

Report to:	Trust Board (Public)	Agenda item:	SFT 4026
Date of Meeting:	12 April 2018		

Report Title:	National Maternity Survey 2017									
Status:	Information	n Approval								
	X									
Prepared by:	Fiona Coker, Head of Maternity & Neonatal Services Gill Sheppard, Clinical Governance Administrator									
Executive Sponsor (presenting):	Lorna Wilkinson, Director of Nursing									
Appendices (list if applicable):	Appendix A: Care Quality Commission's (CQC) benchmark report									

### **Recommendation:**

Board members are invited to note the contents of the report and endorse the approach for the Clinical Governance Committee to oversee the resulting action plan.

#### **Executive Summary:**

#### Background

Salisbury NHS Foundation Trust (SFT) participated in the fifth national Maternity survey between April and September 2017. 54% of the 300 new mothers surveyed completed a questionnaire.

#### **Antenatal Care**

Scored 'about the same' as most other Trusts for Sections 1 & 2. It was borderline 'better' for Section 3.

Scored 'better' for three of the individual questions, one of which was the highest score of all Trusts.

Scored 'about the same' for the remaining nine questions, one of which was borderline 'better'.

#### Labour and Birth

Scored 'about the same' as most other Trusts for Sections 4, 5 & 6. It was borderline 'better' for Section 5.

Scored 'better' for five of the individual questions, one of which was the highest score of all Trusts.

Scored 'about the same' for the remaining 14 questions, one of which was borderline 'better'.

#### **Postnatal Care**

Scored 'about the same' for Sections 7 & 8.

Scored 'better' for two of the individual questions.

Scored 'about the same' for the remaining 18 questions, three of which were borderline 'better'.

#### **Comparisons with 2015 Results**

There was one statistically significant improvement in scores:

 mothers and/or partners/companions not being left alone by midwives or doctors at a time when it worried them. (8.6 in 2017 compared with 7.1 in 2015)

There were three statistically significant declines:

 mothers being offered a choice about where to have their babies [choice of hospitals; midwife-led unit or birth centre; consultant-led unit; home birth] (2.6 in 2017 compared with 3.7 in 2015);

### 1. PURPOSE

1.2 This report sets out Salisbury's results for the national survey of women's experiences of maternity services 2017. It identifies areas where improvement is required and shows the work being undertaken within the Trust to address these issues.

### 2. BACKGROUND

- 2.1 Salisbury NHS Foundation Trust (SFT) participated in the fifth national Maternity survey between April and September 2017. Previous national surveys took place in 2007, 2010, 2013 and 2015. Questionnaires were sent to 300 mothers who had given birth during January and February 2017. The Trust achieved a 54% response rate compared with the national average of 37%. Historical data on previous maternity surveys is available upon request.
- 2.2 The Care Quality Commission (CQC) has provided SFT with three separate benchmark reports covering antenatal care, labour and birth, and postnatal care. For some Trusts, only the results from the labour and birth data has been published due to the fact that not all Trusts were able to identify whether mothers who gave birth at a particular side also received their antenatal and/or postnatal care at the same site.

SFT's benchmark report for labour and birth is attached to this report (Appendix A) and is available on the NHS Surveys website at:

http://www.nhssurveys.org/Filestore/MAT17\_Benchmark\_reports/LabBirth/MAT17\_LB \_RNZ.pdf

SFT's benchmark report for antenatal care is available on the NHS Surveys website at:

http://www.nhssurveys.org/Filestore/MAT17\_Benchmark\_reports/AntNat/MAT17\_AN\_RNZ.pdf

SFT's benchmark report for postnatal care is available on the NHS Surveys website at:

http://www.nhssurveys.org/Filestore/MAT17\_Benchmark\_reports/PostNat/MAT17\_PN \_RNZ.pdf

Benchmark reports for the rest of England are available at:

http://www.nhssurveys.org/surveys/1132

### 3. ANALYSIS OF THE BENCHMARK REPORT

### 3.1 Antenatal Care

3.1.1 A total of 126 Trusts participated in this element of the survey. The results were divided into three sections:-

Section 1 – The start of your care in pregnancy Section 2 – Antenatal check-ups Section 3 – During your pregnancy SFT scored 'about the same' as most other Trusts for Sections 1 and 2, and were on

adequately involved in decisions about care.

3.2.3 For the remaining 14 questions, SFT scored 'about the same', one of which was

Borderline 'better'

mother's decisions about how she wanted to feed baby were respected by midwives;

contact telephone number for a midwife or midwifery team was provided when mother was at home after the birth;

information or advice offered from a health professional about contraception.

#### 'About the same'

midwives and other health professionals gave consistent advice about feeding baby;

given choice about where postnatal care would take place;

adequate help provided if midwife contacted;

mother saw midwife as often as she had wanted to;

midwives aware of the medical history of mother and baby;

midwives always listened;

midwives took personal circumstances into account when giving advice;

confidence and trust in midwives seen after going home;

midwife or health visitor asked how mother was feeling emotionally;

mother given enough information about her own physical recovery after the birth;

help and advice provided about feeding baby during the six weeks after the birth;

advice and support provided on feeding baby during evenings, nights or weekends, if required;

help and advice about baby's health and progress provided during six weeks after birth;

adequate information provided about any emotional changes mother may experience after the birth;

contact details provided if mother needed advice about any emotional changes experienced after the birth.

### 3.4 Comparisons with Demographic CharacteristEMC 11(i)-ohp8ra1(wTj EMC /211(;)ID 79 >>BD

midwives and other health professionals gave active support and encouragement about feeding baby;

given choice about where postnatal care would take place;

midwives always listened;

mother given enough information about her own physical recovery after the birth;

### 4. SUMMARY

4.1 Once again, the results for maternity services in Salisbury were good. Where opportunities for improvement have been identified, action plans have been drawn up and work will be undertaken accordingly.

### 5. **RECOMMENDATION**

5.1 Board members are invited to note the contents of the report and endorse the approach for the Clinical Governance Committee to oversee the resulting action plan.

Lorna Wilkinson Director of Nursing



# NHS patient survey programme

# Survey of women's experiences of maternity services 2017

## Maternity care pathway reports: labour and birth

# The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England.

### Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

### Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

## Survey of women's experiences of maternity services 2017

To improve the quality of services that the NHS delivers, it is important to understand what service users think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences.

The 2017 survey of women's experiences of maternity services involved 130 NHS acute trusts in England. We received responses from more than 18,000 service users, a response rate of 37%. Women were eligible for the survey if they had a live birth during February 2017, were aged 16

<sup>&</sup>lt;sup>1</sup>Some trusts with a small number of women delivering in February also included women who gave birth in January 2017. For further details on the sampling criteria, please see the survey instruction manual at: <u>http://www.nhssurveys.org/surveys/1078</u>

likely to have also received their antenatal and postnatal care from the trust. The antenatal and postnatal survey data from the trusts that completed this attribution exercise is published in separate reports. However, due to the limitations of the attribution exercise, the antenatal and postnatal data cannot be considered as statistically robust as the data for labour and birth and should be viewed with caution. Please see the antenatal and postnatal reports for further information.

# Interpreting the report

This report shows how a trust scored for each question in the labour and birth section of the survey, compared with the range of results from all other trusts that took part. It is designed to help understand the performance of individual trusts and to identify areas for improvement.

Section scores are also provided, labelled S4, S5, and S6. The scores for each question are grouped according to the relevant sections of the questionnaire, which are, 'Labour and birth', 'Staff' and 'Care in hospital after the birth'.

### Standardisation

Trusts have differing profiles of maternity service users. For example, one trust may have more first-time mothers than another. This can potentially affect the results because people tend to answer questions in different ways depending on certain characteristics. This could lead to a trust's results appearing better or worse than if they had a slightly different profile of maternity service users.

To account for this, we 'standardise' the data by parity (whether or not they have given birth previously) and age of respondents. This helps to ensure that each trust's age-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey) and enables a fairer comparison of results from trusts with different profiles of maternity service users. In most cases this standardisation will not have a large impact on trust results.

### Scoring

For each question in the survey, individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response; therefore, the higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since some questions do not assess the trust in any way.

### Graphs

The graphs in this report show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust score lies in the grey section of the graph, your trust result is 'about the same' as most other trusts in the survey.
- If your trust score lies in the orange section of the graph, your trust result is 'worse' compared with most other trusts in the survey.
- If your trust score lies in the green section of the graph, your trust result is 'better' compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse' compared with most other trusts in the survey. If there is no text here then your trust is 'about the same'.

### Methodology

The 'about the same', 'better' and 'worse' categories are based on an analysis technique called the 'expected range' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's score is outside of this range, it means that it is performing significantly above/below what we would expect. If its score is within this range, we say that the trust's performance is 'about the same'. Where a trust is performing 'better' or 'worse' than the majority of other trusts, this result is very unlikely to have occurred by chance.

In some cases there will be no orange and/or green area in the graphs. This occurs when the

expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a large amount of variation in their answers.

If fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on our website (see 'Further Information' section).

### Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust, and background information about the women that responded.

Scores from the 2015 survey are also displayed where comparable. The column called 'change from 2015' uses arrows to indicate whether the score for 2017 shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2015. A statistically significant difference means that the change in results is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test with a significance level of 0.05.

Where a result for 2015 is not shown, this is because the question was either new in 2017, or the question wording and/or response options have been changed. Comparisons are also not shown if a trust has merged with another trust(s) since the 2015 survey, or if a trust committed a sampling error in 2015. Please also note that comparative data is not shown for the questionnaire sections as the questions contained in each section can change year on year.

### Notes on specific questions

The following questions were not answered by women who had a planned caesarean: C1 and C3.

The following questions were <u>not</u> answered by women who had a home birth and did not go to hospital: **D2, D3, D5, D6, D7, D8** and **D9**.

## **Further information**

The full England-level results for the 2017 survey are on the CQC website, together with an A to Z list to view the results for each trust's labour and birth questions, and the technical document outlining the methodology and the scoring applied to each question: <u>http://www.cqc.org.uk/publications/surveys/surveys</u>

For the trusts who submitted attribution data, the reports for antenatal and postnatal care are available on the NHS surveys website, along with the labour and birth reports for all trusts, at: <a href="http://www.nhssurveys.org/surveys/1055">http://www.nhssurveys.org/surveys/1055</a>

The results for the 2007, 2010, 2013 and 2015 surveys can be found on the NHS surveys website at:

http://www.nhssurveys.org/surveys/299

Full details of the methodology for the survey can be found at: <u>http://www.nhssurveys.org/surveys/1055</u>

More information on the programme of NHS patient surveys is available at: <a href="http://www.cqc.org.uk/publications/surveys/surveys/surveys">http://www.cqc.org.uk/publications/surveys/surveys</a>

# **Section scores**

S4. Labour and birth												
	0	1	2	3	4	5	6	7	8	9	10	
S5. Staff										•		
S6. Care in hospital after the birth	0	1	2	3	4	5	6	7	8	9	10	

# Care in hospital after the birth

D2. Looking back, do you feel that the length of your stay in hospital after the birth was adequate?	<b>f</b>   0	1	2					

Lak	Labour and birth								
S4	Section score	9.2	8.1	9.5					
C1	At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	8.8	7.3	9.6	130	9.5	Ļ		
C3	During your labour, were you able to move around and choose the position that made you most comfortable?	8.5	6.4	9.1	119	8.4			
C10	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	9.6	7.3	9.9	145	9.2			
C11	If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	9.7	9.1	10.0	159	9.6			
Sta	ff								
<b>S</b> 5	Section score	9.2	7.8	9.2					
~ ~ ~									

C12

Sur Sali Care S6 D2 D3 D5 r D6 T y n D7 T y D8 T e w D9 Ti ro

# Survey of women's experiences of maternity services 2017 Salisbury NHS Foundation Trust

# Background information

The sample	This trust	All trusts
Number of respondents	162	18426
Response Rate (percentage)	54	37
Demographic characteristics	This trust	All trusts
Percentage of mothers	(%)	(%)
First-time	50	49
Who have previously given birth	50	51
Age group (percentage)	(%)	(%)
Aged 16-18	1	0
Aged 19-24	6	7
Aged 25-29	20	22
Aged 30-34	37	37
Aged 35 and over	35	34
Ethnic group (percentage)	(%)	(%)
White	93	82
Multiple ethnic group	2	2
Asian or Asian British	2	8
Black or Black British	2	3
Arab or other ethnic group	0	1
Not known	0	4