

Open and Honest Maternity Care in your Local Hospital



The *Open and Honest Care: Driving Improvement* programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture.

Report for:

**Blackpool Teaching Hospitals
NHS Foundation Trust**

March 2015

Open and Honest Maternity Care at Blackpool Teaching Hospitals: March 2015

This report is based on information from February, 2015

The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the trust's performance.

1. SAFETY

Maternity Safety Thermometer

On one day each month we use the maternity safety thermometer, which is a nationally agreed tool to monitor care in maternity services. We use it to check to see how many women and babies experienced certain types of harm whilst in our care. It is called a safety 'thermometer' because it is a tool designed to take a sample of information available and so acts similarly to a 'temperature' check of safety, experience and improvement. This helps us to understand where we need to make improvements.

When we are using the term 'harm' in the context of maternity care it is important to understand that for many women these 'harms' are known complications of labour and birth and can not necessarily be avoided.

The maternity safety thermometer records whether any of four physical 'harms' occurred and asks three questions about women's experiences of maternity care. The four physical 'harms' we record information on in the maternity safety thermometer are;

- Severe tears in the skin and muscle around the vagina (also known as perineal tears or 3rd and 4th degree tears)
- Heavy blood loss following birth more than 1000mls (also known as post partum haemorrhage)
- Apgar score less than 7 at 5 minutes which is an indication of how well your baby was at birth (this is a score out of 10 where 2 points are given for each of the following: heart rate, breathing, colour, muscle tone and response to touch - 10 being the best score)
- Women who report having an infection starting between the onset of labour and 10 days of giving birth.

The term 'harm free care' (HFC) is the percentage of women who do not experience any of these 'harms' during their labour and birth as recorded in the maternity safety thermometer. The score below shows the percentage of patients who did not experience any of these harms measured in the Maternity Safety Thermometer and is known as harm free care. Please note the Safety thermometer harms identify data collected from women on one day per month and are a snap shot of the 'harms'. The breakdown of these results are shown below alongside the actual incidence of harms.

73.3% of patients did not experience any of the four harms in this trust.

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

Outcomes in our maternity service

Most women have a normal birth but some women need to have some help to give birth to their baby and have an operative birth. Operative birth could be a caesarean section, vacuum or forceps birth. Whilst having an operative birth can be potentially life saving there is great variation across the country. It is important to note that the need for an operative birth is dependent on risk factors and can vary in different populations so this information should not be used in isolation.

	Total number of births	Spontaneous vaginal birth	Planned Caesarean	Emergency Caesarean	Forceps	Vaginal Breech
This month	226	61.50%	17.30%	8.90%	4.90%	0.80%
Actual numbers since April 2014	2899	65.30%	12.70%	11.30%	5.10%	5.00%

The 'Actual' harms represent the total number of those harms identified occurring for all women giving birth this month.

Of the 246 women who gave birth this month the following 'actual' harms occurred:

	Actual Incidence of Harms	Total % of women giving birth	Safety Thermometer Prevalence of Harm
Severe perineal tears (3 rd and 4 th degree)	8	3.60%	0.00%
Post Partum Haemorrhage (more than 1000mls)	13	5.80%	7%
Apgar score less than 7 at 5 minutes	2	0.88%	7.7%

The number of stillbirths is recorded each quarter. The number of stillbirths which occurred in our Trust for the last quarter (10/14 to 12/14)

Actual Stillbirths	1	% of all births	0.21%
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Of the 1 stillbirths 1 was expected due to congenital abnormalities or other unavoidable complications

2. EXPERIENCE

To measure women and families and staff experience we calculate percentages from surveys.

The answers are:

- Extremely Likely
- Likely
- Neither
- Unlikely
- Extremely Unlikely

The calculation is simple:

The % is all the 'extremely likely' and 'likely' answers added together, then divided by all answers (see above).

Women and Family Experience

The Friends and Family Test

The Friends and Family Test requires all women, at 36 weeks, (ante natal), after the birth, (Labour/Birth), prior to transfer from hospital (Post natal in hospital) and on discharge from the midwife, (post natal at home) to be asked: How likely are you to recommend the maternity service to friends and family?

Antenatal	100.00%	This is based on 20 responses.
Home Birth	97.00%	This is based on 96 responses.
Postnatal	63.40%	This is based on 93 responses.
Community postnatal	100.00%	This is based on 8 responses.

*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

In the maternity safety thermometer we also ask women three questions about their experiences in relation to feeling safe during labour. We are aware they make up only two aspects of feeling safe, and once again are only a 'temperature' check of how safe women are feeling. The questions are

'Were you left alone at a time that worried you by a doctor or midwife, during labour?'

'If you raised concerns about safety, were you satisfied with the response, during labour and birth?'

'Were you ever separated from your baby?'

This month we asked 17 women how they felt using the Maternity Safety Thermometer. Their responses are in the table below;

Questions (Taken from maternity Safety Thermometer)	Yes	No
Were you left alone by midwives or doctors at a time when it worried you during labour and birth?	0%	100%
If you raised a concern during labour and birth about safety did you feel that it was taken seriously?	86%	14%
Were you ever separated from your baby?	0%	100%

A woman's or family story (Choose one- Woman's; family's; fathers; partners) story

Having had my first child at Blackpool 3 years ago I felt very confident about choosing Blackpool as the birth place for my second child in January, during my labour 3 years ago the labour ward was immaculate and the whole experience was brilliant and I have strongly recommended this ward to friends which is why I was shocked to see the deterioration of the service this time round.

When I first went into hospital I was taken to the maternity ward and the room was not clean, there was a dirty tissue on the floor and it looked filthy, the bathroom was also dirty and, although only cosmetic, there were holes in the wall (strange as 3 years ago it was new). As I was only in because my waters had broken and my temperature was slightly high I was left in this room until I was in established labour. At this time I was taken to the new midwifery led unit.

This unit will be fantastic it's a very modern facility with everything you would need, however as it only opened that day (still had the painters there in the morning) it really wasn't ready for patients. I was taken to a room and asked for gas and air, the midwife didn't know where it was so had to go and search for it, this is a basic request.

Following this my main concern was there was only one midwife on the ward and towards the end of my labour they were struggling to find the babies heart beat, but put it down to the equipment. Later on it turns out this wasn't the case and my baby was in distress. Luckily after being taken back to the delivery ward my baby was born fit and healthy.

My baby was born at 4.45am Saturday and I was told I would be able to go home that day as there were no complications (as to be expected with second child, especially when after my first I was told I could go home after an hour and half after giving birth and to go back the next day for checks). This was to be the start of my disappointment. I had to wait for a paediatrician to have an injection, there was only one paediatrician available at the weekend that has to cover all departments. After asking when I would see one on Sunday night I was told that they were looking after a sick child and that was their priority, I completely appreciate this, however, why is there only one on? I assume weekend births are as common as during the week. I was told I could self-discharge, but this wasn't recommended and obviously I wouldn't do this on the rare chance something was wrong. Even though a midwife told me this is what they would do. I had my injection at 11.30pm Saturday night. I didn't get to see a paediatrician until 2.30am on Monday morning! Being in hospital for 3 days with no other reason than lack of resource just causes extra stress for new mums, as explained I already have a child at home and to see her so upset because I couldn't come home was terrible and surely the aim should be to reduce stress for new mums. The staff were fantastic and it's such a shame that they seemed to be under staffed due to cuts in funding.

Staff experience

We also ask staff questions similar to the Friends and Family Test. We ask staff to think about their recent experiences of working in our maternity service and to answer 3 questions. This is based on 14 responses;

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| 1. I would recommend this service as a place to work | 86.0% |
| 2. I would recommend the standard of care from this service to a friend or relative if they needed treatment | 93.0% |
| 3. I am satisfied with the quality of care I give to the patients, carers and their families | 100.0% |

The scores are calculated as the number of 'Strongly Agree' + 'Agree' responses divided by the total number of responses (Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree)

3. IMPROVEMENT

Improvement story: we are listening to women and their families and are making changes to improve the service.

NHS Change Day 2015 took place on Wednesday 11 March 2015. Over the past two years, thousands of NHS Staff have made pledges to change things to their everyday practice. This year, people pledged about the change they've actually started. Jennifer Clarke, a midwife at the Trust, pledged in 2014 to introduce "Skin to Skin" contact following the birth of all babies via caesarean section. She has since launched a campaign and made it her mission for it to become part of everyday practice in the maternity unit at Blackpool Victoria Hospital. Watch her improvement story here:

<https://www.youtube.com/watch?v=TmVfVBN0gnQ>

4. SUPPORTING INFORMATION

Supervisors of Midwives

The Supervisors of Midwives are experienced midwives with at least 3 years since qualifying as a midwife, and have undergone further training to become a supervisor of midwives.

Their role and responsibility is to protect the public through supporting the midwife to deliver high quality, evidence based, compassionate care.

Every practising midwife in the UK should have a named Supervisor of Midwives. A Supervisor of Midwives is available for advice and support 24 hours a day for both midwives and women and their families. Please call the maternity unit if you wish to speak to one. All Supervisors of Midwives report to the Local Supervisory Midwifery Officer.

Phone Number: 01253 300000 (ask for the Supervisor of Midwives on call)

The national agreed ratio of Supervisors of Midwives to Midwives is 1:15

Our Supervisors of Midwives to Midwives ratio is **1:12** which is better than the national ratio and supports the trust ethos of staff development, to ensure care is provided by competent, skilled staff.