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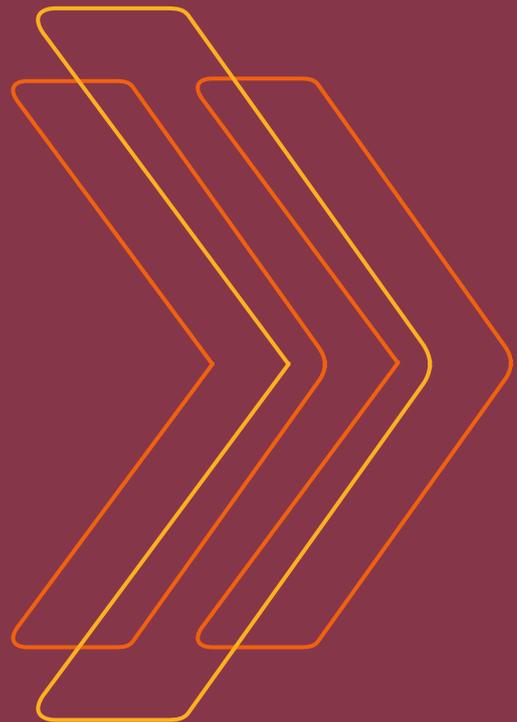
User feedback in maternity services

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Contents

	Key messages	3
	About this report	5
1	Introduction	6
	Maternity services in England	7
2	What is patient feedback?	10
	Collecting feedback from service users	10
3	Why do provider organisations collect patient feedback?	13
	Monitoring service quality and ensuring accountability	14
	Service improvement	15
	Comparison and choice	16
4	National approaches to collecting feedback	18
	The NHS national patient survey programme	18
	The Friends and Family Test	19
	Collecting feedback in maternity services	20
5	Local approaches to collecting feedback	21
	Reactive approaches	21
	Advocacy approaches	24
	Direct approaches	27



6	Using patient feedback	35
	Collation and analysis of feedback	35
	Acting on feedback	36
7	Approaches to sharing feedback	39
	Sharing feedback and actions within the organisation	39
	Sharing feedback and actions with patients and the public	41
8	Considerations in the collection of feedback	43
	Capturing the views of service users	43
	'Actionability' and anonymity	46
	Getting the balance right	47
9	Enablers	49
	Clarity of purpose	49
	Support from leadership	50
	Staff engagement	50
	Patient involvement in design	52
10	Conclusion	54
	Appendix: Approach to the research	57
	References	60
	About the authors	65
	Acknowledgements	66



Key messages

- The experience of service users has long been considered a core component of quality in the NHS. As the primary mechanism by which providers of maternity (and other) services can monitor that experience, feedback has a key role to play in helping organisations to track the quality of their services, identify problem areas and shape service improvements.
- The knowledge that feedback from users is listened to and acted on helps to encourage a sense of responsibility and pride among staff in the services they deliver. It may also influence the decisions of prospective users when choosing between services.
- Maternity service providers involved in this study painted a positive picture of local activity, with many organisations having developed mechanisms in addition to using national tools to help them understand their users' experiences. This report is aimed primarily at service providers, particularly staff delivering maternity services, and describes a number of methods that those wishing to strengthen their approach to user feedback can learn from.
- The study found that the organisations that are strongest in the area of user feedback are using a mixed-method approach to feedback collection, and in particular have adopted a variety of 'direct' approaches that pro-actively seek the views and opinions of users, in addition to using national tools. These approaches can be tailored to local circumstances and, where necessary, targeted at those users who tend to be less engaged by traditional approaches to feedback collection.
- The organisations that participated in the study have also developed a variety of approaches to analysing the feedback they collect from service users, and to using the feedback to inform action. The best-performing organisations involve users in the design of feedback tools and prioritise the communication of user feedback and subsequent actions to both staff and users. They have developed different approaches to doing this.
- This research also shows that successfully embedding feedback within an organisation goes beyond specific tools and systems. The ability of service



providers to effectively collect and respond to feedback is dependent on this being prioritised within the organisation, beginning with leaders, and on a culture of improvement.

- Evidence from the literature and messages from the organisations involved in this study suggest that, in addition to learning from specific tools and approaches, those seeking to strengthen their approach to user feedback should do the following:
 - develop a clear view of the value and purpose of user feedback, which staff throughout the organisation can support. This relies on support from leaders and on effective communication
 - ensure that feedback is not only collected but also acted on. Demonstrating that feedback is a driver for action, or ‘closing the feedback loop’, is key to ensuring that staff and service users remain engaged in feedback activities
 - seek participation from maternity service users at all stages of the feedback process, from the development of collection tools to the design of service improvements following feedback activities
 - devote sufficient time and resources to the collection and analysis of user feedback, and translate this information into action. Investing appropriate resources in feedback systems is critical in ensuring that these activities are protected when services are under pressure.



About this report

This report draws on evidence from interviews with maternity service providers and non-NHS stakeholders and from a review of relevant literature relating to user feedback and experience. It is based on research commissioned by the Department of Health to explore the benefits of locally developed approaches to collecting and using feedback, with a particular focus on real-time feedback. The scope of the study commissioned by the Department of Health did not include a review of the outcomes of the different approaches or interviews with any patient representatives or patient feedback groups. Further detail on the approach taken to the research is given in the Appendix.

This report describes a variety of feedback tools used by maternity service providers, in addition to national mechanisms. In particular, it outlines a number of locally tailored, direct approaches to feedback collection that are being used to pro-actively seek the views and opinions of service users. The report also highlights the key features of successful feedback systems, which may be useful for organisations seeking to strengthen their approach in this area.



1 Introduction

Patient feedback holds an important place within the NHS. By capturing the views and opinions of those who use health services, it offers a unique insight into the experience of the patient and, through this, into the quality of the care they receive. More importantly, listening to service users is also the right thing to do; there is a strong moral case for focusing on the experience of patients and for seeking to improve this ([Goodrich and Cornwell 2008](#)).

Within the NHS, and in health care systems internationally, patient experience has long been considered a core component of quality. This principle has been reinforced over a number of years, including by the Darzi review, which identified patient experience as one of three domains of quality ([Department of Health 2008](#)), and was alluded to in the National Maternity Review earlier this year ([National Maternity Review 2016](#)). Indeed, there is good evidence to show a positive association between the experience of the service user and improved health outcomes and patient safety ([Doyle et al 2013](#)). For this reason, patient experience, as measured by feedback, is one of several measures of performance looked to by regulators ([Raleigh et al 2015](#)).

There is also evidence linking the systematic collection of service-user feedback with service improvement ([Coulter et al 2009](#)). As the primary mechanism through which patient experience can be measured, feedback offers health care providers a means of understanding how to improve that experience and, through this, how to improve services. It is therefore key to any coherent strategy for quality improvement ([Ham et al 2016](#)).

In the context of maternity services, this is supported by research which suggests that the best units demonstrate a clear interest in the experience of women using their services, and use feedback as a means of ensuring that expectations are met and concerns are addressed ([Amess and Tyndale-Biscoe 2014](#)). The maternity challenge fund launched by NHS England and the Department of Health in 2016 is rooted in the same principle; by stimulating the development of new and innovative



approaches to feedback in maternity services, the fund aims to bring about improvements in health care and service-users' experience ([NHS England 2016b](#)).

For feedback to be used to its full effect, providers of maternity (and other) services must be pro-active not only in collecting feedback but also in interpreting the information gathered and using it to inform action. Moreover, as this research shows, demonstrating to both staff and service users that this is being done is critical in maintaining participation in feedback processes from both groups.

Within this context, this report shares learning on a variety of feedback tools that are being used by providers of maternity services, in addition to national mechanisms, to help them understand their service-users' experience and to inform service improvements. It also highlights the key features of successful feedback systems, including ways of acting on user feedback and communicating these both within the provider organisation and to service users themselves. The report is intended to support staff working in maternity and other services who wish to strengthen their approach to service user feedback.

Maternity services in England

Giving birth is the most common reason for admission to hospital in the United Kingdom ([National Audit Office 2013](#)). There were more than 660,000 births in England in 2014 and the expectation is that, by 2020, the number of births will have increased by 3 per cent. For many women, and their families, pregnancy may be their first experience of ongoing contact with specialist health services ([National Maternity Review 2016](#)).

There are 136 NHS trusts in England that provide maternity services, as well as 15 mother and baby units provided by mental health trusts. Maternity services are delivered in a range of settings, including an acute setting, which is the focus of this report.

Maternity care begins when a woman becomes pregnant and ends with her last contact with the midwife. It is typically divided into three stages:

- antenatal care covers the period up to labour and is provided either in a community setting or, for higher-risk pregnancies, in an acute trust setting



- intrapartum care covers the period from the onset of labour to immediately after birth and can take place in a variety of settings, ranging from the woman's home to an acute setting
- postnatal care covers the six- to eight-week period following the birth and is, for the most part, provided in the community.

Neonatal services – specialist services for babies who are born prematurely and others requiring ongoing specialist care – are provided through operational delivery networks which deliver three types of specialist care (special, high-dependency and intensive) (Paparella 2016). Babies who require additional care or observation but who do not need to be treated within a neonatal unit often receive transitional care. These babies are able to stay with their mothers while receiving minor medical interventions and consequently the mother remains the baby's primary carer.

Women's experiences of maternity services

Having a baby is a unique and life-changing event. All maternity units face the challenge of having to meet appropriate safety standards at the same time as ensuring that the users of their services have a good experience at such an important time in their lives (Amess and Tyndale-Biscoe 2014). Evidence suggests that, overall, women's experiences of maternity services are positive. The vast majority of women report excellent or very good care during labour and birth and, for the most part, in the pre and postnatal periods. In general, there has been an upward trend in results over the past few years; however, the 2015 maternity survey noted that some aspects of care during labour and birth required improvement, for example the number of women being left alone during labour (Care Quality Commission 2015b).

The recent National Maternity Review also highlighted two significant exceptions to a generally favourable picture of women's experience of care. The first of these is in the area of care following birth, for both women and babies (National Maternity Review 2016). Women reported poorer continuity of care in this period, with only 28 per cent of mothers seeing the same midwife for all check-ups, and more gaps in the information provided (Paparella 2016).

The second area highlighted by the National Maternity Review was choice. It has long been the expectation in the NHS that women are given full choice over where to give birth. However, although the 2015 maternity survey indicated that the



proportion of women being offered a choice of birthing settings was higher than in 2014, the review highlighted that 16 per cent of respondents indicated that they had not been given a choice, suggesting that this is an area requiring improvement ([National Maternity Review 2016](#)).



2 What is patient feedback?

Patient feedback comprises a patient or service user's account of events and/or their views and opinions in relation to the care they have experienced ([Picker Institute 2009](#)). Feedback can include factual or descriptive information (what happened), as well as evaluative information, which captures the service user's assessment of the care they received. Patient feedback is a key tool in measuring and understanding patient experience. It is recognised internationally as a key marker of the quality of health services and as a vital source of information for quality improvement ([Raleigh et al 2015](#)).

A large proportion of service user feedback is collected once care has been completed, giving people the opportunity to reflect on their experience. 'Real-time feedback' refers to feedback that is collected at the point at which a patient is accessing services or while they are receiving care. In practice, however, although a patient may volunteer feedback (probably verbally) while they are receiving care, it can be difficult to ask patients for their opinions at this point, particularly if they are in pain or distressed. In general, the term 'real-time feedback' is therefore used to describe feedback that is provided by a patient immediately after they have experienced care, or at multiple points in their care pathway ([Coulter et al 2009](#)), as well as that offered during care.

There is evidence to suggest that the point in time at which service users are asked to provide feedback has an impact on the nature of the opinions and views given. This is considered in more detail later in this report.

Collecting feedback from service users

There are a number of mechanisms that can be used to collect patient feedback. Some feedback is volunteered by service users, while other feedback is solicited by service providers or others. Within the NHS there are a number of national tools used to collect feedback, as well as those that have been developed locally. Later



sections of this report will set out some specific methods for collecting feedback; however, a principal distinction is between approaches that collect quantitative information and those that collect qualitative information.

Quantitative techniques use predetermined questions and response choices, enabling the collection of a large number of views on specific topics or issues. Data is typically collected via patient experience surveys (for example the maternity survey) with large sample sizes. These approaches generate numerical data, which lends itself to statistical analysis, allowing the identification of patterns or trends, as well as facilitating comparison between organisations (LaVela and Gallan 2014; Picker Institute 2009). By surveying service users consistently and systematically, organisations can use the data to build up a detailed picture of their experiences, and monitor changes over time, and benchmark themselves against others. Tailored surveys can be used to examine specific areas of care in greater depth.

Qualitative techniques typically use open-ended questions, or provide opportunities for people to make comments, inviting more descriptive, detailed responses. These approaches tend to receive fewer responses in a non-standardised format, and include focus groups and interviews as well as surveys. Information collected through these mechanisms enables a more in-depth understanding of the events that have taken place and the way in which care has been delivered. They also provide a more in-depth understanding of patients' views and opinions, in a way that may not be possible with quantitative responses. Because of its unstructured and variable format, this form of feedback does not lend itself to the identification of trends over time, or enable reliable comparisons between organisations (LaVela and Gallan 2014; Picker Institute 2009).

Evidence suggests that using a combination of quantitative and qualitative techniques is likely to provide a broader picture than allowing either one to predominate. The value of this lies not only in developing a 'full picture', but also in triangulating (or cross-validating) different forms of data to identify areas of convergence, and to explain why this is (or isn't) the case (LaVela and Gallan 2014).

Collecting real-time patient feedback

Real-time feedback can be collected using either quantitative or qualitative approaches. It is typically gathered on a frequent basis, during or soon after care,



distinguishing it from ‘traditional’ approaches, such as annual surveys, which usually collect (and report on) feedback over longer periods due to the time needed for data analysis and dissemination. Real-time feedback tends to be available within a relatively short period of time and consequently may enable organisations to act quickly to prevent problems from escalating. Specific mechanisms for collecting real-time feedback are described in later sections of this report.



3 Why do provider organisations collect patient feedback?

The provider organisations involved in this study offered a range of reasons for collecting, analysing and sharing service-user feedback, and most described using it for multiple purposes. This is consistent with the literature on feedback, which outlines many different drivers for the collection and use of feedback within the NHS and other health and care systems.

At one level, NHS organisations collect feedback because they feel it is ‘the right thing to do’. This is similar to the principle alluded to by NHS England on the introduction of the Friends and Family Test, namely ‘the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience’ (NHS England 2015c). It also fits within the much wider context of service-user experience as a core component of quality in the NHS, and feedback as the key mechanism that providers and others can use to understand that experience.

In addition to these overarching goals, staff described a number of specific reasons for dedicating time and resources to collecting feedback. Drawing these views together with findings from the literature review, it is possible to identify three main reasons why provider organisations collect feedback: to support monitoring and accountability; inform service improvement; and enable comparison between services and support choice.

In practice, these functions can overlap and their relative importance will vary between organisations and between services within a single provider organisation. In general, however, the organisations involved in this study emphasised the value of feedback in monitoring service quality and, in particular, in identifying problem areas and developing service improvements.



Monitoring service quality and ensuring accountability

Feedback from patients is fundamental in tracking their experience and, through this, monitoring the quality of the care they receive. One member of staff explained that ‘You don’t know you’ve got a good service, unless women are confirming that that’s how it felt for them’. Another described patient feedback as providing ‘a temperature check on the care [the organisation is] giving’. This information is valuable to providers of maternity services, and to the bodies that regulate them.

Both traditional methods for and real-time approaches to collecting feedback can support the monitoring of service quality. Where quantitative methods are used, and particularly where the sample size is large (for example with the maternity survey), patient feedback can support the monitoring of changes in performance over time. Data generated by the survey also enables benchmarking of performance on patient experience between similar organisations, or at a national level. This information helps regulators of health services in assuring themselves of the quality of services delivered by NHS organisations and in producing provider ratings (Raleigh *et al* 2015). It is also a means of tracking the local implementation of national policies; indeed, evidence shows that there are greater improvements in patient experience in areas that have been the focus of national policies (Raleigh *et al* 2015).

The ability to make national comparisons is also valued by provider organisations. A number of the organisations involved in this study highlighted the scope for comparing themselves against their peers as one of the main strengths of the national maternity survey. Although real-time feedback is less comparable across organisations, it does allow organisations to track how the quality of care being provided is changing on a weekly or daily basis. This information in turn is important in helping organisations to prevent potential issues from escalating (see below).

By tracking quality in this way, feedback from service users can play an important role in ensuring that organisations and individual staff members feel accountable for the service they provide, not only to regulators but also to service users themselves. It is also a means of showing staff that they are appreciated. This applies to both traditional approaches and the collection of real-time feedback, although the latter has the advantage of ‘freshness’ over longer-term methods, and consequently can help to encourage staff to recognise it as valid and use it as a driver for change (NHS West Midlands and University of Birmingham 2009). One member of staff explained that



collecting feedback helps staff to ‘understand the impact of... their attitudes and behaviour’. However, in the context of the national survey, those involved in this study also noted that the delay between the collection of feedback and the reporting of this to the trust made it difficult to respond to. As one explained, ‘by the time you get the feedback and by the time you get your information local to your unit it’s almost time for the next one and you’ve got no time to influence the outcomes’.

Nearly all of those involved in the study spoke about sharing positive and negative comments about specific staff members with the relevant individual. In some organisations, feedback is used more explicitly as a means of ensuring accountability to patients by including it within performance management processes. One member of staff explained that feedback ‘could help in appraisals, because for [the] midwife that was involved in that complaint or feedback, you could use those as learning objectives’. Patient feedback is also one source of information used in the revalidation process for doctors, nurses and midwives. The Royal College of Nursing describes feedback (from patients and colleagues) as valuable to this process for a number of reasons, including the role it plays in supporting self-assessment and offering opportunities to close the gap between current and future performance (Royal College of Nursing 2016).

Service improvement

As well as highlighting aspects of care that are valued by patients, feedback can help organisations to identify the weaker areas of their services and consequently can inform decisions about where to focus improvement activities. It can also lend credibility to and create urgency for change. A commitment to listening to service users and learning from their experiences is key to a coherent approach to quality improvement (Ham *et al* 2016), and there is evidence to show that the systematic collection of data on service-users’ experiences can lead to improvements (LaVela and Gallan 2014).

Both quantitative and qualitative feedback data can perform this role: while quantitative information helps to highlight recurring problems, or areas where an organisation is performing less well than its peers, qualitative data offers a more detailed picture of the patient’s experience in a particular area and, where this has not been positive, can help to explain why.



The role of feedback in service improvement came out particularly clearly as a driver for feedback collection for the provider organisations involved in the study. One member of staff explained that feedback is important in tracking the changing needs of service users ‘because the population you serve evolves, and different communities need different things’, and because engaging patients and understanding their needs ‘are the keys for improving care’.

Several members of staff also explained that patient feedback lent significant weight to proposals for change, and could be ‘another sort of feather to our bow [sic] to take to the board’. Patient feedback can also inform the development of improvements, and wider co-design activities, with patients and staff working together to identify, develop and implement service changes. Some organisations may also use the feedback process as a means of testing specific solutions with patients.

Although monitoring it can help to identify longstanding problems, real-time feedback also plays a unique role in enabling organisations to address problems immediately or prevent them from escalating. Provider organisations involved in the study highlighted the scope for rectifying problems as soon as possible, or the ability to ‘nip things in the bud’, as one of the main drivers for collecting real-time feedback.

Comparison and choice

For provider organisations, an awareness that patients will consider the views of others when choosing where to be cared for can be a powerful driver for collecting feedback. Providers would like their patients to use their services again (if the need arises), to recommend their service and organisation to others, and to describe their experience positively (LaVela and Gallan 2014). They would also like prospective users to be able to draw confidence in their choice of provider from feedback from their previous users. It is in the interests of providers to use feedback to gain an insight into how their services are perceived by patients and to understand which areas of the service require improvement (see above).

In practice, it is not possible to tell whether or how much service users make use of feedback such as that generated by national NHS surveys when making choices about their care (Raleigh *et al* 2015). Using feedback to support choice came out less clearly as a driver than either monitoring quality or service improvement among

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those involved in the present study. However, if service users had been involved in the study they might have offered a different perspective on its relative importance. Maternity services are unusual in that they are used by women who are (typically) well and service users tend to choose an acute provider several months before care is required. Indeed, the proliferation of websites and online forums aimed at mothers and prospective mothers, including a large number of conversations initiated by people seeking opinions on specific providers, indicates that (informal) feedback from users is an important consideration in women's choice of maternity service.



4 National approaches to collecting feedback

Since the early 2000s, governments have introduced a number of tools to support local NHS organisations in capturing the views and opinions of their service users. The NHS national patient survey programme was one of the first attempts to collect information on patients' experiences systematically across the NHS and to enable comparisons between organisations and over time. Since its introduction, the survey has been supplemented by a number of other tools, including the Friends and Family Test, which was introduced as a means of collecting real-time feedback. The ambition of the coalition government that brought it in was that the Friends and Family Test would establish a 'continuous feedback loop between patients and providers' (NHS England 2014).

Each of these tools is described in more detail below.

The NHS national patient survey programme

The annual inpatient survey was the pioneer in the launch of the NHS national patient survey programme, which was introduced in all NHS acute trusts in England in 2002. The programme has since been extended to include users of accident and emergency, outpatient, maternity and community mental health services. The development and co-ordination of the programme are funded and managed by the Care Quality Commission (CQC), with Picker Institute Europe running a survey co-ordination centre on its behalf. Picker Institute Europe not only co-ordinates the survey but also supports the CQC with the development of the programme; provides trusts with guidance to help ensure consistency; and carries out checks on trust samples (Care Quality Commission 2016).

There are also a number of patient experience surveys carried out in other services – for example the National Cancer Patient Experience Survey and the GP Patient Survey – which are run separately from the national patient survey programme by NHS England and the Department of Health.



The objective of the national patient survey programme is to provide robust, systematic data about service-users' experience of care across the NHS, enabling comparisons between organisations and over time. For this reason, sample sizes are large; for example, 83,116 inpatients across 149 NHS trusts responded to the 2015 inpatient survey ([Care Quality Commission 2015b](#)). However, the relatively long period of time between collection of feedback and the sharing of results can limit trusts' ability to act on concerns.

The Friends and Family Test

The Friends and Family Test, announced in 2012, was intended to enable service users to give feedback in 'near real time'. The test is based on a single question about whether or not they would recommend the service they have received to their friends and family, asking them to select from a range of options that indicate how likely they are to do so. This must be combined with at least one follow-up question giving service users the opportunity to describe their experience in more detail.

As long as it is done within NHS England's guidelines, providers have flexibility as to how they implement the Friends and Family Test, and may tailor their approach to suit the service and their users ([NHS England 2015b](#)). Some organisations have consequently chosen to add additional questions to their Friends and Family Test, as discussed in the following section. Organisations are required to submit Friends and Family Test data to NHS England, with the results being published on a monthly basis on both the NHS England and NHS Choices websites. It is a principle of the test that results are made readily available to patients and the general public ([NHS England 2014b](#)).

The Friends and Family Test has a much wider reach than the longer-standing patient surveys. Within less than three years of its launch, it had received 10 million responses ([NHS England 2015a](#)) and latest available figures show that more than one million responses are being provided each month ([NHS England 2016a](#)). Results from the Friends and Family Test are also available to staff more quickly than with traditional methods, allowing them to take swift action where this is needed. However, for a number of reasons, such as the differences in case-mix, the scope for local tailoring and the variation in collection methods, Friends and Family Test results are not well suited to making comparisons between organisations ([NHS England 2014a](#)).



Collecting feedback in maternity services

The NHS national patient survey programme was extended to maternity services in 2007 and has historically been completed by providers every three years, although this was brought forward by one year for the 2015 survey ([Care Quality Commission 2015b](#)). The 2015 survey was completed by more than 20,000 people, representing a response rate of 41 per cent.

The Friends and Family Test was rolled out to maternity services in October 2013. Providers are required to seek views from women at four ‘touch-points’ on the patient pathway:

- antenatal care
- care at birth
- care on the postnatal ward
- postnatal community care.

A longer-standing mechanism for the formal and systematic engagement of women in maternity services is the Maternity Services Liaison Committee (MSLC). MSLCs, first established in 1984, are local forums that bring together users of maternity services, service providers and commissioners. Part of their objective is to:

- ensure that the views and experiences of users of maternity services are heard
- provide all stakeholders with the opportunity to discuss how local services may be improved.

However, not all areas have an MSLC and some function more effectively than others. A 2011 report on user involvement in maternity services in Scotland cited evidence that, in many cases, user involvement in these committees is weak or tokenistic and that, even where users are more meaningfully involved, this can be undermined by the committee’s lack of influence on local decision-making ([Scottish Health Council 2011](#)).

All of the staff involved in the present study spoke about the national tools as part of their approach to gathering feedback from service users. However, in all cases, these were being supplemented by a number of other, locally developed mechanisms for collecting feedback. The following section describes these local tools in further detail.



5 Local approaches to collecting feedback

The provider organisations involved in this study had adopted a wide range of approaches to collecting feedback from users of maternity services. These methods had been developed to supplement the feedback provided by national tools, as well as to meet specific local needs, for example to engage with a particular population group or to seek views on a proposed service change.

This section sets out the specific methods described by the organisations involved in the study, along with the strengths and weaknesses of each, supported by evidence provided by a review of the literature. These methods generate both quantitative and qualitative data and can be grouped broadly into three different types of approach:

- reactive approaches – collating unsolicited feedback provided by service users
- advocacy approaches – staff relaying ad-hoc or informal feedback provided by service users
- direct approaches – pro-active collection of feedback using a variety of tools.

Reactive approaches

Reactive approaches involve the compilation of patient feedback that is unsolicited and provided directly to the organisation or through external channels. This includes letters to the maternity unit, emails, cards and comments on social media. It also includes complaints made directly to the unit, or through the trust's Patient Advice and Liaison Service. Feedback collected in this way is provided directly by the user. This differs from feedback collected via advocacy approaches, discussed later in this section, which is communicated by a third party on behalf of a service user.



Sources of feedback through reactive approaches

Those involved in the study described drawing on a range of sources, including:

- letters
- emails
- thank-you cards
- comments via the Patient Advice and Liaison Service
- the organisation's website and/or other websites such as NHS Choices (www.nhs.uk/pages/home.aspx), mumsnet (www.mumsnet.com) and Patient Opinion (<https://www.patientopinion.org.uk/>)
- social media such as Twitter and Facebook.

Almost all of the trusts involved in the study described reviewing unsolicited feedback provided about maternity services. Some organisations appeared to use these mechanisms as an opportunity to be more pro-active in seeking feedback. For example, one member of staff explained that 'we often ring back and make contact and just see if they want to add [anything] and all of that information a lot of the time we spend relaying that to the staff because it's really important that they get that feedback.'

Monitoring social media

One of the trusts involved in the study described a number of methods used to track unsolicited feedback provided by service users.

- The maternity team collates feedback provided through a wide range of channels including in emails, thank-you cards, the trust's website and the Patient Advice and Liaison Service.
- The trust's communications team has put in place a system that monitors various websites, such as NHS Choices and mumsnet, and alerts them to any feedback (positive or negative) in which their trust is named.
- Comments provided about maternity services through the trust's Twitter account are shared with the maternity department. The maternity department has also set up its own Twitter account so that midwives can tweet about the service, but also to provide services users and others with an opportunity to contact the department.



Advantages of reactive approaches

By gathering together unsolicited feedback from a wide range of sources, reactive approaches can generate a huge wealth of information for providers of maternity services. Often this feedback is attributed, for example when provided over email or through the Patient Advice and Liaison Service, and therefore providers can easily follow it up. The large number of opportunities that service users have for providing unsolicited feedback also means that between them they capture the views of a variety of users. The scope for providing unsolicited feedback informally through social media, for example, may appeal to service users who feel less comfortable with more formal traditional approaches to gathering feedback, such as written surveys, or a formalised process, such as raising a complaint through the Patient Advice and Liaison Service.

A key advantage of reactive approaches is the scope for collecting feedback in real time. This is particularly true in the context of social media and online forums, which can enable users of maternity (and other) services to comment during their experience of care. One member of staff described an example where feedback on social media had enabled an immediate response.

I got a tweet from somebody saying they were waiting on the antenatal ward for their induction, and what was happening. And I was able to go and actually sort out the problem for them, which, you know, you can't always promise to do that, but it was a way of getting my attention.

These approaches also appear to be increasingly popular among service users as a mechanism for providing feedback.

Of the different approaches to feedback identified by the study, reactive methods were the most commonly adopted, with nearly all of those involved in the study describing using them to supplement the national tools. Indeed, by drawing on information offered by service users, reactive approaches are perhaps easier to establish than some other methods. Nonetheless, establishing appropriate systems does require some planning – for example, setting up various social media accounts and signposting patients to where they should send comments.



Limitations of reactive approaches

One disadvantage of reactive approaches to feedback collection is that they rely on service users volunteering feedback about their experiences of care. These mechanisms place the onus on service users to be pro-active in sharing their views with the maternity service, and therefore may or may not generate information in a form that is 'actionable' by the service provider.

Most importantly, because these approaches capture the views only of those who choose to offer feedback, there is no way of knowing to what extent the information collected is representative. Although the channels for providing unsolicited feedback are open to all service users, in practice some individuals will be more inclined to provide feedback than others. A study into different mechanisms for commenting on health care in Scotland showed that the cohort that provided feedback online was younger, in better health and seemed less satisfied with the quality of clinical services than those completing a postal survey, which tended to generate less negative feedback (DeSilva 2013). However, it is important that concerns over the extent to which feedback is representative of all service users are not used to question the validity of individual pieces of feedback. Moreover, given that, in practice, no approach to gathering feedback will be able to capture all the views, this should not be allowed to become a barrier to collection.

A final limitation of reactive approaches is the resource requirement. Although the collection of unsolicited feedback places less of a burden on staff than other methods, some members of staff highlighted that it can be difficult (and time consuming) to identify the most relevant comments from the huge amount of material provided through social media.

Advocacy approaches

Advocacy approaches involve the collection and relaying of informal or 'on-the-spot' feedback provided by service users, for example information provided by women in informal conversations during the provision of care. Much of the feedback collected in this way is unsolicited. However, advocacy methods are distinguishable from reactive methods by the use of a third party to communicate feedback on behalf of the service user to the relevant individuals or teams within the trust.



Maternity Services Liaison Committees offer maternity service users a forum for discussion between care providers and people who have had experience of maternity services. Feedback collected by these committees is reported back to service providers as well as to local commissioners of maternity services, and potentially other local bodies with whom the committees have links, including care networks and labour ward forums (Amess and Tyndale-Biscoe 2014). However, as noted earlier, not all areas have the committees and they vary in their effectiveness.

Maternity Services Liaison Committees

- Several members of staff spoke about the role of their local Maternity Services Liaison Committee in engaging with and collecting user feedback on maternity services. The committee is often a small and informal group comprising lay members (often service users), as well as staff representatives from the trust, and sometimes members from other parts of the maternity pathway.
- Some described committee members actively seeking information from patients about their experience through a number of mechanisms, including surveys, by walking around postnatal wards and through informal discussions with past and present service users. There were also examples of committee members targeting specific groups of services users, particularly vulnerable women or those less likely to engage with traditional feedback mechanisms, for example by running focus groups or spending time in children's centres.
- Members of staff involved in this study felt that the 'conversational approach' to obtaining feedback through the committee setting could work well compared with approaches that require service users to reflect on their experiences in isolation.

Supervisors of midwives can also play a role in advocacy approaches, as described below.

Supervisors of midwives

- One member of staff described the role of midwife supervisors in actively engaging with patients and seeking their feedback.
- Supervisors of midwives, who are trained in line with standards set out by the Nursing and Midwifery Council, currently form part of the oversight infrastructure for maternity services. They are accessible to midwives on a 24-hour basis and women and families can also contact them (Baird et al 2015).



- The staff member explained that part of the midwife supervisor role is 'to support women in their choice, be an advocate for a woman, particularly if she's struggling to be heard, have their choices heard'.
- In the trust in question, supervisors of midwives actively seek women's views, approaching them on the postnatal ward and asking them about their experiences of care. The midwife supervisors compile the information they have collected in this way, putting what they have heard into themes and relaying key messages back to the rest of the maternity team.
- The supervisors of midwives also run a clinic every week to speak to women who have not been happy with their care. The objective is to determine what happened and understand in more detail why the patient in question was unhappy.

For other staff on the maternity ward, this informal approach to collecting feedback is often considered as an integral part of their role as caregivers, enabling them to identify and address concerns and comments 'on the spot'. Comments made in this context are often shared with the wider unit or organisation in team meetings or other forums. In some cases, family members or other service users can also act as an advocate for a patient, although this did not come out strongly in this study.

Advantages of advocacy approaches

To a greater extent than either reactive or direct methods for collecting feedback, advocacy approaches provide an opportunity to collect feedback that is truly in real time. Staff involved in this study clearly valued these 'on-the-spot' approaches, which enabled them to 'nip [a problem] in the bud' and deal with a concern before it resulted in a very negative experience of care. One member of staff explained that:

... if we can be responsive when the women are in hospital and able to address their concerns and it does stop that anxiety and them going home and spending all that time writing an angst-written letter, which sometimes it's very emotional, quite heart-breaking... [it's about] recognising that these people may not be so happy so let's address it now. I think that for me would be the key message really.

Advocacy approaches also have the advantage of 'face-to-face' discussion, which can provide a richer, more in-depth understanding of the patient's experience. Staff suggested that, unlike a structured or semi-structured interview, engaging informally



with a patient during the provision of care helped them to understand what mattered to the individual, and to pick up on the real nuances of patient experience.

Limitations of advocacy approaches

The primary limitation of advocacy-based approaches to collecting feedback is the risk around interpretation and the potential for (unconscious) bias on the part of staff or others when relaying information.

Given that advocacy approaches capture feedback offered during the provision of care, and feedback is often collected by the member of staff delivering care, there is also a risk that feedback is influenced by 'gratitude bias', or a concern by the patient that negative feedback will result in poorer care. In 2009, Coulter and colleagues found that patients being invited by staff to complete feedback risked eliciting only favourable comments, as patients were reluctant to comment critically for fear of antagonising the staff looking after them (Coulter *et al* 2009). Within this context, the involvement of carers or family members in the collection of feedback can be helpful as the risk of gratitude bias is likely to be less. The nature of feedback provided is also linked to the issue of timing, as discussed in section 7.

By their nature, advocacy approaches tend to be less structured than other methods, as both the collection of (often unsolicited) feedback and the relaying of comments can take place in an ad-hoc manner. This can make it more difficult to engage staff in these ways of collecting feedback and can make the identification of themes challenging.

Finally, as in the case of reactive methods, it can be difficult to tell the extent to which feedback collected via advocacy approaches is representative. Much of the feedback is unsolicited and it is likely that some users will be more comfortable providing face-to-face feedback than others.

Direct approaches

Direct approaches include a wide range of mechanisms used to pro-actively collect verbal or written feedback from patients. These methods can take a variety of formats, and capture both qualitative and quantitative patient experience data, but are similar in actively soliciting the views and opinions of service users. Unlike



the other approaches to feedback collection described above, they can be used to generate feedback from a particular user group or on a specific issue.

Sources of feedback through direct approaches

Sources of feedback described by those involved in this study included:

- care rounds – staff tours of the wards/outpatient departments on a regular basis to collect verbal feedback
- patient experience representatives – nominated staff responsible for collecting verbal feedback
- comment cards – small cards given to patients to note down feedback and leave them in a ‘postbox’
- local surveys/patient experience trackers – includes adding local questions to the Friends and Family Test
- focus groups
- a blackboard or ‘graffiti board’ in wards inviting written feedback
- mystery shopping – using patient volunteers to report on their experiences
- telephone calls – telephoning patients within a specified period of time to ask for feedback
- ‘Whose Shoes?’ events – involving a board game played by staff and service users to understand different perspectives
- the ‘iWantGreatCare’ tool (see <https://www.iwantgreatcare.org/>) – enabling service users to provide feedback anonymously via a tablet.

Written feedback

A number of those involved in the study talked about using locally tailored surveys to collect feedback from women (often using digital-based ‘patient experience trackers’). In some cases, local surveys were developed as a response to findings from the national maternity survey, either to probe a specific issue in more detail or to ‘track’ the success of service improvements that were introduced in response to the national survey: ‘We change the questions according to if we’ve not done so well in some of the questions [in the national surveys]... we change our questionnaires to focus particularly on areas we’d need to look at, we need to improve or get more



data.’ Others talked about adding additional questions to the Friends and Family Test, such that their local survey was the ‘Friends and Family Test plus’.

Several members of staff described using comment cards or postcards, which invited service users to note down feedback at any time.

Postcards and postboxes

A number of trusts involved in the study described a postcard and postbox system for collecting feedback from service users.

- Women are invited and encouraged to write down how they feel about the care they have received throughout their ‘pregnancy journey’, on a small (often A5) postcard.
- One side of the postcard invites comments about what has gone well. The other side asks about what aspects of the service could be improved. Service users are given the option of leaving their contact details.
- Postcards are typically dropped into a postbox, so that women do not have to hand them to an individual staff member.
- The postbox is emptied once or twice a month, enabling the maternity team to review comments and contact patients who have left their contact details to discuss their comments further.
- Many thought that the use of postcards was generally well received and that patients felt more comfortable providing feedback in this way. As one member of staff explained, it ‘goes in the postbox and they hopefully feel that once it is in there nobody can see it, if you see what I mean. They don’t want people to know that they are complaining about them, is what I would think.’
- Those involved in the study thought that the feedback generated was helpful. One member of staff explained that having initially moved away from a postcard system on the introduction of the Friends and Family Test, the trust they belonged to subsequently reinstated it, suggesting that the feedback generated was a valuable addition to that provided by the test.

Verbal feedback

In a number of organisations involved in the study, staff undertake regular tours of the maternity wards or outpatient departments to collect verbal feedback from service users. On each occasion, the member of staff carrying out the tours, often



the head of midwifery, aims to speak to a small number of patients about their experience of care. Usually these conversations are informal but, in some cases, specific questions are asked. Feedback collected in this way is often unrecorded, with conversations aimed at gauging overall patient experience. One head of midwifery explained:

... that is informal, that isn't recorded. I just ask them... have people been kind to them, you know, were the buzzers answered in a timely way? Were they happy with their care? That sort of thing, and people will tell you if they are not happy and you can sort it out there and then.

Similarly, some trusts use patient experience representatives or volunteers to collect verbal or written feedback from service users. Using non-staff members to collect feedback may help to encourage service users to speak more openly than they would do to staff (see section 7 for a more detailed discussion of anonymity). One member of staff described the development of 'patient experience links' between service users and patient experience teams.

Patient experience links

- As part of one trust's patient experience strategy, 'patient experience links' have been put in place in all key areas.
- Patient experience links are volunteers from among the trust's staff in allied roles, such as porters, theatre staff, health care assistants and administrative staff in outpatient clinics.
- They engage with service users and collect informal feedback from them on their experiences of care. Often this involves a simple question to service users, such as 'is there anything we could be doing better?' as they move through the hospital.
- Patient experience links work with the patient experience team to review the overall patient experience strategy, as well as the patient experience plan. The plan is intended to be a 'live/active' document, which is updated as new schemes are developed to enhance areas that patients have identified as needing improvement.

Focus groups and drop-in sessions for service users have also been adopted by a number of the organisations involved in this study as a means of collecting feedback. Focus groups are typically run as a way to obtain feedback on specific issues, or as



a way to engage with users when developing new services. They are also used as a mechanism for engaging a specific group of users, for example vulnerable women or people from minority groups, where it appears that their views are not being captured by other mechanisms.

Verbal feedback can also be obtained over the telephone.

Acting on feedback: a six-week postnatal telephone call

- One trust has a policy of calling all women who experienced a complex birth, six weeks postpartum, and carrying out a short telephone survey asking them about their experience. This call is an opportunity for the woman to discuss her whole pregnancy experience with either a midwife or a support worker.
- The telephone call is also used as an opportunity to ask about any specific issues they encountered during pregnancy and their care in the hospital. When an issue is raised, the service user is offered a further telephone discussion or the opportunity to go back to the hospital to meet with a midwife and discuss what happened in more detail.
- This information is collected, collated and audited every six months in order to establish any themes emerging from the feedback and to consider whether any service changes are required.

Other approaches

Some members of staff described more innovative approaches to feedback. One trust uses a maternity services 'graffiti board' and two trusts involved in this study had established a 'mystery shopper' programme (in maternity and other services).

Graffiti boards

- One trust described using two large blackboards to collect comments from service users and their families - one in the main entrance to the hospital and one in the postnatal ward.
- These boards, entitled 'Maternity Graffiti', include a notice describing the purpose of the boards and inviting people to share their views and opinions – both positive comments and comments about aspects of care that could be improved. Contact details



for the supervisors of midwives are also available in case an individual would like to raise an issue more formally. Comments are cleaned off periodically to make space for new ones.

- The boards have proved very popular among service users as a way of quickly commenting on different aspects of their care. Comments provided vary from thanks to individual midwives to complaints about waiting times, and the boards are increasingly being used to celebrate the arrival of new babies with comments and pictures. Some comments are written in languages other than English.
- The boards are also popular among staff (the idea for the boards came from a midwife), who regularly review the feedback provided.
- Because of their prominent location, comments and announcements included on the graffiti boards – positive and negative – are clearly visible to staff, service users and visitors.

Mystery shopper programme

- Drawing on a model used in the retail industry, one trust has developed an organisation-wide mystery shopper programme to collect feedback from users, carers and families.
- The mystery shopper team is made up of volunteers from among the trust's regular outpatient user group. Carers and relatives of service users may also volunteer. Staff delivering services are not aware of which service users have opted to take on the role of mystery shopper.
- Mystery shoppers are invited to provide feedback following every contact they have with the trust's services, but can do so less regularly if they wish. Comments and opinions are shared in two ways: either using a feedback form (paper or online) or through a telephone call or face-to-face discussion with the mystery shopper team. Both positive and negative feedback is encouraged and, where a complaint is identified, mystery shoppers are directed to the appropriate process.
- Feedback is shared on an anonymous basis with departmental staff and the executive team, and others within the organisation as appropriate. Positive feedback is communicated to teams and individuals and action plans are developed in response to comments on areas requiring improvement.



Advantages of direct approaches

Direct approaches to collecting feedback are the most pro-active of the three approaches and tend to be designed in more detail. As a result, these methods can generate feedback that is more detailed and richer than that collected using the other approaches. Moreover, direct approaches can be tailored to a particular purpose or to address a gap, and therefore play a key role in ensuring that feedback is representative and actionable.

For example, direct approaches can be used to target specific user groups to help with representation. One member of staff described publishing feedback surveys in a number of different languages, as well as in braille, in order to ‘meet the needs of our client group’. As set out above, another described how the local Maternity Services Liaison Committee had used targeted focus groups to ensure that feedback was pro-actively sought from vulnerable women and people from certain minority ethnic groups. Targeting specific groups of users is particularly important in helping organisations to respond to the existing and future needs of their local area. National figures show that the birth rate is decreasing among women born in the United Kingdom ([Office for National Statistics 2015](#)), but increasing among women born outside it. It is important therefore that approaches to collecting feedback are successful in collecting the views of women from all groups and that they are adapted in response to changes in the local population.

Direct approaches can also be used to generate feedback on a specific issue, for example testing proposed service changes with patients. One trust described users being engaged to provide feedback on a specific service change.

We had a big focus on user engagement and feedback, because we’ve completely changed the way we deliver our service... And because we run the service in quite a different way from other services, it was really important we had user engagement and feedback as part of that programme.

Limitations of direct approaches

Direct approaches tend to be more resource intensive to develop and maintain than either reactive or advocacy approaches, and the skills and resources involved should not be underestimated. For example, designing a patient experience survey to suit the needs of various user groups is likely to be time consuming,



requiring engagement with a range of stakeholders, including service users. Similarly, identifying and preparing volunteers to participate in a mystery shopper programme, and managing this on an ongoing basis, is likely to involve a large time commitment, as well as the ability to co-ordinate and organise the information generated.

Indeed, although direct approaches have the potential to generate a huge amount of information, they need to be carefully designed and implemented to ensure that the information that is produced is actionable, reliable and representative. In practice, more than one approach is needed to make sure that the collection of feedback is ongoing and can support the continual development of services over time. For example, interviews and focus groups can be used to good effect to collect one-off information, but there is little empirical research evaluating their effectiveness for measuring patient experience or monitoring changes over time (DeSilva 2013). Organisations will need to adopt a multi-method approach to ensure that they capture feedback that is meaningful and can inform action. They will also need to link the feedback into existing quality improvement activities where possible, to ensure that issues raised are responded to (and tracked) as part of ongoing improvement work.



6 Using patient feedback

Giving patients the opportunity to provide feedback may be ‘the right thing to do’, but much of its value is lost if it is not appropriately analysed and acted on. Evidence in the literature highlights the importance of having systems in place for managing and responding to feedback. Organisations involved in this study described different approaches to doing this, involving varying levels of resource, as set out below.

Collation and analysis of feedback

The first step towards acting on feedback is collating and analysing the information generated by the different mechanisms in place. The value of collecting different forms of feedback lies in the opportunity to bring these perspectives together and identify the issues that are most important to patients. One member of staff explained that ‘usually when you look, the themes are the same, all along the different feedback, so you’re able to triangulate it’.

Overall, those involved in the study expressed a preference for qualitative information over quantitative information. This was considered to be easier to interpret than quantitative information, which staff found lacking in context and therefore more difficult to use as the basis for action. One member of staff felt that quantitative information was not always as valuable: ‘There’s too much of a focus on the percentages, the scores, and less about what we’re doing with it as a service. And, there needs to be much more focus on, “what is it telling us, what is this woman saying?”’

Analysis of qualitative information is likely to be more time consuming than pulling together quantitative data, and combining different forms of data can be challenging. To use patient experience information effectively, organisations need appropriate capacity to collate and analyse data, as well as systems in place for managing and tracking it ([Health Foundation 2013](#)). The literature highlights the link between processes for collating and analysing patient feedback and the overall success with which patient feedback is collected and acted on. Evidence emphasises the importance of having analysis tools that are easily used and of ensuring that



staff are skilled in interpreting and using patient experience information (**Health Foundation 2013**).

The organisations involved in the present study had a variety of arrangements in place for collating and analysing service-user feedback. Some members of staff described resources at a corporate level dedicated to examining patient feedback and patient experience across the organisation. Some explained that these activities were undertaken by external organisations. Most, however, indicated that these functions were absorbed by the local maternity team.

The use of information technology-based solutions in the analysis of feedback data also varied – with some members of staff describing software or databases that were used to pull information together – as did the frequency with which feedback was collated and reviewed. Often, a mixture of approaches was adopted within a single organisation. For example, one member of staff described how frontline staff responded quickly to real-time, verbal feedback, but also how survey information was discussed in maternity governance meetings as well as being analysed by the centralised patient experience team over a longer period of time.

Acting on feedback

Feedback from patients can lead to different forms of action. As discussed earlier, real-time feedback from service users can allow staff to respond to it immediately, preventing problems from escalating. One member of staff (head of midwifery) described a system for collecting real-time feedback on tablets (as part of the Friends and Family Test), which alerted her immediately by email to any negative feedback. This allowed her to visit the woman providing the feedback on the ward and ‘address [the issue] there and then’.

Where issues raised by user feedback require a longer-term service improvement, more formalised processes may be required to put this into action, depending on the nature of the change required. Those involved in the study described small changes made by staff within the unit, for example décor in the waiting room, as well as larger changes requiring senior approval. Some spoke about drawing feedback together into proposals or action plans, and presenting these to the board for approval when required, particularly where a new cost was likely to be incurred.



Some organisations involve service users in the process of acting on feedback. One member of staff described the importance of ‘making sure the patients are involved, even in setting the action plan, so that it’s relevant to them.’ They explained that this is done through the Maternity Services Liaison Committee, although evidence suggests that the success of these committees in involving service users in their activities in a meaningful way is mixed ([Scottish Health Council 2011](#)). Others spoke about inviting service users to events aimed at developing changes, or inviting back individuals known to have had a poor experience in a particular area. This type of approach is consistent with the NHS’s wider commitment to co-production as a way of working, based on the principle of equal relationships between service providers, patients, service users, carers and families ([NHS England 2015d](#)). Indeed, there is evidence that approaches such as experience-based design, whereby staff and service users work together on an equal footing to co-design improvements, can lead to benefits ([Goodrich and Cornwell 2008](#)). Moreover, engaging service users in this way is a key means of testing whether changes planned for services and care will be considered an improvement by patients and the public ([Ham et al 2016](#))

User involvement in service redesign/development

A number of those involved in this study spoke about the importance of user involvement in service redesign or development. In some cases, the impetus for change had come from the trust while, in other instances, it had come from service users themselves. Feedback was collected and used in order to inform a service change or to test changes as they were implemented. Three examples are given below.

- The maternity unit at one trust set up a ‘bereavement room’, engaging with service users through the Maternity Services Liaison Committee (MSLC) to understand how the room could best support service users and to determine where it should be situated.
- One trust worked with service users to develop a web-based app (application) to help women choose where to give birth. The app itself was led and designed by service users with the assistance of the chair of the MSLC.
- One organisation described the ‘nurture model’ adopted by their trust, which includes a focus on the involvement of service users in the design and development of service changes.



However, some staff involved in the study explained that often service-user feedback was not sufficiently powerful in itself to bring about large-scale changes, for example those requiring capital spend, although it could lend additional support to existing proposals. One member of staff explained that feedback wasn't used 'to drive change initially... but actually often we get feedback and we think, yes we know about this, we've been trying to do this, this is another sort of feather to our bow [sic] to take to the board'. Indeed, evidence from the literature review suggests that feedback is not always used to support service improvement and that, although measurement of patients' experience is important, the likelihood of change is affected by a range of other factors such as commitment from the leadership (Coulter *et al* 2014). The importance of leadership and other cultural factors in establishing and maintaining effective feedback processes was alluded to by some of those involved in the study and is discussed in more detail in section 8.



7 Approaches to sharing feedback

A strong message from the literature is that effective feedback processes, and the engagement of staff and patients in these, are only sustained where there is clear evidence that feedback is listened to and acted on. This ‘feedback loop’ includes staff, patients and wider service users and is critical to the overall feedback process (NHS West Midlands 2009). The importance of this loop was recognised by a number of those involved in the present study; as one member of staff explained, sharing feedback, and the organisation’s response to this, is important in ‘closing that loop and patients... [seeing] that their feedback is going somewhere’. Where this does not happen, organisations risk losing public trust (NHS West Midlands 2009).

For staff, sharing feedback can also help to engender a sense of responsibility and pride in the service they deliver. The knowledge that feedback will be communicated widely can help to ensure that service improvements are made quickly.

A number of organisations involved in the study described a range of approaches to communicating messages from feedback (or ‘closing the loop’), as well as the actions taken in response. These are set out below.

Sharing feedback and actions within the organisation

Individuals and teams

Nearly all organisations involved in the study described sharing feedback about specific members of staff or teams with the relevant individuals. In many cases this is positive feedback provided in thank-you cards or emails, or as part of verbal feedback, and is passed on verbally or by email. Several members of staff also described using organisational newsletters or magazines as a means of sharing positive feedback about individuals or teams.



Negative feedback is also passed on to individuals and teams, and similar mechanisms are used. One member of staff explained that passing on both types of feedback to staff is important because it encourages a sense of responsibility.

[Staff] accept the negative much better because it is in relation... if we just fed back from the complaints I think that is when they would start to feel, well, the world's always getting at us... [If t]hey feel that the good bits apply to them then I think they take a bit of ownership of the bad bits as well.

The sharing of specific feedback in this way supports the role of patient feedback in performance management, although this link does not appear to have been formalised in many of the organisations involved in the study. One member of staff spoke about using feedback informally to improve the performance of individual staff members, but described this as a supportive process, aimed at fully understanding the experience of the patient.

It's supportive, it's not punitive, you know, two more strikes and you're out, kind of, conversation, it's about getting round to that, how did it feel for the woman... There's quite a bit of that, sort of, informal feedback to our staff.

More general feedback is typically shared in team meetings and staff training events, as well as through other relevant groups. This can support the role of service user feedback in quality improvement. For example, one member of staff spoke about a birthing forum with which the maternity team regularly shared feedback and proposed actions.

The wider organisation

Patient feedback on maternity services, and actions proposed or taken in response to this, are typically shared beyond the maternity unit, in particular with centralised patient experience teams (where these exist) and with the organisation's leadership. Many of the organisations involved in the study described sharing this information with the board, either as standalone information or by feeding into regular reports. Feedback can be incorporated into 'maternity dashboards', which the Royal College of Obstetricians and Gynaecologists (2008) urges maternity units to use in order to plan and improve their services.



Maternity dashboards

- A maternity dashboard includes a range of operational and clinical outcomes, for example the number of women admitted to the intensive care unit or the caesarean section rate. The dashboard is typically shared on a monthly basis with the trust's management team and chief executive, as well as with commissioners.
- One member of staff described adding patient experience information to the standard dashboard to ensure that this information was widely shared along with the maternity service's clinical outcomes.
- Inclusion of patient experience information means that the service's performance in this area can be monitored from one month to the next, and that any problem areas are identified. Viewing this information as part of the dashboard helps to provide some context to the user experience scores, for example highlighting particularly busy periods. This in turn helps the maternity service to pinpoint the more important issues to follow up.

Sharing feedback and actions with patients and the public

A number of the organisations involved in the study have also adopted a range of approaches to sharing feedback and communicating actions taken with service users and the public. As suggested above, these organisations are also pro-active in involving service users in developing actions in response to feedback.

Nearly all members of staff talked about their local Maternity Service Liaison Committee (MSLC) in the context of sharing feedback. MSLCs include users of maternity services, and therefore provide a clear opportunity not only for gathering feedback but also for sharing key messages from different sources of feedback and communicating proposed actions. Some organisations described sharing information via other forums such as patient experience groups. One member of staff described a new trust-wide patient experience strategy, which included the establishment of these groups, involving service users at departmental, site and trust levels. Groups at department level are required to report on feedback to a group at site level, which in turn reports to a group at trust level. Through this structure, the trust-level group is responsible for 'holding departments accountable for their themes and trends, and what they're doing about it'. It is also a key mechanism for involving service users in the development of actions in response to feedback, as described in the previous section.



A number of those involved in the study described notice or message boards in the wards and waiting areas (many of which adopted a ‘you said, we did’ format), highlighting key issues raised in patient feedback and describing actions taken in response. Newsletters aimed at the public are also used as a means of sharing general feedback. Meanwhile, organisational websites provide an opportunity for sharing this information beyond the trust, for example by communicating feedback on patient experience pages on trust websites and by making relevant board and meeting papers accessible.

In some cases, organisations share feedback on an individual basis. One member of staff described following up on specific feedback with individual service users by calling or writing to explain what action had been taken in response to their comments.



8 Considerations in the collection of feedback

Even where the appropriate infrastructure is in place, organisations are likely to face a number of challenges in collecting feedback from the range of people who use maternity services, and in effectively responding to key messages. Foremost among these are the challenges of ensuring that information generated by feedback collection activities provides a fair reflection of the views of users and that it is in a format that can be used to inform action.

Drawing together evidence in the literature and messages from the staff involved in this study, this section highlights the key challenges for providers in collecting meaningful, usable feedback from users of maternity services.

Capturing the views of service users

It is important to note that feedback can be influenced by a range of factors. Section 7 describes how different methods used to collect feedback can affect the nature of the information provided, and there is evidence to show that factors such as case mix and user characteristics also has an influence (Commission for Health Improvement 2004).

Within this context, two specific issues are discussed in more detail below.

Targeting

To gain the best insight into women's experiences of maternity services, organisations need to hear from as wide a range of users as possible. Indeed, there is evidence that patient ratings of care can vary between groups and that this is partly due to factors outside of the service itself, including the characteristics of the user. For example, one study found that within individual general practices, South Asian and Chinese patients typically reported less positive experiences of care than white patients, and younger patients reported less positive experiences than older patients



(Lyrtatzopoulous *et al* 2011). Meanwhile, a recent report on the NHS national inpatient study highlighted the ‘London effect’, whereby London trusts typically perform less well than their counterparts outside of London, suggesting that the results are affected by a number of factors specific to the London environment (Raleigh *et al* 2015).

In practice, however, capturing the views of all service users can be challenging and it is likely that different approaches will be required to collect views from different groups of users. For example, traditional methods such as surveys may not be appropriate for all users, such as those with learning disabilities, while reactive approaches such as social media may favour younger service users. Targeting specific user groups through direct approaches such as focus groups or surveys in different languages can help organisations to ensure that they are hearing from as many users as possible. In practice, adopting a multi-method approach, which enables different users to comment in different ways, is likely to be most successful in building up a full picture of women’s experiences.

However, it is also important to consider the specific purpose to which feedback is being put and to be realistic as to what is achievable. For example, where an organisation is testing a particular proposal, it may be appropriate to engage with the particular group of service users most likely to be affected rather than to seek the views of all service users. Moreover, as suggested above, it is important to recognise that no one approach to gathering feedback will be able to capture the views of all types of service user, and to ensure that this is not allowed to become a barrier to collection.

Timing

A key challenge with collecting feedback is determining when and how often this should be done. Both factors will have an impact on the nature of the feedback provided, and potentially on the way in which it can be used.

Feedback collected in real time has the advantage of capturing the views of the service user while they are receiving care or immediately after. The individual is likely to have little difficulty in recollecting their care at this point, and consequently the feedback provided can be considered an ‘accurate’ reflection of what took place.



However, there are a number of reasons why real-time feedback may not offer a true or full picture of the service user's experience. From a practical perspective, the immediacy with which real-time feedback is provided means that it is likely to exclude important elements of the individual's overall care, for example care post discharge. Even where a user is commenting on care (or aspects of care) that have been completed, the views expressed in real time may differ from those that would be offered at a later date. A service user may also be too stressed or distracted to provide detailed opinions while they are experiencing care or immediately after (Health Foundation 2013). Moreover, several studies have shown that feedback provided in real time, or soon after care, tends to be more positive than feedback that is provided some time after care has been completed (LaVela and Gallan 2014). Various explanations have been offered for this. For example, patients may be reluctant to be negative about their experience during care, for fear of compromising this further; and/or service-users' views may change in the period following their care, once they have had time to reflect on their experience (NHS West Midlands 2009).

Collecting feedback at regular points during a pathway of care is one approach to addressing these issues. This was the rationale behind the approach to the Friends and Family Test in maternity services, which invites women to provide feedback at four different 'touch-points'. However, the need to ensure that feedback is both actionable and representative should be balanced against the interests of those providing feedback. For example, for women who have experienced a particularly long and tiring labour, or for those who have suffered complications, it may not be appropriate to ask for feedback while they are receiving care or immediately after.

Similarly, asking for feedback on too regular a basis can be frustrating for service users. Staff involved in this study highlighted this as a particular criticism of the Friends and Family Test in maternity services. Some felt that it could influence the nature of the feedback provided. One member of staff suggested that asking for feedback too regularly led to women providing lower scores than they might have done otherwise. Another explained that:

... it is a bit too much for people, so they just don't do it, so it's very diluted, and so you only get a very few people's opinions, and those few people therefore generally have something to say... occasionally you get some positive things, but it's usually the ones that are cross because they waited a long time in clinic or whatever it is,



so it's not a very good picture, and it doesn't really explain very much.

As suggested above, in certain circumstances, for example where a birth has been particularly complicated, asking for feedback at all may be inappropriate. So it is important that requests for feedback are handled sensitively, and that there are mechanisms in place for ensuring that the nature of these requests, or whether or not they are made at all, take into consideration the circumstances of the individual service user.

'Actionability' and anonymity

A theme running throughout this report is the importance of feedback being used as a driver for action, rather than being treated as an end in itself. This is a critical part of the feedback loop, and fundamental in ensuring that staff and patients remain engaged with feedback processes. A key challenge for organisations is ensuring that the feedback they gather is in a form that allows them to understand the experience of service users as far as possible and that can be used to inform action.

In practice, different forms of feedback will lend themselves to different types of action. The issue of timing – when and how frequently feedback is collected – is also relevant here as, as discussed, each of these factors will influence the nature of the information collected and how it may be used.

A further issue highlighted by those involved in this study was the potential tension between ensuring that feedback is actionable and allowing anonymity to those providing information. There is evidence to suggest that people have a preference for giving feedback using anonymous systems (NHS West Midlands 2009). Furthermore, in general, anonymous feedback has the potential to provide a more accurate picture of the service user's experience than named feedback, because it is less likely to be influenced by concerns that negative comments will result in worse care. Concern about care being compromised is a particular problem where service users are being asked for feedback in real time. This was highlighted as an issue by a number of those involved in this study. As one member of staff explained, 'even though we say to patients that giving us feedback couldn't affect the way you're treated, but women will think, "I'm still in their care, if I'm going to give a negative feedback, that's going to affect my care"'. Using non-staff members, for example volunteers, to collect feedback can help to address this issue (Coulter *et al* 2009). Some members of staff



also highlighted the opportunity of anonymity as a major advantage of digital and information technology-based mechanisms for collecting feedback, such as tablets.

A drawback of anonymous feedback, however, is that without information to identify the service user, comments can lack context and are more difficult for staff to interpret. This in turn makes it difficult to address specific issues or prevent problems from escalating – an issue that was raised by a number of the organisations involved in the study, particularly in the context of the Friends and Family Test. One member of staff explained that responses are difficult to learn from, in part ‘because they’re anonymous, if somebody really has an issue and we pick up something really concerning, we don’t know who they are, so we can’t help them’. Similarly, and relevant in the context of performance management in particular, anonymity can make it difficult to validate comments from service users. One member of staff described being put under pressure by a centralised patient experience team to respond to all pieces of feedback, even where she felt unclear as to what had happened or whether or not a member of staff had acted incorrectly.

Getting the balance right

Many of the staff involved in the study were unable to quantify the level of resources, in terms of staff time or money, employed in collecting and analysing feedback. Staff described a variety of arrangements, although in many cases these functions were carried out within maternity teams. Consequently, some of those involved in the study spoke about how feedback systems could put additional pressure on resources and suggested that this could be particularly problematic during very busy periods or in times of financial difficulty. One member of staff explained that if one or two members of staff unexpectedly took sick leave, no one on the ward would be physically available to circulate the ward with their patient experience tracker.

In other organisations, some feedback collection is undertaken by individuals from outside of the service, for example centralised patient experience teams or volunteers. This can help to reduce the pressure on staff and, as discussed above, can help with the issue of anonymity. However, involving individuals from outside of the department in feedback, and/or managing this at a trust level, can introduce a delay in responding to feedback and reduces the ‘sense of urgency’ for change among departmental staff.



Digital and information technology-based mechanisms for both collecting and analysing feedback were discussed within this context, with a few members of staff suggesting that digital-based approaches to feedback collection, for example using their phones or tablets, would free up staff time. People also highlighted the limits in the capacity for staff to take on additional feedback activities. One member of staff explained that the introduction of the Friends and Family Test had led to the termination of some existing feedback processes as staff did not have the capacity to maintain both activities.

It is important that the need for feedback, and the investment of time and resources in the systems that support it, are balanced against the risk of overburdening both staff and patients. Where processes place significant pressure on staff, they not only risk undermining staff engagement with feedback systems, but also limit the time that staff have for designing and developing improvements. As suggested above, it is important that the need to capture a wide range of views and to ensure that feedback is as actionable as possible, does not lead to service users feeling overwhelmed by requests to comment. A number of people we spoke to raised concerns about 'survey fatigue' among service users.



9 Enablers

Successfully embedding patient feedback within an organisation depends on more than effective processes (and addressing the challenges described in the previous section), although these are important. To a large extent, the ability for maternity (and other) services to effectively collect and respond to feedback is dependent on this being appropriately prioritised within the organisation.

A review of the literature suggests that embedding a culture of feedback relies on a number of factors, including a shared view of the value of feedback, leadership support, a focus on improvement and the engagement of staff. Interviews with provider organisations supported the suggestion that organisations that are strongest in the area of user feedback demonstrate a commitment to feedback that goes beyond individual tools or processes.

Clarity of purpose

In practice, NHS organisations collect feedback in maternity services for multiple purposes. While there is some overlap between these areas, there is also some potential for them to come into conflict and to cause confusion for both patients and staff. That these different purposes require different types of information also contributes to the risk of feedback activities becoming overly burdensome on staff.

At a practical level, organisations need to be clear about what they are seeking to measure through feedback and consequently about the appropriate approaches and tools ([Health Foundation 2013](#)). However, fundamental to this is having clear communication about, and a well-developed, shared understanding of, the value and purpose of patient feedback at every level throughout the organisation (Coulter *et al* 2014). The key is ensuring that there is agreement among staff about this and, importantly, about the validity of feedback as a marker for quality and for driving change. Listening to service users and patients should be thought of as inherent to the role of staff and key to wider improvement activities.



Support from leadership

There is a large body of literature on the influence that leaders in NHS and other organisations have on the overall culture of an organisation (for example [West et al 2015](#)). In the context of service-user feedback, visible support from the leadership for collecting and acting on this feedback is key in ensuring that it is prioritised across the organisation. This applies at both trust and service levels.

Recent analysis of the inpatient survey in NHS acute trusts identified leadership as a critical enabler in translating patient feedback into action and highlighted the importance of leaders – both chief executives and clinical leaders – acting as champions and promoting the use of patient experience data ([Raleigh et al 2015](#)). Other research has highlighted the importance of effective distributed leadership within an organisation, namely active support from the chief executive and board, which is empowering rather than directive, and encourages frontline staff to innovate in response to feedback without fear of retribution (Coulter *et al* 2014). The importance of leadership support was also highlighted by those involved in the present study. One member of staff, from an organisation known to perform well on patient feedback, identified senior support as one of the key learnings for organisations interested in developing approaches to feedback. In particular, they highlighted the importance of the ‘longstanding commitment... to listen to our communities’ on the part of the chief executive.

Staff engagement

The fundamental link between patient experience and the engagement, experience and wellbeing of staff is well documented. Evidence shows that in organisations where levels of staff engagement and wellbeing are high, mortality rates are lower and patients are more satisfied with the care they receive ([Ham 2014](#)). It also suggests that there are limits to what health care organisations can achieve in relation to patient experience where they do not make efforts to improve the experience of their staff ([Cornwell 2015](#)), and that patient feedback activities are likely to be most successful in organisations where levels of staff engagement are high.

This link between staff engagement and a focus on patient experience was alluded to by a number of those organisations involved in this study. One explained that ‘[a] really big thing that makes a difference is staff wellbeing... if you’re going to bring about a culture that is properly... genuinely looking at patient experience, then



you have to look at staff experience too...’ Another member of staff talked about a psychologist-led training programme run at their trust to support maternity staff in dealing with difficult or stressful situations, as described below.

A psychologist-led training programme for staff

- Recognising that midwives and other staff in obstetrics and gynaecology can face emotionally difficult situations on a regular basis as part of their job, one trust has established a psychologist-led programme to support staff. This is based on the principle that ‘focusing on staff experiences [is] a way of delivering optimal care for people that use our services too’.
- The programme was introduced as part of a wider set of changes made to improve the experience of women using the maternity services. However, changing the outlook of staff involved in the service was key. The focus was on helping staff to reflect on their experience of delivering health care, such that they could ‘learn to be kinder to themselves, so that they would free up the resources within themselves, to respond to women in a different way’.
- The organisation explained that the programme has produced a clear shift in the number of women reporting ‘kindness and compassion as the single thing that they remember most about the unit’.

In the context of collecting and using patient feedback, it is important not only that overall levels of staff engagement and wellbeing are high, but also that staff are fully engaged in the value of collecting and using the feedback. This is linked to the issue of quality improvement more generally; listening to patients should be a key part of an organisation’s approach to improving quality, and the curriculum for training staff in management should include a relentless focus on the needs of the patient (Ham *et al* 2016). Indeed, organisations should encourage staff to consider the collection of feedback, in various forms, as both an important and ongoing part of their role.

Evidence shows that engaging staff in feedback activities can in turn help to encourage service users to participate (DeSilva 2013). Engagement of staff relies partly on a shared understanding of the purpose of feedback, as described above, but also on the ‘feedback loop’ – a visible link between feedback and action. The knowledge that feedback from service users is listened to and acted on helps to encourage a sense of responsibility and pride among staff in the service they deliver.



One member of staff explained that:

... you could do all the feedback you want but if you don't disseminate that to the staff... If the frontline staff, they are the junior doctor, the junior midwife, the health care assistant, if they don't know what the women are saying about the service, both positive things and negative things, you can have all these charts in the room somewhere, it's not going to change the outcome.

There is also some evidence that health professionals respond more appropriately to feedback when they know that this information will be made available publicly (DeSilva 2013).

Patient involvement in design

Involving women who use maternity services in developing feedback tools can help to ensure that these capture the views of as wide a range of users as possible. It can also help in generating information that is relevant and actionable, and ensuring that the outcomes measured are those that matter to service users, rather than those of clinicians (DeSilva 2013). A pilot study that looked at patient experience trackers used in a neonatal unit found that involving a user group in the design of survey questions led to an increase in the response rate from 31 per cent to 92 per cent (Brown and Aladangady 2010). The value of involving service users in developing feedback tools was highlighted by a number of those involved in the present study. One trust spoke about developing surveys 'in collaboration with patients, relatives and carers', while a member of staff described having run a survey of women using the maternity service to understand which feedback mechanisms were preferred.

'Closing the feedback loop' means that service users need to be involved not only in generating feedback but also in translating the information collected into actions and monitoring their impact. Traditionally this has taken place through Maternity Services Liaison Committees, which enable service users to work with providers to promote improvement on an ongoing basis, and in relation to specific service development projects. The value of engaging women in this stage of the feedback process was highlighted by the organisations involved in this study. One member of staff described the result of having involving women in the design of an app that helps women to choose where to give birth: 'it's quite interesting because it wasn't anything like we thought it should be designed, it was completely different'. Another



explained that involving service users at all stages of the feedback process, including action planning, was valuable not only in the design of service changes but also ‘to make sure that you’re getting the impact that you’re aiming to have, having that continuous feedback to see how it’s evolving.’



10 Conclusion

The findings from this study support the large body of evidence, which shows that user feedback can play a valuable role in monitoring the quality of services and in shaping service improvements. Given evidence on the link between service user experience and clinical effectiveness, it is critical that providers of maternity (and other) services have effective feedback systems in place to support these activities. Indeed, listening and responding to service users in this way is key to any coherent strategy for quality improvement.

Overall, the staff involved in this study painted a positive picture of local activity, with many maternity service providers having developed a wide range of mechanisms in addition to using national tools to help them understand their users' experiences. These involved a number of direct approaches to feedback that proactively seek the opinions and views of their users, including those typically less engaged by traditional methods, and which can be tailored to meet local needs. They also included approaches to collecting feedback in real time, enabling organisations to identify problems quickly and respond to the needs of their service users as they arise.

A number of those involved in the study also described systems for translating user feedback into action, and for communicating these actions both inside and outside of the organisation. It is clear from this and the wider body of evidence that there are a number of factors, in addition to the methods used to collect feedback, which determine the usefulness of the data generated and the success that organisations have in translating concerns of service users into tangible actions.

This report provides some examples from which maternity service providers wishing to develop in this area can learn.

The organisations that are strongest in terms of user feedback have the following characteristics.

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- **They adopt a multi-method approach, including a range of direct methods.** Evidence shows that combining a range of approaches that capture the views of different women, at different times and in different formats, offers providers of maternity services the fullest picture of the experience of their service users (LaVela and Gallan 2014). Triangulating the data generated from each of the tools used (quantitative and qualitative information) helps organisations to identify areas of convergence and offers some insight into the reasons behind them. The best-performing organisations described using various methods and have adopted a number of direct tools. By enabling organisations to target particular user groups or issues, these methods are key in helping to ensure that feedback is as representative and actionable as possible.
- **They close the feedback loop.** Demonstrating that feedback provided by service users is listened to and acted on is critical in achieving and maintaining the engagement of staff and service users in feedback activities. This means ensuring that feedback collection does not become an end in itself and being proactive about communicating the changes made in response to feedback. It must also be seen as an ongoing process rather than a one-off event. For staff, the knowledge that feedback provided by service users will be acted on plays an important role in engendering a sense of both pride and responsibility in the service they deliver.
- **They are successful in communicating the importance of feedback and engage their staff.** Embedding a culture of feedback within an organisation requires a clear and shared understanding of the value it offers. It also requires agreement from all staff as to the validity of service users' opinions as drivers for change. Support from leaders, at trust and service levels, is key. The organisations that perform well in relation to service-user feedback described high levels of staff engagement, both in the organisation and in relation to feedback activities specifically.
- **They involve their users.** Seeking participation from maternity service users at all stages of the feedback process helps organisations not only to develop feedback collection tools that are effective, but also to design service improvements that meet the needs of their users and to monitor the impact that these changes have. This is key in quality improvement. For service users, being given the opportunity to contribute at each of the stages is key to ensuring that they remain engaged in feedback activities.

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- **They devote sufficient time and resources to the collection and analysis of feedback.** To get the most value from service-user feedback, organisations need to invest an appropriate level of time and resources in the collection and analysis of user feedback and in responding to key concerns. Where this does not happen, there is a risk that these activities are de-prioritised when services are under pressure. More importantly, overburdening staff is likely to undermine their engagement in feedback systems.



Appendix: Approach to the research

The overarching purpose of the study was to determine what locally developed approaches are being used by providers of maternity services to collect user feedback, with a view to highlighting some of the key learnings for those providers wishing to strengthen their approach in this area.

The specific objectives of the research were to:

- understand what approaches are being used, in addition to national tools, to collect user feedback in maternity services
- identify the main benefits and challenges of the different approaches
- highlight the key enablers to getting most value from patient feedback and, in particular, in using feedback to drive service improvement.

Scope of the study

The primary focus of the study was on the practical tools that can be used to collect feedback from service users, as well as the approaches for sharing this feedback and using it to inform action. Although some findings refer to the role of leadership, staff and other cultural factors in embedding patient feedback within an organisation, this research does not represent a comprehensive study of these areas.

The study focused on maternity services delivered by providers in an acute setting, but did not include neonatal services.

The research draws on evidence from two sources, as follows.

A literature review

A rapid review was undertaken of academic and 'grey' literature relating to patient feedback. This covered English and international literature (English language only), with a particular focus on literature from the United States.



Semi-structured interviews

A total of 18 interviews were undertaken. These involved 16 acute provider organisations, most of which were NHS organisations, and two non-NHS stakeholders with an interest in the collection of patient feedback.

The group of providers selected for interview was intended to represent a mixture of organisations recognised as performing well in relation to collecting and using patient feedback, and those considered less strong in this area. For each organisation, two measures were considered:

- the most recent available Care Quality Commission rating – the group included some organisations with a positive rating as well as some identified by the Care Quality Commission as requiring improvement or as inadequate, both as an organisation and in maternity services specifically
- the organisation's results in the 2014 NHS Staff Survey on a question relating to confidence in patient concerns being acted on – the organisations in the group had varying scores, with some scoring above the national average and some below.

Points to note

The approach to selecting the interviewees and the size of the final group (and two sub-groups) mean that the information collected from the interviews is not necessarily representative of maternity providers across the NHS more widely. As with all qualitative studies, the results are not generalisable. Nonetheless, the interviews with providers offered an insight into the type and range of activity being undertaken in relation to user feedback and a number of common themes were identified.

The study does not include a review of the outcomes of different approaches to collecting and using patient feedback in each of the organisations, as the effectiveness of the different approaches was beyond the scope of the study.

The study does not provide a view on approaches that are not currently being used by provider organisations.

The study did not include interviews with any patient representatives or patient feedback groups and therefore does not provide the service user's perspective on the



strengths and weaknesses of the different approaches. However, where possible, the study drew on literature on the involvement of service users in feedback activities.



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Before joining the Fund, Lillie worked in the health team within PricewaterhouseCoopers' (PwC) advisory practice, where she supported NHS organisations on a range of assignments, including public procurement projects, organisational and commercial change and strategy development projects. While at PwC, Lillie spent 18 months on a secondment to the Department of Health's NHS Group where she worked on provider policy.

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Joni has a particular interest in incentives and behavioural outcomes in health care settings. Before joining the Fund in 2013 Joni worked at the Royal College of Physicians, focusing on the impact of the NHS reforms, developing new models of urgent and emergency care services, and leading the college's public health work.

She has an MSc in comparative social policy from the University of Oxford



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The King's Fund is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

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The experience of patients has been thought of as a core component of quality in the NHS for a number of years. Some national tools for collecting feedback have recently been extended into maternity services, but what are maternity service providers doing locally in terms of user feedback?

User feedback in maternity services draws on a literature review and interviews with maternity service providers and stakeholders to outline some of the different approaches that provider organisations are using to collect, analyse and share patient feedback data. It also highlights the challenges of implementing these methods and the key features of successful feedback systems, which providers wanting to improve in this area could learn from.

The report shows that:

- organisations need to have a clear view on the value and purpose of user feedback, which is supported by all staff
- leaders are key to ensuring that user feedback and actions taken as a result of it are seen as a priority within the organisation and that there is a culture of improvement
- organisations with the strongest track record in patient feedback use a mixed-method, direct approach to collecting their service users' views, which can be tailored to local circumstances
- they also involve users in all stages of the feedback process, from the development of feedback tools to the design of service improvements.

The report emphasises that sufficient time and resources need to be invested in feedback systems so that feedback activities are protected when services are under pressure.

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