



Open & Honest Care: Driving Improvement

Standard Operating Procedure

Maternity



Document management

Revision history

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1.0	February 2014	Document created

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility	Date	Version
Hazel Richards	Deputy Chief Nurse	February 2014	1.2
Debby Gould	Compassion in Practice Lead	February 2014	1.2

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Hazel Richards		Deputy Chief Nurse		1.2
Debby Gould		Compassion in Practice Lead		1.2

Related documents

Title	Owner	Location
Standard Operating Procedure (Acute & Community) v 2.0)	NHS England	Available here
Board Compact	NHS England	Available here

Document control

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Metrics for Maternity Publication at Organisational Level

1. Safety

- NHS Maternity Safety Thermometer 'Harmfree Care' scores (for those organisations using the Maternity Safety Thermometer
 - i. Physical harmfree care score
 - ii. Womens perceptions of safety harmfree care score
 - iii. Combined Harmfree Care Score
- Mode and Number of Births
- Actual Incidence of Harms
 - Severe Perineal Tears
 - Post Partum Haemorrhage
 - Maternal Infection
 - Apgar Score less than 7 at 5 minutes
- Prevalence of Harms for Trusts using NHS Safety Thermometer
- Stillbirths

2. Experience

- Women's Friends & Family Test
- Women's Perceptions of Safety Harmfree care Scores
- Staff Experience Questions

3. Women's or Family Story about Maternity care

4. Improvement Story

5. Supporting Information

- Supervisors of Midwives to Midwife ratio
- Staffing – Midwife to Woman ratio
- Never Events
- Other additional Information the organisation wishes to include

1. Safety

NHS Safety Thermometer

Please note the NHS Maternity Safety Thermometer uses data collected from women on one day per month and are a snap shot of the 'harms'. Therefore the Maternity safety thermometer records a 'prevalence' of the harms.

The maternity safety thermometer records whether any of four physical 'harms' occurred and also 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 Perineal Tears known as 3rd and 4th Degree tears
- Primary Post Partum haemorrhage (blood loss following the birth of the baby of 1000mls or more within first 24 hours of birth.
- Apgar score less than 7 at 5 minutes (i.e. a score of 6 or less)
- Women who have an infection, from either self reporting or evidence in medical records, starting from onset of labour and 10 days of giving birth.

NHS Maternity Safety Thermometer 'harmfree care' scores

There are three 'harmfree care' scores in the maternity Safety Thermometer these are

'Physical harmfree care' score covers the percentage of women who did not experience any of the named 'physical harms' (severe perineal trauma, primary post partum haemorrhage; baby with an Apgar score then than 7 at 5minutes (i.e. a score of 6 or less) and maternal infection from either self reporting, evidence of infection in medical records, starting between the onset of labour and 10 days of giving birth as recorded in the maternity safety thermometer.

- **'Womens perceptions of safety harmfree care'** covers the percentage of women who did not experience being left alone in labour when they did not want to be by a Dr or midwife and raising concerns about safety but feeling they had not been taken seriously. The score covers the two questions
 - Were you left alone by a doctor or midwife at a time that worried you?
 - If you raised concerns about safety during labour did you feel they were taken seriously?
- **'Combined harmfree care'** score which includes the physical harmfree care score and the two women's perception of safety questions as described above together in one composite score.

Please publish all three 'harmfree care' scores in the report.

We want you to report the responses to the question in womens' perception of safety section of the maternity safety thermometer 'Were you and your baby ever

separated?' separately under the women's experience section of the publication but it is not included in the harmfree care score calculations in the maternity safety thermometer.

Mode and number of actual births

Please publish the actual numbers for the different modes of birth each month. This data is routinely collected in maternity units and so should not impose a data collection burden. Please only publish data in relation to the designated month of reporting unless specified differently below -

- **Total number of births for that month and cumulative total for the year from Jan to December.**
- **Total number of spontaneous vaginal births** (excluding breech births which are recorded separately). For the purposes of Open and Honest Care publications at present Spontaneous births include babies born to women whose labours were induced or augmented; women who had an epidural or an episiotomy. This is because this is traditionally how the data is recorded and refining the definition would impose too much of a data collection burden on organisations at present.
- **Total number of instrumental births** which include both forceps and vacuum / ventouse births
- **Total number of Emergency caesarean sections** includes all caesarean sections not planned before the onset of labour or induction of labour. Total number of planned (elective) caesarean sections.
- **Total number of Elective caesarean sections** includes all those planned in antenatal period but excludes those women who have started labour even in early labour and those women who have commenced the induction of labour process.
- **Total number of vaginal breech births** includes spontaneous and breech extraction.

Actual and Prevalence Reporting of Outcomes

All organisations should publish the actual incidence of the 4 harms for the month. For organisations completing the Maternity Safety Thermometer we ask that they publish both their maternity safety thermometer data (prevalence) and the 'actual' numbers (incidence) of these specified physical harms

- Severe Perineal Tears (3rd and 4th degree tears);
- Post partum haemorrhage more than 1000 mls,
- Apgar score less than 7 at 5 minutes (i.e. a score of 6 or less),
- Maternal infection

Actuals only (for organisations not using the Maternity Safety Thermometer)

For organisations not completing the Maternity Safety Thermometer we ask that they **publish the 'actual' numbers (incidence) of these specified physical harms** and disregard the maternity safety thermometer section

- Severe Perineal Tears (3rd and 4th degree tears);
- Post partum haemorrhage more than 1000 mls,
- Apgar score less than 7 at 5 minutes (i.e. a score of 6 or less)

Actual numbers of maternal Infection

Only organisations participating in the maternity safety thermometer are asked to publish information on maternal infection as data on maternal infection is not collected routinely in most organisations. This is to minimise the data collection burden in Open and Honest care

If your organisation has does collect data on maternal infection we would welcome that you publish it. If it does not fit the exact definition as in the Maternity Safety Thermometer please add a narrative to clarify what it is you are publishing.

Stillbirths

Please publish the amount of stillbirths that occurred. **As numbers are small please publish the quarterly data for the previous quarter and clarify which quarter the data relates to. Please include the data in every publication and update quarterly when new data is published.** Please add a narrative around those that were expected (such as fetocide and severe congenital abnormality) unexpected after 24 weeks gestation.

2. Experience

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?

We would like you to publish all the FFT results as a percentage of respondents who would/would not recommend the service to their friends and family.

We ask that you publish all four stages and their corresponding response rates unless your service has an area that is not relevant to them, such as a standalone community service not being able to publish post natal hospital based scores. If you are not publishing all the stages please include narrative to explain this.

Women's Perceptions of Safety

The women's perceptions of safety questions and 'harmfree care score' from the Maternity Safety Thermometer is published here.

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?'

We ask that you publish the percentage of Yes and No responses to each of these questions and the total number of respondents.

Staff Experience

- These questions are to be asked to staff anywhere in the maternity service (they must include at least 2 midwives plus a range of staff; students, AHPs, doctors, domestics).
- If it is not possible to ask these questions and/or if you prefer to use existing data a link must be inserted into the publication which points to the Trust's own staff experience data.
- If you are using additional questions and/or answers please clarify in the narrative what this is relating too.
- Staff experience data includes all staff and is not restricted only to those who have experienced harms in their area.

Staff Questions

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

- Please ensure that the correct metric is included to reflect the answers to these questions; i.e. '% recommended or % satisfied' as well as the total number of responses received.

3. Women's or Family Story

- The purpose of the story is to "see the maternity care through the eyes of the woman, partner, or family member".

- The story should be told in the words of the woman, partner or other family member.
- The story should be used to share positive experiences or those where improvement need to be made.
- It is good to use a variety of methods to communicate the story, e.g. a short film, blog, written story etc.
- The story can be about anything but should be harm or experience related and focused on maternity or neonatal care if that is relevant.

4. Improvement Story

- The Trust can choose how to present this for instance they may choose a short story, film or blog but it must be about maternity services.
- It should be presented in plain language that emphasizes clarity, brevity, and the avoidance of technical language—particularly in relation to midwifery, medical or analytical terms.
- It should be dynamic and build a story each month that illustrates learning and improvement.
- Only publish one per month as there is a need to publish monthly and this ensures that you will have something else to share another time.

5. Supporting Information

This may include links to any additional information e.g. short films, blogs, Board papers, additional audits, reports, good news stories etc. that you would like to include, for maternity it will also include as a minimum.

Supervisors of Midwives

We ask that you publish your Supervisors of Midwives to Midwife Ratio. The national recommendation is 1:15.

Staffing Levels

Staffing levels are to be included in more depth in future publications once national guidance has been confirmed. Meantime please publish your midwife to woman ratio. You may add some clarification including details of the latest birth rate plus report if you wish.

Never Events

Never Events are to be included in future publications

6. Important Points to Remember

- Please ensure that the Board of Directors have agreed and endorsed the Board Compact prior to the first publication if they have not already signed up to the Open and Honest Care programme. If they are already participating in the Open and Honest Care Programme ensure the Board are aware that maternity is about to be published.
- The publications should be published monthly on the Trust internet, intranet and on the NHS England website we have publishing guidelines to help you.
- Access to the Open and Honest Care report should be available within 2 clicks from the Trust homepage.
- Trusts should establish a regular feedback mechanism with staff, patients and families to ensure the publication is understandable and meaningful.
- The Open and Honest Care report should be discussed monthly at Board level or an appropriate sub-board committee.
- Publications for all months should be available on Trust website (not just current month).
- All data is published retrospectively for the previous month – if you are publishing information from a different month please add some narrative to reflect this. However the month of publication is the name given to the report i.e. March data is published in April and the report is called the April report.
- Please keep sections 1&2 (Safety and Experience) as uniform and standard as possible to maintain consistency. Section 3 is for supporting information which you can personalise with additional information from your organisation.

7. Publication of Report

- All publications should be published on Trust websites on the 23rd of each month.
- Please email a copy of your PDF report to england.openandhonest@nhs.net once completed.
- For more details on publication please see; 'Open and Honest Care: Driving Improvement - Data Submission Guidance for Trust Publication' version 1.3 August 2014.

8. Contacts

If you have any queries or issues, please contact us at

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