

# Managers

## What we look for

### Safe

#### Learning culture

- How are protected characteristics recorded and analysed for all incidents?
- Is there a commitment to improving safety for those with equality characteristics at all levels in the organisation?
- Have staff completed cultural awareness training that is tailored to the service's local population?

#### Safe systems pathways and transitions

- Are you aware of national evidence about safety risks for particular groups of women, for example women from ethnic minority backgrounds and women with mental health needs?
  - Can you give examples of action that has been taken as a result, to increase safety for particular groups of women?

#### Involving people to manage risks

- How are risk assessments developed to support the care of women and babies with protected characteristics?

### Effective

## Assessing needs

- Are care plans personalised to include individual needs and choices for care and treatment, including pain relief?
- Are personalised care and support plans (PCSPs) available in a range of languages and formats, including hard copy for those experiencing digital exclusion?
- How have you addressed NHS England's [Core20PLUS5](#) approach's aims to ensure continuity of carer from Black, Asian and ethnic minority communities and from the most deprived groups?

## Monitoring and improving outcomes

- In what ways has the maternity service taken action to reduce inequality in negative outcomes for people?
- How do staff record health inequalities data in incident reviews?
  - How is data interrogated and trends monitored?

## Delivery evidence-based care and treatment

- How do different outcomes for women and babies get included in training such as PROMPT, skills and drills?
- How has the antenatal care offer been tailored to address health inequalities that impact the local population?

## Consent to care and treatment

- How do you ensure women receive information about care and treatment being offered or recommended in a way they can understand before giving consent?
- Are interpretation services always offered, even where a family member would be able to translate?

## Responsive

## Care provision, integration and continuity

- What are the diverse health and social care needs of your community?
- How is antenatal care for women with complex social factors being delivered, in line with [NICE guidelines](#).
- How are services delivered for those more at risk of poor care in maternity services?
- How do managers ensure staff support, signpost and refer women and families with additional healthcare needs to specialist and community services? These could include:
  - people with a learning disability
  - people whose preferred or known language is not English
  - people with sensory loss for hearing or sight
  - people who have mobility issues
  - people with mental health needs and risks associated with safeguarding.

## Providing information

- Is information about pregnancy and antenatal services available in different formats and distributed to community settings?
- How do you ensure that individual communication needs are fully recorded and shared with staff throughout the maternity pathway?
- Where interpreting services are used, are length of appointments adjusted to allow for extra time?

## Involving and listening to people

- How do you engage women from ethnic minority groups and other equality groups in co-production of equality and equity interventions?

## Equity in access

- How is the impact of equality and equity initiatives or interventions measured?
- If services are provided digitally, how does the service mitigate against digital exclusion that some women face?

## Well-led

### Shared direction and culture

- How does the maternity service's vision and strategy encompass the needs of those with protected characteristics?
- How are you assured staff at all levels have a detailed knowledge of equality, diversity and human rights?

### Workforce equality, diversity and inclusion

- What action has been taken to improve the experience of staff with protected equality characteristics or those from excluded or marginalised groups?
  - How have these interventions been monitored to evaluate their impact?

### Governance management and sustainability

- What data is recorded about protected characteristics?
- Is health inequality on the maternity service's risk register?
  - How is this escalated to the board?

### Partnerships and communities

- How does the maternity and neonatal voices partnership (MNVP) work together with the trust to engage with women who represent the local population?

- How has the trust involved the MNVP in the maternity service's actions to promote equity for women from ethnic minority groups and women from socially deprived areas? This may include:
  - increasing support of at-risk pregnant women
  - reaching out and reassuring pregnant women from ethnic minority backgrounds with tailored communications
  - recording the ethnicity of every woman, as well as other risk factors.

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