



Maternity care pathway reports: labour and birth

Survey of women's experiences of maternity care 2019

Kingston Hospital NHS Foundation Trust

NHS Patient Survey Programme

Survey of women's experiences of maternity care 2019

Maternity care pathway reports: LABOUR AND BIRTH BENCHMARK REPORT

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage services to improve. Our role is to register care providers, and to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. We publish our findings, including performance ratings, to help people choose care.

Survey of women's experiences of maternity care 2019

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 to ask people who have recently used their local health services to tell us about their experiences.

The 2019 survey of women's experiences of maternity care involved 126 NHS acute trusts in England. We received responses from 17,151 women, a response rate of 36.5%. Women were eligible for the survey if they had a live birth during February 2019¹, were aged 16 years or older, and gave birth under the care of an NHS trust. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between April and August 2019.

Similar surveys of women's experience of maternity care were carried out in 2007, 2010, 2013, 2015, 2017 and 2018. 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 126 NHS trusts that took part in the survey.

For further information about antenatal and postnatal care data and its limitations, please refer to the antenatal and postnatal reports. Please note that only trusts that completed the attribution exercise and had sufficient respondent numbers will be provided with antenatal and postnatal care benchmark reports.

¹⁵² of 126 (41.3%) trusts also sampled births in January 2019 to produce a sufficient sample size. For further details on the sampling criteria, please see the survey sampling instructions at:

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 in the survey. It is designed to help understand the performance of individual trusts and to identify areas for improvement based on (1) comparisons with other participating trusts and (2) change in patient experience at the trust over time.

This benchmark report is made of three parts. The first part uses graphs to show how the trust is performing for each question and section in relation to all other trusts that took part in the survey. The second part shows whether a score has significantly increased or decreased compared to the last survey. The last part contains background information on the demographics of the respondents.

Section scores are provided in both the first and the second part, as aggregates of the individual question scores.

The sections presented in this report are:

- S4. Your labour and birth;
- S5. Staff caring for you;
- S6. Care in hospital after the birth

Part 1: Benchmarking graphs

The graphs included in the first part of the report show how the score for the trust compares to the range of scores achieved by all trusts that took part in the survey. In each graph, the box represents the range of scores for the question across all trusts, and the score for the specific trust is shown by a black diamond. The box is divided into three areas:

- Orange area: If the black diamond lies in this section of the graph, the trust's score is 'worse' than would be expected when compared with most other trusts;
- Grey area: If the black diamond lies in this section of the graph, the trust's score is 'about the same' as most other trusts;
- Green area: If the black diamond lies in this section of the graph, the trust's score is 'better' than would be expected when compared with most other trusts.

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

Part 2: Historical comparison tables

The second part of the report consists of tables containing the data used to create the graphs, alongside comparisons with the trust score for 2018 (where applicable). Each row of the tables corresponds to a question and displays the 2019 score for the specific trust, and the lowest and the highest trust score in England (indicating the range of scores across trusts).

The tables also include the number of respondents to each question within the trust. A small number of respondents for a question might indicate a lower level of reliability of the score.

Finally, the tables display the score for the trust in 2018 where available. If the change between 2018 and 2019 is statistically significant, an up or down arrow is displayed in the last column of the tables. When the change is not statistically significant, this column is left blank. Significance is tested using a two-sample t-test.

Where a result for 2018 is not shown, this is because the question was either new in 2019, 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 2018 survey, or if a trust committed a sampling error in 2018. 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.

Part 3: Demographic tables

The last part of the report presents the demographic profile of respondents. All data is presented unweighted.

Methodology

The following sections give an overview of the methodology used in this report. For further information, please refer to the technical document available on the CQC's website (see 'Further information' section).

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 the mother has 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 evaluative 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.

Expected range

The 'about the same', 'better' and 'worse' categories used in the first part of the report 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. It takes 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 the 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, and because of the need to protect anonymity.

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 C2.

The following questions were not answered by women who had a home birth and did not go to hospital: D2, D4, D5, D6, D7 and D8.

Further information

The full England-level results for the 2019 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 can access these documents through:

www.cqc.org.uk/maternitysurvey

All antenatal and postnatal care benchmark reports are available (for the trusts who submitted attribution data and had sufficient respondent numbers) on the NHS Patient Surveys website, along with the labour and birth reports for all trusts, at:

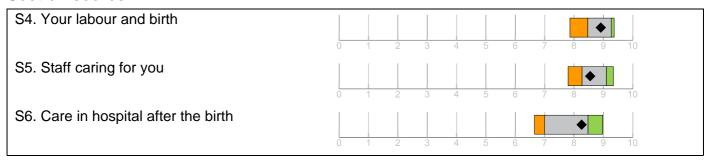
http://nhssurveys.org/all-files/04-maternity/05-benchmarks-reports/2019/

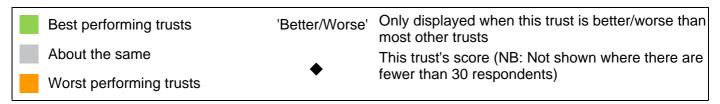
The results for the 2007, 2010, 2013, 2015, 2017 and 2018 maternity surveys can be found on the NHS Patient Surveys website. Please note that due to redevelopment work, results from the 2019 survey are only comparable with 2013, 2015, 2017 and 2018. Full details of the methodology for the survey, including questionnaires, supporting materials, sampling instructions and the survey development report are available at:

https://nhssurveys.org/surveys/survey/04-maternity/

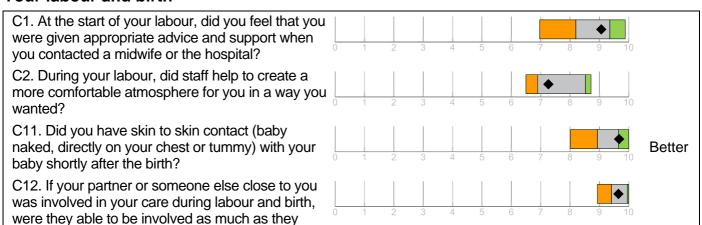
More information on the programme of NHS patient surveys is available at: www.cqc.org.uk/surveys

Section scores



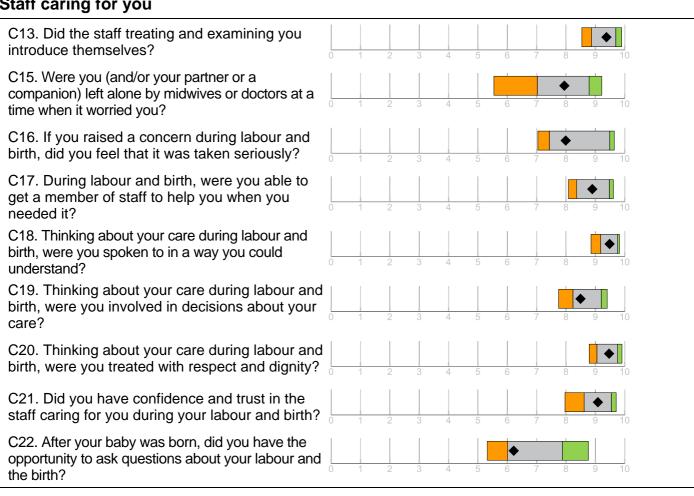


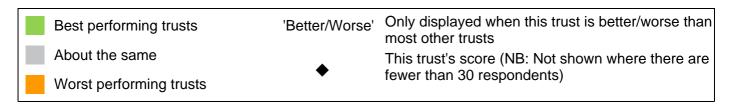
Your labour and birth



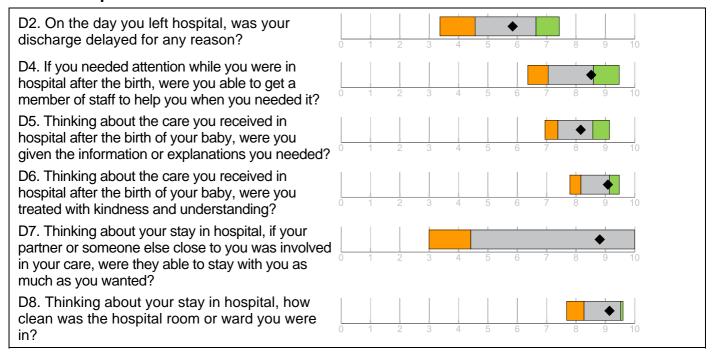
Staff caring for you

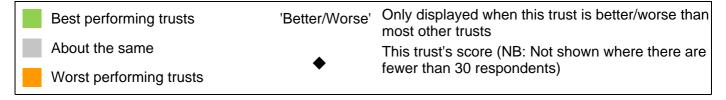
wanted?





Care in hospital after the birth





Survey of women's experiences of maternity care 2019								
Kin	gston Hospital NHS Foundation Trust	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018	
	ır labour and birth							
S4	Section score	8.9	7.9	9.4				
C1	At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	9.1	7.0	9.9	123	9.3		
C2	During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?	7.3	6.5	8.7	140			
C11	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	9.7	8.0	10.0	171			
C12	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	180	9.8		
Sta	ff caring for you							
S5	Section score	8.6	7.8	9.3				
C13	Did the staff treating and examining you introduce themselves?	9.4	8.5	9.9	172	9.1		
C15	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	7.9	5.5	9.2	174	7.8		
C16	If you raised a concern during labour and birth, did you feel that it was taken seriously?	8.0	7.0	9.6	120	8.4		
C17	During labour and birth, were you able to get a member of staff to help you when you needed it?	8.9	8.1	9.6	171			
C18	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	9.5	8.8	9.8	179	9.3		
C19	Thinking about your care during labour and birth, were you involved in decisions about your care?	8.5	7.7	9.4	176			
C20	Thinking about your care during labour and birth, were you treated with respect and dignity?	9.5	8.8	9.9	179	9.3		
C21	Did you have confidence and trust in the staff caring for you during your labour and birth?	9.1	8.0	9.7	180	8.7		
C22	After your baby was born, did you have the opportunity to ask	6.2	5.3	8.8	150			

↑ or ↓ Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

questions about your labour and the birth?

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Kingston Hospital NHS Foundation Trust Scores for this NHS trust Number of respondents 2018 scores for this NHS trust Highest trust score in England Change from 2018 Lowest trust score in England (this trust) Care in hospital after the birth S6 Section score 8.3 6.7 9.0 D2 On the day you left hospital, was your discharge delayed for any 5.8 3.4 7.4 180 6.2 reason? If you needed attention while you were in hospital after the birth, 8.5 6.4 9.5 168 were you able to get a member of staff to help you when you needed it? D5 Thinking about the care you received in hospital after the birth of 8.2 6.9 9.1 178 7.4 1 your baby, were you given the information or explanations you needed? D6 Thinking about the care you received in hospital after the birth of 9.1 7.8 9.5 179 8.5 your baby, were you treated with kindness and understanding? D7 Thinking about your stay in hospital, if your partner or someone 8.8 3.0 9.8 173 8.9 else close to you was involved in your care, were they able to stay with you as much as you wanted? Thinking about your stay in hospital, how clean was the hospital 9.1 8.4 D8 7.7 9.6 181 1 room or ward you were in?

Indicates where 2019 score is significantly higher or lower than 2018 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

↑ or ↓

Background information

The sample	This trust	All trusts
Number of respondents	183	17151
Response rate (percentage)	52	37
Demographic characteristics	This trust	All trusts
Percentage of mothers	(%)	(%)
First-time	54	51
Who have previously given birth	46	49
Age group (percentage)	(%)	(%)
Aged 16-18	0	0
Aged 19-24	2	6
Aged 25-29	12	20
Aged 30-34	30	38
Aged 35 and over	57	35
Ethnic group (percentage)	(%)	(%)
White	79	82
Multiple ethnic group	2	2
Asian or Asian British	15	8
Black or Black British	2	3
Arab or other ethnic group	1	1
Not known	1	3
Religion (percentage)	(%)	(%)
No religion	44	41
Buddhist	2	0
Christian	41	46
Hindu	4	2
Jewish	1	1
Muslim	4	6
Sikh	1	1
Other religion	1	1
Prefer not to say	2	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual / Straight	97	95
Gay / Lesbian	0	0
Bisexual	2	1
Other	0	1
Prefer not to say	2	3