NHS
Yorkshire and the Humber

Yorkshire and the Humber LSA Annual Report to the Nursing and Midwifery Council

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- Lead Midwives for Education
- Report to be made available to the public on the LSA webpage and through the SHA Board meeting notes on the SHA website
- Hard copies of the report are available on request to the LSA Midwifery Officer

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i. Contents

ii. Appendices

1. Self assessment against the 53 standards for LSAs within the NMC (2004) *NMC Rules and standards.*
2. NMC Framework Risk Register Key
3. NMC Yorkshire and the Humber 2007-08 risk profile
4. List of Yorkshire and the Humber SoMs at 31st March 2009
5. Graphs of trend data for each Trust
6. Trend of planned and actual commissions of midwifery education places
7. LSAMO Forum (UK) guidelines' Content list
8. Yorkshire and the Humber LSA guidelines Content list
9. LSA Briefings
10. Programme of the 2008-09 LSA audit visits to all Trusts
11. Summary of the key national, LSA annual data and 2008-09 LSA raw data
12. LSAMO Forum (UK) Annual report 2008 – 09
13. Examples of innovative approaches and good practice making positive differences to midwives' practice and the care of women and their families
14. Programme for LSA Auditor Training workshop on 9th March 2009
15. The 2008 - 09 LSA year in brief
16. Trends of midwife to birth ratios per Trust

iii. Executive Summary

This report fulfils the Nursing and Midwifery Council (NMC) Circular 01/2009: "*Guidance for Local Supervising Authorities' annual report submission to the Nursing and Midwifery Council for the practice year 1 April 2008 – 31 March 2009*". The report includes evidence of action plans against the recommendations from previous reports and a self assessment against the 53 standards for LSAs within the NMC (2004) *Midwives rules and standards*. During 2008-09 the LSAMO and an audit team including service users completed 14 annual audit and monitoring visits of midwifery practice and the supervision of midwives within the LSA, to verify that the NMC requirements were met. There were no complaints regarding the discharge of the supervisory or LSA function, but one appeal was lodged and upheld against the process of a supervisory investigation.

The previous LSA Annual report attracted a risk score of 61 of a potential total 541 (UK range 0 – 185, average = 72), representing an increase on the previous two years' scores of 15 and 23 respectively. The NMC Review of this LSA on 9th and 10th September 2009 was welcomed to reassure the NMC that the actual risks were lower than the risk score attracted by the 2007 - 08 LSA Annual report. Verbal feedback from the review team was positive and the report is awaited.

This report also provides an overview of actions taken in response to the recommendations made for all LSAs within the NMC (2008) report "*Supervision, Support and Safety*". Of the 18 Good practice points within the NMC report, 4 were from Yorkshire and the Humber LSA. Alert letters were sent to the majority of LSAs in the UK during February 2009. Issues cited for this LSA were issues recognised nationally, including misinterpretation of the fetal heart, the support available to student midwives by mentors and increasing birth rates. This report evidences what initiatives were in place and have been further enhanced to minimise these issues, including "*CTG Fresh eyes*", "*Labour Ward Co-ordinator Masterclasses*", releasing time through "*Productive*" initiatives, preceptorship and more proactive prediction of birth rates using tools including the RCOG "*Maternity Dashboard*", NPSA pilot *Intrapartum scorecard* and the *Maternity Matters Dashboard*.

65227 women gave birth using NHS services in Yorkshire and the Humber from 2008 – 2009, an increase of 2%. Many of their clinical outcomes have improved, as has the proactive use of data by maternity services to better manage clinical activity.

The number of Intention to practise forms submitted by midwives by 31st March 2009 was 2817, an increase of 8.4%. There were 204 Supervisors of midwives (SoMs) appointed to the LSA supervising 2676 midwives, also an increase of 1%. Planned commissions at the seven Universities providing midwifery education increased by 18% this year (216 total places) and will increase by 15% in 2009-10 to account for the increasing midwife requirement reflective of the birth rate.

A ratio of 1:15 SoMs to midwives supports the protection of the public by promoting best midwifery practice, preventing poor practice and intervening in unacceptable practice. All Trusts within the LSA had ratios compliant with the NMC 1:15 standard, with an LSA average of 1:13. A robust recruitment strategy is in place, with national guidance utilised for the nomination, selection, appointment and preceptorship of SoMs. Selection panels were held twice a year over four days, for the twice yearly Preparation modules. No SoMs were removed and or suspended from their role but national guidance would be utilised if poor performance or complaints required a SoMs to be suspended or removed following a thorough investigation.

Four link SoMs provide consistency of approach, advice and support across the LSA. A "Contact supervisor" within each Trust acts as a focal point for communication to and from the LSAMO, without precluding direct communication with the LSAMO by telephone, email or face to face. All Trusts provide 24-hour on-call cover for midwives and women to contact a SoM in the event of an incident or concerns about a practice issue. Calls are monitored and access has not been problematic.

The LSA Database purchased during 2006 - 07 practice year has helped optimise LSA office and supervisory time, improved data governance, moved towards paperless systems and ensured consistent approaches to supervisory functions. Quality assurance of data input was undertaken at the LSA audit visits.

Examples of innovative approaches and good practice by SoMs making positive differences to midwives' practice and the care of women and their families are outlined. The profile of SoMs is increasing in governance forums, with Trust Boards, by the use of information on Trust websites, in clinical areas, at MSLCs and in leaflets. The first Yorkshire and the Humber LSA Good Practice Award was launched to recognize and celebrate service improvement within the supervisory framework. Two Trusts were successful and it is hoped to continue this as an annual event.

The effectiveness of supervision could be improved by comprehensive, accurate data collection, protected time for SoMs with additional time for the Contact SoMs role and continuing to raise awareness of supervision with the public and with midwives and continued emphasis on robust, proactive succession planning for SoMS.

The LSA Midwife role was successful in assisting the LSAMO to implement the LSA roles and responsibilities within DH (2007) *Maternity Matters.* Initiatives through the Maternity Education Matters group, close contact with the 7 Universities that provide midwifery education, engagement with the Lead Midwives for Education (LMEs), having a SoM in all our Universities and the monitoring of the clinical environment through the LSA audit process ensured appropriate learning for student midwives.

Twice yearly workshops were facilitated for Contact SoMs and LSA Working groups including the Strategy and Education group, Audit working group, Link SoMs, Guidelines group and eight LSA events and conferences were held. A monthly, electronic *LSA Briefing* was circulated to all SoMs to disseminate to their supervisees and within their own Trusts. LSA contributions to national work, included the NMC/LSA Strategic reference group, the LSAMO Forum (UK), the Department of Health; SHA Workforce/RTP Leads Meetings, the RCM RTP Curriculum Steering Group Meetings and the Project Advisory Group of the National Fetal Anomaly Screening Programme for England "Educational Resource to Support the Implementation of the 18^{+0} – 20^{+6} Week Mid-pregnancy Scan".

The LSA is represented in regional and SHA work, including the Director of Nurses' network, the Maternity Commissioners meeting, the Maternity Education Matters meeting, the Healthy Ambitions Project Board, the Maternity and Children's Workforce and the Yorkshire and the Humber Heads of Midwifery monthly meetings.

There were 38 supervisory investigations undertaken during 2008-09 to uphold the safety of women and babies. Two as yet are not complete due to long term ill health of midwives concerned. The recommendations for midwives were for Supervised Practice (5 midwives, but recommendation changed on appeal to Developmental support), Developmental Support (30 midwives) and Reflection (9 midwives). The LSA referred two midwives to the NMC Health Committee, both of whom also had unresolved issues of clinical competence.

The LSAMO moved towards sourcing investigating supervisors within the LSA, but external to the Trust where the investigation was undertaken (14 of the 38). This is resulting in SoMs receiving more protected time to undertake this important role and it will be formally evaluated in next year's report.

The LSA was made aware of 18 maternity related SUIs. 12 did not require a supervisory investigation as they did not relate to midwifery practice concerns. 6 SUIs did involve some midwifery practice issues, supervisory investigations were undertaken, with appropriate action taken to uphold the safety of women and babies. 9 maternal deaths were reported to the LSA, with no midwifery practice issues of note.

The LSAMO is a member of the NHS Yorkshire and the Humber Maternity and Newborn Pathway *Healthy Ambitions* Programme Board whose overall objectives are to develop a regional maternity pathway supported by quality standards, to develop systems to support data gathering, analysis and reporting and to identify and systematically support the spread of best practice. Many SoMs are supporting the implementation of *Delivering Healthy Ambitions*. Despite investment in maternity services and a narrowing in the variation of midwife to birth ratios, only 5 of the 14 services in Yorkshire and the Humber have ratios better than the average when the Healthcare Commission reported its' national findings in 2008. However investment in maternity services is noted and services are utilising data more proactively to highlight the challenges resulting from increased birth rates.

This report makes recommendations for the next practice year. However, there have been many achievements during 2008-09, with some of the maternity services and SoMs in Yorkshire and the Humber being recognized nationally. The LSA and the SoMs in Yorkshire and the Humber continue to demonstrate a robust approach to the supervision of midwives and therefore to the safety of women and babies.

Introduction

The LSA annual report

This report fulfils the Nursing and Midwifery Council (NMC) Circular 01/2009: *"Guidance for Local Supervising Authorities' annual report submission to the Nursing and Midwifery Council for practice year 1 April 2008 – 31 March 2009*". The Chief Executive for NHS Yorkshire and the Humber is Bill McCarthy, from August 2009 and the Local Supervising Authority Midwifery Officer (LSAMO) is Carol Paeglis.

LSAs are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through the mechanism of statutory supervision of midwives. The primary responsibility of a LSA is to safeguard the public. The NMC sets the rules and standards for the function of LSAs. Apart from the NMC, the LSA is the only organisation that can suspend a midwife from practice and it is currently the only governance mechanism for self employed midwives.

Supervisors of midwives (SoMs) are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. SoMs can only be appointed by a LSA, not by an employer, and as such are acting as an independent monitor of the safety of midwives' practice and the environment of care provided by maternity services. By appointing SoMs the LSA ensures that support, advice and guidance are available for midwives and women 24 hours a day, to increase public protection. SoMs are accountable to the LSA for all their supervisory activities and their role is to protect the public by enabling and empowering midwives to practise safety and effectively. They also have a responsibility to bring to the attention of the LSA any practice or service issues that might undermine or jeopardise midwives' ability to care for women and their babies.

NMC guidance requires LSAs to submit an annual report outlining how they meet the required standards for supervision of midwives and safety of women and babies using maternity services in their area. LSA reports are published on the NMC website. The NMC expects LSAs to include evidence of action plans and progress against meeting the recommendations from previous reports. Appendix 1 provides a self assessment against 53 standards for LSAs within the NMC (2004) *Midwives rules and standards.* Table 1 on page 8 lists the recommendations made in the previous report and an overview of the subsequent actions.

The 2007 - 08 LSA Annual report attracted a risk score of 61 of a potential total 541 (Appendices 2 and 3), UK range 0 – 185, average = 72. This was an increase on the previous two years' scores of 15 and 23 respectively. Breakdown of the risk score is:

- NMC Ref. number 14: *Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio*. **Risk score awarded = 16**

- NMC Ref. number 17: *Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio*. **Risk score awarded = 15**

- NMC Ref. number 19: *No description of complaints process or number of complaints*. **Risk score awarded = 15**

- NMC Ref. number 24: *Where the clinical environment is unsafe for midwife student learning or mentorship is ineffective and not supporting student midwives.* **Risk score awarded = 15**

The NMC acknowledged the similarity of risk ref. numbers 14 and 24 on the NMC risk framework. Also, despite the fact that page 6 of Appendix 1 of the previous LSA report provided the hyperlink for the national LSA Forum guidance which describes the process for the notification and management of complaints against any local LSAMO or SoMs, the NMC responded that it *"would not be appropriate at this time to change the risk score"*. The NMC Review of the LSA on 9th and 10th September 2009 was therefore welcomed to reassure the NMC that the actual risks in the LSA were lower than the score attracted by the 2007 - 08 LSA Annual report. Verbal feedback from the review team was positive and the report is awaited.

The NMC report "*Supervision, Support and Safety*" published in December 2008 is an overview of all the LSA Annual report submissions for the practice year ending 31 March 2008. Of the 18 Good practice points within the report, 4 were from Yorkshire and the Humber LSA. Table 2 on page 9 lists the recommendations within that report and an overview of subsequent actions in this LSA.

This year was the first year that the NMC issued an 'Alert letter – Local midwifery services'. Similar Alert letters were sent to the majority of LSAs in the UK. The letter to the Yorkshire and the Humber Chief Executive on 11th February 2009 cited:

"1. Areas of poor practice were identified: Poor interpretation of the fetal heart, poor recordkeeping, the need to transfer to the obstetric team and substandard care - These areas are consistently reported from a number of organisations and may indicate a wider systemic approach to safety in maternity services.

The 13 practice issues noted within the LSA Annual report were identified from the 63,894 births because of robust supervision and had been dealt with using programmes of supervised practice or developmental support for the individual midwives concerned. Additionally, initiatives including "CTG Fresh eyes" and "Labour ward co-ordinator masterclasses" to address potential systemic problems were outlined.

2. The lack of support mentors are able to give to student midwives due to pressures on mentors' time - Lack of support for student midwives in these circumstances may impact on their learning experience as well as their ability to practise safely and effectively at the point of registration.

The mentor standards within the NMC (2008) *Standards to support learning and assessment in practice* were new at the time but are now embedded in practice. There was no evidence of newly qualified midwives not practising safely during transition to the standards.

3. Rising birth rates have increased demands on midwives' time as well as more frequent unit closures - The above is not new and has been commented on in other inspecting organisations' reports. The affect may impact adversely on the safety and wellbeing of women and their babies"

Unit closures are done at peak activity or when safe staffing establishments can't be met e.g. due to sickness etc. to uphold the safety of women and their babies. The unprecedented increases in birth rates are more actively managed since the publication of the RCOG "Maternity Dashboard" and staffing establishments are an element of the Maternity Matters dashboard which is reports into the Healthy Ambitions Board. Additional investment in maternity services has been noted.

Table 1: Recommendations within 2007 - 08 LSA Annual report and overview of subsequent actions

LSA recommendations	Actions and status
Urge trusts to: - succession plan to a 1:12 SoMs to midwives ratio - increase their commitment to protected time and administrative support to SoMs, as they are the main impediment to effective supervision	Discussed at each LSA forum; within LSA Audit visit reports; and presentations to PCT and Trust Directors of Nursing, Maternity Commissioners; Directors of Performance. **Status: Numbers increased from 194 to 204; LSA - SoMs to midwife ratio 1:13; variation of protected time and administrative support; monitored and actions in place**
Monitor and support Trusts with data quality	LSA Database data is quality assured at each LSA Audit visit and at Contact SoMs workshops. **Status: Some evidence of improvement**
Work with Trusts to enhance support systems, practice and the development of Labour Ward Co-ordinators	Patient Safety monies awarded to LSAMO; Labour Ward Masterclasses held in January and February 2009; **Status: Establishing support Network; Paper accepted for 2009 RCM conference**
Work with Trusts to increase the home birth rate	Discussed and monitored at LSA Audit visits; Guideline in place **Status: slight increase in home births, LSA average 2.3%**
Continue to link more closely with commissioners of maternity services to continually improve the quality and safety for mothers and babies.	LSAMO is now a member of Yorkshire and Humber Maternity PCT Commissioners group and Healthy Ambitions Project Board; LSA Audit visit reports circulated **Status: Links improved**
Support supervisors in implementing *Healthy Ambitions*	LSAMO is on Healthy Ambitions Project Board; Briefings circulated to SoMs; information via events and in LSA Briefing. **Status: Two SoMs also on Project Board**
Further enhance the quality assurance of the supervision of midwives	Discussed and monitored at each LSA forum and within LSA Audit visit reports: **Status: less variability noted**
Support the Leadership development of supervisors of midwives	Focus at a 2008 LSA conference; **Status: Awards and high profile of SoMs conference papers accepted, including 2009 RCM, NMC, 2010 LSA**
Analyse and publish nationally key LSA data for the wider benefit of the practice of SoMs and midwives	Publications by the LSAMO: **Status: Two papers by LSAMO published in *Practising midwife***
Support the LSA Midwife and evaluate the post and its outcomes and develop a Business case to increase the LSA resource	Annual report published **Status: Secondment extended**
Explore IT solutions to support supervisory workload	Pilot of Digipen use by SoMs **Status: Pilot not rolled out; Paper accepted at 2009 RCM conference**

Table 2: Recommendations for LSAs within NMC (2008) *Supervision, Support and Safety* and overview of subsequent actions

NMC recommendation for all LSAs	Actions and status
LSAs should have a robust planning and recruitment strategy to ensure that there are enough supervisors of midwives to meet requirements and enhance safety and support for women and babies using maternity services.	Discussed at each LSA forum; within LSA Audit visit reports; at presentations to PCT and Trust Directors of Nursing, Maternity Commissioners; Directors of Performance. **Status: Numbers increased from 194 to 204; LSA SoMs to midwife ratio 1:13**
LSAs should audit response times from Soms to requests for advice from midwives in challenging situations	Undertaken at LSA Audit visits **Status: no problems identified to date**
LSAs should provide details of action taken and evidence of progress in response to risks communicated to them by the NMC.	Details provided at NMC Review of the LSA on 9th and 10th September 2009 and within this report. **Status: NMC Review report awaited**
LSAs should feed back to Higher Education Institutions, education commissioners and the NMC any concerns related to the clinical learning environment for student midwives.	LSAMO member of SHA Maternity Education Matters Group; LMEs contribute to and receive feedback at LSA Audit visits; **Status: no concerns identified to date**
LSAs should monitor and report any concerns about the competency of newly qualified midwives to the NMC.	Monitored. **Status: no concerns identified to date**
LSAs should explore collaborative working with other organisations that have safety remit, such as the National Patient Safety Agency.	LSAMO is a member of the SHA Patient Safety Action Team with devolvement of some NPSA functions; links with NPSA, Kings Fund at LSAMO Forum (UK); SoMs on NPSA work stream; **Status: achieved**
LSAs should develop and report on action plans in response to any trend that impacts adversely on: • The safety of women and babies • The ability of midwives to provide safe, quality care to women • The ability of midwives to mentor student midwives to ensure competent applicants to the Register	Evidence presented at NMC Review of LSA. See page 7. **Status: LSA data does not indicate increasing concerns in any of these areas**
LSAs should move to an electronic method of storing supervision related data that uses a standard data set agreed by the LSA UK Forum	LSAMO member of LSAMO Forum (UK); LSA Database utilised since April 2007; LSA records stored electronically; **Status: working to LSAMO Forum data**
LSAs should explore working with organisations that have a safety remit, such as the NPSA in order to address the concerns raised in relation to poor practice.	LSAMO is a SHA Patient Safety Action Team member – due to devolvement of some NPSA functions; links with NPSA and Kings Fund at LSAMO Forum (UK); SoMs on NPSA work stream; **Status: achieved**

NHS Yorkshire and the Humber in context

The geographical boundaries of Yorkshire and the Humber LSA are West Yorkshire, South Yorkshire, North and East Yorkshire and Northern Lincolnshire (http://www.yorksandhumber.nhs.uk/). Maternity services in Yorkshire and the Humber are commissioned by fourteen PCTs and provided by nine NHS Foundation and five NHS trusts. Eleven midwives indicated Independent / Self employed midwife status as either their "Main place of work" (7) or "Part time place of work" (4). The websites of the trusts providing maternity services are accessible at:

- Airedale NHS Trust www.airedale-trust.nhs.uk
- Barnsley Hospital NHS Foundation Trust www.bhnft.nhs.uk
- Bradford Teaching Hospitals NHS Foundation Trust www.bradfordhospitals.nhs.uk
- Calderdale and Huddersfield NHS Foundation Trust www.cht.nhs.uk
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust www.dbh.nhs.uk
- Harrogate and District NHS Foundation Trust www.harrogatehealth.nhs.uk
- Hull and East Yorkshire Hospitals NHS Trust www.hey.nhs.uk
- Leeds Teaching Hospitals NHS Trust www.leedsth.nhs.uk
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust www.nlg.nhs.uk
- Mid Yorkshire Hospitals NHS Trust www.midyorks.nhs.uk
- Rotherham NHS Foundation Trust www.rotherhamhospital.trent.nhs.uk
- Scarborough and North East Yorkshire Healthcare NHS Trust www.scarborough.nhs.uk
- Sheffield Teaching Hospitals NHS Foundation Trust www.sth.nhs.uk
- York Hospitals NHS Foundation Trust www.york.nhs.uk

The number of women giving birth using NHS services in Yorkshire and the Humber from 2008 - 2009 was 65227. The number of Intention to practise forms submitted by midwives by 31st March 2009 was 2817. Appendix 4 lists the 204 SoMs appointed to Yorkshire and the Humber LSA as of 31st March 2009. Appendix 5 provides graphs of trend data of SoMs, midwives, births and some clinical outcomes for each Trust.

Planned commissions of midwifery education places increased by 18% from 2007-08 (183 total places) to 2008-09 (216 total places) and by 15% for 2009-10 (249 total places) to account for the increasing midwife requirement reflective of the birth rate – see Appendix 6. Midwifery education is provided by the following Universities:

University of Bradford
University of Huddersfield
Hull University
University of Leeds * Also provides the Preparation of SoMs module
The University of Sheffield * Also provides the Preparation of SoMs module
Sheffield Hallam University
The University of York

Some of the maternity services in Yorkshire and the Humber were recognized nationally during 2008-09, including:

- Hull and Calderdale and Huddersfield won 2 of the 5 All-Party Parliamentary Group on Maternity 2008 awards ***Achievement***
- Bradford won a RCM award for Recruitment and Retention in January 2009, for their Preparation for Midwifery course. ***Achievement***

The national Child and Maternal Health Observatory (ChiMat) situated in Yorkshire and the Humber provides information and intelligence to improve decision-making for high quality, cost effective services. It supports policy makers, commissioners, managers, regulators, and other health stakeholders working on children's, young people's and maternal health. It is part of the Yorkshire and Humber Public Health Observatory which takes a national lead in child health.

Key facts about Yorkshire and the Humber:

- The region has the second highest number of vulnerable people in England who are judged to be in "fuel poverty" by the Government.
- On average people die at a younger age here than elsewhere in the country
- A boy born in Bradford is almost 3 times more likely to die before their first birthday than one born in Harrogate
- Half the population of Yorkshire and the Humber are smokers or ex-smokers
- 12,500 expectant mothers smoke through pregnancy.
- 23% of men and 24% of women were obese in 2004-06
- Sexually transmitted infections are rising. Cases of uncomplicated chlamydial infection in the region have more than doubled since 1998, with about 12,000 episodes being identified in 2007.
- Future health patterns are strongly linked to GCSE results
- 10,000 people die from smoking related diseases each year.
- There are 3,200 extra deaths each year in winter compared with the summer.
- Over 22,000 people sustain a serious accidental injury each year

Source: Yorkshire and the Humber Public Health Observatory

Healthy Ambitions is the regional clinically led vision for improving health and healthcare in Yorkshire and the Humber. It sets out the regional results of the Next Stage Review established nationally by Lord Ara Darzi, to save lives and improve care for our population over the next 10 years. The key aspects of the Maternity and Newborn Pathway are that:

- Latest national guidance e.g. Maternity Matters should be strongly backed
- Levels of consultant staffing should be in line with Royal College guidance
- Action should be taken to improve rates of breastfeeding
- Action should be taken to reduce smoking in pregnancy
- The quality and consistency of information for pregnant women should be improved
- Midwifery time should be prioritised for women who need it most.

Delivering Healthy Ambitions is the implementation framework for Healthy Ambitions. The document explains how work is being taken forward in each of the clinical pathway areas, who is leading it and when it will be complete. Details are given of the cross cutting work streams in place to support delivery of the recommendations, as well as the governance structures through which assurance is gained of progress made across the region. The LSAMO is a member of the Maternity and Newborn Pathway Programme Board. Overall objectives of the Programme Board are to develop a regional maternity pathway supported by quality standards, to develop systems to support data gathering, analysis and reporting and to identify and systematically support the spread of best practice: www.yorksandhumber.nhs.uk

Section 1 – (Rule 16): Each local supervising authority (LSA) will ensure their report is made available to the public.

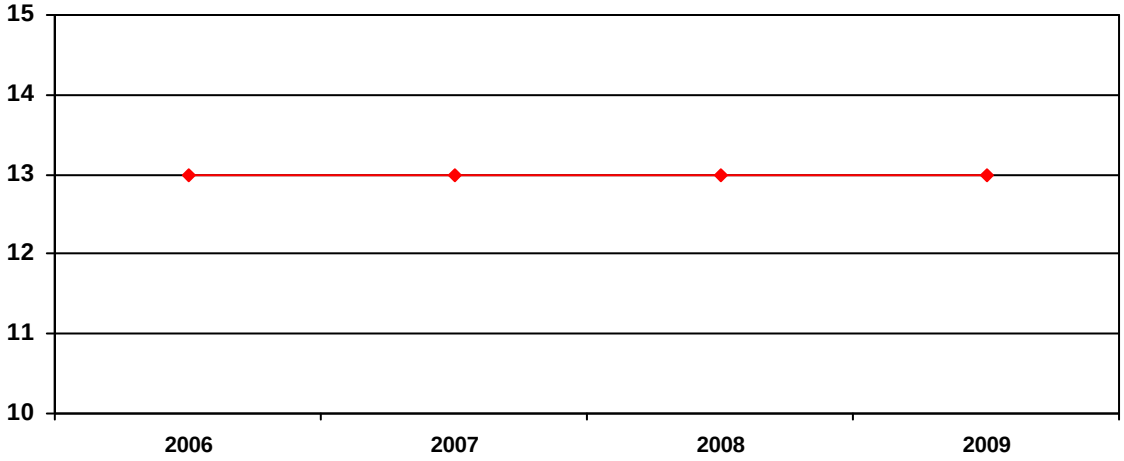
The 2008 – 09 LSA Annual report will be made available and accessible to the general public and the following key organisations after it has been presented at the SHA Public Board meeting on 3rd November 2009:

- PCT Chief Executives and Directors of Nursing
- NHS and Foundation Trusts' Chief Executives and Directors of Nursing
- PCT Maternity Commissioning Leads
- Heads of Midwifery
- Supervisors of Midwives
- Chairs of Maternity Services Liaison Committees (MSLCs)
- Lead Midwives for Education
- Report to be made available to the public on the SHA / LSA website and through the SHA Board meeting and hyperlinked on the LSAMOs email footer (http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
- Hard copies will be made available on request to the LSA Midwifery Officer

An overview of the previous report was also presented at the NHS Yorkshire and the Humber Directors of Nursing Network meetings; a Directors of Performance meeting; a PCT Maternity Commissioning Leads meeting; at MSLCs; at Selection days for prospective SoMs and copies were requested from the Health Service Journal. It was accessible on the LSA webpage from October 2008, it has been notified on the LSAMOs email footer all year and it is also on the NMC website at: www.nmc-uk.org

Section 2 – (Rule 16): SoM appointments, resignations and removals

On page, 14 Table 3 outlines data for the 2008 – 09 practice year and the three previous years. Much emphasis on SoMs' succession planning has occurred. The graph below indicates that the LSA average SoM to midwife ratio remains stable at 1:13. ***Key achievement***



A ratio of 1:15 SoMs to midwives supports the protection of the public by promoting best midwifery practice, preventing poor practice and intervening in unacceptable practice. 12 of the 14 Trusts within the LSA had ratios of SoMs better than the NMC 1:15 standard. The other 2 Trusts were also compliant at the time of writing this report.

There is no shortage of midwives interested in becoming a SoMs, despite two supervisory teams still not being financially remunerated. This indicates the value that midwives place on supervision.

Appendix 4 is the list of SoMs as at the end of March 2009. It provides the total numbers of SoMs, the total number of midwives and the SoMs to midwives ratios in each Trust based on Report 5 from the LSA Database. NB: This data may vary from the data submitted by Trusts due to the data submission. Appendix 5 demonstrates the trend data for each Trust.

SoMs to midwives ratios better than the NMC 1:15 recommendation are noted at:

- Airedale NHS Trust **– 1:12**
- Barnsley Hospital NHS Foundation Trust **– 1:12**
- Calderdale and Huddersfield NHS Foundation Trust **– 1:13**
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust **– 1:10** (Doncaster hospital is in Yorkshire and the Humber LSA, but Bassetlaw hospital is in East Midlands LSA).
- Harrogate and District NHS Foundation Trust **– 1:10**
- Leeds Teaching Hospitals NHS Trust **– 1:13.5**
- Mid Yorkshire Hospitals NHS Trust **– 1:13**
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust **- 1:13**
- The Rotherham NHS Foundation Trust **- 1:14**
- Scarborough and North East Yorkshire Healthcare NHS Trust (SNEY) **– 1:8**
- Sheffield Teaching Hospitals NHS Foundation Trust (Sheff) **– 1:14**
- York Hospitals NHS Foundation Trust (Yk) **– 1:12**

Hull and East Yorkshire Hospitals NHS Trust (HEY) had a ratio of **1:16**
Actions / status: Current ratio is 1:15. HEY have a student SoM on the current preparation programme and 1 for the next Selection process indicating succession planning

Bradford Teaching Hospitals NHS Foundation Trust (Bfd) of **1:16.5**
Actions / status: Current ratio is 1:14 as 2 SoMs external to Bfd now have a contract as SoMs. Bfd also have three SoMs awaiting appointment and a further on the current preparation programme, indicating recently improved succession planning

An additional three SoMs are not appointed within a Trust structure due to those teams classing themselves as at establishment due to Agenda for Change. Two of these supervisors have Service level agreements to provide supervisory activities for Bfd. An additional four SoMs within two Universities support Trust teams.

Table 3: Total midwives, SoMs, appointments, resignations, suspensions, removals and time out / standing down of SoMs

Practice year and LSA ratio	Total SoMs and Midwives	Appointments	Resignations	Removals	Time Out / Standing Down
2008 -09 **1:13 ratio**	204 SoMs 2676 midwives	22, 7 were re-appointments	9, 2 were retirements	0	3
2007 -08 **1:13 ratio**	194 SoMs 2581 midwives	9, 1 was a re-appointment	22, 2 were retirements	0	3
2006 -07 **1:13 ratio**	203 SoMs 2756 midwives	17, 1 was a re-appointment	18, 4 were retirements	0	2
2005 -06 **1:13 ratio**	206 SoMs 2615 midwives	16, 2 were re-appointments	18, 3 were retirements	0	1

2.1: Recruitment strategy to ensure sufficient and sustainable numbers for the future.

A robust recruitment strategy is in place across the LSA. The LSAMO Forum (UK) guideline C is utilised for the nomination, selection, appointment and preceptorship of SoMs. Supervisory teams are recommended to succession plan towards ratios of 1:12 at all LSA forums, within LSA Audit visit reports and within this report. The LSAMO holds Selection panels with service user involvement twice a year over four days, for the twice yearly Preparation modules. Where SoMs are not practising within a Trust team due to Agenda for Change issues, they are appointed across the LSA and supported by the LSAMO in sourcing supervisory activities. The LSAMO has published articles on SoMs in Yorkshire and the Humber and will continue to monitor at the LSA Audit visits, every SoM's ability to take protected time from their substantive post. The LSAMO also moved towards sourcing investigating supervisors within the LSA, but external to the trust where an investigation is undertaken. This is resulting in SoMs receiving more protected to undertake this important role.

2.2: Reason and numbers of SoMs removed and or suspended from their role

There have been none to date but the LSAMO Forum (UK) guidelines D and G at www.midwife.org.uk would be utilised if poor performance or complaints required a SoMs to be suspended or removed from their role following a thorough investigation.

Section 3 (Rule 16): Details of how midwives are provided with continuous access to a supervisor of midwives

During this report year Annual reports from SoMs' teams indicated the range of methods by which SoMs provide their contact details to midwives, women and their families and staff in general. These include:

- Local Trust website information / Information within "Bounty" packs
- Information leaflets / Newsletters
- Introductory letters / Preceptorship packages
- Supervision information folders
- SoM lists in all areas with contact details, SoMs name plates on office doors
- Notice boards in clinical areas / Information within women's maternity records
- Mandatory updating sessions
- Contact lists with the main switch board

3.1: How midwives contact their named SoMs

All midwives have named SoMs. They provide their contact details for ad hoc contact, as well as arranging a formal meeting every year for the supervisory review. A booklet containing information about supervision is provided for each midwife on appointment and to student midwives. It is also repeated within the supervisory review documentation and at some Mandatory updating sessions. Some Trusts also have a dedicated "SoMs" office where the SoMs on call is based. This has raised the profile and access to SoMs for midwives, students and other healthcare professionals.

3.2: How midwives contact a SoMs in an emergency

All Trusts in the LSA provide 24-hour on-call cover for contacting a SoMs when the named SoMs 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. For the remaining Trust, midwives can contact any SoMs and this has not been problematic. SoMs keep supervisory records or log books of calls and advice provided, often discussing themes as a learning exercise during local SoMs meetings. The LSAMO has not received any complaints from midwives, students or women being unable to access a SoMs, or inappropriate response times.

3.3: LSA contingencies if a SoM is not contactable

Every SoMs team has a Contact SoMs. The role is outlined within the LSAMO Forum (UK) Guideline M *Guidance on the role of the Contact SoMs* at: www.midwife.org.uk/ Midwives would attempt to contact the Contact SoMs in the first instance, with information increasingly noted on Trusts' websites. However, the contact details of the LSAMO, the LSA Midwife and the four Links SoMs appears in every monthly, electronic *LSA Briefing* and the contact details of the LSAMO are on the LSA website http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/

3.4: How access to a SoMs is audited in the LSA

The following questions have been added to the 2009-10 LSA Audit tools to monitor that midwives and women have continuous access to a SoMs and to ensure that the response times for advice in urgent or in challenging situations meet their needs:

Women's questionnaire – accessible on the LSA website at:
http://www.yorksandhumber.nhs.uk/document.php?o=2734

Were you given any information about supervisors of midwives?	YES ☐	NO ☐
Did you make contact with a supervisor of midwives?	YES ☐	NO ☐
If yes, did the supervisor contact you in a timely manner?	YES ☐	NO ☐
If you would like more information on the supervision of midwives, please provide your contact details or visit: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/		

The Nursing and Midwifery Council information specifically for parents on the role of supervisors of midwives, the role of the LSA and the role of the NMC was added to the LSA webpage in July 2009: Support for parents: how supervision and supervisors of midwives can help you [PDF]

Midwives questionnaire – accessible on the LSA website at:
http://www.yorksandhumber.nhs.uk/document.php?o=2727

Do you know how to contact a supervisor of midwives: - in office hours? - out of hours?	YES YES	NO NO	
If you have contacted a supervisor of midwives for advice in a challenging situation, did the response time suit your needs?	YES	NO	N/A
Please provide some examples:			

To date, the outcomes have been favourable, but action plans will be instigated if required. Student midwife and non-midwife awareness of how to contact a SoMs is also sought as per below:

Student midwives questionnaire - accessible on the LSA website at:
http://www.yorksandhumber.nhs.uk/document.php?o=3044

Do you know how to contact a Supervisor of Midwives?	Yes	No
Have you ever contacted a Supervisor of Midwives?	Yes	No
If you would like more information on the supervision of midwives, please provide your contact details or visit: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/		

Non - midwives questionnaire e.g. Doctors, nurses, Maternity Support Workers – accessible on the LSA website at:
http://www.yorksandhumber.nhs.uk/document.php?o=2728

Do you know what reasons a Supervisor of Midwives might be called?	Yes	No
Do you know how to call a Supervisor of Midwives?	Yes	No
Do you know who the Supervisor's are in the unit?	Yes	No
Have you experience working with a Supervisor?	Yes	No
Please outline any key initiatives that the supervisors of midwives have been involved with and what their involvement was:		
Would you like more information about Midwifery Supervision?	Yes	No
If yes, please put your details below and a Supervisor will contact you.		

Section 4 (Rule 16): Details of how the practice of midwives is supervised

Yorkshire and the Humber LSA is responsible for ensuring that the statutory supervision of midwives happens as set out in the Nursing and Midwifery Order (2001). Rule 12 of the NMC (2004) *Rules and standards* sets the standards for the supervision of midwives. The LSAMO Forum (UK) guidelines are utilised: www.midwife.org.uk/ (Appendix 7) and the Yorkshire and the Humber LSA guidelines describe in detail how the practice of midwives is supervised (Appendix 8): http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/

4.1: Methods of communication with SoMs and the dissemination of information

A "Contact supervisor" within each Trust acts as a focal point for communication to and from the LSAMO. This does not preclude direct communication by telephone, email or face to face. The LSAMO Forum (UK) guideline M describes the role description of the Contact SoMs: www.midwife.org.uk/ . The LSAMO:

- sends emails to the Contact SoMs circulation list either for direct action or for dissemination to all SoMs or to midwives. Topics include educational and funding opportunities, research dissemination and involvement and Department of Health, NMC, LSAMO Forum (UK), NICE, NPSA, Kings Fund, Healthcare Commission – now Care Quality Commission, Connecting for Health, MDA, NHS Yorkshire and the Humber consultations, guidance and events.

- facilitates a twice yearly workshop for Contact SoMs to share good practice, to quality assure supervisory activities within the SoMs teams, to provide support, to provide a forum to develop prospective Contact SoMs and a forum

to feedback the positive aspects of LSA support systems and the ones that could be enhanced.

- contributes to and reports back from national work, including:
    - NMC/LSA Strategic reference group - held quarterly, once with LMEs to assist in advising the NMC Midwifery Committee on rules relating to the supervision, practice and education of midwives
    - LSAMO Forum (UK) – held every 2 months. It aims to develop consistency of approach to supervision across the four countries and provides a support network for the LSAMOs. The 2008-11 Strategic Direction and the May 2009 Progress report on the Strategy can be accessed on the Forum website at: www.midwife.org.uk
    - Department of Health: SHA Workforce/RTP Leads Meetings
    - RCM RTP Curriculum Steering Group Meetings - expert reference group assisting in the design and development of the curriculum
    - Project Advisory Group of the National Fetal Anomaly Screening Programme for England "Educational Resource to Support the Implementation of the 18^{+0} – 20^{+6} Week Mid-pregnancy Scan" ***Key achievement***
- contributes to and reports back from regional / SHA work, including:
    - Director of Nurses' network - The LSAMO is a member representing Midwifery and presented the LSA Annual report and a progress report.
    - Maternity Commissioners meeting – see above
    - Maternity Education Matters – see above
    - Healthy Ambitions Project Board
    - Internal NHS Yorkshire and the Humber – SHA time-out, Directorate meetings, Staff briefings, Maternity and Children's Workforce. The LSAMO attends when able, representing midwifery
- communicates with SoMs at their annual LSA Audit visits, on LSA Working groups including the Strategy and Education group (bi monthly), Audit working group (bi monthly), Link SoMs (bi monthly), Guidelines group (quarterly) and at the eight LSA events/ conferences annually
- communicates with SoMs who seek advice ad support on an ad hoc basis
- meets with the Yorkshire and the Humber Heads of Midwifery at their monthly meetings and attends their annual Time-out day. They are all SoMs.

A monthly, electronic *LSA Briefing* was produced and circulated to all SoMs for dissemination to their supervisees and within their own Trusts, with additional recipients added on request, including LMEs, student SoMs, some SHA staff and some Directors of Nursing within the region. It contains a mixture of national, regional and local news including key publications, research findings, sharing of best practice and notice of LSA events and working groups and summaries of evaluations or notes of meetings. Some front and back pages *LSA Briefings* of can be seen in Appendix 9

4.2: How the supervisory function works and what processes are in place for the effective supervision of midwives

The relevant Rules and LSA standards are outlined below, with how the systems within Yorkshire and the Humber LSA are operationalised for effectiveness and consistency of approach. The relevant LSAMO Forum (UK) guidelines (Appendix 7) and the Yorkshire and the Humber LSA guidelines (Appendix 8) are referenced.

Rule 3 - Notification of Intention to practise form
It is a midwife's responsibility to notify his/her intention to practise (ITP) midwifery in the LSA where he/she intends to practise midwifery. This notification process is there for public protection as the system enables the LSA to check that the midwife is eligible to practise and so protects the public by ensuring that only eligible midwives practise midwifery – LSAMO Forum (UK) guideline K http://www.midwife.org.uk/

Currently midwives submit their ITP to their named SoMs and this information is entered onto the LSA database. A SoMs signs the ITP if she can confirm that to the best of her knowledge the information contained on the form is correct and the midwife has provided the SoMs with the evidence that he/she has met the NMC (2008) PREP requirements to maintain registration as a midwife. PREP is a set of NMC standards and guidance which describes how much clinical and educational activity is required in each registration period. The NMC PREP Handbook was reissued in June 2008 (and is available online at http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=4340).

Rule 4 - Notifications by LSA
The LSA published the date and the name and address of the LSAMO to whom the midwife must give notice under rule 3 (1), by email and within the *LSA Briefing.* The SoMs send the notifications to the LSA via the web based electronic LSA Database and this information was uploaded to the NMC in March 2008 and 2009. Subsequent notifications were uploaded weekly. This notification system enabled Yorkshire and the Humber LSA and the NMC to keep an updated record of all practising midwives.

The online system continues to be managed locally by the SoMs, is quality assured by the LSA Support Officer and is monitored by the LSAMO at Audit visits. The minimal ITP upload failures were reported back to the LSA by the NMC and acted upon by the LSA Support Officer once the report was received. There were very few upload failures. The two main reasons for the few failures were an incorrect date of birth being entered onto the LSA Database or the midwife's NMC registration payment not being processed before the ITP was submitted. The LSA made certain that all the failure notices were acted upon immediately in order to protect the public to ensure that only midwives who had current registration status were practising.

It was the responsibility of the named SoMs to also carry out checks on the NMC website to ensure that midwives who were part of their caseload had their ITPs successfully uploaded. This notification system identifies those midwives who were entitled and those who were not able to provide midwifery care.

Employers, SoMs and the public may verify a midwife's registration and entitlement to provide midwifery care status on the NMC online register. This verification system supports public protection. This register can be accessed via the NMC's website http://www.nmc-uk.org/aNewSearchRegister.aspx. Only the details of those registrants with effective registration will be displayed.

Rule 5 - Suspension from practice by a Local Supervising Authority

Suspension from practice can only be undertaken by a LSAMO and only simultaneously with referral to the NMC. This is done in line with the LSAMO Forum (UK) guidelines I and J at: www.midwife.org.uk Section 10 in this report details the supervisory investigations undertaken during the 2008-09 practice year and details how the public were protected. For the last three years, LSA conferences have focused on investigation processes to provide consistency of approach.

Rule 6 – Responsibility and sphere of practice

The standards within this rule define what would be reasonably expected from someone who practises midwifery. If women, SoMs, midwives or managers had concerns about a midwife practising safely and effectively this must be reported to a SoMs or directly to the LSAMO and the concerns would be investigated.

Rule 7 – Administration of medicines

SoMs audit individual records related to the administration of medicines and controlled drugs. SoMs provide evidence of this during their Annual reports and through self assessment for the annual LSA audits. The audits show whether midwives are meeting standards and if any improvements are required. The LSAMO raised awareness of the NMC (2008) *Standards for medicines management* (accessible at http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=4585). Action taken by SoMs teams as a result of its publication is benchmarked within the 2009-10 LSA Audit tool.

Rule 8 - Clinical trials

The LSAMO was not notified of any midwifery led clinical trials in the Yorkshire and the Humber LSA during 2008-09. Some units contributed to the Birthplace study.

Rule 9 – Records

The SoMs must audit clinical records with their supervisees at their annual reviews. This exercise enables the SoMs to have an open discussion about the standards for recordkeeping. SoMs also audit records annually in a variety of ways. During supervisory investigations the SoMs will review records to ensure that an appropriate standard of care has been given and this is based on current evidence. Many SoMs teams discuss recordkeeping at the mandatory training day in Trusts. The LSAMO raised awareness of the NMC updated guidance published in July 2009 (available at http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=6269). Action taken by SoMs teams as a result of its publication is benchmarked within the 2009-10 LSA Audit tool.

Rule 10 – Inspection of premises and equipment

SoMs must monitor standards and methods of practice and this includes reviewing records, equipment and place of work, including those of independent midwives as per Yorkshire and the Humber LSA guideline 16: http://www.yorksandhumber.nhs.uk/document.php?o=480

Rule 11 - Eligibility for appointment as a supervisor of midwives

Information about this Rule 11 and how it is operationalised to protect the public has been given in Section 2 of this report.

Rule 12 – The supervision of midwives

Annual supervisory reviews - All midwives should meet with their named SoMs at least once a year for the purpose of statutory supervision as per Yorkshire and the Humber LSA guideline 12: http://www.yorksandhumber.nhs.uk/document.php?o=476 This provides the midwife with an opportunity to discuss their professional development needs. The LSAMO monitors the percentage of annual reviews at LSA Audit visits. Common, legitimate reasons for the few midwives not having attending for an annual review were long term sickness, career break or maternity leave. A flow chart for handling non-compliance with a supervisory review is in guideline 12 above.

Communication with and dissemination of information by the LSA - This has been outlined in Section 4.1 of this report and is per Yorkshire and the Humber guideline 5: http://www.yorksandhumber.nhs.uk/document.php?o=469

Quality assuring SoMs - Exploring methods of quality assuring supervision was one of the priorities within the previous annual report. The LSAMO monitors the standard and range of supervisory investigations undertaken. As part of the 2009 -10 practice year LSA audit tool, the questions below were added to the questionnaire issued to SoMs. The questions aim to provide discussion points with the supervisory team at their LSA Audit visit, but also between team members at their local SoMs meetings. The results will be reported on within the next Annual report. ***LSAMO recommendation: report on quality assuring supervision in the next LSA Annual report***

How effective is your role as a supervisor of midwives in the following:			
	Highly	**Adequate**	**Ineffective**
Trusting relationships with individual midwives			
Supporting women and their families			
Productive relationships with local supervisory team			
Networking with supervisors of midwives across the LSA			
Liaising with educationalists			
Supporting the mentoring of student midwives			
Supporting the mentoring of student supervisors			
Enhancing multi-disciplinary working			
Influencing high standards of care			
Leading service changes			
Participating in fitness to practise issues			
Electronic working (e.g. emails)			
LSA Database			

Link supervisors - Within the LSA, there were four Link SoMs; Julie Hinchliffe from Airedale NHS Trust, Margaret Jackson from York Hospitals NHS Foundation Trust, Karen Thirsk from Hull and East Yorkshire NHS Trust and Sue Townend from Calderdale and Huddersfield NHS Foundation Trust. As ever, an acknowledgement of the support of the Link SoMs 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. The Link SoMs role supports a consistent approach to supervisory function and formalises experienced supervisory advice across the LSA. Link SoMs in conjunction with the LSAMO, consider proactive and reactive measures to clinical issues and incident trends.

LSA Annual monitoring visits - Annual monitoring visits provided the LSAMO and a LSA audit team, the opportunity to ensure that all midwives have their practice supervised by the SoMs in their trust. The audit tool incorporates midwives' views of the essential competencies of their SoMs (NMC 2007 *Standards for the preparation and practice of supervisors of midwives).* The 2009-10 LSA Audit tool is accessible on the LSA webpage: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/lsa_audits1/

There were no suggestions of inadequate supervision being carried out on a daily basis. This was generally done through SoMs working alongside their supervisees in the clinical areas and through annual supervisory reviews. The programme of the 2008-09 LSA audits lists when audit visits to all Trusts were undertaken, the type of audit visit and composition of the audit team (Appendix 10).

Appendix 11 summarises some of the key national and LSA annual data used to benchmark Trusts against when LSA audit visits were done. Whilst the raw data was 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. ***LSA recommendation: Continue to support and monitor the quality and comprehensiveness of data submitted to the LSA***

The LSA Database - This was purchased during the 2006 - 07 practice year. The LSA Database has helped to optimise LSA office and supervisory time, has improved data governance, moved towards paperless systems and ensured consistent approaches to supervisory functions. Quality assurance of data input was undertaken using LSA Database reports at the LSA audit visits. Reports in use are uploads of ITPs to the NMC, Maternal death notifications and closures, attempted closures and suspensions of aspects of maternity services. The LSAMO Forum (UK) is working towards a consistent dataset for use by all LSAMOs in the UK.

Supervisory involvement in clinical governance - Yorkshire and the Humber LSA guideline 3 outlines the role description of a SoMs, including participation in clinical governance forums: http://www.yorksandhumber.nhs.uk/document.php?o=2487 This was audited through the LSA questionnaire for SoMs, asking them to list what clinical governance activities they were involved in, within their employing organisation. This was to ensure that SoMs were integrated where possible to proactively enhance midwifery practice, but also in a position to respond reactively where indicated. Typical responses include SoMs attending local SoMs' meetings, being a member of local 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 gave the opportunity for SoMs to share learning from good practice and from incidents to enhance midwifery and supervisory practice. It also enabled SoMs to accumulate their 6 hours annually to meet the NMC (2006) continuing professional development (CPD) requirement as outlined in Yorkshire and the Humber LSA guideline 9:

http://www.yorksandhumber.nhs.uk/document.php?o=473 . Examples include being a member of the LSA Guidelines group, the LSA Audit Group, the LSA Strategy and Education Group, the Link SoMs group, participating in LSA conferences, undertaking Link SoMs or Contact SoMs roles, participating in other LSA events, being a mentor to prospective SoMs, leading supervisory investigations where required and being involved in the monitoring of developmental support or supervised practice programmes where necessary. SoMs CPD was monitored by the LSA.

LSA events for SoMs – The following LSA facilitated meetings / events were held with SoMs and with prospective SoMs to count towards the practice hours of their preparation programmes. All LSA events are planned and evaluated through the LSA Strategy and Education group meeting, so have supervisory and educationalist input in their development, with suggestions of future educational topics invited. Details of forthcoming events and summaries of the key learning from events are disseminated in the monthly LSA Briefing, to optimise learning across and out-with the LSA.

- Two conferences for SoMs were facilitated and a total of 149 SoMs attended. These are the only LSA facilitated events charged to SoMs. Presentations from the Summer conference in July 2008 and the Winter conference in November 2008 can be accessed on the LSA webpage

- Two full day, bi-annual supervisors' meetings were attended by 89 SoMs and 14 student SoMs

- 4 half day LSA network meetings were held in local trusts. A total of 69 SoMs and 10 student SoMs attended these 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.

- Quarterly newly appointed SoMs meetings held at the LSA were held, utilising action learning to provide an opportunity for each newly appointed SoMs, in a confidential arena, to share experiences and also to verify his/her actions with the LSAMO. The meetings are highly valued to the extent that there is a reluctance to stop attending when the initial year of appointment ends.

- Bi-annual Liaison SoMs and Independent midwives workshops were facilitated for Independent midwives, their named SoMs and the liaison SoMs for Independent midwives at each Trust as per Yorkshire and the Humber LSA guideline 16: http://www.yorksandhumber.nhs.uk/document.php?o=480 . The workshops evaluate well providing a forum to improve working relationships, for sharing practice, supporting team working, challenging ways of working and contributing to guidelines and practice debates.

- Ad hoc supervisory events attended by the LSAMO included 6 month follow up visits following LSA Audit visits. The LSAMO was also invited and attended the Yorkshire and the Humber Heads of Midwifery time-out.

- The LSAMO Forum (UK) conference took place in April 2008. The Yorkshire and the Humber LSAMO was on the conference planning team. Two presentations were facilitated by 3 Yorkshire and the Humber SoMs ***Key achievement***. The event attracted approximately 500 delegates and keynote speakers included the Chief Nursing Officer, Dame Christine Beasley and

Baroness Cumberlege. A total of 12 Yorkshire and the Humber SoMs from trusts, 15 student SoMs and 3 Midwifery educationalists were supported by the LSA to attend this event. The programme for the event is accessible at: http://www.jmdevents.co.uk/LSA%20Conference%20Programme.html

Rule 13 – The Local Supervising Midwifery Officer

NHS Yorkshire and the Humber appointed Carol Paeglis as LSAMO, ensures that the processes of statutory supervision are in place for the area. The LSAMO acts as an essential point of contact for SoMs to consult for advice on all aspects of supervision, and for advice with especially difficult or challenging situations.

The LSAMO completed 14 annual audit and monitoring visits of the practice and supervision of midwives within the LSA area to ensure the requirements of the NMC are being met. The NMC (2004) *Midwives Rules and Standards* set broad principles for SoMs and the LSAMO Forum (UK) sets the standards for the LSA audits of Trusts: http://www.yorksandhumber.nhs.uk/document.php?o=462

The 2008-09 LSA Audit tool and the process was developed through the LSA Audit group, with service user involvement. Each Trust is audited alternating between a formal and informal process. On a full day formal audit the team meets with focus group of SoMs, Midwifery educationalists, midwives, student midwives and undertakes telephone interviews with service users and partners. For the half day informal audit, the audit team visits the clinical areas to ensure action from the previous year's recommendations. On completion of the audit visit a report was prepared for each Trust highlighting good practice and identifying suggested areas for development. Overall, all the 5 standards for the supervision of midwives, have been met within Yorkshire and the Humber LSA. Some of the individual criterion within some standards have been challenging to some Trusts.

Rule 14 – Exercise by a LSA of its functions

The NMC has a duty to verify that the standards set for the LSA are being met and has therefore developed a system for reviewing LSAs. The LSA Review Framework is accessible on the NMC website: http://www.nmc-uk.org/aArticle.aspx?ArticleID=2580
The aim is to ensure that the rules and standards for statutory supervision of midwives and the function of the LSA are being met and to highlight any concerns around protection of the public. Reference to the NMC Review of the Yorkshire and the Humber LSA on 9th and 10th September 2009 has been made in the Introduction. Verbal feedback from the review team was positive and the report is awaited.

Rule 15 – Publication of Local Supervising Authority procedures

The LSAMO Forum (UK) website contains guidelines for the LSAMOs and SoMs across the United Kingdom at www.midwife.org.uk The Yorkshire and the Humber LSAMO is an active member of the Forum and so contributes to the development of the guidelines, the Forum website and the ongoing work plan (Appendix 12).

The Yorkshire and the Humber LSAMO has developed LSA web-pages on the NHS Yorkshire and the Humber website. On these pages it includes the full contact details of the LSAMO, the LSA Annual report, how to complain about the LSA, the LSAMO or a SoM, appeals against a suspension from practice, the procedure for reporting all adverse incidents relating to midwifery practice or allegations of impaired fitness to practise, and the procedure by which it will investigate any such reports.

Rule 16 – Annual report

This report is evidence of compliance with Rule 16. The NMC guidance document is available to the public on the NMC website at: http://www.nmc-uk.org/aArticle.aspx?ArticleID=2095

4.3: Evidence of how the LSA has improved care to women or enhanced and supported the practice of midwives.

Appendix 13 lists examples of innovative approaches and good practice making positive differences to midwives' practice and the care of women and their families. These are collated and reflected in LSA Audit visit reports and within the Annual reports from Supervisory teams.

Additional analysis of the good practice points demonstrates the increasing use of the NHS Institute for Innovation and Improvement initiatives, embracing work relating to reducing caesarean sections and increasing normal birth e.g. Airedale and Sheffield are "Early adopter sites", as well as releasing time to care - The "Productive Ward" e.g. Leeds and Sheffield. Other midwifery practice activities involve Trusts now providing a waterbirth services or midwife-led examination of the newborn where services were not available before and introducing the use of the West Midlands Perinatal Institute customised growth charts.

The supervisory profile is increasing with SoMs involved in more governance forums, presenting to their Trust boards, with some evidence of facilities and environments improving with dedicated rooms and protected time for supervisory activity.

Appendix 15 lists the various forums that the LSAMO has either facilitated or attended with the aim of supporting the practice of midwives and improving the care provided to women and their babies. This includes LSAMO opening the 2009 "Safer Births" conference in January in York, hosted by Kings Fund, RCM, RCOG, HCC, NPSA, CEMACH, NHSLA ***Key achievement*** and NHS Yorkshire and the Humber and NHS North East and also the LSAMO opening the 2nd NHS III maternity network event for providers and commissioners. ***Key achievement***

During 2008-09 the first LSA Good Practice Award was developed to recognise and celebrate individual areas that have undertaken a project or service improvement within the supervisory framework. Two Trusts were successful in this first award and the initiatives were presented at the 2009 Yorkshire and the Humber LSA Summer conference and hoped to continue as an annual event. ***Key achievement***

4.3.1: LSA Midwife role

In the 2007-08 practice year, the LSAMO was successful in bidding for monies for a LSA Midwife to assist in implementing the roles and responsibilities within DH (2007) *Maternity Matters, namely to:*

- Monitor maternity service interface with clinical governance structures and mechanisms across the SHA, to identify trends and provide a framework for continuous improvement in both individual services and across networks
- Monitor service developments and reconfigurations to ensure that safety and quality is assured.

- Monitor staffing levels, workforce planning and professional development to ensure that women are able to access services which are fit for purpose.

- Contribute to educational fora to ensure that curriculum development reflects the needs of a modern maternity service.

The role is contributing to the work of the LSA in making positive differences to midwives' practice and the care of women and their families due to the:

- LSA representation at the Maternity Education Matters group, contributing to:

1. Placements – pilot at Hull and East Yorkshire NHS Trust of frameworks and processes to ensure capacity for adequate placement provision for student midwives throughout the region.

2. Strengthening Preceptorship within Midwifery services - GAP analysis undertaken; recommendations made: Preceptorship packages for newly qualified/new to area midwives; Supernumerary status period; Action learning sets following up on experiences through forum; PiPs (Preceptorship in Practice) preceptors – new role developing through Drama group facilitation, linked to credit achievement of individuals that choose to submit. It is envisaged that the development of 'PiPs' will provide improved productivity and change strategies through improving the organisational culture utilising motivational leadership and enhancement of interpersonal skills to build supportive, developmental relationships between staff groups.

3. Mandatory training and YMET developments - mapped the quality assurance of the mandatory training across the region to explore the potential to develop with HEIs an improved accredited package of training that went some way to meeting the other training needs identified by midwives e.g. communication skills.

4. Participation in the development of the Common Assessment Framework. This is a generic assessment strategy for implementation across Yorkshire and the Humber enabling the broad geographical spread of placements.

- Collaboration with Baby Lifeline - development of commissioned study days for 'Emergency situations in the Non-obstetric setting (Birth Centres and Community)' and Multi-disciplinary Situational Leadership and Team Working programme.

- Increased representation of LSA at MSLC groups ensuring safety and quality are embedded within service developments;

- Design of Masterclasses for Labour Ward Coordinators. Two regional events held in January and February 2009, formal evaluation positive; Underpinning specification and ethos of events – Leadership, Coaching, Team working, Behaviour and personal coping and Accountability and determining risk. Paper on the project has been accepted for the 2009 RCM conference. ***Key achievement***

- Pilot project to assess the feasibility of the use of Digipens for SoMs in Yorkshire and the Humber with the administrative aspects of their role. The project was done in view of a lack of dedicated administrative time for some SoMs, (Yorkshire and the Humber 2008). It was supported by Information technology colleagues and paper on the project has been accepted for the 2009 RCM conference when the results will be shared. ***Key achievement***

- Improved quality assurance of supervisory investigations and subsequent supervisory intervention by supporting SoMs leading the process

- Immersion in the supervisory database of incidents and identifying themes, with some work to assist in development of the Incident database for effective use and easier analysis.

4.4: Information on challenges that impede effective supervision

The following have the potential to impede effective supervision and are currently being addressed at each LSA Audit visit, through Contact SoMs workshops and in all relevant SHA and LSA forums. ***LSAMO recommendation: Continue to pursue the following during 2009-10***

- Whilst all SoMs teams record supervisory activities and data, enhancements to comprehensive data collection could be made. This includes data inputting on the LSA database, including long term absence of SoMs.

- In view of the economic downturn, SoMs will need to work with managerial colleagues for protected time and administrative support, with additional time for the Contact SoMs role.

- Whilst SoMs are actively raising awareness of supervision with the public and with midwives, this could be further enhanced, with continued emphasis on robust, proactive succession planning for SoMS.

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 users were involved in the development of the 2008-09 LSA Audit tool and audit process and during 2008-09 attended:

- 50% (2/4) LSA Audit group meetings

- 57% (8/14) LSA Audit visits – see Appendix 10 for full audit schedule. The 6 unattended were often due to the unavailability of service users or last minute personal challenges

- The LSA Auditor Training workshop on 9th March 2009 – see programme Appendix 14

- Selection panels for student SoMs on 11th June 2008, 3rd October 2008 and 10th October 2008

14 service users provided their contact details through the LSA Audit process, as they were interested in being involved in further LSA work. This has yet to be pursued. ***LSAMO recommendation: Continue to pursue during 2009-10***

The LSAMO co-facilitated a presentation "*Improving services for vulnerable women*" at NMC conference in November 2008 with Rose McCarthy, a service user representative and Ali Wright, a Consultant Obstetrician. http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=5136 and a joint paper has been accepted for the 2009 NMC conference in Belfast ***Key achievement***

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

The LSAMO has close contact with the 7 of the 10 Universities in the LSA that provide midwifery education. There is regular engagement with each of the Lead Midwives for Education (LMEs) and all our Universities have at least one Midwifery lecturer who is a SoMs. LSA liaison with the LMEs has increased over the 2008-09 year due to the work of the LSA Midwife outlined in section 4.3.1.

6.1 How the LSA gains information about the clinical learning environment for pre registration student midwives

The LSAMO holds focus groups with student midwives and collates questionnaire responses from them in relation to their experience of the clinical education and midwifery and supervisory practice within the LSA audit process. The LSAMO also holds focus groups with midwives and SoMs and collates LSA questionnaire responses from them in relation to their experience of mentoring student midwives and student SoMs as part of the LSA audit process. The LSAMO also meets with Midwifery educationalists as part of the LSA audit visits and they are then invited to the verbal feedback at the LSA Audit visits, with the reports shared with them through the Trusts' governance systems.

6.2. LSAMO and supervisory contribution to Midwifery Education

The LSAMO is a member, on occasions represented by the LSA Midwife:

- the NHS Yorkshire and the Humber Maternity Education Matters group
- the NHS Yorkshire and the Humber Maternity and Children's Workforce group
- the NHS Yorkshire and the Humber Healthy Ambitions Project Board
- and Chair of the East Midlands / Yorkshire and the Humber Partnership meeting with the Universities of Leeds and Sheffield for the Supervisors of midwives preparation programme
- the Faculty of Health and Social Care, University of Hull Partnership Group

- the University of York Partnership Group and the York BA Midwifery Practice Course Management Team and the Curriculum Development Team

- the Nursing and Midwifery Steering Group of Sheffield Hallam University

- the NMC LSA/LME Strategic Reference Group meetings

- the LSA National Forum (UK) where the education of student midwives and SoMs are discussed

- the Yorkshire and the Humber Heads of Midwifery 2008 time-out when LMEs were in attendance

Many SoMs contribute to student midwife programmes and midwives CPD. Jan Cairns, a SoM at Hull and East Yorkshire NHS Trust gained 3rd place in the British Journal of Midwifery Clinical Practice Awards 2009 - Midwife of the Year category, for her development of action learning sets for newly qualified midwives. Through the action learning sets, newly qualified midwives are seeing statutory supervision as a supportive and developmental process which has encouraged them to access supervision for support, empowering the new midwives to then to go on and support women and their families optimally. ***Key achievement***

6.3: The approved education providers who supply preparation of supervisors of midwives programmes to Yorkshire and the Humber.

The addresses of the two Universities providing preparation of supervisors of Midwives' programmes and at what point in the year they commence are:

January
University of Leeds
School of Healthcare Studies
Baines Wing Winter Street
Leeds LS2 9UT

September
University of Sheffield
School of Nursing and Midwifery
Woodhouse Lane
Sheffield S3 7ND

The selection process for prospective SoMs fulfills the *NMC (2006) Standards for the preparation and practice of supervisors of midwives.* Trusts follow the national guideline for the nomination of prospective SoMs 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.

The LSAMO attends and contributes to all the study days on the University of Leeds programme and her LSAMO colleague Shirley Smith attends and contributes to all the study days on the University of Sheffield programme. Both LSAMOs are Honorary lecturers and assess the academic components of the students work. The LSAMO is therefore kept informed by the Lead Midwife for Education (LME) in relation to numbers of midwives who fail to complete the programme successfully and would be aware if there were issues in relation to the competence of those completing the programmes.

SoMs who are interested in being considered as a Mentor for prospective SoMs have to fulfil the LSA mentor criteria in line with the NMC (2008) *Standards to support learning and assessment in practice* with the mentor preparation being co-facilitated by the LSAMO and an LME.

The LSAMO is a member and Chair of the East Midlands LSA / Yorkshire and the Humber LSA Partnership meeting with the Universities of Leeds and Sheffield for the Supervisors of midwives preparation programme. The purpose of the group is to overview the provision and delivery of the programmes, report the results of each programme, make recommendations for changes and monitor the quality and management of the programmes. Preceptorship follows the LSAMO Forum (UK) guidance and the LSAMO facilitates quarterly Action learning sets for new SoMs.

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

Three Yorkshire and the Humber LSA guidelines were revised during 2008-09 for implementation on 1st April 2009 – see Appendix 8 and the Contact SoMs guideline was archived due to publication of the LSAMO Forum (UK) – see Appendix 7.

The LSA Guidelines group meets quarterly. It leads on the review of existing and the development of new guidelines, in line with the LSAMO Forum (UK) guidelines.

8. Evidence of developing trends that may impact on the practice of midwives in the local supervising authority

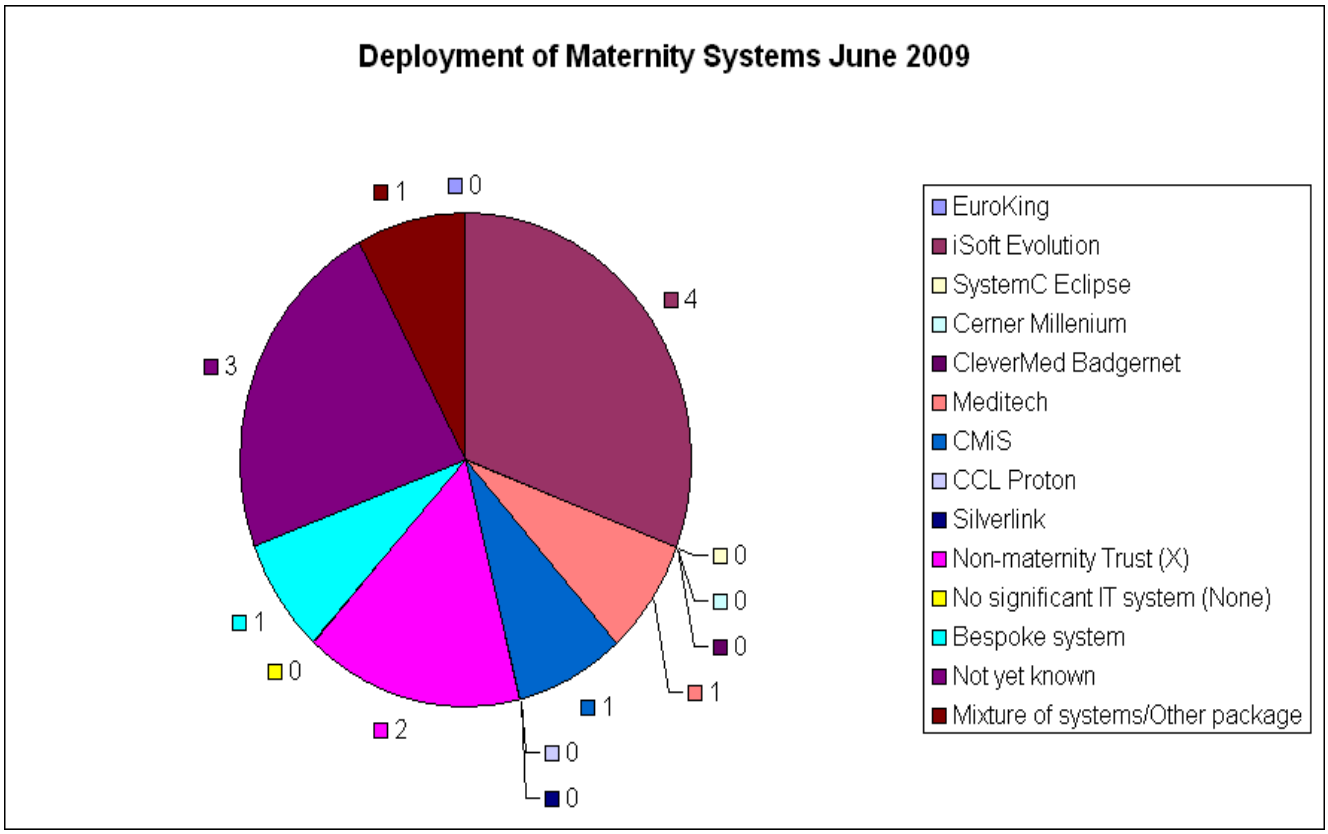
The LSAMO acknowledges the time and effort required to collect, quality assure and return data requests and for the subsequent analysis of it. Thanks are therefore extended to the SoMs teams, to Julie Green LSA Midwife, Elaine French LSA Support Officer, Linda Westlake Data Analyst and Jenny Stevenson Workforce Planning Manager who contributed to the data within this report.

The LSA office has collated workforce and clinical outcome data for the last 10 years. The proforma is reviewed each year and circulated to Heads of Midwifery and Contact SoMs at the end of March for completion to the LSA office within 1 month.

Considerable LSA time has been spent again this year re-requesting trusts to review their data for incompleteness and inaccuracy. ***LSA recommendation: Continue to work with DH, SHA, LSAMO, Trust and PCT colleagues to minimise duplication of data requests and improve data quality***

The challenges for services providing multiple data requests to various sources should not be underestimated, particularly for those with no, or a rudimentary maternity information system. Some progress has been noted with the *Healthy Ambitions* recommendation of accelerating the introduction of the maternity phase of Connecting for Health. This will assist maternity services in data analysis. Additionally, the increased national focus on the safety and quality of maternity services, is bring much needed tools and techniques to support the collection and intelligent use of data within maternity services.

During 2008-09 the LSAMO and the LSAMO Forum (UK) continued to liaise with key bodies with a safety and quality remit, to influence this agenda including: Department of Health – Chief Nursing Officers, Midwifery Advisors, Workforce (RTP), Maternity Matters, Family Nurse Practitioners; Nursing and Midwifery Council; Kings Fund; HM Coroner; NHS Litigation Authority; Health Care Commission / Care Quality Commission; Confidential Enquiry Maternal and Child Health; National Patient Safety Agency, Royal College of Midwives – General Secretary and other representatives, Safeguarding practitioners and Birth Place Study.



8.1: The public health picture across Yorkshire and the Humber LSA

Key public health data can be accessed on the Yorkshire and Humber Public Health Observatory website, which takes a national lead in child health.

Breastfeeding Initiation rates

Breastfeeding initiation rates have improved significantly across most of the Yorkshire and Humber Region. In 2007-08 the Yorkshire and the Humber average was 63.6% which has now increased to 66.8%. This means an additional 1549 women initiated breastfeeding in 2008-09 compared to 2007-08, bringing the number of women in the Yorkshire and the Humber initiating breastfeeding to 42,354. Reassuringly our data quality has improved and is now the 5th best in England with Yorkshire and the Humber only having 1.3% of data missing which is better than the national average which is 2.1%

Table 4

Breastfeeding initiation rates	2006/7	2007/8	2008/9
Yorkshire & Humber Average	61.71%	63.6%	66.8%
England Average	68.1%	70.3%	70.5%*

*Q2/Q3

Breastfeeding initiation rates have continued to rise across the Yorkshire and the Humber Region over the past 5 years with the gap between the highest and lowest performing areas narrowing demonstrating less inequality across the Region as a whole. ***Key achievement***

Most areas achieved over a 2% rise between 2007-08 and 2008-09, with some areas achieving a rise over 4% these were Doncaster 9%, Barnsley 6.1%, Leeds 5% and Hull 4.7%. Doncaster's performance was amongst the best in the country (6th best). Only one area in Yorkshire and the Humber experienced a 0.6 decrease in their breastfeeding rates, this was East Riding. Their rates decreased from 68.5% to 67.8%. This emphasises the challenge that areas face, to maintain and build on their initiation rates once their performance is in line with the England average.

Breastfeeding Rates at 6-8 weeks

Local areas were required to collect this information from the beginning of 2008/9. Half of the areas in the Region have continued to have problems with the data collection required for the breastfeeding prevalence at 6-8 weeks target. These areas are; Calderdale, Doncaster, Hull, Kirklees, North East Lincolnshire, North Yorkshire and York and Rotherham. All of these areas have significantly improved their data collection but have just missed out on the 85% coverage target. However, from 2009/10 this target will become more challenging as data collection required is increased to 90%.

Current performance demonstrates that Yorkshire and the Humber breastfeeding prevalence at 6-8 weeks within the known data is around 5% lower than the England average. There will be more robust analysis compiled once data collection is more robust.

UNICEF Baby Friendly Initiative

The sign up and progress with the UNICEF Baby Friendly Initiative has been phenomenal within Yorkshire and the Humber this financial year.

Hospitals Accreditation - Three Hospital Trusts are still UNICEF BFI accredited with most other Trust's involved in the accreditation process. There are now seven Hospital Trusts who have achieved Stage 1 (most of which are in West Yorkshire) and six who have a certificate of commitment. There are only four Trusts who have not yet engaged with the scheme, these are;

- Bridlington and District Hospital
- Diana Princess of Wales Hospital
- Scarborough General Hospital
- Whitby Community Hospital

All the others have a register of intent or are in the process of applying for a certificate of commitment.

PCT and Children's Centre Accreditation - Currently six PCTs implementing the BFI Standards, have achieved at least a Certificate of Commitment. Leeds and Wakefield have also achieved Stage 1. This is a significant improvement over the financial year.

University Accreditation - It is essential for the Region's Universities to become Baby Friendly accredited in the near future. Most of the Universities are currently exploring what is required and University of Leeds is the first in the Region to achieve the certificate of commitment for both its midwifery courses. ***Key achievement***

Additional Funding Secured in 2008/9

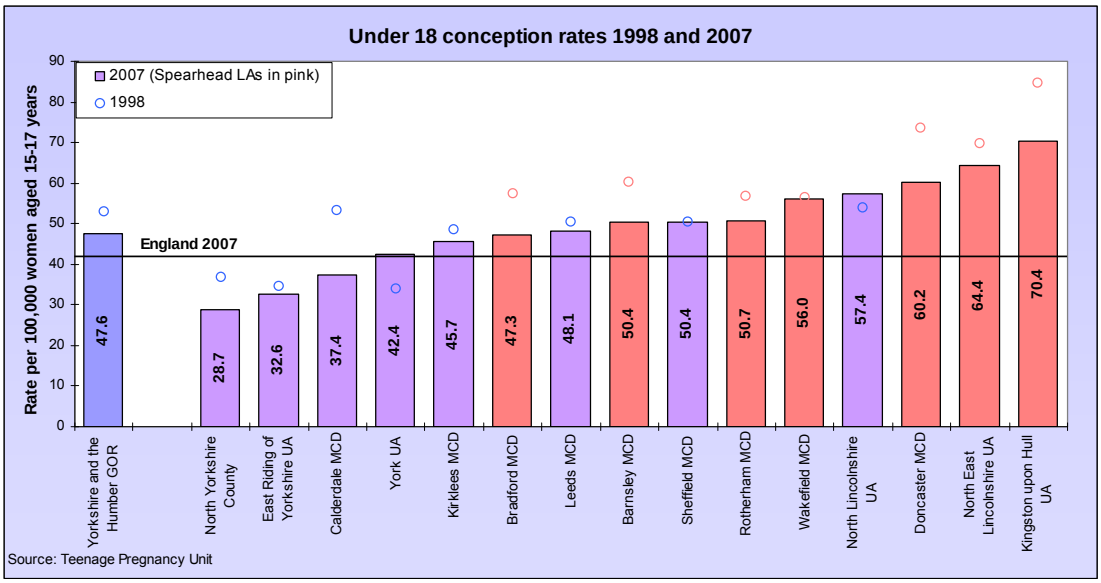
Yorkshire and the Humber have received over £800K in 2008-09. This was provided to implement UNICEF Baby Friendly Initiative in Hospital and Community settings and improve the quality and availability of breastfeeding peer support. The areas who have received funding are; Bradford and Airedale, Doncaster, Hull, Kirklees, Leeds, North East Lincolnshire, North Yorkshire and York and Rotherham. Improvement is therefore anticipated to continue through 2009-10.

Information kindly supplied by Rebecca Atchinson,
Regional Infant Feeding Coordinator.

Teenage conceptions

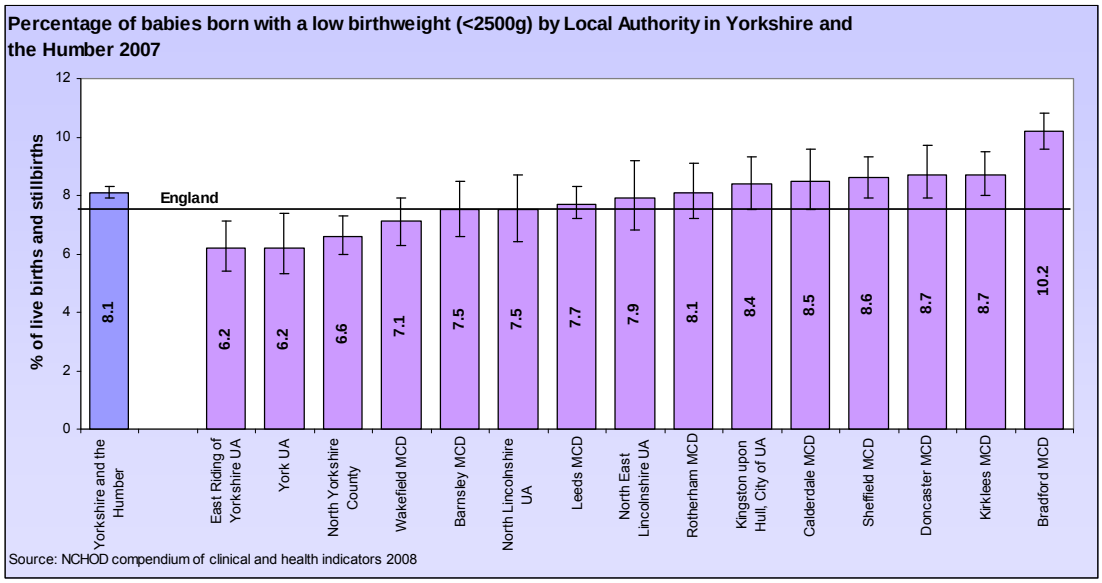
In all but two of the local authorities in Yorkshire and the Humber conception rates in women aged under 18 have decreased between the target baseline year of 1998 and 2007. The exceptions are in York, where there has been a 25% increase in the conception rates and in North Lincolnshire. Across Yorkshire and the Humber there has been a 10% drop in conception rates between 1998 and 2007. The best performing authority is Calderdale where there has been a 30% drop in under 18 conception rates over the same period.

Five of the seven spearhead local authorities in Yorkshire and the Humber account for all but one of the six highest conception rates in the region. Sarah Wise, Consultant midwife for Teenage Pregnancy and Sexual Health at Northern Lincolnshire and Goole NHS Foundation Trust, is also a SoMs and a Harrogate SoMs achieved a "Celebrating success" award for Teenage pregnancy. ***Key achievements***



Low birthweight births

Four local authorities (Bradford, Kirklees, Doncaster and Sheffield) had significantly higher rates of low birthweight births than the national average in 2007. However, East Riding of Yorkshire, York and North Yorkshire County had significantly lower rates of low birthweight births than in England.



Much work is focused on smoking cessation in Yorkshire and the Humber in view of its affects on mothers, babies and families and SoMs are involved in this work.

Stillbirths

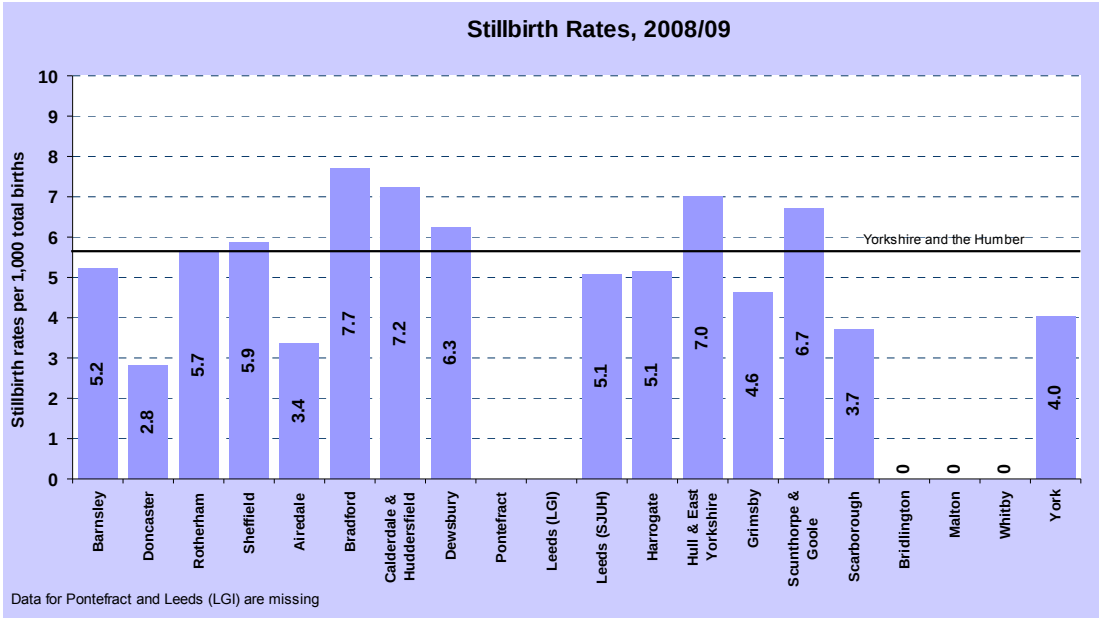
Stillbirth rates across the Yorkshire and the Humber in 2008-09 varied from zero in Bridlington, Malton and Whitby to 7.7 per 1000 total births in Bradford. Accurate information on stillbirths was not available from the Pontefract and Leeds (LGI) units. The Yorkshire and the Humber still birth rate for 2008-09 was 5.7 per 1000 total births. This is reflective of the 2007 rate of 5.8 produced from routine statistics, being the second highest across all SHAs. However it does indicate a slight improvement over the last two years, but missing data needs to be considered.

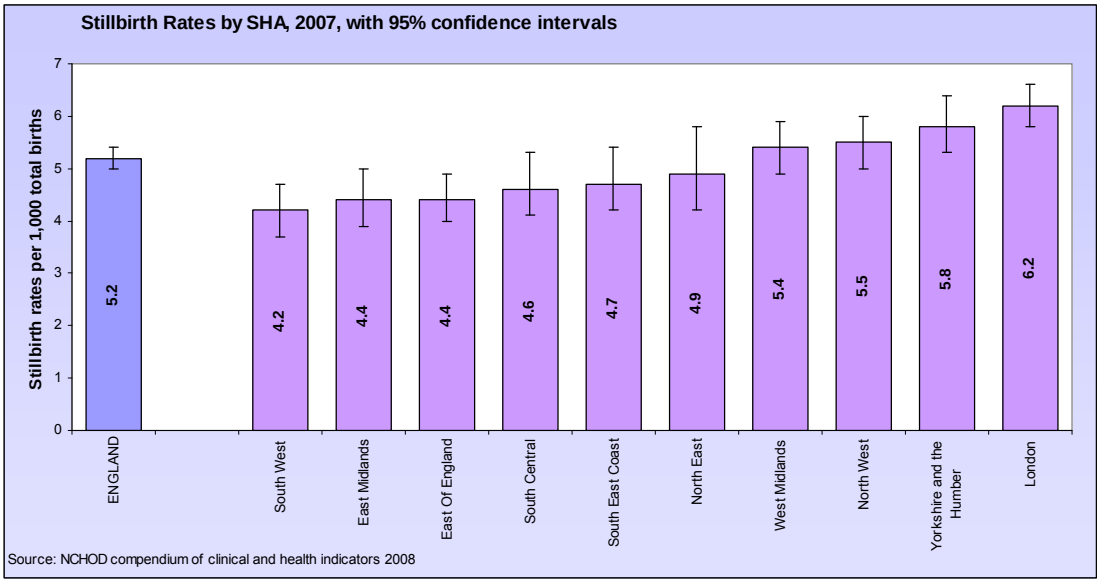
Table 5

	England 2007-08	Yorkshire and the Humber		
		2006/07	2007/08	2008/09
Babies born alive	99.5%[c] (655357)	99.4% (62420)	99.1% (64210)	99.4%[5] (57509) (2)
Stillbirths	0.5%[c] (3414)	0.6% (356)	0.62% (400)	0.57%[5] (327) (2)
Early neonatal deaths (i.e. at 6 days and under) *(% of live births)*	0.26%[c] (1681)	0,23% (143) (1)	0.21% (137)	0.12% (71) (3)
Late neonatal deaths (i.e. 7 – 28 days) *(% of live births)*	0.07%[c] (472)	0.08% (50) (3)	0.08% (50) (3)	0.06% (36) (5)
Neonatal deaths (i.e. at 28 days and under) *(% of live births)*	0.33%[c] (2153)	0.35%[6] (218) (3)	0.29% (187) (3)	0.19% (107) (5)

5 Total births in the two units where live and stillbirths could not be identified separately have been excluded from these calculations.
6 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.
c. Source: Clinical and Health Outcomes Knowledge Base. The Information Centre. Data for 2007. www.nchod.nhs.uk

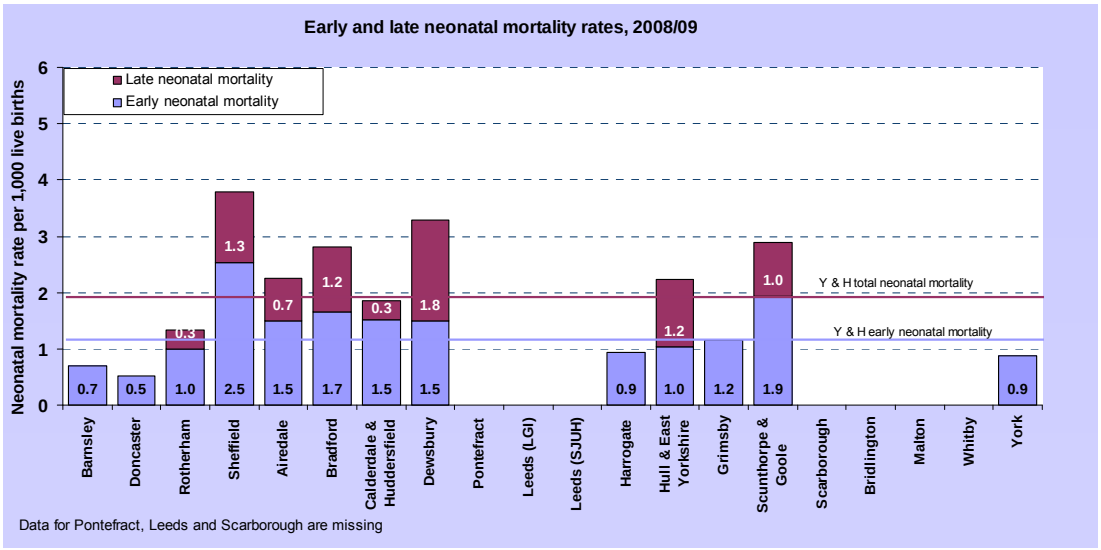
Extremes of maternal age, ethnicity, and maternal social deprivation are recognised risk factors for stillbirth and neonatal death, and likely also, maternal obesity. The UK increase in ethnic diversity, obesity and older mothers suggests that achieving optimal pregnancy outcomes may become more challenging in the future (CEMACH 2009). SoMs are involved in reviews of cases of stillbirth, with supervisory investigations instigated as required. Leeds Hospitals NHS Trust and Scarborough and East Yorkshire NHS Trust are piloting the NPSA *Intrapartum scorecard* developed in view to the CMOs concerns about national stillbirth rates. ***LSAMO recommendation: Continued emphasis on the reviews of stillbirths and of accelerating good practice to reduce stillbirth rates***



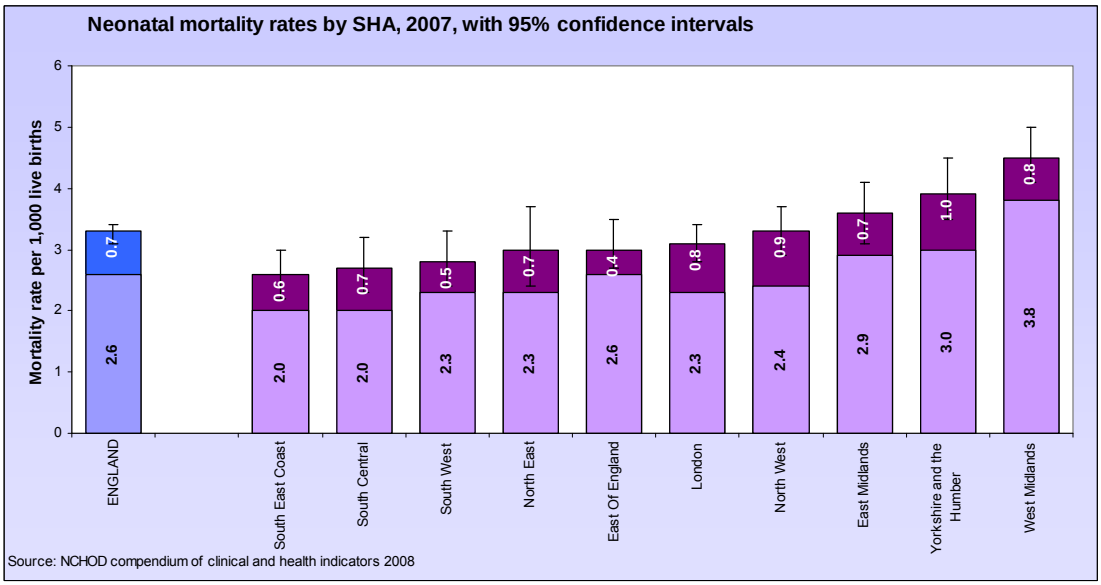


Neonatal mortality

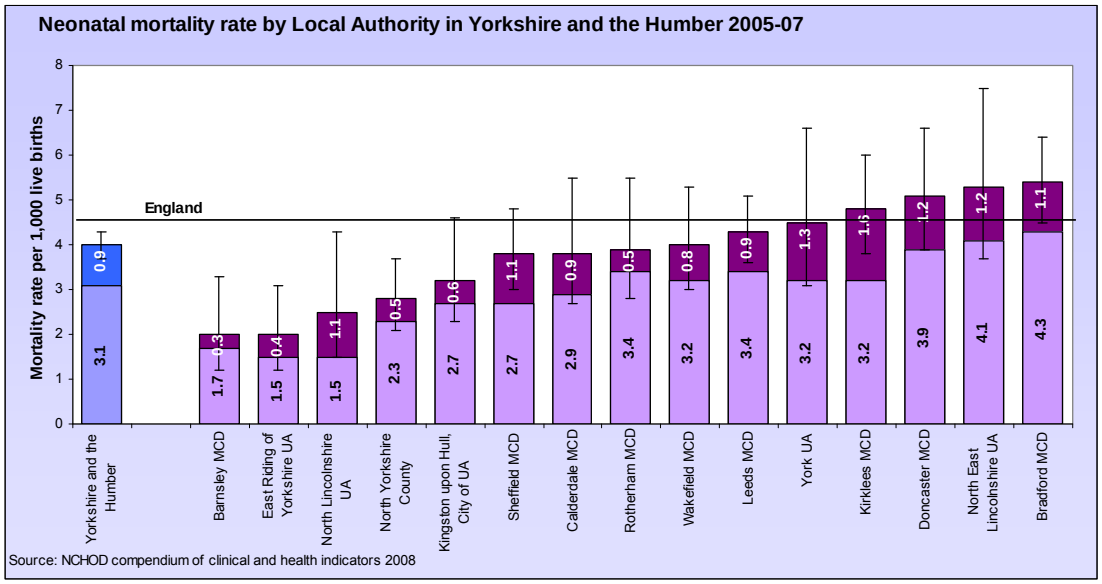
The 2008-09 neonatal mortality rate across Yorkshire and the Humber was 1.9 per 1000 live births. Two thirds of these deaths occurred in the first week of the infant's life, with an early neonatal mortality rate of 1.2 per 1000 live births. Neonatal mortality varied across the maternity units in Yorkshire and the Humber from zero in Bridlington, Malton and Whitby to 3.8 per 1000 live births in Sheffield.



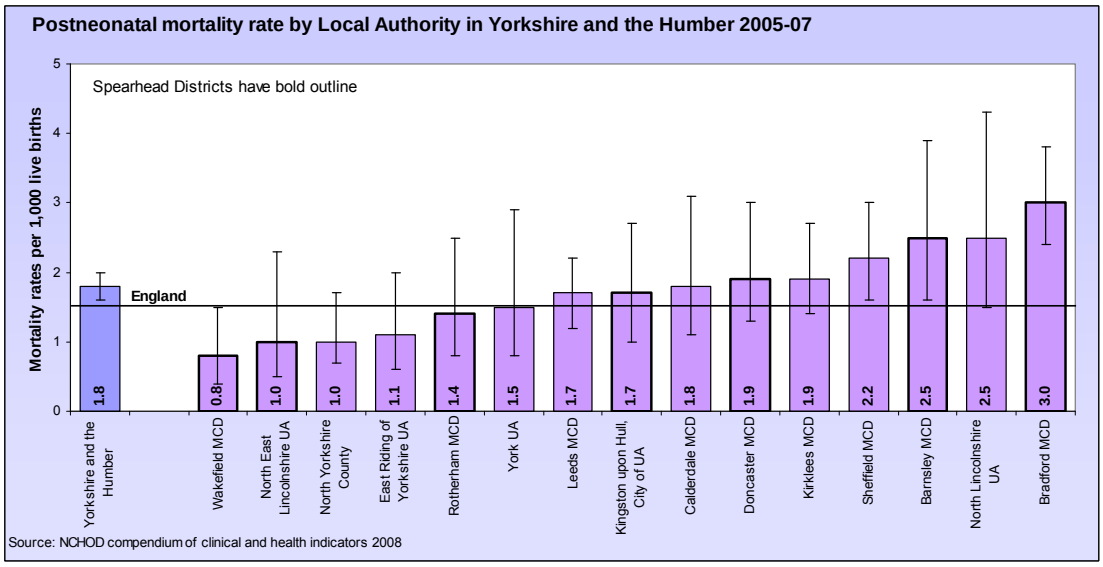
In 2007 Yorkshire and the Humber had the second highest neonatal mortality rate across the ten SHAs. The late neonatal mortality in infants aged between seven and 28 days was the highest across England.



Neonatal mortality rates in 2007 varied across the Yorkshire and the Humber local authorities. During 2007, in England, Wales and Northern Ireland (CEMACE 2009), teenage maternities contributed 9.6% to overall neonatal mortality. Teenage mothers (aged less than 20 years at delivery) had the highest neonatal mortality rate of 4.4 per 1,000 live births compared to other maternal age groups. This may be due to a number of associated factors such as social deprivation and a higher rate of preterm delivery in this age group.

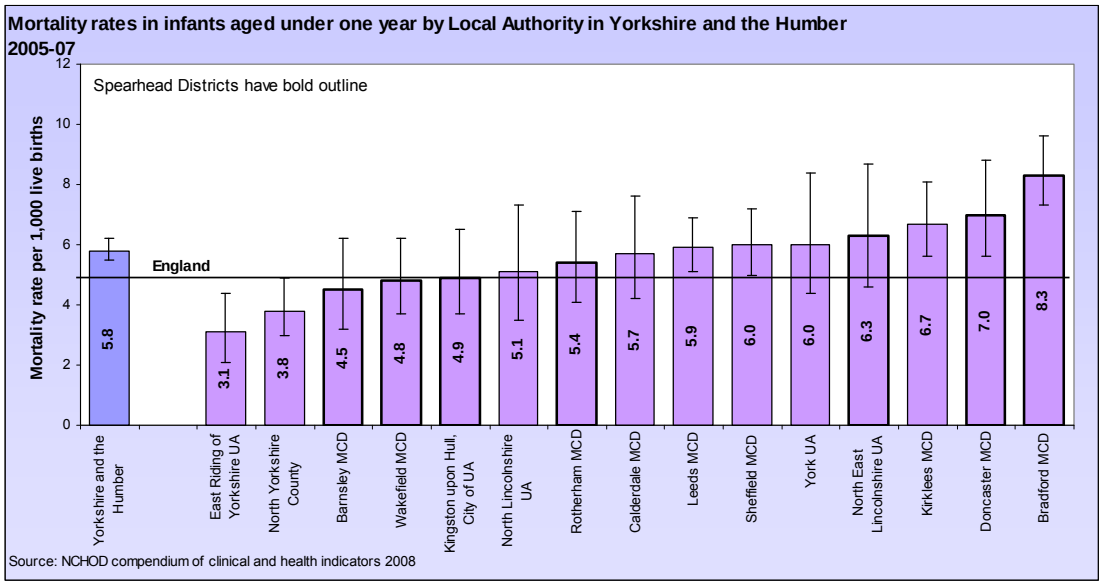


Postneonatal mortality rates, in infants aged between 28 days and one year, were significantly higher in Yorkshire and the Humber (1.8 per 1000 live births) than England (1.5 per 1000 live births) in the period 2005-07. However, the rates varied across Yorkshire and the Humber local authorities, ranging from 0.8 per 1000 live births in Wakefield to 3.0 in Bradford.



Mortality in infants aged under one year

Infant mortality rates in infants aged under one year varied widely across Yorkshire and the Humber in the period 2005-07. The rates ranged from 3.1 per 1000 live births in East Riding of Yorkshire to 8.3 in Bradford. Four local authorities (Bradford, Doncaster, Kirklees and Leeds) had significantly higher infant mortality rates than the national average of 4.9 per 1000 live births. East Riding of Yorkshire had a significantly lower infant mortality rate than England in 2005-07.



8.2: Workforce and birth trends that have an impact on the clinical environment in which midwifery practice occurs.

The data represented in this section is collected in a number of ways, with analysis supported by a variety of staff:

- LSA Database – information submitted by SoMs, collated and quality assured by LSA office, relevant data shared with SHA colleagues e.g. Workforce, Strategic Maternity Lead, Performance, Integrated Governance, SoMs teams at their LSA Audit visits

- Yorkshire and the Humber Public Health Observatory – public health data

8.2.1: Midwives

In February 2008, the Secretary of State for Health announced a package of measures to support SHAs' plans to recruit an extra 4,000 midwives to the NHS by September 2012. The report *Towards Better Births* (Healthcare Commission, July 2008) reinforced the need for this expansion and provides a CD of data to enable local benchmarking. The workforce position in maternity services varies across the country.

Retention of the maternity workforce and succession planning for leadership roles for senior midwives will be a key component to achieving this, as will retention by reducing attrition rates from 3 year and 18 month midwifery courses. Future maternity services must be planned to address current challenges, including improving outcomes for vulnerable and disadvantaged families and the increased complexity of case mix, e.g. the increased incidence of diabetes and obesity.

The number of 'Intention to Practise' ITP forms submitted by 31st March 2009 increased by 8.4% from 2581 to 2817. This figure has been obtained from the LSA Database which has been in place now for two years. This is not necessarily representative of increases in "whole time equivalent" midwives, but Appendix 5

provides trends of both the total numbers of midwives employed per Trust and the whole time equivalent.

The percentage of midwives who work full time per practice type is indicated in Table below, demonstrating that 47.5% of NHS employed midwives in Yorkshire and the Humber work full time and 52.95% work part-time. The average age of both full time and part-time midwives is increasing year on year (Table 7), with the average age of full time midwives being 42 years and the average age of part-time midwives being almost 44 years. Tables 8 and 9 indicate that midwives practising in most of the Universities in Yorkshire and the Humber have a higher age profile than midwives practising in Trusts and Table 10 indicates that 9.5% of midwives practising in Yorkshire and the Humber are 56 years and over. ***LSAMO recommendation: The LSAMO will continue to work closely and collaboratively with Workforce colleagues to inform recruitment strategies in the workforce development for Higher Education Institutes and local Trusts.***

Table 6

Full/Part -Time by Practice Type (as at 20/04/2009)*

Practice Type	Full-Time Midwives	(% of total)	Part-Time Midwives	(% of total)	Total
NHS (inc. Bank)	1211	47.05%	1363	52.95%	2574
Private Hospital/Service	4	66.67%	2	33.33%	6
Agency	0	0.00%	5	100.00%	5
Higher Education Institution	53	80.30%	13	19.70%	66
Self Employed (Independent m/w)	6	40.00%	9	60.00%	15
Other (Specify)	11	68.75%	5	31.25%	16
Total	**1285**	**47.91%**	**1397**	**52.09%**	

*The values in this report are based only on a midwife's "main" place and type of work

Table 7

Average Age by Full/Part Time

Year	Average Age (Full Time)	Average Age (Part Time)
2007 / 2008	41.14	42.52
2008 / 2009	41.08	42.99
2009 / 2010	42.11	43.94

*The values in this report are based only on a midwife's "main" place and type of work

Table 8: Average age of midwives practising in Universities

Universities	Average Age 2007/2008	Average Age 2008/2009	Average Age 2009/2010
Sheffield Hallam University	46.50	51.77	52.13
University of Bradford	0	46.25	48.75
University of Huddersfield	0	51.57	50.44
University of Hull	0	42.17	43.57
University of Leeds	0	47.13	47.09
University of Sheffield	0	54.40	56.25
University of York	0	47.71	48.71

Table 9

Trust	Average Age 2007/2008	Average Age 2008/2009	Average Age 2009/2010
Airedale NHS Trust	41.08	42.46	43.79
Barnsley Hospital NHS Foundation Trust	38.77	39.49	40.46
Bradford Teaching Hospitals NHS Foundation Trust	40.02	40.00	40.76
Calderdale & Huddersfield NHS Foundation Trust	42.68	42.52	43.20
Doncaster Hospitals	41.98	41.63	42.68
Harrogate and District NHS Foundation Trust	45.82	46.80	47.01
Hull & East Yorkshire Hospitals NHS Trust	42.08	42.76	43.86
Independent Midwife (96)	0	36.50	44.00
Leeds Teaching Hospitals NHS Trust	40.36	40.33	41.21
Mid Yorkshire Hospitals NHS Trust	42.61	43.11	44.10
Northern Lincolnshire & Goole Hospitals Foundation NHS Trust	41.54	41.97	43.03
Rotherham NHS Foundation Trust	42.74	42.01	43.14
Scarborough and North East Yorkshire Healthcare NHS Trust	43.63	44.14	45.00
Sheffield Teaching Hospitals NHS Foundation Trust	40.55	41.00	41.67
York Hospitals NHS Foundation Trust	42.89	42.90	43.78

Table 10: Age profile of midwives (as at 1st April 2009)

Age	Number of Midwives	Percentage of Total
21 to 25	83	3.10%
26 to 30	235	8.78%
31 to 35	260	9.71%
36 to 40	302	11.28%
41 to 45	551	20.58%
46 to 50	607	22.67%
51 to 55	384	14.34%
56 to 60	183	6.84%
61 to 65	66	2.47%
Over 65	6	0.22%
Total	**2677**	**100%**

In 2007-8 following the publication of the policy document Maternity Matters (DH 2007) www.dh.gov.uk/en/PublicationsandStatistics/.../DH_073312 a SoM at Mid Yorkshire Hospitals Trust was successful in a proposal submission to be an early adopter site, the aim of which was "to explore how best to grow, develop and deploy their maternity workforce to ensure that it is appropriately competent to support the delivery of Maternity Matters." The project was funded by CSIP and NHS Yorkshire and the Humber. The findings of the project identified the following:

- that the introduction of a MSW would ensure a competent workforce to support the delivery of Maternity Matters.
- that there is a need to have a clearly defined role and job description
- a robust training programme to support the MSW is essential
- a requirement for appropriate regulation.

Following the completion of this project NHS Yorkshire and the Humber agreed to support continuation of the development to produce an agreed job description, training programme and implementation of MSW role which has a recognised currency and is transferable across organisations within the region. This work continues through the Maternity Education Matters group, of which the LSAMO is a member. MSW's have a key role to play and are now fully accepted as part of the team and are very valuable in the continued improvement of maternity services.

8.2.2: Birth trends

Appendix 11 indicates that the number of women who have given birth in Yorkshire and the Humber increased by an additional 2% again this year and 5% over the last 2 years. Appendix 11 also provides the clinical outcomes across Yorkshire and the Humber, within individual maternity services, including any maternity related serious untoward incidents. The raw data within the Trust graphs in Appendix 5 and the birth trends within Appendix 16 indicate a wide variation, from a 0.72% decrease in births

at Scarborough and East Yorkshire NHS Trust to the significant increase of 6.8% in births at Harrogate and District NHS Foundation Trust.

The variations in birth trends are due to a number of reasons – conception rates in different areas and women's choice influenced by Healthcare Commission ratings, changes in service provision e.g. development of a stand-alone Birth Centre in Huddersfield and media reports. However, only exploring birth data fails to account for the activity that the increase in bookings represents e.g. bookings across Yorkshire and the Humber have increased by 12.6% from 2005-2008, with a variation of a 26% reduction at Scarborough and East Yorkshire NHS Trust to a 49% increase at Doncaster hospital. Potential reasons might be women booking in more than one service, or a move towards earlier bookings therefore giving an over inflated increase in booking in view of women booked who proceed to a miscarriage.

Trusts are more actively utilising booking and birth data this year, along with other key data, in line with the implementation of the RCOG Maternity Dashboard. This tool supports maternity services to demonstrate more proactively to their Trust Boards, potential pressures within services and potential strategies and solutions to them. ***LSA recommendation: Continue to urge services to fully utilise their RCOG Maternity dashboards***

The increase in births continues to put pressure on maternity services which results in some suspensions of parts of services e.g. home births, or diverts from one unit to another and a times closures. At times, women's choice of place of birth is therefore affected, but safety is the overriding factor and SoMs are involved in escalations. Intentional home births in Yorkshire and the Humber are increasing steadily, but missing data from some Trusts remains a challenge.

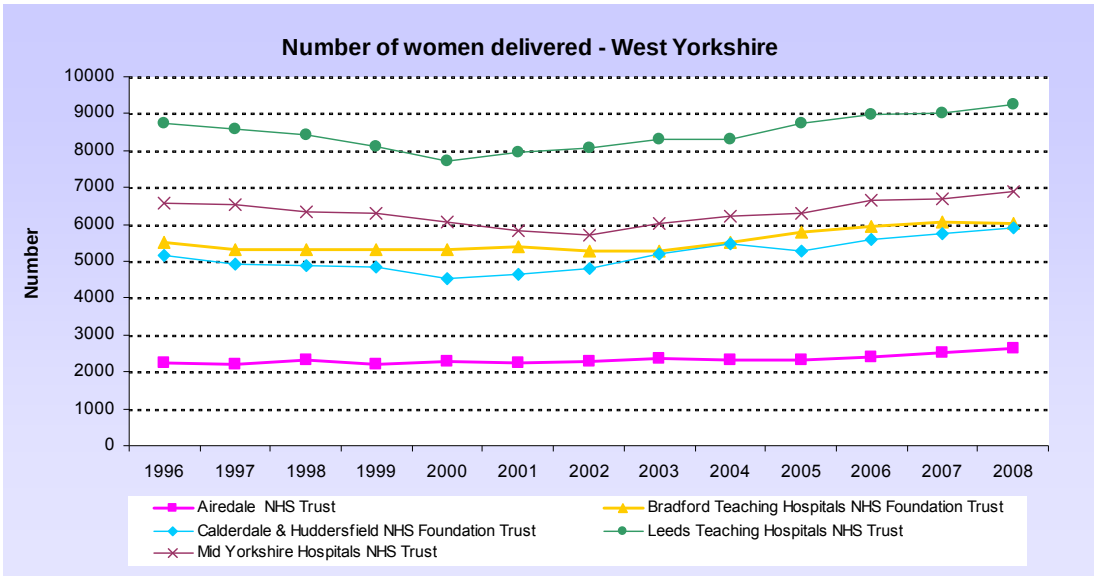
To reduce the incidence of capacity pressures most units have developed a triage service where women are able to phone to receive support and can be seen for assessment to determine whether they are able to go home or to the labour ward when they are in labour. This has improved services for women in that they are not waiting for a long time to be seen as a midwife is dedicated to triage. The midwives on labour wards are therefore free to care for women in labour enabling more women to receive one to one care. The pilot of the NPSA Intrapartum scorecard will aid maternity services to demonstrate if the staffing establishment matches the acuity on Labour Wards.

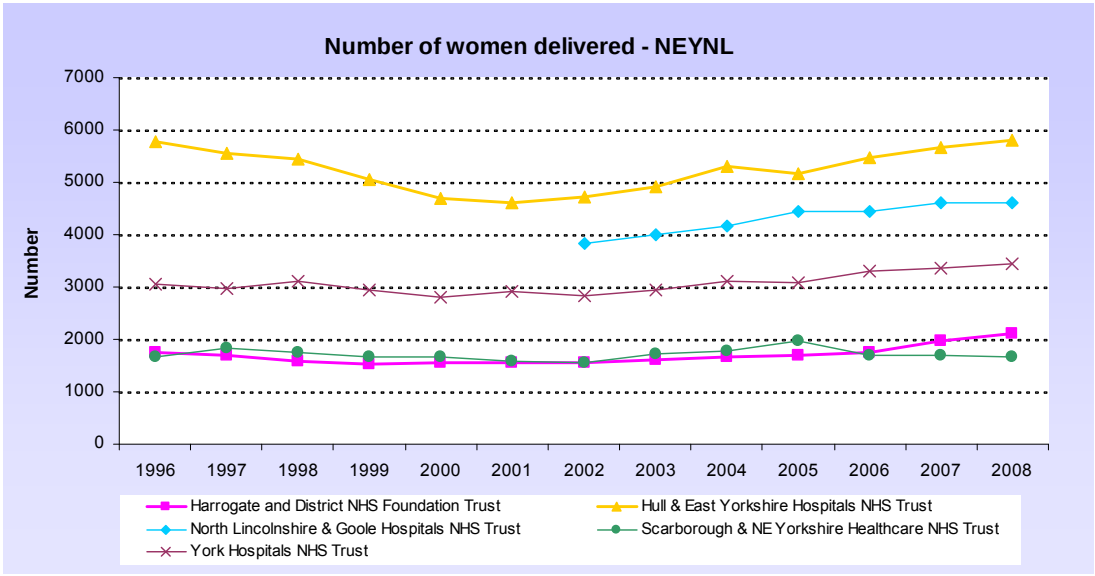
Labour Ward Co-ordinators are often the midwives making decisions about the immediate capacity and demands challenges in maternity units and discussing when to escalate. The LSA-facilitated Labour Ward Masterclasses held in January and February 2009 for non SoMs aimed to provide a forum dedicated to their skills and experience and development for their particular role that might not have been addressed previously. Some of their post session comments indicate that it was very successful:

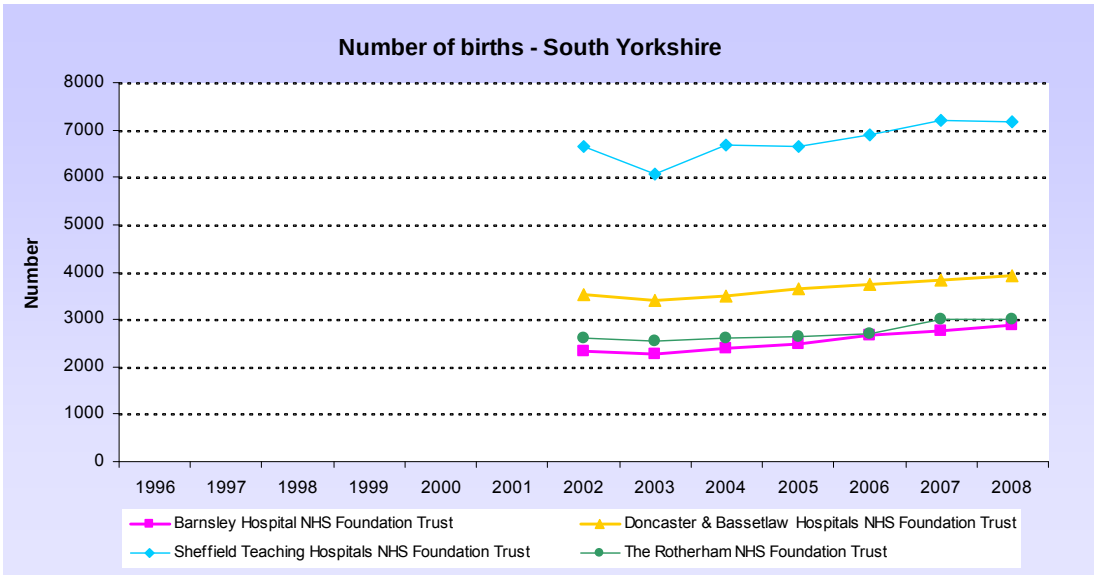
> *"An enjoyable day and even after 20 years as a co-ordinator it was nice to know I can change with the times and that I'm doing it right"*
>
> *"The psychology was a nice insight into some management issues with individuals and putting together an effective team"*
>
> *"Felt at ease with the interaction between actors and facilitator, links clear and it was entertaining and energetic"*

"The most inspiring and thought provoking study day I have ever done. Excellent"

The tables below indicate trends in the numbers of deliveries for individual services and their neighbouring units (South Yorkshire – births used).







8.2.2: Midwife to birth ratios

The variation in midwife to birth ratios has narrowed this year. The ratios in 2007 – 08 varied from 1:25 at Scarborough and East Yorkshire NHS Trust to 1:37.1 at York Hospitals NHS Foundation Trust. The range this year varies from 1:27 at Rotherham Foundation NHS Trust to 1:36.7 at Mid Yorkshire Hospitals NHS Trust (Appendix 16). The ratios have worsened in 7 Trusts - a combination of investment not keeping pace with increases in births, or services where ratios were previously good. In 3 Trusts the ratios have remained static and in 4 the ratios have improved. This means that only 5 of the 14 services in Yorkshire and the Humber have ratios better than the average when the Healthcare Commission reported its' national findings in 2008.

Midwife to birth ratios are only one aspect of providing quality, safe, women centred services for women and their babies and two units are piloting the NPSA Intrapartum Scorecard, to evidence acuity levels on Labour Wards. This is to be welcomed and the LSAMO has facilitated learning from their experiences to date, so that the work can be accelerated on its publication.

Much work is being undertaken in Yorkshire and the Humber to improve midwife to birth ratios and the LSA is closely involved in it, includes:

- Safer Childbirth staffing recommendations within *Healthy Ambitions*
- Department of Health funding received to fund midwifery Recruitment, Retention and Return Advisors – initiative to be closely supported by the LSA
- Midwife to birth ratios are reported and monitored quarterly as part of NHS Yorkshire and the Humber's Commissioning for Quality and Innovation payment framework (CQUIN) and at PCT Reviews
- Increased commissions of midwifery education places, placements capacity work, Preceptorship and other initiatives through the Maternity Education Matters Group

8.2.3: Yorkshire and the Humber LSA and Serious untoward incidents

SoMs notify the LSAMO of all maternity related serious untoward incidents as per Yorkshire and the Humber LSA guidelines 3 "Role description for a SoMs" http://www.yorksandhumber.nhs.uk/document.php?o=2487

> *"Participate in and liaise with the LSA during the investigative process and the reporting of serious untoward incidents concerning midwifery practice, as per the NHS Yorkshire and the Humber (2008) guidance"*

and guideline 5 "Arrangements for the supervision of midwives" http://www.yorksandhumber.nhs.uk/document.php?o=469

> *"In order for the process to work well it is essential that the LSA office is kept informed of various issues and events. Listed below are those essential items that the LSA must be informed of, some are more administrative and fairly routine in nature while others are about important professional issues, which should be directly forwarded to the LSAMO. The following list includes, but is not limited to: Notification of untoward incidents, Significant changes in service provision, Resignations of SoMs, Long-term sickness of SoMs, Significant deficits in*

midwifery staffing, Nominations of prospective SoMs, Any other issues that the supervisors feel that the LSAMO should be aware of"

NHS Yorkshire and the Humber (2008 version 3 December) Procedure for the management of Serious Untoward Incidents (SUIs) also cites the role of the LSA in maternity related serious untoward incidents:

> *10.1: Investigation reports of SUIs involving midwifery services in non-FTs will still be forwarded by the SHA's Integrated Governance team to the LSA Midwifery Officer, who oversees the statutory investigations carried out by Local Supervisors of Midwives within Trusts. The LSA Midwifery Officer will provide input to the SHA's review of the Trust's management investigation report and action plan, as required by this procedure.*
>
> *10.2: Where PCTs are performance managing midwifery SUIs, they are responsible for obtaining clinical advice either from a Supervisor of midwifes independent of the service in question or direct from the LSA Midwifery Officer".*

Despite the transition of NHS Trusts to Foundation Trust status, the SHA SUI management procedure continues as a minimum standard across the region even after handover to PCTs, until a new national SUI management framework comes into place. The SHA (and the LSA for maternity related SUI) continue to receive notifications of all new SUIs reported electronically on the STEIS system and maintain an overview of performance across the region. The SHA (and LSA for maternity related SUIs) continue to advise and support PCTs and through them to provider organisations. The SHA alerts the Department of Health (DH) regarding the most significant SUIs and liaises between the DH and PCTs over their management. This supports greater capacity to facilitate the spread of learning and best practice throughout the region, including influencing the commissioning of training and education of healthcare professionals and for developing proactive strategies for safety management with key partners including the Deanery, the Care Quality Commission, the National Patient Safety Agency, the NHS Institute of Innovation and Improvement, the Department of Health and others.

The LSAMO is a member of the SHA Patient Safety Action Team and as such has attended regional events to support her SHA colleagues in preparing PCTs for their roles in SUI management.

On review of maternity related SUIs, the LSAMO escalates any concerns internally with the Integrated Governance team, the Associate Director for Clinical Engagement and the Strategies Lead of Children and Families. If the concerns were significant and had the potential to affect the learning environment for student midwives, the concerns would be escalated to the Nursing and Midwifery Council.

If the concerns relate to a specific service, the LSAMO liaises with the relevant Trust. If it relates to general trends, the lessons and potential solutions are discussed across LSA forums e.g. CTG "Fresh eyes" or "Buddying" which is now utilized by more units and Customised growth charts in relation to the improved identification of intra-uterine growth retardation.

A table of trends of maternity related SUIs is overleaf. It demonstrates that the 2008 - 09 rate was 1 SUI per 3,624 births. Not all SUis relate to allegations of poor midwifery practice and therefore not all result in a supervisory investigation, but the

LSAMO is made aware of all maternity related SUIs for contextual information. Of the 18 SUIs:

- 12 did not require a supervisory investigation. The SUI themes included – concealed pregnancy; diagnosis of pregnancy in EPAU; maternal death post miscarriage; delay in transfusion in theatre; delay in Caesarean due to location of theatre; Obstetric procedures (2), gas levels in theatre; incorrect administration by Anaesthetist at epidural – rectified promptly by a midwife; precipitate birth / Neonatal death; burial procedures in line with religious beliefs.

- 6 SUIs involved some midwifery practice issues and so a supervisory investigation was undertaken. They related to antenatal CTG monitoring (1); an intra-uterine death following intra-uterine growth retardation (1); an intra-uterine death in hospital (1); fetal monitoring in an Anaesthetic room (1); incorrect administration by Anaesthetist at epidural, not rectified by midwife (1); failure to refer for an examination of the newborn (1); neonatal death/substance misuse (1)

Key SUI statistics: 1st April 2005 to end March 2009

Practice year	Midwives (ITPs submitted by 31st March)	Births	SoMs	SUIs	SUI rate
2008 - 09	**2817**	**65227**	**204**	**18**	**1 : 3624 births**
2007 - 08	**2581**	**63894**	**194**	**22**	**1 : 2904 births**
2006 - 07	**2576**	**61953**	**203**	**28**	**1 : 2213 births**
2005 - 06	**2630**	**59990**	**206**	**17**	**1 : 3528 births**

8.2.4: Unit closures and suspensions of services

Clarification of the definition of “diverts” “suspensions” and closures” needs to be sought nationally and within NHS Yorkshire and the Humber to ensure consistency of reporting. Where possible all diverts, suspensions and closures should be avoided, with the safety of the woman and baby remaining the priority. It is not necessarily the number of escalations but the *impact* of diverts, suspensions and closures on women which needs to be captured in the data, as frequently, a divert, suspension or closure has not directly affected any women. This is challenging to collect and it is impossible to collect the impact that not escalating would have had.

Trusts that have more than one site often divert women from one site to another because of staffing or capacity issues or temporarily cease their home birth service or stand alone Birth unit and class this as a “suspension”. Suspensions are reported by SoMs on the LSA Database but the system requires further development nationally and the data is not comparable. For example, in line with the Independent Review Panel decision for maternity services at Scarborough and East Yorkshire NHS Trust, a phased approach to the closure of their peripheral units and challenges in recruiting to midwife posts, their escalation out of hours became their routine practice.

Total closures, defined as no women can be admitted to any site within that organisation are unusual. Again, clearer information needs to be gathered as to length of time, reason for closure and number of women affected. If standard definitions are applied and the LSA Database can be adapted accordingly, during the practice year 2009/2010 all SoMs will be encouraged to enter the data within a maximum of twenty-four hours. ***LSAMO recommendation.***

The number of intra-uterine transfers in and out of units is included within Appendix 11, but this will be for reasons other than diverts, suspensions and closures e.g. clinical need.

8.2.5: Clinical outcomes for mothers and babies

Appendix 11 demonstrates the many good and improving outcomes across Yorkshire and the Humber and within individual Trusts, including:

- Births in stand alone Birth Centres increased to 1.6%
- Women booked under midwife-led care over 30% (* some missing data)
- Unassisted vaginal birth rate increased to 67.3%, almost 4% higher than the national average
- Hospital births in water 1.3% (* less missing data than previously)
- Intentional home births attended by a midwife increased to 1.2% (* some missing data)
- Inductions of labour reduced to 15%, over 5% lower than national average
- Accelerated labours and episiotomy rates reduced (*some missing data)
- 8.4% planned Caesarean section rate remains 1.3% lower than national average
- Continued decrease in emergency Caesarean section rate to 12.4%, 2.5% lower than national average
- Total Caesarean section rate is decreasing and 3.8% lower than national average
- Breastfeeding rate increased from 63.6% to 66.8%

Missing data remains a challenge – see previously ***LSA recommendation***

National data is reported in the NHS Maternity Statistics, England: 2007-08 Information Centre website at - http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/maternity/nhs-maternity-statistics-england:-2007-08

with additional tables available at- http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1009

8.2.6: Maternal deaths

The CEMACH (2007) definitions for maternal deaths are:

Maternal deaths - Deaths of women while pregnant or within 42 days of the end of the pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. This term includes delivery, ectopic pregnancy, miscarriage or termination of pregnancy.

Direct - Deaths resulting from obstetric complications of the pregnant state (pregnancy, labour and puerperium), from interventions, omissions, incorrect treatment, or from a chain of events resulting from any of the above.

Indirect - Deaths resulting from previous existing disease, or disease that developed during pregnancy and which was not due to direct obstetric causes, but which was aggravated by the physiologic effects of pregnancy.

Late - Deaths occurring between 42 days and one year after abortion, miscarriage or delivery that are due to Direct or Indirect maternal causes.

Coincidental (Fortuitous) - Deaths from unrelated causes which happen to occur in pregnancy or the puerperium.

Pregnancy-related deaths - Deaths occurring in women while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of the death.

The UK maternal mortality rate for 2003-2005 is calculated using direct and indirect maternal deaths and the current national rate is 13.95 per 100,000 live births (CEMACH 2007). This would equate to 9 maternal deaths in Yorkshire and the Humber. For the year 2008-2009 there were 9 maternal deaths, two resulting from substance misuse, three resulting from cancer, one post miscarriage, one in pregnancy and two postnatal period. An additional two accidental / incidental maternal deaths were notified to the LSAMO. Further detail is not provided for anonymity of the women and their families.

Maternal deaths are notified and reviewed as per the Yorkshire and the Humber LSA guideline 11 at: http://www.yorksandhumber.nhs.uk/document.php?o=474

The LSA Database is utilised for notification and SoMs teams notify the LSAMO directly. One of the Link SoMs is a CEMACE regional assessor and provides updates for SoMs at LSA events.

8.2.7: Learning environment for student midwives

There is much evidence of excellence in the learning environments for student midwives across Yorkshire and the Humber, with a wide range of learning environments from midwife led in Trusts, stand-alone Birth Centres, home birth services, placements with Specialist midwives and Consultant midwives, Children's Centres etc. to the more high risk, specialist multi-disciplinary and multi-agency services. All Trusts have live Mentor registers and SoMs are involved in the support of midwives with the mentor standards. As with any service challenges arise with peaks in unanticipated service demands or unanticipated staffing short-falls.

Evidence about the learning environment is collected through the LSA in various fora as outlined in Section 6 and primarily through the LSA Audit process. No concerns have been raised with the LSA about inappropriate or unsafe learning environments for student midwives in Yorkshire and the Humber.

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

There have been no complaints in this reporting year regarding the discharge of the supervisory or LSA function. The LSA would use the LSAMO Forum (UK) guideline G if it had to deal with a complaint about a SoM and the LSA would use the SHA processes to deal with a complaint about the LSAMO.

One appeal was lodged against the process of a supervisory investigation undertaken during 2008 - 09 year. The appeal was held by an experienced SoMs, external to the SoMs team to ensure impartiality. The outcome was that whilst process had been followed on the whole, more consideration of the lack of recent preceptorship at the Root Cause Analysis stage could have been made. The outcome of Supervised practice was over-turned to Developmental support, however further practice concerns were highlighted during the Developmental support were investigated and led to the outcome of Supervised practice. The timescales were: Appeal received one week after outcome being given, outcome of appeal given 3 weeks later.

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

10.1: How the LSA is informed of serious untoward incidents

Section 8.2.3 outlines how the LSA is informed and involved in the reporting and monitoring of the serious untoward incidents process. This route represents the minority of supervisory investigations undertaken.

As per Rule 5 and 15 of the NMC (2004) *Midwives rules and standards*, concerns about the practice of individuals and incidents that cause serious concern relating to maternity care or midwifery practice must be notified to the LSA. Yorkshire and the Humber LSA is normally informed of all incidents relating to midwifery practice via:

- Telephone contact with the LSAMO
- Confidential email
- SHA Serious Untoward Incident reporting
- LSA Database

Anyone can notify the LSA of an allegation of fitness to practice. There is no time limit in which an allegation has to be referred but early referral is preferable as older referrals can be more difficult to investigate. The LSA requires concerns about impairment of fitness to practise made by the public

- Identify themselves by full name and postal address
- Make their referral in writing
- Identify the midwife involved
- Give a clear description of the incident or behaviour leading to the allegation and
- Support the allegation with appropriate evidence.

10.2: Tracking supervisory investigations

Developments of a system for tracking incidents and investigations on the LSA Database, was commenced late in this practice year. Improvements continue and in the interim, the LSA office tracks incidents, investigations and subsequent action. This is onerous and a Case management system will be considered if developments to the LSA Database are protracted. ***LSAMO recommendation***

The data related to investigations within this section is linked to the date when the incident or concern was notified to the LSA. Depending upon when this falls in the practice year, any investigations in progress, or subsequent supervisory action still in progress, may affect reporting numbers in previous reports – please see Summary table on page 55

10.3: Number of supervisory investigations

38 supervisory investigations were undertaken by SoMs during the 2008-09 practice year – see Summary table on page 55. This increase of 11 from last year represents more proactive examination of practice, as opposed to increasing concerns about midwifery practice.

The LSAMO conducted 4 investigations during 2007-08, but none this year, so the total investigations during 2008-09 were 38. There were no investigations commissioned external to the Yorkshire and the Humber LSA, or by the Healthcare Commission or other inspectorates.

During 2008-09, the LSAMO increasingly sourced an investigating SoMs external to the Trust where the incident or concerns originated (14 of the 38), but supported by a SoMs internal to the Trust. Whilst this change in practice has not yet been formally evaluated, anecdotal evidence indicates numerous benefits including:

- No confusion for the midwives or Trusts involved that this is a LSA and not a management process
- Complete objectivity
- A “fresh eyes” approach to practice issues that might previously have been accepted as “custom and practice”
- More explicit recognition of the time involved in an investigation
- Sharing of good midwifery and supervisory practice and of lessons learned

Formal evaluation will be undertaken and reported in the next Annual report. ***LSAMO recommendation***

10.4: Timescales of supervisory investigations

Using data on the LSA Database, the average time to complete the supervisory investigation was 6 weeks, with the range being 2 – 16 weeks. The most common reason for protracted investigation timescales is sick leave, or other leave of the staff involved. Two investigations were yet to be completed due to ill health of the midwives concerned.

10.5: Outcomes of supervisory investigation

The outcomes that have been completed at the time of writing this report, of the 38 supervisory investigations undertaken during 2008-09 were:

- **5 Supervised Practice -** 3 successful, 1 ongoing, 1 appeal upheld with the recommendation changed to developmental support. The 3 Supervised practice programmes were all supported by the employing organisation, with academic input from the relevant Universities.
- **31 Developmental Support** - 1 unsuccessful, leading to supervised practice
- **10 Reflection**
- **6 No action**

There were no concerns relating to the competence of newly qualified midwives.

The SoMs have continued to use the Yorkshire and the Humber LSA template document for supervised practice, which was adapted from the South Central LSA template. This has ensured consistency in the organisation of the programmes. When a recommendation for supervised practice is made, the LSAMO aims to support the SoMs at an Interim, Intermediate and Final supervised practice meetings. A developmental support template has been produced by the LSA Midwife and this has also been utilised during 2008-09.

10.6: Practice issues leading to supervised practice and developmental support

- **Deteriorating woman or baby**

The main practice concerns related to a lack of identification of risk or of a deteriorating woman or baby (25). CTG interpretation (6), record keeping (14) and poor collaboration (7) also featured.

Some midwives had difficulties when caring for women whose normal pregnancy or labour status become abnormal or caring for high risk women from the outset, particularly in the intrapartum setting misinterpretation of CTG situations. This complexity highlights that poor recognition of CTGs appears to be part of a bigger picture of risk, or needs assessment rather than a singular problem.

A particular concern that appears to be evolving in the community is inadequate identification of risk/illness as 9 midwives learning needs arose from issues relating to inadequate monitoring of fetal development during the antenatal period. Poor outcomes resulted in some of those situations.

8 midwives were involved in issues within the postnatal period. Identification of increased risk factors would have possibly resulted in better outcomes on occasions. Of particular concern were situations where the neonate failed to gain weight or have weight monitored adequately, particularly for breastfeeding babies.

The LSA has commenced work with other organisations to develop Continuing Professional Development initiatives focused around the identification of wellness, risk, deterioration in mothers and their infants throughout all pregnancy to newborn periods.

- **Teamwork principles not utilised**

For 8 midwives, not asking for help or generally demonstrating a lack of communication was identified as a theme. Deeper analysis reveals that 5 of these situations are acknowledged by SoMs to have some association with how busy the area or unit was at the time of the incident, also the individuals' perception of the environment and their own ability limited them asking for help. How much relates to inadequate autonomous decisions, reluctance to involve others or the impact of staffing ratios deserves further investigation.

There were issues identified where midwives appeared to be taking on too much work and or not knowing their own limitations. Again this could be arguably attributed to the pressure of work, attempting to do as much work as quickly as possible. However such commitment to volume of work was seen to compromise care of women on occasions.

The LSA is acting to support resolving such workload imbalances by enhancing the voice of midwives through the statutory framework and is currently developing a guideline to support local SoMs in being able to raise causes of concern situations such as workload compromising care which are not being resolved locally,

- **Service provision**

Lack of care pathways (8) and high clinical activity (2) were also noted within recommendations for trusts. LSA action has been to follow up the recommendations with Trusts and as cited in previous sections to support Trusts to proactively utilise the RCOG Maternity Dashboard and utilise the NPSA Intrapartum scorecard.

- **Single issues**

Drug errors occurred on 3 occasions. A learning needs analysis has been collated by the LSA on behalf of a University, to explore midwives developmental needs

10.7: LSA referrals to NMC during 2008-09

The LSAMO made two referrals to the Health Committee during 2008-09, however there were unresolved competence issues for both midwives:

- **Case 1 –** Midwife commenced supervised practice in June 2007; recurrent ill health during programme; placement withdrawn by employer due to recurrent health and some non – compliance with employer; referred to NMC Health Committee in May 2008; not suspended from practice due to lack of completion of supervised practice programme; December 2008 – NMC Investigating Committee panel decision is to investigate further through health route.

- **Case 2 –** Midwife successfully completed supervised practice in May 2007; further serious incident in October 2007; Supervisory investigation recommended NMC referral for incompetence; serious ill health until February 2008 then deteriorated again; November 2008 - referred to NMC Health Committee on NMC advice; LSAMO awaiting update from NMC

The LSA continues to consult with the NMC on fitness to practise issues.

Practice year	Midwives (ITPs submitted by 31st March)	Births	SoMs	Issues reported to LSA	Maternal Deaths	SUIs	Supervisory and LSAMO investigations	Outcomes
2008/09	**2817**	**65227**	**204**	**100**	**9**	**18**	**38** 0 LSA Investigations	**2 LSA referrals to NMC** **5 Supervised Practice** (3 successful, 1 ongoing, 1 appeal, upheld, changed to developmental support) **31 Developmental Support** (1 unsuccessful, lead to supervised practice) **10 Reflection** **2 No action** *Some outcomes not yet completed*
2007 / 08	**2581**	**63894**	**194**	**90**	**16**	**22**	**27** 4 LSA Investigations	**2 LSA referrals to NMC** (1 by parents) **8 Supervised** **16 Developmental Support** **15 Reflection**
2006 / 07	**2576**	**61953**	**203**	**86**	**13**	**28**	**19** 2 LSA Investigations	**1 LSA referrals to NMC** (1 by parents) **5 Supervised** **11 Developmental Support** **8 Reflection**
2005 / 06	**2630**	**5990**	**206**	**55**	**14**	**17**	**24** 2 LSA Investigations	**0 LSA referrals to NMC** (1 by a trust) **5 Supervised** **14 Developmental Support**

11. LSA Budget and LSA resource

The LSA budget has, to date, never been overspent. The LSA resource currently consists of:

- 1 whole time equivalent LSA Midwifery Officer
- 0.8 whole time equivalent LSA Support Officer
- 0.8 whole time equivalent seconded LSA Midwife

12. LSA Support Officer

The LSA Office is managed by Elaine French, the LSA Support Officer. She is well respected by the LSAMO, LSA Midwife, the SoMs as well as SHA staff. Elaine French provides outstanding support to the LSA Midwifery Officer and to the SoMs.

13: Key achievements of 2008-09 and Priorities for 2009-10

Key achievements of 2008 - 09

- Hull and Calderdale and Huddersfield won 2 of the 5 All-Party Parliamentary Group on Maternity 2008 awards

- Bradford won a RCM award for Recruitment and Retention in January 2009, for their Preparation for Midwifery course.

- the LSA average SoM to midwife ratio remains stable at 1:13.

- LSAMO invited to join the Project Advisory Group of the National Fetal Anomaly Screening Programme for England “Educational Resource to Support the Implementation of the 18^{+0} – 20^{+6} Week Mid-pregnancy Scan”

- Two presentations were facilitated by 3 Yorkshire and the Humber SoMs at the 2008 LSAMO Forum (UK) conference took place. The Yorkshire and the Humber LSAMO was on the conference planning team.

- LSAMO opened the 2009 “Safer Births” conference in January in York, hosted by Kings Fund, RCM, RCOG, HCC, NPSA, CEMACH, NHSLA, NHS Yorkshire and the Humber and NHS North East

- LSAMO opening the 2nd NHS III maternity network event for providers and commissioners.

- The first Yorkshire and the Humber LSA Good Practice Award was developed to recognise and celebrate service improvement within the supervisory framework. Two Trusts were successful in this first awards were presented at the 2009 Yorkshire and the Humber LSA Summer conference and hoped to become an annual event.

- Two regional Masterclasses for Labour Ward Coordinators held in January and February 2009, formal evaluation positive. Paper on the project has been accepted for the 2009 RCM conference.

- Pilot project to assess the feasibility of the use of Digipens for SoMs in Yorkshire and the Humber with the administrative aspects of their role. It was supported by Information technology colleagues and paper on the project has been accepted for the 2009 RCM conference when the results will be shared.

- The LSAMO co-facilitated a presentation "*Improving services for vulnerable women*" at NMC conference in November 2008 with Rose McCarthy, a service user representative and Ali Wright, a Consultant Obstetrician and a joint paper has been accepted for the 2009 NMC conference in Belfast

- Jan Cairns, a SoM at Hull and East Yorkshire NHS Trust gained 3rd place in the British Journal of Midwifery Clinical Practice Awards 2009 - Midwife of the Year category, for her development of action learning sets for newly qualified midwives.

- Breastfeeding initiation rates have continued to rise across the Yorkshire and the Humber Region over the past 5 years with the gap between the highest and lowest performing areas narrowing demonstrating less inequality across the Region as a whole.

- Most Universities in Yorkshire and the Humber are currently exploring what is required and University of Leeds is the first in the Region to achieve the certificate of commitment for both its midwifery courses

- Sarah Wise, Consultant midwife for Teenage Pregnancy and Sexual Health at Northern Lincolnshire and Goole NHS Foundation Trust, is also a SoMs and a Harrogate SoMs achieved a "Celebrating success" award for Teenage pregnancy

Priorities for 2009 - 10

- Report on quality assuring supervision in the next LSA Annual report

- Continue to support and monitor the quality and comprehensiveness of data submitted to the LSA

- Whilst all SoMs teams record supervisory activities and data, enhancements to comprehensive data collection could be made. This includes data inputting on the LSA database, including long term absence of SoMs.

- In view of the economic downturn, SoMs will need to work with managerial colleagues for protected time and administrative support, with additional time for the Contact SoMs role.

- Whilst SoMs are actively raising awareness of supervision with the public and with midwives, this could be further enhanced, with continued emphasis on robust, proactive succession planning for SoMS.

- 14 service users provided their contact details through the LSA Audit process, as they were interested in being involved in further LSA work – pursue during 2009-10.

- Continue to work with DH, SHA, LSAMO, Trust and PCT colleagues to minimise duplication of data requests and improve data quality

- Continued emphasis on the reviews of stillbirths and of accelerating good practice to reduce stillbirth rates is required

- The LSAMO will continue to work closely and collaboratively with Workforce colleagues to inform recruitment strategies in the workforce development for Higher Education Institutes and local Trusts.

- Continue to urge services to fully utilise their RCOG Maternity dashboards

- If standard definitions of service suspensions are applied and the LSA Database can be adapted accordingly, during the practice year 2009/2010 all SoMs will be encouraged to enter the data within a maximum of twenty-four hours

- the tracking of incidents, investigations and subsequent actions is onerous. Consider a Case management system if developments to the LSA Database are protracted.

- Formal evaluation of supervisory investigations led by a SoMs external to the Trust where the incident or concern originated will be undertaken and reported in the next Annual report.

14: Conclusion and assurance to NMC and NHS Yorkshire and the Humber

The LSAMO is grateful of the support of all SoMs in Yorkshire and the Humber. Thanks are extended for their commitment to their SoMs roles and enabling the LSAMO to provide assurance to the NMC Council and to NHS Yorkshire and the Humber that this LSA is meeting the requirements of Rule 16.

Statutory supervision is valued, appreciated and recognised as the fundamental safeguard to support midwives and thus protect the safety of mothers and babies in the Yorkshire and the Humber LSA.

Report compiled by
Carol Paeglis
Local Supervising Authority
Midwifery Officer
Yorkshire and the Humber LSA

Report released by
Bill McCarthy
Chief Executive
NHS Yorkshire and the Humber

Rule No.	Self assessment against the 53 standards within NMC (2004) Midwives rules and standards Rule Description	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 the LSAMO annual report, in the monthly LSA Briefing, done via email to all supervisors, on email address footer and on LSA web page as per **LSAMO Forum (UK) guideline K** at: http://www.midwife.or.uk
	* *Publish annually the date by which it must receive intention to practise forms from midwives in its area*	**Yes**		As above
	* *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 LSA database have been 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**		
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**		On LSA web page as per **LSAMO Forum (UK) guideline L** at: http://www.midwife.org.uk
	* *Publish how it will determine whether or not to suspend a midwife from practice*	**Yes**		On LSA web page as per **LSAMO Forum (UK) guidelines I and L** at: http://www.midwife.org.uk
	* *Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority*	**Yes**		Final copies of reports and letters of supervisory investigations are sent to the LSA as per **LSAMO Forum (UK) guideline L** and **Yorkshire and the Humber guideline 3** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/

	* *Publish the process for appeal against any decision*	***Yes***	On LSA web page as per **LSAMO Forum (UK) guideline L** at: http://www.midwife.org.uk
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***	On LSA web page as per **LSAMO Forum (UK) guideline H** and **Yorkshire and the Humber guideline 16** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
	* *Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity*	***Yes***	On LSA web page as per **Yorkshire and the Humber guidelines 3 and 14** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/ LSA Database is used and LSA office store records electronically.
	• *Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years*	***Yes***	
	• *Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years*	***Yes***	Final copies of reports and letters of supervisory investigations are sent to the LSA as per **LSAMO Forum (UK) guideline L** and **Yorkshire and the Humber guideline 3** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/ LSA Database is used and LSA office store records electronically
	• *Publish local procedures for retention and transfer of records relating to statutory supervision*	***Yes***	On LSA web page as per **LSAMO Forum (UK) guideline B** and **Yorkshire and the Humber guidelines 3, 12 and 14** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/ LSA Database is used and LSA office store records electronically.
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***	On LSA web page as per **LSAMO Forum (UK) guideline C** at: http://www.midwife.org.uk
	* *Maintain a current list of supervisors of midwives*	***Yes***	LSA Database is used and reports utilised at each Annual LSA audit visit to Trusts. Monthly LSA version is produced by the LSA Support Officer for the LSAMO. LSA office store records electronically
	* *Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 6 hours per year*	***Yes***	LSA Database is used for CPD, LSA office hold a list. Events are published within monthly electronic LSA Briefing and planned through LSA Strategy and Education Group. On LSA web page as per **Yorkshire and the Humber guidelines 3, 5 and 9** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
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***	On LSA web page as per **LSAMO Forum (UK) guideline C** at: http://www.midwife.org.uk
	• *Implement the NMC's rules and standards for supervision of midwives*	***Yes***	On LSA web page as per **LSAMO Forum (UK) guidelines and Yorkshire and the Humber guidelines** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
	• *Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)*	***Yes***	LSA Database is used and reports utilised at each Annual LSA audit visit to Trusts. Monthly LSA version is produced by the LSA Support Officer for the LSAMO. LSA office store records electronically
	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***	LSAMO attendance at LSAMO Forum (UK) meetings; LSA Database used; Monthly electronic LSA Briefing produced. On LSA web page as per **LSAMO Forum (UK) guidelines B, I, K and M and Yorkshire and the**

		Humber guidelines 3, 4 and 5 at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
* *Enable timely distribution of information to all supervisors of midwives*	***Yes***	Monthly electronic LSA Briefing produced; Contact supervisor meetings held; Regular LSA events and working groups; LSA circulation lists for Contact supervisors, all supervisors, Heads of Midwifery. On LSA web page as per **Yorkshire and the Humber guidelines 3, 4 and 5** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
* *Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer*	***Yes***	
* *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***	
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. Outcomes in LSA annual report
* *Promote woman-centred, evidenced-based midwifery practice*	***Yes***	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***	LSA Database is used and reports utilised at each Annual LSA audit visit to Trusts. Outcome reported in LSA annual report
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***	Verified at Annual LSA audit visits to Trusts. Outcome reported in LSA annual report
* *Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice*	***Yes***	On LSA web page as per **Yorkshire and the Humber guidelines 3 and 8** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/ Audited at Annual LSA audit visit to Trusts. Examples provided within Trusts' Supervision reports; Information on Trusts' websites and within

			Trust's information
	* *Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives*	***Yes***	On LSA web page as per **Yorkshire and the Humber guidelines 3 and 5** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
	* *Supervisors of midwives provide professional leadership*	***Yes***	On LSA web page as per **Yorkshire and the Humber guideline 3** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/ Audited at LSA Audit visits and through LSA questionnaires to supervisors of midwives, midwives, student midwives and non-midwives. Examples provided within Trusts' Supervision reports
	* *Supervisors of midwives are approachable and accessible to midwives to support them in their practice*	***Yes***	On LSA web page as per **Yorkshire and the Humber guideline 3** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/ Audited at LSA Audit visits and through LSA questionnaires to midwives; Examples provided within Trusts' Supervison reports; Information on Trusts' websites and within Trust's information
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***	Current LSAMO appointed as per NMC standards
	• *Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process*	***Yes***	
	• *Manage the performance of the appointed local supervising authority midwifery officer*	***Yes***	LSAMO performance outlined within Annual LSA report
	• *Provide designated time and administrative support for a local supervising authority midwifery*	***Yes***	LSA resources outlined within Annual LSA report

	officer to discharge the statutory supervisory function		
	• *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***	LSA Audit visits undertaken to each trust annually, with a 6 month follow up visit
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***	On LSA web page as per **Yorkshire and the Humber guideline 3, 5 and 11** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/NHS Yorkshire and the Humber (2008) Procedure for the management of Serious Untoward Incidents (SUIs) outlines role of LSAMO in maternity – related SUIs
	* *Publish the investigative procedure*	***Yes***	
	* *Liaise with key stakeholders to enhance clinical governance systems*	***Yes***	Close links between LSAMO and Patient Care and Partnerships, Integrated Governance team and Workforce directorate. Member of LSAMO Forum (UK), Directors of Nursing network, Patient Safety Action Team, links with Kings Fund and CQC
	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***	On LSA web page, within LSA Annual report and as per **LSAMO Forum (UK) guideline G** at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
	• *Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment*	***Yes***	
	• *Publish the process for appeal against the decision to remove*	***Yes***	

	* *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***	
	• *Consult the NMC for advice and guidance in such matters*	***Yes***	Situation not arisen. NMC advice would be taken
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 within LSA Annual report, within Trusts' Supervision reports and within LSA audit visit reports
	* *Details of how the practice of midwifery is supervised*	***Yes***	Published within LSA annual report, on LSA web-page, in Trusts' Supervision reports and in LSA audit visit reports
	* *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 within LSA Annual report and within LSA Audit visit reports. Service users are members of the LSA Audit Working Group
	* *Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education*	***Yes***	Published in the LSA annual report. Verification from LME's within Bradford, Huddersfield, Hull, Leeds, Sheffield, Sheffield Hallam and York University
	* *Details of any new policies related to the supervision of midwives*	***Yes***	Published within LSA Annual report and guidelines on LSA web-page at: http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/
	• *Evidence of developing trends affecting midwifery practice in the local supervising authority*	***Yes***	
	• *Details of the number of complaints regarding the discharge of the supervisory function*	***Yes***	
	• *Reports on all local supervising authority investigations undertaken during the year*	***Yes***	

APPENDIX 2

NMC Framework Risk Register Key

Consequence/Severity of Impact

Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely - 2	2	4	6	8	10
Remote - 1	1	2	3	4	5

RISK Low Moderate High

1-8 9-15 16-25

Rating consequences and impact

Catastrophic	Critical impact on protection of the public e.g. significant contributor to higher than anticipated unexplained deaths of mothers or infants or, serious injury of mother or baby requiring life-long support. Very difficult and long term to recover.
Major	Major impact on protection of the public or function of the LSA. E.g events which risk public or professional confidence in the respective maternity services or respective LSA/SHA, non-compliance with action plans from various investigating authorities. Medium to long term effect.
Moderate	Significant impact on protection of the public, function of the LSA. E.g. events where co-partners such as Education Providers identify issues in the learning environments for student, where the LSA Framework is unattainable due to closure of education routes for Preparation of SoM Programme. Medium term effect.
Minor	Minor impact, loss, delay, inconvenience e.g. non-compliance with NMC Standard or Guidance. I.e. when appointing an LSAMO, failure to submit an ITP etc, lack of data or evidence to support Investigations or Reports issued by the LSA. Short to medium term effect.
Insignificant	Risk identified with clear mitigation from LSA including management through internal risk framework, clear plans action plans and lines of reportage, etc. Little or no effect.

Rating the likelihood

Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlikely	Could occur at some time
Remote	May occur only in exceptional circumstances

NMC Framework Risk Register

Ref	Summary of information	Source	Risk	Likelihood	Impact	Risk score
Chief Executive sign off and quality of report						
1	Chief Executive did not sign annual report and no indication that it had been viewed by him/her.	LSA Annual Report	Lack of sign off may mean non-engagement with supervisory function at SHA/board level.	2	**8**	**16 RED**
2	Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public.	4	**4**	**16 RED**
3	Inconsistent description of supervision framework described and NMC not assured that an effective and consistent supervisory framework is in place.		Effective and consistent supervisory framework may not be in place and therefore unable to protect the public.	4	**4**	**16 RED**
Numbers of Supervisors of Midwives, appointments, resignations and removals						
4	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	**4**	**12 AMBER**
5	SoM / MW ratio not stated.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors	4	**4**	**16 RED**

Details of how midwives are provided with continuous access to a Supervisor of Midwives						
6	Description of how midwives are provided with continuous access to a SoM not described or variable across LSA and NMC not assured that an effective supervisory framework is in place. E.g. some areas within an LSA may use a 24/7 hour rota and some may use a contact list.	LSA Annual Report	That in an emergency midwives may not have clarity about how to contact a Supervisor of Midwives thereby delaying a decision that may have an influence on the outcome for a mother and baby.	**3**	**4**	**12** **AMBER**
7	No evidence that '*continuous access to a SoM*' process is audited so lack of assurance that process is working effectively.	LSA Annual Report	Process may not be working effectively which may have impact during emergency situations (see above).	**3**	**4**	**12** **AMBER**
Details of how the practice of midwives is supervised						
8	LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public	**4**	**3**	**12** **AMBER**
9	No description of ITP process.	LSA Annual Report	Lack of supervisory framework in place and inability to delivery function of supervision.	**4**	**4**	16 RED
10	LSA Audit Process stated as not undertaken.	LSA Annual Report	No mechanism in place to assure LSA that supervision is functioning and therefore NMC not assured that effective supervisory framework in place.	**5**	**4**	20 RED

Evidence that service users are assisting the LSAMO with the annual audits						
11	Public User Involvement in supervision audits not described.	LSA Annual Report	Lack of user input into development of supervisory framework. Risk in meeting rules and standards.	**4**	**3**	**12** **AMBER**
12	Public User Involvement in supervision could be enhanced.	LSA Annual Report	Minimal user input into development of supervisory framework.	**2**	**2**	**4** **GREEN**
Evidence of engagement with higher education institutions in relation to supervisory input in to student midwifery education						
13	No evidence of engagement with higher education institutions.	LSA Annual Report	Risk in meeting rules and standards.	**4**	**4**	**16** RED
14	Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio.	LSA Annual Report QA Framework	Supervisory framework is not pro-active in improving learning environment for student midwives and/or students learning in an inappropriate clinical environment.	**4**	**4**	**16** RED
Details of any new policies related to the supervision of midwives						
15	No detail of any new policies.	LSA Annual Report	Lack of pro-activity of LSA in supporting supervisors of midwives with policy development.	**4**	**4**	16 RED
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						
16	Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.	LSA Annual Report	Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	**4**	**4**	**16** **RED**

17	Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery students	**3**	**5**	**15** AMBER
18	Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery	**3**	**5**	15 AMBER
Details of number of complaints regarding the discharge the Supervisory Function						
19	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	**3**	**5**	15 AMBER
20	Evidence of up held complaints against the LSA.	LSA Annual Report	That the LSA has been deemed to be in effective in its function to women or midwife (dependent on complaint). There may have been a compromises to protecting the public e.g. due to bullying, harassment or discrimination.	**4**	**4**	**16** RED
Reports on all local supervising authority investigations undertaken during the year						
21	High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers.	LSA Annual Report	Rules and Standards in relation to investigation leading to supervised practice not being interpreted appropriately/effectively. Risk that midwives being placed on a programme of supervised practice inappropriately.	**3**	**4**	**12** AMBER

General concerns identified in the NMC framework for reviewing LSAs						
22	Inadequate supervisory framework in place to meet the Midwives Rules and Standards across the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	**3**	**5**	15 AMBER
23	Where a midwife is reported to the NMC for clinical concerns without reference to the supervisory framework.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	**3**	**5**	15 AMBER
24	Where the clinical environment is unsafe for midwife student learning or mentorship is ineffective and not supporting student midwives.	NMC framework for reviewing LSAs	Impact on appropriateness of clinical learning environment for pre registration midwifery	**3**	**5**	15 AMBER
25	Concerns regarding the function and performance of supervision within the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	**3**	**5**	15 AMBER
26	Poor compliance with recommendations from any investigations reports from either the LSA or other bodies such as the Healthcare Commission.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	**3**	**5**	15 AMBER
27	Concerns of conduct which relate to, for example, bullying, harassment or abuse of power from within the LSA or supervisory framework which may impact upon the function of supervision.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	**3**	**5**	15 AMBER

Yorkshire and Humber LSA 2007- 08 risk profile LSA Profile — APPENDIX 3

LSA	Yorkshire and Humber	**Chief Executive**	Dr Barbara Hakin
LSAMO	Carol Paeglis	**Contact details of LSAMO**	carol.paeglis@yorksandhumber.nhs.uk 0113 295 2094

Evidence of engagement with higher education institutions in relation to supervisory input in to student midwifery education						
	Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio.	LSA Annual Report QA Framework	Supervisory framework is not pro-active in improving learning environment for student midwives and/or students learning in an inappropriate clinical environment.	4	4	**16** RED
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						
	Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery students	3	5	15 AMBER
Details of number of complaints regarding the discharge the Supervisory Function						
	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	3	5	15 AMBER
General concerns identified in the NMC framework for reviewing LSAs						
	Where the clinical environment is unsafe for midwife student learning or mentorship is ineffective and not supporting student midwives.	**NMC framework for reviewing LSAs**	Impact on appropriateness of clinical learning environment for pre registration midwifery	**3**	**5**	15 AMBER

Score: 61

APPENDIX 4

YORKSHIRE AND THE HUMBER LSA SUPERVISORS OF MIDWIVES AS AT 31.03.2009

AIREDALE NHS TRUST (109 midwives – 109 ITPs)
Supervisor to Midwife ratio 1:12

Airedale General Hospital
Kath Walsh - HoM
Mary Stronach - CSoM
Sue Bell **(Mentor)**
Shona Featherstone
Julie Hinchliffe
Alison Mastrantuono
Sue Speak **(Mentor)**
Ann Tasker
Amanda Wright (SoMs total: 9)

BARNSLEY HOSPITAL NHS FOUNDATION TRUST
(108 midwives – 123 ITPs) Supervisor to Midwife ratio 1:12

Sue Gibson - (HoM) **(Mentor)**
Sharon Hardy - (CSoM) **(Mentor)**
Bev Cicero
Bron Godwin **(Mentor)**
Jill Murphy
Sandra Newman
Anne Smith
Elizabeth Turner
Anne Ward (SoMs total: 9)

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
(215 midwives – 218 ITPs) Supervisor to Midwife ratio 1:16.5

Deb Hughes – student on Sept 08 Sheffield cohort (end 23 March 09)
Eileen McArdle Robinson and Anne Marie Orr - students on Jan 09 Preparation of SoMs programme at Leeds (start 19 Jan 09 – end 13 July 09)

Bradford Royal Infirmary
Julie Walker – HoM
Alison Brown – CSoM **(Mentor)** *(CSoM from Aug – Nov 08 and again from Apr 09)*
Julie Appleyard **(Mentor)**
Gwendolen Bradshaw **(Mentor)**
Diane Daley
Geraldine Dyas **(Mentor**

Lynn Greenwood
Helen Hall **(Mentor)**
Amanda Hardaker
Alex Horsfall
Tina Mori **(Mentor)**
Sheila Nolan **(Mentor)**
Alison Powell **(Mentor)** (SoMs total: 13)

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST
(223 midwives – 225 ITPs) Supervisor to Midwife ratio 1:13

Debbie Coward, Valerie Lunn and Joanne Machon - students on Jan 09 Preparation of SoMs programme at Leeds (start 19 Jan 09 – end 13 July 09)

CALDERDALE ROYAL HOSPITAL
Helen Shallow – *(HoM)*
Brenda Alderson
Joyce Ayre
Jeannie Heptinstall
Linda Hill
Elspeth Pilling
Elaine Rollinson
Margaret Stephenson
Sue Townend – *Link SoM*

Huddersfield Royal Infirmary
Janet Woodhouse – CSoM
Christine Bairstow – Support CSoM
Gina Augarde
Michele Howland
Kathy Kershaw
Heather McNair
Julie Parkin
Gillian Shaw (SoMs total: 17)

DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST
(157 midwives – 177 ITPs) Supervisor to Midwife ratio 1:10

Doncaster Royal Infirmary
Vivienne Knight - (HoM) **(Mentor)**
Carol Lee - (CSoM)
Pat Holland
Claire Keegan
Sarah Lakeland
Chris Livingston **(Mentor)**
Debby McKnight
Linda Mears
Mary Moffat

Sharon Smithson
Donna Wright (SoMs total: 15)

Bassetlaw Supervisors – East Midlands LSA: Karen Cousins, Michelle Glave, Sharon Rainsforth and Alison Schofield – are also supervisors in Yorkshire and the Humber as they supervise midwives based in Doncaster.

HARROGATE AND DISTRICT NHS FOUNDATION TRUST
75 midwives – 81 ITPs) Supervisor to Midwife ratio 1:10

Alison Pedlingham - student on Jan 09 Preparation of SoMs programme at Leeds (start 19 Jan 09 – end 13 July 09)

HARROGATE DISTRICT HOSPITAL
Jan Chaplin – HoM **(Mentor)**
Lesley Harris - CSoM
Janice Carrington **(Mentor)**
Joan Forbes **(Mentor)**
Jane Ford
Janet Gladman **(Mentor)**
Sue Skelling (SoMS total: 7)

HULL & EAST YORKSHIRE HOSPITALS NHS TRUST (253 midwives – 255 ITPs)
Supervisor to Midwife ratio 1:16

Sarah Green – student on Sept 08 Sheffield cohort (end 23 March 09)

Hull and East Yorkshire Women and Children's Hospital
Jubilee Birth Centre
Karen Thirsk – HoM + Link Som **(Mentor)**
Janet Cairns – CSoM **(Mentor)**
Lorraine Cooper
Susan Craughan
Sue Fairclough **(Mentor)**
Nicola Foster
Julie Green *(On secondment as LSA Midwife from w.e.f. 03.07.08)*
Jane Hardy
Caroline Harrison **(Mentor)**
Abigail Hill **(Mentor)**
Heather Holland **(Mentor)**
Moira Lee **(Mentor)**
Jane McFarlane **(Mentor)**
Suzanne Procter **(Mentor)**
Sheryl Sykes **(Mentor)**
Julie Tuton (Mentor) (SoMs total: 16)

THE LEEDS TEACHING HOSPITALS NHS TRUST (324 midwives – 328 ITPs)
Supervisor to Midwife ratio 1:13.5

Julie Beckett, Theresa Fitzpatrick and Louise Holt - students on Jan 09 Preparation of SoMs programme at Leeds (start 19 Jan 09 end 13 July 09)

Leeds General Infirmary
St James's University Hospital
Julie Scarfe – HoM
Paula Jenkins - CSoM
Jane Alcock
Mary Armitage
Annette Barnes
Sarah Bennett
Katie Bentham
Julie Clarke
Jo Croton
Lynn Deane
Sue Deighton **(Mentor)**
Anne-Marie Henshaw
Angela Hewett
Tracy Ibbeson **(Mentor)**
Fiona Kaye **(Mentor)**
Janette Kirk
Gail Knight
Alison McGowan
Alison McIntyre **(Mentor)**
Karen Peters
Anna Proctor
Andrew Steer
Jacqueline Turner
Gail Wright (SoMs total: 24)
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MID YORKSHIRE HOSPITALS NHS TRUST (232 midwives – 234 ITPs)
Supervisor to Midwife ratio 1:13

Pontefract General Infirmary
Wakefield Birth Centre
Wendy Dodson – Acting HoM
Sally Fox
Susanne Hobson
Shirley Leonard
Lois Mellor
Rosalyn Morley
Valerie Rowett
Gill Smethurst *(leave of absence w.e.f. 23.06.08)*
Angela South
Angela Waterson

Dewsbury and District Hospital
Diane Goodwin – CSoM
Lesley Cox
Maxine Hey *(on secondment to SHA w.e.f. 01.08.08)*
Irene Hopkins
Lorna James **(Mentor)**
Helen Morris
Paula Roebuck
Caroline Weldon (SoMs total: 18)

NORTHERN LINCOLNSHIRE & GOOLE HOSPITALS NHS FOUNDATION TRUST (196 midwives – 201 ITPs) Supervisor to Midwife ratio 1:13

Scunthorpe General Hospital
Goole District Hospital
Debrah Smith – HoM **(Mentor)**
Kim Sheppard – CSoM **(Mentor)**
Kathleen Hobson
Linda Keech
Carol Lilley
Karen Purves
Barbara Scott

Diana, Princess of Wales Hospital, Grimsby
Sheila Skipworth – CSoM ***(Mentor)***
Michelle Barford
Yvonne Birtles
Sue Briggs **(Mentor)**
Sara Butcher
Julie Dixon
Sarah Wise
Sheila Youssef (SoMs total: 15)

THE ROTHERHAM NHS FOUNDATION TRUST
(141 midwives – 174 ITPs) Supervisor to Midwife ratio 1:14
Carol Fennell, Emma Carver + Geraldine Dickinson – students on Sept 08 Sheffield cohort (end 23 March 09)

Rotherham District General Hospital
Karen Norton (HoM +) **(Mentor)**
Phyllis Calladine (CSoM) **(Mentor)**
Mandy Barnes **(Mentor)**
Kim Booth **(Mentor)**
Gill Freer
Judith Gilliver **(Mentor)**
Joanne Lancashire **(Mentor)**
Angela Spillane **(Mentor)**
Sue Velamail **(Mentor)**
Theresa Woodward **(Mentor)** (SoMs total: 10)

SCARBOROUGH & NORTH EAST YORKSHIRE HEALTHCARE NHS TRUST
(76 midwives – 81 ITPs) Supervisor to Midwife ratio 1:8

Scarborough General Hospital
Bridlington & District Hospital
Malton Community Hospital
Whitby Community Hospital
Freya Oliver – Acting HoM **(Mentor)**
Lorraine Rae – CsoM **(Mentor)**
Wendy Beagles
Lynda Fairclough
Jacky Lawty
Helen Noble **(Mentor)**
Sheila Strickland
Jane Tyler
Patsy Tyson (SoMs total: 9)

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
(327 midwives – 332 ITPs) Supervisor to Midwife ratio 1:14
Kathleen Moody - student on Jan 09 Preparation of SoMs programme at Leeds (start 19 Jan 09 – end 13 July 09)

Jessop Wing Women's Hospital
Dotty Watkins - HoM
Janice Brennan - CSoM
Di Bartholomew **(Mentor)**
Marcia Baxter **(Mentor)**
Cath Burke
Sharon Clarke
Michelle Crownshaw
Karen Drabble **(Mentor)**
Susan Emery
Sally Freeman
Gill Hunt **(Mentor)**
Rachel Jokhi
Carollynn Jones
Sally Kinnish
Lynn Longmuir **(Mentor)**
Wendy Martin
Denise Robins
Laura Rumsey
Paula Schofield
Gill Sear
Maxine Spencer
Julie Stafford
Adele Stanley
Chris Thornber **(Mentor)** (SoMs total: 24)

SHEFFIELD HALLAM UNIVERSITY (16 midwives – 17 ITPs)
Supervisor to Midwife ratio 1:5

Heather Wilkins (CSoM)
Kirsty Schofield
Celia Yeardley (SoMs total: 3)

SHEFFIELD UNIVERSITY (4 midwives – 4 ITPs)
Supervisor to Midwife ratio 1:4

Angela Walker (SoMs total: 1)

YORK HOSPITALS NHS FOUNDATION TRUST (130 midwives – 132 ITPs)
Supervisor to Midwife ratio 1:12
Christine Foster - student on Jan 09 Preparation of SoMs programme at Leeds (start 19 Jan 09 – end 13 July 09)

York Hospital
Margaret Jackson – HoM + Link SoM
Deborah Wright – CsoM (standing down for 1 year w.e.f. 11.06.09)
Susan Ayres
Helen Baston
Kath Chapman *(appointed – not practising as a SoM until April 09)*
Hilary Farrow *(appointed – not practising as a SoM until April 09)*
Patricia Fowler
Helen Joyce
Joanna Lishman
Louvain Shaw **(Mentor)**
Kathleen Thompson (SoMs total: 11)

Other SoMs

Carol Ford	Y&H	Appointed to Yorkshire and the Humber as Mid Yorkshire NHS Trust up to capacity.
Karen Sabin	Barnsley PCT	Ex-Sheffield SoMs. Working at Barnsley PCT w.e.f. 09.02.09.
Julie Walsh	Y&H	Appointed to Yorkshire and the Humber as Mid Yorks up to capacity.

Number of SoMs at Trusts = 201
Number of SoMs in 'Other' category = 3
Total number of SoMs: 204
Total number of midwives in SoMs teams = 2676
LSA supervisor to midwife ratio = 1:13

Qualified – not appointed

Alison Broadley	Bradford
Tracy Brown	York
Teresa Walker	Rotherham

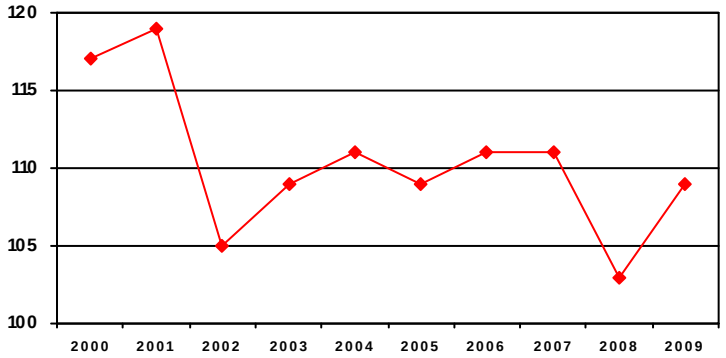
Qualified - stood down

Elizabeth Ross	York	Moved post
Sharon Schofield	Secondment from Mid Yorkshire	Not practising midwifery
Karen Warner	SHA	Moved post

APPENDIX 5

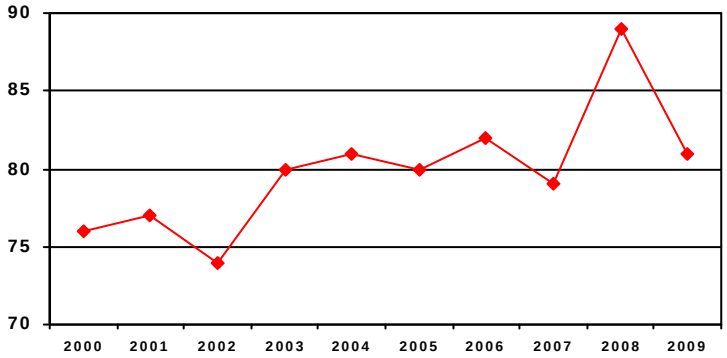
AIREDALE

Number of midwives supervised

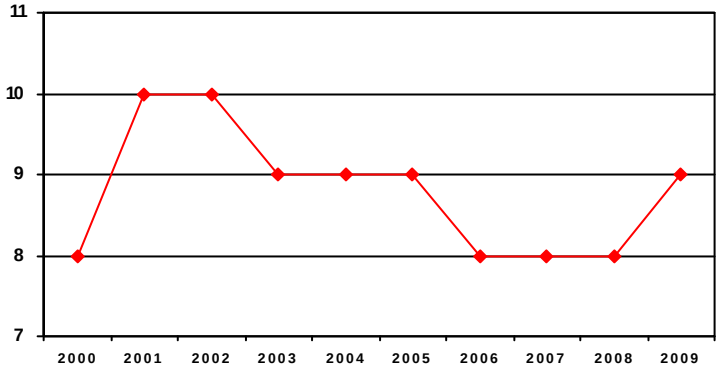


(2008 figures = total number of midwives notifying ITP)

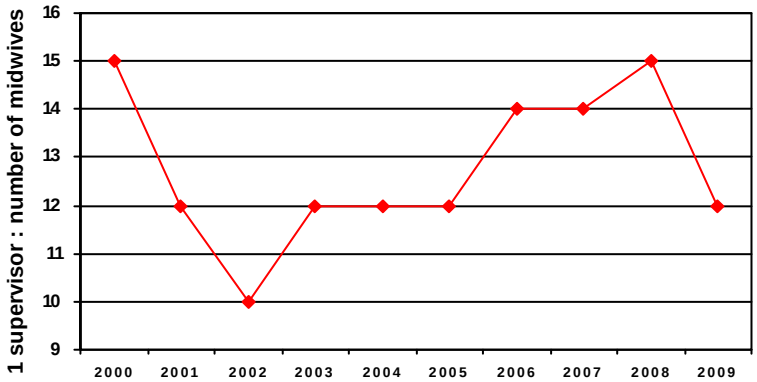
Whole Time Equivalent Midwives



Number of supervisors of midwives

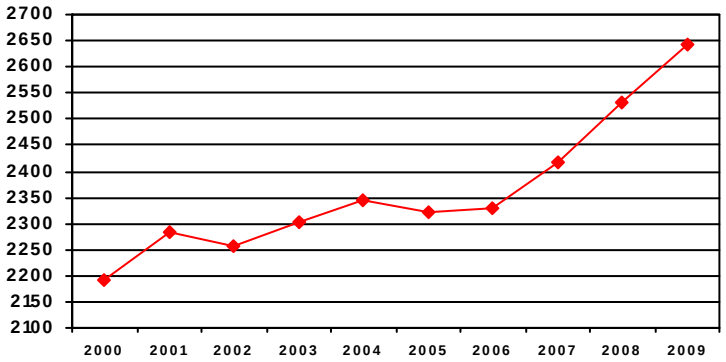


Supervisor : Midwife Ratio

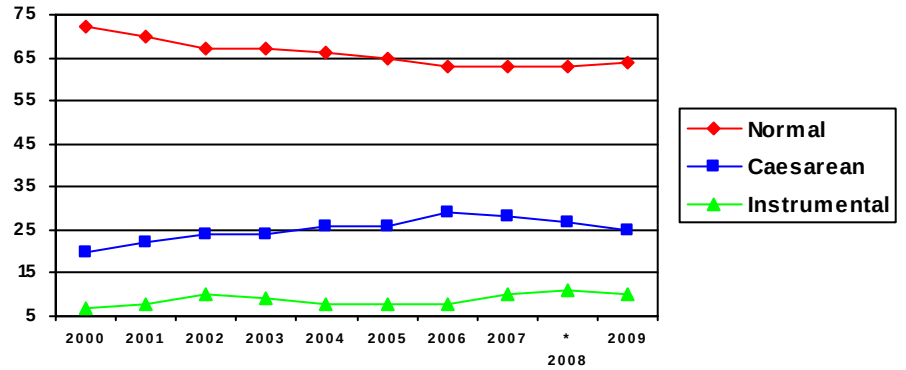


AIREDALE

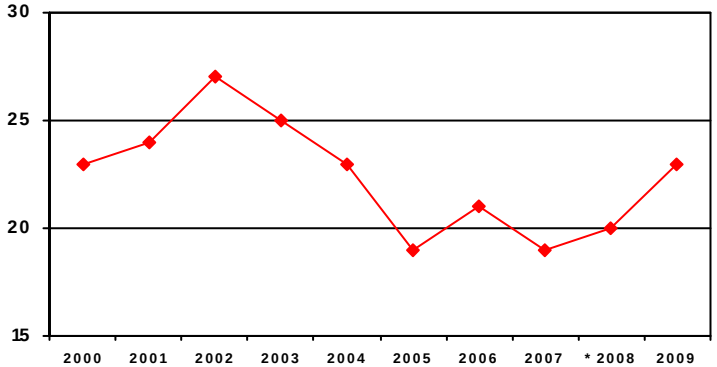
Total number of women delivered



% Unassisted vaginal, caesarean + instrumental births

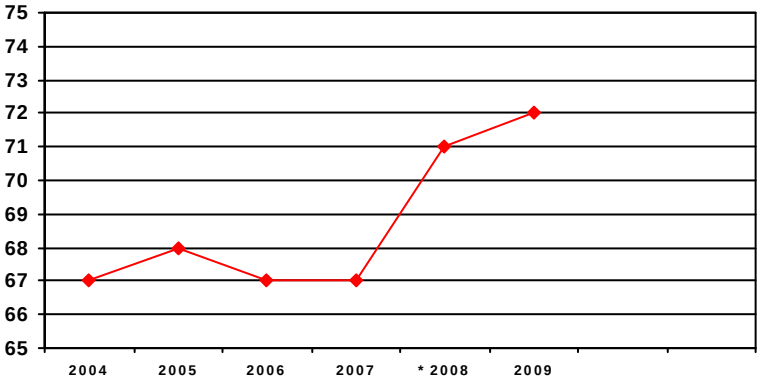


% Inductions



**** 2008 figures based on total births (not women delivered)***

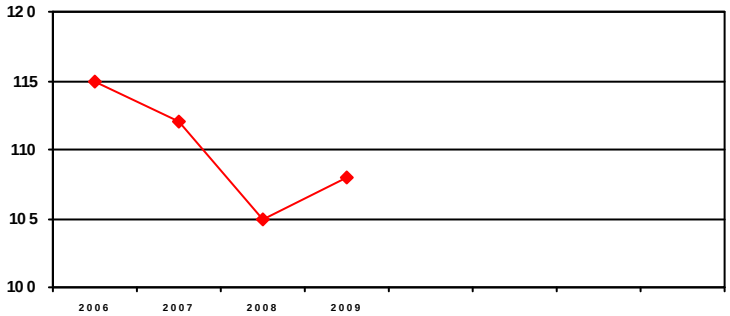
% Breastfeeding



Breastfeeding data not collected prior to 2004

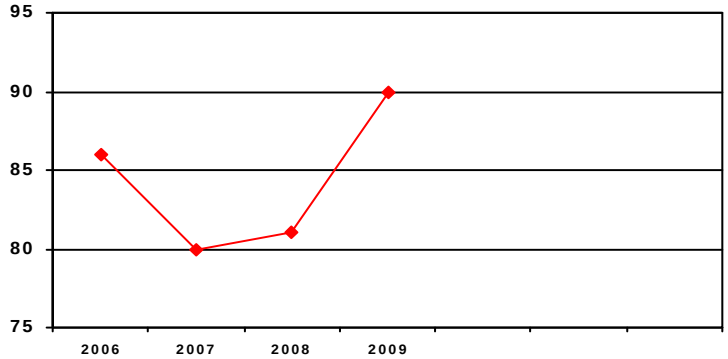
BARNSLEY

Number of midwives supervised

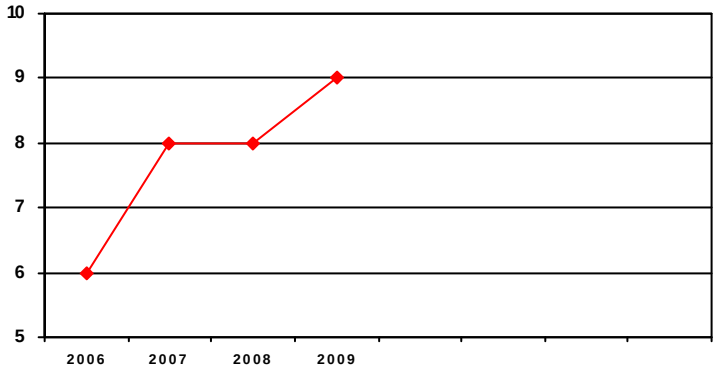


(2008 figures = total number of midwives notifying ITP)

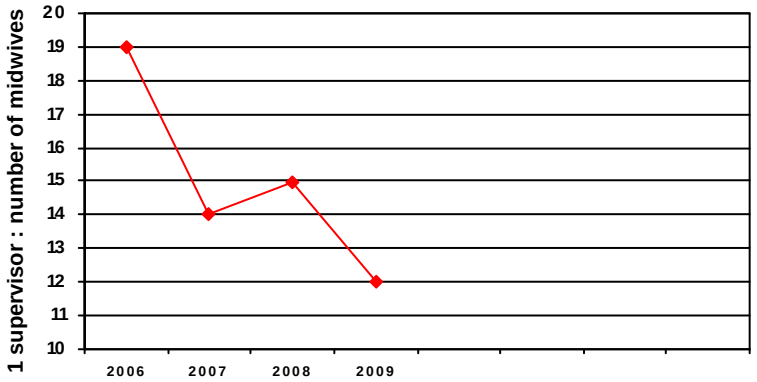
Whole Time Equivalent Midwives



Number of supervisors of midwives



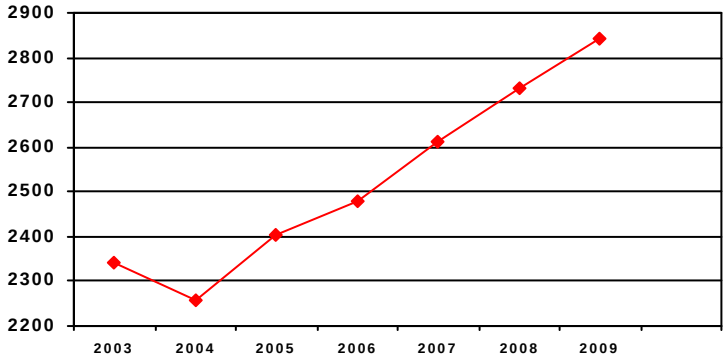
Supervisor : Midwife Ratio



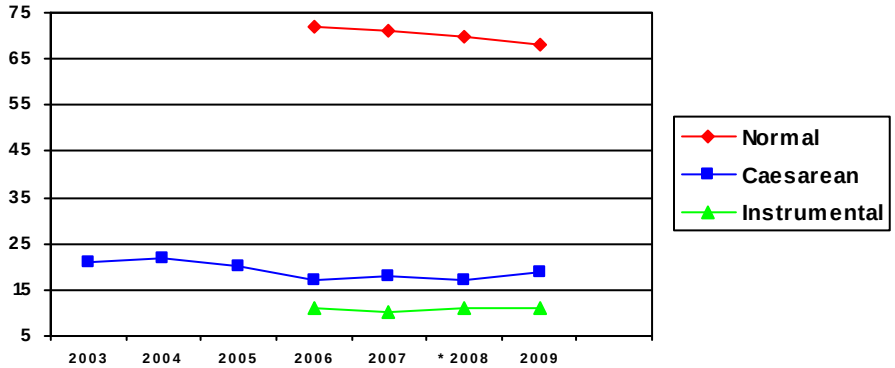
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

BARNSLEY

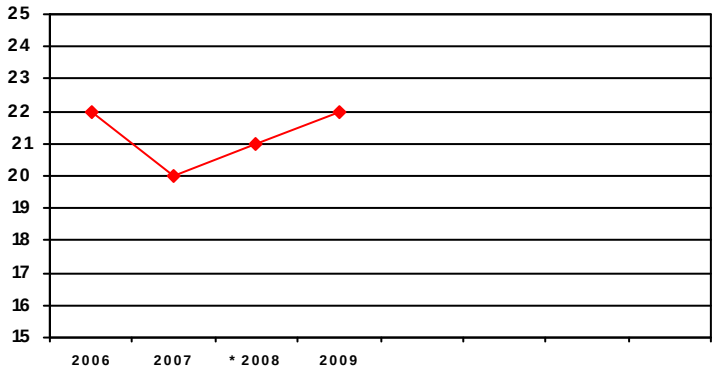
Total number of women delivered



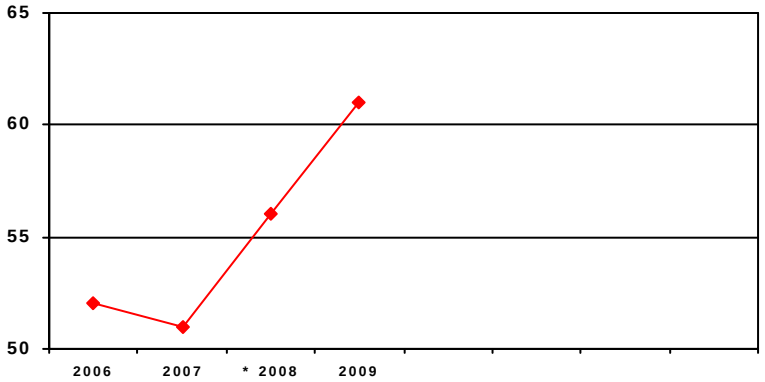
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding

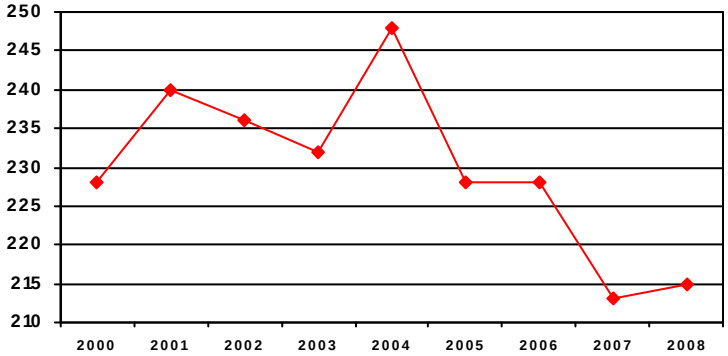


NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

**** 2008 figures based on total births (not women delivered)***

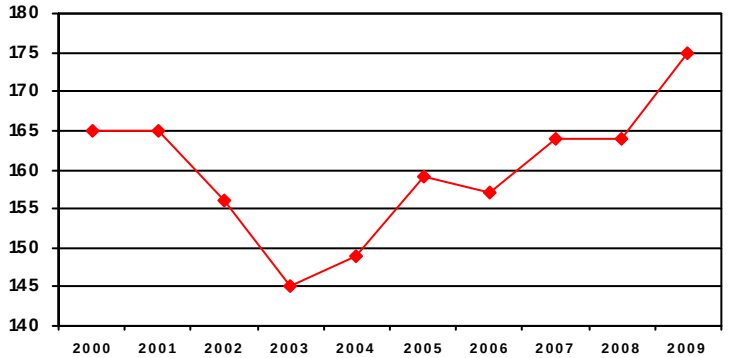
BRADFORD

Number of midwives supervised

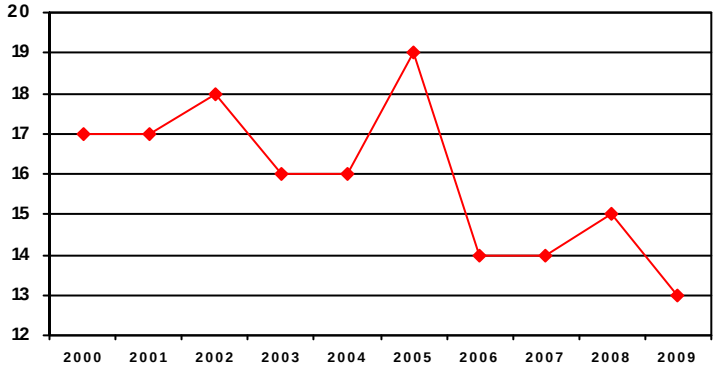


(2008 figures = total number of midwives notifying ITP)

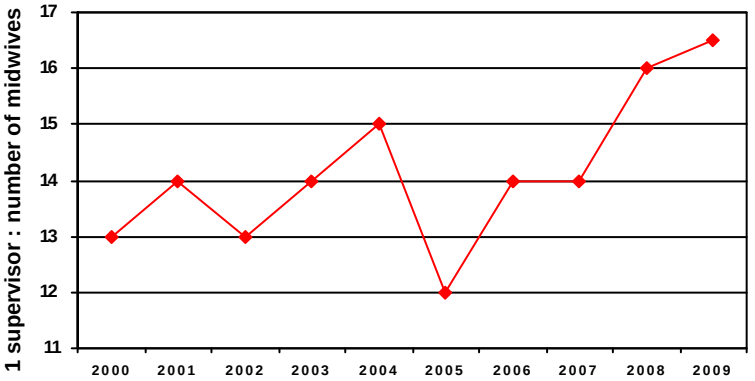
Whole Time Equivalent Midwives



Number of supervisors of midwives

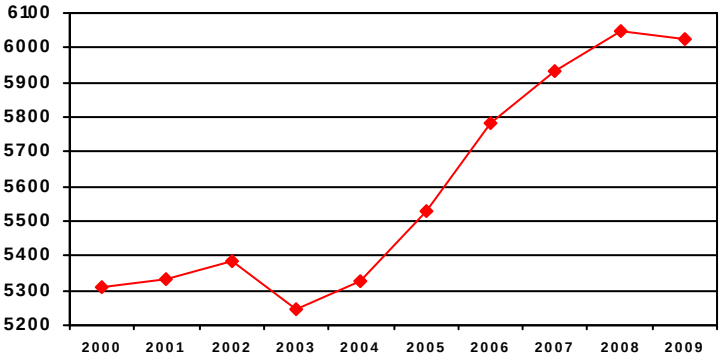


Supervisor : Midwife Ratio

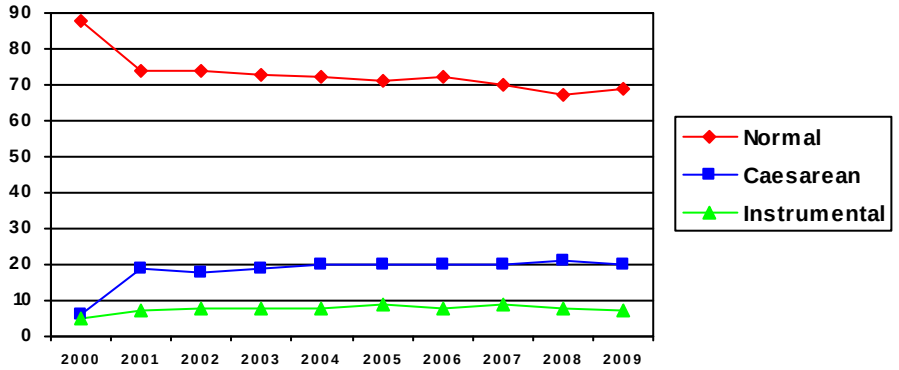


BRADFORD

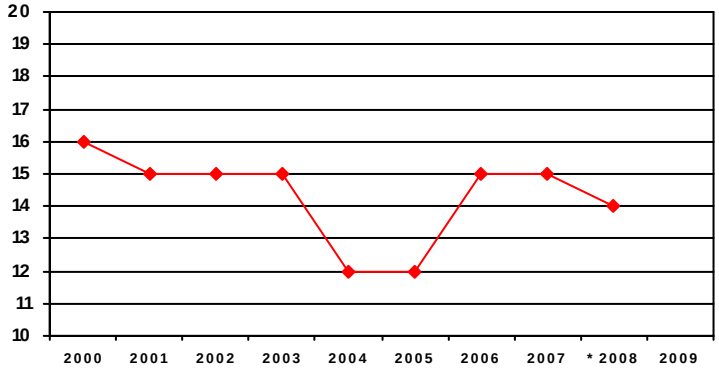
Total number of women delivered



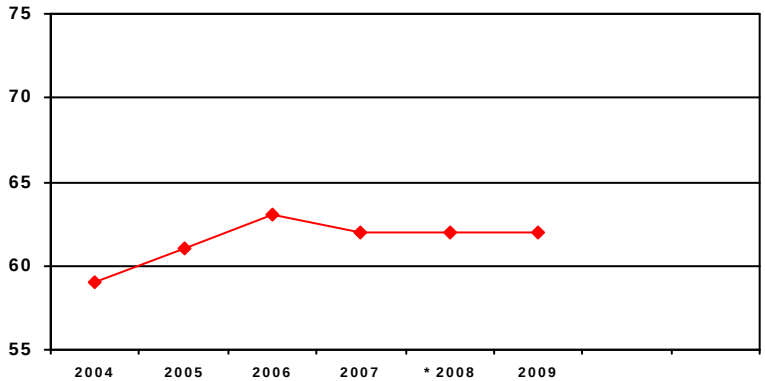
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding

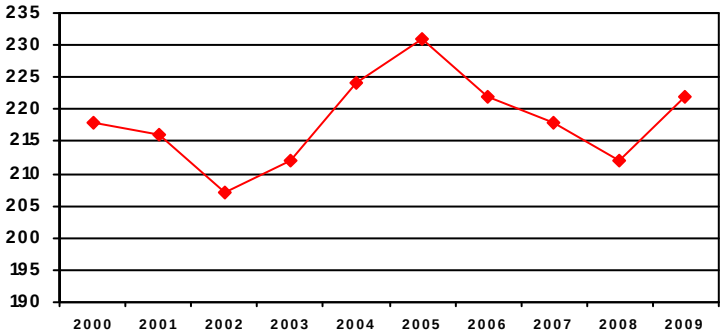


Breastfeeding data not collected prior to 2004

**** 2008 figures based on total births (not women delivered)***
2009 – no data

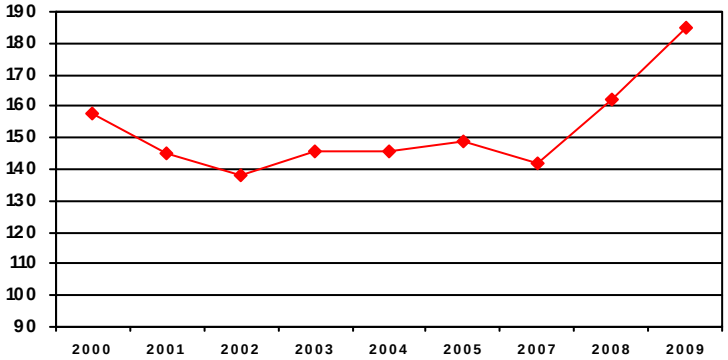
CALDERDALE AND HUDDERSFIELD

Number of midwives supervised



(2008 figures = total number of midwives notifying ITP)

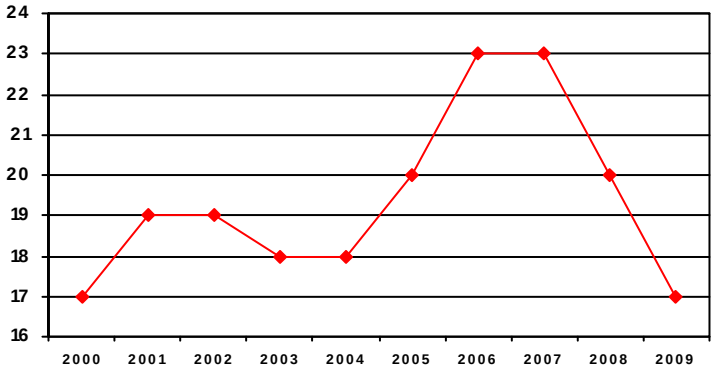
Whole Time Equivalent Midwives



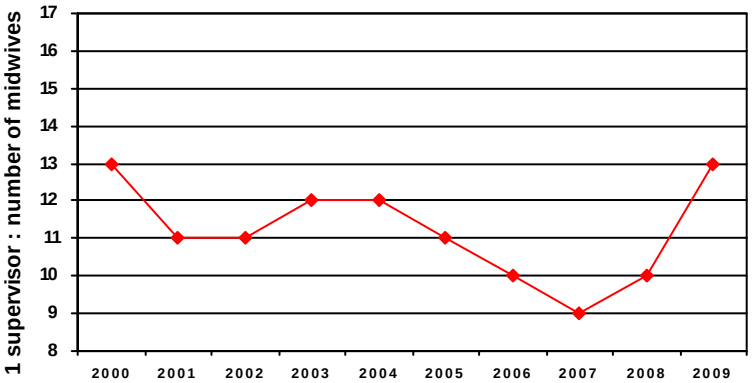
(2006 data submitted for hospital only, not community)

2006 figure removed as hospital establishment only submitted

Number of supervisors of midwives



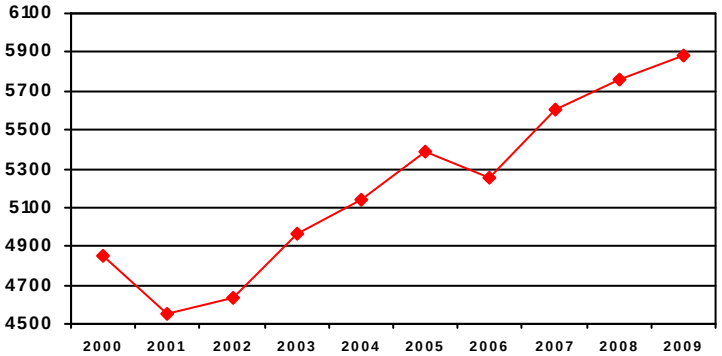
Supervisor : Midwife Ratio



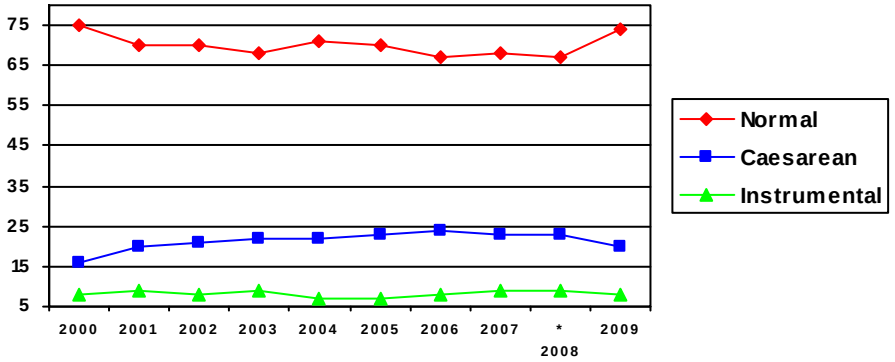
NB: All data preceding the Trust merger in 2003/04 was provided for each individual site but has been merged for the report for consistency.

CALDERDALE AND HUDDERSFIELD

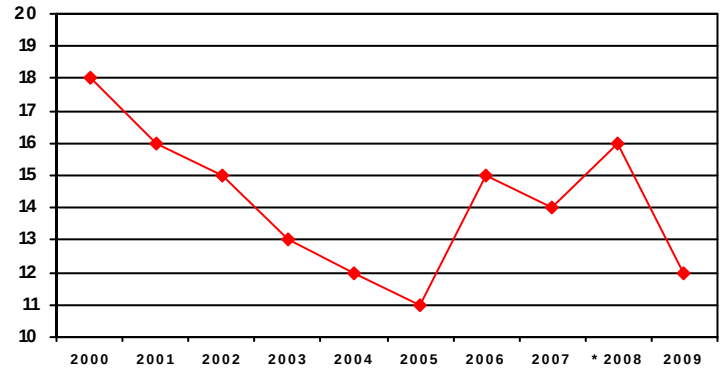
Total number of women delivered



% Unassisted vaginal, caesarean + instrumental births

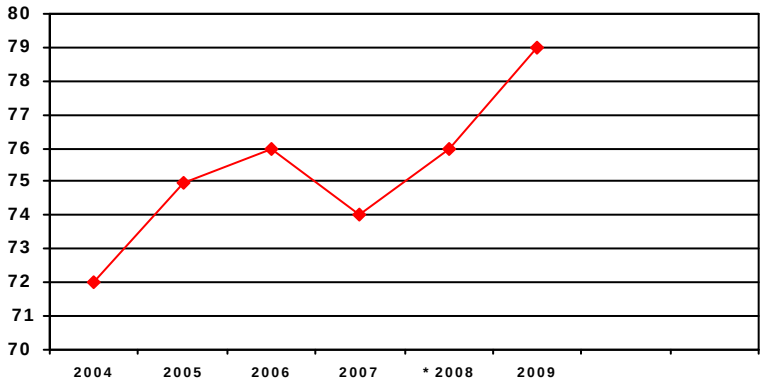


% Inductions



**** 2008 figures based on total births (not women delivered)***

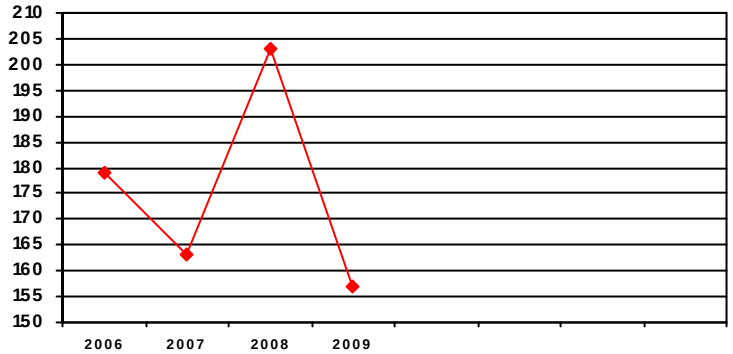
% Breastfeeding



Breastfeeding data not collected prior to 2004

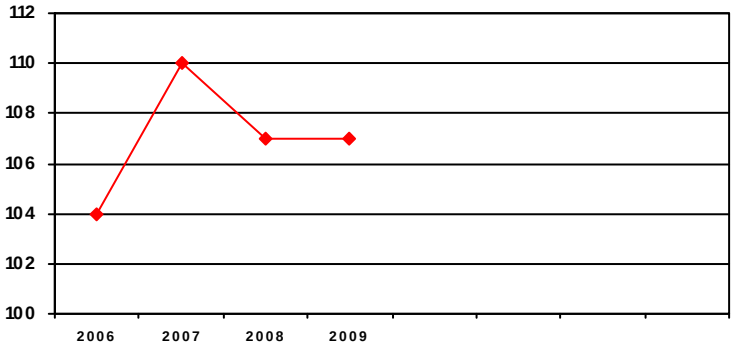
DONCASTER

Number of midwives supervised

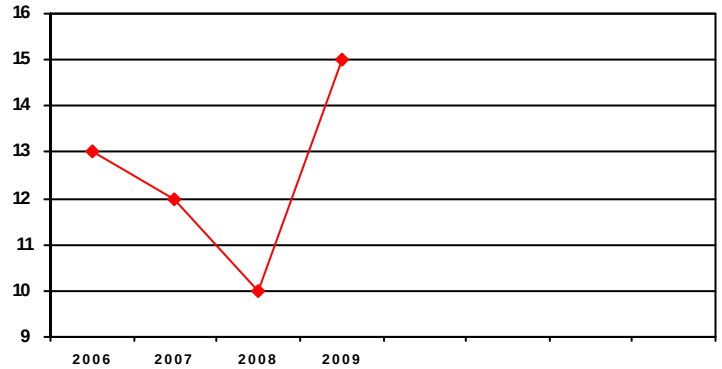


(2008 figures = total number of midwives notifying ITP)

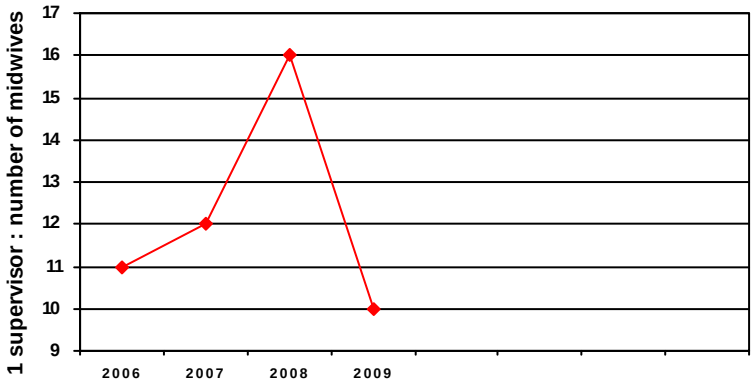
Whole Time Equivalent Midwives



Number of supervisors of midwives



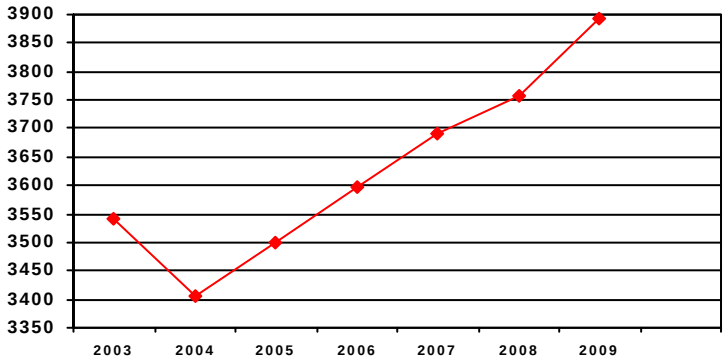
Supervisor : Midwife Ratio



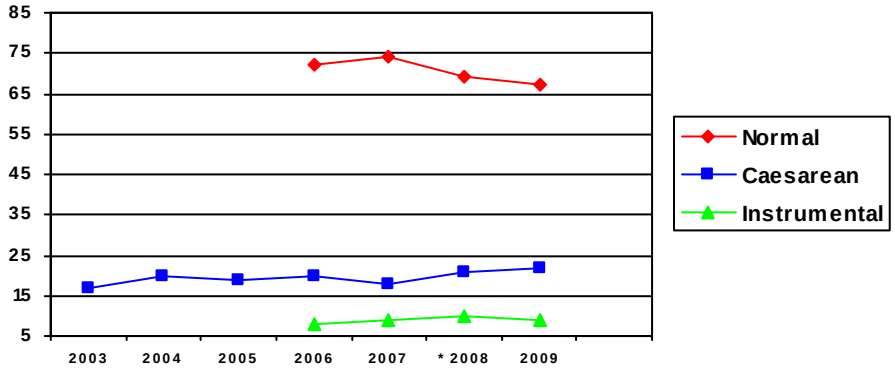
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

DONCASTER

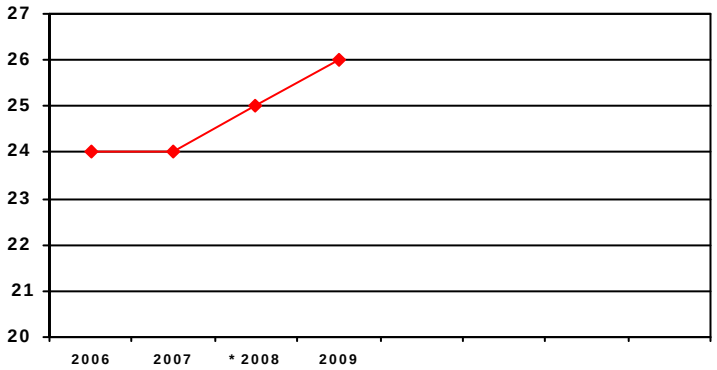
Total number of women delivered



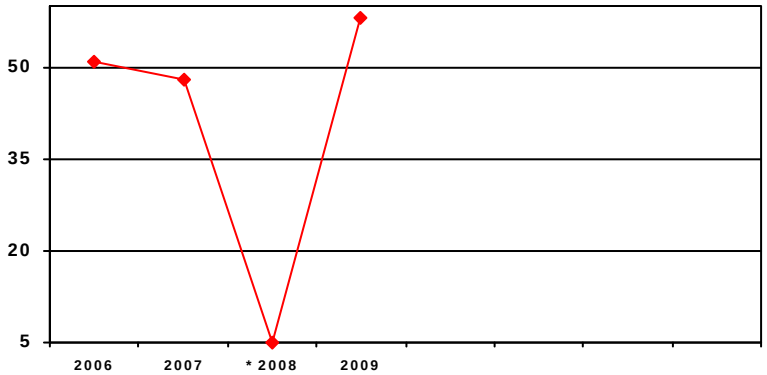
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding

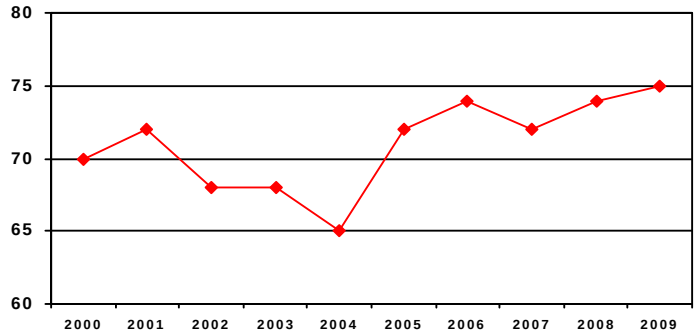


NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

**** 2008 figures based on total births (not women delivered)***

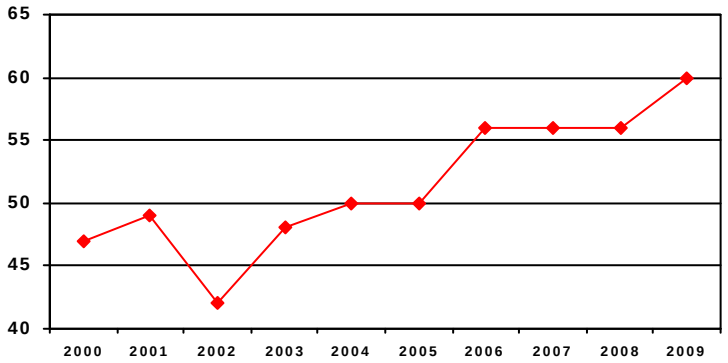
HARROGATE

Number of midwives supervised

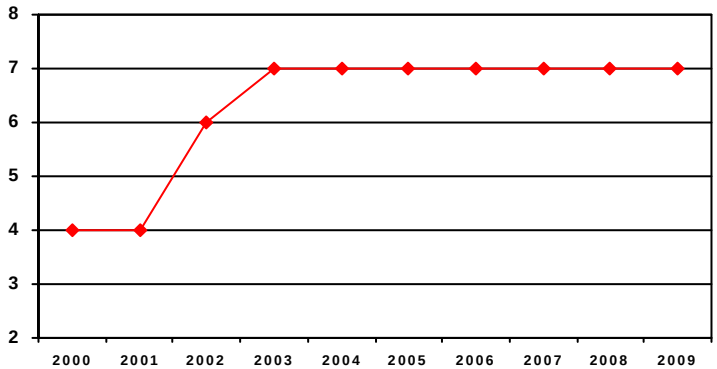


(2008 figures = total number of midwives notifying ITP)

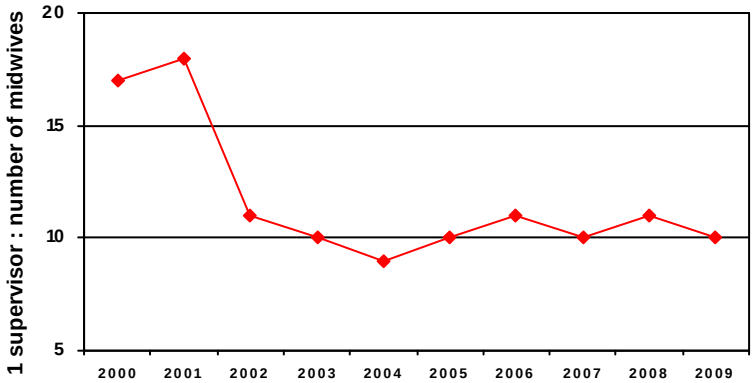
Whole Time Equivalent Midwives



Number of supervisors of midwives

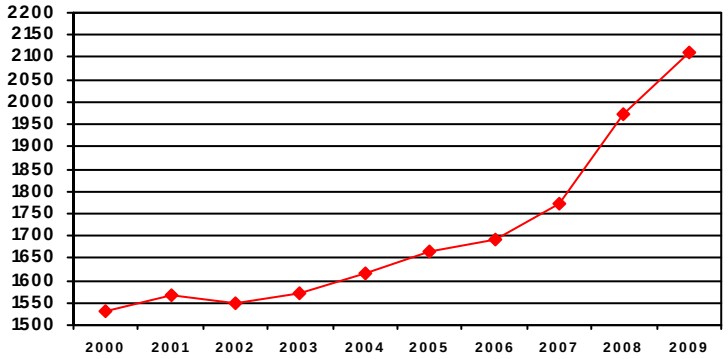


Supervisor : Midwife Ratio

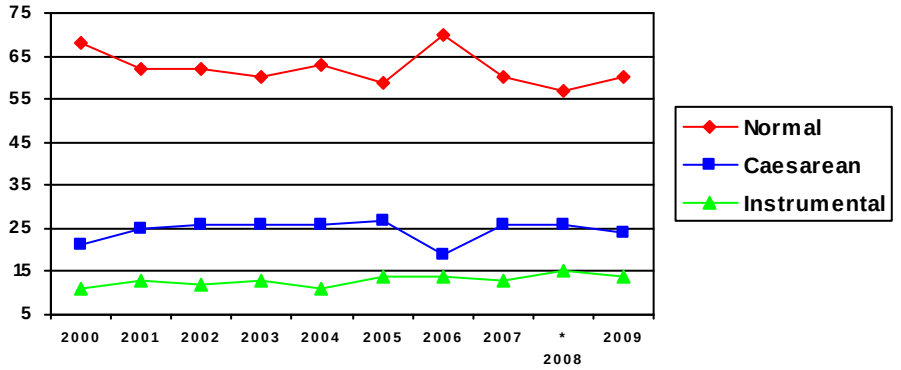


HARROGATE

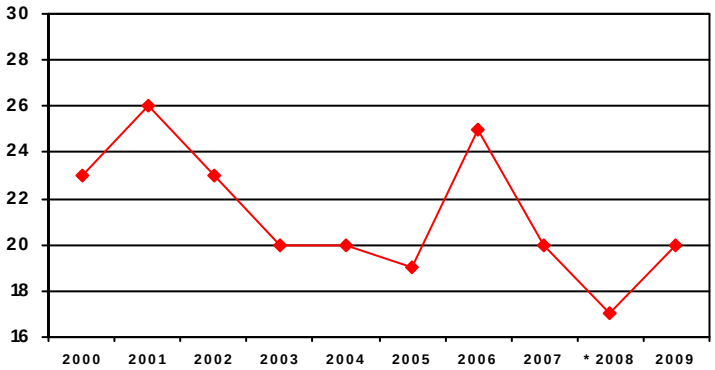
Total number of women delivered



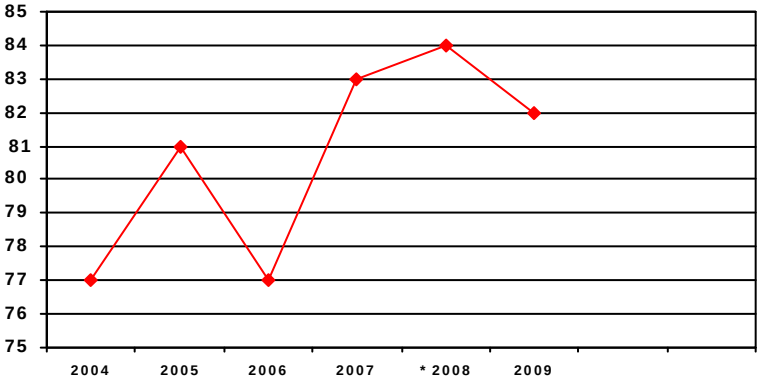
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding

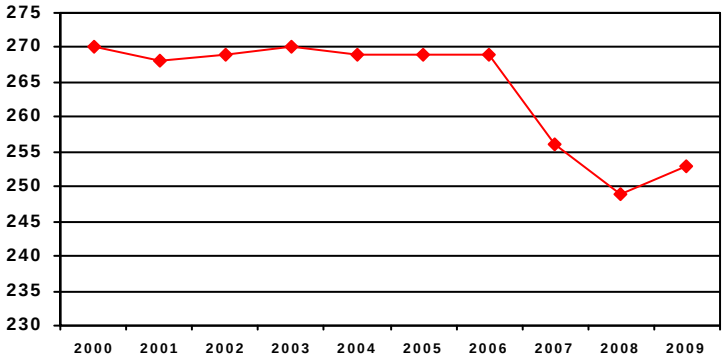


Breastfeeding data not collected prior to 2004

**** 2008 figures based on total births (not women delivered)***

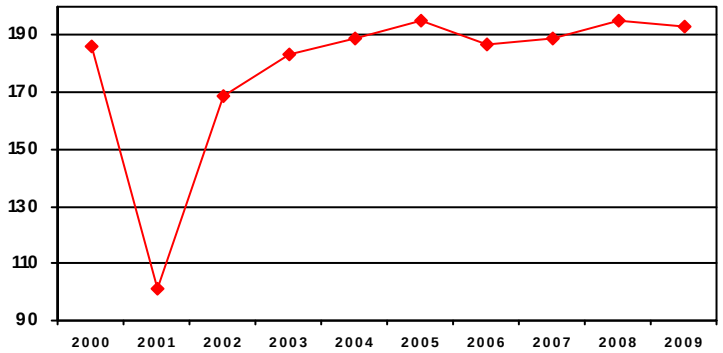
HULL & EAST YORKSHIRE

Number of midwives supervised



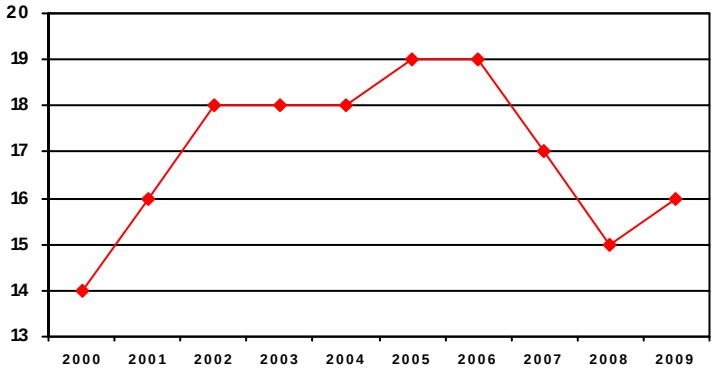
(2008 figures = total number of midwives notifying ITP)

Whole Time Equivalent Midwives

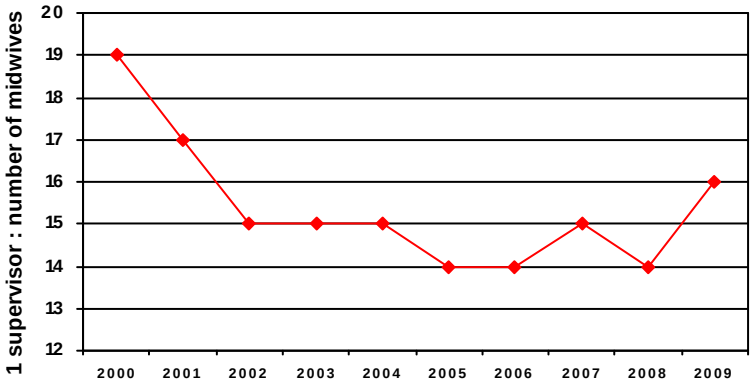


2001 figure -
Hull Maternity only

Number of supervisors of midwives

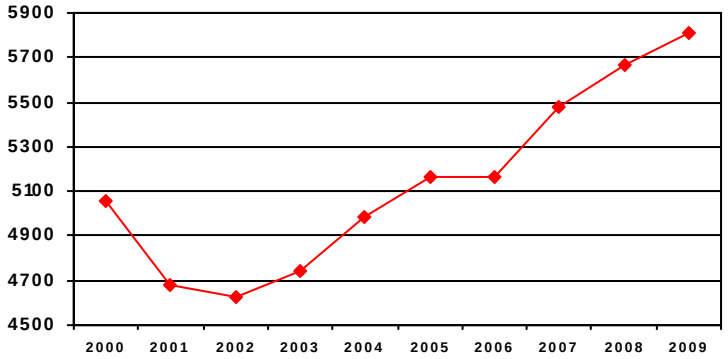


Supervisor : Midwife Ratio

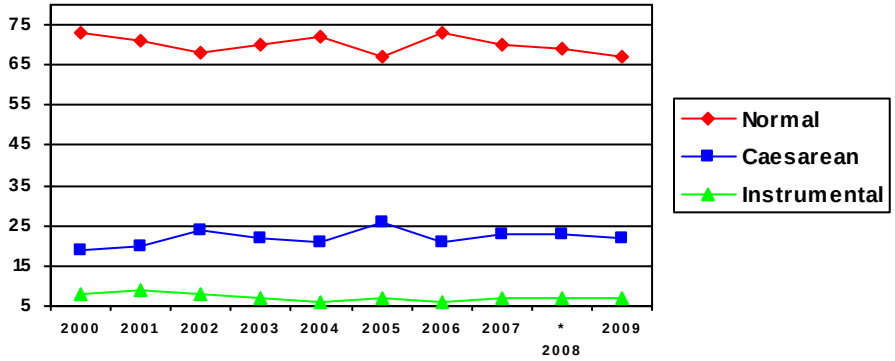


HULL & EAST YORKSHIRE

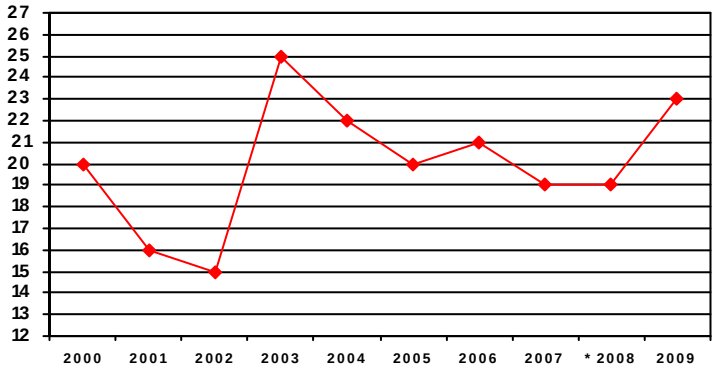
Total number of women delivered



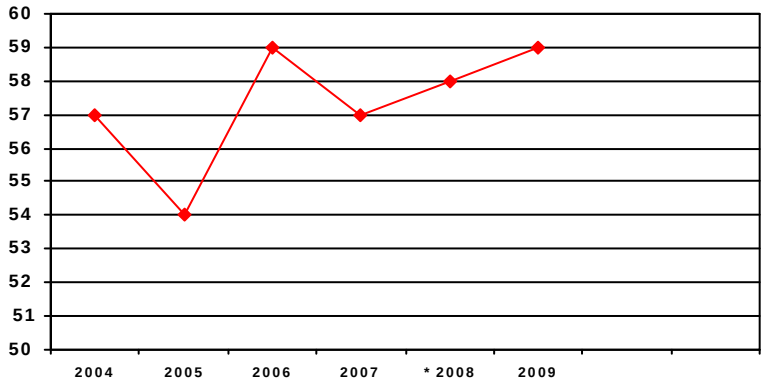
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding

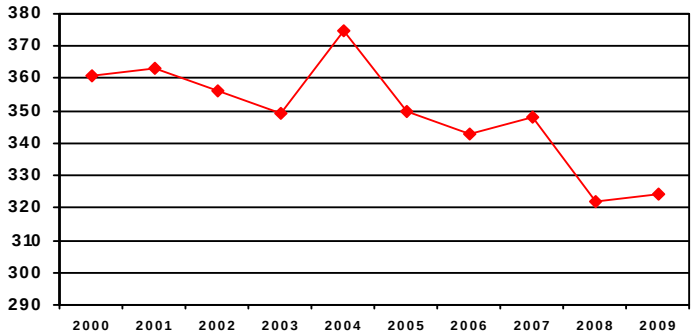


Breastfeeding data not collected prior to 2004

*** 2008 figures based on total births (not women delivered)**

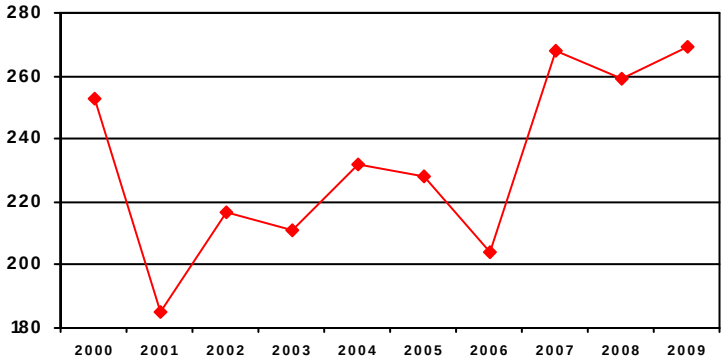
LEEDS

Number of midwives supervised

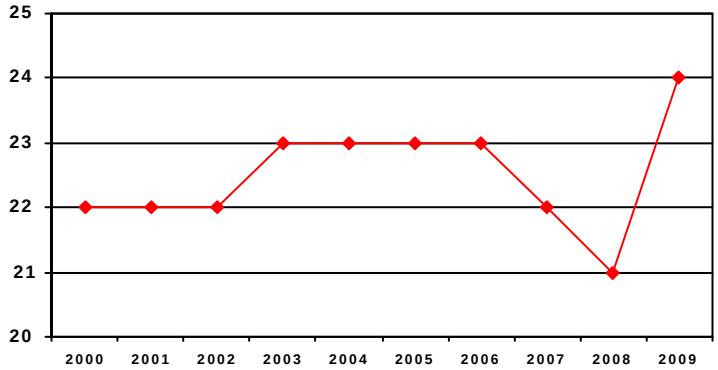


(2008 figures = total number of midwives notifying ITP)

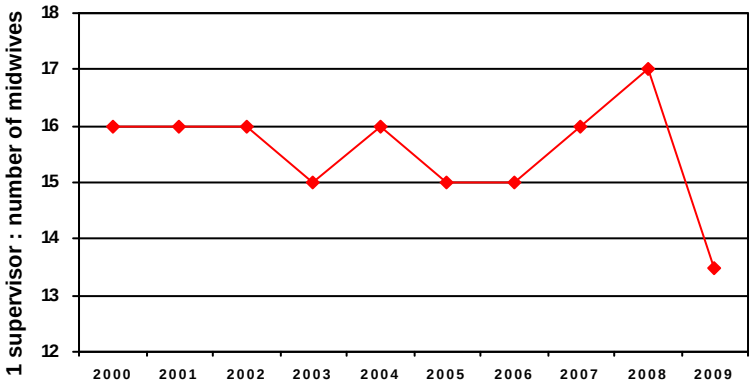
Whole Time Equivalent Midwives



Number of supervisors of midwives

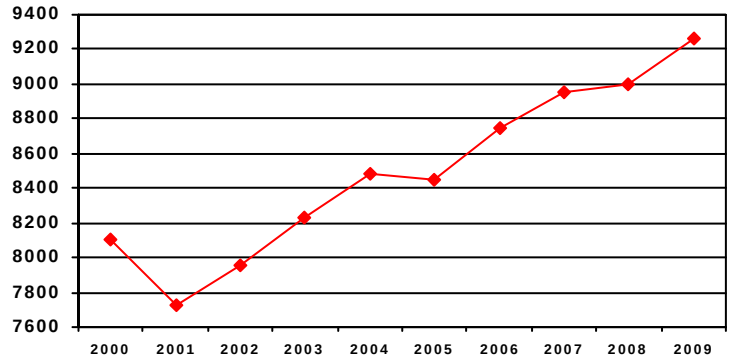


Supervisor : Midwife Ratio

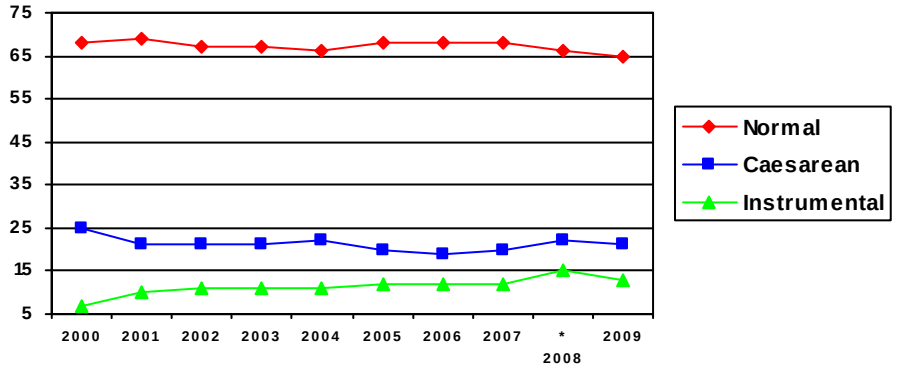


LEEDS

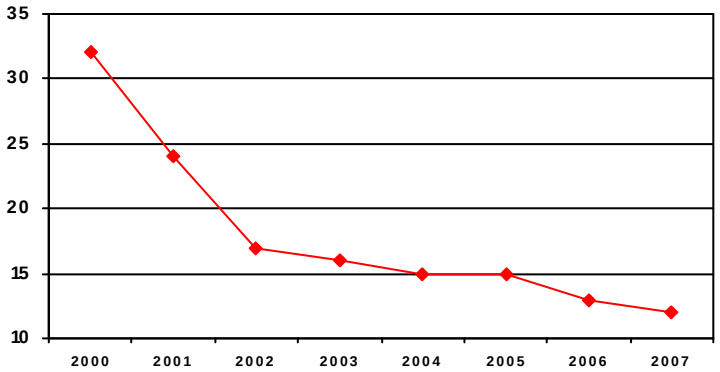
Total number of women delivered



% Unassisted vaginal, caesarean + instrumental births

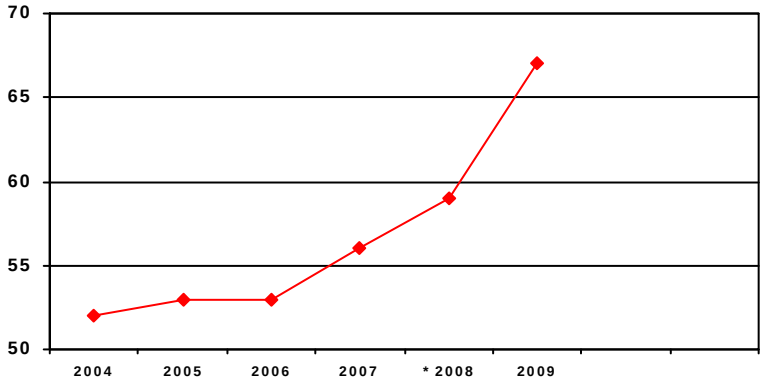


% Inductions



No 2008 or 2009 data

% Breastfeeding

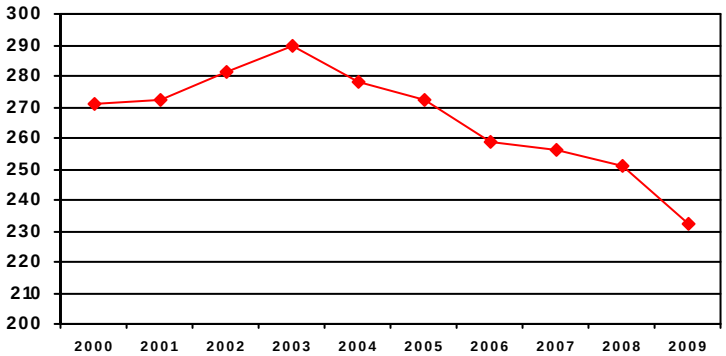


Breastfeeding data not collected prior to 2004

**** 2008 figures based on total births (not women delivered)***

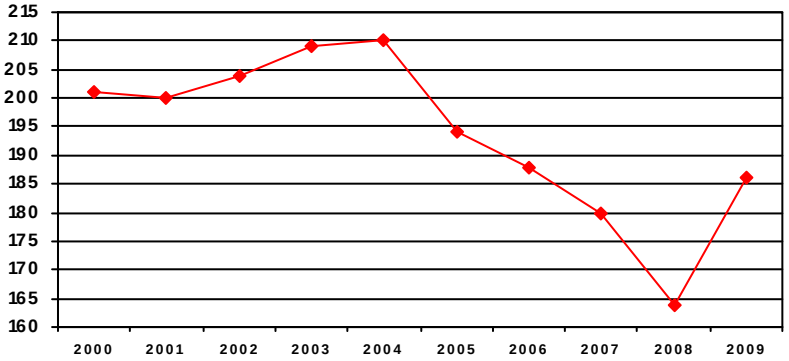
MID YORKSHIRE

Number of midwives supervised



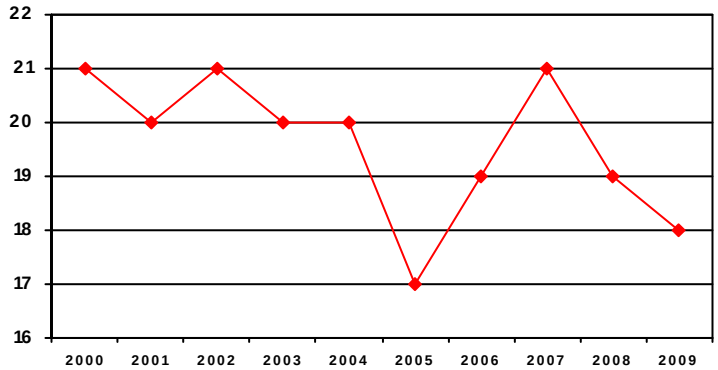
(2008 figures = total number of midwives notifying ITP)

Whole Time Equivalent Midwives

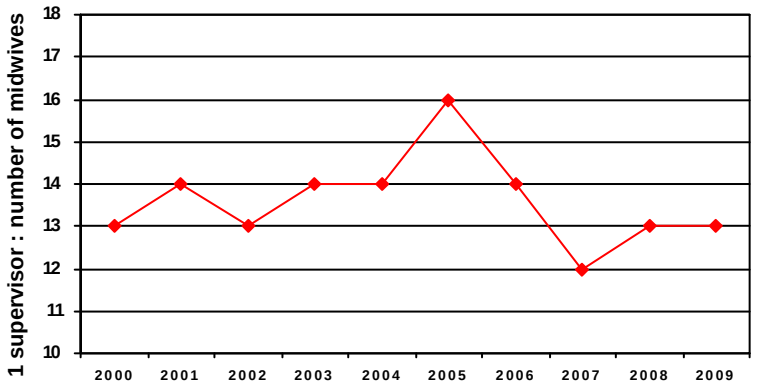


WTE data supplied for individual units – combined for consistency of graphs

Number of supervisors of midwives

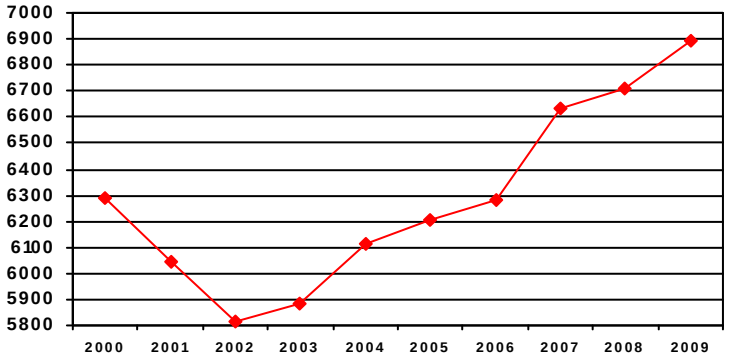


Supervisor : Midwife Ratio

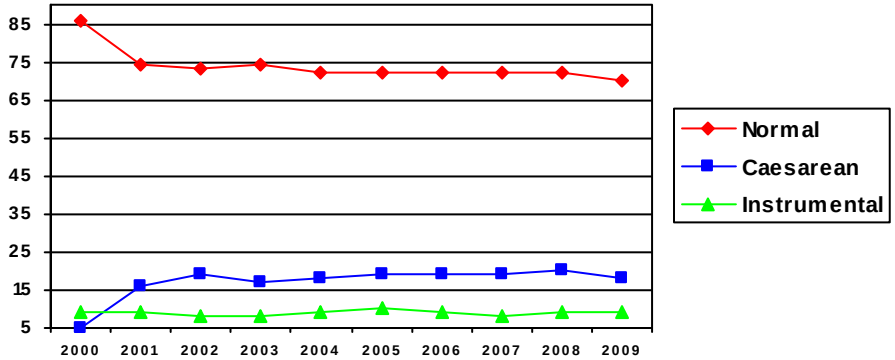


MID YORKSHIRE

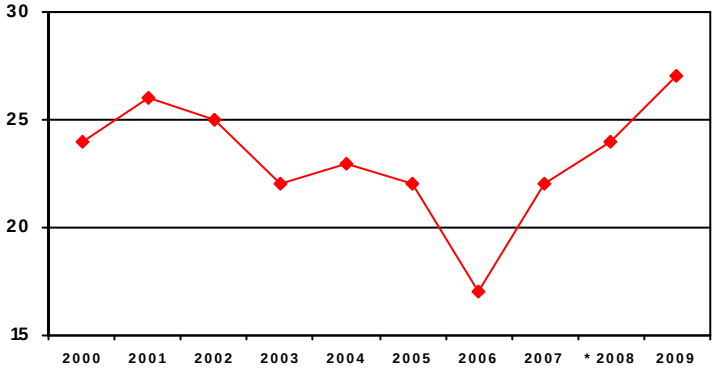
Total number of women delivered



% Unassisted vaginal, caesarean + instrumental births



% Inductions



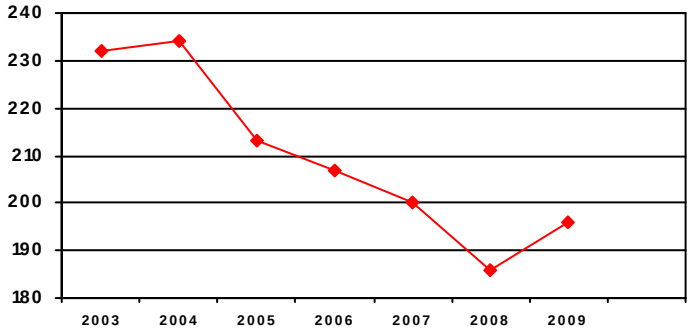
% Breastfeeding

Breastfeeding data not collected prior to 2004

**** 2008 figures based on total births (not women delivered)***

NORTHERN LINCOLNSHIRE & GOOLE

Number of midwives supervised

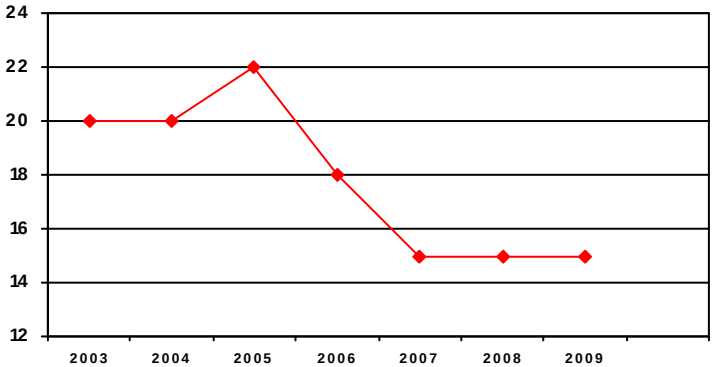


(2008 figures = total number of midwives notifying ITP)

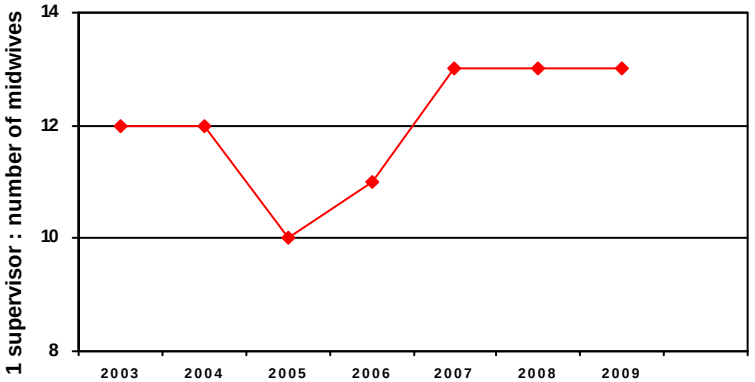
Whole Time Equivalent Midwives

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

Number of supervisors of midwives



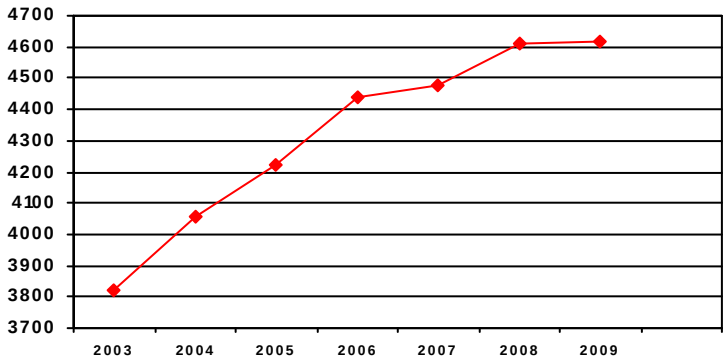
Supervisor : Midwife Ratio



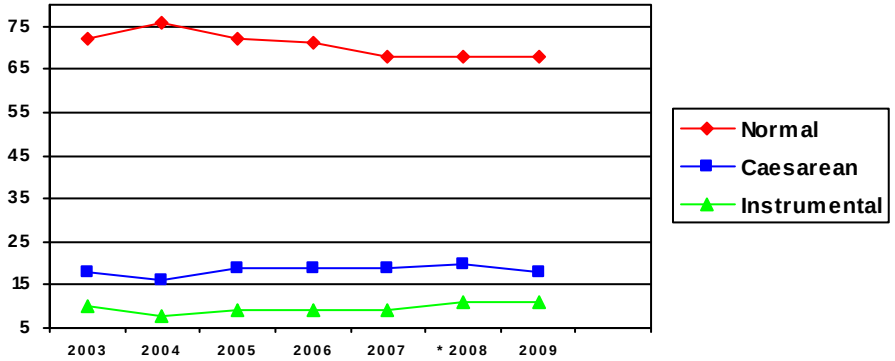
NB: Northern Lincs & Goole came into LSA during 2002/03 – no data available prior to this.

NORTHERN LINCOLNSHIRE & GOOLE

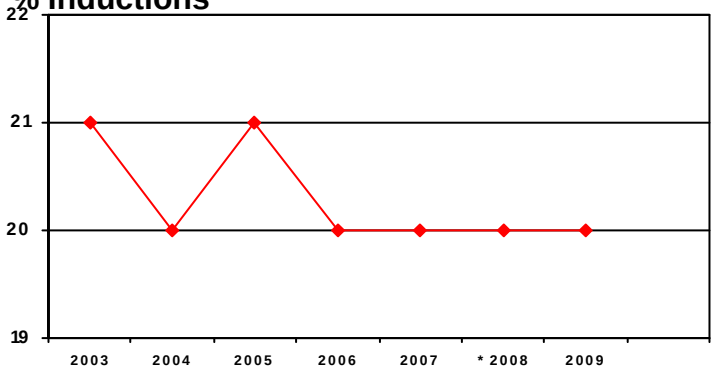
Total number of women delivered



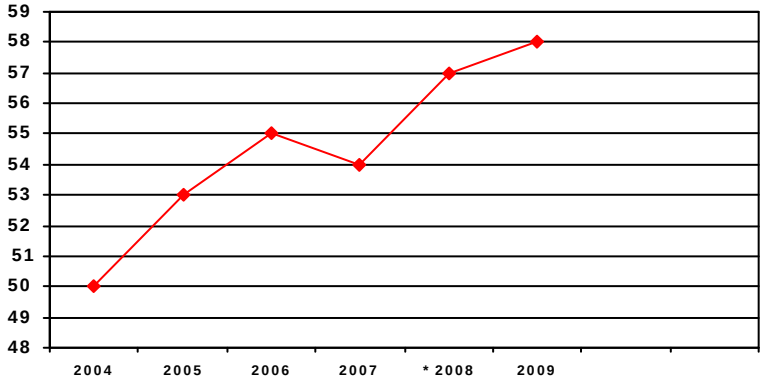
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding



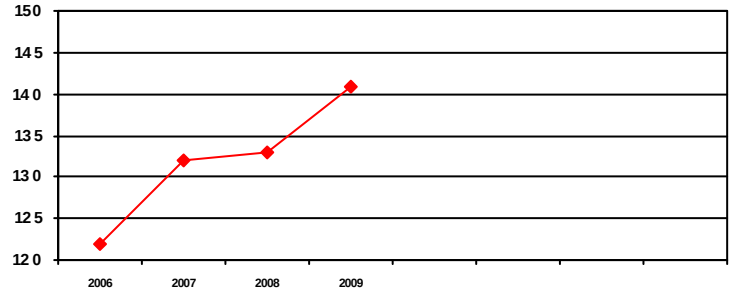
Breastfeeding data not collected prior to 2004

**** 2008 figures based on total births (not women delivered)***

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

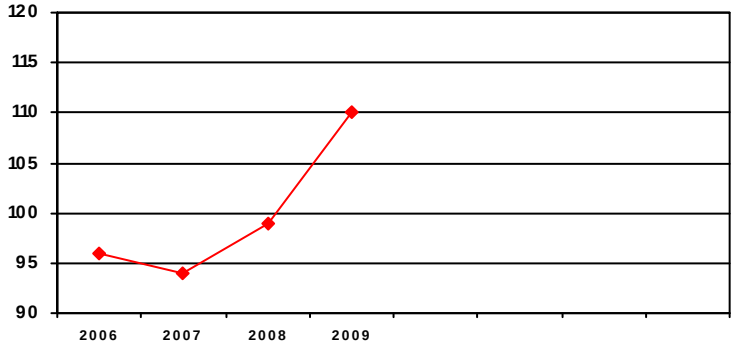
ROTHERHAM

Number of midwives supervised

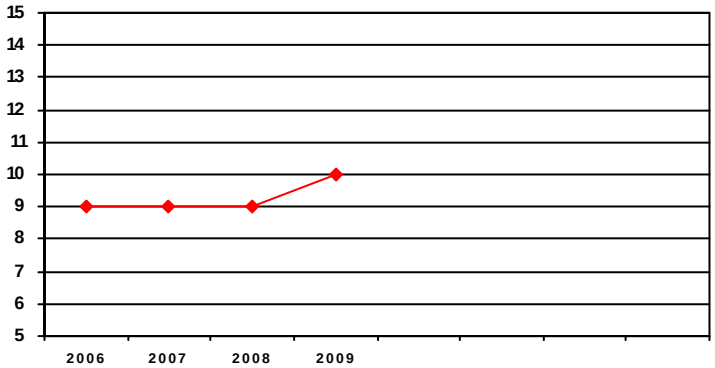


(2008 figures = total number of midwives notifying ITP)

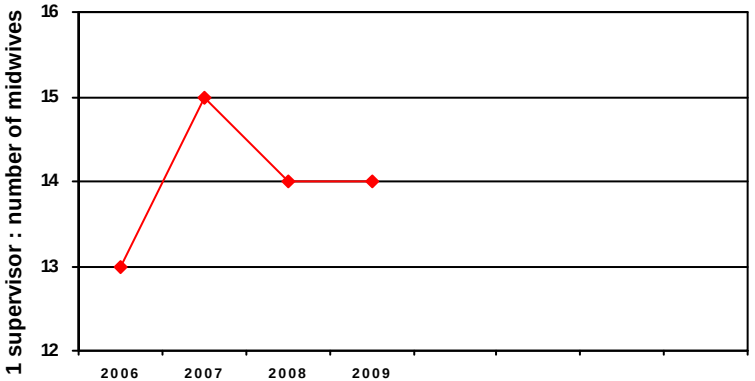
Whole Time Equivalent Midwives



Number of supervisors of midwives



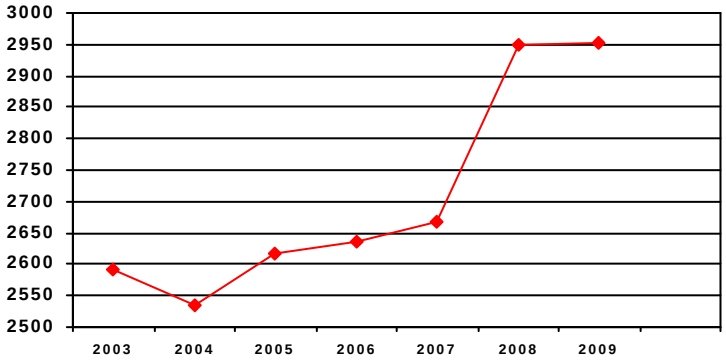
Supervisor : Midwife Ratio



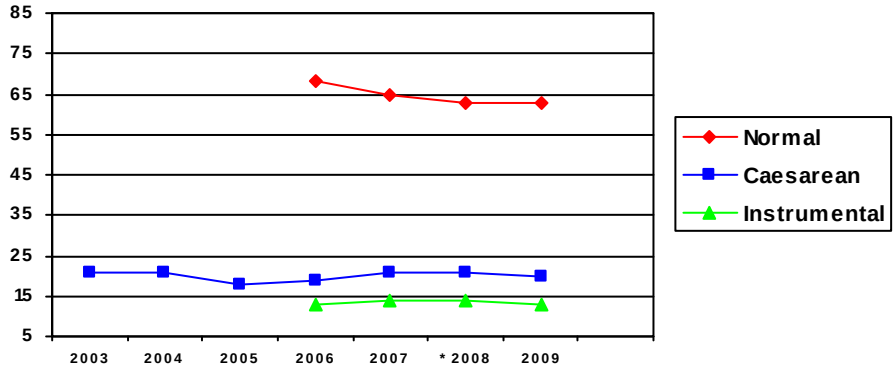
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

ROTHERHAM

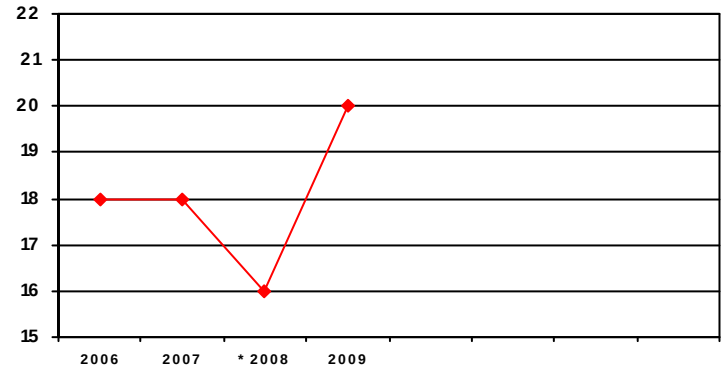
Total number of women delivered



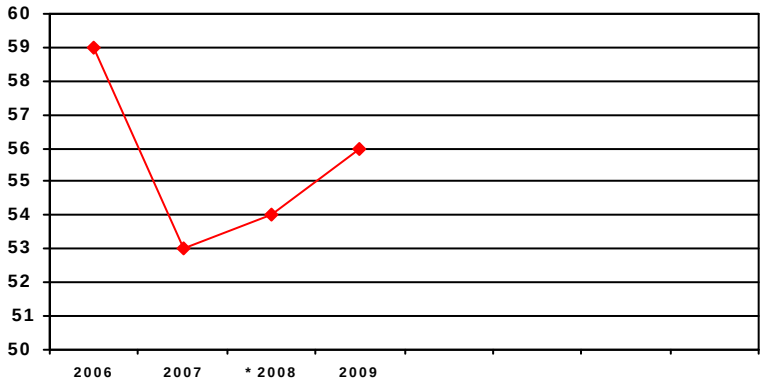
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding

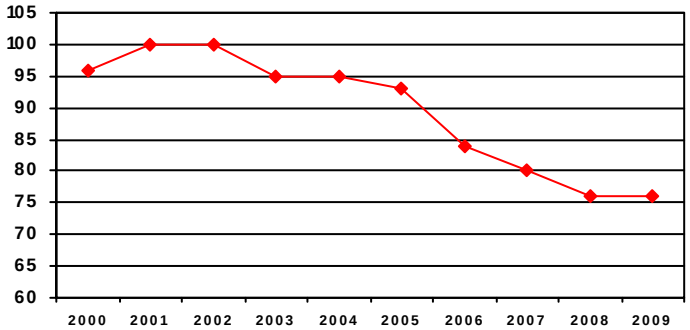


NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

**** 2008 figures based on total births (not women delivered)***

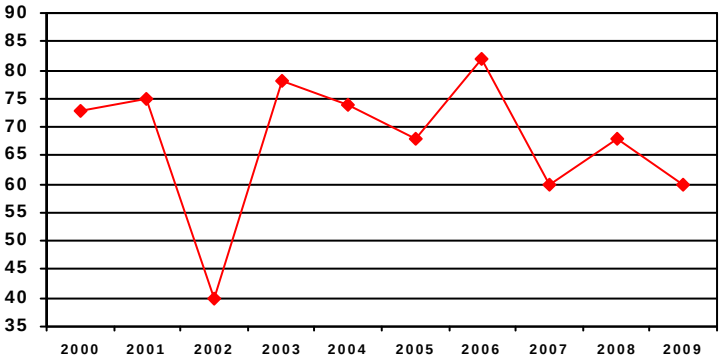
SCARBOROUGH & NORTH EAST YORKSHIRE

Number of midwives supervised



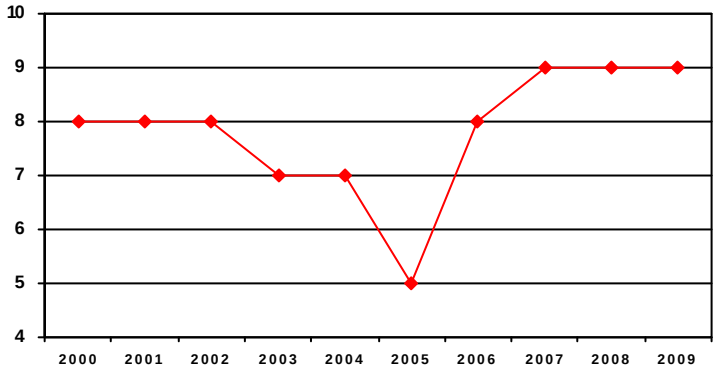
(2008 figures = total number of midwives notifying ITP)

Whole Time Equivalent Midwives

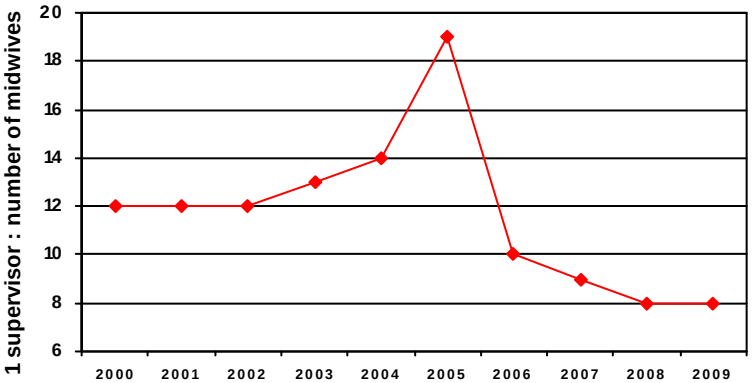


WTE data supplied for individual units – combined for consistency of graphs

Number of supervisors of midwives

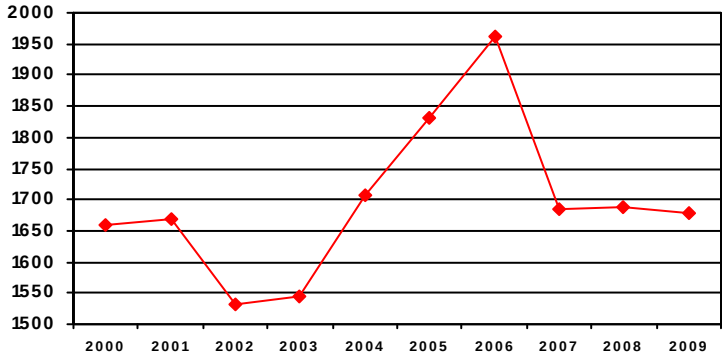


Supervisor : Midwife Ratio

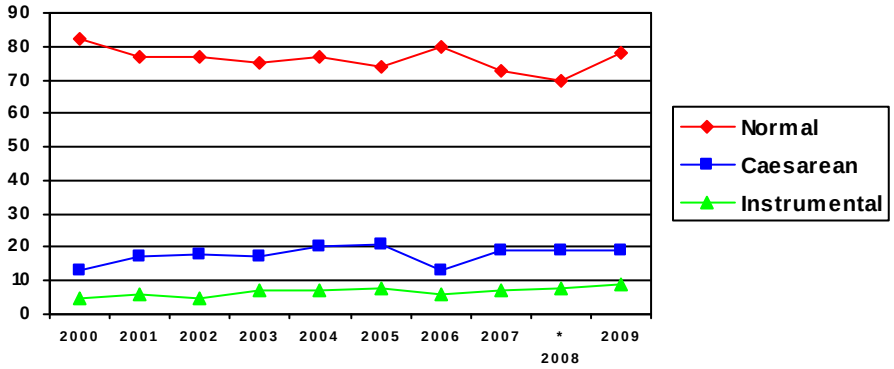


SCARBOROUGH & NORTH EAST YORKSHIRE

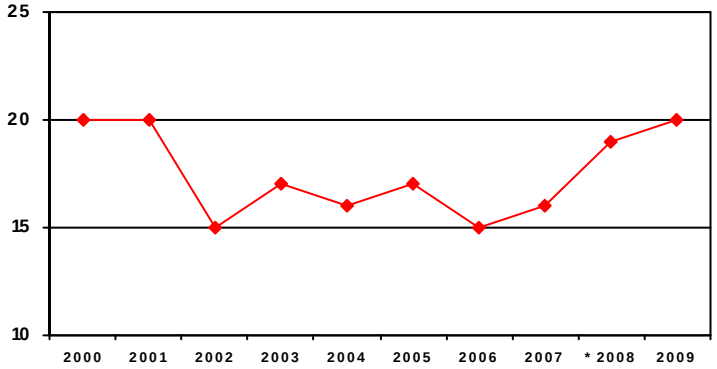
Total number of women delivered



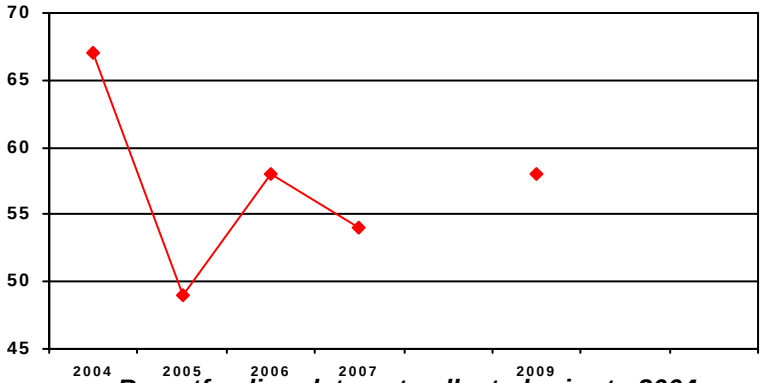
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding



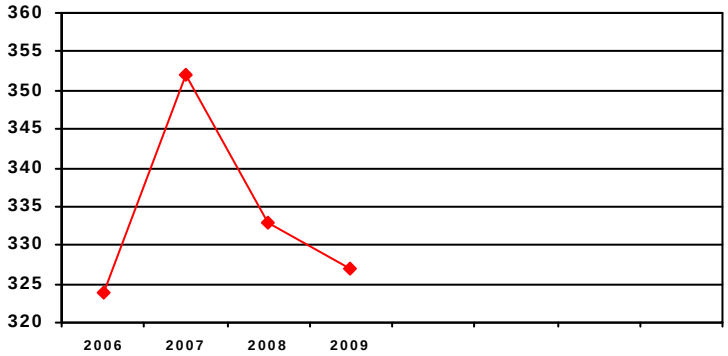
2004 figure refers to peripheral units only – no fig available for Scarborough
2008 – No data

Breastfeeding data not collected prior to 2004

**** 2008 figures based on total births (not women delivered)***

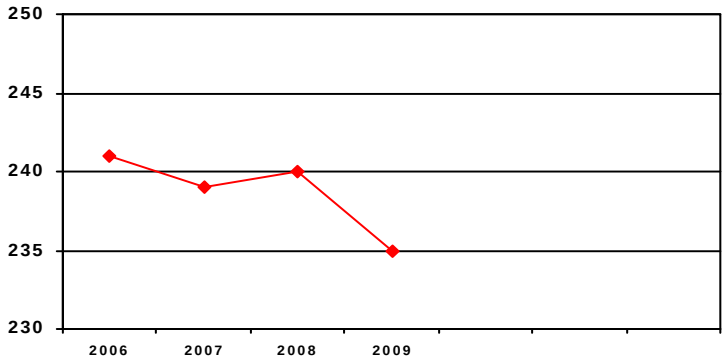
SHEFFIELD

Number of midwives supervised

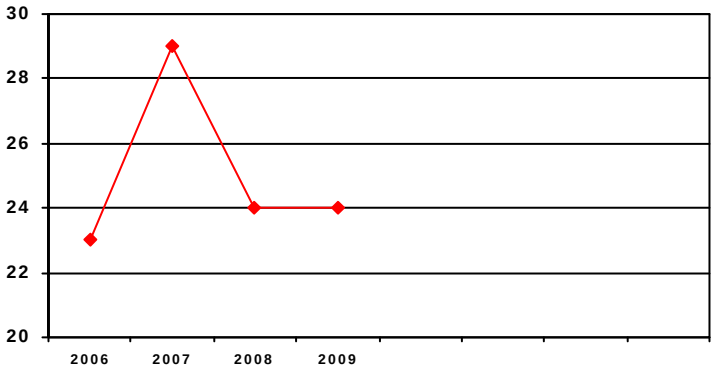


(2008 figure = total number of midwives notifying ITP)

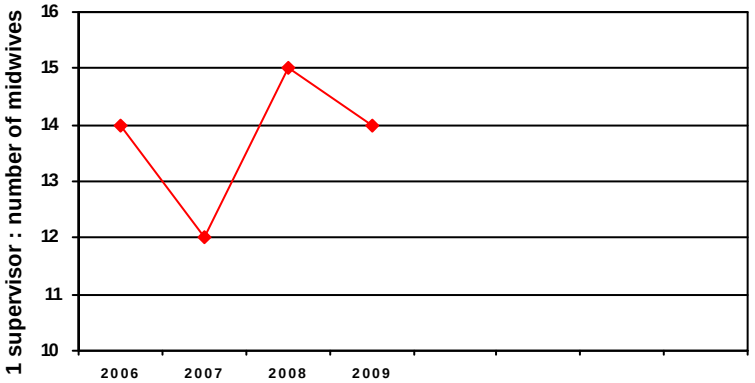
Whole Time Equivalent Midwives



Number of supervisors of midwives



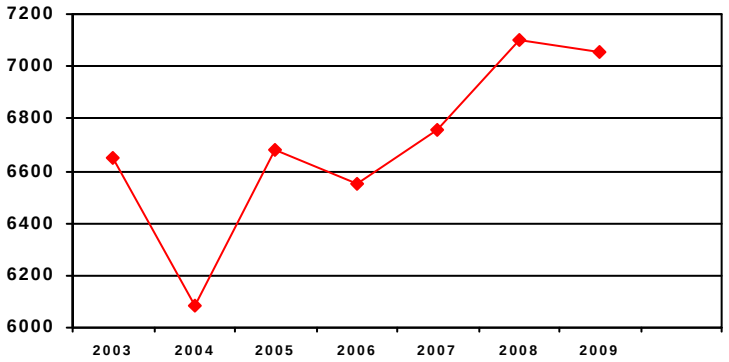
Supervisor : Midwife Ratio



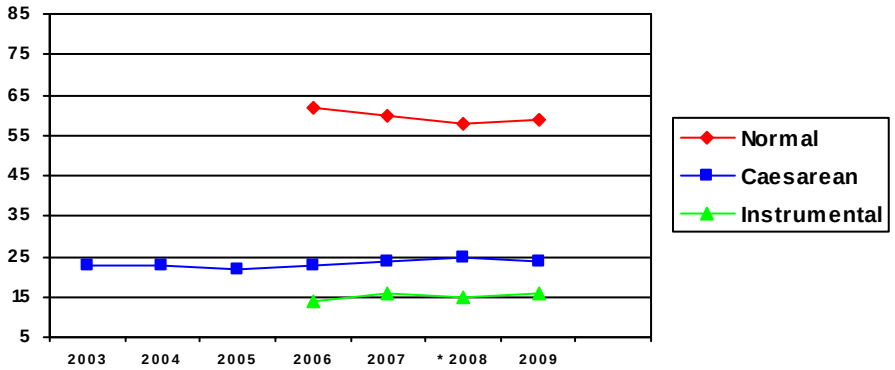
NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

SHEFFIELD

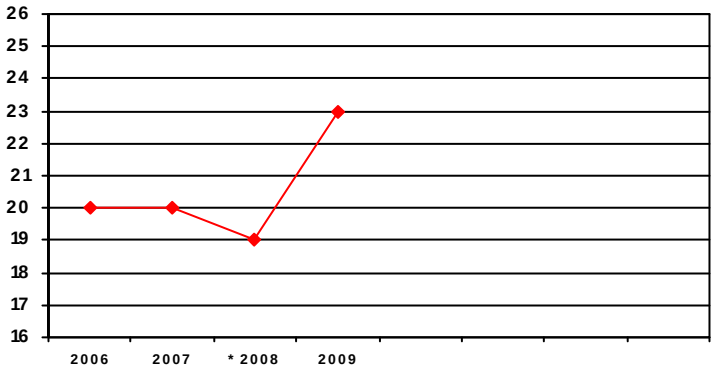
Total number of women delivered



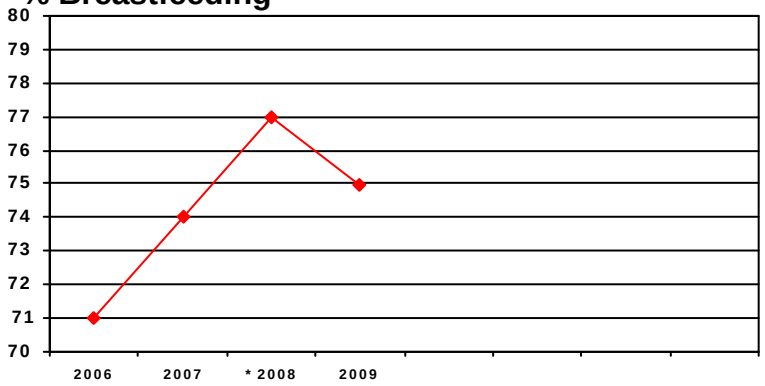
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding

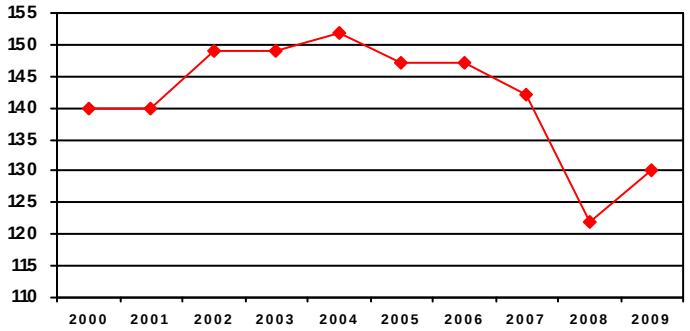


NB: This Trust has changed LSA at least three times over the last few years so collation of more historical data has not been possible.

**** 2008 figures based on total births (not women delivered)***

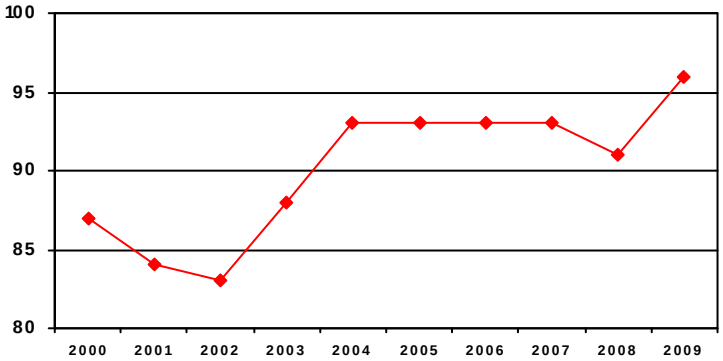
YORK

Number of midwives supervised

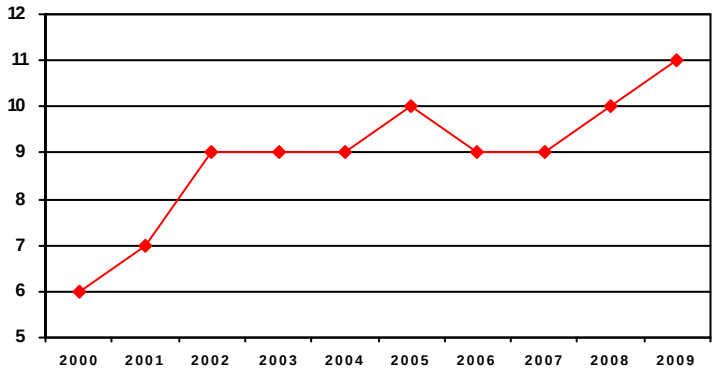


(2008 figures = total number of midwives notifying ITP)

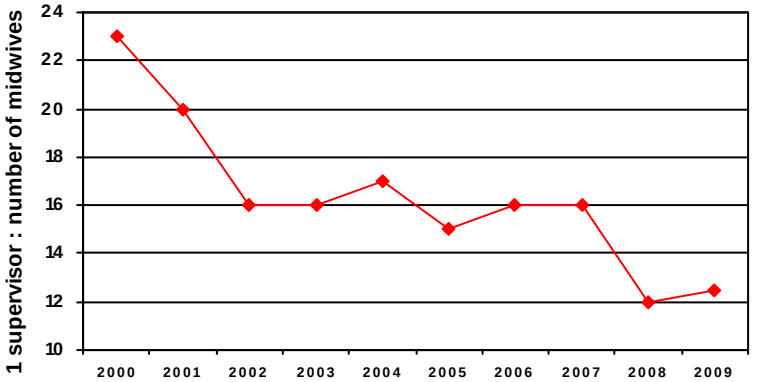
Whole Time Equivalent Midwives



Number of supervisors of midwives



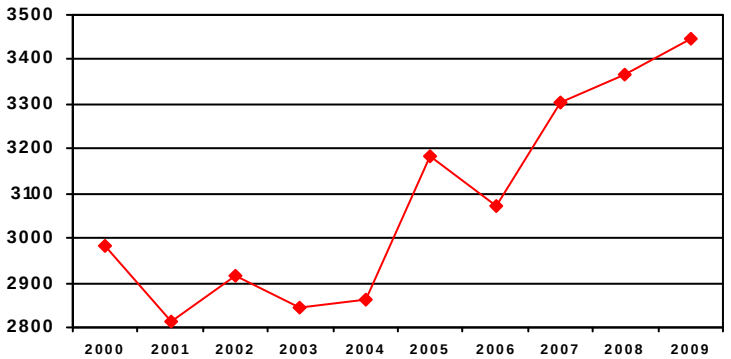
Supervisor : Midwife Ratio



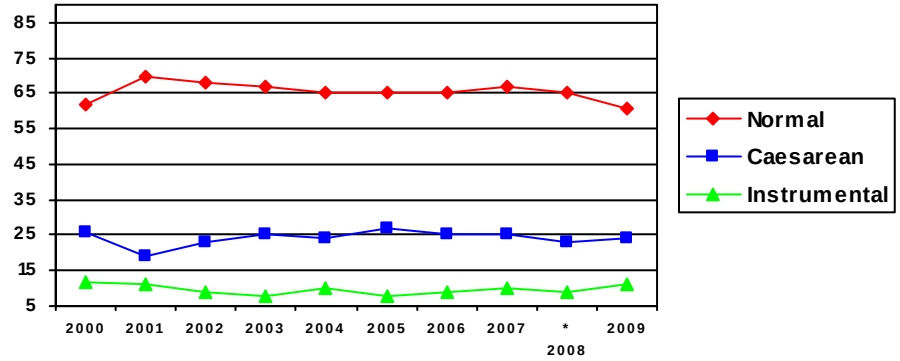
No 2008 data

YORK

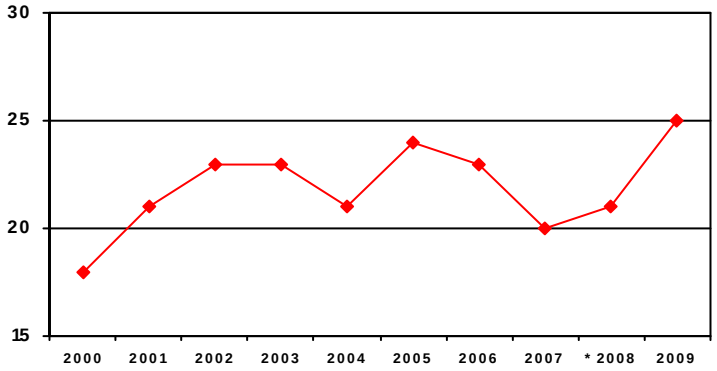
Total number of women delivered



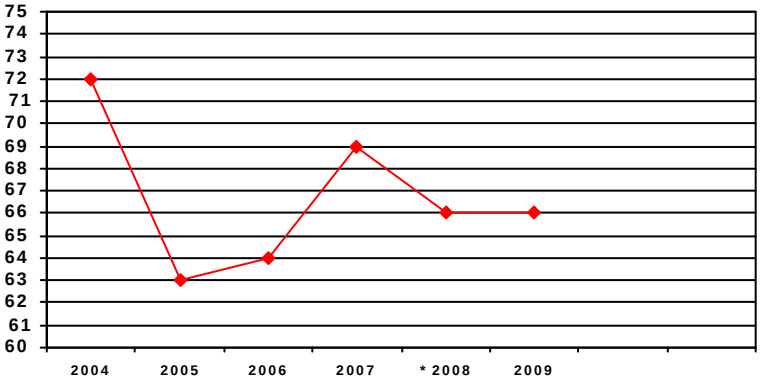
% Unassisted vaginal, caesarean + instrumental births



% Inductions



% Breastfeeding



Breastfeeding data not collected prior to 2004

**** 2008 figures based on total births (not women delivered)***

2005-09 Actual Starters APPENDIX 6

NHS Yorkshire and Humber Strategic Health Authority – Maternity Data

University of Bradford

BSc (Hons) Midwifery (3 years)

Cohort	Actual Starters
Sep-05	31
Sep-06	30
Sep-07	38
Sep-08	37

BSc (Hons) Midwifery (18 months)

Cohort	Actual Starters
Mar-06	11
Mar-07	10
Jan-09	11

University of Huddersfield

BSc (Hons) Midwifery (3 years)

Cohort	Actual Starters
Sep-05	20
Sep-06	21
Sep-07	31
Sep-08	36

BSc (Hons) Midwifery (18 months)

Cohort	Actual Starters
Sep-05	15
Sep-06	14

University of Hull

BSc (Hons) Midwifery (3 years)

Cohort	Actual Starters
Sep-05	
Sep-06	13
Sep-07	21
Sep-08	14

BSc (Hons) Midwifery (18 months)

Cohort	Actual Starters
Jan-09	13

University of Leeds

BSc (Hons) Midwifery (3 years)

Cohort	Actual Starters
Sep-05	31
Sep-06	24
Sep-07	44
Sep-08	33

BSc (Hons) Midwifery (18 months)

Cohort	Actual Starters
Sep-06	19
Sep-08	11

BSc (Hons) Midwifery (3 years)

Cohort	Actual Starters
Sep-06	14
Sep-07	15
Sep-08	41

BSc (Hons) Midwifery (18 months)

Cohort	Actual Starters
Mar-06	12

University of York

BSc (Hons) Midwifery (3 years)

Cohort	Actual Starters
Jan-06	17
Jan-07	17
Oct-07	13
Oct-08	15

2007 - 2008

NHS Yorkshire and Humber Strategic Health Authority

Planned Commissions

	Bradford	Hudds	Hull	Leeds	SHU	York	Total
Midwifery Branch Total	**38**	**33**	**31**	**43**	**38**	**0**	**183**
Midwifery Direct Entry Degree	38	33	21	43	19		**154**
Advanced Dip Midwifery			0		19		**19**
Midwifery Other 18/24 Month			10				**10**

Actual Starters

	Bradford	Hudds	Hull	Leeds	SHU	York	Total
Midwifery Branch Total	**38**	**31**	**21**	**44**	**15**	**13**	**162**
Midwifery Direct Entry Degree	38	31	21	44	15	13	**162**
Advanced Dip Midwifery							**0**
Midwifery Other 18/24 Month							**0**

2008 - 2009

NHS Yorkshire and Humber Strategic Health Authority

Planned Commissions							
	Bradford	Hudds	Hull	Leeds	SHU	York	Total
Midwifery Branch Total	**48**	**36**	**28**	**50**	**41**	**13**	**216**
Midwifery Direct Entry Degree	38	36	14	50	41	13	**192**
Advanced Dip Midwifery			0		0		**0**
Midwifery Other 18/24 Month	10		14		0		**24**

Actual Starters							
	Bradford	Hudds	Hull	Leeds	SHU	York	Total
Midwifery Branch Total	**48**	**36**	**27**	**44**	**64**	**15**	**234**
Midwifery Direct Entry Degree	37	36	14	33	41	15	**176**
Advanced Dip Midwifery					23		**23**
Midwifery Other 18/24 Month	11		13	11			**35**

2009 - 2010

NHS Yorkshire and Humber Strategic Health Authority

Planned Commissions							
	Bradford	Hudds	Hull	Leeds	SHU	York	Total
Midwifery Branch Total	**53**	**43**	**31**	**55**	**50**	**17**	**249**
Midwifery Direct Entry Degree	43	43	16	55	50	17	**224**
Advanced Dip Midwifery							**0**
Midwifery Other 18/24 Month	10		15		0		**25**

Actual Starters							
	Bradford	Hudds	Hull	Leeds	SHU	York	Total
Midwifery Branch Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Midwifery Direct Entry Degree							
Advanced Dip Midwifery							
Midwifery Other 18/24 Month							

APPENDIX 7

National Guidelines (UK) for Supervisors of Midwives

Contents
(latest version 13.08.09)

APPENDIX 8

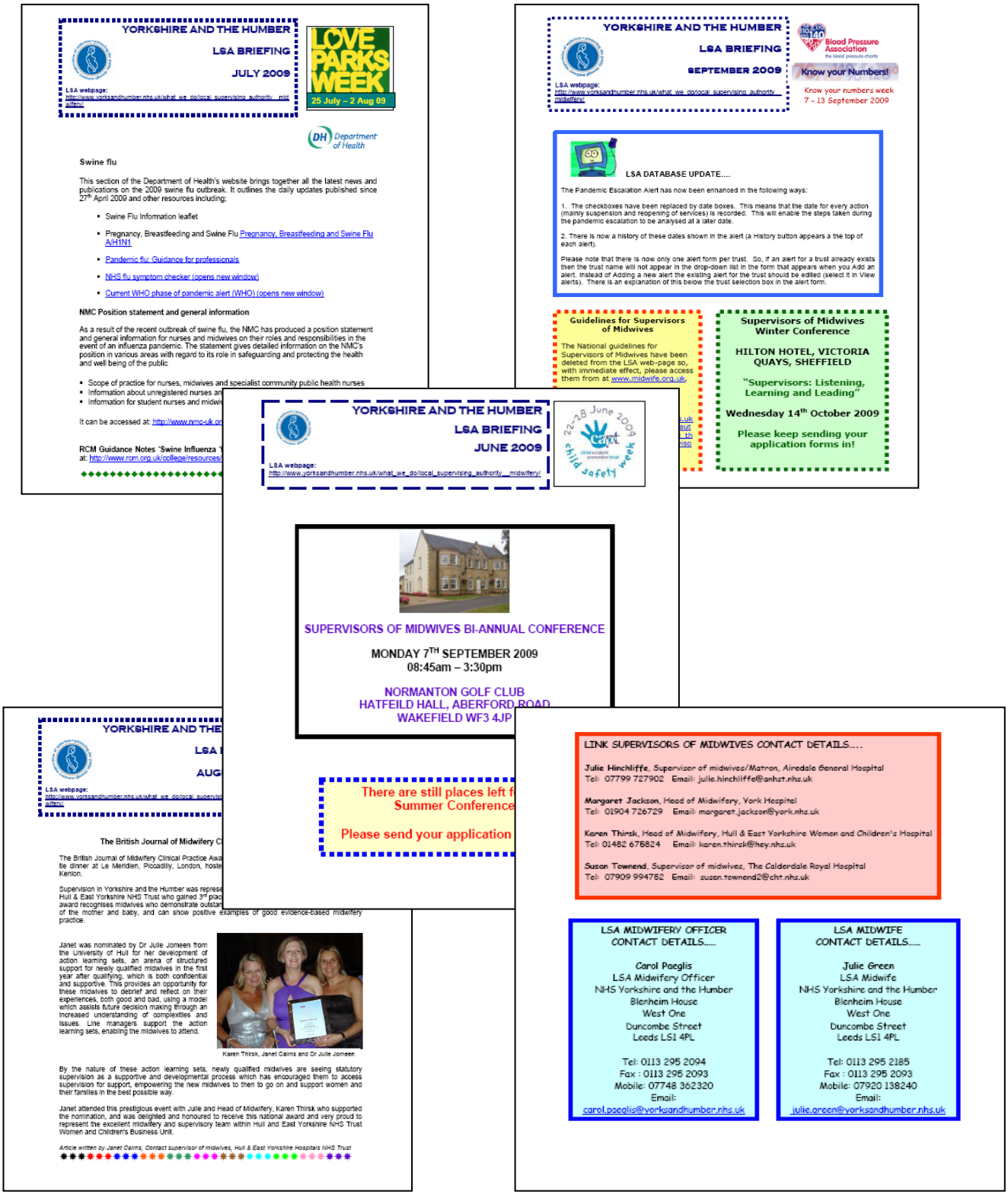
YORKSHIRE AND THE HUMBER
GUIDELINES FOR SUPERVISORS OF MIDWIVES

CONTENTS

		Implementation Date	Revised	Review Date
15.	Guidance for supervisors of midwives when a midwife wishes to, or has been requested to provide midwifery care to a relative or friend	November 2007		May 2010
16.	Supervision and Self Employed Midwives	November 2007	May 1999 Jan 2005	May 2010
17.	In the event of a stillbirth at home	February 2008	Sept 2001 March 2004	Aug 2010

APPENDIX 9

LSA BRIEFINGS



YORKSHIRE AND THE HUMBER

LSA BRIEFING

JULY 2009

LSA webpage:
http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/

LOVE PARKS WEEK
25 July – 2 Aug 09

DH Department of Health

Swine flu

This section of the Department of Health's website brings together all the latest news and publications on the 2009 swine flu outbreak. It outlines the daily updates published since 27th April 2009 and other resources including;

- Swine Flu Information leaflet
- Pregnancy, Breastfeeding and Swine Flu Pregnancy, Breastfeeding and Swine Flu A/H1N1
- Pandemic flu: Guidance for professionals
- NHS flu symptom checker (opens new window)
- Current WHO phase of pandemic alert (WHO) (opens new window)

NMC Position statement and general information

As a result of the recent outbreak of swine flu, the NMC has produced a position statement and general information for nurses and midwives on their roles and responsibilities in the event of an influenza pandemic. The statement gives detailed information on the NMC's position in various areas with regard to its role in safeguarding and protecting the health and well being of the public

- Scope of practice for nurses, midwives and specialist community public health nurses
- Information about unregistered nurses an
- Information for student nurses and midwi

It can be accessed at: http://www.nmc-uk.or

RCM Guidance Notes 'Swine Influenza '
at: http://www.rcm.org.uk/college/resources/

YORKSHIRE AND THE HUMBER

LSA BRIEFING

SEPTEMBER 2009

LSA webpage:
http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/

Blood Pressure Association
the blood pressure charity

Know your Numbers!

Know your numbers week
7 - 13 September 2009

LSA DATABASE UPDATE....

The Pandemic Escalation Alert has now been enhanced in the following ways:

1. The checkboxes have been replaced by date boxes. This means that the date for every action (mainly suspension and reopening of services) is recorded. This will enable the steps taken during the pandemic escalation to be analysed at a later date.

2. There is now a history of these dates shown in the alert (a History button appears a the top of each alert).

Please note that there is now only one alert form per trust. So, if an alert for a trust already exists then the trust name will not appear in the drop-down list in the form that appears when you Add an alert. Instead of Adding a new alert the existing alert for the trust should be edited (select it in View alerts). There is an explanation of this below the trust selection box in the alert form.

Guidelines for Supervisors of Midwives

The National guidelines for Supervisors of Midwives have been deleted from the LSA web-page so, with immediate effect, please access them from at www.midwife.org.uk.

Supervisors of Midwives Winter Conference

HILTON HOTEL, VICTORIA QUAYS, SHEFFIELD

"Supervisors: Listening, Learning and Leading"

Wednesday 14th October 2009

Please keep sending your application forms in!

YORKSHIRE AND THE HUMBER

LSA BRIEFING

JUNE 2009

LSA webpage:
http://www.yorksandhumber.nhs.uk/what_we_do/local_supervising_authority__midwifery/

22-28 June 2009
child safety week

SUPERVISORS OF MIDWIVES BI-ANNUAL CONFERENCE

MONDAY 7TH SEPTEMBER 2009
08:45am – 3:30pm

NORMANTON GOLF CLUB
HATFEILD HALL, ABERFORD ROAD
WAKEFIELD WF3 4JP

There are still places left f
Summer Conference

Please send your application

YORKSHIRE AND THE

LSA

AUG

LSA webpage:
http://www.yorksandhumber.nhs.uk/what_we_do/local_supervisi
uthority__

The British Journal of Midwifery C

The British Journal of Midwifery Clinical Practice Awa
tie dinner at Le Meridien, Piccadilly, London, hoste
Kenion.

Supervision in Yorkshire and the Humber was represe
Hull & East Yorkshire NHS Trust who gained 3rd plac
award recognises midwives who demonstrate outstar
of the mother and baby, and can show positive examples of good evidence-based midwifery practice.

Janet was nominated by Dr Julie Jomeen from the University of Hull for her development of action learning sets, an arena of structured support for newly qualified midwives in the first year after qualifying, which is both confidential and supportive. This provides an opportunity for these midwives to debrief and reflect on their experiences, both good and bad, using a model which assists future decision making through an increased understanding of complexities and issues. Line managers support the action learning sets, enabling the midwives to attend.

Karen Thirsk, Janet Cairns and Dr Julie Jomeen

By the nature of these action learning sets, newly qualified midwives are seeing statutory supervision as a supportive and developmental process which has encouraged them to access supervision for support, empowering the new midwives to then to go on and support women and their families in the best possible way.

Janet attended this prestigious event with Julie and Head of Midwifery, Karen Thirsk who supported the nomination, and was delighted and honoured to receive this national award and very proud to represent the excellent midwifery and supervisory team within Hull and East Yorkshire NHS Trust Women and Children's Business Unit.

Article written by Janet Cairns, Contact supervisor of midwives, Hull & East Yorkshire Hospitals NHS Trust

LINK SUPERVISORS OF MIDWIVES CONTACT DETAILS....

Julie Hinchliffe, Supervisor of midwives/Matron, Airedale General Hospital
Tel: 07799 727902 Email: julie.hinchliffe@anhst.nhs.uk

Margaret Jackson, Head of Midwifery, York Hospital
Tel: 01904 726729 Email: margaret.jackson@york.nhs.uk

Karen Thirsk, Head of Midwifery, Hull & East Yorkshire Women and Children's Hospital
Tel: 01482 676824 Email: karen.thirsk@hey.nhs.uk

Susan Townend, Supervisor of midwives, The Calderdale Royal Hospital
Tel: 07909 994752 Email: susan.townend2@cht.nhs.uk

LSA MIDWIFERY OFFICER CONTACT DETAILS.....

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Tel: 0113 295 2094
Fax : 0113 295 2093
Mobile: 07748 362320
Email:
carol.paeglis@yorksandhumber.nhs.uk

LSA MIDWIFE CONTACT DETAILS.....

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LSA Midwife
NHS Yorkshire and the Humber
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Fax : 0113 295 2093
Mobile: 07920 138240
Email:
julie.green@yorksandhumber.nhs.uk

YORKSHIRE AND THE HUMBER LOCAL SUPERVISING AUTHORITY

PROGRAMME FOR 2008/2009 SUPERVISORY AND MIDWIFERY PRACTICE AUDIT VISITS

APPENDIX 10

Trust	Informal visits (10:00am – 1:30pm)	Formal Visits (Full day)	Audit Team (accompanying LSAMO)	Final report published
Airedale	Thurs 20 Nov 2008		Supervisor Student Supervisor	5 March 2009
Barnsley	Tues 14 Oct 2008		Supervisor Student Supervisor Service User	18 December 2008
Bradford		Tues 29 July 2008	Supervisor Student Supervisor Service User	28 October 2008
Calderdale & Huddersfield		Weds 10 Sept 2008	Supervisor Student Supervisor Service User	2 December 2008
Doncaster & Bassetlaw	Weds 4 March 2009		Supervisor Student Supervisor Service User	27 July 2009
Harrogate	Thurs 28 August 2008		Supervisor Student Supervisor Service User	4 November 2008
Hull & East Yorkshire		Mon 30 June 2008	Supervisor Student Supervisor	1 September 2008

Trust	Informal visits (10:00am – 1:30pm)	Formal Visits (Full day)	Audit Team (accompanying LSAMO)	Final report published
Leeds		Tues 9 January 2009	Student Supervisor Service User	23 April 2009
Mid Yorkshire	Thurs 6 Nov 2008		Supervisor	17 February 2009
Northern Lincs & Goole		Weds 28 January 2009	Supervisor Student Supervisor	2 June 2009
Rotherham	Thurs 11 Dec 2009		Supervisor Student Supervisor Service User	16 March 2009
Scarborough		Mon 30 March 2009	Supervisor Student Supervisor	30 July 2009
Sheffield	Weds 18 Feb 2009		Supervisor Student Supervisor Service User	2 June 2009
York	Fri 20 June 2008		Supervisor Student Supervisor	11 August 2009

APPENDIX 11

STATISTICAL SUMMARY FOR YORKSHIRE AND THE HUMBER AND RAW DATA 2008-09

Incidents/Complaints	**2005/06**	**2006/07**	**2007/08**	**2008/09**
Number of serious untoward incidents (SUIs) related to maternity services Trust (LSA) data LSA database data	19 17	32 (1) 28	12 (1) 22	16 (3) 18
Number of complaints about midwifery practice (**excludes South Yorkshire)	156	169 (2)	125 (2)	178 (4)

Booking figures: January – December data	**2005**	**2006**	**2007**	**2008**	**% change 05 - 08**
Airedale NHS Trust	2706	2717	2928	2958	↑ 9%
Barnsley Hospital NHS Foundation Trust	2906	3265	2754	3212	↑ 10.5%
Bradford Teaching Hospitals NHS Foundation Trust	5579	6123	6589	6635	↑ 19%
Calderdale and Huddersfield NHS Foundation Trust	5844	6395	5968	6192	↑ 6%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	3035	4509	5059	4527	↑ 49%
Harrogate and District NHS Foundation Trust	1905	1756	2001	2378	↑ 25%
Hull & East Yorkshire Hospitals NHS Trust	5206	5720	5610	5665	↑ 9%
Leeds Teaching Hospitals NHS Trust	9184	9616	9859	10206	↑ 11%
Mid Yorkshire Hospitals NHS Trust	6839	7809	7863	8003	↑ 17%
Northern Lincolnshire & Goole Hospitals NHS Trust	4357	4566	4802	5044	↑ 15.8%
Scarborough & North East Yorkshire Healthcare NHS Trust	2345	1885	1983	1861	↓ 26%
Sheffield Teaching Hospitals NHS Foundation Trust	6665	6657	6830	6911	↑ 3.7%
The Rotherham NHS Foundation Trust	2552	2881	2622	3141	↑ 23%
York Hospitals NHS Trust	3530	3631	3723	3799	↑ 7.6%
Total for Yorkshire and the Humber	**62653**	**67530**	**68591**	**70532**	↑ 12.6%

Data provided by Jill Walker, Regional Antenatal /Child Health Screening Manager, Yorkshire and the Humber

Note: The figures in brackets after the number of cases on which percentages are based indicate the number of **Trusts** for which data are missing.	**England 2007-08[a,2]**	**Yorkshire and the Humber[1]**		
		2006/07	**2007/08**	**2008/09**
CLINICAL ACTIVITY				
Total women booked Trust (LSA) data Regional screening data		 47284 (5) 67530	 56443 (2) 68591	 73695 70532
Total women birthed		61953	63894	65227
Total birthed in hospital *(% of total women birthed)*	649,837	98.1% (60785)	97.5% (62292)	97.7% (63741)
Total number of babies born		62785	64772	66134
Hospital births in water *(% of total births in hospital)*		1.4% (884) (3)	1.1% (669) (3)	1.3% (846) (1)
Births in midwife-led centres/birth centres stand alone		1.0% (624) (1)	0.8% (519)	1.6% (1070)
within main unit		5.5% (3433) (9)	6.9% (4471) (2)	4.2% (2756) (3)
Women booked under midwife-led care *(% of total bookings)*		36.7% (17376) (5)	28.3% (15956) (4)	33.2% (24436) (4)
Women transferred to consultant care *(% of women booked for midwife led care)*		16.9% (2940) (6)	19.7% (3151) (9)	10.3% (2511) (9)
Unassisted vaginal births[3]	63.4%	64.6% (40550)	62.7% (40582) (1)	67.3% (44539)
HOME BIRTHS[4]				
Births in the home		1.9% (1208)	2.4% (1552)	2.3% (1534)
Intentional home births attended by a midwife		0.95% (599) (1)	1.0% (649) (2)	1.2% (773) (2)
Women birthed at home with no midwife present, including those delivered at home or in transit by ambulance crew		0.57% (357) (1)	0.7% (440) (3)	0.6% (427) (6)
PUBLIC HEALTH DATA				
Women initiating breastfeeding	78%[b]	59.7% (37484)	61.6% (39877) (1)	64.5% (42480) (1)
MATERNITY OUTCOMES DATA				
Babies born alive	99.5%[c] (655357)	99.4% (62420)	99.1% (64210)	99.4%[5] (57509) (2)
Stillbirths	0.5%[c] (3414)	0.6% (356)	0.62% (400)	0.57%[5] (327) (2)
Early neonatal deaths (i.e. at 6 days and under) *(% of live births)*	0.26%[c] (1681)	0,23% (143) (1)	0.21% (137)	0.12% (71) (3)
Late neonatal deaths (i.e. 7 – 28 days) *(% of live births)*	0.07%[c] (472)	0.08% (50) (3)	0.08% (50) (3)	0.06% (36) (5)
Neonatal deaths (i.e. at 28 days and under) *(% of live births)*	0.33%[c] (2153)	0.35%[6] (218) (3)	0.29% (187) (3)	0.19% (107) (5)

Note: The figures in brackets after the number of cases on which percentages are based indicate the number of **Trusts** for which data are missing.	**England 2007-08**[a,2]	**Yorkshire and the Humber**[1]		
		2006/07	**2007/08**	**2008/09**
INTERVENTIONS				
Planned inductions	20.4%[7]	15.6% (9815) (1)	16.5% (10715) (1)	15.0% (9923) (2)
Accelerated labours (including ARM and Syntocinon, or both)		13.3% (8339) (5)	16.8% (10856) (3)	10.0% (6601) (5)
Episiotomies *(% of unassisted vaginal births)*	5.1%	8.6% (3511) (2)	8.5% (3463) (1)	6.6% (2929) (3)
Epidurals with vaginal births *(% of total vaginal births)*	17.6%	17.5% (8737) (1)	17.6% (8891) (2)	16.5% (8471) (2)
Forceps births	5.0%	5.1% (3196)	6.2% (4022)	6.3% (4146)
Ventouse births	7.0%	5.4% (3366)	4.9% (3156)	4.2% (2808)
Total instrumental births	12.1%	10.5% (6562)	11.1% (7178)	10.5% (6954)
Vaginal breech births	0.4%	0.6% (346)	0.6% (387) (1)	0.5% (305) (1)
Epidurals/spinals with caesarean sections *(% of total caesarean sections)*	51.4%	69.0% (8905) (1)	60.0% (8485) (1)	56.6% (7801) (2)
Planned caesarean sections	9.7%	8.5% (5361)	8.4% (5410)	8.4% (5570)
Emergency caesarean sections	14.9%	12.0% (7545)	13.5% (8743)	12.4% (8205)
Total LSCS	24.6%	20.6% (12906)	21.9% (14153)	20.8% (13775)

Notes: 1 All percentages for Yorkshire and the Humber are of total births unless specified otherwise.
2 All percentages are of all hospital deliveries
3 Unassisted vaginal births include all women who had a birth not by forceps, ventouse or caesarean section.
4 Some units could not separate home births into the different categories intentional/unintentional and planned/unplanned. These births have been included in total births in the home but not in the other two home birth indicators.
5 Total births in the two units where live and stillbirths could not be identified separately have been excluded from these calculations.
6 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.
7 All inductions included as planned and unplanned inductions not indicated.
a. Source: NHS Maternity Statistics, England: 2007-08. The Information Centre, 2009.
b. Source: Infant Feeding Survey 2005. The Information Centre, 2007.
c. Source: Clinical and Health Outcomes Knowledge Base. The Information Centre. Data for 2007. www.nchod.nhs.uk

		Barnsley	Doncaster	Rotherham	Sheffield
CLINICAL ACTIVITY					
Total women booked 2008/09		3389	3853	3419	6961
Women booked under midwife-led care *(% is of total bookings)*		1386 40.9%	755 19.6%	not recorded	4710 67.7%
Women transferred to consultant care *(% is of women booked for midwife led care)*			30 4.0%	not recorded	584 12.4%
Are you able to monitor reasons for transfer?			No	Yes	
Total women with an initial assessment (Booking) by 12 completed weeks of pregnancy *(% is of the total women booked)*		2422 71.5%	2703 70.2%	3085 90.2%	Not available
Total women presenting for initial assessment after 12 weeks of pregnancy *(% is of the total women booked)* Of these, the number assessed within two weeks of presentation *(% is of those presenting after 12 weeks)*		292 8.6%	379 9.8%	334 9.8% 334 100.0%	
Antenatal and postnatal cross-border activity - ie. births out-with your unit *(% is of the total women booked)*		159 4.7%		131 3.8%	Not available
Intrapartum cross-border activity - ie. births only within your unit *(% is of the total women booked)*		22 0.6%		1 0.03%	683 9.8%
Any other cross-border activity - ie. births only within your unit *(% is of the total women booked)*				0	Not available
Total women birthed		2843	3894	2954	7054
Total women who had 1:1 care in labour *(% is of the total women birthed)*				2937 99.4%	Not available
Total women birthed in obstetric unit (OU) *(% is of the total women birthed)*	Consultant led	1572 55.3%	3103 79.7%	not recorded	4764 67.5%
	Midwife led	1172 41.2%	725 18.6%	not recorded	2290 32.5%
Total women birthed in midwifery unit *(% is of the total women birthed)*	Freestanding midwifery unit	n/a	n/a	n/a	n/a
	Alongside midwifery unit	Unable to provide data	725 18.6%	n/a	1000 14.2%
Number of babies born in hospital/unit:	Singletons	2751	3777	2829	6655
	Multiples	70	51	89	238
	Total	2821	3839	2918	6893
Hospital labours in water *(% is of total women birthed in hospital)*		38 1.4%	71 1.9%	249 8.7%	164 2.4%
Hospital births in water *(% is of total births in hospital)*		9 0.3%	18 0.5%	0	38 0.6%
Total unassisted vaginal births (regardless of lead carer) *(% is of total births)* *ie. Non-instrumental vaginal births (caesareans minus forceps minus ventouse)*		1963 68.2%	2635 67.2%	1898 63.3%	4220 58.8%
Normal delivery (Information Centre definition: women whose labour starts spontaneously, progresses spontaneously without drugs and who give birth spontaneously. Excludes induction of labour, epidural or spinal, general anaesthetic, forceps or ventouse, caesarean section or episiotomy) *(% is of total births)*		1720 59.8%	1318 33.6%	1898 63.3%	2268 31.6%
Number of medical terminations on labour ward/maternity areas Range of gestation Is women's choice of maternity unit or Gynaecology given?		Yes	29 12 - term Yes	Yes	22 Yes
HOME BIRTHS					
Total births in the home *(% is of total births)*		57 2.0%	81 2.1%	81 2.7%	276 3.8%
Planned home births attended by a midwife ie. place intended and attended *(% is of total births)*		27 0.9%	32 0.8%	49 1.6%	206 2.9%
Planned home births with no midwife present ie place intended but unattended *(% is of total births)*		0	1 0.03%	0	n/a
Unplanned home birth, attended by a midwife eg intended/planned for hospital birth ie. unplanned and attended *(% is of total births)*		24 0.83%	20 0.51%	0	n/a
Unplanned home birth, unattended by a midwife eg intended/planned for hospital birth ie. unplanned and unattended *(% is of total births)*		6 0.2%	28 0.7%	32 1.1%	70 1.0%
Births in transit, car park *(% is of total births)*				0	5 0.1%
Home labours in water *(% is of total births)*		2 0.1%	1 0.0%	20 0.7%	57 0.8%
Home births in water *(% is of total births)*		0	5 0.1%	3 0.1%	35 0.5%
PUBLIC HEALTH DATA					
Women initiating breastfeeding *(% is of total births)*		1756 61.0%	2281 58.2%	1694 56.5%	5401 75.3%
Women breastfeeding on discharge to Health Visitor *(% is of total births)*		1358 47.2%		not recorded	4480 62.4%
Women breastfeeding at 6-8 weeks *(% is of total births)*				724 24.1%	
Number of women smokers at time of:	Booking *(% is of total bookings)*	822 24.3%	979 25.4%	863 25.2%	730 10.5%
	Delivery *(% is of total bookings)*	691 20.4%	437 11.3%	446 13.0%	952 13.7%
	Both		549 14.2%	385 11.3%	1682 24.2%
Women under 18 years old at time of birth *(% is of total women birthed)*		88 3.1%	68 1.7%	94 3.2%	291 4.1%

	Barnsley	Doncaster	Rotherham	Sheffield
MATERNITY OUTCOMES DATA				
Babies born alive	2863	3909	2982	7133
(% is of total births)	99.5%	99.7%	99.4%	99.4%
Stillbirths	15	11	17	42
(Rate is per 1000 total births)	5.2	2.8	5.7	5.9
Early neonatal deaths (ie. at 6 days and under)	2	2	3	18
(Rate is per 1000 live births)	0.7	0.5	1.0	2.5
Late neonatal deaths (ie. 7-28 days)			1	9
(Rate is per 1000 live births)			0.3	1.3
Total babies born	2878	3920	2999	7175
INTERVENTIONS				
Planned inductions	576	929	560	1482
(% is of total births minus elective caesareans)	21.7%	26.2%	20.0%	22.6%
Accelerated labours (ie. Including ARM, and Syntocinon, or both)	277	771	684	1623
(% is of total births minus elective caesareans)	10.5%	21.8%	24.4%	24.7%
Episiotomies for unassisted vaginal births	343	320	112	334
(% is of unassisted vaginal births)	17.5%	12.1%	5.9%	7.9%
Epidurals with vaginal births	241	536	442	2137
(% is of total vaginal births)	10.3%	17.4%	18.3%	39.1%
Epidurals/spinals with caesarean sections	384	566	485	0
(% is of total caesarean sections)	72.6%	67.1%	83.3%	
Planned caesarean sections	228	377	198	606
(% is of total births)	7.9%	9.6%	6.6%	8.4%
Emergency caesarean sections	301	467	384	1106
(% is of total births)	10.5%	11.9%	12.8%	15.4%
Forceps births by midwife	0	0	0	0
(% is of total births)				
Forceps births by doctor	110	187	169	547
(% is of total births)	3.8%	4.8%	5.6%	7.6%
Ventouse births by midwife	0	0	0	0
(% is of total births)				
Ventouse births by doctor	204	167	223	575
(% is of total births)	7.1%	4.3%	7.4%	8.0%
Vaginal breech births by midwife	2	8	2	0
(% is of total births)	0.1%	0.2%	0.1%	
Vaginal breech births by doctor	14	9	7	38
(% is of total births)	0.5%	0.2%	0.2%	0.5%
FACILITIES				
Type of unit: (Consultant/midwife/GP)	Shared facility		Consultant/ midwife	Consultant/ midwife
Total number of maternity beds — Antenatal/postnatal	22	52	28	79
(including delivery beds) — Delivery Suite beds	11	9	16	18
Day case	4		5	
Number of obstetric theatres	1			3
- Staffed by midwifery staff (other than receiving baby)	No	No	Yes	No
- Staffed by theatre staff	Yes	Yes	Yes	Yes
High dependency beds	Yes	Yes	Yes	
Early pregnancy unit	Yes	Yes	Yes	Yes
Fetal medicine unit	No	No	Yes	Yes
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	No	No	Yes	Yes
Family kitchens	Yes	Yes	No	No
Security system: - controlled door entry	Yes	Yes	Yes	Yes
- baby tagging	Yes	No	No	Yes
- pressure mattresses	Yes	No	No	No
- other (specify)				
Intrapartum GP care	No	No	No	No
Transitional care cots	No	No	Yes	Yes
Some midwives take responsibility for decision making and undertake:				
Neurophysiological examination of the newborn	Yes	Yes	Yes	Yes
Ultrasound scans	Yes	No	Yes	Yes
Amniocentesis	No	No	No	No
Induction of labour by prostaglandin	No	Yes	Yes	Yes
by syntocinon	No	Yes	Yes	No
Ventouse deliveries	No	No	No	No
Forceps deliveries	No	No	No	No
Six week postnatal examination	No	Yes	No	No
Cervical smears	No	Yes	No	No
Specialised counselling	No	Yes	Yes	Yes
External cephalic version	No	No	No	No
Other (please specify)				

	Barnsley	Doncaster	Rotherham	Sheffield
STAFFING:				
Consultant midwife (code NAC)	0	0	0	0
Matron Maternity (code NCC)	2 (2.0)	1 (1.0)	1 (1.0)	3 (3.0)
Head of Midwifery (code N0C)	1 (1.0)	1 (0.8)	1 (1.0)	1 (1.0)
Registered midwife (code N2C)	103 (85.7)	172 (105.7)	138 (107.0)	281 (230.66)
Clinical educationalist (code N2J)	1 (1.0)	0	1 (1.0)	1 (0.6)
Total number of whole time equivalent midwives employed (clinical and non-clinical)	89.7	107.5	110	235.26
Total number of midwives employed (head count, ie. allowing for part-time staff)	107	174	141	286
Midwives per 1000 births ratio	31.2	27.4	36.7	32.8
Total number of midwives notifying intention to practise (including non-employed miswives, eg. Independent practitioners, educationalists, researchers)	108	196	144	359
Total use of NHS Professionals, Bank, Agency	0	Bank	1	
Vacancies according to funded establishment	3.25	7	0	3.9
Vacancies according to Birthrate Plus defined establishment		12	0	24.25
Birthrate Plus undertaken - which year	2006	2003/4	2006	2001
Birthrate Plus in progress	No	No	No	
Birthrate Plus planned - when			May 2009	Local review using birthrate methodology
Ratio of births to midwives in post (WTE)	32.1	36.5	27.3	30.5
What percentage is built into the budget for sickness, annual leave and training?	20%	15%	23%	24%
% annual sickness rate Long term Short term	4.21%	Not available	3.24% 1.69%	3.55% 2.80%
Is non-achievement of optimum staffing levels a trigger for incident reporting?	Yes	Yes	Yes	Yes
Average length of postnatal stay	24 hours	1.8	1.87	2.16 days
Midwife to non-midwife skill mix	1 : 0.3	1 : 0.2	1 : 0.3	1 : 0.3
Current ratio of supervisors to midwives	1 : 12	1 : 13		1 : 13.5
Number of student supervisors of midwives	0	3	3	5
Number of enquiries for RTP placements	0	3	0	3
Number of RTP accepted for clinical placements	0	0	0	0
Specialist midwifery posts				
Practice Development Midwife	1 (1.0)	0	0	3 (2.2)
Infant Feeding Co-ordinator	1 (1.0)	1 (1.0)	1 (0.8)	2 (1.1)
Bereavement Midwife	2 (0.8)	1 (0.3)	1 (0.8)	0
Sure Start Midwife	0	0	2 (1.2)	0
Drug/alcohol dependency midwife	1 (1.0)	1 (0.5)	2 (2.0)	3 (2.8)
Child protection midwife	0	0	1 (0.6)	4 (2.3)
Pregnant teenagers co-ordinator	1 (1.0)	1 (1.0)	1 (0.4)	5 (2.2)
Midwife Ultrasonographer	0	0	1 (1.0)	4 (2.7)
Domestic Violence Midwife	0	0	1 (0.2)	1 (0.1)
Clinic Governance/Risk Management Midwife	1 (1.0)	1 (0.5)	1 (1.0)	3 (2.6)
Antenatal Screening Co-ordinator	2 (1.0)	1 (1.0)	1 (1.0)	3 (1.0)
Other: Public Health Midwife Secondment to SHA Community midwifery manager Matron Labour Ward Manager Diabetes midwife Parent Education Asylum Seekers Homeless	1 (1.0)	 1 (1.0) 1 (1.0) 1 (1.0) 1 (0.6)		 (1.0) (0.8) (0.8) (1.0)

		Barnsley	Doncaster	Rotherham	Sheffield
NON-MIDWIFERY STAFFING AT 31ST MARCH 2009: (excluding neonatal unit)					
Staff Nurse (code N6C)		0	0	0	6 (5.5)
Enrolled Nurse (code N7C)		0	0	0	0
Nursery Nurse (code N8C)		0	0	1 (1.0)	7 (5.56)
Health Care Assistant - with formal training eg Foundation degree, NVQ (code H1C)		11 (8.79)	25 (25.8)	24 (18.39)	43 (33.0)
Nursing Assistant/Auxiliary (code N9C)		16 (11.49)	0	13 (9.6)	7 (5.84)
Support Worker - without formal training (code H2C)		0		0	31 (20.61)
Total non-midwifery staffing (headcount and WTE)		27 (20.28)	25 (25.8)	38 (28.99)	94 (70.51)
TRANSFERS					
Is there a transfer policy?		Yes		Yes	Yes
How often has it been used within the last year?		26		27	Not available
Number of intra-uterine transfers out to other units		6		20	3
Number of intra-uterine transfers in from other units		20		7	
Number of other transfers	Mother Baby			1 1	Data not reliable
NEONATAL UNIT:					
Managed within the remit of the Head of Midwifery		No	No	No	Yes
Regional or sub-regional referral centre		works with region jessop hospital neonatal network in place	No	No	Yes
Number of midwives employed within NNU notifying their intention to practice		0	3	0	1
Total cots		14	18	16	38
neonatal intensive care		2	3	2	12
high dependency		3	3	4	8
special care		9	12	10	18
transitional care		0	0	0	6
Parents' accommodation		Yes	Yes	Yes	Yes
NNU CLOSURES					
Reason for closure:	Staffing levels	Yes		No	Yes
	Skill mix			No	No
	Cot shortage	Yes	Yes	Yes	No
	Infection			No	No
	Upgrading of unit	Yes			
Is there a guideline for closure of NNU?		Yes	Yes	Yes	Yes
ADDITIONAL STATISTICS					
CNST Level achieved		2 June 2007		2 Oct 2007	1 February 2008
BFI Status		Certificate of commitment		Statement of commitment	Certificate of commitment
IT system and type:		Evolution	STORK	No	Protos
PCT-hosted MSLC in place:		Yes	Yes	Yes	Yes
Number of complaints where midwifery practice is cited:				0	25
Number of serious untoward incidents (SUI) related to midwifery practice:		1		0	1

		Airedale	Bradford	Calderdale & Huddersfield	Dewsbury	Pontefract
CLINICAL ACTIVITY						
Total women booked 2008/09		2889	7107	6243	3246	4915
Women booked under midwife-led care *(% is of total bookings)*		1372 47.5%	2840 40.0%	3373 54.0%	2402 74.0%	3153 64.2%
Women transferred to consultant care *(% is of women booked for midwife led care)*		838 61.1%	No data	746 22.1%	Not collected	Not collected
Are you able to monitor reasons for transfer?		Yes		Yes	No	No
Total women with an initial assessment (Booking) by 12 completed weeks of pregnancy *(% is of the total women booked)*		2216 76.7%	4932 69.4%	3212 51.4%	2809 86.5%	2946 59.9%
Total women presenting for initial assessment after 12 weeks of pregnancy *(% is of the total women booked)* Of these, the number assessed within two weeks of presentation *(% is of those presenting after 12 weeks)*		752 26.0% 294 39.1%	2175 30.6% No data	3031 48.6%	347 10.7%	525 10.7% Not available
Antenatal and postnatal cross-border activity - ie. births out-with your unit *(% is of the total women booked)*			800 11.3%		110 3.4%	Not available
Intrapartum cross-border activity - ie. births only within your unit *(% is of the total women booked)*						Not available
Any other cross-border activity - ie. births only within your unit *(% is of the total women booked)*						Not available
Total women birthed		2641	6025	5922	3337	3557
Total women who had 1:1 care in labour *(% is of the total women birthed)*			3426 56.9%			
Total women birthed in obstetric unit (OU) *(% is of the total women birthed)*	Consultant led Midwife led	2106 79.7% 534 20.2%	5907 98.0% 0	4489 75.8%	2635 79.0%	3267 91.8%
Total women birthed in midwifery unit *(% is of the total women birthed)*	Freestanding midwifery unit Alongside midwifery unit	n/a n/a	n/a n/a	617 10.4% 680 11.5%	n/a 351 10.5%	75 2.1% n/a
Number of babies born in hospital/unit:	Singletons	2559	5837	5704	3258	3397
	Multiples	78	143	82	38	98
	Total	2637	5980	5786	3296	3495
Hospital labours in water *(% is of total women birthed in hospital)*		66 2.5%	79 1.3%	158 2.8%	8 0.2%	84 2.4%
Hospital births in water *(% is of total births in hospital)*		12 0.5%	38 0.6%	112 1.9%	8 0.2%	84 2.4%
Total unassisted vaginal births (regardless of lead carer) *(% is of total births)* *ie. Non-instrumental vaginal births (caesareans minus forceps minus ventouse)*		1719 64.1%	4225 69.3%	4401 73.8%	2221 66.2%	2591 71.8%
Normal delivery (Information Centre definition: women whose labour starts spontaneously, progresses spontaneously without drugs and who give birth spontaneously. Excludes induction of labour, epidural or spinal, general anaesthetic, forceps or ventouse, caesarean section or episiotomy) *(% is of total births)*		957 35.7%	No data	3648 61.2%	Not collected	No data
Number of medical terminations on labour ward/maternity areas Range of gestation Is women's choice of maternity unit or Gynaecology given?		8 19 - 23	15 12-25 Yes		11 17-23 No	
HOME BIRTHS						
Total births in the home *(% is of total births)*		43 1.6%	118 1.9%	173 2.9%	60 1.8%	113 3.1%
Planned home births attended by a midwife ie. place intended and attended *(% is of total births)*		25 0.9%	35 0.6%	140 2.3%	39 1.2%	94 2.6%
Planned home births with no midwife present ie place intended but unattended *(% is of total births)*		2 0.07%	3 0.05%	5 0.08%	0	0
Unplanned home birth, attended by a midwife eg intended/planned for hospital birth ie. unplanned and attended *(% is of total births)*		16 0.60%	1 0.02%	28 0.47%	9 0.27%	0
Unplanned home birth, unattended by a midwife eg intended/planned for hospital birth ie. unplanned and unattended *(% is of total births)*		0	79 1.3%		12 0.4%	19 0.5%
Births in transit, car park *(% is of total births)*		2 0.1%	0	4 0.1%	0	0
Home labours in water *(% is of total births)*		3 0.1%	5 0.1%	7 0.1%	0	7 0.2%
Home births in water *(% is of total births)*		2 0.1%	5 0.1%	1 0.0%	0	7 0.2%
PUBLIC HEALTH DATA						
Women initiating breastfeeding *(% is of total births)*		1928 71.9%	3793 62.2%	4700 78.8%	1487 44.3%	2039 56.5%
Women breastfeeding on discharge to Health Visitor *(% is of total births)*		1136 42.4%	No data	3596 60.3%		45.4%
Women breastfeeding at 6-8 weeks *(% is of total births)*			No data	2407 40.4%	1499 44.7%	
Number of women smokers at time of:	Booking *(% is of total bookings)*	389 13.5%		1015 16.3%		903 18.4%
	Delivery *(% is of total bookings)*	284 9.8%	1029 14.5%	699 11.2%	438 13.5%	804 16.4%
	Both					
Women under 18 years old at time of birth *(% is of total women birthed)*		37 1.4%	93 1.5%	189 3.2%	164 4.9%	186 5.2%

* Amendment to total women birthed at Calderdale & Huddersfield (5881) received after analysis submission deadline. Percentages based on women birthed will be affected

	Airedale	Bradford	Calderdale & Huddersfield	Dewsbury	Pontefract
MATERNITY OUTCOMES DATA					
Babies born alive	2671	6051	5920	3335	
(% is of total births)	99.7%	99.2%	99.3%	99.4%	
Stillbirths	9	47	43	21	
(Rate is per 1000 total births)	3.4	7.7	7.2	6.3	
Early neonatal deaths (ie. at 6 days and under)	4	10	9	5	Not collected
(Rate is per 1000 live births)	1.5	1.7	1.5	1.5	
Late neonatal deaths (ie. 7-28 days)	2	7	2	6	Not collected
(Rate is per 1000 live births)	0.7	1.2	0.3	1.8	
Total babies born	2680	6098	5963	3356	3608
INTERVENTIONS					
Planned inductions	558		652	806	940
(% is of total births minus elective caesareans)	23.4%		12.0%	25.9%	27.6%
Accelerated labours (ie. Including ARM, and Syntocinon, or both)	770	971		251	Not collected
(% is of total births minus elective caesareans)	32.3%	17.1%		8.1%	
Episiotomies for unassisted vaginal births	150	424		92	242
(% is of unassisted vaginal births)	8.7%	10.0%		4.1%	9.3%
Epidurals with vaginal births	170	633	824	349	
(% is of total vaginal births)	8.4%	13.0%	17.3%	13.1%	
Epidurals/spinals with caesarean sections	615	1070	981	603	
(% is of total caesarean sections)	93.5%	88.1%	80.9%	85.9%	
Planned caesarean sections	296	403	525	249	198
(% is of total births)	11.0%	6.6%	8.8%	7.4%	5.5%
Emergency caesarean sections	362	812	687	453	375
(% is of total births)	13.5%	13.3%	11.5%	13.5%	10.4%
Forceps births by midwife	0		0	0	0
(% is of total births)					
Forceps births by doctor	135	308	329	207	174
(% is of total births)	5.0%	5.1%	5.5%	6.2%	4.8%
Ventouse births by midwife	0		0	0	0
(% is of total births)					
Ventouse births by doctor	138	126	150	110	144
(% is of total births)	5.1%	2.1%	2.5%	3.3%	4.0%
Vaginal breech births by midwife	3		4	0	0
(% is of total births)	0.1%		0.1%		
Vaginal breech births by doctor	2	49	35	13	
(% is of total births)	0.1%	0.8%	0.6%	0.4%	
FACILITIES					
Type of unit: (Consultant/midwife/GP)	Consultant	Consultant	Consultant/ midwife	Consultant/ midwife	Consultant/ midwife
Total number of maternity beds Antenatal/postnatal	37	63		28+4 triage	28+4 triage
(including delivery beds) Delivery Suite beds	7	18		9+3 recovery	9+ pool
Day case	3	8		3	2
Number of obstetric theatres	1	2	1	2	2
- Staffed by midwifery staff (other than receiving baby)	Yes	Yes	No	Yes	Yes
- Staffed by theatre staff	No	No	Yes	Part time	Part time
High dependency beds	No	Yes	Yes	No	Yes
Early pregnancy unit	Yes	Yes	Yes	Yes	Yes
Fetal medicine unit	No	No	No	No	No
Antenatal day assessment unit	Yes	Yes	Yes	Yes	Yes
Birthing pool	Yes	Yes	Yes	Yes	Yes
Bereavement/quiet room	Yes	Yes	Yes	Yes	Yes
Partners accommodation on AN ward	Yes	No	No	No	No
Family kitchens	No	Yes	No	No	No
Security system: - controlled door entry	Yes	Yes	Yes	Yes	Yes
- baby tagging	Yes	No	No	No	No
- pressure mattresses	No	Yes	No	No	No
- other (specify)				CCTV	CCTV
Intrapartum GP care	No	No	Yes	No	No
Transitional care cots	No	Yes	Yes	No	No
Some midwives take responsibility for decision making and undertake:					
Neurophysiological examination of the newborn	Yes	Yes	Yes	Yes	Yes
Ultrasound scans	No	Yes	Yes	No	Yes
Amniocentesis	No	No	No	No	No
Induction of labour by prostaglandin	Yes	Yes	No	No	No
by syntocinon	Yes	No	No	No	No
Ventouse deliveries	No	No	No	No	No
Forceps deliveries	No	No	No	No	No
Six week postnatal examination	No	No	No	No	No
Cervical smears	No	No	No	No	No
Specialised counselling	No	Yes	Yes	No	Yes
External cephalic version	No	No	No	No	Yes
Other (please specify)			Acupuncture, complementary therapy		ECV performed by midwife

* Amendment to total women birthed at Calderdale & Huddersfield (5881) received after analysis submission deadline. Percentages based on women birthed will be affected

	Airedale	Bradford	Calderdale & Huddersfield	Dewsbury	Pontefract
STAFFING:					
Consultant midwife (code NAC)	0	1 (1.0)	2	0	0
Matron Maternity (code NCC)	1 (1.0)	2 (1.5)	1	2 (1.0)	2 (1.0)
Head of Midwifery (code N0C)	1 (1.0)	1 (1.0)	1	1 (0.5)	1 (0.5)
Registered midwife (code N2C)	99 (79.2)	202 (171.0)	218 (184.93)	92 (82.7)	136 (102.1)
Clinical educationalist (code N2J)	0	1 (0.4)		0	
Total number of whole time equivalent midwives employed (clinical and non-clinical)	81.2	174.9	184.93	84.2	103.6
Total number of midwives employed (head count, ie. allowing for part-time staff)	101	207	222	95	139
Midwives per 1000 births ratio	30.3	28.7	31.0	25.1	28.7
Total number of midwives notifying intention to practise (including non-employed miswives, eg. Independent practitioners, educationalists, researchers)	105	221	222	247	
Total use of NHS Professionals, Bank, Agency	10	2.5			
Vacancies according to funded establishment	2	4		3.9	1.46
Vacancies according to Birthrate Plus defined establishment	14	35		14.26	0
Birthrate Plus undertaken - which year	2003	2001 & 2007		2006	2006
Birthrate Plus in progress	No	No	No	No	No
Birthrate Plus planned - when	No				
Ratio of births to midwives in post (WTE)	33.0	34.9	32.2	39.9	34.8
What percentage is built into the budget for sickness, annual leave and training?	0%	20%		23%	23%
% annual sickness rate Long term Short term	1.25% 4.40%	4.71%		Not defined 4.13%	Not defined 4.13%
Is non-achievement of optimum staffing levels a trigger for incident reporting?	Yes	Yes		Yes	Yes
Average length of postnatal stay	2 days	2.4 days	1 - 3days	1.2 days	1.2 days
Midwife to non-midwife skill mix	1 : 0.2	4 : 1		1 : 0.4	1 : 0.3
Current ratio of supervisors to midwives	1 : 12	1 : 16	1 : 15	1 : 13	1 : 13
Number of student supervisors of midwives	0	3	3	0	0
Number of enquiries for RTP placements	1	2	2	2	0
Number of RTP accepted for clinical placements	0	0	1	1	0
Specialist midwifery posts					
Practice Development Midwife	2 (0.6)	1 (1.0)	0	0	0
Infant Feeding Co-ordinator	1 (0.4)	1 (1.0)	3 (1.4)	1 (1.0)	1 (1.0)
Bereavement Midwife	0	1 (1.0)	2	0	0
Sure Start Midwife	0	0		0	0
Drug/alcohol dependency midwife	1 (0.4)	1 (1.0)	2 (1.4)	0	1 (1.0)
Child protection midwife	1 (0.2)	0	1	1 (0.3)	1 (0.3)
Pregnant teenagers co-ordinator	0	0	2 (1.8)	1 (1.0)	1 (1.0)
Midwife Ultrasonographer	0	1 (0.8)	1	0	1 (0.8)
Domestic Violence Midwife	0	1 (0.2)	2 (1.4)	0	0
Clinic Governance/Risk Management Midwife	0	2 (1.2)	1	1 (0.5)	1 (0.5)
Antenatal Screening Co-ordinator	1 (0.4)	1 (1.0)	2	1 (0.6)	1 (0.5)
Other: Public Health Midwife Secondment to SHA Community midwifery manager Matron Labour Ward Manager Diabetes midwife Parent Education Asylum Seekers Homeless				1 (0.5)	

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		Airedale	Bradford	Calderdale & Huddersfield	Dewsbury	Pontefract
NON-MIDWIFERY STAFFING AT 31ST MARCH 2009: (excluding neonatal unit)						
Staff Nurse (code N6C)		0	1 (1.0)		3 (0.96)	2 (1.0)
Enrolled Nurse (code N7C)		0	0		0	0
Nursery Nurse (code N8C)		0	0		1 (0.8)	1 (0.8)
Health Care Assistant - with formal training eg Foundation degree, NVQ (code H1C)		17 (15.12)	19 (15.3)	(4.49)	3 (2.88)	0
Nursing Assistant/Auxiliary (code N9C)		1 (0.86)	32 (25.7)	(38.52)	25 (17.84)	34 (23.61)
Support Worker - without formal training (code H2C)		0	27 (14.9)	(8.71)	15 (8.62)	14 (8.01)
Total non-midwifery staffing (headcount and WTE)		18 (15.97)	79 (56.9)	(51.72)	47 (31.1)	51 (33.42)
TRANSFERS						
Is there a transfer policy?		Yes	Yes		Yes	Yes
How often has it been used within the last year?			No data		Data incomplete	Data incomplete
Number of intra-uterine transfers out to other units		18	41		Data incomplete	Data incomplete
Number of intra-uterine transfers in from other units		13	12		Data incomplete	Data incomplete
Number of other transfers	Mother Baby	1 13				
NEONATAL UNIT:						
Managed within the remit of the Head of Midwifery		No	No	No	No	No
Regional or sub-regional referral centre		No	Yes	Yes		
Number of midwives employed within NNU notifying their intention to practice		0	0	5	0	0
Total cots		15	27		10	14
neonatal intensive care		2	6	6	0	2
high dependency		1	10-15		0	2
special care		15	10-15	20	10	10
transitional care		0	9		0	0
Parents' accommodation		Yes	Yes	Yes	Yes	Yes
NNU CLOSURES						
Reason for closure:	Staffing levels	Yes	Yes	Yes	Yes	Yes
	Skill mix	No	No	No	No	No
	Cot shortage	Yes	Yes	Yes	Yes	Yes
	Infection	No	No	No	No	No
	Upgrading of unit					
Is there a guideline for closure of NNU?		Yes	Yes	Yes	Yes	Yes
ADDITIONAL STATISTICS						
CNST Level achieved		2 December 2008	Yes January 2007	1	1 October 2007	1 October 2007
BFI Status		Certificate of commitment	Yes		No	No
IT system and type:		Protos	eClipse	Internal Patient Access System	Barwick system	PROTOS
PCT-hosted MSLC in place:		Yes	Yes	No	No	Yes
Number of complaints where midwifery practice is cited:		10	15	9	11	4
Number of serious untoward incidents (SUI) related to midwifery practice:		1	1	5	1	1

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		Leeds (LGI)	Leeds (SJUH)	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole
CLINICAL ACTIVITY							
Total women booked 2008/09		5726	5925	2452	6638	2628	2339
Women booked under midwife-led care *(% is of total bookings)*			?	606 24.7%		753 28.7%	1066 45.6%
Women transferred to consultant care *(% is of women booked for midwife led care)*			?	103 17.0%		n/k	210 19.7%
Are you able to monitor reasons for transfer?				No	No	No	No
Total women with an initial assessment (Booking) by 12 completed weeks of pregnancy *(% is of the total women booked)*		77.3%	77.3%	1830 74.6%	4532 68.3%	1191 45.3%	1189 50.8%
Total women presenting for initial assessment after 12 weeks of pregnancy *(% is of the total women booked)*		22.7%	22.7%	Not available	2106 31.7%	727 27.7%	1150 49.2%
Of these, the number assessed within two weeks of presentation *(% is of those presenting after 12 weeks)*				Not available		Not on cmis	1150 100.0%
Antenatal and postnatal cross-border activity - ie. births out-with your unit *(% is of the total women booked)*				29 1.2%		15 0.6%	141 6.0%
Intrapartum cross-border activity - ie. births only within your unit *(% is of the total women booked)*				665 27.1%		420 16.0%	3 0.1%
Any other cross-border activity - ie. births only within your unit *(% is of the total women booked)*				0		9 0.3%	None recorded
Total women birthed		4642	4623	2109	5812	2550	2070
Total women who had 1:1 care in labour *(% is of the total women birthed)*				Not available		2527 99.1%	2012 97.2%
Total women birthed in obstetric unit (OU) *(% is of the total women birthed)*	Consultant led	4573 98.5%	4566 98.8%	1575 74.7%	5206 89.6%	660 25.9%	626 30.2%
	Midwife led			503 23.9%		1867 73.2%	1386 67.0%
Total women birthed in midwifery unit *(% is of the total women birthed)*	Freestanding midwifery unit	n/a	n/a	n/a	336 5.8%	n/a	7 0.3%
	Alongside midwifery unit	n/a	n/a	n/a		n/a	
Number of babies born in hospital/unit:	Singletons	4563	4525	2048	5641	2477	2012
	Multiples	95	164	60	99	74	32
	Total	4658	4689	2108	5740	2551	2044
Hospital labours in water *(% is of total women birthed in hospital)*			0	72 3.5%		34 1.4%	16 0.8%
Hospital births in water *(% is of total births in hospital)*			0	25 1.2%	278 4.8%	44 1.7%	15 0.7%
Total unassisted vaginal births (regardless of lead carer) *(% is of total births)* *ie. Non-instrumental vaginal births (caesareans minus forceps minus ventouse)*		2981 63.6%	3092 65.7%	1275 59.6%	3935 67.1%	1784 69.0%	1380 66.2%
Normal delivery (Information Centre definition: women whose labour starts spontaneously, progresses spontaneously without drugs and who give birth spontaneously. Excludes induction of labour, epidural or spinal, general anaesthetic, forceps or ventouse, caesarean section or episiotomy) *(% is of total births)*				n/a	1136 19.4%	507 19.6%	88 4.2%
Number of medical terminations on labour ward/maternity areas		52	54	7	26	10	11
Range of gestation				16-21	14-21	19-23	11-23
Is women's choice of maternity unit or Gynaecology given?				Yes	Yes	Yes	Yes
HOME BIRTHS							
Total births in the home *(% is of total births)*		227 2.4%		31 1.4%	90 1.5%	28 1.1%	42 2.0%
Planned home births attended by a midwife ie. place intended and attended *(% is of total births)*				20 0.9%	49 0.8%	8 0.3%	25 1.2%
Planned home births with no midwife present ie place intended but unattended *(% is of total births)*				0	4 0.07%	1 0.04%	0
Unplanned home birth, attended by a midwife eg intended/planned for hospital birth ie. unplanned and attended *(% is of total births)*				4 0.19%	8 0.14%	6 0.23%	12 0.58%
Unplanned home birth, unattended by a midwife eg intended/planned for hospital birth ie. unplanned and unattended *(% is of total births)*				7 0.3%	29 0.5%	13 0.5%	5 0.2%
Births in transit, car park *(% is of total births)*		32 0.7%	16 0.3%	0	32 0.5%	8 0.3%	0
Home labours in water *(% is of total births)*				7 0.3%	3 0.1%	1 0.0%	1 0.0%
Home births in water *(% is of total births)*			?	4 0.2%	3 0.1%	0	1 0.0%
PUBLIC HEALTH DATA							
Women initiating breastfeeding *(% is of total births)*		6257 66.6%		1758 82.2%	3463 59.1%	1461 56.5%	1210 58.0%
Women breastfeeding on discharge to Health Visitor *(% is of total births)*				1508 70.5%		933 36.1%	1068 51.2%
Women breastfeeding at 6-8 weeks *(% is of total births)*				n/a	2115 36.1%		Not collected by maternity system
Number of women smokers at time of:	Booking *(% is of total bookings)*			238 9.7%	2215 33.4%	704 26.8%	27.0%
	Delivery *(% is of total bookings)*	13.4%		203 8.3%	1170 17.6%	705 26.8%	26.0%
	Both		1281 21.6%	n/a		643 24.5%	n/a
Women under 18 years old at time of birth *(% is of total women birthed)*		69 1.5%	74 1.6%	27 1.3%	152 2.6%	47 1.8%	63 3.0%

	Leeds (LGI)	Leeds (SJUH)	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole
MATERNITY OUTCOMES DATA						
Babies born alive		4685	2128	5821	2575	2072
(% is of total births)		99.5%	99.5%	99.3%	99.5%	99.3%
Stillbirths		24	11	41	12	14
(Rate is per 1000 total births)		5.1	5.1	7.0	4.6	6.7
Early neonatal deaths (ie. at 6 days and under)			2	6	3	4
(Rate is per 1000 live births)			0.9	1.0	1.2	1.9
Late neonatal deaths (ie. 7-28 days)			0	7	0	2
(Rate is per 1000 live births)				1.2		1.0
Total babies born	4690	4709	2139	5862	2587	2086
INTERVENTIONS						
Planned inductions			378	1201	432	406
(% is of total births minus elective caesareans)			19.7%	22.6%	18.1%	20.9%
Accelerated labours (ie. Including ARM, and Syntocinon, or both)			85		554	173
(% is of total births minus elective caesareans)			4.4%		23.2%	8.9%
Episiotomies for unassisted vaginal births			118	244	169	95
(% is of unassisted vaginal births)			9.3%	6.2%	9.5%	6.9%
Epidurals with vaginal births			326	1634	301	199
(% is of total vaginal births)			19.9%	35.7%	13.9%	12.0%
Epidurals/spinals with caesarean sections			187	1181	366	272
(% is of total caesarean sections)			37.5%	91.8%	85.9%	63.1%
Planned caesarean sections	437	437	219	555	202	147
(% is of total births)	9.3%	9.3%	10.2%	9.5%	7.8%	7.0%
Emergency caesarean sections	535	543	280	731	224	284
(% is of total births)	11.4%	11.5%	13.1%	12.5%	8.7%	13.6%
Forceps births by midwife	11	0	0	0	9	0
(% is of total births)	0.2%				0.3%	
Forceps births by doctor	552	388	167	305	139	73
(% is of total births)	11.8%	8.2%	7.8%	5.2%	5.4%	3.5%
Ventouse births by midwife	11	0	0	0	56	0
(% is of total births)	0.2%				2.2%	
Ventouse births by doctor	131	134	121	129	101	113
(% is of total births)	2.8%	2.8%	5.7%	2.2%	3.9%	5.4%
Vaginal breech births by midwife	12	2	0	1	3	5
(% is of total births)	0.3%	0.04%		0.02%	0.1%	0.2%
Vaginal breech births by doctor	19	8	13	27	5	10
(% is of total births)	0.4%	0.2%	0.6%	0.5%	0.2%	0.5%
FACILITIES						
Type of unit: (Consultant/midwife/GP)	Consultant	Consultant	Consultant	Consultant/ midwife	Consultant	Consultant/ midwife
Total number of maternity beds Antenatal/postnatal		42	28	63+6 beds at JBC	16	26
(including delivery beds) Delivery Suite beds		9	6	16+3 rooms at JBC	21	8
Day case			0	0	6	2
Number of obstetric theatres	2	2	1	2	1	1
- Staffed by midwifery staff (other than receiving baby)	Yes	Yes	No	No	No	No
- Staffed by theatre staff	Yes	Yes	Yes	Yes	Yes	Yes
High dependency beds	Yes	No	No	Yes	Yes	Yes
Early pregnancy unit	Yes	Yes	Yes	Yes	Yes	Yes
Fetal medicine unit	Yes	Yes	No	No	No	No
Antenatal day assessment unit	Yes	Yes	Yes	Yes	Yes	Yes
Birthing pool	Yes	No	Yes	Yes	Yes	Yes
Bereavement/quiet room	Yes	Yes	Yes	Yes	Yes	Yes
Partners accommodation on AN ward	No	No	No	No	Yes	No
Family kitchens	No	No	Yes	No	No	No
Security system: - controlled door entry	Yes	Yes	Yes	Yes	Yes	Yes
- baby tagging	No	No	Yes	Yes	No	Yes
- pressure mattresses	No	No	No	Yes	Yes	No
- other (specify)	Cot alarms	Cot alarms				
Intrapartum GP care	No	No	No	No	No	No
Transitional care cots	Yes	Yes	No	Yes	Yes	Yes
Some midwives take responsibility for decision making and undertake:						
Neurophysiological examination of the newborn	Yes	Yes	Yes	Yes	No	Yes
Ultrasound scans	Yes	Yes	Yes	Yes	No	No
Amniocentesis	No	No	No	No	No	No
Induction of labour by prostaglandin	Yes	Yes	Yes	Yes	Yes	Yes
by syntocinon	Yes	Yes	Yes	Yes	Yes	Yes
Ventouse deliveries	Yes	Yes	No	No	Yes	No
Forceps deliveries	Yes	Yes	No	No	No	No
Six week postnatal examination	No	No	Yes	No	No	No
Cervical smears	No	No	Yes	No	No	No
Specialised counselling	No	No	Yes	Yes	Yes	No
External cephalic version	No	No	No	No	No	No
Other (please specify)						

	Leeds (LGI)	Leeds (SJUH)	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole
STAFFING:						
Consultant midwife (code NAC)	0		0	0	1 (0.5)	1 (0.5)
Matron Maternity (code NCC)	3 (3.0)		1 (1.0)	2 (2.0)	1 (0.5)	1 (0.5)
Head of Midwifery (code N0C)	1 (1.0)		1 (1.0)	1 (1.0)	1 (0.5)	1 (0.5)
Registered midwife (code N2C)	322 (263.55)		70 (58.3)	230 (190.4)	96 (74.24)	87 (69.41)
Clinical educationalist (code N2J)	2 (1.8)		0	0	0	0
Total number of whole time equivalent midwives employed (clinical and non-clinical)	269.35		60.3	193.4	75.74	70.91
Total number of midwives employed (head count, ie. allowing for part-time staff)	328		72	233	99	90
Midwives per 1000 births ratio	28.7		28.2	33.0	29.3	34.0
Total number of midwives notifying intention to practise (including non-employed miswives, eg. Independent practitioners, educationalists, researchers)	326		75	253	107	94
Total use of NHS Professionals, Bank, Agency			Minimal	£216,815	5441.19hours	1322.1 hours
Vacancies according to funded establishment	9		0	9.04	2.8	0.8 temp
Vacancies according to Birthrate Plus defined establishment	?		n/a	n/a	n/a	n/a
Birthrate Plus undertaken - which year	2003		No	2005	2003	2002
Birthrate Plus in progress	No		No	No	No	No
Birthrate Plus planned - when	No		No	2009	Jun-09	Jun-09
Ratio of births to midwives in post (WTE)	34.9		35.5	30.3	34.2	29.4
What percentage is built into the budget for sickness, annual leave and training?	20%		20%	22%	22%	22%
% annual sickness rate Long term Short term			3.40%	7.25%		
Is non-achievement of optimum staffing levels a trigger for incident reporting?	Yes		Yes	Yes	Yes	Yes
Average length of postnatal stay	2		1.65 days	6hrs - 3days	1,4	1.2
Midwife to non-midwife skill mix	1 : 5.5		1 : 0.1	1 : 0.3	1 : 0.4	1 : 0.3
Current ratio of supervisors to midwives	1 : 13.3		1 : 11	1 : 16	1 : 13	1 : 13
Number of student supervisors of midwives	3		1	1	0	0
Number of enquiries for RTP placements	0		1	2	2	1
Number of RTP accepted for clinical placements	0		0	1	2	1
Specialist midwifery posts						
Practice Development Midwife	0		2 (0.4)	1 (1.0)	0	0
Infant Feeding Co-ordinator	1 (0.5)		1 (0.6)	1 (1.0)	1 (0.6)	1 (0.8)
Bereavement Midwife	2 (0.5)		0	0	0	0
Sure Start Midwife	0		0	0	0	0
Drug/alcohol dependency midwife	2 (2.0)		0	1 (1.0)	0	1 (0.8)
Child protection midwife	0		0	1 (0.4)	0	0
Pregnant teenagers co-ordinator	1 (1.0)		1 (0.2)	1 (1.0)	1 (0.5)	0
Midwife Ultrasonographer	1 (0.9)		0	0	0	0
Domestic Violence Midwife	0		0	0	0	0
Clinic Governance/Risk Management Midwife	2 (1.4)		1 (1.0)	0	1 (0.5)	1 (0.5)
Antenatal Screening Co-ordinator	1 (1.0)		1 (1.0)	1 (1.0)	1 (1.0)	0
Other: Public Health Midwife Secondment to SHA Community midwifery manager Matron Labour Ward Manager Diabetes midwife Parent Education Asylum Seekers Homeless			1 (0.4)			

	Leeds (LGI)	Leeds (SJUH)	Harrogate	Hull & East Yorkshire	Grimsby	Scunthorpe & Goole
NON-MIDWIFERY STAFFING AT 31ST MARCH 2009: (excluding neonatal unit)						
Staff Nurse (code N6C)	1 (1.0)		0	0	0	0
Enrolled Nurse (code N7C)	0		0	0	0	0
Nursery Nurse (code N8C)	0		0	0	0	0
Health Care Assistant - with formal training eg Foundation degree, NVQ (code H1C)	56 (44.26)		3 (2.46)	0	41 (29.92)	20 (17.98)
Nursing Assistant/Auxiliary (code N9C)	24 (17.79)		0	75 (52.02)	0	0
Support Worker - without formal training (code H2C)	0		9 (6.16)	2 (2.0)	0	0
Total non-midwifery staffing (headcount and WTE)	81 (63.05)		12 (8.64)	77 (54.02)	41 (29.92)	20 (17.98)
TRANSFERS						
Is there a transfer policy?	Yes		Yes	Yes	Yes	Yes
How often has it been used within the last year?			Not recorded		26	10
Number of intra-uterine transfers out to other units			4	28	2	7
Number of intra-uterine transfers in from other units			10	9	24	3
Number of other transfers Mother Baby			29 29		6 23	
NEONATAL UNIT:						
Managed within the remit of the Head of Midwifery	No		Yes	No	No	No
Regional or sub-regional referral centre	Yes		No	Yes	No	No
Number of midwives employed within NNU notifying their intention to practice	4		0	5	0	0
Total cots	73		10	34	16	15
neonatal intensive care	15		0	5	3	2
high dependency	20		0	4	1	3
special care	20		9	21	8	5
transitional care	18		1	4	4	5
Parents' accommodation	Yes		Yes	Yes	Yes	Yes
NNU CLOSURES						
Reason for closure: Staffing levels	Yes		Yes	Yes	No	No
Skill mix	No		No	No	No	No
Cot shortage	Yes		Yes	Yes	Yes	No
Infection	No		No	No	No	No
Upgrading of unit						
Is there a guideline for closure of NNU?	Yes		Yes	Yes	Yes	Yes
ADDITIONAL STATISTICS						
CNST Level achieved		1 September 2008	2 January 2008	2 March 2009	2 July 2007	2 July 2007
BFI Status		Stage 1	Full accreditation	Stage 1	Certificate of commitment	Certificate of commitment
IT system and type:	MATSYS	MATSYS	Silverlink ICS System	PROTOS	Circonia Maternity Information System	Circonia Maternity Information System
PCT-hosted MSLC in place:	Yes	Yes	No	Yes	No	No
Number of complaints where midwifery practice is cited:		44	6	10	13	7
Number of serious untoward incidents (SUI) related to midwifery practice:		1	0	0	0	1

		Scarborough	Bridlington	Malton	Whitby	York
CLINICAL ACTIVITY						
Total women booked 2008/09		957	406	423	254	3925
Women booked under midwife-led care *(% is of total bookings)*			156 38.4%	206 48.7%	80 31.5%	1578 40.2%
Women transferred to consultant care *(% is of women booked for midwife led care)*			?	No data		Not available
Are you able to monitor reasons for transfer?		No		No	No	No
Total women with an initial assessment (Booking) by 12 completed weeks of pregnancy *(% is of the total women booked)*			?	90 21.3%		72.40%
Total women presenting for initial assessment after 12 weeks of pregnancy *(% is of the total women booked)*			?	10 2.4%		27.6%
Of these, the number assessed within two weeks of presentation *(% is of those presenting after 12 weeks)*			?	10 100.0%		Not available
Antenatal and postnatal cross-border activity - ie. births out-with your unit *(% is of the total women booked)*			19 4.7%	157 37.1%	114 44.9%	4.0%
Intrapartum cross-border activity - ie. births only within your unit *(% is of the total women booked)*			0	13 3.1%		265 6.8%
Any other cross-border activity - ie. births only within your unit *(% is of the total women booked)*			31 7.6%	14 3.3%		0
Total women birthed		1618	12	27	20	3445
Total women who had 1:1 care in labour *(% is of the total women birthed)*		?	12 100.0%	19 70.4%	14 70.0%	Not available
Total women birthed in obstetric unit (OU) *(% is of the total women birthed)*	Consultant led	1615 99.8%	0	0		2036 59.1%
	Midwife led	?	0	0		1306 37.9%
Total women birthed in midwifery unit *(% is of the total women birthed)*	Freestanding midwifery unit	35 2.2%	7 58.3%	14 51.9%	14 70.0%	n/a
	Alongside midwifery unit	n/a	n/a	n/a	n/a	n/a
Number of babies born in hospital/unit:	Singletons	1595	7	14	14	3344
	Multiples	20	0	0	0	49
	Total	1615	7	14	14	3393
Hospital labours in water *(% is of total women birthed in hospital)*		18 1.1%	0	9 64.3%	1 7.1%	286 8.5%
Hospital births in water *(% is of total births in hospital)*		10 0.6%	0	9 64.3%	1 7.1%	145 4.3%
Total unassisted vaginal births (regardless of lead carer) *(% is of total births)* *ie. Non-instrumental vaginal births (caesareans minus forceps minus ventouse)*		1272 78.1%	12 100.0%	14 51.9%	14 70.0%	2102 60.6%
Normal delivery (Information Centre definition: women whose labour starts spontaneously, progresses spontaneously without drugs and who give birth spontaneously. Excludes induction of labour, epidural or spinal, general anaesthetic, forceps or ventouse, caesarean section or episiotomy) *(% is of total births)*		?	12 100.0%	14 51.9%	14 70.0%	524 15.1%
Number of medical terminations on labour ward/maternity areas		11	0	0	0	21
Range of gestation		16-21				18-23 weeks
Is women's choice of maternity unit or Gynaecology given?		No			Yes	Yes
HOME BIRTHS						
Total births in the home *(% is of total births)*		13 0.8%	5 41.7%	13 48.1%	6 30.0%	77 2.2%
Planned home births attended by a midwife ie. place intended and attended *(% is of total births)*		11 0.7%	3 25.0%	5 18.5%	5 25.0%	61 1.8%
Planned home births with no midwife present ie place intended but unattended *(% is of total births)*		2 0.12%	0	2 7.41%	0	
Unplanned home birth, attended by a midwife eg intended/planned for hospital birth ie. unplanned and attended *(% is of total births)*		0	1 8.33%	0	0	16 0.5%
Unplanned home birth, unattended by a midwife eg intended/planned for hospital birth ie. unplanned and unattended *(% is of total births)*		0	1 8.3%	6 22.2%	1 5.0%	
Births in transit, car park *(% is of total births)*		0	0	0	0	0
Home labours in water *(% is of total births)*		0	0	0	0	7 0.2%
Home births in water *(% is of total births)*		0	0	0	0	6 0.2%
PUBLIC HEALTH DATA						
Women initiating breastfeeding *(% is of total births)*		950 58.4%	6 50.0%	20 74.1%		2276 65.6%
Women breastfeeding on discharge to Health Visitor *(% is of total births)*		348 21.4%	5 41.7%	19 70.4%		
Women breastfeeding at 6-8 weeks *(% is of total births)*		?	?	No data		
Number of women smokers at time of:	Booking *(% is of total bookings)*	?	5 1.2%	?	34 13.4%	845 21.5%
	Delivery *(% is of total bookings)*	373 39.0%	5 13.4%	3 0.7%	32 12.6%	607 15.5%
	Both	?	?			?
Women under 18 years old at time of birth *(% is of total women birthed)*		?	?	0	9 45.0%	41 1.2%

	Scarborough	Bridlington	Malton	Whitby	York
MATERNITY OUTCOMES DATA					
Babies born alive *(% is of total births)*	1622 99.6%	12 100.0%	27 100.0%	20 100.0%	3456 99.6%
Stillbirths *(Rate is per 1000 total births)*	6 3.7	0	0	0	14 4.0
Early neonatal deaths (ie. at 6 days and under) *(Rate is per 1000 live births)*	?	0	0	0	3 0.9
Late neonatal deaths (ie. 7-28 days) *(Rate is per 1000 live births)*	?	0	0	0	0
Total babies born	1628	12	27	20	3470
INTERVENTIONS					
Planned inductions *(% is of total births minus elective caesareans)*	301 20.3%	0	0		772 24.8%
Accelerated labours (ie. Including ARM, and Syntocinon, or both) *(% is of total births minus elective caesareans)*	?	0	0		442 14.2%
Episiotomies for unassisted vaginal births *(% is of unassisted vaginal births)*	?	0	0		286 13.6%
Epidurals with vaginal births *(% is of total vaginal births)*	202 15.5%	0	0		477 18.1%
Epidurals/spinals with caesarean sections *(% is of total caesarean sections)*	300 92.9%	0	0		791 95.2%
Planned caesarean sections *(% is of total births)*	142 8.7%	0	0		351 10.1%
Emergency caesarean sections *(% is of total births)*	181 11.1%	0	0		480 13.8%
Forceps births by midwife *(% is of total births)*	0	0	0		0
Forceps births by doctor *(% is of total births)*	48 2.9%	0	0		288 8.3%
Ventouse births by midwife *(% is of total births)*	0	0	0		0
Ventouse births by doctor *(% is of total births)*	83 5.1%	0	0		92 2.7%
Vaginal breech births by midwife *(% is of total births)*	0	0	0		1 0.03%
Vaginal breech births by doctor *(% is of total births)*	2 0.1%	0	0		11 0.3%
FACILITIES					
Type of unit: (Consultant/midwife/GP)	Consultant	Midwife	Midwife	Midwife	Consultant/ midwife
Total number of maternity beds (including delivery beds) — Antenatal/postnatal Delivery Suite beds Day case	13-20 9 3	0 2 2		4 1	32 11
Number of obstetric theatres	1	0	0	0	2
- Staffed by midwifery staff (other than receiving baby)	Yes	No	Yes		Yes
- Staffed by theatre staff	No	No	No		No
High dependency beds	No	No	No	No	No
Early pregnancy unit	Yes	No	No	No	Yes
Fetal medicine unit	No	No	No	No	No
Antenatal day assessment unit	Yes	No	No	No	Yes
Birthing pool	Yes	No	Yes	Yes	Yes
Bereavement/quiet room	No	Yes	No	No	Yes
Partners accommodation on AN ward	No	Yes	Yes	No	Yes
Family kitchens	No	No	Yes	No	No
Security system: - controlled door entry	Yes	Yes	Yes	Yes	Yes
- baby tagging	Yes	No	No	No	Yes
- pressure mattresses	No	No	No	No	No
- other (specify)					CCTV
Intrapartum GP care	No	No	No	No	No
Transitional care cots	No	No	No	No	No
Some midwives take responsibility for decision making and undertake:					
Neurophysiological examination of the newborn	Yes	Yes	Yes	Yes	Yes
Ultrasound scans	No	No	No	No	No
Amniocentesis	No	No	No	No	No
Induction of labour by prostaglandin	No	No	No	No	No
by syntocinon	No	No	No	No	No
Ventouse deliveries	No	No	No	No	No
Forceps deliveries	No	No	No	No	No
Six week postnatal examination	No	No	No	No	No
Cervical smears	No	No	No	No	No
Specialised counselling	No	No	No	No	No
External cephalic version	No	No	No	No	No
Other (please specify)					Administer prostin gel or propess after prescription by doctor. Undertake GTT

	Scarborough	Bridlington	Malton	Whitby	York
STAFFING:					
Consultant midwife (code NAC)	0		0	0	0
Matron Maternity (code NCC)	0		0	0	1 (1.0)
Head of Midwifery (code N0C)	1 (1.0)		0	0	1 (1.0)
Registered midwife (code N2C)	53 (41.19)		7 (5.8)	(5.8)	129 (93.47)
Clinical educationalist (code N2J)	0		0	0	2 (1.0)
Total number of whole time equivalent midwives employed (clinical and non-clinical)	42.19	6.6	5.8	5.8	96.47
Total number of midwives employed (head count, ie. allowing for part-time staff)	54		7		133
Midwives per 1000 births ratio	25.9	550.0	214.8	290.0	27.8
Total number of midwives notifying intention to practise (including non-employed miswives, eg. Independent practitioners, educationalists, researchers)	78				131
Total use of NHS Professionals, Bank, Agency	2		7	0	2.147wte
Vacancies according to funded establishment	4.1		0.6	1.6	1.65wte
Vacancies according to Birthrate Plus defined establishment	?		?		Not available
Birthrate Plus undertaken - which year	?		?		2002
Birthrate Plus in progress	No		No	No	No
Birthrate Plus planned - when	No		No	No	Not planned
Ratio of births to midwives in post (WTE)	38.6	1.8	4.7	3.4	36.0
What percentage is built into the budget for sickness, annual leave and training?	20%		20%		20%
% annual sickness rate Long term Short term					2.56% 1.95%
Is non-achievement of optimum staffing levels a trigger for incident reporting?	Yes				Yes
Average length of postnatal stay	1 day		2 hours		6-48 hours
Midwife to non-midwife skill mix	1 : 0.2				1 : 0.2
Current ratio of supervisors to midwives					1 : 16
Number of student supervisors of midwives	0		0		1
Number of enquiries for RTP placements	1		0	0	3
Number of RTP accepted for clinical placements	1		0	0	1
Specialist midwifery posts					
Practice Development Midwife	0	0	0	0	2 (1.0)
Infant Feeding Co-ordinator	0	0	0	0	2 (0.3)
Bereavement Midwife	0	0	0	0	0
Sure Start Midwife	0	0	0	0	2 (1.6)
Drug/alcohol dependency midwife	0	0	0	0	0
Child protection midwife	1 (1.0)	0	0	0	1 (HOM is named midwife with no dedicated hours)
Pregnant teenagers co-ordinator	0	0	0	0	0
Midwife Ultrasonographer	0	0	0	0	0
Domestic Violence Midwife	0	0	0	0	0
Clinic Governance/Risk Management Midwife	0	0	0	0	2 (1.4)
Antenatal Screening Co-ordinator	1 (1.0)	0	0	0	2 (1.2)
Other: Public Health Midwife Secondment to SHA Community midwifery manager Matron Labour Ward Manager Diabetes midwife Parent Education Asylum Seekers Homeless					Midwives with special interest in bereavement, domestic violence, safeguarding, substance misuse or teenage pregnancy but no wte.

		Scarborough	Bridlington	Malton	Whitby	York
NON-MIDWIFERY STAFFING AT 31ST MARCH 2009: (excluding neonatal unit)						
Staff Nurse (code N6C)		0	0	0	0	0
Enrolled Nurse (code N7C)		0	0	0	0	0
Nursery Nurse (code N8C)		0	0	0	0	0
Health Care Assistant - with formal training eg Foundation degree, NVQ (code H1C)		7 (6.5)	1	0	1	3 (1.3)
Nursing Assistant/Auxiliary (code N9C)		2 (1.5)	0	1	0	0
Support Worker - without formal training (code H2C)		0	0	0	0	26 (19.92)
Total non-midwifery staffing (headcount and WTE)		9 (8.0)	1	1	1	29 (21.22)
TRANSFERS						
Is there a transfer policy?		Yes	Yes	Yes	Yes	Yes
How often has it been used within the last year?		19	?	?	5	32
Number of intra-uterine transfers out to other units		19			5	28
Number of intra-uterine transfers in from other units		1			0	4
Number of other transfers	Mother Baby	? ?				21 0
NEONATAL UNIT:						
Managed within the remit of the Head of Midwifery		No	n/a	n/a	n/a	No
Regional or sub-regional referral centre		No	n/a	n/a	n/a	No
Number of midwives employed within NNU notifying their intention to practice		0	n/a	n/a	n/a	0
Total cots		8	n/a	n/a	n/a	15
neonatal intensive care		0	n/a	n/a	n/a	2
high dependency		0	n/a	n/a	n/a	0
special care		8	n/a	n/a	n/a	13
transitional care		0	n/a	n/a	n/a	0
Parents' accommodation		Yes	n/a	n/a	n/a	Yes
NNU CLOSURES						
Reason for closure:	Staffing levels	Yes	n/a	n/a	n/a	Yes
	Skill mix	No	n/a	n/a	n/a	No
	Cot shortage	Yes	n/a	n/a	n/a	Yes
	Infection	No	n/a	n/a	n/a	No
	Upgrading of unit					
Is there a guideline for closure of NNU?		No	n/a	n/a	n/a	No
ADDITIONAL STATISTICS						
CNST Level achieved		1 March 2008				1 March 2008
BFI Status		No				No
IT system and type:		Evolution		Evolution	Evolution	CMIS
PCT-hosted MSLC in place:		No			No	Yes
Number of complaints where midwifery practice is cited:		8		0		16
Number of serious untoward incidents (SUI) related to midwifery practice:		2		0		1

Notes: Total home births exclude births in transit where identified separately.
Smoking status at booking and delivery may be unknown for many women in some units.
The number of women birthed in a free standing midwifery unit for Scarborough is the total of such births in the units at Bridlington, Malton and Whitby.
For Sheffield, Airedale and Bradford the total number of cots do not equal the sum of cots identified in each of the categories, as some cots are used for more than one purpose.

APPENDIX 12

Local Supervising Authority Midwifery Officers' Forum (UK) Annual Report 2008 - 2009

Introduction

The aim of this section is to provide an update on the LSA Midwifery Officers' (LSAMO) Forum UK activity during the 2008/09 year. The purpose of the Forum is to enable the LSAMOs to work collaboratively with other stakeholders to ensure that there is consistent and equitable approach to achieving the standards set by the Nursing & Midwifery Council (NMC). The Forum is currently working to a four year strategy which describes the work plan until 2011. The LSAMO Forum (UK) consists of the sixteen LSA Midwifery Officers from across the United Kingdom. Each year the Forum meets on six occasions - for two days - at different venues across the UK, hosted by the local LSA. In 2008-09 the meetings were;

- May 2008 NHS Yorkshire and the Humber
- July 2008 NHS South West
- September 2008 NHS London
- November 2008 NHS North West
- January 2009 NHS London
- March 2009 NHS Scotland

The Forum is chaired by an LSA Midwifery Officer. The chair and vice chair are voted in, for a period of one year with the vice chair becoming the chair the following year.

Stakeholder Involvement

The Forum agendas are full and include invited stakeholders - 2008/2009;

- Kings Fund – Safer Births
- Birth Place Study
- Chief Nursing Officers – from each of the 4 countries
- Nursing & Midwifery Council – Head of Midwifery, Midwifery Advisors and Fitness to Practise Manager
- Department of Health – Midwifery Advisors - standards for care, workforce and return to practise (RTP), Maternity Matters, Family Nurse Practitioners
- HM Coroner
- NHS Litigation Authority
- Health Care Commission / Care Quality Commission
- Independent Midwives – Northwich Holistic Birth Centre
- Confidential Enquiry Maternal and Child Health
- National Patient Safety Agency
- Royal College of Midwives – General Secretary and other representatives
- Safeguarding practitioners

LSA Midwifery Officer Engagement

LSA Midwifery Officers represent the LSAMO Forum (UK) as members of other forums;

- National Patient Safety Agency
- NMC /LSAMO Strategic Reference Group
- Maternity Matters Advisory Group
- Midwifery 2020
- Midwife Supply Orders working group
- NMC review of Midwives rules and standards steering group

Work of the Forum
The LSAMO Forum (UK) meetings include identifying, developing and progressing future work. Work undertaken by the Forum in 2008/09 included;
Development of new LSA National Guidelines - available at www.midwife.org.uk;

- Role of the Contact Supervisor of Midwives
- Guidance for Supervisors of Midwives on suspension of a midwife from practice
- Guidance for investigation of a midwife's fitness to practise
- Process of appeal, against a decision to suspend a midwife from practice, by the LSA

Publications - available at www.midwife.org.uk

- Local Supervising Authority Midwifery Officers' Forum (UK) Strategic Direction 2008 – 2011
- Modern Supervision in Action (posted to every registered midwife in the UK)
- LSAMO Forum (UK) Strategy Update (May 2009)

LSA National Conference
The LSAMO Forum (UK) held a national UK conference in April 2008, which was attended by 500 Supervisors of Midwives and midwives from LSAs across the UK. The conference was evaluated as excellent, with seminars sharing areas of good practice that had been developed by Supervisors of Midwives. The Strategic Direction for 2008 – 2011 was launched at the conference.

Conference Attendance
The LSAMO Forum (UK) aims to have LSA stands at several high profile conferences each year, in 2008/09 these included;

- LSAMO National UK conference
- International Confederation of Midwives (ICM) conference
- Nursing & Midwifery Council conference
- Student Midwife conference
- Royal College of Midwives conference

The LSAMO Forum (UK) stand at conferences enables numerous midwives and students to meet with LSA Midwifery Officers and ask questions regarding supervision. The stand provides an ideal opportunity for the LSAMOs to distribute a number of printed information documents regarding statutory supervision for the midwives to receive and share with other colleagues within their practice areas.

LSA Annual Audit
The LSA Midwifery Officers have explored different audit methodologies to fulfill the 54 standards from the 'Midwives rules and standards' (NMC 2004). This has enabled LSAMOs to have a portfolio of audit methodologies from which they can implement different approaches to the audit process.

LSA Database
This has been implemented by a number of LSAs over the year and to date there is only one LSA not accessing the database. The database enables consistency of supervision records across the UK and allows seamless transfer from one supervisor to another, as midwives move their area of practice around the UK. It also enables timely and effective notification of Intention to Practise (ITP) forms to the NMC.

LSA Website
This last year has seen the development of the LSA Midwifery Officers' Forum (UK) website www.midwife.org.uk which contains all the LSA national guidelines, other core documents and also provides access to the LSA database.

APPENDIX 13

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	Early adopter site for NHS Institute for Innovation and Improvement to increase normality and reduce Caesarean section rates.
BARNSLEY NHS FOUNDATION TRUST Sue Gibson, Head of Midwifery Email: susangibson@nhs.net	Implementation of the West Midlands Perinatal Institute customised growth charts. Parents Forum commenced in November 2008 to actively seek service user views
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST Julie Walker, Head of Midwifery Email: Julie.walker@bradfordhospitals.nhs.uk	Water births commenced with the profile of it raised by the 9 WTE midwives that commenced in September 2008
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST Helen Shallow, Head of Midwifery/Consultant midwife Email: helen.shallow@cht.nhs.uk	The audited outcomes for women using the Birth Centre are excellent with robust guidelines in place
DONCASTER AND BASSETLAW NHS FOUNDATION TRUST Vivienne Knight, Head of Midwifery Email: Vivienne.Knight@dbh.nhs.uk	There has been some very proactive succession planning for supervisors, which is paying dividends in a much improved supervisor to midwife ratio
HARROGATE AND DISTRICT NHS FOUNDATION TRUST Jan Chaplin, Head of Midwifery Email: janet.chaplin@hdft.nhs.uk	There has been some supervisory contribution to reports about supervisory and midwifery activity for the Trust Board over the last 12 months
HULL AND EAST YORKSHIRE NHS TRUST Karen Thirsk, Head of Midwifery Email: karen.thirsk@hey.nhs.uk	Supervisory involvement in the Yorkshire Medical Emergency Training which is now rolled out to Paramedics
LEEDS TEACHING HOSPITALS NHS TRUST Julie Scarfe, Head of Midwifery Email: Julie.scarfe@leedsth.nhs.uk	All maternity areas on the Leeds General Infirmary site are involved in the NHS Institute for Innovation and Improvement "Productive Ward" initiative. The clinical educator/mentor role to band 5's is an excellent practice point.

MID YORKSHIRE HOSPITALS NHS TRUST Wendy Dodson, Acting Head of Midwifery Email: wendy.dodson@midyorks.nhs.uk	Trust commitment to the good supervisor to midwife ratio and protected time for supervision are evident and could explain the obvious cohesiveness, learning, sharing and support that is evident through the supervisors and midwives responses to the LSA Audit questionnaires
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST Debbie Smith, Head of Midwifery Email: debrah.smith@nlg.nhs.uk	A dedicated room with a dedicated computer and printer for supervisors of midwives.
ROTHERHAM NHS FOUNDATION TRUST Karen Norton, Head of Midwifery Email: karen.norton@rothgen.nhs.uk	Maternity Matters has 4 Supervisors actively involved some as leads.
SCARBOROUGH AND EAST YORKSHIRE NHS TRUST Freya Oliver, Acting Head of Midwifery Email: freya.oliver@acute.sney.nhs.uk	The Trust website was updated with a hyperlink to the LSA web-page so that women, midwives and supervisors can access the LSA guidelines. Guidelines have subsequently been removed from the local supervisory work-space to ensure only the current version is accessible
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST Dotty Watkins, Head of Midwifery Email: dotty.watkins@sth.nhs.uk	Users contribute to the development of local patient information. Users are invited to contribute to clinical initiatives such as the 'Reducing Caesarean Section Toolkit'.
YORK DISTRICT NHS FOUNDATION TRUST Margaret Jackson, Head of Midwifery Email: margaret.jackson@york.nhs.uk	Robust preceptorship for newly qualified midwives on the Labour Ward.

APPENDIX 14

SUPERVISOR, SERVICE USER AND STUDENT SUPERVISORS
LSA AUDITOR WORKSHOP

PROGRAMME

Monday 9th March 2009
9.30 am – 12.30 pm
(I:00pm finish if you are able to join us for a buffet lunch)

at Yorkshire and the Humber Strategic Health Authority, Meeting Room 4, 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 2009/2010 LSA audit visits	
10.05 am	Audit document	
10.20 am	Completing the audit document and feedback	Working Group
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	
12:30pm	Close and evaluation	
1.00 pm	Buffet lunch	

APPENDIX 15

THE LSA YEAR IN BRIEF
APRIL 2008 – MARCH 2009

April 2008

- 49 supervisors of midwives and 10 student supervisors of midwives attended Yorkshire and the Humber supervisors of midwives bi-annual meeting at Woolley Hall.
- LSA National Conference, Nottingham 15 supervisors of midwives, 15 student supervisors of midwives and 3 educationalists attended

May 2008

- 14 supervisors of midwives attended LSA Midwifery Officer/supervisors of midwives network meeting
- SHA Directorate time out day
- 15 contact supervisors of midwives attended Contact Supervisors of Midwives Workshop
- RCM special event at Royal College of Physicians, London

June 2008

- ICM Conference, Glasgow
- 7 prospective supervisors of midwives interviewed and accepted for the Preparation of Supervisors of midwives course commencing September 2008.
- 26 supervisors of midwives and 5 student supervisors of midwives attended LSA Midwifery Officer/supervisors of midwives network meeting
- Informal LSA audit visit to York
- Formal LSA audit visit to Hull & East Yorkshire
- LSA Midwifery Officer attended NMC/LSA SRG meeting, London

July 2008

- New supervisors meeting
- 54 supervisors of midwives attended the Annual Summer Conference, Harrogate
- Healthcare Commission Conference, Birmingham “Delivering the next generation – new thinking on maternity services for managers and commissioners”

August 2008

- Informal LSA audit visit to Harrogate

September 2008

- 40 supervisors of midwives and 4 student supervisors of midwives attended Yorkshire and Northern Lincolnshire supervisors of midwives bi-annual meeting at Woolley Hall
- Preparation of Supervisors of midwives programme commenced at Sheffield University.
- Mentor Preparation Workshop
- Informal LSA audit visit to Calderdale & Huddersfield
- LSA Midwifery Officer presented at NHS Yorkshire and the Humber Acute Sector Patient Safety Network event
- 9 supervisors of midwives and 1 student supervisors of midwives attended LSA Midwifery Officer/supervisors of midwives network meeting

October 2008

- 14 prospective supervisors of midwives interviewed and accepted for the Preparation of Supervisors of midwives course commencing January 2009.
- Yorkshire and the Humber NHS Staff Away Day

- Informal LSA audit visit to Barnsley
- SHA Patient Safety Action Team Time Out
- New supervisors meeting
- LSA Midwifery Officer presented maternity stats at Maternity Matters Implementation meeting

November 2008

- 95 supervisors of midwives attended the 2008 Annual Winter Conference, Harrogate
- Informal LSA audit visit to Airedale
- Informal LSA audit visit to Mid Yorkshire
- NMC Annual Midwifery Conference, Manchester
- 8 independent midwives and 8 liaison supervisors of midwives attended Independent midwife/Liaison supervisors workshop
- 20 supervisors of midwives and 4 student supervisors of midwives attended LSA Midwifery Officer/supervisors of midwives network meeting
- Mentor Preparation Workshop
- SHA Directorate Time Out

December 2008

- Informal LSA audit visit to Rotherham
- LSA Midwifery Officer attended Heads of Midwifery time out day, Harrogate
- LSAMO presented key issues from annual report at Directors of Performance meeting
- LSA Midwifery Officer attended NMC/LSA SRG meeting, London

January 2009

- New supervisors meeting
- Preparation of Supervisors of midwives programme commenced at Leeds University
- Formal LSA audit visit to Leeds
- Formal LSA audit visit to Northern Lincolnshire & Goole
- Aspiring Directors Information Event, Sheffield
- Attended celebration of Leeds University's BFI Certificate of commitment
- Mentor Preparation Workshop
- LSA Midwifery Officer opened the Safer Births Best Practice Kings Fund event
- Steering group for educational resource to support the implementation of the 18-20 week mid-pregnancy scan, London
- Labour Ward Co-ordinators Masterclass, Wakefield

February 2009

- Informal LSA audit visit to Sheffield
- HLSP monitoring visit on behalf of NMC to Sheffield University
- Performance Management of Serious Untoward Incident Investigations event, Bradford
- LSAMO presented on “Accountability”, study day, York University
- LSA Midwife facilitated a second Labour Ward Co-ordinator Masterclass, Wakefield

March 2009

- Formal LSA audit visit to Scarborough
- Informal LSA audit visit to Doncaster & Bassetlaw
- Final day of SoMS September 2007 preparation programme - assessment and submission day
- Implementing Healthy Ambitions Masterclass, Sheffield
- NHS III Networking event
- Maternity Modernisation Forum
- LSA Midwifery Officer attended NMC/LSA SRG meeting, London

Appendix 16

Trusts **Healthcare Commission (2008)** **Midwives / 1000 average = 31 / 1000 births, range 23 to > 40 / 1000**	**LSA 2008 / 09 data** Midwives/1000 (Midwife:birth ratio)	**LSA 2007 / 08 data** Midwives/1000 (Midwife:birth ratio)	**LSA 2006/07 data** Midwives/1000 (Midwife:birth ratio) LSA average 1:32.5)	**HCC 2008 data** (July 2007) Midwives/1000 births MSW/1000 births MSW tasks (HCC max17)
Mid Yorkshire http://www.healthcarecommission.org.uk/_db/_documents/RXFScoredAssessment.pdf	27.2/1000 (1:36.7) ***Position slightly worsened and worse than HCC average*** ***2.7 % increase in births***	27.51/1000 (1:36.35) ***Position worsened and worse than HCC average.*** ***0.84 % increase in births***	27.3/1000 (1:36)	29.34/1000 (MSW 7.002/dels) (MSW tasks 9)
Doncaster http://www.healthcarecommission.org.uk/_db/_documents/RP5ScoredAssessment.pdf	27.4/1000 (1:36.5) ***Position worsened and worse than HCC average.*** ***3.6 % increase in births***	28.50/1000 (1:35.09) ***Position worsened and worse than HCC average.*** ***1.82 % increase in births***	29.92/1000 (1:33.5)	32.12/1000 (D and B) (MSW 8.162/dels) (MSW tasks 15)
York http://www.healthcarecommission.org.uk/_db/_documents/RCBScoredAssessment.pdf	27.8/1000 (1:36) ***Position improved, but worse than HCC average*** ***2.3 % increase in births***	26.95/1000 (1:37.1) ***Position worsened and worse than HCC average.*** ***1.45% increase in births***	28.14/1000 (1:35.4)	29.07/1000 (MSW 6.602/dels) (MSW tasks 11)
Harrogate http://www.healthcarecommission.org.uk/_db/_documents/RCDScoredAssessment.pdf	28.2/1000 (1:35.5) ***Position static and worse than HCC average.*** ***6.8 % increase in births***	28.26/1000 (1:35.39) ***Position worsened and worse than HCC average.*** ***13.32 % increase in births***	27.17/1000 (1:30.9)	33.39/1000 (MSW 5.315/dels) (MSW tasks 9)
Bradford http://www.healthcarecommission.org.uk/_db/_documents/RAEScoredAssessment.pdf	28.7/1000 (1.34.9) ***Position static but worse than HCC average*** ***0.3 % decrease in births***	28.7/1000 (1:34.8) ***Position worsened and worse than HCC average.*** ***1.6 % increase in births***	27.65/1000 (1:36)	27.45/1000 (MSW 7.023/dels) (MSW tasks 11)
Leeds http://www.healthcarecommission.org.uk/_db/_documents/RR8ScoredAssessment.pdf	28.7/1000 (1:34.9) ***Position static and worse than HCC average. 2.9 % increase in births***	28.60/1000 (1:34.97) ***Position worsened and worse than HCC average.*** ***1.09% increase in births***	29.88/1000 (1:33)	27.6/1000 (MSW 4.736/dels) (MSW tasks 13)
Airedale http://www.healthcarecommission.org.uk/_db/_documents/RCFScoredAssessment.pdf	30.3/1000 (1:33) ***Position significantly worsened and slightly worse than HCC average.*** ***4.3% increase in births***	35.06/1000 (1:28.52) ***Position improved and better than HCC average.*** ***4.88% increase in births***	32.66/1000 (1:32)	34.35/1000 (MSW 5.258/dels) (MSW tasks 12)

Calderdale and Huddersfield http://www.healthcarecommission.org.uk/_db/_documents/RWYScoredAssessment.pdf	31/1000 (1:31.8) ***Position improved, but slightly worse than HCC average*** ***2.2 % increase in births***	28.22/1000 (1:35.43) ***Position improved, but still worse than HCC average.*** ***2.71 % increase in births***	25.21/1000 (1:37)	30.26/1000 (MSW 6.734/dels) (MSW tasks 15)
Barnsley http://www.healthcarecommission.org.uk/_db/_documents/RFFScoredAssessment.pdf	31.2/1000 (1:32.1) ***Position improved but slightly worse than HCC average.*** ***4.1% increase in births***	29.53/1000 (1:33.86) ***Position worsened and worse than HCC average.*** ***1.05% increase in births***	30.83/1000 (1:26)	33.58/1000 (MSW 7.44/dels) (MSW tasks 11)
NLAG: http://www.healthcarecommission.org.uk/_db/_documents/RJLScoredAssessment.pdf	31.7/1000 (1:31.5) ***Position worsened but slightly better than HCC average.*** ***0.13% increase in births***	32.59/1000 (1:30.69) ***Position worsened, but better than HCC average.*** ***3.66% decrease in births***	33.33/1000 (1:30)	34.87/1000 (MSW 10.03/dels) (MSW tasks 14)
Sheffield http://www.healthcarecommission.org.uk/_db/_documents/RHQScoredAssessment.pdf	32.8/1000 (1:27.7) ***Position worsened, but better than HCC average. 0.62% decrease in births***	33.77/1000 (1:29.61) ***Position worsened, but better than HCC average.*** ***5.05 % increase in births***	35.39/1000 (1:28)	37.91/1000 (MSW 9.977/dels) (MSW tasks 11)
Hull and East Yorkshire http://www.healthcarecommission.org.uk/_db/_documents/RR8ScoredAssessment.pdf	33/1000 (1:30.3) ***Position worsened but better than HCC average.*** ***2.5 % increase in births***	34.62/1000 (1:28.89) ***Position improved and better than HCC average.*** ***2.61% increase in births***	34.49/1000 (1:29)	36.54/1000 (MSW 8.694/dels) (MSW tasks 16)
Scarborough and East Yorkshire http://www.healthcarecommission.org.uk/_db/_documents/RCCScoredAssessment.pdf	36/1000 (1:27.7) ***Position worsened but better than HCC average 0.72% decrease in births***	40.00/1000 (1:25) ***Position improved and better than HCC average.*** **0.99% increase in births**	36./1000 (1:27.75)	42.51/1000 (MSW 70.03/dels) (MSW tasks 9)
Rotherham http://www.healthcarecommission.org.uk/_db/_documents/RFRScoredAssessment.pdf	36.7/1000 (1:27) ***Position improved slightly and better than HCC average.*** ***0.2 % increase in births***	34.18/1000 (1:29.26) ***Position improved slightly and better than HCC average.*** ***8.39% increase in births***	35.3/1000 (1:30)	35.58/1000 (MSW 17.36/dels) (MSW tasks 14)