

Lancashire and South Cumbria Maternity Equity and Equality Action Plan – 23/24

Priority 1: Restore NHS Services Inclusively

At national level, the decline in access among some groups during the first wave of the pandemic broadly recovered in later months. Some pre-existing disparities in access, experience and outcomes have widened during the pandemic.

Intervention 1: Continue to Implement the Covid 19 4 actions

Ref	Workstream	Deliverable	Milestone	RAG
C-19 Action 1	Covid	Increase support for at risk pregnant women (E.g. make sure clinicians have a lower threshold to review, admit and consider multi-disciplinary escalation in women from ethnic minority groups)		
C-19 Action 1	Covid		Co-produce and implement an operational policy with your Maternity Voices Partnership (MVP) and community organisations who are representative of local women and families for how you will manage the risks of COVID-19 for pregnant women from a Black, Asian and minority ethnic background	
C-19 Action 1	Covid		Review and revise operational policy for how you will manage the risks of COVID-19 for pregnant women from a Black, Asian and minority ethnic background	
C-19 Action 2	Covid	Reach out and reassure BAME women with tailored communications		
C-19 Action 3	Covid		Co-produce a communications plan with your MVP and community organisations targeted at Black, Asian and minority ethnic women.	
C-19 Action 3	Covid	Ensure hospitals discuss vitamins, supplements and nutrition in pregnancy with all women (particular focus on Vit D and Folic Acid)		
C-19 Action 4	Covid	Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and age 35 or over, to identify those most at risk of poor outcomes		

Priority 2 - Mitigate against digital exclusion			<p>"Systems are asked to ensure that:</p> <ul style="list-style-type: none"> • providers offer face-to-face care to patients who cannot use remote services • more complete data collection is carried out, to identify who is accessing face-to-face, telephone or video consultations, broken down by relevant protected characteristic and health inclusion group • they take account of their assessment of the impact of digital consultation channels on patient access" <p>Intervention 1: Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats, including hard copy PCSPs for those experiencing digital exclusion</p>	
Ref	Workstream	Deliverable	Milestones	RAG
P2 - Int 1	Choice and Personalisation	Complete audit of in-house (Badgernet) PCSP generation process and capability to inform how we can approach translation and non digital exclusion (including Braille)		
P2 - Int 1	Choice and Personalisation		Understand full badgernet process in Trusts for generating individual PCSPs, how these are shared and what options there are for printing and translation	
P2 - Int 1	Choice and Personalisation		Audit current processes (non-PCSP) for translation, interpretation and digital exclusion for women and birthing people	
P2 - Int 1	Choice and Personalisation		Audit any current workarounds (outside Badgernet) being utilised to enable PCSPs being in place for those excluded due to 'language' or 'digital accessibility'	
P2 - Int 1	Choice and Personalisation		Establish Clevermed intentions and plans around facilitating alternative formats of PCSPs to be generated via Badgernet at Trust level	
P2 - Int 1	Choice and Personalisation	Establish baseline data re: language / translation requirements at Trust level		
P2 - Int 1	Choice and Personalisation		Analysis of available data at Trust level to provide numbers / percentage of women with non-English as a preferred language - and which languages	
P2 - Int 1	Choice and Personalisation		Identify from Trust data collection / MVP focus groups percentage of women who are "digitally excluded"	
P2 - Int 1	Choice and Personalisation		ICP/PBC (Maternity Provider) footprint data re: most prevalent languages (non-English)	
P2 - Int 1	Choice and Personalisation	Identify specific requirements to ensure full inclusion for language, digital accessibility and visual impairment for LSC		
P2 - Int 1	Choice and Personalisation		Analysis of baseline data to agree priority languages for LSC and at Trust Level	
P2 - Int 1	Choice and Personalisation		Establish requirement for service user co-production and input re: priorities via Family Engagement Manager / MVPs and Community Engagement Group	
P2 - Int 1	Choice and Personalisation		Agree other priorities to remove exclusion based on audit, baseline data and service user insight	
P2 - Int 1	Choice and Personalisation	Develop LMNS and Trust level action plans to enable the agreed required PCSP formats and dissemination of these for all women		
P2 - Int 1	Choice and Personalisation		Specific milestones for action plans dependent on above milestones outcomes	
P2 - Int 1	Choice and Personalisation	Action plans fully implemented and ongoing processes in place for continual review to ensure we sustainably continue to meet the needs of our population - i.e. transition to BAU		
P2 - Int 1	Digital	Complete audit of in-house (Badgernet) PCSP generation process and capability to inform how we can approach translation and non digital exclusion (including Braille)		

P2 - Int 1	Digital		Understand full badgernet process in Trusts for generating individual PCSPs, how these are shared and what options there are for printing and translation	
P2 - Int 1	Digital	Establish baseline data re: language / translation requirements (PSCP) at Trust level		
P2 - Int 1	Digital		Analysis of available data at Trust level to provide numbers / percentage of women with non-English as a preferred language - and which languages	
P2 - Int 1	Digital		Identify from Trust data collection / MVP focus groups percentage of women who are "digitally excluded"	
P2 - Int 1	Digital		ICP/PBC (Maternity Provider Trust) footprint data re: most prevalent languages (non-English)	
Priority 3 - Ensure datasets are complete and timely			"Systems are asked to continue to improve the collection and recording of ethnicity data. NHS England and NHS Improvement will support the improvement of data collection, including through the development of the health inequalities improvement dashboard"	
Ref	Workstream	Deliverable	Milestone	RAG
P3 - Int 1	Digital	Establish Digital Systems Group and secure resources required		
P3 - Int 1	Digital		Identify membership required to deliver E&E programme or work (data and digital requirements) plus the wider Maternity programme	
P3 - Int 1	Digital		Secure senior data analyst resource to work from this digital systems group and into the Data Analysis and Interventions planning group - plus the E&E assurance panel	
P3 - Int 1	Digital		Regular meetings in place with agreed membership	
P3 - Int 1	Digital		Terms of reference agreed and signed off via E&E governance structure	
P3 - Int 1	Digital	Facilitate baseline of ethnic coding and postcode (surpressed if needed to be legally compliant) following full Badgernet roll out across the system and set up regular data reports to demonstrate improvement		
P3 - Int 1	Digital		Initial baseline of mother's ethnic coding and postcode	
P3 - Int 1	Digital		Gap and accuracy analysis of baseline data for mother's ethnic coding and postcode	
P3 - Int 1	Digital		Ensure that LMNS wide dashboard is accessible for interrogation by individual work programmes	
P3 - Int 1	Digital	Monitor compliance with data requirements Nationally regionally and LMNS wide. Request changes to EPR as required.		
Priority 4 – Accelerate Preventative Programmes that engage those at greatest risk of poor health outcomes			4a - Understand your population and co-produce interventions Understand the local population – its health outcomes and community assets. Understand staff experience, using Workforce Race Equality Scheme data. Use this understanding to plan co-production activity to design interventions to improve equity for women and babies and race equality for staff.	
Ref	Workstream	Deliverable	Milestone	RAG

P4a-Int 3	Workforce	Gather initial baseline of Trust WRES reporting for submission to regional team as part of the Population Health Needs Analysis submission		
P4a-Int 4ii	Digital	Review of WRES survey+ to identify key themes and priorities plus other identified baseline information		
P4a-Int 4ii	Digital		Ensure ongoing collation and reporting of WRES and other identified data sets are part of LMNS data dashboard	
P4a-Int 4ii	Workforce	Review of WRES survey+ to identify key themes and priorities plus other identified baseline information		
P4a-Int 4ii	Workforce		Review of supporting staff forums on Trust, LMS and regional footprints to support those staff from Black, Asian and mixed ethnicity back grounds (E.g. PMAs)	
P4a-Int 4ii	Workforce		Undertake audit of PMAs within each Trust including ethnicity	
P4a-Int 4ii	Workforce		Undertake an audit of maternity staff within leadership / senior roles within each Trust including ethnicity	
P4a-Int 4ii	Workforce		Undertake survey with maternity staff and partners across the LMNS to identify themes for improving race equality and experience for staff from ethnic minority backgrounds	
P4a-Int 4ii	Workforce		Ensure ongoing collation and reporting of WRES and other identified data sets are part of LMNS data dashboard	
P4a-Int 4ii	Workforce	Develop action plan for key interventions / initiatives to improve race equality		
P4a-Int 4ii	Workforce		Campaign to target colleges and schools and communities to raise awareness of career opportunities within maternity services in LSC and pathways available (MSW, MW, Medical Obstetrics etc) - resources to target key potential cohorts	
P4a-Int 4ii	Workforce		Link with HEIs to ensure student midwives from ethnic minority backgrounds have access to Trust forums for people from ethnic minority backgrounds and other protected characteristics	
P4a-Int 4ii	Workforce		Supporting staff from ethnic minority backgrounds into leadership roles and PMA course	
P4a-Int 4ii	Workforce		International recruitment of midwives into LSC Maternity Provider Trusts - plus LMNS and Trust level pastoral care packages - is supported and monitored: including data sets	
P4a-Int 4ii	Workforce		* Gaps in support for these staff	
P4b - Int 2	Diabetes	Establish working group with diabetes leads in each Trust		
P4b - Int 2	Diabetes	Conduct audit of current activity and processes for referral and data capture and follow up		
P4b - Int 2	Diabetes		Clarify who picks up referrals into NHS Diabetes Prevention Programme.	
P4b - Int 2	Diabetes		Ensure working links into the ICS diabetes network	
P4b - Int 2	Diabetes		Map what current process is in all four provider Trusts then explore if this is the most direct route.	
P4b - Int 2	Diabetes		Liaise with Primary Care colleagues to agree collaborative approach to sourcing data reporting going forward	
P4b - Int 2	Diabetes	Standardise postnatal communications across all four Trusts for diabetes referrals		
P4b - Int 2	Diabetes		Standardise postnatal letters across LSC including discharge summary letter and additional letter at 6-8 weeks postnatally. To include: information about gestational diabetes medical history and what actions are required by GP (to inform HV to review) Add to postnatal letters "NHS Diabetes Prevention Programme" if not already in place.	
P4b - Int 2	Diabetes		Implement internal process to send out hard copy letters to identified women and GPs for those experiencing digital exclusion / discontinued use of BadgerNotes postnatally (unable to receive BadgerNet notifications) and as an interim measure until BadgerNote push notifications can be established.	

P4b - Int 2	Diabetes		Implement digital process through BadgerNet to include information re requirement for 12/52 postnatal bloods and conditional referral to prevention programme on discharge summary letter.	
P4b - Int 2	Diabetes		Implement digital process through Badgernet to email letters to identified women regarding GP appointment and prevention programme at 6weeks postnatally.	
P4b - Int 2	Diabetes		Implement digital process through Badgernet to email GPs at 6 weeks postnatally re: 6-13 week postnatal bloods and need to refer to NHS Diabetes Prevention	
P4b - Int 2	Diabetes	Identify and operationalise process for accurate data collection for women referred to and taking up offer for NHS Diabetes Prevention Programme		
P4b - Int 2	Diabetes		Gap analysis of currently available data and actual requirements to develop fit for purpose data metrics specification for diabetes in maternity	
P4b - Int 2	Diabetes	Work with national and ICB Diabetes programme to handover referral data capture and reporting processes - and ensure access for LMNS		
P4b - Int 2	Diabetes		BI to differentiate baseline and ongoing data per IMD and ethnicity and GP practice to enable more meaningful health needs analysis and targeting of activity and services.	
P4b - Int 2	Digital	Work with national and ICB Diabetes programme to handover referral data capture and reporting processes - and ensure access for LMNS		
P4b - Int 2	Digital		BI to differentiate baseline and ongoing data per IMD and ethnicity and GP practice to enable more meaningful health needs analysis and targeting of activity and services.	
P4b - Int 2	Digital	Standardise postnatal communications across all four Trusts for diabetes referrals		
P4b - Int 2	Digital		Implement digital process through BadgerNet to include information re requirement for 12/52 postnatal bloods and conditional referral to prevention programme on discharge summary letter.	
P4b - Int 2	Digital		Implement digital process through Badgernet to email letters to identified women regarding GP appointment and prevention programme at 6weeks postnatally.	
P4b - Int 2	Digital		Implement digital process through Badgernet to email GPs at 6 weeks postnatally re: 6-13 week postnatal bloods and need to refer to NHS Diabetes Prevention	
P4b - Int 3	Digital	Establish and implement data collection and reporting for complex social factors		
P4b - Int 3			Set up processes for collection and reporting of agreed datasets for women with complex social factors - including outcome measures	
P4b - Int 3			BI to differentiate baseline and ongoing data per IMD and ethnicity to enable more meaningful health needs analysis and targeting of activity and services.	
P4b - Int 4	Reproductive Trauma Service	Co-production of RTS service across Lancashire & South Cumbria		
P4b - Int 4			Ensure appropriate stakeholders are represented within RTS steering group (Statutory and VCFSE)	
P4b - Int 4			Full RTS service developed and implement through robust co-production across Lancashire and South Cumbria	
P4b - Int 4			Co-production of the overarching peer support offer for the RTS, supported by peer support co-ordinators and community manager	
P4b - Int 4			Outcome measure designed and implemented in conjunction with fathers, partners and co-parents - to establish bespoke assessment tool	
P4b - Int 4	Reproductive Trauma Service	Robust data baseline, informed trajectories / targets to inform wider engagement and comms, and ongoing reporting systems in place		
P4b - Int 4			Agree required data reporting of women from these backgrounds accessing services and any improved outcomes	
P4b - Int 4			Baseline of number of women, fathers, partners and co-parents accessing RTS (split by ethnicity and postcode (deprivation))	
P4b - Int 4			Analysis of access rates and percentages and compare to ethnicity and deprivation break down across the system	
P4b - Int 4			Set up regular reporting to include ethnicity and deprivation > dashboard and LMNS	
P4b - Int 4	Reproductive Trauma Service	Design and implement communications and engagement plan utilising the community engagement group to improve access rates		
P4b - Int 4			Utilise analysis of data to understand the biggest potential gaps in access	
P4b - Int 4			Design targeting specific communities to improve access	
P4b - Int 4	Reproductive Trauma Service	Improve training to all referring services across the system to improve conversations to be culturally sensitive and support access to RTS		
P4b - Int 4	Reproductive Trauma Service	Evaluation of Reproductive Service in LSC completed	Interviews scheduled with women, fathers, partners and co-parents	

P4b - Int 4			Publication of final report to inform further service changes and target cohorts	
P4b - Int 5	Digital	Maternity Information System Badgernet live in all four provider trusts		
P4b - Int 5			Final Trust BTH to go live.	
P4b - Int 5	Choice and Personalisation	Ensure robust data capture (and dashboard) to continually report on PSCP utilisation as per national requirement; any exclusions and changing trends, plus any other identified metrics and outcomes		
P4b - Int 5			Data differentiated as per IMD, ethnicity, preferred language and ward to enable more meaningful health needs analysis, to inform the strategy development and targeting of activity and services.	
P4b - Int 5			Report to identify women who are not able to access Badgernet to inform C&P lead to review and develop action plan	
P4c - Int 1	Continuity of Carer	Ensure robust data and outcomes reporting is available and reportable through Badgernet		
P4c - Int 1			Full specification of data and outcomes reporting to be agreed with Digital Systems Group	
P4c - Int 1			Full specification of data and outcomes CoC dashboard in place	
P4c - Int 1			BI to differentiate baseline and ongoing data per IMD and ethnicity to enable more meaningful health needs analysis and targeting of activity and services.	
P4c - Int 1	Continuity of Carer	Report outlining key recommendations for EMCoC teams extra funding priorities - linked to key geographies and CORE20Plus5 criteria		
P4c - Int 1			Scoping project with Innovation Hub and CORE20Plus5 to assess community and stakeholder/service-user preferences for EMCoC plans	
P4c - Int 1			Train community advocate teams - including Homestart and Student Midwives	
P4c - Int 1	Continuity of Carer	Enhanced Model of Care plans in place for each Maternity provider Trust - signed off by the regional / national team		
P4c - Int 1			Apply for funding to support the newly established teams	
P4c - Int 1			Develop teams meeting the requirements of EMCoC	
P4c - Int 1	Digital	Ensure robust data and outcomes reporting is available and reportable through Badgernet		
P4c - Int 1			Full specification of data and outcomes CoC dashboard in place	
P4c - Int 1			BI to differentiate baseline and ongoing data per IMD and ethnicity to enable more meaningful health needs analysis and targeting of activity and services.	
P4c - Int 2	Smoking in Pregnancy	Complete baseline audit of current position and provision of smoke free pathways for pregnant women across the LMNS		
P4c - Int 2			Baseline audit of current position complete	
P4c - Int 2	Smoking in Pregnancy	Utilise baseline audit and gap analysis against LTP in-house pathway to support organisational readiness for implementation at all maternity provider trusts		
P4c - Int 2			ELHT to submit business case for implementation of in-house tobacco treatment in pregnancy model (band 3 workforce + NRT costs) to LMNS and ICS tobacco leads for consideration	
P4c - Int 2			ELHT to submit business case for PHMW leadership post internally to their Trust for consideration (leadership of in-house tobacco treatment in pregnancy model implementation)	
P4c - Int 2			LMNS and ICS tobacco leads to meet with LTHt HoM to inform re requirements for implementation of in-house tobacco treatment in pregnancy model	
P4c - Int 2			ICS to respond to ELHT's business case re implementation costs for in-house tobacco treatment in pregnancy model	
P4c - Int 2			ELHT to recruit PHMW to lead implementation of in-house tobacco treatment in pregnancy model	
P4c - Int 2			LTHt to recruit PHMW to lead implementation of in-house tobacco treatment in pregnancy model	
P4c - Int 2			ELHT to recruit band 3 workforce for in-house tobacco treatment in pregnancy model	
P4c - Int 2			ELHT to agree SOPs for in-house tobacco treatment in pregnancy service	

P4c - Int 2			LTHTr to submit business case for implementation of in-house tobacco treatment in pregnancy model (band 3 workforce + NRT costs) to LMNS and ICS tobacco leads for consideration	
P4c - Int 2			ICS to respond to LTHTr's business case re implementation costs for in-house tobacco treatment in pregnancy model	
P4c - Int 2			If implementation costs are agreed by ICS, LTHTr to commence recruitment of band 3 posts for in-house tobacco treatment in pregnancy model	
P4c - Int 2			LTHTr to agree SOPs for in-house tobacco treatment in pregnancy service	
P4c - Int 2	Smoking in Pregnancy	Quality assurance of information and support provided to families across the system via agreement and implementation of:		
		- System-wide, standardised training matrix differentiated by role		
		- System-wide shadowing opportunities for specialist tobacco dependency roles		
		- System wide clinical supervision		
		- Quality assurance visits		
P4c - Int 2			System-wide standardised training agreed and developed for general maternity workforce	
P4c - Int 2			System-wide standardised training agreed and developed for tobacco dependence advisors (Midwifery Health Trainers at BTH, Health and Wellbeing Support Workers at UHMB) and Specialist Midwives for Public Health	
P4c - Int 2			Opportunities agreed as a system and with exemplar services across the region for shadowing by tobacco dependence advisors and specialist midwives.	
P4c - Int 2			Clinical Supervision sessions scheduled, coordinated and facilitated for tobacco dependence advisors and specialist midwives on a bimonthly basis.	
P4c - Int 2			Quality Assurance visits conducted to sites who have fully implemented LTP model bi-annually.	
P4c - Int 2	Smoking in Pregnancy	Data and outcomes specification agreed and designed for ongoing reporting of women (including ethnicity and deprivation) of women successfully accessing and completing smoke free pathways / services		
P4c - Int 2			Baseline audit of current data availability in relation to pregnant women accessing smoke free services	
P4c - Int 2			Revised BadgerNet template contents to be agreed with Clevermed to ensure capture of national metrics for in-house tobacco treatment in pregnancy model	
P4c - Int 2			BadgerNet to commence capture of national metrics for in-house tobacco treatment in pregnancy programme (July run)	
P4c - Int 2			BI to differentiate baseline and ongoing data per IMD and ethnicity to enable more meaningful health needs analysis and targeting of activity and services.	
P4c - Int 2			Mechanism to be agreed via L&SC Smoking in Pregnancy Network for reviewing ongoing assurance of data quality and recommendations from Network to individual Trusts or teams.	
P4c - Int 2	Smoking in Pregnancy	Implement additional targeted interventions such as incentive scheme and risk perception to add value to the national LTP pathway, in areas which demonstrate need via data and outcomes.		
P4c - Int 2			Data and outcomes can identify Trusts or demographic groups within communities who require risk perception intervention	
P4c - Int 2			Local Authorities and ICB agreed additional funding mechanism for incentive scheme implementation	
P4c-Int3	Infant Feeding	Workforce established to lead breastfeeding strategy development and co-production of plan (Prevention Coordinator: Infant Feeding and Family Engagement Manager)		
P4c-Int3			Appropriate leadership personnel in post to lead work.	
P4c-Int3	Infant Feeding	Establish a stakeholder group of user representatives, practitioners, providers and commissioners - including due governance procedures and documentation	Appropriate stakeholders included in membership of L&SC Infant Feeding Network.	
P4c-Int3	Infant Feeding	Data and outcomes specification agreed and designed for ongoing reporting of infant feeding prevalence including ethnicity and deprivation		
			Data metrics from maternity sources agreed by Infant Feeding Network (review of previous work)	

P4c-Int3			Data differentiated as per IMD and ethnicity to enable more meaningful health needs analysis, to inform the strategy development and targeting of activity and services.	
P4c-Int3			Review of format of L&SC infant feeding network meetings to ensure review of data quality and outcomes occurs quarterly to enable targeting of interventions and service change.	
P4c-Int3	Infant Feeding	Data analysis to inform approach to infant feeding interventions to support production of breast-feeding strategy		
P4c-Int3	Infant Feeding	Community Assets mapped and available via Mapping Databases		
P4c-Int3			General community assets mapped	
P4c-Int3			Mapping of community assets specific to infant feeding to enhance the submitted community assets mapping.	
P4c-Int3	Infant Feeding	Establish pathways for effective co-production with communities, particularly those from ethnic minorities, areas of high social deprivation and other marginalised communities as determined by the population health needs analysis		
P4c-Int3			Undertake snapshot review of service user experience of infant feeding services.	
P4c-Int3			Pathways for co-production include MVPs, local VCFS, ICB Patient Engagement Officer, Patient Experience Teams in each Provider, LMS Family Engagement Manager and local practitioners.	
P4c-Int3	Infant Feeding	Review of existing infant feeding services (statutory and commissioned) and strategies, with gap analysis against best practice documents and guidance to inform strategy development.		
P4c-Int3			Literature review / horizon scanning of pertinent guidance and use of Better Breastfeeding Mapping Tool developed into framework for an audit tool.	
P4c-Int3			Gap analysis of current services undertaken using Better Breastfeeding audit tool	
P4c-Int3	Infant Feeding	Co-production of system-wide breastfeeding strategy using data analysis, gap analysis, and local practice exemplars as a basis, with co-production pathways utilised as the vehicle throughout.		
P4c-Int3			Co-production events with communities, practitioners, public health leads and commissioners scheduled and facilitated, with thematic analysis of outputs to identify what is important to communities.	
P4c-Int3			Thematic analysis of staff and survey user survey responses / workshop intelligence to inform recommendations of strategy	
P4c-Int3			Consultation events with communities, practitioners, public health leads and commissioners scheduled and facilitated to review draft strategy, with amendments agreed.	
P4c-Int3			Final document signed off by Infant Feeding Network and sent to MNBA Exec Group and Board for information.	
P4c-Int3			Ensure LMNS Infant Feeding Strategy is integrated into ICB Strategy, Provider Strategies and Local Authority Best Start in Life Strategies and informs the work of the L&SC Infant Feeding Network.	
P4c-Int3	Infant Feeding	Full Baby Friendly Accreditation by all maternity providers achieved by 2027 as per Single Delivery Plan.		
P4c-Int3			Ongoing review of progress towards Baby Friendly Initiative complete	
P4c-Int3			Recovery plans received for UHMB and BTH	
P4c-Int3			Meetings scheduled with Divisional Leads at UHMB, BTH and LTHTr.	
P4c-Int3	Infant Feeding	Develop third iteration of system-wide, standardised Infant Feeding Policy and Guidelines to reflect the content of the Strategy, along with Bitesize infographic and amends to system-wide training curriculum to support staff implementation.		
P4c-Int3	Infant Feeding	Infant Feeding - develop and implement pathway for cows' milk protein allergy management		
P4c-Int3	Infant Feeding	Infant Feeding - integration of lactation consultations into services		
P4c - Int 4	Genetics	Close Marriage Genetics project group and meetings established		
P4c - Int 4			Scope existing work groups in genetics field	
P4c - Int 4			Identify additional renewed leadership and membership	

P4c - Int 4			Renegotiate Terms of Reference for meeting to include focus on Genetic Literacy, Screening and Pathways for Close Relative Marriage, particularly focusing on the Pakistani Community.	
P4c - Int 4			Regular meetings scheduled.	
P4c - Int 4	Genetics	Data and outcomes specification agreed and designed for ongoing reporting of prevalence of consanguinity and referrals to regional genomics services including differentiation by ethnicity, ward, IMD and GP.		
P4c - Int 4			Data metrics from maternity sources agreed by Close Relative Marriage Network	
P4c - Int 4			Data differentiated as per IMD, ethnicity, ward and GP practice to enable more meaningful health needs analysis, to inform the strategy development and targeting of activity and services.	
P4c - Int 4			Ensure review of data quality and outcomes occurs quarterly as a standing agenda item to enable targeting of interventions and service change.	
P4c - Int 4	Genetics	Establish robust pathways for screening, referral and support to couples who are consanguineous		
P4c - Int 4			Map current pathway across Pennine Lancashire	
P4c - Int 4			Gap analysis of current pathway vs gold standard pathway completed with recommendations for future development provided as a result.	
P4c - Int 4	Genetics	Quality assurance of information and support provided to families across the system via agreement and implementation of system-wide, standardised training matrix differentiated by role		
P4c - Int 4			Understand current awareness, confidence and experience of NHS and non-NHS system professionals working with close relative families via electronic survey to inform further training.	
P4c - Int 4			General maternity workforce trained via e-learning for health module	
P4c - Int 4			Relevant NHS supporting workforce trained via e-learning for health module (roles agreed as specified on Genetics Mapping Questionnaire list)	
P4c - Int 4			Relevant non-NHS supporting workforce trained via e-learning for health module, (roles agreed as specified on Genetics Mapping Questionnaire list). Users will need to be eligible for and register for an open Athens account	
			Differentiated face to face training from National Lead (may transfer to CRM MW once upskilled)	
P4c - Int 4			Specialist Midwives for Screening, (and if possible Close Relative Marriage Midwife) trained via March training day	
P4c - Int 4	Genetics	Understand and secure resource requirements to optimise culturally sensitive genetics services for consanguineous couples.		
P4c - Int 4			Mechanisms to improve genetic literacy within workforce and communities explored and resource requirement agreed.	
P4c - Int 4			Agree source of sustainability funding to ensure programme continues following 2.5 yrs of funding from bid	
P4c - Int 4			Complete application for national funding offer to support implementation of culturally sensitive genetics services and improve genetic literacy (close marriages)	
P4c - Int 4	Genetics	Workforce established to lead genetic literacy programme development and co-production of plan		
P4c - Int 4			Band 6 Close Relative Marriage MW postholder in post and inducted	
P4c - Int 4	Genetics	Co-production of project	Band 3 worker to progress	
			Develop mechanism by which to standardise service users insight approaches across organisations	
			Ensure one lead organisation with many responsibility for community engagement work	

P4c - Int 4	Digital	Data and outcomes specification agreed and designed for ongoing reporting of prevalence of consanguinity and referrals to regional genomics services including differentiation by ethnicity, ward, IMD and GP.		
P4c - Int 4			Data differentiated as per IMD, ethnicity, ward and GP practice to enable more meaningful health needs analysis, to inform the strategy development and targeting of activity and services.	
P4c-Int6	Digital	Data and outcomes specification agreed and designed for ongoing reporting of infant feeding prevalence including ethnicity and deprivation		
P4c-Int6			Data differentiated as per IMD and ethnicity to enable more meaningful health needs analysis, to inform the strategy development and targeting of activity and services.	
P4c-Int6	Digital	Data and outcomes specification agreed and designed for ongoing reporting of maternal nutrition metrics split by ethnicity and deprivation		
P4c-Int6	Choice and Personalisation		Data differentiated as per IMD and ethnicity to enable more meaningful health needs analysis, to inform the strategy development and targeting of activity and services.	
P4c - Int 6	Vaccination in Pregnancy	Leadership established to lead Vaccination in Pregnancy programme and strategy development		
P4c - Int 6			Identified leadership across pertinent ICB and external programmes.	
P4c - Int 6			Establish working group	
P4c - Int 6	Vaccination in Pregnancy	Data and outcomes specification agreed and designed for ongoing reporting of prevalence of consanguinity and referrals to regional genomics services including differentiation by ethnicity, ward, IMD and GP to demonstrate the impact of the CIPVA initiative		
P4c - Int 6			Data metrics from maternity sources agreed by PH MWs Network	
P4c - Int 6			Data differentiated as per IMD, ethnicity, ward and GP practice to enable more meaningful health needs analysis, to inform the strategy development and targeting of activity and services.	
P4c - Int 6			Regular analysis of uptake of Vaccinations in Pregnancy	
P4c - Int 6			ViP data reporting in place and reporting through to LMNS as part of wider dashboard	
P4c - Int 6	Vaccination in Pregnancy	Develop networks as conduits of evidence based information to communities (community, charitable, faith)		
P4c - Int 6			Map health and community asset provision (health, charitable, faith, children's/neighbourhood services) in target wards	
P4c - Int 6			Provide training to VCFSE networks as required so that they can deliver key messages regarding vaccination in pregnancy literacy and access to vaccination. To commence January 2024.	
P4c - Int 6	Vaccination in Pregnancy	Gain insight from staff and communities		
P4c - Int 6			PH MWs to regularly feed back operational insights to PHMW Network meeting to identify individual Trust action plans or system-wide challenges to be addressed / share learning.	
P4c - Int 6			MNVPs compiled the queries and concerns that service users have raised / explore barriers to uptake within communities in relation to ViP	
P4c - Int 6	Vaccination in Pregnancy	Optimise access to Covid Vaccination in Pregnancy		
P4c - Int 6			Establish individual Trust operationalisation plans, signed off by NHS E for flu and pertussis and by SVOC for COVID-19, for delivery of co-located vaccination clinics and ad hoc provision of vaccination.	
P4c - Int 6			Develop CVIP 7 minutes briefings - to be produced and disseminated regularly (planned times)	

P4c-Int6	Maternal Nutrition	Workforce established to lead development of standardised guidelines and co-production of plan (Prevention Coordinator:Maternal Nutritionand Family Engagement Manager)		
P4c-Int6			Appropriate leadership personnel in post to lead work.	
P4c-Int6	Maternal Nutrition	Establish stakeholder groups of user representatives, practitioners, providers and commissioners to - including due governance procedures and documentation	Appropriate stakeholders included in membership of L&SC Maternal Nutrition Network	
P4c-Int6			Re-establish L&SC-wide task and finish group, specific to Vitamin D supplementation. Review stakeholders membership.	
P4c-Int6	Maternal Nutrition	Data and outcomes specification agreed and designed for ongoing reporting of maternal nutrition metrics split by ethnicity and deprivation		
P4c-Int6			Data metrics from maternity sources agreed by Maternal Nutrition Network	
P4c-Int6			Data differentiated as per IMD and ethnicity to enable more meaningful health needs analysis, to inform the strategy development and targeting of activity and services.	
P4c-Int6			L&SC imaternal nutrition network meetings have review of data quality and outcomes as a standing agenda item quarterly to enable targeting of interventions and service change.	
P4c-Int6	Maternal Nutrition	Community Assets mapped and available via Mapping Databases		
P4c-Int6			General community assets mapped	
P4c-Int6			Mapping of community assets specific to maternal nutrition to enhance the submitted community assets mapping - must include food crisis pathway charities.	
P4c-Int6	Maternal Nutrition	Establish pathways for effective co-production with communities, particularly those from ethnic minorities, areas of high social deprivation and other marginalised communities as determined by the population health needs analysis. In relation to targeted higher-level supplementation with Vitamin D, particularly engage with those communities highlighted as at risk in RCOG Scientific Impact Paper No. 43 (2014)		
P4c-Int6			Pathways for co-production include MVPs, local VCFS, ICB Patient Engagement Officer, Patient Experience Teams in each Provider, LMS Family Engagement Manager, local practitioners and food crisis pathway charities.	
P4c-Int6	Maternal Nutrition	Review of existing dietetics and specialist maternity nutrition services (statutory and commissioned) and strategies, with gap analysis against best practice documents and guidance to inform strategy development.		
P4c-Int6			Literature review / horizon scanning of pertinent guidance and development into framework for an audit tool of local practice.	
P4c-Int6			Gap analysis of current services undertaken using audit tool	
P4c-Int6	Maternal Nutrition	Implementation of system-wide maternal nutrition guideline using gap analysis, data and local practice exemplars as a basis, with co-production pathways utilised as the vehicle throughout. Guideline to include recommendations from NICE PH11 (maternal nutrition including supplementation), NICE PH27 (weight management perinatally) and RCOG SIP43 (targeted increased dose Vitamin D supplementation)		
P4c-Int6			Co-production events with communities, practitioners, public health leads and commissioners scheduled and facilitated, with thematic analysis of outputs to identify what is important to communities.	
P4c-Int6			Guidelines drafted.	

P4c-Int6			Consultation events with communities, practitioners, public health leads and commissioners scheduled and facilitated to review draft guideline, with amendments agreed.	
P4c-Int6			Final document signed off by Maternal Nutrition Network and sent to MNBA Exec Group and Board for information.	
P4c-Int6	Maternal Nutrition	Staff feel confident and competent to discuss importance of nutrition and physical activity with women and families		
P4c-Int6			Staff training needs understood	
P4c-Int6			Development of padlet of maternal nutrition resources for workforce, available on Maternity Resource Hub	
P4c-Int6			System-wide standardised training for maternity workforce developed	
P4c-Int6			Implementation of standardised training schedule over 1 year period	
P4c-Int6			Repeat audit of practice using tool developed in D23	
P4c-Int6	Maternal Nutrition	Strategic Alignment of Maternal Nutrition as a health inequality priority across the system	Ensure LMNS Nutrition is integrated into ICB Strategy, Provider Strategies and Local Authority Best Start in Life Strategies and informs the work of the L&SC Maternal Nutrition Network.	
P4d-Int 1	Workforce	Conduct baseline audit of current training provision around cultural awareness and training uptake across all four maternity provider Trusts		
P4d-Int 1			Contact practice development midwives for information around training provision at each Trust for cultural awareness & safety plus numbers of staff completing training	
P4d-Int 1	Workforce	Develop / Identify training packages and resources for Cultural Safety for use across the LMNS		
P4d-Int 1			Explore and agree the use of All4Maternity cultural safety package training package for use across the LMNS	
P4d-Int 1			Commission the development of a staff e-book around cultural safety to support online training package (monies secured from national MMH underspend in Dec 2020)	
P4d-Int 1			Ensure resources (once collated) are hosted on Maternity Resource hub	
P4d-Int 1	Workforce	Develop, agree and implement plan for full roll out of cultural safety training across all four provider Trusts (exploring options of final year students completing also)		
			Acquire confirmation from HoMs that staffing levels are 'safe' to support commencement of Cultural Safety Training and dates for in house roll out	
P4d-Int 1			Agree (already sourced) cultural safety training roll out timescales for each Trust	
P4d-Int 1			CS training rolled out to Midwives and MSWs - ELHT	
P4d-Int 1			CS training rolled out to Midwives and MSWs - LTH	
P4d-Int 1			CS training rolled out to Midwives and MSWs - BTH	
P4d-Int 1			CS training rolled out to Midwives and MSWs - UHMB	
P4d-Int 1	Workforce	Agree and set up robust data collection and reporting mechanism for completion of training and compliance (Link with QAP)		
	Workforce		Link with each Practice Development Midwife to understand data collection around training compliance and agree onward reporting	

4d - Int 2	Digital	Agree and implement robust Serious Incidents data (for incidents involving women from Black, Asian and mixed ethnicity backgrounds and those from areas of highest deprivation) assurance and data reporting through to the Quality Assurance Panel		
4d - Int 2			Ensure ongoing process and support in place for collating SI data in relation to culture, ethnicity and language > for use by the MNA QAP	
4d - Int 2	SI/Governance	Identify leadership and membership for project group and initiate		
4d - Int 2	SI/Governance		Lead in place to commence engagement with Trusts	
4d - Int 2	SI/Governance		Identify maternity governance leads in each trust	
4d - Int 2	SI/Governance	Complete audit and baseline of current SI processes within each trust in relation to maternity / neonatal and consideration of ethnicity as a factor	To review and discuss recording of ethnicity in Serious Incident /patient safety event reporting	
			-% of cases with a valid ethnic code recorded	
4d - Int 2	SI/Governance		Governance leads to provide information and current processes around investigating SIs plus information collected and discussions held around ethnicity.	
4d - Int 2	SI/Governance		Conduct gap analysis to inform action plan towards compliance around consideration of impact of culture, ethnicity and language when investigating serious incidents	
4d - Int 2	SI/Governance		To understand current training available to staff on cultural competence, frequency of the training and current compliance for maternity and neonatal staff	
			To define and have agreement with each of the trusts how this can be shared/reported to the LMNS	
			-% of maternity & Neonatal staff who have completed the training	
4d - Int 2	SI/Governance		Undertake gap analysis to understand whether current PMRT process records valid ethnic code. How this can be reported to the LMNS.	
			- % of PMRT with a valid ethnic code included.	
4d - Int 2	SI/Governance	LMNS and local Trust action plans developed and commenced		
4d - Int 2			Evidence updated standard operating procedures supporting the process of considering the impact of culture, ethnicity and language when investigating serious incidents	
4d - Int 2	SI/Governance	Agree and implement robust Serious Incidents data (for incidents involving women from Black, Asian and mixed ethnicity backgrounds and those from areas of highest deprivation) assurance and data reporting through to the Quality Assurance Panel		
4d - Int 2			Develop and agree reporting process and content to the MNA Quality Assurance Panel	
4d - Int 2	SI/Governance		Ensure ongoing process and support in place for collating SI data in relation to culture, ethnicity and language > for use by the MNA QAP	
P4d-Int 3	Workforce	Set up Workforce Equity Group		
P4d-Int 3			Recruit Workforce Lead	
P4d-Int 3			Meeting to be held with the Equality Leads at Each Trust	
P4d-Int 3			Identify and agree key membership and leadership for the Workforce Equity Group	
P4d-Int 3	Workforce	Conduct new baseline exercise and survey to cover all identified maternity and neonatal staff groups		

P4d-Int 3			Trusts to provide data on maternity workforce ethnicity split into staff groups b2-band 8+	
P4d-Int 3			Using the WRES 1-8 conduct a survey across all maternity staff within the LMS as a accurate baseline measure (add extra questions such as - are you a PMA or have offered other developmental opportunities?)	
P4d-Int 3	Workforce	Agree and implement process for repeat surveys on an annual basis		
P4d-Int 3			Review and analysis of the WRES survey+ outcomes across the system and at Trust level	