

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

June 2015

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

This report is based on information from May, 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.

79.2% 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	258	67.83%	10.85%	10.47%	4.65%	0.39%
Actual numbers since April 2015	500	65.60%	12.20%	11.80%	4.80%	0.60%

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)	9	3.52%	0.0%
Post Partum Haemorrhage (more than 1000mls)	11	8.10%	8.3%
Infection	-	-	0.0%
Apgar score less than 7 at 5 minutes	4	1.56%	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 11 responses.
Home Birth	96%	This is based on 51 responses.
Postnatal	80%	This is based on 40 responses.
Community postnatal	100%	This is based on 1 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?	13%	88%
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?	16%	84%

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

A letter received from a patients family.

I just wanted you to know how brilliant the staff in maternity have been this last weekend, I emailed you last year after my daughter Victoria had to give birth to a still birth baby boy who had Spina bifida and severe brain damage, after the results of the scan on Christmas Eve, it was a very painful time for me and my family, but on Monday she gave birth to a beautiful baby girl , I wish to convey my thanks to the girls who worked on that night shift on Sunday the 23rd March, and help Vicky deliver Luna Rose into the world at 1 am.

However on the other side, last year myself and my husband her partner and his mum were all present at the still birth, and all wanted to be there this time too, but unfortunately my husband, Victoria's dad, was asked to leave, as there was too many people, i.e her partner myself and his mum, I understand there has to be rules in place but after what we had been through last Christmas I was disappointed that we couldn't all be together this time, not only was he asked to leave but there isn't any sort of waiting area in delivery which would have meant he could have been there and we could have taken it in turns to sit with Vicky who was upset that her dad wasn't there. May be this could be taken in to account in the future, as not everybody has family who live close and my husband's only choice at the time was to sit on the stairs, in the end I came out of delivery and drove him home, It would have been better if he could have sat in a room within the delivery area, but we were told that there is no waiting in the delivery area.

That said, we are all very glad she arrived safely, and please could you pass on my thanks, the care Vicky received from staff all throughout her pregnancy was amazing, and I will be sending a thank you to both of them. As a member of staff myself, I know we don't always get recognised for what we do do, always what we don't do.

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;

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|--|--------|
| 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 | 80.0% |

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: 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.

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.