

SUMMARY OF THE PARENT EXPERIENCE SURVEY APRIL – SEPTEMBER 2009

INTRODUCTION

This is the final half year report of the original Staffordshire, Shropshire and Black Country Newborn Network (SSBCNN) parent experience survey covering the period 1 April – 30 September 2009. The survey was stopped at the end of September 2009 in order to review the results from the past 18 months and develop a shortened survey in an attempt to improve the response rate.

AIM

To collect and compare parents views on their experiences of the neonatal services across the network.

OBJECTIVES

- To explore the 'experiential' aspect of quality
- To gain a parent's perspective on their experience on the neonatal unit and provide a measure of 'satisfaction' levels
- To evaluate outcomes and compare responses between neonatal units and networks
- To raise awareness within neonatal units of parents experiences and needs
- To highlight good practice and make recommendations to improve support for parents and improve their experience on the neonatal units in Network

METHOD

All parents whose baby(s) were being discharged from the six neonatal units in the network were provided with the questionnaire and a stamped addressed envelope a couple of days prior to the intended discharge date. Parents were reassured about the anonymity and confidentiality of their answers. Completed questionnaires were sent to the Newborn Network office for collation and data input.

RESULTS

The overall number of responses was very low in this period, only 58 parents completed and returned the questionnaire, compared to 136 parents in the same period in 2008. There were no responses from Walsall in this period, over a third of all responses were from Dudley (37%). Over two thirds of respondents (70%) were between 21 & 35 years old, 16% were between 36 & 45 and 12% were less than 21 years old. 83% of respondents were mothers, 8% fathers and 9% both parents. The majority of the respondents described themselves as White British (87%). This may reflect the demographic make up of the network or may be influenced by the fact that the questionnaire was only available in English thus potentially restricting the ability of parents unable to read English to complete the questionnaire. The majority of respondents stated English (87%) is their first language, 6 did not respond.

As in the previous reports the majority of responses were positive, either agreeing or strongly agreeing to the statements in the survey. Below is a synopsis of the areas where some of the responses were negative, either disagreeing or strongly disagreeing with the statements.

ACCESS AND FACILITIES:

87% of respondents stated their baby was born at the hospital where the pregnancy was booked. 7 babies were not; nearly 60% of these (4) were inappropriately born at another hospital due to lack of capacity on the NNU where the pregnancy was booked whilst just over 40% (3) were appropriately born at another hospital to receive specialist maternity and/or neonatal assessment & care.

20% of respondents (11) identified their baby had been moved to another hospital as part of their care. As in the previous report nearly 75% (8) appear to be appropriate transfers; 3 were back transfers closer to home, 4 for surgery/specialist care and 1 captured the move from the old to the new unit at UHNS. However 20% (2) were inappropriate transfers due to a lack of cots.

The majority of parents (79%) travel time to the unit was less than 30 minutes, this is far higher than the previous report (56%). 8 parents travelled between ½ - 1 hour and only 2 parents, one from Shrewsbury and one from UHNS, travelled between 1-2 hours, reflecting the size of their units' catchment areas.

I was happy with the visiting arrangements on the NNU

87% of parents agreed or strongly agreed they were happy with the visiting arrangements on the NNU, however two respondents disagreed one from New Cross stating that “visiting was always when staff were doing handover” and the other from Dudley with other parents also commenting with “visiting is restricted to reduce risk of infection. However staff bring in their own children at times”, “the 6.30 - 7.30 where you can't visit is at the wrong time and makes it hard”. As in the previous report comments also highlighted the need to ensure a consistent visiting policy but one which is flexible in who the nominated visitors are. E.g. “but I feel that if fathers go back to work one of the grandparents should be able to be there to offer support”.

My baby’s visitors and I were always asked to wash our hands

The majority of parents (89%) agreed or strongly agreed that their baby’s visitors and themselves were always asked to wash our hands, however three parents disagreed, this is an improvement on the previous 6 month report. Comments reflected the good practice on units and the use of signs; “even if they were just done. Really impressed” and “not by staff but plenty of signs and opportunities to use hand gel”. As well as where things could be improved on the two level 3 units; “although many visitors were seen entering the neonatal unit without using the hand gel”, “they never told us, we told visitors” and “sometimes they didn't notice whether we had or not”.

The results to the facilities question show that this is very much unit specific with both Stafford and UHNS having the least number of poor or very poor responses, with only 3 and 4 respectively. However, Dudley had the most poor or very poor responses with 26 covering all facilities except breastfeeding and hand washing, as demonstrated by one of the comments; “no secure storage, no telephone, food and drink very expensive, no quiet place to sit, rarely any car parking spaces and very expensive, no play area for children seen”. Car parking got the most poor or very poor responses from across all the units with 33% of parents complaining about car parking including; the cost and also the lack of parking places, this has been a continuing issue in all the previous parent surveys.

COMMUNICATION:



When staff discussed my baby with me, or each other, they did so in private so that other people could not over hear

The majority of parents (87%), including all responses from two of the units, agreed or strongly agreed that when staff discussed their baby with them, or each other, they did so in private so that other people could not over hear. One parent disagreed and commented that “one of the paediatricians discussed details in front of other parents which really upset and angered me”, demonstrating the importance of this to parents.

I did not mind being asked to leave the nursery when other babies were being discussed

The vast majority of parents (90%) either agreed or strongly agreed that they did not mind being asked to leave the nursery when other babies were being discussed. However, some parents raised concerns over the frequency and length of time taken, stating “but it seemed to be every 10 mins”, “as doctors visits are not timed it is difficult to avoid and many hours can be spent in corridors” and “there were odd

occasions when I had limited time to visit my baby. So when I had to leave nursery so staff could discuss other babies this resulted in me only spending 20 mins with my baby.”

When any member of staff spoke to me about my baby's care it was easy to understand

89% of parents either agreed or strongly agreed with the above statement. However, two parents disagreed commenting; “nurses had to explain what doctors had said as we couldn't understand always what doctors/consultants said” and “doctors sometimes did, nurses always did”.

The written information that I received about my baby's care was clear, easy to understand and helpful

85% of parents either agreed or strongly agreed that the written information that I received about my baby's care was clear, easy to understand and helpful. However, comments received reflected that there are inconsistencies in that not all parents received information: “I didn't receive any written information”, “haven't received any yet”, and “didn't receive any info”.

The nurses and doctors involved me in decisions about my baby's care

The majority (85%) of parents agreed or strongly agreed that the nurses and doctors involved them in decisions about their baby's care, for example “took my lead on suck feeds breast and bottle which thought was good”. However, some comments received highlighted an inconsistent approach; “they never asked what milk she was to go on and meant SMA Gold was chosen, as I'd only told Leicester”, “sometimes” and “although some doctors made me feel my opinion didn't count”.

PARENTAL SUPPORT:

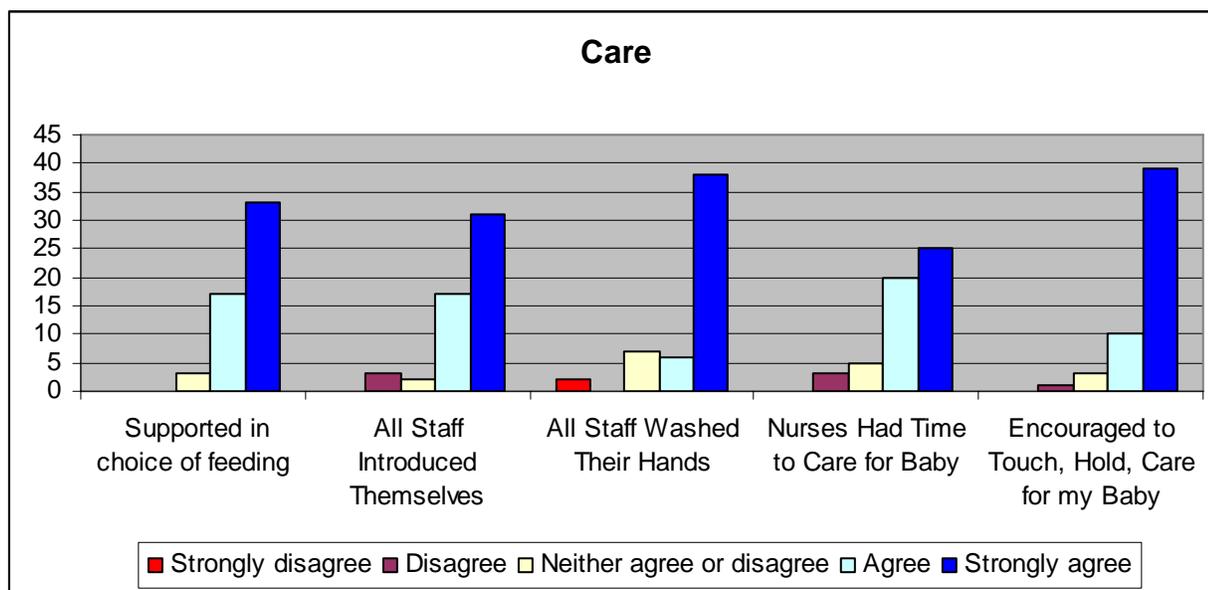
The nurses always had sufficient time to provide the necessary support I required on the neonatal unit

The majority of parents (85%) agreed or strongly agreed with this however this is a significant fall of 10% on the previous results (94%). Only 5% (3) of parents disagreed one from New Cross who commented “never felt like I had any support”. Two were from Dudley, as in the last report. Who commented “understaffed - Great nurses just no time” and “issue of being short staffed and not having enough time”. One comment from UHNS is “sometimes they were too short staffed that nobody was in the room”.

Parent Support Group

Over two thirds of parents felt there was a need for a parent support group in the area. The Helping Hands Support Group at UHNS was meeting monthly during the survey period. However, the survey response highlighted the need to publicise the group better to parents on the unit, as all but one of the parents who responded felt there was a need for a support group with one of the comments being “probably. There is one isn't there?”

CARE:



All staff that cared for my baby introduced themselves to me

Almost 95% of parents agreed or strongly agreed that the staff caring for their baby introduced themselves to them however 5% (3) from 1 of the neonatal units disagreed with comments which identified that it was mainly medical staff who did not always introduce themselves however this made an impact on those parents e.g. "All nurses did but half of doctors didn't."

All Staff washed their hands

Over 90% of parents agreed or strongly agreed that the staff caring for their baby washed their hands, however 2 parents (4%) strongly disagreed with this, 1 parent each from 2 neonatal units, there were conflicting comments though regarding the 2 neonatal units involved.

The nurses always had sufficient time to provide good care for my baby

The majority of parents (94%) agreed or strongly agreed with this with only 5% (3) disagreeing, these were all from the neonatal unit at Dudley. Comments from 4 parents at Dudley and individual parents at Shrewsbury and Wolverhampton recognised that nurses were overstretched at times. "I feel the nurses are over worked- not enough staff for amount of babies. Some staff seemed rushed off their feet."

PARENTS SUGGESTIONS FOR IMPROVEMENTS TO THE NEONATAL UNIT

This is very much unit specific with, Dudley receiving the most suggestions for improvements with the majority of parents asking for a rest room/waiting area with access to drinks.

A large number of the comments/suggestions received by units were positive:

Dudley – "Nurses are brilliant -always made time and very helpful and informative and caring."

Shrewsbury – "Thank you to all your wonderful and dedicated staff who made one of the hardest periods of our lives easier to cope with."

Stafford – "No, all the staff are fantastic and very informative"

UHNS – "I felt very well supported in the neonatal unit. Thank you!"

New Cross – "Excellent care and support provided for us at New Cross. Thank you."

CONCLUSION

Despite the very low response rate this survey adds valuable feedback from parents on the newborn services within the network. Overall the survey has again revealed a very high level of parental satisfaction in the newborn services with the majority of parents responding positively to the statements in the five neonatal units in the network that had responses from parents.

Although the responses are generally very good there are still a number of areas that can be improved in order to address areas of concern identified by some of the parents. Each unit is recommended to read the report and reflect on the comments made in order to identify and prioritise appropriate actions to improve their unit for parents and their babies. In particular;

Care:

Look at developing consistency between staff introducing themselves to parents, especially medical staff.
Feed parents views on nurse staffing levels into business cases for more staff.

Communication:

Parents perceive little or no written information is given out on the neonatal units.

Two thirds of parents felt there was a need for a parent support group. At the time of the survey only one support group existed and the network is working with the Trusts and the parent representatives to roll more parent support groups out in more areas across the network.

Access & Facilities:

Consistency and flexibility in visiting policy needs looking at across the network

Car parking costs for parents need reviewing with Trusts across the network

The continuous network survey has been stopped whilst the network Research, Development and Audit group considers how to address the low response rate.

In the meantime the network has provided funding for each of the neonatal units in the network to participate in the first national survey of parents on neonatal units being undertaken by the Picker Institute. Sampling commenced in the late summer of 2010 and the results are anticipated in 2011.