

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**

May 2016

This report is based on information from April, 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 know 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.

76.9% 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
This month	234	62.8%	8.6%	16.2%	6.4%	0.4%
Actual numbers since April 2016	234	62.8%	8.6%	16.2%	6.4%	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 234 women who gave birth this month the following 'actual' harms occurred:

	Actual Incidence of Harms	Total % of women giving birth	Safety Thermometer Harms	Safety Thermometer Prevalence of Harm
Severe perineal tears (3rd and 4th degree)	6	2.6%	0	0.0%
Post Partum Haemorrhage (more than 1000mls)	12	5.2%	3	11.5%
Infection	-	-	1	3.8%
Apgar score less than 7 at 5 minutes	4	1.7%	0	0.0%

The number of stillbirths is recorded each quarter. The number of stillbirths which occurred in our Trust for the last quarter (1/16 to 3/16)

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 17 responses.
Home Birth	100%	This is based on 14 responses.
Postnatal	95%	This is based on 39 responses.
Community postnatal	100%	This is based on 27 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?	27%	73%

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

The parents of baby triplets have publicly thanked hospital staff for saving their sons lives as they celebrate their first birthday. Josh, Jayden and Jax Williams-Hine were the first triplets born in Fleetwood for more than 20 years. But their doting mum, Lena Williams, says they might not be here today if it wasn't for the expert care of the staff at the Neonatal Unit at Blackpool Victoria Hospital.

Some 30 members of staff at the hospital helped the triplets through a traumatic birth when they were born on April 13 last year, they were two months premature, tiny and fragile, and spent their first couple of months in the baby unit, hooked up with drips..

Lena, 23, said: "The boys are doing really well but they probably wouldn't be here today without the special baby care unit.

"The staff there were amazing, I can't fault them. They provided not only expert medical support and emotional support. There were 30 different members of staff, doctors, nurses and midwives, all there to help. And they had hardly any time to prepare for us arriving.

"The babies were nearly born in the car so it all happened really quickly, and they were tiny. The Baby Care Unit is one of the best in the country and we're lucky to have it."

In the hospital, Josh weighed in at just 2lbs 6oz with Jayden at 2lbs 5oz and Jax at 2lbs 6.5oz.

A year on the boys are unrecognisable – three lively and inquisitive baby boys. Julie Kearney, clinical nurse educator for the Neonatal Unit, said: "It is always exciting to have triplets born at Blackpool – the last triplets born at Blackpool and cared for on the Neonatal Unit were in 2012 – and staff responded superbly to the circumstances to attend the delivery and assist with stabilising the babies following their births.

"As soon as staff on the Neonatal Unit were made aware of the impending deliveries, extra staff came into the unit from their homes and stayed long after their shift was supposed to finish.

"Myself and others came in to work extra hours to ensure the triplets received the best possible care and ensure they remained together here at Blackpool.

"As all the triplets required respiratory support following birth, they initially required one-to-one nursing care but staff worked extra shifts to ensure the babies were treated together in the same unit so the family could all be together.

"The triplets progressed really well and it was great to see all three gorgeous boys discharged home following their stay on the unit."

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.

Issue –Parents on the Neonatal Unit expressed concerns that the rooms were sometimes left unattended whilst nurses went to the milk room to get breast milk from the fridge for the babies.

Action - At the end of March the Neonatal Unit purchased two full size fridges and a new freezer for the rooms so staff can take out very small amounts of milk and warm in the special milk warmers as required, reducing the risk of infection and maintaining the fat content in the milk. Having two fridges also gives the unit plenty of space to store the milk which encourages expressing, and enables staff to double check the name on the bottle which ensures all babies receive the correct milk.

Purchasing a new freezer has meant that more milk can be frozen and stored on site and also decanted into smaller bottles so that every last drop is given to the babies, rather than having to be thrown away after it has been defrosted for more than 12 hours. There is now also plenty of space to store donor expressed breast milk, which is often needed for the more vulnerable, smaller babies.

4. SUPPORTING INFORMATION

Supervisors of Midwives

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

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.