

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

December 2014

Open and Honest Maternity Care at Blackpool Teaching Hospitals: December 2014

This report is based on information from November, 2014

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.

84.0% 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	65.30%	8.50%	13.30%	6.60%	1.10%
Actual numbers since April 2014	1883	65.30%	11.80%	11.80%	5.40%	0.70%

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

Of the 273 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	2.60%	4.00%
Post Partum Haemorrhage (more than 1000mls)	19	7.10%	8%
Apgar score less than 7 at 5 minutes	4	1.50%	4.5%

The number of stillbirths is recorded each quarter. The number of stillbirths which occurred in our Trust for the last quarter (07/14 to 09/14)

Actual Stillbirths	7	% of all births	0.82%
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Of the 7 stillbirths 3 were expected due to congenital abnormalities or other unavoidable complications

2. EXPERIENCE

To measure women and families and staff experience we use a Net Promoter Score.

The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

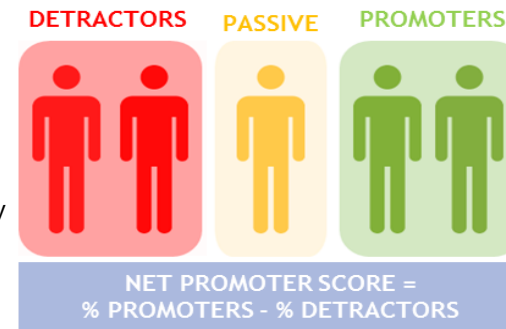
From the answers given 3 groups of people can be distinguished:

Detractors - people who would probably not recommend you based on their experience, or couldn't say

Passive - people who may recommend you but not strongly.

Promoters - people who have had an experience which they would definitely recommend to others.

This gives a score of between -100 and +100, with +100 being the best possible result.



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?

The maternity services had the following Net Promoter scores

Antenatal	18.33	This is based on 6 responses.
Home Birth	0.00	This is based on 0 responses.
Postnatal	66.67	This is based on 59 responses.
Community postnatal	25.56	This is based on 20 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 73 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?	4%	96%
If you raised a concern during labour and birth about safety did you feel that it was taken seriously?	88%	12%
Were you ever separated from your baby?	9%	91%

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

Whilst having an appointment at the children's clinic at Blackpool Victoria Hospital I arrived and asked if Dr Wheatley was in clinic today. The health care assistant (HCA), informed me he was on holiday and enquired if it would be a problem. I explained I wasn't well acquainted with him and would like to meet with him again when he was next in clinic so he became familiar with our situation. The HCA couldn't do enough to help us, she not only came back with an appointment to see Dr Wheatley, but arranged it for a week later which was fantastic. The assistance, helpfulness, kindness, and efficiency she showed my family was exceptional. This was our first visit to the clinic and we were most impressed by the treatment we received.

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 4 responses;

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| 1. I would recommend this service as a place to work | 50% out of 8 |
| 2. I would recommend the standard of care from this service to a friend or relative if they needed treatment | 87.5% out of 8 |
| 3. I am satisfied with the quality of care I give to the patients, carers and their families | 50% out of 8 |

3. IMPROVEMENT

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

Issue: A mother complained to the Sister on the paediatric ward that feeds to her child have been given out too late, ignoring the strict plan that was developed by the dietician. The child was also vomiting after feeds which she believed was causing hypoglycaemia.

Action: The Sister confirmed the issues which required investigation with the mother before providing a response. She arranged for a Consultant to meet with the mother and address the issues, a plan was drawn up with all Doctors of what to do in the event of hypoglycaemia and vomiting, the nursing care plan was updated and the staff informed of the patient's needs; and the mother was asked to complete an activities of daily living sheet so both she and the staff could monitor if any changes in service occurred.

The mother was content with the action and no further action was required in this case.



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.