

## Maternity care pathway reports: labour and birth

Survey of women's experiences of maternity care 2018  
George Eliot Hospital NHS Trust

# NHS Patient Survey Programme

## Survey of women's experiences of maternity care 2018

### Maternity care pathway reports: labour and birth

#### The Care Quality Commission

The Care Quality Commission (CQC) 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 care 2018

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

The 2018 survey of women's experiences of maternity care involved 129 NHS acute trusts in England. We received responses from 17,611 women, a response rate of 36.8%. Women were eligible for the survey if they had a live birth during February 2018<sup>1</sup>, were aged 16 years or older, and gave birth in a hospital, birth centre, maternity unit, or at home. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between April and August 2018.

Similar surveys of women's experience of maternity care were carried out in 2007, 2010, 2013, 2015 and 2017. Maternity care surveys are part of a wider programme of NHS patient surveys which cover a range of topics, including acute inpatient services, urgent and emergency care services, and community mental health services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'Further Information' section.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health and Social Care will hold them to account for the outcomes they achieve. NHS Improvement will use the results to inform their oversight model for the NHS.

#### Antenatal and postnatal data

This report contains the benchmarked results for the labour and birth section of the questionnaire. When answering survey questions about labour and birth, we can be confident that in all cases women are referring to the acute trust from which they were sampled. It is therefore possible to compare results for labour and birth across all 129 NHS trusts that took part in the survey.

The survey also asked women about their experiences of antenatal and postnatal care. However, some women may not have received their antenatal and/or postnatal care from the same trust at which they gave birth. We therefore asked trusts to identify which of the women in their sample were

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<sup>1</sup>55/129 (42.6%) trusts also sampled births in January 2018 to produce a sufficient sample size. For further details on the sampling criteria, please see the survey sampling instructions at: [nhssurveys.org/surveys/2073](https://nhssurveys.org/surveys/2073)

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 and had sufficient respondent numbers 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 interpreted 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 questionnaire, 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, '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 the 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's score lies in the grey section of the graph, its result is 'about the same' as most other trusts in the survey;
- If your trust's score lies in the orange section of the graph, its result is 'worse' than would be expected when compared with most other trusts in the survey;
- If your trust's score lies in the green section of the graph, its result is 'better' than would be expected when compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse'. If there is no text the score is 'about the same'.

## Methodology

The 'about the same', 'better' and 'worse' categories are based on a statistic 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 performance is outside of this range, it means that it performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. Where a trust is performing 'better' or 'worse' than the majority of other trusts, the 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, below).

## **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 demographic information about the women that responded.

Scores from the 2017 survey are also displayed where comparable. The column called 'change from 2017' uses arrows to indicate whether the score for 2018 shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2017. 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 2017 is not shown, this is because the question was either new in 2018, 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 2017 survey, or if a trust committed a sampling error in 2017. 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, or did not have a labour: C1 and C3.

The following questions were not 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 2018 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. You will be able to access these documents through:

[cqc.org.uk/maternitysurvey](http://cqc.org.uk/maternitysurvey)

For the trusts who submitted attribution data and had sufficient respondent numbers, 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:

[nhssurveys.org/surveys/1363](http://nhssurveys.org/surveys/1363)

The results for the 2007, 2010, 2013, 2015 and 2017 maternity surveys can be found on the NHS surveys website at:

[nhssurveys.org/surveys/299](http://nhssurveys.org/surveys/299)

Full details of the methodology for the survey can be found at:

[nhssurveys.org/surveys/1168](http://nhssurveys.org/surveys/1168)

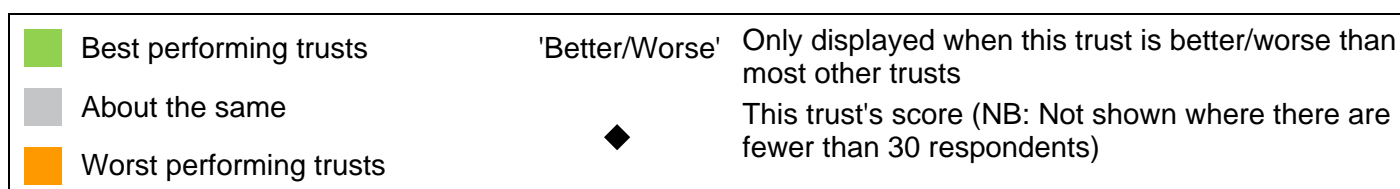
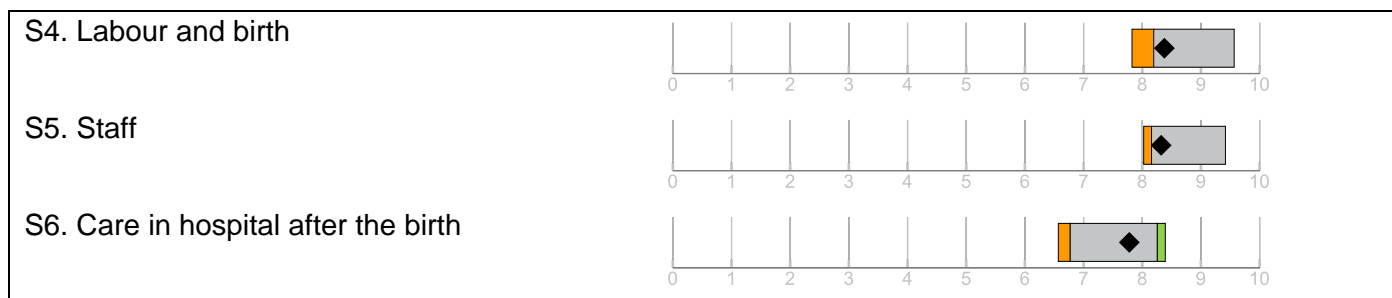
More information on the programme of NHS patient surveys is available at:

[cqc.org.uk/content/surveys](http://cqc.org.uk/content/surveys)

# Survey of women's experiences of maternity care 2018

## George Eliot Hospital NHS Trust

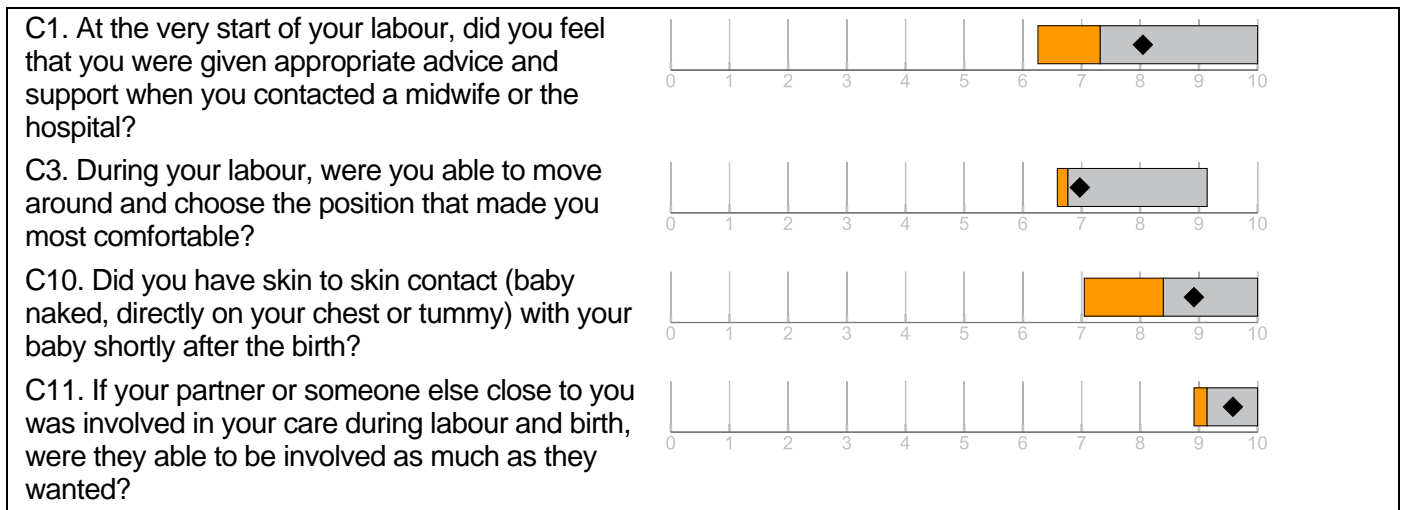
### Section scores



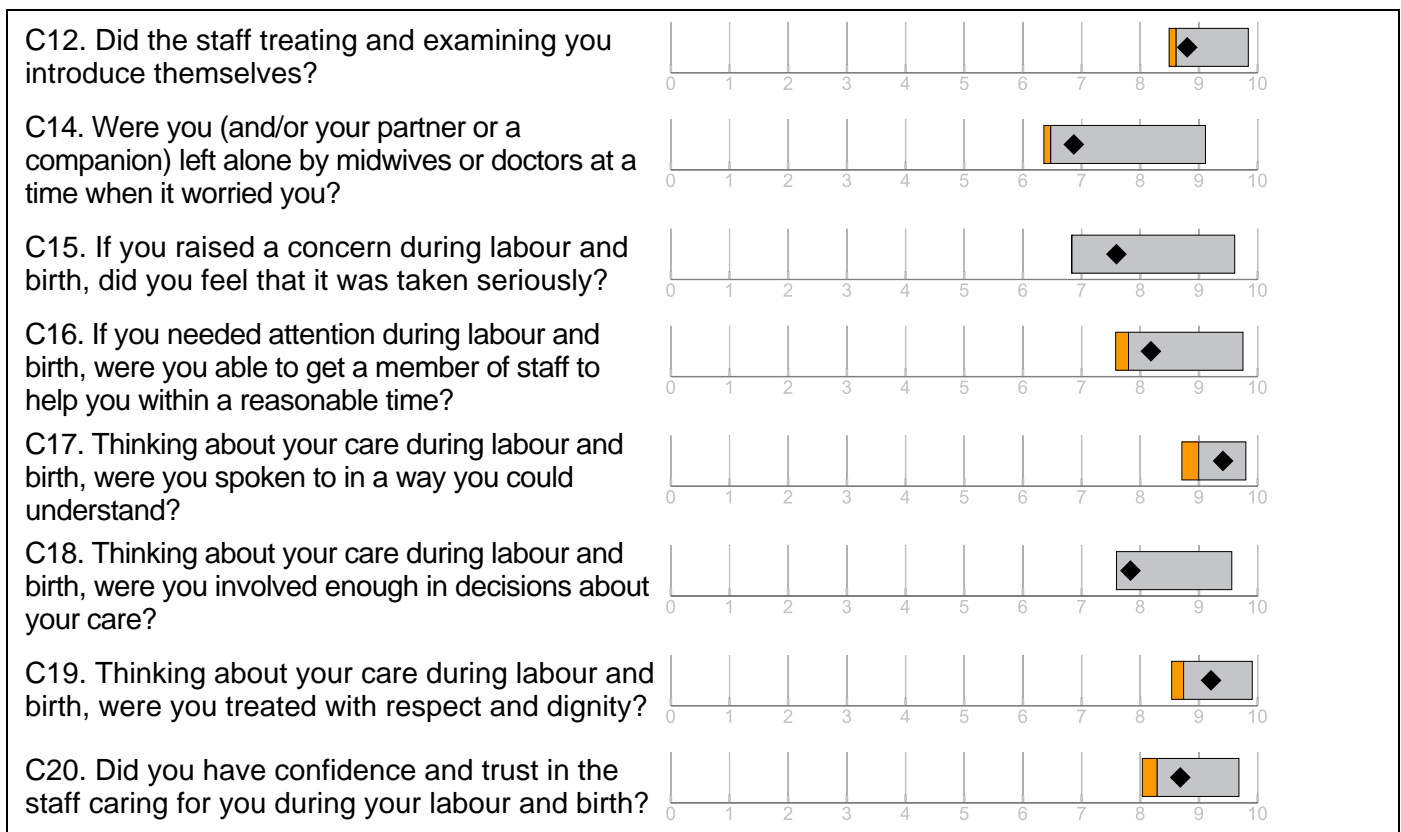
# Survey of women's experiences of maternity care 2018

## George Eliot Hospital NHS Trust

### Labour and birth



### Staff

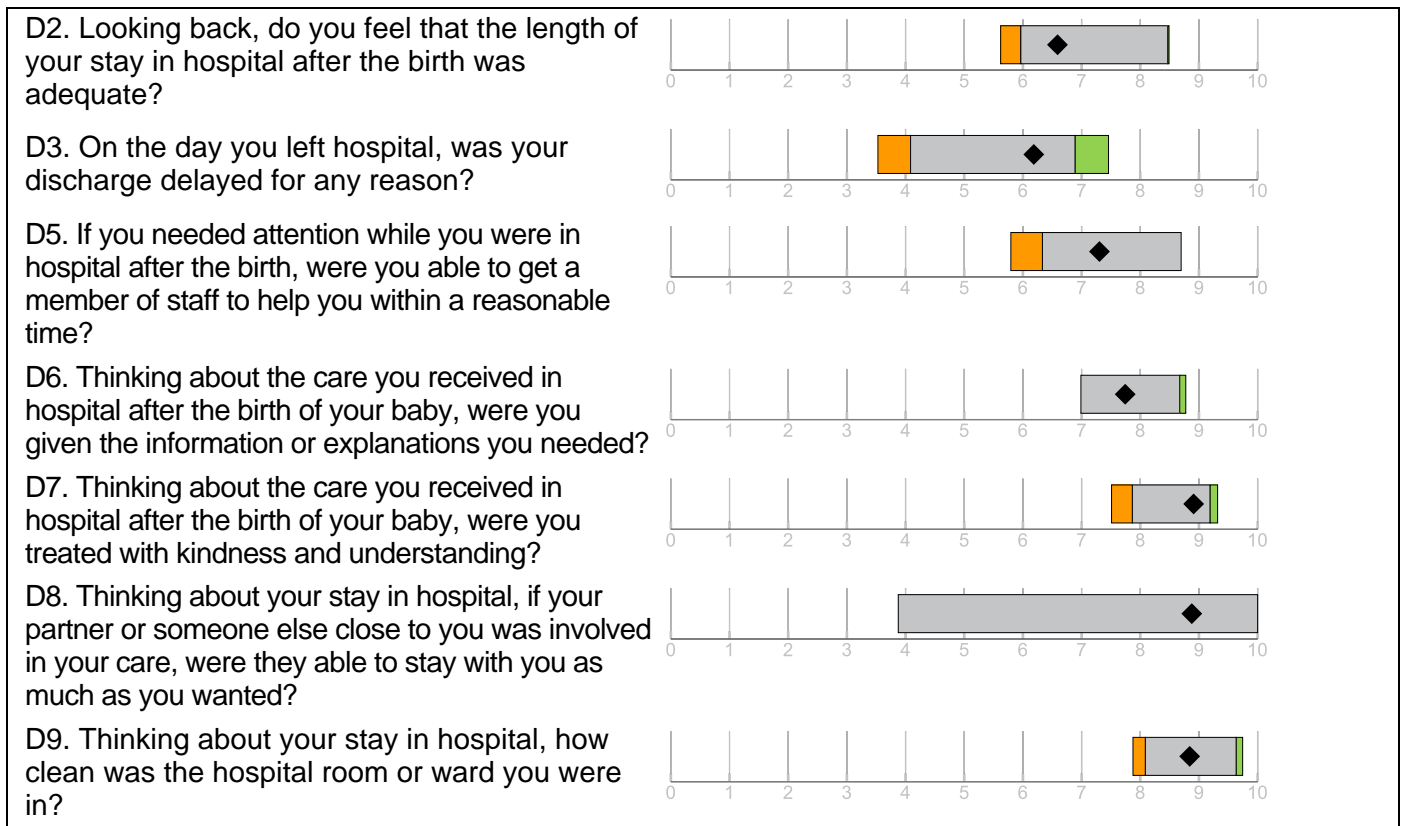


<span style="color: green;">■</span> Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
<span style="color: grey;">■</span> About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
<span style="color: orange;">■</span> Worst performing trusts		

# Survey of women's experiences of maternity care 2018

## George Eliot Hospital NHS Trust

### Care in hospital after the birth



# Survey of women's experiences of maternity care 2018

## George Eliot Hospital NHS Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
<b>Labour and birth</b>						
S4	Section score	8.4	7.8	9.4		
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?	8.0	6.3	9.6	45	9.5 ↓
C3	During your labour, were you able to move around and choose the position that made you most comfortable?	7.0	6.6	9.1	47	7.9
C10	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	8.9	7.0	10.0	65	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?	9.6	8.9	10.0	69	10.0
<b>Staff</b>						
S5	Section score	8.3	8.0	9.4		
C12	Did the staff treating and examining you introduce themselves?	8.8	8.5	9.8	69	9.6 ↓
C14	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	6.9	6.4	9.0	70	8.3
C15	If you raised a concern during labour and birth, did you feel that it was taken seriously?	7.6	6.8	9.4	43	8.2
C16	If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?	8.2	7.6	9.7	63	8.5
C17	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	9.4	8.7	9.7	70	9.3
C18	Thinking about your care during labour and birth, were you involved enough in decisions about your care?	7.8	7.6	9.2	69	8.7
C19	Thinking about your care during labour and birth, were you treated with respect and dignity?	9.2	8.5	9.8	69	9.7
C20	Did you have confidence and trust in the staff caring for you during your labour and birth?	8.7	8.0	9.6	70	9.5 ↓

↑ or ↓

Indicates where 2018 score is significantly higher or lower than 2017 score  
(NB: No arrow reflects no statistically significant change)  
Where no score is displayed, no 2017 data is available.



# Survey of women's experiences of maternity care 2018

## George Eliot Hospital NHS Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017	
<b>Care in hospital after the birth</b>							
S6	Section score	7.8	6.6	8.4			
D2	Looking back, do you feel that the length of your stay in hospital after the birth was adequate?	6.6	5.6	8.5	66	7.8	
D3	On the day you left hospital, was your discharge delayed for any reason?	6.2	3.5	7.5	69	5.5	
D5	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you within a reasonable time?	7.3	5.8	8.7	61	7.5	
D6	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	7.7	7.0	8.8	69	8.0	
D7	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	8.9	7.5	9.3	68	8.9	
D8	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	8.9	3.9	9.6	67	7.5	↑
D9	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	8.8	7.9	9.7	69	9.2	

↑ or ↓

Indicates where 2018 score is significantly higher or lower than 2017 score  
(NB: No arrow reflects no statistically significant change)  
Where no score is displayed, no 2017 data is available.

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## George Eliot Hospital NHS Trust

### Background information

The sample	This trust	All trusts
Number of respondents	72	17611
Response rate (percentage)	24	37
Demographic characteristics	This trust	All trusts
Percentage of mothers	(%)	(%)
First-time	55	50
Who have previously given birth	45	50
Age group (percentage)	(%)	(%)
Aged 16-18	1	0
Aged 19-24	4	7
Aged 25-29	23	22
Aged 30-34	38	36
Aged 35 and over	34	35
Ethnic group (percentage)	(%)	(%)
White	90	83
Multiple ethnic group	1	2
Asian or Asian British	6	8
Black or Black British	3	3
Arab or other ethnic group	0	1
Not known	0	3
Religion (percentage)	(%)	(%)
No religion	38	42
Buddhist	0	1
Christian	55	46
Hindu	0	2
Jewish	0	1
Muslim	3	6
Sikh	0	1
Other religion	3	1
Prefer not to say	1	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual / Straight	97	95
Gay / Lesbian	1	0
Bisexual	0	1
Other	0	1
Prefer not to say	1	3