SSBCNN Parent Representatives report on:

The National Parent Experience Survey (Picker)
and the
Staffordshire, Shropshire & Black Country Newborn Network

• Ruth Moore, Network Manager/Lead Nurse
• Julie Ebrey & Caroline Southall, Parent Representatives
SSBCNN
SSBCNN Parent Experience Surveys
Piloted April & May 2007

Findings:

- 24% Response rate (63 respondents)
- a useful insight into the experiences of parents in SSBCNN
- a measure of satisfaction with the service received
- an indication of the ‘experiential’ aspect of quality
- the SSBCNN units were considered positively by the respondents
- some units were thought of more highly than others
- Some facilities on the NNUs and/or within the Trusts were considered to be below average
- There was scope for improving communication, the consistency of advice given and the provision and clarity of written information
SSBCNN Parent Experience Surveys
Continuous Parent Experience Surveys: 01 Apr 2008 – 30 Sept 2009

Findings:

• Lower response rates in each half yearly report (15%: 136, 96 & 58 respondents)
• Added valuable feedback from parents on NNUs within the network
• Overall a high level of parental satisfaction with the majority of parents responding positively to the statements in all six NNUs
• A number of areas that can be improved in order to address areas of concern identified by some of the parents - In particular:
  • Inconsistency between staff introducing themselves to parents
  • Communication: “Staff discussed my baby with me in private” received the highest number of negative responses from parents (14), with the exception of car parking, secure storage and play area
  • Parents perceive little or no written information is given out on the neonatal units.
  • 2/3rds of parents felt there was a need for a parent support group whilst on the NNU
  • Consistency and flexibility in visiting policy needs looking at across the network
  • Car parking costs for parents need reviewing with Trusts across the network
SSBCNN Parent Experience Surveys

- Continuous survey stopped on 1 Oct 2009
- SSBCNN R,D&A group reviewed length of network questionnaire
- Nov 2009 Toolkit for High Quality Neonatal Services Launched
- BLISS, Newborn Networks & Picker met to explore first national neonatal parent survey
- SSBCNN discussed & agreed £6,000 funding to participate in First national parent survey
- SSBCNN shared our previous experiences with the national process and participated in developing the national questionnaire
The National Parent Experience Survey (Picker) & the Staffordshire, Shropshire & Black Country Newborn Network

- 3 Waves of Sampling - Summer, Autumn & Winter 2010/11
- February 2011 Interim results from 1st wave
- September 2011 Final Results Circulated to Units & Network
- December 2011 National Report Published
- Response rates ranged 34 – 58% (434 responses in SSBCNN units)
- SSBCNN circulated reports to Parent Reps & agreed network process to review findings
Who we are, and why we are here...

• Caroline Southall - Parent Representative since 2009

Mother of Reuben – Born January 2008 at 28 weeks (weighing 2lb 10oz) at New Cross Hospital. Transferred to Russells Hall Hospital at 6 weeks.
84 days in NNU (42 days in NICU)

• Julie Ebrey – Parent Representative since 2006

Mother of Marc (surviving twin) – Born October 2004 at 24 weeks (weighing 1lb 6oz) at UHNS.
96 days in NNU (56 days in NICU)
Family Centred Care is at the very heart of the total care package.

Clinical Care is vital – FCC has been highlighted as being an effective mechanism in the total support of babies and families well being.
### Network Master Sheet & Unit Visits

- Parent reps collated the Scaled scores for each unit into one sheet
- Then looked at the results on a unit by unit basis grouping green, amber and red scores
- Results discussed with each unit at visits held between Jan and Feb, areas of good practice as well as areas needing improvement were discussed
Parents Survey - Unit 1 Analysis

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>Unit 1 Questions on Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>B12</td>
<td>Were you given enough information about the unit?</td>
</tr>
<tr>
<td>D1</td>
<td>Was the staff looking after your baby introduce themselves to you?</td>
</tr>
<tr>
<td>D5</td>
<td>Were you able to speak to a doctor about your baby as much as you wanted?</td>
</tr>
<tr>
<td>D6</td>
<td>Were the nurses on the unit sensitive to your feelings and emotions?</td>
</tr>
<tr>
<td>D7</td>
<td>Were doctors on the unit sensitive to your feelings and emotions?</td>
</tr>
<tr>
<td>D8</td>
<td>Were important information about your baby passed on from one member of staff to another?</td>
</tr>
<tr>
<td>D11</td>
<td>Overall did you have confidence and trust in the staff caring for your baby?</td>
</tr>
<tr>
<td>E1</td>
<td>Were you involved as much as you wanted in the day to day care of your baby?</td>
</tr>
<tr>
<td>E2</td>
<td>Was your partner/companion involved as much as they wanted in the day to day care of your baby?</td>
</tr>
<tr>
<td>E15</td>
<td>Were you given enough privacy for breast feeding your baby?</td>
</tr>
<tr>
<td>F2</td>
<td>Thinking about the environment in the unit were any improvements needed?</td>
</tr>
<tr>
<td>F5</td>
<td>If you wanted to stay overnight did the hospital offer you accommodation?</td>
</tr>
<tr>
<td>G9</td>
<td>Did staff give you any information about parent support groups?</td>
</tr>
<tr>
<td>H12</td>
<td>Overall after your baby arrived home did you get enough support from health professionals?</td>
</tr>
</tbody>
</table>

A2 | 48 | Before your baby was born were you given the chance to visit the neonatal unit? |
B6 | 66 | How long did you wait before a member of staff came to talk to you about your baby? |
B9 | 10 | After you gave birth was a partner or family member allowed to stay with you overnight? |
E7 | 60 | During a ward round were you allowed to be present when your baby was being discussed?
SSBCNN Picker Parent Report Findings:

3 Problem Areas Identified...

• Communication
• Communication
• Communication
Communication...

Between Departments:

Maternity to NNU (introduction to NNU)
- Lack of access to NNU staff prior to admission
- Lack of access to NNU facilities prior to admission
- Support material housed in Maternity

Solutions/Actions:
- Organised visit from a member of NNU team to the expectant mum whilst in Maternity. Possible named member of staff
- DVD showing the unit and its activities.
- Better integration with local NCT/Groups i.e. Sunday PM tours of unit
- Utilising ‘already available’ resources; housed in Maternity
Communication...

From Health Professionals to Parents

• Ward Rounds/Clinical updates

*Some clinical staff are uncomfortable with parents presence during ward rounds since clinical discussions are a vital part of a baby’s care. The fear is that parents will intervene and try to change the course of action or misinterpret action to be taken. It can also lengthen ward round times.*

• Onsite facilities available
• General day to day progress
• Written communication

Solutions/Actions

• Further discussion in the network regarding parents being present on ward rounds
• Internal map and processes – part of admission
• ‘Parent Passport’
Communication...

From Parents to Health Professionals

- Visiting times
- Personal circumstances
- Contribution to care
- Counselling services

Solutions/Actions

- Nursing staff were not readily familiar with the overall aspects of the family circumstances.

THE PARENT PASSPORT!
# Trent Perinatal and Central Newborn Networks

## PARENT PASSPORT

### The Family

<table>
<thead>
<tr>
<th>The Family</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents:</td>
<td></td>
</tr>
<tr>
<td>Siblings:</td>
<td></td>
</tr>
<tr>
<td>Other authorised visitors:</td>
<td></td>
</tr>
<tr>
<td>Contact Numbers:</td>
<td>Home: Mobile 1: Mobile 2: Work:</td>
</tr>
<tr>
<td>Indicative visiting times (Parents):</td>
<td>Mon: Tues: Weds: Thurs: Fri: Sat: Sun:</td>
</tr>
<tr>
<td>Travelling time from home to unit:</td>
<td></td>
</tr>
<tr>
<td>Employment situation (Parents):</td>
<td></td>
</tr>
<tr>
<td>Sibling childcare during visiting:</td>
<td></td>
</tr>
<tr>
<td>Indicate whether Parents wish to participate in the following:</td>
<td>Delete as appropriate:</td>
</tr>
<tr>
<td>• All care</td>
<td>Yes / No</td>
</tr>
<tr>
<td>• Feeding</td>
<td>Yes / No</td>
</tr>
<tr>
<td>• Kangaroo care</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

## Baby's name:  
DOB:  
Gestation at birth:  
Other Family Centred Initiatives Discussed at the Unit Visits

**Bliss strategic plan 2011 - 2016**

*June 2011*

- We will develop a network of **Bliss Nurses** in major neonatal intensive care centres to promote family-centred care practice and to more directly support sick and premature babies and their families while they are in hospital, when they need our help the most. Our aim is to establish a Bliss Nurse in each NHS region in the UK – a minimum of 28 by the end of 2020, with at least the first 12 in post by 2016. These posts will be delivered in partnership with the NHS and other voluntary organisations. Bliss Nurses will not only support families through challenging and difficult times, but also ensure that every neonatal unit in the UK offers consistent, high quality family-centred care.

- **Future Parent Experience Surveys in SSBCNN**

- **Neonatal Survey: Estimated costs for re-running the survey**
Recommendations 1

- Each unit to submit a copy of their final action plans to the network
- Review BLISS Baby Charter Audit Tool for use to document action plans & progress in each unit towards improving family centred care
- Each unit to participate in National Neonatal Parent Survey 2-3 yearly and local parent survey annually in between national survey to focus on local findings
- Consider appointing a Network BLISS Nurse to champion Family Centred care
Recommendations 2

• **Improve communication between Neonatal Units & Maternity Services**
  e.g. Strengthen process to identify potential admissions to NNU, Ensure appropriate BLISS publications are available in maternity wards

• **Improve communication between Neonatal Units & Health Visitors**
  e.g. On discharge from the NNU supply each baby ‘s Health Visitor with a copy of the Bliss Community Health Professionals' Information Guide

• **Develop a Network Parent Passport to improve communication between parents & staff with in and between units**

• **Each unit to explore Family & baby Support – partnership working with their local Children’s centres**

• **Review progress in the network in 6 months**