Ashford and St. Peter's Hospitals NHS
NHS Trust

MATERNITY SERVICES USER SURVEY REPORT

October 2007

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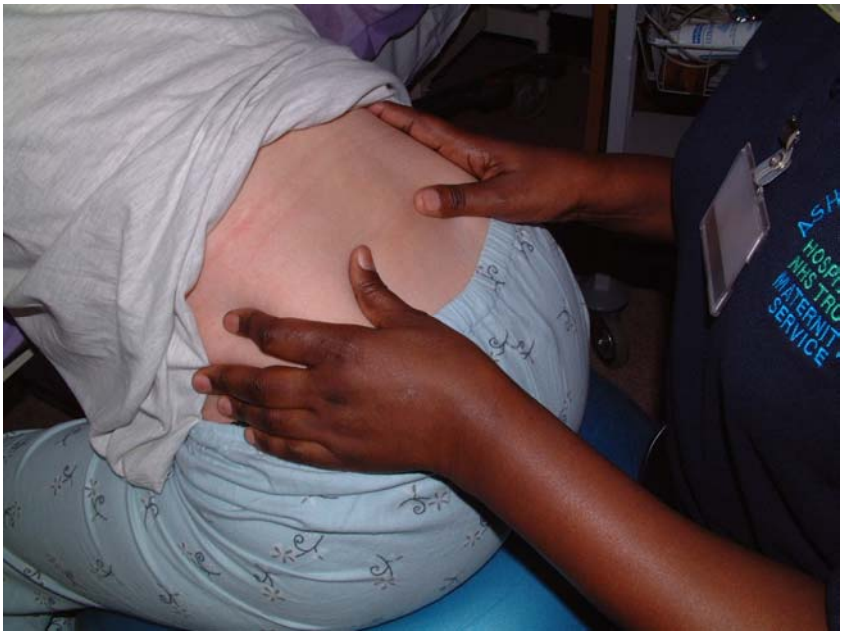


SUMMARY

It is of utmost importance that consumer views are used to inform the provision of maternity services at Ashford and St. Peters hospitals.

This is the second maternity survey of women who delivered their babies at Ashford and St. Peters hospitals in 2007 and was administered in October 2007. The second survey enabled a comparison to be made to the results of an external survey in February 2007 by Picker as part of the Health Care Commission (HCC) national review of Maternity Services.

The ratings given by women about the overall care they received **in pregnancy** has showed no significant change from February to October 2007. Perception of care given during **labour and delivery** however, has shown significant improvement. Eighty percent of care was rated good, very good or excellent in February increasing to 91% in October 2007. **After birth** positive ratings for care have increased from 75% to 79% overall.

More detailed summaries within the results section can be seen below which include areas for improvement with recommendations for action to further improve Maternity Services at Ashford and St. Peters Hospitals as perceived by women.

An ongoing survey program will continue to inform and mould the Maternity Services of the future.

1. Introduction

Knowledge of user views is integral to effective maternity service provision and its significance cannot be overstated. It is also a key HCC requirement that user satisfaction reviews influence service development and delivery. The NHSLA Maternity CNST standards have required that Maternity Services continuously evaluate women's perceptions of their services and care. This feedback from users can be gathered through surveys, comments and birth reflections to name a few.

User views may be used, prospectively and respectively to:

- Evaluate whether communication with women is perceived as effective
- Moderate that women have received a full spectrum of communication
- Reflect on the way service delivery is perceived by users
- Improve practice and maintain standards
- Influences the audit agenda
- Satisfy statutory requirements

This report covers maternity care provision for women who gave birth in October 2007. It follows on from the National Maternity Services Survey carried out by Picker on behalf of the Health Care Commission in February 2007[1]. The initial results from this survey indicated some areas of service/care provision which may benefit from development and where feedback from service users suggested there was scope for improvement.

A significant number of changes were made in the maternity service after February 2007 including staff numbers on the postnatal ward and skill mix changes. It was felt internally that these changes would have made a difference to the way in which the women perceived the service. The results of this survey therefore will indicate whether this in indeed the case and help to indicate where further improvement is necessary.

2 Audit Design

Objectives

- To obtain feedback from women using Ashford & St. Peters Hospitals NHS Trust Maternity Services during pregnancy and childbirth.
- To confirm if any of the changes made since February 2007 had made any difference to the women's perception of care.
- To confirm where women's experiences are positive and give direction for further improvement of the maternity services.

[1] http://www.healthcareproviders/nationalfindings/publications.cfm November 27th 2007

2.2 Population and Sample

Women who gave birth to their babies in October 2007 were invited to participate in the survey. On discharge from Joan Booker Ward (antenatal & postnatal inpatients), 334 women were given, an invitation to participate along with a questionnaire and a pre-paid envelope for return. Women who chose to deliver at home were given a questionnaire by the community midwife. A covering letter was included with the survey form from the Associate Director of Maternity Services informing the women that the maternity staff would not see their individual responses therefore encouraging open feedback.

Women who suffered bereavement were not included in the survey.

2.3 Data Collection

The data collection tool can be seen at Appendix 1. Data was collected retrospectively and included care delivered up to two weeks post delivery. The questionnaire was developed using the Picker Survey Tool as a basis. Specific questions from the tool were re-surveyed where it had been reported that the "Problem Scores" were significantly different from other Trusts and where there was scope for service improvement. Where the Picker survey reported improvements required and these results depended upon care given by health professionals outside the scope maternity services contract, questions were adjusted to take this into account.

2.4 Data Analysis

The questionnaire asked about aspects of care in categories as specified below.

- Antenatal care
- Information giving and choice
- Labour and birth
- Support & information in labour
- Care in hospital after the birth
- Help and advice
- Cleanliness
- Care at home after the birth

3.0 Findings

One hundred and eight questionnaires were returned which was over 32.3% of the total number of questionnaires distributed.

The responses received from the survey in October 2007 are compared to those for this Trust detailed in the Picker Survey in February 2007 where possible.

3.1 During Pregnancy

Q1 (B4) roughly how many weeks pregnant were you when you had your 'booking' appointment?

2 weeks	Earliest
36 weeks	Latest
12 weeks	Mean

The range for a first booking appointment was 2 weeks to 36 weeks. The mean for the 'booking appointment' was 12 weeks gestation. Three women commented that there were specific reasons for a late booking. See below

Comment

- I wasn't given any info by my GP about the need to make a booking appointment, only the scans, so I was late booking
- I was overseas until this point (34 weeks)
- I didn't know I was pregnant until I was in labour (36 weeks)

Actions: Ensure GPs are informed about how to access timely booking appointments for women

Q2 (B6) **Were you given a choice of having your baby at home?**

Feb	Oct	
43%	38%	Yes
36%	36%	No
8%	13%	No, but this was not possible for medical reasons
14%	12%	Don't know / Can't remember
0	1%	Not answered

Comment

- No but would have asked for it if we'd wanted to
- Yes but staffing restrictions stopped it

A small reduction in choice for October however the number of women who could not be offered a home birth for medical reasons has risen by the same percentage as those who were not offered a home birth. The number of women simply responding "no" has not changed since February.. Action: Ensure effective distribution of 'Where to have your baby leaflet' and ensure midwives confident to offer this choice. Continue with recruitment into vacant community midwife posts.

Q3 (B7) **Did you get enough information from a midwife or doctor to help you decide where to have your baby?**

Feb	Oct	
27%	32%	Yes, definitely
23%	23%	Yes, to some extent
17%	7%	No, but I would have liked some information
18%	19%	No, but I did not need this information
8%	7%	I wasn't given a choice about where to have my baby
4%	10%	For medical reasons there was no choice about where to have my baby
2%	1%	Don't know / Can't remember
1%	2%	No response

Comment

- I wanted to be at St Peter's

The improvement demonstrated here is strengthened by a reduction in the number of women who did not get information when they would have liked some and the number where medical reasons limited choice. The comment suggests that some women may have interpreted the question to mean home versus hospital or other hospitals or birth centres versus St Peters Hospital

Q4 (B23) **Did you attend any antenatal classes provided by the NHS?**

Feb	Oct	
41%	38%	Yes
58%	61%	No
1%	1%	No response

Comment

- booked but baby arrived early
- Was not made aware of availability

Action – need to ensure community midwives offer classes to women

(B24 a,b,c,d,e) **If YES, please tick if you agree with the following statements:**

Feb	Oct	
71%	76%	The classes were at a convenient time of day
99%	90%	The classes were at a convenient place
78%	83%	My partner or someone of my choice was allowed to attend
65%	61%	There were enough classes
77%	85%	The classes covered the topics I wanted

Overall an improvement: Whilst the content of the classes appeared to be comprehensive, partners were included, there may be scope to review the time of day classes are delivered and focus on improving access.

SUMMARY

During pregnancy the information received by women from staff was better with less negative responses overall. Further work is required on offering choice about where to have baby and ensuring early booking. Antenatal classes are well received but may be made more convenient by considering time of day they are offered. Also there is scope for further examination of the number of classes offered. The data does not tell us whether women need more or less sets of classes to be offered throughout the service overall or whether the program they attended could have been extended.

3.2 Your labour and the birth of your baby

Q5 (A4) **Roughly how many weeks pregnant were you when your baby was born?**

24 weeks	Earliest
42 weeks	Latest
40 weeks	Mean
5 %	Between 24 – 36 weeks inclusive
64%	37 – 40 weeks inclusive
31%	41 weeks plus

Comment

- I didn't know I was pregnant until I was in labour (36 weeks)
- At Epsom before birth of baby (24 weeks)

Q6 (C5) **During your labour, were you able to move around and choose the position that made you most comfortable?**

Feb	Oct	
61%	57%	Yes, most of the time
22%	18%	Yes, some of the time
14%	12%	No, not at all
3%	3%	No response
	10%	Not applicable – had a Caesarean Section or Epidural

Comment

- Not much time as labour was very, very quick

A disappointing reduction noted here however, the original Picker survey from February does not highlight those who had a Caesarean Section. 10% of women in the October survey highlighted that they could not move around and choose the position which made them most comfortable due to either an epidural or caesarean section. It is difficult to tell therefore whether this is indeed a reduction.

Q7 (C6) **For your labour and birth in hospital, how clean were:**

The labour or delivery room you were in

Feb	Oct	
42%	53%	Very clean
47%	38%	Fairly clean
6%	5%	Not very clean
2%	2%	Not at all clean
0	1%	I did not use these
4%	1%	No response
0	1%	Had home birth

Comment

- Midwife cleaned it when we got there
- General condition poor, but midwives fantastic. Dusty, dried blood on gas and air handle.

An encouraging move towards the very clean but further work required here

The toilets and bathroom you used

Feb	Oct	
28%	31%	Very clean
47%	46%	Fairly clean
15%	14%	Not very clean
7%	5%	Not at all clean
0	1%	I did not use these
4%	3%	No response
0	1%	Had home birth

Comment

- Tatty

Again, an encouraging move towards the very clean but still room for further improvement.

Q8 (C8) **During your labour and birth, did you feel that you got the pain relief you wanted?**

Feb	Oct	
43%	62%	Yes, definitely
20%	19%	Yes, to some extent
17%	4%	No
10%	9%	No, but it was not possible to have pain relief (e.g. there was no time)
4%	4%	I did not want any pain relief
1%	1%	Don't know / Can't remember
5%	2%	No response

This is a significant and encouraging improvement in women's care in labour again with a significant reduction in the number who felt they did not get the pain relief they needed strengthening the overall result

Q9 (C21) **Did you have confidence and trust in the staff caring for you during your labour and birth?**

Feb	Oct	
61%	81%	Yes, definitely
31%	17%	Yes, to some extent
6%	0	No
1%	0	Don't know / Can't remember
1%	3%	No response

Comment

- Simone and Carol Bailey stayed with us the entire time and explained every step. They were both really helpful and made the experience calmer
- I had suggested some things myself

A significant and welcomed improvement in confidence in staff with a superb Zero mark for No.

Q10 (C22) **Did you have your husband, partner or companion with you during labour and at the birth of your baby?**

Feb	Oct	
2%	4%	Yes, during labour only
90%	91%	Yes, during labour and birth
7%	2%	Yes, during birth only
1%	1%	No
0	3%	No response

Comment

- No – His choice!

The majority of women had a birth partner present. Personal choice led to the 3% No response

Q11 (C23) **Was your husband, partner or companion with you as much as you wanted?**

Feb	Oct	
95%	94%	Yes
4%	3%	No
1%	3%	No response

Overall, no change. It could be the comment given by the woman whose partner chose not to be present may have influenced the 3% No response for this question

Q12 (C24) **If your husband, partner or companion was NOT with you for as much as you wanted during labour and/or at the birth of your baby, what was the MAIN reason for this?**

Feb	Oct	
56%	0	The staff did not allow them to be there
0	0	They did not feel able to be there
0	0	Difficulty due to size or layout of room
11%	20%	It was not possible for medical reasons
11%	80%	Other
0	0	No response

Comment

- Was induced and staff did not inform my partner when I was moved to Labour Ward when they said they would

A very impressive improvement here in terms of staff facilitating the birth partner to be present during labour and/or birth. Data was not collected that might enable interpretation of the 'other' category here

Q13 (C25) **Were you (and/or your husband, partner or companion) left alone by midwives or doctors at a time when it worried you?**

Feb	Oct	
14%	11%	Yes, during labour
8%	7%	Yes, shortly after the birth
7%	3%	Yes, during labour and shortly after the birth
67%	73%	No, not at all
4%	6%	No response

Comment

- Almost, The midwife was going to come back to me after 20 minutes and a few more contractions but I knew labour was progressing quickly and I wanted to push didn't want her to leave so I asked and she stayed baby born within 20 minutes

The national picture for February (Womens experiences of maternity care in the NHS in England HCC Nov 2007) shows that 26% of women were left alone at a time when it worried them. The situation at St Peters at the same time showed 29% of women saying this. This has improved to 21% by October and is encouraging but clearly, there is still much work to do however, the ability to do this will be determined by the ability to recruit to vacant posts.

SUMMARY

The care in labour is much improved as perceived by the women using the service, women have confidence in the staff caring for them and there are improvements in how birth partners are enabled to support women. Further work is required on supporting women to move around in labour and the cleanliness of the environment.

3.3 Care in hospital after the birth

Q14 (E6) **During your postnatal stay were you offered a choice of food?**

Feb	Oct	
52%	67%	Yes, always
24%	21%	Yes, sometimes
22%	5%	No
	6%	Not applicable
2%	2%	No response

Comment

- Feel there was too much sandwiches on the menu
- I am vegetarian so limited choice

Women were more likely to get a choice of food, a positive improvement

Q15 (E7) **How much food were you given?**

Feb	Oct	
0	0	Too much
57%	70%	The right amount
30%	16%	Too little
11%	10%	I did not have any hospital food
	2%	Not applicable
2%	2%	No response

Comment

- Too little at night for supper

Overall good improvement. In particular those women who felt they did not get enough food showed encouraging results.

Q16 (E8) **Overall how would you rate the hospital food during your postnatal stay?**

Feb	Oct	
7%	8%	Very good
20%	30%	Good
44%	32%	Fair
28%	16%	Poor
	10%	I did not have any hospital food
2%	2%	No response
	2%	Not applicable

Comment
- Could do with some more variety
- Not enough for breast feeding mums

Overall further improvement in the "good" and "very good" with a significant reduction in "poor"

Q17 (E9) **For your postnatal stay in hospital, how clean were:**

The hospital room or ward you were in?

Feb	Oct	
25%	41%	Very clean
63%	52%	Fairly clean
9%	3%	Not very clean
1%	1%	Not at all clean
1%	2%	Don't know / Can't remember
2%	2%	Not applicable

Comment
- Room cleaned when I was there

An encouraging 93% positive results in October in contrast to 88% positive results for cleanliness in ward areas during February 2007

The toilets and bathroom that you used?

Feb	Oct	
15%	28%	Very clean
54%	51%	Fairly clean
21%	14%	Not very clean
6%	4%	Not at all clean
1%	2%	Don't know / Can't remember
3%	2%	Not applicable

Comment
- Tatty at times
- Toilet splashed water onto seat with every flush and no top on soap

Again the trend for cleanliness shows movement in the right direction although further improvement will still need to be realised.

The following questions have no direct comparator with February as Picker only asked the question in relation to all the postnatal care including home. As the service had made changes in relation to staffing levels and skill mix, we wanted to know if we are meeting the needs of women before they go home.

Q18 During your stay in hospital did you receive help and advice from health professional about each of the following?

Your baby's crying

17%	Yes, definitely	(30% After adjustment for those who did not need advice)
12%	Yes, to some extent	(21% After adjustment for those who did not need advice)
29%	No	(49% After adjustment for those who did not need advice)
39%	Did not need any	
1%	No response	
2%	Not applicable	

Once the percentage has been adjusted taking into account those women who did not need any advice, This indicates that 51% who wanted advice received it and 49% for those who did not receive enough advice. This is clearly and area which needs further work.

Your baby's sleeping position

30%	Yes, definitely	(42% After adjustment for those who did not need advice)
11%	Yes, to some extent	(16% After adjustment for those who did not need advice)
28%	No	(39% After adjustment for those who did not need advice)
29%	Did not need any	
1%	No response	
2%	Not applicable	

Percentage adjusted here shows 58% of women received advice on babies sleeping position. Again an area for improvement

Feeding your baby

50%	Yes, definitely	(64% After adjustment for those who did not need advice)
22%	Yes, to some extent	(28% After adjustment for those who did not need advice)
5%	No	(6% After adjustment for those who did not need advice)
20%	Did not need any	
1%	No response	
2%	Not applicable	

The percentage has been adjusted here to take account of those women who did not need any help with feeding. At 92% the results demonstrate good level of information support received by women on infant feeding.

Your baby's skin care (e.g. nappy rash)

12%	Yes, definitely	(21% After adjustment for those who did not need advice)
12%	Yes, to some extent	(21% After adjustment for those who did not need advice)
32%	No	(57% After adjustment for those who did not need advice)
40%	Did not need any	
1%	No response	
2%	Not applicable	

A low level of advice giving about care baby's skin care. This with the lack of advice regarding sleeping position and crying indicates that a full review of advice given on the postnatal ward is indicated.

Your baby's health and progress

43%	Yes, definitely	(49% After adjustment for those who did not need advice)
32%	Yes, to some extent	(36% After adjustment for those who did not need advice)
13%	No	(15% After adjustment for those who did not need advice)
11%	Did not need any	
2%	Not applicable	

85% of women who needed advice in hospital regarding their baby's health and progress, got it.

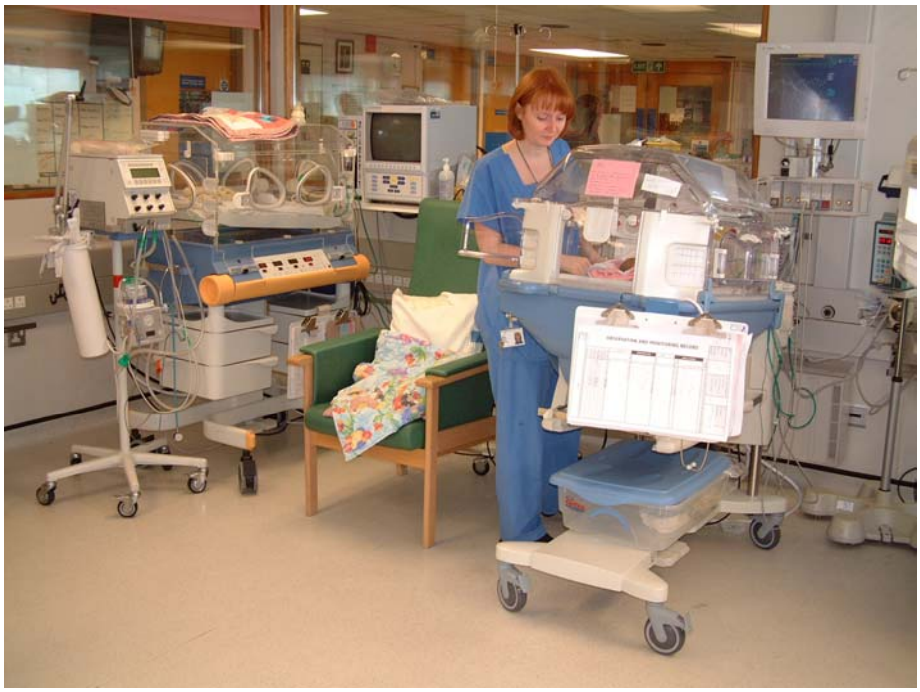
SUMMARY Postnatal-In Hospital

Women were more likely to have been offered a choice of food at mealtimes with the overall perception of quantity improved.

The cleanliness of the postnatal ward rooms was improved along with similar improvements in the cleanliness of the bathrooms and toilets. Some comments suggesting the layout of the toilet facilities led to splashing on the toilet seat because of the position of the hand towels over the seat and the flushes being forceful enough to always splash the toilet seats may be easily remedied.

The advice and information given to women about their babies care in hospital has indicated that information giving is good with regards to infant feeding and baby's overall health but requires improvement with regard to care of baby's skin, crying and sleeping position.

3.4 Babies needing special care



Q19 (G1) **Was your baby cared for in a neonatal unit at all?**

Feb	Oct	
13%	9%	Yes
73%	89%	No
15%	3%	No response

- NICU were absolutely superb

Q20 (G3) **If you answered YES to Q19, were you and / or your partner given enough information about why your baby was admitted for neonatal care?**

Feb	Oct	
70%	78%	Yes, definitely
26%	11%	Yes, to some extent
4%	0	No, but I would have liked some information
0	11%	No, but I did not need this information
0	0	Don't know / Can't remember

SUMMARY

Women receive information regarding admission to the neonatal unit from both midwives and neonatal nurses. Overall information to women whose babies were admitted to NICU was better, with Zero percent not getting the information they would have liked. This is encouraging.

3.5 Care at home after the birth

Q21 (H1) **When you were at home after the birth of your baby did you have the name and telephone number of a midwife or health visitor you could contact if you were worried?**

Feb	Oct	
87%	88%	Yes
8%	10%	No
3%	1%	Don't know / Can't remember
2%	1%	No response

Comment
- Had a general number not a specific midwife

No significant change in results here

Q22 (H3) **How many times did you see a midwife after you went home?**

0	Least number of visits
25	Most number of visits
3	Mean number of visits

Twenty five visits is very unusual

Q23 In the six weeks after the birth of your baby did you receive help and advice from health professionals about each of the following?

Your baby's crying (H6a)

Feb	Oct	
14%	16%	Yes, definitely
24%	12%	Yes, to some extent
29%	16%	No
31%	39%	Did not need any
2%	18%	No response

A good reduction in the number of women saying that they did not receive any information. The positive results have fallen, but this is reflected in the number of women who did not need any advice and the no response rate

Your baby's sleeping position (H6b)

Feb	Oct	
34%	23%	Yes, definitely
19%	9%	Yes, to some extent
19%	11%	No
28%	39%	Did not need any
1%	18%	No response

A positive reduction in the number of women saying that they did not receive any information. The positive results have fallen but this is reflected in the number of women who did not need any advice and the no response rate

Feeding your baby (H6c)

Feb	Oct	
37%	37%	Yes, definitely
34%	19%	Yes, to some extent
12%	5%	No
15%	22%	Did not need any
2%	17%	No response

Again, a positive reduction in the number of women who said they did not get the information they needed

Your baby's skin care (H6d)

Feb	Oct	
25%	23%	Yes, definitely
27%	15%	Yes, to some extent
28%	14%	No
19%	31%	Did not need any
1%	18%	No response

Again, a significant reduction in the number of women who said they did not get the information they needed

Your baby's health and progress (H6e)

Feb	Oct	
43%	43%	Yes definitely
39%	21%	Yes, to some extent
7%	7%	No
9%	11%	Did not need any
2%	18%	No response

Comment

- 10 women pointed out that the covering letter with the questionnaire asked for return within 2 weeks subsequently eight did not respond to the questions however two did

Little change overall with this result

SUMMARY - Care at home

The result detailing a total of 25 post natal visits is unusual

A higher percentage of women said that they did not need any advice about their baby's sleeping position, crying, feeding, skin care or health and progress. This will have influenced the lower scoring for information giving from staff about these subjects. It is positive that there were fewer women who did not receive any information about these subjects overall.

Overall actions are required to improve information giving to women in the postnatal period.

Q24 Overall, how would you rate the care you received during?

Your pregnancy? (H9a)

Feb	Oct	
22%	21%	Excellent
39%	40%	Very good
28%	23%	Good
9%	11%	Fair
3%	3%	Poor
1%	2%	No response

Since February 2007, there have been no significant changes to the antenatal services and this is reflected in this result. There remains a vacancy problem in the community midwifery services and every attempt is being made to recruit to the vacancies. Other innovative ideas to help the community include the introduction of Maternity Support Assistants with additional training, to women at home with baby care etc. This will form a business case for 2008/09.

Your labour and birth? (H9b)

Feb	Oct	
37%	55%	Excellent
28%	23%	Very good
15%	13%	Good
10%	6%	Fair
8%	3%	Poor
2%	1%	No response

This is a significant improvement with 91% of women rating their care from "good" to "excellent" compared to 80% in February.

Your care after the birth? (H9c)

Feb	Oct	
17%	27%	Excellent
32%	32%	Very good
26%	20%	Good
14%	10%	Fair
9%	6%	Poor
1%	5%	No response

Comment

- Not good during first stage of induction. Very little food offered and no drinks. Excellent once in Delivery Room
- Inconsistent, infrequent, not allocated specific midwife

This is a significant improvement in the "excellent" category with clear reductions in the "fair" and "poor" categories..

4. Discussion

The comments from women in the survey highlighted a number of service issues specific to their personal experience. Mostly, comments were positive. The themes identified are detailed below and are included in the recommendations for action.

Staff/Care- caring, calm & knowledgeable
Cord care-midwife made cord bleed
Midwife wonderful
Dedicated, hardworking. Wonderful
Midwife was a star
Missed post LSCS pain relief and other care
Noise on ward at night x2
Lack of Postnatal ward staff

Security- Checking ward visitors

Cleaning- lack of cleaning
Wall mounted wash dispensers empty
Worried about catching MRSA
Blood on floor by bath
Should have 24hr cleaner

The covering letter asked for the return of the questionnaire within 2 weeks which was incongruent with the requests for information about women's experiences up to 6 weeks post delivery. This was an oversight that will be amended in future surveys.

This survey was a small survey compared to the survey undertaken in February 2007, which covered other very detailed aspects of care. This survey only focussed on the areas identified as being significantly different from other Trusts. It is anticipated that another more detailed survey be undertaken in 6 months time when further improvements have been made.

5. Conclusion

Women have indicated that the care during labour and after birth at Ashford and St Peters is improving and this trend is one which the Maternity services intend to maintain. More work needs to be done specifically in regard to the care during pregnancy and information giving on the postnatal ward. A number of recently published government initiatives will hopefully go some way towards supporting positive service development. These are;

- **Maternity Matters: choice, access and continuity of care in a safe service**' published by the Department of Health in April 2007
- '**Diabetes in Pregnancy: Caring for the baby after birth**' published in September 2007 by the Confidential Enquiry into Maternal and Child Health
- '**Intrapartum care: management and delivery of care to women in labour**' published by the National Institute for Health and Clinical Excellence (NICE) in September 2007
- '**Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour**' published jointly by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives in October 2007

Further recommendations and action to maintain improvement across the Maternity services are detailed below.

6. Recommendations

1. Continue to elicit women's opinions about the care they receive and ensure they inform ongoing service improvements.
2. Ensure GPs are informed about how to access timely booking appointments for women
3. Ensure effective distribution of 'Where to have your baby leaflet' and ensure midwives confident to offer this choice
4. Continue with recruitment into vacant community posts.
5. Review the time of day antenatal classes are delivered and focus on improving access
6. Audit the layout of toilets and bathrooms to identify scope for simple improvements that support cleanliness. Feedback specific issues about cleaning to hotel services manager for action.
7. Review the information giving on the postnatal ward
8. Re-audit hospital care after the birth and map against the results.
9. Highlight security procedures with postnatal ward staff

7. Action Plan

Recommendation	Action	Responsibility	Deadline
Ensure GPs are informed about how to access timely booking appointments for women	Update on Maternity booking procedures via GP newsletter Invite to Maternity educational 1/2days	T Spink via Community team leaders.	January 2007
Ensure effective distribution of 'Where to have your baby leaflet' and ensure midwives confident to offer this choice	Ratify updated leaflet Ensure enough are printed and accessible to all staff/patients Include in booking packs	A Knapp Patient Information Group Sarah Legg	Feb 2008
Continue with recruitment into vacant community posts.	Advertise & interview	T Spink	Ongoing
Review the time of day antenatal classes are delivered and focus on improving access	Compile a regular report on evaluation of parent craft classes and share with stake holders	Antenatal class co-ordinators	Feb 2008
Audit the layout of toilets and bathrooms to identify scope for simple improvements that support cleanliness	Contact health and safety officer to facilitate audit Feedback cleaning issues to hotel services manager for action	T Watt	Jan 2008
Review the information given to women on the postnatal ward	Meeting with ward team and the development of information leaflets	T Watt and Patient Information Group with MSLC	March 2008
Re-audit hospital care after the birth and map against the results.	Include in updated patient survey	M Bell/J Rees	As March 2008

Continue with work focussed on improving communication and information giving during the postnatal period *Highlight security on JB ward*	**Develop further patient information** **Initiate group information sessions for postnatal women on JB ward** **Focus on communication in Bonus days** **Practice facilitators to include in A-Z work** **Agenda item at staff meetings**	**T Watt/A Knapp** **T Watt** **J Rees** **D Casey/S Astbury** **T Watt**	Jan 2008
Undertake a full survey in April 2007	**Need to discuss resources with audit dept**	**J Rees/E Nolan**	April 2008

8. References

Health Care Commission
http://www.healthcareproviders/nationalfindings/publications.cfm November 27th 2007

NHSLA (2007) Clinical Negligence Scheme for Trusts- Maternity Standards

Department of Health (2007) Maternity Matters: choice, access and continuity of care in a safe service

Confidential Enquiry into Maternal and Child Health (2007) Diabetes in Pregnancy: Caring for the baby after birth, September

National Institute for Health and Clinical Excellence (2007) Intrapartum care: management and delivery of care to women in labour, September

Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives (2007) Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour, October

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