

# Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 30 June 2010  
7.00 pm  
Town Hall, Peckham Road, London SE5 8UB

## Supplemental Agenda No. 2

### List of Contents

Item No.	Title	Page No.
9.	<b>Deputation from Albany Midwifery Practice</b> Comments of Kings College Hospital	1 - 3

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Date: 29 June 2010

## **King's College Hospital and Albany Midwifery Practice**

### **Summary**

King's College Hospital puts patient safety before all other considerations and it is for this reason we terminated our contract with the Albany in December 2009.

Last year we became concerned about the safety record of the Albany practice in comparison with the Trust's overall maternity safety record and asked The Centre for Maternal and Child Enquiries (CMACE) to carry out an independent investigation.

Whilst the report from CMACE reinforced our own view of the excellent relationships formed between the Albany midwives and their expectant mothers, it also highlighted some serious shortcomings in terms of non-compliance with Trust policies and risk management procedures, particularly during labour and with newborn babies. We felt this posed an unacceptable level of risk to our patients so a decision was taken to terminate our contract with the Albany.

We have worked with the Albany midwives to ensure a smooth handover for women under their care, all of whom are now being looked after by King's midwives. King's is committed to midwifery led care for women and believes strongly in giving women the right to choose a home-birth. The Trust runs nine other midwife-led community practices, who offer choice to the women of SE London. At 7%, we have one of the highest rates of home births in the country and one of the best services to offer continuity of care to women.

### **Background and timeline**

The Albany Midwife practice based in Peckham is an independent provider of midwifery services with whom King's had a contract to provide midwifery care for approximately 200 mothers and their babies out of an annual total of around 5,700 King's babies.

In late 2008, our risk management procedures identified that the Albany rate of referrals to the neonatal unit for serious Hypoxic Ischaemic Encephalopathy (HIE) in term babies was much higher than for women cared for by other midwifery practices, or by hospital

midwives. HIE is a condition whereby brain damage may be caused by a lack of oxygen to the brain around or at the time of delivery.

### **Case review and independent report**

We commenced an internal case audit and the results gave us cause for concern. This showed that although Albany looked after 4% of our mothers, 42% of all the poor outcomes associated with serious HIE involved infants in their care.

Once we identified this problem through our risk management procedures, we then commissioned an independent expert case review from CMACE. It highlighted serious concerns around the standard of Albany midwives' care of mothers and babies during labour and after birth. The CMACE review was not a statistical analysis - it set out to ascertain the underlying causes of the poor outcomes associated with the Albany practice.

We also immediately put in place a series of measures to safeguard mothers, including closer supervision and competency assessments. Unfortunately, despite this, a further serious incident occurred within the Albany practice in September 2009. This led the Trust to take the decision to suspend the Albany home birth service pending the outcome of the CMACE review and the risk management investigation into the September incident.

Following the results of our own internal audit and the final report from CMACE in November 2009, the decision was taken to terminate King's contract with the Albany.

The Albany home birth service was suspended in September, and their contract was terminated on 22nd December 2009.

We have shared a copy of the CMACE report with the Albany Practice. We have also briefed and sent a copy of the report to the Royal College of Midwives, The Nursing and Midwifery Council, Monitor, the Care Quality Commission and the Department of Health, as well as other local and national stakeholders. Copies of the CMACE review are also available via our external website [www.kch.nhs.uk](http://www.kch.nhs.uk) or on request from the communications team at King's ([mediateam@kch.nhs.uk](mailto:mediateam@kch.nhs.uk)).

### **King's midwifery services**

King's is fully committed to home-births, and supports a woman's right to choose where and how she gives birth. At 7%, we have the highest home-birth rate in London and the second highest in the country overall. Our nine community based midwifery practices have home-birth rates of up to 70%. When we have fully established the new community midwifery practice in Peckham later this year, it will provide home birth as an option for mothers. Meanwhile all women at the practice who would like homebirths are being referred to one of King's other group practices.

Southwark PCT facilitated a stakeholder event with the Albany mums group on 28<sup>th</sup> April 2010 to get their views on what the new midwifery practice should provide. One of the most valued characteristics of the Albany practice from the mothers point of view was that their named midwife would be on-call 24/7. This is a model we believe is unique to Albany and a small number of other practices nationwide. Kings is keen to replicate this and will be advertising this summer for midwives to work in this model with guidelines on rest periods to meet European Working Time Directive regulation. If recruitment is not successful, the practice will still provide 24/7 on-call but on a rota system between three midwives

King's College Hospital is known for its innovation in midwifery care. The Trust is piloting a group antenatal care model for women, a first in the UK, and providing parenting classes specifically for fathers both of which have had excellent feedback from families. The Trust is also developing a five-bedded midwifery led unit in 2011 to improve choice of place of birth for women in response to both national guidance and a recent Southwark maternity survey. This will allow expectant mothers to choose between home birth supervised by community midwives, midwifery-led delivery but within the Hospital, and with access to specialist care if necessary or traditional consultant – led care on maternity wards.

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