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Executive Summary

Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest NHS Trusts in the country, delivering care across several hospital sites, including St James's University Hospital (SJUH), a major centre for maternity and neonatal care. Serving a diverse and complex population across Leeds and West Yorkshire, The Trust's maternity unit delivers thousands of babies each year and cares for women and birthing people from across Leeds, including communities with high levels of deprivation, migration, and ethnic diversity. However, the Trust faces both opportunities and challenges in ensuring that equity, diversity and inclusion (EDI) are embedded into all aspects of its workforce and service delivery.

This diagnostic was commissioned as part of the MSSP to examine how effectively LTHT's maternity and neonatal services are embedding principles of equity, diversity, and inclusion (EDI) in order to ensure safe, respectful, and culturally responsive care for all families. The review also considers how workforce experience and representation impact the quality of maternity and neonatal services.

The diagnostic seeks to:

- Evaluate how effectively LTHT is embedding EDI principles within its clinical services, workforce practices, and organisational culture.
- Identify areas of good practice and highlight enablers that can be scaled across the Trust.
- Highlight gaps, risks, and challenges that may prevent the Trust from achieving equitable outcomes.
- Provide actionable recommendations to strengthen EDI across workforce and service delivery, in alignment with national NHS priorities.

1.1 Key Findings

- **Workforce:** Midwives and neonatal staff express strong commitment to inclusion, but Black and minority ethnic staff report higher levels of discrimination and are underrepresented in leadership roles. Mentorship and progression pathways are inconsistent.
- **Service Users:** Continuity of Carer pilots at SJUH have improved engagement with Black and South Asian women, yet inequalities remain in outcomes — with higher rates of caesarean sections, preterm births, and NICU admissions for babies from ethnic minority and deprived backgrounds. Language barriers and inconsistent use of interpretation services continue to affect patient safety and satisfaction.

- Culture & Leadership: There is board-level commitment to equity, but EDI priorities are not consistently translated into practice. Staff report variable confidence in delivering culturally safe maternity care.
- Data Quality: Ethnicity is not recorded for all maternity episodes, and limited disaggregation prevents detailed monitoring of outcomes for Ethnic minority women, disabled women, and Gypsy, Roma, and Traveller populations.

2. Introduction

2.1 Purpose of the Diagnostic

This diagnostic provides a detailed assessment of maternity and neonatal services at St James's University Hospital (SJUH), Leeds Teaching Hospitals NHS Trust, with a specific focus on equity, diversity, and inclusion. It evaluates how effectively services are meeting the needs of a diverse population, identifies gaps in workforce and service delivery, and makes recommendations to reduce inequalities in outcomes and experiences for women, birthing people, babies, and families.

2.2 Scope

The diagnostic covers:

1. Workforce experience and representation – midwives, obstetricians, neonatal nurses, support workers, and allied professionals.
2. Service user experience and outcomes – with a focus on Black, Asian, minority ethnic, migrant and deprived populations.
3. Leadership and culture – accountability, governance, and translation of national EDI priorities into practice.
4. Data quality and use – ethnicity recording, outcome monitoring, and use of women and families' feedback

2.3 Methodology

- Data review: WRES/WDES indicators, maternal and neonatal outcome data, complaints and women experience surveys.
- Staff engagement: Staff listening sessions and 1:1 interviews with maternity and neonatal team/staff at both sites
- Service user engagement: Input from the local maternity and neonatal voices partnerships (MNVP chair)

- Policy alignment: National guidance (Core20PLUS5, Equity and Equality Guidance for Local Maternity Systems, Three-Year Maternity and Neonatal Plan).

3. Rationale and Strategic Alignment

National evidence highlights persistent inequalities in maternity care, with Black women up to three times more likely to die during or after pregnancy than white women, and poorer outcomes for babies from ethnic minority and deprived areas. Locally, LTHT serves a diverse and complex population and reflects these national trends, with higher risk profiles in areas of deprivation such as Chapeltown, Harehills, and Beeston.

Addressing inequality in both workforce and service provision is a legal and moral responsibility but also a strategic priority for the NHS. Evidence consistently demonstrates that staff who feel included, supported, and valued deliver higher-quality, safer care, and that patients who experience culturally competent and respectful services achieve better outcomes.

LTHT and SJUH have demonstrated commitment to tackling these inequalities through targeted initiatives, but gaps remain in data, workforce progression, and consistent delivery of culturally competent care. This diagnostic provides a baseline, highlights enablers, and outlines actionable recommendations to help the Trust achieve its ambition of delivering safe, personalised, and equitable maternity and neonatal services for every woman, every baby, every family and being a truly inclusive employer for every member of staff.

4. Demographic Profile

4.1 Population Served

- Leeds is home to over 800,000 people Over 20% of Leeds' population identifies as Black, Asian and Minority Ethnic.
- Leeds has areas of significant deprivation
- Maternity Activity: SJUH delivers thousands of babies annually, including a high proportion from migrant, asylum-seeking and non-English-speaking families

4.2 Workforce Profile

- 27% of LTHT's workforce is from an ethnic minority background, but senior roles remain disproportionately white.
- Ethnically diverse staff are underrepresented in Bands 7 and above.
- The NHS Staff Survey (2024) indicates disparities in bullying and harassment, and career progression. This has also been reported by staff to the NHSE Team.

5. Diagnostic Findings

5.1 Workforce EDI

Strengths:

- LTHT's maternity and neonatal workforce partly reflects the diversity of the communities it serves, with significant representation of Black, Asian, and minority ethnic midwives, nurses, and support workers, particularly at Band 5 and Band 6.
- Staff networks, such as REACH (Race Equality and Cultural Heritage), provide a safe platform for staff to share concerns and inform Trust-level action.
- At SJUH, targeted staff wellbeing programmes and flexible working initiatives have been well received, particularly among midwives balancing caring responsibilities.
- A significant number of staff have been working with the trust for 6 to 35 years, demonstrating strong commitment.
- There is an executive sponsor for Equality, Diversity, and Inclusion (EDI) and an equity team in Leeds, which includes three midwives and a consultant obstetrician. Additionally, a listening event has recently been held for Black staff.
- Some staff have reported feeling comfortable, supported, and happy in their roles.

Challenges:

- Staff survey data shows higher reported levels of discrimination, bullying, and harassment among Black and Asian staff compared to their white colleagues. Many staff also echoed this at the listening event and 1:1 meetings
- Progression into senior clinical and leadership roles (Band 7 and above) remains limited for ethnically minoritised staff in maternity and neonatal services.

- Some staff lack confidence in addressing racism or discrimination when witnessed, reflecting the need for more robust anti-racism training and psychological safety.
- High workforce pressures and attrition, particularly among midwives, impact morale and limit capacity to focus on EDI initiatives.
- There is a high turnover rate among midwives, with many leaving the Trust. Currently, there is no identified and reported exit interview process for those departing from maternity.
- Staff reported that senior management provides limited support. Communication is unclear regarding a lot of changes happening in the units, and some staff feel left out of the changes that are taking place.
- Workforce pressure is exacerbated by reports from the Care Quality Commission (CQC) indicating that staff unhappiness negatively affects patient care. Many staff members are experiencing burnout due to a combination of workforce pressure, complexities, and a reported lack of support. Staff often feel unsafe, raising concerns due to micromanagement, and they are frequently asked to take on more responsibilities than they can handle.
- Medical staff reported that the frequency of on-call shifts is high, and the units are consistently short-staffed, leading to overwork and increased stress levels. Midwives often find themselves performing two or more distinct roles.
- Also issues with civility among staff members were also reported, and staff felt that their skills and experience were not being utilised appropriately.
- Funding is insufficient to initiate any new programs or support. Staff have reported feeling unheard, and there is no safe space for them to voice their concerns.
- Workloads are not distributed appropriately, and senior Staff lack adequate office space in their local clinical areas. Staff expressed that there is no consistent approach to addressing issues, and a culture of blame exists especially when incident occurs, some staff also reported that one person often bearing too many responsibilities.
- The high birthrate and staffing gaps adds to the strain. These work-related challenges are negatively impacting Staff's personal lives. Moreover, there is a lack of diversity among neonatal Staff, with no ethnic minority representatives above band 6, and no support is offered to Staff seeking to apply for senior roles..

Stakeholder Engagement

- Maternity and Neonatal leadership team
- Workforce Lead
- Obstetricians -various grades
- Specialist midwives
- Chief medical officer (CMO)

- Consultant midwives
- Student midwives
- Admins
- Neonatal Nurses
- Labour ward midwives
- Maternity care assistants
- MNVP
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- CNO
- HR Partner

5.2 Service User Experience & Outcomes

- One MNVP in post covering both sites.

Strengths:

- The Continuity of Carer pilot in Chapeltown and Harehills improved engagement with Black and South Asian women, who reported increased trust and more personalised care.
- Maternity and Neonatal Voices Partnerships (MNVPs) in Leeds have helped bring the voices of women from migrant and asylum-seeking communities into service planning.
- The Trust provides access to interpreting services in more than 40 languages, supporting communication for families with English as an additional language.
- The MNVP has prioritised engagement and provided broad interaction for women and families. She targets vulnerable populations through initiatives including the HAMLAs service.
- MNVP has made significant strides in improving women's care by conducting a service-based review and hosting events such as "Listening to Black Mothers."
- Additionally, they produced a communication video to further their outreach. Recent leadership changes have fostered a greater commitment to embracing diversity and addressing related issues.

Challenges:

- Maternal outcomes for Black and Asian women remain poorer compared to white women, mirroring national trends (higher caesarean rates, maternal morbidity, and perinatal mortality).
- Babies from ethnically diverse and deprived communities are more likely to be born preterm or require neonatal unit admission at SJUH or LGI.

- Women from asylum-seeking and recently migrated backgrounds report lower levels of satisfaction, citing poor communication, lack of cultural awareness, and challenges navigating the system.
- Feedback indicates that interpreting services are not always available during emergencies or out-of-hours, creating safety risks.
- Staff confidence in delivering culturally safe care varies, with limited structured training beyond mandatory equality modules.
- Communication barriers, including gaps in interpretation services and cultural competence, continue to affect patient experiences.
- Many women feel traumatised by their care due to inadequate aftercare packages and a lack of debriefing support.
- Despite the disproportionate representation of Black and Asian babies in neonatal units, there are no diverse images on the walls—only pictures of white babies.
- Additionally, Staff reported that ethnic minority women are not accessing home births.
- There is a reported lack of breastfeeding support on postnatal wards, and there are concerns about the care provided to women with limited English proficiency, especially those new to the country.
- The absence of a sufficient number of interpreters often forces family members to act as interpreters, which can hinder their understanding of the care they receive.
- There is no clear reporting line or feedback channel from the Maternity & Neonatal Voices Partnership (MNVP) to senior management, which should influence the quality of care.
- Capacity issues persist, as there is only one MNVP in position. Many women feedback that their voices are not being heard, resulting in generally poor experiences.

5.3 Leadership & Culture

Strengths:

- LTHT's Board has made commitments to equity and inclusion, with a named Non-Executive Director championing EDI.
- Some senior leaders in maternity and neonatal services have participated in national EDI collaboratives, ensuring alignment with best practice.
- Patient stories from minoritised communities are increasingly being used at board and service-level meetings to inform decision-making.

Challenges:

- EDI priorities are not consistently embedded into operational leadership or frontline governance in maternity and neonatal services.
- Some leaders report uncertainty in translating high-level EDI objectives into practical, day-to-day improvements for staff and patients.
- There is limited formal recognition of inclusive leadership in appraisal and performance review processes.
- Staff feedback suggests that raising concerns about discrimination can feel unsafe or unsupported, particularly in clinical settings under pressure
- Junior staff reflects the population but not in leadership

5.4 Data Quality & Use

Strengths

- LTHT has invested in health inequalities dashboards and uses national datasets to benchmark maternal and neonatal outcomes.
- Efforts have been made to improve recording of ethnicity and language needs at booking in maternity services.
- Local partnerships with universities are supporting research into perinatal outcomes for ethnically diverse populations in Leeds.

Challenges

- Ethnicity is not recorded in approximately 12% of maternity episodes at the Trust, reducing the reliability of outcome monitoring.
- Limited disaggregation of data prevents detailed understanding of outcomes for more vulnerable women and communities.
- Real-time patient-reported experience measures are not consistently collected or analysed by ethnicity, limiting opportunities to address inequities as they arise.
- There is no systematic process to link workforce EDI data with patient outcome data, missing opportunities to explore how workforce diversity and staff experience affect care quality.

6. Strengths and Enablers

- Continuity of Carer pilots for high-risk groups
- Strong staff networks and growing engagement
- Strong board-level leadership commitment to EDI
- Active MNVPs and Community partnerships beginning to shape service improvement

7. Gaps and Challenges

- Persistent disparities in maternal and neonatal outcomes by ethnicity and deprivation
- Underrepresentation of diverse staff at senior levels and inequities in career progression.
- Gaps in ethnicity and demographic data quality, limiting effective monitoring
- Limited capacity to embed EDI goals consistently at team level due to operational pressures.
- Inconsistent and lack of cultural competence and anti-racism training across clinical staff.
- Communication barriers pose safety risks
- Not enough resources on Labour ward i.e. CTG; sonicaid was reported at the time of the visit.

Priority Recommendations

- Improve demographic data collection and monitoring of maternal/neonatal outcomes.
- Deliver Trust-wide cultural safety and anti-racism training.
- Establish a Maternity and Neonatal EDI Advisory Panel with MNVP/community partners.
- Expand Continuity of Carer models for Core20PLUS5 priority groups.
- Develop equitable career progression pathways for ethnically diverse staff.
- Co-produce a Cultural Safety Framework for maternity and neonatal services.
- Implement, audit and report Trust recruitment and selection processes.

Recommendations for Improvement

- EDI Training Implement continuous cultural competence and cultural intelligence training for all staff, with a focus on maternity and neonatal care.
- Review of existing or produce maternity and neonatal EDI policies and framework
- Women Engagement Enhance communication tools and language support, particularly for non-English-speaking women. Introduce feedback mechanisms tailored to ethnic minority women to capture their experiences and inform service improvements.
- Staff Recruitment and Retention: Develop strategies to increase workforce diversity within maternity services to reflect the community you serve. Ensure

that leadership and decision-making roles are accessible to Black Asian Minority Ethnic staff. A carer clinic open to all to discuss their career pathway may be valuable.

- Health Equity: With the full involvement of the MNVPs, Implement targeted initiatives to reduce health disparities in maternal and neonatal outcomes. This could include community outreach programs and early intervention schemes to provide additional support to at-risk groups.
- Staff education on FTSUG, escalation process.
- Senior leadership in action: Set up regular listening and action events for staff
- Robust support for the maternity leadership team should include mentorship and coaching.
- Recognising staff wellbeing as a critical issue.
- Set up periodic EDI audits to ensure progress in closing the identified gaps and improving the experiences of women, babies, families, and staff.
- Develop and implement a clear strategy to allow Professional Midwifery Advocates to undertake their role in the organisation.

Next Steps and Timeline

Action	Timeframe	Lead/Responsible	Outcome Measure
Improve ethnicity/language/race data completeness	Short-term (0–6 months)	Head of Maternity Information Systems	≥ 98% completeness
Introduce Real-time multilingual service user feedback (QR codes, kiosks, community engagement) across LGI & SJUH.	Short-term (0–6 months)	Maternity Governance / Patient Experience	Quarterly reports
Mandatory cultural competence and cultural safety & anti-racism training	Short-term (0–6 months)	Head of Midwifery / Neonatal Nursing / EDI Lead/PDM/PDN	≥ 90% trained
Establish Maternity & Neonatal EDI Advisory Panel with service users	Short-term (0–6 months)	Director of Midwifery / MNVP Chair	Panel established

Implement Personalised Care Expand Continuity of Carer for Core20PLUS5 groups/Enhanced Continuity of Care	Medium-term (6–12 months)	CoC Programme Lead/HoM/DoM	≥ 75% coverage for priority groups
Develop equitable career progression pathways	Medium-term (6–12 months)	HR / Workforce Development	Increase in Band 7+ diversity
Embed EDI into maternity/neonatal governance & incident reviews/clinical policy and guidelines	Medium-term (6–12 months)	Clinical/Risk Governance Lead	All PMRT reviews include EDI analysis
Co-produce Cultural Safety Framework	Long-term (12+ months)	Director of Midwifery / EDI Lead/MNVP	Published framework & annual KPI review
Embed inclusive leadership competencies into senior roles	Long-term (12+ months)	HR / Exec Leadership	100% senior leaders assessed
Build research partnerships on inequalities	Long-term (12+ months)	R&I Team / University Partners	Published studies & new interventions
Develop and implement a PMA plan that improves professional support to Midwives.	Medium-term (6–12 months)	DoM/NHSE	PMAs accessible and meeting the National benchmarking tool.

Conclusion

Leeds Teaching Hospital NHS Trust's maternity and neonatal services are making important progress in embedding EDI principles, supported by leadership commitment and innovative pilots. However, significant gaps remain in workforce representation, cultural safety, and equitable outcomes for women and babies.

Leeds Teaching Hospitals NHS Trust (LTHT)

Date visited: 1st and 2nd July 2025

By strengthening data quality, embedding inclusive practice, expanding and focusing on personalised care and Continuity of Carer where possible, and co-producing services with communities, LTHT has the opportunity to become a national exemplar in equitable maternity and neonatal care. Sustained leadership, accountability, and investment will be essential to achieve this ambition.