

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 2015

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

This report is based on information from October, 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.

74.1% 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	263	62.36%	11.03%	14.45%	4.18%	7.60%
Actual numbers since April 2015	1772	64.60%	11.70%	11.80%	4.70%	0.56%

The 'Actual' harms represent the total number of those harms identified occurring for all women giving birth this month.

Of the 248 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)	6	3.06%	0.0%
Post Partum Haemorrhage (more than 1000mls)	17	6.49%	8.6%
Infection	-	-	5.2%
Apgar score less than 7 at 5 minutes	14	5.32%	1.9%

The number of stillbirths is recorded each quarter. The number of stillbirths which occurred in our Trust for the last quarter (7/15 to 9/15)

Actual Stillbirths	6	% of all births	0.78%
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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 5 responses.
Home Birth	100%	This is based on 13 responses.
Postnatal	96%	This is based on 54 responses.
Community postnatal	100%	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 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?	5%	95%
If you raised a concern during labour and birth about safety did you feel that it was taken seriously?	98%	2%
Were you ever separated from your baby?	21%	79%

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

I had a difficult pregnancy. I was diagnosed with gestational diabetes at 26 weeks pregnant and was cared for by the specialist team who monitored my pregnancy. I was frightened but the team were brilliant and reassured me. I was given dietary advice and started on insulin. When I was unwell they rang me every day for support.

I attended the Maternity day unit with reduced fetal movements on 3 or 4 times. I was induced at 37 weeks. I found it reassuring that there was good communication between the teams. I felt very safe and cared for. The staff on ward D were very supportive and although busy were always ready to help. Whilst on ward D the diabetes team visited and checked if my insulin dose needed adjusting.

On delivery suite the care was excellent I had a sliding scale up. I had a postpartum haemorrhage with my first baby and another haemorrhage this time. I felt the difference in management was much better this time and I felt very safe. The staff talked to me and reassured me throughout as I was frightened. The care was amazing.

Last time I had postnatal depression and this time I feel that the care I received has helped me psychologically and prevented its reoccurrence as I felt so supported and safe it was a whole different experience.

The staff on the neonatal unit were amazing as my daughter required extra care as she needed help to control her temperature and blood sugars. Her care was amazing and she is doing very well now.

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 5 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 | 100.0% |
| 3. I am satisfied with the quality of care I give to the patients, carers and their families | 60.0% |

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: There has been an increase in the number of non-English speaking women who have received care which has created communication issues.

Action: A new pathway has been implemented to ensure they receive the correct advice and are on the correct care pathway. These families are cared for by the specialist team for women who are vulnerable. Several leaflets have been written in different languages and there is a translation facility on the Trust's internet page.

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.