

Safety review of maternity services in Berwick

November 2012

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1.0 Executive Summary

On 1 August 2012, following advice from its Medical Director, Clinical Director of Obstetrics & Gynaecology, Head of Midwifery Services and independent advice from the Local Supervising Authority (LSA) of Midwives in the North East and a prominent independent neonatal clinician, Northumbria Healthcare temporarily suspended some maternity services delivered from the midwifery-led unit in Berwick. This decision was taken on the grounds of patient safety concerns as a result of two then recent serious clinical incidents.

As a result of this, the Trust, with support of the current commissioners of maternity services in Berwick, NHS North of Tyne, set up a safety review following the suspension of births and postnatal inpatient care

This safety review has found that, as a result of significant changes to national clinical and safety guidelines over the last five years, the number of women who can safely give birth within a midwifery-led unit has greatly reduced.

This coupled with declining birth rates in Berwick and the choices women are making regarding their preferred place to give birth, has impacted dramatically on the number of women giving birth in the midwifery-led unit in Berwick.

As a direct result of this decline, midwives in Berwick have found it difficult to maintain a full range of midwifery skills which are required in order to deliver a safe and sustainable service.

In addition, this safety review has highlighted that the maintenance of inpatient postnatal care 24 hours a day, seven days a week at the unit, requires a significant percentage of the midwifery resource in Berwick. This is currently preventing the availability of midwives to rotate to other busier consultant-led units, thus impacting on the Trust's ability to sustain midwives' skills.

Drawing on the conclusions within this report, two options for ensuring the long term safety of the maternity service in Berwick have been documented and will need to be considered by the Trust Board and commissioners NHS North of Tyne. These options draw on examples of midwifery-led care in other rural areas across the country.

In the interim, due to the significant safety issues highlighted, it is the opinion of the Medical Director of the Trust, the Head of Midwifery and the Executive Director responsible for the service, that it would be currently unsafe to reinstate the full midwifery-led service in Berwick. It is therefore recommended that the temporary suspension of intrapartum care and inpatient post natal care continues for the short term. The need for a suspension should be revisited once all Berwick midwives have

completed their rotations to Wansbeck General Hospital, which will not be completed until April 2013.

The Board is asked to consider this paper in full. With the agreement of The Board, this paper will then be issued to the commissioners NHS North of Tyne for them to consider the findings of this report.

It is important to note that any proposed permanent changes to the services at Berwick would be subject to formal public consultation, in line with statutory requirements sections 242 and 244 of the NHS Act (2006), and this would be led by commissioners NHS North of Tyne.

2.0 Purpose of this report

This report has been compiled by Northumbria Healthcare NHS Foundation Trust (the Trust) which provides maternity services at the midwifery-led unit at Berwick Infirmary (the Unit).

The Trust identified serious clinical concerns about the care delivered at the Unit as a result of two recent serious clinical incidents. This led the Trust to temporarily suspend the delivery of intrapartum and inpatient postnatal care at the Unit from 1 August 2012. The terms of reference for this safety review can be found in Appendix one and these were agreed from the outset by commissioners NHS North of Tyne.

The purpose of this report is to provide the Board of Northumbria Healthcare NHS Foundation Trust with a safety review on the provision of maternity services in Berwick, following the temporary suspension of some maternity services.

This report will inform the Board's decision as to how intrapartum and inpatient postnatal care can be safely delivered in the future in Berwick and how the Trust can continue to provide a high quality, safe and effective maternity service for the local community.

It will inform the Trust's decision as to whether it is yet possible to reinstate the services that have been suspended and if not, what more needs to be done in order to lift the suspension.

It will also consider what steps need to be taken in order to ensure that safe care is delivered in the long-term so that no further suspension of services is necessary.

This safety review has taken into consideration the recommendations for practice and service provision as outlined in:

- The National Institute of Health and Clinical Excellence (NICE): *Antenatal care: routine care for the healthy pregnant woman (CG62) – issued March (2008)*
- The National Institute for Health and Clinical Excellence (NICE): *Intrapartum care: management and delivery of care to women in labour (CG55) – issued September (2007)*
- The National Institute of Health and Clinical Excellence (NICE): *Hypertension in pregnancy: the management of hypertension disorders during pregnancy (CG107) – issued August (2010)*
- The National Institute of Health and Clinical Excellence (NICE): *Diabetes in pregnancy: management of diabetes and its complications from pre-conception to the postnatal periods (CG63) – issued March (2008)*

- The National Institute of Health and Clinical Excellence (NICE): *Dietary interventions and physical activity interventions for weight management before, during and after pregnancy (PH27) – issued July (2010)*
- The National Institute of Health and Clinical Excellence (NICE): *Pregnancy and Complex Social Factors: a model for service provision for pregnant women with complex social factors (CG110) – issued September (2010)*
- The Nursing and Midwifery Council (NMC): *Midwives Rules and Standards (2004)*
- Royal College of Obstetricians and Gynaecologists (RCOG): *Standards for Maternity Care: report of a working party (2008)*
- Royal College of Midwives (RCM): *Birth Centre Resource: a practical guide (2010)*
- Department of Health (DH): *Delivering high quality midwifery care: the priorities, opportunities and challenges for midwives – September (2009)*
- Clinical Negligence Scheme for Trusts (CNST): *Maternity Clinical Risk Management Standards (2012/13) – issued January 2012*
- NCT Policy Briefing: *Midwife-led units, community maternity units and birthing centres – issued August (2008)*
- Royal College of Midwives (RCM): *RCM Guidance Paper: Staffing Standard in Midwifery Services (2009)*
- National Institute for Health Research (NIHR): *The Birthplace national prospective cohort study: perinatal and maternal outcomes by planned place of birth, Birthplace in England research programme (Final report part 4 November 2011)*
- NHS Commissioning Board: *Commissioning Maternity Services: A resource pack to support Clinical Commissioning Groups – issued July (2012).*

3.0 Introduction

3.1 Regular services provided through the Unit in Berwick (pre-suspension)

Prior to the temporary suspension of some maternity services, the Unit provided a full midwifery-led maternity care service. This includes antenatal care for women with a low risk pregnancy as well as a consultant outreach clinic for women with a high risk pregnancy. Intrapartum care (care during labour) is provided in the Unit for women with low risk pregnancies, as well as inpatient postnatal care and a community midwifery service including home births.

Low and high risk patients are categorised based on national guidelines (see pages five and six) which include the consideration of factors such as the body mass index (BMI) and previous medical and obstetric history. These national guidelines are reviewed and amended on a regular basis and the Trust must take full account of any changes when delivering maternity care.

The midwifery-led maternity service in Berwick is provided from a designated purpose built unit which is open 24 hours per day, seven days a week. The unit is staffed with midwives and health care assistants. For full details of the number of births at Berwick, please see page 14 and refer to Appendix two.

It is important at this point to clarify the difference between a midwifery-led unit and a consultant-led unit. This is detailed below

- **Midwifery-led units**

Midwives are trained to deliver antenatal, intrapartum and postnatal care independently of a consultant to low risk women. Midwives are trained to detect any abnormalities during all stages of pregnancy, antenatal and postnatal care and refer women onto consultant colleagues for high risk obstetric care if required.

At the beginning of pregnancy, women are allocated a named midwife who coordinates care and undertakes a full obstetric and medical history, identifying any risk factors as outlined by national guidelines (as outlined on pages 5 and 6). The information provided to the midwife will assist in the categorisation of the pregnancy as either being low or high risk.

Women in a low risk category are suitable for midwifery-led care and can receive all care from a qualified midwife including antenatal, intrapartum and postnatal care, unless they chose otherwise. Women who have been

identified as high risk are referred to a consultant obstetrician for further assessment, this may result in a package of high risk consultant-led care or a shared care pathway between the consultant and midwife.

Low risk women are eligible to choose to have a home birth or a delivery within a midwifery-led unit. The difference between these two areas for delivery is that at a home birth choices of pain relief methods are reduced. For example, pethidine or opiates are not offered at a home birth. Also, in this scenario, if a baby is delivered at the mother's home who requires additional resuscitation, then transfer of the infant is via the emergency ambulance 999 service to the nearest specialist neonatal unit.

For those women who choose to deliver within a midwifery-led unit, pethidine and opiates are available for pain relief. If a baby is born requiring resuscitation, the midwives will stabilise the baby and request a response from the Royal Victoria Infirmary (RVI) neonatal retrieval team (part of The Newcastle Hospitals NHS Foundation Trust). The team will come to the unit to collect the infant; the infant will be intubated to support its respiration during transfer to the specialist neonatal unit.

NB – As outlined on page 18, recent policy changes mean that this practice will cease in relation to births at midwifery-led units. Midwives will now call 999 and transfer the infant to the nearest specialist neonatal unit resuscitating en route and these babies will not be intubated for transfer but will receive respiratory support via non-invasive ventilation (bag and mask).

Other than the differences in pain relief available, as outlined above, the facilities within the midwifery-led unit at Berwick are the same as what would be available for a home birth.

- **Consultant-led units**

A consultant-led unit provides the full range of maternity care pathways. This means women who are either low or high risk can deliver in this type of facility. If a complication arises in labour, there is the immediate backup of consultants who can be called upon if any abnormalities are detected or if any interventions are required, for example, augmentation of slow labour, assistance with delivery forceps or a caesarean section. There is also full support from trained neonatal practitioners, consultant paediatricians and a neonatal unit.

To provide a consultant-led maternity service the following is also required: full intensive care facilities, operating theatres, extensive staffing – not only

of midwives but also of consultant obstetricians, anaesthetists and paediatricians, with a recommended minimum of 2500 deliveries each year. To deliver this service, each site needs nine members of staff at each tier of the service, for example this includes nine consultants, nine registrars, nine junior doctors, in all specialities including obstetrics, anaesthetics and intensivists (as well as a High Dependency Unit and Intensive Therapy Unit).

It is important to note that the Trust cannot deliver any service that deviates from the national standards set by the Royal College of Obstetricians and Gynaecologists and the Royal College of Anaesthetists.

3.2 The decision to suspend services

On 31 July 2012, the Trust took the difficult decision to announce the temporary suspension of births (intrapartum care) and postnatal inpatient care at the Unit pending a full safety review. This decision was taken as a result of two serious clinical incidents which, when investigated, highlighted concerns about the low number of births taking place at the Unit and the subsequent lack of opportunity for midwives to practise their full range of skills.

It is important to note that during the temporary suspension of these services, the Unit has remained open seven days a week for all antenatal, postnatal and consultant-led high risk clinics, with full support from community midwifery services.

Incident one was initially investigated as a 'Serious Learning Event'. During the initial investigation evidence from a senior independent neonatal clinician (i.e. not employed by Northumbria Healthcare) raised very serious concerns linked to the care of a newborn baby. The gravity of the concerns meant the incident was then treated as a 'Serious Untoward Incident' (SUI) and investigated as such.

Incident two occurred while the investigation into incident one was ongoing.

It became apparent in the course of the SUI investigation into incident one, that the Trust might need to take immediate steps to ensure the safety of those women and babies being treated at the Unit. Incident two also raised similar concerns about the quality of care provided by the midwives.

The investigations of the two incidents highlighted the following concerns common to both incidents:

- Failure to recognise a problem

- Failure to act appropriately
- Failure to follow established protocols
- Failure to summon help.

These initial concerns were raised and discussed on the day of the Trust Board meeting on 19 July 2012 and following further analysis of the issues a meeting was held on 30 July 2012 to discuss the two serious clinical incidents and the Trust's response to them. The following people attended that meeting:

- Jim Mackey – Chief Executive
- David Evans – Medical Director
- Ann Wright – Executive Director of Surgery & Elective Care
- Paul Franks – Clinical Director of Obstetrics & Gynaecology
- Janice McNichol – Head of Midwifery
- Claire Riley – Director of Communications

The Clinical Director of Obstetrics & Gynaecology and Head of Midwifery expressed serious concerns that midwives were becoming de-skilled due to the low number of births taking place at the Unit. They considered that this was the root cause of the two serious incidents. Mr Franks leads the consultant-led clinic at the Unit and Ms McNichol is the most senior midwife at the Trust, who has day-to-day contact with the Unit through her role as Head of Midwifery. Both individuals therefore have an in-depth and first-hand understanding of the work carried out by the Unit.

The meeting discussed that the low number of births at the Unit meant that midwives working there did not have sufficient opportunity to practise their skills. The meeting was concerned that the two serious incidents were evidence of the fact that this was having an impact on the quality of intrapartum care provided by the Unit. The meeting concluded that the only way for intrapartum care to be safely provided by the Unit was for the midwives to regain the necessary skills by working for a time at a busier consultant-led unit. In the intervening period, the intrapartum care provided by the Unit would be suspended from 1 August 2012 to protect patient safety.

In the final SUI report, the 'recommendations' section records:

"Immediate suspension of intrapartum care because of concerns raised."

The action plan to the final SUI report states:

"Suspend intrapartum services until midwives' skills updates and service review undertaken."

A decision was therefore taken to suspend intrapartum services and terms of reference for this safety review were agreed with commissioners, NHS North of Tyne. In addition, the decision was taken to suspend postnatal inpatient care to enable the immediate release of Berwick midwives to participate in rotation for updating their skills.

It is important to note that the rotation of Berwick midwives to Wansbeck is being carried out in a supernumerary capacity to allow for the updating of skills and experiences. It was therefore not possible to release any Wansbeck midwives (who are needed to deliver the consultant-led service in Wansbeck) in order to sustain the post natal inpatient postnatal care service in Berwick.

Since 1 August 2012, fortnightly meetings have taken place between the Trust and commissioners NHS North of Tyne as part of this review process.

There are strict guidelines relating to the release of information about any serious clinical incidents. Given the small number of women who have recently given birth attended by Berwick midwives and the close nature of the Berwick community, the Trust is concerned that release of any further details about the incidents would enable local residents to identify the women and babies affected.

As this safety review is not only to be used to inform the Board's decision but will also be more widely distributed to the commissioners and the general public, the Trust will not divulge any further information about these serious clinical incidents that will contravene patient or staff confidentiality.

3.3 Immediate steps taken

The midwives involved in these two incidents are also subject to an independent Local Supervisory investigation with has been instigated by the Local Supervising Authority (LSA) of Midwives in the North East¹.

The Local Supervisory Midwifery Officer (LSMO) for the North East was informed about the decision to suspend services and shared concerns about the limited opportunities for Berwick midwives to practise their skills and the

¹The LSA is responsible for ensuring that statutory supervision of all midwives, as required in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council's (NMC) Midwives rules and standards (2004) is exercised to a satisfactory standard within its geographical boundary.

two recent incidents (see page 20 for position of LSA). Responsibilities of the LSMO include providing a framework of support for supervision and midwifery practice, ensuring midwives meet the statutory requirements for practice and ensuring that there is access to continuing education and training for supervisors of midwives.

Immediately following the decision to suspend services, the Head of Midwifery at the Trust put in place arrangements for the Berwick midwives to begin rotation to practise at the Trust's busier, consultant-led maternity unit at Wansbeck General Hospital.

This was done by dividing the Berwick midwives into two cohorts, with each cohort separately completing a one-off, three month rotation. It was not possible for all Berwick midwives to practise at Wansbeck General Hospital at the same time because all other midwifery-led services in Berwick have continued seven days a week, during the temporary suspension.

The three month length of rotation was needed to ensure that all Berwick midwives had the opportunity to gain a wide variety of birth experiences.

A log was produced setting out the experiences that the midwives needed to obtain whilst at Wansbeck General Hospital, for midwives to complete during their rotation. Additional training has also been arranged to address the lack of recent experience and also the issues identified in the SUI report.

These arrangements were made in consultation with the LSMO who has supported and continues to support the decision to temporarily suspend some services on safety grounds.

The first cohort of midwives is now three months into their rotation. The remaining Berwick midwives are due to start their rotations in November and December, with all due to complete by April 2013.

It is not possible to lift the suspension of some services at Berwick until both cohorts of midwives have completed their rotation at Wansbeck. This is because the small size of the team working in Berwick means that all midwives in the team must be able to deliver safe intrapartum care if this is to be available on a 24/7 basis. On completion of rotation, each midwife will meet with their named Local Supervisor of midwives to ensure they have completed all necessary components of updated practice.

To ensure the ongoing safety of care delivered by the Unit, the Trust needs to ensure that the Berwick midwives continue to be able to practise their skills by regularly attending births.

Therefore this report considers not only when the suspension of services can be lifted, but also what arrangements will need to be put in place to ensure Berwick midwives are getting the regular experience of births that is needed to maintain their skills in the long term.

For the purpose of this safety review, the Trust has not undertaken a financial assessment in relation to delivering maternity services in Berwick. This is because the primary reason for this review is for safety reasons and not related to costs.

4.0 Review findings

4.1 The numbers

As detailed in full in Appendix two, the number of deliveries in Berwick has fallen from 40 in 2007/08 to an all time low of 13 deliveries in 2011/12. The Office of National Statistics also shows a decline in births for Berwick over the past years based on per 1000 population.

At the time of the temporary suspension of some services, 12 deliveries had taken place at the unit in 2012/13, but had the service continued it was not expected that the number of deliveries in 2012/13 would have significantly exceeded those in 2011/2012, for the reasons outlined below.

The Trust has undertaken a comprehensive audit of births from 1 April 2011 to 31 March 2012, to clarify the factors influencing where women initially chose to have their babies and where they subsequently delivered. The results of this audit are included in full, in Appendix three. The following is a summary of the key findings:

- 48% of women (which represents 133 women) were classed as high risk patients and therefore could not deliver in a midwifery-led unit
- 52% (which represents 145 women) were classed as low risk patients at the time of the initial assessment and therefore could choose to deliver in a midwifery-led unit. Of these low risk women:
 - 59% (85 women) chose to deliver in a consultant-led unit:
 - 20% (29 women) chose Wansbeck General Hospital
 - 39% (56 women) chose Borders General Hospital
 - 34% (49 women) chose to book their delivery at the Berwick midwifery-led unit
 - 7% (11 women) chose other venues for delivery, including Alnwick Infirmary, the Royal Victoria Infirmary and one home birth
 - When a low risk patient was asked why they chose their particular place of delivery, 97% stated patient choice as the reason (i.e. personal preference) rather than the remaining options of pain relief, special care baby facilities, consultant presence or 'other'

- Of the 49 women who initially chose to deliver at Berwick midwifery-led unit ,13 gave birth at the Unit and 36 did not
- Of the 36 who did not give birth at Berwick:
 - Ten women commenced their labour in Berwick but had to be transferred to Wansbeck General Hospital during labour due to complications which required consultant-led care
 - Of the remaining 26 women who initially planned to deliver in Berwick:
 - Four changed their minds and wanted consultant-led care
 - Four women moved out of the Berwick area
 - Four women unfortunately miscarried
 - The remaining 14 women, developed complications either during pregnancy and/or birth which, based on the national guidelines detailed in this review, meant they needed to deliver in a consultant-led unit. A full list of these medical reasons can be found in Appendix three.

4.2 The Unit

The midwifery-led unit at Berwick has one delivery suite and six inpatient postnatal beds. Occupancy rates for these beds on a yearly basis are around 20 per cent for both births and inpatient postnatal care. Over the past year, from 1 April 2011 to the 31 March 2012, out of 365 days:

- For 129 days, no patient occupied any beds in the Unit
- For 126 days, only one of the six beds was occupied
- For a third of the year the Unit did not have any inpatients

Shorter postnatal stay is the norm across the country with clear recommendations linked to the early mobilisation of mothers just after birth and early discharge home encouraged.

The current model of providing 24/7 postnatal inpatient care at the midwifery-led unit in Berwick, which, as outlined above operates at about 20 per cent capacity at any given time of the year, has prevented the Trust from being able to regularly rotate midwives for skills updating or providing any other form of enhanced community midwifery service.

This is because although for much of the time they will not be delivering care (due to the low occupancy levels), Berwick midwives nevertheless have to be available at the Unit 24 hours a day, seven days a week to provide postnatal

inpatient care should it be needed. This requirement to be on hand at the Unit has meant that the Berwick midwives cannot practise elsewhere e.g. at the consultant-led unit at Wansbeck General Hospital, or to provide any enhanced community midwifery service, even if there are no inpatients to provide care to at the Unit.

4.3 Maintenance of skills

Although the Trust is not aware of any nationally set minimum number of births that midwives are recommended to attend to maintain their skills, following consultation with the LSMO, its Head of Midwifery and Clinical Director of Obstetrics & Gynaecology, it considers that the overall birth figures for Berwick are well below the number of deliveries necessary in order for midwives to maintain a full range of midwifery skills.

The Royal College of Midwives (RCM, 2009) does outline a recommended birth to midwife ratio, for workforce planning purposes, of one whole time equivalent midwife to every 35 births for low risk birth midwifery-led births. In Berwick, the current birth to midwife ratio is 0.37 (less than one birth) per whole time equivalent midwife.

4.4 Changing national guidelines

In recent years, the midwifery-led unit at Berwick has seen a reduction in the numbers of births. This has occurred to a significant extent as a result of NICE guidance and other national guidance (see pages 5 and 6) which has reduced the number of women who are eligible to deliver in this type of facility (see page 14) and has been further impacted upon through women's choice and the declining birth rate in Berwick.

The following bullets are just a few areas where national guidance has changed significantly and affected the options available to women when deciding, with their clinician, where is the most appropriate and safest place to give birth. In general terms, these national changes mean it is more likely that more pregnancies will be classified as high risk and therefore not suitable for midwife-led delivery:

- Body mass index (BMI) of the expectant mother at the time of booking
- Deep vein thrombosis risk assessment
- Hypertension
- Diabetes assessment
- Complex and social factors

4.5 Quality standards

The Clinical Negligence Scheme for Trusts (CNST), administered by the NHS Litigation Authority (NHSLA), handles all clinical negligence claims against NHS bodies. The CNST outlines a set of clear 'Clinical Risk Management Standards for Maternity Care' which were newly updated in 2012 and originally introduced as a result of the significant proportion and cost of maternity related claims against NHS Trusts which are reported to the NHSLA.

There are five parts of the CNST which are classed as standards. These standards are:

- 1) Organisation of care
- 2) Clinical care
- 3) High risk conditions
- 4) Communications
- 5) Postnatal and newborn care.

Within each standard there are ten criteria that reflect national recommendations for each area as detailed above. As a result of this, the Trust has local guidelines which are audited on an annual basis to ensure it maintains these very strict, safe standards of care. The Trust is also assessed on a three yearly basis by CNST.

Since 2010, the Trust has obtained the highest possible CNST safety rating (level 3) in relation to maternity care and the five standards above, and this covers the Trust's four midwifery-led units and one consultant-led unit. This CNST level 3 safety rating forms the basis of the safety and quality standards the Trust expects to deliver across all maternity services.

These CNST *Maternity Standards* provide the evidence base upon which risk is assessed and communicated to all women using maternity services provided by Northumbria Healthcare. This is to ensure that the Trust provides the required information to facilitate discussion with women around the most appropriate and safest setting in which to deliver their baby.

The Trust acknowledges that these stringent CNST safety standards were at risk of being compromised, had it not taken immediate action to suspend some services in Berwick on 1 August 2012.

4.6 Immediate regional issues

4.6.1 Removal of neonatal retrieval team

The Trust has been given notice by Newcastle Hospitals NHS Foundation Trust that it intends to withdraw the services of its neonatal retrieval team, which is currently in operation. Currently, midwives in midwifery-led units across the north east including Berwick, call upon the neonatal team at the Royal Victoria Infirmary (RVI), who provide a medical response team to collect ill neonates and transport them to Newcastle for intensive care. This retrieval service would always stabilise the baby first prior to any journey to the RVI. Under this new arrangement this service will cease. The impact of this change will result in ill neonates, who require neonatal resuscitation and support, being transported via ambulance with a midwifery escort to A&E at the RVI. Neonatal resuscitation will be provided in transit by the midwife, using a bag and mask, with a paramedic escort. The decision is a national policy decision which Newcastle Hospitals is acting on, however, this causes concern with the safety aspects of transporting an ill neonate, who has not been stabilised. It may result in even fewer women choosing to use Berwick for intrapartum care.

4.6.2 Ambulance support

There are two rostered paramedic crews which are currently based in Berwick. All paramedics receive standard maternity training in line with the Joint Royal Colleges Ambulance Liaison Committee which outlines the standards that all paramedics must work to. In addition, the Local Supervising Authority (LSA) of Midwives in the North East provides advanced life support training in obstetrics for paramedics.

North East Ambulance Service NHS Foundation Trust is not yet clear what the potential impact of the temporary suspension of some maternity services in Berwick may have on ambulance crews and is currently undertaking a review to be shared with commissioners, NHS North of Tyne.

4.7 Staff rotation

As a result in the decline in births in Berwick (see page 14 and Appendix two), midwives have been unable to regularly practise and maintain their intrapartum skills. In order to keep up to date with skills and experience, Berwick midwives need to have the opportunity to practise in a busy environment where they will be exposed to a higher number of births and a variety of challenging clinical situations including emergencies.

Historically, there have been difficulties in facilitating a regular rotation arrangement for the Berwick midwives as a result of practical, operational and logistical reasons.

For example, the location of the unit at Berwick, the small midwifery team and the current 24/7 inpatient postnatal care service, have made it difficult to arrange for the regular rotation of Berwick midwives to Wansbeck General Hospital, 52 miles away (a busy consultant-led unit provided by the Trust).

However, the current safety concerns, which were not held by the Trust until the recent clinical incidents occurred, mean that now there is a far greater need to overcome these rotation issues.

As soon as safety concerns became apparent (as outlined in this safety review), the Trust took immediate steps to organise for midwives from Berwick to rotate to Wansbeck General Hospital to update their practice and apply their skills.

This one-off rotation arrangement exposes Berwick midwives to clinical situations in order to maintain their skills and encourage a culture of peer review. It would need to be formalised for the future if it is decided that this is the preferred way of ensuring that safe intrapartum care can be delivered at the Unit.

It is important to note that the Trust would not be able to facilitate any rotation of midwives to maternity units managed by other hospital trusts, for example, Borders General Hospital. This is because the Trust has to assure staff training and adherence to Trust guidelines and quality standards which are audited annually for compliance of CNST safety assessments.

It is also important to note that rotating midwives from Wansbeck to Berwick would not have helped in the updating of skills and regular practice needed by Berwick midwives. The problem would remain that the Berwick midwives had insufficient opportunity to practise their skills due to the low number of births occurring in the Unit.

The only benefit in Wansbeck midwives rotating to Berwick would be to help facilitate the rotation of Berwick midwives to Wansbeck, for the purposes outlined above.

4.8 National Comparison

The safety review undertaken by the Trust has shown that the current configuration of maternity services in Berwick is an outlier with the rest of the country, even when looking at other very rural areas (see Appendix two) Berwick, as a result of its geographical isolation, is not a unique case when it comes to providing maternity services. However Berwick is unique in having a stand alone midwifery-led unit with the smallest number of births (13) in England.

The only slightly comparable midwifery-led unit is in Penrith, which delivered 30 babies last year. However this unit is not open or fully staffed 24 hours a day, seven days a week like Berwick and instead operates a midwifery on call system for labouring women.

Equally, there are some midwifery-led units in Scotland which deal with a low number of births (between ten and 20 a year). However, these units are only opened on an 'as required' basis. Community midwives take part in on call systems for intrapartum care, rather than providing a fully staffed unit 24 hours a day, seven days a week. These units open for delivery with women arriving to give birth and discharged home after six hours, with full community midwifery support.

There are no national rules or guidance which outline how many births are required to deliver a safe and sustainable maternity services in rural areas. Nor is there a minimum number of births that midwives are recommended to attend to maintain their skills.

However, the Trust believes that the current model of care in Berwick and declining numbers are not sufficient for midwives to maintain their skills and that this contributed to two serious clinical incidents.

4.9 Position from the Local Supervising Authority (LSA) of Midwives in the North East

The Trust has received the following statement from the Local Supervisory Authority for Midwives in the North East following the temporary suspension of some services at midwifery-led unit in Berwick:

Midwives are accountable for maintaining their skills and competence in order to remain on the Nursing and Midwifery Council Register. All midwives practising in the UK work according to the Nursing and Midwifery Council's *Midwives rules and standards* (NMC, 2004).

The *Midwives rules and standards* state:

You should be appropriately prepared and clinically up to date to ensure that you can carry out effectively, emergency procedures such as resuscitation, for the woman or baby. (Rule 6, guidance 11, page 21).

Despite having some of the most highly trained midwives in the North East, as less and less women choose to give birth in the midwifery-led unit (MLU) at Berwick it makes it hard for those midwives to maintain their skills. Rotating all midwives to Wansbeck General Hospital is one way that Northumbria Healthcare is working towards ensuring that all midwives are offered the opportunity to retain their skills.

With women increasingly being classed as high risk due to modern health problems such as obesity this has a knock on effect on the provision of maternity care. High risk women are not eligible to receive care within midwifery-led units and referrals to obstetric units have increased.

This is not a problem confined to the north east as most MLUs throughout the country have seen a decline in the number of births. Small units in rural locations such as the East Midlands have recently closed due to similar issues with a decrease in the number of eligible women giving birth.

The Birthplace study (NPEU, 2011) provided evidence that for low risk women birth in a midwifery-led unit was safe. However, they also noted the difficulties in falling numbers within small rural locations.

In the current circumstances, the temporary closure of the midwifery-led unit at Berwick Infirmary is the only way that we can be assured that midwifery services remain at the highest possible quality. For the future, different ways of working need to be explored fully in order to provide a safe and effective service for women alongside an environment that promotes safe midwifery practice.

4.10 Views from the local community

The Trust has taken many steps to communicate with the local community about the temporary decision to suspend some services in Berwick as outlined below.

It is important to note the concerns raised by the public as a result of the temporary suspension of some services at the midwifery-led unit at Berwick.

Appendix four has a full list of the questions raised by the local community and stakeholders and answers provided. It also includes copies of all public information released by the Trust about the temporary suspension of some services at the midwifery-led unit in Berwick.

It is also important to note the positive patient experiences of many of those mothers who have delivered at the midwifery-led unit in Berwick in recent years, with much praise from the local community for the care received from Berwick midwives.

Since the temporary suspension of some services, the Trust has communicated openly with all stakeholders through a variety of different communication channels to keep people up to date with developments. This has included:

- Regular dialogue and a face to face meeting with the Save Berwick Maternity Unit local Facebook campaign group.
- Attendance at the Northumberland Council Overview and Scrutiny Committee.
- Attendance at a public meeting organised by Berwick Town Council to discuss the temporary suspension of some services.

In addition, the Trust has responded to approximately 15 letters received from the local community.

In summary, the main concerns that have been voiced through various channels, since 1 August 2012 are:

- Not having a midwife available in Berwick 24 hours a day
- Local ambulance provision
- Giving birth on the A1 whilst travelling to Wansbeck which is more than 50 miles away
- Delay in travel times to Wansbeck due to bad weather, especially during winter
- Local women feel they have no choice to deliver in Berwick if they are high risk
- Anxiety for women in labour at Berwick in case something 'goes wrong' as the nearest consultant-led unit is more than 50 miles away
- Long distances, costs and stress involved for families visiting relatives in Wansbeck.

5.0 Conclusions

Examining all the evidence from this safety review, the Trust has drawn the following conclusions:

- The Trust has a duty to ensure that all services are safe. As a result of the serious clinical incidents and subsequent investigation, the Trust could not guarantee the safety of the current maternity service at Berwick (pre-suspension) and thus the safety of the mothers and children in its care. The Trust therefore took the temporary decision to suspend some services to protect patient safety, pending this safety review.
- It is not appropriate for the Trust to lift the current temporary suspension as its senior clinicians and the LSMO consider that it would not be safe for intrapartum care to be delivered by the Unit at this time. This is due to the fact that the Berwick midwives have not had sufficient opportunity to practise and update their skills and experiences in a variety of clinical situations and volumes in a busier consultant-led unit.
- The suspension of postnatal inpatient care needs to remain in order for Berwick midwives to update their skills and experiences as quickly as possible at Wansbeck General Hospital. Berwick midwives rotating to Wansbeck are doing so in a supernumerary capacity and it is therefore not possible to release any Wansbeck midwives to Berwick (as they are needed to deliver the consultant-led service in Wansbeck).
- Once all the Berwick midwives have completed their rotation to Wansbeck General Hospital (which will not be earlier than April 2013) the Trust will consider again the question of whether intrapartum services can safely be delivered at the Unit.
- Throughout the temporary suspension of intrapartum and postnatal inpatient care, the Unit has remained open seven days a week and has delivered all antenatal, postnatal and consultant-led clinics as well as community midwifery support. It is recommended that this will continue in the interim period.
- The temporary suspension of some services is further impacted by the proposed removal of the neonatal retrieval team which needs to be considered further.

Maintaining safety in the long-term

- National standards have changed significantly over the last five years, thus reducing the eligibility of women being able to deliver in a midwifery-led unit.
- Birth rates are declining in Berwick.
- Patient choice has led to the declining number of births in Berwick. For example, out of 145 low risk women eligible to deliver in Berwick in the past year, only 49 chose to book Berwick. Out of those 49, only 13 subsequently delivered in Berwick due to complications arising during pregnancy and labour (which, as outlined by national guidance, require consultant-led unit) and other factors.
- For these reasons it is unlikely that there will be an increase in the number of babies delivered by the Unit. If anything, the factors point towards a continuing decline in numbers.
- The two serious clinical incidents have identified a serious skills deficit in the midwives (which is now being addressed). The fall in births has had a direct impact on the ability of Berwick midwives to maintain their skills. Mandatory rotation will therefore be required for any future, safe maternity service delivery option going forward, especially given the conclusion that the number of births at Berwick is unlikely to increase.
- Occupancy rates for the current inpatient postnatal care service are around 20% per year and the current 24/7 provision of this service has hindered any regular rotation of midwives out of the current staffing numbers.
- It is apparent, from looking at other areas with equal or more challenging geographical locations, that there are tried and tested models of maternity services that are safe and sustainable for rural communities.
- The LSA has supported and continues to support the temporary suspension of some maternity services in Berwick and recommends that different ways of working need to be explored for the future in order to provide a safe and effective service.

It is important to note that throughout the temporary suspension of some maternity services the Unit has remained open seven days a week and has delivered all

antenatal, postnatal and consultant-led clinics as well as community midwifery support. It is recommended that this will continue in the interim period.

The Trust is committed to working with the commissioners of the service NHS North of Tyne, its staff and the local community to work through the issues identified in this report and mitigate the risks of delivering a maternity service in Berwick. However, the Trust must adhere to national clinical guidance and safety standards and consider carefully the recent regional decision to withdraw the neonatal retrieval service when considering the recommendations outlined below.

6.0 Options and actions

6.1 Options

As a result of this safety review, the following options have been compiled and focus solely on the practicalities of delivering a safe and sustainable maternity service in Berwick.

Option 1 - Maintain services as they were prior to the temporary suspension of some maternity services at Berwick. This includes all antenatal care for low risk and high risk women, hospital and community intrapartum care for low risk women and 24/7 inpatient postnatal care and community midwifery services.	
Requirements to deliver this option	Increase the number of midwives in Berwick
	Sustain and/or grow the number of low-risk women choosing to give birth in the midwifery led unit in Berwick (note this is not entirely within the Trust's control)
	Mandatory rotation of the midwives in order to maintain a full range of midwifery experiences and safety of services
Pros	Maintains current service
	Gain local community support
	Will deliver a local service to a local community
	Will act as a 24/7 'back up' for local community
	Accessible for local pregnant women
	Achieves national safety standards
Cons	Bed occupancy will be likely to remain low (around 20%) and therefore midwives stationed at Berwick to delivery 24/7 postnatal inpatient care will not be fully occupied
	Midwives will need to agree to mandatory rotation
	Recruitment of additional midwives may be problematic due to an insufficient number appropriately qualified applicants, based on previous experience
	Recruitment and employment of additional midwives will require significant additional investment
	Increasing midwives in Berwick may cause additional operational, supervisory and skills maintenance issues which may also impact Wansbeck team (given the low birth numbers in Berwick and need for more Berwick staff to be rotated)
Safety Assessment	Increasing the amount of midwives working within the Unit this will allow for both mandatory rotation (enabling midwives to maintain a full range of midwifery skills) and the Unit to remain open on a 24/7 basis.
	Mandatory rotation will be required, therefore the skills of the midwives will be maintained to a high standard. The safety standards when delivering at home or within a dedicated birthing room in Berwick are the same. The safety issues that arose were as a result of midwives not being exposed to a range of clinical experiences to maintain their skills. By mandating rotation to a busier consultant led unit this will

	ensure that this option is a safe and sustainable one for the future.
	However, increasing the number of Berwick midwives requiring rotation may cause additional operational and skills maintenance issues, with a potential detrimental impact on the Wansbeck team as more staff need to rotate there.
	The higher the number of babies born in Berwick the greater any impact of the withdrawal of the neonatal retrieval service will be.
Comments	Maintaining the status quo is a possibility but will require significant investment in order to maintain a safe and sustainable 24/7 service in its current form. However, further increasing the number of midwives working from Berwick may cause logistical problems across the Trust and further compound the issue of skills maintenance. Using national examples, the evidence shows that other models of provision for maternity in similar geographical areas are safe and sustainable which are detailed in option two.

Option 2 – Provide a 24/7 on call midwifery-led service in Berwick which includes:	
	<ul style="list-style-type: none"> • On call intrapartum delivery for low risk women in a maternity birthing room in Berwick (maximum of six hour inpatient postnatal stay following delivery), i.e. the Unit is not open 24/7 but opens when an expectant mother calls to say she has gone in to labour • On call intrapartum delivery at the expectant mother’s home • Continue with all hospital and community antenatal care • Continue provision of early pregnancy information sessions plus parenting education classes • Continue provision of high risk antenatal consultant-led clinics • Provide enhanced postnatal community midwifery service • No inpatient postnatal care service beyond six hours following birth
Requirements to deliver this option	Ensure sufficient midwives participate in the on call rota to provide this service
	Train healthcare support workers to support enhanced community midwifery-led service
	Mandate rotation of the midwives in order to maintain a full range of midwifery experiences and safety of services
	Provide a birthing facility in Berwick
Pros	Maintains an on call safe and sustainable service in Berwick as staff will be rotated through maternity services at Wansbeck General Hospital to maintain skills
	More efficient use of NHS resources and time of Berwick midwives and health care staff
	Supports the requirements of the community regarding a ‘back-up’ service for local mothers 24/7
	Provides enhanced postnatal care at home for mothers

	Maintains local antenatal services for both high and low risk women
	Supports Berwick mothers to have babies in Berwick
	Achieves national safety standards
Cons	Long term inpatient postnatal care will cease, however an enhanced community midwifery service will support mothers in their own home following delivery
	Midwives will need to agree to mandatory rotation
Safety Assessment	Mandatory rotation of midwives will be required therefore the skills of the midwives will be maintained to a high standard. The safety standards when delivering at home or within a dedicated birthing room in Berwick are the same. The safety issues that arose and prompted this review were as a result of midwives not being exposed to a range of clinical experiences to maintain their skills. By mandating rotation to a busier consultant-led unit, this will ensure that this option is a safe and sustainable one for the future.
	The higher the number of babies born in Berwick the greater any impact of the withdrawal of the neonatal retrieval service will be.
Comments	This option will enable midwives to maintain the high safety standards the Trust must deliver and adhere to, in line with national standards. This recommendation is feasible and will enable the delivery of safe and sustainable services to the local community. It is the mode of operation adopted by the Scottish midwife led units with low birth numbers.

In both options, the Trust will continue to provide support to women who choose to have a home birth.

As a provider of services, the Trust can deliver whatever service the commissioners, NHS North of Tyne, request us to provide with the proviso that they are safe and sustainable.

The options detailed above are options the Trust has identified that will enable it to deliver maternity care safely in Berwick in a sustainable way. The Trust will need to develop these in conjunction with commissioners NHS North of Tyne

6.2 Implications for here and now

It is not appropriate for the Trust to reinstate the suspended services that its senior clinicians consider unsafe at this current time. This could only be considered once all Berwick midwives have completed their current rotations and arrangements are in place to ensure the ongoing maintenance of skills

However, the unit remains open 7 days a week for all antenatal, postnatal and consultant-led clinics as follows:

- **Monday to Friday 8am to 6pm** - for all antenatal clinics, bookings and consultant-led clinics, postnatal drop-in and parent craft sessions.
- **Monday to Friday 9am to 5pm and Saturday and Sunday 9am to 2.30pm** - for all community midwifery services including rural clinics.

This is to provide all of the usual support for expectant mothers such as routine antenatal bookings and care for both low risk and high risk pregnancy. The Trust is also continuing to provide community midwifery support during the times above with midwives visiting patients at home.

During this interim period, any expectant mothers who require medical assistance or advice outside of normal working hours can seek help by calling our team of midwives in Wansbeck 24 hours a day.

For Berwick women, their choices for place of birth, at the current time, remain:

- Alnwick Infirmary midwifery-led unit
- Wansbeck General Hospital (consultant-led unit)
- Borders General Hospital (consultant-led unit)
- Other local hospitals

In addition, the Trust is also committed to support any women from Berwick who wish to have a home birth during this interim period by working with its other community midwifery teams to deliver this service where necessary.

It is important to clarify that during the temporary suspension for births and post natal inpatient care, from the outset the Trust has been clear that babies will not be delivered in the hospital or the community area (including home births) by the midwives working out of Berwick Maternity Unit. This is so the Trust can ensure its team of midwives in Berwick get the opportunity to bring their training and midwifery skills up to date by practising in a busier unit. The Trust is however committed to supporting any women who do wish to choose a home birth during this interim period by working with its other community midwifery teams to deliver this service where necessary.

These choices are dependent on the eligibility set out by national guidelines as detailed within this report and as discussed with their midwives and clinicians.

6.3 Consideration of equality impact

Under the Equality Act (2010), NHS bodies and other service providers are obliged to make reasonable adjustments for service-users with a disability. Where a Trust provision, criterion or practice puts a disabled person at a substantial disadvantage in comparison with persons who are not disabled, the Trust must take such steps as are reasonable to avoid the disadvantage.

Under the Equality Act (2010), the Trust must also comply with the public sector equality duty ('PSED'). This requires the Trust to have 'due regard' to the following points when carrying out its functions – in this case providing maternity services:

- eliminate discrimination that is unlawful under the Act (such as disability discrimination outlined above);
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This includes having due regard to the needs of people who share a protected characteristic that are different from the needs of persons who do not share it. The 'protected characteristics' that are particularly relevant are those of (a) pregnancy & maternity and (b) disability (as travelling to Wansbeck might be harder for disabled people).

However, the Board should bear in mind that there are other protected characteristics – age; gender reassignment; marriage and civil partnership; race; sexual orientation; gender; and religion or belief.

This section considers the impact of the temporary suspension of some maternity services at Berwick on the protected groups and whether anything can be done to mitigate that impact. (Any proposal to make permanent changes to the maternity services delivered at Berwick would be the subject of a separate assessment of equality impact.)

Impact on pregnant women

As described elsewhere in this safety review, while intrapartum and inpatient postnatal care services at Berwick are suspended, pregnant women whose births are classified as low risk are given the option of a birth at a midwifery-led unit at Alnwick or a birth at Wansbeck General Hospital or Borders General Hospital. For Berwick residents, these locations are further away than the Berwick unit:

- Alnwick: 30 Miles
- Wansbeck: 52 Miles
- Borders: 39 Miles

Therefore, the temporary suspension of some services means that those women whose birth is classified as low risk and who would otherwise have chosen to have a midwife-led birth at the Unit, have to travel further. For the reasons already outlined in this report the number of women in this situation is not high. In some cases the longer distances involved may lead to greater anxiety and discomfort on the part of the women affected. Concerns may increase over the winter months as travelling conditions become more difficult.

Those expectant mothers whose births are classified as high risk are not directly affected as in accordance with national guidance they would not be eligible for a Berwick birth (either at home or at the Unit). However, the Trust recognises that for some expectant mothers the close proximity of the Berwick unit (pre-suspension) offers assurance that qualified midwives are available locally 24/7, should there be any difficulty with getting transportation to one of the consultant-led units in time.

Last year (between 1 April 2011 and 31 March 2012) Berwick midwives delivered 13 babies. Between April 2012 and the suspension of intrapartum and inpatient postnatal care on 1 August 2012, Berwick midwives had delivered 12 babies. At the time of the temporary suspension in August, two women were booked in for Berwick births (though they may not have been able to give birth at the Unit if they had experienced complications that meant the reclassification of their birth as high risk).

Therefore, the continued suspension of services is not likely to affect a large number of women.

Notwithstanding any anxiety the suspension may be causing in some cases, until the safety concerns have been fully addressed to the satisfaction of senior clinicians at the Trust, the suspension should not be lifted. To do so

would pose an unacceptable risk to mothers and new born babies in the Trust's care.

Mitigation

It is necessary to consider whether anything can be done to mitigate any difficulties that the temporary suspension of some services is causing to pregnant women. The following steps have already been taken:

- Northumbria Healthcare is keeping expectant mothers up to date regarding the services available in the unit as detailed in this review
- Discussions are ongoing with North East Ambulance Service (NEAS) NHS Foundation Trust with regards to the potential impact this temporary suspension has on the services they deliver
- Immediately following the decision to temporarily suspend some services, a programme was drawn up under which midwives working at Berwick, will gain experience of a wide range of maternity experiences in clinical situations by working at the busier consultant-led unit at Wansbeck General Hospital and receive additional training.

Disabled pregnant women

As outlined in this safety review, the midwifery-led unit in Berwick is only able to facilitate intrapartum care for 'low risk' births. The classification into low and high risk is made in accordance with national guidelines and is detailed in this review.

Women with disabilities in many cases are automatically classed as high risk. The suspension of services will not affect such women as they would not have been eligible to give birth in Berwick.

There do remain some disabilities that might not render a birth high risk. Expectant mothers with these disabilities will be affected by the suspension if their preference is for a midwife-led birth at the Unit.

It is unclear whether the additional travel time will affect such disabled women any more than non-disabled women. While some disabilities make travelling harder in most instances those disabilities will also make the pregnancy high risk and not appropriate to be midwife-led.

Berwick midwives will as part of their normal duties, identify at an early stage any women for whom longer travel times would pose difficulties so that appropriate arrangements can be made.

Cultural preferences

Some women from particular ethnic minorities may prefer to have a home birth for cultural reasons. The Berwick midwives are alert to this and will raise any issues with the Head of Midwifery.

The Trust has committed, during this interim period, to support any women from Berwick who wish to have a home birth by working with many of its other community midwifery teams. The Head of Midwifery will keep the situation under review and report to the Board.

6.4 Timeline

The Trust's safety review concluded at the end of October 2012 and this report has been compiled and shared with the Trust's Board on 5 November 2012 for consideration.

The safety review has made recommendations which will be shared with commissioners, NHS North of Tyne, for consideration in November following approval from the Trust Board.

Findings will be shared publicly with all stakeholders in November.

Any significant changes to the current model of care will require a full public consultation to be led by NHS North of Tyne.

6.5 Action required for the Trust Board

- Board to note this report
- Board to adopt the recommendation of a continued suspension of intrapartum and inpatient postnatal care by the Unit
- Board to authorise the development of the options in more detail with the commissioners to progress to consultation with a detailed equality impact assessment

- The Chief Executive to oversee the development of the options and present a detailed report to the December Board meeting including an equality impact assessment for each option
- Head of Midwifery to report to the Board meeting in December on the progress made by the second cohort of Berwick midwives
- Head of Midwifery to report to the Board meeting in December on the continued impact of the suspension of some services
- Board to approve report to go to NHS North of Tyne
- Board to approve publication of this paper on the Trust's website
- Board to approve the communications plan

Appendix one:

Terms of reference

Terms of reference

The following details the terms of reference for this review highlighting areas the report will incorporate.

Rationale for change

What are the reasons for carrying out this review? In this section focus on:

- a) Quality management standards especially safety.
- b) Policy drivers (national, regional and local)
- c) Clinical considerations/drivers (pathway reviews, integration, research outcomes)
- d) Commissioning intentions (what are the strategic commissioning intentions and how is it envisaged they will impact on service configuration?)

Background

A brief summary for the decision to temporarily close Berwick maternity service

Current position of the service

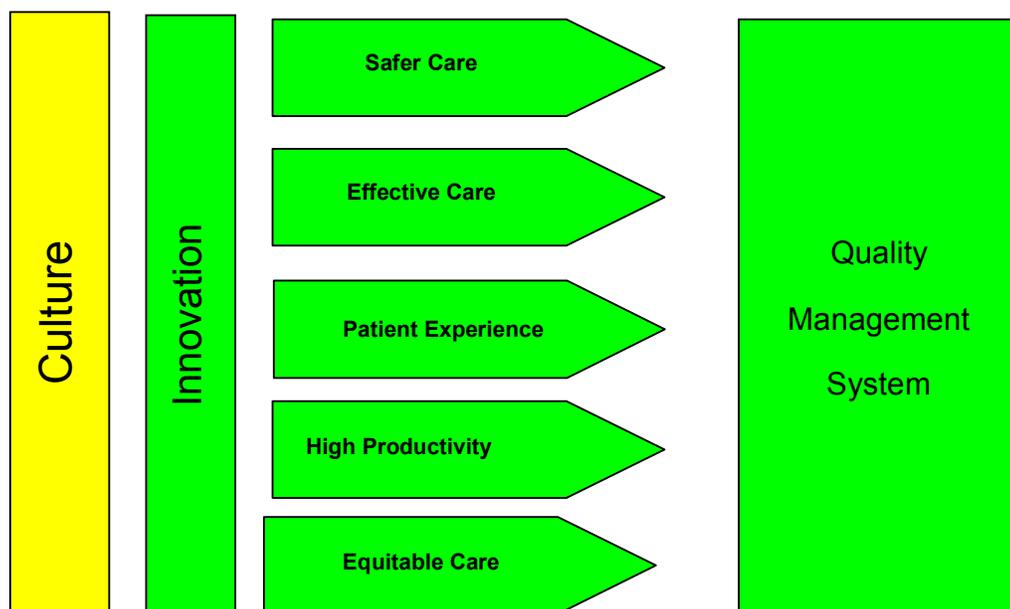
The key aim of this section is to provide a summary profile of the service. Describe the activities of the service, highlighting its objectives and what it aims to achieve.

Current clinical/practice issues for the service

Highlight and describe the clinical issues that are prevalent in within the service. What are the key clinical drivers and rational for change? How does the current delivery model impact on the ability to deliver high quality care and clinical excellence? What improvements could be made to improve clinical delivery, outcomes and patient experience?

Quality Management System

The service needs to be benchmarked against the Trust's quality management system.



This is to include as assessment of the evaluation of the midwifery-led services against the quality system and the greatest risk which led to the temporary suspension of some services. SUIs need to be included in this section.

Patient experience, complaints and compliments need to be included in this section.
8. Clinical benchmark using CHKS to be done at a hospital comparison level.
Particular emphasis on obstetric complication rate to allow a decision to be made.

Finance information/cost centre review

Current cost of service –v- tariff

Staffing

Details of the numbers of employees (and WTE) including temporary staff and contractors/agency staff.

NHSLA – Level 3

An assessment of the performance, particularly clinical audit outcomes, of the Berwick Maternity Unit against other maternity units within the Trust.

National Position

We should try to gather more information on the position nationally and safety aspects of MLU – positions from Royal College of Midwifery/Royal College of Obstetrics and Gynaecology.

Activity

We need to have the Berwick data which demonstrates the total workload for all patient groups. This should include the past five years:

Total bookings

Total numbers of women in labour

Total number of deliveries

Community midwifery activity

Current activity levels to include births to midwife ratios

Recommendations

We need to include the service configuration with emphasis on the areas we can do safely and well at Berwick. We will continue to provide some service during the period of the review. These services will include:

- Consultant led clinics
- Antenatal clinics
- Postnatal drop in clinics
- Community midwifery services

The views of services users, midwives, clinicians and managers will be sought as part of this process. A piece of research has been commissioned by NHS North of Tyne to enable the views of the service users to be gathered. The recommendations will include a number of options around the configuration of the service. Timetable for safety review to be produced and agreed at the first meeting with commissioners NHS North of Tyne.

Appendix two:

Births at Berwick and national comparison

Births at Berwick Infirmary

The following tables show how many babies have been born at Berwick Infirmary over the past five years:

Month of Birth	Year of birth					
	2007	2008	2009	2010	2011	2012
Jan		7	3	1	2	0
Feb		3	5	2	1	1
Mar		4	0	1	1	1
Apr	2	1	1	2	0	
May	2	3	0	3	2	
Jun	4	2	3	2	1	
Jul	3	1	3	2	0	
Aug	4	4	0	3	1	
Sep	2	3	1	1	2	
Oct	5	3	2	1	3	
Nov	3	2	3	0	1	
Dec	1	0	3	3	1	

Year	Total Deliveries	Transfer in Labour	Total for Berwick deliveries
April 2007-Mar 2008	40		
April 2008- Mar 2009	27		
April 2009-Mar 2010	20		
April 2010-Mar 2011	21	5	26
April 2011-Mar 2012	13	10	23
April 2012-July 2012	12	5	17

Where Berwick babies are born

The following information, obtained from commissioners NHS North of Tyne, shows where i.e., which hospitals, women from Berwick have delivered their babies in the last three years:

	Berwick	WGH	RVI	Borders
2010	21	81	4	43
2011	13	82	8	47
2012	12	19	1	31
	Berwick	WGH	RVI	Borders
Apr-10	2	4	1	4
May-10	3	10	0	8
Jun-10	2	6	1	2
Jul-10	2	4	0	4
Aug-10	3	8	0	6
Sep-10	1	7	0	0
Oct-10	1	8	0	1
Nov-10	0	4	1	2
Dec-10	3	8	0	3
Jan-11	2	7	0	3
Feb-11	1	6	0	4
Mar-11	1	9	1	6
TOTAL	21	81	4	43
Apr-11	0	8	1	3
May-11	2	7	0	4
Jun-11	1	4	3	5
Jul-11	0	5	0	1
Aug-11	1	8	0	2
Sep-11	2	3	2	2
Oct-11	3	9	1	4
Nov-11	1	6	0	5
Dec-11	1	6	0	5
Jan-12	0	10	1	4
Feb-12	1	9	0	6
Mar-12	1	7	0	6
TOTAL	13	82	8	47
Apr-12	5	6	0	6
May-12	7	5	0	7
Jun-12	0	5	0	7
Jul-12	0	3	1	11
TOTAL	12	19	1	31

National comparison

Information on freestanding midwifery-led units and co-located midwifery-led units across England

Unit Name	Tel Number	FSMLU or CLMLU	Number of deliveries	Opening times	Proximity miles to obstetric unit	In patient post natal beds	Do you offer primip /multip delivery	Intrapartum transfers
Penrith Cumbria	01768 245300	FSMLU	30	Mon-fri 9am-4pm. on call out of hours	30 minutes	1 delivery room	Both	50 % primip 35% multip
Oswestry Shropshire	01691 404579	FSMLU	100	24 hrs	18 miles (30 mins)	4 LDRP	Both	20%
Dover Family (South)	01304 201624	FSMLU	146	24 hrs	21 miles	5 multi-purpose	Both	84
Crowborough (South)	01892 654080	FSMLU	227	24 hrs	17 miles	6 multi-purpose	Both	36% primip 5.3 %multip
St Marys (East Midlands)	01664 854800	FSMLU	250	24 hrs	18 miles	2 Birthing rooms 8 P/N	Both	
Hartlepool	01429 522876	FSMLU	275	24 hrs	30 mins	4 delivery 4 post natal	Both	21 %
Bishop Auckland	01388 455108	FSMLU	300	24 hrs	15 minutes	8 rooms	Both	
White Horse birth centre Swindon	01793 604829	FSMLU	300	24 hrs	15-26 miles from Consultant led units	4LDRP	Both	15-25%
Lichfield(West midlands)	01543 412905	FSMLU	340	24hrs	1hr	6 multi-purpose	Both	20%
The Birth place (South)	01634 825199	CLMLU	360	24 hrs	N/A	5 multi-purpose	Both	Opened 3.10.11 (Not

								available)
Edgware (London)	02087 326777	FSMLU	400	24hrs	15mins	6 multi- purpose	Both	12%
Barkantyre, (London)	0207791 8301	FSMLU	500	24hrs	10 mins	5 multi- purpose	Both	19%
Singleton Ward (South)	01233 633331	CLMLU	544	24 hrs	N/a	8 multi- purpose	Both	449
Aspen Ward (South)	01322 428667	CLMLU	768	24 hrs	N/A	4 Low risk	Both	254
James Cook	01642 850850	CLMLU	1,500	24 hrs	N/A	7 LDRP	Both	25 %
RVI		CLMLU	1,500	24 hrs	n/a	12 LDRP	Both	

The units below in Scotland have between 10-20 deliveries a year and are only opened on an as required basis. They are staffed by community midwives. If transfer is required this is often by helicopter due to geographical area. Early discharge is encouraged.

Unit Name	Tel Number	FSMLU or CLMLU	Opening times	In patient post natal beds	Do you offer primip /multip delivery
Oban Scotland	01631788911	FSMLU	As req	None	yes
Fort William Scotland	0137709872	FSMLU	As req	None	yes
Dunnoon Scotland	01369708326	FSMLU	As req	None	yes
Isle of Bute Scotland	01700501510	FSMLU	As req	None	Yes
Cambeltown Scotland	01586555827	FSMLU	As req	None	Yes

Appendix three:

Berwick booking audit

Berwick Booking Survey Audit Report

April 2011 – March 2012

Prepared by Maria Lawson/Ruth Fenn, Quality Improvement Co-ordinators

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Report 2012 -Appendix I.doc

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Berwick Bookings Survey
Audit period April 2011 to March 2012

1. Methodology and Sample Size

All women who were booked in early pregnancy by Berwick Maternity Unit between April 2011 - March 2012 were audited.

A total of **278** women are included in this document.

A snap tool was created to capture the data entry and produce this report.

2. Findings

The findings of the audit are shown below

Postcode	Number
NE66	7
NE67	2
NE68	2
NE70	10
NE71	33
TD 11	2
TD 14	3
TD15	219

Finding	Booking Survey	Apr	May	Jun	Jul
3.1.1	Month of Booking	19	17	23	32
		Aug	Sep	Oct	Nov
		22	29	21	26
		Dec	Jan	Feb	Mar
		21	19	28	21

		Primip	Multip
3.1.2	The woman was:	132 (47%)	146 (53%)

		High	Low
3.1.3	What classification was the woman	133 (48%) Multip 91 (68%) Primip 42 (32%)	145 (52%) Multip 55 (38%) Primip 90 (62%)

		BI	RVI	WGH	Borders	Other
3.1.4	If low, where did she book	49 (34%)	8 (5%)	29 (20%)	56 (39%)	3 (2%)
	If other, please state	2 x Alnwick Infirmary 1 x Home Birth				

		Yes			Not recorded	
3.1.5	If low and booked elsewhere, was a reason given	96			-	
		Patient Choice	Pain Relief	Special Care Baby Facilities	Consultant Presence	Other

	What was the reason	93 (97%)	-	-	3 (3%)	-
	If other, please state					

		Yes	No
3.1.6	If the woman was booked to deliver at Berwick did this occur	13 (27%)	36 (73%)
	<p>If not, why not, please state</p> <p>NB This includes antenatal and Intrapartum transfer reasons</p>	<ul style="list-style-type: none"> • 1 x BBA* • 1 x Borderline BP and large for gestational age • 1x Raised BP • 1x delivered but placenta retained so midwifery episode not complete * • 1 x Booking changed to Borders • 1 x Patient changed to WGH for medical backup • 1 x Patient requested change of booking • 1 x Delay in second stage* • 2 x IOL • 1 x Large baby, transferred care at 36 weeks • 3 x Meconium stained liquor in labour* • 4 x Miscarriage • 3 x Patient moved out of the area • 1 x PV spotting • 1 x Requested epidural and slow 1st stage* • 2 x Requested epidural* • 1 x Service changed, care transferred to Borders • 1 x Changed mind to deliver at Borders • 1 x Temporary relocation to Sterling • 2 x Transferred to high risk • 2 x Transferred care to Borders following service change and PV bleed • 1 x Transfer for failure to progress to second stage* • 1 x Unstable lie, late pregnancy • 2 x Slow progress in labour* 	

		Pregnancy complication	Patient Choice
3.1.7	If they were booked to deliver at Berwick but did not, what was the reason for transfer of care antenatally?	14 (58%)	10 (42%)

		RVI	WGH	Borders	Other
3.1.8	Which hospital was the lady transferred to deliver in	-	20 (57%)	8 (23%)	7 (20%)
	If other, please state	<ul style="list-style-type: none"> • 3 x Patients moved out of the area • 4 Miscarriage 			

		Yes	No
3.1.9	Was the lady transferred out during labour?	12*	-

		Yes	No
3.1.20	Of the women who booked to deliver at Berwick, how many chose to return for postnatal care	20 (41%)	29 (59%)

		1 Night	1-2 Nights	2-3 Nights	> 3 Nigl
3.1.21	What was the woman's length of postnatal stay?	-	11	6	3

Appendix four:

Public information and communication materials

Appendix four – Public information and communication materials

Copies of all proactive public information, communication materials issued by the Trust are included here as follows:

- **31 July** – Media statement – *Decline in births forces temporary closure at Berwick*
- **6 August** – Press release – *Berwick mums reassured following temporary closure for births*
- **August 2012** – *Q and A with Berwick Advertiser*
- **5 September** – Press release – *Public voice will be heard during review at Berwick*
- **12 September** – Press release – *Constructive conversations held over maternity review*
- **September 2012** – Feature article with Berwick Advertiser – *From 1984 to 2012 - the changing face of maternity care*

The Trust has also responded to several media enquiries throughout the past three months in relation to the temporary suspension of some services. In addition, copies of all Q&As used in response to stakeholder enquiries are included, along with the presentation given at the Berwick Town Council public meeting on 25 October.

- Q&As used in response to questions from stakeholders and the local community
- Save Berwick Maternity Unit – Q&AS – 8 October 2012
- Presentation given at public meeting held by Berwick Town Council – 25 October (separate document)

MEDIA STATEMENT

STRICT EMBARGO 14:00HRS

Tuesday 31 July 2012

Decline in births forces temporary closure at Berwick

Northumbria Healthcare NHS Foundation Trust has today announced the temporary closure of the midwifery-led maternity unit at Berwick Infirmary following a drastic decline in births.

The temporary closure will come into immediate effect from 1 August 2012 and the two expectant mothers who were due to have their baby at Berwick Infirmary will be advised to talk to their midwife to discuss an alternative birthing plan. During the closure babies will not be delivered in the hospital or the community area covered by the midwives working out of Berwick Infirmary.

Whilst all antenatal and postnatal maternity services will be maintained at Berwick Infirmary, as well as consultant led high risk clinics, the drastic decline in births over the past year, from 23 births in 2010/11 to only 13 births in 2011/12 – an average of just one birth per month – has caused concern that midwives will be unable to maintain essential birthing skills.

Dave Evans, Medical Director at Northumbria Healthcare NHS Foundation Trust said: “We pride ourselves on providing some of the best quality maternity services in England and that is testament to the hard work and commitment of all our midwives. The continuing decline in births at Berwick however, has meant we’ve had to take this difficult decision.

“With such a low volume of births, our midwives are simply not getting enough opportunities to regularly practise their essential birthing skills which are paramount in being able to deliver high quality, safe and effective midwifery care.

“We are now looking into the long term future of the midwifery-led unit in Berwick working together with our commissioners and will of course engage with the public as we work with partners to reach a solution.

“I wholeheartedly appreciate this will be disappointing for those families who had planned to give birth in Berwick in the near future and for those who have experienced excellent care in the past, but the reduced volume in births has given us a real cause for concern which we must act upon.”

Whilst the small number of births will now need to happen elsewhere during the closure, all antenatal and postnatal care and consultant-led high risk clinics will continue to be delivered in Berwick. Midwives will continue to support expectant mums in Berwick, working closely with affected families to make alternative birthing arrangements where necessary.

The decision to temporarily close the unit has been made together with commissioners of health services in Northumberland, NHS North of Tyne. No midwives will lose their jobs as a result of the closure and work is now taking place to agree how the midwives can best maintain their skills and also what a safe and sustainable midwifery service in Berwick will look like in the future.

Mike Guy, Medical Director at NHS North of Tyne said: “As commissioners of healthcare, safety is of paramount importance. It’s vital that we are assured that whatever services we commission for local people meet the highest possible standards in relation to safety and quality. As such we support the interim closure of the unit at Berwick.

“Clearly the figures show us that women haven’t been using the service at Berwick and had their babies at other local hospitals. What we need to do now is to have discussions with local women and their families to understand better about the maternity service they will be looking for in the future.”

Kath Mannion, Local Supervising Authority Midwifery Officer for the north east of England said:

“In the current circumstances the temporary closure of the midwifery led unit at Berwick Infirmary is the only way that we can be assured that midwifery services remain at the highest possible quality.

“Despite having some of the most highly trained midwives in the region, sadly as less and less women choose to give birth in the midwifery led unit at Berwick it makes it hard for the local NHS to sustain a safe and effective service and this must now be looked at as a matter of priority.”

Recent research published by the NHS Confederation shows the average occupancy rate of standalone midwifery led units in England is 30 per cent. In Berwick this figure is less than 0.3 per cent and births have fallen by over 60 percent in the past four years.

Discussions are now taking place between Northumbria Healthcare NHS Foundation Trust and commissioners NHS North of Tyne to agree next steps and further announcements will be made in due course.

ENDS

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PRESS RELEASE

Monday 6 August 2012

Berwick mums reassured following temporary closure for births

Following last week's difficult decision to temporarily close Berwick Maternity Unit for births, Northumbria Healthcare NHS Foundation trust is today reassuring mums that the temporary closure affects the actual delivery of babies only.

All antenatal clinics, consultant-led clinics and postnatal drop-in clinics will continue for women at Berwick Maternity Unit throughout this temporary closure for births.

Community midwifery services, including rural clinics, will also continue to be provided at Berwick Maternity Unit which will remain open as follows:

- **Monday to Friday 8am to 6pm** - for all antenatal clinics, bookings and consultant-led clinics, postnatal drop-in and parent craft sessions.
- **Monday to Friday 9am to 5pm and Saturday and Sunday 9am to 2.30pm** - for all community midwifery services including rural clinics.

David Evans, Medical Director at Northumbria Healthcare NHS Foundation Trust, said:

“Although no babies will be delivered in the hospital or the community area covered by the midwives working out of Berwick Maternity Unit during the temporary closure, all other midwifery-led services will remain.

“Expectant and new mums in Berwick will still be able to access all of the usual clinics at the unit which will remain open 7 days a week to support local women. The temporary closure for births affects a minimal number of women, with only two expectant mothers who were due to have their baby at Berwick.”

The Trust is now undertaking an internal review, together with commissioners NHS North of Tyne and the Local Supervising Authority for Midwives (LSA) in the North East. The review is expected to take around three months and will examine national best practice, looking at both the volumes of births required and levels of regular birthing practice required, in order to provide a safe and sustainable midwifery service.

In addition, as requested by lead politicians and members of the community, the Trust will investigate why Berwick residents are choosing to have their babies elsewhere.

During this time, all necessary steps are being taken to ensure midwives in Berwick get the opportunity to bring their training and midwifery skills up to date by practising in a busier unit. No midwives will lose their jobs as a result of the temporary closure for births at Berwick Maternity Unit.

David Evans added: “We pride ourselves on providing some of the best quality and safest maternity services in England and we could not ignore the continuing decline in births at Berwick which has now become critical.

“We will of course engage with the public as we work with partners to reach a solution. Together with our commissioners we are planning to come and talk with local women and their families in Berwick during the temporary closure, to help us better understand about the maternity service they will be looking for in the future.”

Further announcements will be made in due course.

ENDS

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Q and A with Berwick Advertiser – August 2012

David Evans is Medical Director at Northumbria Healthcare NHS Foundation Trust and has practised as a consultant obstetrician for the past 30 years working with hundreds of pregnant women in labour. Following the temporary closure at Berwick Maternity Unit for the delivery of babies only, David explains the decision and answers your questions...

- **Why was the decision made so quickly and without notice?**

The extremely small numbers of births at Berwick has given us cause for concern for some time, but the recent further drastic decline has made the situation critical which is why we took the decisive action last week to protect both our midwives and the mothers and babies in our care. Following discussion with our commissioners and given the low numbers of women booked in for delivery, we simply could not let the situation continue without review.

- **What are the safety issues?**

Our concerns over safety relate directly to the low number of births. All midwives must be able to regularly practise everything from antenatal care through to postnatal care, but most importantly, the actual delivery of babies, in order to maintain their skills. This is simply not happening in Berwick and our prime concern has got to be the safety of the women and babies in our care.

- **Have mothers and babies been put at risk already?**

There have been two recent serious incidents which have brought the issue of low birth numbers to our immediate attention which is why we took the decisive action last week. We cannot comment further on these incidents due to patient confidentiality but they caused us enough concern to temporarily close the unit to births with immediate effect.

- **What will the internal review look at?**

Working with the Local Supervising Authority of Midwives (the independent body which oversees all midwifery practice in the North East) and our commissioners NHS North of Tyne, we intend to thoroughly review, in line with national best practice, both the volumes of births required and levels of regular birthing practice required, in order to provide a safe and sustainable midwifery service.

- **Will the strength of public feeling in opposition to the closure be taken into account when deciding what service provision there will be in the future?**

Absolutely, any long term future changes would of course require full public consultation. We are also in discussion with our commissioners to plan some engagement activity with local women and their families during the temporary closure, to help us better understand about the maternity service they will be looking for in the future.

- **How many babies would need to be born in Berwick each year in order to justify keeping the unit open to births?**

This is what we are hoping to determine from the internal review. Our absolute priority must always be the safety of mothers and babies in our care and we need to

thoroughly examine, looking at all possible evidence, what a safe and sustainable service may look like in the future.

- **Critics say the falling birth rate is not because women are choosing to have babies elsewhere but because a lack of resources in Berwick mean most have no choice but to go elsewhere. Why has Berwick Maternity Unit been under resourced?**

The midwifery-led unit at Berwick has not been under resourced. In fact, we have continued to invest in the unit to make sure women have access to the best possible maternity care – equal, if not better, than that of any other midwifery-led unit across the country. For a lot of women however, even when they are considered low risk, they simply feel more secure giving birth in a larger, consultant-led unit where they are surrounded by emergency medical teams should any problems arise.

- **Why not invest money in Berwick Maternity Unit to ensure it is equipped to deal with all births rather than risk sending women 50 miles away?**

It is simply not possible for the NHS to deliver a full consultant-led midwifery service in every single hospital in every single town and city across the country – to do this also requires intensive care facilities, theatres, not to mention extensive staffing which would be impossible for the NHS to sustain, especially in areas with relatively small populations and low volumes of birth. That is why in many areas, like Berwick, we can offer a midwifery-led service as a safe alternative for those women who are considered low risk. For women in Berwick who are high risk or who simply want the comfort of a larger consultant-led facility, they can already choose to deliver at Wansbeck General Hospital, which over 2300 women did last year.

- **Do you think a 100 mile round trip from Berwick to Wansbeck is an acceptable level of service?**

Hundreds of women from Berwick already choose to deliver their babies in Wansbeck and that is because, after discussion with their midwives, they have decided that they want the extra peace of mind and security of delivering their baby in a consultant-led facility. During the temporary closure to births at Berwick Maternity Unit, women also have the choice of accessing our similar midwifery-led unit in Alnwick, provided they are low risk.

- **Why have so many local mothers been advised to have their babies at Wansbeck Hospital, leading to a small number of births at Berwick?**

Every woman is always offered a choice when arranging their birthing plan. All of our midwives follow national best practice guidelines on antenatal care and will discuss all of the options available. For many pregnant women in Berwick, after discussion with their midwives, they have decided that they want the extra peace of mind of delivering their baby in our consultant-led facility in Wansbeck, where they know specialist teams are on hand if there are complications.

- **Can women still choose to have a home birth in Berwick during the temporary closure?**

No, during the closure babies will not be delivered in the hospital or the community area covered by the midwives working out of Berwick Maternity Unit. This is because we want to make sure our midwives get the chance to practise in a busier birthing unit so that they can bring their birthing skills and experience up to date.

There were no home births during the past year and we do not expect this to affect any women.

- **Can you guarantee that antenatal and postnatal care will be retained?**

Yes. The unit remains open 7 days a week for antenatal clinics, consultant-led clinics, postnatal drop-in clinics and community midwifery services, including rural clinics.

- **Why have more mothers not been offered aftercare at Berwick?**

All women deemed medically appropriate will of course have been offered any necessary postnatal aftercare as an inpatient at Berwick Maternity Unit. However, like thousands of others across the north east, women are often back in the comfort of their own homes soon after giving birth, unless there is a medical reason why they need to remain in an acute hospital setting. During the temporary closure to births at Berwick Maternity Unit, no women will be admitted for postnatal care. All postnatal drop-in clinics will continue.

- **How can staff at Berwick be given more opportunity to keep up their skills and experience?**

We greatly value the knowledge and skills of all our midwives which is why we are now taking all necessary steps to make sure our team in Berwick get the opportunity to bring their training and midwifery skills up to date by practising in a busier unit at Wansbeck General Hospital. During this time, our Berwick midwives will continue to provide all antenatal clinics, postnatal drop-in clinics and community midwifery services, including rural clinics from Berwick Maternity Unit which remains open 7 days a week such services.

- **How could more consultant and emergency support be provided for pregnant women in Berwick?**

As with all midwifery-led units across the country, a consultant-led clinic for women experiencing high risk pregnancies is already held every week at Berwick Maternity Unit and this will continue during the temporary closure to births. Our advice, as always, for anyone faced with a medical emergency or life threatening situation would be to call 999 for an emergency ambulance.

- **When will the unit reopen?**

It is not possible for us to put a timescale on this until we have completed the internal review which we expect to take around three months.

- **Will there be a maternity unit at Berwick's new hospital? If so, what services will it provide?**

We have previously said publicly that the model of care we are currently working on for the new hospital in Berwick would involve the relocation of the maternity unit. Discussions are ongoing regarding this and any decisions would need to ensure the highest possible medical standards and will of course need to be made in full consultation with the public.

Key information for the public about Berwick Maternity Unit

- The temporary closure at Berwick Maternity Unit **affects the delivery of babies and postnatal inpatient care only**. No babies will be delivered in the hospital or the community area covered by the midwives working out of Berwick Maternity Unit during this time.
- The unit will remain open 7 days a week for all other midwifery-led and consultant-led clinics.
- All antenatal clinics, consultant-led clinics, postnatal drop-in clinics and community midwifery services, including rural clinics, will continue for women at Berwick Maternity Unit throughout this temporary closure.
- Berwick Maternity Unit which will remain open for clinics as detailed below:
 - **Monday to Friday 8am to 6pm** - for all antenatal clinics, bookings and consultant-led clinics, postnatal drop-in and parent craft sessions.
 - **Monday to Friday 9am to 5pm and Saturday and Sunday 9am to 2.30pm** - for all community midwifery services including rural clinics.
- We will continue to keep all staff, patients and the public fully informed and will make further announcements as soon as we are in a position to do so.

PRESS RELEASE

Wednesday 5 September

Public voice will be heard during review at Berwick

Following the temporary closure for births and post natal inpatient care at Berwick Maternity Unit last month, Northumbria Healthcare NHS Foundation Trust and NHS North of Tyne have today reassured the public that they will have an opportunity to have their voice heard.

Services were temporarily suspended from 1 August due to serious safety concerns as a result of some recent safety incidents. This is linked to the lack of births taking place at the unit and the lack of opportunity for midwives to practise their regular birthing skills.

As part of the review now taking place, the Trust and commissioners are keen to understand the care that Berwick women are looking for at all stages of their pregnancy to help better plan services for the future.

Our commissioners NHS North of Tyne have asked an independent company to carry out research over the next month and will be talking to around 200 local women of child bearing age – mothers and future mothers – about the maternity services they would like to see.

This will start mid September and complete by mid October, the independent research will ensure that the women taking part are representative sample of the overall local population in Berwick.

Research activity will take place 'on street' in busy locations, such as Berwick market place, as well as at local mother and toddler groups including Sure Start centres and other venues where mothers meet with their children. A short online survey will also be available for the many others who wish to have their say.

Dr Mike Guy, Medical Director at NHS North of Tyne said: "As commissioners of health services we support Northumbria Healthcare's decision to suspend deliveries and post natal inpatient care at Berwick pending a review. We must make sure that services available for the people we serve are safe and of the highest quality and when concerns are raised they cannot be ignored.

"We recognise that lots of women wish to have their babies in a unit as close to home as possible, but we also know that for many this is not possible due to clinical reasons and national standards to which the NHS must adhere.

"In Berwick and the surrounding area many women are choosing to have their babies at Wansbeck, Newcastle or Borders and we need to understand what was important to them when they made these decisions. We also want to hear from local women about what other care is important to them at the different stages of pregnancy, including after the baby is born."

Mr David Evans, Medical Director at Northumbria Healthcare NHS Foundation Trust added: “We know that the decision to suspend services in Berwick has caused concern locally but people have a right to expect safe care within their NHS services and it is our duty to ensure we are providing this at all times in all of our hospitals, including Berwick. We really do hope people can appreciate that we simply cannot take any risks where safety is concerned.

“We pride ourselves on setting the highest possible safety standards and are one of only seven hospital trusts across England to achieve the highest possible safety rating for our maternity care. We also care about our midwives and all of the mothers and babies in our care which is why we could not ignore our safety concerns.

“We are very pleased that this research will be taking place over the next month so that we can better understand both the views and concerns of women in Berwick about their maternity care. The results of this will be incorporated into the final review.”

As soon as a start date is agreed for the public research, it will be shared publicly so that all those who wish to have a say have the opportunity to do so. Results of the research activity and feedback will also be shared publicly as part of the overall review which is due to conclude at the end of October.

ENDS

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PRESS RELEASE

Wednesday 12 September 2012

Constructive conversations held over maternity review

Following the temporary suspension of births and postnatal inpatient care at Berwick Maternity Unit, Northumbria Healthcare NHS Foundation Trust has this week held constructive conversations with both its public governors in Berwick and local town councillors.

The Trust, together with commissioners NHS North of Tyne, held the briefings in Berwick on Monday evening to hear some of the key issues and concerns being raised which will be taken into account as part of the review now taking place.

In addition, public research with local women in Berwick is due to start in the next two weeks with on street activity, focus groups and an online survey to ensure everybody who wants to, can have their say. The Trust has also offered to meet with members of the campaign group in Berwick in the next few weeks.

This week's meetings were attended by the Trust's Chief Executive Jim Mackey, Medical Director Mr David Evans and Head of Midwifery Janice McNichol, as well as colleagues from NHS North of Tyne.

Several key issues were discussed including transport links to the nearest consultant-led units, why many women are choosing to deliver their babies in consultant-led units as opposed to the midwifery-led unit in Berwick, and the current support available for pregnant women in Berwick while the review takes place.

During the suspension of services, any expectant mothers in Berwick who require medical advice out of hours (on an evening or after 2.30pm at weekends) should call the Trust's team of midwives in Wansbeck on 01670 564194 – this number is available 24 hours day.

Discussions also took place about the changes in maternity care over the past 30 years and the high clinical and safety standards to which the whole of the NHS must adhere.

Commenting on the meetings, Mr David Evans, Medical Director at Northumbria Healthcare NHS Foundation Trust who has practised as a Consultant Obstetrician for over 30 years looking after pregnant women in labour, said: "People have a right to expect safe care within their NHS and it is our duty to ensure we are providing this at all times in all of our hospitals, including Berwick.

"We have welcomed this opportunity to meet with our public governors in Berwick and with members of the town council to explain our safety concerns relating to the maternity unit at Berwick and why we had to take the quick decision to suspend services pending a review.

“We want to ensure that the views of local people in Berwick are fed into the review that is now taking place and independent research will soon start in the town for this very purpose. We’ve also offered to meet with members of the campaign group to make sure we also address their concerns.

“All of the feedback we receive will be included as part of the overall review and shared publicly once the review concludes which is expected to be towards the end of October.”As soon as a start date is agreed for the public research, it will be shared publicly.

ENDS

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Berwick Advertiser – FEATURE ARTICLE – September 2012

From 1984 to 2012 - the changing face of maternity care

Since Berwick Maternity Unit opened in 1984 there have been vast changes in NHS maternity care, with medical advances driving up safety standards for everybody.

Having trained as a midwife in 1982 and qualified in 1984 – the same year as Berwick opened – Janice McNichol has practised as a midwife in the north east for 28 years. She is now Head of Midwifery at Northumbria Healthcare NHS Foundation Trust and has seen many changes throughout her career. Here she discusses why safety is always at the heart of care for every woman and baby...

“Although it was before my time, when the NHS came into being in 1948 most babies were actually born at home and the mere thought of going to hospital was enough to send a woman into labour itself. Today the opposite is true and the overwhelming majority of babies are born in the safety of a hospital – as a Trust we had less than two per cent of homebirths across the whole of Northumberland and North Tyneside last year and in Berwick we had none.

“This drastic societal change is largely down to advances in modern medicine over many generations and high clinical standards which are now central to modern maternity care. And whilst for most women pregnancy and childbirth is a normal - albeit life changing - physical and emotional event, it is not so straightforward for everyone.

“Over the last 30 years, our understanding of what can go wrong and in particular our ability to screen for and anticipate problems, has changed the nature of how we look after women during both pregnancy and labour – for the safety of both mother and child.

“Advances in technology and the use of ultrasound, for example, mean we can screen for developmental problems but also monitor the growth and wellbeing of a baby. We can also intervene at an early stage of pregnancy to deliver a baby safely when it is not thriving in the womb and make sure the baby has the best possible chance of survival and a healthy future.

“Equally, the ability to treat raised blood pressure – one of the most common complications of pregnancy which can put mothers and babies at significant risk – means we can safely plan to deliver babies and prevent unnecessary harm.

“At the same time, many women today with underlying illnesses – which in previous generations would have shortened their own lives with pregnancy deemed dangerous – now manage their conditions successfully and have the same expectations of pregnancy as any other woman.

“Things like diabetes, kidney disease, severe asthma and inflammatory bowel disease are commonplace today, as is the number of overweight women who are becoming pregnant. These all have implications during pregnancy and bring a whole new set of problems and difficulties which are challenging to manage – especially

when planning place of birth and a safe delivery.

“Multiple births of twins and triplets are also much more common today due to IVF technology and more people choosing to delay starting their families, thus increasing maternal age.

“All of these cultural changes and long term health problems bring increased risk when it comes to pregnancy and because we can closely monitor babies during labour, delivery by Caesarean section now occurs in almost a quarter of all births in order to ensure the safety of mum and baby.

“When we consider these facts, it is hardly surprising that around 90 per cent of births in England still happen in designated consultant-led obstetric units or combined consultant and midwife units.

“How we manage risks in pregnancy and make sure women have the safest possible patient experience, is guided by national standards which every midwife and consultant must follow. These high clinical standards are set and kept up to date by bodies such as the National Institute for Health and Clinical Excellence (NICE), the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM).

“They ensure that all healthcare teams across the whole country can advise women on the safest options, using the same clinical evidenced-based research.

“Most importantly and perhaps the biggest change of all over the past 30 years, is the choice of maternity care available in 2012. Women are now much more informed about risks, the safest options available and the choices available to them around the type of care they wish to receive and where they wish to receive it.

“Everyone has a right to expect safe care from their local NHS, this is outlined in the NHS Constitution and it is our duty to provide it. Unfortunately at Berwick, the low numbers of births and the lack of opportunity for our midwives to practise resulted in two very serious safety incidents which compromised the safety of mothers and babies in our care.

“As an organisation, we pride ourselves on providing some of the safest maternity services in England which is why we had to put an immediate halt on births and postnatal inpatient care at Berwick pending a review. I really do hope people can appreciate that we simply cannot take any risks where safety is concerned.

“Our priority now as we progress the review, is to understand what maternity care women would like to see in the future and how we might be able to safely deliver future care to meet these highest possible clinical safety standards.”

ENDS

Q&As used in response to questions from stakeholders and the local community

Where is the local support for expectant mothers when the unit is closed, i.e. after 2pm at the weekends?

During the temporary suspension for births and postnatal inpatient care, the unit does remain open 7 days a week for all antenatal, postnatal and consultant-led clinics as follows:

- **Monday to Friday 8am to 6pm** - for all antenatal clinics, bookings and consultant-led clinics, postnatal drop-in and parent craft sessions.
- **Monday to Friday 9am to 5pm and Saturday and Sunday 9am to 2.30pm** - for all community midwifery services including rural clinics.

This is to provide all of the usual support for expectant mums and make sure everything is on track as they progress through pregnancy such as routine antenatal bookings and care for both low risk and high risk pregnancy. We are also continuing to provide full community support during the times above with midwives visiting patients at home.

Any expectant mothers who require medical assistance or advice outside of these hours can seek help by calling our team of midwives in Wansbeck on 01670 564194. This number is available 24 hours day and women may either be advised to come to Wansbeck General Hospital to be seen urgently by a doctor, or if not urgent, the midwives will arrange for the expectant mother to be seen locally the following day.

Is it true that homebirths is not an option? So how are we to manage with two ambulances to cover Berwick are for everything from mothers in labour, to accidents, to severe health problems – i.e. heart attacks?

During the temporary suspension for births and post natal inpatient care, babies will not be delivered in the hospital or the community area (including home births) covered by the midwives working out of Berwick Maternity Unit. This is so we can ensure our team of midwives in Berwick get the opportunity to bring their training and midwifery skills up to date by practising in a busier unit.

There were no home births at all in Berwick last year and at the time of the temporary suspension of services, there were a minimal number of women booked into deliver at the unit. We therefore do not expect this will have any impact on the existing provision of ambulance services.

How many residents of Berwick have given birth in the last 12 months and how do you respond to claims that these expectant mothers are directly/strongly encouraged to go to maternity units out of the town for the delivery of their children? In other words, is the reduction in the numbers of births in Berwick as a result of cut backs to service provision rather than a justification for closing the unit?

During the past year:

- 14 women who live in a 15 mile radius of Berwick gave birth at Berwick Maternity Unit between April 2011 and March 2012.
- 86 women who live in a 15 mile radius of Berwick gave birth at Wansbeck General Hospital between April 2011 and March 2012.
- There were no home births in Berwick.

As part of the review we are also seeking clarification on the number of women from Berwick who gave birth at Borders General Hospital and other local hospitals.

Our midwives and consultant obstetricians follow nationally agreed guidance when it comes to advising pregnant women on their choices around maternity care. They will always discuss all of the options available to women during pregnancy, including where they wish to give birth, and those options depend on whether the particular woman is low risk or high risk. The circumstances for each individual woman will always be different and it is the role of our midwives and consultant obstetricians to outline both the benefits and risks when planning each individual place of birth.

Clinical and safety criteria must always be the top priority and like every other NHS organisation, our midwives and consultant obstetricians must stick to these national guidelines. Sometimes this means for people who live in rural areas, they need to travel further for consultant-led or specialist treatment.

Our midwives in no way influence the decision making process for women in favour of any in particular hospital. Ultimately, the choice of birth place rests with the individual woman and her family – these decisions are of course made following guidance from midwives and consultant obstetricians and in weighing up all of the benefits and risks of the options available.

How much money will be saved by the closure of the Berwick Maternity Unit? In the interests of transparency, especially with regard to public money, why wasn't this included in the original list of the reasons for the closure?

The sole reason for the temporary suspension of services at Berwick Maternity Unit was due to safety concerns and safety concerns alone. The cost of the service played no part whatsoever in the decision to temporarily suspend services which had to happen so quickly because of the nature of our serious safety concerns.

We have continued to invest in services at Berwick Maternity Unit over many years to ensure women have access to the best possible maternity care.

What would be required, in terms of staffing and facilities, to ensure that a medical/surgical emergency occurring during childbirth could be handled at Berwick, to counter the current advice given to mothers with complications that they must go to Wansbeck?

It is simply not possible for the NHS to deliver a full consultant-led service in every single hospital in every single town and city across the country. To do this also requires intensive care facilities, theatres, not to mention extensive staffing – not only of midwives but also consultant obstetricians, anaesthetists and paediatricians – which would be impossible for the NHS to sustain, especially in rural areas with

relatively small populations and low numbers of births where there is simply not the volume of activity to support such a service.

That is why in many areas, like Berwick, we can offer a midwifery-led service as a safe alternative for those women who are considered low risk. As part of the review we will be seeking to understand if it would be possible to sustain this level of existing service in Berwick.

How many mothers elect to have caesarean and what would be required to carry these out in Berwick?

Any women who needs a caesarean section will need to deliver their baby in a full consultant-led unit in theatre, where full back up services such as high dependency and intensive care facilities are readily available. As outlined above, it is not possible for the NHS to deliver such services in every hospital.

How many births were there in the old borough last year in total, to get a better idea of the problem?

During the past year:

- 14 women who live in a 15 mile radius of Berwick gave birth at Berwick Maternity Unit between April 2011 and March 2012.
- 86 women who live in a 15 mile radius of Berwick gave birth at Wansbeck General Hospital between April 2011 and March 2012.
- There were no home births in Berwick.

As part of the review we are also seeking clarification on the number of women from Berwick who gave birth at Borders General Hospital and other local hospitals.

Are ambulance staff qualified to deliver babies as safely as midwives in the Berwick Maternity Unit bearing in mind that births may well occur en route to the safe hospital?

Yes, all paramedics are trained to be able to deliver babies in emergency situations and care for pregnant women during labour whilst en route to hospital.

Is the closure of Berwick unit only to save Hillcrest Alnwick as NHS think there is only capacity for one maternity unit north of Wansbeck, bearing in mind the Duke of Northumberland gave the land to build the hillcrest unit in Alnwick?

No. We temporarily suspended services in Berwick because of our safety concerns and for no other reason. Our priority is to work with the many rural communities we serve across Northumberland to deliver services that meet the needs of local people.

That is why our commissioners NHS North of Tyne are carrying out independent research with women in Berwick to understand why the number of births at Berwick has declined so rapidly, what level of service women will be looking for in the future and how we can deliver a safe service to meet the highest possible medical and quality standards.

How many babies have been born in the last 12 months to mothers in the Berwick Maternity Hospital catchment area and please will you define the catchment area?

During the past year:

- 14 women who live in a 15 mile radius of Berwick gave birth at Berwick Maternity Unit between April 2011 and March 2012.
- 86 women who live in a 15 mile radius of Berwick gave birth at Wansbeck General Hospital between April 2011 and March 2012.
- There were no home births

As part of the review we are also seeking clarification on the number of women from Berwick who gave birth at Borders General Hospital and other local hospitals. There is no set catchment area or defined rules which state how big a catchment area is, or should be, for any given maternity service. The overwhelming majority of births at Berwick Maternity Unit over the past 5 years have been from the TD15 postcode area, with a handful from areas further a field such as Wooler or Belford.

How many expectant mums were given the option by ambulance service, doctors or nurses to use Berwick maternity hospital during the last 12 months - split to indicate weekdays and weekends?

It is the role of our midwives during the initial booking appointment to discuss all of the options available to women during pregnancy, including the preferred place of birth.

This discussion is guided by national criteria (as detailed in the NICE clinical guideline number 55 on 'Intrapartum Care' click [here](#)), on the identification of high risk factors and midwives must outline all of the benefits and risks to women when planning each individual place of birth.

It is not possible to provide a breakdown these conversions which happen on a daily basis between midwives and their pregnant patients.

Ultimately, the choice of birth place rests with the individual woman and her family – these decisions are of course made following guidance from midwives and consultant obstetricians and in weighing up all of the benefits and risks of the options available.

How many mums have had babies born with complications causing them to be referred to major hospitals including Wansbeck hospital and Borders General or elsewhere during the last 12 months - figures please?

We are currently undertaking a retrospective, detailed case note analysis as part of the review taking place.

What happens if there is no ambulance available and the expectant mum has to be taken to Wansbeck by Private Car and complications occur on the journey which is over an hour from Berwick? I hope the reasoning behind the closure of the Berwick Maternity Unit is not to increase the facilities in Alnwick

as was the case when it was proposed that Berwick Ambulance service be reduced earlier this year?

Firstly, please be assured that the decision to temporarily suspend services at Berwick was for no other reason than our serious safety concerns.

Clearly we must take into account people's transport concerns which can be a particular issue for those families who live in rural areas and are then faced with unexpected complications or very quick onset of labour.

It is vitally important that women and families in rural areas plan their birthing arrangements, including transport, as far in advance as possible with their midwives, so that barring any medical emergencies that would require a 999 ambulance, expectant mothers can arrive at their chosen place of birth in good time.

Save Berwick Maternity Unit – Q&AS – 8 October 2012

1. Our Town Council are setting up a Public meeting to hit in at the end of your review. When previously asked by Save Berwick Maternity Unit on what date you were setting it up for you replied ‘The results of the review and the research will be made public. We are accountable to the public and, if any long-term changes are to be made, we have a duty to consult and engage on any recommendations made as a result of this review The public meeting will be held once the findings of the review have been collated..’

Yet in reply to Berwick Advertisers article yesterday David Evans, the trust’s medical director, is unwilling to commit to a public meeting, saying that “it is unlikely that we will have any new information to share.” – Surely at the end of the Review you should have the answers and all your information together and be answering to public scrutiny which has to be a factor in this. If the Public meeting is held at the End of the review will you be in attendance for what should be an open and accountable Public meeting?

As soon as our immediate safety review is complete, we will share the findings publicly. As we have said from the outset, we expect this safety review will conclude at the end of October and our report will then need to be finalised.

It is unlikely that at the public meeting on 25 October organised by Berwick Town Council, that we will have any new information to share as we do not expect our safety review to be complete by then. We do however want people to be assured that we are listening and we will be attending the meeting on 25 October along with our commissioners NHS North of Tyne to hear everyone’s views.

Once we have finalised our safety review at the end of October and shared the findings publicly – which we expect will be in November – it is at this point, depending on whether any significant changes to the current model of care are suggested, that our commissioners NHS North of Tyne, may enter into a formal period of public consultation.

Public consultation will only be necessary if long term changes to the midwifery led service in Berwick are suggested. If this is the case, then we will need to work with the commissioners at NHS North of Tyne to develop plans for the future of the service, which would then be subject to a full consultation with the public.

We would, of course, work very closely with NHS North of Tyne on any public consultation that might be necessary to ensure people living in the Berwick area have the opportunity to comment.

2. The commissioners North of Tyne who make the over riding decision also made the decision last year and saw fit to use Public Spending by putting a Midwife lead Unit into the RVI. The RVI who have A and E department , who have a consult lead Maternity Department and excellent foetal medicine department when the money should have been spent here on our unit in an area where we have nothing. Commissioners NHS North of Tyne have to be seen as to making right decision with the Public money. Did you think this was a wise decision spending our money and putting service where there isn’t a

need and made the best decisions for our town based on its location and having no services and the limited ones we do have are shutting down?

Newcastle upon Tyne Hospitals NHS Foundation Trust took the decision to develop the new birthing centre at the RVI. As such, Newcastle upon Tyne Hospitals NHS Foundation Trust, financed the development of the new birth centre.

It is correct that Newcastle upon Tyne Hospitals NHS Foundation Trust also has a consultant led maternity unit and the specialist maternity services that you refer to which are used by women across the whole of the region.

3. How independent is your independent survey where you have set the questions and paid someone else to hold the paper, set the venues and times yet not put this in the Public domain when you hold the answers thus a limited audience is only achievable. We at Save Berwick Maternity Unit asked when this was supposed to be. On a few different occasions you said you were currently setting venues dates and times and none had been booked, yet Breast Feeding Group was booked in and their people told on the 19th for this full independent survey to take place on Monday , today is Friday. How many other Groups and venues have been booked in?

The survey has been commissioned from Explain which is independent of the NHS. They are experts in market research and while we provided the areas we wished to explore in the survey, they advised on how the questions should be phrased i.e. to make sure they were not leading questions. They advised on the number of women who would need to be involved to ensure a robust survey (around 200) and we explained that in addition to the on-street work we would like them to attend some groups where women would be with their children.

All analysis of the completed surveys will be analysed by Explain who will provide NHS North of Tyne with a report.

As yet we do not have the complete list of groups that have been attended. We would expect this at some stage and perhaps at the end of the time period unless there were specific problems over recruitment.

4. What part did other Maternity Units/hospital play in the recent issues?

None – the recent safety incidents were concerned with Berwick Maternity Unit only – which is why we took the immediate action we did.

5. What part did their inability to co-ordinate Ambulance response play in recent issues?

None - the recent safety incidents were concerned with Berwick Maternity Unit only – which is why we took the immediate action we did.

6. If the last Two questions above were major contributing factors to the unsafe practise that Berwick Maternity Unit picked up the pieces from DID THIS RESULT IN THOSE UNITS BEING CLOSED AND THEIR STAFF RE-TRAINED ?

The recent safety incidents were concerned with Berwick Maternity Unit only.

7. Have there been other occasions where there have been near misses on safety because of this?

No – as soon as the recent safety issues came to our attention we took immediate action on 1 August to suspend services while we carry out a safety review.

8. What thought was given to the impact on cross border cooperation when temporarily closing Berwick Maternity Unit?

Given the nature of our serious safety concerns, we had to take immediate action on 1 August and took steps to inform all stakeholders as soon as we could. Given the small number of women giving birth at Berwick we do not expect this temporary decision will impact too greatly on other consultant led units in Wansbeck or Borders.

9. What thought was given to the effect on non-delivery services, breast feeding, child protection, cross agency liaison community networking etc?

During the temporary suspension for births and postnatal inpatient care, the unit remains open 7 days a week for all antenatal, postnatal and consultant-led clinics as follows:

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This is to provide all of the usual support for expectant mums and make sure everything is on track as they progress through pregnancy such as routine antenatal bookings and care for both low risk and high risk pregnancy. We are also continuing to provide full community midwifery support during the times above with midwives visiting patients at home.

10. Why are perfectly normally birth processes now being medicalised?

Our midwives and consultant obstetricians follow nationally agreed guidance (as detailed in the NICE clinical guideline number 55 on 'Intrapartum Care' [click here](#)), when it comes to advising pregnant women on their choices around maternity care. They will always discuss all of the options available to women during pregnancy, including where they wish to give birth, and those options depend on whether the particular woman is low risk or high risk. The circumstances for each individual woman will always be different and is it the role of our midwives and consultant obstetricians to outline both the benefits and risks when planning each individual place of birth.

Clinical and safety criteria must always be the top priority and like every other NHS organisation, our midwives and consultant obstetricians must stick to these national guidelines. Sometimes this means for people who live in rural areas, they need to travel further for consultant-led or specialist treatment.

Our midwives in no way influence the decision making process for women in favour of any in particular hospital. Ultimately, the choice of birth place rests with the individual woman and her family – these decisions are of course made following guidance from midwives and consultant obstetricians and in weighing up all of the benefits and risks of the options available.

11. Berwick has the need for the full provision of Maternity Services. We are in a rural setting with limited resources, and a two hour transfer time away from the nearest maternity services. Why was the New Hospital design with no A

and e and No maternity provision taken into account before Public consultation has taken place?

As explained in answer to question one, if any long term changes to the midwifery led service in Berwick are proposed following our safety review then these would need to be fully consulted upon.

It is important to note however, that it is simply not possible for the NHS to deliver a full consultant-led service in every single hospital in every single town and city across the country. To do this also requires intensive care facilities, theatres, not to mention extensive staffing – not only of midwives but also consultant obstetricians, anaesthetists and paediatricians – which would be impossible for the NHS to sustain, especially in rural areas with relatively small populations and low numbers of births where there is simply not the volume of activity to support such a service.

As part of the safety review we are therefore seeking to understand if it would be possible to sustain the existing level of midwifery led service in Berwick.