

## 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**

Jul 2015

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# Open and Honest Maternity Care at Blackpool Teaching Hospitals: Jul 2015

This report is based on information from June, 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

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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.

**82.9% 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
<b>This month</b>	242	64.88%	13.22%	9.09%	6.20%	1.24%
<b>Actual numbers since April 2015</b>	742	65.40%	12.50%	10.90%	5.30%	0.81%

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 <sup>rd</sup> and 4 <sup>th</sup> degree)	8	3.40%	2.9%
Post Partum Haemorrhage (more than 1000mls)	11	4.68%	2.9%
Infection	-	-	0.0%
Apgar score less than 7 at 5 minutes	9	3.72%	0.0%

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 23 responses.
Home Birth	100%	This is based on 53 responses.
Postnatal	100%	This is based on 50 responses.
Community postnatal	100%	This is based on 19 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;

<b>Questions (Taken from maternity Safety Thermometer)</b>	<b>Yes</b>	<b>No</b>
Were you left alone by midwives or doctors at a time when it worried you during labour and birth?	3%	97%
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?	8%	92%

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

A letter received from a patients family.

I am writing to say thank you to you and your staff at Victoria Hospital – Women's and Children's Unit. "Thank you" really isn't enough and I'm struggling to find an appropriate sentence to encompass how I feel. I can't thank you all enough. However, I'm writing this because I feel it's important to praise your staff and services, especially in the light of some dreadful social media comments recently.

My daughter, Rosie Spooner was admitted to the Vic last Friday lunchtime after her membranes ruptured and her waters broke. She was assessed in the day unit on the Women's Unit for a few hours and then transferred to Ward B. This being Rosie's first baby, she was naturally anxious and at only 33 weeks pregnant, was becoming quite frightened. I too felt very afraid, as this was far too soon for baby to arrive and I couldn't help thinking about my own first, sad experience of childbirth over 40 years ago.

Staff on the day unit and Ward B were wonderful. Calm, professional, informative and extremely caring. They closely monitored her progress and when it became clear that there was no possibility of keeping the baby in the uterus for another two weeks, as hoped, they prepared her for the onset on labour.

I was called in the early hours of Saturday morning from the Delivery Suite to come and both her partner and myself were present for the final stages of labour and birth. My grandson, Samuel Christopher Dickens, was brought into the world at 05.52 by an amazing team of doctors and midwives, with paediatric doctors and nurses standing by. His birth was managed with great dignity, humour and professionalism, making Rosie's first experience of childbirth look almost painless and the most natural thing in the world.

Minutes after birth, Sam was given to his Mum for a cuddle and then taken to the Neonatal Unit. Rosie was quickly attended to and we were all given a very welcome cup of tea. There was no rush or time constraints and Rosie was even able to have a shower in the en-suite bathroom. We were given an update on Sam's weight – 4lbs. 2.5oz. and felt reassured that there had been no need for a ventilator. After 90 minutes, Rosie was taken back to Ward B, making a detour to the neonatal unit to allow her to see her child and ask questions.

On Sunday, Rosie was given an en-suite family room on the neonatal unit, it was great to be so close to her baby and there was a full size Z bed for Sam's daddy too. She was given compassionate support, breast feeding lessons and taught carefully how to look after her tiny newborn. I doubt if Princess Katherine would have had better treatment on the Lindo Ward!

Rosie was discharged yesterday complete with a state of the art electric Breast Pump, loaned to her from the unit for as long as baby is in special care together with a free parking permit to visit anytime, day or night. She has an outreach worker to call upon for extra support if required and Sam remains on the unit, receiving the best of care whilst he grows stronger.

The icing on the cake is the offer of a "Rooming In" service, where Rosie, Sam and Daddy can spend 48 hours together in a family room in the neonatal unit, when Sam is feeding properly before being finally discharged. How marvellous for them to have the experts on hand if needed, but the privacy of their own space as new family before going home – and going it alone!

To all the staff who have cared for Rosie and Samuel – I thank you from the bottom of my heart.

Keep doing what you do so well, be proud of yourselves and the positive difference that you make to so many lives. I shall never forget you.

## 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.

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Issue: A lady delivered her first baby in the maternity unit. Following the birth, her baby was admitted to the neonatal unit. The parents raised a concern that other parents within the neonatal unit had informed them that they received free parking at the hospital.

Action: The policy was that, parents of babies expected to be in long term, would get free parking. This was discussed within division and the decision has been made that the parents of any baby will be given free parking.

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## 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.