

Response to the report: **Embedding feedback into maternity services at Calderdale and Huddersfield NHS Foundation Trust**

Introduction

The purpose of the report is to update Healthwatch on the ways in which the maternity service has shared and used the feedback from parents and expectant parents through the whole maternity service journey. The report sets out progress against the 6 key healthwatch recommendations and describes new initiatives emerging from the maternity patient experience group.

Healthwatch Kirklees provided a report (January 2017) based on an engagement project which explored how CHFT 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 project reviewed:

- The existing feedback opportunities
- The experience of staff in obtaining feedback
- Whether current / recent service users were given the opportunity to share their feedback and if they have any ideas as to how the methods of feedback could be improved
- Whether feedback opportunities were given to vulnerable people, fathers, minority ethnic groups and women with significant health conditions
- How the Trust demonstrates they have listened to acted on feedback.

The findings and recommendations have helped give direction to the Maternity patient experience activities which are co-ordinated through the Maternity patient experience group (MPEG), this group has continued to lead or influence the improvements and actions. The group's terms of reference (ToR) were refreshed in April 2016 to reflect the strong leadership within the group which is led by the clinical managers. The ToR for reporting was further amended in April 2017, to give clarity to the governance arrangements for the group - reporting to the Clinical Performance and Improvement Group (CPAIG), via a quarterly report.

The Healthwatch report put forward 6 points for the service to consider in order to 'embed feedback throughout maternity services'. Whilst there is still work to do, the service has made significant progress towards developing a culture where service user feedback is routinely sought and used to drive service improvement, using a co-design model.

Let people know their feedback matters:

The manager on the postnatal ward has contacted women who have given their personal email addresses and have consented to be contacted following discharge, to ask if they would consider becoming involved in different work streams as a recent user of the service. A good response has been received and a focus group will be held with the women to explore different options of commitment that suits the women.

Celebrate your success

Front facing 'you said we did ...' boards are updated quarterly and this is now embedded in practice.

Have a wide range of feedback options

The Clinical Managers for each service area has an individual improvement plan that is renewed / updated quarterly to reflect triangulation of new information. Feedback is collated from many

sources that include: FFT, direct contact through rounding of the ward managers and Matrons, themes and trends from women having debriefs with the Consultant midwife, guest books which are present on both Birth Centres for women to give feedback.

The ward managers now have individual bespoke DATIX dashboards that facilitate rapid information regarding complaints and incidents that support's triangulation of information that affects patient's experience.

The lead midwife for Public Health and Parent education has recently completed a Patient and Birth Partner survey (February- March 2017). Results have been used to inform the development of the 'Getting Ready for Birth' lesson plan.

Evaluations of the Stork Talk sessions have given useful feedback on both the content of the sessions and how they could be run more efficiently

Improve use of technology

The maternity website is evolving, it is being used to promote best practice, share information and provide access to videos. The group is currently exploring the many options using social media to gain further feedback and women will be asked at the focus group meeting what their preferences would be.

Consider opportunities to reach out to minority groups

The MPEG have liaised directly with the Lead Matron for Learning disabilities at CHFT who has agreed to create a bespoke training sessions for maternity staff and we plan to invite a previous user of the service to contribute to the session.

The deputy HoM is liaising with the specialist midwives to maximise opportunities to access vulnerable groups to gain their valuable feedback.

Use innovative ways of gathering feedback

A community manager is linking in with the local university to ask student midwives to become involved in gaining feedback from women.

New Initiatives from the Maternity Patient Experience Group

The feedback gathered has been used to identify opportunities for improvement, examples include:

- Privacy and dignity concerns identified a need to work with the junior doctors - an opportunity has been created to share information with the Doctor's on their Induction programme, prior to them working in maternity services at CHFT. The focus is 'walking in the woman's shoes' and will be crafted by scripting and role playing women's stories that reflect feedback from debriefs. The team will role-play 2 scenarios and will include participation from the medical staff, one is based in the ante-natal clinic and the second based on labour ward. Specific areas to be discussed include: informed consent, privacy and dignity.
- The ward managers have recently completed a maternity strategy for each area; each strategy includes the pledge that 'women feel supported and involved throughout their maternity experience'.