Meeting Title:	Public Trust Board **Public Trust Board paper F**					
Date of the Meeting:	11 April 2024					
Title:	Maternity & Neonatal 3 Year Delivery Plan – UHL Progress Report					
Report Presented by:	Julie Hogg, Chief Nurse / Andrew Furlong, Medical Director / Danni Burnett, Director of Midwifery					
Report Written by:	Danni Burnett, Director of Midwifery / Jonathan Cusack, Clinical Director					
Action:	Decision/Approval		Assurance	X	Update	X
Where this report has been discussed previously						
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
Current Clinical Management Group (CMG) risks indicate challenges around workforce and culture, please read this report alongside corporate risks to consider any additional actions and mitigations						
Impact assessment						
N/A						

Purpose of the Report

This paper sets out progress on maternity and neonatal care at UHL since the publication of the NHS 3 Year Delivery Plan for Maternity & Neonatal Services in March 2023.

In addition, the paper will make reference to how we are listening to families plus acknowledges learning outlined by Donna Ockenden within 2 open letters as part of improving maternity services at Nottingham University Hospitals NHS Trust.

Summary

UHL have established a Maternity & Neonatal Safety Improvement Programme which creates a framework for responding to the NHS 3-Year Delivery Plan plus national and local recommendations. Driving continuous quality improvement and listening with intention is paramount to improving outcomes and addressing health inequalities.

This paper will update on the progress being made on recruitment, welcoming 62 neonatal nurses and 70 new midwives with a further 58 midwives in the pipeline. UHL has an extensive programme of quality improvement work and culture initiatives which include proactively seeking insights and feedback from staff and LLR communities to ensure plans are shaped around what matters to people. Examples include implementing a new Telephone Triage system and launching a new Induction of Labour pathway.

Governance structures, care pathways, and leadership models have been refreshed to support sustainable change and promptly responding to learning. Addressing discrimination and racism and making data count are key objectives for UHL which includes working with the Race Health Observatory and the Institute for Health Improvement to better understanding our population and drivers for change.

UHL are committed to ensure that every family receives high quality and safe care which incorporates a positive experience. Making improvements across the maternity and neonatal services is a priority for UHL and we will endeavour to make the necessary and sustainable improvements for our communities and for our staff.

Recommendation

The Board are asked to note the progress, current and future challenges to improving care across maternity and neonatal services.

INTRODUCTION

The NHS is continuing to prioritise making maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. UHL are committed to delivering on the pledges made within the NHS Long Term Plan to improve experience and outcomes, including specific actions to reduce known inequalities.

To strengthen our approach, we are expanding the leadership by appointing a new Chair in Obstetrics with a strong focus on patient safety and safety culture to work alongside a new CMG leadership team now consisting of maternity and neonatal leadership roles which are consistent with national recommendations. The Chair will work alongside the Director of Midwifery and CMG Clinical Director to provide additional advice, scrutiny and challenge to drive the delivery of the maternity and neonatal safety improvement programme.

UHL are developing a new Perinatal Insight Dashboard utilising the data and tools available to enable us to identify issues earlier and act, and we have increased staffing numbers across the maternity and neonatal workforce.

In March 2023, the NHS England Board agreed the Three-Year Delivery Plan for Maternity and Neonatal Services which was published and disseminated for partners to implement. The plan brings together existing national commitments alongside action in response to independent reports on services in East Kent and Shrewsbury and Telford.

In November 2023, and as part of the UHL response to the plan, a UHL Maternity & Neonatal Safety Improvement Programme (MNSIP) was launched working towards ensuring a compassionate partnership with service users for best possible care; sustaining a rewarding, empowering working environment for staff with a positive safety culture; and rigorously implementing local / national guidelines and practice for best possible outcomes.

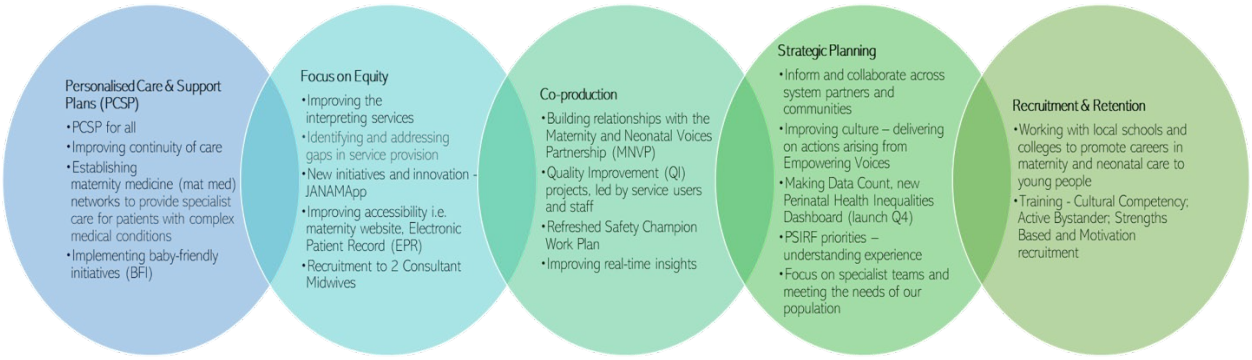
This paper intends to update on the progress against the four themes of the Delivery Plan as part of MNSIP:

1. Listening to and working with women and families with compassion
2. Growing, retaining, and supporting our workforce
3. Developing a culture of safety, learning and support
4. Standards and structures that underpin safer, more personalised, and more equitable care.

LISTENING TO WOMEN AND FAMILIES

The ambition is that women always experience care that is kind and compassionate, that they are listened to, and have equitable access to specialist care.

Below provides a summary of the 5 key areas UHL are prioritising as part of the MNSIP:



Leicester, Leicestershire & Rutland (LLR) Integrated Care Board (ICB) led the procurement process on establishing a new Maternity and Neonatal Voices Partnerships (MNVP) as part of the Local Maternity & Neonatal System (LMNS) to work with families to improve care. The LLR MNVP launched May 2023 and UHL in collaboration with the LMNS programme team have been cocreating a workplan which responds to insights and feedback gathered across the system.

UHL are specifically working with the MNVP on:

- Development of Coproduction Concepts with the aim of using feedback in a structured way to drive improvement.
- Exploring best practice 'User Experience' models and community engagement
- Review and relaunch of the Personalised Care and Support Plans
- Specific Quality Improvement (QI) projects such as Induction of Labour (IOL) and creating a new website.

In October 2023, UHL published a new strategy: Leading in healthcare, trusted in communities. Co-created with colleagues, patients, and partners. UHLs vision focuses on high-quality care, being a great place to work, partnerships for impact, and research and education excellence. The aim is to provide safe, timely and personalised care for all. The overriding vision is that care will be equitable and tailored to needs.

UHL is committed to tackling health inequalities and as part of the LMNS Equity and Equality Plan UHL are also leading of several interventions and initiatives which reflect the needs of the LLR population through:

- Developing plans to implement enhanced midwifery continuity of carer (MCoC) to ensure safe, consistent, and personalised care in the areas of highest need

- Launch of the JanamApp, a culturally and linguistically sensitive resource co-designed with South Asian women
- Pain relief in labour information: posters have been developed with in different languages to provide information about pain relief and epidural analgesia

UHL continue to focus on transforming services to provide the care, including consistent access to:

- **Perinatal Pelvic Health Services** (PPHS): The National Service Specification for PPHS has been published (16 October 2023) and UHL have conducted a scoping exercise of current pathways, estate and referrals have been identified as requiring attention in addition to increasing infrastructure of specialist teams. Training packages are in development and interoperability is being explored. A project manager is in post with specialist posts (midwifery and physiotherapy) being recruited to. Implementation of strengthened service is expected during 2024/2025.
- **East Midlands Maternal Medicine Network**[i]; UHL host and are part of the core team which has been established to monitor and care for women and birthing people who have preexisting medical conditions. The network has a workplan which includes preconceptual services. Multi-disciplinary team meetings are taking place to discuss referrals with specialists, and links are being established with critical care networks.
- A 7-day **Bereavement Service** for maternity services includes obstetric staff and specialist midwives. The team run a weekly clinic and provide continuity of care to women and birthing people who had experienced a previous baby loss. They also provide follow up support to women and birthing people following a baby loss, and offered the support at hospital, a community hub, or in the family home.
- **Perinatal Mental Health** (PMH) UHL are working closely Leicestershire Partnership NHS Trust (LPT) and system partners to refine a detailed workplan focusing on PMH pathways and services. Referrals rates are increasing because of proactive communication campaigns. We have more work to do with partners to respond to this demand.

UHL has been actively collating service user feedback from women on the maternity wards and those that have babies under the care of the Neonatal service (e.g. under Transitional care) to assist with various workstreams within the MNSIP, specifically Workstream 1 (Listening to and Working With Women and Families with Compassion).

WORKFORCE

The ambition of safer, more personalised, and more equitable care can only be delivered by skilled teams with sufficient capacity. The 2023/24 NHS Priorities and Operational Planning Guidance set a key objective to increase fill rates against funded establishment for maternity staff, and trusts are responding. However, NHS maternity and neonatal services in many trusts do not yet have the number of staff they need.

UHL improvement plan has seen **62 nurses join our neonatal team** between March 2022 and February 2024, and **70 midwives** have joined since January 2023, with a **further 58 midwives due to join UHL** by the end of November 2024 This workforce increase has supported the reduction of midwifery vacancies. This includes 22 internationally educated midwives which are now 'in post' (all in the UK with 4 still waiting for their NMC pin).

There has been a focus on supporting the maternity and neonatal workforce and retention of midwives is improving. The number of midwives leaving the profession reduced to 4.2% in December 2023 (below the national rate) and sickness rates have stabilised at 6.5% in September 2023 (registered) compared to a peak of 8.89% in October 2021.

Key roles have supported these improvements including four Recruitment, Retention & Pastoral Midwives for each unit including the community and internationally educated. Professional Midwifery Advocates and Professional Nurse Advocates are in post supporting staff wellbeing and providing restorative clinical supervision. Education and workforce leads are in place and UHL are investing in growing the neonatal leadership roles with 2 new matrons (focusing on workforce and quality improvement).

Actions are being taken to improve timely access to care and increase obstetric capacity through the recruitment of 9 additional specialty doctors (with the aim of increasing out of hours cover in obstetrics and gynaecology) plus 3 new Consultants. Temporary staffing solutions have enabled us to increase obstetric presence whilst the onboarding of specialty doctors commences.

UHL current neonatal medical and nursing workforce does not meet British Association of Perinatal Medicine (BAPM) requirements. However, much progress has been made over the past three years in terms of significant workforce expansion across all tiers of medical staff and enhancing the Advanced Neonatal Nurse Practitioner (ANNP) establishment. The Trust acknowledges a need to work towards the BAPM standard as part of the Maternity and Neonatal Incentive Scheme and to develop the service in line with the recommendations of the neonatal critical care review, so that the Trust can expand its capacity in the coming years. The neonatal service has developed a plan to achieve this standard, which has been approved by the service and CMG. The plan centres on updates to the escalation policy, business cases for expansion of the workforce and changes to the rota. The plan also integrates with the new hospital programme. Progress on this plan will be shared within the Trust and with the LMNS and Neonatal Operational Delivery Network (ODN).

NHS England published the Core Competency Framework during 2023 setting out clear expectations for trusts to address known variation in training and competency assessment across maternity teams. A local training plan is in place for implementation.

BirthRate Plus® was commissioned to undertake a workforce assessment to ensure the right numbers of the right staff are available to provide the best care for women and babies. The final report was received February 2024 and decisions on priorities including workforce growth are currently being explored as part of the Business Case and Planning rounds.

Other significant workforce changes include:

- New Director of Midwifery post (January 2023), increase in the number of Maternity Matron's (June 2023), Safe staffing Matron recruited (April 2024) and safe staffing policy updated (2023/2024), an additional Head of Midwifery (April 2023) and reintroduction of the deputy Head of Midwifery posts (September 2023 and tbc)
- New Head of Operations (January 2024) and recruitment to 2 new deputy Head of Operations (Q4 2023/2024)
- 2 x Lead Midwives for Quality Improvement (August 2023) and 2 new Consultant Midwives (November 2023 and January 2024) with one of the consultant posts focusing inclusivity.
- 2 x Advanced Clinical Practitioners for Midwifery have commenced training (September 2023)
- Active recruitment for 3 x new Consultants plus additional tier of junior doctors in place to support Maternity Assessment Units
- Wide-ranging improvements to leadership, training and colleague recognition.

CULTURE

Everyone to experience a positive working culture where all staff are supported to work with professionalism, kindness, compassion and respect.

UHL have participated in the NHS England Perinatal Culture and Leadership Programme which has been established to support perinatal leadership teams to develop the conditions for a positive culture of safety and continuous improvement. The programme aims to improve the quality of care by enabling leaders to drive change with a better understanding of the relationship between leadership, safety improvement and safety culture.

Since commencing the Chief Nurse and Executive Team has commissioned the Empowering Voices Culture Programme (all staff), Enono Vitality Programme (senior leadership team) and building cohesive teams, raised the profile of the Guardian Service (relaunching a new service November 2023), and implemented of a range of Leadership Courses for clinical and non-clinical staff such as: LEO, RCN, Chief Nurse Fellowship, Connect (Band 7 Team / Ward Leads and Coordinators), and Developing Diverse Leaders. Also, further opportunities to attend external programmes such as Edward Jenner, Mary Seacole, RCM Labour Ward Leaders, CNO Safe Staffing (with UHL presenting and facilitating sessions), MatNeoSIP, and BabyLifeline.

UHL have adopted a Perinatal Quality Surveillance Model, which in essence requires the sharing of intelligence relating to quality from the operational teams to Board level. Board safety champions support the senior leadership team to better understand the local culture. Board-level and operational / clinical safety champions meet regularly with the perinatal quadrumvirate.

UHL has also taken additional actions to address the improvements required around culture:

- Roll out of the NMC/GMC Professional Behaviour & Safety Sessions
- Leading & Launching Strengths-Based & Motivator Profiling and Recruitment (Labour Suite Coordinators, Matrons)

UHL is a participant in Year 5 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) which is operated by NHS Resolution (NHSR) and supports the delivery of safer maternity care. UHL submitted a declaration of full compliance (February 2024) against the 10 out of 10 Safety Actions which is a significant improvement compared to Year 4 (2 out of 10 February 2023).

STANDARDS AND STRUCTURES

To deliver on the ambitions to improve care, maternity and neonatal teams need to be supported by robust standards and structures including best practice, timely access to data, and appropriate digital and estates infrastructure.

Version 3 of the Saving Babies' Lives Care Bundle (SBLCBv3) was published 31 May 2023 setting out best-practice clinical guidance to reduce perinatal mortality and pre-term births. This was accompanied by tools to support implementation. Progress continues to be made on the implementation of SBLCBv3 and following external scrutiny UHL have achieved an overall compliance position of 79% across all 6 elements. The NHS Three-Year Delivery Plan states that it is the responsibility of Trusts to implement version 3 of the Saving Babies' Lives Care Bundle by March 2024, which also aligns with the requirement in Maternity Incentive Scheme Year 5. Recent guidance from NHSE's Midlands Perinatal Team indicates that implementation is an ongoing improvement journey. NHS Resolution have however confirmed that whilst the ambition is to achieve full implementation by end of March 2024, if this is not achieved, there will not be a penalty as such in year 6 but rather Trust's will be required to demonstrate sufficient progress & improvement trajectories towards full implementation. Work is required to achieve 100% compliance across each element with specific focus on the implementation of an inhouse smoking service, establishing a full team for pre-term birth and diabetes, and improving compliance for fresh eye reviews.

To further improve the use of data and insights a new Perinatal Analyst commenced in January 2024 taking the lead on developing a new Perinatal Insight Dashboard. This dashboard is expected to support UHL to improve surveillance using more timely outcome data to identify potential issues earlier for UHL to act on as well as identify the services or pathways needing support. A refreshed perinatal quality surveillance dashboard is now presented to the Board of

Directors and LMNS on a monthly basis. This allows members and the public to overseeing the quality of maternity and neonatal care.

There have been improvements to triage and maternity assessment unit (MAU) including separation of triage and the MAU telephone line (May 2023), full implementation of BSOTS (launched June 2023), and ringfencing of key staffing and planning towards a Single Point of Contact (SPOC). Improvements have been made in addressing delays in care including establishment of Inductions of Labour (IOL) working group and Quality Improvement project. Senior CMG leadership is now onsite 7 days per week to strengthen and support escalation responses as well as recruitment to increase number of maternity coordinators to 24/7.

The launch of the Maternity and Neonatal Safety Improvement Programme (MNSIP) has improved governance and oversight plus UHL have sought external independence to review perinatal mortality plus governance arrangements.

The maternity digital capabilities framework has been nationally developed which has enabled UHL with the support of the LLR ICB to procure an electronic patient record (EPR) systems which is suitable for maternity services. A programme team has been established and roll out of the new EPR system is expected during 2024/2025. In the meantime, UHL continue to optimise current systems through improvements to responding to and documenting ongoing risk including key changes to NerveCentre use in Maternity, live dynamic blood test results list in place for ward areas, digital system in place for early obstetric warning signs, review and update of key guidelines including water birth, caesarean sections, and fetal monitoring.

UHL are part of the New Hospital Programme with the plan to build a new Women's Hospital. Whilst this work is underway it is essential that the current estate and equipment is fit for purpose. Over the last 12months UHL has made improvements to the way the service is run, to reduce delays and improve safety. This includes improvements to our triage systems, daily safety checking of our equipment, and progressing plans to separate the theatre space we use for planned and emergency caesareans at the Leicester General, examples include:

- Progressed with separation of elective and emergency caesarean theatres at the LGH (expected completion Summer 2024)
- Replaced the disposable curtains in all clinical areas and checked that all are in date
- Introduced Daily Assurance Ward Checks integrated into Tactical Calls
- Launched a customised Microsoft Power App developed specifically the Maternity Assessment Unit, Induction of Labour, Telephone Triage, and Antenatal Scanning
- Worked with the Head of Clinical Engineering to develop a work programme to service all medical equipment, 100% compliance achieved by 31 July 2023 with future plan under development for monitoring
- Invested in new IT equipment (laptops, iPads and phones) for staff working in the community and upgraded IT systems and processes
- Progressed a new Maternity Electronic Patient Record (EPR) Options Appraisal and completed the procurement process
- Resolved immediate and logged equipment and estate issues / concerns identified by CQC, working towards actions identified as part of Empowering Voices

OUTCOMES

Make progress on the National Maternity Safety Ambitions to halve the rates of stillbirths, neonatal death, maternal death and brain injury in babies between 2010 and 2025, and to reduce the national rate of pre-term births.

At UHL

- Stillbirth rate fell to 3.86 per 1000 births in 2022 (3.9 nationally) compared to 4.05 per 1000 births in 2017
- Whereas Neonatal mortality has increased to 3.28 per 1000 live births in 2022 compared to 2.18 in 2017

The stillbirth rate has fallen and is now comparable to our peer group rate (within 5% of the peer group average), however the neonatal mortality rate continues to be more than 5% higher than the mean rate for our peer group (both including and excluding congenital anomaly). The demographics in the recent MBRACE report suggest that we have a slightly fewer women >35 years giving birth compared to the national average, and a similar deprivation profile to the national average. The ethnicity of the women giving birth is significantly different to the national average, with a significantly higher proportion of babies of non-white origin in our population (42.5% vs 26.2%). 3.1% of babies have been reported as 'unknown' ethnicity, which is similar to the national average, but a significant improvement compared to previous years' data. UHL did not have any intrapartum stillbirths reported to MBRRACE-UK in 2022 but a higher rate of neonatal deaths due to fetal conditions compared to the national average (8.8% vs 3.9%). These are conditions which have a very high mortality rate (commonly fetal hydrops or cardiac arrhythmias) and for which we take referrals from a wide geographical area.

A new perinatal mortality review lead midwife commenced January 2024. A further peer review of cases is being scheduled with Leeds as well as endeavours to establish a learning consortium with large perinatal centres with associated cardiac and surgical services. UHL are working with NHS England Midlands Public Health colleagues as part of the joint work to further understand the wider determinant of health. Plans are in place to align this to the perinatal insights' dashboard and the work as part of addressing equity. There has been an increase in referrals from neighbouring smaller hospitals and an increasing complexity. UHL is committed to understanding mortality rates in fuller detail and actions are being taken to:

- Fully implement SBLCBv3 reviewing all population groups, identifying any Health inequalities across the six elements
- Working with ODN and perinatal providers to review birth in the right location data across locality and ensure capacity meets demand
- Ensure safe staffing and skill mix across all levels
- Access to a specialist Fetal Medicine Centre and pathways in place to ensure timely referral
- Ensure a multiagency approach linking with public health, perinatal mental health, local authority
- Having oversight of the wider determinants of health such as the diverse range of social, economic and environmental factors which influence people's mental and physical health
- Share learning from patient safety incidents, perinatal mortality reviews, utilising the Preterm Optimisation Dashboard, and informing a comprehensive Quality Improvement Programme of work

The NHS Maternity Services Experience Survey 2023 was published on 9 February 2024. The overall survey returned 575 responses (43% rate), which is slightly above the average of all participant Trusts (41%). Although the response rate was lower than the previous year (49%), the actual number of respondents was higher (299 in 2022). For many questions UHL scored within the median range compared with other Trusts who took part in the survey ('About the same' for 39 questions), with a further fifteen questions returning a below-average response. Overall, the Trust's performance has improved since the 2022 survey, with a statistically significant improvement in four questions, though a decrease in two. UHL performed well with treating

families with respect and dignity (antenatally), involving birth companion (intrapartum), and birth choices. However, areas of decline were noted in the postnatal period.

Efforts are underway to address the themes and insights with focus on the perinatal mental health pathway, communication and involvement, personalised care, and improving the postnatal experience. Actions are embedded within the MNSIP working alongside LMNS and system partners. A LMNS development session took place on 5 March 2024 focusing on experience and engagement and a wider stakeholder event is to be scheduled to agree LLR activities and priorities to drive improvements.

INCREASED SURVEILLANCE

UHL are not part of the national Maternity Safety Support Programme however a Rapid Quality Review Meeting is in place with oversight from LLR ICB and NHS England Midlands Regional Team. This is due to the outcome of the CQC inspection report as part of the targeted inspections of maternity services whereby UHL were issued with a Requires Improvement overall plus a section 29a Warning Notice and Inadequate rating for Safety.

A response plan is in place which has continued to evolve with 248 actions being monitored by the Maternity Assurance Committee (MAC) and the ICB-Led Rapid Quality Review Meeting. 77% of actions have been delivered with 121 (48%) delivered and assured, 72 (29%) have been delivered, not yet assured, and the remaining 55 (23%) are not yet delivered, however have plans in place. Further work is required to monitor and report on the impact of the actions and the progress of the MNSIP.

Ward-level assurance software (MEG) is being progressed to assist with managing maintenance schedules of equipment. The service has also been authorised to use MyKitCheck.com as part of a pilot in delivery suite and NICU in LRI from January 2024. MyKitCheck validates trolley equipment including expiry dates. The equipment has been trialled and is prompting positive feedback from users. Services will proceed with this at pace over the coming two months in line with wider Trust strategy. UHL await the outcome of the CQC inspection into maternity services (focusing on the s29a) on 10/11 January 2024.

CQC found that UHL aligned with emerging themes identified nationally around staffing, culture, personalised care and triage. Actions to address are included withing the MNSIP and associated workstreams.

UHL is making steady progress to recertify compliance with the seven Immediate and Essential Actions set out in the first Ockenden Report and progressing the recommendations of the second report concurrently.

Each action has now been assigned to the most relevant MNIP workstream and progress is reported to MNIP Group and in turn to Maternity Assurance Committee. No actions are marked as ‘off track’ as there are no gaps which denote a significant clinical risk. 68% of the standards and associated evidence are proven to be compliant (formal sign-off pending for assurance of some items). 28% is on track for full compliance assurance (by May 2024).

An independent review of maternity services at Nottingham University Hospitals NHS Trust is underway and letters have been published between the Review Chair and the Trust CEO. To date, 278 clinical reviews have been completed and emerging themes have been identified:

a) **Compassionate Listening and Communication: cases of women and their families not being listened to and their concerns not being taken seriously. Consequently, those families feel that they are unheard.**

Actions Being Taken by Maternity & Neonates
Antenatal Care • Introduction of 'getting to know your baby' classes (free) • Launch of 'call the midwife', QR codes developed for booking form, posters produced and displayed in many different community settings. QR codes produced for maternity website which GPs can provide to newly pregnant women and birthing people Improving Communication • Launch of the ASK ME campaign, posters developed/ displayed in clinical areas for inpatient escalation and 2nd opinion requests. • QI project regarding antenatal risk assessment and care planning documentation (e.g. antenatal passport) • Relaunch personalised care plans and monitor compliance of use; embed the use and review of these at every appointment • Developing resources (website and leaflets) to provide women and birthing with accessible and understandable information to facilitate informed decision making Improving Continuity • Consideration of an antenatal passport where risks and concerns are made clear and highlighted. • To continue to monitor staffing levels with a view of implementing continuity of care when safe to do so • Update information/ content on the maternity website so women and birthing people know what to expect • Focus on continuity models through the health inequalities lens Access to digital information • QR code stickers placed on maternity booklets as a link to up-to-date information • Review of the maternity website with new content to be linked into the LPT website • IM&T lead and digital midwife working towards a new EPR. Business Case has been improved and implementation commencing. Breastfeeding support • UHL has been successful at achieving BFI accreditation at the LGH • Increase in number of peer supporters and open adverts on-going • Introduction of 'getting to know your baby' classes which includes feeding education • 11 o'clock stop on postnatal wards to provide education Staffing • Communication workshops to be scoped • Review the establishment of nursery nurses at each site and the feasibility of having a named delivery suite nursery nurse • Develop poster / infographic regarding different uniforms and roles within maternity Postnatal Experience • Feasibility of partners staying overnight reviewed • Provision of reclining chairs and extended visiting hours including two birth partners. • Scope production of a 'concerns log' that service users can complete whilst they are an inpatient Induction of Labour • Lead Midwife / Obstetrician identified leading a QI project to improve IOL service / pathways / experience, and reducing delays • IOL guidance to include statistics, risks and benefits regarding IOL and that it is accessible for women, birthing people and staff
Actions Being Taken UHL-Wide
• Launched a new Patient Advice and Liaison Service (Q3 2023) to support early resolution • QR scan flyers updated to include information about languages and disseminated to all wards • Sharing Patient Story across Board and Sub Committees

- Programme of Fifteen Steps assessments alongside CMG and LMNS partners
- Work has commenced to review Noise at Night across the wards, part of that is procuring a noise at night pack for each clinical area
- Video has been created titled 'Making your stay safe with us', aimed at patient pre-admission for elective stay regarding promotion of self-care, has now been completed
- Carers Passport and strategy
- Implementation of Call for Concerns
- CMGs working to implement Martha's Rule

b) Discrimination, racism and being treated differently

The LLR maternity equity action plan 2022 to 2027 is aligned to the five strategic priorities relating to health inequalities outlined by NHS England[ii]. Community engagement was key to informing the LLR Maternity Equity Action Plan in addition to an in-depth equality analysis undertaken by the LLR ICB. Several themes relating to race-related disparities are summarised below:

- Gestational diabetes and diabetes is higher in certain ethnic groups (Asian, African and Chinese) across Leicester and Leicestershire
- Maternal obesity is higher in White British, Asian British: Indian and other White Background.
- Premature births are higher within the Black or Black British: Caribbean ethnic group.
- Infant mortality for LLR overall for babies living in the most deprived areas is significantly higher than for those living in the least deprived areas.
- Infant mortality rates for LLR in Asian/Asian British, Black/Black British and babies from other ethnic groups is higher than for White babies.
- User experience: poor for people of Black and Asian ethnicities in the following areas, compared with the national position: time spent on antenatal discussions, involvement in antenatal care, responsive postnatal hospital care. Women reported feeling that they aren't heard or listened to, that services were difficult to access, and information was not explained.

UHL Director of Health Equality and Inclusion and the Consultant Midwives are working together to address racial injustice in maternal outcomes for the people of LLR as well as making recommendations on how to advance the work and the six key areas of intervention:

- Using data to define the problem explicitly and specifically
- Embedding QI methodology as a strategic enabler, working with academic partners to deliver inclusive research
- Confronting and addressing systemic and institutional racism through learning (decolonise midwifery; recognise ethnicity related workplace trauma; embed inclusive leadership; and embed inclusive recruitment and retention)
- Focusing on maternity health and holistic care
- Understanding race-related disparities through cross-sector and inter-disciplinary collaboration
- Amplifying the voice of women, focusing intentionally on black communities

Below provides several examples of activities and interventions in place alongside the work to create a culture of speaking up plus hearing the voices of non-white women and birthing people:

Addressing Language Barriers 30% of the population of Leicester do not speak English as a main language

- Written information is available in translated formats, however UHL recognises that this does not equate to a healthcare conversation in an individual's main language and communities.
- A pilot study was successfully conducted with CardMedic, an app-based interpreting tool to determine if availability of this additional resource would improve the patient and staff experience. This pilot demonstrated that 47% of midwives were able to use the app to relay short and simple instructions, 29% used the app when they didn't have time to access other translation services, and 24% used the app when they could not obtain an interpreter facilitating higher quality care.
- Launch of the Janam App, developed by Prof Angie Doshani, aiming to address language barriers experienced by people of South Asian heritage during pregnancy and the perinatal period. An intuitive, comprehensive, singular information resource to support women in making informed decisions about their perinatal care. The contents are co-designed with patients, community representatives and healthcare professionals (primary and secondary care) based on the most recent evidence, guidelines, and expertise. The app interface supports multiple South Asian languages commonly spoken by the target South Asian patient population (English/Hindi/Punjabi/Urdu/Bengali, and Gujarati). Users can easily switch between languages to access content in their preferred language. The app presents content in the format of visual aids, graphics, and multimedia elements.
- Trust-Wide Interpretation and translation (planned and unplanned attendances) - as part of a standard procurement exercise to renew the supplier of interpretation and translation services a survey of staff was carried out to explore user experiences and gaps in the current service provision. Although largely positive, there were notable instances of interpreters in particular languages being unavailable, difficulty accessing the technology needed and reliance on ad-hoc solutions such as online translation tools which are not validated for healthcare settings.

Addressing Late Booking

Approximately 78% of people who give birth in UHL book prior to 10 weeks. However, on average 57% of Black (African and Caribbean) people booked after 10 weeks' gestation and 34% of those of Asian (Indian, Pakistani and Bangladeshi) ethnicity booked after 10 weeks' between 2021-2023

A clinical project exploring the reasons why people book late for antenatal care is being undertaken at UHL with the support of the Institute for Healthcare Improvement (IHI). The aim of this work is to understand the root causes driving late bookings for care to enable co-design of appropriate solutions to improve early antenatal booking rates for those in the Black population. Partnering with the IHI in this work has enabled a quality improvement, evidence-based approach to this work and has highlighted racial equity work that is imperative to enable sustainable change

Pre-conception Education

Together with local partners and communities, UHL has developed and implemented an education and training programme for new and expectant parents which seeks to raise awareness around infant mortality, embedding neonatal public health messaging within hospital-based care. The STORK programme which stands for, Supportive Training Offering Knowledge and Reassurance aims to narrow the healthcare inequalities experienced by local people living in areas of high deprivation or from non-White groups who are at higher risk of mortality. All parents and families with babies in neonatal services, both in hospital and the community, are offered the opportunity to take part in the programme. The programme seeks to establish behavioural changes amongst new and expectant mothers and their families which will support healthier lifestyles and help to reduce infant mortality. It meets key recommendations around provision of support for parents of preterm and sick babies and for bystander basic life support.

Confronting and addressing systemic and institutional racism through learning

- Decolonise midwifery: A collaborative partnership with the University of Leicester and practice partners clinical practice educators to be established to review current content of

mandatory training for all grades of employees involved in maternity care. The aim is to encourage a greater understanding of the needs of women and families, current and future workforce from all races, ethnicities, cultures and backgrounds while re-constructing education from a global perspective to produce a robust and accurate evidence-based curriculum. This will be achieved by embedding recommendations from the Royal College of Midwives (RCM) Decolonising Midwifery Education Toolkit (RCM, 2023) on recruitment, curriculum, assessments and practice.

- Recognise ethnicity related workplace trauma: Cultural awareness and competency training is prioritised. To learn from Birmingham and Solihull Perinatal services on how they have begun to address ethnicity related barriers to improvement within their services. UHL have commenced the exploration and understanding the heritage of colleagues' names, the meanings these have and how these contribute to a sense of self and even purpose. Though in the early stages of development, this piece of work aims to recognise the trauma of mispronounced, anglicised or changed names and how these impact on the workplace experience and ultimately patient care.
- Embed inclusive leadership: In collaboration with Leicester Partnership Trust (LPT) and the LLR Integrated Care System (ICS), UHL have formed the LLR ICB Nursing, Midwifery & Allied Health Professionals Inclusion leadership group, with a specific maternity representative in the group. This group has been established to promote inclusive recruitment practices free from bias including, but not limited to, embedding diverse interview panels throughout the organisation. There will be a focus on strengths-based recruitment, moving away from traditional recruitment models which are known to adversely impact non-White candidates. Further work of the group will include reviewing Workforce Race Equality Standards (WRES) data and NHS staff survey reports when published to ensure appropriate and impactful responses to discrimination which are aligned to the Trust's broader action plan. Two newly recruited Consultant Midwives with a portfolio for inclusion in maternity care have also recently been recruited and commenced work with the specific remit of improving inclusion in midwifery and tacking health inequalities. The Consultant midwives are also visiting lecturers to the University of Leicester and De Montfort University, strengthening links to research and promoting inclusion in maternity and neonatal research and undergraduate education.
- Embed inclusive recruitment and retention: Over 80% of the midwifery workforce is of White British ethnicity though there has been a notable increase is non-White recruits since 2020. Similarly, 75% of midwifery support staff are white British, though there has been a 9% increase in non-White midwifery support staff between 2019-2023. Given the diversity of the population of Leicester, ensuring that our workforce represents our communities is paramount. A newly established programme to increase international recruitment of midwives with support from NHS England has seen 14 international midwives recruited to UHL in 2023. An Education and Practice Development midwife for international recruitment has been employed to continue to develop this pipeline of recruitment. This midwife liaises closely with the Recruitment, Retention and Pastoral Care team (see below) when midwives join the professional register following a successful conversion programme to sustain support. Sustained outputs from the Empowering Voices programme to address cultural microaggressions and improve cultural competency will support recruitment and retention of non-White colleagues. Unconscious bias training is now mandatory for all registered and non-registered staff.

c) Children with Additional Needs: challenges in navigating the ongoing health and care requirements of babies and children with additional needs and importance of early settlement claims.

Actions Being Taken by Maternity & Neonates
Significant work is underway to improve transition and pathways of care, this includes making data count (understanding our data and ensuring systems are responsive), strengthening

infrastructure and clinical expertise, focusing on personalisation and packages of care which are holistic to family's needs, continuing to build upon neonatal outreach services to support care closer to home, and increasing the utilisation of health passports which aligns into building capability with our digital systems and NerveCentre assessments.

As part of the Trust's safety intelligence discussions, claims scorecard are now visible and there is active triangulation with complaints and incidents. Robust processes are in place with the Claims & Litigation team who are responsible for reporting claims to the Early Notification team at the NHSR.

UHL recognise and acknowledge the significant impact patient safety incidents can have on patients, their families, and carers. From experience families often provide a unique, or different perspective to the circumstances around patient safety incidents, and / or may have different questions or needs to that of our organisation. Getting involvement right with patients and families in how we respond to incidents is crucial, particularly to support improving the services we provide. Part of this involves being open and honest whenever there is a concern about care not being as planned or expected or when a mistake has been made. As well as meeting regulatory and professional requirements for Duty of Candour UHL want to ensure consistent open and transparent families. This is regardless of the level of harm caused by an incident. All patient safety incidents will be reported utilising the Trust incident reporting and management system. Patients, and families as appropriate, will be provided with full details of the patient safety incident and offered support initially by the clinical team involved in their care. Where a PSII for learning is indicated, the investigation must be started as soon as possible after the patient safety incident is identified and should ordinarily be completed within two to three months of their start date. No local Patient Safety Incident should take longer than six months. The time frame for completion will be agreed with those affected by the incident, as part of the setting of terms of reference, if families are willing and able to be involved in that decision. There must be a balance between conducting a thorough investigation, the impact that extended timescales can have on those involved in the incident, and the risk that delayed findings may adversely affect safety or require further checks to ensure they remain relevant. In exceptional circumstances, a longer timeframe may be required for completion and in this case, any extended timeframe should be agreed between UHL and those affected.

Other specific issues have been raised regarding clinical issues being responded to as part of the Review plus clarification on Duty of Candour whereby letters are not routinely being addressed to both parents.

The emerging themes and issues flagged will be included within the UHL MNIP with oversight from the Maternity Assurance Committee.

NEXT STEPS

NHS England reaffirms that 'making sustainable improvements across maternity and neonatal services remains a major priority for NHS'. As reflected nationally, UHL are strengthening the services delivered further through targeted investment, leadership and support for quality and safety improvement. Whilst progress is noted and there are encouraging signs it is recognised that sustainable improvement is critical, and the scale of improvements required will take time.

[i] All providers are part of a commissioned and operational MMN, i.e. all women across the Network footprint (as agreed) are able to access best practice management and care, including access to the specialist MDT (as

commissioned and in line with the Service Specification) at the MMC(s) via the Network's shared pathways and protocols for referral.

[ii] Priority 1: Restore NHS services inclusively
Priority 2: Mitigate against digital exclusion.
Priority 3: Ensure datasets are complete and timely.
Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes.
Priority 5: Strengthen leadership and accountability.