

Report to:	Trust Board (Public)	Agenda item:	SFT 4026
Date of Meeting:	12 April 2018		

Report Title:	National Maternity Survey 2017			
Status:	Information	Discussion	Assurance	Approval
	X			
Prepared by:	Fiona Coker, Head of Maternity & Neonatal Services Gill Sheppard, Clinical Governance Administrator			
Executive Sponsor (presenting):	Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Appendix A: Care Quality Commission's (CQC) benchmark report			

Recommendation:
Board members are invited to note the contents of the report and endorse the approach for the Clinical Governance Committee to oversee the resulting action plan.

Executive Summary:
<p>Background Salisbury NHS Foundation Trust (SFT) participated in the fifth national Maternity survey between April and September 2017. 54% of the 300 new mothers surveyed completed a questionnaire.</p> <p>Antenatal Care</p> <ul style="list-style-type: none"> Scored 'about the same' as most other Trusts for Sections 1 & 2. It was borderline 'better' for Section 3. Scored 'better' for three of the individual questions, one of which was the highest score of all Trusts. Scored 'about the same' for the remaining nine questions, one of which was borderline 'better'. <p>Labour and Birth</p> <ul style="list-style-type: none"> Scored 'about the same' as most other Trusts for Sections 4, 5 & 6. It was borderline 'better' for Section 5. Scored 'better' for five of the individual questions, one of which was the highest score of all Trusts. Scored 'about the same' for the remaining 14 questions, one of which was borderline 'better'. <p>Postnatal Care</p> <ul style="list-style-type: none"> Scored 'about the same' for Sections 7 & 8. Scored 'better' for two of the individual questions. Scored 'about the same' for the remaining 18 questions, three of which were borderline 'better'.

Comparisons with 2015 Results

- There was one statistically significant improvement in scores:
 - mothers and/or partners/companions not being left alone by midwives or doctors at a time when it worried them. (8.6 in 2017 compared with 7.1 in 2015)
- There were three statistically significant declines:
 - mothers being offered a choice about where to have their babies [choice of hospitals; midwife-led unit or birth centre; consultant-led unit; home birth] (2.6 in 2017 compared with 3.7 in 2015);
 - midwives providing relevant information during pregnancy about feeding baby (7.2 compared with 8.0);
 - mothers being given appropriate advice and support when they contacted a midwife or hospital at the start of labour (8.8 compared with 9.5).

Comparisons with Neighbouring Trusts

- Highest or joint highest scores for six of the eight overall sections.
- Highest or joint highest score for 21 of the 51 individual questions.
- Joint lowest score for one question:
 - during pregnancy, midwives provided relevant information about feeding baby.

Free-text comments

- The three top areas were hospital midwives, labour and community midwives.
- The three bottom areas were feeding baby, communication and discharge.

The Next Steps

- Action plans have been developed which will be monitored via the Clinical Governance Committee.
- With effect from 2018, the CQC will be conducting the national Maternity Services survey annually.

1. PURPOSE

- 1.2 This report sets out Salisbury's results for the national survey of women's experiences of maternity services 2017. It identifies areas where improvement is required and shows the work being undertaken within the Trust to address these issues.

2. BACKGROUND

- 2.1 Salisbury NHS Foundation Trust (SFT) participated in the fifth national Maternity survey between April and September 2017. Previous national surveys took place in 2007, 2010, 2013 and 2015. Questionnaires were sent to 300 mothers who had given birth during January and February 2017. The Trust achieved a 54% response rate compared with the national average of 37%. Historical data on previous maternity surveys is available upon request.
- 2.2 The Care Quality Commission (CQC) has provided SFT with three separate benchmark reports covering antenatal care, labour and birth, and postnatal care. For some Trusts, only the results from the labour and birth data has been published due to the fact that not all Trusts were able to identify whether mothers who gave birth at a particular site also received their antenatal and/or postnatal care at the same site.

SFT's benchmark report for labour and birth is attached to this report (Appendix A) and is available on the NHS Surveys website at:

http://www.nhssurveys.org/Filestore/MAT17_Benchmark_reports/LabBirth/MAT17_LB_RNZ.pdf

SFT's benchmark report for antenatal care is available on the NHS Surveys website at:

http://www.nhssurveys.org/Filestore/MAT17_Benchmark_reports/AntNat/MAT17_AN_RNZ.pdf

SFT's benchmark report for postnatal care is available on the NHS Surveys website at:

http://www.nhssurveys.org/Filestore/MAT17_Benchmark_reports/PostNat/MAT17_PN_RNZ.pdf

Benchmark reports for the rest of England are available at:

<http://www.nhssurveys.org/surveys/1132>

3. ANALYSIS OF THE BENCHMARK REPORT

3.1 Antenatal Care

- 3.1.1 A total of 126 Trusts participated in this element of the survey. The results were divided into three sections:-

Section 1 – The start of your care in pregnancy

Section 2 – Antenatal check-ups

Section 3 – During your pregnancy

SFT scored 'about the same' as most other Trusts for Sections 1 and 2, and were on the border of 'about the same' and 'better' for Section 3.

3.1.2 For the individual questions, SFT scored 'better' than most other Trusts for three questions, one of which was the highest score of all Trusts:-

- given enough time during antenatal check-ups to ask questions or discuss the pregnancy;
- sufficient help given if midwife contacted during pregnancy;
- enough involvement in decisions during antenatal care. [highest scoring Trust]

3.1.3 For the remaining nine questions, SFT scored 'about the same', although one of the results was borderline 'better':-

Borderline 'better'

- mother spoken to in a way she could understand.

'About the same'

- offered choices about where to give birth;
- sufficient information provided by midwife or doctor to help decide where to give birth;
- given a choice about where antenatal check-ups would take place;
- midwives aware of mother's medical history;
- midwives listened during antenatal check-ups;
- during antenatal check-ups, midwife asked how mother was feeling emotionally;
- contact telephone number provided for a midwife or midwifery team during pregnancy;
- during pregnancy, midwives provided relevant information about feeding baby.

3.2 Labour and birth

3.2.1 A total of 130 Trusts participated in this element of the survey. The results were divided into three sections:-

Section 4 – Labour and birth

Section 5 – Staff

Section 6 – Care in hospital after the birth

SFT scored 'about the same' for all three sections, although it was borderline 'better' for Section 5.

3.2.2 For the individual questions, SFT scored 'better' than most other Trusts for five questions, one of which was the highest score of all Trusts:-

- staff treating and examining mother introduced themselves;
- mother and/or partner/companion not left alone by midwives or doctors at a time when it worried them;
- help obtained, if needed, from a member of staff within a reasonable time; [highest scoring trust]
- mother spoken to in a way she could understand;

- adequately involved in decisions about care.

3.2.3 For the remaining 14 questions, SFT scored 'about the same', one of which was borderline 'better':-

Borderline 'better'

- mother had skin-to-skin contact with her baby shortly after the birth.
- 'About the same'

- appropriate advice and support given by midwife or hospital at the very start of labour;
- during labour mother could move around and choose the most comfortable position;
- partner or someone close was able to be involved as much as they wanted;
- any concerns raised by mother were taken seriously;
- treated with respect and dignity;
- confidence and trust in staff;
- adequate length of stay in hospital after the birth;
- delayed discharge;
- member of staff available to help within a reasonable time if attention required whilst in hospital after the birth;
- information or explanations provided whilst in hospital after the birth;
- treated with kindness and understanding;
- partner or someone close was able to stay with mother as much as she wanted;
- cleanliness of hospital room or ward.

3.3 Postnatal Care

3.3.1 A total of 126 Trusts participated in this element of the survey. The results were divided into two sections:-

Section 7 – Feeding

Section 8 – Care at home after the birth

SFT scored 'about the same' as most other Trusts in both sections.

3.3.2 For the individual questions, SFT scored 'better' than most other Trusts for two questions:-

- midwives and other health professionals gave active support and encouragement about feeding baby;
- midwife advised mother that she would need a postnatal check-up of her own health with her GP.

3.3.3 For the remaining 18 questions, SFT scored 'about the same' as most other Trusts, three of which were borderline 'better':-

Borderline 'better'

- mother's decisions about how she wanted to feed baby were respected by midwives;
- contact telephone number for a midwife or midwifery team was provided when mother was at home after the birth;
- information or advice offered from a health professional about contraception.

'About the same'

- midwives and other health professionals gave consistent advice about feeding baby;
- given choice about where postnatal care would take place;
- adequate help provided if midwife contacted;
- mother saw midwife as often as she had wanted to;
- midwives aware of the medical history of mother and baby;
- midwives always listened;
- midwives took personal circumstances into account when giving advice;
- confidence and trust in midwives seen after going home;
- midwife or health visitor asked how mother was feeling emotionally;
- mother given enough information about her own physical recovery after the birth;
- help and advice provided about feeding baby during the six weeks after the birth;
- advice and support provided on feeding baby during evenings, nights or weekends, if required;
- help and advice about baby's health and progress provided during six weeks after birth;
- adequate information provided about any emotional changes mother may experience after the birth;
- contact details provided if mother needed advice about any emotional changes experienced after the birth.

3.4 Comparisons with Demographic Characteristics

3.4.1 The split between first time mothers and those who had given birth previously was in line with the national average (50/50% compared with 49/51% nationally).

3.4.2 Age group responses were in line with the national average (16-18 = 1%; 19-24 = 6%; 25-29 = 20%; 30-34 = 37%; 35 and over = 35%).

3.4.3 SFT's ethnicity responses for the White group were higher (93% compared to 82% nationally).

3.5 Information Published on the CQC Website

3.5.1 Every participating Trust has received a score out of ten for each question in the labour and birth element of the survey so that the public can easily identify how well Trusts are doing. This information is published on the CQC website at: <http://www.cqc.org.uk/provider/RNZ/survey/5#undefined>

The results appear as follows:-

Patient survey	Patient response i	Compared with other trusts i
Labour and birth	9.2/10	About the same
<ul style="list-style-type: none"> • Advice at the start of labour Receiving appropriate advice and support • Moving during labour Being able to move around and choose the most comfortable position during labour • Skin to skin contact Having skin to skin contact with the baby shortly after birth • Partner involvement Partners being involved as much as they wanted 	8.8/10 8.5/10 9.6/10 9.7/10	About the same About the same About the same About the same
Staff during labour and birth	9.2/10	About the same
<ul style="list-style-type: none"> • Staff introduction Staff introducing themselves before examination or treatment • Being left alone Not being left alone by midwives or doctors at a time when it worried them • Raising concerns Concerns being taken seriously once raised • Attention during labour If attention was needed during labour and birth, a member of staff helped them within a reasonable amount of time • Clear communication Being spoken to during labour and birth, in a way they could understand • Involvement in decisions Being involved enough in decisions about their care during labour and birth • Respect and dignity Being treated with respect and dignity during labour and birth • Confidence and trust Having confidence and trust in the staff caring for them during labour and birth 	9.6/10 8.6/10 8.2/10 9.4/10 9.7/10 9.1/10 9.5/10 9.0/10	Better Better About the same Better Better Better About the same About the same
Care in hospital after the birth	7.8/10	About the same
<ul style="list-style-type: none"> • Length of hospital stay Feeling the stay in hospital after the birth was the right amount of time • Delay in discharge Discharge from hospital being delayed • Reasonable response time after birth If attention was needed after the birth, a member of staff helped within a reasonable amount of time • Information and explanations Receiving the information and explanations they needed after the birth • Kind and understanding care Being treated with kindness and understanding by staff after the birth • Partner length of stay That their partner who was involved in their care was able to stay with them as much as they wanted • Cleanliness of room or ward Thinking the hospital room or ward was clean 	7.4/10 6.5/10 8.1/10 8.1/10 8.7/10 6.5/10 9.2/10	About the same About the same About the same About the same About the same About the same About the same

3.6 Comparisons with the 2015 Results

3.6.1 When compared with its own results in 2015, there was one statistically significant improvement in scores relating to mothers and/or partners/companions not being left alone by midwives or doctors at a time when it worried them. (8.6 in 2017 compared with 7.1 in 2015)

3.6.2 There were three statistically significant declines in scores in the following areas:-

- mothers being offered a choice about where to have their babies [choice of hospitals; midwife-led unit or birth centre; consultant-led unit; home birth] (2.6 in 2017 compared with 3.7 in 2015);
- midwives providing relevant information during pregnancy about feeding baby (7.2 compared with 8.0);
- mothers being given appropriate advice and support when they contacted a midwife or hospital at the start of labour (8.8 compared with 9.5).

3.7 Comparisons with Neighbouring Trusts

3.7.1 Work has been undertaken to compare SFT's results with those of neighbouring Trusts in Bath, Poole, Southampton, Swindon, Winchester and Yeovil.

3.7.2 SFT had the highest or joint highest scores for six of the eight overall sections:-

- Antenatal check-ups
- Care during pregnancy
- Labour and birth
- Staff
- Feeding
- Care at home after the birth

3.7.3 SFT had the highest or joint highest score in 21 areas:-

- given a choice about where antenatal check-ups would take place;
- given enough time during antenatal check-ups to ask questions or discuss the pregnancy;
- sufficient help given if midwife contacted during pregnancy;
- mother spoken to in a way she could understand [antenatal];
- enough involvement in decisions during antenatal care;
- during labour mother could move around and choose the most comfortable position;
- mother had skin-to-skin contact with her baby shortly after the birth;
- staff treating and examining mother introduced themselves;
- mother and/or partner/companion not left alone by midwives or doctors at a time when it worried them;
- help obtained, if needed, from a member of staff within a reasonable time;
- mother spoken to in a way she could understand [labour and birth];
- adequately involved in decisions about care during labour and birth;
- delayed discharge;
- member of staff available to help within a reasonable time if attention required whilst in hospital after the birth;
- cleanliness of hospital room or ward;

- midwives and other health professionals gave active support and encouragement about feeding baby;
- given choice about where postnatal care would take place;
- midwives always listened;
- mother given enough information about her own physical recovery after the birth;
- information or advice offered from a health professional about contraception;
- midwife advised mother that she would need a postnatal check-up of her own health with her GP.

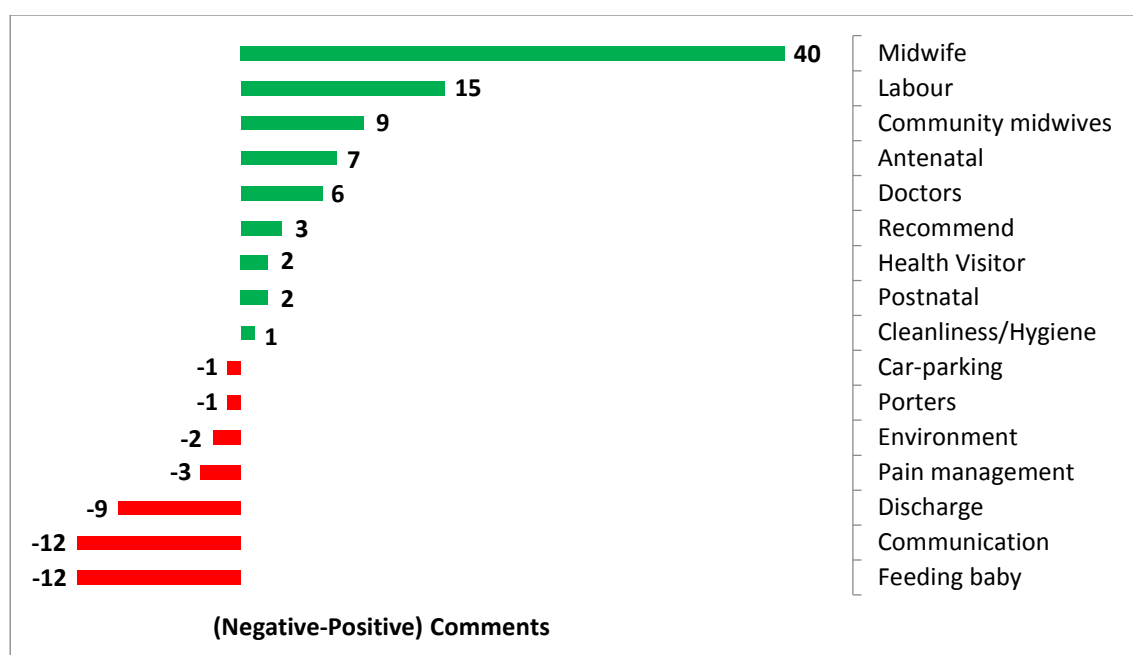
3.7.4 SFT had the joint lowest score in one area:-

- during pregnancy, midwives provided relevant information about feeding baby.

3.7.5 Full details of the comparisons are available upon request.

3.8 Free-text comments

3.8.1 In addition to specific questions, mothers were given the opportunity to comment on things that went well and areas where they felt improvements could be made. A total of 75 positive and 64 negative comments were received. These have been categorised and the table below shows the balance of positive and negative comments for each category:-



3.9 The Next Steps

3.9.1 The results have been considered widely across the Maternity Service and also within the Facilities Directorate. Action plans have been developed and progress will be monitored via the Clinical Governance Committee.

3.9.2 With effect from 2018, the CQC will be conducting the national Maternity Services survey annually.

4. SUMMARY

- 4.1 Once again, the results for maternity services in Salisbury were good. Where opportunities for improvement have been identified, action plans have been drawn up and work will be undertaken accordingly.

5. RECOMMENDATION

- 5.1 Board members are invited to note the contents of the report and endorse the approach for the Clinical Governance Committee to oversee the resulting action plan.

Lorna Wilkinson
Director of Nursing

Maternity care pathway reports: Labour and birth

Survey of women's experiences of maternity services 2017
Salisbury NHS Foundation Trust

NHS patient survey programme

Survey of women's experiences of maternity services 2017

Maternity care pathway reports: labour and birth

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 home¹. 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

This report contains the benchmarked results for the labour and birth section of the questionnaire. 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 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. We therefore asked trusts to identify which of the women in their sample were

¹Some 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>

likely to have also received their antenatal and postnatal care from the trust. The antenatal and postnatal survey data from the trusts that completed this attribution exercise is published in separate reports. However, due to the limitations of the attribution exercise, the antenatal and postnatal data cannot be considered as statistically robust as the data for labour and birth and should be viewed with caution. Please see the antenatal and postnatal reports for further information.

Interpreting the report

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

Section scores are also provided, labelled S4, S5, and S6. The scores for each question are grouped according to the relevant sections of the questionnaire, which are, 'Labour and birth', 'Staff' and 'Care in hospital after the birth'.

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 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.

Notes on specific questions

The following questions were not answered by women who had a planned caesarean: **C1** and **C3**.

The following questions were not answered by women who had a home birth and did not go to hospital: **D2**, **D3**, **D5**, **D6**, **D7**, **D8** and **D9**.

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:

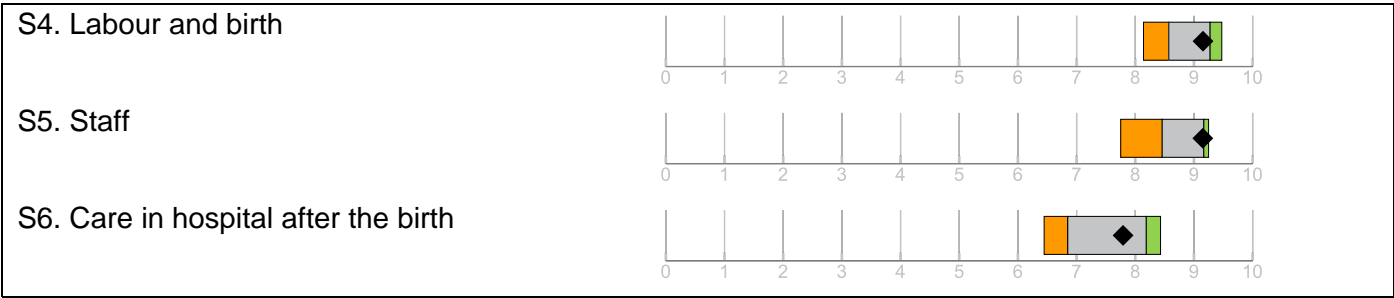
<http://www.nhssurveys.org/surveys/1055>

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 Salisbury NHS Foundation Trust

Section scores



<div style="display: inline-block; width: 15px; height: 15px; background-color: #90EE90; border: 1px solid black; margin-right: 5px;"></div> Best performing trusts	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">'Better/Worse'</div> <div style="font-size: 24px;">◆</div> </div>	Only displayed when this trust is better/worse than most other trusts
<div style="display: inline-block; width: 15px; height: 15px; background-color: #D3D3D3; border: 1px solid black; margin-right: 5px;"></div> About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
<div style="display: inline-block; width: 15px; height: 15px; background-color: #FF8C00; border: 1px solid black; margin-right: 5px;"></div> Worst performing trusts		

Survey of women's experiences of maternity services 2017

Salisbury NHS Foundation Trust

Labour and birth

C1. At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?



C3. During your labour, were you able to move around and choose the position that made you most comfortable?



C10. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?



C11. 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?



Staff

C12. Did the staff treating and examining you introduce themselves?



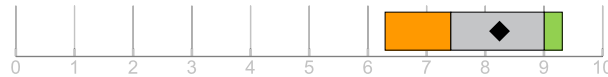
Better

C14. Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?



Better

C15. If you raised a concern during labour and birth, did you feel that it was taken seriously?



C16. If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?



Better

C17. Thinking about your care during labour and birth, were you spoken to in a way you could understand?



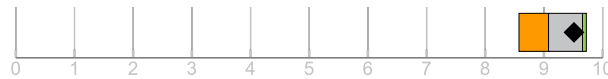
Better

C18. Thinking about your care during labour and birth, were you involved enough in decisions about your care?

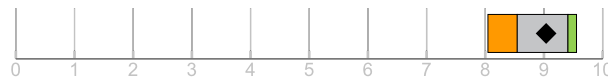


Better

C19. Thinking about your care during labour and birth, were you treated with respect and dignity?



C20. Did you have confidence and trust in the staff caring for you during your labour and birth?



Best performing trusts

About the same

Worst performing trusts

'Better/Worse'



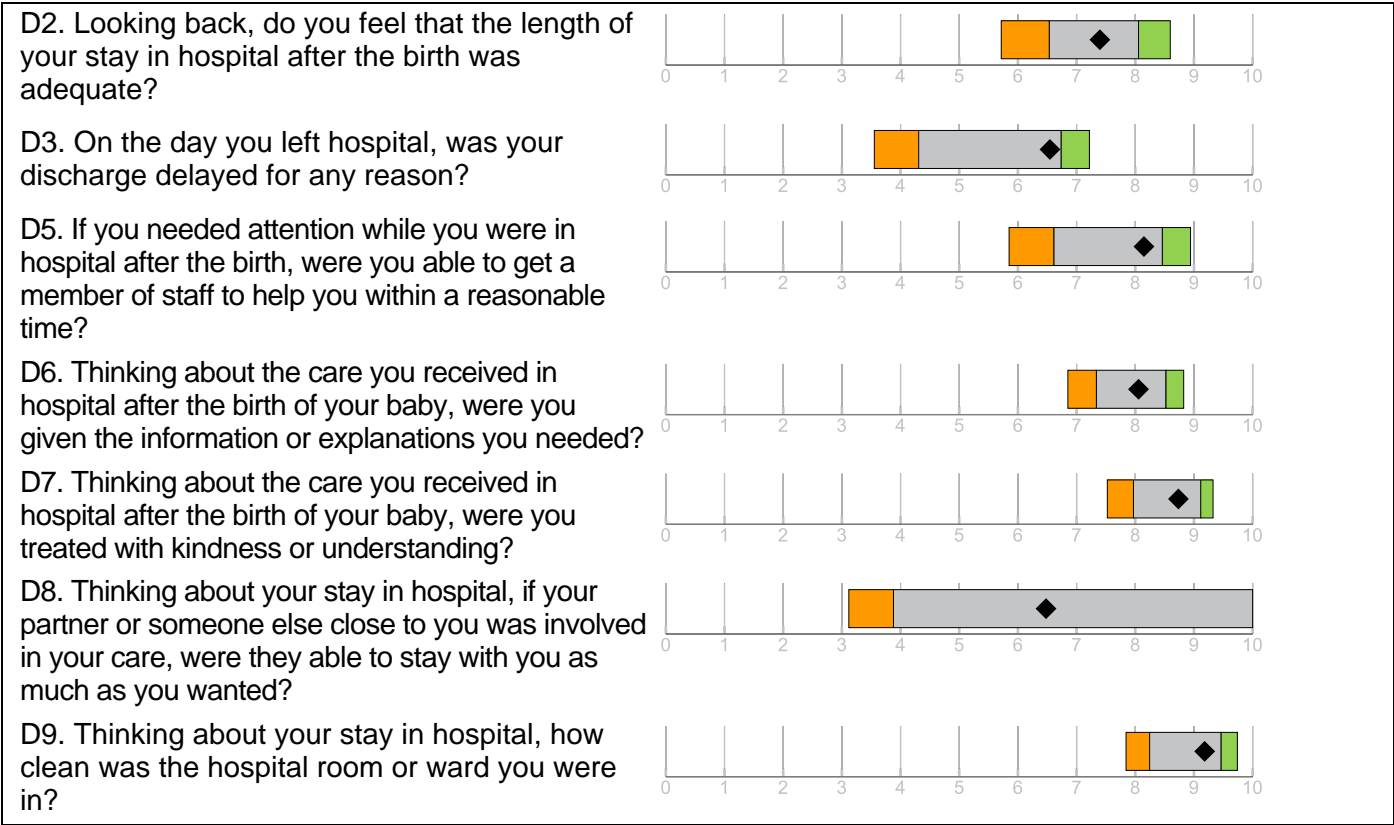
Only displayed when this trust is better/worse than most other trusts

This trust's score (NB: Not shown where there are fewer than 30 respondents)

Survey of women's experiences of maternity services 2017

Salisbury NHS Foundation Trust

Care in hospital after the birth



Best performing trusts

About the same

Worst performing trusts

'Better/Worse'

Only displayed when this trust is better/worse than most other trusts

◆

This trust's score (NB: Not shown where there are fewer than 30 respondents)

Survey of women's experiences of maternity services 2017

Salisbury NHS Foundation 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
Labour and birth							
S4	Section score	9.2	8.1	9.5			
C1	At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	8.8	7.3	9.6	130	9.5	↓
C3	During your labour, were you able to move around and choose the position that made you most comfortable?	8.5	6.4	9.1	119	8.4	
C10	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	9.6	7.3	9.9	145	9.2	
C11	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?	9.7	9.1	10.0	159	9.6	
Staff							
S5	Section score	9.2	7.8	9.2			
C12	Did the staff treating and examining you introduce themselves?	9.6	8.5	9.7	159	9.3	
C14	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	8.6	6.2	8.8	157	7.1	↑
C15	If you raised a concern during labour and birth, did you feel that it was taken seriously?	8.2	6.3	9.3	108	8.9	
C16	If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?	9.4	7.5	9.4	148	9.2	
C17	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	9.7	8.9	9.8	155	9.4	
C18	Thinking about your care during labour and birth, were you involved enough in decisions about your care?	9.1	7.5	9.2	156	8.8	
C19	Thinking about your care during labour and birth, were you treated with respect and dignity?	9.5	8.6	9.7	156	9.4	
C20	Did you have confidence and trust in the staff caring for you during your labour and birth?	9.0	8.0	9.6	156	9.3	

↑ 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.

Survey of women's experiences of maternity services 2017

Salisbury NHS Foundation 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
Care in hospital after the birth							
S6	Section score	7.8	6.4	8.4			
D2	Looking back, do you feel that the length of your stay in hospital after the birth was adequate?	7.4	5.7	8.6	152	7.6	
D3	On the day you left hospital, was your discharge delayed for any reason?	6.5	3.6	7.2	157		
D5	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you within a reasonable time?	8.1	5.8	8.9	145	7.8	
D6	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	8.1	6.9	8.8	156	8.0	
D7	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness or understanding?	8.7	7.5	9.3	156	8.7	
D8	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?	6.5	3.1	9.8	148	5.5	
D9	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	9.2	7.8	9.7	157	9.0	

↑ 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.

Survey of women's experiences of maternity services 2017

Salisbury NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	162	18426
Response Rate (percentage)	54	37
Demographic characteristics	This trust	All trusts
Percentage of mothers	(%)	(%)
First-time	50	49
Who have previously given birth	50	51
Age group (percentage)	(%)	(%)
Aged 16-18	1	0
Aged 19-24	6	7
Aged 25-29	20	22
Aged 30-34	37	37
Aged 35 and over	35	34
Ethnic group (percentage)	(%)	(%)
White	93	82
Multiple ethnic group	2	2
Asian or Asian British	2	8
Black or Black British	2	3
Arab or other ethnic group	0	1
Not known	0	4
Religion (percentage)	(%)	(%)
No religion	47	40
Buddhist	1	0
Christian	50	47
Hindu	1	2
Jewish	0	1
Muslim	1	6
Sikh	0	1
Other religion	0	1
Prefer not to say	1	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	99	96
Gay/lesbian	1	0
Bisexual	0	1
Other	0	1
Prefer not to say	1	3