

# Collecting Feedback in Maternity Services



## Local Maternity Systems (LMS) Report

August 2018



Ipsos MORI  
Social Research Institute



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# 1



## Background



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# About the research

- This report presents the findings of a research project undertaken by **Ipsos MORI**, with input from Dan Wellings at **The King's Fund**, on behalf of **NHS England**, exploring the opportunities for the **collection of digital feedback in maternity services**.
- The National Maternity Review report **Better Births**<sup>1</sup> sets out the importance of data and asserts that if teams, organisations and systems are to improve, they must know where they are, how they compare to others and to the best, and how they are improving over time. As part of its examination of data and information sharing, Better Births finds that the appropriate, regular and accurate capturing of outcomes of care reported by women and families is currently proving to be a challenge.
- As part of the Data and Information Sharing work stream of the Maternity Transformation Programme (MTP), NHS England commissioned Ipsos MORI to provide **recommendations to improve the digital collection of data on women's experiences of using maternity services**, by exploring the feasibility of a data collection that provides local services with rapid quantitative 'real time' feedback from women and their families on how they are performing to drive continuous improvement in care.
- The research focused on **more 'formal' quantitative data collection** through the use of surveys and similar tools, although the research demonstrated how these were being used alongside other more qualitative methods. This report therefore focuses more on formal feedback collection, but with reference to other complementary approaches.
- **This report is intended to be used by Local Maternity Systems (LMS)** and focuses on how feedback can be collected and used within maternity services, providing examples of best practice. This report sits alongside a national report providing further detail on other aspects of the research objectives.

# Methodology for the research

In addition to desk research to identify what trusts were doing and a workshop with stakeholders to review the findings:

## Focus groups with women

**Purpose:** To explore women's views on giving feedback about health services and maternity services in particular, their preferred methods of providing feedback, what topics they wanted to give feedback on, and how often.

**Approach:** Four focus groups with 8-10 participants. Participants were recruited to ensure that a range of demographic characteristics were represented within each group including social grade and digital engagement. Two groups were women who were currently 25 weeks or more pregnant and two groups were women who had given birth in the last year (more details in the appendices).

**Fieldwork:** Two groups in London on 4th April 2018 and two groups in Derbyshire on 5th April 2018.

## Case studies with trusts and MVPs

**Purpose:** To deliver a detailed and in-depth understanding of how feedback is collected and used within trusts.

**Approach:** Purposive selection of eight case study trusts, identified to represent a range of different approaches to collecting feedback. Telephone depth interviews were conducted with multiple trust employees and their suppliers. A case study was also completed with MVP representatives (see appendices).

**Fieldwork:** A total of 25 interviews lasting around one hour each took place between 9th April and 11th June 2018. Having completed an initial interview within a case study, participants were asked to put us in touch with other people within trusts or suppliers.

**Note:** Purposive selection means that findings from the case studies cannot be considered representative of all trusts.

## Online Survey

**Purpose:** To explore how feedback is currently collected by trusts from women using maternity services, how their feedback is used, and the benefits and challenges involved.

**Approach:** An open link to the survey was sent to Heads of Patient Experience at 135 NHS trusts providing maternity services. Open survey link sent to Heads of Patient Experience, with a request to liaise with maternity services and MVPs when completing the survey.

**Fieldwork:** Initial emails were sent out on 29 May 2018 and the survey closed on 3 July 2018.

**Response:** A total of 27 responses were received, representing a response rate of 20%.

# 2



## Women's views on feedback



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# How women felt about giving feedback

## General views on giving feedback

- Women in the focus groups liked having the opportunity to provide feedback on their experience. They saw giving feedback as part and parcel of using health services, as it is for other services they use such as mobile phone or utility companies.
  - Although staff members working in maternity services perceived women to be over surveyed, participants in the focus groups appreciated having the chance to give feedback every time they use a service.
  - They felt providing feedback each time would help improve services as it could be linked back to a specific service or staff member. They thought it would be better if questions were tailored toward each service used, rather than using generic questions across all services.
  - The women in the focus groups believed the main benefit of giving feedback was to help improve services for other users. They also felt that it was a good way to give positive feedback to staff, and boost staff morale.
- But they were unsure of how their feedback is used at the moment, and would like to be better informed about what happens with their data.
  - Women in the focus groups suggested that they were less likely to give feedback if it was seen to be time consuming. For example, having to post back a paper survey, as they would have to fill out the questionnaire and find a post box.
  - They wanted to give feedback through more convenient approaches, such as text message surveys.
  - But women in the focus groups also wanted the option of providing feedback in multiple ways so they could choose how they provide feedback.
  - They said they would prefer answering a small number of short closed questions, with optional and open-ended questions if they wanted to give more detail about their experience.

# How women felt about giving feedback

## Timing of feedback

- Women in the focus groups felt that the best time to ask for feedback is soon after a service is used to ensure the experience is fresh in their mind.
- They thought it would be appropriate to ask for feedback immediately after routine visits and scans, consultations and while in the community.
- However, asking for feedback after birth and while on the postnatal ward needed a different approach.
- At this point in the maternity pathway, women in the focus groups felt that they would need time to recover and process their experience before giving feedback, as well as feeling it was not appropriate to ask for feedback when they were still receiving care.
- At this point they would like to give feedback using a method which would allow for more time, such as a text message survey or online survey which could be emailed to them or accessed via the trust website.

## Feedback topics

- Women in the focus groups identified a number of topics they felt were important for maternity services to get feedback on.
- This included:
  - Quality of service
  - Care and compassion received
  - How involved in care women feel
  - Whether women were listened to
  - Waiting times for appointments
  - Comfort
  - Questions specific to the service used – for example in the community, questions may focus on the provision of information and how well things were explained.

# Do's and Don'ts

## ***DO...***

- Make sure the method of data collection is as quick and easy as possible for women.
- Use short questions with the option to provide more detail if needed.
- Offer women multiple ways of providing feedback, for example using an online survey but also providing a paper version.
- Be open about how data are used and for what purpose, so women understand why their being asked for feedback. For example, a few sentences explaining how feedback will be used at the start of a survey.
- Consider the timing of asking for feedback, for example do not expect full reflections soon after birth.
- Make every effort to make sure feedback is given anonymously.

## ***DON'T...***

- Use methods of data collection which are inconvenient for women e.g. postal survey requiring a woman to post their response back, or a telephone survey which requires women to find time to speak to someone without interruption.
- Use a high number of open ended questions.
- Only have one method of collecting feedback.
- Ask women for extensive feedback on the labour or postnatal ward.
- Have excessively long questionnaires – minimise the number of questions asked and try to avoid overlap between questions.

# 3



## Choosing your approach to collecting feedback



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# Different ways of collecting feedback

There are different ways of collecting feedback in maternity services. Below are six methods that could be used for quantitative data collection. Each method has its own set of benefits and potential drawbacks which need to be considered. The optimal method will depend on the point in the pathway feedback is being asked for, what the feedback will be used for, and other practical issues. These considerations are outlined in the next few slides.

***Paper survey  
completed at  
hospital or  
clinic***



***Paper survey sent  
after appointment***



***Online survey sent  
after appointment***



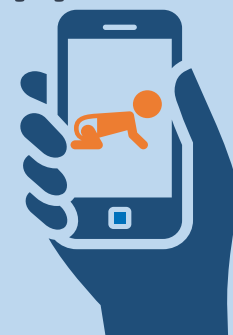
***Tablet or kiosk used  
in hospital***



***SMS/ Text message  
survey sent after  
appointment***



***Smartphone app***



# Paper survey completed at hospital or clinic



## Benefits

- Can be a direct way of providing feedback which is given at the time, received immediately and can be acted on particularly quickly.
- Some women find completing paper surveys easier than digital methods.
- Allows midwives, nurses, health assistants or other staff responsible for collecting feedback to engage with, and encourage women to complete surveys in the moment.
- Sampling can require less management than a paper survey sent after the woman has been discharged as women are asked in the moment and are self selecting.

## Drawbacks

- Handing out paper surveys can be a burden on staff and relies on them to be the driving force behind data collection.
- This also means that the sampling processes are not robust, as not necessarily all (or all eligible) women will be invited to provide feedback.
- It can be time consuming to collate, process and analyse the data.
- Asking women to complete surveys while at the hospital or clinic may mean that it is harder for them to provide negative feedback, meaning data may not accurately reflect the quality of services. This particularly applies following birth, when women may find giving feedback burdensome.
- Paper is seen by women as a little outdated.

# Paper survey sent after appointment



## Benefits

- Women can complete the survey in their own time and at their convenience.
- Having more time to complete the survey may mean that the trust receives more detailed and reflective feedback from women compared to asking for feedback in the moment.

## Drawbacks

- Women may forget important information about their experience, depending on how much time has passed between using a service and providing feedback.
- Some women may feel that having to go to a post box to send a survey back is too time consuming and may see it as an inconvenience, having an impact on response rates.
- Paper is seen by women as a little outdated.
- There may be a delay between when a women receives a survey and when the trust will be able to use the data. The survey would have to be returned, results collated, and then presented in a way which members of staff could use.
- Sending out surveys and processing the data received can be costly and may take up more staff time. It will also require a sample management process.

# Online survey sent after appointment



## Benefits

- Women can complete the survey in their own time and at their convenience.
- The trust or the data collection provider chosen by the trust will receive the data quickly once feedback is submitted and will be able to easily collate results and make them available for review.
- Online surveys may free up frontline staff time so they can concentrate on providing care or on using the data rather than collecting it.
- Open survey links can be promoted via social media on platforms such as Facebook, Twitter and Mumsnet to gather feedback on ad hoc issues.

## Drawbacks

- Women may forget important information about their experience, depending on how much time has passed between using a service and providing feedback.
- There is the possibility of technical issues, for example there may be glitches with the survey and there is also the risk that the initial survey emails will be sent to junk folders.
- Without someone to remind women, they may forget to submit their feedback or may not bother to give feedback, so response rates may be low compared to other approaches.
- Unique survey links require the trust to manage an email database, which means email addresses need to be collected. An open link survey gets around this, but also means that survey responses aren't attributable to individual women and women cannot be sent reminders to encourage response.

# Tablet or kiosks situated in hospital or clinic



## Benefits

- Can be quick and easy for women to give their feedback.
- Feedback is provided in the moment, meaning the memory of using services is fresh.
- Requires less sample management from the trust as respondents are self-selecting.
- Tablets and kiosks can provide real-time digital data, meaning the data is easily collated and the trust or data collection provider can access reports and analyse performance quickly.
- Your Maternity Voices Partnership volunteers could provide support to women who need it.

## Drawbacks

- Using tablets and kiosks still requires staff to encourage women to complete feedback.
- Completing feedback via tablet also takes up staff time, and relies on them to drive data collection.
- Tablets and kiosks can feel impersonal to women compared to other methods of data collection.
- Tablets and kiosks can be costly. Kiosks also require careful planning on where they should be situated. If not placed in the right areas response rates may be low, limiting the usefulness of data.

# Case Study: Feedback collected using tablets



## Luton and Dunstable NHS Foundation Trust

### Approach

- Collect multiple forms of feedback, including the Friends and Family Test (FFT), Care Quality Commission (CQC) National Maternity Survey, and other bespoke surveys for local service improvement.
- Across the trust, tablets are used in conjunction with other methods, such as paper comment cards. In maternity services, around half of the FFT data is collected via tablets.
- Bespoke surveys are also carried out in maternity services for the purposes of local service improvement, also collected via tablets.
- In practice, this involves health assistants going around the ward with tablets and asking women to complete the survey.

### Benefits and use

- This method of data collection was seen to be more appropriate than a paper survey as it allowed for real-time feedback and saved both time and cost for inputting data.
- Once feedback is submitted, individual staff can access an online dashboard which allows them to view customised reports and to run their own reports.
- Feedback reports are then disseminated among the wider management team at bi-monthly performance meetings.

### Points to Consider

- How to maintain hardware and keep operating systems up to date.
- How many tablets are needed at each point of the pathway to make sure women can provide feedback without difficulty.
- Initial costs of purchasing tablets can be quite high. Leasing tablets is an option with some suppliers.
- Reliable Wi-Fi connection is required.
- Surveys may need to be translated into multiple languages.
- Data governance issues to work through when using third parties to process data.

# Text message survey sent after appointment



## Benefits

- Can be quick to complete, 'on the go' or at a time which is convenient for the woman, was popular with women for this reason, fits with how they are asked for feedback in other areas of their lives, and is well suited for quantitative data collection.
- Can be sent immediately after a service has been used, meaning the experience is fresh in the mind.
- There is the potential to combine automated text messaging with an online link. This may give the trust an opportunity to collect more in-depth qualitative feedback.
- Data from text messaging can be received in real-time and collated quickly in the same way as feedback given via a tablet or kiosk.

## Drawbacks

- There is the potential that text messaging will become generic and repetitive if sent multiple times. After using services a number of times text messaging may feel impersonal.
- The cost of text messaging can be an issue, women would not want to be charged for texts and NHS guidelines prohibit women being charged. This means the trust must take on the cost.
- Text messaging is not so appropriate for collecting in-depth feedback as it is difficult to write long responses. This means it may be more appropriate for some points in the pathway than others, i.e. for quick feedback following a regular appointment or scan rather than in-depth feedback following birth.
- Requires the trust to have processes in place for collating mobile phone numbers and keeping them up to date. The trust also has to consider how to exclude women who have had miscarriages or other traumatic experiences.



## Benefits

- Women can give feedback in their own time. The app would always be available and accessible wherever they are.
- Reminders could be sent through the app to remind women to provide feedback, and this may boost response rates.
- An app linked to an electronic personal health record may allow the trust to collect both clinical and feedback data on one system, reducing administrative tasks and freeing up staff time. It could also trigger feedback requests depending on when women have actually used services, and be able to link them to specific experiences.
- An app which collects feedback could also be a source of – potentially personalised – information for women.

## Drawbacks

- Women would not want to use an app if its only function was to collect feedback from them. This means any app would require development to be useful to women more generally.
- Some women may not want to download an app onto their phone as they may not have enough memory or may be concerned about data usage.
- Some women are less comfortable with technology and may not want to use an app to give feedback.
- Women had some concerns around information security and how safe their personal information is, particularly if they lost their phone.
- An app would require investment and also maintenance.

# Case Study: Collecting feedback using a smartphone app



## Ashford and St Peters NHS Foundation Trust – App linked to an electronic Personal Health Record (ePHR)

### Approach

- Received funding from NHS England to implement electronic personal health records (ePHR). BadgerNet chosen as provider.
- BadgerNet offer a mobile app and online portal allowing women to access their maternity notes.
- Women can comment on their journey, reflect on how they are feeling about their birth plan, and there is also the capability to collect FFT data.
- Women are shown BadgerNet and how to use it at their booking appointment.

### Benefits and drawbacks

- Implementation has not been straightforward:
  - Technical glitches - issues with operating system updates.
  - Training staff has also been difficult with some more comfortable with technology than others.
  - Also had to invest in three support staff to assist with transition.
  - Paper is still used sometimes, e.g. for women with learning difficulties and those who don't speak English.
- Implementation, training, and adjusting to the new system has taken around 12 months.
- Overall, benefits of implementation seen to outweigh difficulties.
- Staff felt that in the future BadgerNet will allow them to collect data in a consistent way and has already improved clinical data collection.

- Now considering collecting FFT via BadgerNet
- This may work in two different ways:
  1. Questions added to the woman's side of the portal
  2. Questions added to the trust portal, with staff asking questions at the point of discharge

### Points to Consider

- Implementing an ePHR can be resource intensive, in terms of staff time and finances.
- Inclusivity of data collection – there needs to be an alternative method of data collection for women who do not want to use their phone in this way.
- Requires existing IT infrastructure which can process a high volume of data.
- Data governance issues to work through when using a third party.

# Questions and trade-offs to consider when choosing an approach

**Convenience:** How likely is it that women will provide feedback this way?

Women are more likely to provide feedback when it is quick and convenient. Approaches such as sending a **text message** survey can be more convenient for women as they can complete these in their own time. Asking women for feedback via **paper** or surveys on **tablets** at the service may gather a higher number of responses but women may find it inappropriate or be too tired and won't have had much time to reflect on their experiences. Posting a paper survey back is a barrier to response.

**Cost:** How much does the data collection method cost to use?

Some digital approaches such as **text messaging** or using an **app** would require investment initially to set up, but might save costs in the long run – e.g. no printing or postage costs.

**Burden:** How much staff time is required to collect/input the feedback?

Staff handing out **postcards** or **surveys** at the service use up staff time, but ensures that they are engaged in the feedback process. Additional time is needed if staff are required to input the data collected on paper themselves into an Excel spreadsheet or similar. In contrast, automated approaches such as **text messaging** or **online surveys** involve less frontline staff time.

**Speed:** How quickly can feedback be collected, collated and used?

Automated digital approaches such as **text messaging** and **online surveys** can be used to collect data quickly, as unlike a **paper survey** less time is required to send out and collate responses. On the other hand, real-time feedback collected on **postcards** allows staff to make changes immediately albeit based on individual responses, not collated.

**Technical/admin issues:** How likely is it that the data collection will experience technical or administrative problems?

Some approaches are more process-heavy than others, e.g. sending **text messages** requires an up-to-date list of phone numbers, whereas handing out postcards is simpler. Also using an **app/text messaging/online surveys** may make it more difficult to filter out women who have had traumatic experiences such as miscarriages who should be approached in a different way. Digital approaches such as using an **app or text message or online surveys** can suffer from technical issues, for example surveys being emailed to junk folders and missed, or text messages not getting through.

**Depth:** How in-depth/detailed will the feedback collected this way be?

A survey-based approach such as a **text message survey** could collect data from more women because it is convenient, but the feedback collected is likely to be less in-depth than an approach like an **online or paper survey**. Note that different levels of detail are likely to be required at different stages of the maternity pathway.

# 4



## How to triangulate your data



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# Benefits of triangulating your data

Triangulation of data refers to the process of bringing together different strands of feedback to compare and validate data. This may allow the trust to spot common trends in data and at what point in the maternity pathway they are most prevalent. Our research shows good examples of where triangulating feedback from different sources can lead to identifying and designing improvements to services. Sources may include the Friends and Family Test (FFT), CQC National Maternity Survey, other ongoing and ad hoc quantitative data collections, and more qualitative feedback (see section 7 for more examples). The box below outlines the benefits of triangulation.

- Offering more than one way of providing feedback increases the likelihood that the trust will receive feedback from a wide selection of women, improving the reliability and representativeness of the feedback received.
- A great deal of useful feedback comes through qualitative approaches used by trusts and Maternity Voices Partnerships, for example through 'Walk the Patch', ['Fifteen Steps for Maternity'](#), visiting parent and baby groups, and other outreach activities. Qualitative feedback collected in this way can provide more detail and support the other data from more formal methods, often providing the 'why' behind quantitative data. It can also give clues about how local improvements can be made.
- By joining up different data collections the trust can gain a more complete picture of services and their quality, allowing trusts to map the maternity pathway and pinpoint areas where there are issues and services can be improved.
- A triangulated approach may also help trusts to measure the impact of changes, as there will be multiple ways in which women can provide feedback and sources of data to analyse.
- Triangulating data can also identify areas where data collection may be duplicated or certain topics are over surveyed. This help trusts and MVPs to rationalise their questionnaires and keep them as short as possible.

# Practical considerations and challenges of triangulation

- Triangulating data requires the trust to keep track of multiple data collections, which means they may need a central team responsible for overseeing the analysis of data. Trusts may wish to consider the most efficient way of analysing data.
- On a day-to-day basis staff time may be limited and maternity services may be working under financial restrictions, making it difficult to carry out different types of data collection. The support of the MVP and its volunteers can help with this and may be able to support staff in data collection.
- Having multiple data collections may also lead to women being over surveyed or providing feedback on the same service more than once. To minimise the possibility of this happening, trusts should try to have a process in place which maps the maternity pathway against the different types of data collections they are carrying out and the topics being asked so that they can identify and minimise overlap.
- Some trusts do not have a fully developed MVP yet, which may limit the amount of qualitative data they receive from women and their families. Trying to encourage the development of MVPs and helping facilitate their work through communication and close working relationships may help MVPs to contribute to service improvement.

# Different feedback collection methods in practice

Different data collection methods can be used to complement each other and give a fuller picture around an issue.

- A survey can be used to investigate women's views on particular issues.
- Some services are 'bolting on' additional questions to the friends and family test to do this (for example University Hospital Southampton NHS Foundation Trust are adding on additional questions to the FFT about their maternity services, and Gloucestershire Hospitals NHS Foundation Trust are asking additional questions about the service and individual midwives).
- Some services are looking in more detail at issues raised by women in the CQC National Maternity Survey (such as Luton and Dunstable NHS Foundation Trust, who run a quarterly survey based on the CQC survey), or are running their own other ad-hoc surveys (such as Milton Keynes University Hospital NHS Foundation Trust, who run paper-based / online surveys on specific topics of interest).
- Qualitative approaches could be used to follow up on issues raised in the survey. Interviewing women in-depth can help to understand their experiences in more detail.

## Conducting a bespoke survey on a particular issue:

- There are cases where a trust has had feedback through the FFT or other general feedback methods, and specific issues have been identified. Off the back of this feedback, bespoke surveys are conducted on that particular issue. For example, Milton Keynes University Hospital NHS Foundation Trust have conducted bespoke surveys about their food offered and noisiness at night-time off the back of comments they had received in the FFT and national maternity surveys.

***"So we do the national stuff, FFT and [national maternity] survey, so if out of the survey there were particular things we wanted to look at we would do bespoke surveys on the ward. So for example...we've had feedback that our food offering could be improved. So, we work with the catering team to do bespoke surveys on the ward with respect to quality of food."***

*Milton Keynes University Hospital NHS Foundation Trust*

# Ensuring that feedback collection is inclusive

Feedback collection should be designed to maximise the number of women given the opportunity to feed back and **not exclude particular groups**, to ensure that as many different voices are heard as possible and ultimately allow services to make improvements that reflect the needs of the local population.

- Different approaches to feedback collection have benefits and drawbacks, including around their ability to be inclusive.
- Using digital data collection could exclude socio-economically disadvantaged women and act as a barrier to giving feedback. For example, in order to give feedback via an app a woman would need to be able to afford a smartphone, and pay a monthly bill for data usage.
- Language barriers are also a potential issue, with the possibility of non-English speakers being excluded from feedback collection. There is already an acknowledgment that Black and Minority Ethnic groups are under-represented in patient feedback, and any method of data collection should make every effort to be as inclusive as possible. Digital technology may be able to overcome this issue, such as using online surveys with options for automatic translation.
- Feedback collection will also be less useful if trusts and MVPs only hear the voices of those with a particular set of needs, especially if the system is already designed to suit a specific population.

## Overcoming these issues:

- Using multiple approaches to collect feedback maximises the opportunity for different women to participate. Different avenues for feeding back (through digital, non-digital and qualitative approaches) need to be open to women to ensure no-one is excluded. For example, through outreach programmes, MVPs can talk to hard to reach groups in the community to understand their experiences, what is important to them and where services can be improved.

# Trusts are collecting feedback on specific topics

## Bolting questions onto the FFT:

- The FFT is already well-embedded within maternity services and the free text responses are particularly helpful for making improvements to services. One way that trusts are making the FFT more useful is by adding additional questions onto the end of it. More specific questions can reflect local issues, and service can change those questions as their priorities change.
- University Hospital Southampton NHS Foundation Trust are adding additional questions to the FFT in their maternity service about antenatal care and birth. Gloucestershire have also added additional questions to their FFT about the service, and also ask for feedback on individual members of staff.

## Points to consider:

- If additional questions are being bolted onto the FFT, there needs to be the infrastructure and resources in place to be able to analyse and use this data – this was an issue in Birmingham Women's and Children's NHS Foundation Trust.
- If women are asked about specific midwives, a system needs to be in place to enable staff to identify those midwives and either recognise their achievements if the feedback was positive, or help them to improve if the feedback received was critical / constructive. Gloucestershire Hospitals NHS Foundation Trust have found this process resource-intensive.

## Trusts and MVPs carrying out surveys on bespoke topics:

- In some case studies trusts and MVPs were working together to carry out surveys to investigate specific topics. A bespoke survey allowed trusts to delve deeper into a particular issue or theme which had come up in formal data approaches.
- For example, Bromley Maternity Voices have collected feedback on women's experiences of using triage services which received 98 responses in 48 hours.
- Sheffield Maternity Voices also carry out bespoke surveys. They have a Facebook group of around 600 people, with some surveys receiving 1,400 responses. This data is then fed back to the trust.

## Points to consider

- Collecting further data in partnership with MVPs requires there to be a strong relationship. If this relationship doesn't exist both groups need to work to improve this through communication and engagement.

# 5



## Implementing a feedback culture



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# Embedding a feedback culture

The case studies demonstrated that a positive and constructive culture around feedback impacts on how useful it can be across an organisation, although trusts could find it challenging to implement that kind of feedback culture.

***“It’s a cultural challenge – getting clinicians to take responsibility for collecting feedback. Sometimes I have to go on to the ward and do it, but the second I stop the clinicians don’t bother and it stops again so the rates fall.”*** Case study interview

The below notes what can help to embed a culture of feedback collection in services and encourage staff buy-in.

## ***How to embed a feedback culture***

- Training for staff about how to collect and interpret feedback and why, and how to feed it into quality improvement. This includes explaining the purpose of each data collection, e.g. that the Friends and Family test (FFT) is not robust and comparable but is still useful for service improvement.
- Receive, collate and act upon feedback as quickly as possible so that it feels current to staff.
- Collect feedback at a granular level – for example feedback for individual midwives or specific parts of a service so that staff can see its value and how can it be acted upon to instigate improvements.
- Use open-ended questions and qualitative approaches alongside survey questions, to collect in-depth feedback from women about specific parts of services to enable improvements.
- Communicate feedback from women to staff throughout the service. For example:
  - Individual midwives having access to online dashboards where they can see the feedback from women.
  - Feedback being spoken about regularly in meetings.
- Demonstrate and communicate to staff how feedback has been used to improve services, again to highlight its value.

# Case study: Positive feedback culture

## Gloucestershire Hospitals NHS Foundation Trust

### How embedding a quality improvement approach has led to a culture for collecting feedback:

- The patient experience and quality improvement (QI) teams in the trust train maternity staff to undertake QI projects which include feedback collection.
- Through an internal QI academy staff can complete bronze, silver, and gold training, with the patient experience team supporting staff members on individual projects. Staff receive certificates after completing each level.
- Staff are encouraged to design and run their own feedback collection exercises together, giving them ownership over data collection methods aiming to engrain a culture of valuing feedback from women. For example, midwives are developing their own online surveys on specific topics.

### Points to consider:

If this approach were to be taken in another service:

- For training to run, a trust needs to have the internal expertise to train staff.
- Staff may not be receptive to a training programme and the responsibility of managing projects.
- There are implications of training and managing data collection on workload of staff.

### Adding to the FFT has helped to develop this culture:

- Additional questions have been added to the FFT data collection at the birth touchpoint, asking women to give feedback on specific members of staff. This has helped provide feedback at a personal, individual level.
- A few additional questions about the service have also been added to enable service improvement.
- Staff who receive positive feedback are rewarded with recognition certificates for excellence, boosting morale.
- Members of staff who receive negative feedback are given the chance to participate in coaching programmes and offered training to improve key skills.
- However, there have only been a small number of slightly negative comments and none have been serious enough to offer midwives further coaching.
- As a result, midwives are encouraging women to complete feedback and also use their name when giving feedback.

### Points to consider:

- It has been a challenge for the patient experience team to correctly identify individual staff members, as names are not always given or the incorrect name is sometimes given.
- There is potential for bias, as staff may be unlikely to prompt feedback from women who have had poorer experiences.

# 6



## How your MVPs can help



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# How trusts can make the most of MVPs

## An introduction to Maternity Voices Partnerships (MVPs):

- An MVP is a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.
- The work MVPs carried out tended to be on a **smaller scale and more qualitative in nature**, but made a significant contribution to ensuring the perspectives of women and their families were heard at a local level.
- Some MVPs are currently better established and having more impact than others.
- In areas where MVPs have been established over a considerable period of time (for example, previously as Maternity Services Liaison Committees), they have better relationships and can draw on pre-existing structures and networks to support them.
- Their success can depend on the strength of the relationship between the MVP and trust or Local Maternity System (LMS), as well as by the funding made available locally by Clinical Commissioning Groups (CCGs) and (at times) LMS'.

## How to make the most of MVPs:

- Develop **close working relationships** between trusts/LMS' and MVPs, and share more information.
- Make use of MVPs when **triangulating** the data from different sources of feedback. For example, sharing and discussing the CQC National Maternity Survey data with MVPs can identify correlations with their own knowledge and help to prioritise areas for further investigation.
- As they are **independent**, MVPs are able to gather feedback from women that midwives and trust staff themselves may not be able to elicit, e.g. through 'Walk the Patch' initiatives when they visit the ward and report back.
- The funding for MVPs is variable so those working with MVPs can bear this in mind to use their resource in a way that will be most impactful, also avoiding duplication.
- MVPs need to be maintained over the **long term**, with support for the lay chair and succession planning, as well as continuous recruitment and support of volunteers and the staff members within the MVP.
- The following slide comprises examples of where MVPs have added to collecting and acting upon feedback.



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# Examples of the work that MVPs are doing

## Outreach, including to hard to reach groups:

- Some MVPs undertake outreach, visiting parent and baby groups and groups specifically aimed at harder to reach groups (e.g. teenagers, people who do not speak English).
- This has the following advantages:
  - It enables the gathering of more detailed feedback in an informal setting.
  - For the hard to reach groups, it enables an understanding of what is important for specific groups of women and their families that may not be obtained otherwise, so that services can be more tailored.

## Points to consider:

- How can the feedback from these groups best be fed back into trusts and LMS' so changes can be made? This may be about identifying common themes, but also about identifying issues related to specific groups, for example depending on culture.
- It may be useful to identify which groups of women are particularly under-represented in other feedback such as the CQC National Maternity Survey and target them.

## 'Walk the Patch':

- Many MVPs were 'Walking the Patch' prior to their formal MVP meetings.
- This involved visiting wards, observing what was happening and talking to women and their families to gather feedback 'in the moment' as independent volunteers.
- MVP representatives would collate themes for this and report back to MVPs at meetings, to discuss the findings and next steps.

## Points to consider:

- Other elements of this research suggest that feedback at this point – after labour and birth – can be more positive than if a woman was asked sometime after the birth once they had a chance to reflect.
- However, 'Walk the Patch' also enables immediate action if a woman needs support or an urgent change to their care. It also enables MVPs to observe, first-hand, the care that women and their families receive.
- This is therefore an important element of feedback that MVPs can offer as independent groups, to be used alongside other feedback.



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# Examples of the work that MVPs are doing

## **'Deep dive' into specific issues:**

- At times, feedback data from the Friends and Family test (FFT) or Care Quality Commission (CQC) National Maternity Survey, or feedback from other approaches such as 'Walk the Patch', may highlight specific issues where improvements could be made.
- MVPs can employ a range of approaches to understand in more detail the underlying issues, to diagnose where the problems are and where improvements can be made.
- For example, this may include focus groups with women and their families, or engaging with women through Facebook groups.

## **Points to consider:**

- This approach will be particularly successful where MVPs have strong relationships with trusts, where they can work as partners and make recommendations that will be accepted and acted upon.
- It is important that any online surveys conducted around these specific issues are interpreted with a good understanding of their limitations – i.e. that they are unlikely to be representative of women using the service more generally. They need to be triangulated with other feedback.

## **Using MVPs to co-produce solutions:**

- As part of this 'deep dive', MVPs can use their independence, knowledge of the area, and networks of women to co-produce solutions to these issues in order to make improvements.
- Women are often keen to not only give their feedback, but also contribute their time and skills to seeing improvements made. Often it's the little changes that can make a huge difference to the experience of maternity care for women and their families.

## **Points to consider:**

- It is important to involve a range of different women and their families in this co-production, so that any improvements reflect the different communities that trusts serve.
- It is important that a culture of co-production exists where women are viewed as equal partners or experts by experience and all work together for positive change.

## **15 Steps for Maternity Toolkit**

- An observational tool for Maternity Voice Partnerships to assess quality from the perspective of people who use maternity services and involve them in continuous service improvement.

## **Points to consider:**

- MVPs should aim to involve women who may not find it easy to have their voice heard in other feedback gathering exercises.



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# 7



## Other examples of best practice



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# Other ways trusts are collecting feedback and improving services

From the case studies with trusts, Maternity Voices Partnership (MVPs) representatives, and focus groups with women there are a number of other approaches trusts use to collect feedback and different ways they use feedback to help improve services.

## 1. Focus groups or other outreach with hard to reach groups

- Gaining feedback which is representative of all groups is a challenge for most maternity services, and particularly those working in more diverse or deprived areas.
- Holding focus groups or other forms of outreach with under-represented groups offers the opportunity to gain a detailed understanding of their views and needs.
- Focus groups may help improve services so they reflect the views and experiences of a wider range of women, which may not be reflected in more formal data.

## 2. Posters on the ward and in clinics

- Posters showing changes which have come about as a result of the feedback women have given can help demonstrate how women's feedback is being used.
- For example, the trust may have increased the number of cleaning hours on the labour ward after feedback of unhygienic toilets.
- Posters can also help to inform women of the work the trust is doing generally on service improvement, and can help keep women informed and engaged, encouraging them to provide their own feedback as they believe it will be acted upon.
- Although care needs to be taken to provide a fair picture of the feedback received and not 'cherry pick' the most positive responses.

# Other ways trusts are collecting feedback and improving services

## 3. Communications teams monitoring comments on social media

- Some women will give feedback to other women via social media or online forums, such as Facebook, Twitter and Mumsnet.
- In certain instances it may be helpful to follow up with women who have had a positive or negative experience, to understand what went well, what didn't go so well and where the trust could improve.
- Where appropriate, the trust may also want to invite women to have a face-to-face meeting with members of the Patient Advice and Liaison Service (PALS), maternity or patient experience team to discuss their feedback.
- This can also be an opportunity for MVPs to help facilitate feedback.

## 4. Using CQC National Maternity Survey data to find examples of best practice

- Finding examples of, and sharing, best practice among trusts can be difficult.
- One case study trust had identified a specific area where they were rated less well by women in the Care Quality Commission (CQC) National Maternity Survey.
- They then identified trusts in the top 20% for that area and contacted them to try and identify improvements.
- This helps to spread best practices and generate new ideas and ways of improving services.

# Other ways trusts are collecting feedback and improving services

## 5. Shadowing women as they use maternity services

- Following women along their journey as they experience using maternity services can help understand the women's perspective.
- This could involve members of the patient experience team sitting in on consultations or regular check-ups to gain some indication of how staff treat women and to 'see the things they see'.
- This also allows patient experience staff to understand the user perspective, and can inform future service design.
- Other ways in which this is happening include senior midwives or MVPs 'Walk the Patch' and the 'Fifteen Steps for Maternity' assessments.

## 6. Information and engagement evenings

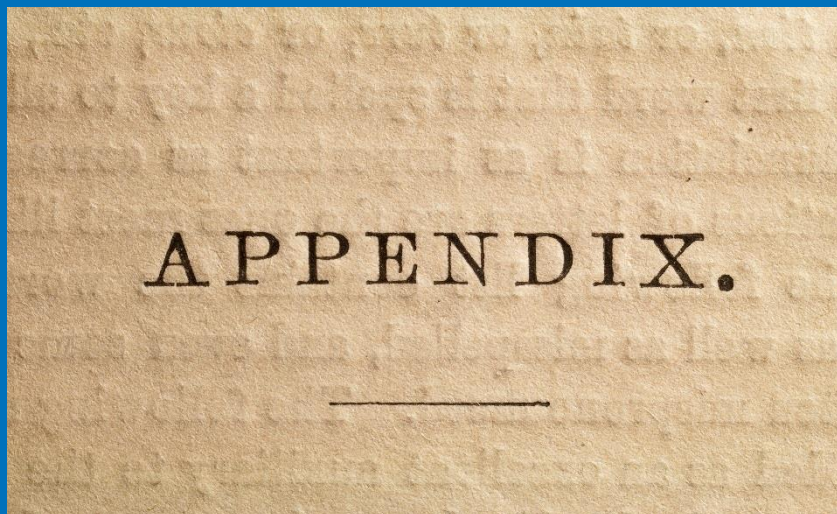
- Holding regular information events may help to inform women of what to expect when they attend hospital or a clinic for a consultation or regular check up.
- Information events can also be used for 'future' planning – by asking women for their opinion on future service changes the trust may be able to pre-empt negative experiences, understand what is important to women and hear new ideas.
- They can also be used as a way of maintaining regular contact with women, and can be an opportunity to introduce women to the MVP to boost engagement with the MVP's work (and potentially increase its representativeness).

# Other ways trusts are collecting feedback and improving services

## 7. Birth reflections service

- Birth reflection services or 'Afterthought' can be particularly helpful for women who have experienced a more difficult birth.
- They can be an opportunity for women to talk through their experience one-to-one with a midwife, for their own information and peace of mind.
- They can also help identify areas for a maternity service in general or a particular staff member to improve.
- Although discussions are strictly private, generic areas for improvement can be fed back to management staff or patient experience teams.

# 8




## Appendix



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# Table 1: Focus group quotas

Quota	Group 1 participants	Group 2 participants	Group 3 participants	Group 4 participants
<b>Location</b>	London	London	Derbyshire	Derbyshire
<b>Stage in maternity pathway</b>				
Women between 25 weeks pregnant and full-term	0	8-10	0	8-10
Women who have given birth up to a year ago	8-10	0	8-10	0
<b>Digital activity</b>				
Digitally active (regularly download use digital apps)	At least 3	At least 3	At least 3	At least 3
Non digitally active (do not regularly download and use digital apps)	At least 3	At least 3	At least 3	At least 3
<b>Ethnicity</b>				
White	At least 4	At least 4	7-8	7-8
BME	At least 4	At least 4	1-2	1-2
<b>Social Grade</b>				
A, B, C1	8-10	0	0	8-10
C2, D, E	0	8-10	8-10	0

## Table 2: Case studies

Trust	Data collection method	Reason for selection
<b>Luton and Dunstable University Hospital NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>Collecting maternity FFT via electronic tablets at the point of discharge.</li> </ul>	<ul style="list-style-type: none"> <li>A potential digital method that could be widely used, so interviews to find out more about how it has been implemented and its advantages/disadvantages.</li> </ul>
<b>Ipswich Hospital NHS Trust</b>	<ul style="list-style-type: none"> <li>Collects feedback by using a mixture of paper comment cards and tablets/iPads to collect FFT. Has also developed an app which could potentially be used for feedback.</li> </ul>	<ul style="list-style-type: none"> <li>Using both paper and digital methods so important to find out how this is working and any potential benefits or drawbacks. Also have experience of developing a digital app.</li> </ul>
<b>Southampton University Hospital NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>Collecting maternity FFT through paper comment cards but also offer the option of using an online survey.</li> </ul>	<ul style="list-style-type: none"> <li>To get a better understanding of how they are using digital data collection methods and the uptake from women using maternity services.</li> </ul>
<b>University College London Hospitals NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>Collecting maternity FFT via paper comment cards but inpatient FFT through a range of different methods including digital.</li> </ul>	<ul style="list-style-type: none"> <li>An opportunity to explore the potential barriers to using digital data collection methods in maternity services.</li> </ul>
<b>Birmingham Women's NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>Developed an app for collecting maternity experience data.</li> </ul>	<ul style="list-style-type: none"> <li>Explore how the app was developed, any challenges encountered, how they have been overcome and how women have found using the app.</li> </ul>
<b>Ashford and St Peter's NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>Using BadgerNet – an ePHR allowing women real time access to their maternity records and collecting feedback.</li> </ul>	<ul style="list-style-type: none"> <li>Explore how the app has been developed, any challenges encountered and how they have been overcome. Also explore who is using the feedback collected.</li> </ul>
<b>Gloucestershire Hospitals NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>Currently using an online survey accessed through a digital letter, which in turn was accessed via text message to collect feedback from women, including FFT.</li> </ul>	<ul style="list-style-type: none"> <li>A potential digital method that could be rolled out, so interviews to find out more about how it has been implemented and advantages/disadvantages.</li> </ul>
<b>Milton Keynes University Hospital NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>Collecting maternity FFT through paper comment cards but also offer the option of using an online survey.</li> </ul>	<ul style="list-style-type: none"> <li>To get a better understanding of how they are using digital data collection methods and the uptake from women using maternity services.</li> </ul>
<b>Additional interviews with MVPs</b>		
<b>MVPs</b>	<ul style="list-style-type: none"> <li>MVPs across the country are collecting feedback from women and potentially using digital data collection methods</li> </ul>	<ul style="list-style-type: none"> <li>Understand the role MVPs are playing – or could play – and gather examples of best practice.</li> </ul>

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**Kate Duxbury**

Research Director

kate.duxbury@ipsos.com

**David Hills**

Senior Research Executive

david.hills@ipsos.com

**Freddie Gregory**

Research Executive

freddie.gregory@ipsos.com

**Geraldine Egboche**

Project Administrator

geraldine.egboche@Ipsos.com

For queries about the Maternity Transformation Programme, please contact the Maternity Policy and Women's Health Team at NHS England:  
england.maternitytransformation@nhs.net



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