

Southwark Maternity Commission 2023-24

WRITTEN EVIDENCE SUBMISSION:

Guy's & St Thomas NHS Foundation Trust / King's College Hospital NHS Foundation Trust

INTRODUCTION

The Southwark Maternity Commission has three key objectives:

- Assess local inequalities in the access, experience and outcomes for maternity services, specifically for those parents from ethnic minorities and / or socially disadvantaged backgrounds, in particular those from a Black ethnic background.
- Assess the implementation of national recommendations for maternity services to improve access, experience and outcomes and reduce inequalities.
- Identify additional areas for action and improvement for Southwark birthing people as part of the local maternity and neonatal system.

In undertaking its work, the commission will:

- Listen to the views and experiences of local women, birthing people and families.
- Listen to the views of our midwifery and wider workforce that support women, birthing people and families during pregnancy and the early years.
- Review progress on the implementation of national best practice guidelines across local maternity and neonatal services and progress on Local Maternity and Neonatal System (LMNS) wide action plans

In order to support the commission to achieve its aims, we are asking each of our main providers of maternity care for Southwark residents to complete this written evidence submission. This will provide us with a background of how your organisation operates, and allow our Commission panel to form questions, based on your responses. The questions are broken down into the following sections:

1. Organisational practice
2. MBRRACE (2023) recommendations
3. Access
4. Experience
5. Outcomes

If you have any questions, please contact MaternityCommission@southwark.gov.uk

Many thanks for your help in providing information to the Southwark Maternity Commission.

1. ORGANISATIONAL PRACTICE

Keeping informed of national learnings

How does your organisation keep abreast of national learnings (e.g. MBRRACE reports, APPG, NICE guidelines etc.)? (max 250 words)

Following publication of national reports and recommendations the Trust Quality Team and the Maternity Clinical Governance Teams review national guidelines (NICE) and national reports. A gap analysis is carried out to measure compliance and areas for improvement. Learning from national reports (e.g; MBRRACE) is presented and discussed with the wider maternity team during mandatory training sessions and Clinical Governance multidisciplinary meetings. Maternity and neonatal guidelines are updated according to best practice recommendations.

The maternity service reports compliance through the Quality and Performance (Q & P) Board as well as the Trust Risk Assessment Committee (TRAC). We also report to the South East London (SEL) Local Maternity and Neonatal System (LMNS) via the Quality Surveillance Group and the Evelina London Clinical Group Performance Review Meetings and the Clinical Group Clinical Governance meetings.

Regional reporting of maternity and neonatal quality and performance metrics occurs via the London Perinatal Board to measure individual Trust and regional maternity and neonatal safety metric compliance with correlation to national recommendations.

How does your organisation decide which recommendations they will implement and then monitor progress of that implementation? (max 250 words)

All mandated national recommendations are implemented and clinical audit carried out to measure compliance and identify areas for improvement.

Our organisation produces up to date guidelines which are reviewed regularly and if new guidelines are published our maternity Clinical Governance team will oversee the maternity guideline group to update the maternity guidelines.

The Clinical Governance Team and senior maternity leadership team will evaluate national recommendations and align with local feasibility, prioritisation and cost-effectiveness. The maternity service will then audit performance and compliance regularly to demonstrate adherence and quality improvement with improvement actions introduced when needed. This allow us to ensure successful implementation and optimal healthcare outcomes.

Organisational culture

What measures are your organisation taking to ensure equality, diversity and inclusion for your staff? (e.g. ensuring all receive the same opportunities to grow professionally) (max 250 words)

1. **Diverse Recruitment Practices:** Implementing inclusive recruitment strategies to attract candidates from diverse backgrounds, ensuring equal opportunities for all applicants. Maternity recruitment panels must consist of representatives from a global majority background.
2. **Training and Development:** Providing diversity training to employees and management teams to foster understanding, respect, and awareness of different cultures, perspectives, and identities. Additionally, offering professional development opportunities equally to all staff members, irrespective of their background. The maternity service has been highly commended for a Trust Kofoworola Abeni Pratt Fellowship Inclusion Award and is supporting midwives to undertake the Fellowship Programme to enhance EDI initiatives in the workplace and to support professional development.
Bespoke annual mandatory training is provided for all maternity staff by the Maternity Anti-Racism Implementation (ARIA) Group. The Trust maternity service was awarded the Capital Midwife Anti-Racism bronze accreditation, demonstrating commitment to addressing racism in maternity services. The Trust was one of two London Trusts to receive the Capital Midwife Accreditation award.
Another annual maternity training session delivers Equality, Diversity and Inclusion for staff, which supports discussion of issues and supportive programmes for staff.
3. **Supportive Work Environment:** Creating a workplace culture that values and respects diversity by establishing inclusive policies, support networks, and employee resource groups that encourage collaboration and understanding among diverse groups.
4. **Equal Opportunities for Advancement:** Ensuring fair and transparent promotion processes, mentorship programs, and leadership development initiatives that offer equal opportunities for career advancement to all employees. Career clinics are available for staff from the global majority with career pathways and coaching for employees encouraged. A reverse mentoring programme is also available for Trust employees, particularly for those in a leadership or management role.
5. **Regular Diversity Assessments:** Conducting regular assessments or surveys to measure diversity, equity, and inclusion within the organization and using this data to drive improvement initiatives. Workforce Race Equality Standard (WRES) data is used to measure employment of staff in all bandings and roles across the maternity service.
6. **Flexible Policies:** Implementing flexible work arrangements and policies that accommodate diverse needs, such as parental leave, flexible scheduling, and accommodations for disabilities.
7. **Leadership Commitment:** Having visible and committed leadership that champions diversity and inclusion, setting the tone from the top down and holding themselves accountable for creating an inclusive workplace culture.

These measures collectively contribute to fostering an environment where all staff members feel valued, respected, and provided with equal opportunities to thrive personally and professionally regardless of their background.

What efforts are your organisation making to diversify your workforce? (e.g. what hiring and retention policies exist?) (max 250 words)

1. **Inclusive Recruitment Strategies:** Implementing practices to attract a diverse pool of candidates, such as using diverse job boards and using inclusive language in job descriptions.
2. **Diverse Hiring Panels:** Ensuring diverse representation on hiring panels to mitigate bias and provide varied perspectives during the hiring process.
3. **Unbiased Selection Processes:** Implementing blind recruitment techniques (like anonymizing resumes) to focus solely on skills, experience, and qualifications rather than demographic information.
4. **Diversity Training:** Offering training to hiring managers and employees involved in the recruitment process to raise awareness about unconscious bias and foster a more inclusive hiring culture.
5. **Supportive Work Environment:** Creating an inclusive workplace culture that values diversity and provides support networks, mentorship programs, and resources for employees from various backgrounds.
6. **Retention Strategies:** Developing policies that prioritise inclusivity, equity, and career development opportunities for all employees to enhance retention rates across diverse groups within the organization.
7. **Regular Evaluation and Adjustments:** Continuously assessing diversity metrics, analysing retention rates, and seeking feedback from employees to identify areas for improvement and adjust strategies accordingly.

What measures are your organisation taking to ensure equality, diversity and inclusion for your patients? (e.g. staff training on cultural competence, medical implications, such as recognising shock in brown and black skinned patients) (max 250 words)

1. **Cultural Competence Training:** Providing staff with training to enhance cultural competency, ensuring they understand diverse cultural practices, beliefs, and values that may impact healthcare decisions and interactions with patients.
2. **Diverse Representation:** Ensuring diversity among healthcare providers to better reflect the patient population, which can enhance trust and communication between patients and providers.
3. **Language Access:** Offering interpreter services and multilingual staff to facilitate effective communication with patients who may have limited proficiency in the primary language used in the healthcare setting.
4. **Awareness of Medical Implications:** Providing education to healthcare professionals about medical conditions that may present differently based on ethnicity or skin tone, such as recognizing symptoms of certain illnesses or conditions that might manifest differently in diverse patient populations. An example of this is demonstrated by the maternity and neonatal services following the recommendations from the NHS Race and Health Observatory, Review of neonatal assessment and practice in Black, Asian, and minority ethnic newborns.
5. **Health Equity Policies:** Implementing policies that focus on health equity and reduce disparities in healthcare access and outcomes among different demographic groups. (eg: Lambeth Early Action Partnership, LEAP Caseload). The Chair of the Trust Maternity and Neonatal Voices Partnership (MNVP) works collaboratively with the services to improve equity in healthcare provision particularly those who have poorer health outcomes. Co-production of services occurs with the MNVP to implement recommendations from national reviews, such as the Fivetimes More Campaign to improve equity in healthcare for women and babies from a black ethnic background.

6. **Inclusive Healthcare Practices:** Developing inclusive practices that consider the needs of diverse patient groups, including those related to gender identity, sexual orientation, disability, and socioeconomic status.
7. **Patient-Centered Care:** Encouraging a patient-centered approach that respects and integrates patients' cultural beliefs, preferences, and values into their care plans.
8. **Regular Evaluation and Improvement:** Continuously assessing patient satisfaction, healthcare outcomes, and disparities among different groups to identify areas for improvement and adjust practices accordingly.

What measures are your organisation taking to understand and tackle institutional racism and how it operates in your organisation? (e.g. is anti-racism and bias training mandatory for all maternity staff, and how often is this completed?) (max 250 words)

1. **Anti-Racism Training:** Implementing mandatory training sessions for all staff members to raise awareness about institutional racism, unconscious bias, and ways to mitigate their impact. This is done through our PROMPT annual mandatory training.
2. **Policy Reviews and Revisions:** Conducting regular reviews of organizational policies, procedures, and practices to identify and address any systemic biases that may perpetuate institutional racism. This could involve evaluating hiring practices, patient care protocols, and interactions with diverse patient populations.
3. **Diversity Committees or Task Forces:** Establishing committees or task forces dedicated to diversity, equity, and inclusion initiatives. These groups can analyze data, propose changes, and advocate for strategies to address institutional racism within the organization.
4. **Cultural Competence Training:** Offering specialised training programs focused on cultural competence, especially in areas like maternity care, to ensure staff members are equipped to provide inclusive and respectful care to patients from diverse backgrounds. (PROMPT, Fivetimes More and the Maternity Anti-Racism Implementation Advisory Group (ARIA) training).
5. **Regular Assessments and Reporting:** Conducting regular assessments of diversity metrics, such as patient satisfaction, staff composition, and disparities in healthcare outcomes among different racial or ethnic groups. Organizations can use this data to measure progress and identify areas that need improvement. The Maternity and Neonatal Voices Partnership and SEL Local Maternity and Neonatal System (LMNS) works collaboratively with the maternity and neonatal services to assess and discuss views and experiences of women and families from the global majority to inform and improve care.
6. **Promotion of Equity-Centred Policies:** Implementing policies and practices that promote equity and inclusivity, such as ensuring equitable access to resources, opportunities, and healthcare services for all patients regardless of race or ethnicity.
7. **Encouraging Open Dialogue:** Creating a culture that encourages open discussions about racial biases, systemic racism, and their impact within the organization, fostering an environment where staff feel comfortable raising concerns and proposing solutions. Multidisciplinary discussions during annual mandatory training sessions regarding racism, unconscious bias and reducing inequalities in healthcare.

Working with others to improve non-health factors that affect your patients' health

How do you work with and learn from other organisations to address the impacts of wider non-health factors affecting the health of your patients? (e.g. Housing status, income maximisation, employment issues) (max 250 words)

1. **Partnerships and Collaborations:** Engaging with community organisations, government agencies, non-profits (NCB and Big Lottery, and social service providers to form partnerships). These collaborations allow for a more holistic approach to address social determinants of health (SDOH) like housing, income, and employment.
2. **Referral Networks:** Establishing referral networks or integrated care models that connect healthcare providers with social service agencies. This enables seamless referrals for patients requiring support with housing, income assistance, job training, or other social needs through specialist safeguarding midwives.
3. **Data Sharing and Analysis:** Sharing anonymised patient data (in compliance with privacy regulations) between healthcare organisations and social service providers to identify trends, gaps, and areas needing intervention related to social determinants of health.
4. **Care Coordination and Case Management:** Implementing care coordination programs that involve case managers or social workers within healthcare settings. These professionals work directly with patients to assess social needs, provide resources, and coordinate access to social services.
5. **Advocacy and Policy Initiatives:** Collaborating with other organizations to advocate for policy changes that address systemic issues impacting social determinants of health, such as affordable housing policies, living wage initiatives, or employment support programs.
6. **Community Outreach and Education:** Conducting community outreach programs to educate patients about available resources and how to access support for issues like housing stability, financial assistance, or job training programs.
7. **Cross-Sector Training and Workshops:** Offering training sessions or workshops that bring together healthcare professionals, social service providers, and community advocates to share knowledge, best practices, and strategies for addressing social determinants of health collectively.

What training do maternity staff receive in identifying these wider issues in patients and signposting appropriately? (max 250 words)

1. **Social Determinants of Health (SDOH) Awareness:** Training to understand how social factors such as socioeconomic status, housing, education, employment, and access to resources can influence maternal health outcomes. This includes recognising signs or indicators of these issues during patient interactions.
2. **Cultural Competence and Diversity Training:** Learning about cultural diversity and sensitivity, enabling staff to provide care that respects and aligns with various cultural beliefs, practices, and preferences of diverse patient populations.
3. **Effective Communication Skills:** Training on active listening and effective communication techniques that allow maternity staff to engage with patients, understand their needs, and discuss sensitive issues related to social determinants of health.
4. **Screening Tools and Assessment Techniques:** Education on using standardized screening tools or assessment methods to identify patients who might be at risk due to social determinants. This aids in early identification and intervention.
5. **Referral Procedures and Resource Awareness:** Understanding available community resources, social service agencies, and referral pathways to appropriately guide and support patients facing challenges related to housing, financial issues, mental health, substance abuse, or other social needs.

6. **Ethical and Legal Considerations:** Education on the ethical and legal aspects of addressing social determinants of health, including patient confidentiality, consent, and appropriate documentation of social issues in patient records.
7. **Continuing Education and Updates:** Continuous learning and updates on new developments, resources, or changes in policies and services that impact the referral and support systems available to patients.

What roles in governance do organisations such as Maternal and Neonatal Voices Partnership (MNVP) and local groups working on black maternal health have? How are their voices and expertise used?

1. **Advocacy and Policy Influence:** Our local MNVPs, advocate for policies that address disparities in maternal healthcare, especially concerning black maternal health. Our Trust MNVP co-wrote the Five times more report and co-chairs the group and work with lawmakers, healthcare institutions, and government bodies to push for legislative changes aimed at improving care and outcomes for black mothers and infants.
2. **Community Engagement and Education:** MNVP and local groups often engage with communities, raising awareness about issues related to black maternal health. They provide education, resources, and support to empower individuals to understand their rights, access healthcare services, and advocate for improved care. The SEL LMNS and the maternity service have successfully piloted information wallets (which hold a women's hand held maternity notes), for women from the global majority to provide information to raise awareness and empower women and birthing people.
3. **Collaboration and Partnerships:** MNVP and local groups collaborate with healthcare providers, policymakers, researchers, and community leaders to foster partnerships. They contribute their expertise, lived experiences, and perspectives to these collaborations, ensuring that diverse voices are heard and considered in decision-making processes.
4. **Advisory and Consultative Roles:** These organizations may serve in advisory or consultative capacities, offering guidance and recommendations to healthcare institutions, government agencies, and other stakeholders on strategies to address racial disparities in maternal healthcare.

Making best use of data

How do you use quantitative and qualitative data to improve your understanding of who is and who isn't taking up services? What reasons have you identified, and what would help resolve these? (max 250 words)

1. **Quantitative Data Collection:**
 - **Demographic Analysis:** Analyzing demographic data to understand who is using services and identifying any disparities among different groups based on factors like race, ethnicity, income, index of deprivation or geographic location.
 - **Utilization Rates:** Examining service utilization rates to identify patterns and discrepancies in service uptake among various demographic groups.
 - **Trend Analysis:** Tracking trends over time to identify changes in service uptake and exploring potential reasons behind these shifts.
2. **Qualitative Data Collection:**

- **Surveys and Interviews:** Conducting surveys or interviews with service users to gather qualitative insights. Exploring reasons behind service utilisation patterns, including barriers or challenges faced in accessing services.
 - **Focus Groups:** Organizing focus group discussions to delve deeper into specific issues affecting service uptake, allowing for nuanced understanding through group interactions.
3. **Data Integration and Analysis:**
- **Comparative Analysis:** Integrating both quantitative and qualitative data to gain a comprehensive understanding. This approach can reveal nuanced insights by triangulating information from different sources.
 - **Identifying Root Causes:** Analyzing both types of data to pinpoint underlying reasons for disparities in service uptake, such as cultural barriers, lack of awareness, accessibility issues, stigma, or systemic biases.
4. **Actionable Insights and Solutions:**
- **Developing Strategies:** Using insights gained from data analysis to devise targeted strategies and interventions aimed at addressing identified barriers. This might involve community outreach, improving accessibility, cultural competence training, or policy changes.
 - **Continuous Evaluation:** Implementing changes and continuously evaluating their impact through ongoing data collection and analysis to assess the effectiveness of interventions. This iterative process helps in refining strategies over time.
5. **Collaboration and Engagement:**
- **Engaging Stakeholders:** Involving stakeholders, including service users, community members, healthcare providers, and policymakers, in discussions to develop and implement solutions collaboratively.

Regulation of maternity services

How have you taken forwards recommendations for improvement made in your most recent Care Quality Commission inspection report?

1. **Review and Analysis:** After receiving the CQC inspection report, the directorate management team, carefully reviewed the findings, recommendations, and areas for improvement highlighted by the CQC inspectors. Specific areas for improvement include:
 - i) Accessibility and timeliness of medical review in the Maternity Triage/Maternity Assessment Unit (MAU), and improvement of MAU facilities. A business case is in progress with the aim of improving the MAU environment and facilities and a review of midwifery and medical staffing levels.
 - ii) Recruitment and retention of midwifery and obstetric staff. A pro-active recruitment and retention action plan has been successfully implemented with reductions in staff vacancies and improved retention of staff from 2022 to 2023.
2. **Action Plan Development:** Based on the identified recommendations, the organisation developed a comprehensive action plan outlining specific steps, timelines, responsibilities, and resources required to address the highlighted issues.
3. **Implementation of Changes:** The organisation implements the action plan, making necessary changes and improvements in line with the recommendations provided by the CQC. This involved staff training, policy revisions, infrastructure enhancements, or process modifications.

4. **Monitoring and Evaluation:** Continuous monitoring and evaluation of implemented changes are crucial. The organisation tracks progress, assesses the effectiveness of interventions, and measures outcomes against the recommendations to ensure they're addressing the identified areas for improvement.
5. **Documentation and Reporting:** Throughout the process, the organisation maintains detailed records of actions taken in response to CQC recommendations. This documentation serves as evidence of compliance and progress made towards addressing the identified issues.
6. **Engagement with CQC:** Some organisations may engage with the CQC to provide updates on the progress made in addressing the recommendations. This can include submitting reports or evidence of improvements achieved.
7. **Continuous Improvement:** Even after addressing specific recommendations, organisations have adopted a culture of continuous improvement, striving to enhance services and standards beyond compliance with CQC regulations.

2. MBRRACE RECOMMENDATIONS (2023)

“Saving Lives, Improving Mothers’ Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21” – the MBRRACE 2023 Report. It highlighted that when deaths due to COVID-19 in 2020 and 2021 were excluded, maternal death rates were very similar over the last 2 reporting periods (2016-2018 and 2019-21), which suggests that an even greater focus on implementation of the recommendations of these reports is needed to achieve a reduction in maternal deaths (and morbidity).

How are you considering and addressing the recommendations made by the MBRRACE 2023 Report?

What processes do your organisation already have in place to consider the recommendations?(max 250 words)

1. **Policy Review:** The guideline and governance group to review existing policies and guidelines in light of this report's recommendations.
2. **Implementation of Best Practices:** The directorate adopts new best practices recommended in the report, such as improved protocols for maternity care, training for healthcare professionals, or changes in procedures.
3. **Resource Allocation:** Allocating resources, such as funding for an obstetric procedure room and third operating theatre, technology (central fetal heart monitoring), staffing, and training, to areas identified for improvement based on the report's findings.
4. **Education and Training:** Providing additional education (e.g; Prompt, emergency skills drills and fetal wellbeing multidisciplinary training to ensure maternity staff are aware of and can implement recommended MBRRACE practices effectively.
5. **Public Awareness Campaigns:** Launching public awareness campaigns to inform pregnant individuals, families, and the general public about ways to reduce risks associated with maternal and perinatal health (e.g; smoking cessation).
6. **Continuous Monitoring and Evaluation:** Establishing systems to monitor progress and evaluate the effectiveness of interventions implemented based on the report's recommendations. Continuous analysis of safety data metrics occurs and is reviewed on a monthly basis in the form of a clinical performance dashboard and analysis at both Trust and system level via the SEL LMNS and quarterly by the London Perinatal Surveillance Committee.

7. Collaboration and Partnerships: Collaborating with stakeholders, healthcare professionals, researchers, and community organizations to ensure a comprehensive approach to implementing changes and addressing issues highlighted in the report. For example; the maternity service is the central hub for the South East London maternal medicine network and provides outreach maternal medicine services as well as leading the network across the region to provide evidence based maternal medicine services for women with complex medical disorders receiving maternity care. The maternity service also works in collaboration with the King's Health Partnership to lead clinical research with women's health having the second largest research portfolio within the Trust.

How is your organisation planning to implement the recommendations? (max 250 words)

1. Review and Analysis: We will thoroughly review the MBRRACE 2023 report to understand the specific recommendations, insights, and areas for improvement identified within our scope of influence.

2. Stakeholder Engagement: Engaging with relevant stakeholders including healthcare professionals, policymakers, community organizations, and affected individuals to gather diverse perspectives and insights.

3. Actionable Plans: Based on the report's recommendations, we will develop gap analysis and clear and actionable plans outlining steps to be taken, timelines, responsible parties, and resource requirements.

4. Implementation Strategies: Implementing changes in healthcare protocols, training programs, policy revisions, resource allocation, and technology enhancements as necessary to align with the report's recommendations.

5. Monitoring and Evaluation: Establishing mechanisms for ongoing monitoring and evaluation to track progress, assess the effectiveness of implemented changes, and make necessary adjustments.

6. Collaboration and Communication: Collaborating with other relevant organizations, Kings College Hospital, SEL LMNS, King's Health Partners, Health Safety Investigation Branch (HSIB) and service user charities and stakeholders to share best practices, insights, and lessons learned in implementing the MBRRACE 2023 recommendations.

In particular, what steps are you taking / have taken to promote the key messages for women and their families as outlined in the [MBRRACE 2023 Lay Summary](#)? (eg Raising awareness around sepsis, mental health, FiveXMore Six Steps)

- 1. Understand the Lay Summary:** Familiarise yourself thoroughly with the key messages and findings in the MBRRACE lay summary. Ensure a clear understanding of the content, its significance, and its implications for the target audience of all those who work at GSTFT Women's health. SEL Maternal Medicine Network provided and circulated news letter to all who work with birthing people. Infographic one-page summary has been produced and circulated to all.
- 2. Identify Target Audience:** Determine the primary audience for the messages. This included policymakers (commissioners, healthcare professionals, expectant parents,

the general public, or specific communities affected by the report's findings with plans to visit mosques and churches to further distil the message.

3. **Craft Key Messages:** The message have been distilled into infographics with clear pictures, concise, easy to understand key messages, simple and relevant to all. Maternity staff receive annual mandatory training which incorporates MBRRACE findings to ensure staff have the evidence based knowledge to implement recommendations.
4. **Choose Communication Channels:** Select appropriate communication channels to disseminate the key messages. This could involve a mix of mediums such as:
 - Social Media: Utilise platforms like Twitter, Facebook, LinkedIn, and Instagram to share key findings, infographics, or short videos.
 - Website/Blog: Create dedicated sections on websites or blogs to publish detailed information and summaries.
 - Press Releases: Issue press releases to reach traditional media outlets such as newspapers, TV, and radio.
 - Email Newsletters: If applicable, distribute newsletters to stakeholders, professionals, or interested parties.
 - Webinars/Workshops: Organize virtual or physical events to present findings and engage with the audience directly.
5. **Collaborate with Stakeholders:** Engage with relevant stakeholders including SEL LMNS and SEL Integrated Care Board, healthcare organisations, advocacy groups, professional associations, and government bodies. Collaborate to amplify the message through their networks and channels.
6. **Create Engaging Content:** Develop engaging content that resonates with the target audience. This might include compelling visuals, testimonials, case studies, and real-life stories to emphasize the importance of the findings.
7. **Use Infographics and Visuals:** Summarize complex information into easily digestible infographics, charts, and visuals. These help convey information quickly and effectively across various platforms.
8. **Encourage Discussion and Feedback:** Create spaces for discussions, forums, or Q&A sessions where people can ask questions, share their thoughts, and provide feedback. Engaging in dialogue helps clarify any misconceptions and reinforces key messages.
9. **Monitor and Evaluate:** Continuously monitor the impact of your communication efforts. Track metrics such as website traffic, social media engagement, media coverage, and audience feedback to assess the reach and effectiveness of your messages.
10. **Sustain Communication:** Maintain momentum by consistently reinforcing key messages over time. Use follow-up communications, updates, or related content to keep the topic relevant.
11. **Adapt and Evolve:** Be prepared to adapt strategies based on horizon scanning for best practice examples and policy recommendations, feedback from all stakeholders, audience response, or changes in the landscape. Flexibility and responsiveness are crucial in effective communication campaigns.

3. ACCESS TO MATERNITY CARE

Early access:

NICE recommends that all women and people are supported to access antenatal care by ten weeks of pregnancy. (NICE, 2021)

How successfully is your organisation achieving this? (max 250 words)

The maternity service was achieving the target set by NHS England Antenatal and Newborn Screening Committee with women and birthing people booked by 10 weeks of pregnancy and booked by 12 weeks of pregnancy. Women are able to self-refer for their maternity care which is known to improve the timeliness of the referral process. Alternatively, women and birthing people can be referred by their GP for maternity care.

The self-referral form is accessible on the maternity pages of the Trust website with the option of 12 different languages to improve accessibility and information when English is not the first language used.

A recent reduction in women being booked for maternity care by 10 weeks of pregnancy has occurred since October 2023 following the implementation of the new Trust patient information system- Epic. This is being closely monitored to resolve administration pathways within the Epic electronic system. Additional resources have been mobilised to reduce the backlog of antenatal booking appointments and follow up antenatal appointments. Work is underway to reduce the waiting times for antenatal appointments, but needs to be sustained. Due to the clinical risk in delayed appointments for maternity care daily triage of waiting lists is in place to reduce the risk of missed opportunities for antenatal screening uptake.

Where do you find you are encountering difficulties? (max 250 words)

We are encountering problems at the administrative level where we are attempting to book patients on to our electronic records system and then triage them to the correct midwifery clinics to offer antenatal screening tests including the combined test, to screen for chromosomal abnormalities. The delay in appointment times is being resolved, but needs to be sustained.

Adequate provision of pre-conception or early pregnancy information in more languages would benefit a greater number of women if this were to be available in the primary care setting, via G.P's, pharmacists or electronic platforms such as NHS websites and via social media.

What could help you to achieve this more effectively? (max 250 words)

We have already started to see a positive shift in resolving the backlog of antenatal booking appointments, as we have now recruited administrative support from our wider team as well as advertised for full time administrative staff to address this problem in the medium and long term. We are beginning to see the problem being resolved with increased resource and optimisation of the new electronic patient information system.

Improved communications between stakeholders with public health information easily accessible to all women in different languages and formats would improve information and health outcomes for all women and birthing people.

Maternity digital care records:

By 2023/24, all women will be able to access their maternity notes and information through their smart phones or other devices. (NHS Long Term Plan, 2019)

How successfully is your organisation achieving this? (max 250 words)

Our organisation has successfully launched a major Trust wide IT system call EPIC. This is now at stabilisation stage. The system communicates directly with patients, including access to their results. The women are able to access all their results electronically through their maternity record APP by signing up to their Epic electronic patient record accessible via a mobile phone.

The Trust is reviewing digital exclusion for some to improve personal access to records and information within the Epic system.

Where do you find you are encountering difficulties? (max 250 words)

Currently the EPIC IT system has been launched with minimal harm noted. Out labour wards, our theatres, our postnatal wards all are operating well. The two areas requiring optimisation are:

1. Booking appointments and follow up outpatient clinics and outcoming the patients after the consultation
2. Extracting electronic data for external/ internal reports

What could help you to achieve this more effectively? (max 250 words)

The maternity team are working with the Trust business intelligence team to ensure the maternity and neonatal reporting pathways are meeting internal and external reporting compliance standards since the implementation of the Epic electronic patient system.

Previously the maternity service used a different maternity records system called Badgernet, which provided a complete personalised record and accessibility of information for women and birthing people. The Epic, My Chart, hand held record needs to improve to provide the same level of information for women.

By having floor workers/digital champions in the outpatient clinics and encouraging super users to support in the clinics to improve data entry and navigation of the Epic system and implementation of optimisation strategies.

Regional collaboration to improve accessibility of information regarding maternity and neonatal care would be beneficial and standardise information provided and improve equity in care.

Postnatal care:

Improve access to postnatal physiotherapy to support women who need it to recover from birth. Women should also have access to their midwife as they require after having had their baby. Maternity services should ensure smooth transition between midwife, obstetric and neonatal care, and ongoing care in the community from their GP and health visitor.
(NHS Long Term Plan, 2019)

How successfully is your organisation achieving this? (max 250 words)

1. Pelvic Health

The maternity service hosts the SEL regional pelvic health lead midwife post to improve care for women experiencing pelvic health issues, particularly in relation to childbirth. Women and birthing people are referred for physiotherapy care prior during pregnancy or in the postnatal period working collaboratively with the Trust Uro-gynaecology team to improve pelvic health for women. Physiotherapists also review women's pelvic health within the postnatal and birth centres prior to discharge home with information provided to women to improve pelvic health following childbirth. Follow up obstetric physiotherapy care is also available in outpatient clinics when women are discharged home. The SEL Trusts and LMNS have received a

Royal College of Midwives award in 2023 in the Partnership and Teamworking category for successful implementation of the Pelvic Health national transformation initiative.

2. Team Midwifery

Women and birthing people are cared for by teams of midwives who work in the hospital and community settings to provide antenatal, intrapartum and postnatal care.

Community midwives work in teams in geographical areas of Southwark and Lambeth to provide antenatal care during pregnancy, intrapartum care for women who birth in their home and postnatal care to women following their baby's birth. Midwives are based in community hubs and provide postnatal care to women and babies in clinics or at home on average for 10 days following the birth, but may provide care up to 28 days depending upon the needs of the woman and baby(s).

Midwives work collaboratively with Health Visitors, GP's and NHS public health services to share postnatal maternity and neonatal care, which is also shared with the neonatal, midwifery, obstetric, obstetric medicine, physiotherapy and anaesthetic teams within the maternity service at the St Thomas' Hospital site when more acute postnatal care is needed. In addition midwives work with the Local Authorities to provide health promotion care, safeguarding services and liaise regarding social issues such as housing.

Maternity and neonatal care records are shared with Health Visitors and G.P's to communicate the woman and baby(s) health care needs following transfer of maternity care to primary care teams.

3. Neonatal Care

The midwifery and obstetric teams work closely with the fetal medicine and neonatal services to plan care for babies and to provide the recommended level of neonatal care for a baby who is well at birth to those babies requiring specialist neonatal intensive care. This includes babies who require specialist paediatric services such as cardiac care and cardiac surgery, with collaborative care provided between the Evelina Children's Hospital and Royal Brompton Hospital, who all form the Trust Evelina London Women's and Children's Clinical Group.

Where do you find you are encountering difficulties? (max 250 words)

Access to sufficient community space to provide antenatal and postnatal clinics is a significant restricting factor in providing optimum maternity care for women and babies. Cost of renting space is prohibitively high and a collaborative approach to provision of community based services would improve accessibility of care in the community, particularly for women and babies who are disproportionately disadvantaged due to lack of equity in care.

Infant feeding support is not equitable in the community settings between Lambeth and Southwark which has a negative impact upon health outcomes for women and babies, in particular regarding breastfeeding support.

Driving restrictions across London roads, including Southwark and Lambeth have affected community midwives being able to access women's homes for both planned and emergency care, such as home births. There can be a delay in arrival time from the midwife being called to attend a home birth to arrival time, as restrictions in driving down some roads has created increased traffic congestion and midwives are not able to bypass this as are not classed as an emergency vehicle, but are providing emergency care within the woman and baby's home.

Improved translation services in the community for both written, visual and verbal communication would also improve care for women, birthing people and families whose first language is not English and require translation services.

An increase in women and families reporting housing difficulties, including homelessness, is proving increasingly difficult to support with women and babies being well for discharge home from hospital having delayed discharges due to inadequate housing. This also impacts upon the bed availability for other women and babies which has a negative effect upon care for others due to delayed discharge from hospital when there are housing issues.

There is also an increase in delays in discharge for women and babies from hospital due to an increased time for legal proceedings to take place when safeguarding issues require a court hearing to provide adequate safeguarding protection for a woman and/or her baby.

What could help you to achieve this more effectively? (max 250 words)

Access to more community space where antenatal and postnatal care can be provided. Ideally in a multi-agency hub such as Children's Centres or G.P surgeries to enhance collaboration of care.

Driving restrictions across London roads, including Southwark and Lambeth have affected community midwives being able to access women's homes for both planned and emergency care, such as home births. If midwives had permission for their vehicle to be classed as an emergency vehicle with access to restricted roads this would improve delays and response times to attend a women's home.

Increased infant feeding support in Southwark, particularly to support women in breastfeeding their baby(s) as this is known to positively improve health for both women and babies.

Pre-conception through to the postnatal period requires improved translation of information for women and families, which should be easily accessible and produced collaboratively with community groups.

Increased support from the Local Authority housing and homeless peoples teams would assist clinicians provided maternity and neonatal care to focus time spent in supporting medical and psychological care rather than the amount of time which is now spent in liaising regarding housing issues. This would also improve delays in discharge from hospital.

Language:

A large proportion of birthing people in Southwark do not speak English as a first language or do not have access to digital services, meaning they don't always receive the information they need. The South East London LMNS Equity and Equality Strategy established the need to review the information currently provided to birthing people across the system, gather information on the most spoken languages across the boroughs and providers, and work together with birthing people to create information that works for them. *(SEL LMNS Equity and Equality Strategy, 2023)*

How successfully is your organisation achieving this? (max 250 words)

The maternity service uses either face to face translation services, or a virtual interpreter support system which is very effective by using a mobile computer system that allows a virtual translation of all the languages, including British Sign Language, and it can be used by women and families with clinicians seeing the interpreters face virtually on an IPAD screen. The virtual interpreting service is also available via a mobile phone APP in the community, for use in clinics or within the home.

Where do you find you are encountering difficulties? (max 250 words)

Since the virtual translation system has been commissioned by the maternity service, we have not encountered any problems from using the interpreter service. The advantage of this virtual service is that translation services are easily accessible 24/7 which is particularly helpful in maternity care when women and families may attend at any time of day or night for care.

Information available in different languages either in written format or virtually, particularly prior to or during early pregnancy, could be enhanced to improve equity of care and thereby health outcomes.

What could help you to achieve this more effectively? (max 250 words)

Communication of information generally can be improved as there needs to be more visual illustrations, such as use of information films with sub-titles and digital and written communication more readily available in community settings where women and birthing people have access such as in homes, community centres, faith centres, local pharmacies, G'P surgeries and via digital platforms for those who have digital access.

4. EXPERIENCE OF MATERNITY CARE

Continuity of Carer:

By March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and postnatally. This will be targeted towards women from black and minority ethnic groups and those living in deprived areas, for whom midwifery-led continuity of carer is linked to significant improvements in clinical outcomes.

A target of 75% of women from these groups to be receiving continuity of care by 2024 was set out in the NHS Long Term Plan. (*Better Births, 2016; NHS Long Term Plan, 2019*)

How successfully is your organisation achieving this? (max 250 words)

Providing midwifery continuity of carer has been challenged during the pandemic due to staffing issues, but the maternity service has maintained continuity of carer for women requiring specialist obstetric and midwifery services during pregnancy and postnatally. This includes women from the global majority and those living in areas of deprivation.

Continuity of midwifery carer during a woman's labour and baby's birth is more challenging to achieve, but is supported for some women by midwifery teams offering care for home and hospital births.

Where do you find you are encountering difficulties? (max 250 words)

Recruitment and retention of midwives has improved, but to provide an enhancement for midwives to work in a continuity of carer model, which also includes intrapartum care for labour and birth, with increased demands on midwives work-life balance this model of care should receive an enhanced rate of pay which is not factored into maternity budgets currently.

What could help you to achieve this more effectively? (max 250 words)

Ring fenced funding for midwifery models to increase continuity of carer from central funds.

Improved access to community based space to increase numbers of clinics and health promotion activities in multi-agency hubs.

Improved transport facilities such as more hire pool cars and access to restricted roads to provide more effective and sustainable midwifery care in an inner London setting.

Personalised care:

Everyone woman should develop a personalised care plan, with her midwife and other health professionals, which sets out decisions about her care. Women should also be able to choose the provider of their antenatal, intrapartum and postnatal care and where they would prefer to give birth. (*Better Births, 2016*)

How successfully is your organisation achieving this? (max 250 words)

All women discuss their preferences with recommendations for their care with midwives and obstetricians from booking for antenatal care in early pregnancy through to transfer of care to the Health Visitor and G.P. Plans of care are agreed with women and adjusted according to care needs and the womans wishes. This includes personalised care plans for women who request care which is not recommended within local and national guidance to ensure women feel listened to and supported and receive care which is as safe as possible.

All women can self-refer to the maternity service and choose which NHS Trust they would like to receive care from. The maternity service offers all birth options to women, which includes birth at home with experienced community midwives, birth in the alongside Home from Home Birth Centre at St Thomas' Hospital and birth with the medical and midwifery teams in the Hospital Birth Centre at St Thomas' Hospital.

Women who responded to the 2023 CQC National Maternity Survey reported higher levels of choice being offered regarding birth place choices compared to the national average of other maternity services in England.

Where do you find you are encountering difficulties? (max 250 words)

Personalised care is generally being met, but improved multi-agency liaison would improve this further.

What could help you to achieve this more effectively? (max 250 words)

Improved listening events with women and families involving maternity services and relevant agencies would also enhance personalised care, particularly to ensure feedback is heard from the global majority and those groups disproportionately affected by equity in healthcare. There have been some SEL listening events and surveys commissioned, but results are awaited to strengthen care provision where needed.

Neonatal critical care:

From 2021/22, care coordinators will work with families within each of the clinical neonatal networks across England to support families to become more involved in the care of their baby and invest in improved parental accommodation. *(NHS Long Term Plan, 2019)*

How successfully is your organisation achieving this? (max 250 words)

Care Coordinators are in place to support families, but parental accommodation is very restricted due to the estate available, both within the St Thomas' Hospital site and externally within the local community.

Increased accommodation for parents within close proximity to the hospital and neonatal unit would significantly enhance the experience of families. Particularly as some families may live a distance from the hospital.

Where do you find you are encountering difficulties? (max 250 words)

Limited estate and cost of renting accommodation for families outside of the hospital grounds is the limiting factor.

What could help you to achieve this more effectively? (max 250 words)

Collaboration with the Local Authority to provide appropriate accommodation within easy access to the neonatal unit for parents.

5. OUTCOMES OF MATERNITY CARE

Saving Babies' Lives Care Bundle:

Aim to roll out the care bundle across every maternity unit in England in 2019. *(NHS Long Term Plan, 2019)*

How successfully is your organisation achieving this? (max 250 words)

The maternity and neonatal services have successfully implemented the original 2019 Saving Babies Care Bundle (SBLCB), but are now implementing the 2023 revised SBLCB version 3.

Where do you find you are encountering difficulties? (max 250 words)

Increased central resources to support increased fetal surveillance such as ultrasound scanning and specialist services, such as pre-term birth surveillance and prevention.

Smoking cessation services were previously restricted, but have now received some investment to provide specialist midwifery posts to support smoking cessation.

Availability of sufficient neonatal intensive care cots and maternity beds across London is challenging to ensure very pre-term babies (<27 weeks gestation) are born in a tertiary level neonatal service such as at St Thomas' Hospital.

<p>What could help you to achieve this more effectively? (max 250 words)</p>
<p>Increased financial resources to target the increased fetal ultrasound scanning, financial backfill of cost for increased staff training to implement SBLCB3 and pre-term birth surveillance.</p> <p>Increased maternity beds and Neonatal Intensive Care cots across the London region to ensure all babies born at < 27 weeks gestation are delivered in a neonatal service providing level 3 neonatal intensive care.</p>
<p>National Maternal and Neonatal Health Safety Collaborative: By spring 2019, every trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative. Every national, regional and local NHS organisation involved in providing safe maternity and neonatal care has a named Maternity Safety Champion. <i>(NHS Long Term Plan, 2019)</i></p>
<p>How successfully is your organisation achieving this? (max 250 words)</p>
<p>The maternity and neonatal services have both departmental and Executive Board level maternity and neonatal safety champions. The Trust Board level safety champions have a Non-Executive Director (NED) in a Safety Champion role as well. These roles report to the Trust Board and also link to the regional and national maternity and neonatal champion roles. Feedback from staff and in regards to quality and safety issues are therefore heard from ward to Trust board level.</p>
<p>Where do you find you are encountering difficulties? (max 250 words)</p>
<p>National initiatives and policy changes do not always coordinate as effectively with the provision of services. At times unintended consequences occur as a result of changes in national maternity policy and the effect in resource provision at the provider level. For example; an increase in women undergoing induction of labour to reduce perinatal morbidity and mortality has not received adequate resource and maternity bed capacity to facilitate this as effectively as possible which also affects women's experience of care.</p>
<p>What could help you to achieve this more effectively? (max 250 words)</p>
<p>Improved collaboration between national policy changes and local providers to reduce the impact of unintended consequences.</p> <p>The role of the NED Maternity and Neonatal Safety Champion has increased significantly over the past few years, as has the expectation of the Maternity and Neonatal Voices Partnership, with no further resource provided to implement the increased responsibility for these roles.</p>
<p>Perinatal Mortality Review Tool: How effectively is this tool implemented and used to improve the way your Trust learns lessons where things go wrong, and minimise the chances of them happening again? <i>(NHS Long Term Plan, 2019)</i></p>
<p>How successfully is your organisation achieving this? (max 250 words)</p>

GSTFT use these tools to analyse cases of perinatal mortality comprehensively, aiming to understand the circumstances, clinical decisions, and systems involved, with the ultimate goal of preventing similar incidents in the future through learning from best practice. We envisage due to our approach of using the tools, our safety metric data outcomes are as expected for a tertiary level maternity service which also cares for women and babies with cardiac anomalies, and we continue to focus on all incidents to ensure learning is implemented and avoidable harm is reduced.

GSTFT employ perinatal mortality review tools as part of a multidisciplinary approach involving obstetricians, neonatologists, midwives, at times pathologists, and other relevant specialists and reports to our Trust safety champion meetings and governance meetings alongside the regional SEL LMNS Quality Surveillance Committee, SEL LMNS Board the London Perinatal Surveillance Committee. Our process involves:

1. **Data Collection:** Gathering detailed information about the circumstances surrounding each perinatal death, including antenatal, intrapartum, and postnatal factors. This may involve medical records, discussions with healthcare professionals involved, and families (with consent and sensitivity).
2. **Analysis and Review:** Reviewing the collected data to identify contributing factors to reduce avoidable harm such as clinical decisions, communication breakdowns, system failures, and any other relevant issues.
3. **Identifying Lessons:** Determining key lessons from the analysis, including both specific aspects related to the individual case and broader systemic issues that could impact future care.
4. **Implementing Changes:** Implementing recommendations and changes based on the lessons learned. This might involve changes in clinical guidelines, enhanced staff training, improvements in communication, or modifications to healthcare systems and processes.
5. **Monitoring and Evaluation:** Continuously monitoring the effectiveness of implemented changes and evaluating their impact on reducing perinatal mortality rates.

GSTFT effectively learn lessons from perinatal mortality reviews, considering several crucial factors:

- **Duty of Candour:** Openness and transparency with families is vital in informing the review and in ensuring lessons are learnt to reduce future avoidable harm.
- **A Culture of Learning:** A culture that encourages open discussion, transparency, and learning from mistakes rather than assigning blame.
- **Multidisciplinary Approach:** Involvement of various healthcare professionals and stakeholders to gain diverse perspectives on cases and potential improvements.
- **Actionable Recommendations:** Ensuring that the recommendations from reviews are specific, actionable, and implemented effectively.
- **Continuous Improvement:** Regularly revisiting cases and reviewing outcomes to assess the effectiveness of implemented changes and identify further areas for improvement.

Where do you find you are encountering difficulties? (max 250 words)

1. **Data Collection Challenges:** Obtaining complete and accurate information for each case of perinatal mortality can be challenging. Incomplete medical records, lack of standardized data collection processes, and difficulties in obtaining consent from grieving families may hinder comprehensive data collection.
2. **Cultural and Communication Barriers:** A culture that is resistant to open discussion about errors or a lack of effective communication among healthcare professionals involved in the review process can impede the sharing of critical insights and hinder

the implementation of recommendations. In addition, provision of translation services for families when needed is vital in ensuring clear communication of information is maintained for patients and the maternity service.

3. **Complexity of Systemic Issues:** Identifying and addressing systemic issues contributing to perinatal mortality can be complex. These issues might involve multifaceted factors such as organisational structures, resource allocation, communication pathways, and clinical protocols, making solutions multi-factorial to implement.
4. **Sustainability of Changes:** Implementing changes based on review recommendations is critical, but sustaining these changes over time is crucial. Without ongoing monitoring, support, and reinforcement, improvements might regress or not produce the intended long-term effects.
5. **Emotional and Psychological Impact:** Reviewing perinatal mortality cases can be emotionally taxing for healthcare professionals and families involved. Providing adequate support, guidance, and counselling for the individual families involved in the review process is essential to manage emotional distress.

What could help you to achieve this more effectively? (max 250 words)

The below actions are in place, but must be sustained to ensure effective learning and care provision:

1. **Leadership Support and Commitment:** Strong leadership commitment to patient safety and quality improvement is crucial. Leaders should endorse and actively participate in the review process, ensuring that resources and support are allocated for its success.
2. **Establishing a Robust Review Process:** Develop standardised Patient Safety Incident Response Framework (PSIRF) guidelines for conducting perinatal mortality reviews. This includes clear procedures for data collection, analysis, and dissemination of findings.
3. **Multidisciplinary Collaboration:** Engage a diverse team of healthcare professionals (obstetricians, neonatologists, midwives, pathologists, etc.) in the review process. Each perspective contributes valuable insights into understanding and addressing contributing factors.
4. **Education and Training:** Provide ongoing education and training for staff involved in perinatal care and mortality reviews. This includes training on the review process, communication skills, and understanding the importance of learning from adverse events with openness and honesty with families.
5. **Improving Data Collection and Documentation:** Ensure comprehensive and accurate data collection through standardized documentation practices. Enhance electronic health records to facilitate easier data retrieval and analysis.
6. **Transparent Communication:** Foster a culture of open communication where healthcare professionals feel comfortable discussing cases, sharing insights, and implementing recommendations without fear of blame or repercussions.
7. **Family Involvement and Support:** Involve families in the review process sensitively and with their consent. Their perspectives can provide valuable insights and contribute to improvements in care delivery.
8. **Feedback and Continuous Improvement:** Establish mechanisms for providing feedback to staff involved in the review process and regularly assess the effectiveness of implemented changes. Continuously refine and adapt the review process based on lessons learned.

9. **Integration into Clinical Governance:** Ensure that perinatal mortality reviews are integrated into the broader clinical governance framework of the institution. This includes aligning review findings with quality improvement initiatives and policies.
10. **Research and Benchmarking:** Encourage and support research initiatives that stem from review findings. Benchmarking against other institutions or national/international standards can provide insights into best practices.
11. **Addressing Emotional Impact:** Provide emotional support and resources for healthcare professionals involved in the review process. Addressing the emotional impact of reviewing perinatal mortality cases is crucial for staff well-being.

Antenatal and Newborn Screening: The NHS population screening standards set out performance thresholds for Fetal anomaly screening programme (FASP), Infectious diseases in pregnancy screening (IDPS), Newborn blood spot (NBS) screening, Newborn hearing screening programme (NHSP), Newborn and infant physical examination (NIPE) and Sickle Cell and Thalassaemia Screening Programme (SCT) (*Public Health England, 2019*).

Please outline how successfully your organisation is achieving these performance thresholds (max 250 words)

1. **Ensure Comprehensive Screening Offered:** GSTFT offers a range of antenatal screening tests to pregnant women according to the NHS Fetal Anomaly Screening Programme (FASP). This includes screening for conditions like Down syndrome, Edwards' syndrome, Patau's syndrome, and others.
2. **Inform and Educate:** Provide clear and comprehensive information to pregnant individuals about the purpose, benefits, limitations, and potential outcomes of the screening tests. This is essential to allow informed decision-making regarding whether to undergo the screenings.
3. **Adhere to Protocols and Guidelines:** Follow NHS guidelines and protocols for conducting antenatal screening tests, ensuring accuracy and reliability in the process. This involves maintaining proper standards in sample collection, testing, and result interpretation with feedback to families.
4. **Maintain Confidentiality and Consent:** Respect patient confidentiality and ensure that informed consent is obtained before conducting any screening tests. Respect the autonomy of pregnant individuals in making decisions about their care.
5. **Training and Quality Assurance:** Ensure that healthcare professionals involved in conducting or interpreting the screening tests receive appropriate training and regular updates to maintain high-quality standards. Regular audits and quality assurance measures are essential to guarantee accuracy and consistency with oversight from the National Antenatal and Newborn Screening Committee.
6. **Equity and Accessibility:** Strive to ensure that antenatal screening services are accessible to all pregnant individuals, regardless of socio-economic status, ethnicity, or geographic location. Efforts to minimize barriers to access play a crucial role in meeting screening standards.
7. **Continual Improvement:** Regularly review and update protocols and practices based on scientific advancements, technological improvements, and feedback from patients and healthcare professionals. This helps to continually improve the effectiveness and efficiency of antenatal screening services.

Where are difficulties achieving these performance thresholds are arising? (max 250 words)

1. **Awareness and Information:** Limited awareness among pregnant individuals about the availability, importance, and implications of antenatal screening tests can lead to lower uptake. Insufficient dissemination of information or misconceptions about the tests might hinder participation.

2. **Equity and Accessibility:** Disparities in access to healthcare services based on geographical location, socioeconomic status, ethnicity, or language barriers can affect the equitable delivery of screening services. Some individuals might face challenges in accessing facilities offering these screenings.
3. **Informed Decision-making:** Balancing the need to provide comprehensive information for informed decision-making with avoiding information overload or causing unnecessary anxiety among expectant parents poses a challenge. Ensuring individuals make informed choices while not overwhelming them is crucial.
4. **Health System Constraints:** Resource limitations, including staffing, infrastructure, and funding, might impact the capacity of healthcare facilities to deliver screenings efficiently and in a timely manner. This could lead to delays or backlogs in screening services.
5. **Quality Assurance:** Maintaining consistent quality across different healthcare providers and regions might be challenging. Ensuring all facilities adhere to the same standards and protocols for conducting screening tests requires continual oversight and support.
6. **Cultural and Ethical Considerations:** Addressing cultural beliefs, ethical concerns, and personal preferences regarding screening tests can be complex. Respecting diverse cultural perspectives while providing evidence-based information poses a challenge in ensuring comprehensive and culturally sensitive care.

What would help you to achieve these thresholds more effectively? (max 250 words)

1. **Enhanced Education and Awareness:** Implementing robust education campaigns targeting both healthcare providers and expectant parents is crucial. Providing clear, accessible, and culturally sensitive information about the purpose, benefits, and limitations of antenatal screenings can encourage informed decision-making.
2. **Accessible Services:** Improving access to antenatal screening services by ensuring geographic availability, reducing financial barriers, and accommodating diverse linguistic and cultural needs can enhance participation rates among different demographics.
3. **Streamlined Processes and Resources:** Adequate allocation of resources, including staff training, technological advancements, and efficient processes, can help healthcare facilities manage increased demand for screenings, reducing waiting times and improving overall service quality.
4. **Tailored Communication:** Personalized communication strategies that consider individual preferences, cultural backgrounds, and health literacy levels can facilitate understanding and acceptance of screening tests. This might involve using different formats, languages, or support systems to relay information effectively.
5. **Collaboration and Partnerships:** Collaborating with community organizations, advocacy groups, and local stakeholders can strengthen outreach efforts and ensure that messages about antenatal screenings reach the intended audience.
6. **Continuous Quality Improvement:** Regular audits, evaluation, and feedback mechanisms within healthcare systems can identify areas for improvement, allowing for adjustments to protocols and practices to maintain high standards with external Trust oversight and scrutiny.
7. **Ethical Considerations and Support:** Providing counselling services and support for individuals navigating the decision-making process surrounding antenatal screening can address ethical concerns, ensuring individuals feel supported in their choices.
8. **Technology Integration:** Leveraging technological advancements for telemedicine, online resources, and digital communication can improve access, streamline

processes, and enhance the overall experience for both healthcare providers and patients.