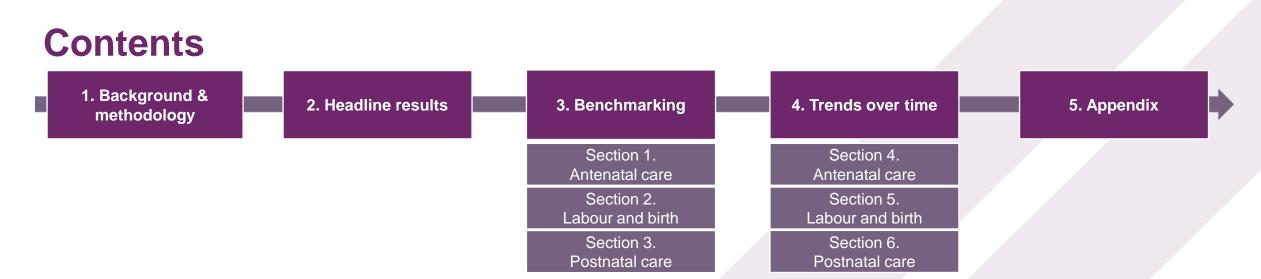
# NHS Maternity Survey 2021 Benchmark Report

Imperial College Healthcare NHS Trust









This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos MORI Terms and Conditions which can be found at <a href="http://www.ipsos-mori.com/terms">http://www.ipsos-mori.com/terms</a>. © Care Quality Commission 2021

# Background and methodology

## This section includes:

- explanation of the NHS Patient Survey Programme
- information on the Maternity 2021 survey
- a description of key terms used in this report
- navigating the report







## **Background and methodology**

#### The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Maternity Survey started in 2007 and the 2021 Maternity Survey will be the eighth carried out to date. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

#### The Maternity Survey 2021

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos MORI. A total of 45,445 mothers were invited to participate in the survey across 122 NHS trusts. Completed responses were received from 23,479 respondents, this gives a national adjusted response rate of 52%. Response rates at a trust level will naturally vary, the average response rate at a trust level is 53%.

Individuals were invited to participate in the survey if they were aged 16 years or over at the time of delivery and had a live birth at an NHS Trust between 1 February and 28 February 2021. A full list of eligibility criteria can be found in the survey <u>sampling</u> <u>instructions</u>. If there were fewer than 300 people within an NHS trust who gave birth in February 2021, then births from January were included.

Fieldwork took place between April and August 2021.

## Trend data

Prior to 2021, the Maternity survey was conducted using a solely paper based methodology. Following a successful pilot of a mixed method approach, the 2021 survey transitioned to offer both paper and online completion methods. As part of the pilot survey analysis, it was concluded that this change in methodology did not have a detrimental impact on trend data. You can view this work on the <u>cross survey</u> <u>programme website</u>. Therefore, data from the 2021 survey is comparable with previous years, unless a question has changed or there are other reasons for lack of comparability such as changes in organisation structure of a trust.

Where results are comparable with previous years, a section on historical trends has been included. Where there are insufficient data points for historical trends, significance testing has been carried out against 2019 data.

#### Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the <u>NHS</u> <u>Surveys website</u>.
- To learn more about CQC's survey programme, please visit the <u>CQC website</u>.

## Background and methodology continued

#### Antenatal and Postnatal data

The maternity survey is split into three sections that ask questions about:

- antenatal care
- labour and birth
- postnatal care

It is possible that some respondents may have experienced these stages of care in different trusts. This may be for many reasons such as moving home, or having to travel for more specialist care, or due to variation in service provision across the country. For the purpose of benchmarking, it is important that we understand which trust the respondent is referring to when they are completing each section of the survey.

When answering survey questions about labour and birth we can be confident that in all cases respondents are referring to the trust from which they were sampled. It is therefore possible to compare results for labour and birth across all 122 NHS trusts that took part in the survey. Trusts were asked to carry out an "attribution exercise", where each trust identifies the individuals in their sample that are likely to have also received their antenatal and postnatal care from the trust. This is done using either electronic records or residential postcode information. This attribution exercise was first carried out in the 2013 survey. In 2021, 112 of the 122 trusts that took part in the survey completed this exercise.

The survey results contained in this report include only those respondents who were identified as receiving all three stages of care at this trust.

Those trusts that did not provide the results of the attribution exercise to the CCMM at Ipsos MORI do not receive results on the postnatal and antenatal sections of the survey.

## Limitations of this approach

Data is provided voluntarily, and not all trusts provided this data. The antenatal and postnatal care sections of this report are therefore benchmarked against those other trusts that also provided the required information. Some trusts do not keep electronic records of antenatal and postnatal care. Where this is the case, location of antenatal and postnatal care is based on residential location of respondents. This is not a perfect measure of whether antenatal and postnatal care was received at the trust. For example, respondents requiring specialist antenatal or postnatal care may have received this from another trust. This may mean that some respondents are included in the data despite having received care from another trust.

## Key terms used in this report

#### The 'expected range' technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the <u>Appendix</u>.

#### **Standardisation**

Demographic characteristics, such as age can influence care experiences and how they are reported. Since trusts have differing profiles of maternity service users, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual patient responses to account for differences in demographic profile between trusts.

For each trust, results have been weighted by parity (whether or not a mother has given birth previously) and age of respondents to reflect the 'national' age distribution (based on all respondents to the survey). This helps ensure that no trust will appear better or worse than another because of its profile of maternity service users, and enables a fairer and more useful comparison of results across trusts. In most cases this weighting will not have a large impact on trust results.

#### Scoring

For selected questions in the survey, the individual (weighted) responses are converted into scores, typically 0, 5, or 10 (except for questions B3 and D8). A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are descriptive (for example A1) and others are 'routing questions', which are designed to filter out respondents to whom subsequent questions do not apply (for example C1). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

#### **Trust average**

The 'trust average' mentioned in this report is the arithmetic mean of all trusts' scores after weighting is applied.

## Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to). This is to prevent individual responses being identifiable.

## Further information about the methods

For further information about the statistical methods used in this report, please refer to the <u>survey</u> technical document.

## Using the survey results

#### Navigating this report

This report is split into five sections:

**1. Background and methodology** – provides information about the survey programme, how the survey is run and how to interpret the data.

**2. Headline results** – includes key trust-level findings relating to the mothers who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.

**3. Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the 'expected range' analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve. Trusts that provide data on antenatal and postnatal care and have sufficient respondent numbers are also provided with antenatal and postnatal benchmark results.

**4. Trends over time** – includes your trust's mean score for each evaluative question in the survey. This is either shown as a historical trend chart or a significance test table, depending on the availability of longitudinal data.

Where possible, significance testing compares the mean score for your trust in 2019 to your 2021 mean score. This allows you to see if your trust has made statistically significant improvements between survey years.

**Historical trends** are presented where data is available, and questions remain comparable for your trust since 2013. Trends are presented only where there are at least five data points available to plot on the chart. Historical trend charts show the mean score for your trust by year, so that you can see if your trust has made improvements over time. They also include the national mean score by year, to allow you to see whether your performance is in line with the national average or not.

**Significance test tables** are presented where there are less than 5 data points available and questions remain comparable between 2019 and 2021.

**5. Appendix** – includes additional data for your trust; further information on the survey methodology and interpretation of graphs in this report.

## Using the survey results continued

## How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The two chart types used in the section 'benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the <u>Appendix</u>.

#### Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results and technical document: <u>www.cqc.org.uk/maternitysurvey</u>
- National and trust-level data for all trusts who took part in the Maternity 2021 survey: <u>https://nhssurveys.org/surveys/survey/04-</u> <u>maternity/year/2021/</u>. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the

survey development report can also be found on the <u>NHS Surveys website</u>.

- Information on the NHS Patient Survey Programme, including results from other surveys: <u>www.cqc.org.uk/content/surveys</u>
- Information about how the CQC monitors services: <u>https://www.cqc.org.uk/what-we-do/how-we-use-</u> information/using-data-monitor-services

# **Headline results**

## This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the top and bottom scores for your trust

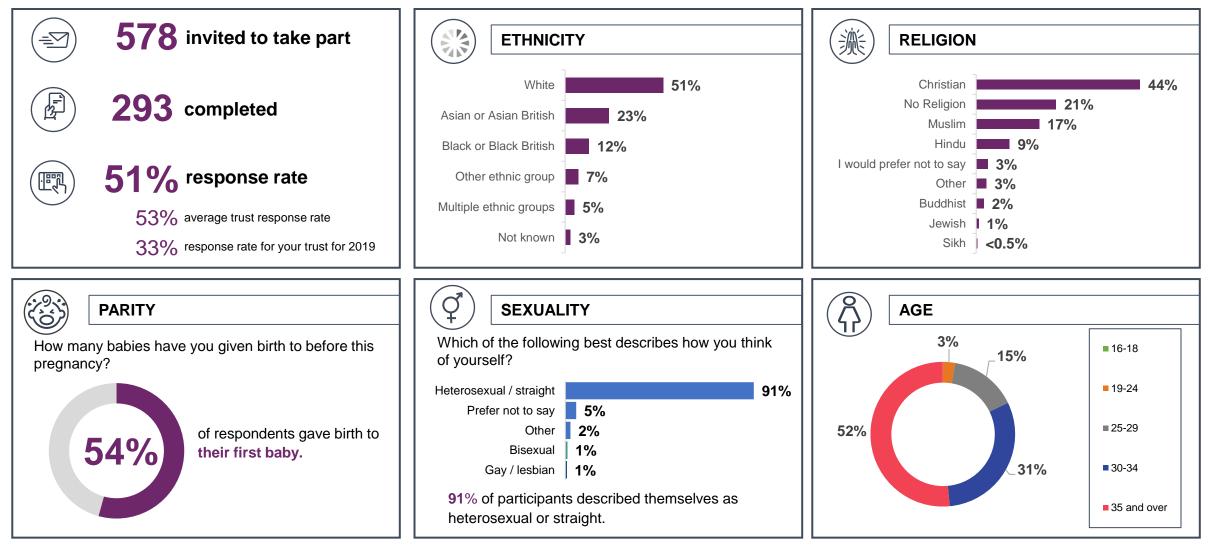






## Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of mothers who took part in the survey.



## Summary of findings for your trust

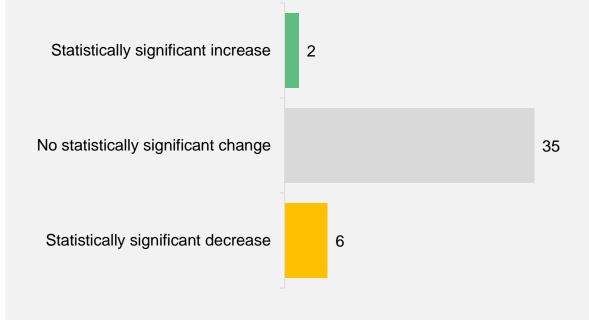
#### **Comparison with other trusts**

The **number of questions** in this report at which your trust has performed better, worse, or about the same compared with most other trusts.



#### **Comparison with results from 2019**

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2019 results.



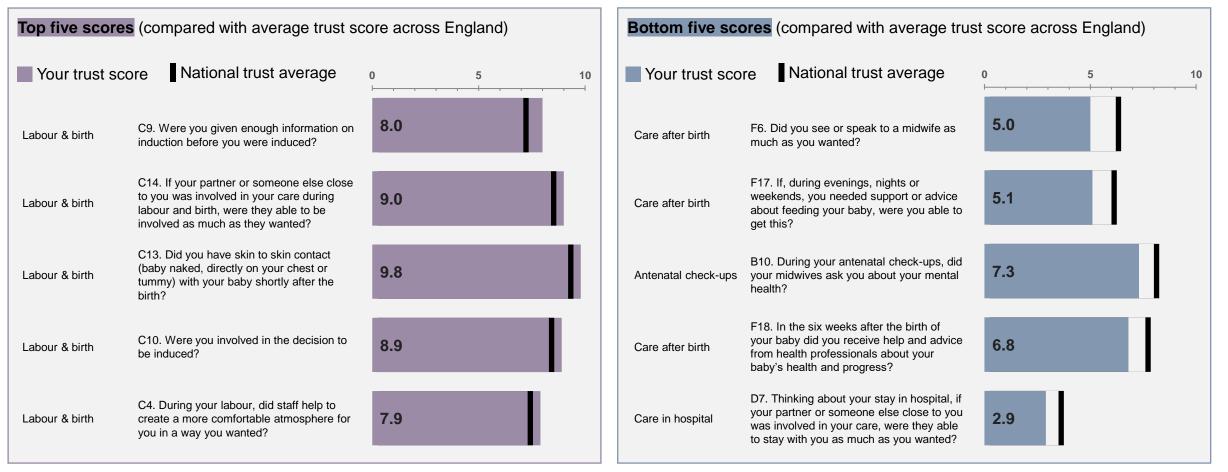
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section <u>"comparison</u> to other trusts".

## Best and worst performance relative to the trust average

These five questions are calculated by comparing your trust's results to the trust average (the average trust score across England).

Benchmarking

- Top five scores: These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- Bottom five scores: These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.



# Benchmarking

## This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part
- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts.
- for more guidance on interpreting these graphs, please refer to the <u>appendix</u>

Please note: following report redevelopment consultations conducted in February 2021 the benchmark bandings were updated to provide a greater level of granularity in the expected range score.







# Benchmarking

## **Antenatal care**





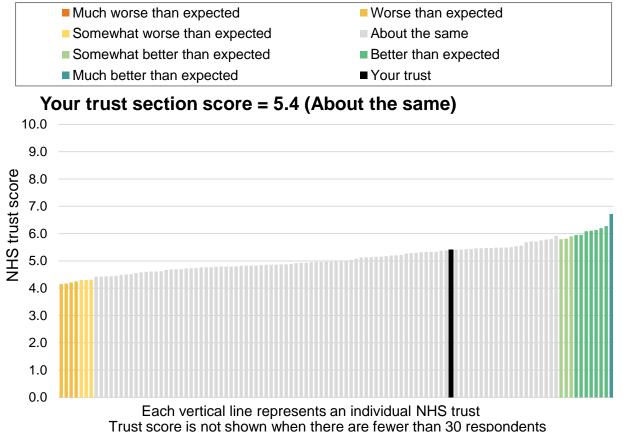


## The start of your care during pregnancy

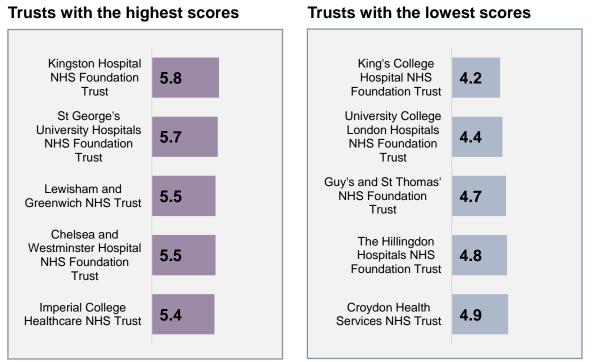
Benchmarking

#### **Section score**

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'the start of your care during pregnancy' is calculated from questions B3 to B5. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



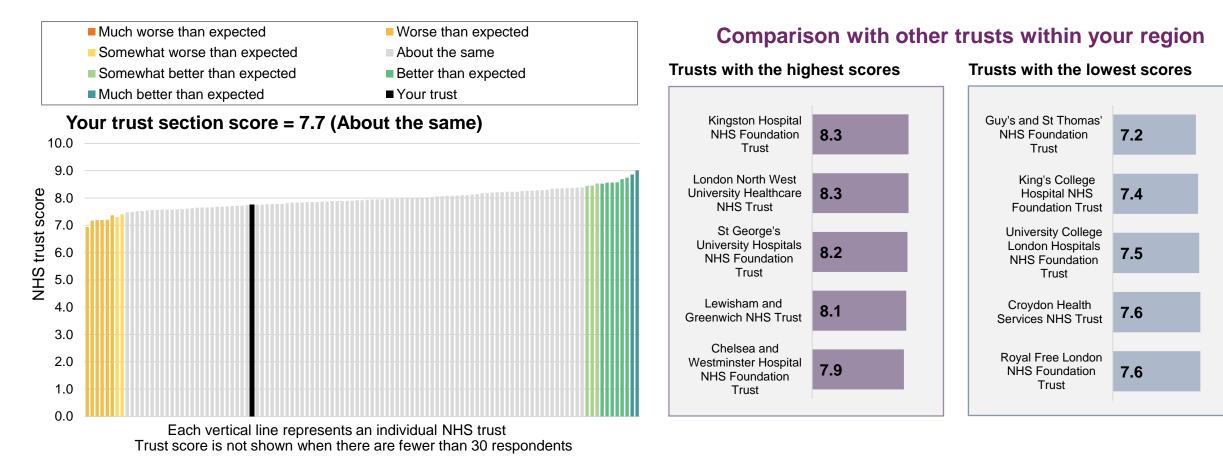
#### Comparison with other trusts within your region



## **Antenatal check ups**

#### **Section score**

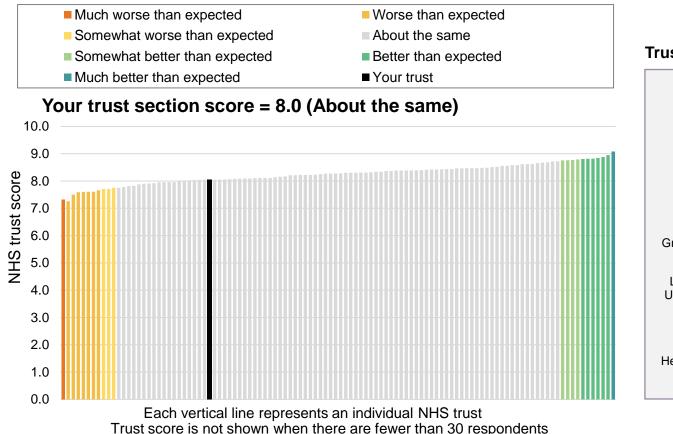
This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'antenatal check-ups' is calculated from questions B7 to B10. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



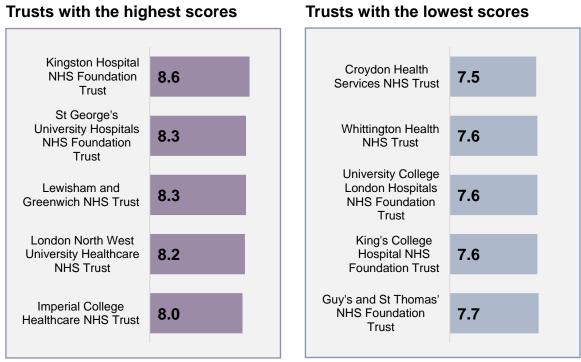
16 Maternity Services Survey | 2021 | RYJ | Imperial College Healthcare NHS Trust

## During your pregnancy Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'during your pregnancy' is calculated from questions B12 to B16. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



#### Comparison with other trusts within your region



17 Maternity Services Survey | 2021 | RYJ | Imperial College Healthcare NHS Trust

## **Benchmarking - Antenatal care**

## **Question scores: Start of your pregnancy**

	Abo	ut the sam			Some	than expected what better that		Bett	er than exped	e than expecte cted	èd					sts in Er	ngland
0			an expected	3	<ul> <li>♦ Your t</li> <li>4</li> </ul>	5	6	7	t average 8	9	10		Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
B3 Were you offered a choice about where to have your baby?												About the same	253	3.6	3.5	2.2	5.3
B4. At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your							٠					About the same	279	6.0	5.6	4.5	6.8
maternity care?																	
B5. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?							•					About the same	286	6.6	6.2	4.9	8.2

## **Benchmarking - Antenatal care (continued)**

## **Question scores: Antenatal check ups**

	n worse tha it the same	n expected			an expected at better thar			ewhat worse r than expec	than expected				All tru	sts in Er	ngland
		n expected		+ Your trus				average			Number of respondents	Your trust	Trust average		Highest
0	1	2	3	4	5	6	7	8	9 1	D	(your trust)		score	score	score
B7 During your antenatal check ups, did your midwives or doctor appear to be aware of your medical history?						•				About the same	288	6.5	6.5	4.6	7.7
B8. During your antenatal check ups, were you given enough time to ask questions or discuss your pregnancy?								•		About the same	289	8.4	8.4	7.3	9.6
								- E.							
B9. During your antenatal check-ups, did your midwives listen to you?									•	About the same	287	8.8	8.9	8.1	9.6
										_					·
B10. During your antenatal check-ups, did your midwives ask you about your mental health?							•			About the same	285	7.3	8.0	6.5	9.4

## **Benchmarking - Antenatal care (continued)**

## **Question scores: During your pregnancy**

	uch worse bout the sa	than expect	ed		nan expected	d an expected		newhat worse er than exped	e than expected				All tru	sts in Er	igland
		than expect	ed	♦ Your tru				st average			Number of	Your	Trust	Lowest	Highest
0	1	2	3	4	5	6	7	8	9 10		respondents (your trust)		average score	score	score
B12. Were you given enough support for your mental health during your pregnancy?								•		About the same	162	8.2	8.4	6.3	9.6
								_							
B13. During your pregnancy, if you contacted a midwifery team, were you given the help you needed?								•		About the same	262	8.1	8.2	6.9	9.4
B14. Thinking about your antenatal care, were you spoken to in a way you could understand?										About the same	290	9.2	9.3	8.8	9.7

## **Benchmarking - Antenatal care (continued)**

**Question scores: During your pregnancy** 

		h worse that ut the same	an expected e	d		nan expected nat better tha			newhat wo ter than ex	rse than expeo pected	cted				All tru	ists in Er	gland
0	■ Muc	h better tha	an expected	3 3	♦ Your tru 4	<b>ist</b> 5	6	Tru 7	st average 8	9	10		Number of respondents (your trust)		Trust average score	Lowest score	Highest score
B15. Thinking about your antenatal care, were you involved in decisions about your care?										•		About the same	278	8.6	8.7	7.4	9.5
B16. During your pregnancy did midwives provide relevant information about feeding your baby?							•					About the same	280	6.2	6.7	4.5	8.0

# Benchmarking

# Labour and birth



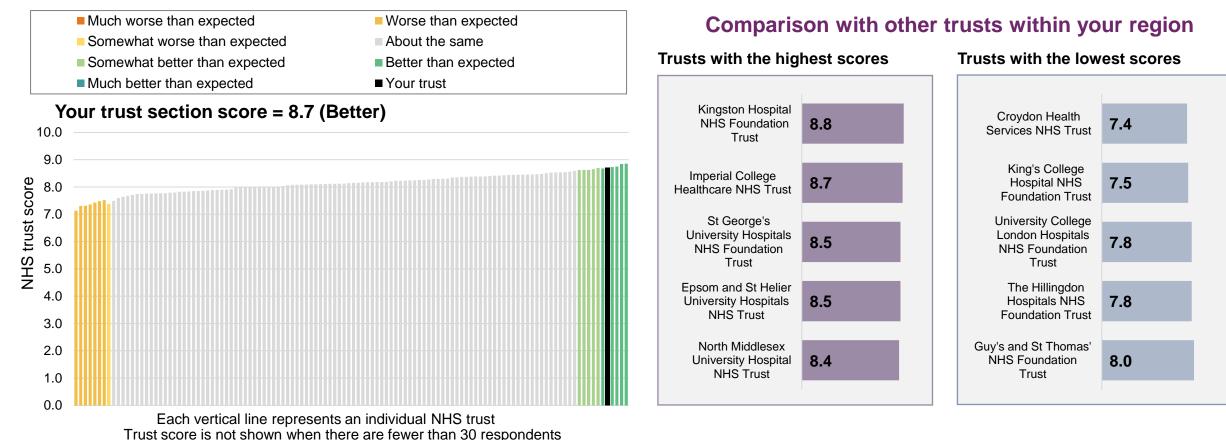




## Your labour and birth

#### **Section score**

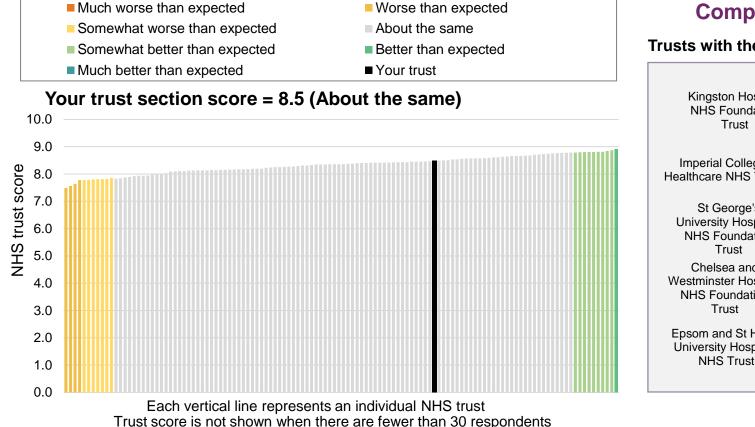
This shows the range of section scores for all NHS trusts included in the survey. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'your labour and birth' is calculated from questions C3, C4, C9, C10, C13, and C14. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



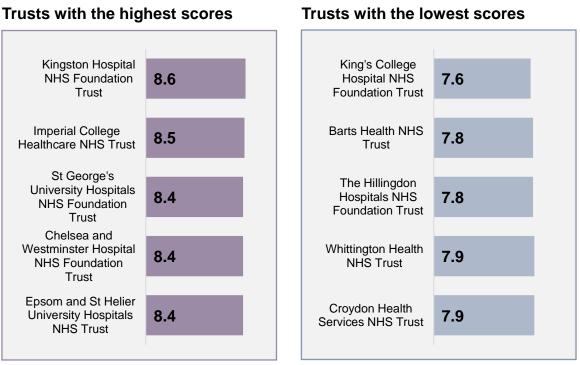
## **Staff caring for you**

#### **Section score**

This shows the range of section scores for all NHS trusts included in the survey. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'staff caring for you' is calculated from questions C16, and C18 to C25. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



## Comparison with other trusts within your region

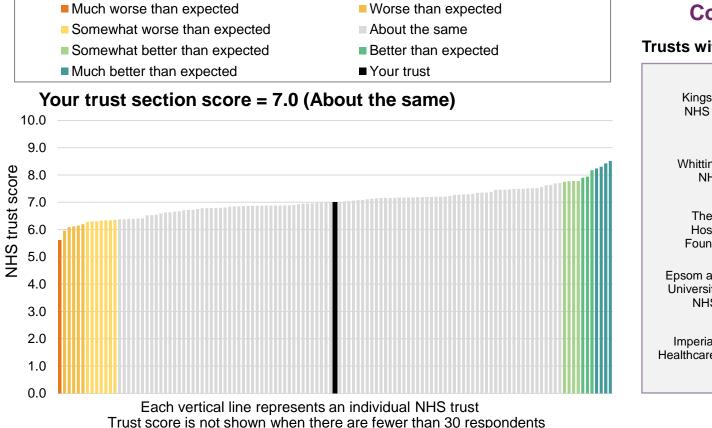


Benchmarking

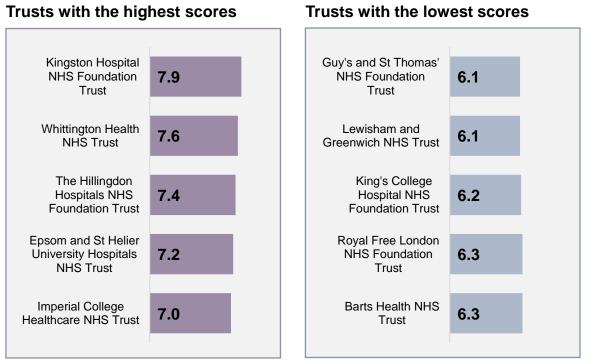
## **Care in hospital after birth**

#### Section score

This shows the range of section scores for all NHS trusts included in the survey. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'care in hospital after birth' is calculated from questions D2 and D4 to D8. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



#### Comparison with other trusts within your region



Benchmarking

## **Benchmarking - Labour and birth**

#### **Question scores: Your labour and birth**

		ich worse tl out the san	-	ted		than expecte hat better th	ed nan expected	Bet	ter than exp		ected				All tru	sts in En	gland
0 C2. At the start of your lobour	■ Mu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nan expect	ted 3	♦ Your tr 4	<b>ust</b> 5	6	Tru 7	st average 8	9	10		Number of respondents (your trust)		Trust average score	Lowest score	Highest score
C3. 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?										•		About the same	207	8.7	8.4	6.7	9.3
C4. During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?									•			About the same	232	7.9	7.3	5.6	8.5
							_										
C9. Were you given enough information on induction before you were induced?									•			Better	110	8.0	7.1	5.3	8.3

Benchmarking

#### **Question scores: Your labour and birth**

	About	the same	an expecte e in expecte				kpected tter than e	expected	Bett	newhat wo er than ex st average	•	rpected					sts in En	gland
0	 1		2	3	4	5	;	6	7	8	9	10		Number of respondents (your trust)		Trust average score	Lowest score	Highest score
C10. Were you involved in the decision to be induced?											•		Somewhat better	105	8.9	8.3	6.8	9.8
C13. Did you have skin to skin																		
contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?												•	Better	266	9.8	9.2	7.6	9.9
C14. If your partner or someone else close to you was involved in your care during labour and													About the					
birth, were they able to be involved as much as they wanted?													same	276	9.0	8.4	6.2	9.8

Benchmarking

### **Question scores: Staff caring for you**

	Abou	worse thar t the same better than			<ul> <li>Worse tha</li> <li>Somewhat</li> <li>Your trust</li> </ul>	better that		Bette	ewhat wors er than expe t average	•	ected					sts in En	gland
0		1	2	3	4	5	6	7	8	9	10		Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
C16. Did the staff treating and examining you introduce themselves?										•		About the same	287	8.8	8.9	8.0	9.5
C18. Were you (and / or your																	
partner or a companion) left alone by midwives or doctors at a time when it worried you?												About the same	290	7.6	7.5	6.0	8.9
C19. If you raised a concern during labour and birth, did you feel that it was taken seriously?									•			About the same	213	8.4	7.9	5.4	9.1
									<u> </u>								
C20. During labour and birth, were you able to get a member of staff to help you when you needed it?												About the same	283	8.6	8.6	7.7	9.5
C21. Thinking about your care during labour and birth, were you spoken to in a way you could understand?												About the same	291	9.4	9.2	8.6	9.7

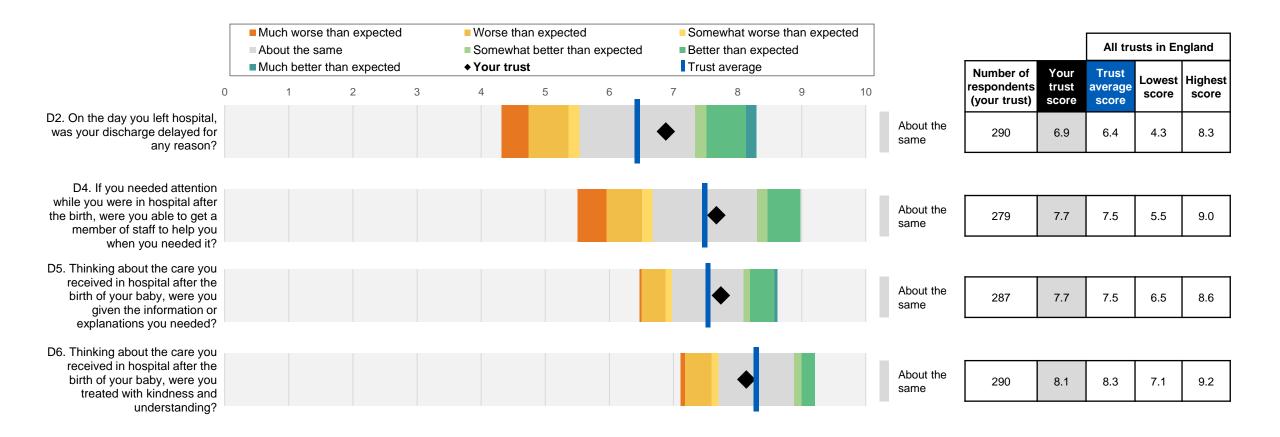
Benchmarking

## **Question scores: Staff caring for you**

	Ab	out the sam			<ul> <li>Worse that</li> <li>Somewhat</li> </ul>	better than		Bette	than expe	e than expected ected					All tru	sts in En	gland
0		ch better th	an expected	3	♦ Your trust	5	6	Trust	average 8	9 10	)		Number of respondents (your trust)		Trust average score	Lowest score	Highest score
C22. Thinking about your care during labour and birth, were you involved in decisions about your care?											Abo san	out the ne	275	8.6	8.5	7.8	9.2
C23. Thinking about your care																	<b></b> 1
during labour and birth, were you treated with respect and dignity?										•	Abo san	out the ne	289	9.3	9.1	8.5	9.7
C24. Did you have confidence																	
and trust in the staff caring for you during your labour and birth?										•	Abo san	out the ne	289	8.9	8.8	7.8	9.4
C25. After your baby was born,								_		-							
did you have the opportunity to ask questions about your labour and the birth?											Abo san	out the ne	264	6.7	6.4	5.4	7.4

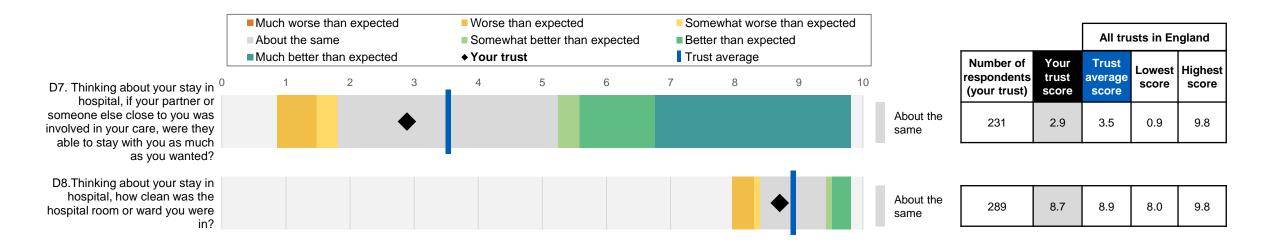
**Benchmarking** 

## **Question scores: Care in hospital after birth**



Benchmarking

## **Question scores: Care in hospital after birth**



# Benchmarking

# **Postnatal care**



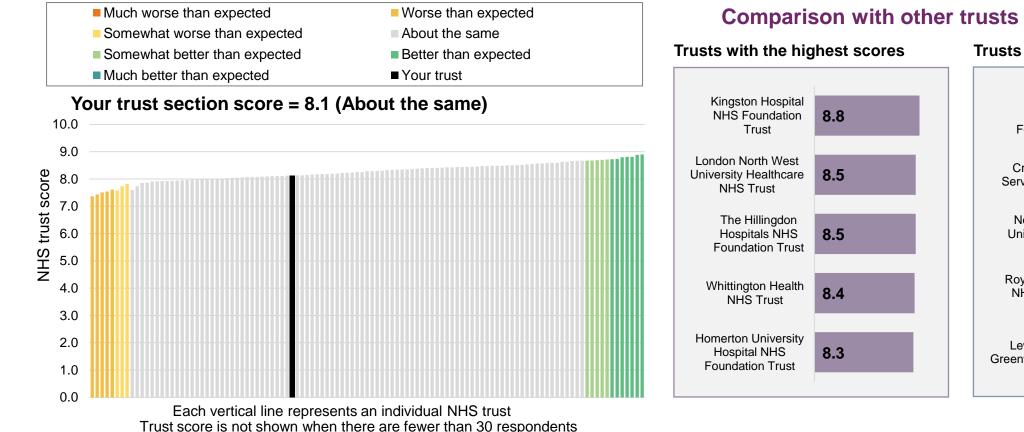




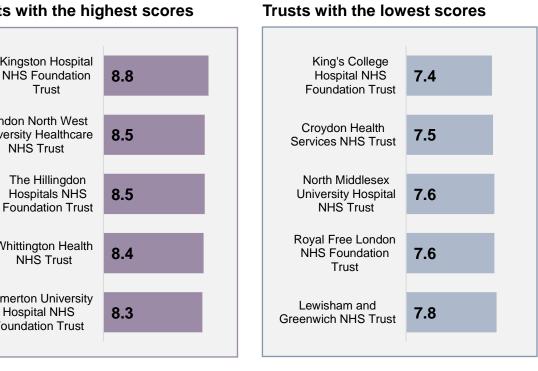
## Feeding your baby

#### Section score

This shows the range of section scores for all NHS trusts that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'feeding your baby' is calculated from questions E2 and E3. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



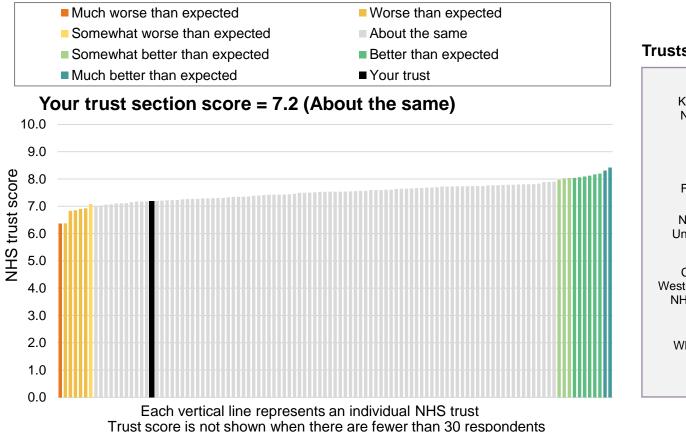
#### Comparison with other trusts within your region



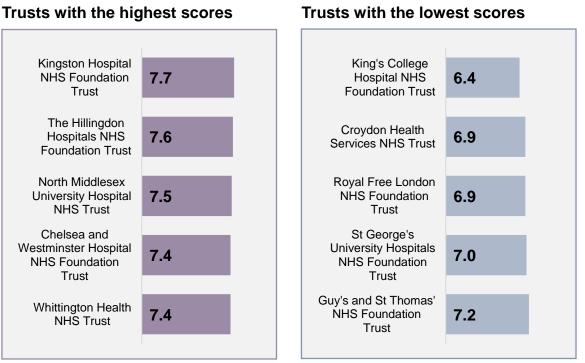
## Care at home after birth

#### **Section score**

This shows the range of section scores for all NHS trusts that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'care at home after birth' is calculated from questions F1 to F3, F6 to F10, and F12 to F18. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



#### Comparison with other trusts within your region



## **Benchmarking - Postnatal care**

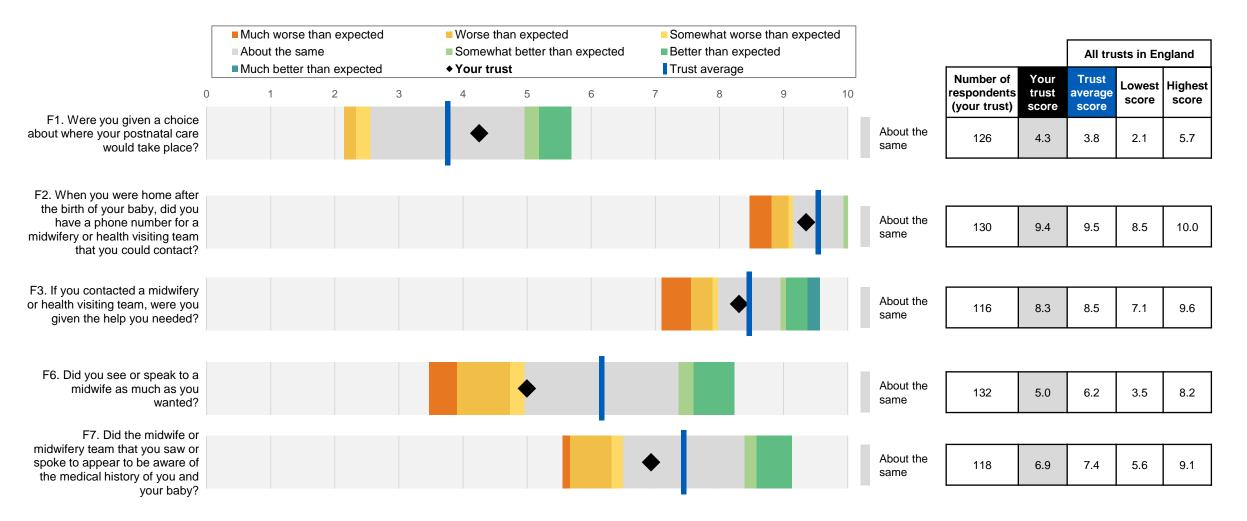
## **Question scores: Feeding your baby**

	About	the same	n expected			than expecte /hat better the			than expec	than expected ted			·			sts in En	ngland
	0	1	2	3	4	5	6	7	8	9	10		Number of respondents (your trust)	trust	Trust average score	Lowest score	Highest score
E2. Were your decisions about how you wanted to feed your baby respected by midwives?	r									•		About the same	133	8.7	8.9	8.1	9.4
E3. Did you feel that midwives										-							
and other health professionals gave you active support and encouragement about feeding your baby?	1											About the same	129	7.5	7.6	6.3	8.5

## **Benchmarking - Postnatal care (continued)**

Benchmarking

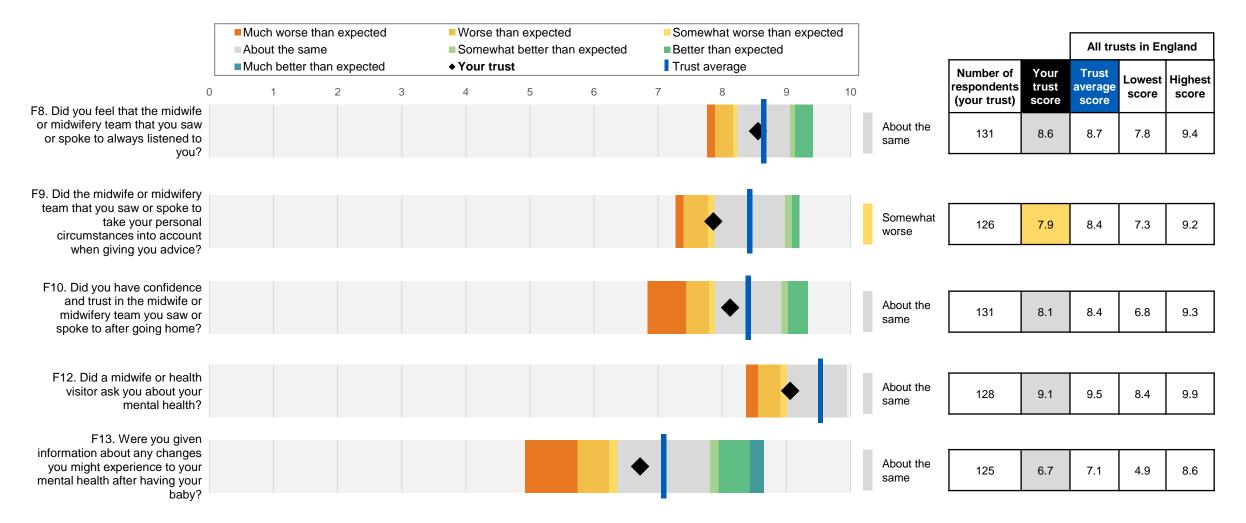
#### Question scores: Care at home after birth



## **Benchmarking - Postnatal care (continued)**

Benchmarking

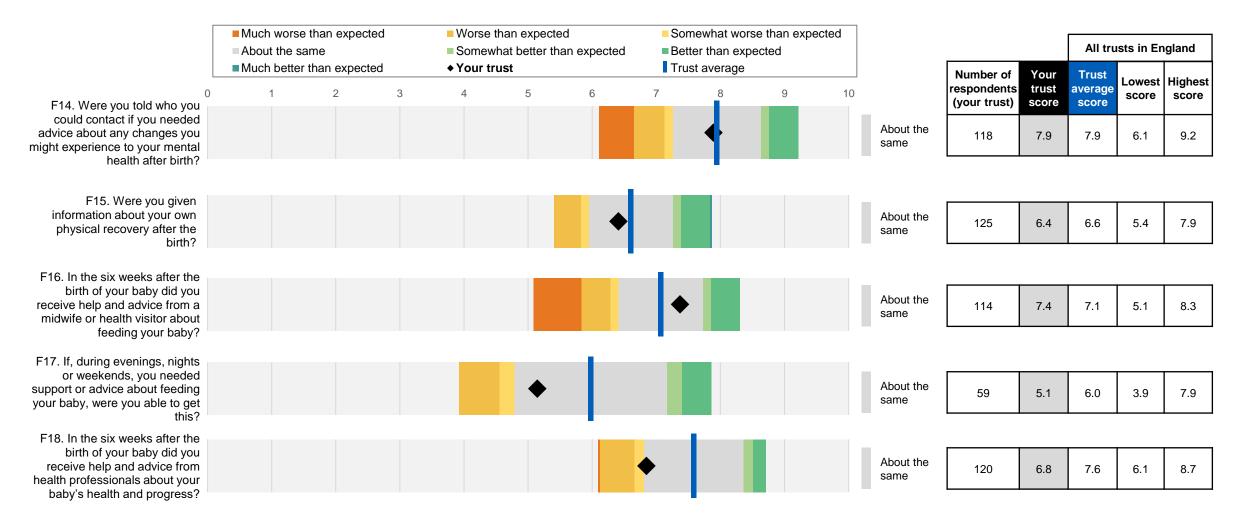
#### Question scores: Care at home after birth



## **Benchmarking - Postnatal care (continued)**

Benchmarking

#### **Question scores: Care at home after birth**



## **Trends over time**

#### This section includes:

- your mean trust score for each evaluative question in the survey. This is the average of all scores that mothers from your trust provided in their survey response
- where comparable data is available over at least the past five surveys, the trend charts show the mean score for your trust by year. This allows you to see if your trust has made improvements over time
- they also include the national mean score by year, to allow you to see whether your performance is in line with the national average or not
- where consistent data are <u>not</u> available for at least the past five surveys statistical significance testing has been carried out against the 2019 survey results for each relevant question
- for more guidance on interpreting these graphs, please see the next slide







### **Trends over time**

The following section presents comparisons with previous survey results. Statistically significant differences in the trust mean score between 2019 and 2021 are highlighted to show where there is meaningful change between years.

Historical trend charts are presented when there are at least five data points available to plot on the chart. Five data points may not be available due to:

- changes to the questionnaire since 2013 mean that a question is no longer comparable over time;
- organisational changes which impact comparability of results over time; or,
- · historical errors with sampling or issues with fieldwork which impact comparability.

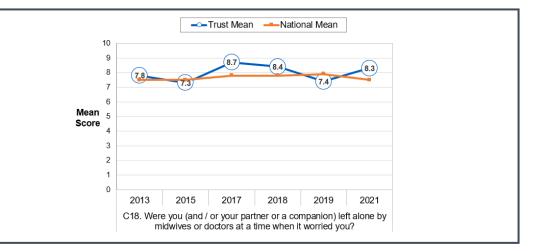
Statistically significant differences in the trust mean score between 2019 and 2021 are highlighted. These are carried out using a two sample t-test. Where a change in results is shown as 'significant', this indicates that this change is not due to random chance, but is likely due to some particular factor at your trust. Significant increases are indicated with a filled green circle, and significant decreases are in red.

#### Where comparable data is not available, statistical significance test tables are

**provided.** Statistically significant changes in your trust score between 2019 and 2021 are shown in the far right column 'Change from 2019 survey', significant increases are indicated with a green arrow and significant decreases are indicated with a red arrow.

The following questions were new or changed for 2021 and therefore are not included in this section: B3, B4, B7, B12, C9 and C10.

#### Historical trend chart example



#### Significance test table example

	2021 Trust Score	2019 Trust Score	No. of respond ents	Change from 2019 survey
The start of your care in pregnancy				



## **Trends over time**

## **Antenatal care**



### **Trends over time - Antenatal care**

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

The start of your care in pregnancy         B5.       Did you get enough information from either a midwife or doctor to help you decide where to have your baby?       6.6       7.7       286	Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
B5. Did you get enough information from either a midwife or doctor to help you decide where to have your baby? 6.6 7.7 286 🔻	The start of yo	ur care in pregn	ancy								
	B5. Did you get	enough informat	ion from either a mi	dwife or doctor to	nelp you decide w	here to have your b	aby?	6.6	7.7	286	▼

▼▲ Significant difference between 2021 and 2019



## **Trends over time - Antenatal care (continued)**

Benchmarking

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	worse than xpected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
An	Antenatal check-ups										
B8.	During your	antenatal check	-ups, were you give	n enough time to a	ask questions or d	iscuss your pregnar	icy?	8.4	8.2	289	
B9.	During your antenatal check-ups, did your midwives listen to you? 8.8 8.8 287								287		
B10.	During your antenatal check-ups, did your midwives ask you about your mental health? 7.3 7.2 285										

▼▲ Significant difference between 2021 and 2019



## **Trends over time - Antenatal care (continued)**

Benchmarking

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	a worse than worse than expected than expect							2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Du	uring your pregnancy										
B13.	During your	pregnancy, if you	u contacted a midw	fery team, were yo	ou given the help y	/ou needed?		8.1	7.6	262	
B14.	Thinking ab	out your antenata	al care, were you sp	oken to in a way y	ou could understa	ind?		9.2	9.3	290	
B15.	Thinking ab	out your antenata	al care, were you inv	volved in decisions		8.6	9.0	278			
B16.	During your pregnancy did midwives provide relevant information about feeding your baby?							6.2	6.1	280	

▼▲ Significant difference between 2021 and 2019



## **Trends over time**

## Labour and birth

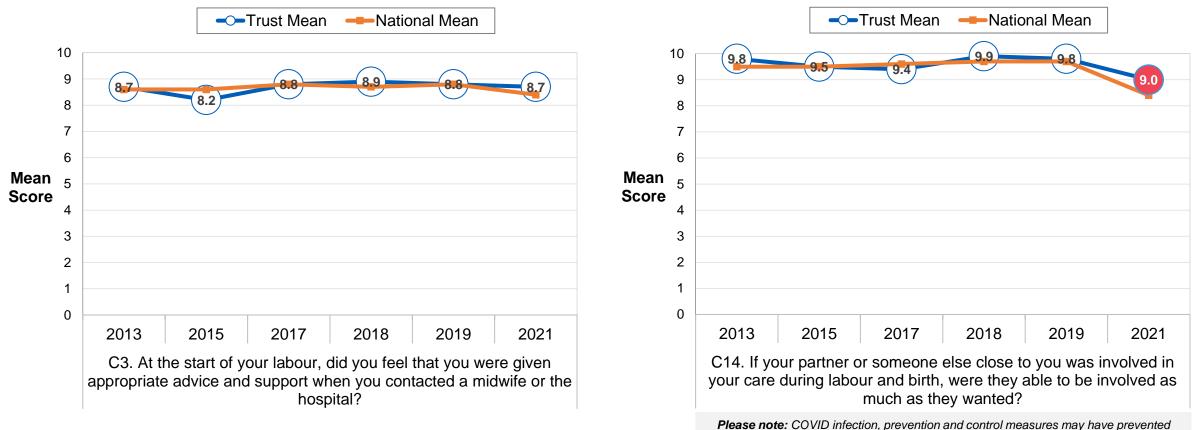


## **Trends over time - Labour and birth**

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Benchmarking

#### Your labour and birth



This shows a significant <u>increase</u> in the trust mean for this question for 2021 compared to 2019 This shows a significant <u>decrease</u> in the trust mean for this question for 2021 compared to 2019



partners from being involved in care as much as mothers wanted during the labour and

birth, making comparisons with previous years difficult.

Benchmarking

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Your labour and birth										
C4. During your	labour, did staff	help to create a mo	re comfortable atm	nosphere for you i	n a way you wanted'	?	7.9	8.0	232	
C13. Did you hav	3. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth? 9.8 9.4 266								<b>A</b>	

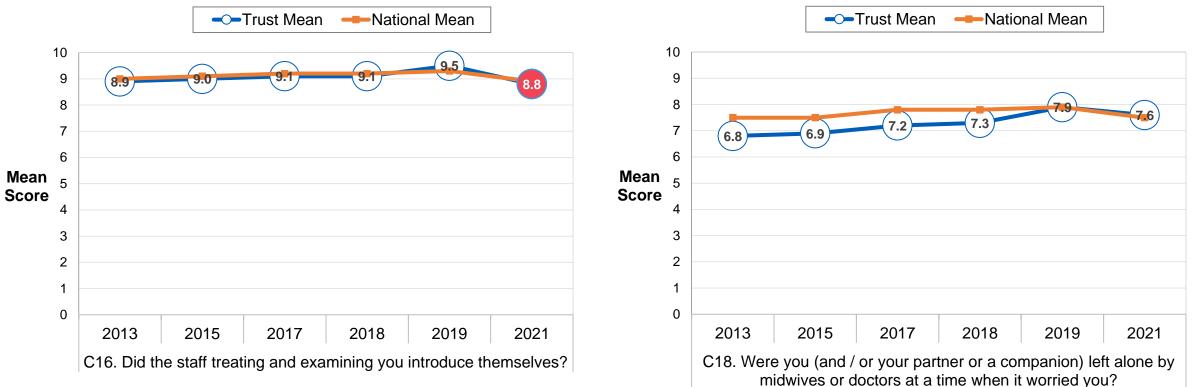
▼▲ Significant difference between 2021 and 2019



Benchmarking

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

#### Staff caring for you



This shows a significant <u>increase</u> in the trust mean for this question for 2021 compared to 2019
This shows a significant <u>decrease</u> in the trust mean for this question for 2021 compared to 2019

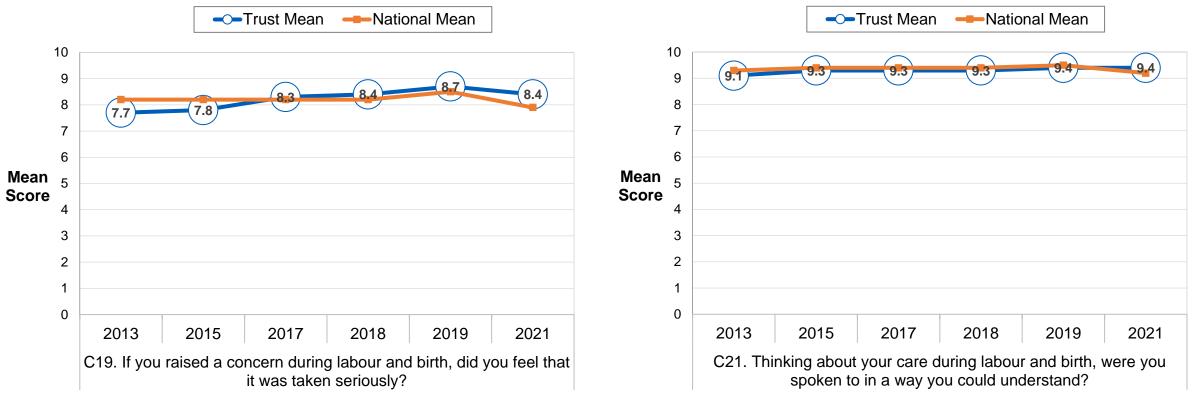




Benchmarking

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

#### Staff caring for you



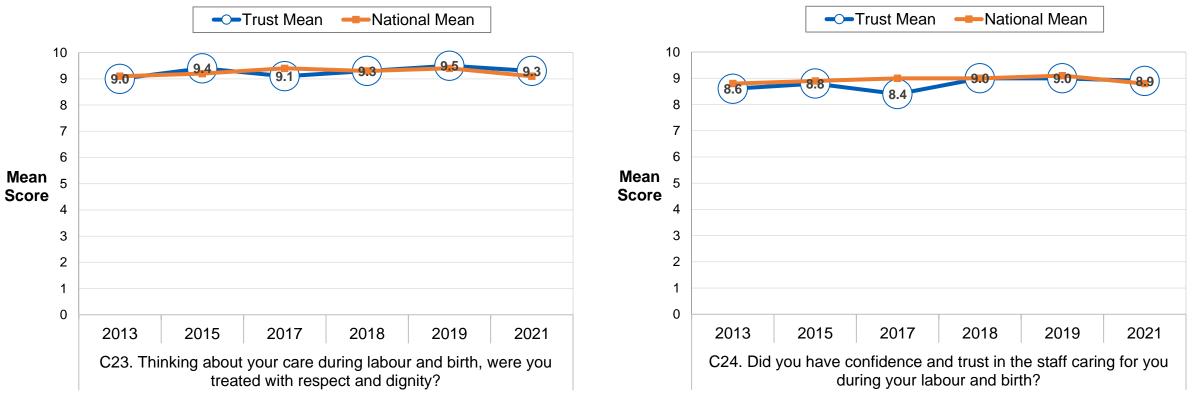
This shows a significant increase in the trust mean for this guestion for 2021 compared to 2019 This shows a significant decrease in the trust mean for this guestion for 2021 compared to 2019



Benchmarking

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

#### Staff caring for you



This shows a significant <u>increase</u> in the trust mean for this question for 2021 compared to 2019
This shows a significant <u>decrease</u> in the trust mean for this question for 2021 compared to 2019



Benchmarking

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	worse than xpected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Sta	Staff caring for you										
C20.	During labor	ur and birth, were	e you able to get a r	member of staff to	help you when yo	u needed it?		8.6	9.0	283	
C22.	Thinking ab	Thinking about your care during labour and birth, were you involved in decisions about your care? 8.6 9.0 275								275	
C25.	After your baby was born, did you have the opportunity to ask questions about your labour and the birth? 6.7 7.3 264										

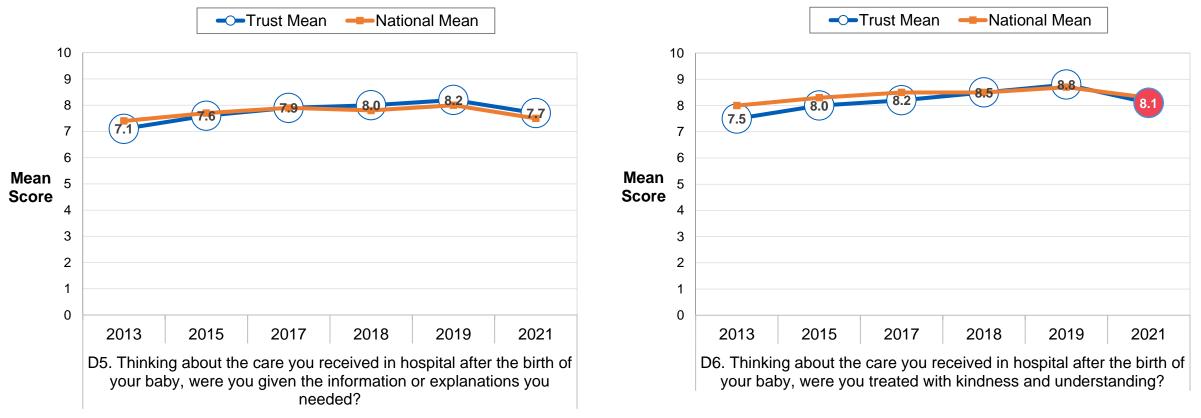
▼▲ Significant difference between 2021 and 2019



Benchmarking

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

#### Care in hospital after birth



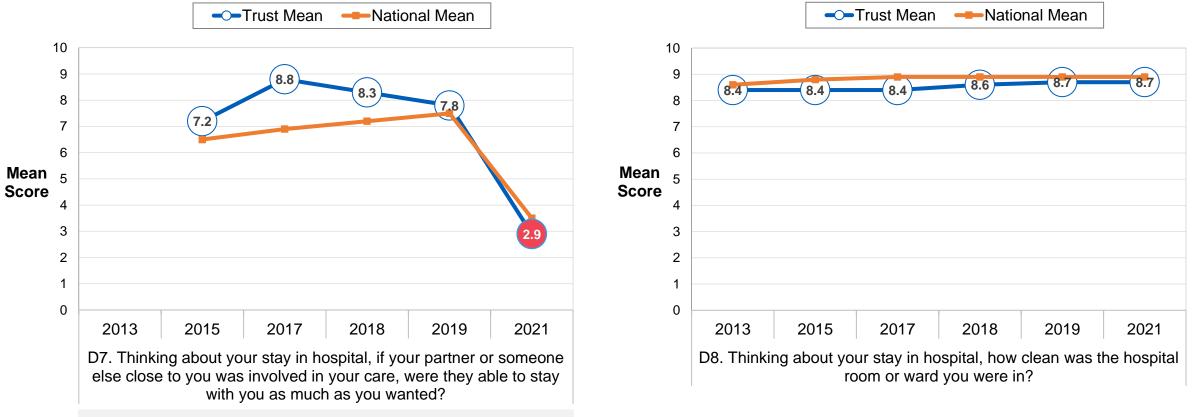
This shows a significant <u>increase</u> in the trust mean for this question for 2021 compared to 2019
This shows a significant <u>decrease</u> in the trust mean for this question for 2021 compared to 2019



Benchmarking

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

#### Care in hospital after birth



Please note: no data available for 2013

This shows a significant <u>increase</u> in the trust mean for this question for 2021 compared to 2019 This shows a significant <u>decrease</u> in the trust mean for this question for 2021 compared to 2019



Benchmarking

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	worse than kpected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Ca	re in hospita	al after birth									
D2.	On the day	you left hospital,	was your discharge	e delayed for any r	eason?			6.9	5.4	290	
D4.	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?							7.7	8.1	279	

▼▲ Significant difference between 2021 and 2019



## **Trends over time**

## **Postnatal care**



### **Trends over time - Postnatal care**

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	worse than xpected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Fe	Feeding your baby										
E2.	Were your o	decisions about h	ow you wanted to f	eed your baby res	pected by midwive	s?		8.7	8.7	133	
E3.	3. Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?							7.5	8.0	129	

▼▲ Significant difference between 2021 and 2019



## **Trends over time - Postnatal care (continued)**

Benchmarking

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	worse than xpected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Ca	re at home a	after the birth									
F1.	Please note:	COVID infection, p	out where your post prevention and contro pur and birth, making o	l measures may hav	e prevented partnel	rs from being involved It.	in care as much as	4.3	5.0	126	
F2.	When you w that you cou		er the birth of your b	aby, did you have	a phone number	for a midwifery or he	alth visiting team	9.4	9.7	130	
F3.	If you conta	cted a midwifery	team or health visit	ing team, were you	given then help	you needed?		8.3	8.1	116	
F6.	Did you see	or speak to a mi	dwife as much as y	ou wanted?				5.0	5.7	132	
F7.	Did the mid	wife or midwifery	team that you saw	or spoke to appea	r to be aware of th	ne medical history of	you and your baby?	6.9	6.8	118	
F8.	Did you fee	I that the midwife	or midwifery team	that you saw or sp	oke to always liste	ened to you?		8.6	8.4	131	
F9.	Did the mid advice?	wife or midwifery	team that you saw	or spoke to take y	our personal circu	Imstances into accou	int when giving you	7.9	8.2	126	

▼▲ Significant difference between 2021 and 2019



## **Trends over time - Postnatal care (continued)**

Benchmarking

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	worse than xpected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Ca	re at home a	after the birth									
F10.	Did you hav	ve confidence and	d trust in the midwif	e or midwifery tea	m you saw or spo	ke to after going hon	ne?	8.1	7.7	131	
F12.	Did a midw	ife or health visito	or ask you about yo	ur mental health?				9.1	9.3	128	
F13	Were you g	iven information	about any changes	you might experie	nce to your menta	al health after having	your baby?	6.7	7.6	125	
F14.	Were you to after the bir	•	d contact if you nee	ded advice about a	any changes you i	might experience to	our mental health	7.9	8.4	118	
F15.	Were you g	iven information	about your own phy	vsical recovery afte	er the birth?			6.4	7.1	125	
F16.	In the six w your baby?		th of your baby did	you receive help a	nd advice from a	midwife or health vis	itor about feeding	7.4	7.5	114	
F17.	If, during ev	venings, nights or	weekends, you ne	eded support or ac	lvice about feedin	g your baby, were yo	ou able to get this?	5.1	Data not available	59	
F18.	In the six w health and		th of your baby did	you receive help a	nd advice from he	ealth professionals a	oout your baby's	6.8	7.9	120	▼

Significant difference between 2021 and 2019



# Appendix







## **Comparison to other trusts**

The questions at which your trust has performed worse compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

Much worse than expected	Worse than expected
• Your trust has not performed "much worse than expected" for any questions.	Your trust has not performed "worse than expected" for any questions.

## **Comparison to other trusts**

The questions at which your trust has performed somewhat better or worse compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

	Somewhat worse than expected	Somewhat better than expected
•	F9. Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	C10. Were you involved in the decision to be induced?

## **Comparison to other trusts**

The questions at which your trust has performed better compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

Better than expected	Much better than expected
<ul> <li>C9. Were you given enough information on induction before you were induced?</li> <li>C13. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?</li> </ul>	Your trust has not performed "much better than expected" for any questions.





### **Results for Imperial College Healthcare NHS Trust**

#### Where mothers' experience is best

- Mothers being given enough information on induction before being induced.
- Partners or someone else close to the mother were involved in their care as much as they wanted to be during labour and birth.
- ✓ Mothers having skin to skin contact with their baby shortly after giving birth.
- $\checkmark$  Mothers being involved in the decision to be induced.
- Staff helping to create a more comfortable atmosphere for mothers in a way mothers want during labour and birth.

#### Where mothers' experience could improve

- Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- Mothers being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this.
- During antenatal check-ups, mothers being asked about their mental health by midwives.
- Mothers receiving help and advice from health professionals about their baby's health and progress in the six weeks after the birth.
- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.

These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where mothers' experience is best": These are the five results for your trust that are highest compared with the average of all trusts who took part in the survey. "Where mothers' experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey. "Where mothers' experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey.

This survey looked at the experiences of individuals in maternity care who gave birth in February 2021 at Imperial College Healthcare NHS Trust. Between April 2021 and August 2021 a questionnaire was sent to 578 individuals. Responses were received from 293 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

Appendix

## How to interpret benchmarking in this report

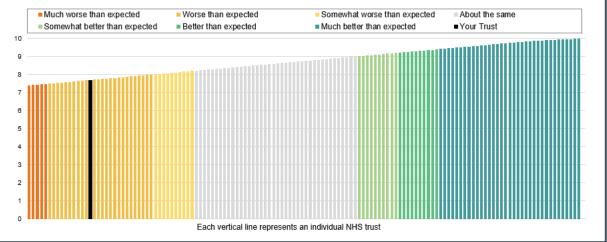
The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

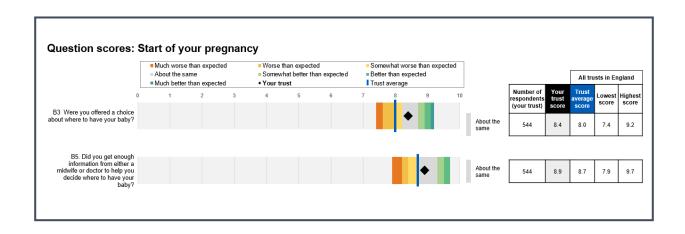
- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the mid-green section of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the light orange section of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange** section of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.

#### Section score

This shows the range of section scores for all NHS trusts. The key indicates whether that trust has performed better, worse, or about the same compared to all other trusts. The result for your Trust is shown in black.





## How to interpret benchmarking in this report (continued)

The 'much better than expected,' 'better than expected', 'somewhat better than expected', 'about the same', 'somewhat worse than expected', 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

The question score charts show the trust scores compared to the minimum and maximum scores achieved by any trust. In some cases this minimum or maximum limit will mean that one or more of the bands are not visible – because the range of other bands is broad enough to include the highest or lowest score achieved by a trust this year. This could be because there were few respondents, meaning the confidence intervals around your data are slightly larger, or because there was limited variation between trusts for this question this year.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust. This occurs as the bandings are calculated through standard error rather than standard deviation. Standard error takes into account the number of responses achieved by a trust, and therefore the banding may differ for a trust with a low numbers of responses.

Please note, the benchmark bandings have been updated for the 2021 survey to provide a greater level of granularity in the expected range score.

Additional information on the 'expected range' analysis technique can be found in the survey technical report on the <u>NHS Surveys website</u>.

## An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the mother's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of mothers' experiences, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

#### Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question B7 "During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?":

• The answer code "Yes, always" would be given a score of 10, as this refers to the most positive experience possible.

Benchmarking

- The answer code "Yes, Sometimes" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer codes "Don't know / can't remember" would not be scored, as they do not have a clear bearing on the trust's performance in terms of the mother's experience.

#### Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. Weighting is explained further in the <u>quality and methodology report</u>.

#### Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

## For further information

Please contact the Coordination Centre for Mixed Methods at Ipsos MORI.

MaternityCoordination@ipsos-mori.com





