NHS Maternity Survey 2021 Benchmark Report

University Hospitals of Derby and Burton NHS Foundation Trust













### Contents

1. Background & methodology

2. Headline results

3. Benchmarking

4. Trends over time

5. Appendix

Section 1. Antenatal care

Section 2. Labour and birth

Section 3. Postnatal care

Section 4. Antenatal care

Section 5. Labour and birth

Section 6. Postnatal care

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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 sampling instructions. 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 cross survey programme website.

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 NHS Surveys website.
- To learn more about CQC's survey programme, please visit the CQC website.

# 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 Appendix.

#### **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 survey 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 Appendix.

#### Other data sources

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

- Full national results and technical document: www.cqc.org.uk/maternitysurvey
- National and trust-level data for all trusts who took part in the Maternity 2021 survey: https://nhssurveys.org/surveys/survey/04maternity/year/2021/. 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 NHS Surveys website.

- Information on the NHS Patient Survey Programme, including results from other surveys: www.cac.ora.uk/content/survevs
- Information about how the CQC monitors services: https://www.cgc.org.uk/what-we-do/how-we-useinformation/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.



394 invited to take part



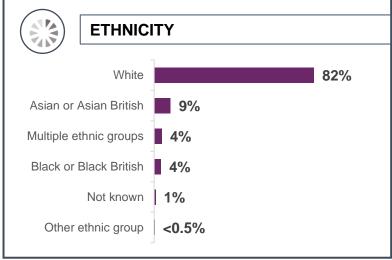
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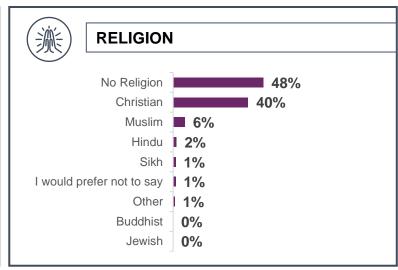


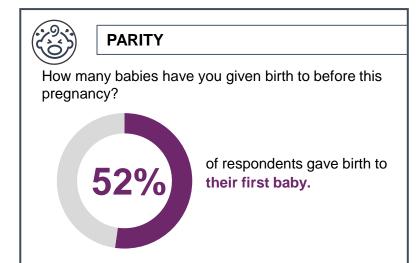
**57%** response rate

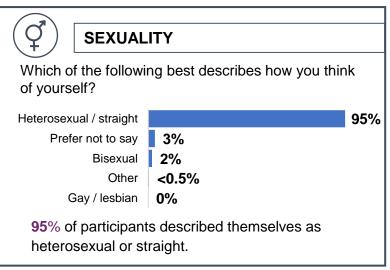
53% average trust response rate

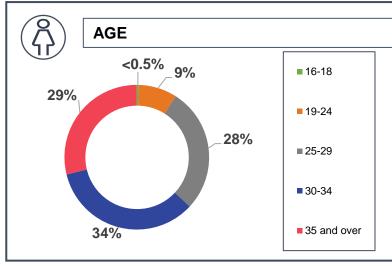
40% response rate for your trust for 2019





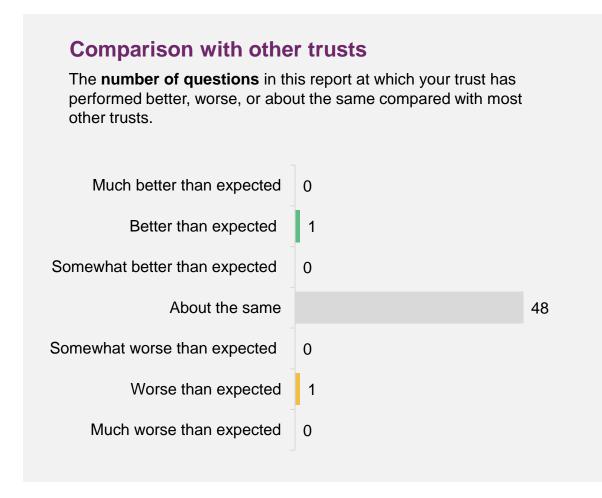


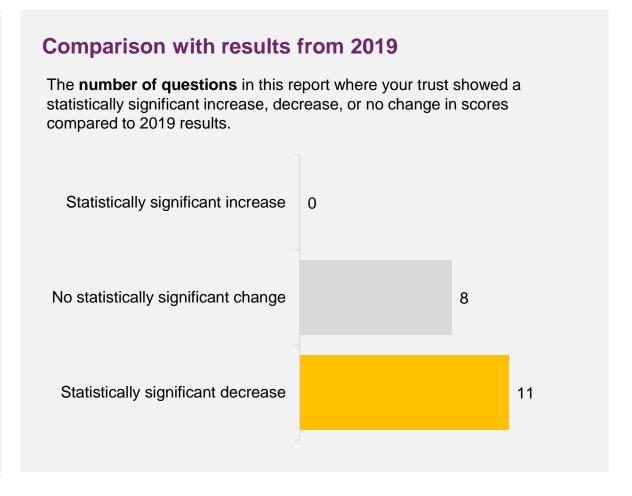






# **Summary of findings for your trust**





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".





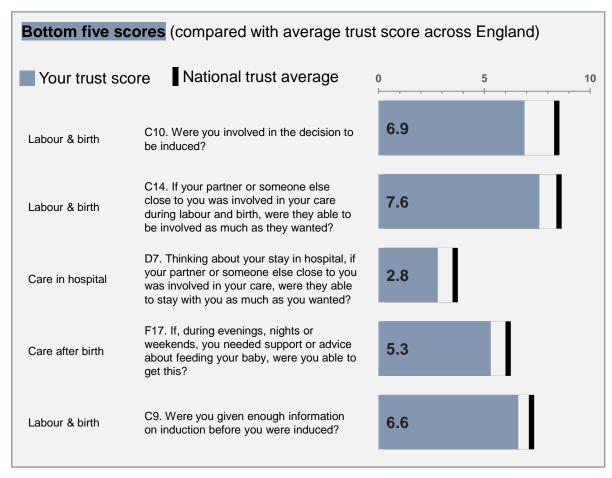


# Best and worst performance relative to the trust average

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

- 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 <a href="mailto:appendix">appendix</a>

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** 







Headline results

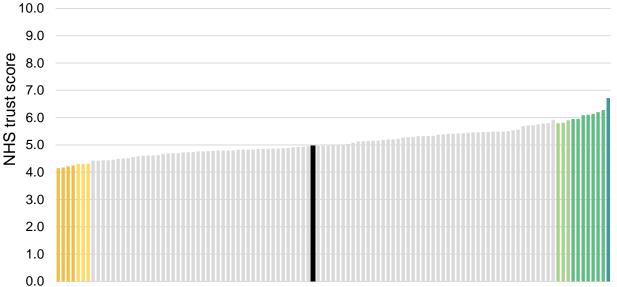
# The start of your care during pregnancy

### **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, '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.



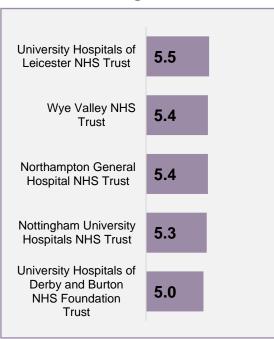
### Your trust section score = 5.0 (About the same)

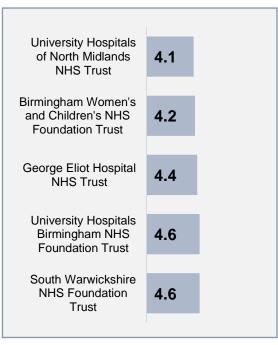


#### Each vertical line represents an individual NHS trust Trust score is not shown when there are fewer than 30 respondents

### Comparison with other trusts within your region

#### Trusts with the highest scores

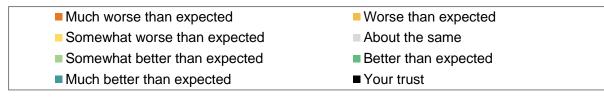




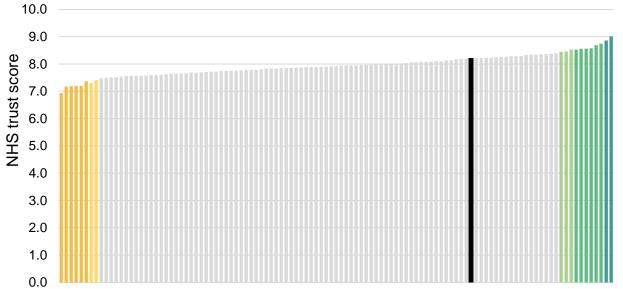
# Antenatal check ups

#### 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.



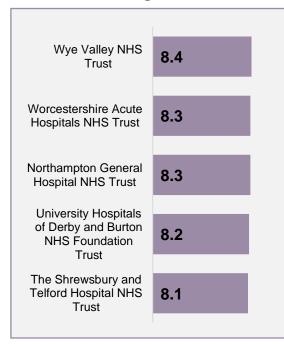
### Your trust section score = 8.2 (About the same)

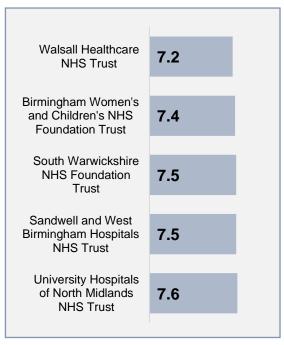


Each vertical line represents an individual NHS trust Trust score is not shown when there are fewer than 30 respondents

### Comparison with other trusts within your region

#### Trusts with the highest scores





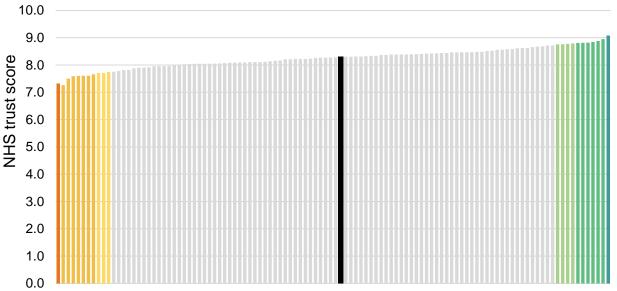
# **During your pregnancy**

### **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.



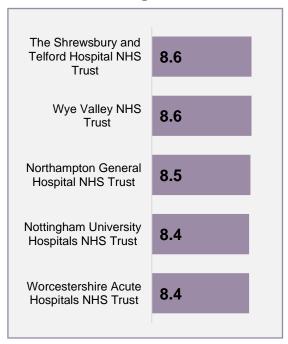
### Your trust section score = 8.3 (About the same)

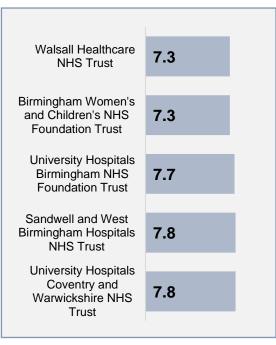


Each vertical line represents an individual NHS trust Trust score is not shown when there are fewer than 30 respondents

### Comparison with other trusts within your region

#### Trusts with the highest scores











# **Benchmarking - Antenatal care**

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



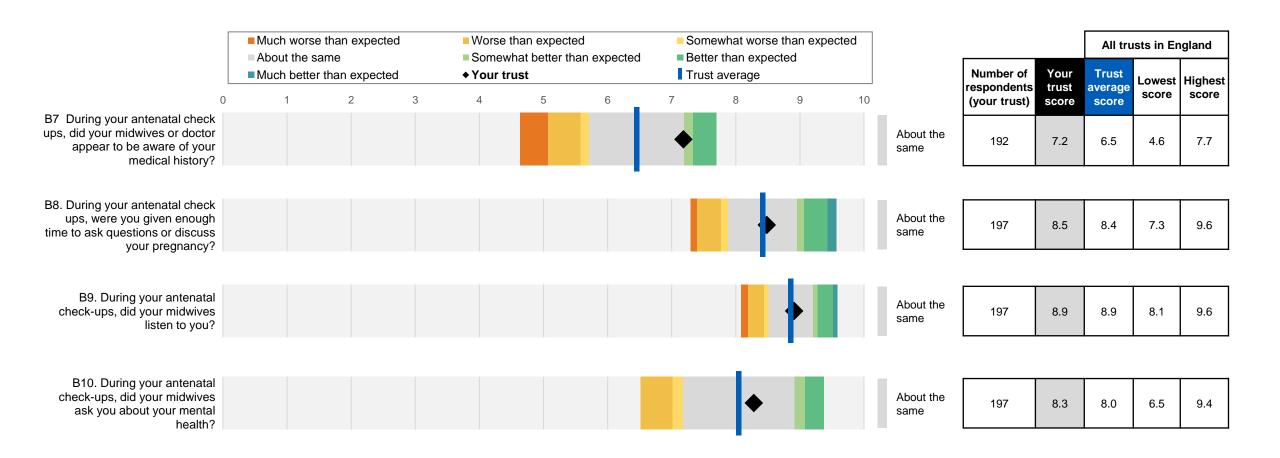






# **Benchmarking - Antenatal care (continued)**

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



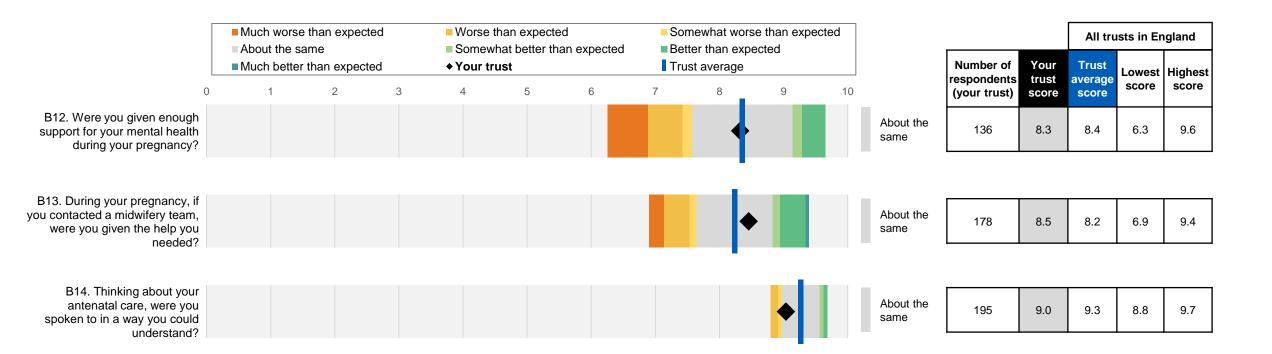






# **Benchmarking - Antenatal care (continued)**

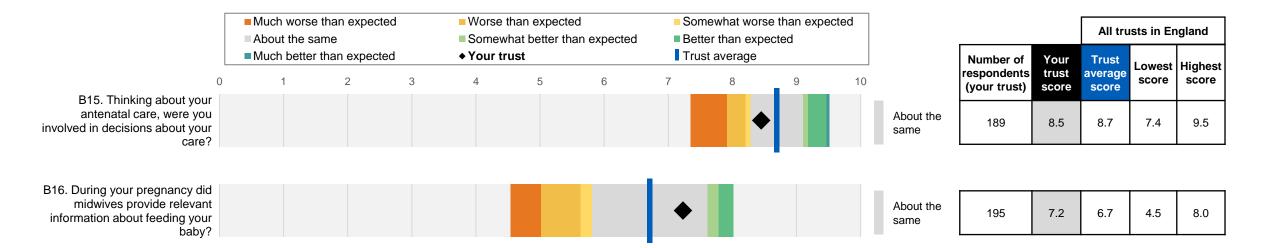
**Question scores: During your pregnancy** 







**Question scores: During your pregnancy** 



# **Benchmarking**

**Labour and birth** 





lpsos MORI



Headline results

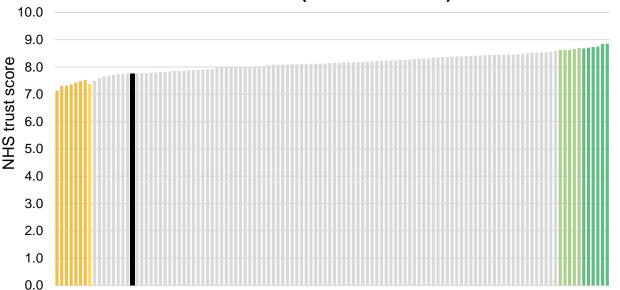
### Your labour and birth

#### 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.



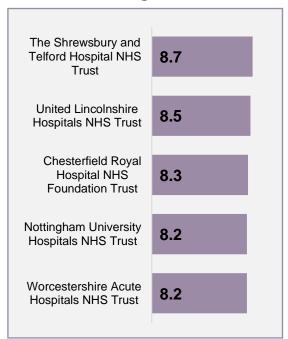
### Your trust section score = 7.8 (About the same)

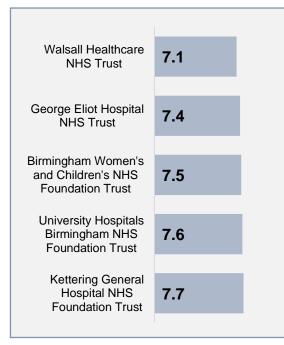


Each vertical line represents an individual NHS trust Trust score is not shown when there are fewer than 30 respondents

### Comparison with other trusts within your region

#### Trusts with the highest scores





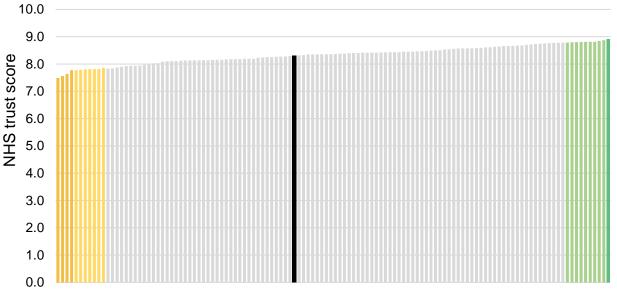
# Staff caring for you

#### 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 guestions 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.



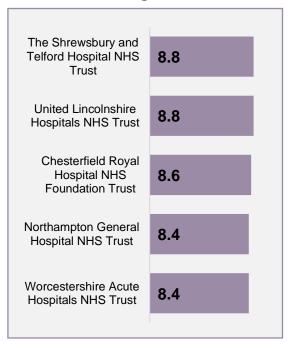
### Your trust section score = 8.3 (About the same)

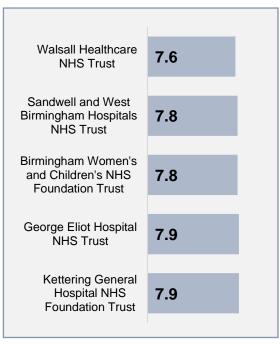


Each vertical line represents an individual NHS trust Trust score is not shown when there are fewer than 30 respondents

### Comparison with other trusts within your region

#### Trusts with the highest scores





Headline results

**Benchmarking** 

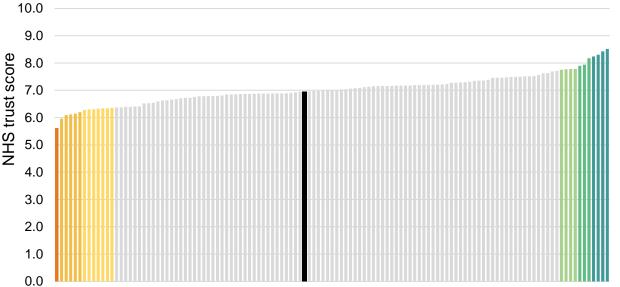
# Care in hospital after birth

#### 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.



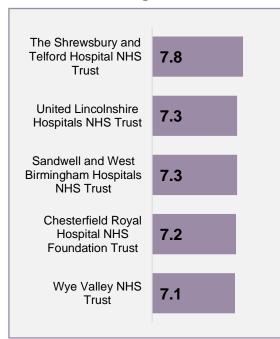
### Your trust section score = 7.0 (About the same)



Each vertical line represents an individual NHS trust Trust score is not shown when there are fewer than 30 respondents

### Comparison with other trusts within your region

#### Trusts with the highest scores

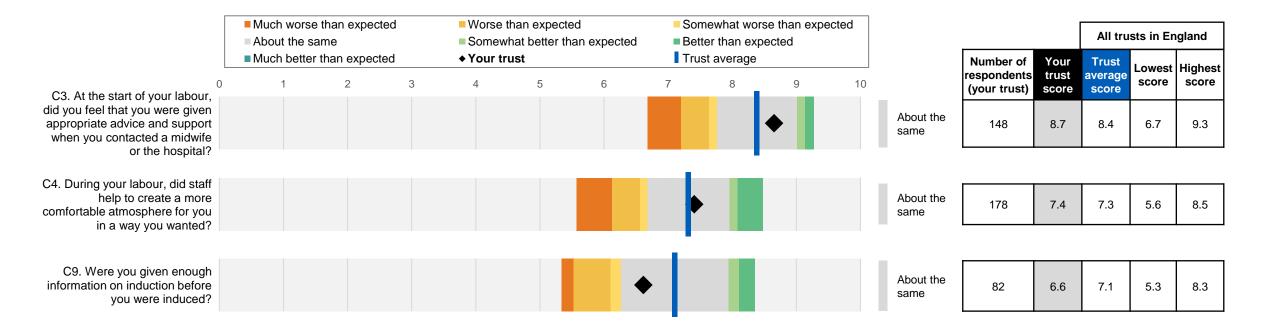






## **Benchmarking - Labour and birth**

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









### Question scores: Your labour and birth

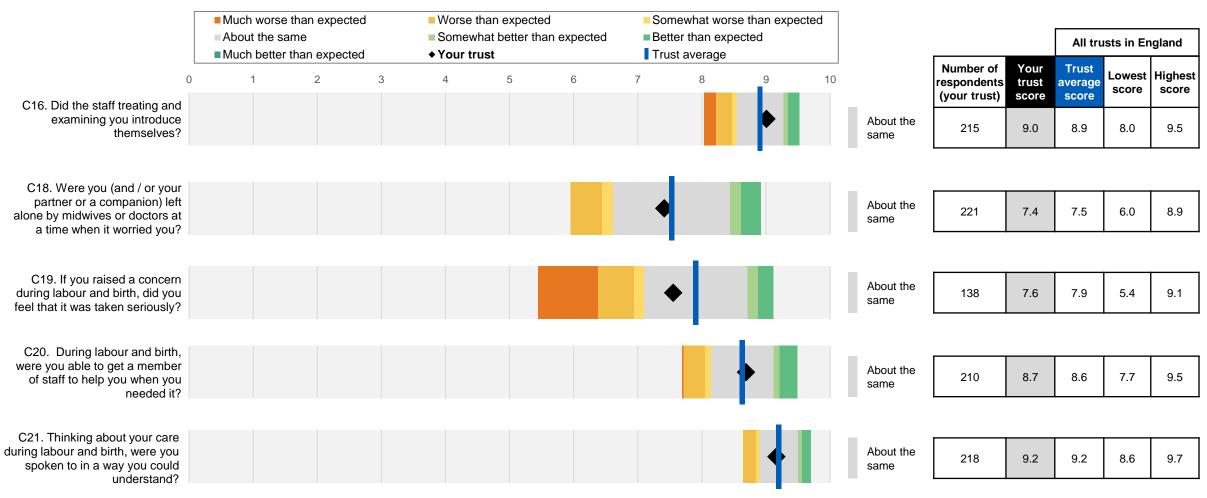








### Question scores: Staff caring for you

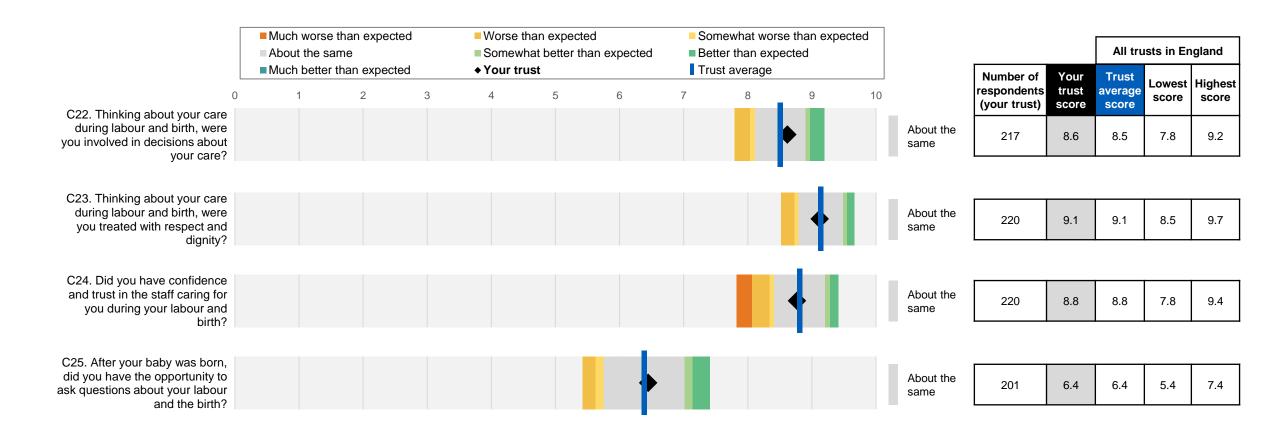








### Question scores: Staff caring for you

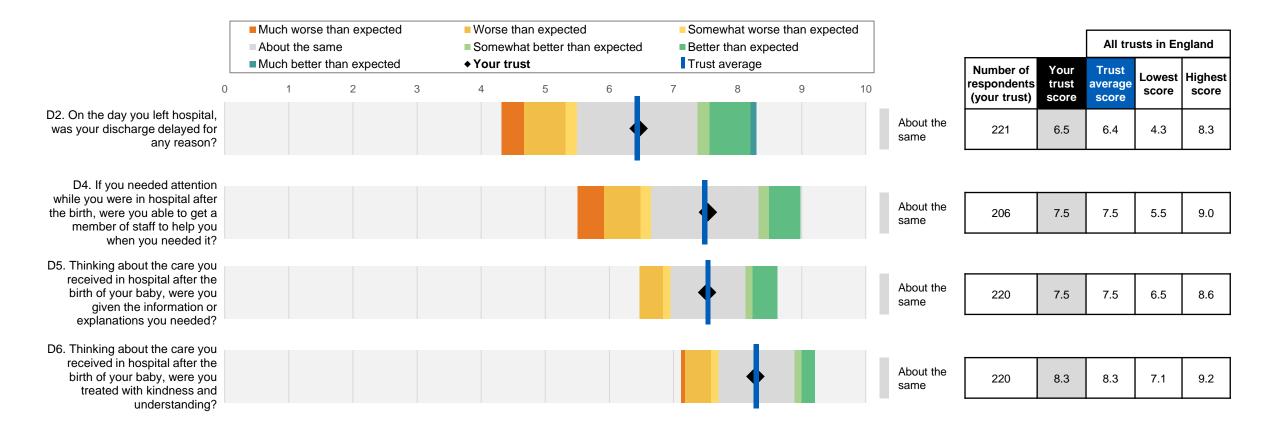








### **Question scores: Care in hospital after birth**

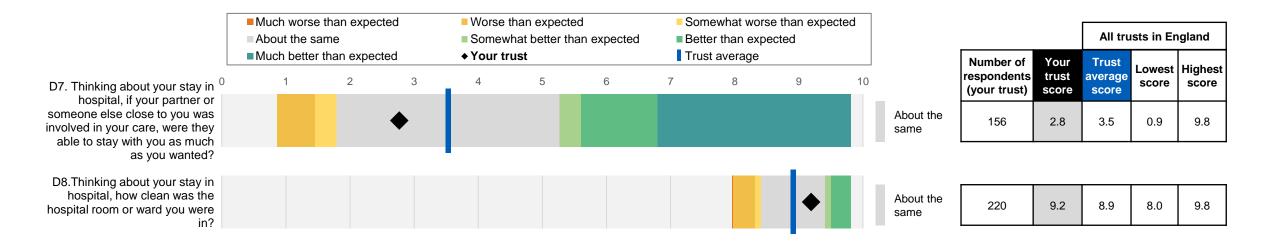








### **Question scores: Care in hospital after birth**



# Benchmarking

Postnatal care





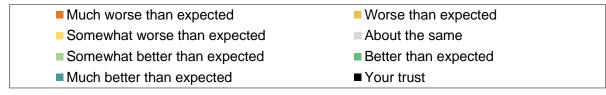
lpsos MORI



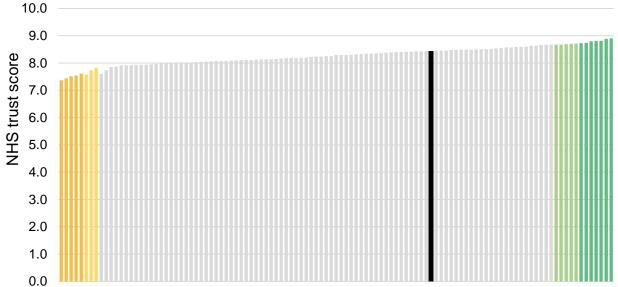
# Feeding your baby

#### 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.



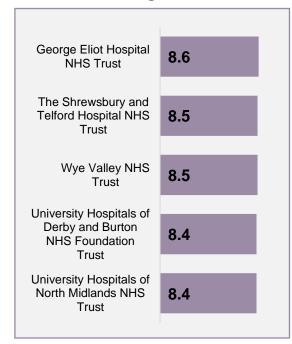
### Your trust section score = 8.4 (About the same)



Each vertical line represents an individual NHS trust Trust score is not shown when there are fewer than 30 respondents

### Comparison with other trusts within your region

#### Trusts with the highest scores







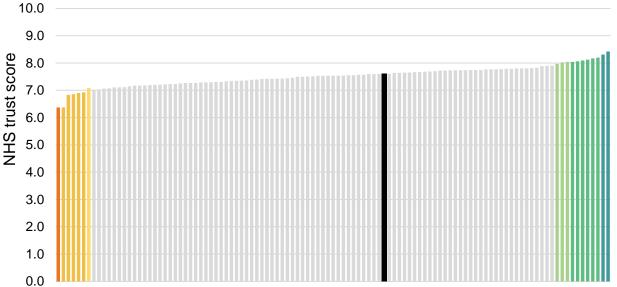
### Care at home after birth

#### 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.



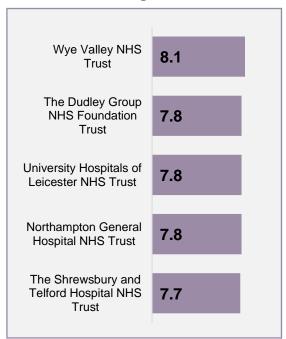
### Your trust section score = 7.6 (About the same)

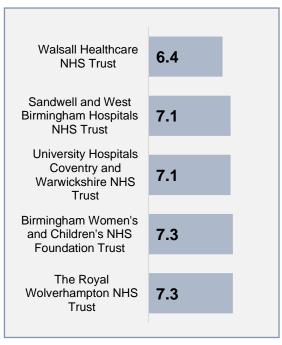


Each vertical line represents an individual NHS trust Trust score is not shown when there are fewer than 30 respondents

### Comparison with other trusts within your region

#### Trusts with the highest scores





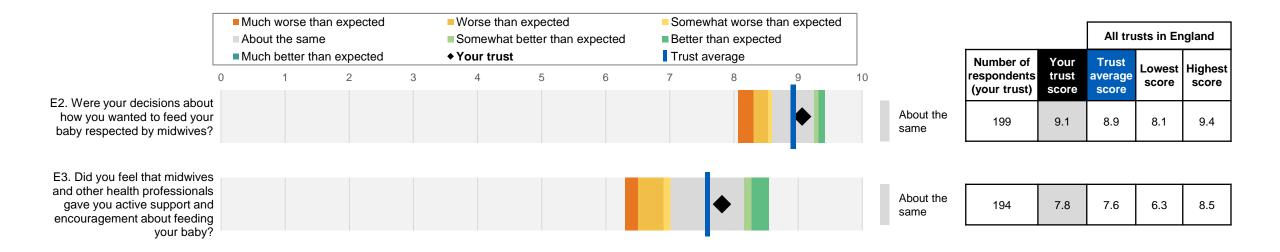






## **Benchmarking - Postnatal care**

**Question scores: Feeding your baby** 



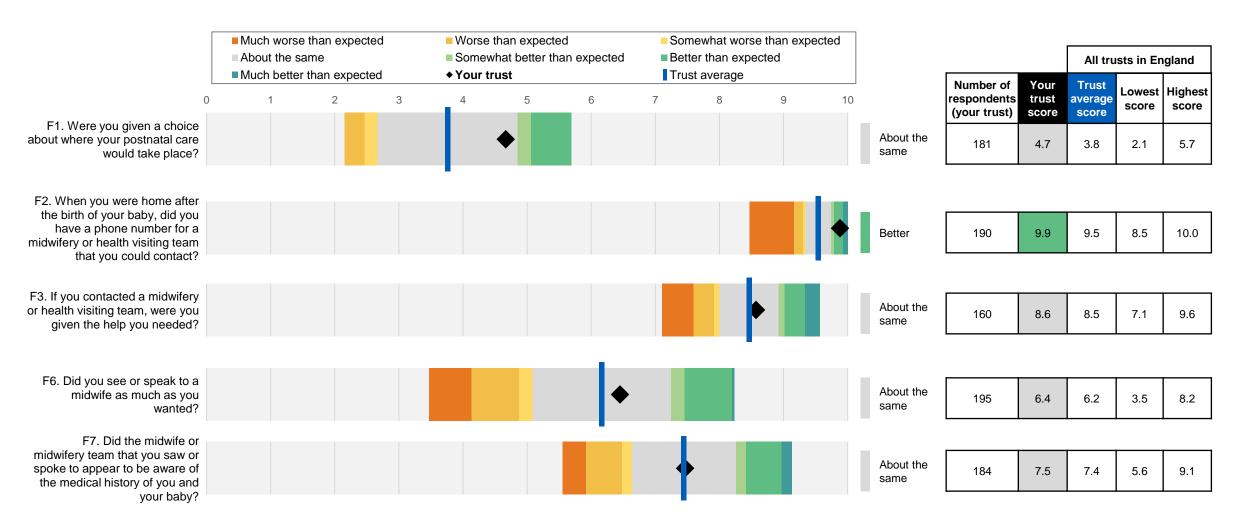






# **Benchmarking - Postnatal care (continued)**

### Question scores: Care at home after birth



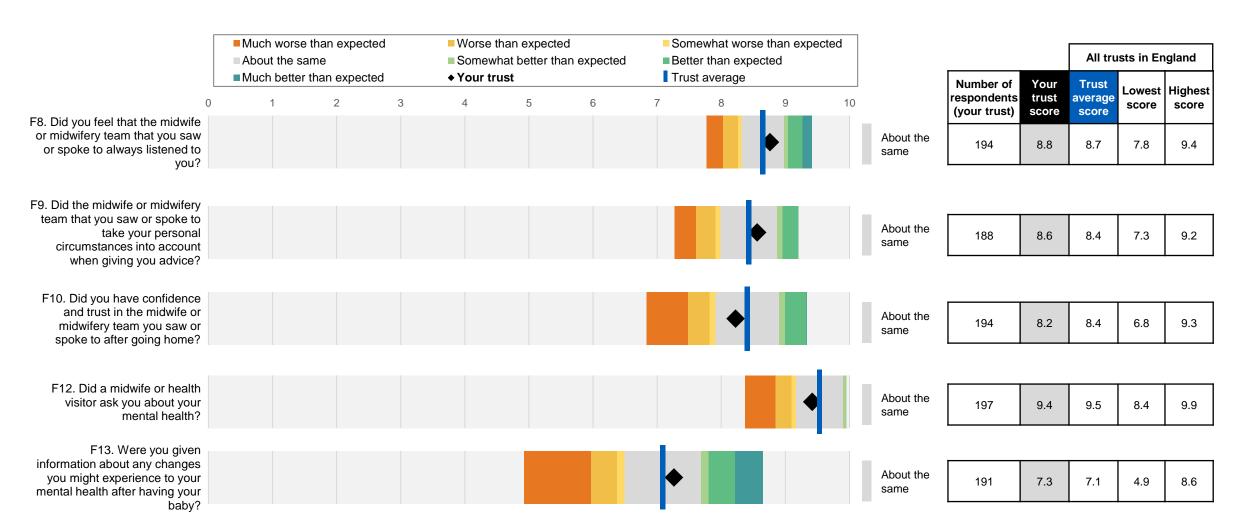






## **Benchmarking - Postnatal care (continued)**

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



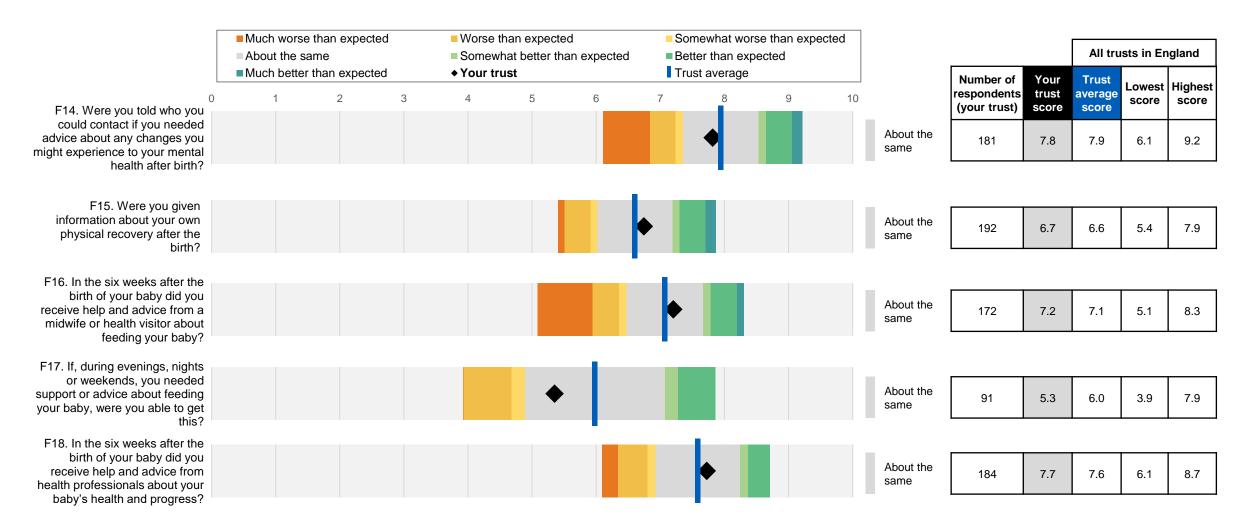






## **Benchmarking - Postnatal care (continued)**

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



#### 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





**Ipsos MOR** 



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:

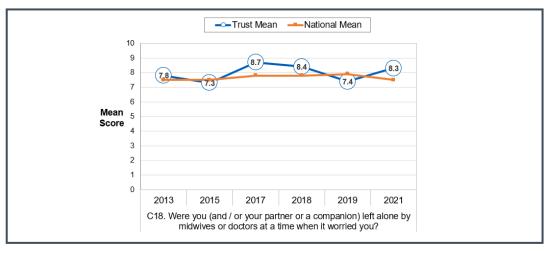
- changes to the questionnaire since 2013 mean that a question is no longer comparable over time;
- organisational changes which impact comparability of results over time; or,
- historical errors with sampling or issues with fieldwork which impact comparability.

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
1	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?	4.6	3.1	86	<b>A</b>



## **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.

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
The start of yo	ur care in pregn	ancy								
B5. Did you get	5. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?								195	

Significant difference between 2021 and 2019







## Trends over time - Antenatal care (continued)

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	tenatal chec	k-ups									
B8.	During your	antenatal check	-ups, were you give	en enough time to a	ask questions or d	iscuss your pregnar	cy?	8.5	Data not available	197	
B9.	During your antenatal check-ups, did your midwives listen to you?  8.9  Data not available										
B10.	During your antenatal check-ups, did your midwives ask you about your mental health?  8.3 Data not available										

Significant difference between 2021 and 2019









## Trends over time - Antenatal care (continued)

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
Du	ıring your pr	egnancy									
B13.	During your	pregnancy, if you	u contacted a midw	ifery team, were yo	ou given the help	you needed?		8.5	Data not available	178	
B14.	Thinking ab	out your antenata	al care, were you sp	oken to in a way y	ou could understa	and?		9.0	Data not available	195	
B15.	Thinking about your antenatal care, were you involved in decisions about your care?						8.5	Data not available	189		
B16.	During your pregnancy did midwives provide relevant information about feeding your baby?							7.2	Data not available	195	

Significant difference between 2021 and 2019



## Labour and birth





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

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.

	h 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
Yo	our labour an	d birth									
C3.	At the start of the hospital?		d you feel that you	were given approp	riate advice and s	support when you co	ntacted a midwife or	8.7	9.4	148	▼
C4.	During your	labour, did staff	help to create a mo	re comfortable atm	nosphere for you i	n a way you wanted	?	7.4	8.1	178	▼
C13.	Did you have	e skin to skin cor	ntact (baby naked, o	directly on your ch	est or tummy) with	n your baby shortly a	fter the birth?	9.3	9.5	206	
C14.	as much as  Please note:	they wanted? COVID infection, p	·	I measures may hav	e prevented partner	rs from being involved	y able to be involved in care as much as	7.6	9.9	211	•

Significant difference between 2021 and 2019









## Trends over time - Labour and birth (continued)

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.

	n 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
Sta	aff caring fo	r you									
C16.	Did the staf	f treating and exa	amining you introdu	ce themselves?				9.0	9.3	215	
C18.	Were you (a	and / or your part	ner or a companion	) left alone by mid	wives or doctors a	at a time when it wor	ied you?	7.4	8.1	221	
C19.	If you raised	d a concern durin	g labour and birth,	did you feel that it	was taken serious	sly?		7.6	8.7	138	▼
C20.	During labo	ur and birth, were	e you able to get a i	member of staff to	help you when yo	u needed it?		8.7	9.2	210	▼
C21.	Thinking ab	out your care du	ring labour and birth	n, were you spoker	n to in a way you o	could understand?		9.2	9.6	218	▼
C22.	Thinking ab	out your care du	ring labour and birth	n, were you involve	d in decisions abo	out your care?		8.6	8.9	217	
C23.	Thinking ab	out your care du	ring labour and birth	n, were you treated	with respect and	dignity?		9.1	9.7	220	▼
C24.	Did you hav	id you have confidence and trust in the staff caring for you during your labour and birth?							9.2	220	▼
C25.	After your b	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?							7.4	201	▼

Significant difference between 2021 and 2019









## Trends over time - Labour and birth (continued)

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	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?			6.5	5.6	221	
D4.	If you needed		e you were in hospit	al after the birth, w	ere you able to go	et a member of staff	to help you when	7.5	8.0	206	
D5.	Thinking ab	•	received in hospita	l after the birth of y	our baby, were yo	ou given the informa	ion or explanations	7.5	8.3	220	▼
D6.	Thinking abunderstand	•	received in hospita	l after the birth of y	our baby, were yo	ou treated with kindn	ess and	8.3	8.5	220	
D7.		out your stay in I you as much as		ner or someone el	se close to you wa	as involved in your c	are, were they able	2.8	9.4	156	▼
D8.	Thinking ab	out your stay in I	nospital, how clean	was the hospital ro	oom or ward you v	vere in?		9.2	9.2	220	

Significant difference between 2021 and 2019



## 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.

	n 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
Fe	eding your l	baby									
E2.	Were your decisions about how you wanted to feed your baby respected by midwives?  9.1  Data not available										
E3.	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?  7.8 Data not available										

Significant difference between 2021 and 2019











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

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 our and birth, making o	l measures may hav	re prevented partne	rs from being involved lt.	in care as much as	4.7	Data not available	181	
F2.	When you we that you cou		er the birth of your b	aby, did you have	a phone number	for a midwifery or he	alth visiting team	9.9	Data not available	190	
F3.	If you conta	cted a midwifery	team or health visit	ing team, were yo	u given then help	you needed?		8.6	Data not available	160	
F6.	Did you see	or speak to a m	idwife as much as y	ou wanted?				6.4	Data not available	195	
F7.	Did the mid	wife or midwifery	team that you saw	or spoke to appea	r to be aware of the	ne medical history of	you and your baby?	7.5	Data not available	184	
F8.	Did you fee	I that the midwife	or midwifery team	that you saw or sp	oke to always list	ened to you?		8.8	Data not available	194	
F9.	Did the mid advice?	wife or midwifery	team that you saw	or spoke to take y	our personal circu	ımstances into acco	unt when giving you	8.6	Data not available	188	

Significant difference between 2021 and 2019







## Trends over time - Postnatal care (continued)

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 have	e confidence and	d trust in the midwif	e or midwifery tear	m you saw or spo	ke to after going hon	ne?	8.2	Data not available	194	
F12.	Did a midwi	fe or health visito	or ask you about yo	ur mental health?				9.4	Data not available	197	
F13	Were you g	iven information	about any changes	you might experie	nce to your menta	al health after having	your baby?	7.3	Data not available	191	
F14.	Were you to after the bir	•	d contact if you nee	ded advice about a	any changes you i	might experience to	your mental health	7.8	Data not available	181	
F15.	Were you g	iven information	about your own phy	sical recovery afte	er the birth?			6.7	Data not available	192	
F16.	In the six we your baby?	eeks after the bir	th of your baby did	you receive help a	nd advice from a	midwife or health vis	itor about feeding	7.2	Data not available	172	
F17.	If, during ev	enings, nights or	weekends, you ne	eded support or ac	lvice about feedin	g your baby, were yo	ou able to get this?	5.3	Data not available	91	
F18.	In the six we health and p		th of your baby did	you receive help a	nd advice from he	ealth professionals al	bout your baby's	7.7	Data not available	184	

Significant difference between 2021 and 2019



# Appendix NHS **CareQuality** Commission **Ipsos MORI**

Headline results

Benchmarking



#### 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.	C10. Were you involved in the decision to be induced?



#### 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
Your trust has not performed "somewhat worse than expected" for any questions.	Your trust has not performed "somewhat better than expected" for any questions.

Headline results



#### 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
• F2. When you were at home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?	Your trust has not performed "much better than expected" for any questions.

## **NHS**NHS Maternity Survey 2021



#### Results for University Hospitals of Derby and Burton NHS Foundation Trust

#### Where mothers' experience is best

- ✓ Mothers being given a choice about where their postnatal care would take place.
- ✓ Midwives or the doctor appearing to be aware of mothers' medical history during antenatal check-ups.
- ✓ Midwives providing mothers with relevant information, during their pregnancy, about feeding their baby.
- ✓ When at home after the birth, mothers having a phone number for a
  midwifery or health visiting team that they could contact.
- ✓ Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.

#### Where mothers' experience could improve

- Mothers being involved in the decision to be 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.
- 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.
- Mothers being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this.
- Mothers being given enough information on induction before being induced.

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.

This survey looked at the experiences of individuals in maternity care who gave birth in February 2021 at University Hospitals of Derby and Burton NHS Foundation Trust. Between April 2021 and August 2021 a questionnaire was sent to 394 individuals. Responses were received from 222 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

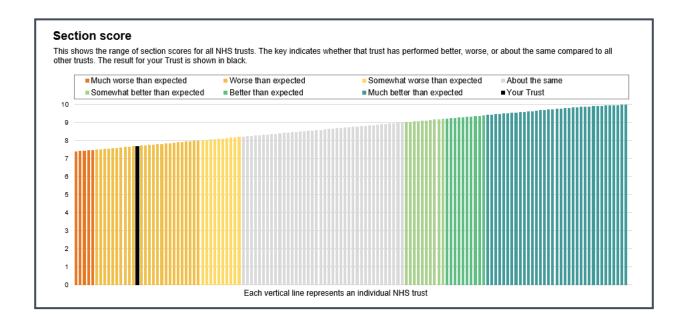


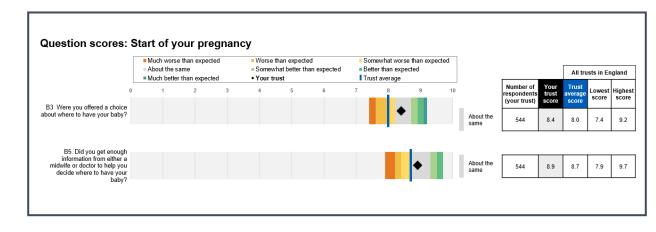
## How to interpret benchmarking in this report

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.





Headline results



## 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 NHS Surveys website.

## 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.
- 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.



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

MaternityCoordination@ipsos-mori.com







