

Meeting of BNSSG ICB Board

Date: 1st May 2025

Time: 12:45 – 15.35

Location: Microsoft Teams

Agenda Number:	6.1
Title:	Local Maternity and Neonatal System Update
Purpose: Assurance & Information	
Key Points of Assurance/Discussion:	
<ul style="list-style-type: none"> • Key LMNS Achievements 24/25 & focus on LMNS priorities 25/26 to include- • Development of the Maternity and Neonatal Voice Partnership (MNVP) framework within BNSSG • Update of progress towards the Three-Year Delivery Plan • Update on the Maternity Incentive Scheme Year 6 • Update on Saving Babies Lives Version 3 • Update on the BNSSG LMNS Equity and Equality Plan • Update on Race and Health Observatory Learning and Action Network 	
Recommendations:	To note the reports including any risks, mitigating actions and responsibilities as appropriate.
Previously Considered By and feedback :	Topics previously considered at LMNS Board meetings.
Management of Declared Interest:	Considered and none declared
Risk and Assurance:	The report and appendices provide an update to the Outcomes, Quality & Performance Committee in relation to key risks to performance and quality within the system and highlight supporting mitigations which are in place.
Financial / Resource Implications:	Considered and none declared

Legal, Policy and Regulatory Requirements:	Considered and none declared
How does this reduce Health Inequalities:	Every aspect of maternity services work aims to reduce health inequalities in addition to this the report highlights the RHO LAN project with the specific aim of reducing inequalities as well as the highlight report of all activities in this area.
How does this impact on Equality & diversity	EQIA not required at this time
Patient and Public Involvement:	The report outlines the importance of service user voice and is considered and utilised via the MNVP in all areas of the LMNS work programme.
Communications and Engagement:	The reports are provided to the Outcomes, Quality, & Performance Committee for information and discussion. This report will then be taken to ICB Board in December 2024.
Author(s):	Layla Green- Deputy Director Safety & Quality Maternity and Neonatology BNSSG ICB
Sponsoring Director / Clinical Lead / Lay Member:	Rosi Shepherd- Chief Nursing Officer BNSSG ICB

Agenda item: 6.1

Report title: Local Maternity and Neonatal System (LMNS) Update

Key LMNS Achievements 24/25 & focus on LMNS priorities 25/26

Within BNSSG we should be proud of our maternity services based at University Hospitals Bristol and Weston (UHBW) and North Bristol Trust (NBT) as both are high performing and, in the minority, nationally of being rated 'good' by CQC which is particularly pertinent as 75% of maternity services nationally have been rated as 'requires improvement' or 'inadequate'. In addition to this NBT's safety rating has been upgraded from 'requires improvement' to 'good' which is one of only five maternity units in England to have achieved this improvement.

Both of our providers continue to have stillbirth rates lower than the national average of 4.0 per 1000 births (NBT 2.52 per 1000 births & UHBW 3.4 per 1000 births).

Whilst this is all positive, we are not complacent and continue to work across the NHS In BNSSG to make further improvements both in the quality and experience of care in our maternity and neonatal services.

However, we know that we still have underserved communities within our population and therefore improving outcomes and reducing inequity is the primary focus for the LMNS in 25/26.

Maternity & Neonatal Voice Partnership (MNVP) Development

- National MNVP guidance published December 2023 which clearly laid out a gold standard framework of staffing model including roles and responsibilities
- Key priority of 24/25 to develop this within BNSSG in collaboration with acute maternity trusts and Healthwatch via The Care Forum (host organisation)
- We now have a structure that replicates National guidance (strategic lead, trust liaison, community engagement and neonatal specialist lead)
- BNSSG is the only ICB/LMNS within the South West to achieve this
- Currently developing 2 year strategic ambition framework to focus on improving equity and reducing inequalities

Three Year Delivery Plan (TYDP)

- Just entered year 3 of TYDP and progressing well (appendix 1)
- Additional shift in focus towards embedding programme capabilities (sustainability post-2026 for live projects) and benefits realisation (capturing and documenting benefits) the third and final year will commence in April 2025

- Tracking of both LMNS/ICB responsibilities and Trust responsibilities triangulated at the LMNS Response group to ensure momentum continues and risks and mitigations are identified and reported

Maternity Incentive Scheme Year 6

- Both Trusts achieved full compliance of all 10 safety actions for the second year in a row
- Awaiting the National picture (in 2024 only 92/120 achieved this Nationally and 6/13 in the Southwest region).
- This year NHSE have developed an implementation tool so that the LMNS can track evidence being submitted contemporaneously to ensure quality is assured
- Year 7 has been published and work has already begun to ensure compliance continues and will be monitored through the LMNS Response group.

Saving Babies Lives Version 3

- Continuing to use compliance tool provided by NHSE to ensure robust audit quality of evidence submitted
- NBT has achieved 83% compared to 77% last year
- UHBW has achieved 90% compared to 89% last year
- Working towards 100% compliance for next year with a focus on reducing smoking rates

BNSSG LMNS Equity & Equality Action Plan

- NHSE requirement for all LMNS's to publish their Equity & Equality Action Plan- this has been achieved and is on the ICB website.
- Highlight report developed to capture system Equity & Equality achievements to share with system and region showing our progress against all objectives (appendix 2)
- We will now work closely with the ICB Communications team to make an accessible easy read version for the public which will be shared widely
- MNVP engaged re KPIs for improving public perception of maternity services related to improved outcomes.

Race and Health Observatory (RHO) Learning and Action Network

- One of only 10 systems across England to be chosen to work with the RHO
- Aim to reduce health inequalities and improve outcomes for Black and Asian mothers and babies
- 15 month project with BNSSG focusing on pre-term births and the disparity with antenatal interventions between our white and ethnic minority population
- During the project we have worked collaboratively with trauma informed anti-racist practitioners to gain the stories and experiences of black mothers within our system who have lived experience of pre-term birth to guide the focus of quality improvement with an anti racist lens.

- There will be a celebration event in July this year (date to be confirmed) to share our data and findings at a local, regional and national level.
- BNSSG actively continues to support the Black Maternity Matters anti-racism training for perinatal staff to support the goal of improving outcomes and experience of our global majority population within maternity and neonatal services.

Appendices

1. Three Year Delivery Plan priorities for year 3
2. LMNS Equity and Equality highlight report



University Hospitals
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Bristol, North Somerset
and South Gloucestershire
Integrated Care Board



North Bristol
NHS Trust

LMNS Three Year Delivery Plan – Stocktake and Third Year Priorities

17th February 2025



Ref	ICB Responsibility	Action	Status	Lead(s)
1.6a	Commission for and monitor implementation of personalised care for every woman.	Joint project with LMNS and UHBW to achieve all personalised care objectives across LMNS and Trust responsibilities in BNSSG	Joint system wide project	Sonia Barnfield/ Rachel Ion
1.6b	Commission and implement perinatal pelvic health services by the end of March 2024, in line with national service specifications, to identify, prevent, and treat common pelvic floor problems in pregnant women and new mothers.	Early adopter- commissioned and well established pelvic health service set up- continues to feed in to Delivery and Transformation Group.	BAU	Jen Pinkstone- PPHS Team
1.6c	Commission and implement community perinatal mental health services including maternal mental health services, in line with national service specifications, to improve the availability of mental health care	Both Trusts have well established perinatal mental health services- limited oversight from an LMNS perspective The perinatal VCSE offer funded from an ICB perspective is being re-commissioned which needs oversight	Scoping and aligning to do	Perinatal Mental Health Teams
1.11 a	During 2023/24, continue to publish and lead implementation of their LMNS equity and equality action plan alongside neonatal ODNs, working across organisational boundaries.	LMNS Equity & Equality action plan published as per requirement in April 2024 Ongoing work to provide a highlight report to the public to show progress against ambitions	BAU	Layla Green & Terri Gnani
1.11 b	Commission MNVPs to reflect the ethnic diversity of the local population and reach out to seldom heard groups.	We now have a full MNVP team who do reflect the ethnic diversity within the population. Now the focus needs to be on the engagement strategy and reaching seldom heard groups	Newly formed team	Katherine Dawson
1.22 a	Commission and fund MNVPs, to cover each trust within their footprint, reflecting the diversity of the local population in line with the ambition above.	LMNS Funding now in ICB baseline so sustainable Decisions to be made about hosting agreements over the course of 25/26	Funding	Katherine Dawson

Ref	ICB Responsibility	Action	Status	Lead(s)
1.22b	Remunerate and support MNVP leads, and ensure that an annual, fully funded workplan is agreed and signed off by the MNVP and the ICB. All MNVP members should have reasonable expenses reimbursed.	Joint project with LMNS and UHBW to achieve all personalised care objectives across LMNS and Trust responsibilities in BNSSG	BAU	Katherine Dawson
1.22c	Ensure service user representatives are members of the local maternity and neonatal system board	All TOR's now reflect MNVP being quorate members and agreed plan amongst LMNS, Trusts and MNVP's to ensure correct staff member attends	BAU	Katherine Dawson

Ref	ICB Responsibility	Action	Status	Lead(s)
2.7a	Commission and fund safe staffing across their system	All Maternity funding from NHSE goes directly to Trusts from ICB Trusts provide evidence of how Ockenden 2 & 3 funding allocations will be spent	BAU	Emma Treloar & Layla Green
2.7b	Agree staffing levels with trusts, following NHS England workforce planning principles, for those healthcare staff where an evidence-based planning tool does not yet exist. National guidance should be considered when determining staffing levels (for example, guidelines for the provision of anaesthesia services for an obstetric population and implementing the recommendations of the neonatal critical care transformation review).	LMNS have developed local workforce tool as NHSE are now no longer developing National tool. To begin to use to track against locally agreed targets	Commence local workforce tool	Emma Treloar
2.7c	Align commissioning of services to meet the ambitions outlined in this delivery plan with the available workforce capacity. It is expected that from 2024/25 ICBs will assume delegated responsibility for the commissioning of neonatal services.	LMNS Funding now in ICB baseline so sustainable No update on commissioning of neonatal services	Funding	Layla Green & Emma Treloar
2.7d	Work with trusts and higher education institutions to maximise student placement capacity, ensuring the breadth and quality of clinical placements.	Regional agreement of Birmingham University for midwifery apprenticeship programme with aimed September 25 start Ongoing work for embedding T Levels	Ongoing details	Lucy Parchment
2.13a	Share best practice for retention and staff support.	Current position and best practice locally mapped and documented- retention position now feeds in to Trusts Safety and Quality Update	BAU	Terri Gnani
2.13b	Highlight common or high-impact retention challenges to the national team to enable consideration of a national approach.	Staffing levels and vacancy rates get fed up Nationally through PQSSG- however do not feel there is the Regional support and infrastructure to share challenges and good practice- this has been escalated to Regional Maternity Team	Regional support required	Terri Gnani

Ref	ICB Responsibility	Action	Status	Lead(s)
3.6a	Monitor the impact of work to improve culture and provide additional support when needed.	This needs to be a priority area of focus for 25/26 LMNS Response group in March will be first stage of this	Work needed	Lead to be agreed
3.6b	Provide opportunities for leaders to come together across organisational boundaries to learn from and support each other.	The LMNS provides many opportunities for leaders from an MDT background to come together including- <ul style="list-style-type: none"> LMNS Meetings Annual Perinatal Stillbirth Study day LWCF Regional events SLEC Regional events 	BAU	Layla Green & Sneha Basude
3.12a	Share learning and good practice across all trusts in the ICS.	The LMNS provides many opportunities for sharing learning and good practice including- <ul style="list-style-type: none"> LMNS Meetings Annual Perinatal Stillbirth Study day LWCF Regional events SLEC Regional events Regular updates at ICB Board 	BAU	Layla Green & Sneha Basude
3.12b	Oversee implementation of the PSIRF safety improvement plan during 2023/24, monitoring the effectiveness of incident response systems in place.	Work has been ongoing supported by Gill Travers (HIN WOE) Local agreement of PSIRF effectiveness agreed with Trust and Maternity Safety & Governance Leads Safety & Quality meeting adjusted accordingly	BAU	Sneha Basude
3.17a	Commission services that enable safe, equitable, and personalised maternity care for the local population.	Ongoing work- links to many other ambitions <ul style="list-style-type: none"> Badgernet survey MNVP work Real Birth Company 	Ongoing	Layla Green
3.17b	Oversee quality in line with the PQSM and NQB guidance, with maternity and neonatal services included in ICB quality objectives.	PQSM reviewed robustly within Bi-monthly Safety & Quality Meeting and well embedded within ICB Quality Objectives	BAU	Sneha Basude & Layla Green



University Hospitals
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Theme 3: Developing and sustaining a culture of safety learning and support



Bristol, North Somerset
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Ref	ICB Responsibility	Action	Status	Lead(s)
3.17c	Lead local collaborative working, including the production of a local quality dashboard that brings together intelligence from trusts.	Work is underway with this supported by APC- first iteration of dashboard due in April 25 based on PQSM metrics MDT approach supported by ICB and Trust BI Teams	Ongoing	Layla Green

Ref	ICB Responsibility	Action	Status	Lead(s)
4.7a	Prioritise areas for standardisation and co-produce ICS-wide clinical policies such as for implementation of the Saving Babies' Lives Care Bundle.	Robust system for reviewing SBL on a quarterly basis and then system wide sharing at LMNS Response Group Supporting TTD teams to align and embed RHO pre-term work also fits in with this	BAU	Layla Green & Sneha Basude
4.7b	Oversee and be assured of trusts' declarations to NHS Resolution for the maternity incentive scheme.	Robust process of oversight through LMNS Response Group Planned list of all elements that need LMNS oversight agreed at beginning of year Exceptional meeting to review all elements in December/January to ensure compliance Oversight & Assurance report written by L.Green to go to Shane Devlin CEO of ICB for final agreement.	BAU	Layla Green & Sneha Basude
4.7c	Monitor and support trusts to implement national standards.	LMNS Response Group is the way that BNSSG LMNS and Trusts track progress towards all National standards including- <ul style="list-style-type: none"> • TYDP • SBL V3 • MIS 	BAU	Sneha Basude & Layla Green
4.7d	Commission care with due regard to NICE guidelines.		BAU	Sneha Basude & Layla Green
4.12	Use data to compare their outcomes to similar systems and understand any variation and where improvements need to be made.	Local dashboard will help with this ambition Currently Regional dashboard is reviewed amongst SW Region within PQSSG to compare outcomes regionally	BAU	Sneha Basude & Layla Green
4.17a	Have a digital strategy and, where possible, procure on a system-wide basis to improve standardisation and interoperability.	ICB has digital strategy- not maternity specific Badgernet was procured on a system wide basis to improve standardisation and interoperability Digital midwives starting to become embedded in Delivery and Transformation Group so new priorities/challenges sighted New Regional Digital strategy group to be set up shortly by Regional team	BAU	Terri Gnani & Layla Green



Ref	ICB Responsibility	Action	Status	Lead(s)
4.17b	Support women to set out their personalised care and support plan through digital means, monitoring uptake and feedback from users	Badgernet service user survey due to go live shortly and QI and learning will be directed from this	Ongoing	Sonia Barnfield/ Rachel Ion
4.17c	Support regional digital maternity leadership networks.	A regional digital maternity network to be set up shortly by Rhea Boland – LMNS will be in attendance and support where required	To be set up	Layla Green

Next Steps

- Out of 29 ICB Objectives- 13 are incomplete and therefore priorities for 2025/26
- By the end of 25/26 all priorities will have evidence slides and documents embedded as monitored in LMNS Delivery and Transformation Group
- Continuation of Monthly Delivery and Transformation group to further progress amber priorities
- Suggest quarterly system face to face days to triangulate Trust and LMNS priorities

LMNS Equity & Equality end of year review

24/25

North Bristol Trust, University Hospitals Bristol & Weston, Bristol North Somerset & South Gloucestershire Integrated Care Board

Highlight report updated: 09/04/2025

Related Priority	Situation	Ambition	Actions taken	Current position	Equity Champions
1.Improve data collection	Maternity data dashboard in development	System wide data dashboard	<ul style="list-style-type: none"> Metrics agreed BI team within BNSSG developing the dashboard. 	Dashboard developed. First iteration will be available in May. LG met with Clinicians in February for assurance that the data from the dashboard will be robustly quality checked from a clinical perspective	Layla Green BNSSG Deputy Director Safety &Quality (Maternity & Neonatology)
2.A fair start for preterm newborns	BNSSG is part of the Race and Health observatory learning and action network focussing on preterm birth optimisation in those racialised as black.	Equitable optimisation for women racialised as black experiencing preterm birth	<ul style="list-style-type: none"> Retrospective data analysis Contemporaneous data analysis Process map to identify potential problem areas Qualitative insight interviews using a trauma informed approach with women racialised as black who have experienced a preterm birth Thematic analysis of contemporaneous data 	This project is ongoing with the development and review of PDSA cycles. Final Learning & Action Network (LAN) attended in March. Team planning for a celebration and update event in July	Layla Green BNSSG Deputy Director Safety &Quality (Maternity & Neonatology) Teresa Gnani, LMNS clinical lead midwife Lucy parchment, LMNS clinical lead midwife



					Sneha Basude, LMNS lead obstetrician Lisa Kirk, NBT obstetrician Ann Remmers, Health innovation network Noshin Menzies, Health innovation network
3. Healthy Lifestyle:					
3a. Smoking	Reducing smoking in pregnancy as a priority within Saving babies lives care bundle.	To support women and birthing people to reduce smoking in pregnancy in line with requirements and so improving health outcomes.	<ul style="list-style-type: none"> Fully recruited Treating tobacco dependency (TTD) service Regular review of data PDSA cycles based on this to make improvements. This has resulted in a change to Carbon Monoxide (CO) monitoring at every appointment for all women. Use of enhanced continuity of care finance to provide TTD support in a community setting within UHBW. This is likely to increase to a fulltime role TTD service now able to issue vapes and nicotine replacement therapy to support a quit date 	<p>Improvement in opt in to service Improvement initiative in place for:</p> <ul style="list-style-type: none"> Setting of quit date CO monitoring <p>Smokefree pregnancy guideline update first draft being reviewed Consideration of National Smokefree pregnancy Incentive scheme currently in progress</p>	Jesal Mehta, TTD lead, BNSSG.
3b. Healthy weight	Currently only North Somerset offers a support service for healthy weight management.	To support women and birthing people to manage weight through pregnancy.	<ul style="list-style-type: none"> Healthy Eating Network (HEN) available for those within North Somerset with a raised BMI. Trusts participating in a pilot looking at improving exercise in pregnancy. Two midwives and two health visitors will be trained as ambassadors. Sports England funding obtained for the Mum Circle strength project, promoting physical activity 	Ongoing planning around pilot LMNS funded shortfall for work with Caafi Health	Clare Hawcroft Population Health Fellow Bristol City Council



			<p>during and following pregnancy in inner city Bristol. Caafi health are partnering with this enabling outreach work and will run classes. Everyone active will be providing free or low-cost exercise classes in an area of high deprivation and high proportion of those from a global majority background.</p> <ul style="list-style-type: none"> An evaluation has been built into the costing. 		
4. Maternity and neonatal voices recruitment	Neonatal voices are less included as part of the Maternity and Neonatal Voices Partnership (MNVP)	A representative MNVP where neonatal voices are equitable and included.	<ul style="list-style-type: none"> Pilot with Somerset trialling an MNVP neonatal specific representative 	Positive feedback from providers and users. Evaluation from Somerset. Hours have been increased following review of feedback	Katherine Dawson MNVP strategic lead Layla Green BNSSG Deputy Director Safety & Quality (Maternity & Neonatology)
	MNVP recruitment required that represents the recommended format and representative of our service users as National confidence in maternity and neonatal services is at a low	An MNVP that is fully recruited and is representative of the communities and users within BNSSG. Public have confidence in their local services and have awareness of our missions to improve outcomes for all	<ul style="list-style-type: none"> Equity and Equality action plan compiled and published. MNVP have been recruited Considering public relations actions to improve confidence. 	<p>E&E plan published BNSSG MNVP represent the communities within the system. The MNVP are fully recruited with:</p> <ul style="list-style-type: none"> Strategic lead Community engagement lead (most critical to support improved maternity confidence) Trust lead Neonatal lead. 	<p>Katherine Dawson MNVP strategic lead Layla Green BNSSG Deputy Director Safety & Quality (Maternity & Neonatology) Lyndsey Andrews MNVP neonatal lead Rhoda Abu-Nti, trust lead Rim Salah, Community engagement lead</p>
5. Data driven equity	UHBW EDI lead looking at health outcomes by ethnicity, deprivation, language barriers or citizenship		<ul style="list-style-type: none"> Gestation at booking Mode of delivery Perineal trauma Blood loss ATAIN Brain injury 		Laura Lewinson EDI lead, UHBW



			<ul style="list-style-type: none"> Stillbirth or neonatal death 		
	NBT: Consideration of ethnicity in unexpected admissions of term babies to NICU		<ul style="list-style-type: none"> Ethnicity data collection as part of Atain 		Lauren Oakes, NBT programme lead
6. Accessible maternity care	UHBW EDI lead midwife linking with community groups.	Improve engagement with the local community. Improve access to maternity care. Engage with feedback from those who have accessed maternity services.	<ul style="list-style-type: none"> Supporting Black Mothers Matter antenatal classes & attends Women's health takeovers to promote maternity care. Attends an early pregnancy drop-in clinic hosted by Refugee Women of Bristol to support women to access maternity services in a timely way. 	Evaluation in draft form Resource pamphlet being produced	Laura Lewinson EDI lead, UHBW
	NBT Patchway satellite clinic launched	Improve access to maternity care within a community setting.	<ul style="list-style-type: none"> Funding partly through NHSE continuity Launched 6th march 2025 		Maggie Smith, Community matron NBT
	NBT prison service continuity team	Improve continuity and support for women within the prison system	<ul style="list-style-type: none"> Provide antenatal and postnatal care within the prison service 		Maggie Smith, Community matron NBT
	NBT improvement of signposting and support	Improve engagement with refugee and those who identify racially within the global majority.	<ul style="list-style-type: none"> Posters for refugee women signposting to charities. Translation of some information resources Prayer time signage and culturally appropriate hospital gowns Availability of silk bonnets on wards 		Hayley Forbes, NBT patient engagement lead
	UHBW provide four continuity teams in areas of increased deprivation and to those from the global majority	Improve continuity to impact outcomes for these groups	<ul style="list-style-type: none"> Provide antenatal, postnatal and intrapartum care. Named obstetrician and satellite clinics 	Established teams	Rebecca Morgan Community matron UHBW
	UHBW Enhanced continuity support	To reduce late booking and improve accessibility to service	<ul style="list-style-type: none"> Engagement to establish why women weren't accessing services 	Will become a permanent role.	Rebecca Morgan Community matron UHBW



	workers within teams		<ul style="list-style-type: none"> Attend Refugee women's group to signpost and assist with pre booking Improved signposting and information re booking in conjunction with GP surgeries Fulltime TTD advisor within team at Birch Fulltime MSW in Maple an area of high deprivation to support enhanced care and free up midwifery time. 	New Job description being created	
	No learning disability (LD) pathway for perinatal pelvic health (PPH).	People with LDs have equitable access to PPH care.		UHBW LD pathways developed NBT LD pathway in progress	Rosie Passingham UHBW PPHS lead Jen Pinkstone, NBT PPHS lead
	No PPH service for women incarcerated in prison.	Women in prison have the same access to PPH			Rosie Passingham, UHBW PPHS lead Jen Pinkstone, NBT PPHS lead
	Under representation of certain demographics in the uptake of pelvic health support		<ul style="list-style-type: none"> Local gap analysis to ensure users and workforce of PPHS representative of demographic within BNSSG. Then establish + embed community PPHS clinics/face to face perinatal class provision. Consider Family Hubs as host. Delivered community PPHS session for Black Mothers Matter. 		Rosie Passingham UHBW PPHS lead Jen Pinkstone, NBT PPHS lead
	Digital exclusion to e.g. Badgernotes		<ul style="list-style-type: none"> Working with a charity providing free SIM cards to women who are unable to afford or access these Paper notes available if required 	Community midwives giving SIM cards if required	Maggie Smith, NBT community matron Becca Morgan, UHBW community matron
7. Maternity staff training			<ul style="list-style-type: none"> BNSSG continues to support staff participating in the Black maternity matters anti racism programme and has now put 300 staff through 	LMNS have been able to assist with funding to provide further BNSSG cohorts	Ann Remmers and Noshin Menzies, SW Health Innovation Network



			this programme as well as leadership teams in both Trusts as well as the ICB.		
	Both trusts incorporate cultural competency training into their mandatory training.		<ul style="list-style-type: none"> NBT: Education inclusive of examples involving women who have one or more protected characteristic and from Gypsy Roma Traveller (GRT) communities UHBW: case studies incorporated into training. 		Anne Tomlinson, PD lead UHBW Liz Haines/Jo Hunt NBT
8. Inclusive recruitment	Recognition of need to support staff from the global majority		<ul style="list-style-type: none"> UHBW Bridges talent programme running for staff from the global majority to assist in career progression. Available up to band 5 but agreed Band 6 maternity are able to attend. 		Darren Lewis, Deputy Lead, Employee services
			<ul style="list-style-type: none"> Hours increased and banding reviewed for EDI lead midwife at UHBW. 		
			<ul style="list-style-type: none"> NBT Accelerate programme to improve the development opportunities available to staff sharing protected characteristics (Age, Disability, Gender Reassignment, Pregnancy, Maternity, Race i.e colour, ethnic or national origins and nationality, religion or belief, sex and sexual orientation) and specifically those from the global majority in bands 2-5.the Accelerate programme (Bands 2-5). 		Nicola Marvelley, NBT Employee services lead
	Inclusive recruitment to training and support of students from the global majority throughout training and preceptorship.		<ul style="list-style-type: none"> UWE Midwifery Team utilise local service-users to assist with UG interviews alongside an academic to support widening access. Service-users receive payment and training including interviewing and unconscious bias training. 		Aimi Meen Senior Midwifery Lecturer, UWE



			<ul style="list-style-type: none">• Outreach team established for schools and colleges (Pre/Post 16) including senior lecturer as the Lead for midwifery. Focusing for the last two years on schools/colleges that fall within the lower POLAR quartiles and who have high rates of students accessing the pupil premium. An increase in applications has been seen and a higher number of students interviewed from these identified schools. These come from lower socio-economic areas and diverse backgrounds. Initially for midwifery this was a 3-year funded <u>initiative</u> by NHSE as part of the wider Midwifery Blended Learning and Scholarship project.• As part of the above, funding has been provided for 5 x full scholarships to successful applicants who met the specific criteria including full fee cover, an annual bursary and a laptop and software to support them in their studies.• Support groups on midwifery programme as well as the wider school of Health and Social Well-being. An empowerment student advocate group who meet regularly. This is student-led and consists of informal meetings to discuss any issues/signpost to appropriate support.• Student experience coaches-employed by the student well-being and support team and offer 1:1 appointments and tailored support.		
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			<ul style="list-style-type: none">• Student well-being team- an array of support relating to specific neurodiversity's, assessments, reasonable adjustments and access to placement plans.• UWE Midwifery Community Partnership Group- A group established in 2019 of maternity service-users, students and academics who discuss contemporary challenges and celebrate successes in relation to EDI in maternity provision. The group have co-created resources for local maternity services, presented at conferences, co-written a published article for MIDIRS and have had input reviewing teaching and learning resources and the equality toolkit.• PMA for students support - Professional midwifery advocates- trained members of the midwifery programme team offering supervision and coaching reflection.• UHBW EDI Midwife specialist teaches unconscious bias training on our programme to all UG midwifery students.		
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