

Meeting: Trust Board Meeting in Public

Date: 28 February 2023

Agenda item	Picker Maternity Survey 2023
Board Lead	Karen Bonner – Chief Nurse
Author	Heidi Beddall/Michelle East – Director of Midwifery
Appendices	Picker Maternity Survey 2023 (available in full in the Reading Room)
Purpose	Assurance
Previously considered	October SDU governance, November Divisional Board and Executive Management Committee. November Patient Experience Board

Executive summary

This report summarises the findings from the annual Picker maternity survey conducted in 2023. 61 Trusts with maternity services opted into the national survey. The sample for the survey includes all women over 16 years of age who had a livebirth in February 2023.

A total of 89 questions were asked in the survey, of these 56 can be positively scored, with 52 (of these 56) which can be historically compared. 4 questions cannot be historically compared due to a change in methodology. Results include every question that received more than 30 responses.

The response rate was 37% (197 women). The response rate is 5% lower than the Picker average and 12% lower than last year's survey at BHT. However, compared to last year, there is significantly greater representation of women from the global majority.

- 95% of women reported being treated with kindness and compassion during labour and birth
- 95% of women reported having confidence and trust in staff during labour and birth
- 97% of women reported that the midwives and doctors were aware of their medical history during the antenatal period

In addition to these, the following scored higher than the Picker average:

- Being involved enough in decisions to have labour induced
- Given enough information on the risks of induction of labour
- Discussing their mental health postnatally with their GP

These also featured in the most improved scores for the Trust compared to the 2022 survey.

The five questions with lowest scores compared to the Picker average related to partners staying, infant feeding support and advice at night and weekends, discharge without delay, choice of place of birth and concerns being taken seriously in labour. Of note, discharge without delay is also in the most improved. There is a low score about visiting that has not improved since last year's survey. Since November 2023 partners are now able to stay overnight on the antenatal and postnatal ward and recruitment into the infant feeding team provides increased support.

Of the five most declined scores, four relate to care in labour and one is about seeing the midwife postnatally as much as would be liked.

Findings from this survey have been reviewed with the maternity and neonatal voices partnership and a co-designed improve plan has been developed as a result. These actions are reviewed at area specific forums to provide oversight.

- Care in labour must be a priority in the improvement plan and there must be a specific focus on inequality due to the nationally recognised discrimination of women from diverse backgrounds and the disproportionate impact on outcomes and experience for Black and Asian women and babies.

The results of the survey were presented internally at the Executive Management Committee on 10 October 2023 whilst these were still under embargo.

Decision	The Board is asked to take assurance from the actions already underway to support the lowest scoring elements.		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input type="checkbox"/>	Net Zero <input type="checkbox"/>
Relevant objective			
<input type="checkbox"/> Improve waiting times	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input type="checkbox"/> Improve the experience of our new starters	
<input checked="" type="checkbox"/> Improve safety		<input type="checkbox"/> Upskill operational and clinical managers	
<input type="checkbox"/> Improve productivity			
Implications / Impact			
Patient Safety	Impact on quality and safety standards and patient experience		
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards		
Financial	Nil		
Compliance CQC Standards Person-centred Care	Person centred care, dignity and respect, safety, complaints		
Partnership: consultation / communication	Maternity and neonatal voices partnership BOB local maternity and neonatal system		
Equality	The 2023 survey respondents have greater representation of women from the global majority. Nationally it is recognised that discrimination of patients from diverse backgrounds exists and that there is disproportionate impact on outcomes and experience for Black and Asian women and babies. The survey results particularly themes about labour care must be considered through the lens of inequality.		
Quality Impact Assessment [QIA] completion required?	No		

1 Background

- 1.1 The Picker Maternity survey is the CQC's preferred maternity service user experience tool. In 2023, 61 Trusts with maternity services opted into the national survey. The results show a comparison between those 61 Trusts.
- 1.2 A total of 89 questions were asked in the survey, of these 56 can be positively scored, with 52 (of these 56) which can be historically compared. 4 questions cannot be historically compared due to a change in methodology. Results include every question that received more than 30 responses.
- 1.3 The survey was open to all women over 16 years of age who had a livebirth in February 2023.

2 Sample

- 2.1 536 women were invited to take part. The response rate was 37% (197 women). The response rate is 5% lower than the Picker average and 12% lower than last year's survey at BHT. However, compared to last year, there is significantly greater representation of women from the global majority (See figure 1 (2023) vs figure 2 (2022)).

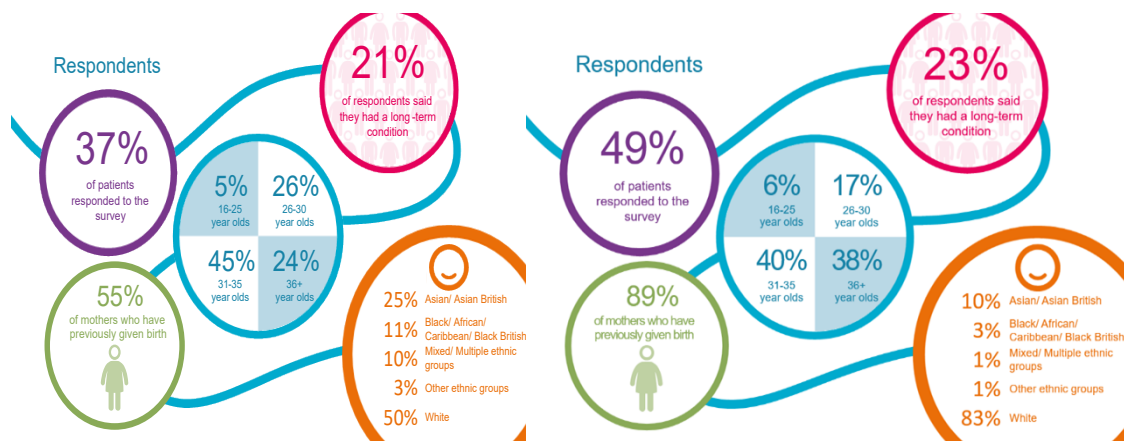


Figure 1

Figure 2

3 Findings

- 3.1 Respondents reported a higher score than Picker average in relation to midwives and doctors aware of medical history (antenatal). This was an increase of 11% compared to last year and 8% higher than national average.
- 3.2 Four more higher than Picker average scores were related to midwives and doctors aware of medical history (labour), induction of labour and post natal mental health.

Top 5 scores vs Picker Average	Trust	Picker Avg
B7. Felt midwives or doctor aware of medical history (antenatal)	97%	89%
C6. Involved enough in decision to be induced	93%	87%
C5. Given information/advice on risks of induced labour	75%	70%
F20. Felt GP talked enough about mental health during postnatal check-up	76%	72%
C20. Felt midwives or doctor aware of medical history (during labour and birth)	92%	89%

3.3 The five most improved scores related to induction of labour, midwives and doctors aware of medical history (antenatal) and discharge without delay. Induction of labour and discharge without delay were in the most declined and lowest scoring questions in the 2022 survey.

Most improved scores	Trust 2022	Trust 2021
C4. Felt they were given enough information before induction	84%	57%
C5. Given information/advice on risks of induced labour	75%	56%
C6. Involved enough in decision to be induced	93%	78%
B7. Felt midwives or doctor aware of medical history (antenatal)	97%	86%
D2. Discharged without delay	56%	46%

3.4 The five questions with lowest scores compared to the Picker average related to partners staying, infant feeding support and advice at night and weekends, discharge without delay, choice of place of birth and concerns being taken seriously in labour. Of note, discharge without delay is also in the most improved. There is a low score about visiting that has not improved since last year's survey. There is a current improvement project underway about visiting and partners staying.

Bottom 5 scores vs Picker Average	Trust	Picker Avg
D6. Found partner was able to stay with them as long as they wanted (in hospital after birth)	29%	57%
F16. Received support or advice about feeding their baby during evenings, nights or weekends	62%	70%
B3. Offered a choice of where to have baby	68%	76%
C13. Felt concerns were taken seriously (during labour and birth)	73%	81%
D2. Discharged without delay	56%	63%

3.5 Of the five most declined scores, four relate to care in labour and one is about seeing the midwife postnatally as much as would be liked. There is a distinct theme about labour care.

Most declined scores	Trust 2022	Trust 2021
F5. Saw the midwife as much as they wanted (postnatal)	57%	65%
C13. Felt concerns were taken seriously (during labour and birth)	73%	78%
C14. Able to get help when needed (during labour and birth)	92%	97%
C17. Treated with respect and dignity (during labour and birth)	95%	99%
C18. Had confidence and trust in staff (during labour and birth)	95%	98%

3.4 All remaining questions fell within the average range.

4 Actions

The codesigned action plan (trust and MNVP) specifically addresses the poorest performing elements of the survey. Actions already taken in response are as follows:

Antenatal Care

- Improved use of social media to improve education around specific elements of pregnancy via videos and live Q&A sessions led by midwives and doctors.
- Consultant midwife led birth options clinics to provide support to develop individualised birth plans for antenatal, intrapartum and postnatal care.
- Improved signposting on Trust website

Labour and Birth Care

- Recording of patient story to use as a basis for a workshop taking place on 7th March regarding delivery of personalised care to reduce trauma
- Triage pathway modified to ensure women in labour are provided 1:1 care on immediate arrival
- Simulated scenario on maternity mandatory training regarding consent, dignity and informed choice

Postnatal Care

- 24 hour visiting for birth partners during antenatal admission for induction of labour and the first night post birth
- Monthly walkthroughs of clinical areas with Sodexo to monitor cleaning standards
- Recording of suite of videos in top five languages to provide advice and guidance for the early antenatal period
- Baby Friendly Initiative stage 2 accreditation scheduled for June 2024

5 Conclusion and recommendations

The overall response rate in the 2023 Picker maternity survey was lower than average and 2022 survey results. However, there was significantly greater representation of women from the global majority.

The majority of responses were in line with the Picker average. Key areas of improvement are induction of labour, awareness of medical history, post-natal mental health and discharge delays.

However, there is a theme in the most declined scores regarding labour care and a low score about visiting that has not improved since last year's survey.

Findings from this survey have been reviewed with the maternity and neonatal voices partnership and a co-designed improve plan has been developed as a result. These actions are reviewed at area specific forums to provide oversight.

Care in labour must be a priority in the improvement plan and there must be a specific focus on inequality due to the nationally recognised discrimination of women from diverse

backgrounds and the disproportionate impact on outcomes and experience for Black and Asian women and babies.

6 Action required from the Board/Committee

The Board is requested to note the results from the survey and to monitor the action plan once developed through the trust governance structures.

APPENDICES

Appendix 1: BHT Maternity Survey 2023