

**Maternity Unit, Royal Albert Edward Infirmary - Equality Engagement**

The Equality Delivery System (EDS) is a framework which was created by the Department of Health to help NHS Organisations to make improvements on equality, diversity and inclusion. To improve the services they provide for their local communities, consider health inequalities in their local area and provide better working environments free of discrimination.

**WWL want you, our service users and local community to have a say on our equality and inclusion work for Maternity Services. We want to:**

* **Show you what we currently provide and what we are working on**
* **Ask you “are we getting it right for everyone / people from all protected characteristics?”**
* **Tell us how well you think we are doing - Score us on the following questions**

D **Are all patients free from harm?**

D **Do all patients have access to the service?**

**Are all patients reporting positive experiences?** take

**Are all patient’s health needs being met?**

* **Help us decide what we need to do next.**



**Maternity Services – What we provide**

At WWL we have midwives working in the community, two antenatal clinics, an obstetric led Maternity Unit and offer a full home birth service. We are a friendly Maternity Unit offering choice and information to support patients and their families to make decisions regarding their care.

WWL offer a wide range of maternity services, for the focus of this review, we will look at the **Maternity Unit at the Royal Albert Edward Infirmary**. Evidence however will also relate to other maternity services provided.

The Maternity Unit is a hospital facility designed for the care of women before and during child birth and for the care of newborn babies. It is part of the hospital where babies are born and their mothers are taken care of. The unit provides facilities for antenatal care of mothers with complications during pregnancy, assessment, management of labour, delivery and immediate post-delivery observation of mothers.



**Every day on average 6 to 10 babies are born at the Royal Albert Edward Infirmary.**

|  |
| --- |
| **Evidence 1: Do all patients have access to the service?** |
| **Personalised Individual Care Plans****WWL recognise every person, every pregnancy, every baby and every family is different. All patients have a personalised individual care plan**. They are involved with their personalised care and support planning, which identifies what matters to them and ensuring that their care reflects this. The patient’s life, family situation, health and well-being and preferences are discussed.**If a need/adjustment in relation to a patient’s protected characteristic is required, then this is considered at the beginning of the patient’s journey with us.** **For example:** * if a patient has a **disability**, we ensure reasonable adjustments are put in place so they can fully access the service. Such as, specialist equipment, occupational therapy support, personalised paperwork and patient information is provided on patient specific needs basis. Easy Read Patient Information Leaflets are available. Complex Medical Conditions Individual Management Plans are implemented for all patients with disabilities / health conditions
* If a patient has a learning disability and is **pregnant**, we ensure the patient has the right support in place and liaise with the appropriate services. Our Maternity Services provide dedicated provisions for maternity patients with learning disabilities.
* We have supported patients who are **LGBTQIA+** and ensure the patient has the right support in place. For example recording of different family structures within patient notes / Our Maternity Services Database (Euroking) has been updated to allow ‘partners’ details to be entered, as opposed to just mother and father / Accommodating more than 1 birth partner. We have supported several same sex couples who have had a surrogate deliver their babies.
* Pregnancy risks increase with **age.** Age is therefore considered within the patient’s care plan and any appropriate management plans put in place.
* We ask about a patient’s **religion / spirituality** so we can understand how they practice their faith and if it affects routines, so we can put reasonable adjustments in place.
 |
| **Equality Impact Assessment****An Equality Impact Assessment is undertaken on the Maternity Unit every 3 years. Last Assessment undertaken May 2022.** We use this assessment to identify potential impacts, both positive and negative across all 9 protected characteristics, and look at how we could avoid disadvantage or further improve the delivery of our services. |
| **Access to** **Interpreter and Translation Services**We have full access to interpreter and translation services for patients from different **ethnicities** who do not speak English as their first language. **WWL provides access to the following interpreter and translation services:*** Face to Face and telephone interpreters
* British Sign Language Interpreter (face to face and video remote on demand)
* Patient information can be made available in large print, audio and braille on request**.**

**During 2022/23** **15.5%** of Patients (maternity admissions) of Black & Minority Ethnic Groups **(1.5%** Not known)**83%** of Patients (maternity admissions) of British White EthnicityHigher percentage of Black and Minority Ethnic Groups using maternity services in comparison with overall out-patient / in-patient activity. **WWL provides access to the following interpreter and translation services:*** Face to Face and telephone interpreters
* British Sign Language Interpreter (face to face and video remote on demand)
* Patient information can be made available in large print, audio and braille on request**.**
 |
| **Additional Support for Patients from Minority Ethnic Groups in Pregnancy** It has long been known that women from minority ethnic backgrounds are generally at greater risk of long-term health problems than white women, with black women more likely to have conditions that can put them at greater risk, with some of the reasons attributed to social factors associated with health, including poverty, education and housing. * WWL recognise this and provide additional support for patients from minority ethnic groups in pregnancy.
 |
| **Access to multi-faith chaplaincy and spiritual care services*** **Prayer facilities** on all hospital sites.
* **Cultural beliefs / traditions** documented in notes and adhered to (within care plan)

**Patient’s Special Dietary Requirements catered for*** **Halal / Vegetarian / Vegan / special diets**
 |
| **Community Midwifery Teams / Enhanced Care Midwifery Teams**Providing enhanced support and education to vulnerable women / socially excluded groups. |
| **Dedicated Perinatal Mental Health Midwife** Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions. |
| **Access to Dedicated Learning Disability Liaison Team**Safeguarding and Community Learning Disability Team alerted to patient with learning disability admission. **Safeguarding / Learning Disability Passports** People with a learning disability can**bring a copy of the Hospital Passport with them when they attend hospital.** If they do not bring one with them, hospital staff will provide a blank copy and encourage them, with support from a relevant individual, to complete one on arrival.**Bespoke ‘My Maternity Passport’** for patients with a learning disability**Formal Maternity Process for Women with Learning Disability/Learning Difficulty/Hidden Disability/Autism**The purpose of the maternity process is to improve the perinatal outcomes for mothers with a learning disability, learning difficulty or hidden disability (other conditions affecting intellectual ability) and autism and their babies. More specifically to Identify and intervene to provide reasonable adjustments to help parents understand Help parents adjust to pregnancy, and to support them to prepare for parenthood. **Easy Read Patient Information Leaflets**My Birth Plan – An Easy Guide to Planning your Birth |
| **Assistance Dogs Policy and Procedure** Implemented following complaint regarding access in maternity services in 2015. Policy sets out roles and responsibilities of staff to support access for patients/visitors with assistance dogs. Procedure identifies the process for allowing access to assistance dogs within the Trust |
| **Reasonable Adjustments*** We recently cared for a transgender patient. We discussed with the patient any reasonable adjustments they would prefer and this was incorporated within their personalised care and support plan. Single room accommodation was provided to maintain privacy and dignity and staff used the patient’s preferred pronouns as per the patient’s wishes.
* All reasonable adjustments for patients with disabilities are based on individual needs and are discussed with the patient and incorporated within their personalised care and support plan. We have side rooms which accommodate wheelchairs for patients and or their partners. We have hearing and visually impaired patients and those with complex needs. All have a personalised care and support plan and agreed levels of support from family is always accommodated. Any specific requirement regarding adjustments will be supported wherever possible. This may be specific beds and chairs / access to British Sign Language Interpreters.
 |
| **Evidence 2: Are all individual Patients health needs met?** |
| **See Evidence 1** |
| **Personalised Individual Care Plans****WWL recognise every person, every pregnancy, every baby and every family is different. All patients have a personalised individual care plan**. They are involved with their personalised care and support planning, which identifies what matters to them and ensuring that their care reflects this. The patient’s life, family situation, health and well-being and preferences are discussed.**If a need/adjustment in relation to a patient’s protected characteristic is required, then this is considered at the beginning of the patient’s journey with us.**  |
| **If a patient has a disability and is pregnant, we ensure the patient has the right support in place and liaise with the appropriate services to ensure their health needs are met.** * **Complex Medical Conditions Individual Management Plans** implemented for all patients with disabilities / health conditions
* **Care Plan** – Additional information and care for pregnant women with complex medical disorder(s).
* **Antenatal Admission Care Plan** for complex medical disorders in pregnancy
 |
| **Community Midwifery Teams / Enhanced Care Midwifery Teams****Including Community Midwives DAISY Team** Providing enhanced support and education to vulnerable women / socially excluded groups* Antenatal Risk Factor Identification Tool completed and sent with Daisy Team Referral
* Daisy Team implement personalised individual care plan with patient / reasonable adjustments put in place. My Maternity Passport / easy read birth plan completed.
 |
| **Regional Action Plans/Strategies** **In place for Black and minority ethnic (BAME) Health Inequalities** It has long been known that Women from minority ethnic backgrounds are generally at greater risk of long-term health problems than white women, with black women more likely to have conditions that can put them at greater risk, with some of the reasons attributed to social factors associated with health, including poverty, education and housing. The NHS Planning Guidance 2019/20 sets out an expectation that systems will start to implement continuity of carer models for women of Black and Asian ethnic backgrounds and those living in the most deprived deciles. * **WWL ‘Additional Support for Patients from Minority Ethnic Groups in Pregnancy’ Standard Operating Procedure (SOP)** in place for staff.
* **Regional EDI Working Group**
 |
| **Safeguarding / Learning Disability Passports** If a patient has a learning disability and is pregnant, we ensure the patient has the right support in place and liaise with the appropriate services. Our Maternity Services provide dedicated provisions for maternity patients with learning disabilities.People with a learning disability can**bring a copy of the Hospital Passport with them when they attend hospital.** If they do not bring one with them, hospital staff will provide a blank copy and encourage them, with support from a relevant individual, to complete one on arrival.* **Bespoke ‘My Maternity Passport’** for patients with a learning disability
* Access to **Learning Disability Liaison Team**
 |
| **Dedicated Perinatal Mental Health Midwife** (Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions).* Antenatal Risk Factor Identification Tool completed and sent with Perinatal Mental Health Team Referral.
 |
| **BCG Vaccination Clinics now offered on Saturdays in the community** BCG is offered to babies who are likely to spend time with someone with TB. This includes babies who live in an area with high rates of TB or babies with parents or grandparents from a country with high rates of TB. |
| **Reasonable Adjustments****Examples of reasonable adjustments include****Relatives / friends staying to provide emotional and physical support****Assistance dogs allowed on ward** member**Lifting equipment****Specialist beds** |

|  |
| --- |
| **Evidence 3: Are all patients free from harm?**  |
| **Trust Risk Management Policy****All serious incidents / complaints are investigated, and lessons learnt embedded within Trust practice.** All staff working within Maternity and Neonatal Services at WWL have a role in identifying risk and ensuring children and adults are protected from harm. Maternity staff are likely to have significant contact with families who may require support and interventions in relation to safeguarding. All Maternity staff need to be aware of national and local procedures and their responsibility in relation to these.  |
| **Think Family Safeguarding Team** Based WWL NHSFT covering all hospital sites and community services, providing maternity and neonatal care. The WWL NHSFT Think Family Safeguarding Team has a statutory requirement to ensure the Trust are compliant with National Safeguarding and oversee the effectiveness of our Safeguarding Service provision. The WWL Think Family Safeguarding Team has A Name Midwife, Named Nurse for Adults, Named Nurse for Children and Named Nurse for Children in Care.  |
| **National MBRRACE Reports and Action Plans**Each year the MBRRACE Report ”Saving Lives, Improving Mothers’ Care” is published as part of the Maternal Newborn and Infant Clinical Outcome Review Programme. The report looks at data from the UK and Ireland confidential enquiries into how many women had died during child birth. And the 12 months after. The report provides statistics on these deaths as well as summaries on the circumstances around them; and makes suggestions on preventions and lessons to be learnt. WWL reviews this report and embeds recommendations / changes to guidelines within local maternity improvement action plans* **WWL Action Plan currently being developed in response to this.**
 |
| **Pregnancy risks increase with age. Age is therefore considered within the patient’s care plan and any appropriate management plans put in place.** |
| **Vitamin D Antenatal Guidelines**Vitamin D deficiency more prevalent between ethnic groups. Compared to white British babies, concentrations of the vitamin were much lower in babies of Black, Asian and mixed races as well as non-British white babies. * **Antenatal Risk Factor Identification Tool completed with Vitamin D Assessment.**
 |
| **Complex Medical Conditions Individual Management Plans** implemented for all patients with disabilities / health conditions |
| **Safeguarding / Learning Disability Passports** People with a learning disability can**bring a copy of the Hospital Passport with them when they attend hospital.** If they do not bring one with them, hospital staff will provide a blank copy and encourage them, with support from a relevant individual, to complete one on arrival.* **Bespoke ‘My Maternity Passport’** for patients with a learning disability
 |
| **Dedicated** **Perinatal Mental Health Midwife** (Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions). |
| **WWL Honour Based Abuse Procedure** Fundamental abuse of Human Rights and Should be recognised and responded to in a promptand effective manner. Defines the process for recognising individuals who may be at risk from or suffering from honour based abuse. |
| **Example of recent incident and lessons learned**A patient’s father was denied access to visit his newborn grandchild, as he was accompanied by his guide dog. The staff member felt this was a health and safety risk and infection control risk. The relative made a complaint through the Trust’s PALS Service. This was immediately rectified and the Trust apologised for not recognising what protocol should be used and causing distress. This complaint highlighted that the Trust did not have a robust policy and protocol in place for patients / relatives attending with assistance dogs. Processes and guidelines have since been reviewed and now embedded within Trust practice. |

|  |
| --- |
| **Evidence: Patients report positive experiences of the service** |
| **CQC National Maternity Survey 2021**The 2021 Maternity Survey involved 122 NHS trusts in England. All NHS trusts providing maternity services that had at least 300 live births were eligible to take part in the survey. Women aged 16 years or over who had a live birth between 1 and 28 February 2021 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey. Fieldwork took place between April and August 2021. Responses were received from more than 23,000 women, an adjusted response of 52%**297**Eligible at the end of survey**37%**Completed survey(109)**300**Invited to complete the survey98% Treated with respect and dignity (during labour & birth)97% Had confidence and trust in staff (during labour & birth)96% Involved enough in decisions about their care (during labour & birth)The results show that despite the constraints of the Covid pandemic, our results are predominantly in line with other trusts, with 1 result worse, and 1 result somewhat worse, than most trusts. The somewhat worse result is now actioned with the implementation of our Perinatal Mental Health Midwife and should see improvement in the next report. The worse result continues to be worked on with the planning of implementation of continuity teams.**Demographics:****97%** White**2%** Asian / Asian British**1%** Black / African / Caribbean / Black British**0%** Mixed / Multiple Ethnic Groups**0%** Other Ethnic Group**7%** 16-25year olds**28%** 26-30 year olds**45%** 31-35 year olds**19%** 36+ year olds**31%**  respondents said they had a long-term condition.**WWL National Maternity Survey 2021 Action Plan**An Action Plan based on the CQC Maternity survey report for WWL is produced and monitored.  |
| **Maternity Friends and Family Results – November 2023****Ratings & Response Rates**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Antenatal  | 1 | 2 | 3 | 4 | 5 | 6 | Responses |  |  |
| **Total** | 6 | 1 | 0 | 0 | 0 | 0 | **7** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Birth | 1 | 2 | 3 | 4 | 5 | 6 | Responses | Eligible | Response Rate |
| **Total** | 25 | 3 | 1 | 0 | 0 | 1 | **30** | 30 | **100%** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Postnatal Ward  | 1 | 2 | 3 | 4 | 5 | 6 | Responses |  |  |
| **Total** | 13 | 3 | 0 | 0 | 0 | 0 | **16** |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Postnatal Community  | 1 | 2 | 3 | 4 | 5 | 6 | Responses |  |  |
| **Total** | 19 | 1 | 0 | 0 | 0 | 0 | **20** |  |  |

Qualitative Feedback

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Antenatal | Total Surveys | Positive | Positive Last month | % Positive | Negative | % Negative |
| **Total** | **7** | **7** | **100%** | **100%** | **0** | **0%** |
|   |   |   |   |   |   |   |
| Birth | Total Surveys | Positive | Positive Last month | % Positive | Negative | % Negative |
| **Total** | **30** | **28** | **100%** | **93%** | **0** | **0%** |
|   |   |   |   |   |   |   |
| Postnatal Ward | Total Surveys | Positive | Positive Last month | % Positive | Negative | % Negative |
| **Total** | **16** | **16** | **100%** | **100%** | **0** | **0%** |
|   |   |   |   |   |   |   |
| Postnatal Community  |  Total Surveys | Positive | Positive Last month | % Positive | Negative | % Negative |
| **Total** | **20** | **20** | **0%** | **100%** | **0** | **0%** |

 |
| **Maternity Voices Partnership (MVP)** Forum for maternity service users, providers and commissioners of maternity services to come together and design services that meet the needs of local women, parents and families. They all work together to share ideas and identify solutions for the design and improvement of maternity care. It is a way of discussing and over-coming challenges. The group aims to support the development and improvement of maternity care for everyone, regardless of who they are or where they live, so that everyone has access to the same quality care.The group continues to try to increase the numbers of women from minority ethnic groups into the MVP. A visit is planned to Wigan SWAP (support group for asylum seekers and minority ethnic groups) to explain the MVP to them and try and encourage their voices to be heard.* **Wigan Borough Maternity Voices Work Plan 2022/23** developed and actioned.
 |
| **Rainbow Badge Programme**During 2022, WWL were offered a place on Phase 2 of the NHS Rainbow Badge Assessment Programme. A number of service / patient / staff surveys were undertaken across the Trust to ascertain how services are currently being inclusive of LGBTQIA+ people (Maternity services was included). This assessment was to help us identify and celebrate the work that is already being done while also understanding what next steps need to be taken to make our services a safer and more inclusive environment for LGBT+ people. WWL scored within the initial stage. A Recommendations Report was produced and is currently being reviewed). |

**Scores Table (See Scoring Guide below)**

|  |  |  |
| --- | --- | --- |
| **Outcome** | **Score** | **Comments** |
| **Do all patients have access to the service?** |  |  |
| **Are all patients free from harm?** |  |  |
| **Are all patient’s health needs being met?** |  |  |
| **Are all patients reporting positive experiences?** |  |  |

**Scoring Guide**

|  |  |
| --- | --- |
| 1. **Underdeveloped**
 |  **2) Developing** |
| **Sad face outline outline****People from all protected groups****Fair poorly compared to people** **overall / No evidence** | **Neutral face outline with solid fill****People from some protected groups****Fair as well as people** **overall**  |
| 1. **Achieving**
 |  **4) Excelling** |
| **Smiling face outline with solid fill** **People from most protected groups Fair as well as people** **overall**  | **Winking face outline with solid fill****People from all protected** **groups Fair as well as people****overall**  |