

<b>Committee</b>	<b>Date</b>	<b>Classification</b>	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Health Scrutiny Panel</b>	<b>January 2011</b>	<b>Unrestricted</b>		
<b>Report of:</b>  <b>Maternity Services</b> <b>Barts and the London NHS Trust</b>  <b>Presenting Officer:</b>  Sandra Reading  Head of Midwifery and Women's Health		<b>Title:</b>  <b>Maternity Picker Survey (CQC) 2010</b>  <b>Ward(s) affected:</b>  Maternity Services including:  The Royal London Hospital The Barkantine Birth Centre Community Midwifery Services		

## **1. Summary**

This briefing sets out the background to the Care Quality Commission 'Picker Survey' into Maternity Services (2010) which follows previous surveys carried out into maternity services provision in 2007.

The Health care Commission Survey into maternity services was first completed in 2007 where all women who gave birth during the month of February 2007 were sent an extensive survey questioning all aspects of maternity care provision throughout the antenatal, labour and postnatal care periods. This survey which was produced in September 2007 gave particularly poor results for the majority of London Maternity units and particularly disappointing results for Barts and the London NHS Trust.

Following the survey a detailed improvement plan was agreed between the Trust and the PCT and a number of monitoring tools were introduced to implement changes in the maternity services.

This report gives feedback on the subsequent survey completed in February 2010 as a 3 year follow up. The survey was completed by the Picker Institute and commissioned by the Care Quality Commission.

There have been a number of significant changes to maternity care provision over the last 2 years resulting in clear care pathways for women and key quality improvements based on national guidance. The impact of these changes will be described in presentation (see attached).

Improving women's experience of the maternity service has been one of the main targets for the service and detail of improvements to date and ongoing actions will also be discussed.

## **2. Recommendations**

The Health Scrutiny Panel is asked to consider and comment on the proposals set out in the report and the maternity unit presentation of changes that have been implemented during the past 2 years.

# BARTS AND THE LONDON NHS TRUST

## Picker Survey Results 2010

### INTRODUCTION

This report presents the findings from the 2010 Maternity National Picker survey. It identifies areas where improvements have been made in the maternity unit based on a comparison of the 2007 and 2010 national surveys. The report also identifies where women report the most concerns and actions that the maternity unit have progressed or are planned to continually improve the service offered to women and their families.

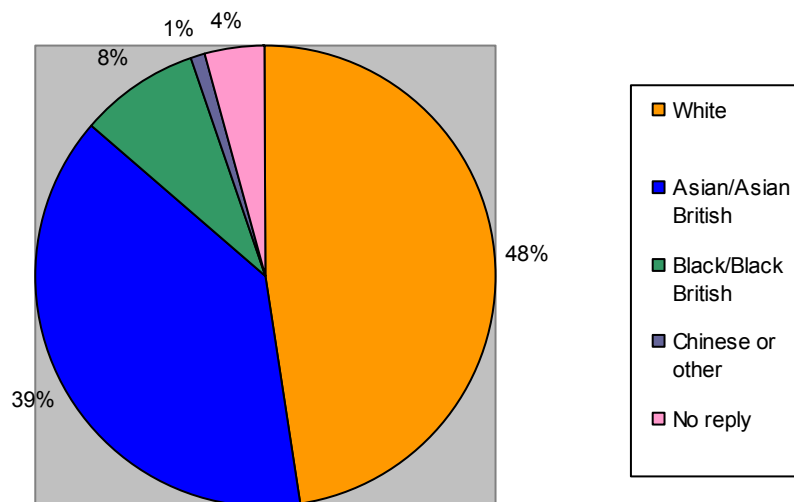
### 1. Background

1. The Picker Institute carried out a Maternity Survey in February 2010, asking women's views on their experiences during pregnancy, birth and the postnatal period. This report was published in September 2010 and has provided information to the Healthcare Commission.

The Picker institute was commissioned by 64 Trusts to undertake the NHS Maternity Survey 2010. A total of 331 women from our Trust were sent a questionnaire. 321 women were eligible for the survey of which 110 returned a completed questionnaire giving a response rate of 34.3%. The average UK response rate was 49.8%.

### 2. About the responding patients

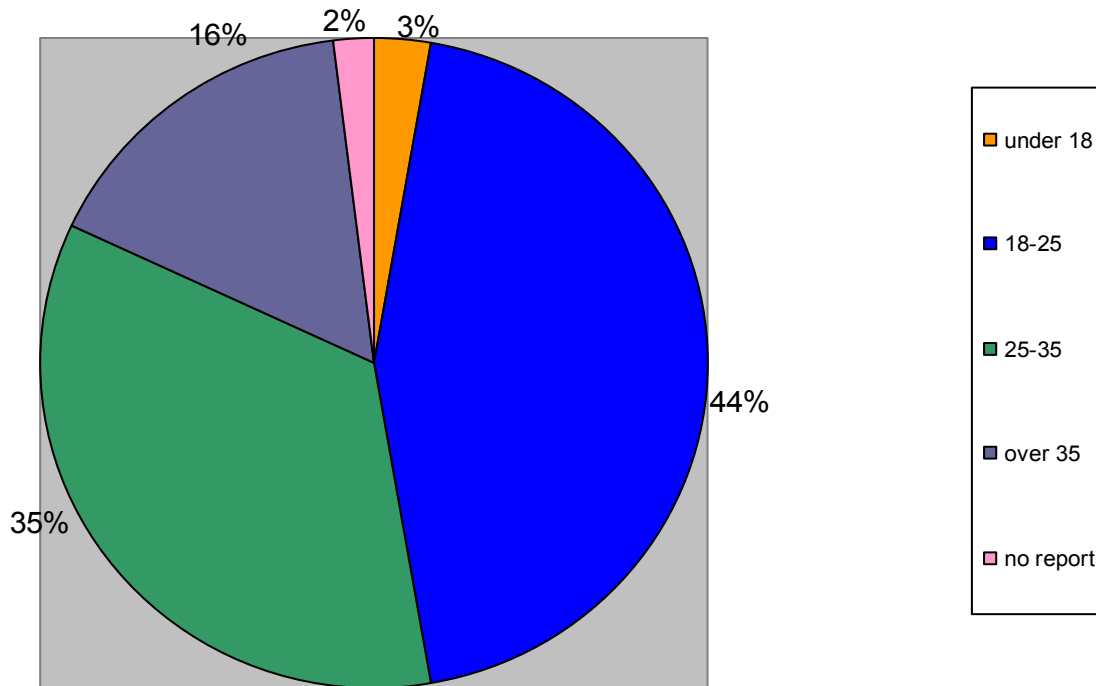
Respondents stated their ethnic background as;



The ethnicities of our respondents closely reflect the local maternity population.

Further statistical analysis was undertaken in order to identify any significant differences in responses between groups. This was done by comparing responses of the white group to that of the all non white groups collectively. The analysis showed that there was no significant difference in the overall rating of care.

### Age ranges of our respondents



### 3. Key Findings

- The survey has highlighted many positive aspects of the patient experience. 81% of women rated their hospital care during pregnancy as excellent, very good or good, with 18% rating it as fair or poor
- 85% of women rated their hospital care during labour and birth as excellent, very good or good, with 14% rating it as fair or poor
- 67% of women rated their hospital care after the birth as excellent, very good or good with 29% rating it as fair or poor.
- 44% of women attended antenatal classes provided by the NHS
- 76% of mothers were given a choice of where to have their baby at the start of their pregnancy
- 67% had a vaginal birth and 32% of respondents had their baby by caesarean section
- 35% of women were left alone by midwives or doctors at a time when it worried them
- 87% of respondents had given birth previously

The survey also noted that the Trust

- has improved significantly on 13 questions
- has worsened significantly on no questions
- was significantly better than the 'Picker Average' on 2 questions
- was significantly better than previous survey but worse than picker average on questions
- There were no questions where performance was both below average and had worsened since the last survey
- Compared to the 2007 maternity survey, the Trust has improved significantly on  
on  
number of questions

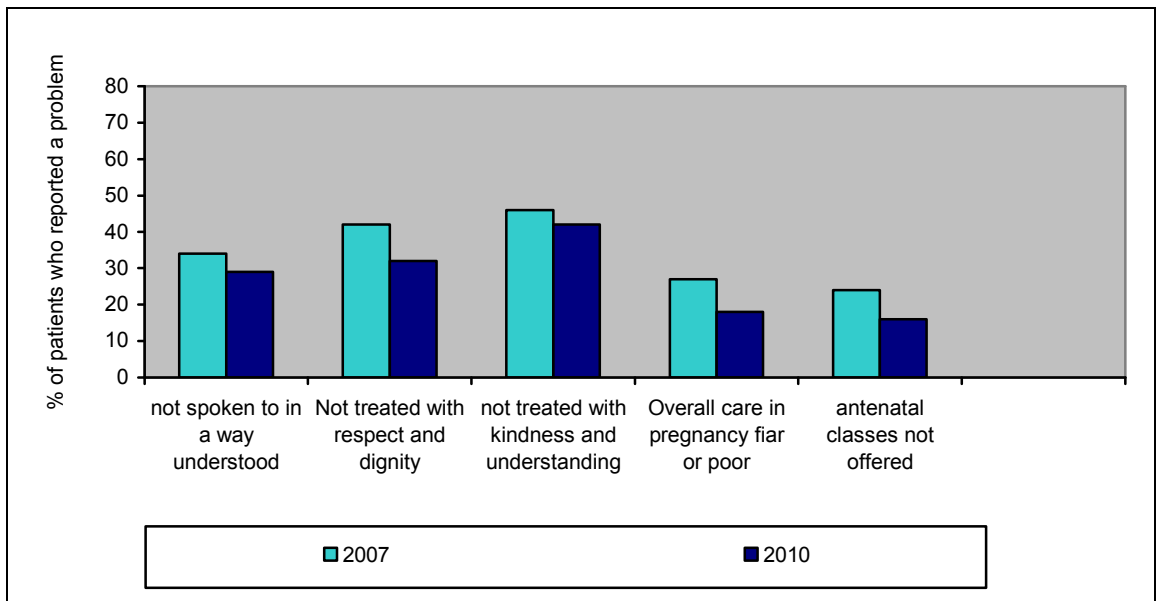
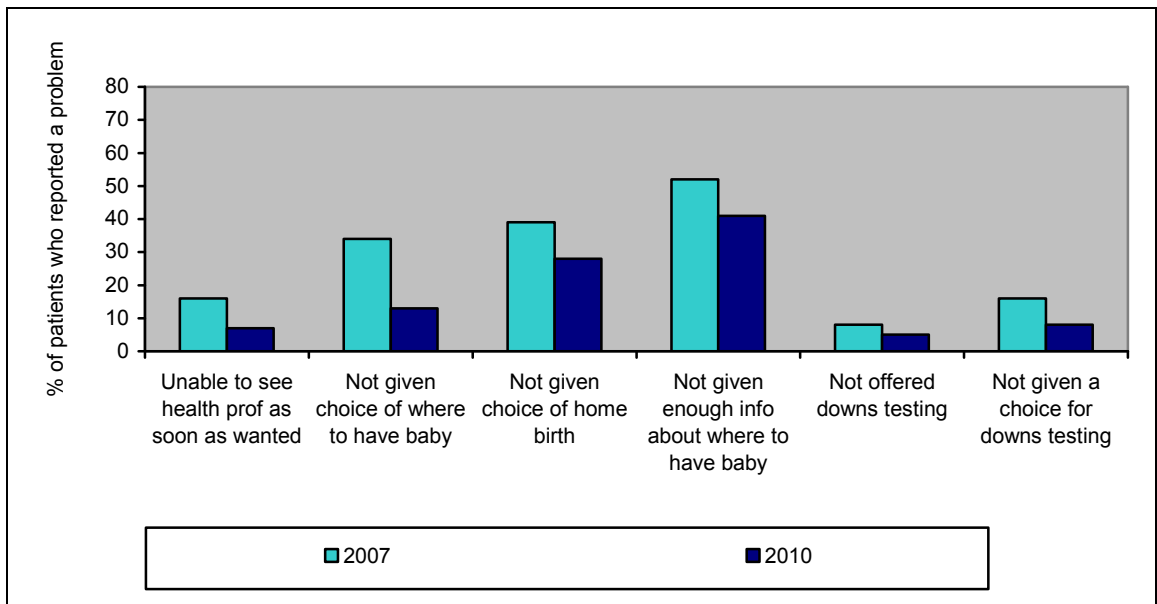
#### **4. Historical comparisons**

##### Understanding the results

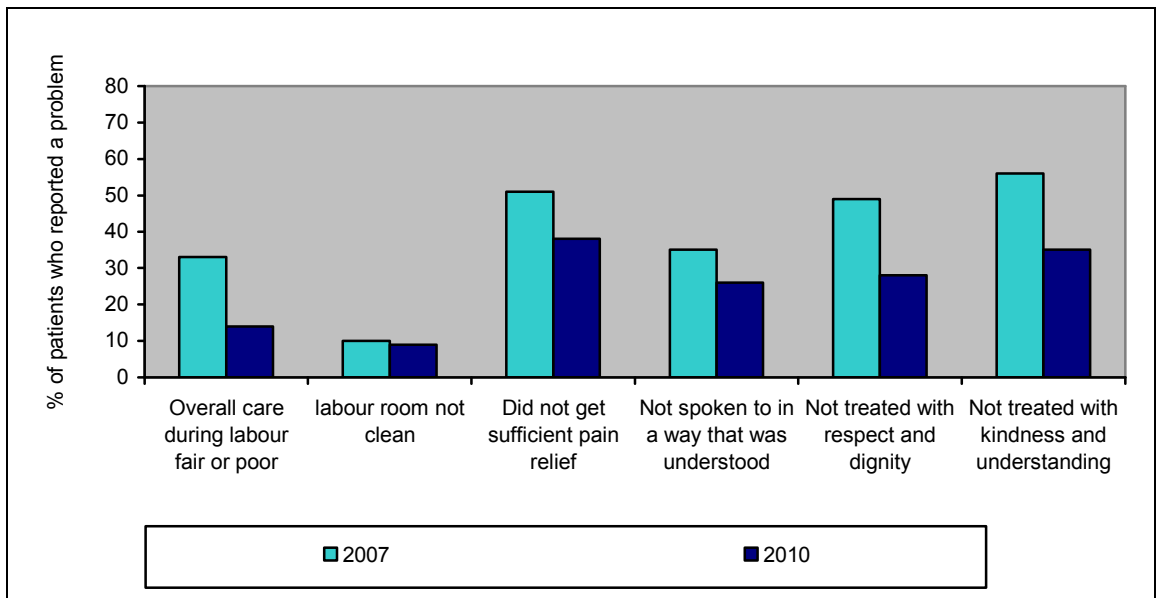
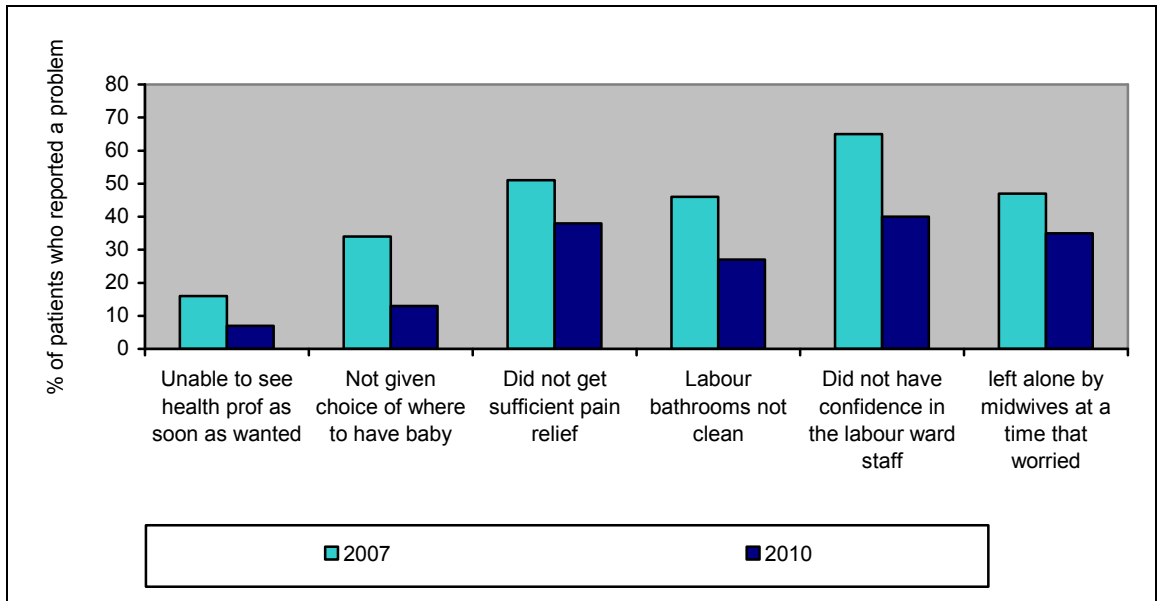
The Picker Institute presents the survey results in the form of **problem scores**. The problem score shows the percentage of maternity patients for each question who, by their response, have indicated that this particular aspect of their care could have been improved. The following should be kept in mind when looking at the results:

- Lower problem scores are better
- Problem scores are a simple summary measure used for comparison and for helping to focus on areas for quality improvement

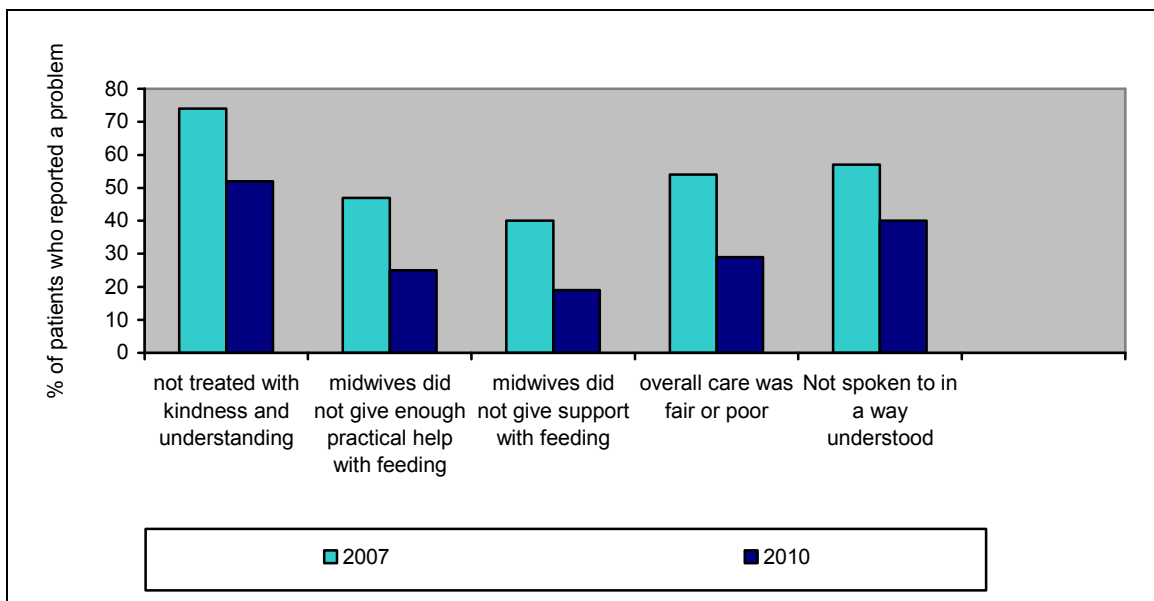
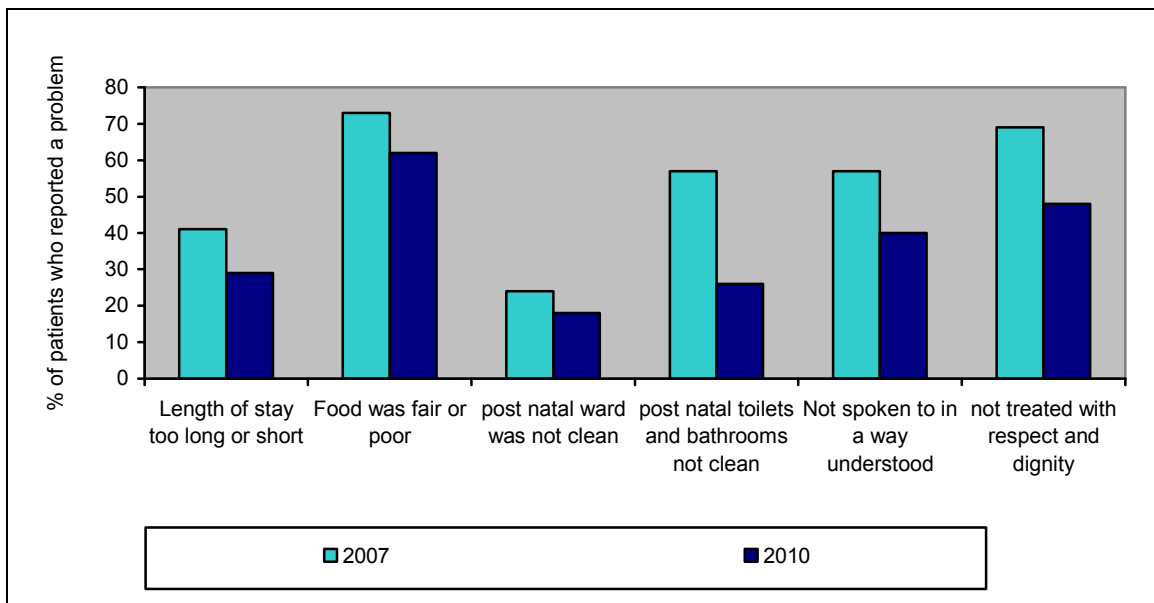
## Antenatal care



## Labour care



## Care in hospital after the birth



### 5. Areas where women reported the most problems for our Trust

The survey has been analysed to assess areas where women reported the most problems for the Trust compared to the Picker average of the Trusts who took part in the survey.. These were mostly related to parts of the service during the postnatal period either at hospital or at home. They have been themed under the heading of antenatal or postnatal care:



	<b>Average Trust</b>	<b>Picker</b>
Antenatal - Not given a choice where to have check ups	71%	73%
Antenatal – Did not see the same midwife every time	55%	44%
Antenatal – not given information about NHS choices website	64%	59%
Postnatal – Did not receive help/advice about the baby crying	67%	57%
Postnatal – Did not receive enough advice about baby skincare	66%	52%
Postnatal – not given enough information	65%	45%
Postnatal – Not always a member of staff to help	62%	49%
Postnatal – Postnatal hospital food was poor	62%	49%
Postnatal – Did not receive enough advice about baby sleeping	61%	40%
Postnatal – Not given enough information about emotions	59%	54%
Postnatal – Not given enough information about baby health	54%	42%
Postnatal – Not treated with kindness and understanding	52%	33%
Postnatal – infant feeding not fully discussed during pregnancy	52%	45%
Postnatal – saw a midwife to frequent/too seldom	50%	26%

## **6. Priorities for improvement**

The Picker Institute have recommended that maternity units have three main actions for development following the survey. Based on this the maternity unit have agreed the following action plan to have the highest impact for improvement and change across the maternity care package.

### **Antenatal Birth and Expectation preparation**

- All women will be offered an appointment at home between 30-34 weeks gestation to go through the birth plan and discuss all options for labour choices.
- The meeting will individually discuss preparation for normal birth (where applicable) and management of early labour at home.

### **Early labour management and assessments**

- An early labour lounge will be developed to offer open access to women requiring extra support or assessment during the passive stage of labour (prior to 4cms). This area will offer alternative therapies for pain relief, relaxation areas. Midwives will all be updated in early labour care, alternative therapies and normalising birth.
- Talbot ward will be re-developed to triage women appropriately who do not

require admission. FMAU will take all non-labour assessments during daytime hours (Mon-Fri) – the new unit will increase these hours to 12 per day.

### **Post natal care and discharge home meeting**

- Prior to leaving the maternity unit all women will have a 1:1 meeting with a senior midwife. The postnatal care plan/check list will be completed and all aspects of questions regarding baby care, baby crying, expectations for baby health will be covered and signed as complete by midwife and mother. Maternal emotions will be discussed and normal recovery for childbirth.
- All women who are breast feeding their baby will have breast feeding support from individual midwives and breast feeding support worker team (hospital and community). Contact numbers for support will be given to all women and signed as completed prior to discharge home.
- All new first time mothers will be offered the opportunity to watch practical demonstration of baby bathing etc New ways of offering teaching are also being reviewed by the parent education team

An action plan will be developed and progress will be assessed as achieved through the maternity audit programme for 2011.

Other areas where specific actions will be monitored are:

### **Food and food service**

- The snack service will be reviewed for post natal women. Options for advertising the service to women will be considered
- To monitor trends through real time feedback, internal bedside surveys, complaints and PALS

### **Cleanliness of the environment**

- Working in partnership with CHL, the Trust has implemented an agreed version of the 2007 national cleaning standards across the Trust from 26th of July 2010. All current cleaning schedules displayed on the wards and departments will be updated to reflect what services are being provided. This will be included in the auditing process both with CHL and the Trust performance team.
- Cleaning audit results are part of the monthly contractual meetings where actions to maintain standards, prevent failures and improve, will be agreed.
- On-going monitoring of cleaning standards and audit results are displayed for women in all ward areas.
- Monitor trends from patient perspective through real time feedback, internal surveys, complaints and comments

### **Improving trust and confidence in nurses**

- CQUIN target monitored by the specific question in real time feedback,

- internal bedside survey, complaints and PALS.
- The work of East London Partnership for Compassionate Care will focus on addressing the needs of staff and patients in order that care is provided with compassion. Talbot ward is one of the pilot sites for this project.

## **7. RECOMMENDATIONS**

The Health Scrutiny panel is asked to

- Note the results of the Maternity Picker Survey and the improvements achieved from 2007 – 2010 survey results.
- Approve the priorities for improvement and the monitoring structure
- Advise on any additional work that may enhance the patient experience

**Sandra Reading**  
**Head of Maternity**

**Kay Riley**  
**Chief Nurse**  
**2011**

**10<sup>th</sup> January**

### Reporting and Monitoring Structure

#### Trust Board – Executive team

- Agrees patient experience standards
- Reviews summaries of national patient surveys and external benchmarks
- Quarterly headline reports from complaints, PALS and real-time feedback trends
- Receives reports on improvement plans and initiatives
- Agrees publication strategies
- Board ‘Listening Events’

#### Divisional/CAU Boards

- Identify women’s experience and involvement leads for audit against objectives
- Reviews monthly trends and issues and monitors against set standards reporting through performance dashboards
- Reviews action plans and outcomes
- Provides progress/exception reports to board sub-committee

#### Maternity Experience/User Group

- Interprets, analyses and monitors women’s experience through annual PCT survey / Quarterly Birth reflections survey and feedback.
- Monitors the agreed action plan and enhanced action plan based on Picker report.
- Facilitate and develop additional user involvement activity
- Provides progress and overview reports to the Maternity Strategic Board and CAU
- Provide external reports
- Builds and maintains good relationships with external involvement groups and organisations, communicating feedback, facilitating responses and actions in response.

#### Wards and departments

- Identify local quality improvement measures and agrees strategy for involvement with compassionate care project.
- Display feedback reports and include data on ward dashboards
- Report trends to CAU
- Implement changes based on patient feedback
- Evaluate impact of changes
- Communicate actions taken in response to feedback, to patients and others
- Share work and successes through dashboards and feedback boards