

Improving maternity user experience - 'Whose Shoes?' pilot

2014 – 2015

Executive summary

This report details the key findings from the Maternity Strategic Clinical Network's (SCN) project to deliver five pilot 'Whose Shoes' user experience workshops in collaboration with hospitals in the London region by the end of March 2015.

The key objective for the project is to meet the SCN's overarching aim to improve maternity care across London and improve women's and their families experience and involvement of care. An objective of this report is to review and evaluate the delivery of the 'Whose Shoes?' methodology and workshops across a smaller number of sites, prior to an anticipated wider pan London roll out and potential national implementation. This includes identifying the implications for wider implementation, sharing what worked well and reflecting on the limitations of the programme.

Introduction

Improving patient experience of maternity care is one of the key priorities for London Maternity Strategic Clinical Network.

NHS England's business plan for 2013/14 – 2015/16, Putting Patients First explains how our commitment to transparency and increasing patients' voice are fundamental to improving patient care and delivering better services.

To explore different views on maternity services and to initiate improvements across London, the London Maternity SCN User experience group has conducted a 'Whose Shoes' pilot with 5 London Trusts.

'Whose Shoes' is a facilitation tool for exploring such issues and concerns at a local level and the pilot has included a Trust from each of the five maternity network regions of London (South West, North East, South East, North West and North Central London). Through discussion of a wide range of scenarios and topics between staff and service users, the tool helps Trusts identify what needs to change and share examples of good practice. Local solutions can in turn be considered, prioritised and taken forward through a local action plan.

Given the short timescale from the pilot workshop events being held to the evaluation period, this report focuses on the outcomes and outputs a month on from each workshop and identifies any service improvement measures or new practices that are being taken forward as a direct result of the workshop. In addition, the report captures feedback from participants on the format, content and running of the pilot events.

Prior to the Whose Shoes workshops taking place, a baseline assessment also took place to establish the current level of service user involvement and engagement in maternity services across London (see Appendix 1) and it is envisaged that this will be reviewed in due course.

Background to maternity patient experience

The project was established in response to key issues identified through the CQC 2013¹ survey which highlighted that London remains the area of England with the worst perceived maternity care. This was supported by the SCN's maternity services snapshot questionnaire and thematic analysis, involving nine London Trusts in March 2014, which identified major areas for improvement in London including consistency of caring attitudes by staff towards women and effective and consistent communication and information.

This pilot project also supplements the Celebrating the Best of the Maternity Experience of Care work done by the NHS England Patient Experience Network.

Whose Shoes tool and workshops

The pilot workshops took place in five Trusts from each maternity network area in London. The Trusts included Kingston Hospital NHS Foundation Trust, Lewisham and Greenwich NHS Trust, West Middlesex University Hospital NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust and The Whittington Hospital NHS Trust. The workshops were all held on site in education centres at hospitals.

Participants

The pilot workshops included a wide range of Trust staff from all disciplines together with participants from the community including people using services and volunteers. The Trust project lead was responsible for the attendance list but encouraged to invite 40 participants with representation from the following groups:

- Anaesthetics
- Children's Centre
- Commissioning
- Communications
- Executive team
- General Practice
- Health visiting
- Housekeeping
- Local maternity network
- Midwifery
- Medical support including healthcare assistants
- MSLC
- Neighbouring Trust
- Neonatology
- Obstetrics
- Operating
- Patient experience / involvement
- Reception and administration
- Service management
- Service users (including mothers, partners)
- Volunteering staff

Recent service users were able to bring their babies to the event and baby care facilities were available at each venue.

Environment

A key element of the day was to ensure a friendly, inviting environment to help participants feel comfortable and relaxed and encouraging a diverse group of people to get involved.

Fun elements included bunting, sweets on tables and all sites organized a “Bake Off” with cakes and biscuits provided.

Materials

Five copies of the Whose Shoes board game were loaned to the SCN for the pilot and bespoke maternity scenarios were developed for the game. The scenarios were designed to generate discussion and concentrated on known barriers and included local issues. The aim was to make people think and to challenge attitudes, values and norms.

Ideas for the scenarios and poems came from Nutshell, social media and Twitter and the SCN user experience group. As issues differed across London, each workshop was able to use cards in the board game which reflected their local priorities.

Delivery of local workshop

The principles for delivering the workshop on the day were:

- Member of the SCN user experience sub group to lead the delivery of the workshop.
- The lead to provide a brief overview on the purpose of the workshop.
- If possible, a local user in attendance to provide an overview of their experience.
- 5 subgroups of 8 people to play the board game and each table to be facilitated.
- Facilitation to be provided by the working group lead, other key Trust staff and SCN team.
- Each group to play the board game, the themes to be captured and graphically recorded.
- The key themes summarised and feedback provided.
- Each attendee to make up to 3 personal pledges.
- **Each table to agree at least one key pledge for the Trust to take forward in an action plan*

**principle added after first workshop*

Graphic recording

All workshops included a graphic recording which was used to capture the key issues and themes of the discussion. New Possibilities were responsible for delivering the live graphic recording and summarising the key issues to participants at each event.

Approach

The programme used an ‘action learning’ approach, sharing and building from one workshop to the next in order to maximise learning and further refine workshop content.

The SCN developed material such as the use of action plans after the first workshop as it was recognised that in order to deliver a significant change in outcome this was required. As a consequence, all participants at the workshop were asked to discuss their pledges and

each table nominated at least one key pledge that they felt should be taken forward by the Trust. These pledges underpinned the action plan and the SCN has been responsible for monitoring progress and implementation of the plans.

Training session on Whose Shoes

A Train the Facilitator session was held in February 2015 in order to share the learning of the pilots and ensure future sustainability. Individuals interested in taking forward the approach in London and nationally were invited including the Heads of Midwifery in London and other key organisations such as the National Childbirth Trust.

The workshop covered:

- Aims of project
- Context and how the workshop might work in Trusts locally
- User views from pilot workshops
- Organisation views from pilot workshops including action plans / pledges
- Introduction to the game
- Elements of SCN maternity experience workshop guide – learning from the pilots
- Principles and benefits of graphic facilitation
- How the approach is rolled out
 - Practicalities of the games including funding ideas
 - Early adopters
 - London and elsewhere

The maternity experience [workshop guide](#) was developed by the SCN to underpin the event and share learning from the pilot workshops. It is envisaged that it could be used locally by Trusts holding user experience workshops and provides supporting materials for doing so.

Management and administration of the project

The SCN team were responsible for managing the administration and co-ordination of the workshops and facilitation at several of the events.

Results and findings

The pilot workshops were attended by approximately 235 staff members at following London Trusts:

Trust	Date	Attendees
Kingston Hospital NHS Foundation Trust	17 th October 2014	55
University Lewisham Hospital	21 st November 2014	46
West Middlesex University Hospital	16 th December 2014	60
Barking, Havering and Redbridge University Hospitals	5 th February 2015	49
Whittington Hospital NHS	25 th March 2015	25

93% of attendees said that the workshop changed the way that they think about maternity services and have spoken about seeing situations from new perspectives, thinking differently and reframing their actions. Attendees have commented on this positive shift in their perceptions.

'Thought provoking...'definitely placed the user at the centre of the process'

'It is important to remember the impact my actions have on the women I care for. I really can make a difference'

'It was important as a user to hear different perspectives from different professionals'

The key themes that emerged from all of the Whose Shoes pilot workshops were:

- Choice
- Language
- Communication
- Continuity of Care
- Quality and improvement
- Relationships

Choice

Discussions centred on birth place settings and the importance of informed choice for women. It was highlighted that information on birth place options and preparation for labour and birth should be provided by healthcare professionals which is accessible, balanced and conveys the risks and benefits of the settings and interventions in a meaningful way to users. It was noted that this brings confidence and empowerment to women and allows them to take control.

It was highlighted that home births are a choice and this message should be conveyed more effectively to women. It was also reflected that the perceptions and fear associated by some women with home births should be tackled with good information provision and choice is again key to this area.

The importance of discussing birth plans was flagged and specifically, that if it is not possible to follow a woman's plan, the reasons should be clearly explained by healthcare professionals in order to inform expectations. Furthermore, choice for pain relief was a topic which also came up in conjunction to birth place settings and the importance of women understanding their choice in relation to the setting.

Language

A common theme across all of the pilots was language and the importance of avoiding clinical jargon and abbreviations when providing women with information. Moreover, the workshops reflected that words with negative connotations such as 'failed induction' and 'allowed to have a home birth' impacts on the confidence of users and the relationship and Trust with healthcare providers.

The workshops also reflected the importance of maternity services addressing the barriers of language and ensuring that women whose first language is not English, receive clear information in order to make informed decisions and choices.

Communication

There were many strands to the discussions around communication. All of the workshops signalled the importance of everyday language and manners such as introductions and drew on the 'Hello my name is' campaign. Lots of general communication and customer care comments were raised on smiling, providing encouragement, being sensitive and the importance of listening. The Lewisham workshop also focused on learning from sectors such as retail and the customer care principles and values delivered in high street shops such as John Lewis and Waitrose.

Training and the lack of opportunities to partake in training emerged as an issue and in particular around the delivery of sensitive information, for example in relation to bereavement and counselling. In addition, the importance of raising awareness amongst staff on topics such as FGM was highlighted whilst it was also reported that learning from mentors is valued.

Wider discussions focused on the use of social media as a method to reach users. Many of the workshops spoke about developing virtual midwives / health visitors for addressing questions and the use of computer apps in clinics to inform clinical decision making. Moreover, the importance of ensuring Trust website information is clear and easy to use and navigate for users.

Another aspect that came up in relation to effective communication was the importance of informing user's expectations. For example, it was stressed that women should receive information around length of stay in order for them to be equipped and ready for the stay. Moreover, if there is a delay during their care, the reason and impact should be explained.

Continuity of Care

Workshop participants spoke about the importance of improving continuity of care and providing a high quality service to users which increases maternal satisfaction. It was noted that providing continuity of care is particularly important for women who carry social complexity and whom may have difficulty accessing services.

In addition, the importance of continuity of care as a pathway and between acute and community settings was stressed. At the Whittington workshop discussions focused on greater linkage and joined up working between midwives and health visiting prior to discharge and ideas for service improvement were put forward including a discharge lounge. Others also spoke about continuity with community services such as Children's Centres, particularly during the postnatal period, and better signposting of such services to users.

Quality and Improvement

Quality and improvement was a strong theme across all workshops and particularly so at BHRT. The key dimensions of quality and examples of areas for improvement are captured below:

Dimensions of Quality	Service improvement measures
More timely	Improving waiting times
Efficient	<ul style="list-style-type: none">- Introducing technology such as a new telephone system- National electronic system for patient records
Safe	<ul style="list-style-type: none">- Reduce suicide

	- Better understanding of mental health
Effective	- Implementing quality standards – safety, risk, choice - Skin to skin in theatre - Specialist midwife roles
Equitable	
Person Centred	- Understanding different needs - Special room for Stillbirths

Relationships

Many conversations were about around creating and strengthening relationships with various stakeholders. The value of greater involvement with service users was highlighted at many workshops where Trusts can obtain greater user experience feedback.

In particular participants felt that relationships should be deepened with MLSCs. The positive contribution of service users allows the MSLC including senior maternity staff members to identify areas of good practice, focus on where improvement is required on a real time basis and plan the development and design of services.

This led to number of new ideas and actions such as conducting a monthly ‘user experience round’ to talk with service users about their experience in hospital including care, food, cleanliness and attitude of staff.

Another example is the ‘Speak Up!’ project, which is a collaborative venture between Maternity Services, the Patient Advisory Liaison Service (PALS) and the Maternity Liaison Services Committee (MSLC) to ask women their thoughts about their care.

Furthermore participants discussed the importance of strengthening relationships between multidisciplinary teams and professionals. The seating plans were pre-planned so that each table has a mixture of Maternity staff and senior hospital staff. Staff were able to have a feel on different views and view solutions provided from different angles.

Conclusion

The project had several successful outcomes and met the original objectives of the pilot project. The innovative nature of the workshop proved to be very effective in creating a platform for maternity staff to explore patient’s experiences that staff wouldn’t otherwise experience. It has provided an opportunity of ‘walking in the shoes’ of others, especially service users.

The prime success of the workshops is that they prompted maternity departments and participants to generate ideas and to make changes that are relatively easy to implement. Changes that were not resource heavy and would cost very little to impleement.

Actions were locally developed, owned and delivered either by individuals or at service level with actions also benefitting the community through involvement of health visitors, children’s centres and of course women themselves.

Key outcomes and benefits at Trust level have included:

- Launching a project, ‘Speak Up’ for gathering user views on the maternity service

- Providing a service for women who have experienced birth trauma
- Streamlining the discharge process
- Redesigning maternity hand held notes
- Promoting and increasing use of skin to skin in theatre after C Section or instrumental delivery
- Producing a film to aid smoking cessation in younger women
- Establishing a Maternity Services Liaison Committee (MSLC)

Please refer to Appendix 2 for further information on completed and ongoing actions.

Involving Service Users for Quality Improvements in Maternity [booklet](#) also demonstrates some of the case studies from the Whose Shoes workshops in London.

Recommendations

We have a number of recommendations for effective running of Whose Shoes workshops. Most of the recommendations are a feedback from participants participating in the pilots.

Service users – involve more users. Due to other commitments such as childcare, users can cancel at short notice. Funding for childcare expenses could help users commitment. Invite fathers and birth partners to share their experiences. The variety of user experience could be considered positive and difficult experiences. A BME groups should be represented.

Variety of participants – invite more student midwives and medical students and frontline staff such as reception, admin, HCAs staff, cleaners and stretch the invite to Health Visitors and commissioners. Mix in the 'unconscious incompetent' colleagues amongst the groups. Invite staff in need of customer service development.

Groups – smaller groups at the table can lead to more in depth conversations. A maximum of 8 people per table is ideal.

Timing – many participants felt that longer workshops would have been better and would allow the focus to shift from problems to solutions.

Scenarios – some participants felt that some scenarios were repetitive. In addition participants also wished they could have submitted scenarios before the workshop for discussion.

References

1. The national maternity CQC survey, <http://www.cqc.org.uk/content/2013-national-maternity-survey>

Appendices (including HOMs questionnaire, verbal questionnaire)

Appendix 1:



Maternity service
user questionnaire



Maternity user
involvement question

Appendix 2: Actions and outcomes from pilot workshops



Actions and
outcomes from pilot u