

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

Aug 2015

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

This report is based on information from July, 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.

82.8% 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	271	63.84%	15.13%	9.96%	2.95%	0.37%
Actual numbers since April 2015	1013	65.00%	13.20%	10.70%	4.60%	0.69%

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

Of the 258 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)	7	2.64%	3.7%
Post Partum Haemorrhage (more than 1000mls)	8	3.02%	6.9%
Infection	-	-	0.0%
Apgar score less than 7 at 5 minutes	5	3.32%	3.8%

The number of stillbirths is recorded each quarter. The number of stillbirths which occurred in our Trust for the last quarter (1/15 to 3/15)

Actual Stillbirths	0	% of all births	0.00%
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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%	This is based on 18 responses.
Home Birth	95%	This is based on 31 responses.
Postnatal	100%	This is based on 32 responses.
Community postnatal	100%	This is based on 17 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 24 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?	10%	90%
If you raised a concern during labour and birth about safety did you feel that it was taken seriously?	100%	0%
Were you ever separated from your baby?	35%	65%

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

In this story Lisa and Ryan talk about the delivery of their second child in the newly opened Fylde Coast Birth Centre. They say how relaxed and involved they were during labour and commend the facilities which made it feel like a home from home environment.

<https://www.youtube.com/watch?v=qnc16joVEzU&feature=youtu.be>

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 10 responses;

- | | |
|--|--------|
| 1. I would recommend this service as a place to work | 100.0% |
| 2. I would recommend the standard of care from this service to a friend or relative if they needed treatment | 100.0% |
| 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.

Issue: Many of the complaints and negative feedback received from women about the postnatal ward were centred around delays in the discharge home and take home medication processes. Midwives were unable to provide quality effective care as they were tied up with completing discharge paperwork.

Action: To improve client satisfaction rates and to free up midwives from administration duties to be able to care for women and their babies a pilot post was created – Maternity Discharge Planning Facilitator with role and responsibilities to complete all the electronic discharge paperwork and to liaise with pharmacy to improve medication issuing times. This post has over the past 8 months reduced the number of complaints from women and increased the woman’s experience through timely discharges and ensured women are discharged with their medication. Funding was found to enable the post to become permanent and we have just appointed a permanent staff member to the role.

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 950000 (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.