

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 2017

This report is based on information from May, 2017

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.

85.0% of patients did not experience any of the four harms in this trust.

For more information, including a breakdown by category, please visit:

https://www.safetythermometer.nhs.uk/index.php?option=com_content&view=article&id=11&Itemid=285

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 | 272 | 61.0% | 17.3% | 11.0% | 5.5% | 0.0% |
| Actual numbers since April 2017 | 533 | 60.6% | 16.1% | 11.8% | 5.3% | 0.4% |

The % figures for spontaneous vaginal births are triangulated to the mode of delivery with positive delivery outcomes for mother, baby and patient experience. All emergency caesarean sections are reviewed on an ongoing basis to ensure appropriate management and care is provided.

Of the women who gave birth this month, the following harms occurred:

| | Actuals (272 women) | | Safety Thermometer (20 women) | |
|---|---------------------|-------------------------------|-------------------------------|-------------------------------|
| | Harms | Total % of women giving birth | Harms | Total % of women giving birth |
| Severe perineal tears (3rd and 4th degree) | 6 | 2.3% | 2 | 10.0% |
| Post Partum Haemorrhage (more than 1000mls) | 10 | 3.8% | 1 | 5.0% |
| Infection | - | - | 0 | 0.0% |
| Apgar score less than 7 at 5 minutes | 3 | 1.1% | 0 | 0.0% |

The number of stillbirths is recorded each quarter. The number of stillbirths which occurred in our Trust for the 1st quarter (4/17 to 6/17):

| | | | | | |
|---------------------------|---|------------------------|-------|-------------------------------|-----|
| Actual Stillbirths | 2 | % of all births | 0.38% | Total Births - quarter | 533 |
|---------------------------|---|------------------------|-------|-------------------------------|-----|

2. EXPERIENCE

Women and Family 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).

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 | 95% | This is based on 88 responses. |
| Labour/Birth | 95% | This is based on 83 responses. |
| Postnatal | 93% | This is based on 94 responses. |
| Community postnatal | 100% | This is based on 11 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 26 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? | 0% | 100% |
| 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? | 0% | 100% |

Any baby who needs blood sugar monitoring has their blood taken, which requires baby to be taken to the Neonatal Unit. Although mums can go with baby, some mothers prefer not to.

A woman's or family story

E-compliment:

In September 2016, I was admitted onto Ward D as an induction patient. They decided it would be best to induce my pregnancy. I arrived on Thursday (08.09.16), and I was ready to be taken down to the delivery suite Saturday morning to break my waters & get labour established. They could not take me down however, as there was no beds free on delivery. I had to stay on Ward D until the early hours of the following Monday morning, when there was eventually room. This however, was one of those things and no one's fault but the care and help I was given by every member of staff on there was fantastic. Leaving my two other children at home (one 3 and one 2) and being extremely emotional & uncomfortable, I was given a high level of care and compassion from the staff. They were so supportive every step of the way, not only offering medical assistance but offering some much needed emotional assistance too.

My main concern is that there is not enough staff, the staff are amazing, but so over worked. They are expected to do so much which often results in patients having to wait longer than necessary for things. I have witnessed this first hand, again I can't fault the midwives who are so fantastic, but then they have to put up with upset/irate patients to no fault of their own. I think this adds to the stress of the staff and I think it needs addressing.

So I would like to say a massive thank you to all the amazing staff on Ward D and the Delivery Suite, but I just hope that they get a helping hand by adding to the staffing numbers.

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 7 responses;

- | | |
|--|--------|
| 1. I would recommend this service as a place to work | 90.0% |
| 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: New mothers who may have had complicated delivery's or a caesarean section are not allowed to be with their new-born babies initially, if the babies have been taken to the Neo Natal Unit for ongoing support and observations.

Action: : I-pads have been purchased to be used by the new mothers so although they can't physically be at their baby's bedside, they can watch them around the clock and see how they are doing, helping them to engage with them at was is a crucial bonding time.

4. SUPPORTING INFORMATION

Although the Statutory role of Midwifery Supervision came to an end on 31st March 2017, Blackpool Teaching Hospitals NHS Foundation Trust will continue to provide high quality maternity care and support to both the public and midwives. Women and families who wish to discuss options around choices for their maternity care are asked to discuss this with their named midwife, the name of the midwife will be written on the front of your handheld record.

There is a manager on call for the maternity service providing 24hour access to support and guidance, this can be accessed via the main hospital switchboard, telephone 01253 30000