Humber and North Yorkshire Local Maternity and Neonatal System (HNY LMNS)

Equality, Diversity & Inclusion (EDI)Newsletter

Nov, 2025 / Vol 2

A bi-annual newsletter issued by HNY LMNS to share good practice, explore training and share the latest updates in EDI.



Ricky Hurley Workforce and Equity Lead for HNY LMNS

Contact: r.hurley2@nhs.net

Welcome to the second edition of our EDI Newsletter!

At HNY LMNS, equity, diversity, and inclusion (EDI) are essential pillars of compassionate and safe maternity care. Health inequalities, especially for Black, Asian, minority ethnic or marginalised communities, remain a pressing issue.

This newsletter is here to support you with actionable insights and resources for your daily work. Each edition will highlight good practices, share training opportunities, and explore ways to bridge health disparities.

This Issue's Theme: Equitable access to maternity care.

Your commitment makes a difference. Let's create equitable care together.

In this issue:

- E&E Action Plan Update
- Interpreter Offer & Survey
- Social Assessment of Pregnancy MatDAT
- Belonging and inclusion conference
- Guidance for autistic women
- Advancing Health Equity & Health Literacy through a Population Health Approach
- EDI training and events
- Staff Profile Jill Robertson, Community Midwife for Equitable Health
- Updates from national reports

EDI work in HNY Spotlight on projects

LMNS Equity and Equality Action Plan Updated September 2025

Humber and North Yorkshire LMNS Equity and Equality Action Plan 2025-2027

Co-produced with stakeholders

Aims of the plan

- 1/ Equity for mothers, birthing people and babies from all communities, ensuring safe and personalised care.
- 2/ Reduce inequalities in outcomes and improve experiences across maternity and neonatal systems.

Who we are

- 1/ Equity for mothers, birthing people and babies from all communities, ensuring safe and personalised care.
- 2/ Reduce inequalities in outcomes and improve experiences across maternity and neonatal systems.

The challenges

- 1/ Women and birthing people from Black and minority ethnic groups face higher risks of poor maternal outcomes. 2/ Women and families from deprived areas experience poorer health outcomes and higher perinatal mortality
- outcomes and higher perinatal mortality rates.

 3/ Rural and coastal communities face barriers to access and continuity of care.

 4/ Digital exclusion and language barriers reduce access to information and support.

Our vision

Our vision is to be the safest place to be pregnant, give birth and transition into parenthood.

Our value

- Equity Compassion Inclusion
- The plan
- 1/ Embed Personalised Care and Support Plan: (PCSPs) across all providers.
- 2/ Ensure Continuity of Care models prioritise women and families at greatest risk of health inequalities.
- inequalities.

 3/ Embed cultural safety and trauma informed care training for all staff.
- 4/ Improve engagement with seldom-heard voices, co-producing solutions with women, birthing people and families.

5/ Strengthen data collection and use to identify and address inequities.

All women, birthing people and babies who use our maternity and neonatal services should receive the best care possible, which is why we are committed to reducing health inequalities and addressing inequity and our Equity and Equality Action Plan sets out how we will do this.

You can access the plan on the LMNS website <u>here.</u>









LMNS Interpreter Offer

We have secured 2 hours per Trust per month for Big Word face-to-face interpreters. They could be used to create <u>Pregnancy Circles</u> bringing together small groups of women who speak the same language for routine antenatal care, antenatal education and social support.

Do you have a group of women who would benefit from this additional support? Please contact hny.lms@nhs.net



EDI work in HNY Spotlight on projects

Using interpreters survey

Calling all HNY Maternity and Neonatal Staff

We want your feedback about using interpreters in maternity care.

You can access the survey below or by scanning the QR code:

<u>Using Interpreters in Maternity Care-a</u>

<u>Using Interpreters in Maternity Care-asurvey for maternity staff across HNY LMNS - Fill in form</u>



Social Assessment of Pregnancy across HNY



18/12 10:00 - 11:00

<u>Join the meeting now</u>

Meeting ID: 321 914 956 060 8

Passcode: oC35vQ9x

We have been working closely with Trusts and the RCM to strengthen how we identify and support women and families who may face social or practical challenges during pregnancy and after birth.

We are exploring the use of a national tool developed by the RCM— the Maternity Disadvantage Assessment Tool (MatDAT) <u>0278 Maternity-Disadvantage-</u>
<u>Assessment-Tool 8.pdf</u> — which helps healthcare teams recognise a person's wider social and wellbeing needs and tailor care and support accordingly. This approach aims to ensure that every woman and birthing person receives the right level of care and connection to local support networks.

Please join us at the MatDAT information session on 18/12 from 10:00 to 11:00 to discuss how this approach has improved confidence among staff and reduced unnecessary social care referrals.

In addition we need your feedback about Personalised Care and Complex Social Factors.

What are the challenges, what changes do we need around Badger Notes to improve the social assessments in pregnancy? Have your say via this survey:

Personalised Care and Supporting Complex Social
Factors in Maternity Care across HNY LMNS - Fill in...

Personalised Care and Supporting
Complex Social Factors in
Maternity Care across HNY LMNS

EDI work in HNY Spotlight on projects

Inspiring belonging and inclusion in maternity and neonatal care conference

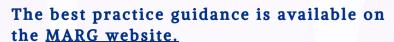


More than 110 delegates from across the region and beyond came together in June 2025 at University of Hull, to reflect, hold conversations, share learning and identify system-wide actions to address maternity and neonatal care structural inequalities (poverty, homelessness, teenage pregnancy, barriers faced by migrants, neurodivergence, language barriers).

Please contact hny.lms@nhs.net if you would like us to share the conference assets with you.

Maternity Autism Research Group (MARG) Best practice guidelines for autistic women

MARG held an official online launch event on 18/09, to share their Best Practice Guidelines which are designed to improve maternity care for Autistic women and birthing people. The guidelines have been co-produced by Autistic midwives, researchers, and healthcare professionals, and represent a significant step forward in inclusive, evidence-based maternity care.





Neurodiversity training for maternity staff

HNY LMNS has launched the first LMNS-led neurodiversity training package in England, co-created with a local midwife.

This programme aims to build a network of "Maternity Neurodivergent Champions" across midwifery, obstetrics, and maternity support roles.

It enhances staff understanding of neurodiversity and ensures more inclusive, personalised, and compassionate care for neurodivergent families—contributing directly to reducing inequities in experiences and outcomes.

If you would like access to the training videos please email r.warboys@nhs.net

Advancing Health Equity & Health Literacy through a Population Health Approach

In line with the NHS 10 Year Plan and the national commitment to reduce health inequalities, HNY LMNS continues to prioritise Population Health, Health Equity, and Health Literacy as fundamental drivers to improve outcomes for all women, birthing people, babies, and families.

By understanding the unique needs of our diverse population and addressing barriers to access, communication, and understanding, we aim to ensure that every woman and family receives personalised, safe, and equitable care, regardless of language, culture, neurodiversity, or socioeconomic background.

Please see below our current and future plans.

Interpreters and Communication Equity



We know from MBRRACE Reports that Black, Asian and minority ethnic women have a much poorer outcome during pregnancy and labour and the same is true of their unborn/newborn baby. Evidence from the 10 Year Health Plan has shown that people from ethnic minority backgrounds, who live in rural or coastal areas or deindustrialised inner cities are more likely to experience worse NHS access. This LMNS project aims to readdress this imbalance. The long-term goal is a co-produced webinar and training programme bringing together women, maternity staff, and interpreters to embed inclusive, culturally responsive, and communicationcompetent care across all settings. If you want to get involved in our bimonthly meetings, focused on advancing interpretation in maternity services across NEY please contact: hny.lms@nhs.net

Maternity Care and the Deaf Community - 'A Test of Change'

This innovative project will focus on improving maternity care through authentic co-production and learning. Using professional BSL Interpreters, we aim to understand the lived experiences of D/deaf families and share good practice to influence system-wide change. Feedback from our service user survey is already helping shape this work. We are now expanding engagement through surveys for staff and interpreters to better understand barriers and enablers in practice.

Please share this survey with any deaf parents who have experience maternity and neonatal care over the past 5 years. The lived experience voice is vitally important to all the work we do: <u>Deaf Parents' Maternity Care Survey (BSL version) - Fill</u> in form





Advancing Health Equity & Health Literacy through a Population Health Approach

Centralised Maternity Telephone Triage Project (MTTP)



System wide Maternity Telephone
Triage Project (MTTP)







What is it?

- Four Trusts (HDFT, HUTH, NLaG & YSTHFT) coming together to share expertise and deliver one central system answering maternity telephone triage calls for women and families across Humber and North Yorkshire.
- An opportunity to work together as a maternity system.

Why are we doing it?

- Improved flow, accessibility and patient care for women and families.
- Successfully implemented in other areas of England.
- Telephone triage outside of the clinical environment is proven to be better for staff and service users.
- Some of our hospitals don't offer the service 24/7 and this is a national recommendation.

The LMNS are in the early stages of developing a MTTP for the HNY region to improve consistency, safety, and accessibility.

From a health equity perspective, the centralised triage project will ensure that all women can access urgent maternity support, regardless of communication barriers.

Benefits of working together

- A trained group of midwives answering the telephone in a pleasant environment.
- Potentially co-located with the ambulance service that is available 24/7, co-funded and staffed and supporting the clinical workload.
- An opportunity to develop and learn new skills
- Answering urgent calls but also managing the non-urgent messages, creating a single point of access to women and families.

How will it affect me?

- You can be involved in service design.
- Calls will be answered without distraction, noise and conflicting priorities.
- Get involved or find out more by speaking to your local triage lead or email hny.lms@nhs.net.
- Webinar coming soon.



www. humber and northy ork shire maternity. or g.uk

Pregnancy information videos

HNY LMNS has produced a selection of bite-sized, accessible pregnancy information videos to enhance health literacy and empower women to make informed choices.

These videos are available in multiple languages, with subtitles and BSL interpretation planned.

This initiative reflects the NHS 10 Year Health Plan to deliver better care for all patients with an emphasis on digital inclusion, preventative health, and empowering individuals through accessible information.

Improving health literacy with pregnancy cards

We are developing pregnancy cards for women with communication needs, providing clear information about interpreter rights, triage services, and available resources.

This work was prompted by serious incident reviews that highlighted how limited English and low health literacy can contribute to unsafe situations.

By improving health literacy, we aim to reduce avoidable harm, improve

population-level outcomes, and support informed engagement with maternity services.

If you would like to get involved in creating/designing the videos or pregnancy cards please contact the LMNS on hny.lms@nhs.net

EDI training & events

City of Sanctuary UK - Start having courageous conversations about refugee rights

How we treat people seeking sanctuary reflects who we are as a country, and it's going to take all of us to change the story. To access a guide and read more about how to start speaking about refugee rights please click here.

Speak up for sanctuary is a programme designed by City of Sanctuary UK to enable people to recognise their power in making change and speak up for refugee rights.

This programme consists of a <u>1.5 hour</u> webinar and a handbook with information, resources and exercises.





We would encourage all HCPs across HNY to take the time to engage with this programme.

Regional Perinatal Equity Network Event - 19/11

19 November 2025 at 10:00 am - 12:00 pm

Regional Perinatal Equity Network





This MS Teams session will bring together speakers from across maternity and neonatal services to share insights and best practices in inclusive care. Speakers include:

- Dr Charlea Williams Pre-Eclampsia
- Dr James Webbe Neonatal Inclusivity Rounds
- Asha Dhany Developing Inclusive Maternity Simulation Videos
- Sophia Hatfield Translation in Maternity Care (NBT).

You can sign up here: <u>Regional Perinatal Equity</u>
<u>Network - Health Innovation South West</u>

EDI training and events

Delivering Neighbourhood Health: How
Do You Make The Best Use Of Your
Estate? | The King's Fund



NHS England » Online course – nurturing compassionate and inclusive NHS cultures



<u>Core Managers: Developing Inclusive</u> <u>Workplaces programme - Leadership</u> <u>Academy</u>



Equality, Diversity and Inclusivity
Training | Health Education Yorkshire
and Humber



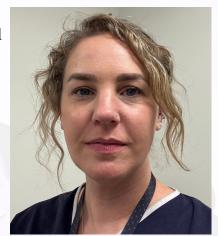
Race to lunch: Inequality to inclusion Royal College of Midwives
3rd December 2025



Staff Profile - Jill Robertson, Community Midwife for Equitable Health

What inspired you to become a Midwife?

I actually came to midwifery a little later in life. I started my midwifery degree at 36, after working with the Yorkshire Ambulance Service for 11 years. I spent three years as a 999 call handler, a year as a dispatcher, and then seven years as a Call Handler Support Officer. Eventually, I felt ready for a new challenge. My interest in midwifery first sparked while taking emergency calls and helping several families through childbirth over the phone. It struck me as such a unique and special part of healthcare – supporting healthy women and birthing people through a natural, physiological process. How special is that?!



What were you doing before becoming a midwife?

While still with the ambulance service, I studied a distance-learning Access to Midwifery course. It helped refresh my GCSE and A-Level knowledge and met the UCAS requirements for university entry. It was definitely a juggle, but so worth it.

Why did you choose your current role?

My path into equitable health developed naturally. I began covering the caseload at HMP Askham Grange, which is a women's open prison with a mother and baby unit. I absolutely loved that aspect of my job and found it incredibly interesting. I also found myself drawn to working with families who were more vulnerable for various reasons. Building trust, offering support, and seeing those families flourish was so rewarding. So, when the Equitable Health Midwife role came up, I knew it was meant for me.

Are there any standout moments from your career?

As part of my role I look after the asylum seekers in our area. One moment that really stuck with me was meeting a family seeking asylum who had been moved around a lot before settling in York. During their antenatal booking, the father became very emotional and thanked me for taking the time to check on their physical and emotional wellbeing. He told me it was the first time in months anyone had made them feel like human beings and showed them any sort of compassion. That really moved me. Another proud moment has been starting a baby bank with a colleague, providing newborn essentials to local families in need. Seeing the relief and gratitude from parents as they prepare for their new arrival is incredibly heartwarming.

What advice would you give to anyone interested in equity and health inequality roles?

My advice is simple: get online, get out in the community, connect with people, and see where you can make an impact.

Happening in the region Updates from national reports

Insight report - Not just an option: Interpreting as an essential component of safe maternity and neonatal care



Carried out by Sands and Tommy's Maternity Consortium, the report explores the systemic issues impacting access to professional interpreting in maternity and neonatal care.

It draws on insights from refugees, asylum seekers, and deaf women, as well as healthcare staff, interpreters, and VCSE organisations.



The findings highlight that professional language interpreting is a safety-critical component of care, not an optional extra. Inconsistent practices, fragmented provision, and the absence of clear national guidance risk compromising communication and informed consent, particularly during critical points of care. You can read the full report here: <u>Language provision</u>: <u>Essential to safe maternity and neonatal care</u>.

An NHSE London supporting effective interpretation within maternity digital toolkit is here.

Improvement Framework for translation and interpretation

NHS England has published a new Improvement Framework for Community Language Translation and Interpreting Services, supporting systems and providers to improve access to care for people with limited English proficiency.



