# REPORT TO IMPROVING PATIENT EXPERIENCE COMMITTEE

**Date:** 11 June 2014  
**Agenda No:** 13

## Title of Document:
Update report on the action plan following the results of the National CQC Maternity Survey 2013 and Picker survey February 2014.

## Report Author:
Lena Karam and Jeanette Hennessy

## Lead Director:
Ann Morling, Director of Midwifery

## Summary:
This paper presents a summary of the actions produced following the results of the National CQC Maternity Survey for Croydon Health Services NHS Trust 2013 and the Picker Survey 2014.  
Women who used the service in February 2013 provided feedback indicating a continued need for improvements to be made within the Maternity services. Although many improvements have been completed since the women were surveyed in February it must be acknowledged that this was the women's experience of the service at that time and so the key recommendations for improvement will inform the Maternity Experience Action Plan. The Trust will continue to strive for improvement.

5 Key areas were identified for continued improvement they were:

- **Antenatal care** – continuity of midwife, informed discussion during pregnancy with regard to infant feeding, and improved choice for women concerning where to have the baby.
- **Labour and Birth** – improved skin to skin contact, greater involvement in decision making, improve confidence and trust in staff.
- **Postnatal care in hospital** – improved cleanliness of ward areas, improved care with greater kindness and understanding.
- **Infant feeding** – improve consistency with regard to advice given; improve support and encouragement once decision has been made.
- **Postnatal care at home** – Ensure amount of postnatal visits are suitable for all women, improve confidence and trust in staff, ensure women understand about baby’s health and progress.

## Recommendations:
The Committee is asked to acknowledge and discuss the results of the National Maternity Audit 2013 for Croydon Health Services NHS Trust.

Corporate Objectives - [Corporate Objectives](#)
Who has been engaged in the development of the action plan?

- Maternity Services Liaison Committee (MSLC)
- Maternity Staff (Midwives and Obstetricians)

Key Risks:

- Risk 1259 – Risk of reduced income
- Risk 777 – Risk of poor reputation

Risks reflected in risk register Yes

Patient Experience Action Plan-Progress Report (see appendix 1)

Performance by pathway:

Care while you were pregnant – Antenatal Care

The antenatal pathway of care scored much lower when compared to the National average on areas concerning choice of where to have the baby and also information about choice. Continuity of midwifery - for example not seeing the same midwife at each visit also scored lower than the national average. The women also felt that they did not have enough time to ask questions at each visit, or where not given the help they needed and felt they were not involved enough in the decisions about care.

A higher score was given for choice of where to have checkups and we met the national average for midwives who did not always listen, and not having the midwife’s telephone number, although telephone numbers are always listed in the notes. Personal numbers for midwives are never given out.

The community midwives have now allocated named midwives to clinics in community so that greater continuity can be offered. The teams also now book their own geographical women. By doing this they will identify those women with greatest need early and therefore involve relevant services early.

Women with complex needs will be referred early for Consultant or Specialist input improving maternal and fetal outcomes.

Those women with risk factors requesting birth outside the labour ward have early contact with the Supervisor of Midwives and the Consultant Midwife to develop a bespoke plan of care.

The booking appointments have been increased slightly to enable the midwife to identify the needs of the women and enable the women to ask any questions they may have

There was an LIA project aimed at improving the access to maternity care by 12+6. This included a poster campaign to GP’s, EPAU, GUM and A&E.

Women encouraged to self-refer for maternity care, upgraded the self-referral form

Email address developed for women and GP’s to drop in the antenatal referrals. This is managed by the antenatal clerks.

The link to the pregnancy book is now on the Trust website, this offers women plenty of information relating to their pregnancy

A drop in Antenatal and Postnatal clinic is now available at Edridge Road Community Health Centre for women to access maternity care that don’t have a GP or are new into the country.

Outstanding Actions

Upgrade information for women on the website

Develop a leaflet for women at discharge reminding them of the importance of booking by 10/40 in future pregnancies for maternity care.

Staff in the East, West, Homebirth Team & Safeguarding Teams are to have bespoke training
delivered by C Day - Clinical Psychologist between May & August 2014. It is hoped this will enable the midwives to identify vulnerable families early and offer targeted help.

**Your Labour and Birth of your baby - Labour and Birth**

Similar themes emerge for care in labour, including not getting appropriate advice, involvement in decisions and being treated with respect and dignity. Women also reported that they did not feel they had confidence in staff. Higher scores were given for partner’s involvement and we met the national average for staff introductions, concerns taken seriously and more than 5 minutes to answer the call bell, and not being spoken to in a way which was understood.

Women who wish to birth in the Birth Centre will be offered a pre-booked appointment in the Birth Centre at 36/40. This will service will start 2.7.14. It is hoped that this will enable women to meet the Birth Centre staff, this will be a time to risk assess the women and the women will have an opportunity to see the unit and ask any questions.

A leaflet has been produced by the breastfeeding lead on the benefits of skin to skin following delivery. The breastfeeding team is also promoting this through their workshops and in-service training.

1:1 care delivered on labour ward and the Birth Centre

Staff have a team brief at the start of each shift to ensure key facts for the day are covered. This includes importance of good communication

Anesthetic/epidural cover 24/7. Anesthetists also follow up all women the day after delivery to audit the efficacy of spinal/epidural or GA.

The Human Resources team undertakes a session on respect and dignity at work on the staff mandatory study week.

The mandatory study week includes skills drill training on the common obstetric and neonatal emergencies. They also have a bespoke CTG day. Staff are tested on the knowledge and understanding of the information of each aspect of training the aim of this is to ensure staff have listened and assimilated the information offered.

Recruitment is now a robust process with assessment of CTG knowledge, a maths test and clinical hands on skill.

**Outstanding Actions**

Ongoing recruitment for midwives aims to be fully recruited by end of September 2014. All vacant posts offered are awaiting clearances.

Staff on labour ward to offer women choice of birthing pool as an option for analgesia.

**Care in Hospital after the birth – Postnatal Care**

The two areas of concern within the pathway relate to not being treated with kindness and understanding and toilets and bathroom not cleaned. We met the national average for all other parameters which included length of stay, not given enough information and hospital room not being clean.

Regular walkabouts in the clinical areas with matron and the cleaning supervisor are undertaken.

Staff have cleaning and equipment check books in each area for monitoring purposes.

Reclining chairs purchased so partners can stay and support the mothers.

Staffing has been increased by 1 midwife on a night shift

On the website there is a link for women to the NHS choice site this covers all aspects of antenatal care, intrapartum care, infant feeding and postnatal care along with some commonly asked questions and answers.
Feeding your baby.

Three areas of concern for the women, which included infant feeding not fully discussed during pregnancy, failure opt receive consistent advice, and not receiving support and encouragement. National average met for decision about feeding respected by midwives.

New breastfeeding team in place now. They have started to revise the information for mothers, they have updated the infant feeding pages on the Trust website.

The infant feeding team has started to undertake 1:1 sessions with staff to improve their knowledge and skills. They also attend the mandatory training and undertake a teaching session for all staff on breastfeeding.

More information on notice boards in the ward areas for mothers re infant feeding.

Outstanding Actions

To purchase and place a notice board within the antenatal clinic informing women about the Children's Centres in Croydon and what they have to offer the women and their families.

We aim to start drop in sessions on the wards for mothers so they can speak to a breastfeeding supporter about any concerns they may have in relation to their baby.

Care at home after the birth.

Poor results for seeing a midwife too often or too seldom, personal circumstances not taken into account, and didn’t have confidence and trust in the staff during the visit. Women also felt that they did not have enough help and advice about feeding, and did not feel they received enough advice about the baby's health and progress. Women were positive about discussion with regard to the frequency of postnatal checkups.

Women are given a booklet at discharge from the postnatal ward with useful information and contact numbers.

All the 5 teams in community now have the electronic tablet to capture data in relation to postnatal experience.

FFT results are shared with staff; all staff that are mentioned for good practice by the women are named in the departmental newsletter.

Staff are encouraged to offer women continuity in the postnatal period.

High risk mothers and babies are only seen in the community by midwives. Midwifery support workers visit low risk mums and babies on day 5 to perform the newborn bloodspot.

Every woman at discharge from hospital is given information about the breastfeeding cafes in Croydon; here they can access advice and support.

Specially adapted classes are available in Croydon for women who don’t speak English. It is hoped that these classes will prepare the women better for pregnancy, birth and beyond.

Outstanding Actions

To set up a second clinic at Edridge Road as the 1st clinic has proven very popular.

Set up Dads only classes to prepare them for pregnancy, birth and going home with a new baby - Byron Children’s Centre will pilot the 1st group starting in September.

Appendix One

Revised Picker Action Plan

Picker Survey Action
Plan May 2014.doc