Care Quality Commission

Survey Coordination Centre

Maternity care pathway reports: antenatal care

Survey of women's experiences of maternity services 2017

Nottingham University Hospitals NHS Trust

NHS patient survey programme

Survey of women's experiences of maternity services 2017

Maternity care pathway reports: antenatal care

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Survey of women's experiences of maternity services 2017

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

The 2017 survey of women's experiences of maternity services involved 130 NHS acute trusts in England. We received responses from more than 18,000 service users, a response rate of 37%. Women were eligible for the survey if they had a live birth during February 2017, were aged 16 years or older, and gave birth in a hospital, birth centre, maternity unit, or at home[1]. NHS trusts in England took part in the survey if they had a sufficient number of eligible women giving birth at their trust during the sampling time frame.

Similar surveys of maternity services were carried out in 2007, 2010, 2013 and 2015. They are part of a wider programme of NHS patient surveys which covers a range of topics including acute inpatient services, A&E services, and community mental health services. To find out more about our programme and the results from previous surveys, please see the links in the 'Further Information' section.

The Care Quality Commission (CQC) will use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC's Insight, an intelligence tool which indicates potential changes in quality of care to support decision making about our regulatory response. Survey data will also form a key source of evidence to support the judgements and inspection ratings published for trusts.

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

Antenatal and postnatal data

When answering survey questions about labour and birth, we can be confident that in all cases women are referring to the acute trust from which they were sampled. It is therefore possible to compare the results for labour and birth across all 130 NHS trusts that took part in the survey. The survey also asked women about their experiences of antenatal and postnatal care. However, some women may not have received their antenatal and/or postnatal care from the same trust at which they gave birth. This could be due to one of several reasons, such as moving home or having to travel for more specialist care, or due to variation in service provision across the country.

[1]Some trusts with a small number of women delivering in February also included women who gave birth in January 2017. For further details on the sampling criteria, please see the survey instruction manual at: http://www.nhssurveys.org/surveys/1078

We asked trusts to identify which of the women in their sample were likely to have also received their antenatal and postnatal care from the trust, using either electronic records or residential postcode information. This attribution exercise was completed for the first time in the 2013 survey. In 2017, 126 trusts that took part in the survey were able to complete the attribution exercise. The aim of collecting this information was to improve the accuracy with which survey responses are attributed to the care provider in order to allow trusts to gain better insight into their services.

Responses from women who were identified as receiving their antenatal care from the same trust at which they gave birth were used to calculate scores for the antenatal survey data for each trust, and likewise for the postnatal data. This report contains the benchmarked results for the antenatal care section of the questionnaire[2]. The scores for postnatal care are provided in a separate report. As in 2015, antenatal and postnatal data cannot be considered as statistically robust as the data for labour and birth, for several reasons:

1. As the attribution data is provided voluntarily, it is not possible to consider it representative for all trusts in the survey – comparisons can only be drawn between trusts that completed the exercise. Trusts are only identified as being 'better' or 'worse' within the subset of trusts that completed the attribution exercise, therefore it is not a true benchmark for performance across England.
2. For trusts that do not keep electronic records of antenatal and postnatal care, attribution was based on the residential location of respondents. Therefore it was not possible to identify whether women had received care from a different provider for reasons such as requiring specialist care. This may mean that some respondents are included in the data despite having received care from another trust.
3. Several trusts that used residential location of respondents to estimate care provider in 2015 had improved electronic records in 2017. Particular care should therefore be taken when interpreting historical changes in trust results, as it is possible these may be affected by the increased accuracy of the respondent sample.
4. NHS trusts completed the attribution exercise themselves, and due to the limitations of this process, the Coordination Centre were unable to verify the accuracy of the information. This means we cannot be certain about the reliability of the attribution data.

It is also important to note that not every trust who provided attribution data will be provided with an ante- or postnatal report. This is due to low response rates from women who received either ante- or postnatal care from the trust. It is the policy of the Coordination Centre to remove responses from trusts with fewer than 30 responses per question because uncertainty around such results would be too great, and very low numbers would risk respondents being recognised from their responses. Two trusts who provided antenatal data are not eligible to receive an antenatal report in 2017.

The antenatal and postnatal survey data from the trusts that completed the attribution exercise will be shared with those trusts. The reports will be published on the Survey Coordination Centre website, but should be viewed with caution for the reasons described above.

Interpreting the report

This report shows how a trust scored for each question in the antenatal care section of the survey, compared with the range of results from 123 other trusts. It is designed to help understand the performance of individual trusts and to identify areas for improvement.

Section scores are also provided, labelled S1, S2, and S3. The scores for each question are grouped according to the relevant sections of the questionnaire, which are: 'The start of your care in pregnancy', 'Antenatal check ups', and 'During your pregnancy'.

Standardisation

Trusts have differing profiles of maternity service users. For example, one trust may have more first-time mothers than another. This can potentially affect the results because people tend to answer questions in different ways depending on certain characteristics. This could lead to a trust's

[2]Please note, responses for question E1 are also included in this report. Although this question appears in the postnatal section of the questionnaire, it is in fact an antenatal question as it asks about care received "during your pregnancy".

results appearing better or worse than if they had a slightly different profile of maternity service users.

To account for this, we ‘standardise’ the data by parity (whether or not they have given birth previously) and age of respondents. This helps to ensure that each trust’s age-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey) and enables a fairer comparison of results from trusts with different profiles of maternity service users. In most cases this standardisation will not have a large impact on trust results.

Scoring

For each question in the survey, individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response; therefore, the higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since some questions do not assess the trust in any way.

Graphs

The graphs in this report show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust score lies in the grey section of the graph, your trust result is 'about the same' as most other trusts in the survey.
- If your trust score lies in the orange section of the graph, your trust result is 'worse' compared with most other trusts in the survey.
- If your trust score lies in the green section of the graph, your trust result is 'better' compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is ‘better’ or ‘worse’ compared with most other trusts in the survey. If there is no text here then your trust is ‘about the same’.

Methodology

The ‘about the same’, ‘better’ and ‘worse’ categories are based on an analysis technique called the 'expected range’ which determines the range within which the trust’s score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust’s score is outside of this range, it means that it is performing significantly above/below what we would expect. If its score is within this range, we say that the trust’s performance is ‘about the same’. Where a trust is performing ‘better’ or ‘worse’ than the majority of other trusts, this result is very unlikely to have occurred by chance.

In some cases there will be no orange and/or green area in the graphs. This occurs when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a large amount of variation in their answers.

If fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on our website (see ‘Further Information’ section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust, and background information about the women that responded.

Scores from the 2015 survey are also displayed where comparable. The column called ‘change from 2015’ uses arrows to indicate whether the score for 2017 shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2015. A statistically significant difference means that the change in results is very unlikely to have occurred by chance. Significance is tested using a

two-sample t-test with a significance level of 0.05.

Where a result for 2015 is not shown, this is because the question was either new in 2017, or the question wording and/or response options have been changed. Comparisons are also not shown if a trust has merged with another trust(s) since the 2015 survey, or if a trust committed a sampling error in 2015. Please also note that comparative data is not shown for the questionnaire sections as the questions contained in each section can change year on year.

Further information

The full England-level results for the 2017 survey are on the CQC website, together with an A to Z list to view the results for each trust's labour and birth questions, and the technical document outlining the methodology and the scoring applied to each question:
http://www.cqc.org.uk/publications/surveys/surveys

For the trusts who submitted attribution data, the reports for antenatal and postnatal care are available on the NHS surveys website, along with the labour and birth reports for all trusts, at:
http://www.nhssurveys.org/surveys/1055

The results for the 2007, 2010, 2013 and 2015 surveys can be found on the NHS surveys website at:
http://www.nhssurveys.org/surveys/299

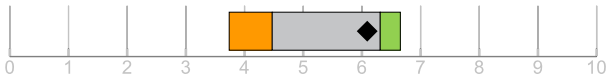
Full details of the methodology for the survey can be found at:
http://www.nhssurveys.org/surveys/1055

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

Survey of women's experiences of maternity services 2017
Nottingham University Hospitals NHS Trust

Section scores

S1. The start of your care in pregnancy



S2. Antenatal check-ups

S3. During your pregnancy

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

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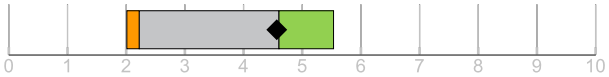
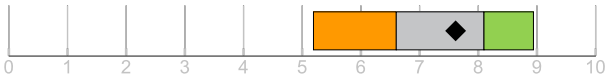
The start of your care in pregnancy

B4. Were you offered any of the following choices about where to have your baby?

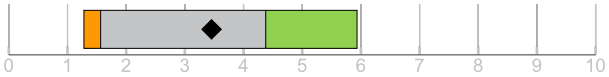


B6. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?

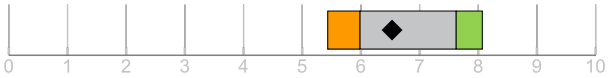


Antenatal check-ups

B7. During your pregnancy were you given a choice about where your antenatal check-ups would take place?



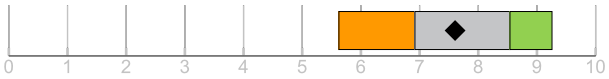
B9. During your antenatal check-ups, did the midwives appear to be aware of your medical history?



B10. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

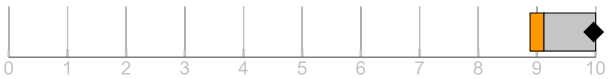
B11. During your antenatal check-ups, did the midwives listen to you?

B12. During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?

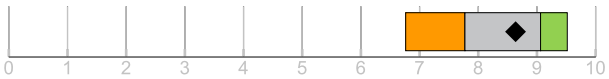


During your pregnancy

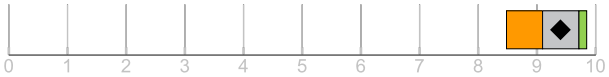
B13. During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?



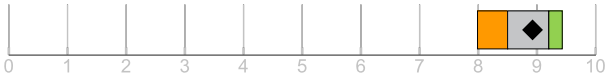
B14. During your pregnancy, if you contacted a midwife, were you given the help you needed?



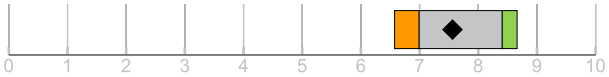
B15. Thinking about your antenatal care, were you spoken to in a way you could understand?



B16. Thinking about your antenatal care, were you involved enough in decisions about your care?



E1. During your pregnancy did midwives provide relevant information about feeding your baby?



Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

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Nottingham University Hospitals NHS Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2015 scores for this NHS trust	Change from 2015
The start of your care in pregnancy							
S1	Section score	6.1	3.7	6.7			
B4	Were you offered any of the following choices about where to have your baby?	4.6	2.0	5.5	197	3.9	↑
B6	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	7.6	5.2	8.9	150	7.1	
Antenatal check-ups							
S2	Section score	7.0	5.9	8.1			
B7	During your pregnancy were you given a choice about where your antenatal check-ups would take place?	3.5	1.3	5.9	185	3.5	
B9	During your antenatal check-ups, did the midwives appear to be aware of your medical history?	6.5	5.4	8.1	191	6.6	
B10	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	8.4	7.7	9.4	197	8.3	
B11	During your antenatal check-ups, did the midwives listen to you?	8.9	8.2	9.6	197	8.9	
B12	During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?	7.6	5.6	9.3	191	6.8	↑
During your pregnancy							
S3	Section score	8.9	8.1	9.3			
B13	During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?	10.0	8.9	10.0	196	10.0	
B14	During your pregnancy, if you contacted a midwife, were you given the help you needed?	8.6	6.8	9.5	170	8.4	
B15	Thinking about your antenatal care, were you spoken to in a way you could understand?	9.4	8.5	9.8	198	9.5	
B16	Thinking about your antenatal care, were you involved enough in decisions about your care?	8.9	8.0	9.4	197	8.8	
E1	During your pregnancy did midwives provide relevant information about feeding your baby?	7.6	6.6	8.7	180	7.4	

↑ or ↓	Indicates where 2017 score is significantly higher or lower than 2015 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2015 data is available.