

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

November 2014

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

This report is based on information from October, 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.

72.0% 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	270	67.00%	13.70%	11.50%	2.20%	0.70%
Actual numbers since April 2014	1883	65.30%	12.30%	11.60%	5.30%	0.60%

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)	6	2.20%	4.00%
Post Partum Haemorrhage (more than 1000mls)	14	5.20%	8%
Apgar score less than 7 at 5 minutes	5	1.90%	4.5%

The number of stillbirths is recorded each quarter. The number of stillbirths which occurred in our Trust for the last quarter (06/14 to 08/14)

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.

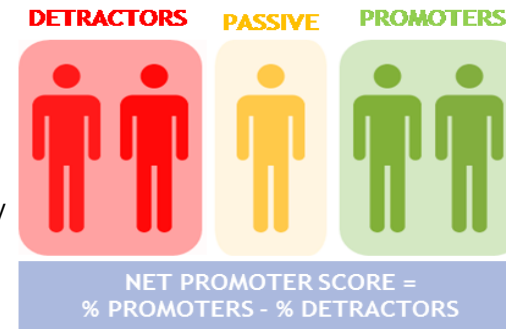
From the answers given 3 groups of people can be distinguished:

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 scores

Antenatal	33	This is based on 31 responses.
Home Birth	0	This is based on 0 responses.
Postnatal	66	This is based on 92 responses.
Community postnatal	55	This is based on 10 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?	12%	88%
Were you ever separated from your baby?	9%	91%

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

Clare Shepherd – “The majority of my pregnancy with my third child was straightforward and I was under the care of the community midwives, however at 36 weeks I was diagnosed with obstetric cholestasis and was placed under the care of Mr Duthie and his team. As I work in Biochemistry I was aware of this condition but was still put at ease by the medical staff who explained the condition and possible risks to me in a clear and calm manner. All of the blood tests and scans that I needed were scheduled and completed really quickly and I was given medication to help with the itching.

“I was scheduled for induction at 38 weeks as is routine with this condition and given a date to attend ward D on Sunday 9th November. Upon arrival, both me and my husband were made very welcome, we were shown to my bay and then shown where all the amenities could be found on the ward. The midwife then explained the induction process to me and within a few hours of arrival, the first step of the process had begun and it was a case of waiting to see if anything happened. During the rest of the day, I was monitored to ensure everything was ok with me and the baby and even though it is a busy ward, I always felt that there was somebody around if I needed them.

“I started with labour pains during that evening and these progressed throughout the night. I was asked if I needed any pain relief throughout the day and night but managed without. At about 5am the pains became more frequent and more intense and at 6am my waters broke and I immediately buzzed for help. The midwife was there within a minute and she planned to alert delivery suite and arrange for me to be taken down to prepare for delivery. At this point my baby had other ideas and a minute later I was back on my bed feeling the urge to push. The midwife helped me contact my husband to tell him to get to the hospital and come to the ward ASAP and then informed me that she wasn't going to take me down to delivery suite as there was a chance I would give birth in the lift!! Indeed, less than 10 minutes later I gave birth to my son, right there in my bed on ward D.

“I'm very sure that this was the last thing that the midwife was expecting to be doing towards the end of her night shift however at no point did I feel nervous that she wasn't actually a delivery suite midwife, she was really calm and confident and this kept me calm and focused and it was a straightforward (but make no mistake... still painful!!) delivery. Two minutes after my son was born, my husband arrived at our side, looking surprised but happy to be handed his healthy baby boy. After all the necessary checks were made, I went for a shower and came back to find my bed stripped, cleaned and ready for me to get back into and a cup of tea and some toast waiting for me!! It was a slightly unusual welcome to the world for our newest arrival but I could not fault the care I received and would recommend the maternity services at Blackpool Victoria Hospital to everyone I know.”

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 | 2/4 |
| 2. I would recommend the standard of care from this service to a friend or relative if they needed treatment | 1/4 |
| 3. I am satisfied with the quality of care I give to the patients, carers and their families | 1/4 |

3. IMPROVEMENT

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

Issue: A mother brought her sixteen month old baby to hospital with a high temperature and a cut to her foot. She raised a concern about the children's ward after questioning why her daughter's foot was not x-rayed or examined, and the staff had advised her to wait for the doctor.

Action: The head of the children's ward arranged a meeting with all the ward staff to go through this complaint and give them an understanding from the parents point of view. She has requested her staff to reflect on how they communicate in certain situations.

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**