Patient and public involvement in quality improvement

Best practice case studies

NHS

London
Strategic Clinical Networks

December 2015

About this document

London
Strategic Clinical Networks

The London Maternity Strategic Clinical Network (SCN) aims to improve maternity user experience and involvement across London.

As a result, the network has worked in collaboration with Nutshell Communications and hospitals in the London region to deliver *Whose Shoes?* user experience workshops.

These workshops allow participants, including healthcare professionals, commissioners and users, to explore local concerns, challenges and opportunities and work together to achieve actions that are shared and owned, focusing on service improvement.

In order to facilitate shared learning across the capital, this document provides case studies which illustrate some of the outcomes from trusts who have to date taken part in the workshops. It outlines the key learning, development and project contacts.

Further information on the project and running a workshop can be found in the Maternity experience user guide on our website, www.londonscn.nhs.uk.

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Case study 1: Guy's and St Thomas' NHS Foundation Trust

Women's wishlist: Instrumental births

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Aims
To increase awareness of women's wishes at instrumental births especially amongst non-midwifery staff in the theatre environment.

Rationale
At our *Whose Shoes?* event in July 2015, supervisors identified that they have been approached by many 'traumatised' (to differing levels) women and families who have had instrumental births.

Development
Women at the event were asked about the things that would make a difference to them. These were collated and made into a poster which is displayed in both obstetric theatres and the anaesthetic rooms.

At a *Showing we care* day attended by healthcare professionals, all staff groups were asked to do a 'lithotomy challenge'. This involved getting the staff member into lithotomy whilst different situations were simulated: PPH, emergency bell for bradycardia and unsuccessful ventouse for example.

Challenges
Measuring success of both interventions (hard to do a baseline survey).

Outcomes
In the survey following the safety day, professionals said that the lithotomy challenge had affected the length of time they would 'leave' a woman in lithotomy and would make them consider assistance bell rather than emergency bell if possible to reduce the woman's exposure.

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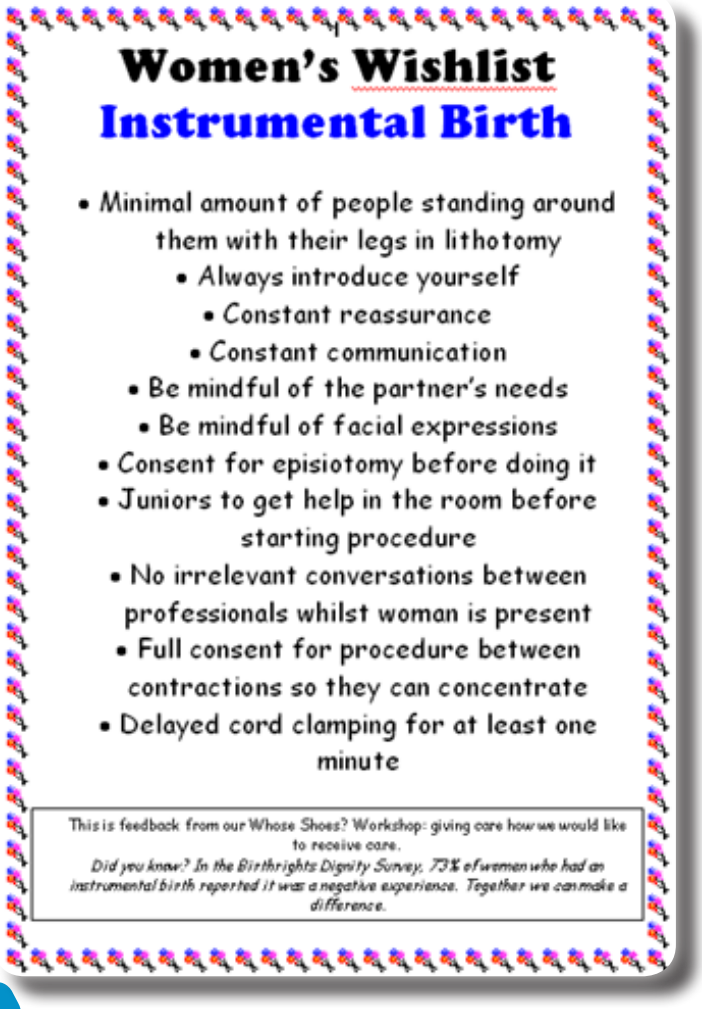
Top tips for providers & commissioners

Get theatre staff involved in maternity experience campaigns early so that they own the work and can be advocates for women and each other. This will make these interventions more successful.



Welcome to the ward project: Airline style flashcards

Aims

To standardise the information that is given to women on arrival to the ward in order to make them safe, welcomed and to manage their expectations.

Rationale

Women told us through the *Whose Shoes?* workshop, MSLC, Birth Afterthoughts Clinic and complaints that they were sometimes not shown the buzzer so they did not know how to get assistance if they were concerned. This was particularly pertinent post caesarean section and if they were immobile.

Women reported that sometimes they were not told when mealtimes were so they missed them when visiting their baby in NICU, for example. In addition, they sometimes did not know when visiting times were so would have relatives arrive too late or too early. Sometimes women reported that they had different expectations to reality: for example, lack of 1:1 when not in established labour; expecting 24-hour access to the ward by family members; and expecting to stay long periods in an area.

Development

The project started on postnatal ward. An initial survey of staff and women was done. Staff were asked the most common things asked by women on the postnatal ward. The women were asked about information they got on arrival to the ward, and women who had been there for more than 24 hours were asked what information they would have liked before that point.

The desires of women and staff were then collated and developed into an airline-style safety flashcard which hangs by every bed.

We then trained staff at huddles to use the flashcard; the admitting midwife or support worker stands by the bed and goes through each point on the flashcard. The woman is then aware of who her named staff member is, and is aware of the top points for the ward.

The flashcard was audited and found to be highly successful (see outcomes), so it was then rolled out across the antenatal ward, *Home from Home* and the obstetric labour ward. The card was altered according to the area. Pre and post surveys were done.

Top tips for providers & commissioners

Get different grades of staff involved from the relevant areas so that they can help with training and advocating the use of the flashcard.

Challenges

Getting staff to use the flashcard consistently; training was ad hoc and not all staff could attend the training huddles.

Outcomes

Following the introduction of the flashcard in all areas, a survey found that 100 per cent of women found that the information on the card was useful. (Areas were surveyed separately.) The initial post-introduction survey showed only 50 per cent compliance amongst staff. However, following further training, email reminders and posters about the flashcards, a re-audit found compliance to be 100 per cent.

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Case study 3: Kingston Hospital NHS Foundation Trust

Maternity graffiti board

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Aims
To provide an innovative and visual opportunity for users and their families to communicate with maternity services.

Rationale
The idea emerged from the Kingston maternity *Whose Shoes?* event. The aim was to provide a canvas that enables all family member / visitors and users to give instant feedback to the service and to people that enter the unit. The rationale was to think creatively about how we collect information and feedback from those using the service (through words and images).

Development
The idea was developed, and it was decided that two large black boards would be mounted in the entrance areas of two maternity areas.

The blackboard and chalk was purchased through procurement (costing £180). The estates department agreed to wall mount these (costing £30 each).

No rules were set regarding the content, however the board is reviewed by the supervision team to ensure appropriate content is displayed.

Top tips for providers & commissioners

Consider such simple and effective tools.

Challenges
The main challenge was navigating the NHS procurement system and the associated delays related to this.

Outcomes
The black board is used by partners, friends and relatives. Information is communicated via words / graffiti and images.

The majority of messages are communications to midwives and the team thanking them for their support and care. This provides positive images for all people entering the service.

The board is often used for partner to congratulate their partners.

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Case study 4: Kingston Hospital NHS Foundation Trust

User page on Kingston maternity website

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Aims
To provide useful online resources for women and their families, developed by user.

Rationale
There was significant support from users and the maternity team that the new Kingston maternity website was an important resource for women to access up-to-date information.

A suggestion was made that a user page should be developed signposting women and their partner to external websites and resources.

Development
The MSLC formed a small working group to develop a list of topics and resources for the website. The consultant midwife created a user page on the maternity website.

Ongoing reviews will ensure that new resources and user feedback is incorporated.

Challenges
Time.

Outcomes
- Positive feedback from users.
- Listening to women.

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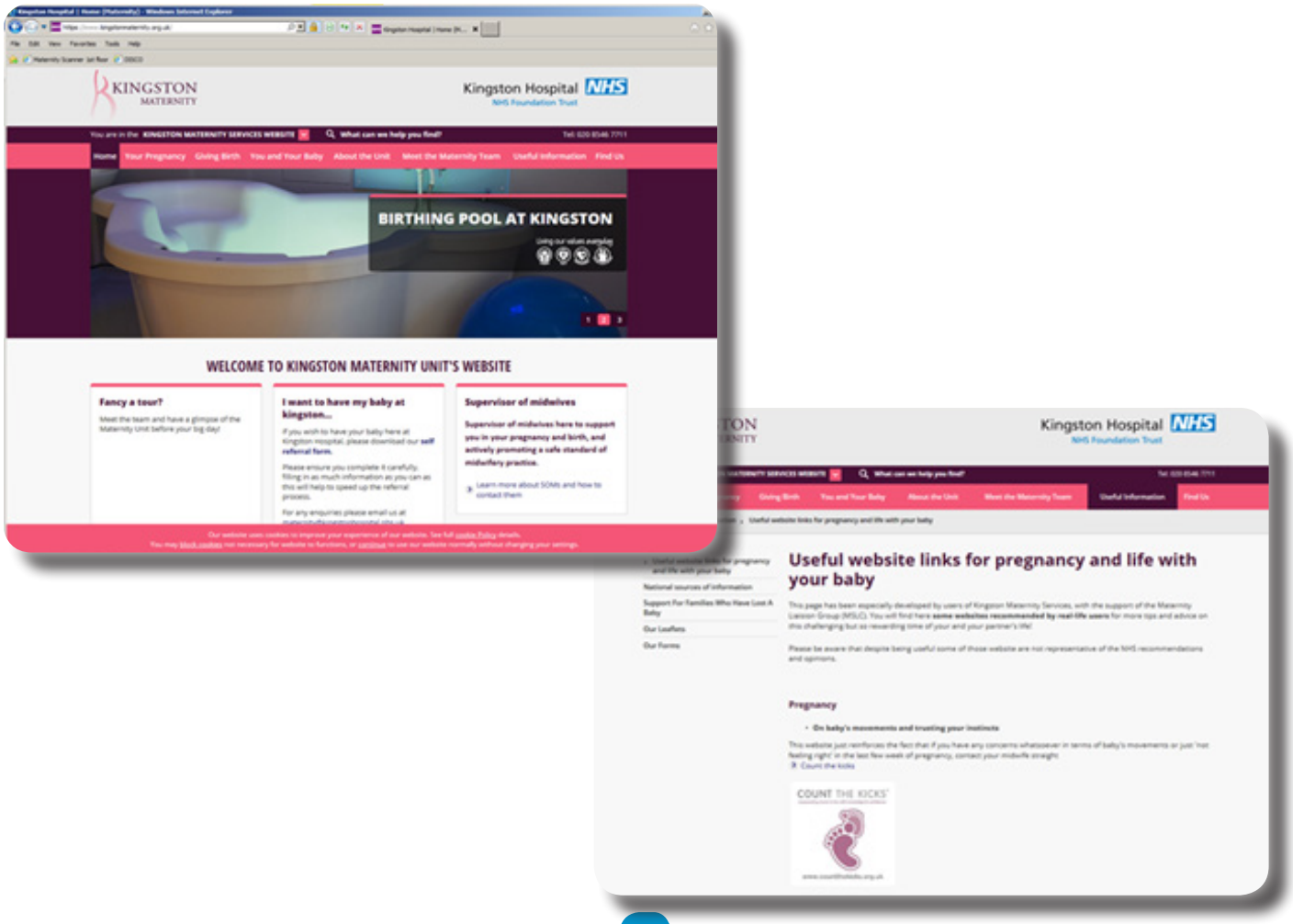

Case study 5: West Middlesex University Hospital

Speak up! project

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Aims

- Facilitate feedback from women and their families at all stages of their maternity journey.
- Use peer volunteers in clinical areas to obtain feedback from women and their families.

Rationale

At our *Whose Shoes?* event in December 2014 maternity service users and staff identified the desire to get timely feedback from women and their families during their maternity journey so that women might see changes during their pregnancy based on their feedback.

Development

A working group was established, consisting of volunteers from the Maternity Services Liaison Committee (MSLC), midwives, obstetricians and the PALS team.

Four clinical areas were chosen for data collection: antenatal clinic, antenatal ward, postnatal ward, postnatal clinic.

Pro-formas for data collection from each of the areas were created.

Peer volunteers tested the pro-formas during a pilot phase.

The pilot phase is now nearing completion, and work will begin to analyse the data collected and adjust the pro-formas as the project moves into phase 2.

Challenges

Trying to get everyone in a room together to plan the project! We overcame this by flexibility in both place and timing of meetings.

Outcomes

The pilot project is still underway, but an early outcome was to implement a suggestion from a maternity service user to improve signposting in the clinic area by using coloured floor signage to the different clinical areas in the antenatal clinic.

Top tips for providers & commissioners

Key to the success is involvement of women and all staff groups.

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Case study 6: Lewisham and Greenwich NHS Trust

Improving information around maternity care and choice

London Strategic Clinical Networks

Aims
To redesign information available to women to make it more woman friendly and easily understood.

Rationale
We were informed at our workshop that although we feel that the notes women carry belong to them, women did not feel the same. We were told that the language is often not understood, the writing within the notes is often illegible and women did not feel equal partners in their care.

Therefore, one of our pledges was to redesign our antenatal handheld notes with greater user involvement.

In addition to this, we were also informed that often the information we give out is, again, not woman friendly and not easily understood. Women did not always understand their choices around place of birth. It was suggested that a lot of our information could be much more visual and the maternity service has worked with the MSLC to produce a *birth place* poster.

Development

Redesign of the maternity handheld notes
This was commenced soon after our November 2014 workshop. It has taken almost a year to develp the final draft, which is just about to go to print. It has proved extremely difficult to make the notes fit for purpose from a clinician's perspective whilst keeping jargon out of them. There is a plan to pilot these notes for two months to see if women feel that they belong to them and feel able to ask questions using their notes.

Birth place poster
The *birth place* poster has been printed and is displayed around the maternity units, in children's centres and GP surgeries.

Challenges
With regards to improving our maternity handheld notes, the challenges have been engagement from all aspects of the workforce. Women have been extremely engaged with the process, and we have used our MSLC to ensure user feedback and comments.

Top tips for providers & commissioners

Our MSLC are a fantastic resource and sometime underutilised. Our service covers three boroughs, and therefore we are fortunate to have a variety of different user groups. Commissioners should engage with the committees, as they are an extremely valuable resource that are not always appreciated.

Outcomes
A complete redesign of the handheld notes, which has taken one year to complete. We are now about to commence a redesign on the labour and postnatal note.

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Case study 7: Kingston Hospital NHS Foundation Trust

#KHFTWhoseshoes: Using the *Whose Shoes?* across the hospital

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Aims

The project was aligned to two of our corporate strategic objectives 2015/16:

Provide outstanding care

- Improve user experience – Best can always be better; we want care to be rated outstanding.
- Continue to develop a culture where staff feels empowered to make change.
- Develop genuine partnerships between users and staff.

Improve staff experience

- Break down traditional hierarchical barriers.
- Make staff feel valued and part of a team.

Rationale

The project was divided into two phases over one year. Work targeted areas of need within the trust as identified by staff, patient surveys or complaints.

Phase 1 ran from May through Octocber 2015. Two areas were focussed on initially -- admin and theatres -- with bespoke material developed with Gill Phillips from real situations and staff interviews.

Development

Admin

We held a drop-in workshop on the Trust Open Day in June, inviting a spectrum of admin and other staff and our users, to:

- Link admin teams to patients
- Demonstrate recent changes and desire to improve to our local community.

Theatres

We held a workshop for 40 staff from theatres and anaesthetics using an existing governance afternoon focused on improving teamwork and behaviour and patient experience.

The cost was that of graphic facilitation and development of new *Whose Shoes?* material and facilitation.

Challenges

We needed to ensure critical people were targeted and invited ahead of time and get their commitment to attend. (There was less surgical input to the theatres workshop than desirable as we had assumed they were coming.)

Top tips for providers & commissioners

An enthusiastic leader is required to lead the work and bring others with them. The leader needs some freedom to experiment and see where the project takes them to get the most out of it. Senior support is required, although the changes and ownership will end up being bottom up.

There needs to be a number of suitable facilitators across the hospital, as 4 to 5 were needed for each workshop.

Outcomes

Admin session

No specific pledges, as it was a drop-in, open day session. However, it gained public awareness of culture of openness and transparency, and a desire to improve services. Positive feedback was received from the local MP and Mayor, as well as staff and the public. It brought the project to wider attention within the trust and launched a monthly project newsletter. A follow up internal session with admin staff is planned for December.

Theatres

There was a large number of individual pledges from attendees, some of which have already been put into action (eg improving the environment in recovery, making theatres more dementia friendly, thinking about behaviour to others, saying *thank you* to other members of the team, etc). There was a noticeable change in the team, as reported from the exec walk round. Positive feedback from the team has resulted in a request for a further workshop in day surgery.

There is ongoing work across the hospital in other areas, too.

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Case study 8: Barking, Havering and Redbridge University Hospitals NHS Trust

Increasing user engagement and MSLC ways of working

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Aims

- Increase user engagement and involvement into the service.
- Receive feedback at key forums and meetings, such as MSLC meetings in order to improve quality and outcomes.

Rationale

At our *Whose Shoes?* event in February 2015, it was pledged that the service would maximise opportunities for receiving user input and feedback. In addition, that the subsequent actions and outcomes would be monitored.

Development

The MSLC at BHRUT chose to focus on two key areas:

- Introducing different user voices to the MSLC.
- Sharing more personal experiences.

Following the *Whose Shoes?* workshop, it was agreed by the local MSLC that in order to obtain greater user feedback, a recent user of the service would be invited to share their experience at each MSLC meeting.

The positive contribution of service users allows the MSLC, including senior midwifery 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.

Broad user representation on the MSLC is key and the workshop generated lots of interest in the BHRUT MSLC. As a result, involvement from parents has actively grown.

Top tips for providers & commissioners

Consider simple methods for gathering real time feedback and driving change.

If such a forum does not exist locally, it should be established.

Challenges

Ensuring the user representation on the committee reflects local demographics and the needs of hard-to-reach women and families.

Outcomes

The sharing individual personal experiences at each MSLC meeting has allowed staff to share good practice and make improvements where appropriate. For example, one user provided feedback that she didn't feel that her questions were 'buzzer worthy' and she didn't wish to bother staff. However, following the discussion at the MSLC meeting, staff now do a five minute *walk the patch* every morning to chat to mums and advise and help them where possible.

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Introduction of carbon monoxide (CO) screening pilot for pregnant women

Aims

- Implement NICE(2010) guidance on CO monitoring.
- Increase number of referrals to smoking cessation services.
- Offer health and wellbeing advice in pregnancy about smoking and its effects.
- Train midwives on smoking cessation at level 1 so as to be able to offer CO monitoring and subsequent advice.
- Ensure that data on smoking in pregnancy is captured accurately.

Rationale

Midwives have a public health responsibility within their role, and national stillbirth rates in England (4.7 per 1000 births) have been stagnant for some time.

Smoking in pregnancy is linked to an increased risk of pregnancy and neonatal complications such as abruption, placenta praevia, premature labour, perinatal mortality, intrauterine growth restriction, neonatal stress and irritability, hearing loss, and respiratory problems. It also affects fertility — both male and female.

Detection of smoking and referrals to smoking cessation services for pregnant women at Whittington Health was low. Smoking is the single most modifiable behaviour in pregnancy. As part of the public health agenda and NICE guidance, it was appropriate to offer CO screening for pregnant women.

Public health funds were sought to help with this project and Smokefree Alliance for Camden and Islington and Haringey Public Health both funded the pilot, which commenced in August 2015.

Development

In October 2014 a proposal with costings for a CO screening pilot was put to public health in Islington and Haringey. Resources requested included funding for CO monitors as well as training for midwives.

There was a keen interest to support the project, so several meetings were held across the public health agencies to define the project further and agree funding.

The final funding was for 38 CO monitors and two days per week for a project midwife to help monitor the pilot. The funding was only for the initial set up--not long term.

Training has been free, as the smoking cessation team delivering the training is part of Whittington Health ICO. Two hours of smoking cessation training is being delivered at midwifery study days on a rotational basis.

A pilot was the best option to start with, as our women are represented over two local boroughs (Islington and Haringey) and from other boroughs. The pilot is being offered within three midwifery teams that represent all the areas so that we have equity and can gather data that is relevant and accurate.

Midwives have been issued with CO monitors, guidance crib sheets and information sheets as well as training to ensure that they have the confidence to participate and provide relevant and accurate information to women. The project midwife is on hand to help with queries and to collate data on a weekly basis for numbers of women screened, CO levels recorded, numbers of women referred to smoking cessation services and collecting qualitative survey forms asking women about the CO screening process.

The evaluation data and questionnaire has been jointly agreed and designed by Islington Public Health.

The pilot will end in February 2016 and the final evaluation will then be analysed and published.

Case study 9: Whittington Health

Introduction of carbon monoxide (CO) screening pilot for pregnant women

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Challenges

- Senior level support for the public health. agenda on CO screening for pregnant women
- Accessing and applying for funding to commence the pilot.
- Agreeing the terms and aims of the project and having clear objectives.
- Short term funding only – so cost of sustaining the service long term sits with the trust.

Outcomes

- Final evaluation planned for February 2016, when pilot ends.
- Increase in numbers of smoking cessation referrals among pregnant women – increase quit figures.
- Accurate data collection on smoking in pregnancy.
- Better data from smoking cessation services on numbers of referrals and outcomes.
- Analysis of qualitative survey on women's experience of CO screening.
- Evaluation of midwives views on offering CO screening.
- Interviews done by Public Health Islington on women who have agreed to be interviewed regarding CO screening.

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Top tips for providers & commissioners

- Have a public health lead or passionate individual to take this forward in trusts.
- Fund adequate CO monitors so that screening can be offered at booking and at every possible antenatal contact.
- Train midwives so that they have the knowledge to engage with pregnant women and partners on the topic of smoking cessation and advice with confidence.

Case study 10: Whittington Health

Whose Shoes? patient experience workshop

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Aims

To enable staff to understand the impact of their behaviours and practices on patient experience using an appreciative inquiry approach.

Rationale

Women told us through the *Whose Shoes?* workshop and through complaints that they felt staff needed to be aware of their experiences but felt this should be done in an amicable and supportive manner. Staff equally have raised concerns through the staff survey listening events that both their experiences and that of the women are not always what they would like it to be.

Research evidence has highlighted that a positive staff experience equates to a positive patient experience. The NHS Employers' pictogram *Why staff experience matters…* captures key points which would directly impact on patient experience, such as staff wellbeing and engagement.

Development

The information generated through the workshop and other forums were analysed. For example, staff introducing themselves, staff not having lunch breaks was noted.

The key findings of what women want and what staff wanted were discussed with an organisational development consultant to devise a programme using the *appreciative inquiry* technique for the 45 minute workshop.

Appreciative inquiry focuses us on the positive aspects of our lives and leverages them to correct the negative. It's the opposite of 'problem-solving.' (White, 1996).

The programme included a 'thought shower' of staff engaging as a group in acknowledging the things of which they are most proud as well as brief examples of things that 'let us down,' for example, staff not introducing themselves. A new key, *#Hellomyname is...* was promoted as part of the organisation sign up.

Staff were put into groups to use *Mind options tools* which capture what's working well or not, what learning could be achieved, alternative ways of working and things to take forward.

Additional discussions were facilitated around self-care, escalating concerns and looking after each other.

Top tips for providers & commissioners

The workshop program can be replicated in any setting providing it is tailored to meet the objectives of the target group.

Challenges

Staff welcomed the opportunity for engagement. However, the main challenge will be in keeping each group to task.

Outcomes

Data is shared with senior team members following each workshop, and each lead midwife actions the main points. For example, staff on the postnatal wards are all expected to have lunch before 3pm. The rationale is to *Look after yourself to be able to look after others*. Staff reported they feel more supported in the environment and are better able to meet the needs of their patients.

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*NHS Employers, *Why staff experience matters...the importance of staff health and wellbeing and engagment (infographic)* April 2015, www.nhsemployers.org/case-studies-and-resources/2015/04/why-staff-experience-matters-the-importance-of-staff-health-and-wellbeing-and-engagement-infographic.

Establishing a MSLC at Whittington Health

Aims

- Establish a local MLSC for Whittington Health Maternity Services.
- Ensure the views of both the Haringey and Islington communities are sought and listened to with respect to Whittington Health`s maternity services.
- Bring together healthcare professionals with parents, potential parents and local groups supporting women and families.

Rationale

The importance of establishing an MSLC at Whittington Health has been recognised by both local stakeholders and the maternity services. It was agreed that a workshop would be held in order to make sure that the local services listen to and take account of the views and experiences of people who use their maternity services.

Development

- The MSLC has now been established to oversee the services that are being provided to pregnant and new parents and recommends changes and improvements where these are needed. The chairperson is also a service user representative on the Transformation Project Board, and is a regular visitor to the maternity ward where she actively engages with women.
- The first meeting (development meeting took place in November 2015, and four meetings are planned in 2016).
- A programme of work will be agreed, taking into account views expressed at the workshop, the findings of the CQC maternity inpatient survey and the outcome of Baroness Cumberlege`s review of maternity services in England.
- CCG support for funding is being sought.

Challenges

- Ensure payment is secured for lay chair and co-chair (as per agreed remuneration which will reflect the wider MSLC terms of remuneration).
- Ensure the meetings engage 40 per cent of user representatives.
- Ensure all members collecting feedback are trained or receive training in ‘active listening’ in order to have the skills to get feedback from users in a sensitive and positive way.
- Be seen to make a difference.

Top tips for providers & commissioners

- Be user-led, with a user rep as chair and co-chair, and user reps
- Seek out, listen and respond to the opinions of local parents across all communities, making extra effort to discover the views of ‘seldom heard’ groups through feedback sessions and ‘walking the patch’
- Share best practice with other areas, examine and review the latest evidence-based midwifery and obstetric research as well as local and national developments to ensure that local women and their families have access to the best quality maternity services
- Be seen to deliver quick wins
- Have an engagement workshop

Outcomes

Ensuring the service user and families are at the centre of our care

The MSLC will review the services with information provided by:

- Engagement of users in the planning and monitoring of maternity services – therefore improving our FFT response rate.
- Regular summaries of compliments and complaints from users – therefore responding to service user feedback.
- Development of user information – ensuring service users have the available information required.
- Regular feedback from meetings with maternity services user groups and community groups.
- Ensure ongoing improvement.
- Increase referrals and births.

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About the London Clinical Networks

The London Clinical Networks bring together those who use, provide and commission the service to make improvements in outcomes for complex patient pathways using an integrated, whole system approach.

The Clinical Networks work in partnership with commissioners (including local government), supporting their decision making and strategic planning, by working across the boundaries of commissioner, provider and voluntary organisations as a vehicle for improvement for patients, carers and the public. In this way, the networks will:

- Reduce unwarranted variation in services
- Encourage innovation in how services are provided now and in the future
- Provide clinical advice and leadership to support their decision making and strategic planning.

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