

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**

March 2016

This report is based on information from February, 2016

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.

86.5% 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	234	59.40%	12.39%	18.80%	4.27%	0.00%
Actual numbers since April 2015	2758	64.10%	12.00%	12.10%	4.60%	0.51%

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 234 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 (3rd and 4th degree)	0	3.54%	3.2%
Post Partum Haemorrhage (more than 1000mls)	16	5.33%	3.2%
Infection	-	-	6.5%
Apgar score less than 7 at 5 minutes	4	1.62%	3.2%

The number of stillbirths is recorded each quarter. The number of stillbirths which occurred in our Trust for the last quarter (8/15 to 12/15)

Actual Stillbirths	3	% of all births	1.28%
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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 29 responses.
Home Birth	95%	This is based on 61 responses.
Postnatal	83%	This is based on 35 responses.
Community postnatal	100%	This is based on 38 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?	3%	97%
If you raised a concern during labour and birth about safety did you feel that it was taken seriously?	97%	3%
Were you ever separated from your baby?	9%	91%

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

Caroline gave birth at the Fylde Coast Birthing centre in the summer of 2014. Caroline and her husband had such a positive experience; she wanted to make a patient video and share their story.

<https://www.youtube.com/watch?v=AWFIEva4TsM>

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 | 80.0% |
| 2. I would recommend the standard of care from this service to a friend or relative if they needed treatment | 90.0% |
| 3. I am satisfied with the quality of care I give to the patients, carers and their families | 90.0% |

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: Parents have commented that nurses are not always in the rooms.

Action: Over the past few months we have been looking at ways of improving this to ensure the safety of babies and provide reassurance to parents that their babies are being well cared for even if they are not present. All staff have been briefed on a regular basis to remind them that they should not be leaving a room unattended but if they have to then nurses in the next room should be informed so that they can continue monitoring. The alarm settings have been changed so that nurses are alerted more quickly if a baby's saturations or heart rate decreases suddenly so that nurses in the adjoining rooms can respond immediately. We have also tried to make the rooms more self-sufficient so that nurses don't need to leave the room. This has included re-designing the stock content of the trollies so that all consumable products are easily accessible and putting fridges in two of the rooms so that nurses don't have to go to the milk room. We are currently looking at ways of reducing baby / parent separation on the maternity wards and as it is anticipated the number of babies attending the unit for blood tests will reduce, there will be even a lesser need for nurses to leave the rooms.

The Supervisors of Midwives are experienced midwives with at least 3 years since qualifying as a midwife,

4. SUPPORTING INFORMATION

Supervisors of Midwives

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.