

# Embedding feedback into maternity services at Calderdale and Huddersfield NHS Foundation Trust



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Healthwatch would like to recognise and express appreciation to the people and organisations who have worked in partnership throughout this project. This includes staff who work in maternity services at Calderdale and Huddersfield NHS Foundation Trust; Locala's health visitors and their Support for Women and Antenatal Service (SWANS); Calderdale and Huddersfield's Maternity Services Liaison Committee (MSLC); the various parent and toddler groups and breastfeeding support groups visited and to Calderdale's Crisis Pregnancy Service.

Healthwatch Kirklees and Healthwatch Calderdale are consumer champions for health and social care services.

We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them.



We influence those who have the power to change services so that they better meet people's needs now and into the future.

We empower and inform people to get the most from their health and social care services.



# Key messages

Calderdale and Huddersfield NHS Foundation Trust (CHFT) are very committed to scrutinising the feedback obtained from maternity service users and using this data to inform their quality improvement plans. Data and themes are regularly reviewed (particularly from the Friends and Family Test<sup>1</sup>) and results are highlighted to staff through various means. However, this commitment to listening to people and getting things right is not being communicated to the public who are mostly left unaware of what happens to their feedback and whether it's made a difference.

Evidence of 'you said, we did' is lacking throughout maternity services; boards are located in most maternity areas but are not always noticeable and are not updated regularly enough. There is very little information on CHFT's website or on social media to share 'you said, we did' as a way of demonstrating that the Trust responds to feedback and to celebrate where things have changed for the better as a result of service user feedback.

People want to give feedback in a timely manner in a way which suits them; some people would like to give feedback shortly after giving birth, others would prefer to have time to recover and reflect on their experience before giving their feedback. The preferred method of giving feedback also varies with some people favouring being able to talk to a member of staff and others preferring the anonymity of completing a review online or responding to a text message.

There is a strong focus on analysing Friends and Family data but there is little evidence of how all feedback is triangulated. There appear to be many 'soft' measures such as verbal feedback given to staff during 'rounding' on the ward and a wealth of evidence of appreciation sent in thank you cards but it's unclear whether all feedback is brought together and considered as a whole.

Availability of information online which informs people of the different ways to give feedback is limited. CHFT have a maternity section on their website but there is no mention of how to give feedback on maternity services. At the time of writing there is no Facebook page for maternity services and no app which might make giving feedback quicker and easier.

Those who don't have English as their first language would struggle to give feedback within the current system; the process of giving feedback largely relies on people's literacy skills and it's unclear if there is enough attention being given to gathering feedback from people who may find reading, writing and speaking English difficult.

Service user involvement in the design, implementation and ongoing review of feedback opportunities is limited and their involvement is crucial to the success of CHFT's feedback process going forward.

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<sup>1</sup> Friends and Family Test



# Background




Calderdale and Huddersfield NHS Foundation Trust (CHFT) was inspected by the Care Quality Commission (CQC) in August 2016 (CQC, 2016). Maternity services were rated as requiring improvement overall. There were concerns about some clinical aspects of the service but also about feedback from people using maternity services. At the time of the inspection, Friends and Family Test data for maternity services at the Trust was averaging a 35% response rate which the CQC said didn't provide enough of a representative sample from people. Also, Friends and Family Test results at that time were positive but approximately 50% of women who spoke to the CQC inspectors gave neutral or negative feedback about the service they had received.

Following the inspection, CHFT put together a plan of 'must do' actions and some of these relate to maternity services. One of the actions which can only be achieved by CHFT having effective, embedded methods of gathering feedback is:

***“Within maternity services the service must focus on patient experience and ensure women feel supported and involved in their care”***

Brendan Brown, Executive Director of Nursing at CHFT, approached Healthwatch Kirklees and Healthwatch Calderdale about leading an engagement project to look at how the Trust could improve the opportunities for parents and expectant parents to give feedback on their experience through the whole maternity service journey, from antenatal to postnatal.

The proposal was for the Healthwatch engagement project to:

-  Establish what opportunities there are for people to give feedback currently, to understand which of these methods are successful/unsuccessful and why, to look for where there are potential gaps in opportunities to give feedback and to consider how the Trust triangulates all feedback they obtain.
-  Talk to acute and community midwifery staff about their experience of obtaining feedback from people. Asking how staff feel about gathering feedback, what methods they feel work well for people and whether staff feel they are supported and encouraged by senior management to obtain feedback from people.
-  Engage with people who are currently using maternity services or have used maternity services in the past 2 years to ask whether they've been given opportunity to share their experience, did they feel their comments were listened to and what



improvements do they think could be made to the process and methods of giving feedback.



Consider the experience of vulnerable people, fathers and people from minority groups, asking whether there are enough measures in place to ensure they can give feedback on their experience in an equitable way.



Consider the experience of people who may not use have a typical experience of maternity services, e.g. people with significant health conditions.



Look at how CHFT show they have listened to and acted upon feedback they have received, considering what evidence there is of 'you said, we did' and is there any room for improvement.

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It should be noted that CHFT have implemented changes and improvements to their patient feedback process since their most recent CQC inspection. This engagement involved speaking to people who have used maternity services over the last 2 years, so not all the comments received will reflect the situation as it is currently.

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# National context

In February 2016, the National Maternity Review commissioned by NHS England published the Better Births report (NHS England, 2016), setting out proposals to make care safer and to give women greater control and more choices. The vision outlined in this report can only be realised by listening to people and understanding their experience of using maternity services.

NHS England also established a maternity challenge fund<sup>2</sup> to support the vision outlined in the Better Births report by promoting and testing out new and innovative approaches to using patient feedback in maternity services. An example of this is the social campaign ‘MatExp’<sup>3</sup> which encourages people to identify and share best practice throughout maternity services nationally.

The King’s Fund published their report ‘User Feedback in Maternity Services’ in October 2016 (Wenzel L, Jabbal J, 2016); this gives key messages about collecting and acting upon feedback from people accessing maternity services, such as:

- When feedback is listened to and acted on this helps to encourage a sense of responsibility and pride among staff in the services they deliver.
- Organisations who have good feedback systems use a mixed-method approach using a variety of ‘direct’ approaches in addition to national tools. The approaches can be tailored to target people who tend to be less engaged by traditional ways of giving feedback.
- The best-performing organisations involve users in the design of feedback tools and prioritise the communication of user feedback and subsequent actions to both staff and users.
- Embedding successful feedback methods is dependent on this being prioritised within the organisation, beginning with leaders and on a culture of improvement.
- Organisations should develop a clear view of the value and purpose of gathering feedback, they should ensure feedback is acted on, should seek participation from service users at all stages of the feedback process and should devote sufficient time and resource to the collection and analysis of user feedback.

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<sup>2</sup> Maternity Challenge Fund

<sup>3</sup> MatExp



# Local context

CHFT's maternity services are provided at Huddersfield Royal Infirmary and Calderdale Royal Hospital and in the communities of Calderdale and Kirklees. They deliver a range of antenatal and postnatal services and have consultant-led care at Calderdale Hospital and midwife-led care at both Calderdale and Huddersfield Hospitals.

CHFT have a range of ways by which people can give feedback about their experience within maternity services. These include:

- Completing the Friends and Family Test (FFT) by filling in a form or replying to text message. This feedback is requested at 4 main 'touch points': 36 weeks of pregnancy; after labour/labour care; postnatal in hospital and postnatal in community. Antenatal clinics also collect FFT forms and send the FFT text to people after every appointment.
- Completing the Maternity Service Survey<sup>4</sup>
- Speaking to the clinical manager, matron or other staff in wards, birth centre and clinics
- Taking part in the annual audit from the Local Supervising Authority Midwifery Officer and team, which includes representation from a service user.
- Attending 'Meet the Midwife' events which were held in 2015/6 to explore different aspects of maternity care. A decision is yet to be made regarding whether to repeat these sessions.
- Attending a debrief clinic, facilitated by the consultant midwife each week.
- Speaking to a breastfeeding peer supporter; they provide support to women in the hospital and will feedback any concerns to staff.
- Contacting the Patient Advice and Liaison Service (PALS) at CHFT.
- Making a complaint which can be done in person, via website, letter, e-mail, telephone, text.
- Being a member of the Maternity Services Liaison Committee (MSLC)<sup>5</sup>
- Leaving a review on NHS Choices and Patient Opinion websites or Healthwatch website.
- Sending thank you cards and letters.
- A Facebook page for CHFT maternity services is about to go live and this will offer another way of giving feedback.

The screenshot shows a digital form titled 'FRIENDS AND FAMILY TEST - POSTNATAL COMMUNITY SERVICE' from Calderdale and Huddersfield NHS Foundation Trust. The form asks for the date of visit, the service seen, and a rating of how likely the user is to recommend the service. The rating scale ranges from 'Extremely likely' to 'Don't know'. Below the rating is a section for feedback on how to improve the service and a section for what went well.

<sup>4</sup> Maternity Services Survey

<sup>5</sup> Your MSLC





# What Healthwatch did

During a 3 week period from 21 November to 9 December 2016, Healthwatch went out and spoke to as many people as possible who were currently accessing maternity services in Calderdale and Huddersfield and those who had used maternity services there in the past 2 years.

People were asked to complete a survey, either online or on a paper copy (see Appendix 1).

We gathered feedback from people by visiting a wide range of community-based and hospital-based services across Calderdale and Huddersfield including:

- Antenatal clinics
- Birth centres
- Postnatal wards
- Health visiting clinics
- Parent and toddler groups & Breast-feeding support groups

During the 3 week engagement period, staff from Healthwatch visited 9 health visiting clinics; 6 parent and toddler groups and breastfeeding support groups; 7 hospital-based antenatal and postnatal clinics, wards and birth centres. We also visited Locala's Support for Women and Antenatal Service (SWANS service) which works with pregnant women with complex social needs.

We used social media to promote the survey to a wider audience, using targeted messages and advertising. The reach achieved was excellent, with 1260 people participating in our survey.

Staff who work in maternity services were also asked to give their feedback on how CHFT gather feedback from people who are using or have recently used maternity services. Again, staff were asked to complete a survey (Appendix 2) but staff from Healthwatch also attended meetings and had open discussions with maternity staff to establish how the feedback process currently works and how staff feel this could be improved.

Feedback from staff was obtained from staff working in the following places:

- At the Patient Advice and Complaints Service (PACS)
- Working on hospital wards, clinics and the birth centre
- Attending the Maternity Patient Experience Group
- At the Maternity Services Liaison Committee (MSLC)
- Attending Calderdale midwives' breakfast meeting



# What people think about the opportunities to give feedback on maternity services

## Being told about opportunities to give feedback

The most striking statistic to emerge from this engagement was that 72% of people said they hadn't given any feedback on their experience of using maternity services, and of those 81% said this was because they hadn't been asked.

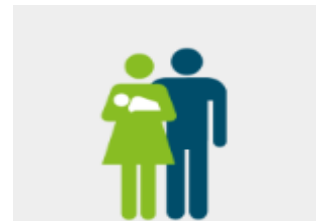
We would exercise a note of caution with this statistic in that although the survey had a description at the beginning to explain what was meant by the term 'feedback' and staff explained this verbally when speaking to people, there is the possibility that people completing the survey online may have skipped this explanation or not have fully understood the many methods of giving feedback. For example, when we spoke to some people they said they hadn't been asked for feedback but when we showed them an example of a FFT form, they said they had completed one.

Some people definitely felt that they hadn't been asked to give feedback and would have appreciated more information on how to do so:

*"It would be nice if they even asked for feedback. All we were told was that we could have a debrief with the hospital about the poor care we received, but no one told us how...."*

*"There was a sheet for feedback in my notes, but after the birth the visiting midwife took all my notes for my file and left me nothing so I didn't know how to give any"*

*"I really wanted to tell someone other than the staff themselves just how amazing the staff and student midwives were and how much they supported me as a first time mum. However I was never given the opportunity. I did send a*



72% of people hadn't given any feedback on their experience of using maternity services



*card, flowers and chocolates to the midwives directly but I felt this was not enough and wanted their invaluable service to be acknowledged”*

*“I have always received excellent care from both community midwives and on the labour ward. There isn’t any obvious place to convey this”*

*“Asking for feedback! Capture feedback from people who’ve had an OK experience, to balance out the really negative and really positive reviews. Doing feedback at 6 weeks seems like a good idea”*

People who had given feedback commented on how happy they were with when and how they’d been able to do this

*“I was very happy with how I gave feedback”*

*“I think my feedback was done/dealt with in the best way possible”*

*“I feel I was asked at regular intervals”*

*“I felt I was able to give feedback whenever I wanted”*

## Timing

Most people said they’d given feedback about their experience during the postnatal part of their journey through maternity services, either before leaving the birth centre or ward or during a postnatal appointment with the community midwife.

The point at which people are asked to give feedback is very important but there isn’t a one size fits all model. Some people are happy to give feedback about their experience before they leave hospital, but some felt pressured to do so at that time and would have preferred to have time to reflect on their experience before giving feedback.

*“I did feel pressured into leaving feedback in order to be discharged...It was positive feedback but got told by 3 different people that I had to fill the card in before I could be discharged”*

*“Feedback should be part and parcel of the experience, rather than taking up precious time when returning home”*

*“Good to have survey to complete while waiting to leave hospital. When I get home I’m too busy”*



*“You should be able to input your own feedback in your own time. I felt like I could not take my time with feedback....in the presence of the midwife asking for feedback you feel like you have to be quick and positive so the feedback given is not 100% true”*

*“I would have liked to know how to share my positive experiences with others and more senior members of staff/the Clinical Commissioning Group. When in the newborn fog it was difficult to find the time to give that feedback (ours was glowing) it would be nice to have that signposted”*

Because the timing of the request for feedback wasn't right for some people, they felt unable to give feedback and seemed unsure how to give feedback at a later stage or even whether to do so.

*“I wasn't in a position to give the feedback I felt I would have given later on. I was two days postnatal after an early, traumatic birth”*

*“After the birth and then discharged from midwife it felt too late to give feedback. Yet to give it immediately with so many emotions and hormones is not a true reflection. It would be nice to reflect and then be able to give honest feedback later down the line”*

Some said they were often too busy to respond to feedback requests and some felt that once they'd gone home with their baby they wouldn't have time to give feedback.

*“The hospital send texts but I don't respond, usually because I'm in the middle of something and the forget”*

*“In the early days after giving birth I didn't have the time and by the time I did I assumed it would be irrelevant”*



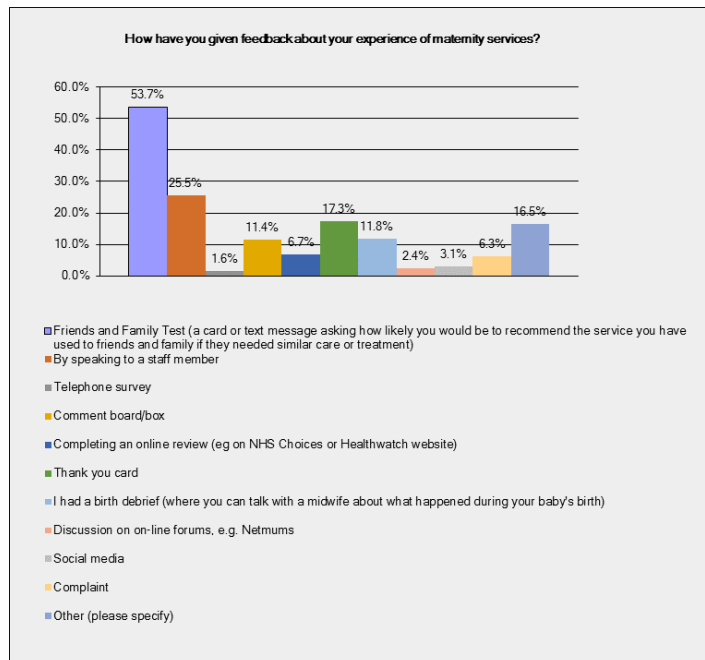
## How people give feedback

Of the people who said they had given some feedback on their experience, 54% said they had done so by completing a FFT form or responding to a FFT text message.

Some people experienced difficulty in responding to the FFT text messages or were concerned about the cost of responding in this way.

*“When I tried to respond I received a message saying I would be charged by my phone provider for doing so”*

*“The text messages say ‘no reply’ so I never bother”*



For some people, giving feedback via text message is not appealing.

*“Don’t send text messages. I get so many from hospital appointments and from my GP and get a bit annoyed with the after a while so wouldn’t be likely to provide feedback that way”*

Some people who felt they hadn’t been able to provide the feedback they had wanted to said this was because the response options were limited on FFT and that the amount of space to write their opinion was restricted.

*“It was difficult to get all I wanted to say in text message. Needed more space to write”*

*“The text messages received after appointments do not allow for comments. I had excellent experiences with nurses, midwives and reception staff but very bad experiences with consultants. The generic text message does not allow you to differentiate between different staff and departments”*



25% of people who'd given feedback said they had spoken to a member of staff with mixed responses as to how this worked for them.

*“Think they do it pretty well - seemed to listen to what I had to say and did something about it”*

*“The midwife that was present when I gave birth didn't seem interested in what I had to say, she seemed all too fake and even her attitude was all too pretentious”*

When asked how they would prefer to give feedback, people's opinion varied; most would like to complete an online review (63%) perhaps because this offers anonymity. Some would opt for FFT (45%) and others would very much appreciate a face-to-face conversation with a member of staff (42%).

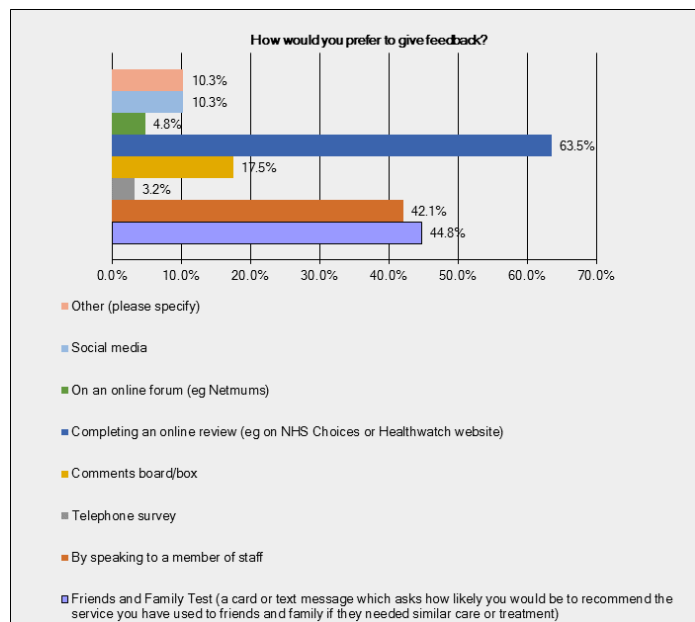
*“After having my baby, somebody should come round and speak to me, rather than me having to write it down”*

*“Maybe through a survey which can be e-mailed as you may be far more likely to say the truth if you don't have to tell a person”*

*“A review card as part of your new mum pack with free postage, then a new mum can have time to think about what they want to say without being sleep deprived or in a state of shock”*

*“Perhaps make sure the woman is fully rested. Offer a call instead if it's not the right time”*

*“Everyone is different, and whilst I prefer to write things down, others may hate to provide feedback in this way - so, it's important that there are a number of vehicles in which people can provide their own feedback. Need to think carefully about seeking feedback from people who may struggle to speak English, or those with disabilities who may struggle to communicate”*





The opportunity to remain anonymous was very important to some people who felt anonymous feedback was the only way to ensure honest feedback was given.

*“I gave feedback on the ward by completing a form but this was handed directly to a midwife and I didn’t feel that I could be completely honest”*

*“Childbirth is an emotional experience, which leaves women feeling extremely vulnerable. This should be recognised and opportunities given for women to make anonymous feedback at any point, without fear of repercussion or pressure to sing praises”*

*“Totally anonymous feedback form that you pop in a box when you leave”*

*“Computer on ward. Anonymous would be good in case you have anything negative to say about staff. Would feel awkward giving negative feedback to someone on ward”*

### **Alternative ways of giving feedback**

People offered some suggestions for alternative methods of getting feedback from people.

*“An independent person to talk to about issues would help. Midwives were far too busy and unable to find time to do this”*

*“Maybe have a ‘wall of praise’ - photos names and printouts of kind words on a wall in the labour wards/birth centres. Change them every month”*

*“Random questioning of patients”*

*“Why not do a simple e-mail newsletter to new mums to explain feedback and highlight some of the amazing work the midwives do”*

*“An easy to access survey would be good, so people can go on and express their thoughts easily”*

*“Could it be linked to health visitor visits?”*

*“Verbally asking, someone sat in waiting room”*

*“Do a prize draw”*



*“It would help to have someone on the ward to translate. Forms written in Urdu or other languages. Short video clips in different languages could be shown in different languages”*

### Feedback following traumatic birth

Some people had traumatic birth experiences but felt unwilling or unable to feedback or talk things through, sometimes because they were still too upset or angry about their experience

*“I was never asked [for feedback] at the time after a traumatic birth and poor treatment from staff. I was too upset to complain at the time”*

*“After the poor care I received and having a baby to look after, I felt my time was better spent with my family than upsetting myself talking about the ordeal we went through at the hands of Calderdale maternity services”*

*“I don’t think anyone deserves to hear what I think of the 5 or 6 midwives I had while pregnant with my first child, who I nearly lost because people weren’t listening to me”*

### What people want to know what will happen with their feedback

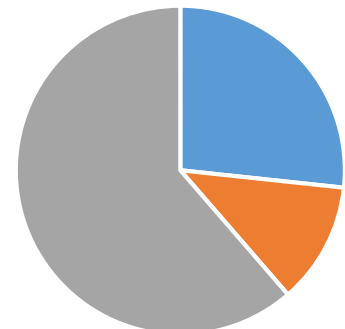
People want to know that their feedback has been listened to, taken seriously and acted on where necessary to bring about improvements for others.

Just 27% of people of the 251 people who had responded to this question said they felt their feedback had been listened to; some gave examples of how their comments were recognised and acted on where necessary.

*“Compassionate staff, took experience seriously and invited me back anytime if I needed to discuss it again”*

*“The midwife who delivered my baby acknowledged my review online, so I knew she’d seen it. Verbal feedback was passed on as my health visitor thanked me for it when I next saw her”*

Did you feel your feedback had been listened to ?



■ Yes ■ No ■ Not sure





*“After placing a complaint about the way I was treated by a consultant I received outstanding care from the consultant midwife. I also received a follow up after the complaint explaining what had been done regarding the complaint and asking if I wanted to take it any further”*

Most people were very uncertain whether their feedback had been listened to and some would have liked some form of response to what they’d said. People generally felt it was difficult to see how CHFT had demonstrated that their feedback was valued and had made a difference.

*“Let us know what has been said”*

*“It would be nice to know what happens to that information”*

*“I hope the feedback is filtered back to the right person and place, not just into a pot of feedback”*

*“[would like them] to give you some sort of feedback on what they will improve on from your feedback to them”*

*“It’s a bit rushed in hospital, they should explain why it’s important”*

*“it’s the same now, hasn’t changed”*

*“Display what improvements have been made or display some feedback they have been given, both good and bad as not many placed show the bad”*

*“No feedback from surveys completed and no visible changes”*

*“Having some response - when you submit [feedback] maybe something like ‘this will discussed at our next AGM’”*

One person would have liked the opportunity to share her positive experience with others who may benefit from hearing her story.

*“I think parents should be invited to the antenatal groups to share their good experiences especially as I had a home birth, which was amazingly dealt with”*



# What staff think about opportunities to give feedback on maternity services

## Methods used

The most popular methods of collecting feedback were FFT or speaking to someone directly. 80% of staff feel the methods they use for gathering feedback are successful but some comment that there are other things which could be improved or done differently, such as using social media and thinking of ways to ensure feedback can be given by vulnerable people and those from minority groups.

Almost all staff encourage people to complete FFT but many recognise the limitations of this method, for example some feel that negative feedback can't always be easily captured by FFT so a complaint may result. Also, some staff feel that vulnerable people, people with a disability and people who don't have English as their first language may not find FFT accessible.

Staff sometimes experience technical difficulties when completing FFT with people in the community as the form is not very clear on mobile phone screens which makes it difficult to read. Community midwives were using iPads for this purpose but these no longer work.

Senior staff feel that positive results and comments from FFT data can really motivate individual staff and teams. However, it's difficult for some teams to generate feedback from FFT when they're working with people from minority groups in the community who may not give feedback as readily. It can be demotivating for some community midwives who cannot collect FFT responses as easily as others.

92% of staff say they talk to people about their experience; it's unclear how this feedback is captured. At the Maternity Patient Experience Group, a member of staff talked about how 'rounding' on the ward was a valuable way to gather feedback but that this was done on an ad hoc basis, usually because of time constraints. Some 'stories' had been written up as a blog, written in a very open and frank way, just as the person giving the feedback spoke. This was useful to staff and helped with revalidating their practice but it's not something which is done consistently.



More than half of staff told us that people are offered a debrief on their birth experience. Some staff feel a debrief is a very integral part of the maternity journey and is accessible to people in a variety of ways.

*“Debrief is either prior to discharge from the hospital setting; with their community midwife; or more formally via the consultant midwife. Clinical managers/matrons are also visible and encourage women/families for feedback/any concerns they have regarding their birth experience”*

Other staff describe a type of ‘selection’ process which means that debrief is only offered to those who’ve experienced more complex or traumatic births.

*“Straightforward births not offered [debrief] unless requested”*

*“[offer debrief] if they appear distressed, question their experience, or appear to have had a particularly stressful labour/experience”*

Staff mentioned a few other more innovative ways of gathering feedback from people, for example:

- ‘Graffiti boards’ in the birth centre so that people can easily write down their thoughts, ideas and opinions and then the board could be photographed each month so that this feedback is recorded.
- Group feedback sessions
- Using apps
- Building stronger links with community organisations

## What staff would like to hear more about

Staff said they would appreciate hearing more positive feedback and feel perhaps that people are more inclined to give feedback about negative experiences. Individual staff said they benefit directly from hearing feedback about the service they have provided.

*“I tend to know when there's been specific feedback about my care and this is very satisfying”*

One midwife mentioned that some people don’t want to give negative feedback when they can see something is outside the control of staff who are caring for them, for example at



times when there are not enough staff working in a department which can put increased pressure on staff who are working, but some service users recognise this is not the fault of the staff who are caring for them.

Staff are interested to know how they can engage people better in things like ‘meet the midwife sessions’ which haven’t always been well attended and the MSLC where it’s been difficult to get representation from service users.

Some midwives would like to ask specific questions around things such as how regularly people want antenatal classes; whether people feel prepared for birth/induction; how it felt for people who were transferred from Huddersfield to Halifax.

Staff want people to be able to remain anonymous if they choose.

### Having enough time for feedback

Whether staff have enough time to gather feedback is largely dependent on how busy they are. Their priority is to the care and treatment of the people they are looking after and sometimes, during busy periods, obtaining feedback from people is given lower priority by clinical staff.

*“It’s important but difficult in time pressured jobs to achieve”*

People using maternity services commented on how busy staff were and how this affected their ability to take feedback because they just didn’t have time.

### Feedback from vulnerable and minority groups

Just less than half of staff feel vulnerable and minority groups are given equal opportunity to feedback on the service they’ve received. However, very few examples were given as to how this currently being done, other than using interpreters.

Staff recognise that FFT would be difficult to complete for people who have English as a second language as all the cards/texts are in English.



There were a few suggestions for better ways of reaching out to vulnerable and minority groups to ensure they could give feedback. These included:

- Using social media to appeal to young, vulnerable people in particular.
- Having feedback forms/texts available in different languages.
- Staff told us that specialist midwives had used ‘story catching’ in the past and felt this could be something to repeat and embed in the future.
- Working with Children’s Centre staff and other community groups to ensure people are receiving accurate information about maternity services and as a way to gather feedback from people.

### Managing expectations

A number of staff told us of their frustrations around receiving negative feedback about things which are outside the control of maternity staff. For example, the 4-bed postnatal bays at Calderdale which are extremely cramped and they know this is not the best environment for new parents but are unable to change this in the foreseeable future.

Also, CHFT are seeing more and more people from diverse ethnic backgrounds whose cultural expectations of maternity services may differ greatly to the service they receive. Some women don’t expect to be asked to get up and move around after they have delivered their baby or after a caesarean section. In some cultures, women would traditionally stay in bed following the birth so are perhaps more inclined to give negative feedback about their postnatal experience because of this.

### Support from senior management

Staff feel very well supported by senior management in their task of obtaining feedback and most feel they are kept informed about the feedback people are giving. They receive e-mails, newsletters and updates from line managers regularly. Themes and trends from FFT are cascaded quarterly, although some say they only see the statistical data from FFT and not the themes from the text box.



## How staff at CHFT are already learning from, sharing and embedding feedback

CHFT have recently set up a Maternity Patient Experience Group, attended by clinical managers which meets monthly to look at themes and trends, learning from feedback complaints and incidents, FFT feedback and use of FFT results to inform service improvements, outputs of ‘meet the midwife’ scheme and ward manager rounding process and outputs. Information from this group is shared with the Clinical Performance and Improvement Group and issues can be escalated to the Patient Safety and Quality Board.

A strategic appointment was made in April 2016 to better embed service user feedback and improve services. A monthly and quarterly theme and trend data report is produced and shared with staff.

Midwives in Calderdale hold a monthly breakfast meeting which is used as an opportunity to talk only about the good things that have happened in the last month (issues/concerns are discussed in different huddles). Staff are given praise and recognition for their achievements and for attempts they have made to increase feedback via FFT.

The MSLC is updated on learning from feedback, incidents and complaints and receives a report from the Maternity Patient Experience Group.

FFT performance group meets once every 6 weeks. Action plans are formulated and Clinical Managers in each area disseminate FFT results with staff and share action plans.

## How would people know their feedback had been listened to?

Staff identified 2 main ways in which the public would become aware that their feedback had been listened to:

- ‘You said, we did’ boards - although staff feel these are not always updated as regularly as they would like. They told us this is because it requires a member of staff to have the time to commit to preparing the content for the update and also because there is a lengthy process in place to request the printed materials required to enable the boards to be updated.





- Seeing improvements - staff feel people would see improvements which have been brought about as a result of their feedback. However, it's unclear how this would happen unless someone was returning to have another baby.



# Conclusion

The response to this engagement over a 3 week period was remarkable, particularly online. People who've used maternity services in Calderdale and Huddersfield clearly have an appetite for giving feedback and many used the Healthwatch survey as a method of doing this. Healthwatch have anonymised all the comments they received about maternity services and sent these through to CHFT so that this feedback can be used to celebrate successes and to inform their quality improvement plans.

This engagement has highlighted that there are many different ways that people would like to give feedback on maternity services and although CHFT are improving their FFT response rate, more needs to be done to ensure feedback opportunities are accessible to all.

FFT is a quick and easy way to gather real time feedback from service users and is a good 'temperature check' for how services are performing, however both staff and service users recognise that this method of giving feedback has its limitations. Other ways of gathering feedback are used but not always consistently.

Gathering feedback from minority and vulnerable people will require more a more accessible and inclusive process in the future. There is evidence to suggest that there is a need for health and social care services to understand the needs of 'emerging communities' in Kirklees (Haigh D, White M, 2016). There is concern from Public Health about access to maternity services and health behaviours; failure to understand and respond to these communities will have an impact on the service they receive and their feedback.

Staff feel very well supported by senior management in the task of gathering feedback and it's clear that a lot of time and effort is invested in analysing comments and setting actions as a result of feedback obtained. However, this dedication and commitment to the process of listening to and responding to feedback is not always communicated to people who use maternity services and much more needs to be done to inform people that their opinions are given very high priority and that improvements to services do happen as a result of feedback.

Reflecting on what the King's Fund report said was important to consider with regard to service user feedback in maternity services, the main areas which CHFT should prioritise are: involving service users in the whole feedback process and ensuring mixed-method, direct approaches to gather feedback which can be tailored to groups who are less able to engage with traditional methods.

Other points to consider as a way of improving opportunities to give feedback in maternity services are listed below.





# Points to consider to embed feedback throughout maternity services



Let people know how much their feedback matters. Tell them that FFT results are scrutinised every month and actions set in each clinical area as a result of comments received. If the public knew how much priority and attention is given to feedback they would be far more inclined to contribute.



Celebrate your successes. Show people how you have listened to their feedback and made improvements as a result. Regularly updated 'you said, we did' boards are one way of conveying these messages but consider other ways to share this information, particularly online.



Have a wide range of feedback options available, at various points in the maternity service journey. Let people know that FFT is not the only option - this is important when people want to leave detailed feedback or want a response to their comments. This should be done without making the process of giving feedback overly complicated.



Improve the way CHFT use technology to ensure people can give feedback quickly and easily. This may include updating the website, having dedicated social media pages or the ability to download an app.





Consider how to better reach out to minority groups, for example having some videos in community languages playing in waiting rooms, using social media to reach out to young people, building relationships with community organisations who work with vulnerable and minority groups so that community midwives can work with these partners.





Use innovative ways of gathering feedback, eg graffiti boards and mystery shopping. Explore whether CHFT's volunteers could be 'Feedback Champions' and help to gather feedback from people.



- 

Involve service users in the design, implementation and on-going review of methods to gather feedback involvement. Consider how the MSLC could be publicised more widely and made more attractive to service users; this may be made easier as MSLC's are relaunched in February 2017 as Maternity Voices Partnerships<sup>6</sup>. Also consider whether the Trust's Maternity Patient Experience Group would benefit from service user representation.
- 

Make birth debrief a reality for everyone. We know that birth is a unique experience and what midwives may sometimes perceive to be a straightforward birth may not be reflected in the feelings of the people who've gone through the experience. Could time invested in birth debrief for everyone help to pick up issues early and avoid complaints being made?
- 

Manage people's expectations of maternity services. If there are things which can't be changed in the foreseeable future then make people aware of this from the outset. Be open and transparent about what will happen throughout the whole maternity journey. Use 'you said, we did' boards to show that you've listened to everything but with an explanation about things that can't be changed at that time. A regularly updated website and Facebook page and using videos (portraying real service user experience) would all help to get these messages across. Videos in community languages could help to cut across some of the cultural barriers. Managing expectations can help to prevent negative feedback further down the line.
- 

Triangulate all feedback, including 'soft' measures such as staff conversations with people. Currently there's a strong focus on FFT and although very useful, this measure may not represent the full picture of service user experience.

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<sup>6</sup> Maternity Voices Partnership



# References

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Care Quality Commission (2016), Calderdale and Huddersfield NHS Foundation Trust. Available at <http://www.cqc.org.uk/search/site/calderdale%20and%20huddersfield?location=&latitude=&longitude=&sort=default&la=&distance=15&mode=html> (accessed 21.12.16)

D.Haigh, M White (2016) Emerging Communities in Kirklees - Maternal and Family Health, Public Health Kirklees, August 2016



# Demographics

What sex are you?

Answered 769 Skipped 493

Answer Choices	Responses	
Male	0.52%	4
Female	99.09%	762
Prefer not to say	0.39%	3
<b>Total</b>		<b>769</b>

Are you transgender? Is your gender identity different to the gender you were assumed at birth?

Answered 726 Skipped 536

Answer Choices	Responses	
Yes	0.55%	4
No	98.07%	712
Prefer not to say	1.38%	10
<b>Total</b>		<b>726</b>

Note: Healthwatch attempted to speak to both women and men and although it was mainly women who completed the survey, husbands and partners were present during some of the conversations we had with people and their views were incorporated into the engagement findings.



## How old are you?

Answered 767 Skipped 495

Answer Choices	Responses	
Under 16	0.13%	1
16-20	4.56%	35
21-30	53.06%	407
31-40	39.50%	303
41-50	2.22%	17
51-60	0.26%	2
61-70	0.13%	1
over 70	0.13%	1
<b>Total</b>		<b>767</b>

## Do you belong to any religion?

Answered 757 Skipped 505

Answer Choices	Responses	
Buddhism	0.26%	2
Christianity	38.71%	293
Hinduism	0.00%	0
Islam	4.76%	36
Judaism	0.13%	1
Sikhism	0.26%	2
No religion	51.65%	391
Prefer not to say	3.17%	24
Other (please specify)	1.06%	8
<b>Total</b>		<b>757</b>



## What is your ethnic group?

Answered 766 Skipped 496

Answer Choices	Responses	
Asian of Asian British: Indian	0.39%	3
Asian or Asian British: Pakistani	3.26%	25
Asian or Asian British: Bangladeshi	0.26%	2
Asian or Asian British: Chinese	0.00%	0
Black or Black British: Caribbean	0.65%	5
Black or Black British: African	0.26%	2
Mixed or multiple ethnic groups: White and Black Caribbean	1.96%	15
Mixed or multiple ethnic groups: White and Black African	0.13%	1
Mixed or multiple ethnic groups: White and Asian	0.39%	3
White: English, Welsh, Scottish, Northern Irish, British	87.99%	674
White: Irish	0.39%	3
White: Gypsy or Irish Traveller	0.00%	0
White: Other	2.22%	17
Other ethnic groups: Arab	0.39%	3
Any other ethnic group	0.39%	3
Prefer not to say	1.31%	10
<b>Total</b>		<b>766</b>



Do you consider yourself to be disabled?

Answered 763 Skipped 499

Answer Choices	Responses	
Yes	3.15%	24
No	95.28%	727
Prefer not to say	1.57%	12
<b>Total</b>		<b>763</b>

Type of disability/impairment if you selected 'yes' to the question above, please tick all that apply

Answered 41 Skipped 1,221

Answer Choices	Responses	
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)	4.88%	2
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	7.32%	3
Mental health condition (such as depression or schizophrenia)	36.59%	15
Learning disability (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head injury)	12.20%	5
Long term condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)	19.51%	8
Prefer not to say	26.83%	11
<b>Total Respondents: 41</b>		



Are you a carer?

Answered 757 Skipped 505

Answer Choices	Responses	
Yes	5.94%	45
No	92.73%	702
Prefer not to say	1.32%	10
<b>Total</b>		<b>757</b>

Are you pregnant?

Answered 756 Skipped 506

Answer Choices	Responses	
Yes	10.58%	80
No	88.49%	669
Prefer not to say	0.93%	7
<b>Total</b>		<b>756</b>

Have you given birth in the last 2 years?

Answered 764 Skipped 498

Answer Choices	Responses	
No	5.76%	44
Yes - in the last 6 months	32.98%	252
Yes - in the last 12 months	25.00%	191
Yes - in the last 18 months	18.72%	143
Yes - in the last 2 years	19.37%	148
Prefer not to say	0.52%	4
<b>Total Respondents: 764</b>		





## Where did you give birth?

Answered 712 Skipped 550

Answer Choices	Responses
At home	2.95% 21
Birthing centre - Huddersfield	9.55% 68
Birthing centre - Calderdale	13.76% 98
Labour unit - Calderdale	62.64% 446
Other (please specify)	11.10% 79
<b>Total</b>	<b>712</b>

## What is your sexual orientation?

Answered 753 Skipped 509

Answer Choices	Responses
Bisexual (both sexes)	1.73% 13
Gay (same sex)	0.00% 0
Heterosexual (opposite sex)	95.22% 717
Lesbian (same sex)	0.27% 2
Other	1.06% 8
Prefer not to say	1.73% 13
<b>Total</b>	<b>753</b>



## Service User Survey

### Introduction

The midwifery services in Huddersfield and Calderdale would like to improve the way they gather feedback from people who use their services. They have asked Healthwatch Kirklees to help them look at this.

When we say 'feedback' we mean the different ways people might say what they think about the services they have received. This might be by completing a survey, speaking to a member of staff or simply sending a thank you card. People can give feedback about the positive things they have experienced or things which haven't been so good.

We would like to hear from people who have used maternity services in the last 2 years; both women and men are invited to complete this survey. We want to know about any opportunities you've had to give feedback on the services you used.

All the information you provide will be treated confidentially and you can remain anonymous.

You may choose to give us your contact details at the end of the survey if you would like to know more about this piece of work or if you would like us to get in touch with you about anything else.

### Thank you

As a person who has used maternity services in Huddersfield or Calderdale in the past 2 years, please answer the following questions

1. Have you given any feedback on your experience of using maternity services?

Yes (go to Q.3)



No

2. Why haven't you given any feedback on your experience of using maternity services? (please tick all that apply)

- I haven't been asked
- I don't have the time
- I don't want to
- I want to give feedback at a later date
- I don't know how to
- The staff didn't seem to have time to listen to my feedback
- I don't think it would make any difference
- Other (please specify below)

Please tell us more about why you haven't given feedback

Go to Q. 11

3.. How have you given feedback about your experience of maternity services? (please tick all that apply)

- Friends and Family Test (a card or text message asking how likely you would be to recommend the service you have used to friends and family if they needed similar care or treatment)
- By speaking to a staff member
- Telephone survey
- Comment board/box
- Completing an online review (eg on NHS Choices or Healthwatch website) Thank you card
- I had a birth debrief (where you can talk with a midwife about what happened during your baby's birth) Discussion on on-line forums, e.g. Netmums
- Social media
- Complaint
- Other (please specify)

4. At what stage(s) were you asked to give feedback about your experience of maternity services?  
(please tick all that apply)

- Appointment with community midwife before baby is born
- At an appointment for a scan
- Labour ward
- Birth centre
- After a homebirth
- Postnatal ward (after baby is born)
- Appointment with community midwife after baby is born
- Other (please specify)

5. If you had the choice, when would you have liked to give feedback on the maternity service(s) you received?

6. How would you prefer to give feedback? (tick all that apply)

Friends and Family Test (a card or text message which asks how likely you would be to recommend the service you have used to friends and family if they needed similar care or treatment)

- By speaking to a member of staff
- Telephone survey
- Comments board/box
- Completing an online review (eg on NHS Choices or Healthwatch website) On an online forum (eg Netmums)
- Completing a review online (eg NHS Choices or Healthwatch website) Social media
- Other (please specify)

7. Did you feel able to provide all the feedback you wanted to give, or would you have liked the chance to provide more information?

- I felt able to provide all the feedback I wanted to share
- I wanted to give more feedback but felt unable to do so

If you felt unable to give feedback, please tell us why

8. Did you feel that your feedback was listened to?

- Yes
- No (go to Question 10)
- Not sure (go to Question 11)

9. What made you feel that your feedback had been listened to?

10. Why do you feel your feedback wasn't listened to?

11. What do you think could be done to improve the way midwifery services collect and act upon feedback?

Anything else?

12. Would you like to tell us anything else about giving feedback for maternity services in Calderdale and

Huddersfield?

## Equality monitoring

**It's really important to Healthwatch Kirklees that we ask a diverse group of people for their views.**

**To make sure that we do this, we ask people to give us some information about themselves, and we review this regularly to check we are not discriminating against any group of people by not asking for their views.**

13. What sex are you?

Male  Female  Prefer not to say

14. Are you transgender?

Is your gender identity different to the gender you were assumed at birth?

Yes  No  Prefer not to say

15. How old are you?

Under 16

16-20

21-30

31-40

41-50

51-60

61-70

over 70

16. Which country were you born in?

If you would prefer not to say, please leave blank



17. Do you belong to any religion?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion

Prefer not to say

Other (please specify)

18. What is your ethnic group?

Asian or Asian British: Pakistani

Asian or Asian British: Indian

Asian or Asian British: Bangladeshi

Asian or Asian British:

Chinese  Black or Black

British: Caribbean  Black

or Black British: African

Mixed or multiple ethnic groups: White and Black Caribbean

Mixed or multiple ethnic groups: White and Black African

Mixed or multiple ethnic groups: White and Asian

White: English, Welsh, Scottish, Northern Irish, British

White: Irish

White: Gypsy or Irish Traveller

White: Other

Other ethnic groups: Arab

Any other ethnic group

Prefer not to say

19. Do you consider yourself to be disabled?

Yes  No  Prefer not to say

20. Type of disability/impairment

If you selected 'yes' to the question above, please tick all that apply

- Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)
- Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition (such as depression or schizophrenia)
- Learning disability (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head injury)
- Long term condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)
- Prefer not to say

21. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

Yes  No  Prefer not to say

22. Are you pregnant?

Yes  No  Prefer not to say

23. Have you given birth in the last 2 years?

- No
- Yes - in the last 6 months
- Yes - in the last 12 months
- Yes - in the last 18 months
- Yes - in the last 2 years
- Prefer not to say

24. Where did you give birth?

- At home
- Birthing centre - Huddersfield
- Birthing centre - Calderdale
- Labour unit - Calderdale
- Other (please specify)

25. What is your sexual orientation?

- Bisexual (both sexes)
- Gay (same sex)
- Heterosexual (opposite sex)
- Lesbian (same sex)
- Other
- Prefer not to say

What happens next

**Thank you for taking the time to complete this survey.**

**Your views will be fed back to the people who manage maternity services at Calderdale and Huddersfield NHS Foundation Trust so that they can improve the way they gather and act upon feedback from people who use their services.**

**If you would like to know more about the results of this survey, please leave your name and contact details for how you would prefer us to get in touch. You can do this by clicking this link [contactform](#), which takes you through to the contact page. All you need to do is fill in your details and put 'maternity' in the comment box.**

**You can also contact us if you would like to tell us about your experience of using maternity services in Kirklees. Either e-mail [info@healthwatchkirklees.co.uk](mailto:info@healthwatchkirklees.co.uk), phone us on 01924 450379 or visit our website [www.healthwatchkirklees.co.uk](http://www.healthwatchkirklees.co.uk) where you can complete a review for the service you have used.**

Staff survey

**Healthwatch Kirklees have been asked to help Calderdale and Huddersfield NHS Foundation Trust improve the way they gather and act upon feedback from people who use maternity services.**

**Healthwatch Kirklees is an independent organisation which represents the voice of people in Kirklees by listening to what people think of their local health and social care services and making sure the managers and commissioners of these services get to hear what people think.**

**We are asking people who have used midwifery services to tell us what they think of the way the Trust gathers feedback and whether they feel improvements could be made.**

**We also need to hear from staff who work in midwifery services. By answering the following questions you can help us to understand what opportunities people have to give feedback and whether there's more that could be done to ensure the voice of service users is embedded throughout their maternity service journey.**

**All the information you provide will be treated confidentially and you can remain anonymous. You may choose to give us your contact details at the end of the survey if you would like to know more about the results from this piece of work.**

**Thank you**

1. Which department do you work for? (tick all that apply)

- Community midwifery
- Birth centre, Huddersfield
- Birth centre, Calderdale
- Labour unit, Calderdale
- Early Pregnancy Assessment Unit
- Postnatal ward, Huddersfield
- Postnatal ward, Calderdale
- Other (please specify)

2. How do people give feedback on the service you work for? (tick all that apply)

- Friends and Family test
- Speaking to a member of staff
- Comment board/box
- Thank you card
- Completing a review on NHS Choices/ Patient Opinion/ Healthwatch website
- Not sure
- Other (please specify)

3. Do you think these are successful methods to collate feedback on maternity services?

- Yes
- No

Why?

4. What do you do to encourage people to give feedback? (please tick all that apply)

- Talk to people about their experience (go to Q.6)
- Offer the opportunity to have a birth debrief (go to Q.6)
- Encourage people to complete Friends and Family Test (go to Q. 6)
- Encourage people to review services on NHS Choices/ Patient Opinion/ Healthwatch website (go to Q.6)
- Nothing (go to Q.5)
- Not sure (go to Q.6)
- Other (please specify) (go to Q.6)

5. Please tell us why you might be unable or unwilling to encourage people to give their feedback (please tick all that apply)

- I don't have time
- I don't know where or how people can give feedback
- I don't see any value in doing this
- Nothing changes as a result of feedback people have given
- I don't get to find out what feedback people are giving
- Not sure
- Other (please specify)

6. Are there any questions that you would like to ask service users that are not currently being asked?

- Yes
- No

If your answer is yes, what would you ask

Are women given opportunity 'debrief' on their birth experience?

- Yes
- No
- Sometimes
- Not sure

Any comment?



8. Do you feel you have enough time to ask people for their feedback?

- Yes
- No
- Sometimes
- Not sure

Any comment?

9. Do you think that minority groups and vulnerable people are given an equal opportunity to feedback their experiences?

- Yes
- No (go to Q.11)
- Not sure

10. Can you give an example(s) of how your service ensures that feedback is obtained from minority groups and vulnerable people?

11. What more could be done to ensure that minority groups and vulnerable people can share their experiences?

12. Do you feel supported by senior management to obtain feedback from service users?

Yes

No

Why?

13. Does the Trust keep you informed about what people are saying about the service you help to provide?

Yes

No

Sometimes

Never

Not sure

Any comment?

14. How would members of the public know that your service listens to feedback and makes changes/improvements as a result of feedback?

15. Do you want to tell us anything else about the way maternity services collect feedback from people?

**Thank you for taking the time to complete this survey. A separate survey has been completed by people who have used maternity services in Calderdale and Huddersfield during the past 2 years. All responses will be carefully analysed and themed and a report will be submitted to the Trust in January 2017.**

**If you would like to know more about the results of this survey, please leave your name and contact details for how you would prefer us to get in touch. You can do this by clicking this link [contactform](#), which takes you through to the contact page. All you need to do is fill in your details and put 'maternity' in the comment box.**

**You can also contact us by e-mail - [info@healthwatchkirklees.co.uk](mailto:info@healthwatchkirklees.co.uk) or phone us on 01924 450379. To find out more about Healthwatch Kirklees, please visit our website**

**<http://healthwatchkirklees.co.uk/>**