Open and Honest Care: Driving Improvement

Standard Operating Procedure Maternity

Version 1.5

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Document Status

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Open and Honest Care: Driving Improvement Programme

Standard Operating Procedure Maternity

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Contents

1 Document Management

1.1 Revision History

Version	Date	Summary of changes
1.0	Feb 2014	Document created
1.2 – 1.3	Feb 2015	Minor amendments
1.4	Apr 2015	References added
1.5	May 2015	Reformatted document to new NHS England Identity Guidelines

1.2 Reviewers

This document must be reviewed by the following people

Reviewer Name	Title/Responsibility	Date	Version
Hazel Richards	Deputy Chief Nurse	Apr 2015	1.4
Debby Gould	Compassion in Practice Lead	Apr 2015	1.4
Hazel Richards	Deputy Chief Nurse	May 2015	1.5
Hazel Richards	Deputy Chief Nurse	August 2015	1.5

1.3 Approved by

Name	Signature	Title	Date	Version
Hazel Richards		Deputy Chief Nurse	Apr 2015	1.4
Debby Gould		Compassion in Practice Lead	Apr 2015	1.4
Hazel Richards		Deputy Chief Nurse	May 2015	1.5
Hazel Richards		Deputy Chief Nurse	August 2015	1.5

1.4 Related Documents

Name	Owner	Title
Board Compact	NHS England (North)	http://www.england.nhs.uk/ourwork/pe/ohc/
Self-Publication Guidelines	NHS England (North)	http://www.england.nhs.uk/ourwork/pe/ohc/
Standard Operating Procedure (Acute & Community)	NHS England (North)	http://www.england.nhs.uk/ourwork/pe/ohc/

2 Metrics for Maternity Publication at Organisational Level

These are the metrics that are collected and published in Open and Honest Care: Driving Improvement Maternity Reports

2.1 Safety

2.1.1 NHS Maternity Safety Thermometer 'Harm Free Care' scores (for those organisations using the Maternity Safety Thermometer)

- Physical harm free care score
- Women's perceptions of safety harm free care score
- Combined harm free care Score

2.1.2 Mode and Number of Actual Births

2.1.3 Actual Incidence of Harms

- Severe Perineal Tears
- Post- Partum Haemorrhage
- Maternal Infection
- Apgar Score less than 7 at 5 minutes

2.1.4 Prevalence of Harms for Trusts using NHS Safety Thermometer

2.1.5 Stillbirths

2.1.6 Safe Staffing

2.2 Experience

2.2.1 Maternity Friends & Family Test

2.2.2 Women's Perceptions of Safety Harm Free Care Scores

2.2.3 Woman's or Family Story

2.2.4 Staff Friends & Family Test

2.2.5 Staff Experience Questions

2.3 Improvement Story

2.4 Supporting Information

2.4.1 Supervisors of Midwives to Midwife ratio

2.4.2 Other additional Information the organisation wishes to include

3 Safety

3.1 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 within 10 days of giving birth.
- NHS Maternity Safety Thermometer 'Harm Free Care' scores

There are three 'harm free care' scores in the maternity Safety Thermometer, these are:

- 'Physical harm free 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.

- 'Women's' perceptions of safety harm free 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 harm free care' score which includes the physical harm free care score and the two women's perception of safety questions as described above together in one composite score.

Please publish all three 'harm free care' scores in the report.

For more information on 'harm free care' or maternity safety thermometer please refer to: http://harmfreecare.org/ and http://www.safetythermometer.nhs.uk/

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

separated?' under the women's experience section of the publication but it is not included in the harm free 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. Please note all data is reported with a 2 months' time lag to allow for local internal validation processes, so an April report will be publishing February data and be called the February report. 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 January 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 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. These harms have been chosen because of their associations with poor outcomes for women and/baby and their area interventions/actions that can limit their impact or prevent them occurring in some cases. There is also considerable variation in practices and reported outcomes in English hospitals which highlights areas for improvement (Royal College of Obstetricians and Gynaecologists (RCOG) 2013).

- Severe Perineal Tears (3rd and 4th degree tears) (RCOG 2009)
- Post-partum haemorrhage more than 1000 mls. (RCOG 2014)
- Apgar score less than 7 at 5 minutes (i.e. a score of 6 or less) (SANDS 2012)

- Maternal infection (RCOG 2010, RCOG 2012A and 2012B)

3.2 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. A narrative may be added under the Safety Thermometer section explaining that the Safety Thermometer is not currently being used.

- 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)

3.3 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 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.

3.4 Stillbirths

Please publish the number 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 stillbirths that were expected (such as fetocide and severe congenital abnormality).

3.5 Safe Staffing

This shows how well a hospital's staffing levels are being met and the data collected is made up of the following hospital-wide information:

- % of registered nurse day hours filled as planned
- % of unregistered care staff day hours filled as planned
- % of registered nurse night hours filled as planned
- % of unregistered care staff night hours filled as planned

Published monthly reports show the planned staffing hours in comparison with the actual staffing hours worked and/or the % of shifts meeting the Safe Staffing guidelines.
A hyperlink from the Open and Honest Care report to the specific page where each organisation's Safe Staffing information can be found on own website should be inserted into your Open and Honest Care report.

4 Experience

4.1 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.

- For more information on the maternity friends and family test please visit www.england.nhs.uk/wp-content/uploads/2013/09/fft-mat-guide.pdf

- Women's Perceptions of Safety

The women's perceptions of safety questions and 'harm free care score' from the Maternity Safety Thermometer are 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 by midwives or doctors at a time when it worried you during labour or birth?'
- 'If you raised concerns about safety during labour and birth did you feel it was taken seriously?'
- '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 overall.

4.2 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 needs 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

5 Staff Experience

5.1 Staff Friends and Family Test

The Friends and Family Test requires staff to be asked, at periodic points the following questions:

'How likely are you to recommend our organisation to friends and family if they needed care or treatment?'
'How likely are you to recommend our organisation to friends and family as a place to work?'

Data is submitted and reports are published quarterly. In line with the new National guidelines, from November 2014 the percentage recommended/not recommended will be recorded instead and the total number of responses will also be recorded.

5.2 Staff Experience Questions

- 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 and ensure they are reflected in the report.

- Staff experience questions can be addressed to all staff in the Trust. It is not restricted to staff or wards that have experienced harms.

- The number of staff surveyed to be included in your publication.

5.3 Staff Questions

- I would recommend this maternity service as a place to work
- I would recommend the standard of care from this service to a friend or relative if they needed treatment

- I am satisfied with the quality of care I give to the patients, carers and their families

6 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

7 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, however for maternity it will also include:

- Supervisors of Midwives

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

8 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 a maternity report is to be published.

- The publications should be published monthly on the Trust internet and intranet by 23rd of each month. A link to the publishing Trusts website will be made available on the NHS England Open and Honest Care webpage.

- Access to the Open and Honest Care report should be labelled clearly from the home page and should be available within 2 clicks from the home page.

- 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

9 Publication of Report

For details on publication please see; 'Open and Honest Care: Driving Improvement - Self-Publication Guidelines' v 1.6 April 2015.

10 References

Ehrenstein, V; Pederson, L; Grijota, M; Nielson,GL; Rothman, K.J; and Sorensens, H.T. (2009) BMC Pregnancy and childbirth (9:14) http://biomedicalcentral.com/1471-2393-9-14

RCOG (2009) RCOG Green Top Guideline No 29 Third and fourth degree perineal tears management

RCOG (2010) RCOG Green Top Guideline No 44 Preterm prelabour rupture of membranes

RCOG (2012) RCOG Green Top Guideline No 64A Sepsis in Pregnancy Bacterial

RCOG (2012) RCOG Green Top Guideline No 64b Sepsis following pregnancy

RCOG (2013) RCOG Patterns of maternity care in English Hospitals 2011/12

RCOG (2014) RCOG Green Top Guideline No 52 Post partum haemorrhage prevention and management.

SANDS (2012) Preventing Babies Deaths: What needs to be done?