

## 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](mailto: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)
<p>Delivering excellent health outcomes for our patients is core to King's Outstanding Care vision and the Strong Roots, Global Reach, King's Strategy 2021 - 2026. Along with the patient outcomes team at KCH maternity has a lead clinician and audit and governance midwifery lead to keep abreast of national learning within maternity and disseminate this to Staff.</p> <p>The King's NICE Policy details the process for the dissemination, implementation and monitoring of National Institute for Care Excellence (NICE) guidelines. The process described in this policy are mandatory to all clinicians using the different types of guidelines and are aimed at ensuring that King's patient care is evidence-based and delivered in line with national guidelines.</p>
How does your organisation decide which recommendations they will implement and then monitor progress of that implementation? (max 250 words)
<p>The Patient Outcomes Team is to support continuous improvement in patient outcomes at King's, as set out in the King's strategy 2021 - 2026: Strong Roots, Global Reach. Our key objective is to develop outcomes-based, patient-centred health care at King's by:</p> <ul style="list-style-type: none"> <li>· collaborating with clinicians to identify and use robust patient outcomes measures as key indicators care quality and effectiveness</li> <li>· supporting patient outcomes projects</li> <li>· supporting related workstreams, such as implementation of NICE guidance and participation in national clinical audits</li> <li>· supporting investigations into areas where King's might be a negative outlier</li> <li>· collaborating with colleagues in other quality improvement teams to ensure continuous improvement in the outcomes we deliver for patients.</li> </ul>
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)
<p>In 2021 our Trust strategy 'Strong Roots, Global Reach' embedded our commitment to diversity, equality and inclusion by making it one of our four headline ambitions in our BOLD vision (brilliant people, outstanding care, leaders in research, innovation and education and diversity, equality and inclusion at the heart of everything we do).</p> <p>In 2022 we published our plan to ensure we turn our ambitions into real, meaningful improvements for colleagues, patients, and everyone connected to King's.</p> <p>By the end of 2024, we are committed to have made a marked difference in:</p> <ul style="list-style-type: none"> <li>• Improving representation of staff, especially at senior levels which reflect the diversity of our communities;</li> <li>• Strengthening and embedding our inclusive values at all levels which will result in a marked reduction in our bullying, harassment and disciplinary numbers;</li> </ul>

• Ensuring our leaders are visible and active champions of EDI which will be evidenced by improved staff satisfaction across the Trust.

We offer a range of training programmes which are self-accessible:

Active Bystander  
Calibre Leadership Programme  
CQ (Cultural Intelligence) Programme  
King's Ambassadors Scheme  
Skill Boosters  
Reciprocal Mentoring  
Inclusive Recruitment Training

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

#### Inclusive recruitment

Inclusive recruitment is one of our headline EDI commitments. Our 1-to-1.5-hour training session has been attended by over 600 staff since 2022 and explains why equality, diversity and inclusion in recruitment matters, techniques that will improve decision making, and King's recruitment process.

The training helps implement findings of an external recruitment audit conducted by *Resource Solutions* which established over 20 recommendations for King's to incorporate. The audit was shortlisted for the Personnel Today Awards 2022 for Innovation in Recruitment.

#### Positive action

We have run career development sessions for ethnic minority staff on topics such as: career success, job application and presentation/interview skills. Around 100 staff have attended the workshops in the past 12 months.

We have partnered with the Calibre leadership programme and delivered a talent development and leadership programme for staff who identify as neurodiverse or disabled, or who have a long term physical or mental health condition for 15 members of staff.

#### Widening participation programme

We recently 'soft launched' our Social Mobility scheme with more than seventy staff signing up to become 'Social Mobility Champions.' Throughout 2024 we will continue to recruit more staff to the initiative, who will begin responding to requests from local schools and colleges to support educational activities in early Spring.

#### Talent management strategy

Began development of a wider talent management strategy for King's which is scheduled to launch by June 2024.

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)

For Black and minority ethnic parents specifically we have -

- Colourful Wallets started April 2021 and continue to be used at KCH and PRUH [Local Maternity and Neonatal System - South East London ICS \(selondonics.org\)](https://www.selondonics.org)
- Parent Education group for Black and Black Mixed Heritage service users runs in person at Stork on the Hill with a total of 143 attendees over 21 sessions in the past two and a bit years, the first session was October 2021 with RM Dawn Litchmore
- Black Maternal Mental Health webinar with 27 attendees last year during Black maternal mental health week with Perinatal RM Georgina Leech
- Support and cross-promotion of black maternal health issues with [Southwark Black Parents Forum – Empowering African and Caribbean Parents, Guardians and Carers](#) and [About — FIVEXMORE](#) on social media and FiveXMore [linked to on our Trust website](#)
- Promoting studies in support of improving Black and minority ethnic maternity experience, including the current study attached which looking at birth experiences of women 6-12 weeks post birth and the impact of ethnicity and PTSS. Posters are in clinical areas and will soon be promoted across social media
- Images of birthing people are inclusive in gender identity, race, ethnicity, disability and we consciously use a diverse range of photos and images in our patient information content to reflect our diverse population. We've purchased rights to a range of images from here [The Educated Birth - Inclusive Reproductive Health & Childbirth Ed](#)



Parent Education data



	Sum of Tickets Sold
<b>Black &amp; Black Mixed Heritage Antenatal Education, Support &amp; Networking</b>	<b>104</b>
<b>Kings College Hospital Black and Minority Ethnic Support Group</b>	<b>39</b>
<b>King's Maternity Black Maternal Mental Health Webinar</b>	<b>27</b>

For our LGBTQ+ parents we host a specific parent education workshop to support those within the LGBTQ+ community.

We have also started hosting EDI bite sized training sessions throughout our maternity services and have places for further education from the LGBT foundation.

Community Midwives received 45-minute EDI training over a 7 week period in summer 2023 with over 60 attendees. The programme will re-commence in spring 2024.

The EDI Team and Trust's LGBTQ+ are scoping a training session for Consultant's on the topic of same sex couples.

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)

#### Cultural Intelligence

In November 2023, our Cultural Intelligence programme was approved by the CPD Certification Service as a fully accredited workshop, meaning participants can gain up to 6 CPD points after attending.

The full day accredited workshops are scheduled for delivery from January 2024 and the overall objectives are to equip staff with an in-depth understanding of Cultural Intelligence (CQ) as well as how it applies to inclusive leadership, managing and engagement via a personalised CQ assessment.

Learning outcomes will also enable attendees to:

- Embed understanding of Equality, Equity, Diversity, Inclusion and Belonging.
- Understand the Trusts' journey to becoming a truly inclusive organisation through the ambitions in our BOLD strategy and Roadmap to Inclusion.
- Gain an in-depth understanding of Cultural Intelligence (CQ) and how it applies to inclusive leadership, managing and engagement.
- Develop understanding of the outcome of CQ assessment and what it means for effectiveness in multicultural situation and contexts.
- Develop understanding about the importance of CQ in creating a compassionate and inclusive workplace at King's.
- Feel confident and equipped to engage with others and talk about the value that inclusive engagement through the CQ lens can bring to all aspects of workforce and patient equity.

#### **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)

### **Best Beginnings**

Charity which has developed an excellent app called 'Baby Buddy'. Baby Buddy is personalised to the woman, allowing her to input information about her pregnancy, and getting information and support in return. There are numerous supportive videos within the app (breastfeeding, bottle-feeding, weaning, health, mental health, twins, and lots more!), and there are tools to allow women to make an electronic baby book including photos and milestones. Doula Access Fund

This fund provides free Doula support to women experiencing financial hardship and disadvantage including poor perinatal mental health. Healthcare professionals can make a referral on the link attached. Family Lives

A charity offering trained one to one family support workers who offer support in person or on the phone, for issues around parenting, relationships and daily family challenges. See website for details.

### **Early intervention health visiting team**

Our early intervention health visiting service provides intensive support to families with additional support needs during and after pregnancy to improve health outcomes and safeguard children. They help parents to be the best they can be in order to meet the physical, social and emotional needs of their child.

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

All maternity staff are trained in safeguarding; adults and children, levels 1, 2. Midwives and obstetric staff are also required to complete safeguarding adults and children level 3, which is an all day face to face/virtually taught module.

Additional specialist training is offered and available from the safeguarding team to all maternity staff called SPRINT, this is an hour every week covering different topics of safeguarding and specialist signposting.

The safeguarding team are present in the twice daily huddles and have clinical presence in all areas of maternity services for further support and advice.

A specialist continuity of care team has been set up within the community midwifery services. These staff members are offered specialist training in perinatal mental health and safeguarding, vulnerable factors as and when training is available from external agencies and organisations.

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?

King's Denmark Hill MNVP is a collaborative working group dedicated to enhancing maternity care through the establishment of a dynamic and inclusive platform for the voices of expectant parents and healthcare professionals. The MNVP has made significant strides in fostering a culture of open communication, shared decision-making, and continuous improvement within the realm of maternity services.

King's Denmark Hill Maternity & Neonatal Voice Partnership (MNVP) has had an active year and remains committed to its mission of amplifying the voices of those involved in maternity care which is consistent with the key theme of the Three-Year Delivery Plan of listening to and working with women and families with compassion. Key future initiatives include expanding

community outreach, strengthening partnerships with healthcare institutions, and leveraging technology to enhance communication channels.

In the past year we have conducted 15 steps reviews of wards and clinics, Walk the Patch including the edition of a night version, and worked with the Training team providing specific feedback on particular themes to enhance staff training and skills as set out within the Three-Year Delivery plan and is also in line with the CQC recommendations. They have also started to build links with neonatal service users and built relationships with clinicians and relevant organisations and charities including the Parent Advisory Group.



### 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)

From a recent survey the main characteristics of the King's maternity patients? Over 40% of the King's patients live in the 40% most deprived areas in England. This is less deprived than the local population. The maternity patients have a higher proportion of Black and Asian patients than other King's services. 3% of patients in maternity are disabled. This is lower than the London rate of 14%. Disability is defined as having a long term impairment lasting more than 12 months. 1 in 4 maternity patients has a mental health condition. This is in line with the national average.

There is low data quality for certain protected characteristics: sex, sexual orientation, gender reassignment and marriage and civil partnerships. For groups of protected characteristics for which data is available, there is some variation in access to appointments, particularly for those of white ethnicity and those of Black ethnicity. However, there is no significant variation for age, disability, mental health, or sexuality

Rate of access to emergency C-sections is consistent across ethnicities

Still births are more prevalent in birthing parents over 40, no other variations between protected characteristics were identified.

Black British parents are more likely to report poor to very poor patient experiences as part of the Family and Friends Test (2.4% of those completing the survey). No other significant disparities were identified between groups.

There are no statistically significant differences in Covid rates across protected groups in the birthing population at King's.

Only 6% of all birthing parents at King's have continuity of carer. While the parliamentary target of 75% of continuity of carer has been removed there is an expectation that resource should be targeted at groups most at risk (i.e. BAME and those in the most deprived postcode areas. Continuity of carer stands at 6% for Black birthing parents and at 3% for Asian birthing parents. Birthing parents from the most deprived postcode areas are 1.5 times more likely to receive continuity of carer but disabled parents were 3 times less likely to receive continuity of carer.

The Trust regularly engages with representative protected characteristic groups and findings from this engagement is used to improve services.

The Trust works closely with a number of local voluntary and community sector organisations to improve the experiences of patients from underrepresented groups and regularly signposts to these.

Coproduction approaches are fully embedded in the approach of King's maternity services and joint actions plans are developed between staff and patients to improve outcomes for at risk groups. The Trust regularly uses insights and learning from engagement and coproduction activities, to influence its partners and improve the experience of those from protected groups.

### Regulation of maternity services

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

As a result of the CQC inspection in August 2022, an action plan encompassing 43 actions was developed; progress against this has been regularly monitored by the maternity quadrumvirate. Of the 43 actions, 3 are still in progress for long term solutions, although appropriate measures have been put in place to give short term solutions and mitigations for safety, and the remaining 40 are complete with long term changes being embedded.

The outstanding long term measures include the topics of:

1. Assessment & management of environmental risk e.g. ligatures Risk assessment of environment is undertaken before high-risk women are allocated a room
2. Security of clinical areas - general reception/administration recruitment is ongoing for 24hr reception staff at PRUH Vacant positions currently covered by bank and agency staff to support a 24hr model, in lieu of substantive recruitment. Denmark Hill site is compliant with 24 hour model of administration staff and security measures in place.

## 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)

- All category 4 caesarean section lists are managed separately from more urgent caesarean sections to ensure these operations are not delayed to late in the day, with separate teams
- Updated major obstetric haemorrhage - Point-of-care coagulation testing during Major Obstetric Haemorrhage leading to appropriate use of blood products and can reduce blood loss and use of blood products. PROMPT course teaching on major obstetric haemorrhage and use intre-uterine balloons
- KCH provides specialised maternity care for women suspected of, and diagnosed with, abnormally invasive placenta (AIP). NHS England commissions specialist maternity care services for women suspected of, and diagnosed with, AIP from AIP Centres. This includes specialist prenatal diagnosis, risk assessment and definitive treatment of AIP by a multidisciplinary team (MDT) with expertise in complex pelvic surgery. AIP Centres have antenatal imaging (fetal medicine or radiology), adult intensive care, level three neonatal intensive care services and immediate access to blood products.
- There are lots of research projects running in maternity at King's College Hospital NHS Foundation Trust [Maternity leaflets and resources | King's College Hospital NHS Foundation Trust \(kch.nhs.uk\)](https://www.kch.nhs.uk/maternity-leaflets-and-resources)
- KCH is part of the South East London Maternal Medicine Network (MMN), and provide advice and care for pregnant individuals who have significant medical concerns and are at a higher risk. We hold specialist medical clinics, 24/7 access to an obstetric physician and are a centre of specialist care for diabetes, neurology and liver diseases in pregnancy.

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

Sharing lessons learnt from incidents

- Learning Events have been running since August 2022 where adverse incidents are presented to all obstetric and midwifery staff, often with statements from the clients involved. This approach has promoted multidisciplinary discussion and learning and has received good feedback. Simulation training has also taken place, particularly in the management of postpartum haemorrhage, swab safety and diabetic hypoglycaemia. This is led by our education team and practice development midwives.
- Message of the Week is discussed at every handover and disseminated via email. These are often informed by learning from adverse incidents or emerging issues. In addition, ad hoc 'All Safety Alerts' are disseminated by Patient Safety Managers in response to specific safety concerns.
- Live Drills are facilitated by the training faculty with the wider MDT team in the immediate management of obstetric and neonatal emergencies in clinical practice; these are often informed by reported clinical incidents
- Monthly Patient Safety Meetings are held and all maternity staff are invited. Recent patient safety themes are presented as well as learning from recent After Action Reviews.
- The Magpie, the monthly care group newsletter, regularly includes highlights from patient safety.

**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)**

How is your organisation working with women and their families to consider and implement the key messages? (max 250 words)

At KCH we have a Specialist Midwife for Perinatal Mental Health and Specialist Obstetrician who run a weekly specialised clinic. Within this team we offer enhanced antenatal care with continuity of midwifery carer and referral to Specialist obstetricians for discussion around any ongoing medication or management issues


This team works closely with the Southwark Community Perinatal Mental Health Team (CPMHT) which is based at the Maudsley Hospital site near Kings College Hospital.

The core functions of the team are:

- To undertake the assessment, care and treatment of women with new-onset or pre-existing serious and/or complex mental illness during pregnancy and the first postpartum year
- To provide assessment and care to pregnant women who are currently well but are at risk of developing a serious mental illness following delivery.
- To provide liaison and/or specialist advice to maternity, primary care and psychiatric services.
- To offer pre-conception counselling for women with current or previous severe mental illness, including advice and guidance on psychotropic use in pregnancy


The team includes psychiatrists, specialist nurses, psychologists, nursery nurses, occupational therapists and administrative staff. Women are offered a range of specialist interventions, as well as advice and guidance on psychotropic use in pregnancy. We work closely with the maternity service, primary care and Children's Services. We work collaboratively with women and their families.

Training around sepsis is part of all clinical staffs mandatory training as part of PROMPT (practical obstetric multiprofessional training) all day training session and forms one of the live drills we do within the clinical settings.



King's College Hospital  
NHS Foundation Trust

## Maternity Governance Monthly Newsletter September 2023



**We Can Do It!**

Bank shifts available NOW for abstraction (data transfer) into EPIC

Contact Tenu Harding [tenu.harding@nhs.net](mailto:tenu.harding@nhs.net) What is abstraction? [Click to read more](#)

**Upcoming proposed industrial action for doctors**  
September 26-29th, October 2-4th

**InPhase maternity incidents**

Location	Count
Nightingale Birth Centre	60
William Gilbert Ward	20
Maternal Assessment Unit (MAU)	2
Community	20
<b>Denmark Hill TOTAL</b>	<b>102</b>
Labour Ward	49
Maternity Ward	28
Maternity Assessment Unit (MAU)	9
Oasis Birth Centre	5
Community	16
<b>PRUH TOTAL</b>	<b>107</b>

**SAFETY CHAMPION VISITS**  
Next scheduled for 11th October, 15th November, 6th December 2023, 11th January, 29th February, 19th March 2024

**DON'T FORGET!** Safety doesn't happen by accident...

13/09/23

**The top three risks across the Maternity service**  
There are 16 open risks on the risk register, with 3 pending assessment

- HIGH RISK:** Risk of inadequate documentation for safe care after the implementation of EPIC. **Score 12 #3300**
- HIGH RISK:** PRUH Service users waiting for assessment in the Maternity Assessment Unit (MAU) via outside the unit as no suitable alternative available. **Score 12 #0571**
- HIGH RISK:** Delay to care of women transferred if maternity service is closed due to insufficient staffing or capacity. **Score 9 #9325**

**Maternity governance news**

- Regular bank and agency staff are welcome to join EPIC training
- Don't forget to register for a smartcard - you will need this for EPIC
- An expanded questionnaire will be included with the Friends and Family feedback from 1/10/23
- New Providing Midwifery Care to a Friend, Relative or Colleague guideline is now ratified and available
- Women's Care Group all staff listening event is next on Friday 22 September, 12:30pm- Check M5 Teams or email [c.cifford-sumner@nhs.net](mailto:c.cifford-sumner@nhs.net) for an invite

**New maternity website**  
For Denmark Hill  
Updates have been made to our public-facing website, and more information will be made available to service users via our websites in the coming months. PRUH website will start updates in October 2023. [www.kch.nhs.uk/maternity/](http://www.kch.nhs.uk/maternity/)

**Baby Loss Awareness Week**  
9-15 October 2023  
This October we will remember and honour those who have experienced the grief of losing a baby. A number of events have been planned by our bereavement midwives, including the Wave of Light, quiet reflection time in the chapel, bake sales and the annual baby memorial service.

**Learning from Incident Investigations**  
**THINK SEPSIS.** If you are worried or parents report concerns about the feeding or behaviour of a baby, perform a set of neonatal observations escalate to the neonatal team.

**Learning from Incident Investigations**  
Any vaginal loss should be assessed in person, including vaginal blood loss, suspected 'show' and if rupture of membranes is reported. WEB1128263 [DH]

### 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)

At present 62% of birthing people are booked at or prior to 10 weeks gestation. This increases to 80% by 12+6 weeks. At the Denmark Hill site we currently book 450 women per month. Nationally the Maternity Services Monthly Statistics, Final September 2023 showed 58% of booking appointments were at or before 10 weeks' gestation. Booking after more than 20 weeks of pregnancy accounted for 8% per cent of booking appointments.

We have used ad hoc weekend antenatal booking clinics during periods of high acuity to increase compliance to the National standard.

We are on a journey of improvement with the Kings maternity patient facing website, and have improved information for parents on how to access antenatal booking appointments.

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

- Birthing people presenting late for maternity care
- Birthing people referring themselves to multiple hospitals for care, and DNA rates
- Reduced clinic space capacity for booking appointments

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

- A proportion of our patients are unaware of the importance of the benefit of booking early for midwifery care, and would benefit from a joint communication venture with community services.
- Capacity of clinics is limited due to space on the Denmark Hill site and reduced access to GP practices and children's centres.

### 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)

MyChart is a new online web portal and mobile app that connects our patients to their medical information at King's and Guy's and St Thomas'. MyChart is part of our Epic electronic health record implementation and our wider Apollo programme, which aims to transform the way we deliver care.

With MyChart, our patients' health records are stored in one, easy place. This means they will never lose important test results or letters. And, by telling us what we need to know before their appointment, they will get more time to talk to us about the things that matter. MyChart allows patients to have more control over their own care than ever before. They will be able to:

- Find test results, letters and future appointments in one, easy place
- Get more from their appointments by telling us what we need to know beforehand
- Save time travelling by having a video appointment
- Keep their medical information up to date
- Share their health record with the people who matter to them
- Support their friends and family by helping to manage their healthcare

Depending on which team is providing care, our patients may also be able to:

- Save time calling by booking and cancelling appointments online
- Message their healthcare team

These exciting changes mean:

- Our patients will have greater and more convenient access to their health information
- We will reduce our reliance on paper letters and the number of telephone queries we receive from patients
- Time can be saved in clinic for both patients and clinicians, improving quality and efficiency
- We have the potential to reduce our 'did not attend' (DNA) rates as patients will be able to access appointment details, cancel and select appointment times (if enabled by the service)

We are developing our maternity patient website which will include information within the common non-English languages spoke at Kings College Hospital.

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

Reduced access of care for birthing people who's first language is not English and/or do not have access to a smart phone/digital device as they are unable to access My Chart.

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

- Developing My Chart for use in other languages
- Accessing charities to provide smart devices within the course of maternity 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)

South East London Perinatal Pelvic Health Service:

In April 2021 SE London became one of 14 pilots to develop perinatal pelvic health services across our three maternity providers. The aim of this service is to support every woman and birthing person receiving maternity care to be able to access a pelvic health service throughout their pregnancy, which includes providing exercises that can help to prevent problems from developing in the first place.

Specialist Pelvic Health Midwives and Physiotherapists have been employed as part of this pilot to support the existing workforce and embed pelvic health services across the three maternity providers. More than three hundred GPs, Health Visitors, Obstetricians and Midwives across Kings College Hospital, Guys and St Thomas Hospital and Lewisham and Greenwich have attended pelvic health awareness sessions.

Pelvic Health dedicated classes are now available for women who are at risk of pelvic floor dysfunction at Guys and St Thomas Hospital <https://www.guysandstthomas.nhs.uk/our-services/maternity-care-during-pregnancy/antenatal-classes> and Kings College Hospital <https://www.eventbrite.co.uk/o/kings-college-hospital-maternity-28026537005>.

The SE London Perinatal Pelvic Health Pilot was also presented at the International Continence Society held in Vienna in September 2022 <https://www.ics.org/2022/session/7478>.

KCH deliveries postnatal clinic for complex medical patients, those with hypertension through pregnancy, and is piloting a postnatal clinic for women who developed gestational diabetes in pregnancy. These clinics provide a pivotal role in providing expert knowledge to support postnatal care within the community. From February we are trialling new postnatal clinics that will run from childrens' centres and GP practices with the aim to improve links and communication in the postnatal care settings.

We use Neighbourhood Doula which is a free, fully funded service providing continuity support through pregnancy, birth preparation, labour and the postpartum period. We work across London. They provide trauma-informed support to those that have no birth partner, who could not afford to pay for a private doula service, and with one or more of the following factors: perinatal mental health, from a racially marginalised community or speaks English as a second language.

The launch of Epic has improved communication with GPs and community postnatal care providers to ensure communication is in real time and easily completed by hospital staff.

We have strong links with local health visitor teams who early intervention and support for those women requiring additional support. As a team we also can offer extended midwifery postnatal care up to 28 days postnatally.

Our infant feeding team provide inpatient and community care. The team has grown within the last 2 years as we work towards Baby Friendly level 2. They offer additional feeding support to all parents including out of area parents whose baby's are within the neonatal intensive care unit.

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

The Squeezy app is a tool that providing support and information for women who are suffering from pelvic health issues in the perinatal period and has been used across our other two maternity providers in SEL. It is also part of the NHS Library and now used by multiple pilots and across England. Digital apps are a huge part of supporting adherence to pelvic floor exercises and this is recognised in the New Service Specification for services which sets how these services are provided across maternity services from March 2024. The DPIA application was made over a year ago to use the Squeezy app for Perinatal Pelvic Health Service which is an NHS Funded pilot across SE London Local Maternity and Neonatal System, and we are waiting for approval from the Governance team at KCH.

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

Streamlining postnatal services across south-east London, with all hospitals in the SE London sector providing the same services. This will provide equitable care across our sector including contraception, postnatal care and infant feeding support.

### 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)

### 2023 most spoken languages (taken from the number of women were recorded as needing an interpreter)

For DH were:

Spanish (62)

Portuguese (18)

Tigrinya (14)

French (12)

Arabic (9)




And for PRUH:

Albanian (17)

Portuguese (8)

Romanian (6)

Arabic (5)

<p>Turkish (5)</p> <p>What we are doing successfully:</p> <p>Audit of most common languages spoken  <a href="#">Most Common languages Aug21-Jul22.xlsx</a> in view of targeting resources and support for these groups</p> <p>Staff communications to support the use of Language Line (via translator on wheels, telephone or app) in clinical areas, newsletters and email updates</p> <p>Sharing of resource pack via MS Teams group  <a href="#">Using Interpreting Services September 2023.pdf</a> and I'll also direct staff to this via the next edition of the MAGPIE</p> <p>Website updates - we are now referencing and linking to more external trusted resources that have information in other languages <a href="#">Maternity leaflets and resources   King's College Hospital NHS Foundation Trust (kch.nhs.uk)</a> and this will be expanded upon in Phase 2 of the website updates</p> <p>'Feeling your baby move is a sign that they are well' poster by Tommy's in DH and PRUH top 4 languages are displayed in antenatal waiting rooms and antenatal wards</p> <p>Do you need a translator? poster is displayed in clinical consultation rooms, waiting rooms and reception areas  <a href="#">KCH Maternity Interpreter Poster 241022.pdf</a></p> <p>Rolling out foreign language parent education across our LMNS based on the KCH parent education classes - we have bespoke classes in Spanish and Portugese.</p> <p><b>Interpreter in your pocket</b></p> <p>Staff can now download the <b>InSight app</b> onto your mobile phone to access the <b>Language Line</b> interpreter service.</p>
<p>Where do you find you are encountering difficulties? (max 250 words)</p>
<p>When staff are time pressured it has been known that a birth partner or husband is used as interpreter</p> <p>Clear guidance around using staff as interpreter, communication around which staff members are able and willing to translate</p> <p>Providing written information and the use of EPIC, we have more to learn about what it can do to support non-English speakers</p> <p>LMNS: Issues include multi-hospital staff rota and pay management, access to suitable technology to run and host the classes, training and development for staff to be confident and competent hosting workshops online</p> <p>Loss of physical space for groups to meetup. Those who speak a language other than English may find this more accessible than an online format</p> <p>Access to interpreters via Language Line for some specific languages can be difficult</p>
<p>What could help you to achieve this more effectively? (max 250 words)</p>
<p>New starters/MMT training to include how to access interpreters and when to use</p> <p>Resources to support rolling out LMNS and sharing of learning</p>

#### 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)

Following guidance from NHS England there is no longer a target date for services to deliver Midwifery Continuity of Carer (MCoC) and local services will instead be supported to develop local plans that work for them.

Specialist continuity of carer teams are present within Kings.

Lotus midwifery team are a team of specialist midwives with a named consultant that looks after birthing people with substance misuse, young parents and severe mental illness.

The maternal medicine team looks after birthing people with complex medical needs. They form part of the SE London maternal medicine network that provides comprehensive care for women with pre-existing medical conditions who are pregnant or planning a pregnancy, as well as those who develop medical complications during their pregnancy.

Our bereavement midwifery team works with birthing people who have experienced loss. They work closely and refer to Helix which is a specialist therapeutic service for women and birthing people who live in Croydon, Lambeth, Lewisham or Southwark and who are experiencing emotional distress, or mental health difficulties following a perinatal loss. They work with people who have experienced: Pregnancy loss (this may include loss associated with fertility treatment, miscarriage that has occurred at any stage, or terminations including termination of pregnancy for fetal anomaly), stillbirth or death of a baby

We have two case-loading midwifery teams for parents within the Denmark Hill catchment area that support those women planning homebirth, and also support women who have experienced a previous fetal loss.

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

Like all NHS hospitals recruitment and retention of midwives remains a concern and has a significant impact on the roll out of the CoC model. This is a complex model of care that nationally is being discussed in depth.

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

- Workforce planning and retention
- Appropriate workforce engagement with the model of care

### Personalised care:

Every 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)



We hold Informed Choice Forums: Every 6 weeks the consultant midwives and the MDT meet in a supportive environment to discuss personalised care plans, working outside of guidelines and how we can share learning from complex birth plans.

Maternity staff attended a Cultural Awareness Open Dialogue Workshop to help create and embed effective maternity continuity of care pathways for all communities across London in May 2023.

Consultant midwives worked with volunteers from our Maternity Voices Partnership to produce posters, as part of a larger body of work around choice surrounding induction of labour. You will see them in the inpatient wards as well as antenatal clinics. Staff and birthing people are using this tool to support informed choice and personalised care with our service users.


As part of a SE London project we are developing booklets for the key decision making outcomes within birth such as instrumental delivery and caesarean section. An example of this is below.

## Have you heard about

# B.R.A.I.N.S?

Even with birth preferences, you may feel overwhelmed with the amount of information and choices available to you – about pain management, medication, a procedure or recommendation.

Think B.R.A.I.N.S! This communication tool can empower you to ask questions, build trusting relationships with your team and make informed decisions.



**B is for Benefits**  
What are the benefits of choosing or declining this care option?

**R is for Risks**  
What are the risks of choosing or declining this care option?

**A is for Alternatives**  
What are the other options available to you?

**I is for Intuition**  
What do you feel that you should do? Listen to your gut, too

**N is for Nothing**  
What would happen if you did nothing? Even just for an hour.

**S is for Second opinion**  
It's okay to ask for a second opinion!

Co-produced by PRUH MVP & South-East London LMNS

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@PRUHMVP

## King's Maternity Patient Information

### Induction of Labour


This resource contains a variety of information to help you decide if an induction of labour is the right decision for you and your baby, and what to expect during your induction of labour.


You have been provided with this resource because either you, your maternity team have highlighted that you may benefit from more information around induction of labour.

This may be because of an individual factor in your current pregnancy or medical history or due to events that occurred in a previous pregnancy and birth. Women and birthing people have told us that they would like more information about an induction of labour so we have prepared this resource pack for you.

My name:  
My pronouns:  
Name of father/partner/birth partner:  
  
Named midwife:  
Name of consultant:  
Other specialists:  
Estimated due date:  
Reason(s) for induction of labour:

View this resource and more information on our website.





Co-produced by PRUH MVP & South-East London LMNS

KCH/PL/0000

King's College Hospital Maternity  
[www.kch.nhs.uk/service/a-z/maternity](http://www.kch.nhs.uk/service/a-z/maternity)

SCAN ME

Tokophobia pathway pilot: Tokophobia is a severe fear of childbirth that effects around 14% of women and birthing people. Anecdotally what is seen in practice, is that women and birthing people may not disclose this fear of birth until around 34 weeks or later, when their midwife may suggest they start their birth plan or attend antenatal classes. This makes it quite difficult to plan for the birth and signpost to psychological therapy. A two question score was chosen to screen at 16 week appointment. Of those asked, 15% met threshold for further support, which was very close to the 14% average. 9% had a referral to see the consultant midwife and 6% were referred to birth with confidence classes. Colleagues in

IAPT (talking therapies) did not have a way to monitor those who were referred to their service for tokophobia but this is now being developed for better monitoring. Of those in the pilot, we do know that 4% were referred to IAPT. Next steps are to roll this out to two further teams on each site and we are working with IT midwives and EPIC team to see how these questions can be embedded for midwives to use more easily.

We have recently developed a maternal choice caesarean section workshop for those parents exploring a primary caesarean section.

Our consultant midwives provide an update to all midwifery teams within Mandatory training around personalised care, and how we support birthing people within this.

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

Due to medical and mental health complexities increasing there needs to be further information and support in aligning and adjusting appropriate birth planning. This requires additional workforce planning to provide additional clinical support and guidance for complex birth planning.

Currently we have a 2 bedded midwifery led unit at the Denmark Hill site and our vision would be to increase this space to give additional opportunities for birthing people who would want to birth in a low risk hospital setting.

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

Additional environmental space  
Re-alignment of midwifery roles to support personalised care for complex birthing needs

### 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)

Both LCH and GSTT have committed to introducing PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) passports which empower families to be part of care of their premature baby. PERIPrem is a new perinatal care bundle to improve the outcomes for premature babies across London. The bundle consists of a number of interventions that demonstrate significant impact on brain injury and mortality rates amongst babies born prematurely.

The Care Coordinator role has supported both units in ensuring that there is accessible education for staff regarding family integrated care. The coordinators have been active in the Family Integrated Care and Developmental study days. This in turn has resulted in empowerment of the Neonatal team to support parents, carers and family in embedding the practices of Family –integrated Care in both units. Whilst it is recognised that improving provisions for parental accommodation is a challenge due to space limitation, the coordinators have provided suggestions on how we can improve on the existing facilities parent facilities to improve on parent experience. Their visits enable collaborative working

<p>on the areas to optimise family experience in the units during the most difficult times in their life. It provides a source of networking, sharing best practices and benchmarking across the network to minimise variations. There has been valuable contribution from the Care Coordinators in the units drive to achieve Unicef Baby Friendly stage 1 accreditation.</p>
<p>Where do you find you are encountering difficulties? (max 250 words)</p>
<p>It is challenging to release staff for training. Space remains an issue in terms of providing parent accommodation on the KCH site. Locally Ronald McDonald House Camberwell has provided free accommodation to the families of children staying at King's College Hospital since April 2000. The House is equipped with 24 bedrooms, communal areas and a children's play area, which provides a charity solution to parental accommodation.</p>
<p>What could help you to achieve this more effectively? (max 250 words)</p>
<p>It would be helpful if Care coordinators spent a day in the units supporting bedside training to staff on areas on Family Integrated Care and BFI.</p>

## 5. OUTCOMES OF MATERNITY CARE

<p><b>Saving Babies' Lives Care Bundle:</b> Aim to roll out the care bundle across every maternity unit in England in 2019. (NHS Long Term Plan, 2019)</p>
<p>How successfully is your organisation achieving this? (max 250 words)</p>
<p>SBL will not be fully implemented by March 2024 however, the national implementation tool is in use and has been shared with both the LMNS and via quarterly reports to Board. Providers are required to demonstrate:</p> <ul style="list-style-type: none"> <li>· Implementation of 70% of interventions across all 6 elements overall</li> <li>· Implementation of at least 50% of interventions in each individual element</li> </ul> <p>Element 1 Smoking in pregnancy Not compliant Element 2 Fetal growth restriction Not compliant Element 3 Reduced fetal movements Compliant Element 4 Fetal monitoring in labour Not compliant Element 5 Preterm birth Compliant Element 6 Diabetes Compliant</p> <p>An action plan is included in the Board Declaration Form and will be a priority to deliver compliance over the coming months.</p>
<p>Where do you find you are encountering difficulties? (max 250 words)</p>
<p>Element 1 remains non-compliant due to the lack of a dedicated in-house resource for smoking cessation; the Trust plans to recruit a smoking cessation midwife. Although a dedicated in-house resource would be in line with other Trusts in the region and therefore provide parity of service, there are alternative approaches to meet this requirement. We have</p>

funding in place for recruitment for a dedicated smoking cessation midwife and the aim is for this element to be completed in 2024.

The Harris Birthright fetal medicine unit is a world renowned centre of excellence within fetal medicine. The team have committed in 2024 to provide robust data to meet the requirements of the SBL bundle.

We have lead obstetricians across both sites that lead fetal monitoring alongside a midwifery colleague. The job specifications and dedicated time is being reviewed within the Trust.

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

We have created a new senior head of midwifery role for compliance who will oversee the ongoing action plans and evidence collection.

A dedicated audit and guideline midwife who will improve compliance to data collection and evidence to assure compliance to the care bundle.

**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.

*(NHS Long Term Plan, 2019)*

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



Our **maternity safety champions** have been busy visiting the inpatient wards cross-site. They meet every month and go to all areas in maternity. With a focus on risk, safety and governance, those staff on duty have an opportunity to speak directly to members of the Executive Board, who will take our concerns and work together with us to champion maternity improvements within the wider Trust agenda.

**Maternity Safety Champions**

- Tracey Carter, Chief Nurse
- Dame Christine Beasley, Non-Executive Director
- Lisa Long, Obstetric Consultant
- Ravindra Bhat, Consultant Neonatologist

Where do you find you are encountering difficulties? (max 250 words)
We are a large site within maternity which spans community settings and the Princess Royal University Hospital. A programme has been set up to increase the visibility of the safety champions across all areas and posters are in all areas with information on how to contact the safety champions.
What could help you to achieve this more effectively? (max 250 words)
This is an established model of safety at Denmark Hill site and is running effectively. We have engagement from all members and the non-executive director and chief nurse plays a chief role within this service.
<b>Perinatal Mortality Review Tool:</b> 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? (NHS Long Term Plan, 2019)
How successfully is your organisation achieving this? (max 250 words)
<p>The PMRT meetings are an open forum where all registered staff can attend for sharing of learning. Any significant care issues that impact outcomes are highlighted during the meeting. If necessary, this is shared with individuals for supportive reflection and learning, or with the wider team if trends in issues are highlighted, although we rarely have repeated issues.</p> <p>For care issues that have not impacted the outcome, reminders are sent to the wider teams about expectations of care, and the appropriate guidance to follow.</p> <p>We meet monthly to discuss recent cases and are very rarely cancel meetings. We have good membership across midwifery, obstetric and neonatal teams and a lead for each staff group on each site.</p> <p>Parents are always invited to share their feedback and this is always treated with the utmost respect and dignity, and shared with staff where appropriate.</p> <p>There is cross site support for PMRT.</p>
Where do you find you are encountering difficulties? (max 250 words)
<p>The service is being lead by bereavement team so there is a conflict of interest. Handover process to patient safety team began in January 2024 to ensure this conflict of interest is addressed.</p> <p>Currently there is no admin support therefore producing agendas, robust minutes and tracking of actions is difficult. As the patient safety admin will take on this role from January 2024, this will be resolved.</p>

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

There is a robust plan for this service to be in the risk and governance portfolio which will be able to

**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)

The Trust has consistently met the achievable KPI threshold for the proportion of pregnant women eligible for SCT, IDPS and FASP for whom a confirmed screening result is available at the day of report. Screening for Sickle cell and Thalassaemia (SCT), Infectious Diseases in pregnancy (IDPS) screening and the Fetal anomaly (FASP) screening programmes. The proportion of pregnant women having antenatal sickle cell and thalassaemia screening for whom a screening result is available  $\leq 10$  weeks + 0 days gestation performance has been consistently within the acceptable threshold, performance for this KPI reflects the percentage of the gestational age of the women presenting early for antenatal care at  $< 10$  weeks. The proportion of antenatal SCT samples submitted to the laboratory accompanied by a completed family origin questionnaire – the trust has also consistently met the achievable KPI. Under the newborn screening programmes the trust performance has consistently been in the acceptable threshold– NIPE KPI Standard 01 - proportion of babies eligible for the newborn physical examination who are tested for all 4 components (3 components in female infants) of the newborn examination within 72 hours of birth.

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

The Trust has not been able to achieve the achievable KPI target because  $> 40\%$  of women present late for booking or transfer their antenatal care late to King's. Other factors that affect performance include – non-contact of women who screen positive – several attempts to call but no responses, DNA of appointments with the specialist Nurse counsellor and a reluctance/decline to disclose baby's biological father details which is a recurring issue with most of identified population of screen positives.

NP2 – performance has consistently been under acceptable threshold due to the significant number of very sick or extreme prematurity of our newborn cohort who cannot have a NIPE within 72hours, a significant number of babies also get transferred in from other units. For the NP3 NIPE-S03 timeliness of ultrasound scan of the hips for developmental dysplasia Criteria: The proportion of babies with a screen positive newborn hip result who attend for Ultrasound scan of the hips within the designated timescale. A significant number of babies approximately  $> 30\%$  do not attend timely offered appointments by their parents, these

appointments get rescheduled but the radiology USS department but these rebooked appointments after the national timescale of 4 to 6 weeks from the date of referral. NB2 – The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process; unfortunately, the Trust has consistently not met the KPI for this screening programme, since the introduction of the new bloodspot cards, the number of compressed samples rejected had increased, currently seeing a growing number of avoidable repeats from incorrect sampling technique. On a local level we have put an improvement action plan with active monitoring of the avoidable repeats

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

GP surgeries and other community health forums to consider campaigns to encourage early access to antenatal care to further improve the sickle cell and Thalassaemia screening pathway.

- Parent information leaflet on the importance of babies' attendance to the 4 – 6 week Hip USS appointments to rule out Developmental Dysplasia of the hips (national leaflet in progress).
- Local screening team to continue to network with other external Trusts for shared practice on reducing the number of avoidable repeats for bloodspots.
- Local screening to carry out regular audits on avoidable bloodspot repeats and take robust actions to effect improvement.
- Local screening team to continue to work in collaboration with the Director of the SE Thames newborn screening lab for support with regular teaching sessions for the midwives and arranging more lab visits for repeat offenders to see how samples get processed in the lab and why it is important to have adequate bloodspot samples.
- Local screening team to continue monthly training sessions for all the midwives/maternity support workers and induction training sessions for relevant staff on all the antenatal and newborn screening programmes to continue to raise awareness of standards/pathways.
- All staff to be aware for regular updates on antenatal and newborn screening on the eLearning link in the Health Education England site located in - <https://portal.e-lfh.org.uk/login>.

The NHSP (Newborn Hearing Screening Programme) population screening standards set out performance thresholds for Q2 – 2023-2024.

South East London (SEL) Newborn Hearing screening Programme met the Acceptable and Achievable target for all the standards in Q2.

For the individual sites DH (Denmark Hill), PRUH (Princess Royal University Hospital) and STT (ST Thomas's Hospital) they all met the targets with the exception of DH that had a slight increase in referrals in Q2 with 22 babies out of the cohort of 810 babies screened. So, they did not meet the acceptable target in Q2.

We are achieving the result but making sure that the sites are covered at with sufficient staffing run clinics weekly and are able to open up mop up clinics if needed to make sure that we are able to see the homebirths, early discharges and incomplete screened babies within the 4-week KPI11 timeframe.

The screening teams are really good at making sure all babies born are offered a Newborn Hearing screen and in most cases the screen of babies born in the Hospital has their screen completed before discharge.

The hours on the ward when screen can be offered are between 8 am and 4.30 pm. Babies that are discharged without a screen outside of these hours are picked up as outpatient. Babies that are residential outside of the SEL catchment area will be offered an appointment if needed by their local screening teams. We have a strong and tight, communication pathway for these babies.

SEL has a dedicated and well performing admin team who are working hard to offer all babies an appointment for Newborn Hearing screening or Audiology Diagnostic assessments within the time frame set by the National Team.  
We are monitoring the above waitlists on a weekly basis to be able to pick up on any breaches.