<table>
<thead>
<tr>
<th>Meeting Title</th>
<th>Trust Board</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Title</td>
<td>Patient Experience- National Maternity Survey 2017</td>
<td>22nd February 2018</td>
</tr>
<tr>
<td>Agenda Item</td>
<td>A5(iii)</td>
<td></td>
</tr>
<tr>
<td>Lead Director</td>
<td>Nursing &amp; Patient Services Director</td>
<td></td>
</tr>
<tr>
<td>Report Author</td>
<td>Helen Lamont, Nursing and Patient Services Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caroline McGarry, Patient Experience and Involvement Officer</td>
<td></td>
</tr>
<tr>
<td>Classification</td>
<td>NHS Unclassified</td>
<td></td>
</tr>
<tr>
<td>Purpose (Tick one only)</td>
<td>Approval [ ]  Discussion [ ]  For Information [✓]</td>
<td></td>
</tr>
</tbody>
</table>

**Links to Strategic Objectives**

- To put patients and carers at the centre of all we do and to provide care of the highest standard in terms of both safety and quality.
- To continue to be recognised as a first-class teaching hospital, counted amongst the top 10 in the country, which promotes a culture of excellence, in all that it does.

**Links to CQC Domains/ Fundamental Standard(s)**

- Regulation 9, 10, 16.
- CQC Domains responsive to people’s needs, well led and effective.

**Identified Risk? (If yes, risk reference)**

- No.

**Resource Implications**

- No additional resource implication.

**Legal implications and equality and diversity assessment**

- This paper does not highlight any specific equality and diversity implications. The sample size is not large enough to examine findings by demographic groups.

**Benefit to patients and the public**

- Provides assurance that the Trust has robust and transparent systems for collecting and acting upon patient feedback as part of the National Patient Survey Programme.
- Demonstrates culture of continuous improvement.

**Report History**

- National Maternity Survey last undertaken in 2015

**Next steps**

- To read, discuss and approve this paper.
EXECUTIVE SUMMARY

This paper summarises the findings of the National Maternity Survey which was undertaken in 2017. The findings outlined in this paper enable comparison to be made with results of the previous Maternity Survey undertaken in 2015.

The results provided by the Picker Institute, who conducted this survey on behalf of the Trust, clearly show aspects of maternity care that are rated highly by women. The results show a significant improvement in 10 questions since the 2015 survey and a significantly worse score in none. The Picker report also shows that when compared to the 68 trusts who used Picker to conduct the national maternity survey, the Trust scored significantly better than the average for 28 of the questions and worse than average in three.

The Care Quality Commission benchmark report was published on 30th January 2018 and enables the Trust to benchmark itself against other Trusts. The CQC Benchmark reports show Trust performance for each section and question which are compared to other trusts. Three benchmark reports are available for this Trust covering i) Antenatal care ii) Labour and birth and iii) Postnatal care. Not all Trusts could attribute antenatal or postnatal care to their trust therefore the CQC have only published the section regarding labour and birth on their website.

The reports show excellent results for the service provided by the Trust which have been commended by the CQC and highlighted in the Health Service Journal article ‘Revealed: Best and worst trusts for maternity care experience’ (31 January 2018), where the Trust was named in the Top 5 Trusts performing ‘better than expected’ in three or more of the with core areas of the maternity experience when compared to peers.

RECOMMENDATION

To (i) receive the briefing and (ii) acknowledge the results of the maternity survey report and to (iii) note the actions taken by Women’s Services to understand and disseminate the results in order to identify areas for improvement.

Helen Lamont
Nursing & Patient Services Director

Caroline McGarry
Patient Experience and Involvement Officer

16th February 2018
1. INTRODUCTION

This paper summarises the findings of the National Maternity Survey 2017. The findings, outlined in this report, enable comparison to be made with results of the previous Maternity Survey in 2015.

The results provided by the Picker Institute, who conducted this survey on behalf of the Trust, clearly show aspects of maternity care that are rated highly by women. The results also show a significant improvement in ten questions since the 2015 survey and no questions had significantly worsened.

The Care Quality Commission benchmark report was published on 30th January 2018 and enables the Trust to benchmark itself against other Trusts. This paper also summarises the performance of the Trust in the benchmark exercise (Summary in appendix 1).

2. PURPOSE AND METHODOLOGY

The purpose of the survey is to understand what patients think of maternity services provided by the Trust. All Trusts involved in the national survey use a standard postal questionnaire. A sample of mothers who gave birth at the Trust in February 2017 were sent questionnaires.

A response rate of 36.6% was achieved (179 responses). This should be seen in the context of overall activity within the Trust as, during the year 2015-16, a total of number of 6,990 births took place within the Trust.

3. RESULTS

Some key results from the women who responded
- 91% were given a choice of where to have their baby
- 86% said that the midwives listened to them during their antenatal check ups
- 84% felt they were involved enough in decisions about their antenatal care.
- 97% felt that their partner was involved in their care during labour and birth
- 92% said that they were treated with respect and dignity
- 99% were visited at home by a midwife since the birth of their baby

The Picker report shows that when compared to the 68 trusts who used Picker to conduct the national maternity survey, the Trust scored significantly better than the average for 28 of the questions in the “problem score” category and worse than average in three questions.
The results indicate that most patients are highly appreciative of the care that they receive. However, it is evident that there is room for improving the patient experience. The Picker Institute use a score – the ‘problem score’, to indicate where there may be a problem or there is room for improvement. The problem score shows the percentage of patients for each question who, by their response, indicated that a particular aspect of their care could have been improved; therefore lower scores reflect better performance. Questions where more than 40% of respondents reported room for improvement are listed below. Focusing on these areas could potentially improve the patient experience for a large proportion of maternity patients.

### 3.1. Comparison to previous survey

The Maternity Survey was last carried out in 2015. The Picker report looks at the problem scores for this year’s survey, compared to the previous survey, and may be used to identify areas where performance may be slipping, or improvements have occurred. A total of 52 questions were used in both the 2015 and 2017 surveys. Compared to the 2015 survey, the Trust is:

- Significantly better on 10 questions
- Significantly worse on zero
- The scores show no significant difference on 42 questions
4. **CQC BENCHMARK REPORT**

4.1 The CQC published benchmark findings on 30th January 2018. The report provides the benchmarked results for the 2017 maternity services survey. The survey involved 130 NHS acute trusts in England. The report gives a score out of 10 for each question and also assigns a category for each question to identify if the trust score is ‘better’, ‘about the same’ or ‘worse’ than most other trusts.

4.2 Benchmark results

4.2.1 Antenatal care
- The Trust performs ‘about the same’ as other trust in ten questions
- The Trust performs ‘Better’ than other trusts in two questions
  - Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
  - During your antenatal check-ups, did the midwives appear to be aware of your medical history?

4.2.2 Labour and birth
- The Trust performs ‘About the same’ as other trust in 14 of the 19 questions.
- The Trust performs ‘Better than other trusts’ for five questions
  - Did the staff treating and examining you introduce themselves?
  - If you raised a concern during labour and birth, did you feel that it was taken seriously?
  - Did you have confidence and trust in the staff caring for you during your labour and birth?
  - Looking back, do you feel that the length of your stay in hospital after the birth was adequate?
  - Thinking of the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

4.2.3 Postnatal care
- The Trust performs ‘About the same’ as other trust in 13 of the 20 questions.
- The Trust performs ‘Better than other trusts’ in seven questions
  - Were your decisions about how you wanted to feed your baby respected by midwives?
  - Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?
  - When you were at home after the birth, did you have a telephone number for a midwife or midwifery team that you could contact?
  - Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?
  - Did you have confidence and trust in the midwives you saw after going home?
  - Were you given enough information about your own physical recovery after the birth?
o Were you given information or offered advice from a health professional about contraception?

- Two questions in this section scored the best possible results of 10/10
  o When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?
  o Did the midwife or health visitor ask how you were feeling emotionally?

4.3 Compared to the last Maternity survey in 2015, two questions have significantly improved
  o Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?
  o Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?

4.4 The Trust did not score ‘worse than other trusts’ in any questions and when looking at the last survey results from 2015, no scores were significantly worse.

Follow-up Actions

- Publicise findings throughout the staff providing maternity services. The Picker Institute are coming to the Trust in February 2018 to present the findings and assist in the identification of any areas for improvement.

- Use the findings of these reports in conjunction with other patient experience feedback such as the Friends and Family Test results to ensure patient experience is considered when designing or redeveloping services within the Maternity Unit.

- Directorate of Women’s Services to review the findings and produce action plan for approval of the Patient, Carer and Public Involvement Group.

5. SUMMARY

Within the scope of this survey, patients report very high levels of satisfaction with many areas of their maternity care, particularly those around the staff and care provided.

The CQC benchmarking analysis showed significant improvement in the responses to two questions since 2015, with deterioration in none. In addition, the tables in Appendix 1 show the high Trust performance within the three sections of the Labour and Birth domain against the performance of local trusts and the national peer group.

The introduction of the NHS Friends and Family Test on 1 October 2013 into maternity services provides further evidence of patient experience in maternity services. In October 2017, 98% of women would recommend the RVI as a place to give birth. The service finds it a challenge to obtain responses to the Friends and Family Test in antenatal and postnatal care therefore this survey has provided some feedback from women in this period of their maternity care.
The reports show excellent results for the service provided by the Trust which have been commended by the CQC and highlighted in the Health Service Journal article ‘Revealed: Best and worst trusts for maternity care experience’ (31 January 2018), where the Trust was named in the Top 5 Trusts performing ‘better than expected’ in three or more of the with core areas of the maternity experience when compared to peers.

6. **RECOMMENDATIONS**

To (i) receive the briefing and (ii) acknowledge the results of the maternity survey report and to (iii) note the areas for attention from the Directorate of Women’s Services.

Helen Lamont  
Nursing & Patient Services Director  
Caroline McGarry  
Patient Experience and Involvement Officer

16th February 2018
Appendix 1: Benchmark summary with local and Shelford Trusts

Local Trusts

<table>
<thead>
<tr>
<th>Trust</th>
<th>NUTH</th>
<th>Northumbria Healthcare NHS FT</th>
<th>City Hospitals Sunderland</th>
<th>Gateshead Health</th>
<th>North Tees and Hartlepool</th>
<th>South Tees Hospital</th>
<th>County Durham and Darlington</th>
<th>South Tyneside</th>
<th>North Cumbria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain</td>
<td>Score out of 10 and overall performance against other trusts (orange – average, green – better than other trusts, red – worse than other trusts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labour and birth</td>
<td>9.1</td>
<td>9.2</td>
<td>9.0</td>
<td>8.5</td>
<td>8.3</td>
<td>9.1</td>
<td>8.7</td>
<td>n/a</td>
<td>9.2</td>
</tr>
<tr>
<td>Staff during Labour and Birth</td>
<td>9.1</td>
<td>9.0</td>
<td>9.0</td>
<td>9.2</td>
<td>8.8</td>
<td>8.7</td>
<td>9.0</td>
<td>n/a</td>
<td>9.2</td>
</tr>
<tr>
<td>Care in hospital after birth</td>
<td>7.8</td>
<td>8.1</td>
<td>8.2</td>
<td>7.8</td>
<td>6.8</td>
<td>7.7</td>
<td>7.5</td>
<td>n/a</td>
<td>8.1</td>
</tr>
</tbody>
</table>

National Peer Group

<table>
<thead>
<tr>
<th>Trust</th>
<th>NUTH</th>
<th>University Hospitals Birmingham</th>
<th>Cambridge University Hospitals</th>
<th>Central Manchester University Hospitals</th>
<th>Guy’s and St Thomas’s</th>
<th>Imperial College Healthcare</th>
<th>Oxford University Hospitals</th>
<th>Sheffield Teaching Hospitals</th>
<th>University College Hospitals</th>
<th>King’s College Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain</td>
<td>Score out of 10 and overall performance against other trusts (orange – average, green – better than other trusts, red – worse than other trusts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labour and birth</td>
<td>9.1</td>
<td>n/a</td>
<td>9.2</td>
<td>8.6</td>
<td>8.9</td>
<td>8.9</td>
<td>9.1</td>
<td>9.0</td>
<td>8.6</td>
<td>8.9</td>
</tr>
<tr>
<td>Staff During Labour and Birth</td>
<td>9.1</td>
<td>n/a</td>
<td>8.8</td>
<td>8.5</td>
<td>8.6</td>
<td>8.5</td>
<td>9.0</td>
<td>8.7</td>
<td>8.5</td>
<td>8.7</td>
</tr>
<tr>
<td>Care in Hospital after birth</td>
<td>7.8</td>
<td>n/a</td>
<td>7.1</td>
<td>7.1</td>
<td>7.3</td>
<td>7.6</td>
<td>7.3</td>
<td>7.1</td>
<td>7.0</td>
<td>7.3</td>
</tr>
</tbody>
</table>