers (and / or their partner or a companion) being left alone by midwives or doctors at times when it worried them during labour and birth.
- ✓ Mothers being given information about their own physical recovery after the birth.
- ✓ Mothers being given the help they need when contacting a midwifery or health visiting team after the birth.

Where mothers' experience could improve

- During antenatal check-ups, mothers being asked about their mental health by midwives.
- Mothers having skin to skin contact with their baby shortly after giving birth.
- Mothers having the opportunity to ask questions about their labour and the birth after the baby was born.
- Midwives providing mothers with relevant information, during their pregnancy, about feeding their baby.
- Mothers discharge from hospital being delayed on the day they leave hospital.

These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where mothers' experience is best": These are the five results for your trust that are highest compared with the average of all trusts who took part in the survey. "Where mothers' experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey.

This survey looked at the experiences of individuals in maternity care who gave birth in February 2021 at Northumbria Healthcare NHS Foundation Trust. Between April 2021 and August 2021 a questionnaire was sent to 300 individuals. Responses were received from 169 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

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EXAMPLES OF POSITIVE COMMENTS FROM WOMEN

- The care I received both before, during and after the birth by the health visitor team and particular the midwives was fantastic.
- I couldn't have been any more happy with my third birth in hospital. The care I was given was fantastic, especially through COVID and I felt safe, happy and looked after more than my previous pregnancies.
- The care I received both before, during and after the birth by the health visitor team and particular the midwives was fantastic. I always felt I was in the hands of complete professionals who really cared for me and my baby. We had a wonderful experience for the planned c section I had for my second baby.
- I do wish someone had supported me more with breastfeeding in the first few weeks rather than suggest formula top ups as my baby turned out to have a tongue tie which we had done at 8 weeks. By this point, I had to give her a lot of formula as I was in a lot of pain during each feed and she was struggling to latch. Thanks to my amazing health visitor, I managed to breastfeed 90% breastfeeding which I was so happy about!
- The team on labour ward were fantastic. I tested positive for covid and so did my husband so he was unable to attend the birth. The two midwives who were with me when I gave birth were utterly amazing and a true credit to the profession. The other midwives who cared for me were also fabulous. I was never left alone (during active labour and the night after birth). I felt 100% their priority.
- All the midwives I came across were wonderful and very friendly and caring. I felt they listened to me and understood my preferences and feelings.
- I felt really supported throughout my pregnancy. It was difficult with coronavirus and sometimes wished I had more face to face consultations but I thoroughly understood that it was difficult circumstances. I can't praise the midwife and student midwife more who supported me with my labour and delivery! They took time to read my birth plan and definitely did all they could to support me with my choices. Also the support I've received after to help me with breastfeeding has been great too.

THEMES HIGHLIGHTED FOR IMPROVEMENT

Breast feeding support/ Diagnosing Tongue Tied

- I asked to see a breast feeding specialist but felt my concerns were ignored. I also thought my baby might be tongue tied and this was not checked.
- The postnatal team at the hospital didn't detect my son was tongue tie even though feeding issues were raised. The midwife team found it during clinic check up.
- I was given no support with breastfeeding which made it very difficult to try and establish breastfeeding on my own and as a result my baby would not latch at all.
- The care we had throughout was amazing. However the big frustration was that a tongue tie was not acted on (I think for covid reasons) and therefore we had feeding/baby growth complications and had to go back into hospital several times. We were well looked after but it was frustrating that a simple procedure would have prevented this, we ended up getting the tongue tie fixed privately. I understand the pressure on the NHS at this time but this was difficult as we had to be readmitted twice and it took a lot to continue breastfeeding

Communication

- More communication and not just left in a room for 3 days waiting to be induced when my waters had already been part broken.
- It would have been nice to be shown where facilities such as the toilets, showers and where you can get a drink etc are rather than have to ask. I was made aware that this does usually happen but it is worth bringing up to ensure it is always carried out in the future.

Telephone advice

- I rang up the hospital straight away due to the contractions starting strong. They told me to go in but then sent me home because my contractions were not close enough. To come back 40 minutes later to have my son. I said I was in pain and knew what my body was telling me. Other than that everyone was perfect for me, very grateful.
- Midwives didn't listen to me when I was telling them that I was in progressive labour, as it happened with my first child but under very different circumstances.

FRIMLEY HEALTH NHS FOUNDATION TRUST

- We piloted our Telephone Triage service, to improve the quality of advice to women contacting our maternity service. Early feedback from both women and staff in relation to the Telephone Triage service has been extremely positive.
- MAMAS line is a single point of contact for pregnant women to respond to any worries and concerns about pregnancy, labour and after birth. It's available 24/7 and staffed by trained midwives who will be able to offer sound clinical advice.

- Optimising our Midwifery workforce continues to be our current focus. We have worked closely with our human resources partners and staff wellbeing leads to support recruitment and retention of midwives. We have carried out a review of our midwifery establishment against the Birth-rate Plus recommendations and will be welcoming funding to increase our establishment from the National Maternity Safety Bid to achieve staffing levels as per the recommendations from the Ockenden Review. Optimising our midwifery workforce will be key to the delivery of the Continuity of Carer model.

NORTHAMPTON GENERAL HOSPITAL NHS TRUST

The timing of the survey was during covid when we naturally had restrictions on visiting and birth partners. The whole maternity team worked hard to support patient choice including having birth partners present within the Covid guidelines.

•We provided a safe space for patients during their antenatal period to discuss their choices at the Matron's clinic.
•During the pandemic, inductions of labour were managed in our Birth Centre which improved patient flow, choice of place of birth and reduced delays with transfers. The patent feedback about the Birth Centre inductions was really positive.
•The infant feeding helpline was also very successful and well received.

Time and again for decades, from surveys and research, nationally and internationally, we know that women value support, education, and guidance about how to feed their babies, both antenatally and once their baby is born.

We are proud to be a fully accredited UNICEF Baby Friendly hospital and have been since 2016. The UNICEF Baby Friendly Initiative has been adopted by hospitals and community health settings as best practice in infant feeding all over the world. There is a huge body of research underpinning the approach.

We would put our 'success' in this survey down to all the hard work around maintaining the Baby Friendly Standards. These are not easy Standards to achieve and maintain, we know some hospitals have lost their Baby Friendly status over the last year, due in part, to the pressure of work from the Covid pandemic. We are very proud that women are telling us that, despite all the challenges we are facing, they feel they have had a 'best' experience around infant feeding. Maternity staff will be happy to know they have made a positive difference to mothers' experience.

To read more about the Baby Friendly initiate Call to Action on infant feeding in the UK - The Baby Friendly Initiative (unicef.org.uk)

UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST

Derby community teams have a "local midwife phone" per team that is available every day. This is answered by a Midwife who is also working clinically within the team so may not be answered straight away. During Covid we had a number of Midwives that were working in a non patient facing basis so we amalgamated all the local midwife phones to one person dedicated to this role. This meant that there were no delays to the calls being answered.

We have now introduced this at Queens Hospital Burton community teams due to its success.

The discharge process to community is well embedded with a discharge tick list. This includes ensuring women have contact telephone number for the Community Midwives including a mobile and also the Pregnancy Assessment Unit and Ward. These contact numbers are in their maternity handheld notes which they take home

FURTHER EXAMPLES & CONTACT DETAILS

More examples :

- Bradford Teaching Hospitals NHS Foundation Trust- The Trust officially launched its Outstanding Maternity Services (OMS) Programme in 2021. The programme has dedicated resources and uses a multi-disciplinary approach to continuous quality improvement. The Maternity Voices Partnership (MVP) helps ensure women's voices are heard and listened. The MVP saw a continued improvement with the achievement of one-to-one care rates which were consistently more than 90% in 2020/2021. This position has been sustained for more than 18 months and is now exception reported if less than 90%.

- Country Durham and Darlington NHS Foundation Trust - Strengthened maternity services with the appointment of foetal medicine consultants and midwives, the roll out of the initial stages of their continuity of carer programme and the implementation of immediate and essential actions from the Ockenden report.

- North Middlesex University Hospital NHS Trust - The CQC identified a number of areas of good practice across the inspected services: Maternity: • The training was comprehensive and met the needs of women and staff. • Staff understood how to protect women from abuse and the service worked well with other agencies to do so. • Staff completed and updated risk assessments which identified and acted upon women at risk of deterioration. • The service maintained staffing level which kept women safe. • Staff and managers demonstrated a good awareness of a patient safety culture and shared lessons learned across the service.

- North Devon Healthcare NHS Foundation Trust - The Maternity and Neonatal services successfully passed their Baby Friendly Initiative Stage 2 assessments in 2021.

Contacts

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Staff from maternity and the infant feeding team at North Devon Healthcare Hospital NHS Trust

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LITERATURE SEARCH (TELEPHONE TRIAGE, TONGUE TIE ASSESSMENTS

- Telephone triage in midwifery practice: A cross-sectional survey. Bailey CM, Newton JM, Hall HG International Journal of Nursing Studies. 91:110-118, 2019 Mar.
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- Women's Satisfaction With Obstetric Triage Services. Evans MK, Watts N, Gratton R JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing. 44(6):693-700, 2015 Nov-Dec. [Journal Article] [2015/10/16 06:00] Midwives' beliefs and concerns about telephone conversations with women in early labour. Spiby H, Walsh D, Green J, Crompton A, Bugg G Midwifery. 30(9):1036-42, 2014 Sep.
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- Effectiveness of tongue-tie assessment tools in diagnosing and fulfilling lingual frenectomy criteria: a systematic review. [Review] Hatami A, Dreyer CW, Meade MJ, Kaur S Australian Dental Journal. 2022 Jun 11. [Journal Article. Review] [2022/06/11 06:52]
- Response to Letter to the Editor regarding the article: Is the neonatal tongue screening test a valid and reliable tool for detecting ankyloglossia in newborns?. Oliveira BH, Brandao CA, de Marsillac MWS, Barja-Fidalgo F International Journal of Paediatric Dentistry. 2018 Dec 23.
- Complications and misdiagnoses associated with infant frenotomy: results of a healthcare professional survey. O'Connor ME, Gilliland AM, LeFort Y International Breastfeeding Journal. 17(1):39, 2022 05 21. [Journal Article] [2022/05/21 23:38]
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- Diagnosis, classification and management of ankyloglossia including its influence on breastfeeding. [Review] Brzecka D, Garbacz M, Mical M, Zych B, Lewandowski B Medycyna Wieku ozwojowego. 23(1):79-87, 2019. [Journal Article. Review] [2019/04/08 06:00] UI: 30954985
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A copy of the Citation review including the above is available from sue.pickup@patientperspective.org.uk