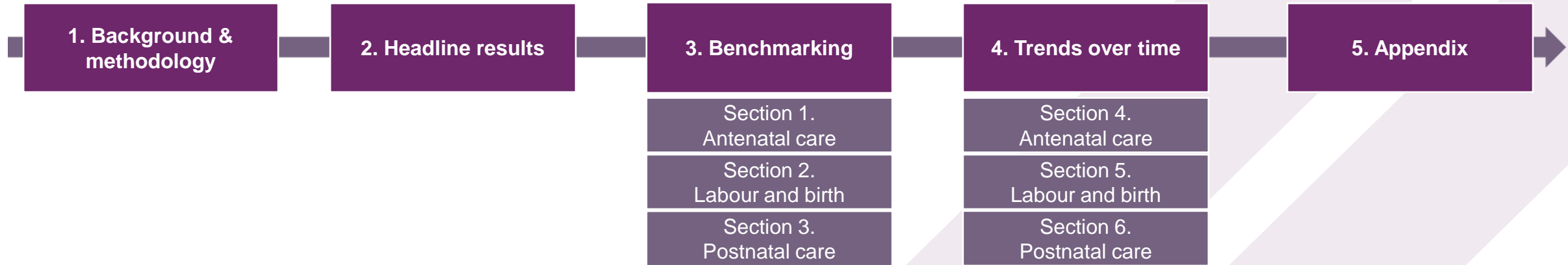


# NHS Maternity Services Survey 2023 Benchmark Report

James Paget University Hospitals NHS  
Foundation Trust



# Contents



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# Background and methodology

## This section includes:

- explanation of the NHS Patient Survey Programme
- information on the 2023 Maternity 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 was first carried out in 2007. The 2023 Maternity Survey will be the tenth 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 2023 Maternity Survey

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos. A total of 63,271 people who used maternity services were invited to participate in the survey across 121 NHS trusts.

Completed responses were received from 25,515 maternity service users, an adjusted response rate of 41%.

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 2023. If there were fewer than 300 people within an NHS trust who gave birth in February 2023, then births from January were included.

In larger trusts, all eligible individuals from ethnic minority backgrounds, who had a live birth between 1 and 31 January and 1 and 31 March 2023 were invited to participate. A full list of eligibility criteria can be found in the survey [sampling instructions](#).

Fieldwork took place between May and August 2023.

## Trend data

In 2021, the Maternity Survey transitioned from a solely paper based methodology to both paper and online. This dual approach was continued in 2022 and 2023.

Analysis conducted prior to the 2021 survey, concluded that this change in methodology did not have a detrimental impact on trend data. Therefore, data from the 2022 survey and subsequent years are 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 2022 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 maternity service users 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 121 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 2023, 121 of the 121 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 care at this trust.

## Limitations of this approach

Data is provided voluntarily. In 2023, all trusts provided this data. The antenatal and postnatal care sections of this report are therefore benchmarked against all trusts that 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 profiles between trusts. For each trust, results have been standardised by parity (whether or not a service user 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 standardisation will not have a large impact on trust results.

## Scoring

For selected questions in the survey, the individual (standardised) 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, and others are ‘routing questions’, which are designed to filter out respondents to whom subsequent questions do not apply (for example C3). 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 service user 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. Only trusts that provide data on antenatal and/ or postnatal care and have sufficient respondent numbers are also provided with survey results for antenatal and postnatal care within this report.

- 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 2022 to your 2023 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. 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 2022 and 2023.

- 5. Appendix** – includes additional data for your trust; further information on the survey methodology; 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; A-Z list to view the results for each trust; technical document: <http://www.cqc.org.uk/maternitysurvey>
- National and trust-level data for all trusts who took part in the 2023 Maternity Survey: <https://nhssurveys.org/surveys/survey/04-maternity/year/2023>. 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.cqc.org.uk/content/surveys](http://www.cqc.org.uk/content/surveys)
- Information about how the CQC monitors services: <https://www.cqc.org.uk/what-we-do/how-we-use-information/using-data-monitor-services>



# Headline results

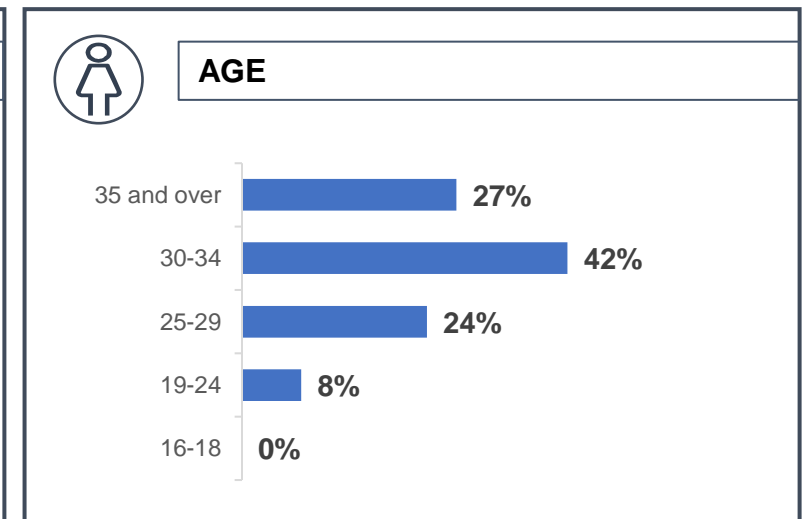
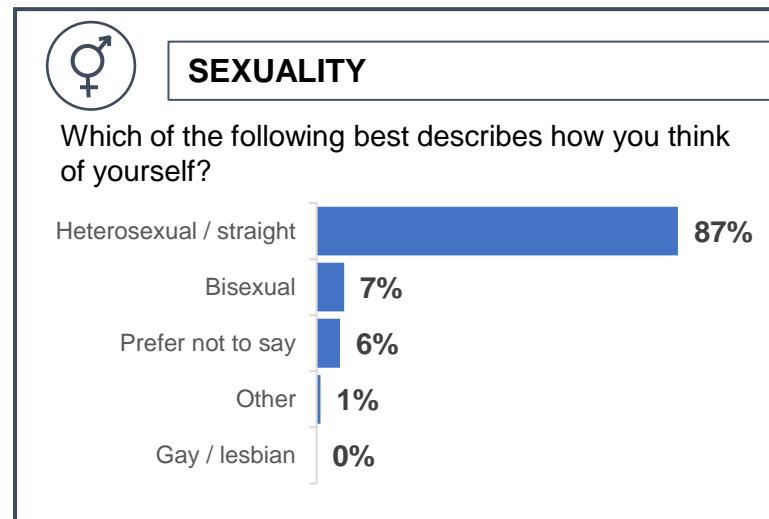
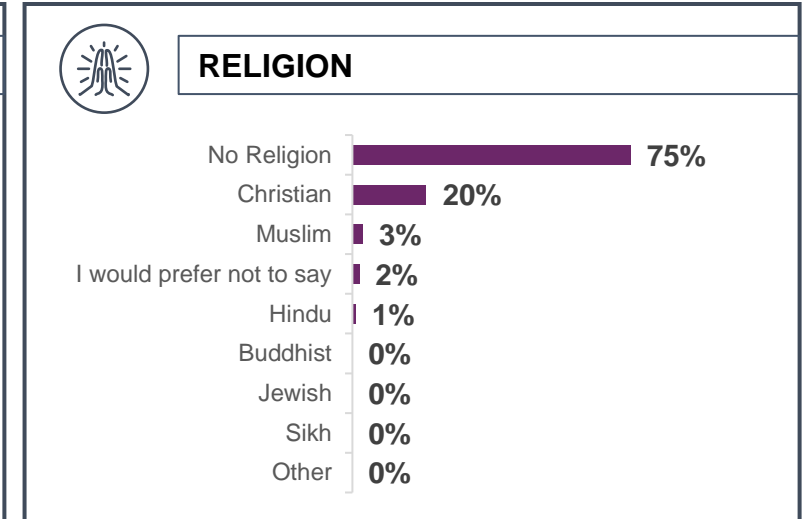
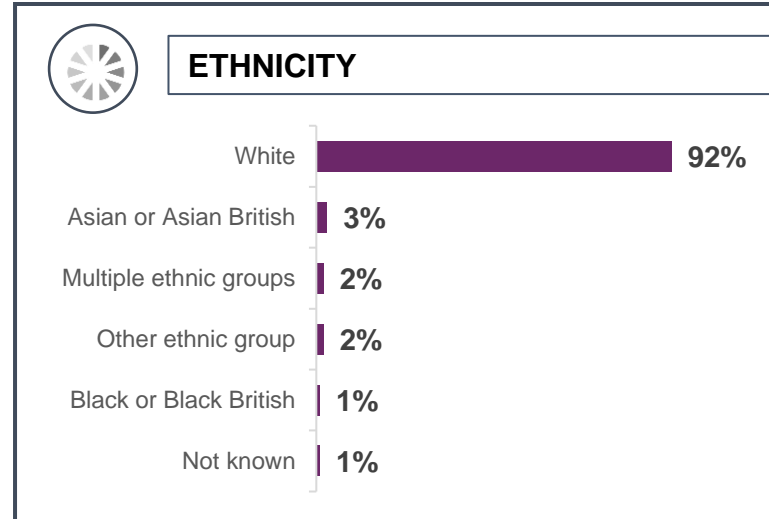
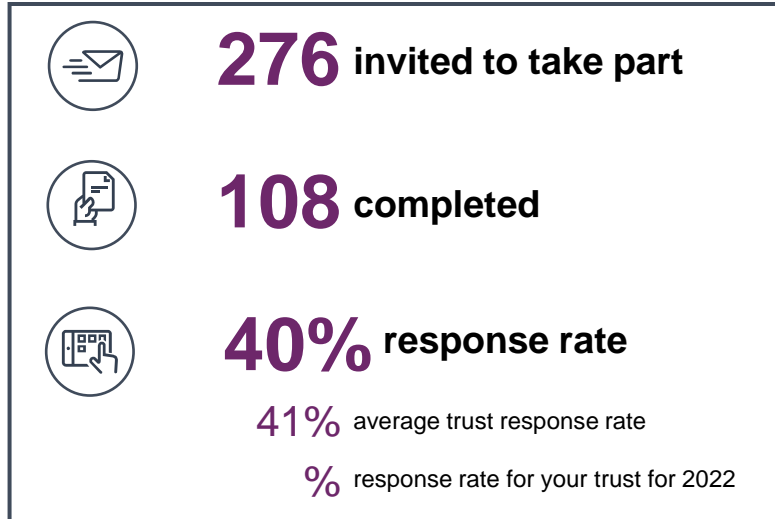
## This section includes:

- 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?

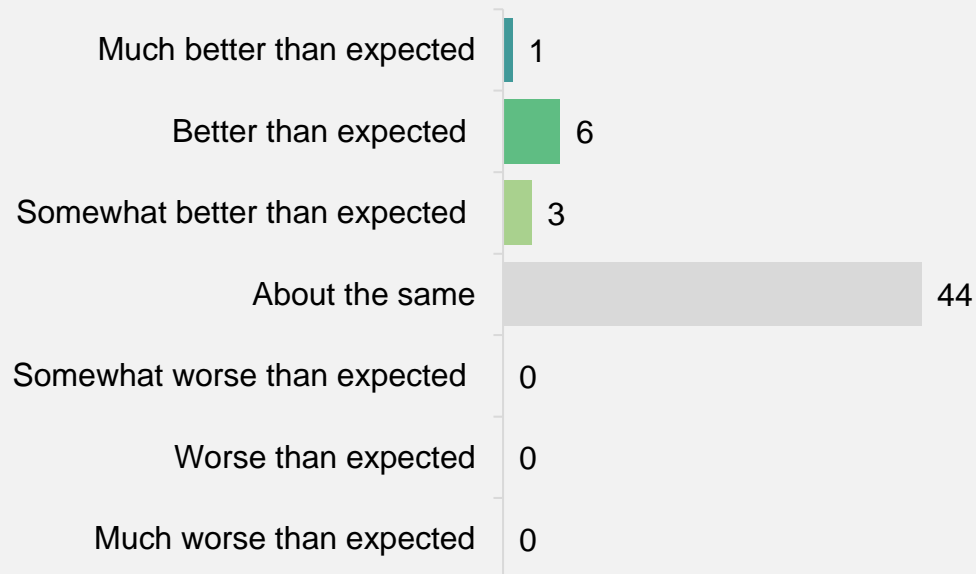
This slide is included to help you interpret responses and to provide information about the population of maternity service users who took part in the survey.



# 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 2022

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2022 results.



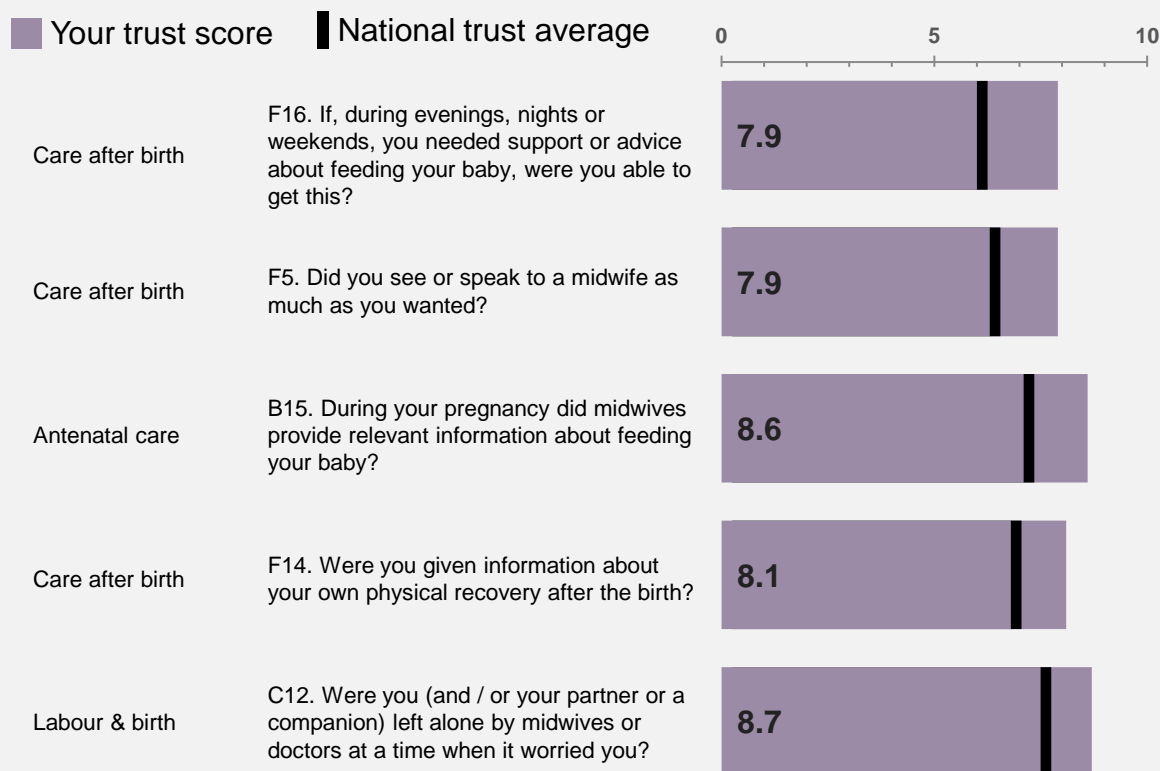
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section [“comparison to other trusts”](#).

# Best and worst performance relative to the trust average

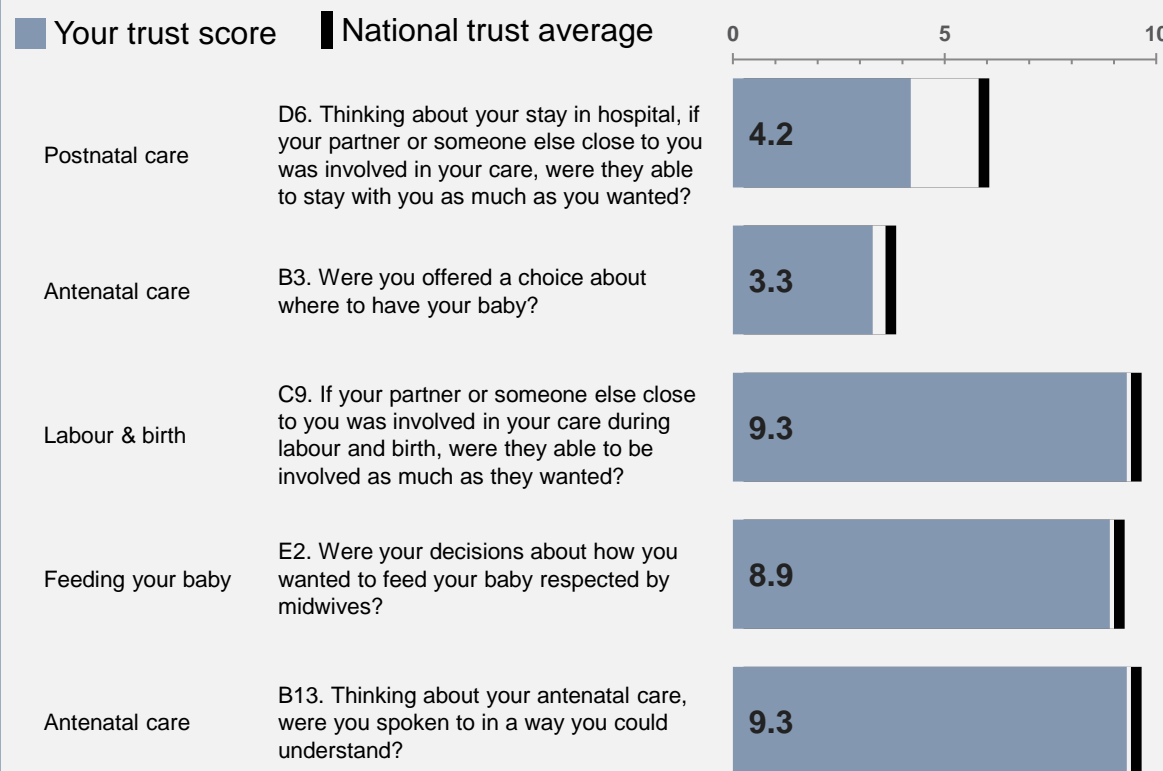
These five questions are calculated by comparing your trust's results to the trust average (the average trust score across England).

- **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.

## Top five scores (compared with average trust score across England)



## Bottom five scores (compared with average trust score across England)



# 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 [appendix](#)



# Benchmarking

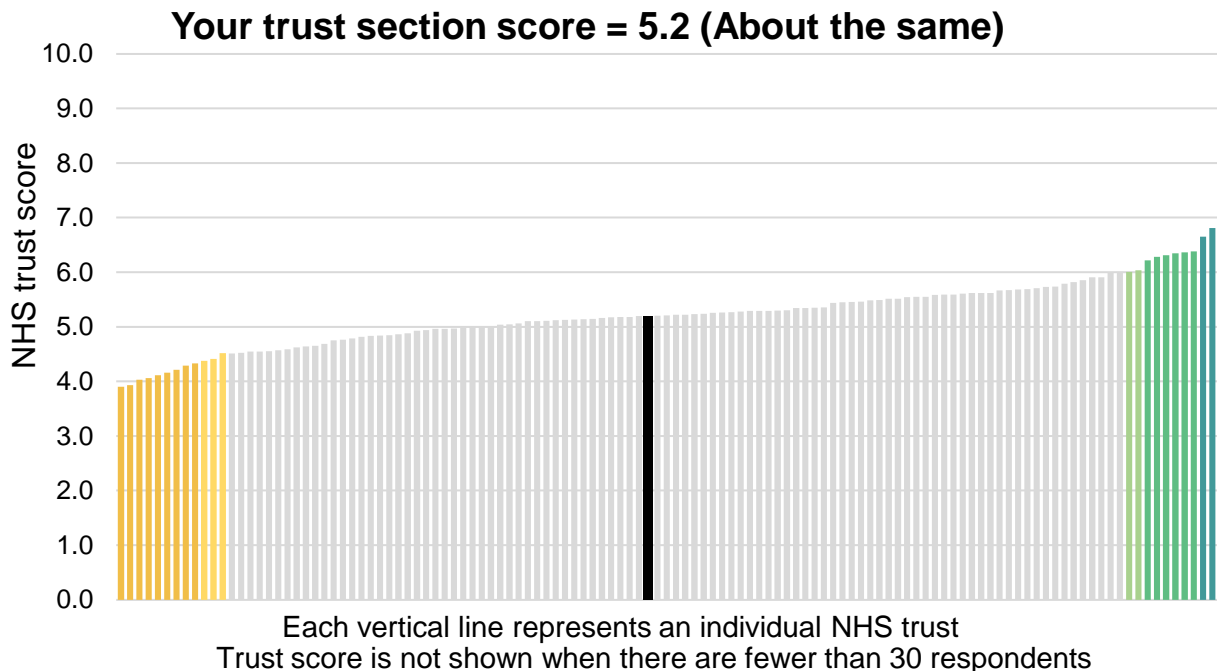
## Antenatal care



# The start of your care during pregnancy

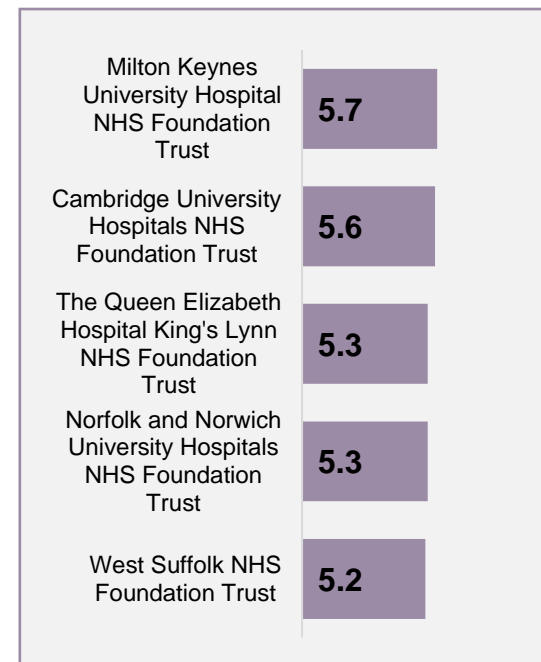
## Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for antenatal care received. Section 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 and B4. 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.

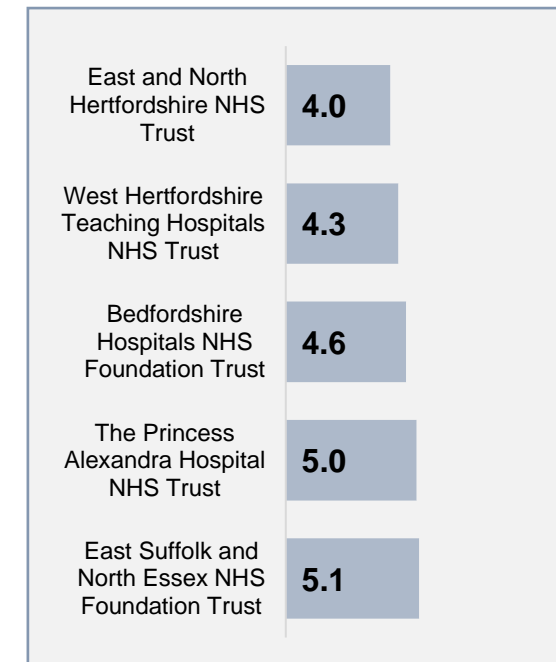


## Comparison with other trusts within your region

### Trusts with the highest scores



### Trusts with the lowest scores

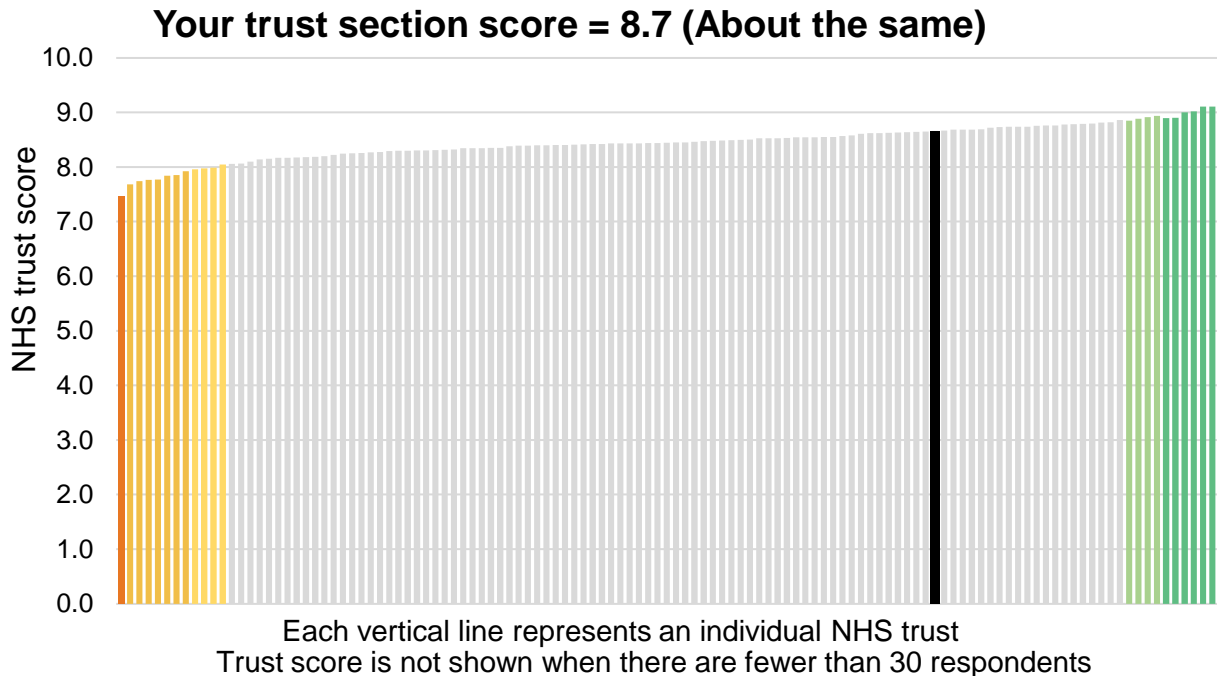
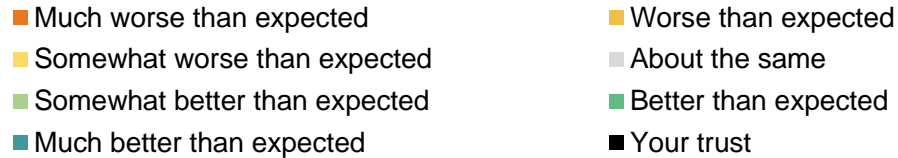




# Antenatal check-ups

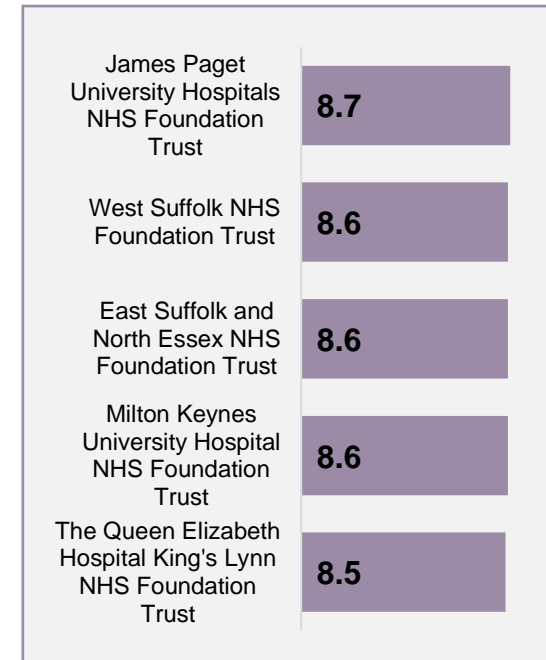
## Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for antenatal care received. Section 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.

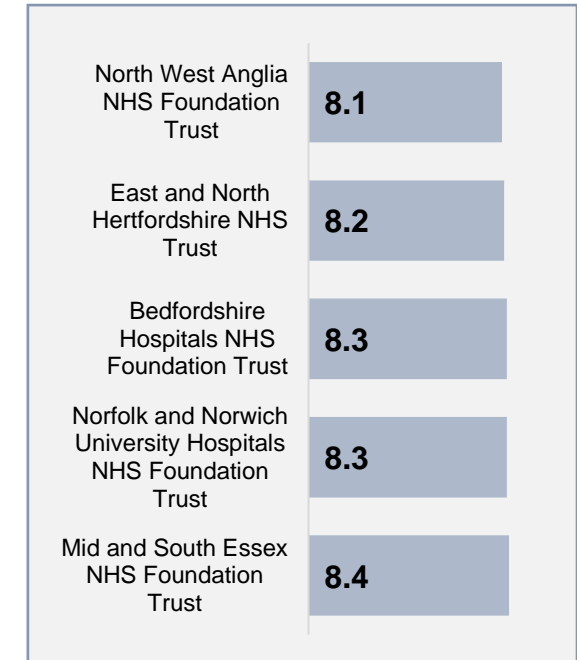


## Comparison with other trusts within your region

### Trusts with the highest scores



### Trusts with the lowest scores



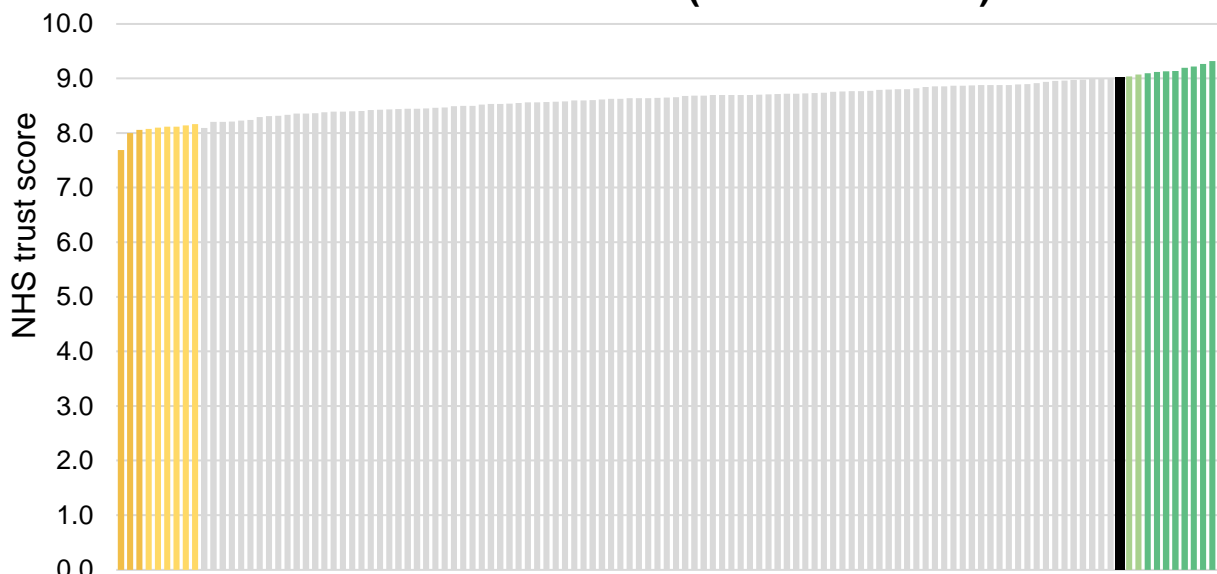
# During your pregnancy

## Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for antenatal care received. Section 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 B11 to B18. 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.



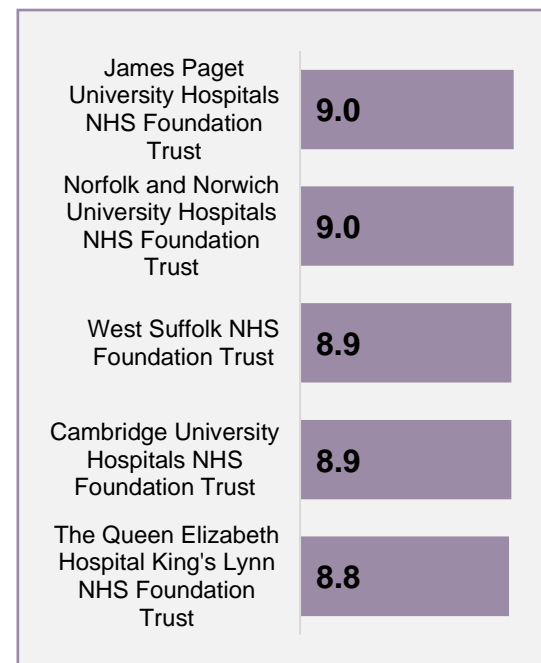
### Your trust section score = 9.0 (About the same)



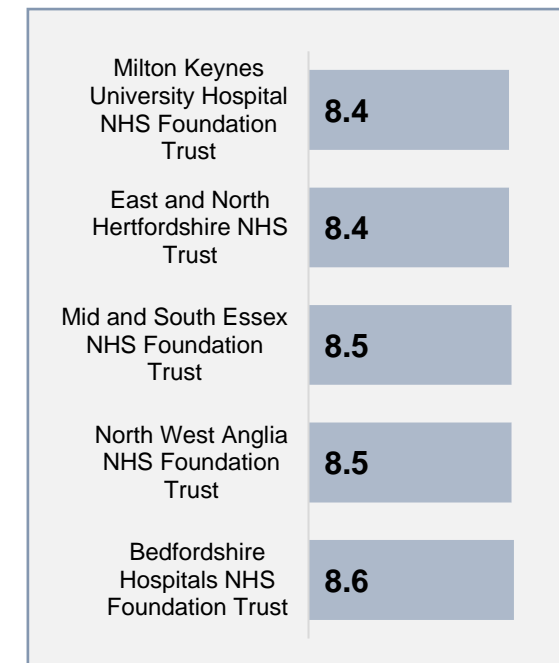
Each vertical line represents an individual NHS trust  
Trust score is not shown when there are fewer than 30 respondents

## Comparison with other trusts within your region

### Trusts with the highest scores

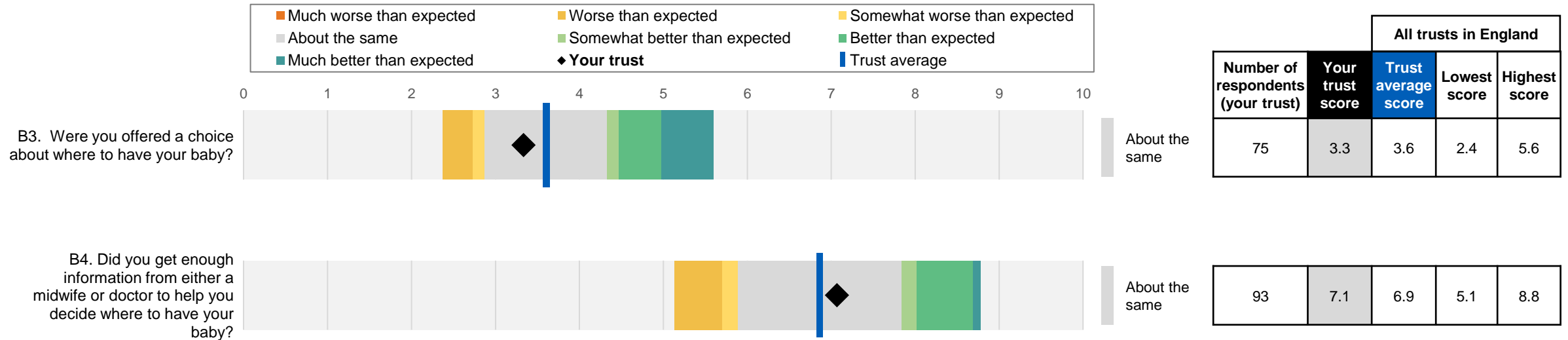


### Trusts with the lowest scores



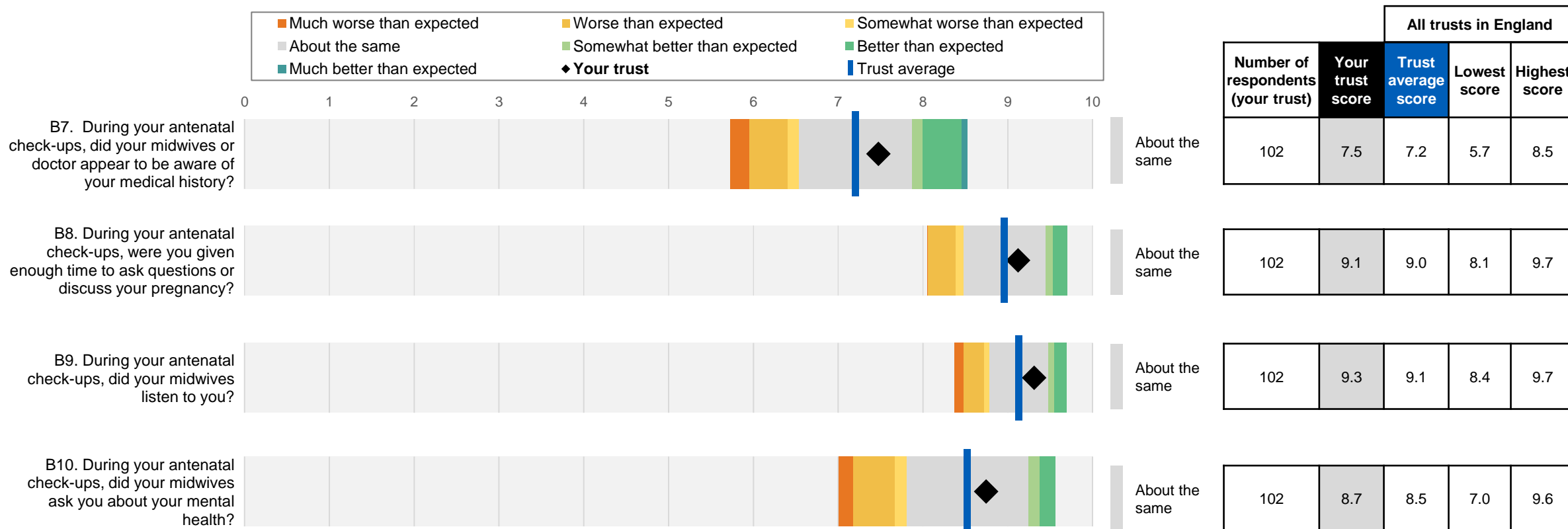
# Benchmarking - Antenatal care

## Question scores: Start of your pregnancy



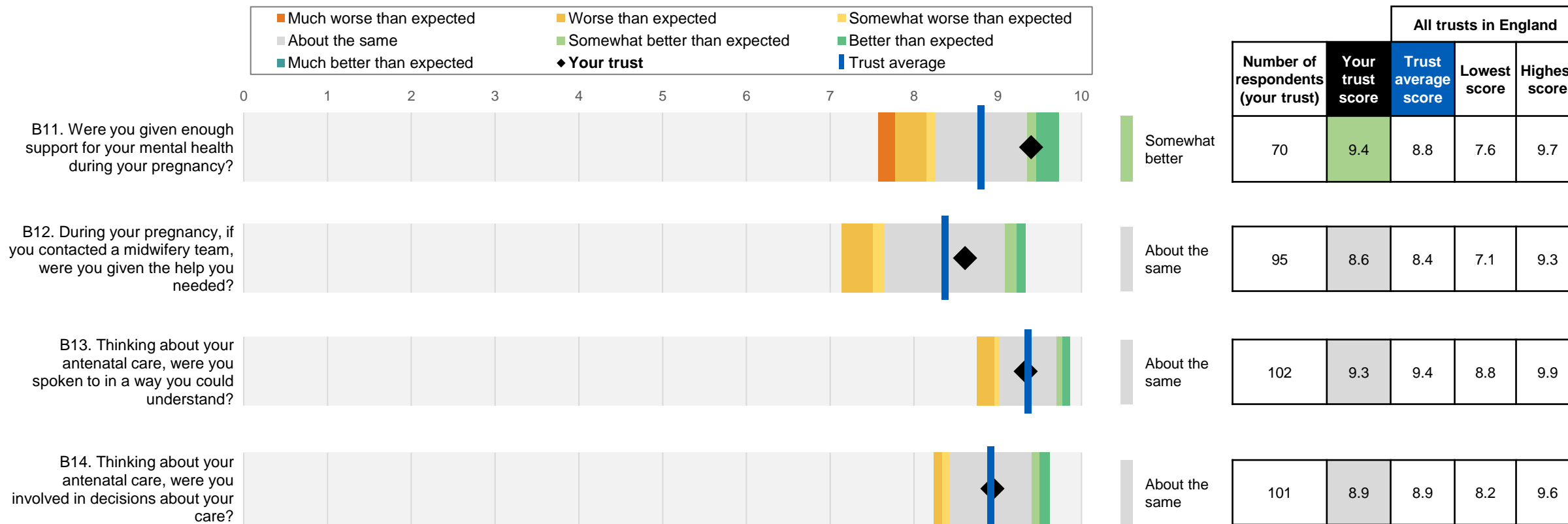
# Benchmarking - Antenatal care (continued)

## Question scores: Antenatal check-ups



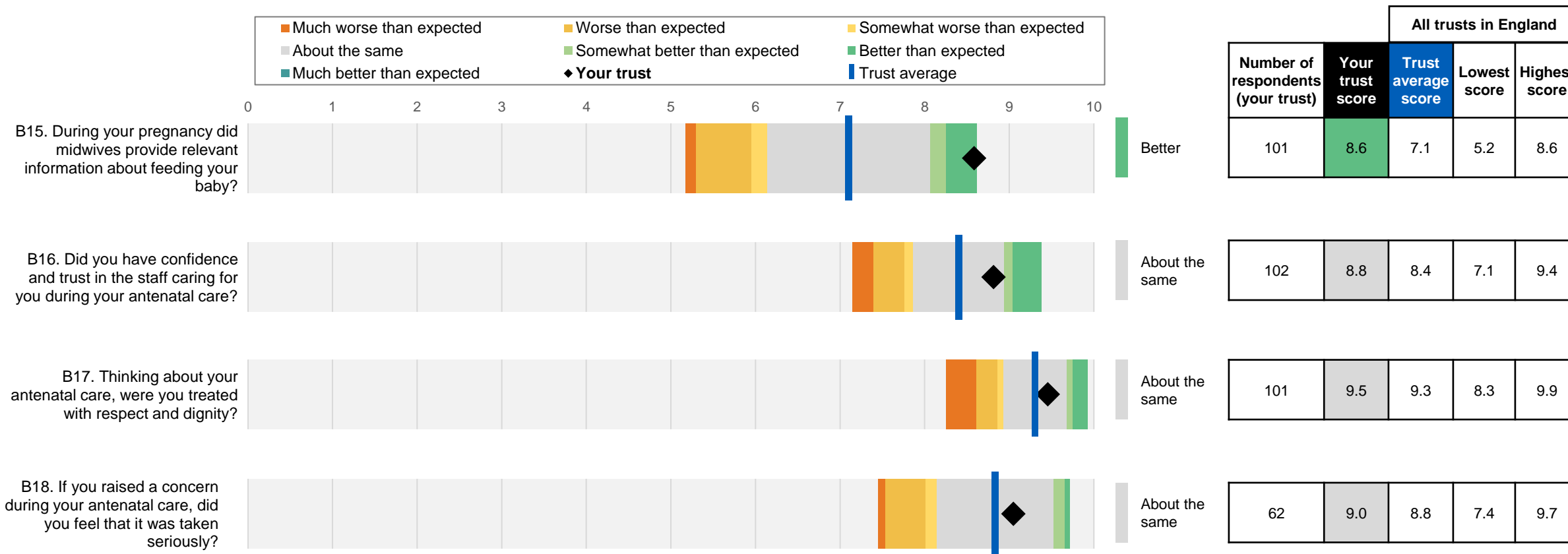
# Benchmarking - Antenatal care (continued)

## Question scores: During your pregnancy



# Benchmarking - Antenatal care (continued)

## Question scores: During your pregnancy



# Benchmarking

## Labour and birth

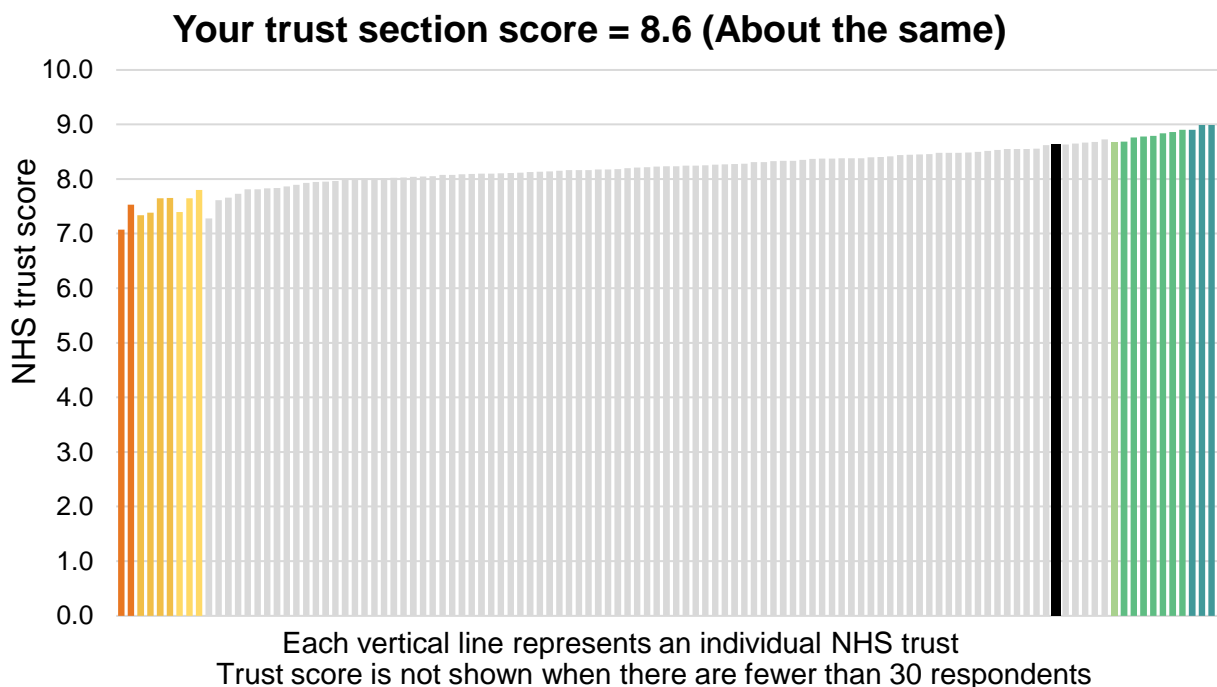




# Your labour and birth

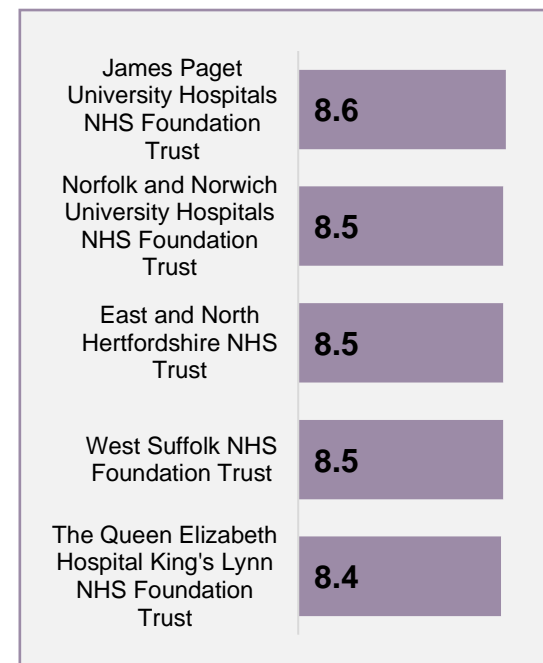
## Section score

This shows the range of section scores for all NHS trusts included in the survey. Section 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 C4 to C9. 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.

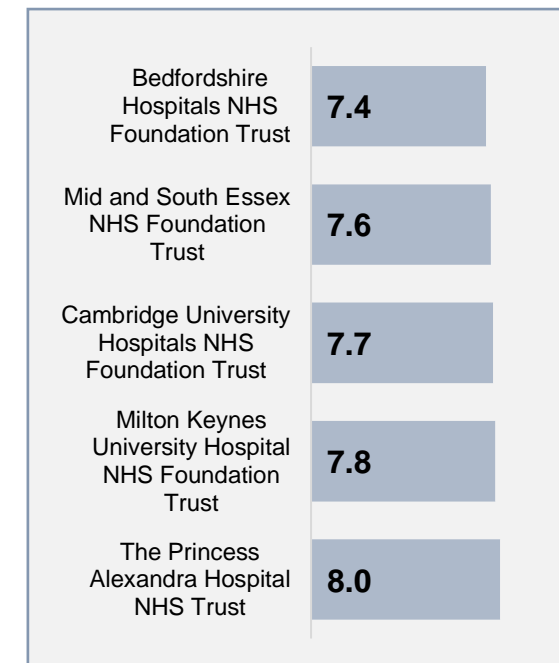


## Comparison with other trusts within your region

### Trusts with the highest scores



### Trusts with the lowest scores



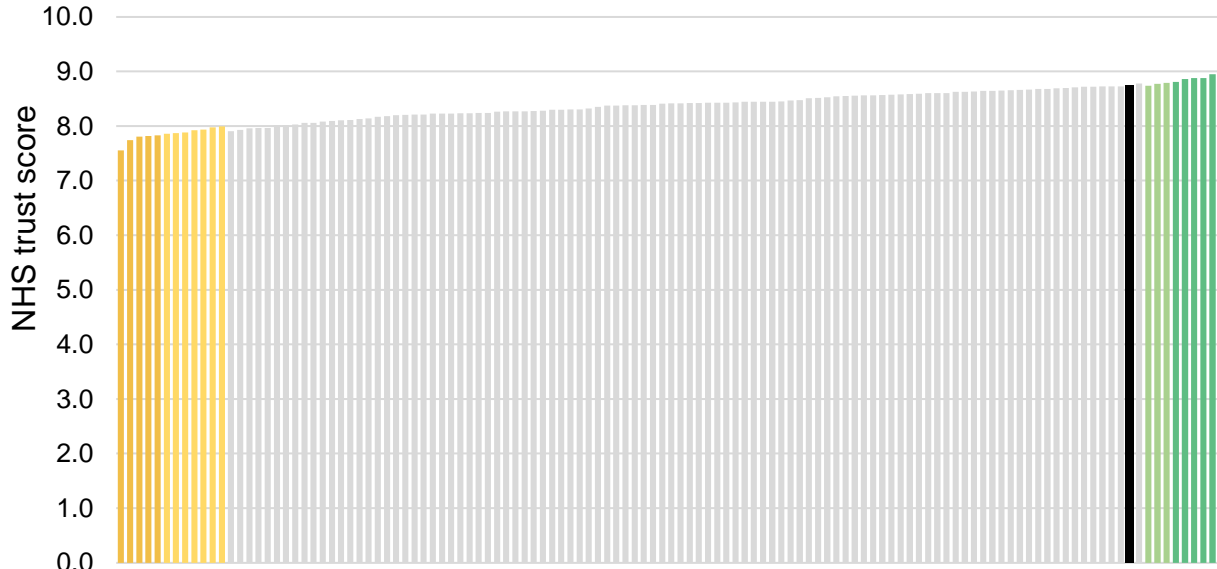
# Staff caring for you

## Section score

This shows the range of section scores for all NHS trusts included in the survey. Section 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 C10 and C12 to C21. 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.



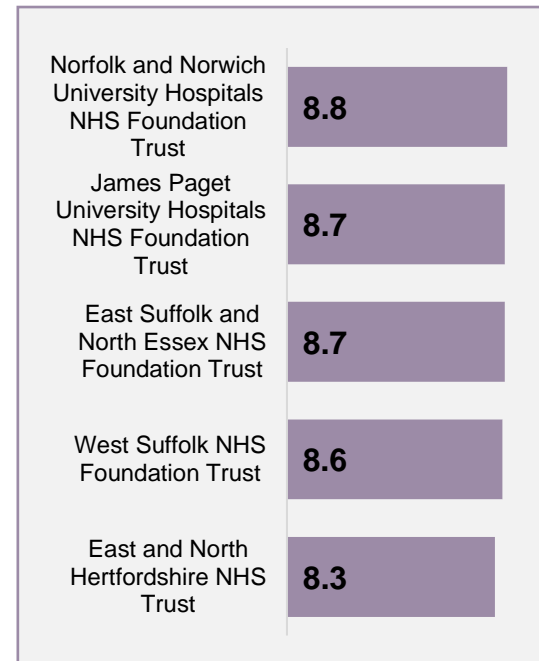
### Your trust section score = 8.7 (About the same)



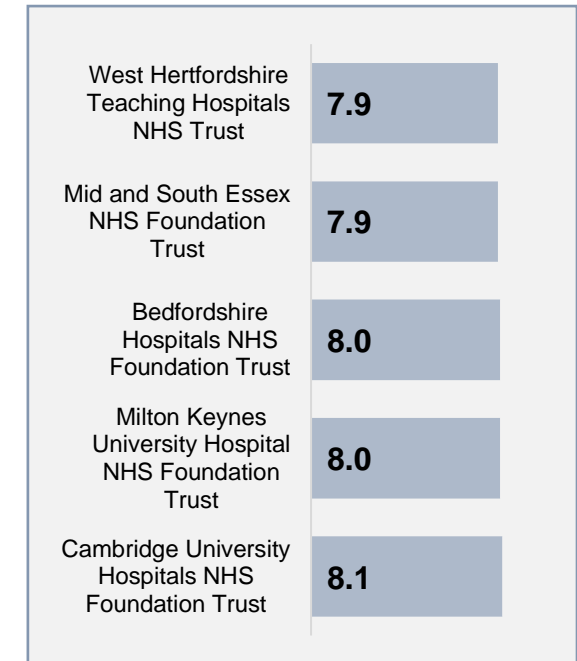
Each vertical line represents an individual NHS trust  
Trust score is not shown when there are fewer than 30 respondents

## Comparison with other trusts within your region

### Trusts with the highest scores



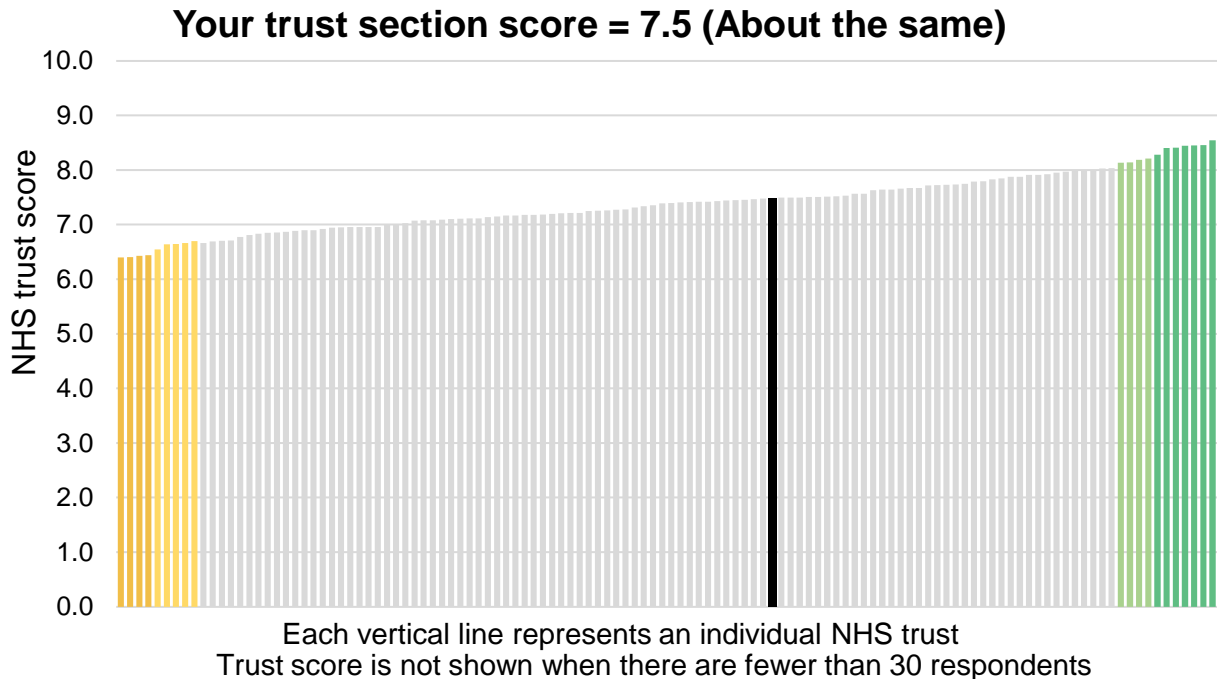
### Trusts with the lowest scores



# Care in the ward after birth

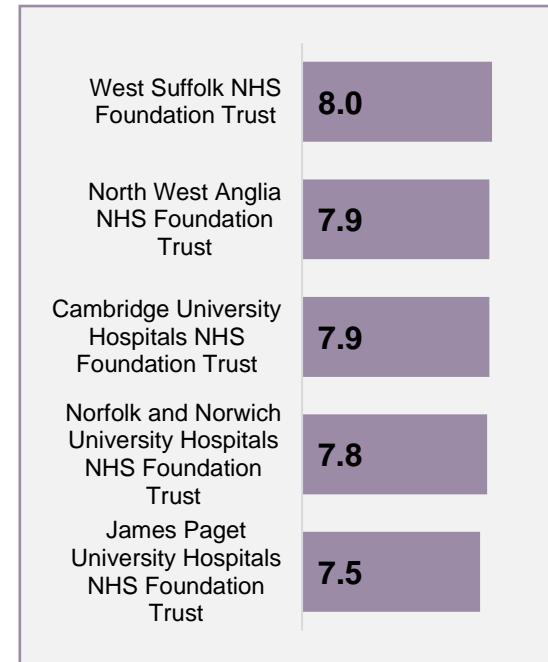
## Section score

This shows the range of section scores for all NHS trusts included in the survey. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'care in the ward after birth' is calculated from questions D2 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.

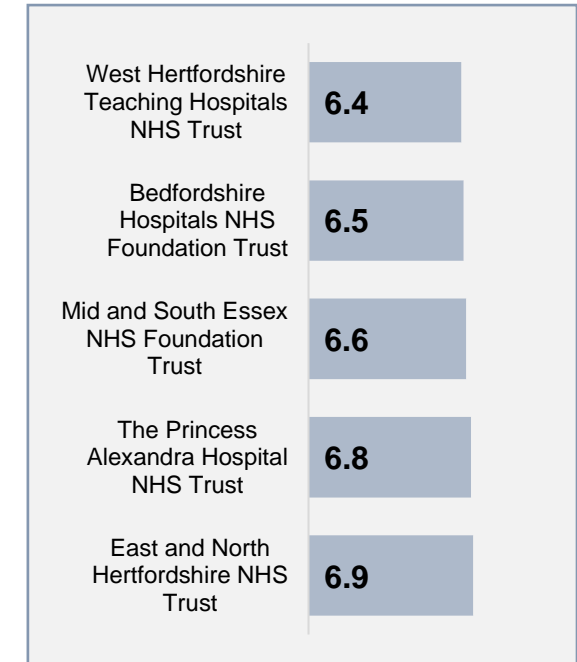


## Comparison with other trusts within your region

### Trusts with the highest scores

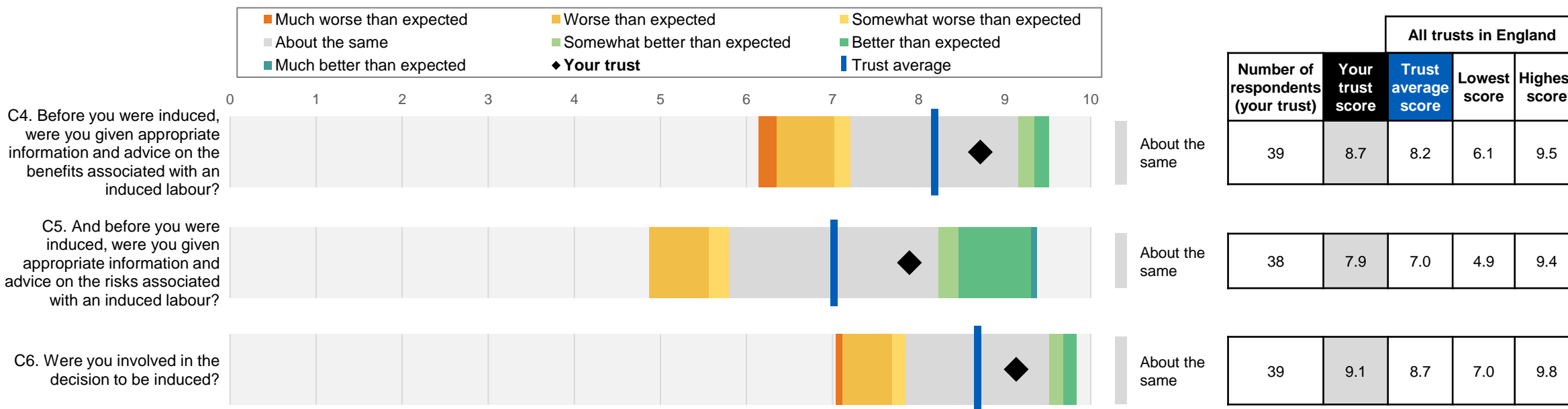


### Trusts with the lowest scores



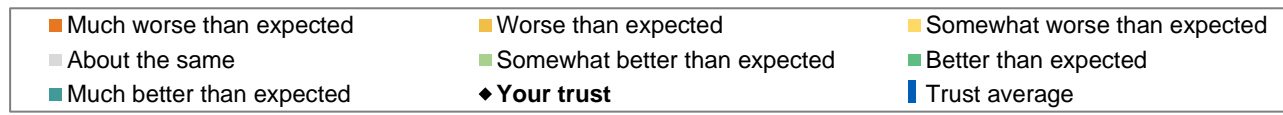
# Benchmarking - Labour and birth

## Question scores: Your labour and birth

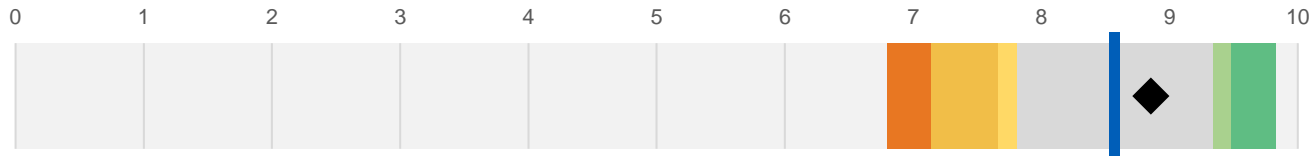


# Benchmarking - Labour and birth (continued)

## Question scores: Your labour and birth



C7. 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?



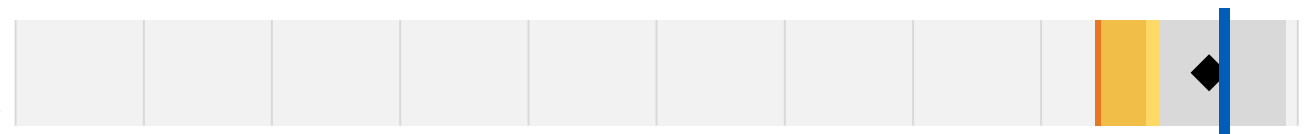
About the same

C8. Do you think your healthcare professionals did everything they could to help manage your pain during labour and birth?



About the same

C9. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?



About the same

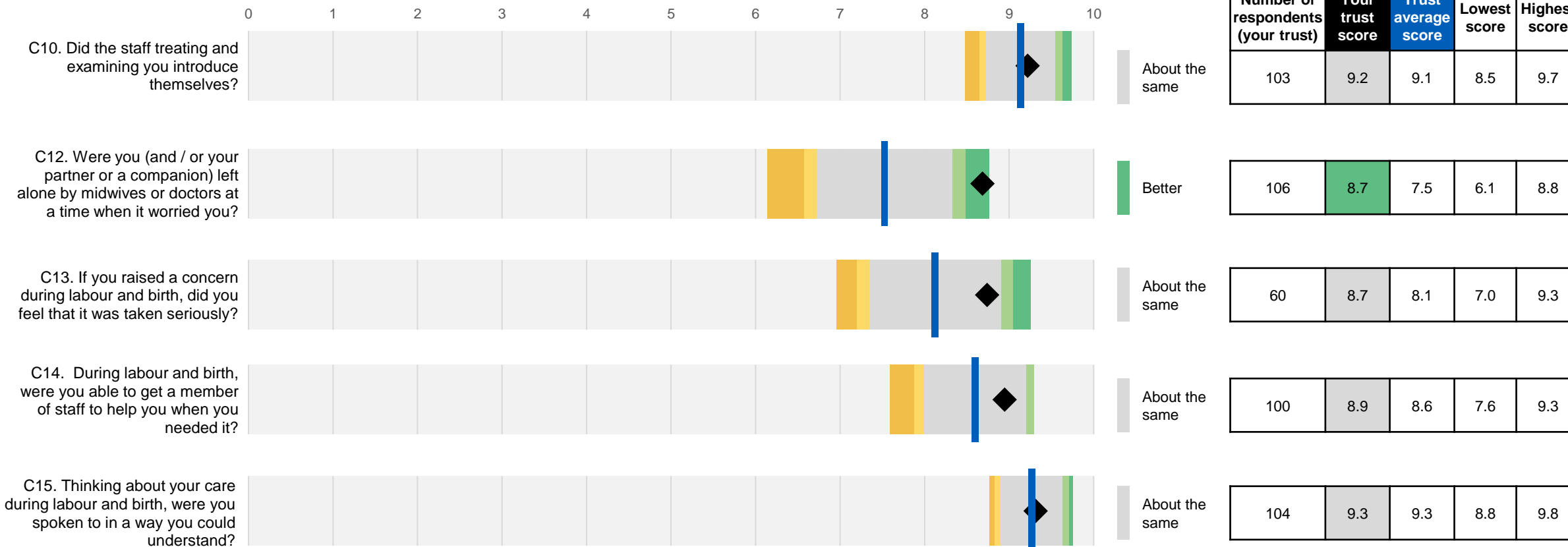
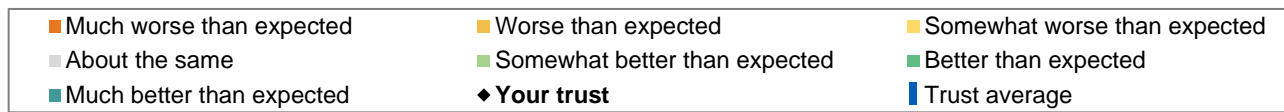
Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
59	8.9	8.6	6.8	9.8

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
69	7.9	7.5	6.2	8.4

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
100	9.3	9.4	8.4	9.9

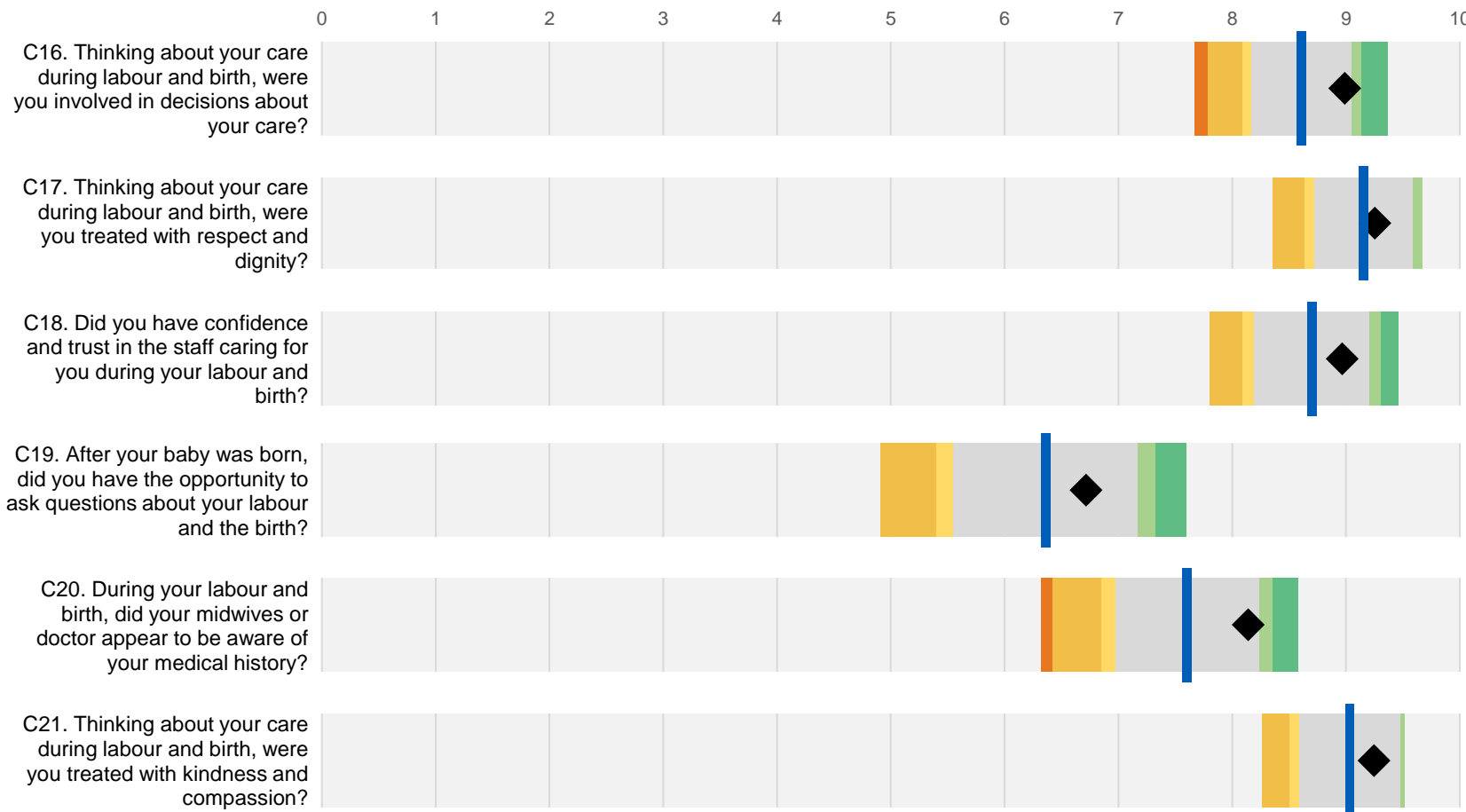
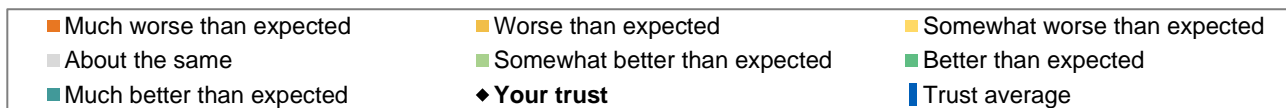
# Benchmarking - Labour and birth (continued)

## Question scores: Staff caring for you



# Benchmarking - Labour and birth (continued)

## Question scores: Staff caring for you

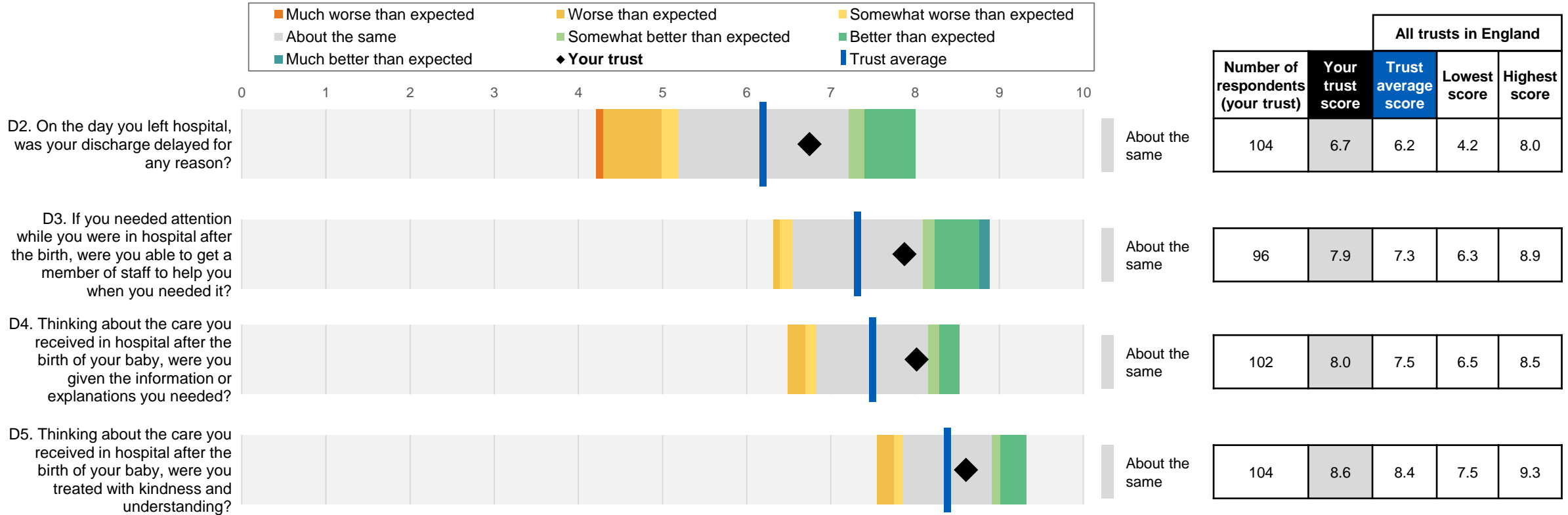


		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
102	9.0	8.6	7.7	9.4
106	9.3	9.2	8.4	9.7
106	9.0	8.7	7.8	9.5
93	6.7	6.4	4.9	7.6
100	8.1	7.6	6.3	8.6
105	9.2	9.0	8.3	9.5



# Benchmarking - Labour and birth (continued)

## Question scores: Care in the ward after birth



# Benchmarking - Labour and birth (continued)

## Question scores: Care in the ward after birth



# Benchmarking

## Postnatal care



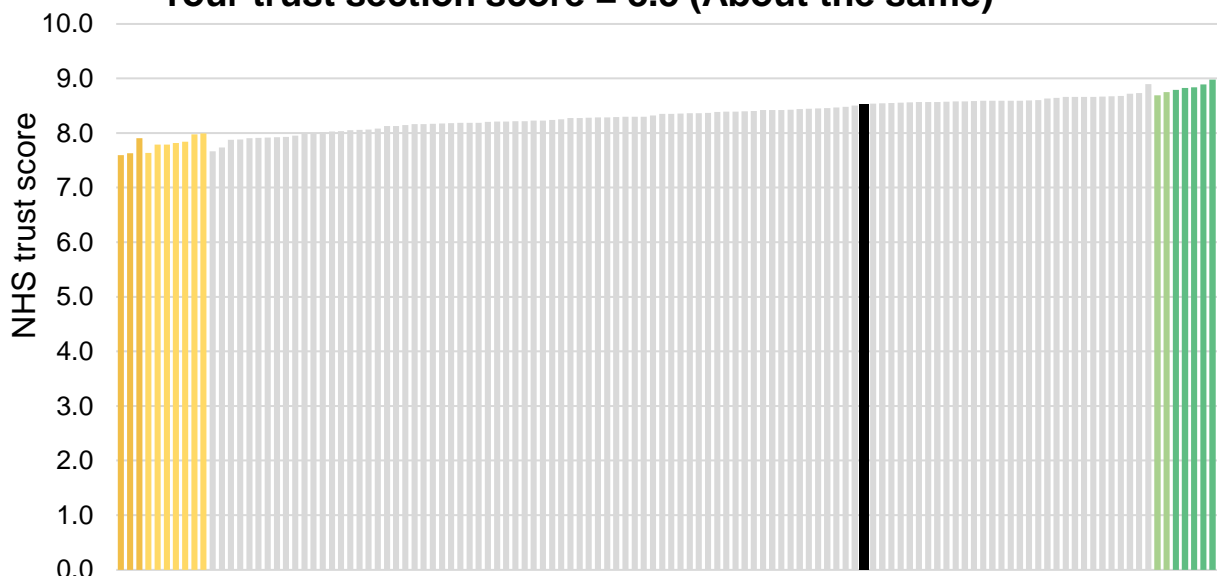
# Feeding your baby

## Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for postnatal care received. Section 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.



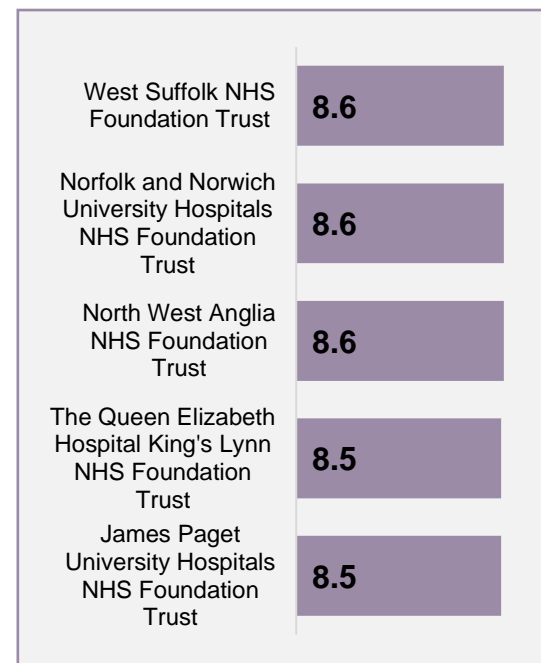
### Your trust section score = 8.5 (About the same)



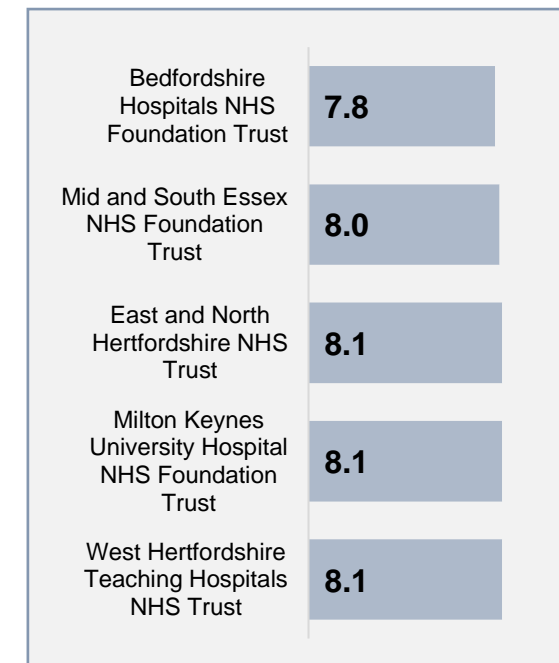
Each vertical line represents an individual NHS trust  
Trust score is not shown when there are fewer than 30 respondents

## Comparison with other trusts within your region

### Trusts with the highest scores



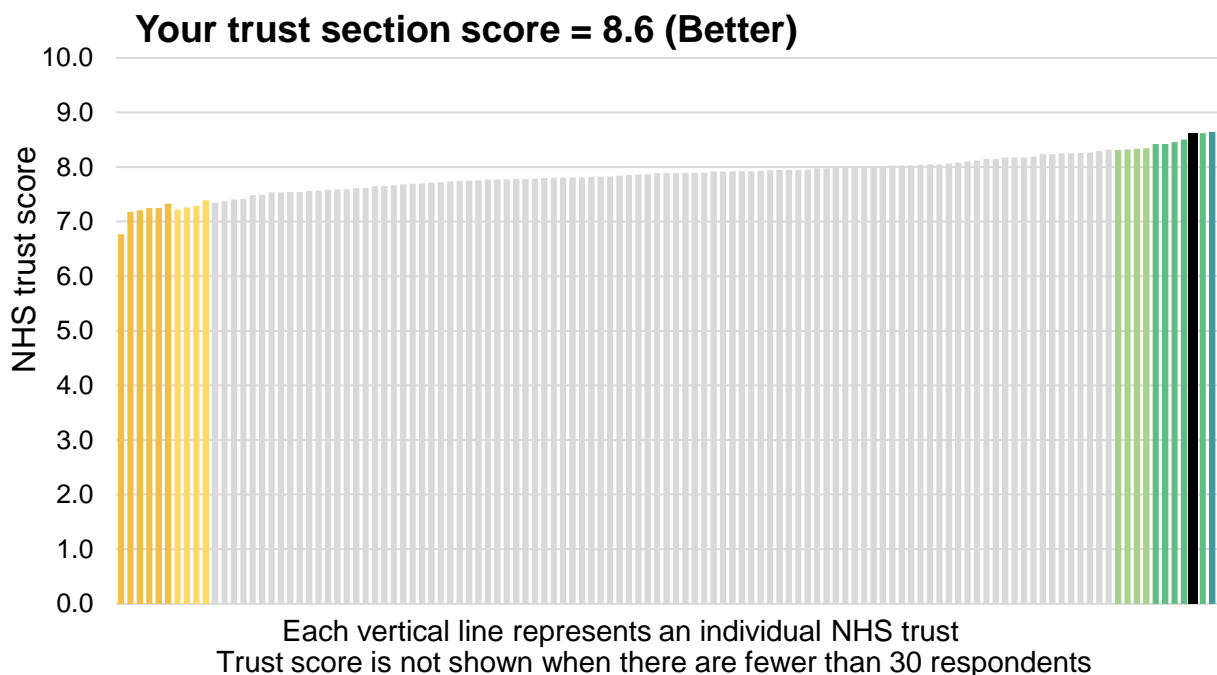
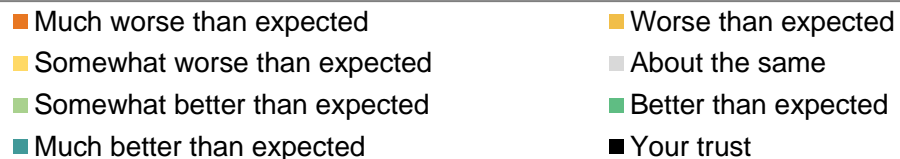
### Trusts with the lowest scores



# Care at home after birth

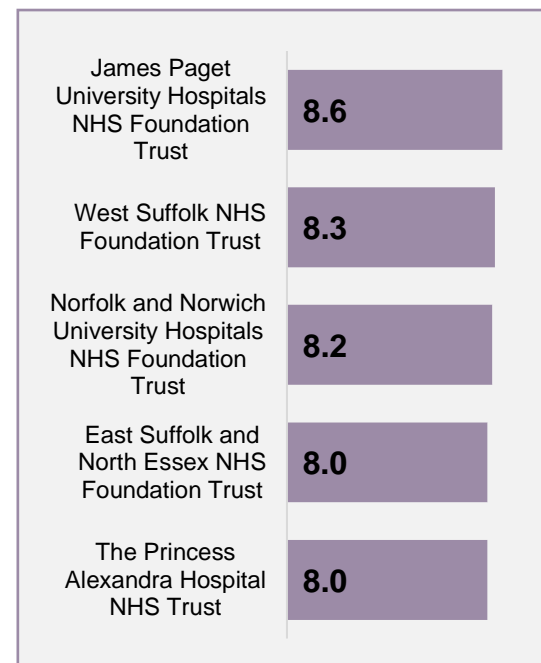
## Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for postnatal care received. Section 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 and F2, F5 to F9 and F11 to F17. 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.

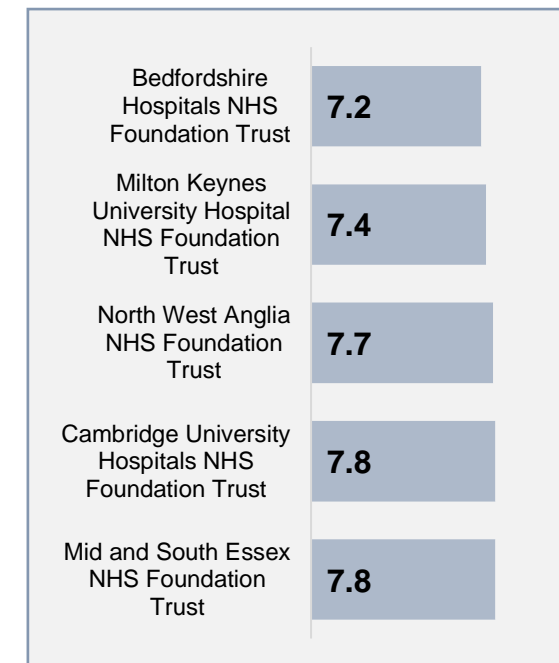


## Comparison with other trusts within your region

### Trusts with the highest scores

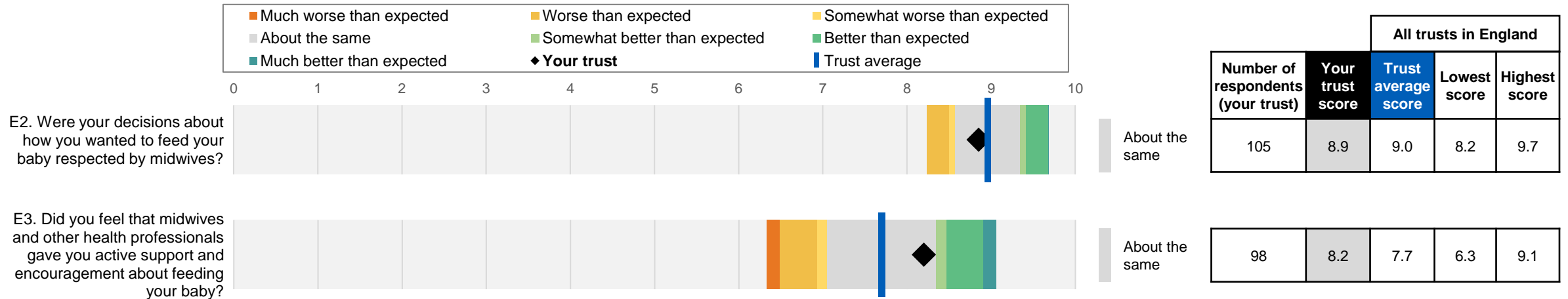


### Trusts with the lowest scores



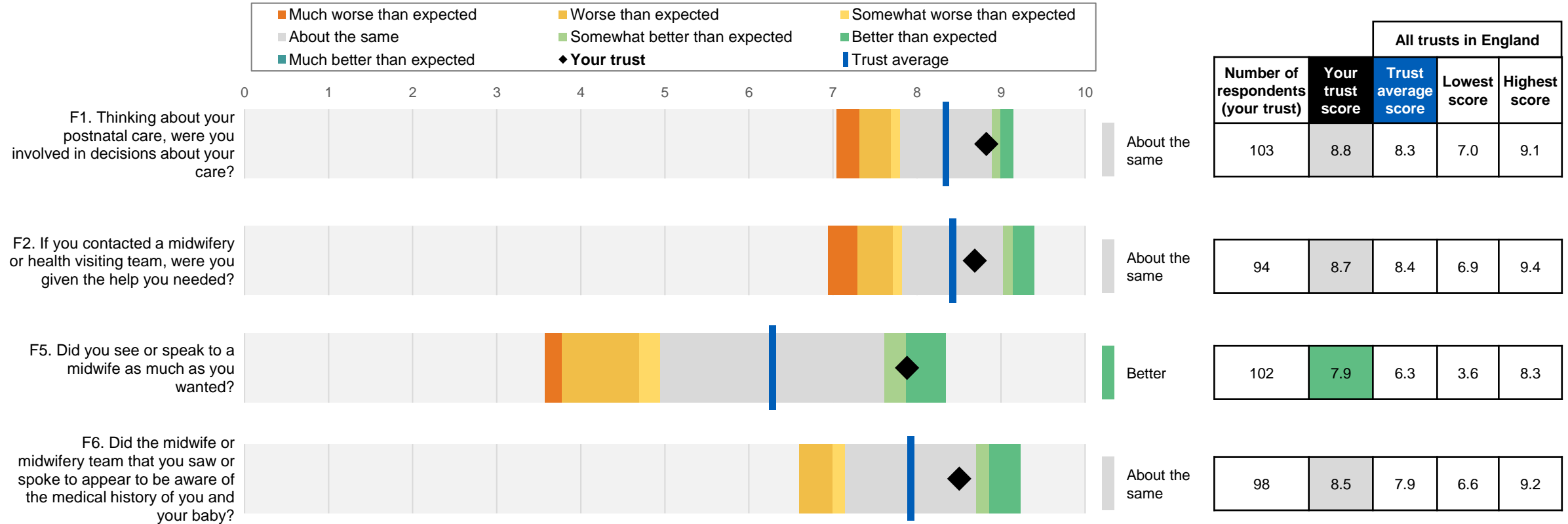
# Benchmarking - Postnatal care

## Question scores: Feeding your baby



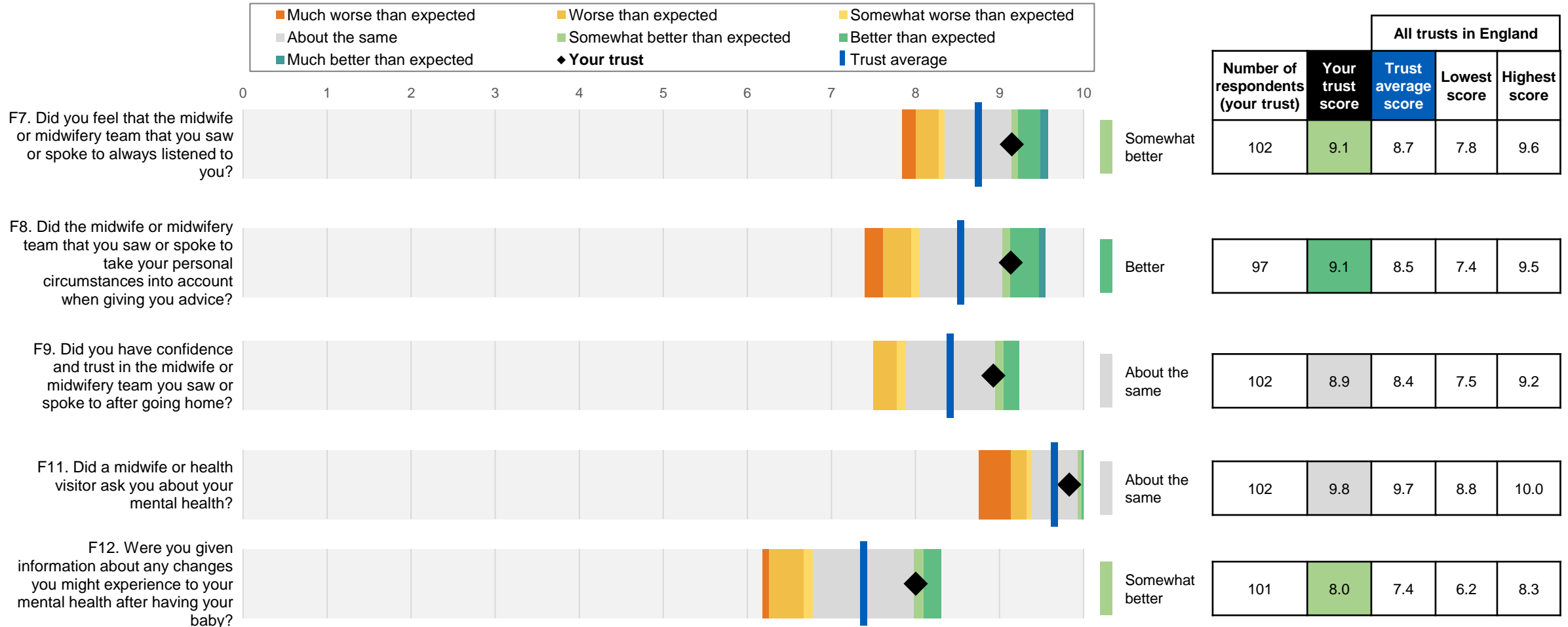
# Benchmarking - Postnatal care (continued)

## Question scores: Care at home after birth



# Benchmarking - Postnatal care (continued)

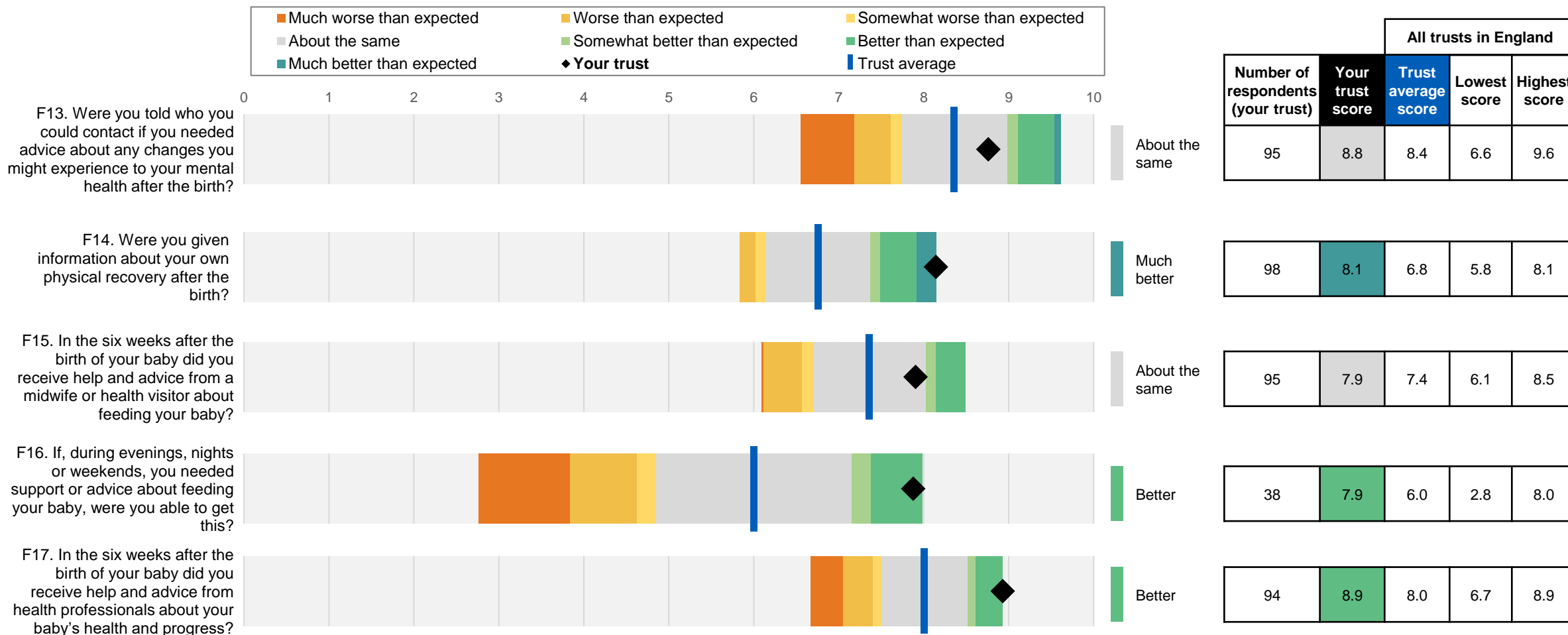
## Question scores: Care at home after birth





# Benchmarking - Postnatal care (continued)

## Question scores: Care at home after birth



# 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 maternity service users 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 not available for at least the past five surveys statistical significance testing has been carried out against the 2022 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 2022 and 2023 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:

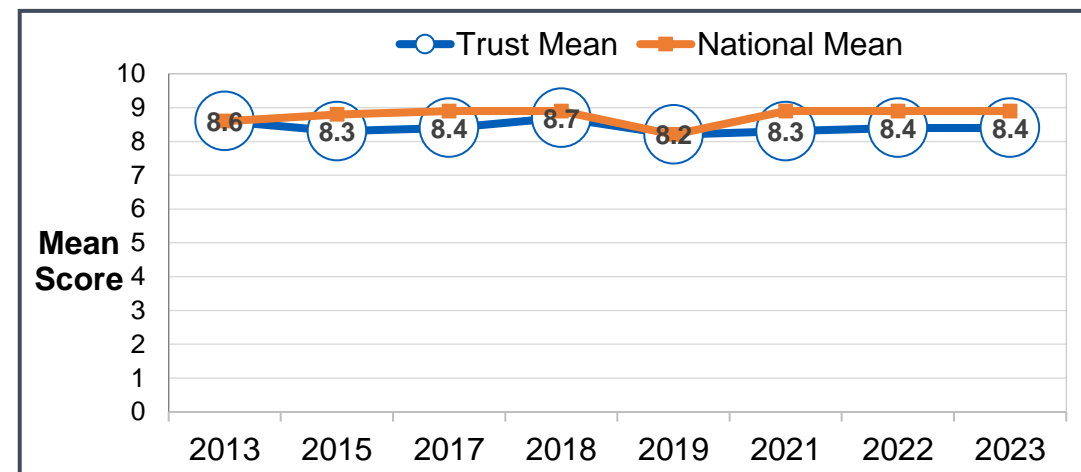
- changes to the questionnaire mean that a question is no longer comparable over time;
- organisational changes which impact comparability of results over time; or,
- historical errors with sampling or issues with fieldwork which impact comparability.

Statistically significant differences in the trust mean score between 2022 and 2023 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 2022 and 2023 are shown in the far right column 'Change from 2022 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 2023 and therefore are not included in this section: B18, C4, C8, C21 and D7.

## Historical trend chart example



## Significance test table example

	2023 Trust Score	2022 Trust Score	No. of respondents	Change from 2022 survey
<b>The start of your care in pregnancy</b>				
B4. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	4.3	7.1	178	▼

# Trends over time

## Antenatal care

# Trends over time - Antenatal care

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

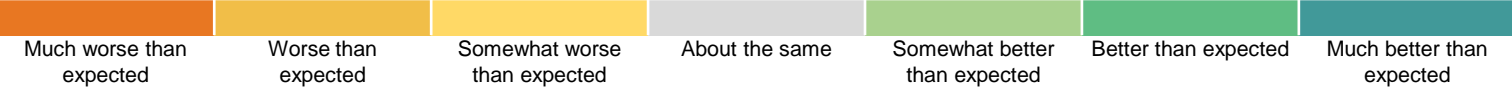
		Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
<b>The start of your care in pregnancy</b>												
B3.	Were you offered a choice about where to have your baby?								3.3	Data not available	75	
B4.	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?								7.1	Data not available	93	
B7.	During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?								7.5	Data not available	102	
B8.	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?								9.1	Data not available	102	
B9.	During your antenatal check-ups, did your midwives listen to you?								9.3	Data not available	102	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

## Trends over time - Antenatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
<b>Antenatal check-ups</b>										
B10.	During your antenatal check-ups, did your midwives ask you about your mental health?						8.7	Data not available	102	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

## Trends over time - Antenatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, 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	2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
<b>During your pregnancy</b>												
B11.	Were you given enough support for your mental health during your pregnancy?								9.4	Data not available	70	
B12.	During your pregnancy, if you contacted a midwifery team, were you given the help you needed?								8.6	Data not available	95	
B13.	Thinking about your antenatal care, were you spoken to in a way you could understand?								9.3	Data not available	102	
B14.	Thinking about your antenatal care, were you involved in decisions about your care?								8.9	Data not available	101	
B15.	During your pregnancy did midwives provide relevant information about feeding your baby?								8.6	Data not available	101	
B16.	Did you have confidence and trust in the staff caring for you during your antenatal care?								8.8	Data not available	102	
B17.	Thinking about your antenatal care, were you treated with respect and dignity?								9.5	Data not available	101	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

# Trends over time

## Labour and birth



## Trends over time - Labour and birth

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, 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	2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
Your labour and birth												
C5.	And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?								7.9	Data not available	38	
C6.	Were you involved in the decision to be induced?								9.1	Data not available	39	
C7.	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?								8.9	Data not available	59	
C9.	If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?								9.3	Data not available	100	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

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

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, 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	2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
<b>Staff caring for you</b>												
C10.	Did the staff treating and examining you introduce themselves?								9.2	Data not available	103	
C12.	Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?								8.7	Data not available	106	
C13.	If you raised a concern during labour and birth, did you feel that it was taken seriously?								8.7	Data not available	60	
C14.	During labour and birth, were you able to get a member of staff to help you when you needed it?								8.9	Data not available	100	
C15.	Thinking about your care during labour and birth, were you spoken to in a way you could understand?								9.3	Data not available	104	
C16.	Thinking about your care during labour and birth, were you involved in decisions about your care?								9.0	Data not available	102	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

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

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey	
	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				
<b>Staff caring for you</b>											
C17.	Thinking about your care during labour and birth, were you treated with respect and dignity?							9.3	Data not available	106	
C18.	Did you have confidence and trust in the staff caring for you during your labour and birth?							9.0	Data not available	106	
C19.	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?							6.7	Data not available	93	
C20.	During your labour and birth, did your midwives or doctor appear to be aware of your medical history?							8.1	Data not available	100	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

# Trends over time - Labour and birth (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey	
	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				
<b>Care in the ward after birth</b>											
D2.	On the day you left hospital, was your discharge delayed for any reason?							6.7	Data not available	104	
D3.	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?							7.9	Data not available	96	
D4.	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?							8.0	Data not available	102	
D5.	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?							8.6	Data not available	104	
D6.	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?							4.2	Data not available	101	
D8.	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?							8.9	Data not available	102	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

# Trends over time

## Postnatal care

## Trends over time - Postnatal care

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, 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	2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
<b>Feeding your baby</b>												
E2.	Were your decisions about how you wanted to feed your baby respected by midwives?								8.9	Data not available	105	
E3.	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?								8.2	Data not available	98	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

## Trends over time - Postnatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, 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	2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
<b>Care at home after the birth</b>											
F1.	Thinking about your postnatal care, were you involved in decisions about your care?						8.8	Data not available	103		
F2.	If you contacted a midwifery or health visiting team, were you given the help you needed?						8.7	Data not available	94		
F5.	Did you see or speak to a midwife as much as you wanted?						7.9	Data not available	102		
F6.	Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?						8.5	Data not available	98		

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

## Trends over time - Postnatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey	
	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				
<b>Care at home after the birth</b>											
F7.	Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?							9.1	Data not available	102	
F8.	Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?							9.1	Data not available	97	
F9.	Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?							8.9	Data not available	102	
F11.	Did a midwife or health visitor ask you about your mental health?							9.8	Data not available	102	
F12.	Were you given information about any changes you might experience to your mental health after having your baby?							8.0	Data not available	101	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022



## Trends over time - Postnatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, 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	2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
<b>Care at home after the birth</b>												
F13.	Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?								8.8	Data not available	95	
F14.	Were you given information about your own physical recovery after the birth?								8.1	Data not available	98	
F15.	In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?								7.9	Data not available	95	
F16.	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?								7.9	Data not available	38	
F17.	In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?								8.9	Data not available	94	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

# 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

- Your trust has not performed “much worse than expected” for any questions.

## Worse than expected

- 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

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

## Somewhat better than expected

- B11. Were you given enough support for your mental health during your pregnancy?
- F7. Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?
- F12. Were you given information about any changes you might experience to your mental health after having your baby?

# 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

- B15. During your pregnancy did midwives provide relevant information about feeding your baby?
- C12. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?
- F5. Did you see or speak to a midwife as much as you wanted?
- F8. Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?
- F16. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?
- F17. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?

## Much better than expected

- F14. Were you given information about your own physical recovery after the birth?

# NHS Maternity Survey 2023

## Results for James Paget University Hospitals NHS Foundation Trust

### Where maternity service users' experience is best

- ✓ Maternity service users being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this.
- ✓ Maternity service users being able to see or speak to a midwife as much as they wanted during their care after birth.
- ✓ Midwives providing service users with relevant information, during their pregnancy, about feeding their baby.
- ✓ Maternity service users being given information about their own physical recovery after the birth.
- ✓ Maternity service users (and / or their partner or a companion) being left alone by midwives or doctors at times when it worried them during labour and birth.

### Where maternity service users' experience could improve

- Partners or someone else involved in the service user's care being able to stay with them as much as the service user wanted during their stay in the hospital.
- Maternity service users being offered a choice about where to have their baby during their antenatal care.
- Partners or someone else close to the service user were involved in their care as much as they wanted to be during labour and birth.
- The decisions of maternity service users on how they wanted to feed their baby being respected by midwives.
- Maternity service users being spoken to in a way they could understand during their antenatal care.

These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where maternity service users 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 maternity service users 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 between January and March 2023 at James Paget University Hospitals NHS Foundation Trust. Between May and August 2023, a questionnaire was sent to 276 individuals. Responses were received from 108 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

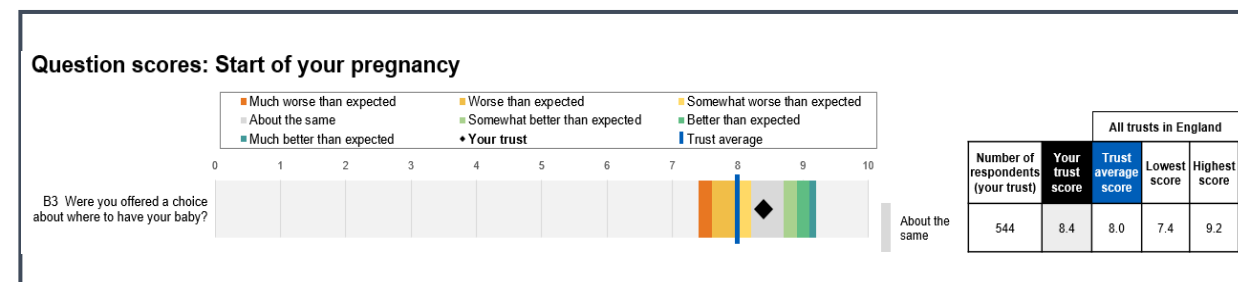
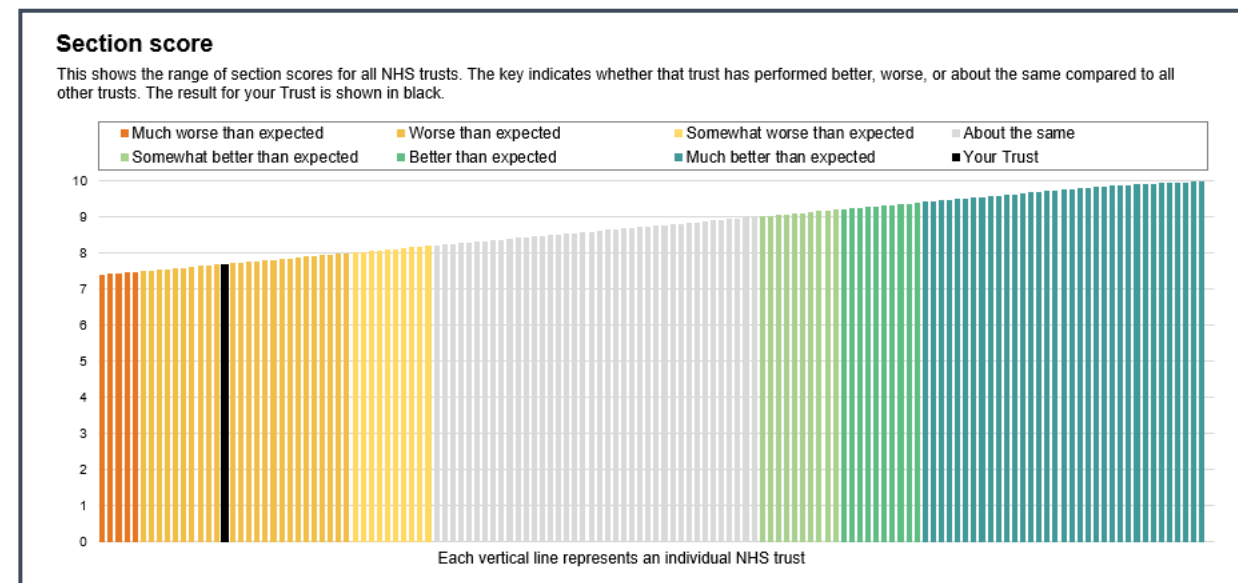


# How to interpret benchmarking in this report

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.



## 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 were updated for the 2021 survey to provide a greater level of granularity in the expected range score. The 2023 survey uses the same approach.

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 experience of people who use maternity services 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 patient 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 patient experience, 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 patient 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 people who use maternity services experiences.

## Calculating the trust score for each question

The weighting mean score for each trust, for each question, is calculated by dividing the sum of the weighting scores for a question by the weighted sum of all eligible respondents to the question for each trust. Weighting is explained further in the [quality and methodology report](#).

## 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  
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