



North West London

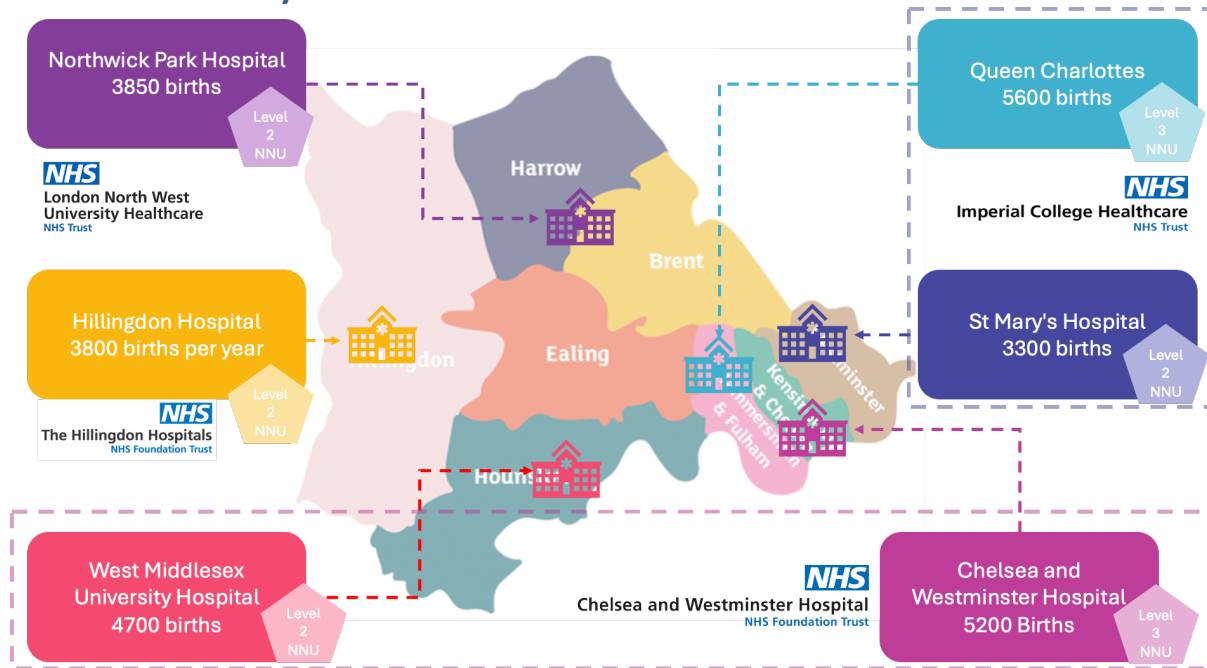
# Maternity provisions in North West London including outcomes and equity across the region –

## Report for Joint Oversight and Scrutiny Committee, July 2025

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# 1. Executive Summary



## Executive data summary

Metric	Value / Insight			
Total births (2024/25)	26,486 births across 6 maternity sites			
Birth trends	1% increase vs. 2022/23, bucking national decline			
Largest ethnic group	Asian women: 38.2% of births			
Births to White Women	34.6% of total births			
Births to Black Women	9.5% of total births			
Other ethnicities	18% combined (Mixed 4.2%, Other 13.6%)			
Stillbirth rates (All stillbirths)	<i>Ethnicity</i>	<b>White</b>	<b>Asian</b>	<b>Black</b>
	NWL	1.4 per 1000	3.7 per 1000	2.5 per 1000
	London	2.3 per 1000	4.0 per 1000	4.1 per 1000
	National	2.8 per 1000	4.1 per 1000	5.0 per 1000
Stillbirth rates (Term (post 37 week gestation))	<i>Ethnicity</i>	<b>White</b>	<b>Asian</b>	<b>Black</b>
	NWL	0.7 per 1000	2.1 per 1000	2.8 per 1000
	London	0.6 per 1000	1.7 per 1000	1.4 per 1000
	National	0.9 per 1000	1.3 per 1000	1.2 per 1000
Home birth rate	1% of total births			
Birth centre rate	11% of total births			
Births in operating theatres	45% of total births; 17% of these were elective caesareans			
Midwife-to-birth ratios (range)	1 midwife per 19–25 births depending on site			
CQC ratings	4 sites rated Outstanding/Good; 2 sites Require Improvement			
Key equity priority	Reducing disparities for Black and Asian women in stillbirth rates			

## Summary infographic



This report provides a comprehensive overview of maternity service provision across North West London, prepared for the Joint Health Overview and Scrutiny Committee in response to concerns about variations in maternity outcomes and the need to ensure equitable, high-quality care for all residents.

In 2024/25, the six maternity sites in North West London oversaw 26,486 births, bucking the national trend of declining birth rates with a 1% year-on-year increase. Services are delivered by four NHS Trusts operating within a collaborative Local Maternity and Neonatal System (LMNS), supported by Maternity and Neonatal Voices Partnerships (MNVPs) and Cultural Safety Lead Midwives to embed equity, cultural competence, and service user engagement.

Analysis of demand data shows stable yet variable patterns across sites, with moderate fluctuations in bookings and births, reflecting the high mobility of London's population and the complexity of forecasting staffing needs.

- Equity analysis highlights stark disparities in outcomes, with Black and Asian women experiencing significantly higher term stillbirth rates (2.8 and 2.1 per 1,000 births respectively, compared to 0.7 for White women) and higher rates of emergency caesareans.
- NWL performs significantly better across all ethnicities than regional and national figures for all stillbirths, but these improvements disappear when only looking at term cases. These differences are likely multifactorial, driven by social determinants of health, barriers to early antenatal care, and systemic inequalities.
- The LMNS has developed a five-priority Equity and Equality Action Plan addressing these challenges through inclusive service restoration, digital access, data quality, targeted prevention, and strengthened leadership.
- Qualitative insights gathered through the 2024 CQC Maternity Survey, Healthwatch reports, and MVP engagement highlight key concerns around inconsistent communication, involvement in decision-making, staff availability, and culturally sensitive care.
- Positive feedback also recognises examples of personalised, compassionate care and recent co-produced resources improving user experience.

Collaborative working across NHS trusts, councils, voluntary organisations, and MNVPs has strengthened service delivery, with notable initiatives such as Hillingdon's nationally recognised domestic abuse pathway, expanded support for families experiencing trauma and loss, and integration with family hubs to provide holistic support.

To build on these foundations, the report recommends:

Developing a five-year maternity strategy with birth rate forecasting and workforce planning,

- Aligning local actions with national priorities including the Maternity Taskforce and Ten-Year Plan,
- Embedding the MOSS toolkit for real-time performance monitoring,
- Fully implementing the forthcoming regional Maternity Reducing Inequalities Care Bundle,
- Strengthening co-production with service users and community partners,
- Publishing disaggregated outcomes data to drive transparency and accountability.
- By taking these actions, North West London can continue to improve the safety, equity, and personalisation of maternity care for all families.

## 2. Background and Context

In the financial year 2024/25, the six maternity sites of North West London oversaw the care of women having 26,486 births. This represents a slight 1% increase from 2022/23 figures, suggesting that the region is bucking the national trend of declining birth rates. The people of North West London are served by six maternity units organised across four NHS Trusts. Each provider contributes to, and is an active member of, the Local Maternity and Neonatal System (LMNS), which is hosted by the Integrated Care Board (ICB). While each provider is sovereign in its decision-making, the LMNS plays an assurance, supportive, and improvement role, aiming to ensure equitable, high-quality maternity care for all residents.

The table below outlines the six maternity sites and their services. Each site offers pregnant women and birthing people the full range of birth options, including home birth, an alongside midwifery-led birth centre, an obstetric unit, and elective caesarean section. Two of the units also offer private, non-NHS maternity care. Maternity care across North West London combines elements of primary and tertiary care. Antenatal appointments (scheduled pregnancy visits) are delivered either in primary care settings, such as children's centres, family hubs, or GP surgeries, or within hospital antenatal clinics. Unscheduled antenatal care, excluding labour and birth care, is organised through triage centres located within each hospital, functioning as the maternity equivalent of an Emergency Department.

Labour care begins either at home, through a triage centre, or within a midwifery-led birth centre, depending on the personalised birth plan made during pregnancy. In 2024/25, 1% of births occurred at home, 11% took place in a midwifery-led birth centre, and 45% occurred in an operating theatre; of these, 17% were elective caesareans performed before the onset of labour. Notably, a caesarean section requires approximately three times the length of stay and significantly greater staff, estates, and capital investment compared to a vaginal birth.

**Table 1 - Summary of maternity sites in the LMNS**

Trust	Site	NNU level	CQC rating	Birth numbers 2024/25	%Births in Midwife led setting	% Births via CS
<b>Chelsea and Westminster NHS Foundation Trust</b>	Chel West	Level 3	Good	5200	11.42%	48.21%
	West Middlesex	Level 2	Outstanding	4700	14.35%	44.41%
<b>Imperial College Healthcare</b>	Queen Charlottes	Level 3	Outstanding	5600	9.9%	43.62%
	Saint Mary's	Level 2	Outstanding	3300	14.77%	45.21%
<b>London North West</b>	Northwick Park	Level 2	Requires improvement	3850	9.59%	46.36%
<b>The Hillingdon</b>	The Hillingdon	Level 2	Requires improvement	3800	1.94%	43.19%

While maternity and neonatal services are part of their wider hospital trusts, it is important to recognise that they operate as a distinct microcosm, with standalone elective and emergency care, community, and tertiary services. Care cannot be paused, and demand is variable and often unpredictable, making workforce planning particularly challenging.

Each trust has a strong Maternity and Neonatal Voices Partnership (MNVP) group, a service user group that challenges the service to improve care, and acts as a critical friend when considering service provision.

## About the Local Maternity and Neonatal System (LMNS)

The Local Maternity and Neonatal System (LMNS) plays a central role in coordinating services and driving improvements across North West London. Below is an overview of its structure and work. The North West London (LMNS) is a collaborative partnership bringing together maternity providers, commissioners, maternity and neonatal voices partnerships (MNVPs), local authorities, voluntary and community sector organisations, and service user representatives. Hosted by the North West London Integrated Care Board (ICB), the LMNS provides leadership, assurance, and strategic coordination for maternity and neonatal services across the region's six maternity sites.

The LMNS delivers its work through **three key pillars**:

- **Pillar 1 – Risk and Governance:** ensuring effective oversight of safety, clinical governance, incident management, and adherence to national standards to promote a culture of accountability and continuous learning.
- **Pillar 2 – Workforce and Education:** focusing on recruitment, retention, training, and professional development of maternity and neonatal staff to build a skilled, compassionate, and sustainable workforce.
- **Pillar 3 – Improvement:** driving service development and transformation through quality improvement projects, innovation, and implementation of best practice to enhance outcomes and experiences for women, babies, and families.

The LMNS team includes a dedicated Chief Midwife for NWL, Head of Maternity and Neonates and a Project Manager coordinating each of the pillars. It coordinates and facilitates various sector wide collaborations including the Cultural Safety Lead Midwives, Clinical Leads, fetal medicine networks, maternal medicine networks, specialist midwives, maternity data analysts, and administrative and engagement staff. Together, these professionals work closely with MVP Chairs, commissioners, and partners across health and care systems to improve safety, quality, and equity in maternity and neonatal services.

The LMNS reports to NWL Integrated Care Board and aligns its work with national maternity strategies, NHS England requirements, and local priorities, ensuring that maternity services across North West London are responsive, evidence-based, and centred on the needs of women, babies, and families.

North West London's maternity services operate within the wider context of a renewed national focus on maternity safety, equity, and quality improvement.

The government's recently launched Ten-Year Maternity Plan and the work of the National Maternity Taskforce set out ambitious goals to reduce inequalities, improve personalised care, and enhance outcomes for mothers and babies across England. These national initiatives underscore the urgency and relevance of local actions described in this report. By aligning North West London's maternity services with these strategic priorities, the LMNS can ensure our collective efforts are consistent with national standards and contribute meaningfully to the shared goal of safer, more equitable maternity care for every family.

### 3. Demand on Maternity Services

Across North West London, analysis of monthly booking and birth trends from April 2022 to March 2025 demonstrates stable yet variable demand on maternity services across the six maternity sites. While bookings consistently exceed births at all sites, this attrition is expected and reflects both the high mobility of pregnant women in London—who may move or transfer care—and natural pregnancy losses occurring before birth. Fluctuations in monthly activity underscore the inherent unpredictability of maternity demand, which presents ongoing challenges for workforce and capacity planning. Notably, trends vary by site, with some showing steady or increasing bookings and others reflecting more stable or declining patterns. These data highlight the importance of maintaining flexible, responsive staffing models and ensuring equitable access to high-quality maternity care across the diverse boroughs of North West London.

Maternity services sit within a context of ever-increasing scrutiny, following many disappointing episodes of care across the country. A recent call from the Secretary of State for a rapid review of Maternity Care, has highlighted this. It is also important to recognise that this increased scrutiny results in an increased assurance burden for both individual trusts and the LMNS. The diagram below highlights just some of the many reporting structures maternity services need to follow:

Scheme	Purpose	Reporting method
1 Clinical Negligence Scheme for Trusts (CNST)	Supporting the delivery of safer maternity care through an incentive element to trusts for CNST	Annual reporting of data related to 10 safety elements
2 Healthcare Safety Investigation Branch (HSIB)	Use a standardised approach to maternity investigations without attributing blame or liability	Advise of cases (self referral)
3 Maternity Dashboard	Monthly reporting of Clinical Quality Improvement Metrics	Monthly report via EPR/manual checks
4 Maternity Data Set	NHS Digital reporting requirements looking at demographics and outcome data	Monthly report via EPR/manual checks
5 Saving Babies Lives Care Bundle	Actions required to reduce national stillbirth rates – a four element care bundle	Annual reporting of audit data of all four elements
6 Attain (Transitional Care)	Avoiding Term Admissions into Neonatal units, national programme to keep mothers and babies together	Annual reporting + proforma for each NNU admission
7 Ockenden	Regional and national checks of adherence to the essential actions from the Ockenden reviews	Regular reporting of audit data
8 MBRRACE	Investigating patterns and themes of maternal and perinatal mortalities	Advise of cases (self referral)

Figure 1 - Reporting burden on maternity services



While demand for maternity care is currently managed at an individual provider level, North West London is progressing towards a centralised maternity booking system. The planned Centralised Maternity Booking Hub will integrate referrals for all six maternity sites, consolidating back-office booking functions into a single system. This new model aims to improve timeliness, reduce duplicate bookings across trusts, and ensure that booking data accurately reflects the needs of North West London’s population. By enabling more accurate demand forecasting and prioritising equitable access for local women and birthing people, the centralised approach will help ensure that service planning remains focused on the needs of NWL residents, especially in the context of changing regional pressures such as the Start Well programme. Ultimately, this transformation will strengthen our ability to provide safe, timely, and responsive care across the sector.

*Appendix 1 outlines the ‘bookings’ (pregnancy referrals received) and ‘births’ data for the six sites in the sector, with an explanation on the main population they serve.*

**Ethnicity breakdown of maternity service users**

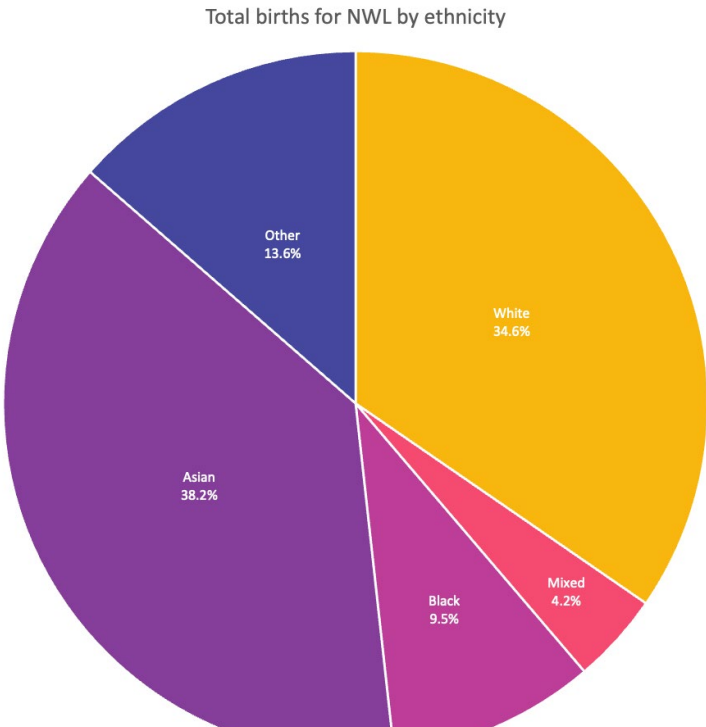
The chart below illustrates the ethnic breakdown of total births across North West London. The largest proportion of births, at 38.2%, occurred among Asian women, reflecting the significant South Asian communities in boroughs such as Brent, Harrow, and Hounslow. White women accounted for 34.6% of births across the region, followed by Black women at 9.5%. Births among women of Mixed ethnicity comprised 4.2%, while the ‘Other’ category, which includes ethnicities not captured in standard classifications or those who chose not to state an ethnicity, represented 13.6% of total births. This distribution highlights the considerable ethnic diversity of the North West London population, underlining the importance of culturally competent, personalised maternity care that meets the needs of all communities. Currently the ethnicity data collected is controlled by National NHS teams, however there is a desire within the LMNS to de-aggregate the data to provide more granular detail.

**4. Outcomes and Equity Analysis**

Equity is at the heart of maternity and neonatal service design and delivery in North West London. Our Local

Maternity and Neonatal System (LMNS) has developed a detailed Equity and Equality Strategy aligned to national guidance, aiming to address disparities in outcomes for mothers and babies, particularly those from Black, Asian, and minority ethnic backgrounds and families living in deprivation. Our analysis highlights that while overall maternity outcomes in North West London are comparable to national averages, significant variation persists across ethnicities, boroughs, and deprivation levels. Data shows that minority ethnic pregnant women account for over half of all pregnancies in the sector, with the highest proportions of ethnic diversity and deprivation found in outer boroughs such as Brent, Harrow, and Hounslow. Maternal and neonatal outcomes, including rates of preterm birth, low birth weight, and stillbirth, are worse among Black and Asian families and in areas of higher deprivation.

The LMNS has developed a five-priority action plan, provided in the appendix. Since launching the North West London Equity and Equality Strategy in early 2023,



**Figure 2 - Total Births by ethnicity**

significant progress has been made across all priority areas, translating plans into concrete actions to reduce inequalities in maternity outcomes. Notably, work has advanced on improving data quality, including the development of an inequalities dashboard incorporating deprivation and ethnicity data, alongside ongoing work to enhance Maternity Continuity of Carer (MCoC) data accuracy.

Workforce initiatives have been a major success: 178 international midwives were recruited, supported by 4.5 WTE professional development midwives, and student midwifery placements expanded from 136 to 193 across the sector. Cultural safety training has reached over 100 staff, with Cultural Safety Lead Midwives appointed in all four trusts to drive inclusivity within services and the workforce.

Key tools to reduce language and digital barriers have also been rolled out, such as CardMedic, which received excellent feedback at Chelsea and Imperial. Meanwhile, maternity champions have been mobilised in three boroughs, maternity community assets mapped, and co-produced resources developed with MVPs to ensure women and families are better supported.

The LMNS's innovative Supportive Signposting model was relaunched in collaboration with all eight local authority family services to connect women to vital community resources. The region's Maternal Medicine Networks are now fully operational, offering multidisciplinary support for women with complex medical needs. Efforts to tackle stillbirth have included lengthening antenatal appointments, embedding commissioned translation tools, implementing the nationally accredited BSOTS triage system, and ensuring compliance with all six elements of Saving Babies' Lives Care Bundle Version 3.

These achievements demonstrate the LMNS's commitment to creating real change in how maternity care is planned and delivered, with a focus on partnership working, inclusivity, and building trust with local communities. Crucially, the LMNS recognises that improving equity requires ongoing engagement and co-production with the diverse communities we serve. Action plans will continue to evolve, guided by feedback from service users and frontline staff, to ensure maternity services in North West London are safe, culturally competent, and equitable for all families.

## Disparities analysis

We have selected to highlight two quality improvement projects that we are working on with inequalities focus, identifying the differences and the current action plan to improve equity. Full details are within the appendices.

**The first looks at an interesting difference in mode of births that have been identified.** While the overall number of caesarean births appears broadly similar across ethnic groups, there are notable differences in the proportions of elective versus emergency caesareans. For example, Black and Asian women show higher rates of emergency caesareans compared to elective procedures, whereas White and Mixed ethnicity women have a more balanced distribution. These differences are striking and suggest multifactorial causes, potentially including variations in maternal health, access to early antenatal care, communication barriers, or systemic biases in the provision of planned caesareans. Further investigation into these disparities is warranted to understand underlying drivers and ensure equitable, personalised maternity care for all women.

### Stillbirth rates.

Like the rest of the country, North West London has stark disparities in stillbirth rates across different ethnic groups. White women experience a term stillbirth rate of 0.7 per 1,000 births, whereas Asian women face a rate of 2.1 per 1,000 and Black women 2.8 per 1,000 — representing threefold and fourfold increases in risk compared to White women, respectively.

These differences are significant and highlight persistent inequalities in maternity outcomes. Such disparities are likely multifactorial, reflecting the combined effects of social determinants of health, pre-existing health conditions, differential access to antenatal care, communication barriers, and structural racism within



healthcare systems. Addressing these inequities is essential to achieving safe, personalised, and equitable maternity care for all families.

## Impact of Start Well

The Start Well programme, a major transformation initiative led by North Central London Integrated Care System (ICS) in collaboration with North West London partners, aims to improve outcomes and experiences for women, babies, and families by redesigning maternity and early years services. Although led by NCL, the programme's proposals for new maternity care models, enhanced continuity of carer, and streamlined antenatal and postnatal pathways will directly influence families who cross boundaries between North Central and North West London.

Start Well's focus on delivering more care closer to home, reducing health inequalities, and prioritising personalised care planning is expected to support shared LMNS ambitions to improve equity and safety. Ongoing joint work between the two regions will ensure that the implementation of Start Well supports consistent, high-quality, and equitable maternity care for families living or booking across both ICS footprints. Our centralised booking hub will ensure there is limited impact to the women of North West London.

## Maternity Safety Improvement Efforts

The combined efforts of the LMNS and various improvement projects have resulted in significant improvements in key measures. This includes a significant reduction in both stillbirth rates and hypoxic-ischemic encephalopathy (HIE, a type of brain injury a newborn can receive following a lack of oxygen at birth) from 2023/24 to 2024/25 rates. The Healthcare Safety Investigation Branch (HSIB) has reviewed this, and confirmed it appears to be a true improvement rather than a statistical artefact, and we are pleased that our improvement efforts appear to be improving outcomes for the families of North West London.

Northwick Park Hospital has recently achieved a significant milestone by successfully exiting the Maternity Safety Support Programme (MSSP), reflecting the extraordinary commitment and collaborative efforts of staff at all levels. Over recent years, the team at Northwick Park has implemented extensive quality improvement initiatives, strengthened governance structures, enhanced staff training, and prioritised co-production with service users to improve safety and experience. This remarkable achievement demonstrates what can be accomplished through focused, sustained work to address challenges and drive meaningful change.

Meanwhile, The Hillingdon Hospital remains on the MSSP and is making substantial progress. Building on learning from other trusts, Hillingdon has taken bold steps to improve safety and quality, including leadership changes, workforce development programmes, and strengthened clinical oversight. Early signs show positive impacts on culture, incident response, and service-user engagement, highlighting the dedication of staff to delivering safe, high-quality care for families.

## 5. Experiential and Qualitative Insights

Understanding and addressing the lived experiences of women, birthing people, and their families is central to improving maternity services in North West London. Recent qualitative insights gathered from the 2024 CQC Maternity Survey, local Healthwatch reports, Maternity Voices Partnerships (MVPs), and provider engagement have highlighted key areas requiring attention to ensure care is consistently safe, respectful, and person-centred.

Common themes identified across multiple NHS trusts include concerns about the clarity and timeliness of information provided during pregnancy, labour, and the postnatal period. Many women reported receiving

inconsistent or insufficient information about induction processes, pain relief options, or discharge plans, leading to confusion and increased anxiety.

- A prominent issue is involvement in decision-making. Service users described feeling excluded from discussions about their care or experiencing a lack of personalised conversations about birth plans, particularly during unexpected changes to clinical management. This can contribute to a sense of disempowerment and reduce satisfaction with care.
- Staff availability and responsiveness also emerged as recurring concerns, with women and families reporting delays in call bell responses on postnatal wards, difficulty obtaining timely support for infant feeding, and variable experiences of emotional support from staff. These factors directly impact perceptions of safety and compassion in care.
- Experiences varied across ethnic and socioeconomic groups, with women from Black, Asian, and minority ethnic backgrounds more likely to describe negative interactions, communication challenges, and perceptions of dismissive or culturally insensitive treatment. Inconsistent access to interpreting services was highlighted in both Healthwatch reports and MVP feedback, with families raising concerns that inadequate communication can compromise informed consent and safe decision-making.

Despite these challenges, positive examples of compassionate, personalised care were also reported, demonstrating the dedication and skill of maternity staff across the sector. Initiatives co-produced with MVPs and community groups—such as updated antenatal information packs and culturally tailored birth preparation resources—show early signs of improving experiences.

**The 2024 Care Quality Commission (CQC) Maternity Survey** has been instrumental in highlighting priority areas for improvement across the sector. Each trust produced a detailed report outlining its specific findings and proposed actions, which were reviewed collectively through the LMNS. By analysing these individual trust reports together, a combined focus for 2025/26 has been developed, ensuring shared priorities and coordinated efforts to address common themes—particularly communication, involvement in decision-making, and staff responsiveness—across all maternity services in North West London.

## 6. Collaborative Working

Collaborative working is the foundation of high-quality, equitable maternity care across North West London. Through strong partnerships with NHS trusts, local councils, voluntary and community sector organisations, and service user representatives, our Local Maternity and Neonatal System (LMNS) ensures that maternity services are responsive to the diverse needs of the population we serve.

A notable example of effective collaboration is **Hillingdon Hospital's award-winning maternity pathway for women experiencing domestic abuse**, which has been recognised nationally for its proactive, multi-agency approach. The pathway combines routine enquiry, specialist midwife support, and close coordination with local domestic violence charities and safeguarding services, ensuring vulnerable women receive timely, compassionate care in a safe environment.

Equally important is the collaborative work undertaken to improve support for families experiencing maternity trauma and loss. Across North West London, all six maternity sites now offer **dedicated bereavement midwives, specialist counselling services, and regular remembrance events** co-organised with local charities such as Sands and Tommy's. These services were developed in partnership with families and Maternity Voices Partnerships (MVPs) to ensure they meet the emotional and cultural needs of diverse communities.

Our **MNVPs remain central to collaborative working, providing a structured, independent voice for service users across boroughs**. MVPs co-produce information resources, contribute to service redesign, and

participate in monthly governance meetings, ensuring women's voices are heard at every level of decision-making. Family Hubs across boroughs further extend this collaborative model, bringing together maternity, health visiting, early years, and social services under one roof to support families holistically from pregnancy through the first years of a child's life.

As highlighted in the **NW London Equity and Equality Report**, we also work with a wide range of organisations to address the wider determinants of health and improve outcomes. These partners include Home-Start, Maternity Action, local faith organisations, community centres, and mental health charities, all of whom play a vital role in ensuring women and families receive the right support at the right time. Collaborative initiatives such as tailored breastfeeding support groups, culturally appropriate antenatal classes, and social prescribing models have been co-designed and delivered with these partners to address inequalities and improve experiences.

Moreover, the sector-wide response to the Covid-19 pandemic demonstrated the power of partnership working, with MVPs, councils, voluntary groups, and NHS teams collaborating rapidly to develop multilingual communication materials, virtual antenatal education, and innovative outreach strategies targeting communities at highest risk of poor outcomes. These examples show the strength and breadth of collaborative working in North West London, placing partnership with women, families, and communities at the heart of efforts to deliver equitable, safe, and compassionate maternity care.

These collaborative efforts are not just complementary to clinical care but fundamental to achieving our shared goals of equity, safety, and personalisation. By working hand in hand with families, community organisations, local councils, and voluntary sector partners, North West London's maternity services are better equipped to address the complex social, cultural, and economic factors influencing outcomes. Sustaining and expanding these partnerships will be key to ensuring every woman and birthing person receives high-quality, compassionate care that meets their individual needs, regardless of background or circumstances.

## **7. Recommendations.**

To ensure that maternity services in North West London remain safe, equitable, and fit for the future, we recommend the following strategic actions:

### **1) Develop a five-year maternity strategy for North West London**

A comprehensive five-year strategy should be created, shaped by robust data insights predicting future birth rates and demographic shifts across boroughs. This strategy should address workforce needs, estate planning, digital transformation, and equity priorities, ensuring services are sustainable and responsive to the changing needs of our communities.

### **2) Align local actions with national maternity priorities**

Recent announcements from the government's National Maternity Taskforce and the new Ten-Year Maternity Plan highlight a clear national commitment to improving safety, equity, and personalised care. North West London should ensure full alignment with these national priorities, adopting emerging recommendations from the independent maternity inquiry and integrating them into local service planning.

### **3) Utilise the MOSS Toolkit and Dashboard**

The Maternity Outcomes Surveillance System (MOSS) toolkit and dashboard offer real-time insights into maternity safety and performance indicators. Embedding the routine use of MOSS across trusts will strengthen proactive risk identification, enable early intervention, and support data-driven quality improvement across the sector.

#### **4) Implement the Maternity Reducing Inequalities Care Bundle**

The forthcoming regional care bundle to reduce maternity inequalities represents a major opportunity to address persistent disparities in outcomes. Led by the Head of Maternity and Neonates for the LMNS, this bundle will introduce targeted interventions focused on continuity of care, culturally competent communication, enhanced screening, and tailored support for women at highest risk. We recommend full adoption of the care bundle across all six maternity sites with clear accountability and progress monitoring.

#### **5) Strengthen co-production and community partnerships**

Building on the successes of collaborative work with Maternity Voices Partnerships, family hubs, and community organisations, we recommend formalising co-production mechanisms within the five-year strategy. Regular engagement with diverse communities must remain central to designing and delivering services that meet the needs of all women and birthing people.

#### **6) Maintain transparency through data and public reporting**

We recommend ongoing publication of disaggregated data on key outcomes—including caesarean rates, induction rates, stillbirths, and neonatal morbidity—by ethnicity, deprivation, and borough. This transparency will drive shared learning and accountability while fostering public trust in maternity services.

By taking these actions, North West London can build on current strengths and address longstanding challenges, ensuring maternity services are safer, more personalised, and more equitable for every family.

### **Conclusion.**

This report has highlighted both the strengths and the areas for improvement within maternity services across North West London. It demonstrates the commitment of NHS trusts, the LMNS, and maternity and neonatal voices partnerships (MNVPs), community organisations, and staff at every level to providing high-quality, safe, and equitable care for every woman, birthing person, baby, and family.

Significant progress has already been made, including Northwick Park's successful completion of the Maternity Safety Support Programme, collaborative work to address maternity trauma and loss, and innovative programmes such as Hillingdon's domestic abuse pathway. However, challenges remain, particularly around reducing disparities in outcomes for women from Black and Asian backgrounds and ensuring consistent, culturally competent care.

By building on the recommendations outlined in this report—including the development of a five-year strategy, implementation of the forthcoming regional Maternity Reducing Inequalities Care Bundle, and strengthened partnerships with communities—North West London can continue to lead the way in transforming maternity services. Through sustained focus on safety, workforce development, equity, and co-production, we can ensure that all women and birthing people receive personalised, compassionate, and high-quality maternity care, now and into the future.

### **Appendices**

- 1 – Equality and Equity strategy
- 2 – Value of North West London ICB report
- 3 – Booking hub project plan
- 4 – Mode of birth project
- 5 – Stillbirth project