ANNUAL REPORT

OF THE

LOCAL SUPERVISING AUTHORITY

MIDWIFERY OFFICER

FOR THE

YORKSHIRE AND THE HUMBER

LOCAL SUPERVISING AUTHORITY

2006 – 2007

NHS
Yorkshire and the Humber

Executive Summary

This annual report fulfils the Nursing and Midwifery Council Circular 15/2007 *"Guidance for Local Supervising Authority (LSA) Annual Report submission to the NMC"* - www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=2871. A self assessment using the NMC pilot LSA review tool evidences achievement of the 53 standards within the NMC (2004) "*Midwives rules and standards*", also verified by an NMC pilot review team and process that risk assessed this LSA as the lowest risk scoring in the UK within the 2006 – 07 practice year.

The report provides the contact details of Margaret Edwards the Chief Executive Officer (CEO) of the Yorkshire and the Humber LSA and Carol Paeglis the LSA Midwifery Officer. The report is in the public domain and the distribution routes are described. There were no complaints received regarding the discharge of the supervisory function in the LSA and the LSA function has been delivered within budget. Liaison between the LSAMO and the NMC has been at numerous planned events and by direct contact in relation to advice on fitness to practise and regulatory issues.

The LSAMO is supported by a funded LSA Support Officer and also by 5 unfunded Link supervisors. The Link supervisor role supports a consistent approach to supervisory functions, formalises experienced supervisory advice across the LSA, as well as that from the LSAMO, and in conjunction with the SHA Integrated Governance Team, the LSA Midwifery Officer and the Link supervisors consider proactive and reactive measures to clinical issues and incident trends.

The report highlights the many LSA, supervisory and midwifery achievements, good practice and innovative approaches to the care of women and their families. It also outlines the many challenges of the 2006 – 07 practice year; particularly of optimising supervisory and midwifery practice standards and utilising harmonised ways of working, due to the reconfiguration of three LSAs into one and the consequent reduction in LSA Midwifery Officer posts from 1.4 to 1.

There were 203 practising supervisors of midwives within the Yorkshire and the Humber LSA on 31st March 2007. Three year trends indicate comparable numbers of appointments this practice year, but resignations are double for this and the previous practice year. This trend seems unrelated to retirements but due to the challenges in balancing the commitments of the substantive post and supervisory activities without protected time or administrative support and a perceived lack of recognition for supervision within some trusts.

A "Contact supervisor" within each Trust acts as a focal point for communication to and from the LSAMO, without precluding direct communication. The LSAMO sent approximately 180 emails to Contact Supervisors either for direct action or for dissemination to all supervisors or to midwives. An electronic monthly LSA Briefing is distributed to all supervisors for dissemination to their supervisees and within their trusts.

The LSA complies with midwives being provided with a choice of a named supervisor and 24-hour access to supervisory advice. 10 of the 14 trusts within the LSA had ratios of supervisor to midwives better than the NMC recommended 1:15, two trusts had ratios of 1:15 and two trusts had ratios of 1:16. During 2007/08 the LSA will advocate Trusts to succession plan for a 1:12 ratio, to continue to achieve a 1:15 ratio

Seven new Yorkshire and the Humber guidelines for supervisors of midwives were published and another reviewed. The LSAMO Chaired the LSA National Forum (UK) from January 2007 and contributed to the development of two new national guidelines, published on the SHA website.

Supervisory involvement within the clinical governance activities of their employing organisation presents proactive opportunities to enhance midwifery practice, but also places them in a position to respond reactively in a timely manner where indicated. Supervisory involvement in LSA facilitated working groups has provided the opportunity to share learning from good practice and from incidents to enhance midwifery and supervisory practice and also for supervisors to accumulate their 6 hours annually to meet the NMC (2006) continuing professional development requirement as a supervisor - www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=2229.

2,576 midwives notified their 2007 – 2008 Intention to practise form (ITP) to the LSA office by March 2007. 96.68% of midwives in the LSA had a supervisory review within the last practice year; however the range varied from 0.14% - 5.1%. This represents a small improvement on the previous year's data, when the LSA average was 95.8% and when the trust averages ranged from 1.9% to 12.1%.

An LSA priority of implementing the London LSA database was achieved during this 2006/07 report year. This will optimise LSA office and supervisory time, improve data governance, move towards paperless systems and ensure consistent approaches to supervisory functions. A priority for the 2007/08 practice year is to activate the automated upload to the NMC, once data quality of the system is assured.

The trend of decreases in whole time equivalent (WTE) midwife establishments continue across the LSA despite increasing numbers of births within the majority of trusts. This has placed increasing demands on midwives and services. Workload and staffing have been implicated within some serious untoward incidents. Only two trusts did not experience an increase in births in the report year and for some trusts the ethnic profile of their community has changed dramatically.

The midwife to birth ratios across the LSA vary widely from 1 : 26 to 1 : 41.2, the LSA average being 1 : 32.5 comparable with the London LSA average.. Six of the 14 trusts fall at or above that average. LSA action in response to variations in ratios or concerning trends includes direct discussion with the trust, exploration of best practice and discussing concerns in trends at LSA events, inviting expert speakers e.g. NHS Institute for Improvement and

Innovation and liaison with the SHA Integrated Governance Team. A 2007/08 priority of the LSAMO is to link more closely with commissioners.

Trusts totalled 35 serious untoward incidents (SUIs) related to midwifery practice and 169 complaints about midwifery practice, with 86 issues logged on the LSA database of which 76 relate to midwifery practice. 26 were SUIs and 13 were maternal deaths.

19 supervisory investigations were done by supervisors within the LSA (1:3,100 births), resulting in five successfully completed supervised practice programmes and 11 supported practice programmes. Eight midwives had reflection with their named supervisor and there was one recommendation for NMC referral.

Two LSA investigations were done; one resulting in NMC referral and simultaneous suspension from practice by the LSA. The other LSA investigation over-turned a supervised practice recommendation for a midwife. The same midwife was referred directly to the NMC by service users, despite a supervisory investigation and supervisory action being successfully completed.

Key trends from supervised practice programmes are CTG misinterpretation, not referring to a doctor and poor documentation. As a result some trusts have implemented the “Fresh eyes” approach to CTG interpretation. Another key trend is the compromised accountability and care by Labour Ward Co-ordinators when they had to manage clinical cases as well as co-ordinating the Labour Ward. LSA actions are described and the LSAMO will focus on this key issue during 2007/08.

The majority of the maternal maternity outcomes for women who birth in the Yorkshire and the Humber compare favourably against national outcomes. 66% births were conducted by midwives (64% nationally), from a 2% higher average spontaneous birth rate (71.1% : 68.7%), a lower percentage of elective caesarean sections (8.6 : 11.0) and approximately the same percentage of induced labours (20.3 : 20.2). Yorkshire and the Humber has a 3.5% higher average spontaneous vertex birth rate (67.7% : 64.2%) and 2% lower total caesarean sections (21.3% : 23.4%), comparable lengths of antenatal stays compared to the national average, and slightly shorter than average lengths of postnatal stay.

Some other outcomes warrant continued challenge and attention, including only 1.9% of births in Yorkshire and the Humber occur at home, lower than the 2.6% national average. Of those, only 0.97% were planned home births attended by a midwife, only 1% of births in Yorkshire and the Humber were conducted in midwifery areas (7% nationally) and one-to-one midwifery care in labour is a minority in Yorkshire and the Humber. The breastfeeding initiation rate In Yorkshire and the Humber is only 61%, 17% lower than the national rate, with variations in trusts from 42% to 83%.

Neonatal outcomes in the Yorkshire and the Humber do not compare favourably when benchmarked against national data, with stillbirth rates in 2005 being the highest and the neonatal mortality rate being the second highest across the ten English SHAs, with a slightly higher than national rate of low birth-weight babies.

Data quality from trusts within the LSA remains a concern to the LSA office and could well feature in the Healthcare Commission's maternity programme of work this year.

Supervisory and midwifery practice within all trusts was audited by the LSAMO and an audit team which included service users, following training for the role. Examples of best supervisory and midwifery practice and learning from incidents are shared at LSA facilitated events and within the monthly electronic LSA Briefing.

The LSAMO has strong working links with the SHA Integrated governance team, reviewing maternity-related SUI trends and providing clinical advice; with the Clinical engagement team contributing to the Directors of Nursing Network and recruiting midwifery input into SHA initiatives, with the Workforce development team; with the Communications team and with the Public health team. The LSAMO and LSA Support Officer have attended SHA organisational development activities.

The LSA continued to register as a stakeholder with NICE during this report year, including the consultations on NICE Antenatal and postnatal mental health guideline implementation tools, the NICE Intrapartum care, the NICE Antenatal Care and the NICE Induction of labour guideline.

Service user involvement and increasing public awareness of the role of supervision in protecting the public is done both at LSA and at trust level. The LSAMO attends Maternity Services Liaison Committees for two-way feedback on maternity services and service user involvement has assisted in producing and using the 2006/07 LSA Audit tool.

The LSAMO continues to liaise with the seven universities in the LSA that provide midwifery education and to engage with each of the Lead Midwives for Education (LMEs). The LSAMO held focus groups with student midwives, midwives and supervisors and collated LSA questionnaire responses from them in relation to their experience of being mentored, of the quality of mentoring and of midwifery and supervisory practice. The LSAMO also attended the NMC LSA/LME Strategic Reference Group meetings and Chaired the LSA National Forum (UK) where the education of student midwives and supervisors were discussed

Much joint work culminated this practice year in the successful validation of the Preparation of supervisors of midwives modules of the universities of Leeds and Sheffield in line with *NMC (2006) Standards for the preparation and practice of supervisors of midwives*; in a succesful LSA-wide Evaluation event, in the publication of a new Mentor specification, new Mentor

preparation sessions and a new selection process for prospective supervisors incorporating a group activity. Some trusts benefited from the SHA Graduate Employment initiative and there was a slight increase in Return to Practice enquiries during the report year to 28, from 24 last year, with one midwife returning to practice.

The LSAMO facilitated workshops between supervisors of midwives and the independent midwives practising within the LSA. This forum aims to provide benefits to care afforded by enhanced working relationships.

The LSAMO role continues to be acknowledged as a clinical leadership role, evidenced by the invitations to present to audiences, locally and nationally and to contribute to publications.

Priorities for the 2007/08 practice year are described to continue to ensure optimise outcomes for women, babies and midwives in Yorkshire and the Humber.

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Introduction

This annual report fulfils the Nursing and Midwifery Council Circular 15/2007 dated 15th May 2007, circulated electronically by the NMC to LSA Midwifery Officers (LSAMO) on 18th June 2007: *"Guidance for Local Supervising Authority (LSA) Annual Report submission to the NMC".*

A self assessment of this LSA evidences achievement of the 53 standards within the NMC (2004) "*Midwives rules and standards*" (see Appendix 1). The NMC risk assessed this LSA as the lowest risk scoring in the UK within the 2006 – 07 practice year and an NMC pilot review team verified achievement of all the standards in July 2007, outside this report year.

The report will outline the many achievements and challenges of the 2006 – 07 practice year, within a LSA-resource reduction of 40% resulting from the reconfiguration of the three previous LSAs into one. LSAMO activities are provided throughout the text, below and within Appendix 4 and the LSA priorities for 2007/08 are outlined.

The Chief Executive Officer (CEO) of the Yorkshire and the Humber LSA is Margaret Edwards and the LSAMO is Carol Paeglis. Their contact details are:

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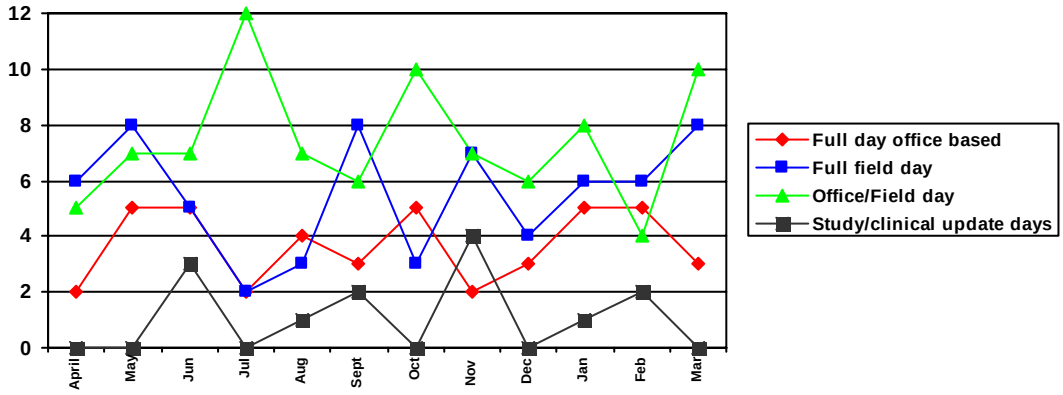
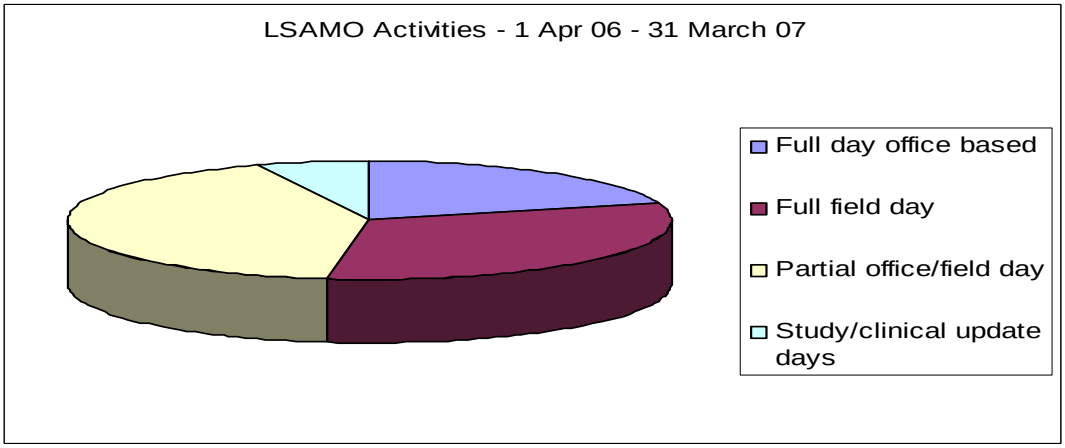
LSA Midwifery Officer Activities 1 April 2006 – 31 March 2007





1. How the LSA report is made available to the public

The LSA report is available to the public via the Strategic Health Authority (SHA) website accessible at: **www.yorksandhumber.nhs.uk** and through the SHA Board meeting and minutes. It is published electronically and in hard copy and presentations are offered to the Maternity Services Liaison Committees within the LSA. Copies are distributed to the NHS Yorkshire and the Humber Chief Executive and Board, to all Heads of Midwifery and Contact supervisors of midwives at each of the Trusts, to the PCTs, and to the NMC to be made available to the public.

2. Numbers of supervisor of midwives appointments, resignations and removals

There were 203 practising supervisors of midwives within the Yorkshire and the Humber LSA on 31st March 2007 – see list in Appendix 2. During the report year, 16 were newly appointed, one was re-appointed, 13 resigned, four retired and one relocated to another LSA. Two supervisors requested time out from supervision and were given the opportunity to 'step down' from supervisory duties. There were no removals of supervisors, but a further two were offered time out to gain much needed support when allegations were made against them through their employing trust. They chose to continue to practise and the allegations have since been refuted.

Data on the number of supervisors of midwives newly appointed, resigned or removed for the reporting and three previous practice years is detailed within Table 1. Whilst the number of appointments this practice year is comparable to the previous three practice years, resignations are double for this and the previous practice year, on the two earlier practice years. This trend seems unrelated to retirements which remain comparable. Stated reasons for resignations include difficulties balancing the commitments of the substantive post and supervisory activities and a lack of recognition of supervision within individual trusts. Of note, three trusts have not yet agreed remuneration for supervisors of midwives through the Agenda for Change process.

Priorities in relation to the supervisor to midwives ratio for the LSA during 2007-08 will be to urge trusts to succession plan towards a ratio of 1:12, to work with Universities and trusts to look at realistic access to supervisor's programmes and to discuss with trusts to increase their commitment to protected time and administrative support to supervisors.

Individual trust data for this practice year and the trust trends of ratio of supervisors to midwives, numbers of whole-time equivalent midwives, numbers of midwives supervised by trust supervisory teams and numbers of supervisors are shown within Appendix 3

Table 1: Appointments, resignations, removals and time out / standing down of supervisors of midwives within the LSA (Yorkshire and the Northern Lincolnshire Consortium data only)

* LSA Supervisor to midwife ratio per practice year, which for practice years apart from the report year was prior to the new LSA and represents the former West Yorkshire and North and East Yorkshire and Northern Lincolnshire Consortium only.

Practice year	Appointments	Resignations	Removals	Time Out / Standing Down
1 Apr 06 – 31 Mar 07 * 1:13 ratio	17 (of which 1 was a re-appointment)	18 (of which 4 were retirements)	0	2
1 Apr 05 – 31 Mar 06 * 1:13 ratio	16 (of which 2 were re-appointments)	18 (of which 3 were retirements)	0	1
1 Apr 04 – 31 Mar 05 * 1:12 ratio	13 (of which 2 were re-appointments)	9 (of which 3 were retirements)	0	2
1 Apr 03 – 31 Mar 04 * 1:13 ratio	14 (of which 2 were re-appointments)	9 (of which 3 were retirements)	0	1

At 31st March 2007, 10 of the 14 trusts within the LSA had ratios of supervisor to midwives below the NMC 1:15 standard, two trusts had ratios of 1:15 i.e. Hull and East Yorkshire NHS Trust and Rotherham NHS Foundation Trust and two trusts exceeded the NMC standard both with ratios of 1:16 i.e. Leeds Teaching Hospitals NHS Trust and York Hospitals NHS Foundation Trust.

The exceeded ratio at Leeds Teaching Hospitals NHS Trust was a combination of two supervisors resigning, one supervisor standing-down and a significant recruitment of midwives. The increased ratio at York Hospitals NHS Foundation Trust was a combination of one resignation in this small supervisory team with unsuccessful succession planning.

A cluster of 6 resignations, 5 within 3 months at Northern Lincolnshire and Goole NHS Foundation Trust was concerning. The LSA commissioned external facilitation for this and the situation appears to be improving. All credit to the professionalism of this supervisory team is noted, as their supervisees continued to rate the supervision that they received as excellent during this challenging time.

3. Details of how midwives are provided with continuous access to a supervisor of midwives

3.1: Choice of a named supervisor of midwives

2,576 midwives notified their 2007 – 2008 Intention to practise form (ITP) to the LSA office by March 2007. All but new starters are given a choice of supervisor in the LSA. New starters are normally assigned a supervisor initially and then invited to choose a new supervisor or keep the one they were allocated after the six-month orientation period. The most common process used is to invite midwives to select three supervisors from the full list of supervisors working in the trust. This usually guarantees every midwife having a supervisor of her choice and also allows even caseloads for the supervisors.

3.2: Contacting a supervisor of midwives

Supervisors provide their personal contact details for ad hoc contact, as well as arranging a formal meeting every year for the supervisory review. All trusts in the LSA provide 24-hour on-call cover by supervisors of midwives for contacting a supervisor when the named supervisor is off duty or in the event of an incident or concerns about a practice issue. In all but 1 trust, the on-call rota is kept in a central point and available to all midwives and independent midwives working in the area. A booklet containing the above information about supervision is provided for each midwife on appointment. It is also repeated within the supervisory review documentation. For the remaining trust, midwives can contact any supervisor but they report that this has not been problematic.

There are also 5 Link supervisors appointed within the LSA and their contact details and those of the LSA are published in each monthly electronic LSA Briefing.

During this report year these systems were audited at the LSA annual audit visits to trusts by questioning supervisors about the processes in place and by asking midwives about their experiences. No issues were identified.

4. Details of how the practice of midwifery is supervised and LSA communication with supervisors

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4.1 LSA Annual monitoring visits

Annual monitoring visits provide the LSAMO and a LSA audit team, the opportunity to ensure that all midwives have their practice supervised by the supervisors of midwives in their trust. There were no suggestions of inadequate supervision being carried out on a daily basis. This was generally done through supervisors of midwives working alongside colleagues in the clinical areas and through annual supervisory reviews. The calendar of key

LSA events - see Appendix 4, lists when LSA audit visits to all trusts in the practice year were undertaken.

Appendix 5 summarises some of the key national and LSA annual data used to benchmark trust data when LSA audit visits are done. Whilst data has been cross-checked at the LSA when it was submitted, some discrepancies remain and are highlighted as such. Data quality from trusts within the LSA remains a concern to the LSA office and may feature in the Healthcare Commission's maternity programme of work and the King's Fund work this year.

4.1.1 Examples of where supervision has improved care to women and what impedes supervision

Numerous examples of where and how supervision has improved care to women or enhanced and supported the practice of midwives are provided at the LSA annual audit visits. These examples are often shared at LSA facilitated events and within the monthly electronic LSA Briefing – see 4.6 and 4.7. The main challenges that impede effective supervision are lack of protected time and administrative support for supervisors.

4.2 Supervisory reviews

Supervisors are responsible for checking the registration status for midwives on their caseload and the LSA does it when midwives are the subject of an LSA investigation and for her personal caseload.

A supervisory review within the last practice year is a requirement so that the named supervisor of midwives can sign each supervisee's Intention to Practise form. This verifies that the midwives on the supervisor's caseload have achieved their PREP requirements. There may be valid reasons why a midwife has not had a supervisory review within the last practice year e.g. maternity leave, sick leave, but the incidence should be minimal.

Table 2 indicates that 96.68% of midwives in the LSA had a supervisory review within the last practice year; however the average percentage of midwives not having a review within the last practice review varied from 0.14% in one trust to 5.1% in another. This represents a small improvement on the previous year's data, when the LSA average was 95.8% and when the trust averages ranged from 1.9% to 12.1% (excludes South Yorkshire data).

The LSAMO has a small personal caseload of supervisees and annual supervisory reviews were completed with these midwives. The NMC is due to publish guidance on whether LSAMOs should carry a caseload or not, but in the meantime, the LSAMO has systems in place to ensure objectivity and a lack of bias should one of the LSAMO's supervisory caseload be implicated in any practice concerns.

4.3 The London LSA database

This was purchased during the report year to help optimise LSA office and supervisory time, to improve data governance, to move towards paperless systems and to ensure consistent approaches to supervisory functions. This was a priority as a result of the reconfiguration of the three previous LSAs into one.

Table 2: Analysis of out of date supervisory reviews within Yorkshire and the Humber LSA noted on 2007/08 Intention to Practise forms (ITPs)

Trust	Number of ITPs submitted	Number of out of date supervisory reviews	%
Airedale	111	6	5
Barnsley	109	4	4
Bradford	213	4	1.9
Calderdale and Huddersfield	218	4	1.8
Doncaster	162	6	3.7
Harrogate	71	1	0.14
Hull & East Yorkshire	256	8	3.1
Leeds	327	6	1.8
Mid Yorkshire	254	13	5.1
Northern Lincs & Goole	200	10	5
Rotherham	131	3	2.3
Scarborough	79	2	2.5
Sheffield	347	17	4.9
York	144	3	2.1
Totals for LSA	**2622**	**87**	**3.32**

4.4 Supervisory involvement in clinical governance

The LSA Annual audit questionnaire to supervisors asks supervisors to list the clinical governance activities within their employing organisation that they are involved in. This is to ensure that supervisors are involved where possible in proactive measures to enhance midwifery practice, but also in a position to

respond reactively where indicated. Typical responses include supervisors attending supervisors' meetings, being a member of guidelines groups, Risk management groups/Clinical case review meetings, Audit groups, Infection control groups, Perinatal mortality groups, Research groups, Labour Ward Forums and Clinical governance groups. They also cite involvement in Training and education, Drugs and therapeutics, Patient and public involvement and Complaints monitoring and feedback.

Supervisory involvement in LSA facilitated working groups gives the opportunity to share learning from good practice and from incidents to enhance midwifery practice and also for supervisors to accumulate their 6 hours annually to meet the NMC (2006) continuing professional development requirement as a supervisor. Examples include being a member of the LSA Guidelines group, the LSA Audit, the LSA Strategy Group, the Link supervisors group, participating in LSA Conferences, undertaking Link supervisor or Contact supervisor roles, participating in other LSA events, being a mentor to prospective supervisors, leading supervisory investigations where required and being involved in the monitoring of supported or supervised practice programmes where necessary.

4.5 Link supervisors of midwives

The Link supervisor role supports a consistent approach to supervisory function, formalises experienced supervisory advice across the LSA, as well as advice from the LSAMO, and in conjunction with the LSAMO, the Link supervisors consider proactive and reactive measures to clinical issues and incident trends.

Within the LSA, there were four Link supervisors of midwives, Julie Hinchliffe and Sue Townend from Calderdale and Huddersfield NHS Foundation Trust, Geraldine Dyas, from Bradford Teaching Hospitals NHS Foundation Trust and Margaret Jackson from York NHS Trust. Geraldine Dyas has since resigned as a Link supervisor and Julie Walsh supervisor from Sheffield NHS Foundation Trust and more recently Karen Thirsk supervisor from Hull and East Yorkshire NHS Trust have been appointed. An advert for an additional Link supervisor from the South Yorkshire area of the LSA would bring the full complement of 6 Link supervisors. As ever, an acknowledgement of the support of the Link supervisors is made. The sounding board they provide for LSA decisions is essential for the LSAMO role as well as the personal support provided. This report year was no exception.

4.6 LSA facilitated events for supervisors of midwives

The following LSA facilitated meetings / events were held with supervisors of midwives and with prospective supervisors to count towards the practice hours of their preparation programmes. All LSA events are planned and evaluated through the LSA Strategy group meeting, so have supervisory and educationalist input in their development, with suggestions of future educational topics invited.

4.6.1 Conferences for supervisors of midwives

Two conferences for supervisors of midwives were facilitated and a total of 104 supervisors of midwives attended. These are the only LSA facilitated events charged to supervisors.

43 Yorkshire and Northern Lincolnshire supervisors attended the Summer conference in May 2006 entitled *"Supervisors of midwives shaping and implementing the maternity agenda"* (see Appendix 6). It was supported by the University of Leeds and an anticipated financial loss of £2,982.50 was incurred, which is usually recouped through the Winter conference. National speakers and topics included Caroline Simpson, Professional Advisor, Maternity and Family Health, Department of Health - *"Department of Health Agenda for Midwifery and Maternity Services";* Joy Kirby, LSA Midwifery Officer Eastern Region - *"Time for supervision"*, and Sue Cole, National Midwifery Recruitment and Retention Project Lead - *"The role of supervision in modern maternity services";* with regional topics / speakers Sarah Wise, Consultant Midwife - Teenage Pregnancy and Sexual Health / Supervisor of Midwives, Northern Lincolnshire and Goole Hospitals NHS Trust – *"Challenges & Realities in the role of a Consultant Midwife - Teenage Pregnancy and Sexual Health"* and Helen Shallow, Consultant Midwife / Supervisor of Midwives, Calderdale and Huddersfield NHS Trust - *'From Novice to Expert' - The Role of the Consultant Midwife and how it contributes to supervision.* Table-top group work addressed - "NSF – Making Policy the Reality" and feedback to the Department of Health via Caroline Simpson on - Public Health Training (standard 14.2), Choices of pain relief methods (standard 8.7), 100% one-to-one care in labour (standard 8.3), Care pathways (standard 4.7), Direct access to a midwife (standard 4.1), Extended postnatal midwifery input (standard 9.5), Contraceptive advice and treatment (standard 9.6) and Children's Centres (standard 1.2). Julie Green updated supervisors on a World Health Organisation project considering the role of supervision for trained birth attendants.

61 Yorkshire and the Humber supervisors attended the Winter conference in November 2006 entitled "Safety concerns within maternity services? Finding the root causes". The day was led by Frances Healey and Mike Coultous from the National Patient Safety Agency who guided supervisors through the investigation of a real clinical scenario using NPSA tools and techniques. This conference evaluated extremely well.

4.6.2 Bi-annual supervisors' meetings

Two full day events were held in September 2006 and March 2007. In view of the reconfiguration of the three previous LSAs into one, opportunities to network with new supervisory colleagues were optimised by introducing "speed networking" on topics including communication, recordkeeping and 3 minute profiles of each trusts' supervisory team. "Back to basics" sessions were also undertaken to share learning and to ensure consistency of supervisory standards.

The events had varied content and format, including speed-networking, formal presentations, headlines, trigger sessions and table-top discussions. Formal feedback and updates are placed within the monthly LSA Briefing, which then optimised interactive time at the meetings. During the last report year topics included updates from the CEMACH Regional Midwifery Assessor, an overview of the Healthcare Commission "Northwick Park 10 deaths report", themes in maternity related complaints from the Healthcare Commission, an overview of a PhD – "Supervision and the educationalist", Data on delivery suite capacity by the Lead Clinician for Yorkshire Neonatal Network, Promoting normality by the NHS Institute for Innovation and Improvement, Back to basics on the NMC (2006) supervisory competencies and trigger presentations and table top discussions on women's choice including the role of Maternity Services Liaison Committees, home births in water and innovations in practice including Triage, the role of voluntary Doulas, the recording of midwifery telephone advice, the role of the MCSW and reducing Caesarean section rates.

4.6.3 Bi-annual LSA network meetings held in local trusts

Four half day meetings were held, two in June and two in December 2006. These are smaller forums where the learning from a clinical incident or good practice is shared, where the LSA provides updates not featured within the monthly electronic LSA Briefing, open space to discuss current issues impacting on supervisory and midwifery practice and suggestions of future supervisory educational topics. Topics have included the NMC circular "Midwives and Home Births", practice concerns related to the vulnerability of newly qualified /appointed midwives, the impact on services of the changing ethnic minority profile, transition arrangements of the LSA, the consultation of the review of the regulation of non-medical healthcare professionals and the needs of asylum and failed asylum seekers.

4.6.4 Quarterly newly appointed supervisors meetings held at the LSA

These meetings focus on action learning and provide an opportunity for each supervisor, in a confidential arena, to share experiences since appointment and also to verify his/her actions with the LSAMO. The meetings were well attended and highly valued to the extent that there was a reluctance to stop attending when the initial year of appointment drew to a close.

4.6.5 Liaison supervisor and Independent midwives workshops

The LSAMO facilitated two workshops for independent midwives, their named supervisors of midwives and the liaison supervisors of midwives for independent midwives at each Trust. This continued to be a very successful forum to improve working relationships, sharing practice and supporting these midwives who work in a very isolated fashion providing care for women without having any insurance cover. Many of these women exhibit complex problems, both obstetric and psychological, but still want to give birth at home and outwith the NHS, many just to guarantee continuity of carer. These women are willing to undertake risk in order to achieve their desired birth

experience and the lack of professional indemnity policies for independent midwives makes both women and independent midwives vulnerable, hence the need for maximum support. The success of the workshop means that the independent midwives are more confident in seeking help and arranging transfer of women into hospital when there are concerns.

4.6.6 Ad hoc supervisory events attended by the LSAMO

The LSAMO attempted to attend a local supervisory team meeting at each trust, 6 months after their LSA annual audit visit, but focused particularly on teams geographically isolated and those where supervisory team-working had been challenging. The LSAMO was also invited and attended the Yorkshire and the Humber Heads of Midwifery time-out.

4.7 Communication with supervisors of midwives

A “Contact supervisor” within each Trust acts as a focal point for communication to and from the LSAMO, but this does not preclude direct communication.

The LSAMO has sent approximately 180 emails to the Contact Supervisor circulation list either for direct action or for dissemination to all supervisors or to midwives. Topics have included educational and funding opportunities, research dissemination and involvement, the National Perinatal Epidemiology Unit “Recorded delivery: a national survey of women's experience of maternity care” report, national antenatal screening updates, calls for research papers and best practice initiatives, new regulations and legislation, the emerging theme from the NPSA’s National Reporting & Learning System of neonatal resuscitation equipment used at birth, an SHA report “Smoking & Pregnancy Report: a guide to integrating high impact actions into routine healthcare practice” and NMC and NICE consultation processes.

A monthly, electronic LSA Briefing is produced and circulated to all supervisors for dissemination to their supervisees and within their own Trusts, with additional recipients added on request, including the Healthcare Commission, all LMEs, student supervisors of midwives, potential return to midwifery practice students and key SHA staff.

4.8 LSAMO integration with the wider work of the Strategic Health Authority

The LSAMO has strong working links with the Integrated governance team, reviewing SUI trends and providing clinical advice; with the Clinical engagement team contributing to the Directors of Nursing Network and recruiting midwifery input into SHA initiatives, with the Workforce development team; with the Communications team and with the Public health team.

The LSA has also continued to register as a stakeholder with NICE during this report year, including the consultations on NICE Antenatal and postnatal

mental health guideline implementation tools, the NICE Intrapartum care, the NICE Antenatal Care and the NICE Induction of labour guideline.

The LSAMO has attended some National Programme for IT (NPfIT) meetings throughout the report year. Computer Sciences Corporation Alliance (CSC) is the local service provider for the NPfIT in NHS Yorkshire and the Humber. The iSoft Evolution product supplied by CSC will provide the interim solution for maternity services through NHS Yorkshire and the Humber. iSoft Evolution has been upgraded, tested and safety approved and is already deployed in University Hospitals Coventry and Warwickshire NHS Trust. The aim for NHS Yorkshire and the Humber is to deploy this upgraded solution in Trusts in our area who either do not have a maternity IT solution or whose existing systems require upgrading. By using an approved standard IT system which falls within NPfIT, across Trusts in the area, this will allow for standardised maternity data collection, both now and as NPfIT develops, in the future.

Opportunities have been taken to attend organisational development activities at the Strategic Health Authority and the LSA Support Officer has been included.

4.9 Examples of good practice and innovative approaches making a positive difference to midwives' practice and for the care of women and their families.

Examples of good midwifery and supervisory practice and innovations are included in Appendix 12, with contact details for the relevant Head of Midwifery. They include an increased profile of supervision with students; supervisors allocated to different Clinical Governance meetings purely as a supervisor and not by virtue of their substantive post; links with the Upper schools with preparation courses for midwifery; Men's only parenting sessions run by men; an information card for women in Pharmacies and supermarkets saying "I'm Pregnant - What should I do now? Did you know you can contact a midwife directly?"; Maternity statistics displayed to staff taken to Labour Ward Forum meetings to Incident Report Panels to Risk Management Team meetings and to Clinical Governance meetings; supervisors supporting midwives during service remodelling; Leeds were a joint winner of this year's All-Party Parliamentary Award in the Normal Birth category, held in July and also presented at the joint HCC / NPSA Safe Delivery (maternity) conference in June 2007; a commitment to achieving 1:12 supervisor to midwives ratio to enhance clinical governance within the maternity unit; not one negative response when midwives commented on the role of their supervisor of midwives in helping them feel safe and supported in practice despite recent changes in working practices; a hospital-based supervisory week that raises the profile and ad hoc contact of supervisors with midwives and medical staff alike enhanced further by a designated supervisors' office identified as such that is the base for supervisory reviews with a computer and locked filing cabinet; a web-based supervisory work-space extremely useful in the electronic dissemination of LSA / supervisory information / guidelines / documents; a photo journey through caesarean section for women to view

and handovers on Labour Ward four times a day between Obstetricians Anaesthetists midwives and ODPs with neonatal issues also discussed.

5. Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits

Service user involvement and increasing public awareness of the role of supervision in protecting the public is done both at LSA and at trust level. The LSAMO attends Maternity Services Liaison Committees for two-way feedback on maternity services and the LSA invites involvement onto the LSA Audit working group.

5.1 Annual audit visits

Since 2001 a triumvirate approach to audit of supervision and midwifery practice has been undertaken in the LSA. The audit team comprises the LSAMO, a supervisor of midwives from another Trust and a recent user of maternity services. Student supervisor involvement was also invited to contribute to their clinical practice hours. Since the previous report year, service user involvement was invited from the development of the LSA audit tool. A full programme of visits was completed by the end of the report year – see Appendix 4. Service users were involved in LSA audit visits to seven trusts Airedale NHS Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, Northern Lincolnshire and Goole NHS Foundation Trust, Scarborough and East Yorkshire NHS Trust and Sheffield NHS Foundation Trust.

Formal audit visits were completed at five trusts, which involved a comprehensive visit to audit supervision and midwifery practice and LSA surveys to supervisors, midwives, student midwives, service users and partners.

This approach provides rich information as it includes evaluation of the women and their partners experience by the service user auditors. In general, most women and their partners interviewed by service user auditors were very satisfied with the care they received, especially when in labour. Very few women complained about their care and there were no complaints about midwifery practice. However, a small decrease in satisfaction with community services was noted due to an increase in community staff assisting with acute services.

Informal audit visits to nine trusts were undertaken by the LSAMO. A self-audit of the national standards for supervision, completed by the supervisors of midwives, was presented, the action plan, prepared by supervisors following the full audit the preceding year, was reviewed and the unit maternity statistics were benchmarked against the national and LSA statistics.

A supervisor auditor and service user auditor toured the unit/s to view changes introduced since the last visit and to speak with women and their partners. In addition, as a way of the LSAMO becoming more aware of midwifery and supervisory practices within the South Yorkshire trusts, the LSA surveys to supervisors, midwives, student midwives, service users and partners were done in addition at their four informal audit visits.

A report from each visit, whether the full or informal audit visit, was submitted to the SHA as well as to the supervisors at the trust, and copied by them to the Chief Executive and Director of Nursing to share with their relevant PCT and Maternity Services Liaison Committee.

5.2 Selection and training of service users

The nomination of service users to support the audit of supervision and midwifery practice has been done by the LSA office inviting Heads of Midwifery to use their Patient and Public Involvement Forums for recruitment. There has been no formal selection process as each nominated person was appropriate and eligible to be trained.

The LSAMO and an experienced supervisor of midwives, who had been part of an audit team, led the auditor training. Supervisor and service user auditors were trained at the same time. The intention was to ensure that service users had a good knowledge of supervision as well as understanding the purpose of the audit visits. See Appendix 7 for a copy of a training programme agenda.

6. Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education

6.1 LSAMO and supervisory contribution to Midwifery Education

The LSAMO has close contact with the seven universities in the LSA that provide midwifery education; i.e. the universities of Bradford, Huddersfield, Hull, Leeds, Sheffield, Sheffield Hallam and York. There is regular engagement with each of the Lead Midwives for Education (LMEs). The LSAMO:

- holds focus groups with student midwives and collates LSA questionnaire responses from them in relation to their experience of clinical education and midwifery and supervisory practice as part of the LSA audit process
- holds focus groups with midwives and supervisors and collates LSA questionnaire responses from them in relation to their experience of mentoring student midwives and student supervisors as part of the LSA audit process
- is a member of Bradford University's Advisory Board and Return to Practice Steering Group
- liaised with supervisors for expressions of interest in being a clinician reviewer for Huddersfield University

- is a member of the Faculty of Health and Social Care, University of Hull Partnership Group
- is a member of the Leeds-Sheffield Consortium with the Universities of Leeds and Sheffield
- is a member of the Nursing and Midwifery Steering Group of Sheffield Hallam University
- is a member of the BA Midwifery Practice Course Management Team, the Return to Practice Steering Group and the Curriculum Development Team for the long programme
- attends NMC LSA/LME Strategic Reference Group meetings and the LSA National Forum (UK) where the education of student midwives and supervisors are discussed

A theme of time constraints impacting on the quality of mentoring of students has been raised by some student midwives.

6.2 Selection and preparation of supervisors of midwives

Much joint work has been done during this practice year towards the validation of the Preparation of supervisors of midwives modules with the universities of Leeds and Sheffield in line with *NMC (2006) Standards for the preparation and practice of supervisors of midwives.* The modules at both universities were successfully validated. The modules build on the strengths of the previous modules having retained and developed the problem based learning (pbl) aspects which are felt to contribute to supervisors' fitness for practice. This is evidenced by newly appointed supervisors at the action learning sets where they often recount that they have used the pbl approach when dealing with supervisory issues.

The LSAMO, supervisors and a Link supervisor participated on the Curriculum planning groups, at an LSA-wide event evaluating the strengths and limitations of the previous modules and at the validation events. The addresses of the two universities providing preparation of supervisors of midwives programmes are:

University of Leeds
School of Healthcare Studies
Baines Wing
Woodhouse Lane
Leeds LS2 9UT

University of Sheffield
School of Nursing and Midwifery
Winter Street
Sheffield S3 7ND

The selection process for prospective supervisors of midwives was also considered at the LSA-wide Evaluation event and amended accordingly and in light of *NMC (2006) Standards for the preparation and practice of supervisors of midwives.* Trusts follow the national guideline for the nomination of prospective supervisors i.e. peer nomination and the LSA selection process now consists of service user involvement, personal statement, CV and portfolio review, an individual interview and a group activity.

Nine midwives interested in becoming supervisors of midwives were interviewed during the report year and all were successful and one withdrew from the programme. Seven midwives undertook the programme at master's level and three at first-degree level. Of the four midwives who undertook the programme at Sheffield last September, only one was successful at first attempt and another at second attempt. Of the seven who commenced in January, four passed and have been appointed and two may go on resubmit the unsuccessful elements of their academic work.

Supervisors who are interested in being considered as a Mentor for prospective supervisors have to fulfil the LSA mentor criteria in line with the NMC (2006) *Standards to support learning and assessment in practice* with the mentor preparation being co-facilitated by the LSAMO and an LME.

6.3 Workforce development department

Contact with the SHA workforce development department has principally been with regard to Return to Practice, workforce trends and liaison in relation to newly qualified midwives unable to find midwifery employment. The talent pool register for new non medical graduates is now up and running. Several employers have already been put in touch with the talent pool. It is to be promoted further during the summer months. £600k has been made available for Graduate employment initiatives. Proposals are coming forward and this is starting to have an impact on reducing overall the numbers of graduates without employment in the summer. SHA run 'Information Advice and Guidance' sessions are being conducted in all Higher Education Institutes.

6.4 Return to midwifery practice

The LSAMO determined the statutory requirements for midwives wishing to return to practice, acting as official correspondent. There was a slight increase in enquiries during the report year to 28, from 24 last year. One midwife undertook a return to practise course, at the University of Bradford.

7. Details of any new policies related to the supervision of midwives

7.1 Policy formulation

Policy formulation within the LSA has been through any of the three working groups that have been established for several years to avoid autocratic decision-making by the LSAMO. These three groups are the Strategy Group, the Audit Working Group and the Guidelines Working Group. Updates to all supervisors are via their nominated working group representative, through the monthly electronic "LSA Briefing" and by email if required.

7.2 Strategy Group

This group comprises supervisors of midwives, midwifery educators, a Link supervisor of midwives and the LSAMO. The group predominantly plans learning activities for the supervisors of midwives setting the agendas for the LSA events and conferences. The group meets every other month and is a very active and forward thinking reference group for the LSA. The term of office for the supervisors of midwives representatives is for two years with a commitment to attend four out of six meetings per annum.

7.3 Audit Working Group

This group regularly reviews and amends the benchmarks for the LSA audit of midwifery practice and supervision of midwives. As each new directive or confidential enquiry report is produced, the relevant recommendations are translated into benchmarks. Service users continue to contribute to the production of the audit tool, prior to its use.

The group members also participate in planning and facilitating the training of supervisor and service user auditors. The term of office for the supervisors of midwives representatives is for two years with a commitment to attend four out of six meetings per annum.

7.4 Guidelines Working Group

The LSA Guidelines Working Group revises each set of guidelines for supervisors of midwives every three years and creates new guidelines as identified. Seven new Yorkshire and the Humber LSA guidelines were produced and distributed and one guideline reviewed (see contents list - Appendix 8). The LSAMO contributed to the development of two new National Guidelines for supervisors of midwives that are published on the SHA website (see contents list – Appendix 9) at: http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp

8. Evidence of developing trends affecting midwifery practice in the local supervising authority

The LSA office has collated workforce and clinical outcome data since 1998-1999 practice year. The proforma is reviewed each year and circulated to Heads of Midwifery and Contact supervisors at the end of March for completion to the LSA office within 1 month. Considerable time has been spent re-requesting data that was not sent initially or requesting trusts to review their data for incompleteness and inaccuracy. Data analysis has been kindly supported by a data analyst, the LSA Support Officer and the LSAMO.

8.1 Midwife to births ratio

An increase in bookings across the LSA of 13% has been noted. Trends of increasing numbers of births continue across the LSA (LSA average 3.3% i.e. 1963), despite a decrease in whole time equivalent (WTE) midwife establishments within the majority of trusts. The only trusts not experiencing a decrease in WTE midwife establishments are Bradford Teaching Hospitals NHS Foundation Trust, Doncaster NHS Foundation Trust, Hull and East Yorkshire NHS Trust, Leeds Teaching Hospitals NHS Trust and York Hospitals NHS Foundation Trust – see Appendix 3. This has resulted in increasing demands on midwives and services. Workload and staffing have been implicated within some serious untoward incidents reported – see later. The only trusts not experiencing an increase in births in the report year are Northern Lincolnshire and Goole NHS Foundation Trust and Scarborough and East Yorkshire NHS Trust (see Tables overleaf and Appendices 10 (i), (ii) and (ii)).

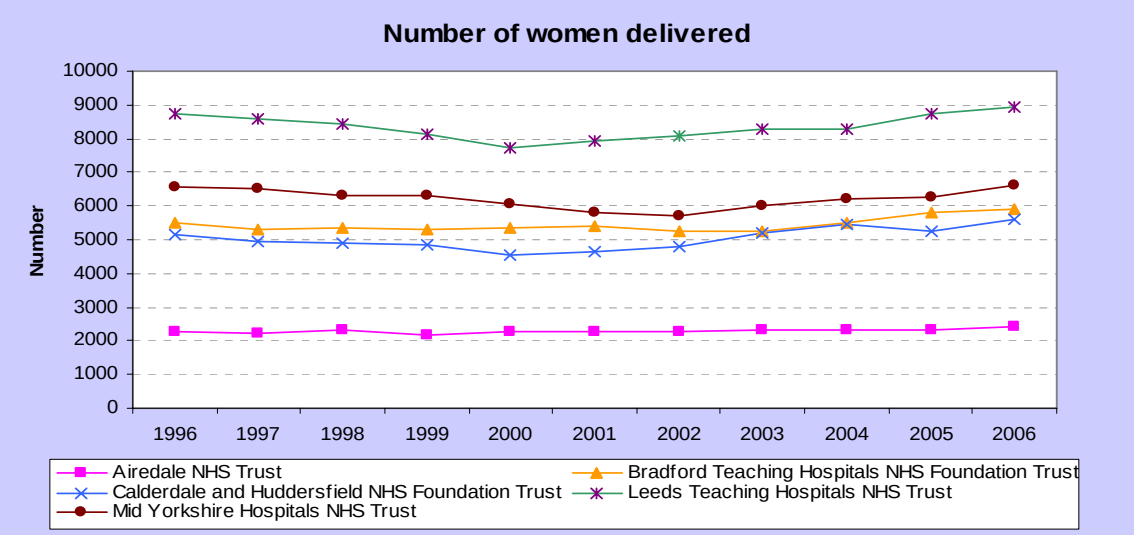
The midwife to birth ratios with the LSA vary widely from 1 : 26 to 1 : 41.2, the LSA average being 1 : 32.5 (see below). Six of the 14 trusts fall at or above that average and the remaining eight falling below the average. The age profile of midwives within the LSA indicates that 59% fall between ages 40 and 54 and a further 9% are aged 55 and over (see Appendix 11) warrants due consideration.

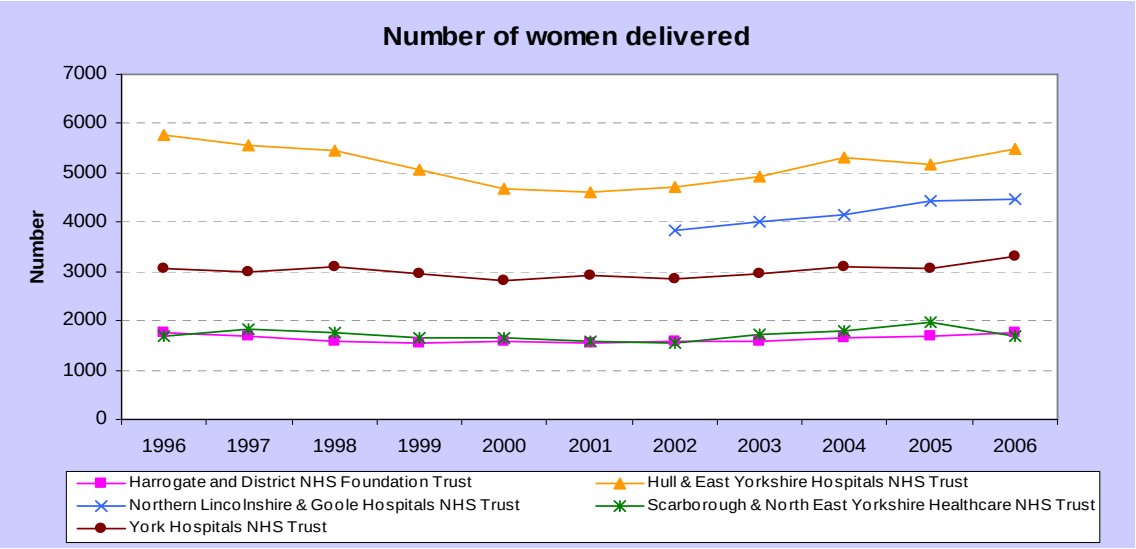
LSA action in response to variations in ratios or concerning trends includes direct discussion with the trust, exploration of best practice and discussing concerns in trends at LSA events, inviting expert speakers e.g. NHS Institute for Improvement and Innovation and liaison with the SHA Integrated Governance Team.

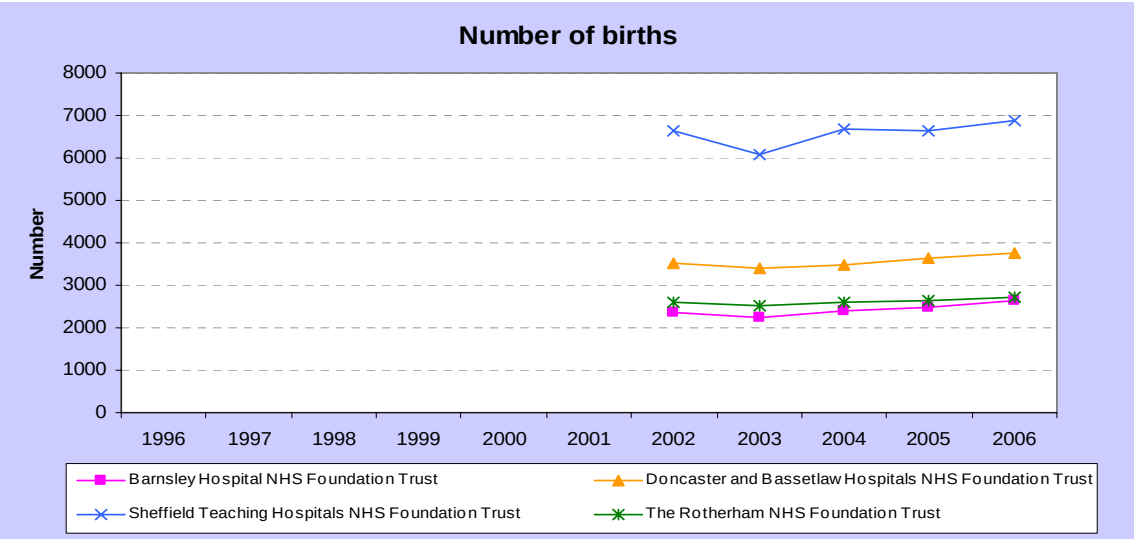
Variation in midwife to birth ratio

Trust	**Midwife : birth ratio**
Calderdale and Huddersfield	1 : 38.2 1 : 41.2
Mid Yorkshire	1:36
Bradford	1 : 36
York	1 : 35.4
Doncaster	1 : 33.5
Leeds	1 : 33
LSA average	**1 : 32.5**
Airedale	1 : 32
NLAG: Grimsby Scunthorpe and Goole	1 : 31 1 : 29.5
Harrogate	1 : 30.9
Rotherham	1 : 30
Hull and East Yorkshire	1 : 29
Sheffield	1:28
Scarborough and East Yorkshire	1:27.7
Barnsley	1:26

Trends in number of births





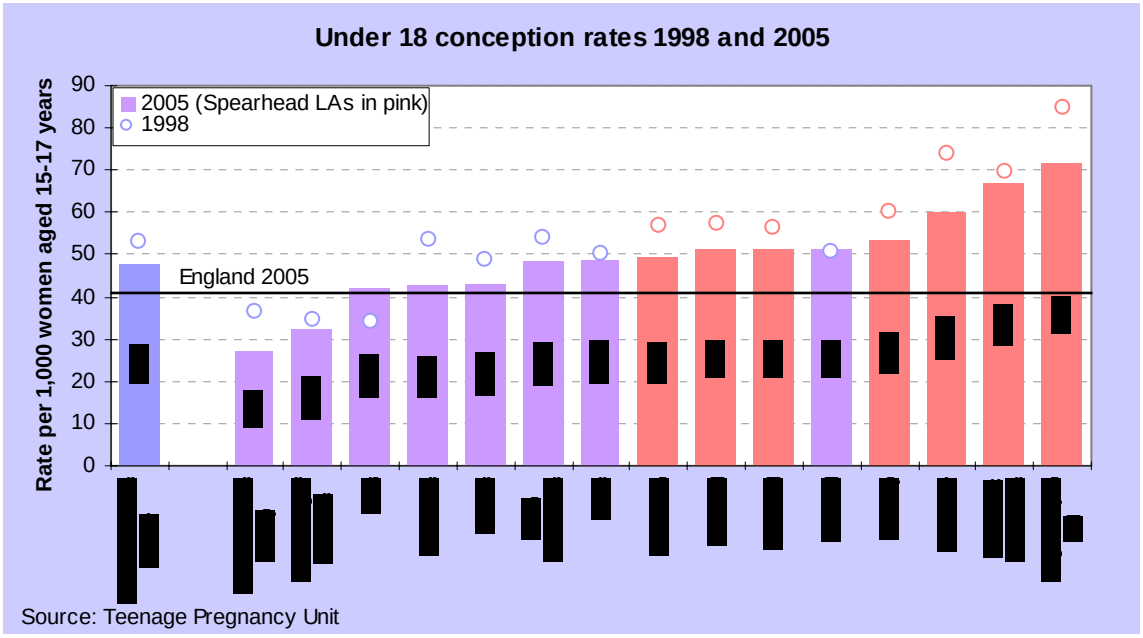


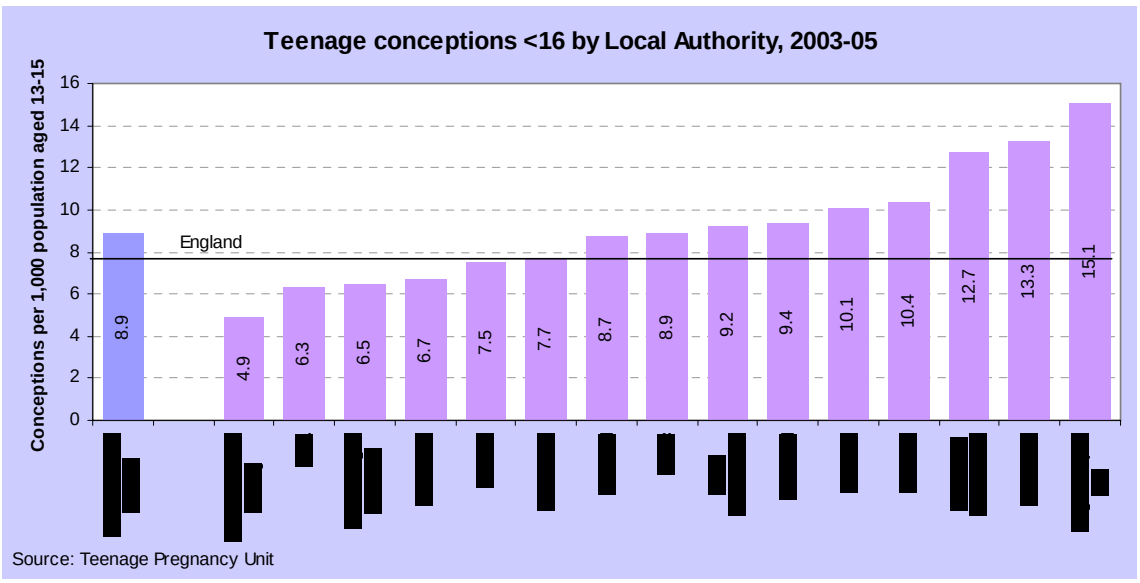
Teenage conceptions

In many local authority areas in Yorkshire and the Humber conceptions in women aged under 18 have decreased between the target baseline year of 1998 and 2005. However, in some areas this is not the case, as in York and Sheffield.

The link between deprivation and under 18 conceptions is illustrated by the seven spearhead local authorities having conception rates in the highest eight local authorities in Yorkshire and the Humber.

Conceptions in girls aged under 16 years vary across Yorkshire and the Humber, with the rate in Kingston upon Hull (15.1 per 1000 girls aged 13-15) in the period 2003-05 being three times the rate in North Yorkshire (4.9 per 1000 girls aged 13-15). Nine of the local authorities had conception rates in girls aged under 16 higher than the national average, and only five local authorities had rates below the national average.





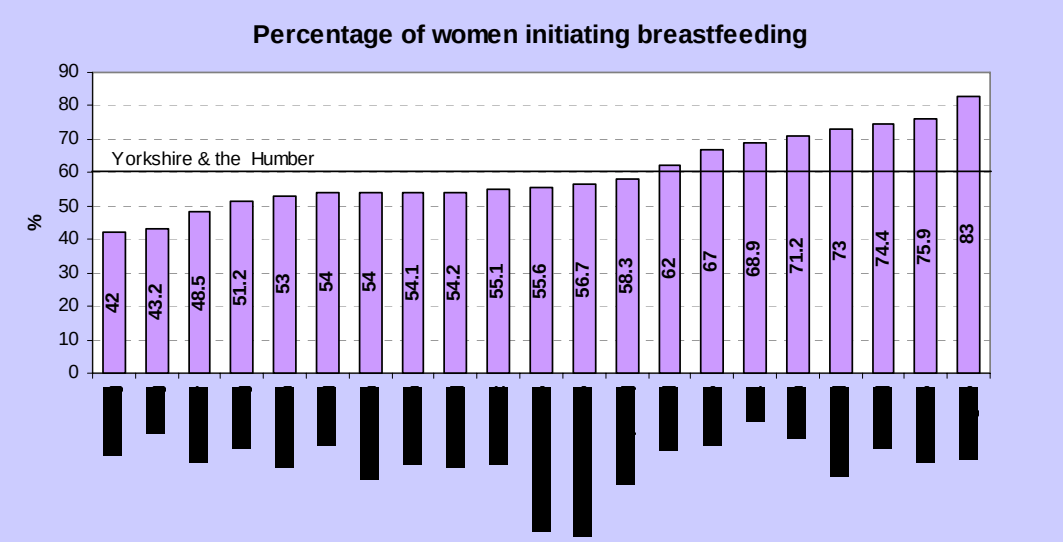
8.2 Maternal outcomes

The majority of the maternal maternity outcomes for women who birth in the Yorkshire and the Humber compare favourably against the 2005-06 Maternity HES bulletin published on 26th June 2007 on the Information Centre website: http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/maternity

In summary:

- Only 1.9% of births in Yorkshire and the Humber occur at home, lower than the national average of 2.6% and of those, only 0.97% are planned home births attended by a midwife. The LSAMO has focused on this over the last year challenging teams, raising awareness of the NMC Circular "*Midwives and home births*", publishing a guideline and asking women during the LSA audit visits about choices offered
- 2% more of the 61,953 births in Yorkshire and the Humber were conducted by midwives than the national average (66% : 64%), with a national average of 9% having episiotomies, although less births in Yorkshire and the Humber were within midwifery areas (1% : 7%)
- Yorkshire and the Humber has a 2% higher average spontaneous birth rate (71.1% : 68.7%), a lower % of elective caesarean sections (8.6 : 11.0) and a similar % of induced labours (20.3 : 20.2)
- Yorkshire and the Humber has a 3.5% higher average spontaneous vertex birth rate (67.7% : 64.2%) and 2% lower total caesarean sections (21.3% : 23.4%)
- The breastfeeding initiation rate In Yorkshire and the Humber is only 61%, 17% lower than the national rate, with variations in trusts from 42% to 83% (see below).
- Yorkshire and the Humber has comparable lengths of antenatal stays compared to the national average, and slightly shorter than average lengths of postnatal stay
- Data quality varies from trust to trust and the % of usable HES records by trusts ranges from 0% to 106%.

Women initiating breastfeeding



One-to-one care in labour data was not collected by the LSA this year, as trusts expressed difficulties in recording it due to the lack of a standard definition, however, a question was added to the 2007/08 LSA questionnaire to midwives asking them to rate how frequently they felt able to provide one-to-one care in labour and will be reported next year.

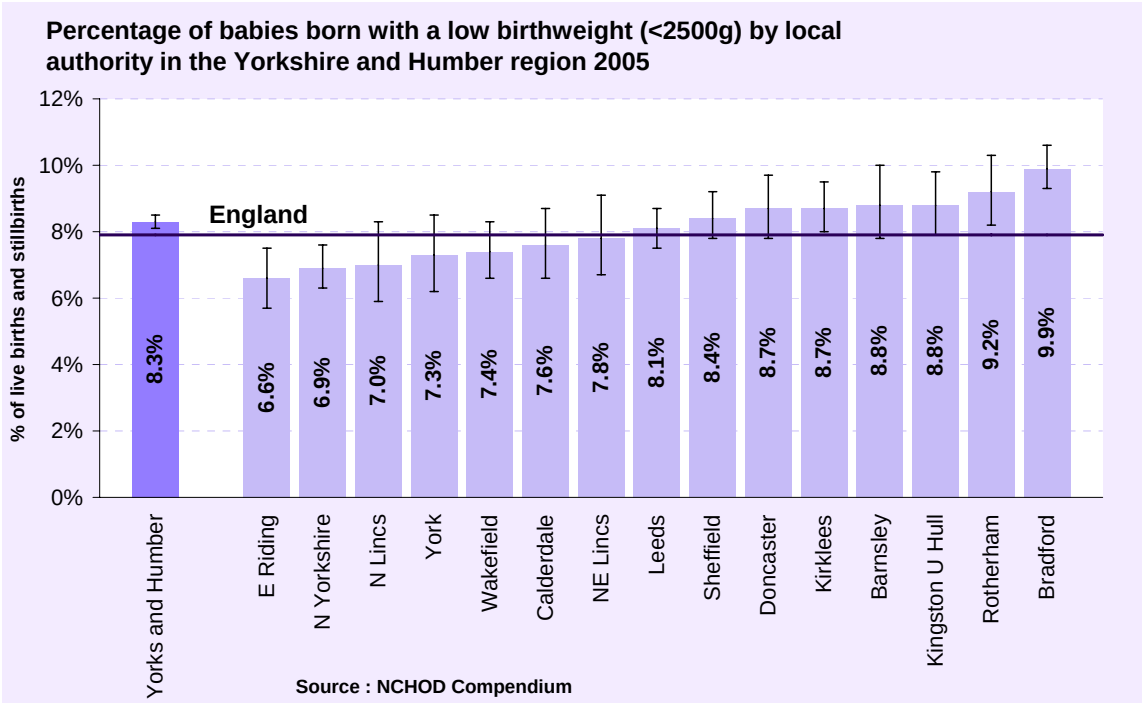
Please see Appendices 10 (i), (ii) and (ii) for the full raw data from trusts and Appendix 3 for Individual trust data for this practice year and trust trends of ratio of supervisors to midwives, numbers of whole-time equivalent midwives, numbers of midwives supervised by trust supervisory teams and numbers of supervisors.

8.3 Neonatal outcomes

Neonatal outcomes in Yorkshire and the Humber do not compare as favourably as maternal outcomes when benchmarked against national data. The breastfeeding initiation rate in Yorkshire and the Humber is only 61%, 17% lower than the national rate, with variations in trusts from 42% at Dewsbury to 83% at Harrogate.

Low birthweight births

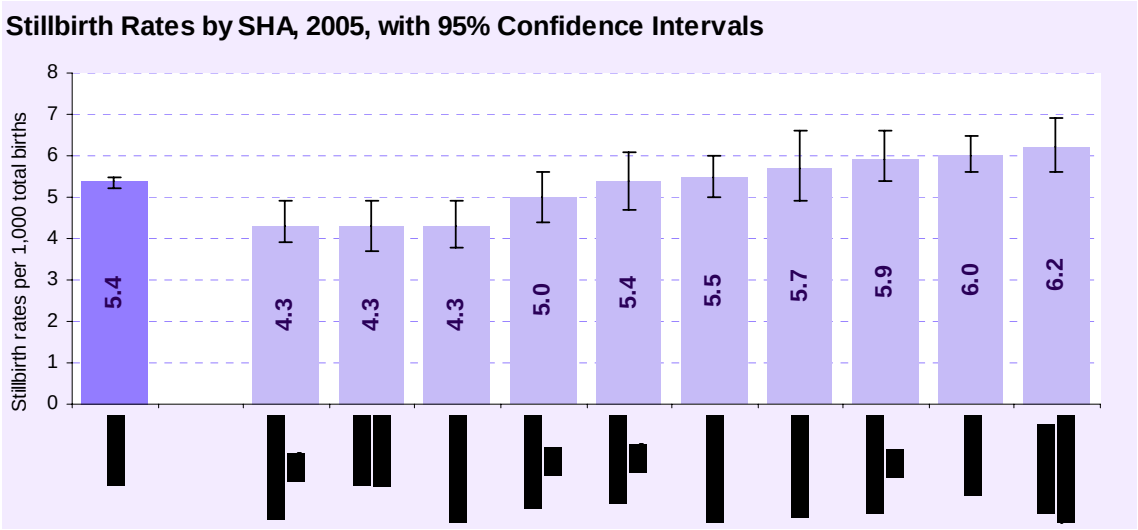
Three local authorities (Kirklees, Rotherham and Bradford) have significantly higher rates of low birthweight births than the national average, but the East Riding of Yorkshire and North Yorkshire had significantly lower rates than that across England

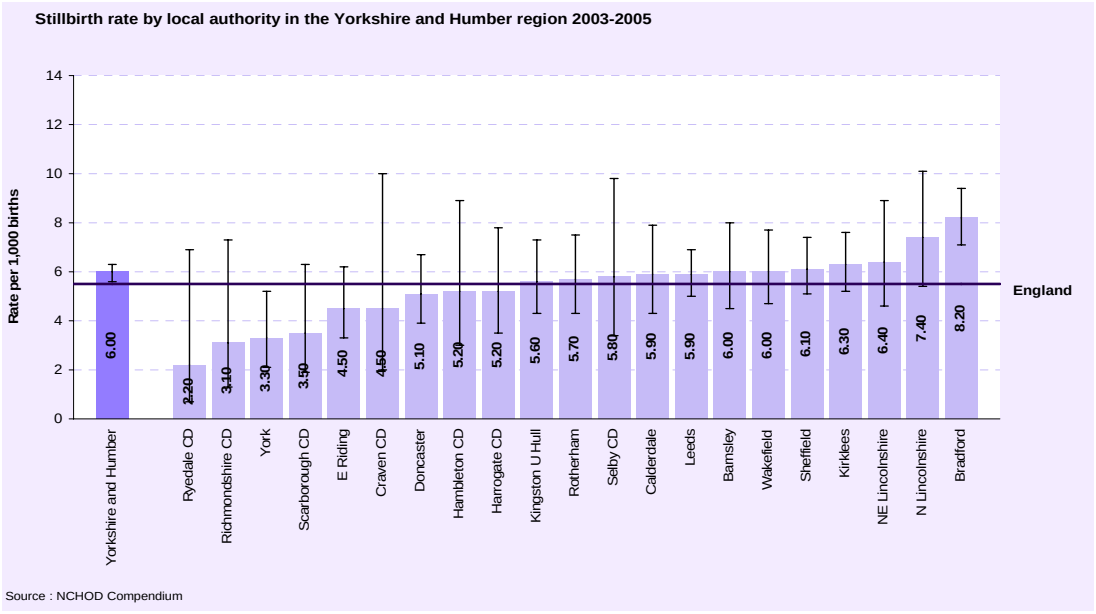


Stillbirths

Stillbirth rates in Yorkshire and the Humber in 2005 were the highest across the ten Strategic Health Authorities in England. The LSAMO has already raised awareness of the CMO's proposed efforts to address this nationally. It will be a 2007/08 LSA priority.

Within Yorkshire and the Humber stillbirth rates vary widely across the local authorities with Bradford (8.2 per 1000 births) having a rate nearly four times the rate in Ryedale (2.2 per 1000 births). Much multi-agency work has been done within Bradford, including the "Born in Bradford" research project and the publication in December 2006 of the Bradford Vision: Infant Mortality Commission (IMC)'s report. Key findings from this report have been shared through the LSA network.



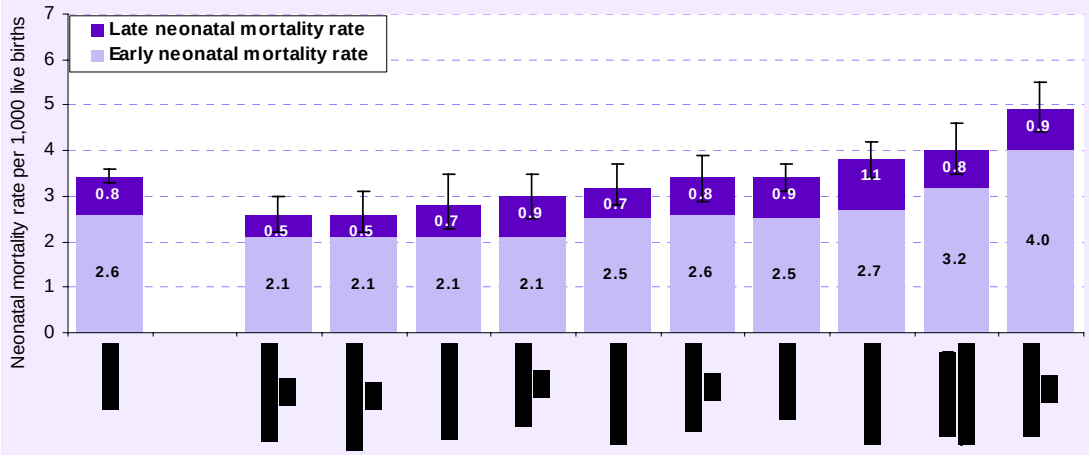


Neonatal mortality

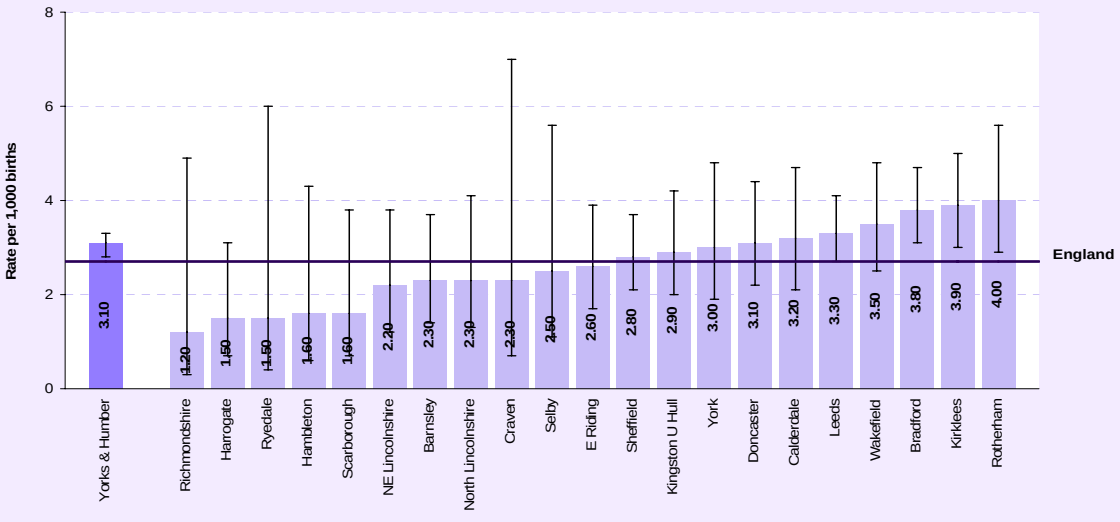
Yorkshire and the Humber SHA has the second highest neonatal mortality rate across the ten English SHAs. However, late neonatal mortality, in infants aged between seven and 28 days, in Yorkshire and the Humber is relatively lower than in many other areas.

Within Yorkshire and the Humber the different categories of infant mortality, perinatal, neonatal and post neonatal, vary markedly between local authorities. However, the ranking of local authorities is not consistent across the three mortality rates, indicating that in some areas for example perinatal mortality is more of a problem than post neonatal mortality, e.g. in North Lincolnshire.

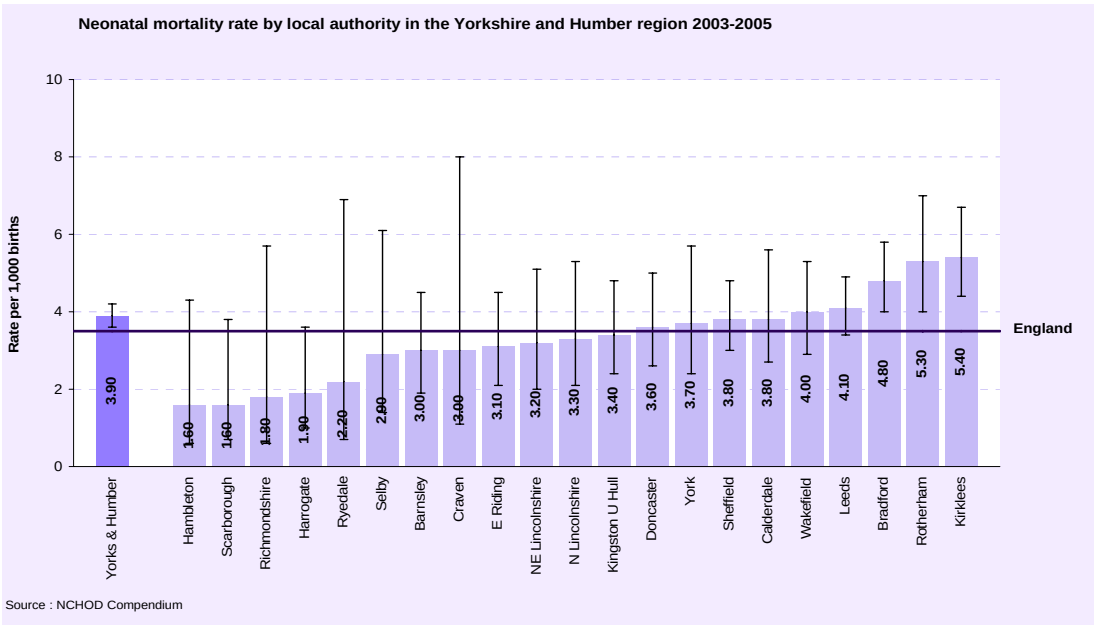
Early and late neonatal mortality rates by SHA, 2005, with 95% confidence intervals

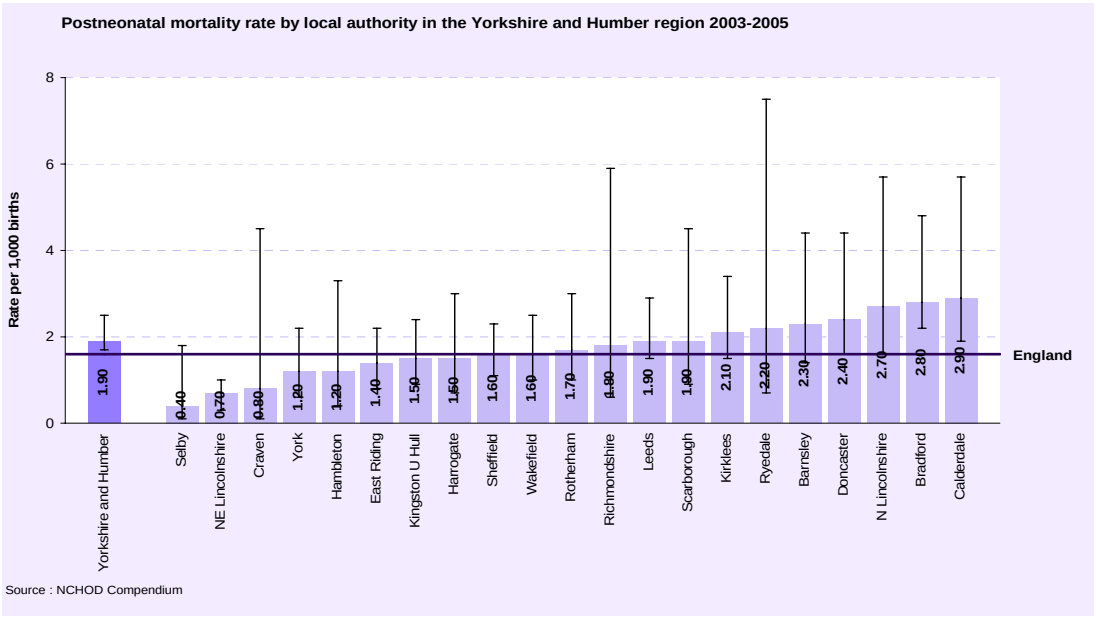


Perinatal mortality rate by local authority in the Yorkshire and Humber region 2003-2005



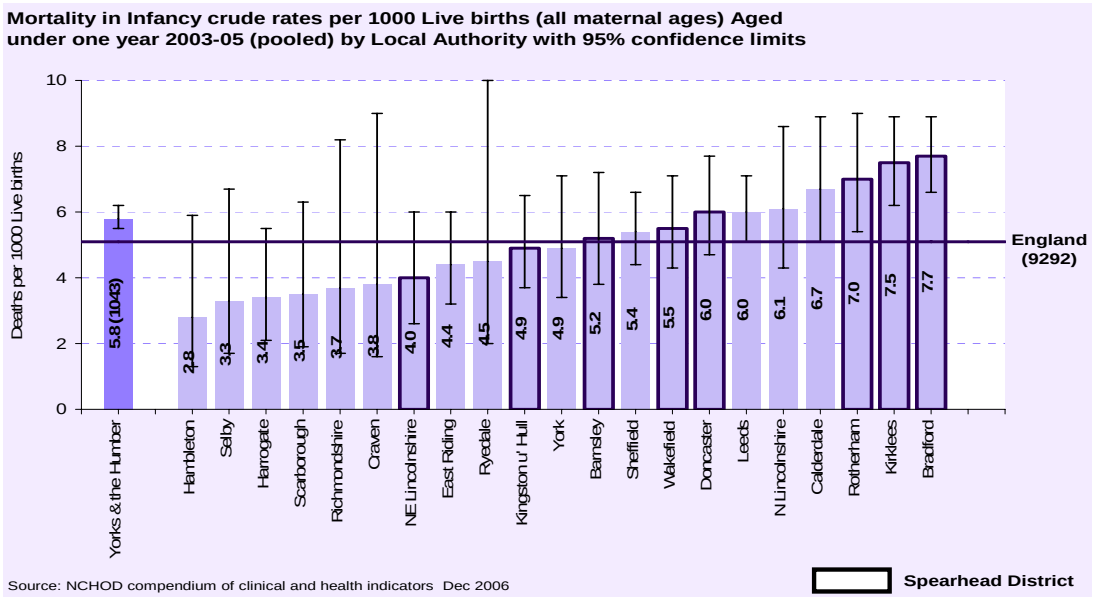
Source : NCHOD Compendium





Mortality in infants aged under one year

Infant mortality is varied across Yorkshire and the Humber, ranging from 2.8 per 1000 live births in Hambleton to 7.7 deaths per 1000 live births in Bradford. Rotherham, Kirklees and Bradford, where infant mortality in the period 2003-05 was above 7 deaths per 1000 live births, all had significantly higher mortality rates than the national average of 5.8 per 1000 live births. The link between deprivation and infant mortality can be seen with more of the spearhead local authorities having higher infant mortality rates.



8.4 Themes from LSA annual audit visits to Trusts

Recurring trends within the recommendations for individual trusts are listed:

- Pursue protected time and administrative support for supervisors of midwives as per NMC (2004) Midwives rules and standards. (8 trusts)
- Explore the low intentional home birth rate (7 trusts)
- Implement water births (5 trusts)
- Pursue with commissioners the requirement of an active MSLC (4 trusts)
- Raise awareness of the NICE Epilepsies guideline (4 trusts)
- Consider exploring women's satisfaction levels with antenatal services in view of the many national initiatives that are focussed on antenatal community services (3 trusts)

9. Details of the number of complaints regarding the discharge of the supervisory function

There were no complaints received regarding the discharge of the supervisory function in the LSA.

10. Reports on all local supervising authority investigations undertaken during the year

10.1 Serious untoward incident data

Through the annual reporting of LSA statistics to the LSA office, trusts reported a total of 35 serious untoward incidents (SUIs) related to midwifery practice (1 trust did not respond) and a total number of 169 complaints about midwifery practice (2 trusts did not respond). However, on the LSA database for the report year there were (*includes South Yorkshire data from 1st

December 2006) 86 issues of which 76 relate to midwifery practice. 26 were SUIs and 13 were maternal deaths.

Supervisory teams usually report maternity-related SUIs directly to the LSA office, but some are reported first through the STEIS system to the SHA Integrated Governance team who liaise with the LSA. The LSA links closely with the Integrated Governance team and through that to the SHA Board. The LSA is noted within the SHA Serious Untoward Incident Reporting guideline. It is easier to extract maternity-related information from the LSA database due to the nationally recognised issue of the nature and formatting of the STEIS system.

Unit closures should be reported to the LSA office, but reporting does vary.

10.2 Supervisory and LSA investigations and their outcomes

19 supervisory investigations were done by supervisors within the LSA (1:3,100 births), resulting in five midwives undergoing supervised practice. All the supervised practice programmes were completed successfully, having been accepted by the trusts and the midwives involved. 11 midwives required supported practice and eight had reflection with their named supervisor. There was one recommendation for NMC referral.

The LSA conducted two investigations; one as a result of the recommendation by a supervisor within the LSA for NMC referral, which was upheld and the midwife was subsequently referred and simultaneously suspended from practice. The other LSA investigation resulted from a midwife appealing the process of a supervisory investigation. The LSA over-turned the recommendation of the supervisory investigation due to additional evidence being considered. The same midwife was referred directly to the NMC by service users, despite a supervisory investigation and subsequent supervisory action being successfully completely.

LSA guidelines are available to support supervisors of midwives as to when and how they should proceed with a local supervisory investigation, as is the direct advice from the LSAMO and from Link supervisors. One key trend and learning outcome identified as a result of a number of supervised practice programmes within this report year include CTG misinterpretation and documentation. As a result some trusts have implemented the “Fresh eyes” approach of having their interpretation of a CTG checked by a midwife not involved in the care of that woman. Another key trend is the accountability and care provided by Labour Ward Co-ordinators which has frequently been compromised by them managing clinical cases as well as co-ordinating the Labour Ward. Action by the LSA office has been to raise awareness of Co-ordinators as a vulnerable group, who need to recognise that their accountability can be tested during periods of high workload and that they should utilise the trusts Governance routes to minimise these occurrences. The LSAMO will focus on this key issue during 2007/08.

The LSAMO has not conducted or participated in any investigation or review of maternity services or been involved in any investigations by the Healthcare Commission or equivalent. The LSA did however, commission external facilitation for one supervisory team.

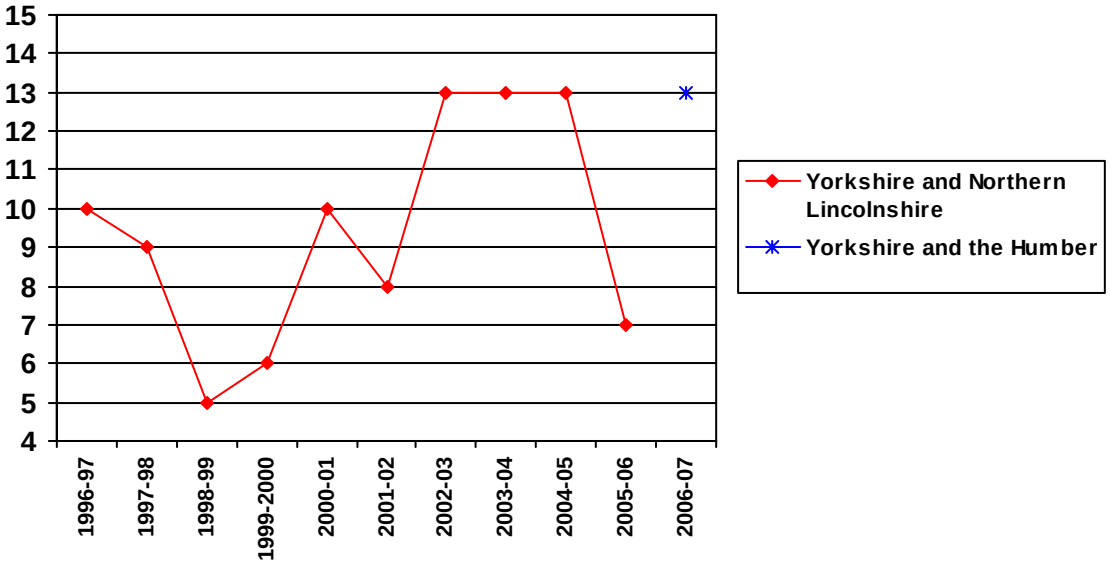
The LSA has liaised with the NMC on an ad hoc basis for support and advice in relation to midwifery and supervisory concerns.

10.3 Maternal deaths

Maternal deaths within the LSA Office are classified by the date of death and not when they were reported to us. A 40% increase in maternal deaths had been anticipated due to the 40% increase in size of the LSA. There is however a discrepancy in the figures of this report from last years report due to:

1. calendar year and not practice year counted
2. date of death not date of notification

Maternal deaths: 1996 - 2007



Supervisory teams follow the LSA guideline for maternal deaths and provide reassurance that midwifery practice has not been implicated in these tragic occurrences.

There were 13 maternal deaths in the report year. Notification of maternal deaths to the LSA is very prompt with five done on the same day, three on the next day, one done two days later, another done eight days later, one at approximately 2 weeks, one four weeks later and one two months later.

Of the 13:

- three were antenatal, with the causes of death being:

(i) Bronchopneumonia with Acute Myocarditis and contributory causes – Epilepsy
(ii) Pulmonary embolism
(iii) Unknown

- one on day of baby's birth, with the cause of death being:

(i) Intra-cranial bleed

- five within six weeks of babies births, with the causes of death being:
  - (i) Amniotic fluid embolism
  - (ii) Aortic aneurysm
  - (iii) Lung abscess
  - (iv) Coronary artery stenosis
  - (v) High risk medical condition SLE

- four more than six weeks postnatally, with the causes of death being:
  - (i) yet to be advised
  - (ii) Murder by stabbing
  - (iii) Suspicious – Police involvement
  - (iv) Adult respiratory distress syndrome/staphylococcus toxic shock syndrome (tbc)

11. LSA Budget

The LSA budget has, to date, never been overspent.

12. LSA Support Officer

The LSA Office is managed entirely by Elaine French, the LSA Support Officer and she is well respected by all the supervisors of midwives as well as SHA staff. Elaine French has provided outstanding support during changes to LSA systems and processes necessitated by the LSA reconfiguration and move of the LSA office. Her implementation and quality assurance of the London LSA database and her tireless and patient "trouble-shooting" support to supervisors eases their challenging role.

13. Priorities for 2007/08

A priority for the LSA during 2007-08 will be to urge trusts to succession plan towards a ratio of 1:12 supervisors to midwives ratio, to work with Universities and trusts to look at realistic access to supervisor's programmes and to discuss with trusts to increase their commitment to protected time and administrative support to supervisors, as they are the main impediment to effective supervision.

Data quality from trusts within the LSA remains a concern to the LSA office and could well feature in the Healthcare Commission's maternity programme of work this year.

A priority for the 2007/08 practice year is to activate the automated upload to the NMC, once data quality of the system is assured.

A trend of labour ward co-ordinators being implicated in some incidents this year has led to another priority of exploring this issue.

The home birth rate across the LSA is below the national average and will continue as a focus of the LSAMO, particularly in light of Maternity Matters - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073312. The LSAMO will be involved in the SHA Maternity Maters group and in the Darzi review.

Continued LSAMO effort into on one-to-one midwifery care in labour which is currently an aspiration and not a reality in Yorkshire and the Humber.

The LSAMO will also promote the national work of the CMO in addressing stillbirth s in collaboration with other agencies.

Finally, a key priority for 207/08 is for the LSAMO to link more closely with commissioners of maternity services to continually improve the quality and safety of mothers and babies with Yorkshire and the Humber.

14. Summary

This has been an extremely rewarding yet challenging year for the LSA due to the 40% decrease in resource. The LSA was risk assessed as the lowest risk scoring LSA in the UK and achieved many of the priorities of the transition paper. Many of the recently published NMC standards for supervisors of midwives have been implemented and the LSAMO Chaired the LSA National Forum (UK) to adopt UK-wide standards.

Decreases in whole time equivalent midwives have continued despite increases in birth rates. Supervisory activity levels have been high as midwives have required and benefited from increased support and advice during service remodelling. The LSA and supervisor have, and will, continue to aspire to optimal outcomes for women, babies and midwives.

Margaret Edwards, Chief Executive, NHS Yorkshire and the Humber

Carol Paeglis, LSA Midwifery Officer

Rule No.	Self assessment against the 53 standards within NMC (2004) Midwives rules and standards Rule Description	Met	Partially Met	Not Met	Comments	Appendix 1
4	**Notifications by Local Supervising Authority**					
	In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:					
	* Publish annually the name and address of the person to whom the notice must be sent	**Yes**			Published in LSAMO annual report, in monthly LSA Briefing and by email to all supervisors	
	* Publish annually the date by which it must receive intention to practise forms from midwives in its area	**Yes**			Published in LSAMO annual report, in monthly LSA Briefing and by email to all supervisors	
	* Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year	**Yes**			Verification by NMC. Direct uploads to the NMC from the London LSA database will be operational from 1st October 2007	
	* Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 1st of each month	**Yes**			Verification by NMC. Direct uploads to the NMC from the London LSA database will be operational from 1st October 2007	
5	**Suspension from Practice by a Local Supervising Authority**					
	To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practice, a local supervising authority will:					
	* Publish how it will investigate any alleged impairment of a midwife's fitness to practise	**Yes**			Published in LSAMO annual report. Guidelines for previous LSAs exist, new LSA due to be published.	
	* Publish how it will determine whether or not to suspend a midwife from practice	**Yes**			National (UK) guideline published. http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp	
	* Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	**Yes**			National (UK) guideline published. http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp	
	* Publish the process for appeal against any decision	**Yes**			National (UK) guideline published. http://www.yorksandhumber.nhs.uk/who-we-	

					are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp
9	***Records***				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:				
	** Publish local procedures for the transfer of midwifery records from self-employed midwives*	***Yes***			*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp *Guidelines for previous LSAs exist, new LSA due to be published*
	** Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity*	***Yes***			*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp
	• *Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years*	***Yes***			*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp
	• *Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years*	***Yes***			*Archive system at LSA office and locally*
	• *Publish local procedures for retention and transfer of records relating to statutory supervision*	***Yes***			*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-

				care/national_guidelines_for_supervisors_of_midwives.asp
11	***Eligibility for Appointment as a Supervisor of midwives***			
	In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:			
	• *Publish their policy for the appointment of any new supervisor of midwives in their area*	***Yes***		*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp
	* *Maintain a current list of supervisors of midwives*	***Yes***		*Published in LSA annual report – see Appendix 2 and within LSA Database*
	* *Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 6 hours per year*	***Yes***		*Published in LSA annual report and LSA guideline – see Contents list Appendix 8*
12	***The Supervision of Midwives***			
	To ensure that a local framework exists to provide equitable, effective supervision for all midwives working with the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:			
	* *Publish the local mechanism for confirming any midwife's eligibility to practise*	***Yes***		*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp
	* *Implement the NMC's rules and standards for supervision of midwives*	***Yes***		*As per LSA guidelines. LSA audits Trusts using self audit standards.*
	* *Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)*	***Yes***		*As per LSA annual report and LSA guideline*

	To ensure a communications network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:			
	** Set up systems to facilitate communication links between and across local supervising authority boundaries*	***Yes***		*As per LSA guideline and via Monthly LSA Briefing. National LSA newsletter. Email distribution lists e.g. LSAMOs, Contact supervisors, all supervisors, Heads of Midwifery Services*
	** Enable timely distribution of information to all supervisors of midwives*	***Yes***		*Monthly LSA Briefing. National LSA newsletter. Email distribution lists e.g. LSAMOs, Contact supervisors, all supervisors, Heads of Midwifery Services. Verification by supervisors*
	** Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer*	***Yes***		*Evidenced by emails and verification by supervisors*
	** Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice*	***Yes***		*As per LSA annual report and LSA guideline*
	To ensure there is support for the supervision of midwives the local supervising authority will:			
	** Monitor the provision of protected time and administrative support for supervisors of midwives*	***Yes***		*Monitored at annual LSA audit visits. Outcome reported in LSA annual report*
	** Promote woman-centred, evidenced-based midwifery practice*	***Yes***		*Verification by supervisors, email communication, monthly LSA Briefing and LSA events*
	** Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise*	***Yes***		*Monitored at annual LSA audit visits by self audit and verification by supervisees*
	A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:			
	** Supervisors of midwives are available to offer guidance and support to women accessing maternity services*	***Yes***		*Monitored during LSA annual audit visits to Trusts*
	** Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice*	***Yes***		*Monitored during LSA annual audit visits to Trusts*
	** Supervisors of midwives are directly accountable to the local supervising authority for all matters relating*	***Yes***		*Verification by supervisors*

	to the statutory supervision of midwives			
	* *Supervisors of midwives provide professional leadership*	***Yes***		*Verification by LSAMO, supervisors, midwives / supervisees and Heads of Midwifery Services*
	* *Supervisors of midwives are approachable and accessible to midwives to support them in their practice*	***Yes***		*Monitored during LSA annual audit visits to Trusts, verification by midwives*
13	***The Local Supervising Authority Midwifery Officer***			
	In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:			
	• *Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer*	***Yes***		*Verification by the NMC Head of Midwifery*
	• *Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process*	***Yes***		*Verification by the NMC Head of Midwifery*
	• *Manage the performance of the appointed local supervising authority midwifery officer*	***Yes***		*Verification by LSA lead*
	• *Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function*	***Yes***		*LSA Support Officer in post*
	• *Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met*	***Yes***		*Evidenced by LSA annual audit visit reports*
15	***Publication of Local Supervising Authority Procedures***			
	To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:			

	* *Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents*	***Yes***		*SHA and LSA guidelines in place - http://www.yorksandhumber.nhs.uk/*
	* *Publish the investigative procedure*	***Yes***		*Published in LSA annual report and new LSA guideline due to be published*
	* *Liaise with key stakeholders to enhance clinical governance systems*	***Yes***		*Verification by SHA Integrated Governance team*
	To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer of supervisor of midwives, the local supervising authority will:			
	* *Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives*	***Yes***		*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp
	• *Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment*	***Yes***		*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp
	• *Publish the process for appeal against the decision to remove*	***Yes***		*National (UK) guideline published.* http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp
	* *Ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority investigation of poor performance, following its completion*	***Yes***		*Published in the LSA annual report*
	• *Consult the NMC for advice and guidance in such matters*	***Yes***		*Verification by NMC Professional Midwifery Officers*

16	Annual Report			
	Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 30th of September of each year. Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:			
	** Numbers of supervisor of midwives appointments, resignations and removals*	***Yes***		*Published in the LSA annual report. Verification on LSA database.*
	** Details of how midwives are provided with continuous access to a supervisor of midwives*	***Yes***		*Published in the LSA annual report. Verification by midwives/supervisees.*
	** Details of how the practice of midwifery is supervised*	***Yes***		*Published in the LSA annual report. LSA guidelines - http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp*
	** Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits*	***Yes***		*Published in the LSA annual report. Verification within LSA Audit Working Group minutes, within LSA audit reports and by speaking with service user representatives*
	** Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education*	***Yes***		*Published in the LSA annual report. Verification within minutes from Bradford, Leeds, Hull, Sheffield and York University minutes*
	** Details of any new policies related to the supervision of midwives*	***Yes***		*Published in the LSA annual report. Verification from supervisors, guideline files, or Guidelines Working Group minutes*
	** Evidence of developing trends affecting midwifery practice in the local supervising authority*	***Yes***		*Published in the LSA annual report. Discussed at Link supervisors and Strategy Group meetings*
	** Details of the number of complaints regarding the discharge of the supervisory function*	***Yes***		*Published in the LSA annual report, but nil received*
	** Reports on all local supervising authority investigations undertaken during the year*	***Yes***		*Published in the LSA annual report*

APPENDIX 2

YORKSHIRE AND THE HUMBER LSA
SUPERVISORS OF MIDWIVES AS AT 31.03.2007

AIREDALE NHS TRUST
Airedale General Hospital
Kath Walsh - HoM
Alison Mastrantuono - CSoM
Sue Bell
Shona Featherstone
Sue Speak
Aileen Stephen
Mary Stronach
Amanda Wright

BARNSLEY HOSPITAL NHS FOUNDATION TRUST
Sue Gibson (Acting HoM)
Sandra Newman (CSoM)
Bev Cicero
Bron Godwin
Sharon Hardy
Jill Murphy
Anne Smith
Pam Tarn
Angela Walker

BRADFORD HOSPITALS NHS TRUST
Bradford Royal Infirmary
Julie Walker – Acting HoM
Diane Daley – CSoM
Julie Appleyard
Gwendolen Bradshaw
Alison Brown
Carol Cahill
Geraldine Dyas
Helen Hall
Amanda Hardaker
Andrea Massey
Jane Morgan
Tina Mori
Sheila Nolan
Alison Powell
Christine Senior

CALDERDALE AND HUDDERSFIELD NHS TRUST

Calderdale Royal Hospital
Jacque Gerrard – HoM (Calderdale + Huddersfield)
Alison Taylor - CSoM
Brenda Alderson
Joyce Ayre
Jeannie Heptinstall
Linda Hill
Elspeth Pilling
Elaine Rollinson
Margaret Stephenson
Alison Taylor
Sue Townend

Huddersfield Royal Infirmary
Gillian Shaw – CsoM
Gina Augarde
Christine Bairstow
Margaret Bell
Ruth Hanson
Julie Hinchliffe
Michele Howland
Kathy Kershaw
Heather McNair
Helen Shallow
Linda Tweed
Janet Woodhouse

DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST
Doncaster Royal Infirmary
Vivienne Knight (HoM)
Carol Lee (CSoM)
Marie Bathgate
Jane Burns
Pat Holland
Claire Keegan
Chris Livingston
Linda Mears
Mary Moffat
Julie Saunders
Sharon Smithson
Donna Wright

HARROGATE HEALTH CARE NHS TRUST
Harrogate District Hospital
Jan Chaplin – HoM
Lesley Harris - CSoM
Janice Carrington
Joan Forbes
Jane Ford
Janet Gladman
Sue Skelling

HULL & EAST YORKSHIRE HOSPITALS NHS TRUST
Hull Royal Infirmary
Jubilee Birth Centre
Karen Thirsk – HoM
Jane McFarlane – CSoM
Janet Cairns
Lorraine Cooper
Sue Fairclough
Sheila Garner
Julie Green
Jayne Grimshaw
Jane Hardy
Caroline Harrison
Jackie Hatch
Abigail Hill
Heather Holland
Moira Lee
Suzanne Procter
Jayne Shepherd
Sheryl Sykes
Julie Tuton

THE LEEDS TEACHING HOSPITALS NHS TRUST
Leeds General Infirmary
St James's University Hospital
Julie Scarfe - HoM
Mary Armitage– CSoM
Annette Barnes
Julie Clarke
Lynn Deane
Sue Deighton
Anne-Marie Henshaw
Angela Hewett
Karen Holmes
Tracy Ibbeson
Fiona Kaye
Janette Kirk
Valerie McCulloch
Alison McGowan
Alison McIntyre
Shelley Madden
Jean Milner
Andrew Steer
Janet Taylor
Jacqueline Turner
Susan Wallis
Anne Ward
Karen Warner
Gail Wright

MID YORKSHIRE HOSPITALS NHS TRUST
Pontefract General Infirmary
Wakefield Birth Centre
Dewsbury and District Hospital
Sharon Schofield – HoM
Angela South – CSoM
Wendy Dodson
Lois Fox
Sally Fox
Michelle Gascoigne
Diane Goodwin
Gillian Hayes
Maxine Hey
Irene Hopkins
Lorna James
Shirley Leonard
Jennifer MacRostie
Rosalyn Morley
Helen Morris
Paula Roebuck
Valerie Rowett
Christine Rutherford
Gill Smethurst
Angela Waterson
Rachel Withill
Caroline Weldon

NORTHERN LINCOLNSHIRE & GOOLE HOSPITALS NHS TRUST
Scunthorpe General Hospital
Goole District Hospital
Debrah Shakespeare – HoM
Julie Robinson – CSoM
Kathleen Hobson
Linda Keech
Carol Lilley
Karen Purves
Barbara Scott
Kim Sheppard

Grimsby Maternity Hospital
Sue Briggs – CSoM
Michelle Barford
Julie Dixon
Sheila Skipworth
Jill Walker
Sarah Wise
Sheila Youssef

THE ROTHERHAM NHS FOUNDATION TRUST
Rotherham District General Hospital
Karen Norton (HoM + CSoM)
Mandy Barnes
Kim Booth
Phyllis Calladine
Judith Gilliver
Theresa Jenkinson
Joanne Lancashire
Angela Spillane
Sue Velamail

SCARBOROUGH & NORTH EAST YORKSHIRE HEALTHCARE NHS TRUST
Scarborough General Hospital
Bridlington & District Hospital
Malton Community Hospital
Whitby Community Hospital
Helen Geraughty – Acting HoM
Freya Oliver – CSoM
Wendy Beagles
Lynda Fairclough
Jacky Lawty
Lorraine Rae
Sheila Strickland
Jane Tyler
Patsy Tyson

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
Jessop Wing Women's Hospital
Dotty Watkins (HoM and CSoM)
Di Bartholomew
Marcia Baxter
Janice Brennan
Cath Burke
Sharon Clarke
Sonia Copeland
Cindy Cox
Karen Drabble
Susan Emery
Carol Ford
Sally Freeman
Gill Hunt
Carollynn Jones
Sally Kinnish
Lynn Longmuir
Wendy Martin
Teresa Oxley
Lorna Rawson
Denise Robins
Gill Sear
Maxine Spencer
Julie Stafford
Adele Stanley
Chris Thornber
Julie Walsh

SHEFFIELD HALLAM UNIVERSITY

Heather Wilkins (CSoM)
Kirsty Schofield
Cecilia Yeardley

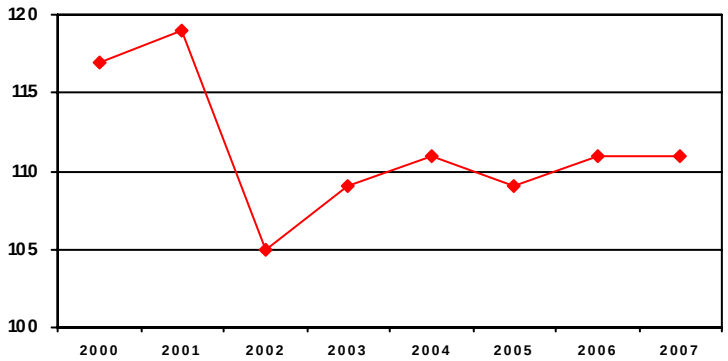
YORK HOSPITALS NHS TRUST
York Hospital
Margaret Jackson – HoM
Elizabeth Barber – CSoM
Helen Baston
Patricia Fowler
Joanna Lishman
Elizabeth Ross
Louvain Shaw
Kathleen Thompson
Deborah Wright

TOTAL: 203

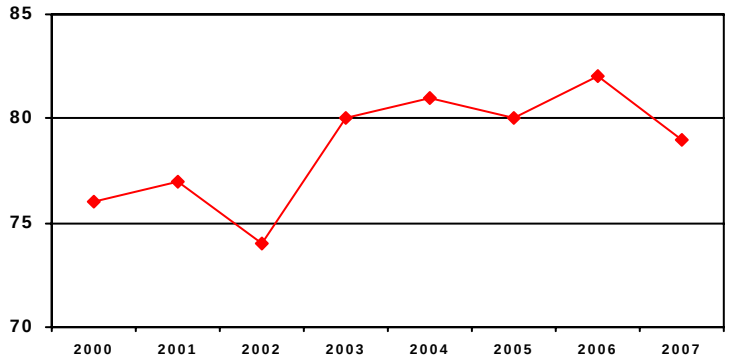
APPENDIX 3

AIREDALE

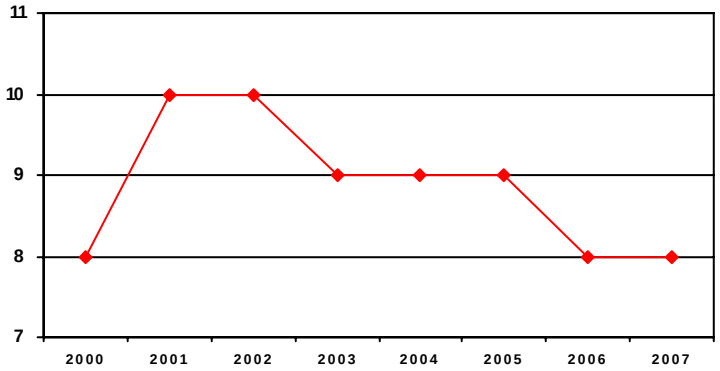
Number of midwives supervised



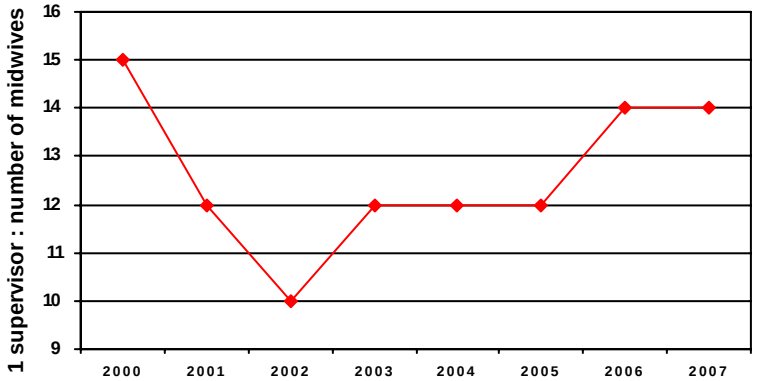
Whole Time Equivalent Midwives



Number of supervisors of midwives

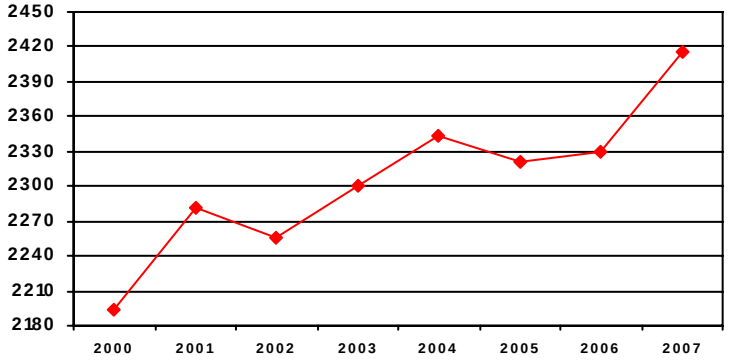


Supervisor : Midwife Ratio

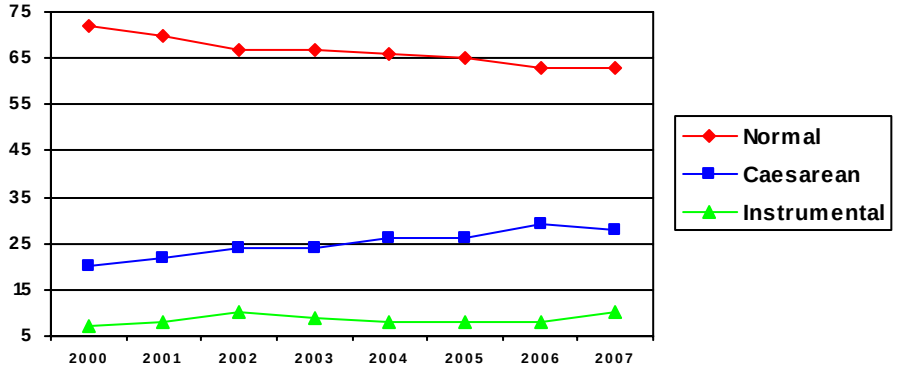


AIREDALE

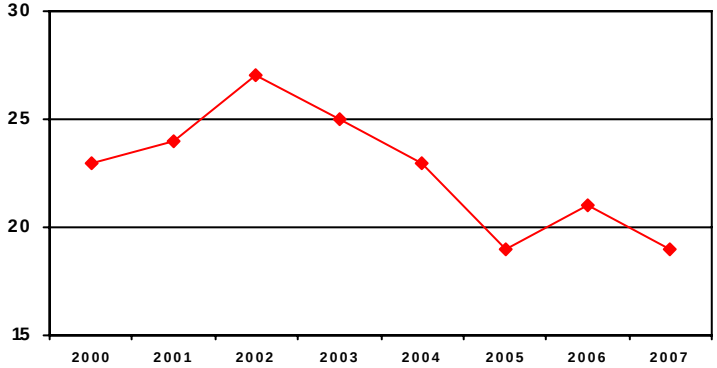
Total number of women delivered



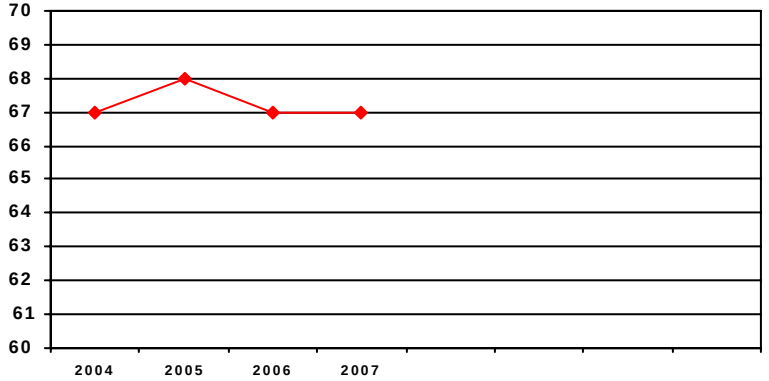
% Normal, caesarean + instrumental births



% Inductions



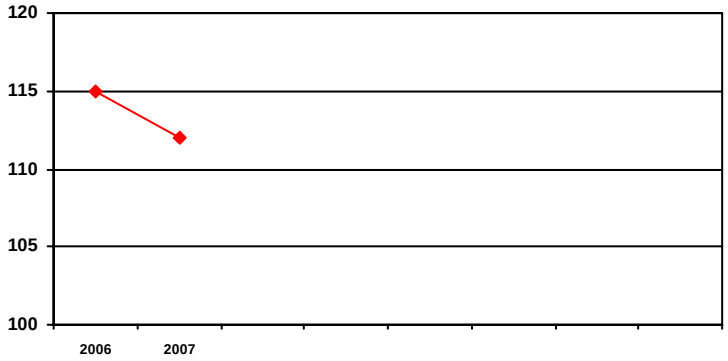
% Breastfeeding



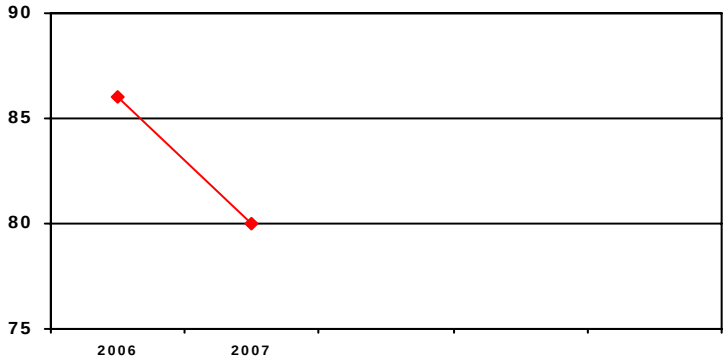
Breastfeeding data not collected prior to 2004

BARNSLEY

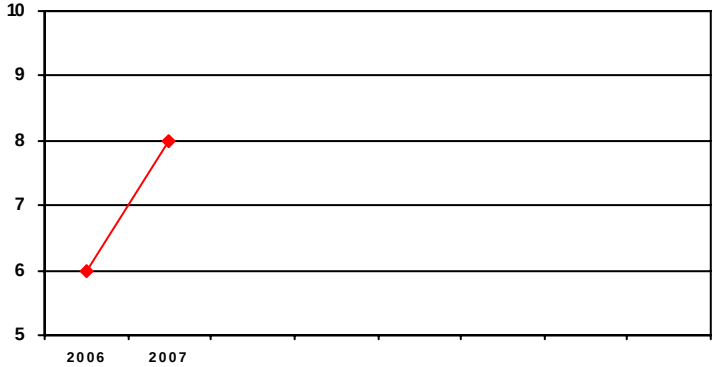
Number of midwives supervised



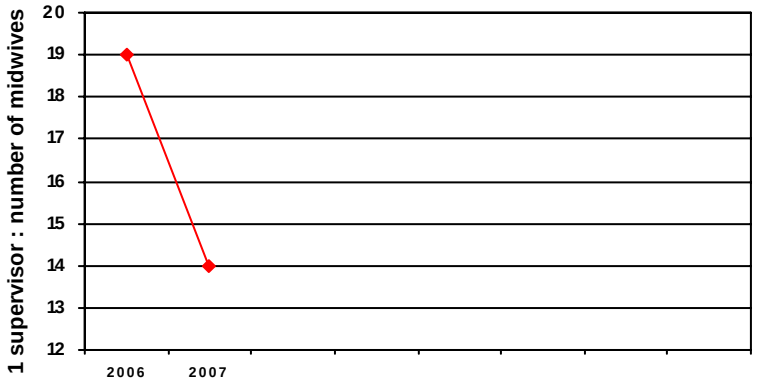
Whole Time Equivalent Midwives



Number of supervisors of midwives



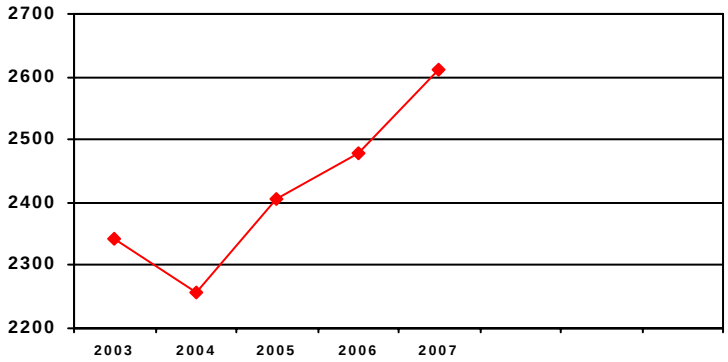
Supervisor : Midwife Ratio



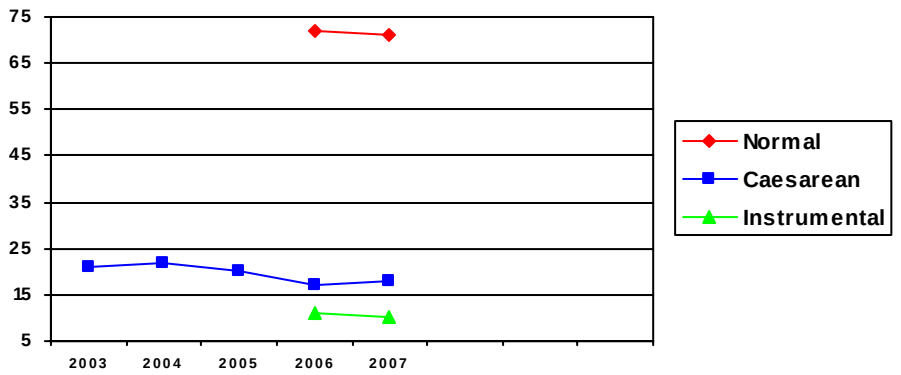
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

BARNSLEY

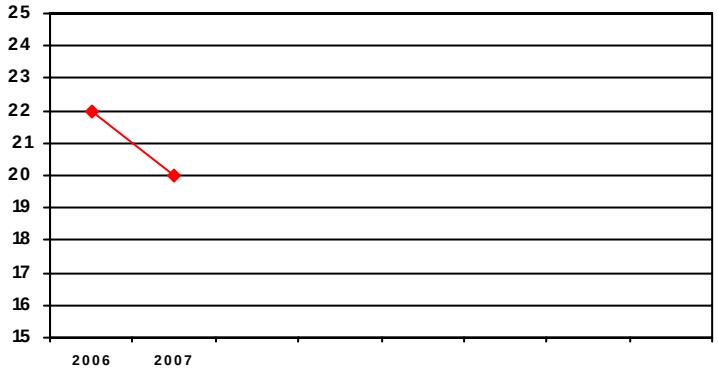
Total number of women delivered



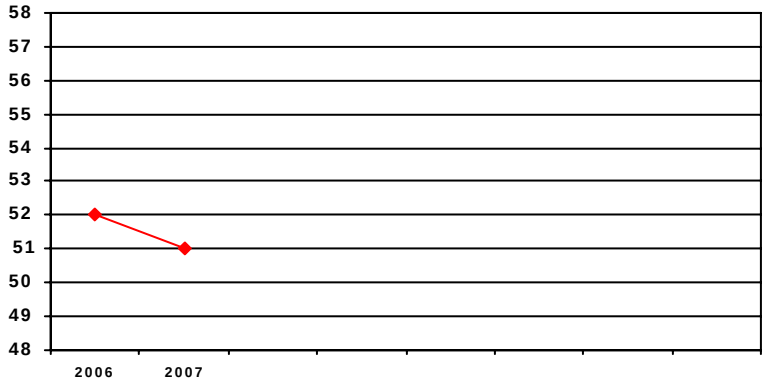
% Normal, caesarean + instrumental births



% Inductions



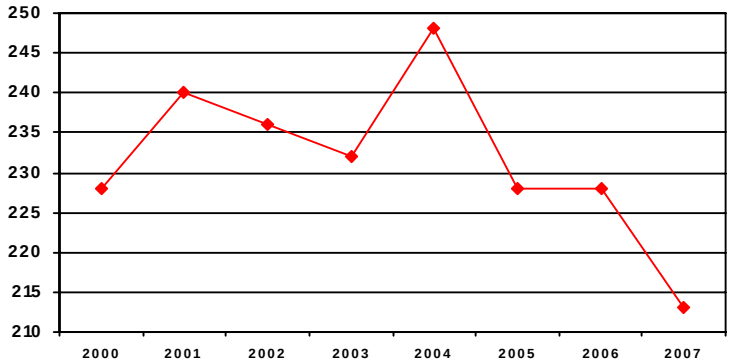
% Breastfeeding



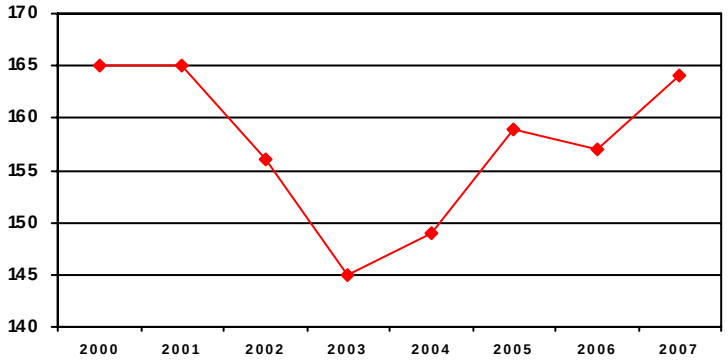
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

BRADFORD

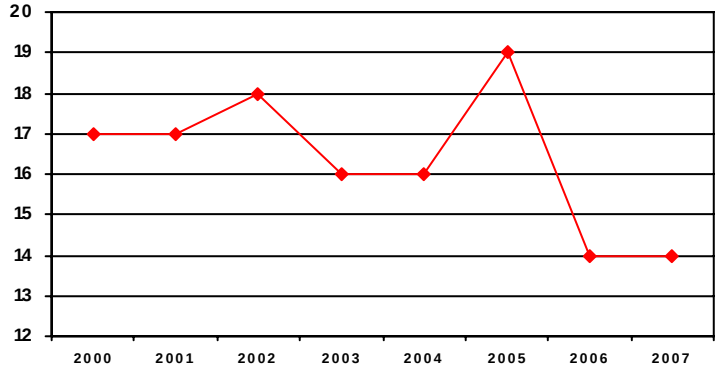
Number of midwives supervised



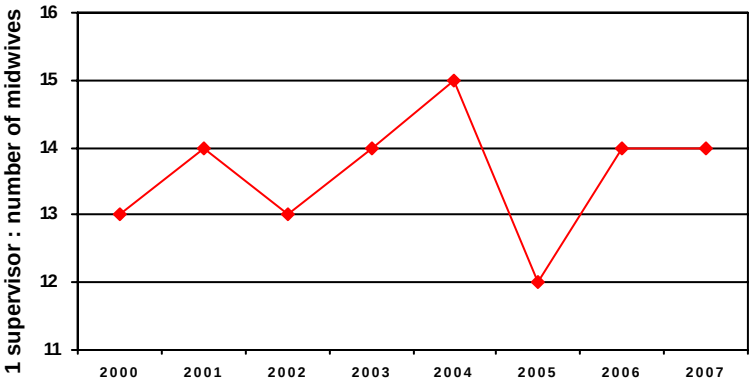
Whole Time Equivalent Midwives



Number of supervisors of midwives

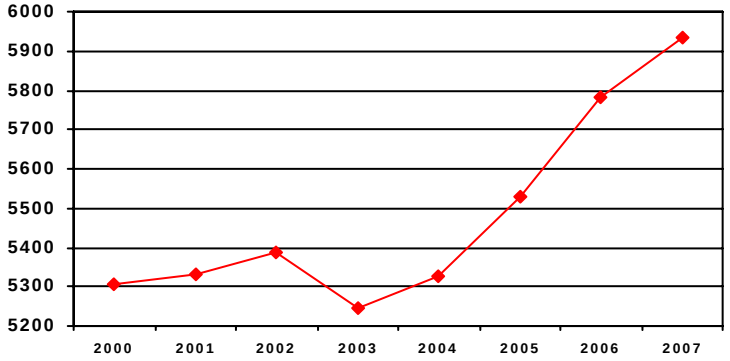


Supervisor : Midwife Ratio

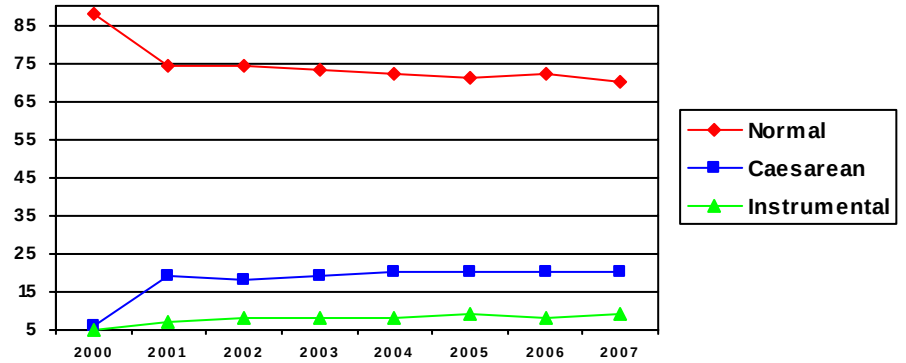


BRADFORD

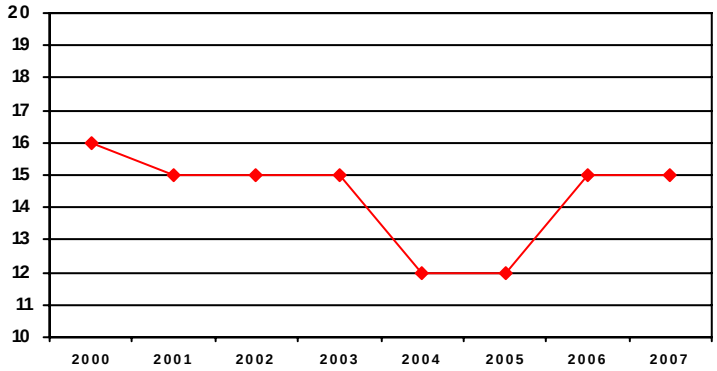
Total number of women delivered



% Normal, caesarean + instrumental births



% Inductions

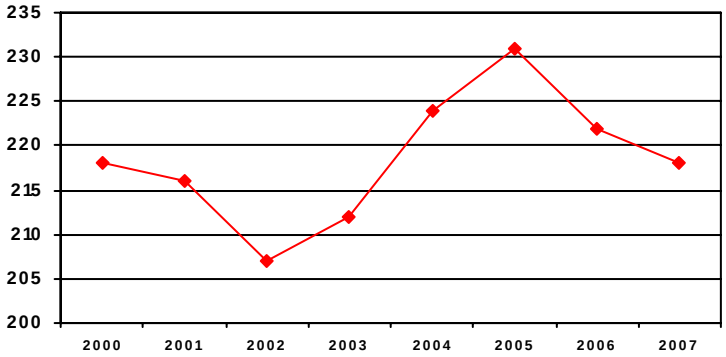


% Breastfeeding

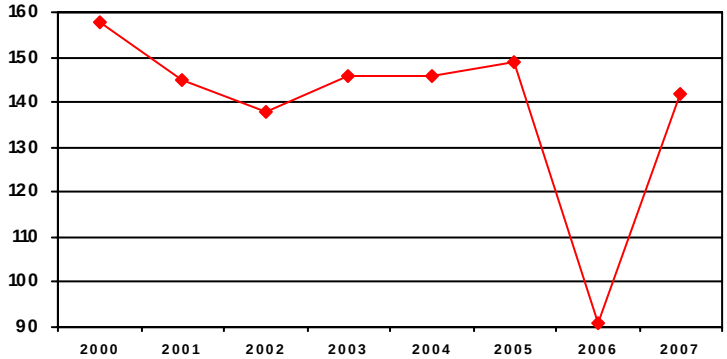
Breastfeeding data not collected prior to 2004

CALDERDALE AND HUDDERSFIELD

Number of midwives supervised

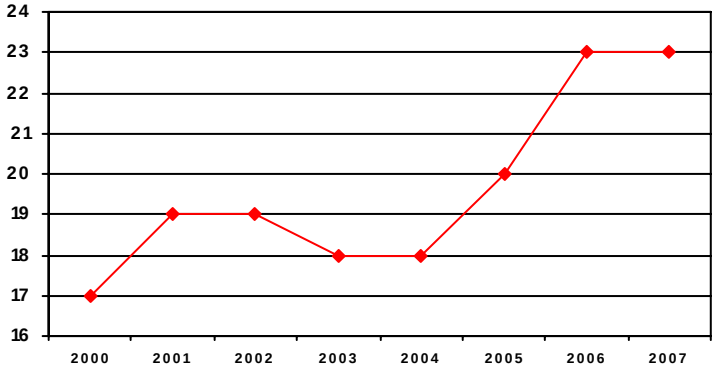


Whole Time Equivalent Midwives

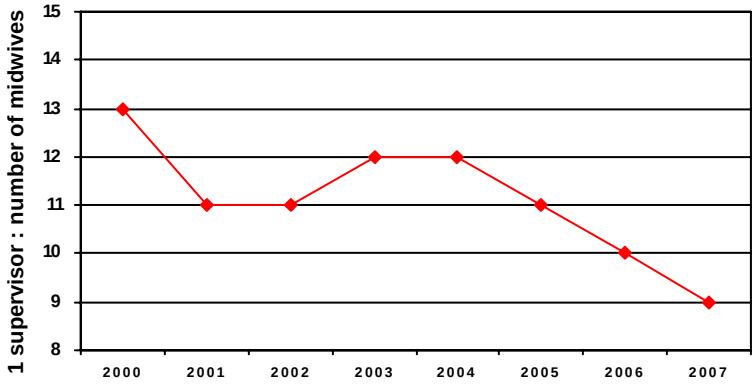


2006 figure refers to Hospital only

Number of supervisors of midwives



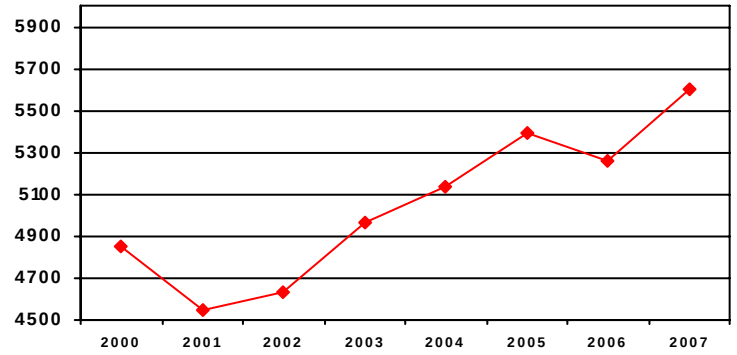
Supervisor : Midwife Ratio



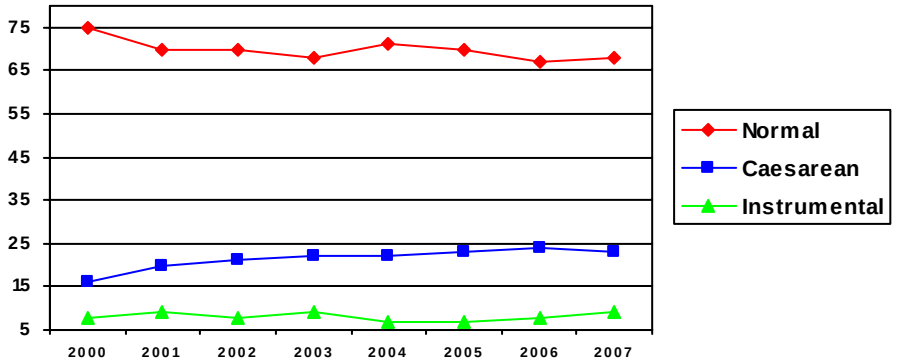
NB: All data preceding the Trust merger in 2003/04 was provided for each individual site but has been merged for the report for consistency.

CALDERDALE AND HUDDERSFIELD

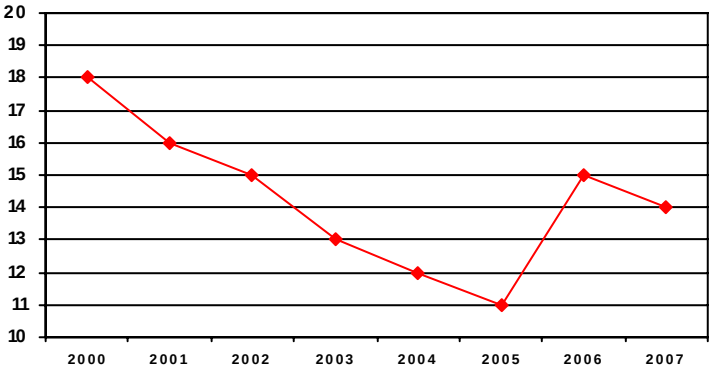
Total number of women delivered



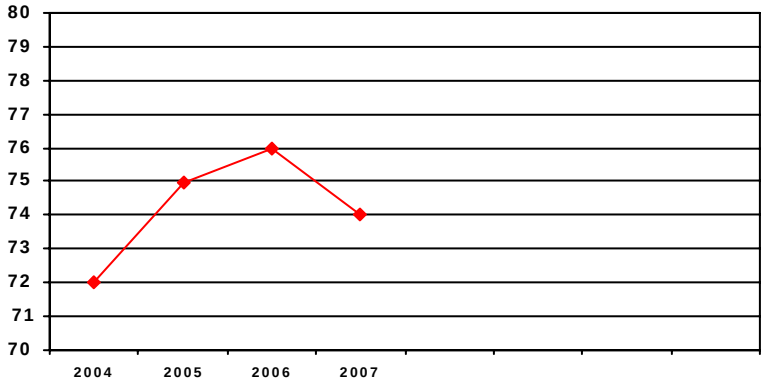
% Normal, caesarean + instrumental births



% Inductions



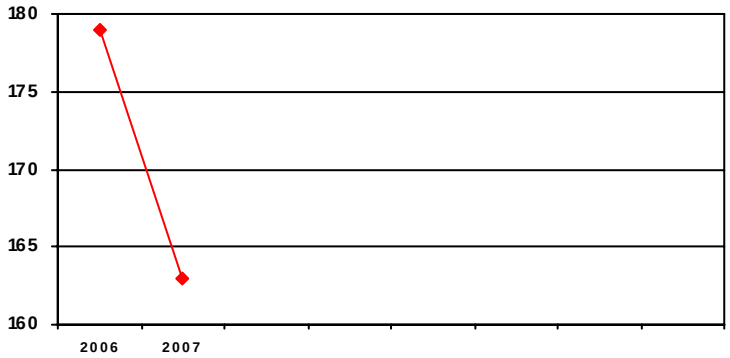
% Breastfeeding



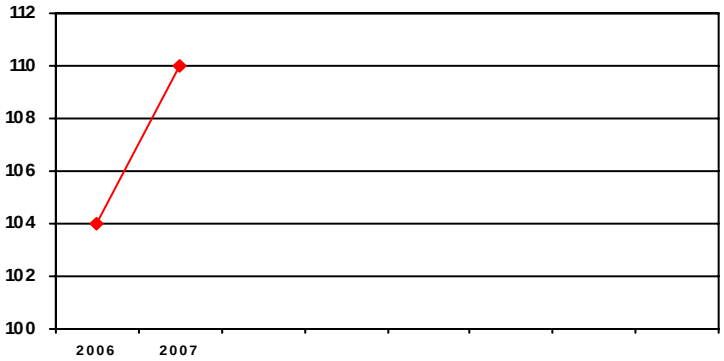
Breastfeeding data not collected prior to 2004

DONCASTER

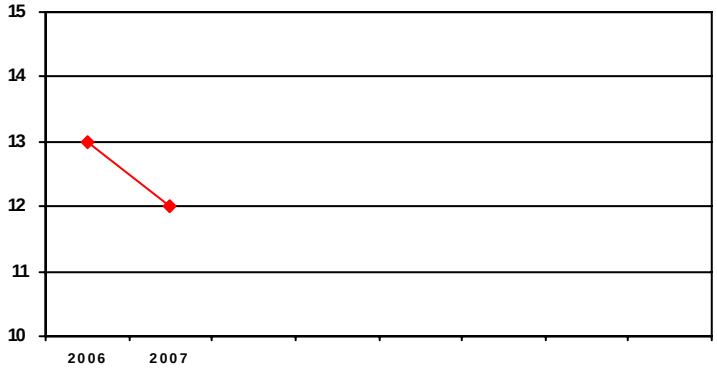
Number of midwives supervised



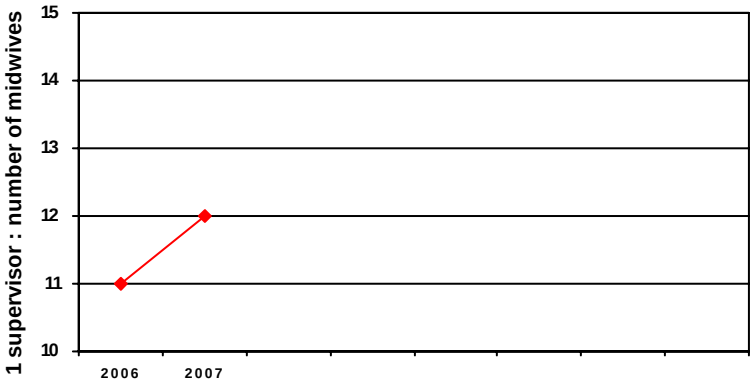
Whole Time Equivalent Midwives



Number of supervisors of midwives



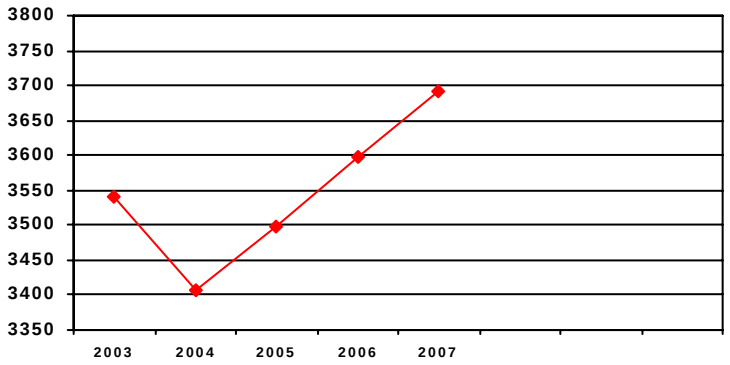
Supervisor : Midwife Ratio



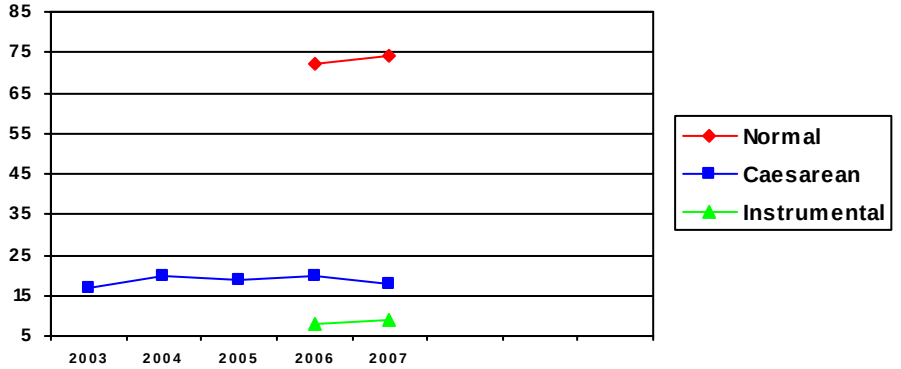
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

DONCASTER

Total number of women delivered

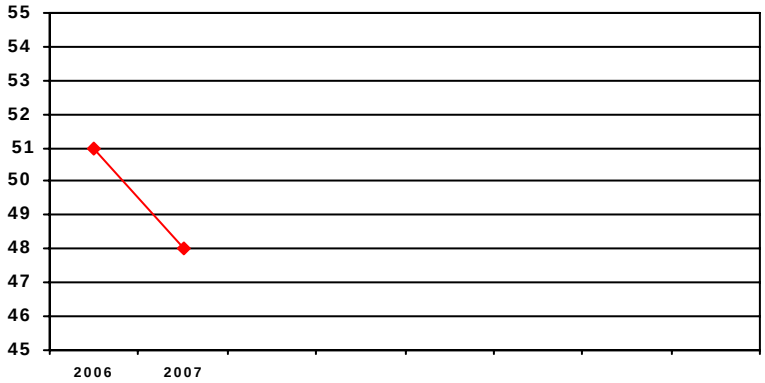


% Normal, caesarean + instrumental births



% Inductions

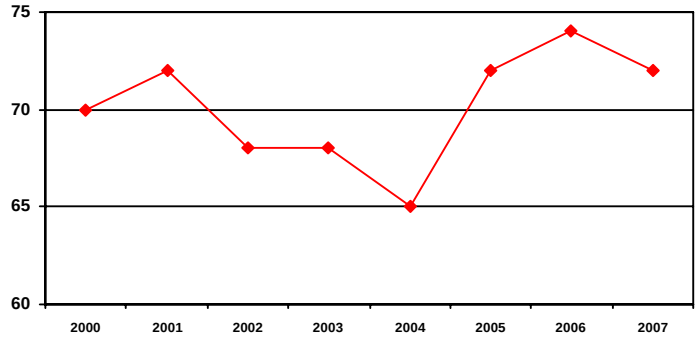
% Breastfeeding



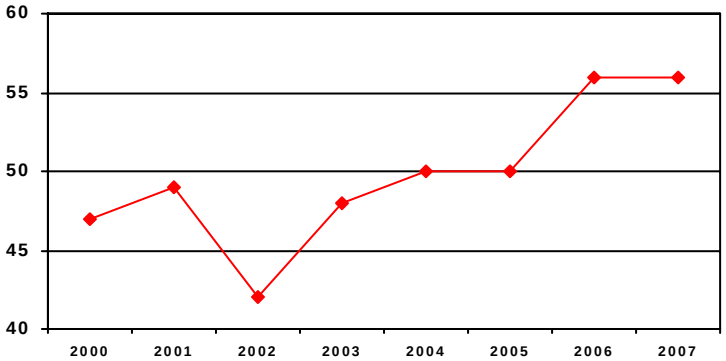
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

HARROGATE

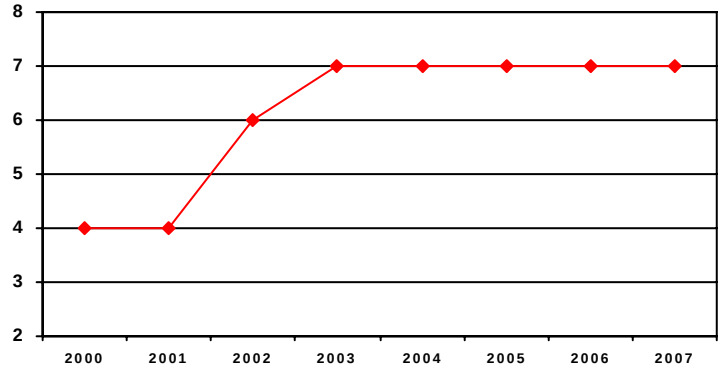
Number of midwives supervised



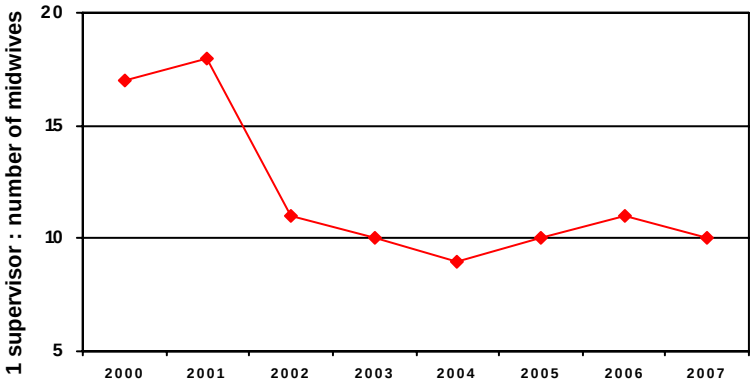
Whole Time Equivalent Midwives



Number of supervisors of midwives

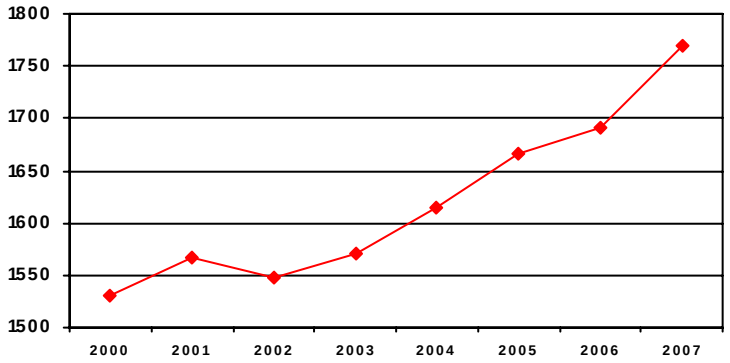


Supervisor : Midwife Ratio

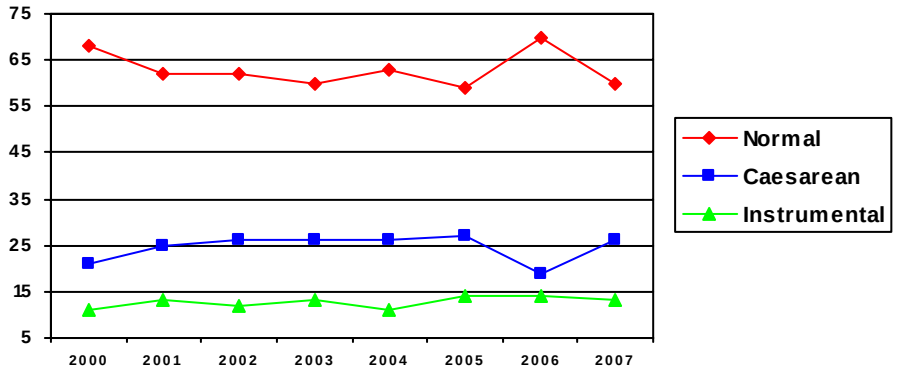


HARROGATE

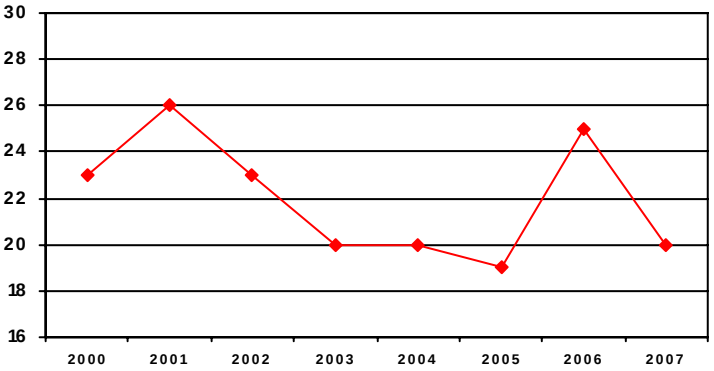
Total number of women delivered



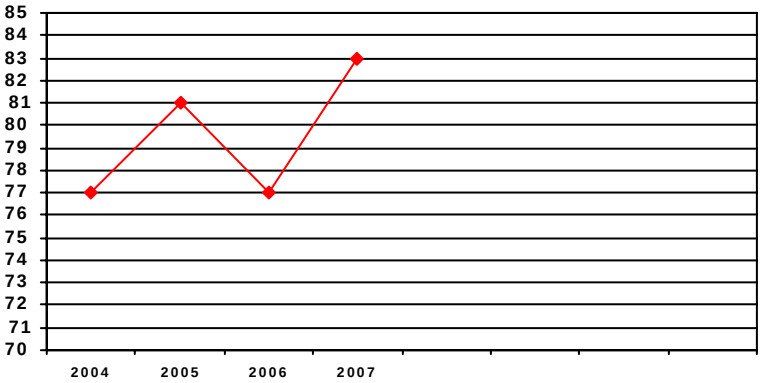
% Normal, caesarean + instrumental births



% Inductions



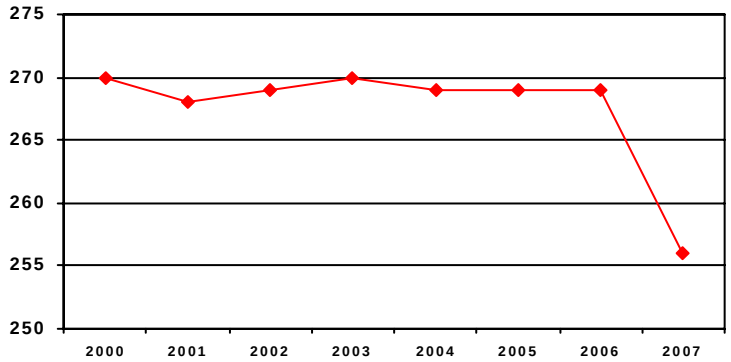
% Breastfeeding



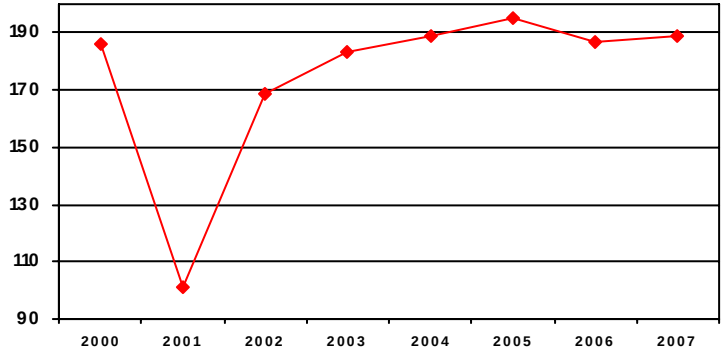
Breastfeeding data not collected prior to 2004

HULL & EAST YORKSHIRE

Number of midwives supervised

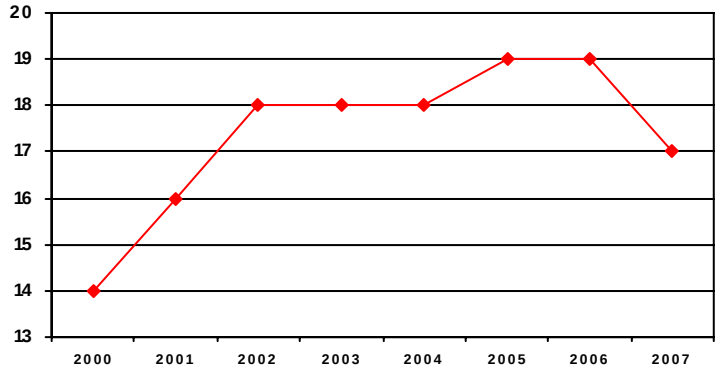


Whole Time Equivalent Midwives

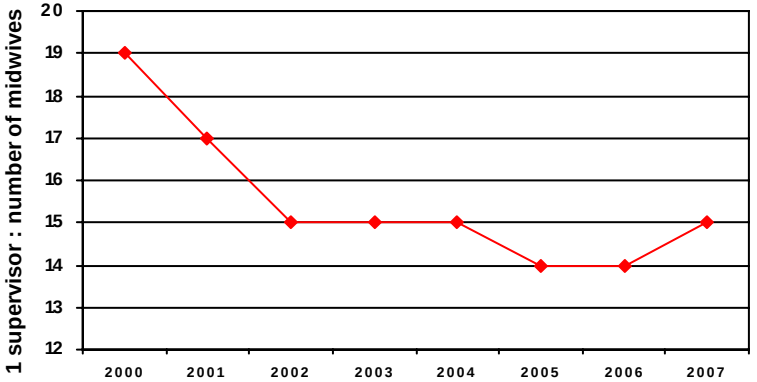


2001 figure -
Hull Maternity only

Number of supervisors of midwives

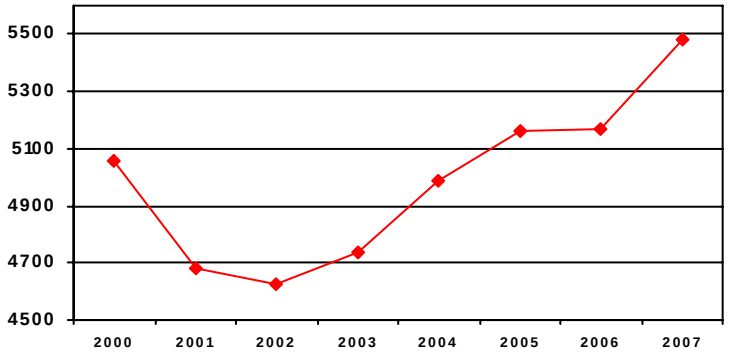


Supervisor : Midwife Ratio

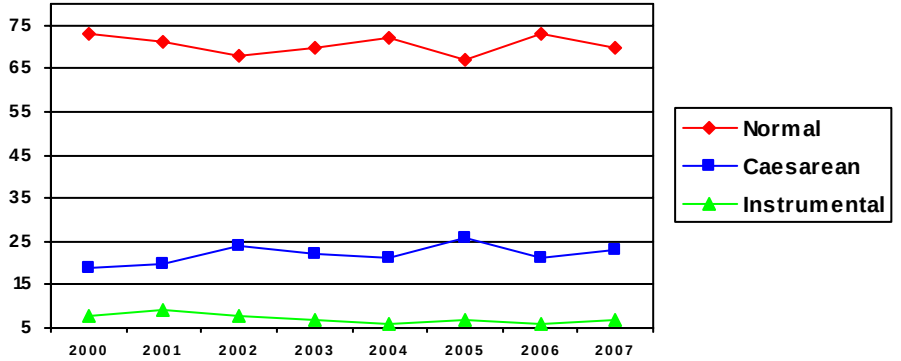


HULL & EAST YORKSHIRE

Total number of women delivered

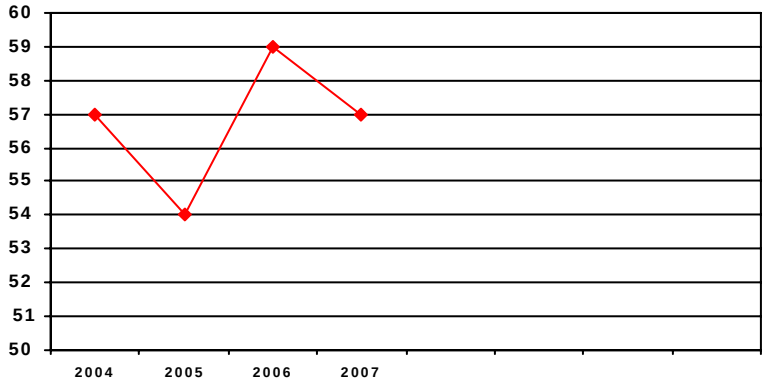


% Normal, caesarean + instrumental births



% Inductions

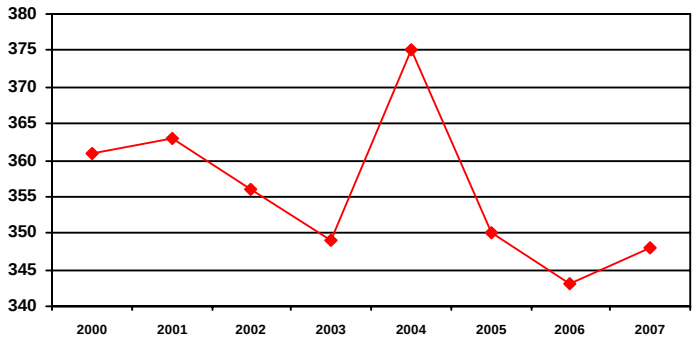
% Breastfeeding



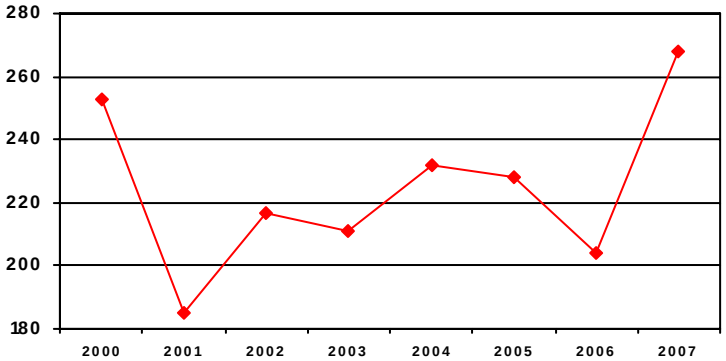
Breastfeeding data not collected prior to 2004

LEEDS

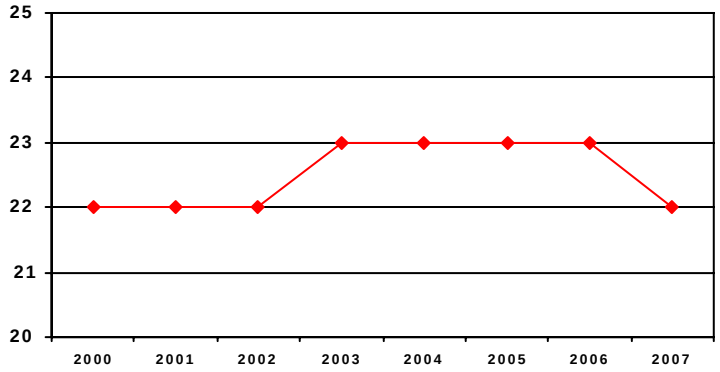
Number of midwives supervised



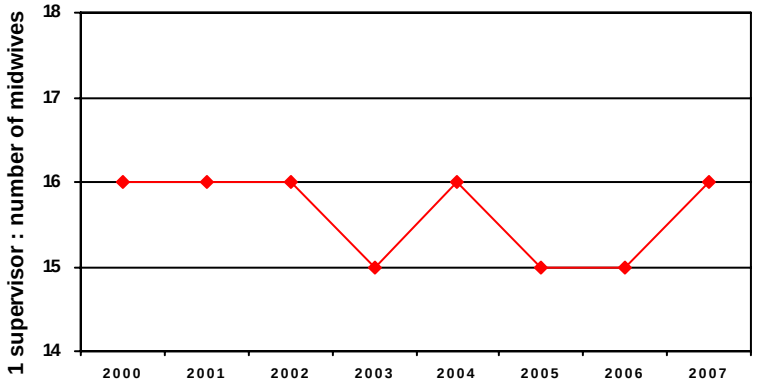
Whole Time Equivalent Midwives



Number of supervisors of midwives

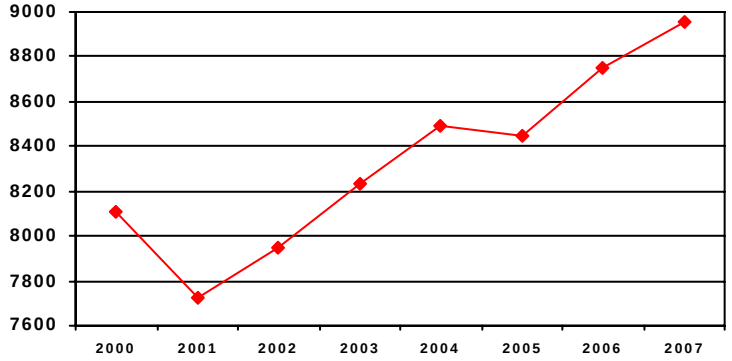


Supervisor : Midwife Ratio

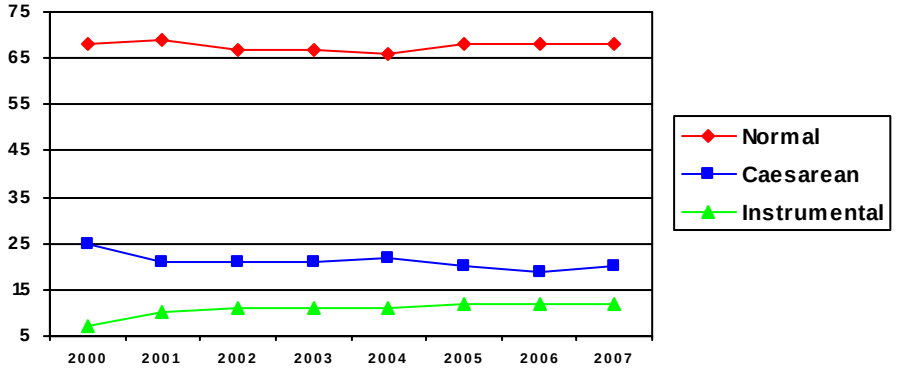


LEEDS

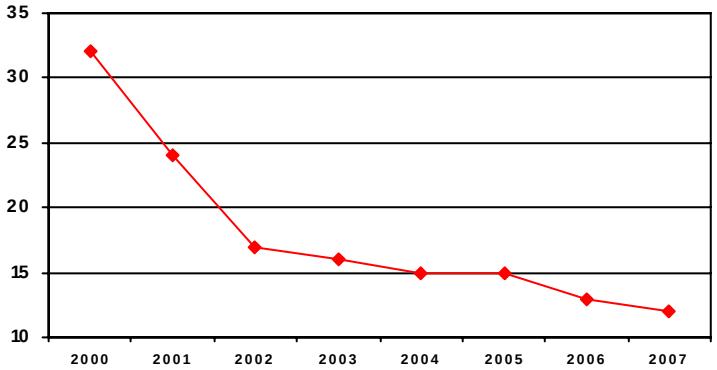
Total number of women delivered



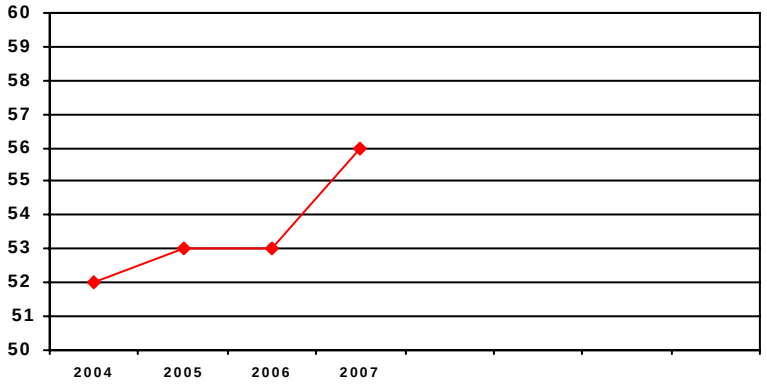
% Normal, caesarean + instrumental births



% Inductions



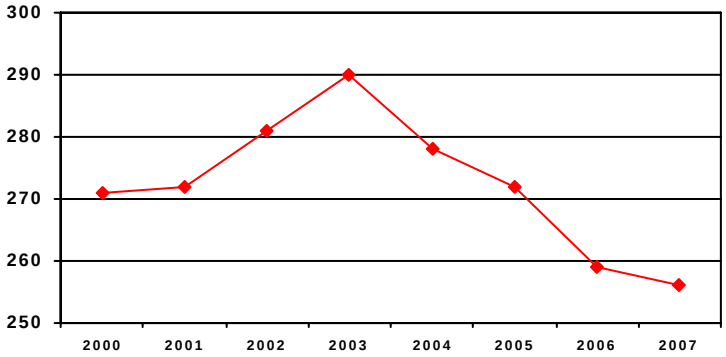
% Breastfeeding



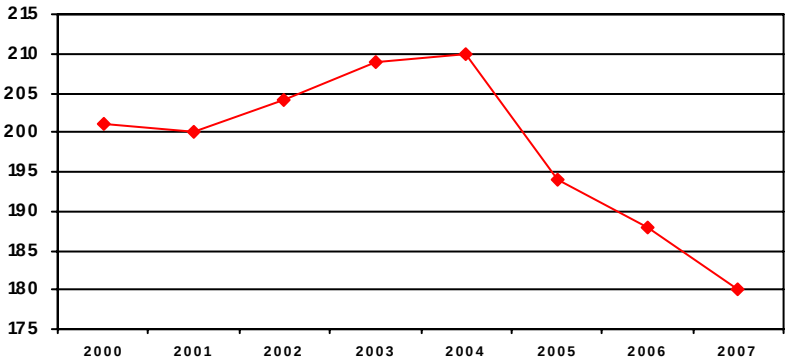
Breastfeeding data not collected prior to 2004

MID YORKSHIRE

Number of midwives supervised

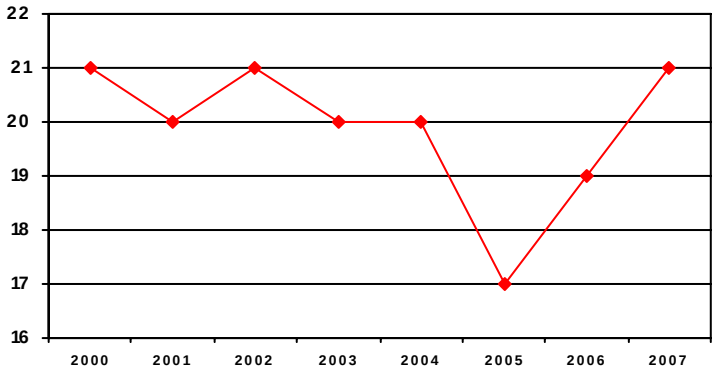


Whole Time Equivalent Midwives

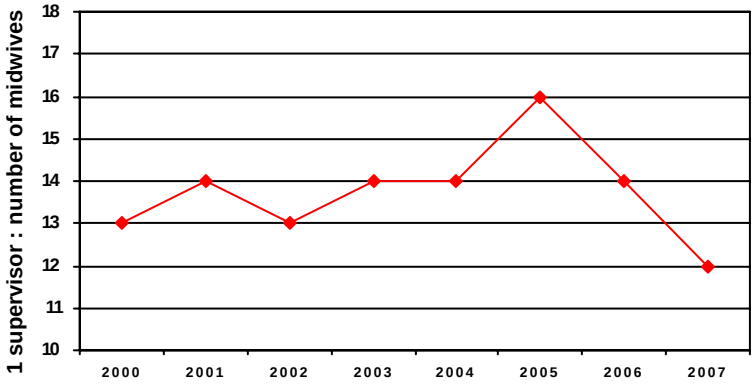


WTE data supplied for individual units – combined for consistency of graphs

Number of supervisors of midwives

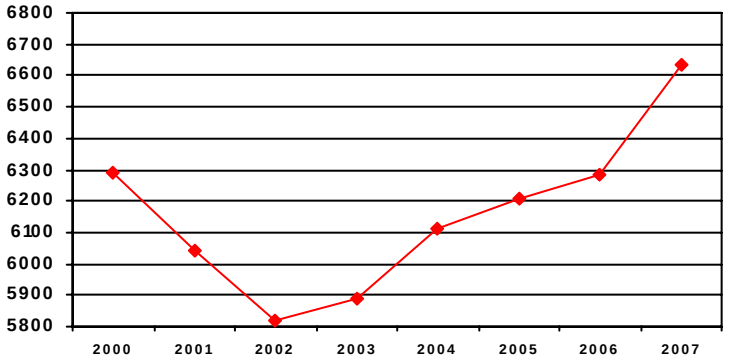


Supervisor : Midwife Ratio

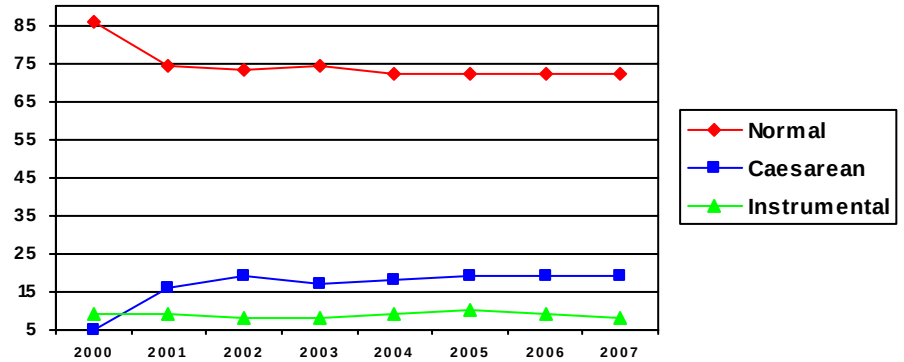


MID YORKSHIRE

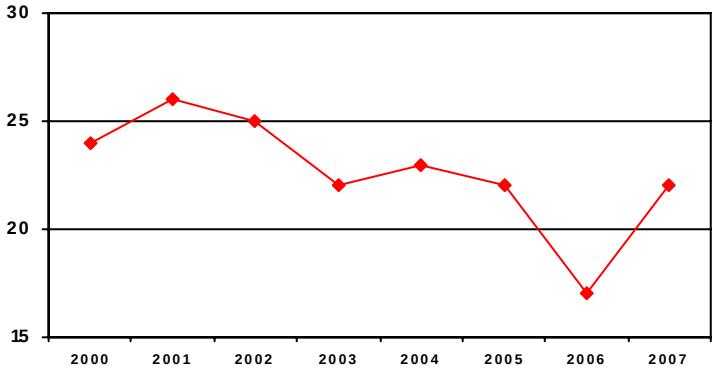
Total number of women delivered



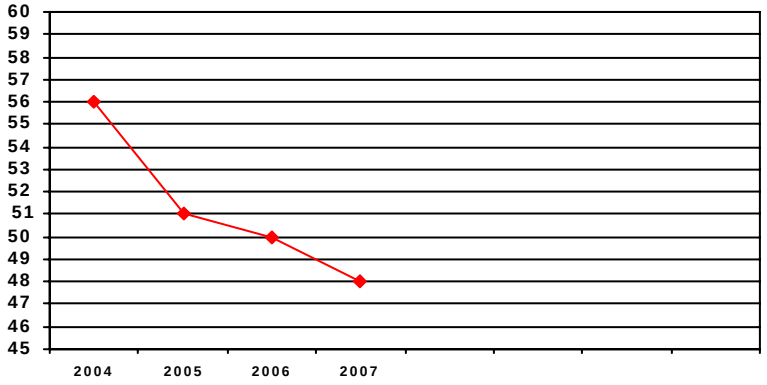
% Normal, caesarean + instrumental births



% Inductions



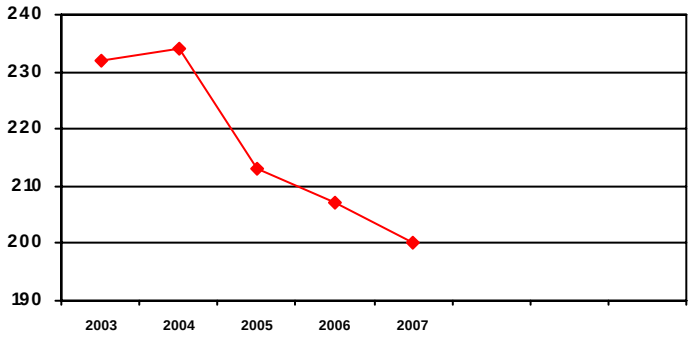
% Breastfeeding



Breastfeeding data not collected prior to 2004

NORTHERN LINCOLNSHIRE & GOOLE

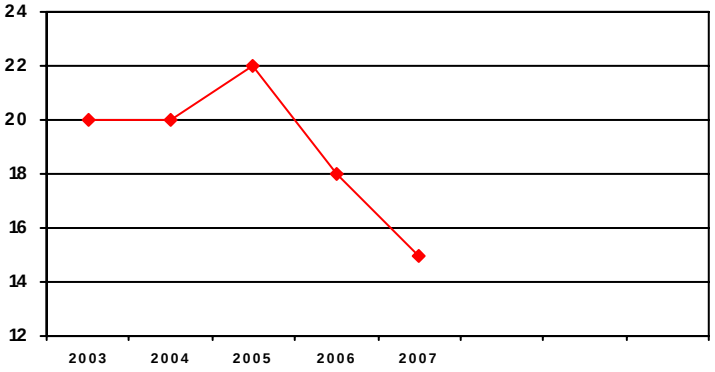
Number of midwives supervised



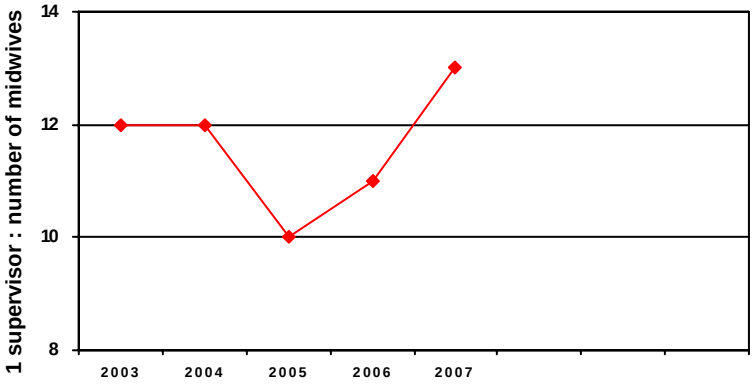
Whole Time Equivalent Midwives

WTE data supplied for individual units – combined for consistency of graphs

Number of supervisors of midwives



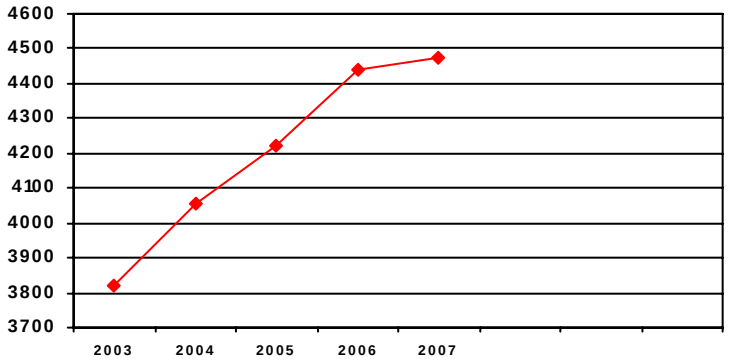
Supervisor : Midwife Ratio



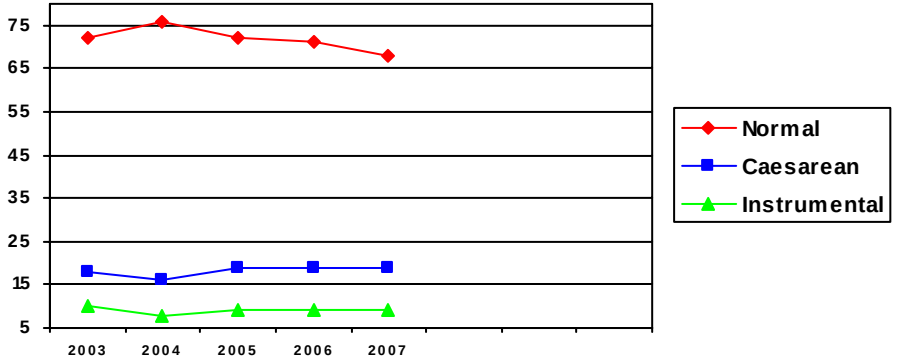
NB: Northern Lincs & Goole came into LSA during 2002/03 – no data available prior to this.

NORTHERN LINCOLNSHIRE & GOOLE

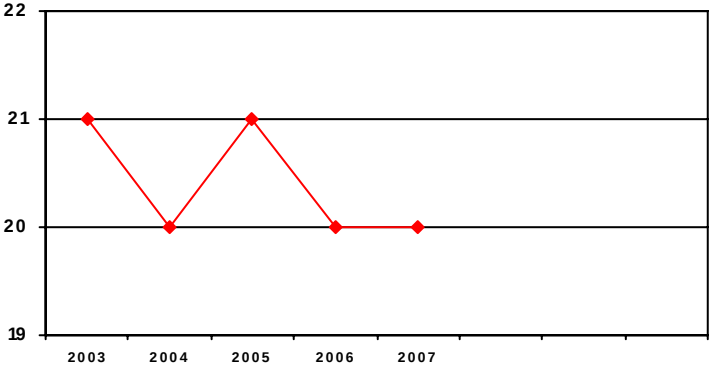
Total number of women delivered



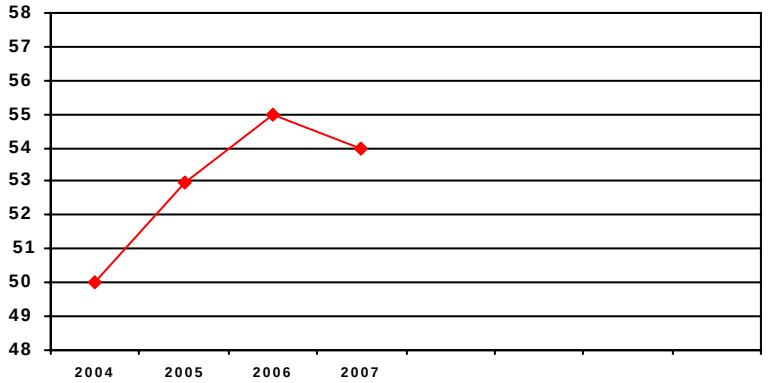
% Normal, caesarean + instrumental births



% Inductions



% Breastfeeding

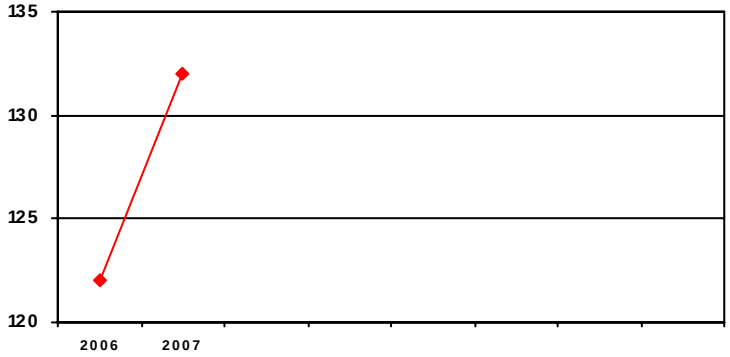


Breastfeeding data not collected prior to 2004

NB: Northern Lincs & Goole came into LSA during 2002/03 – no data available prior to this.

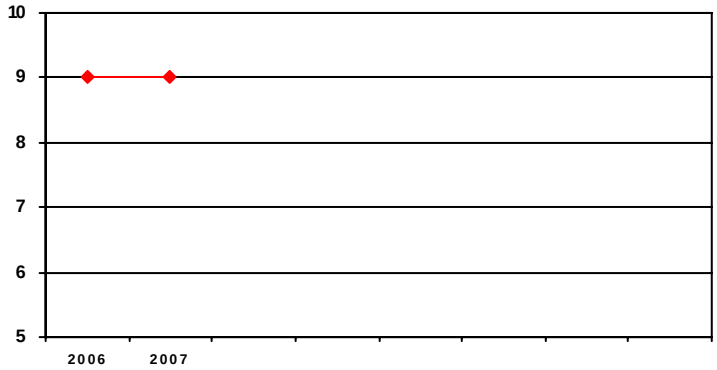
ROTHERHAM

Number of midwives supervised

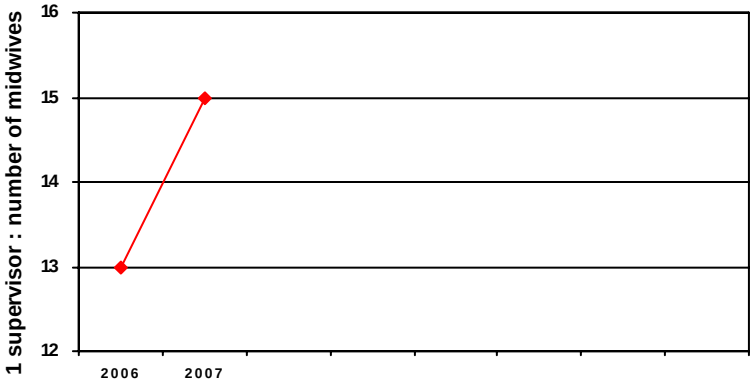


Whole Time Equivalent Midwives

Number of supervisors of midwives



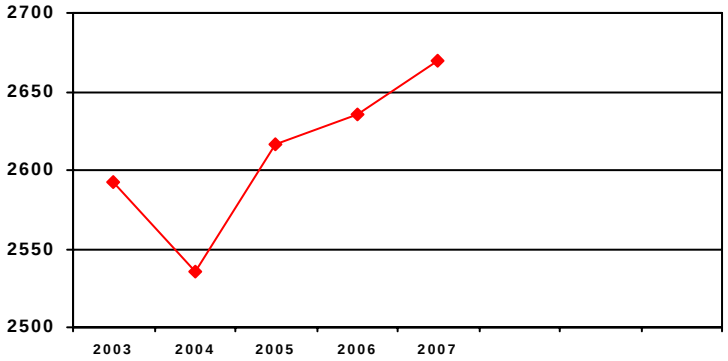
Supervisor : Midwife Ratio



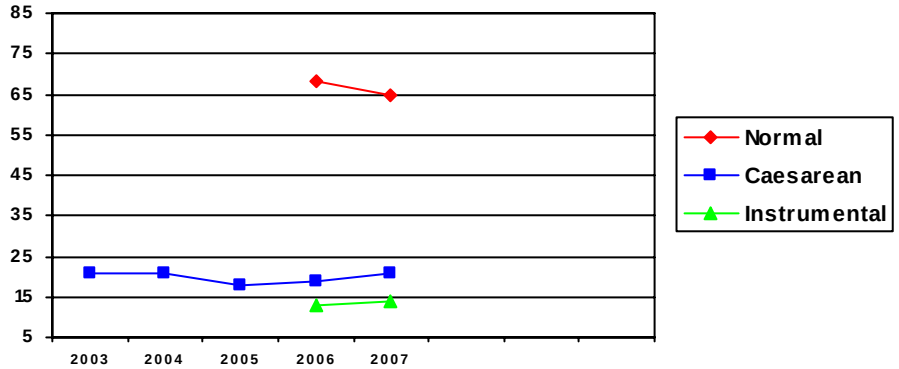
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

ROTHERHAM

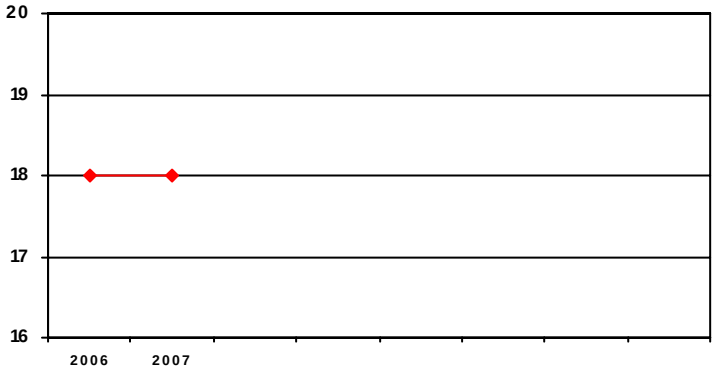
Total number of women delivered



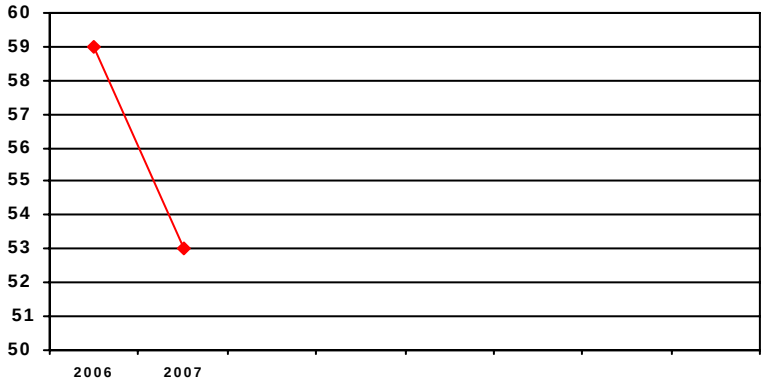
% Normal, caesarean + instrumental births



% Inductions



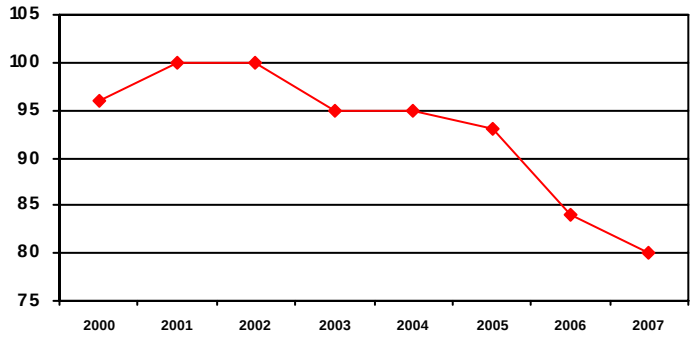
% Breastfeeding



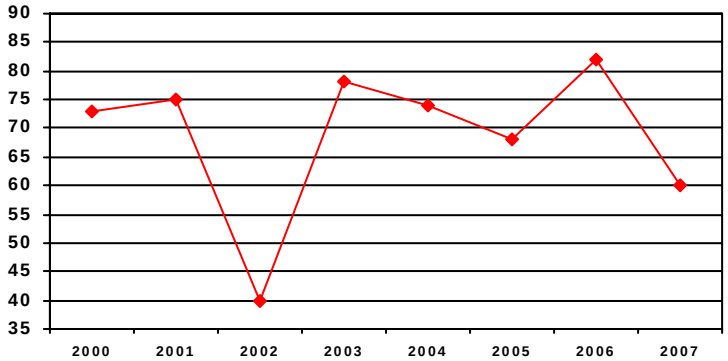
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

SCARBOROUGH & NORTH EAST YORKSHIRE

Number of midwives supervised

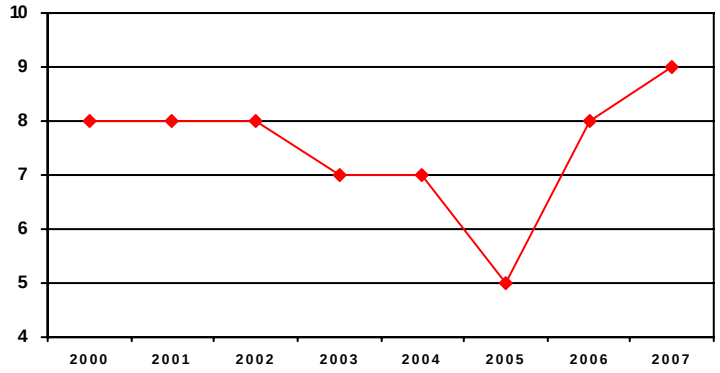


Whole Time Equivalent Midwives

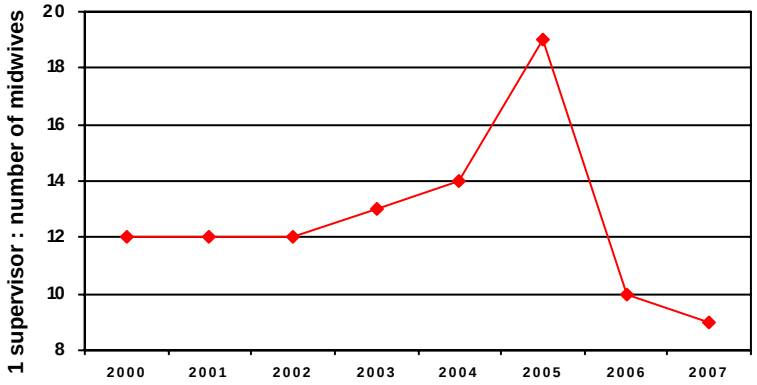


WTE data supplied for individual units – combined for consistency of graphs

Number of supervisors of midwives

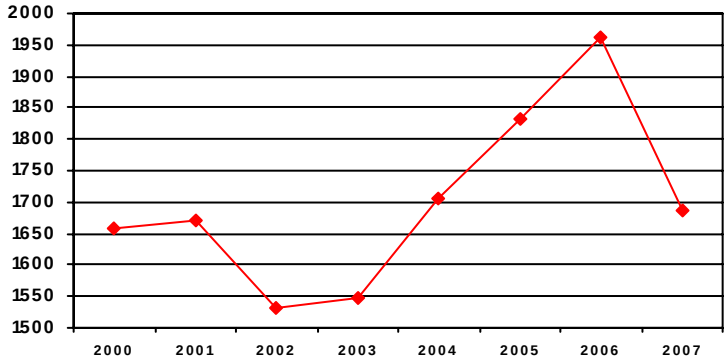


Supervisor : Midwife Ratio

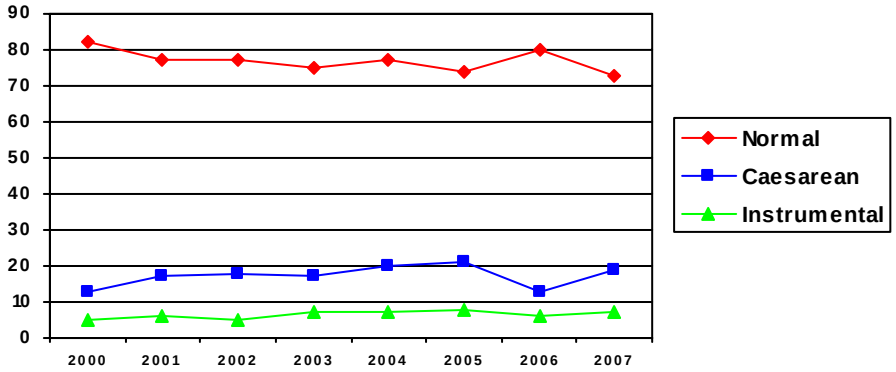


SCARBOROUGH & NORTH EAST YORKSHIRE

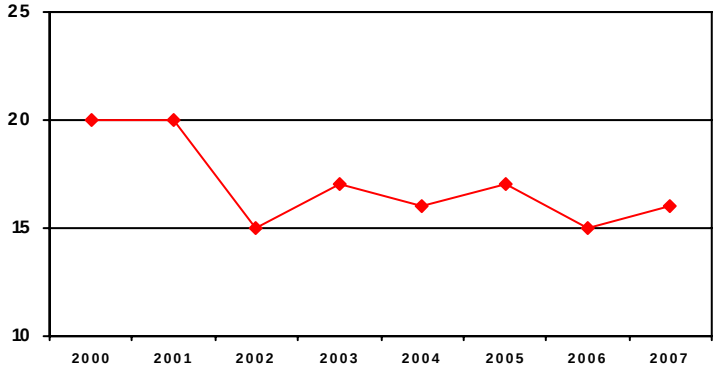
Total number of women delivered



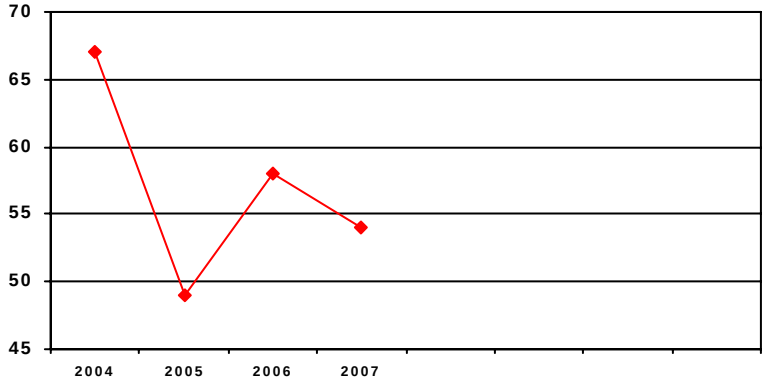
% Normal, caesarean + instrumental births



% Inductions



% Breastfeeding

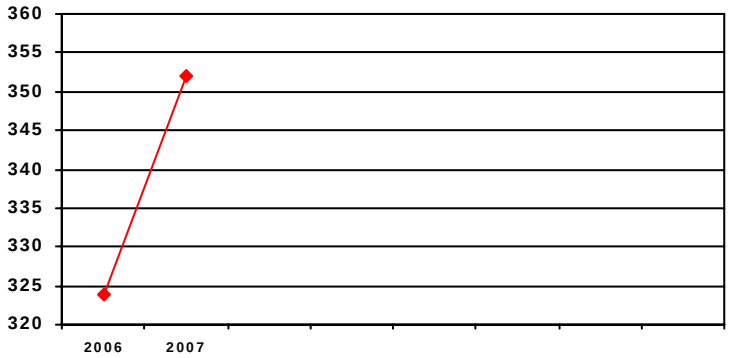


2004 figure refers to peripheral units only – no fig available for Scarborough

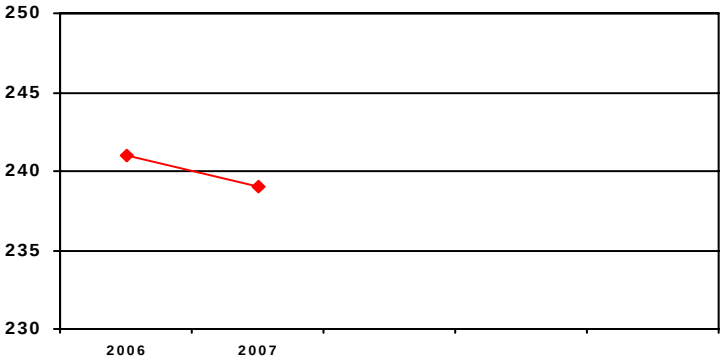
Breastfeeding data not collected prior to 2004

SHEFFIELD

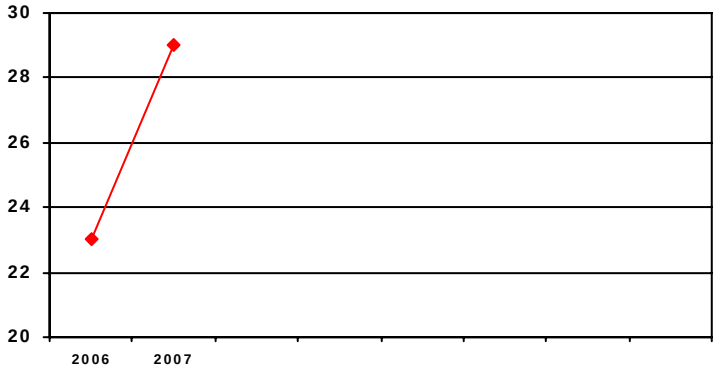
Number of midwives supervised



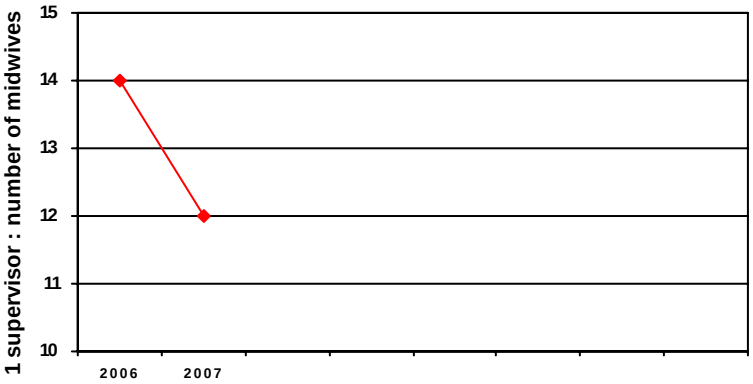
Whole Time Equivalent Midwives



Number of supervisors of midwives



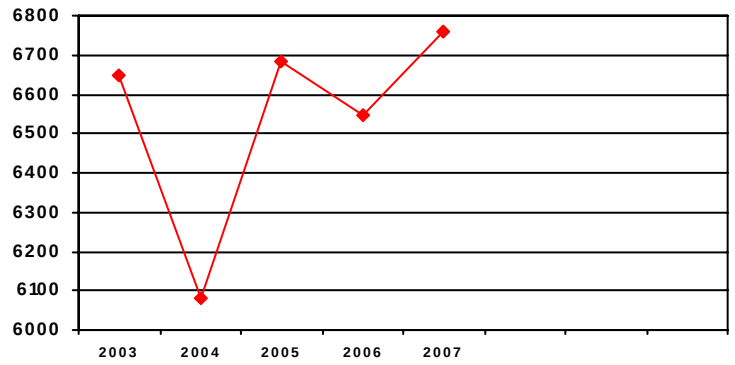
Supervisor : Midwife Ratio



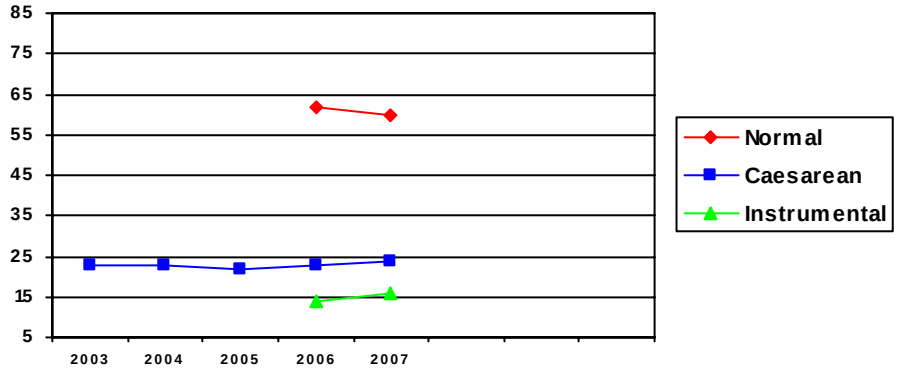
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

SHEFFIELD

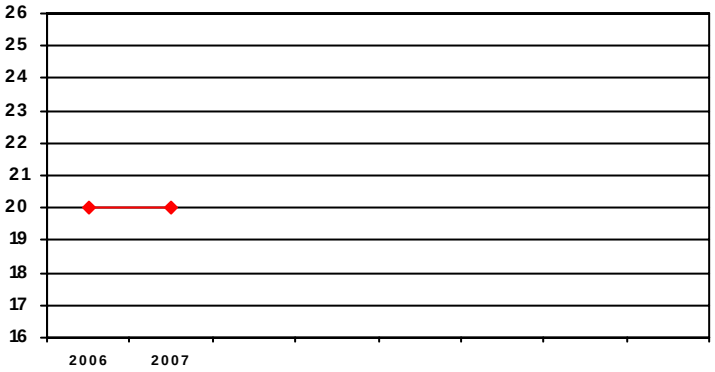
Total number of women delivered



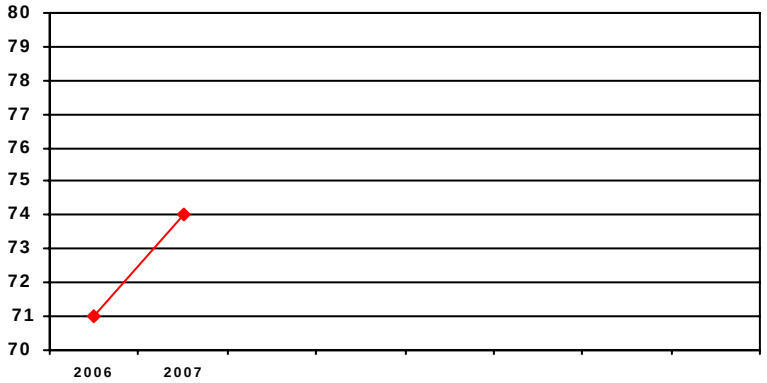
% Normal, caesarean + instrumental births



% Inductions



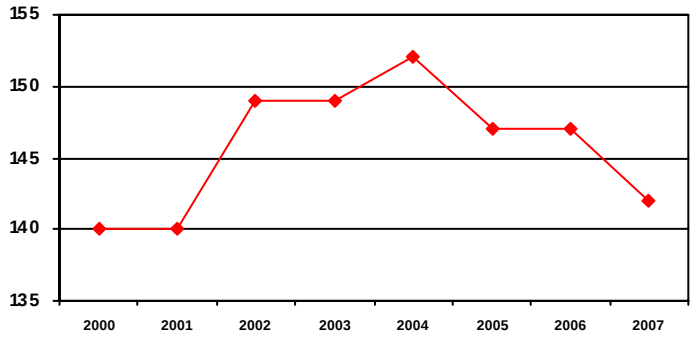
% Breastfeeding



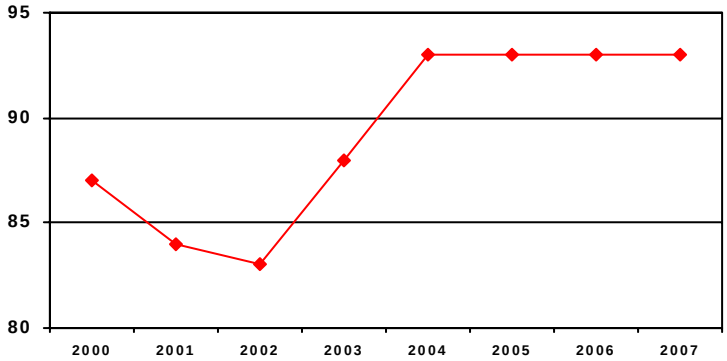
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

YORK

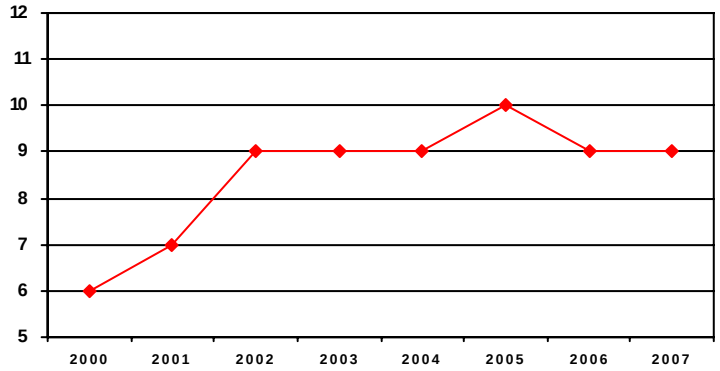
Number of midwives supervised



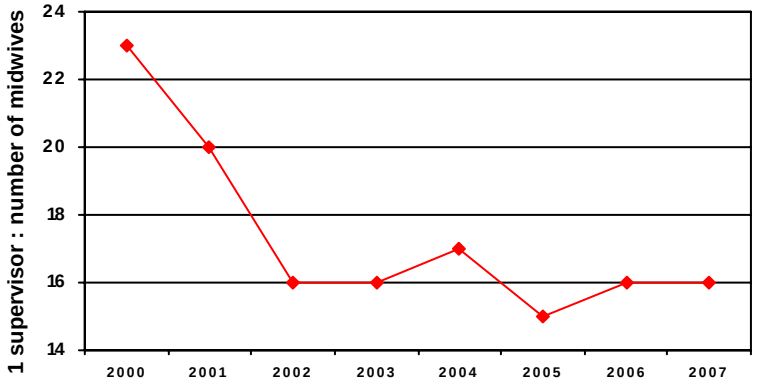
Whole Time Equivalent Midwives



Number of supervisors of midwives

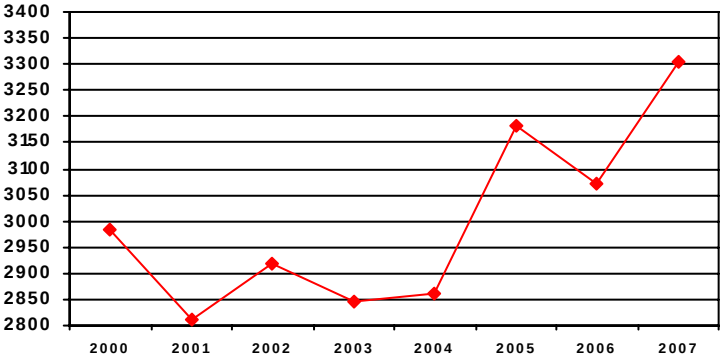


Supervisor : Midwife Ratio

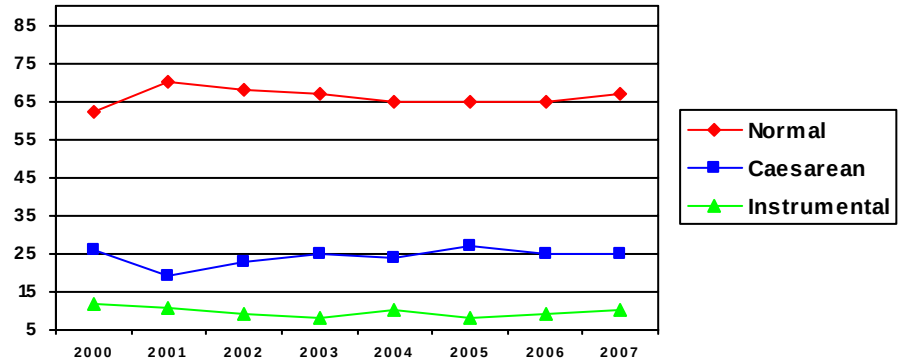


YORK

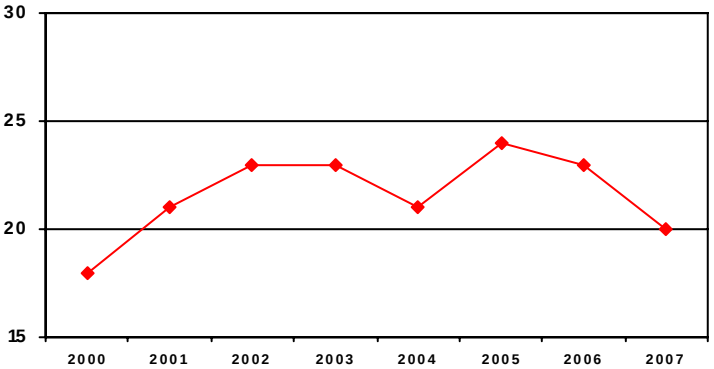
Total number of women delivered



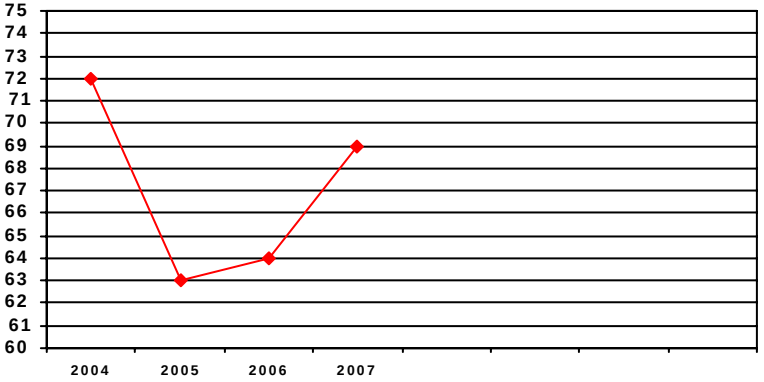
% Normal, caesarean + instrumental births



% Inductions



% Breastfeeding



Breastfeeding data not collected prior to 2004

Appendix 4

CALENDAR OF KEY LSA EVENTS

April 2006
- LSAMO supported the LSA National Conference in Nottingham
- Independent midwife/Liaison supervisors of midwives workshop
- Formal LSA audit visit to Bradford
- New supervisors of midwives meeting

May 2006
- 43 supervisors of midwives attended the Annual Summer Conference, Harrogate
- Informal LSA audit visit to York
- LSA National Forum
- Registered as a stakeholder for the NICE Induction of Labour guideline

June 2006
- Formal LSA audit visit to Hull & East Yorkshire
- Two LSA Midwifery Officer/supervisors of midwives neighbourhood meetings
- 4 midwives interviewed as prospective supervisors of midwives
- Registered as a stakeholder for the NICE Intrapartum guideline
- NHS Yorkshire and the Humber Clinical Engagement Event
- NMC QAA Framework – Regional Event
- All-CRG Event in Harrogate

July 2006
- Meeting re Health Trainers
- Leeds MSLC
- Independent Midwives meeting
- LSAMO supervisory review
- Responded to consultation on NICE antenatal care guideline and Antenatal and postnatal mental health draft guideline
- LSA National Forum

August 2006
- Implementation meeting (NICE, London)
- Extraordinary Risk Management meeting at Scarborough
- Responded to consultation for the draft NICE Intrapartum care guideline

September 2006
- Yorkshire and Northern Lincolnshire supervisors of midwives bi-annual meeting
- Cohort 7 – Preparation of Supervisors of midwives at Sheffield University.
- Chief Nursing Officer's Business Meeting – Leeds
- LSAMO presented at Airedale Research Conference
- Mentor supervisor preparation workshop
- Informal LSA audit visit to Harrogate
- LSA Midwifery Officer attended Scarborough supervisors time out day
- LSA National Forum

October 2006
- Independent midwife/Liaison supervisors of midwives workshop
- 3 prospective supervisors of midwives interviewed and accepted on to the Preparation of supervisors of midwives course commencing January 2007.
- Informal LSA audit visit to Airedale
- New supervisors meeting
- 2 Yorkshire and the Humber guidelines for supervisors of midwives published

- LSA Midwifery Officer presented at the Yorkshire and Humber Heads of Midwifery time out

November 2006
- 68 supervisors attended the 2006 Annual Winter Conference, Harrogate
- Clinical Review Workshop PSIS Design Phase 3, London
- Formal LSA audit visit to Calderdale & Huddersfield
- 4 Yorkshire and the Humber guidelines for supervisors of midwives published.
- Attended Mid Yorkshire supervisors of midwives meeting
- LSA National Forum

December 2006
- Formal handover of South Yorkshire LSA on 1st
- Responded to the RCM "Towards Safer Childbirth" consultation
- Informal LSA audit visit to Mid Yorkshire
- Mentor supervisor preparation workshop
- Two LSA Midwifery Officer/supervisors of midwives neighbourhood meetings
- LSAMO presented LSA Annual Report at SHA Public Board Meeting
- 1 Yorkshire and the Humber and 1 National guideline for supervisors published
- LSA Midwifery Officer attended York supervisors of midwives meeting

January 2007
- New supervisors of midwives meeting
- Cohort 8 – Preparation of Supervisors of midwives – commenced at Leeds University
- Formal LSA audit visit to Leeds
- Informal LSA audit visit to Barnsley
- LSA Midwifery Officer attended Rotherham supervisors of midwives meeting
- LSA Midwifery Officer attended NLAG supervisors of midwives time out

February 2007
- Preparation of Supervisors of Midwives Programme Review at Sheffield University
- Formal LSA audit visit to Scarborough
- Informal LSA audit visit to Doncaster & Bassetlaw
- LSA Midwifery Officer met with supervisor lecturers at LTHT
- LSA Midwifery Officer attended Bradford supervisors of midwives meeting

March 2007
- Yorkshire and Northern Lincolnshire supervisors of midwives bi-annual meeting.
- Informal LSA audit visit to Rotherham
- Informal LSA audit visit to Northern Lincolnshire and Goole
- Informal LSA audit visit to Sheffield
- LSA Midwifery Officer presented at student supervisors programme: "Supervision within the Modern NHS"
- LSA Midwifery Officer met with Hull supervisors of midwives
- Training session for new supervisor and user auditors
- 1 Yorkshire and the Humber guideline and 1 National guideline for supervisors published

Appendix 5

STATISTICAL SUMMARY FOR YORKSHIRE AND THE HUMBER BENCHMARKED AGAINST NATIONAL DATA

Incidents/Complaints	**Number**
Number of serious untoward incidents (SUIs) related to midwifery practice	35 (1)
Number of complaints about midwifery practice	169 (2)

Booking figures: January – December data	**2005**	**2006**
Airedale NHS Trust	2706	2717
Barnsley Hospital NHS Foundation Trust	2906	3265
Bradford Teaching Hospitals NHS Foundation Trust	5579	6123
Calderdale and Huddersfield NHS Foundation Trust	5844	6395
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	3035	4509
Harrogate and District NHS Foundation Trust	1905	1756
Hull & East Yorkshire Hospitals NHS Trust	5206	5720
Leeds Teaching Hospitals NHS Trust	9184	9616
Mid Yorkshire Hospitals NHS Trust	6839	7809
Northern Lincolnshire & Goole Hospitals NHS Trust	4357	4566
Scarborough & North East Yorkshire Healthcare NHS Trust	2345	1885
Sheffield Teaching Hospitals NHS Foundation Trust	6665	6657
The Rotherham NHS Foundation Trust	2552	2881
York Hospitals NHS Trust	3530	3631
Total for Yorkshire and the Humber	**62653**	**67500**
Data provided by Jill Walker, Regional Antenatal /Child Health Screening Manager, Yorkshire and the Humber		

Note: The figures in brackets indicate the number of units for which data were missing.	**Yorkshire and the Humber[3]**	**England 2005-06[a]**
CLINICAL ACTIVITY		
Total women booked Trust data Regional screening data	47284 (6) 67500	
Total women birthed	61953	
Total birthed in hospital	98.1% (60785)	97.4%
Total number of babies born	62785	
Hospital births in water	1.4% (884) (5)	
Deliveries in midwife-led centres/birth centres stand alone	1.0% (624) (1)	
within main unit	5.5% (3433) (12)	
Women booked under midwife-led care	28.0% (17376) (5)	
Women transferred to consultant care	4.7% (2940) (7)	
Unassisted vaginal births[2]	66.7%	53%
HOME BIRTHS		
Births in the home	1.9%	2.6%
Intentional home births attended by a midwife	0.97% (599) (1)	
Women birthed at home with no midwife present, including those birthed at home or in transit by ambulance crew	0.58% (357)	
PUBLIC HEALTH DATA		
Women initiating breastfeeding	61% (37763)	78%[b]
MATERNITY OUTCOMES DATA		
Babies born alive	99.4% (62420)	
Stillbirths	0.6% (365)	
Early neonatal deaths (i.e. at 6 days and under)	0.23% (143) (1)	
Late neonatal deaths (i.e. 7 – 28 days)	0.08% (50) (3)	
Neonatal deaths (i.e. at 28 days and under)	0.35% (218[1]) (3)	

INTERVENTIONS		
Planned inductions	18% (11135)	20.2%
Accelerated labours (including ARM and Syntocinon, or both)	13.5% (8339) (5)	
Episiotomies	5.7% (3511) (2)	5.6%
Epidurals with vaginal births	14.1% (8737) (1)	14.0%
Forceps births	5.3%	3.9%
Ventouse births	5.5%	7.2%
Total instrumental births	10.8%	11%
Vaginal breech births	0.6%	0.3%
Epidurals/spinals with caesarean sections	14.4% (8905) (1)	18.2%
Planned caesarean sections	8.7% (5361)	9.3%
Emergency caesarean sections	12.2% (7545)	14.1%
Total LSCS	20.8% (12906)	23.5%

1 One unit could not distinguish between early and late neonatal deaths, but the 25 deaths identified have been included in the total number of neonatal deaths.
2. Unassisted vaginal births include all women who had a spontaneous labour and delivery, without induction, the use of instruments or caesarean section.
3. All percentages are of all hospital deliveries.

Notes:
a. Source: NHS Maternity Statistics, England: 2005-06. The Information Centre, 2007.
b. Source: Infant Feeding Survey 2005. The Information Centre, 2007

Appendix 6

"Supervisors of midwives shaping and implementing the maternity agenda"

DAY 1 - TUESDAY 16TH MAY 2006

11.30 – 12.00	-	Arrival and registration
12.00 – 1.00	-	*Lunch in the dining room*
1.00 – 1.15	-	Carol Paeglis, LSA Midwifery Officer - Introduction and Welcome
1.15 – 1.45	-	Joy Kirby, LSA Midwifery Officer (Eastern Region) *"Time for supervision"*
1.45– 2.15	-	Sarah Wise, Consultant Midwife - Teenage Pregnancy and Sexual Health, Northern Lincolnshire & Goole Hospitals NHS Trust – *"Challenges & Realities in the role of a Consultant Midwife - Teenage Pregnancy & Sexual Health"*
2.15 – 3.00	-	Table top discussions - "NSF – Making Policy the Reality" 1. Public Health Training (standard 14.2) 2. Choices of pain relief methods (standard 8.7) 3. 100% one-to-one care in labour (standard 8.3) 4. Care pathways (standard 4.7) 5. Direct access to a midwife (standard 4.1) 6. Extended postnatal midwifery input (standard 9.5) 7. Contraceptive advice and treatment (standard 9.6) 8. Children's Centres (standard 1.2)
3.00 – 4.00	-	Tea and feedback
4.00 - 4.30	-	Helen Shallow, Consultant Midwife, Calderdale & Huddersfield NHS Trust - *'From Novice to Expert' - The Role of the Consultant Midwife and how it contributes to supervision*
4.45	-	Chair's closing remarks and end of day 1
7.30 – 10.00	-	*Dinner*

DAY 2 - WEDNESDAY 17TH MAY 2006

9.00 - 9.45	-	Caroline Simpson, Midwifery/Family Planning Services, Department of Health - *"Department of Health Agenda for Midwifery and Maternity Services"*
9.45 – 10.15	-	Reflections from Day 1 table top sessions and feedback for Department of Health
10.15 – 10.30	-	Julie Green Midwifery Lecturer, University of Hull - "*Supervision in Bangladesh*"
10.30 – 11.00	-	Coffee
11.00 – 12 noon	-	Sue Cole, National Midwifery Recruitment Retention and Return Project Lead - *"The role of supervision in modern maternity services"*

APPENDIX 7

SUPERVISOR AND SERVICE USER AUDITOR WORKSHOP

PROGRAMME

Wednesday 21st March 2007
9.30 am – 12.30 pm

at Yorkshire and the Humber Strategic Health Authority, Boardroom A, Blenheim House, West One, Duncombe Street, Leeds LS1 4PL

Please note a representative from each Trust supervisory team is welcome to attend

9.30 am	Welcome and Introductions	Carol Paeglis
9.45 am	Overview of supervision for service users	
9.55 am	Context of the 2007/08 LSA audit visits	
10.05 am	Audit document	
10.20 am	Working Group - Completing audit document and feedback	
10.40 am	LSA Midwifery Officer expectations	Carol Paeglis
10.50 am	Auditors' expectations	
11.05 am	Coffee	
11.20 am	Report writing	
11.50 am	Personal experiences	
12.00 noon	Feeding back at LSA audit visits	
12.10 pm	Ground rules	
12.20 pm	Feedback and questions	
12.30 pm	Close and evaluation	

Appendix 8

YORKSHIRE AND THE HUMBER
GUIDELINES FOR SUPERVISORS OF MIDWIVES

CONTENTS
(latest version 11.07.07)

Appendix 9

National Guidelines (UK) for Supervisors of Midwives

Contents
(latest version 11.07.07)

Raw data for the NEYNL area of Yorkshire and the Humber Appendix 10 (i)
1 April 2006 – 31 March 2007

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
CLINICAL ACTIVITY									
Total women booked	2080	5408	2531	1994	N/A	388	440	226	3792
Antenatal and postnatal cross-border activity – ie births out-with your unit	unavailable	Approx 300	17 delivered elsewhere	6	N/A	0	198	0	465
Intrapartum cross-border activity – ie births only within your unit	unavailable		14 admitted from temporary place of residence	6 from Temp place of residence	N/A	0	1	0	463
Any other cross-border activity	unavailable		11 admitted from other maternity NHS hosp	2 admitted and delivered here from other units	N/A	0	0	0	Attend a small number of women post delivery
Total women delivered	1742	5480	2443	2008	1560	37	52	37	3319
Total delivered in the hospital	98.0% (1707)	98.2% (5379)	98.8% (2414)	97.5% (1959)	99.7% (1556)	64.9% (24)	73.1% (38)	89.2% (33)	97.4% (3232)
Total number of babies born (including multiple births)	1770	5546	2481	2038	1573	37	52	37	3381
Number of hospital births in water	1.1% (19)	5.8% (319)	2.3% (56)	1.9% (39)	1.1% (17)	0	30.8% (16)	5.4% (2)	3.2% (107)

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Total number of unassisted vaginal births (regardless of lead carer)	60.7% (1058)	70.4% (3859)	67.7% (1655)	68.7% (1380)		100% (37)	100% (52)	100% (37)	66.6% (2212)
Number of medical terminations on labour ward/maternity areas	5	21	11	11	13	N/A	N/A	N/A	16
Range of gestation	16-20	13-26	16-23	14-23	16-24				15-23
Is women's choice of maternity unit or Gynaecology given?		Yes	Yes	Yes	No				Yes
Deliveries in midwife-led centres/birth centres: Stand alone	N/A	6.6% (360)	N/A	0.3% (7)		100% (37)	73.1% (38)	89.2% (33)	
Within main unit		Unable to specify	N/A						31.4% (1042)
Total women booked under midwife-led care (Taken as a % of deliveries)	27.7% (483)	All booked initially MLC then risk assessed for CLC	Nil – implemented April	0 (implemented April)		157[1]	207[1]	108[1]	32.4% (1074)
Total number of women transferred to consultant care	Unavailable	Unable to specify	N/A	0		233	233	19	32
Are you able to monitor reasons for transfer?		No		Yes	No	No	No	Yes	Yes
HOME BIRTHS									
Number of intentional home births attended by a midwife	1.4% (25)	0.7% (38)	0.6% (14)	0.8% (17)		29.7% (11)	19.2% (10)	5.4% (2)	2.1% (71)
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew (BBA's)	0.6% (10)	1.1% (63)	0.2% (6)	0.9% (19)		8.1% (3)	7.7% (4)	2.7% (1)	0.5% (16)

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	0	0	0.4% (9)	0.6% (13)		5.4% (2)	7.7% (4)	2.7% (1)	0.06% (2)
Total deliveries in the home	2.0% (35)	1.8% (101)	1.2% (29)	2.4% (49)	0.3% (4)	35.1% (13)[2]	26.9% (14)[2]	10.8% (4)	2.6% (87)[2]
Number of homes births in water	0.1% (2)	0.05% (3)	0	0.05% (1)		0	0	0	0.2% (5)
PUBLIC HEALTH DATA									
Number of women initiating breastfeeding	83% (1726?)	56.7% (3109)	54.0% (1319)	55.6% (1117)	54.0% (843)	54.1% (20)	71.2% (37)	43.2% (16)	68.9 % (2288)
Number of women breastfeeding on discharge to Health Visitor	72% (?)	Unable to obtain data	37.9% (927)	45.7% (917)	N/A	51.4% (19)	N/A	43.2% (16)	62.8% (2085)
Number of women smokers at time of: Booking	12.0% (209)	39.9% (2189)	28.3% (692)	27.2% (546)	N/A		N/A		28.3% (938)
Delivery	8.8% (153)	22.2% (1218)	27.3% (668)	14.9% (300)	20.8% (324)	48.6% (18)	17.3% (9)	27.0% (10)	14.7% (488)
Number of babies born to women under 18 years old (at time of delivery)	3.8% (68 referrals)	3.1% (173)	2.6% (64)	3.8% (78)	N/A	0	0	2.7% (1)	2.5% (83)
MATERNITY OUTCOMES DATA									
Number of babies born alive	99.7% (1764)	99.5% (5517)	99.5% (2468)	99.5% (2027)	99.6% (1566)	100% (37)	100% (52)	100% (37)	99.4% (3362)

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Number of stillbirths	6	29	13	11	7	0	0	0	19
Number of early neonatal deaths (i.e. at 6 days and under)	1	13	8	4	0	0	0	0	4
Number of late neonatal deaths (i.e. 7 – 28 days)		6	1	2	0	0	0	0	1
INTERVENTIONS									
Planned inductions	19.9% (347)	19.1% (1045)	20.0% (489)	20.0% (402)	16.1% (251)	0	0	0	19.9% (659)
Accelerated labours (including ARM and Syntocinon, or both)	3.3% (58)	24.1% (1318)	21.9% (535)	35.2% (707)	8.9% (139)	0	0	0	N/A
Episiotomies for unassisted vaginal births	5.9% (103)	3.4% (187)	6.3% (155)	4.2% (85)	N/A	0	0	0	6.4% (213)
Epidurals with vaginal births	21.9% (382)	23.2% (1270)	10.5% (256)	14.0% (281)	17.6% (274)	0	0	0	8.0% (265)
Epidurals/spinals with caesarean sections	11.8% (206)	7.8% (429)	16.1% (393)	18.6% (374)	17.6% (275)	0	0	0	22.1% (733)
Planned caesarean sections	8.2% (142)	9.4% (517)	8.6% (211)	6.2% (124)	9.3% (145)	0	0	0	9.2% (307)
Emergency caesarean sections	18.5% (323)	13.5% (740)	9.3% (227)	15.3% (307)	11.7% (182)	0	0	0	14.0% (464)
Forceps deliveries Midwife		0	0.9% (23)	0	0	0	0	0	0
Doctor	7.5% (130)	4.6% (251)	4.2% (103)	2.8% (56)	2.0% (31)	0	0	0	6.2% (205)

		Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Ventouse deliveries	Midwife		0	2.3% (56)		0	0	0	0	0
	Doctor	6.3% (109)	2.7% (147)	4.9% (120)	6.6% (132)	6.1% (95)	0	0	0	3.5% (115)
Vaginal breech deliveries	Midwife	0.06% (1)	0	0.04% (1)	0	0	0	0	0	0
	Doctor	0.2% (4)	0.6% (32)	0.2% (5)	0.6% (13)	0.6% (10)	0	0	0	0.1% (4)
FACILITIES										
Type of unit (consultant/midwife/GP)		Cons/Mfe	Cons/Mfe	Cons	Cons/Mfe	Cons	Midwife	Midwife	Midwife	Cons/Mfe
Total number of maternity beds (including delivery beds)		31	83	37	35	29	2	2	5	48
Number of obstetric theatres		1	2	1	1	1	0	0	0	2
Staffed by midwifery staff (other than receiving baby)		No	Yes	Yes	No	Yes	No	No	No	Yes
Staffed by theatre staff		Yes	Yes	Yes	Yes	Yes	No	No	No	No
High dependency beds		No	No	Yes	Yes	No	No	No	No	Yes
Early pregnancy unit		Yes	Yes	Yes	Yes	Yes	No	No	No	Yes
Fetal medicine unit		No	No	No	No	No	No	No	No	No

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Antenatal day assessment unit	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes
Birthing pool	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Bereavement/quiet room	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Partners accommodation on AN ward	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Family kitchens	No	No	Yes	No	No	No	Yes	No	No
Security system: Controlled door entry	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Baby tagging	Yes	No		No	Yes	No	No	No	Yes
Pressure mattresses	No	Yes	Yes	Yes	Yes	No	No	No	Yes
Midwife-led beds	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
Intrapartum GP care	No	No	No	No	No	No	No	No	No
Transitional care cots	No	Yes	Yes	Yes	No	No	No	No	No
Some midwives take responsibility for decision making and undertake:									
Neurophysiological examination of the newborn	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Ultrasound scans	Yes	Yes	Yes	Yes	No	No	No	No	No
Amniocentesis	No	No	No	No	No	No	No	No	No

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Induction of labour by prostaglandin	Yes	Yes	Yes	No	Yes	No	No	No	Yes
by syntocinon	No	Yes	Yes	Yes	No	No	No	No	Yes
Ventouse deliveries	No	No	Yes	No	No	No	No	No	No
Forceps deliveries	No	No	No	No	No	No	No	No	No
Six week postnatal examination	Yes	No	No	No	No	No	No	No	No
Cervical smears	Yes	Yes	Yes	No	No	No	No	No	No
Specialised counselling	Yes	Yes	No	No	No	No	No	Yes	Yes
External cephalic version	No	No	No	No	No	No	No	No	No
STAFFING ESTABLISHMENT									
Total number of whole time equivalent midwives employed	56.43	189	80.24	70.57	42.35	7.2	6.2	5	93.4
Total number of midwives employed (head count – allowing for part-time staff)	69	240	107	108	53	8	7	5	125
Total number of midwives notifying intention to practice (including non-employed midwives, e.g. independent practitioners, educationalists, researchers)	70	253	107	108	53	8	7	5	137
Total use of NHS Professional, Bank, Agency			3828 hours	3703.5 hours	N/A	0	0	0	Bank, NHS Professionals ?June

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Vacancies according to funded establishment	0.3	10	4.89	2wte	6wte	0	0	0	2.6
Vacancies according to Birthrate Plus defined establishment	N/A	13	6.96	7.7wte	N/A	0	0	0	Out of date done 2002
Birthrate Plus undertaken – which year?	2001	2005	2002	2002	2003	Not undertaken	Not undertaken	Not undertaken	2002
Birthrate Plus in progress (Yes/No)	No	No	No	No	No	No	No	No	No
Birthrate Plus planned – when?	n/a	n/a	n/a	n/a	n/a	No	No	No	n/a
Ratio of midwives in post (WTE) to births	1 : 30.9	1 : 29	1 : 31	1 : 29.5	1 : 37	1:8	1:8	1:8	1 : 35.4
What percentage is built into the budget for sickness, annual leave and training?	20%	22%	22%	22%	20%	20%	20%	20%	19%
% Annual sickness rate Long term	0		2.31%	2.82%	N/A	N/A	N/A	N/A	
Short term	3.9%		2.63%	2.56%	N/A	N/A	N/A	N/A	
Is non-achievement of optimum staffing levels a trigger for incident reporting?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Average length of postnatal stay	1.7 days	24 hours	Not known	Not known	N/A	2-6 hours	6-12 hours	2-6 hours	24.36 hours
Midwife to non-midwife skill mix	1: 0.25	1 midwifery asst to 4 midwives	1: 0.4	1 : 0.36	1 : 0.2	1 : 0	1 : 0	1 : 0	
Current ratio of supervisors to midwives	1: 10	1 : 15	1: 11.4	1 : 13.5	1 : 10	As Scarboro	As Scarboro	As Scarboro	1: 18

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Number of student supervisors of midwives	0	0	1	0	0	0	0	0	2
Specialist Midwifery Posts	**Number / WTE**								
Consultant midwife	-	0	1 / 1	1 / 0.5	0	0	0	0	0
Lecturer practitioner	-	0	0	0	0	0	0	0	0
Practice Development Midwife	1 / 0.4	1 / 1	0	0	0	0	0	0	2
Infant Feeding Co-ordinator	1 / 0.6	1 / 0.4	1 / 0.6	1 / 0.6	0	1	1	0	1
Bereavement Midwife	0	0	0	0	0	0	0	0	2
Sure Start Midwife	0	8 / 6	0	0	0	0	0	0	2
Drug/alcohol dependency midwife	1 / 0.2	1 / 0.4	0	1 / 0.8	0	0	0	0	0
Child protection midwife	1 / 0.2	1 /0.4	0	0	1 / 1	1 / 1	1 / 1	1 / 1	1
Pregnant teenagers co-ordinator	1 / 0.2	0	1 / 1	As consultant	0	0	0	0	1
Midwife Ultrasonographer	-	0	1 / 0.21	0	0	0	0	0	0
Domestic Violence Midwife	1 / 0.2	0	0	0	0	0	0	0	1
Clinical Governance/Risk Management Midwife	-	0	1 / 1	Post vacant	0	0	0	0	Awaiting appt

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Antenatal Screening Co-ordinator	1 / 1	0	0	0	1 / 0.5	1 / 0.5	1 / 0.5	1 / 0.5	2
Labour ward practitioner	0	1 / 1	0	0	0	0	0	0	0
TRANSFERS									
Is there a transfer policy?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
How often has it been used within the last year?	Not yet used	Yes	Not known	14	26	4	14	10	15
Number of intra-uterine transfers out to other units	10	10	5	11	26	4	14	10	15
Number of intra-uterine transfers in from other units	-	3	7	3	1	0	0	0	3
Number of other transfers Mother		1	6		N/A	0	0	3	1
Baby		2	31		N/A	0	0	3	0
NEONATAL UNIT									
Managed within the remit of the Head of Midwifery (Yes/No)	No	No	No	No	Yes				No

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
Regional or sub-regional referral centre (Yes/No)	No	Yes	No	No	No				No
Number of midwives employed within NNU notifying their intention to practice	0	2	0	0	3				0
Total cots	10	30	12	10	8				15
Neonatal intensive care	0	5	3	3	0				2
High dependency	1	2	1	2	0				0
Special care	9	23	8	5	8				13
Transitional care cots		4 on post natal ward	4 within maternity beds	5	0				0
Parents' accommodation (Yes/No)	Yes	Yes	Yes	Yes	Yes				Yes
NNU CLOSURES									
Reason for closure: staffing levels	Yes		Yes	Yes					
capacity		Yes	Yes	Yes	Yes				
SCBU over capacity									Yes
Is there a guideline for closure of NNU?	No	No	Yes		Yes				Yes

	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole	Scarborough	Bridlington	Malton	Whitby	York
ADDITIONAL STATS									
CNST Level achieved	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1
BFI Status	Full award	Cert of Comitmnt	Cert of Comitmnt	Cert of Comitmnt	Not achieved	None	None	None	Interest registered
Number of complaints about midwifery practice	3	11	3	12	13	0	0	0	10
Number of serious untoward incidents (SUI) related to midwifery practice	0	0	0	1	2	0	1	0	0

Notes: Percentages are calculated as percent of total women delivered except for Number of babies born to women under 18 years old and Number of babies born alive which are percent of total number of babies born.
Figures in italics for Rotherham, Dewsbury and Pontefract indicate minor queries were still outstanding when this report was produced.
1 More women are booked for midwife-led care than number of deliveries, as the majority of women booked for midwife-led care are delivered in Scarborough rather than in the peripheral units.
2 The total number of deliveries in the home does not equal the sum of the different categories of home birth as some deliveries will be counted in more than one of the categories in some maternity systems.
3 Number of hospital deliveries derived from difference between total women delivered and total deliveries in the home.
4 Number of babies born alive derived from difference between total number of babies born and number of stillbirths.
5 More women were reported as smoking at delivery than at booking as some women stop smoking in the first trimester when feeling nauseated but then start smoking again later before delivery.

Raw data for the South Yorkshire area of Yorkshire and the Humber Appendix 10 (ii)
1 April 2006 – 31 March 2007

	Barnsley	Doncaster	Rotherham	Sheffield					
CLINICAL ACTIVITY									
Total women booked	No data	5329	3042	Not available					
Antenatal and postnatal cross-border activity – ie births out-with your unit	No data	250	98	Not available					
Intrapartum cross-border activity – ie births only within your unit	No data	350	205	603					
Any other cross-border activity	No data	-	-	Not available					
Total women delivered	2611	3691	*2669*	6757					
Total delivered in the hospital	98.8% (2580)[3]	98.4% (3631)	99.6% (2659)	96.8% (6542)					
Total number of babies born (including multiple births)	2652	3742	*2710*	6899					
Number of hospital births in water	0.04% (1)	0.3% (10)	0	83 births 207immersion					

	Barnsley	Doncaster	Rotherham	Sheffield					
Total number of unassisted vaginal births (regardless of lead carer)	71.8% (1875)	74.0% (2730)	64.5% (1723)	59.1% (3993)					
Number of medical terminations on labour ward/maternity areas		33	Not recorded (usually on Gynae)						
Range of gestation		17-23		<20 gynae					
Is women's choice of maternity unit or Gynaecology given?	Yes	Yes		Yes					
Deliveries in midwife-led centres/birth centres: Stand alone		0	0						
Within main unit	No Data	0	Not counted						
Total number of women booked under midwife-led care (As a % of births)	22.8% (595)	16.2% (599)	Not counted						
Total number of women transferred to consultant care	10.0% (261)	4.5% (165)	Not counted						
Are you able to monitor reasons for transfer?	Yes	Yes	No	No					
HOME BIRTHS									
Number of intentional home births attended by a midwife	0.6% (15)	1.4% (50)	1.8% (48)	Unable to capture detail					
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew (BBA's)	0.5% (14)	0.1% (4)	0.4% (10)	0					

	Barnsley	Doncaster	Rotherham	Sheffield					
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	0.1% (2)	0.2% (6)	0	Unable to capture detail					
Total deliveries in the home	1.2% (31)	1.6% (60)	1.8% (48)[2]	3.2% (215)					
Number of homes births in water	0.1% (2)	0.03% (1)	0	Unable to capture detail					
PUBLIC HEALTH DATA									
Number of women initiating breastfeeding	51.2% (?)	48.5% (1789)	53.0% (?)	74.4% (5025)					
Number of women breastfeeding on discharge to Health Visitor		43.3% (1600)	PCT data	63.2% (4268)					
Number of women smokers at time of: Booking	30.2% (789)	28.2% (1042)		12.8% (867)[5]					
Delivery	26.3% (686)	N/A		15.8% (1066)[5]					
Number of babies born to women under 18 years old (at time of delivery)	1.7% (45)	1.9% (73)	2.7% (74)						
MATERNITY OUTCOMES DATA									
Number of babies born alive	99.5% (2639)	99.6% (3726)	*99.2% (2688)*	99.5% (6865)					

	Barnsley	Doncaster	Rotherham	Sheffield					
Number of stillbirths	13	16	22	34					
Number of early neonatal deaths (i.e. at 6 days and under)	2	25	1	29					
Number of late neonatal deaths (i.e. 7 – 28 days)	0		1	7					
INTERVENTIONS									
Planned inductions	19.8% (517)	24.2% (893)	17.8% (476)	19.6% (1320)					
Accelerated labours (including ARM and Syntocinon, or both)	17.1% (446)	19.5% (721)		Not available					
Episiotomies for unassisted vaginal births	3.1% (82)	9.4% (348)	10.8% (289)	Not available					
Epidurals with vaginal births	7.0% (184)	15.0% (554)	7.7% (205)	Not available					
Epidurals/spinals with caesarean sections	16.9% (441)	13.9% (515)	17.1% (457)	Not available					
Planned caesarean sections	7.2% (189)	7.8% (287)	9.2% (245)	8.4% (565)					
Emergency caesarean sections	10.6% (276)	9.9% (365)	11.5% (308)	15.3% (1037)					
Forceps deliveries Midwife		0	0	6.8% (462)					
Doctor	3.3% (87)	3.4% (126)	5.2% (139)						

		Barnsley	Doncaster	Rotherham	Sheffield					
Ventouse deliveries	Midwife		0	0	9.4% (635)					
	Doctor	7.0% (182)	5.1% (190)	8.6% (230)						
Vaginal breech deliveries	Midwife		0.3% (10)	0.4% (12)	0.7% (45)					
	Doctor	0.4% (10)	0.3% (10)							
FACILITIES										
Type of unit (consultant/midwife/GP)		Cons	Cons	Cons	Midwife					
Total number of maternity beds (including delivery beds)		46	59	42						
Number of obstetric theatres		2	2							
Staffed by midwifery staff (other than receiving baby)		No	No	Yes						
Staffed by theatre staff		Yes	Yes	Yes						
High dependency beds		Yes	Yes	Yes	Yes					
Early pregnancy unit		No	Yes	Yes	Yes					
Fetal medicine unit		No	No	Yes	Yes					

	Barnsley	Doncaster	Rotherham	Sheffield					
Antenatal day assessment unit	Yes	Yes	Yes	Yes					
Birthing pool	Yes	Yes	No	Yes					
Bereavement/quiet room	Yes	Yes	Yes	Yes					
Partners accommodation on AN ward	Yes	No	Yes	No					
Family kitchens	Yes	Yes	Yes	No					
Security system: Controlled door entry	Yes	Yes	Yes	Yes					
Baby tagging	Yes	No	No	Yes					
Pressure mattresses	No	No	No	No					
Midwife-led beds	Yes	Yes	Yes	Yes					
Intrapartum GP care	No	No	No	No					
Transitional care cots	No	Yes	Yes	Yes					
Some midwives take responsibility for decision making and undertake:									
Neurophysiological examination of the newborn	Yes	Yes	Yes	Yes					
Ultrasound scans	No	No	Yes	Yes					
Amniocentesis	No	No	No	No					

	Barnsley	Doncaster	Rotherham	Sheffield					
Induction of labour by prostaglandin	Yes	Yes	Yes	Yes					
by syntocinon	Yes	Yes	Yes						
Ventouse deliveries	No	No	No						
Forceps deliveries	No	No	No						
Six week postnatal examination	No	Yes	No						
Cervical smears	No	Yes	No	Yes					
Specialised counselling	Yes	Yes	No						
External cephalic version	Yes	No	No						
STAFFING ESTABLISHMENT									
Total number of whole time equivalent midwives employed	80.5	110.44	94.32	239.19					
Total number of midwives employed (head count – allowing for part-time staff)	101	166	111	314					
Total number of midwives notifying intention to practice (including non-employed midwives, e.g. independent practitioners, educationalists, researchers)	100	166							
Total use of NHS Professional, Bank, Agency	0								

	Barnsley	Doncaster	Rotherham	Sheffield					
Vacancies according to funded establishment	0	4	0	0.77					
Vacancies according to Birthrate Plus defined establishment	0	22	0	18.0					
Birthrate Plus undertaken – which year?	2006	2004	2005	2001					
Birthrate Plus in progress (Yes/No)	No	No	No	No					
Birthrate Plus planned – when?	n/a	n/a	n/a	n/a					
Ratio of midwives in post (WTE) to births	1 : 26	1 : 33.5	1 : 30	1:28					
What percentage is built into the budget for sickness, annual leave and training?		15%	24%	24%					
% Annual sickness rate Long term		6.0		5.48%					
Short term				2.84%					
Is non-achievement of optimum staffing levels a trigger for incident reporting?	Yes	Yes	Yes	Yes					
Average length of postnatal stay	48 hours	1.5	24 hours	1					
Midwife to non-midwife skill mix	1: 5	80/20		68-42					
Current ratio of supervisors to midwives	1: 20-24	1 : 12	1: 14	1 : 13					

	Barnsley	Doncaster	Rotherham	Sheffield					
Number of student supervisors of midwives	0	2	0	2					
Specialist Midwifery Posts									
Consultant midwife	0	0	0						
Lecturer practitioner	0	0	0	1 / 0.5					
Practice Development Midwife	0	0	0	4 / 3.2					
Infant Feeding Co-ordinator	1 / 0.4	0	1 / 0.8	1 / 0.6					
Bereavement Midwife	1 / 0.8	0.6 / 0.6		2 / 1.6					
Sure Start Midwife	2 / 1.2	3.5 / 3.5	? / 1.6	7					
Drug/alcohol dependency midwife	1 / 1	1 / 1	2 / 1.0	3 / 2.8					
Child protection midwife	1 / 0.8	0	1 / 0.8	2 / 1.71					
Pregnant teenagers co-ordinator	1 / 0.8	0	1 / 0.4	3 / 1.0					
Midwife Ultrasonographer	0	0	0	4					
Domestic Violence Midwife	0	0		1 / 0.2					
Clinical Governance/Risk Management Midwife	0	0	1 / 1.0	2 / 1.6					

	Barnsley	Doncaster	Rotherham	Sheffield					
Antenatal Screening Co-ordinator	1 / 0.8	1 / 1	? / 1.0	3 / 2.0					
Diabetes	0	0	1 / ?	0					
TRANSFERS									
Is there a transfer policy?	Yes	No	Yes	Yes					
How often has it been used within the last year?		N/A	18	7					
Number of intra-uterine transfers out to other units	12	2 (6 months)	18	N/A					
Number of intra-uterine transfers in from other units	8	7 (6 months)	9 (July – Dec)						
Number of other transfers Mother	0								
Baby	5								
NEONATAL UNIT									
Managed within the remit of the Head of Midwifery (Yes/No)	Yes	No	No	Yes					

	Barnsley	Doncaster	Rotherham	Sheffield					
Regional or sub-regional referral centre (Yes/No)	No	No	No	Yes					
Number of midwives employed within NNU notifying their intention to practice	0	3	0	0					
Total cots	14	20	15	34					
Neonatal intensive care	2	4	2	12					
High dependency	3	0	0	4					
Special care	9	16	13	18					
Transitional care cots	0	0	0	6					
Parents' accommodation (Yes/No)	Yes	Yes	Yes	Yes					
NNU CLOSURES									
Reason for closure: staffing levels	Yes	Yes	Yes	Yes					
capacity	Yes	Yes	Yes						
ITU capacity reached		Yes	Yes	Yes					
Infection		Yes							

	Barnsley	Doncaster	Rotherham	Sheffield					
Is there a guideline for closure of NNU?	Yes	Yes	Yes	Yes					
ADDITIONAL STATS									
CNST Level achieved	Level 1	Level 1	Level 1	Level 1					
BFI Status	Working towards	None	Assessment Autumn 07						
Number of complaints about midwifery practice	7	7							
Number of serious untoward incidents (SUI) related to midwifery practice	13 IUDs	3		2					

Notes: Percentages are calculated as percent of total women delivered except for Number of babies born to women under 18 years old and Number of babies born alive which are percent of total number of babies born.
Figures in italics for Rotherham, Dewsbury and Pontefract indicate minor queries were still outstanding when this report was produced.
1 More women are booked for midwife-led care than number of deliveries, as the majority of women booked for midwife-led care are delivered in Scarborough rather than in the peripheral units.
2 The total number of deliveries in the home does not equal the sum of the different categories of home birth, as some deliveries will be counted in more than one of the categories in some maternity systems.
3 Number of hospital deliveries derived from difference between total women delivered and total deliveries in the home.
4 Number of babies born alive derived from difference between total number of babies born and number of stillbirths.
5 More women were reported as smoking at delivery than at booking as some women stop smoking in the first trimester when feeling nauseated but then start smoking again later before delivery.

Raw data for the West Yorkshire area of Yorkshire and the Humber Appendix 10 (iii)
1 April 2006 – 31 March 2007

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
CLINICAL ACTIVITY									
Total women booked	2809	6413	2827	Not collected			10005		
Antenatal and postnatal cross-border activity – ie births out-with your unit	118	996	Not recorded	Not collected			648		
Intrapartum cross-border activity – ie births only within your unit	8	723	382	Not collected			548		
Any other cross-border activity	239	N/A	Parent education 220	Not collected			None		
Total women delivered	*2416*	5932	2911	2694	*3356*	3280	4698	4260	
Total delivered in the hospital	98.3% (2376)	98.9% (5864)	97.9% (2850)	97.4% (2623)	*99.3% (3334)*	97.2% (3188)	97.6% (4586)	98.8% (4210)	
Total number of babies born (including multiple births)	2446	5992	2946	2704	3356	3318	4785	4320	
Number of hospital births in water	0.3% (8)	0	Not recorded	Not recorded	Not indicated Barwick	Not indicated On Protos	unknown	unknown	

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Total number of unassisted vaginal births (regardless of lead carer)	63.4% (1532)	68.7% (4078)	64.6% (1881)	67.4% (1815)	60.6% (2035)	76.6% (2512)	67.5% (3169)	68.5% (2917)	
Number of medical terminations on labour ward/maternity areas	1	19	10	N/A	No data	7	52	36	
Range of gestation	20+ wks	No data	16-24	20-24		18-24	14-23 wks	13-23	
Is women's choice of maternity unit or Gynaecology given?	20+ wks offer Labour Ward	Yes	Yes	Yes	Yes	No	No	No	
Deliveries in midwife-led centres/birth centres: Stand alone		0	0	0	No data collected	4.5% (149)	N/A	N/A	
Within main unit	18.0% (434)	0	21.6% (630)	N/A			?	31.1% (1327)	
Total number of women booked under midwife-led care (as a % of deliveries)	47.3% (1144)	37.8% (2244)	59.3% (1726)	N/A	No data collected	55.2% (1810)	Not known	42.7% (1821)	
Total number of women transferred to consultant care	29.4% (710)	No statistics available	27.2% (793)	N/A			Not known	11.6% (494)	
Are you able to monitor reasons for transfer?	Yes	No	Yes	Yes	No	No	No	No	
HOME BIRTHS									
Number of intentional home births attended by a midwife	1.3% (32)	0.3% (17)	1.5% (43)	1.8% (48)	0.4% (14)	*1.7% (55)*	1.3% (61)	0.7% (28)	
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew (BBA's)	0.4% (10)	0.9% (51)	0.6% (18)	0.8% (22)	0.2% (7)	*1.0% (34)*	1.1% (51)	0.3% (14)	

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	0		0	0.04% (1)	0.03% (1)	*0.3% (10)*	1.0% (47)	0.2% (8)	
Total deliveries in the home	1.7% (42)	1.1% (68)	2.1% (61)	2.6% (71)	0.7% (22)	2.8% (92)	2.4% (112)[2]	1.2% (50)	
Number of homes births in water	0.1% (2)	0.02% (1)	No data	0.4% (10)	0	No data	unknown	0.02% (1)	
PUBLIC HEALTH DATA									
Number of women initiating breastfeeding	67.0% (1618)	62.0% (3678?)	75.9% (2208)	73.0% (1967)	42.0% (1410)	55.1% (1809)	54.2% (2547)	58.3% (2486)	
Number of women breastfeeding on discharge to Health Visitor	49.9% (1207)	No statistics available	N/A	N/A	Don't have info	Not put into computer	45.5% (2136)	N/K	
Number of women smokers at time of: Booking	17.0% (410)	19.4% (?)	20.6% (601)	17.1% (461)	18.6% (623)	26.4% (866)	15.1% (710)	10.5% (446)	
Delivery	11.2% (270)	No statistics available	12.6% (366)	12.7% (343)		26.0% (852)	10.6% (498)	5.2% (220)	
Number of babies born to women under 18 years old (at time of delivery)	1.6% (39)	No statistics available	1.8% (54)	2.0% (54)		2.0% (67)	3.1% (147)	3.1% (133)	
MATERNITY OUTCOMES DATA									
Number of babies born alive	99.5% (2433)	99.3% (5950)	98.9% (2913)	99.4% (2689)	99.6% (3342)[4]	99.5% (3302)	99.3% (4752)	99.3% (4291)	

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Number of stillbirths	13	42	33	15	14	16	33	29	
Number of early neonatal deaths (i.e. at 6 days and under)	1	25	10	2		2	22	19	
Number of late neonatal deaths (i.e. 7 – 28 days)	1	No data	4	0		0	18	9	
INTERVENTIONS									
Planned inductions	19.2% (464)	15.0% (890)	14.1% (412)	15.0% (404)	22.3% (747)	22.1% (724)	8.5% (397)	16.4% (698)	
Accelerated labours (including ARM and Syntocinon, or both)	25.2% (608)	No statistics available	14.7% (428)	N/A	29.7% (996)	19.7% (646)	11.9% (561)	27.6% (1176)	
Episiotomies for unassisted vaginal births	5.5% (132)	7.7% (460)	12.4% (362)	7.6% (204)	4.0% (135)	7.0% (231)	3.9% (182)	8.1% (343)	
Epidurals with vaginal births	11.3% (274)	12.8% (757)	13.8% (402)	21.9% (589)	4.6% (155)	12.0% (395)	25.4% (1195)	30.5% (1299)	
Epidurals/spinals with caesarean sections	4.5% (109)	18.1% (1076)	23.2% (676)	16.7% (449)	18.2% (611)	15.0% (493)	17.8% (837)	19.5% (831)	
Planned caesarean sections	12.6% (304)	7.6% (449)	9.6% (280)	9.5% (257)	7.5% (253)	5.6% (184)	8.4% (396)	11.9% (506)	
Emergency caesarean sections	3.5% (85)	12.6% (748)	15.2% (442)	11.9% (321)	14.1% (475)	10.9% (357)	11.2% (528)	8.5% (360)	
Forceps deliveries Midwife	0	0	0	0			0.1% (6)	0.07% (3)	
Doctor	4.1% (98)	4.2% (248)	7.0% (203)	3.2% (85)	3.5% (117)	4.3% (142)	8.9% (416)	6.2% (265)	

		Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Ventouse deliveries	Midwife	0	0	0	0	0	0	0.2% (11)	0.09% (4)	
	Doctor	5.7% (137)	5.1% (302)	2.4% (70)	5.4% (146)	4.6% (155)	4.7% (153)	3.5% (165)	5.0% (212)	
Vaginal breech deliveries	Midwife	0.2% (4)	0	0	0	0	0.1% (4)	0.2% (9)	0.2% (9)	
	Doctor	0.3% (8)	0.7% (39)	0.7% (20)	1.1% (30)	0.4% (13)	0.4% (12)	0.5% (26)	0.3% (15)	
FACILITIES										
Type of unit (consultant/midwife/GP)		Cons	Cons	Cons/Mfe	Cons/Mfe	Cons/Mfe	Cons	Cons	Cons	
Total number of maternity beds (including delivery beds)		44	81	33 + 6 MLU beds	38	53	50	56	50	
Number of obstetric theatres		1	2	1	1	2	2	2	2	
Staffed by midwifery staff (other than receiving baby)		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Staffed by theatre staff		No	Yes	Yes	Yes	No	No	Yes	Yes	
High dependency beds		Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	
Early pregnancy unit		Yes	Yes - gynae	Yes	Yes	Yes	Yes	No	Yes	
Fetal medicine unit		No	No	No	No	No	No	Yes	Yes	

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Antenatal day assessment unit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Birthing pool	Yes	Yes – being fitted	Yes	Yes	Yes	Yes	Yes	No	
Bereavement/quiet room	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	
Partners accommodation on AN ward	Yes	No	Yes	Yes	No	Yes	No	No	
Family kitchens	Yes	Yes	Yes	Yes	No	Yes	No	No	
Security system: Controlled door entry	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Baby tagging	Yes	No	No	No	No	No	No	No	
Pressure mattresses	No	Yes	No	No	No	No	Yes	Yes	
Midwife-led beds	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	
Intrapartum GP care	No	No	No	No	No	No	No	No	
Transitional care cots	No	Yes	No	No	No	No	Yes	Yes	
Some midwives take responsibility for decision making and undertake:									
Neuro-physiological examination of the newborn	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ultrasound scans	No	Yes	Yes	No	No	Yes	Yes	Yes	
Amniocentesis	No	No	No	No	No	No	No	No	

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Induction of labour by prostaglandin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
by syntocinon	Yes	Yes	Yes	Yes	No	No	No	No	
Ventouse deliveries	No	No	No	No	No	No	Yes	Yes	
Forceps deliveries	No	No	No	No	No	No	Yes	Yes	
Six week postnatal examination	No	No	No	No	No	No	No	No	
Cervical smears	No	No	No	No	No	No	No	No	
Specialised counselling	No	Yes	Yes	Yes	No	No	Yes	Yes	
External cephalic version	No	No	No	No	No	Yes	No	No	
STAFFING ESTABLISHMENT									
Total number of whole time equivalent midwives employed	78.92	164	49.91+ 25.87 Com mws	44.81+ 20.60 Com mws	78.94	101.27	267.66		
Total number of midwives employed (head count – allowing for part-time staff)	95	192	67	75	106	140	345		
Total number of midwives notifying intention to practice (including non-employed midwives, e.g. independent practitioners, educationalists, researchers)	110	218	74	81	252 (Trust wide)	252 (Trust wide)	331		
Total use of NHS Professional, Bank, Agency	0	0	Bank midwives	Bank midwives			10 wte		

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Vacancies according to funded establishment	0	3	2.8	2.0	Unable to declare due to midwifery review	Unable to declare due to midwifery vacancies	1		
Vacancies according to Birthrate Plus defined establishment	4	55	N/A	N/A			Not known		
Birthrate Plus undertaken – which year?	2003	2007	2001	2001	2006	2006	2003		
Birthrate Plus in progress (Yes/No)	No	No	No	No			No		
Birthrate Plus planned – when?	n/a	n/a	n/a	n/a	n/a	n/a	n/a		
Ratio of midwives in post (WTE) to births	1 : 32	1 : 36	1 : 38.2	1 : 41.2	1 : 36	1 : 36 across Trust	1 : 33		
What percentage is built into the budget for sickness, annual leave and training?		18%	20%	20%	20%	20%	20%		
% Annual sickness rate Long term	7.6%	6.0%	2	2%			2%		
Short term			5	5%	5.8%	5.8%	6%		
Is non-achievement of optimum staffing levels a trigger for incident reporting?	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Average length of postnatal stay	1.8 days	36 hours	1.2 days	1.6 days	2 days	2 days	1.5 days		
Midwife to non-midwife skill mix	5 : 1	65/35	1 : 0.4	N/A			1 : 5		
Current ratio of supervisors to midwives	1: 15	1 : 14	1: 15	1 : 12	1 : 12	1 : 13	1 : 14		

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Number of student supervisors of midwives	0	1	1	0	0	0	0		
Specialist Midwifery Posts									
Consultant midwife		0	1 / 1 (both sites)	1/1 (cross sites)	0	0	0		
Lecturer practitioner		0	0	0	0	0	1 / 1		
Practice Development Midwife	5 / 1	1 / 1	0	0	0	0	1 / 0.3		
Infant Feeding Co-ordinator	1 / 0.4	2 / 1	1 / 0.64	2 / 0.6	About to be appt'd	About to be appt'd	1 / 0.5		
Bereavement Midwife	0	1 / 1	0	0	0	0	1 / 0.5		
Sure Start Midwife	0	0	0	0	1 / 0.4	1 / 0.4	2 / 1.2		
Drug/alcohol dependency midwife	1 / 0.4	1 / 1	1 / 0.6	1/Additional role	1 / 1	1 / 1	1 / 1		
Child protection midwife	0	1 / 0.25	1 / Add role across Trust	1/Additional role	1 / 0.5	1 / 0.5	1 / 0.05		
Pregnant teenagers co-ordinator	0	1 / 0.5	1 / 0.6	0	About to be appt'd/0.5	About to be appt'd/0.5	2 / 1.6		
Midwife Ultrasonographer	0	1 / 0.25	1 / 0.8	0	1 / 0.4	1 / 0.4	2 / 1.3		
Domestic Violence Midwife	0	1 / 0.25	1 / 0.6	1 / 0.4	0	0	1 / 0.05		
Clinical Governance/Risk Management Midwife	0	1 / 1	0	0	1 / 1	1 / 1	1 / 0.8		

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Antenatal Screening Co-ordinator	1 / 0.4	1 / 1	1/0.8 cross sites	1 / 0.8	2 / 1.4	2 / 1.4	1 / 1		
Parent Education Midwife	0	2 / 1.5	0	0					
Research Midwife		1 / 0.5							
Ante natal Screening Midwife			1/0.8 cross sites	1 / 0.8					
TRANSFERS									
Is there a transfer policy?	Yes	Individual assessment	Yes	Yes	Yes in development	Yes in development	Yes		
How often has it been used within the last year?	0	No data	20	27			Not known		
Number of intra-uterine transfers out to other units	20	No data	12	13			2		
Number of intra-uterine transfers in from other units	13	No data	8	14			21		
Number of other transfers Mother	0	No data	n/a	N/A			Not known		
Baby	7	No data	n/a	N/A			Not known		
NEONATAL UNIT									
Managed within the remit of the Head of Midwifery (Yes/No)	No	No	Yes	Yes	Yes	Yes	No		

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Regional or sub-regional referral centre (Yes/No)	No	Yes	Yes	Yes	No	No	Yes		
Number of midwives employed within NNU notifying their intention to practice	0	2	4	4	0	0	4 NNU 16 transitional care		
Total cots	15	27	14	14	14	14	55		
Neonatal intensive care	2	6	3	3	2	1	15		
High dependency	1	21	3	0	2	2	20		
Special care	12		8	11	10	11	20		
Transitional care cots	0	9	0	0	0	0	18		
Parents' accommodation (Yes/No)	Yes	No but planned for 2007	Yes	Yes	Yes	Yes	Yes		
NNU CLOSURES									
Reason for closure: staffing levels	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
capacity	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Workload			Yes						
Infection		Yes							

	Airedale	Bradford	Calderdale	Huddersfield	Dewsbury	Pontefract	Leeds (LGI)	Leeds (SJUH)	
Is there a guideline for closure of NNU?	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
ADDITIONAL STATS									
CNST Level achieved	Level 1	Level 3	Level 1	Level 1	Level 1	Level 1	Level 1		
BFI Status	Cert of Comitmnt	Achieved	Re-accredited	Cert of Comitmnt	Cert of Comitmnt	Cert of Comitmnt	Working towards Cert of Comitmnt		
Number of complaints about midwifery practice	7	9	3	3	12	7	33	26 (+3 in comm. cross city)	
Number of serious untoward incidents (SUI) related to midwifery practice	1	0	2	0	0	0	7		

Notes: Percentages are calculated as percent of total women delivered except for Number of babies born to women under 18 years old and Number of babies born alive which are percent of total number of babies born.
Figures in italics for Rotherham, Dewsbury and Pontefract indicate minor queries were still outstanding when this report was produced.
1 More women are booked for midwife-led care than number of deliveries, as the majority of women booked for midwife-led care are delivered in Scarborough rather than in the peripheral units.
2 The total number of deliveries in the home does not equal the sum of the different categories of home birth as some deliveries will be counted in more than one of the categories in some maternity systems.
3 Number of hospital deliveries derived from difference between total women delivered and total deliveries in the home.
4 Number of babies born alive derived from difference between total number of babies born and number of stillbirths.
5 More women were reported as smoking at delivery than at booking as some women stop smoking in the first trimester when feeling nauseated but then start smoking again later before delivery.

Appendix 11

AGE PROFILE OF MIDWIVES – 31.03.07

TRUST	Total midwives	24 and under	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 and over
Airedale	**111**	1	9	12	14	30	23	18	4	0	0
Barnsley	**107**	4	13	11	13	27	24	10	4	1	0
Bradford	**213**	5	22	23	37	49	42	20	9	3	3
Calderdale & Huddersfield	**218**	5	14	21	27	45	51	30	18	6	1
Doncaster & Bassetlaw	**161**	2	16	11	19	49	25	26	11	2	0
Harrogate	**70**	0	3	1	9	16	19	14	7	1	0
Hull & East Yorkshire	**255**	5	18	21	27	74	58	29	20	3	0
Leeds	**326**	6	40	43	33	71	68	45	17	3	0
Mid Yorkshire	**252**	3	20	18	34	66	48	38	19	6	0
Northern Lincs & Goole	**201**	2	11	25	33	47	35	27	14	5	2
Rotherham	**124**	2	4	14	18	27	30	15	10	4	0
Scarborough	**77**	0	1	1	13	20	17	14	7	4	0
Sheffield	**334**	14	27	40	40	81	71	27	26	6	2
York	**141**	4	12	11	12	38	31	22	8	2	1
LSA TOTAL	**2590**	**53**	**210**	**252**	**329**	**640**	**542**	**335**	**174**	**46**	**9**

Appendix 12

Innovative approaches and good practice making positive differences to midwives' practice and the care of women and their families

Trust and contact details	*Brief description of practice*
AIREDALE NHS TRUST Kath Walsh, Head of Midwifery Email: kathryn.walsh@anhst.nhs.uk	Name plates on all relevant office doors now say "supervisor of midwives" as well as the persons substantive post. Evidence of the increased profile of supervision with students, is the fact that a student accessed the on call supervisor and the feedback from the Lead Midwife for Education (LME) was very positive
BARNSLEY NHS FOUNDATION TRUST Sue Gibson, Head of Midwifery Email: susangibson@nhs.net	Supervisors are allocated to attend different Clinical Governance meetings purely as a supervisor and not by virtue of their substantive post
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST Julie Walker, Head of Midwifery Email: Julie.walker@bradfordhospitals.nhs.uk	Preparation course for midwifery – links with the Upper schools in the city, with 2 x 4 week placements and 3 class-room sessions
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST Jacque Gerrard, Head of Midwifery Email: jacque.gerrard@cht.nhs.uk	Men's only parenting sessions have been set up, run by men and early evaluations are very positive
DONCASTER AND BASSETLAW NHS FOUNDATION TRUST Vivienne Knight, Head of Midwifery Email: Vivienne.Knight@dbh.nhs.uk	Positive client feedback and a 10% per annum increase in women having pre 12 week midwifery contact and booking since introducing a card to reach women in non clinical settings i.e. with pregnancy test kits in Pharmacies and supermarkets. It says: "I'm Pregnant - What should I do now? Did you know you can contact a midwife directly? There are many health benefits to be gained for both you and your baby - by contacting a midwife in the early weeks of pregnancy. To arrange to see a midwife soon please phone xxxxxx" The reverse side says: "If you are unhappy or unsure about your pregnancy - please call a midwife or GP early to discuss your options"

HARROGATE AND DISTRICT NHS FOUNDATION TRUST Jan Chaplin, Head of Midwifery Email: janet.chaplin@hdft.nhs.uk	Maternity statistics are displayed to staff, taken to Labour Ward Forum meetings, to Incident Report Panels, to Risk Management Team meetings and at a Trust level, to the Clinical Governance meetings
HULL AND EAST YORKSHIRE NHS TRUST Karen Thirsk, Head of Midwifery Email: karen.thirsk@hey.nhs.uk	Supervisors have been instrumental in supporting midwives involved in service remodelling.
LEEDS TEACHING HOSPITALS NHS TRUST Julie Scarfe, Head of Midwifery Email: Julie.scarth@leedsth.nhs.uk	Leeds were a joint winner of this year's All-Party Parliamentary Award in the Normal Birth category, held in July and also presented at the joint HCC / NPSA Safe Delivery (maternity) conference in June 2007.
MID YORKSHIRE HOSPITALS NHS TRUST Sharon Schofield, Head of Midwifery Email: sharon.schofield@midyorks.nhs.uk	The commitment to achieve a ratio of 1 supervisor to 12 midwives which will continue to enhance clinical governance within the maternity unit.
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST Debbie Shakespeare, Head of Midwifery Email: debrah.shakespeare@nlg.nhs.uk	There was not 1 negative response when midwives commented on the role of their supervisor of midwives in helping them feel safe and supported in practice, despite recent changes in working practices.
ROTHERHAM NHS FOUNDATION TRUST Karen Norton, Head of Midwifery Email: karen.norton@rothgen.nhs.uk	The hospital-based supervisory week has raised the profile and ad hoc contact of supervisors with midwives and medical staff alike, enhanced due to a designated supervisors' office, identified as such, that is the base for supervisory reviews, with a computer and locked filing cabinet.
SCARBOROUGH AND EAST YORKSHIRE NHS TRUST Helen Noble, Head of Midwifery Email: helen.noble@acute.sney.nhs.uk	A web-based supervisory work-space is extremely useful in the electronic dissemination of LSA / supervisory information / guidelines / documents.
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST Dotty Watkins, Head of Midwifery Email: dotty.watkins@sth.nhs.uk	As well as some excellent midwifery statistics e.g. one of the highest intentional home birth rates and midwife-led care booking rate in the LSA, the lowest episiotomy rate in the LSA, there is a photo journey through caesarean section for women to view.
YORK DISTRICT NHS FOUNDATION TRUST Margaret Jackson, Head of Midwifery Email: margaret.jackson@york.nhs.uk	Handovers on Labour Ward four times a day between Obstetricians, Anaesthetists, midwives and ODPs and neonatal issues also discussed.