



Healthcare
Improvement
Scotland



SPSP Perinatal and Paediatric Programmes National Learning Session

Leadership to support a culture of safety

30 October 2024

Leading quality health and care for Scotland





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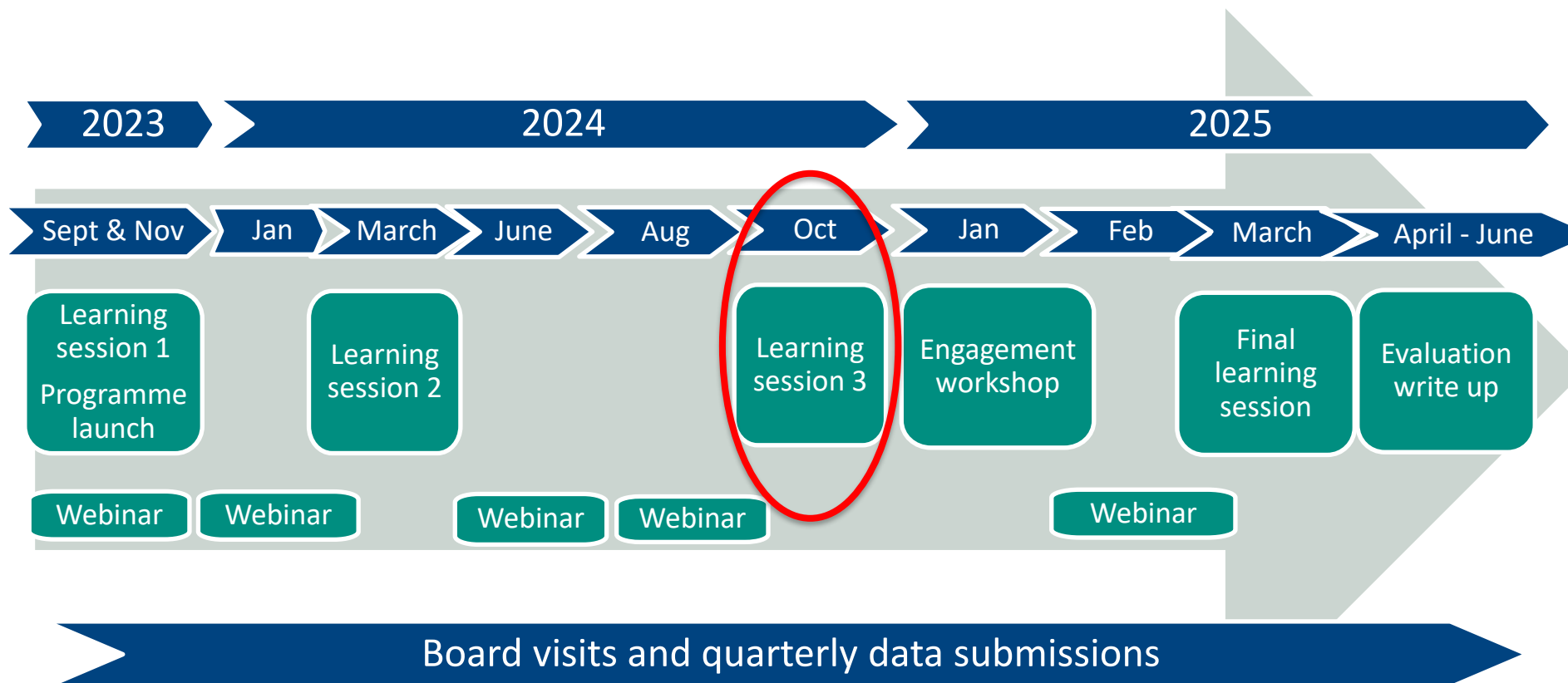


Welcome and introductions

Jo Thomson, Senior Improvement Advisor

Ashleigh Hendry, Improvement Advisor

Programmes timeline



SPSP Perinatal and SPSP Paediatric Activity



3 paediatric data submissions
2 perinatal data submissions



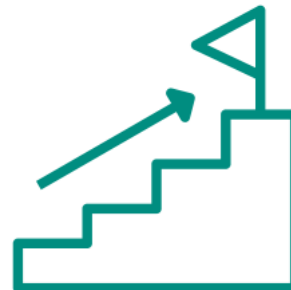
22 paediatric board visits completed
17 perinatal board visits completed



Racialised health
inequalities webinar



Learning session 3
30 October 2024



IHI improvement scale

Essentials of Safe Care

Aim

To enable the
delivery of Safe Care
for every person
within every system
every time



Primary Drivers

Person centred systems
and behaviours are
embedded and support
safety for everyone

Safe communications
within and between teams

Leadership to promote a
culture of safety at all
levels

Safe consistent clinical and
care processes across
health and social care
settings

Secondary Drivers

Structures & processes that enable safe, person centred
care

Inclusion and involvement

Workforce capacity and capability

Skills : appropriate language, format and content

Practice : use of standardised tools for communication

Critical Situations : management of communication
in different situations

Psychological safety

Staff wellbeing

System for learning

Reliable implementation of Standard Infection Prevention
and Control Precautions (SICPS)

Safe Staffing

Programmes' aims

SPSP Perinatal aims to improve outcomes for women, birthing people and families

Current focus

reduce **stillbirths**

understand variation in **caesarean birth** rates

improve the recognition, response and review of the **deteriorating woman/birthing person**

reduce **neonatal morbidity and mortality**

SPSP Paediatrics aims to improve outcomes for children, young people and families

To reduce harm from deterioration by improving the recognition, response and review of the **deteriorating child and young person**

Person centred care

Primary Driver
We need to ensure...

Person centred care

Secondary Driver
Which requires...

Discussions with families are well managed

Person centred care planning

Patients, families and carers are listened to and included

Women / birthing people and families are listened to and included in all care decisions

Anticipatory care planning and CYPADM

Inclusive care pathways which provide equitable and culturally appropriate access and treatment

SPSP Paediatric programme resource

For Collaborative team members

[Join the SPSP Paediatric Teams Channel](#)

Engaging children, young people, and families

Meaningful engagement matters. It leads to high quality, safe services that are person-centred. Our [strategy](#) puts people's and communities voices at the centre. Scotland's [UNCRC bill](#) obliges services to listen to children. Article 12 gives every child the right to give their views in matters affecting them. The views of children and families should inform improvement work. Working in partnership with those receiving care is essential for true improvement. This document may support you to further develop this partnership. It provides useful supporting resources.

Why do engagement work?

The UNCRC states in article 12 that 'Children have the right to be listened to and taken seriously'.

Patient inclusion and involvement is essential for safe care.

How to prepare for engagement work

Do I need to learn more about engagement work?

What steps do I need to take before carrying out engagement work?

What safeguards need to be in place?

How to carry out engagement work

Ensure that any approach you take is rights-based.

Use existing tools and processes for engagement.

Approach existing engagement experts for help.

Learn from others

Look at examples of similar work from across Scotland.

Ask your contacts in other locations about work they might have carried out.

Share your work so that

Recipe for Engagement - RCPCH

- [Recipe for Engagement - course \(Scotland\) | RCPCH](#)
- Date: 27 November 2024
- Venue: Stirling Court Hotel, University of Stirling



Maternity engagement resource

The Scottish Maternity Engagement (SME) Framework



[SME-Framework-and-Toolkit-v1.0.pdf](#)



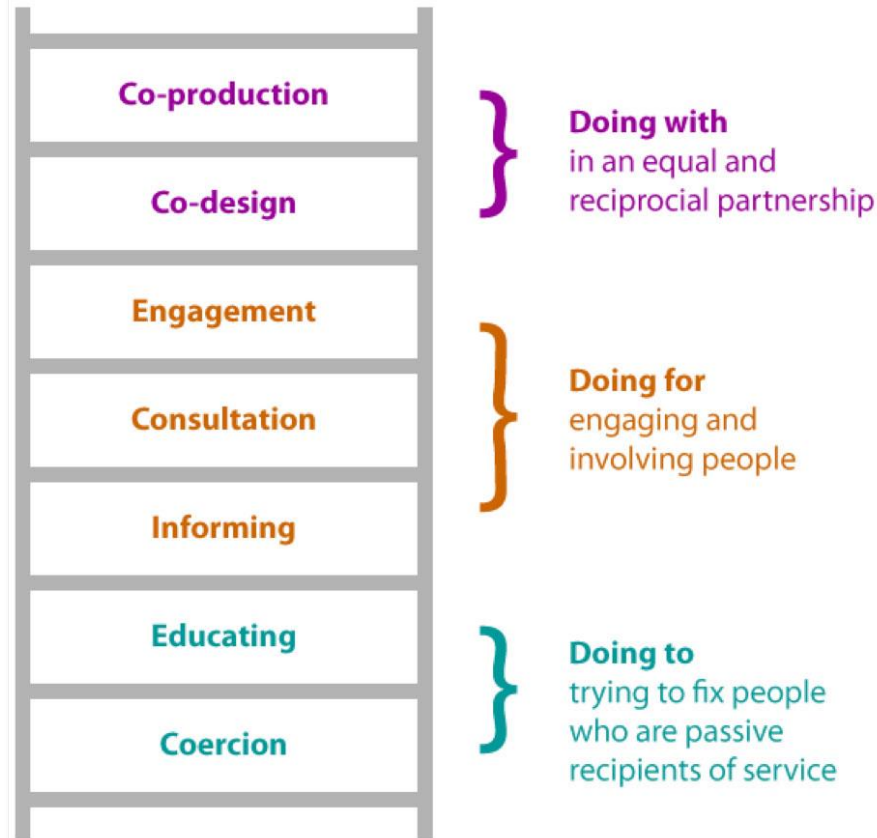
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Approaches to engagement

Ashleigh Hendry
Improvement Advisor

What is an engagement approach?



When asked a question by a health
or social care professional, how
long on average will a person
continue to speak if
uninterrupted?

30 – 90 seconds

Rabinowitz I, et al., 2004



On average, how long does it take
health or social care workers to
interrupt a service user when
speaking?

12 – 18 seconds

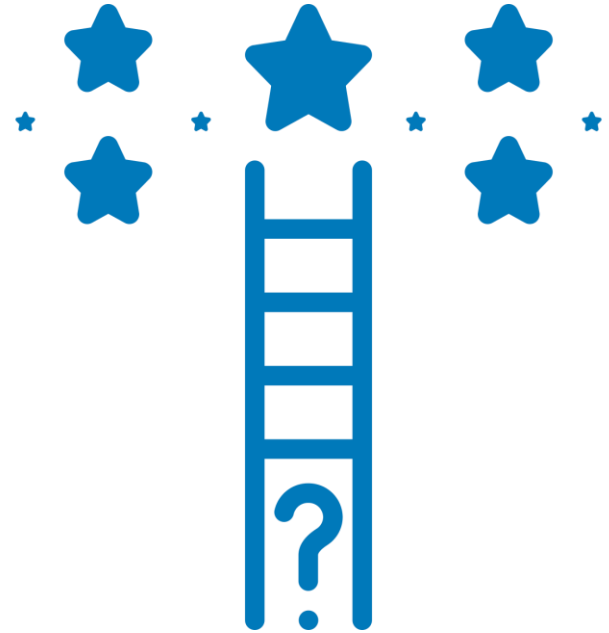
Jones V, 2014



Why it's important...

Meaningful engagement practice can lead to:

- Better understanding of people's experience
- More effective and efficient service delivery
- Improved outcomes for people



What Matters To You?



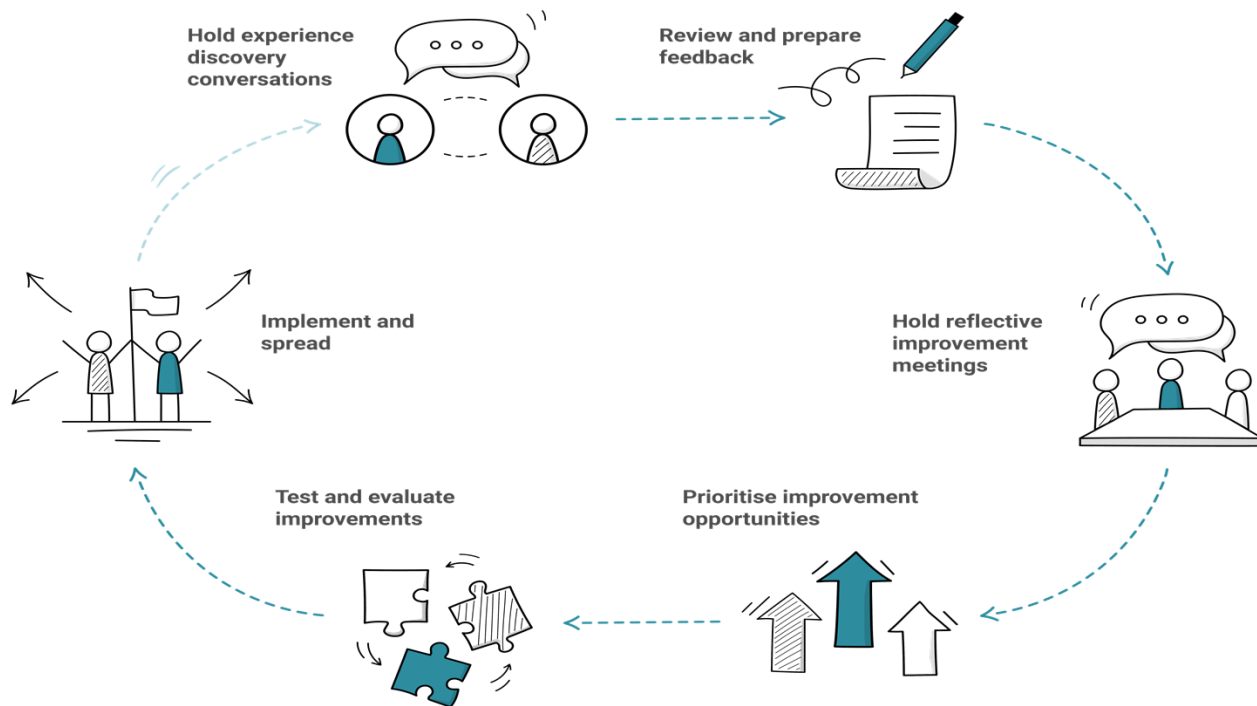
- Asking “what matters to you?” is about having meaningful conversations with individuals, as well as their families and carers.
- These conversations help you gain an understanding of what matters to an individual in their life and can inform decisions about a person’s health and care.

Realistic Medicine

- Shared decision making is at the heart of Realistic Medicine.
- It builds a personalised approach to care.
- It aims to reduce harm, waste, unwarranted variation, improve management of inherent risk, and champion innovation and improvement in the system.



CEIM – Experience Improvement Model



'A simple framework that ensures feedback can result in meaningful improvements that are maintained over time'.

Journey mapping

Perinatal experience journey map

Phase	Pre-booking		Access to services				Post discharge			
Touchpoint	Pregnancy checks		Booking visit	Arrival at Hospital	Delivery	Neonatal care (day 1)	Neonatal care (day 2)	Discharge home		
Service / people	Midwife Consultant/Obstetrician Sonographer/Radiographer		Midwife	Acute midwifery team Consultant/Obstetrician	Acute midwifery team Consultant/Obstetrician Anaesthetist	Neonatal care team	Neonatal care team Neonatal consultant	Midwife Health visitor		
What's happening	<ul style="list-style-type: none">Meet consultantBlood testsScans	<ul style="list-style-type: none">Meeting with midwife (known from previous pregnancies)	<ul style="list-style-type: none">Checked in for planned C-sectionShown to single room at 07:00	<ul style="list-style-type: none">EpiduralC-SectionBaby born at 12:34Baby experiencing breathing difficulties	<ul style="list-style-type: none">Baby taken to neonatal wardChecks for breathing (incubator / antibiotics)	<ul style="list-style-type: none">Lung collapse on day 2Lumbar punctureUse of UV lamp due to jaundice	<ul style="list-style-type: none">DischargePlatelets review next day			
What's being said	<ul style="list-style-type: none">"I was really worried because I had a placental abruption before""He [consultant] was there for me, it was like being held""There were quite a lot of scans, I think it was monthly""It was good for me, it made me feel like somebody was always checking"... "I didn't feel alone"	<ul style="list-style-type: none">"she knew our history so well""I was feeling quite healed by her [midwife]""I didn't feel alone""It was a really friendly sort of familiar face"	<ul style="list-style-type: none">"I think there was emergencies going on that morning, so it meant that we were sitting waiting quite a long time. It was horrible because by that point my memory of being in hospital [last pregnancy] was quite scary for me""It was obviously a really busy morning and things were happening!"	<ul style="list-style-type: none">"It felt like ages"... "the theatre team were all reassuring and really nice""Consultant talked us through every step""It's a weird sensation...there's no feeling but he's been kind or rummaged out""I didn't feel the relief I was longing for...I just wanted it to feel relaxing"[going to neonatal] "felt quicker than maybe I was expecting"	<ul style="list-style-type: none">"I was given a room on my own which was nice"... "It was close but still it's a walk and I had a C-section""I got wheeled into see him but that was weird too, because it's like you're not together""All I wanted was like skin on skin but I knew that wasn't going to be my reality""It's that kind of aloneness"	<ul style="list-style-type: none">"the consultant said your child's lung collapsed and it just totally took my breath away"... "and I was on my own""I couldn't speak, I couldn't breathe because I was so scared""the lumbar puncture was horrific but also knowing he probably didn't have an infection we were putting him through this""these little bruises on his hands and feet"	<ul style="list-style-type: none">"I'm relieved but stressed right to the end...and just that feeling I don't want anything else to be done to him""We had to go back the next morning, so it was like we couldn't quite get away properly""I knew why, but I just wanted to run, get out and be home"			
feelings										
Emotions expressed	Very scary Anxious	Hopeful Excited	Cared for Relaxed Relieved Healed	Scary	Nervous Reassured	Shaky Nice Relief	Panic Scared	Angry Horrific Really upset Scared "on my own"	Stressed Fear Concern	Relieved Relief

Core components

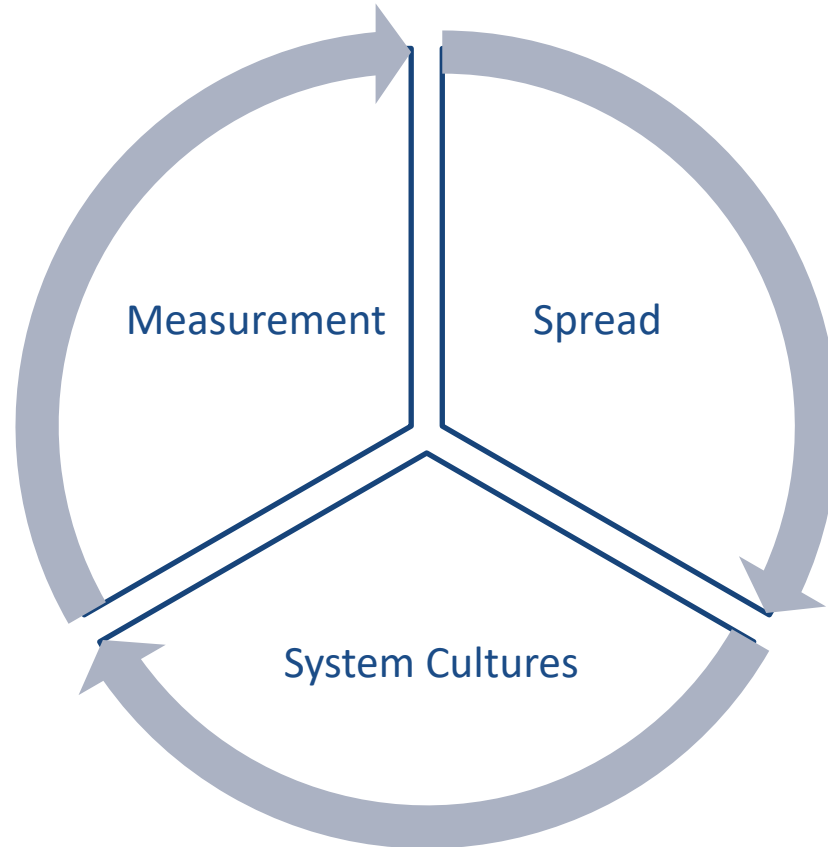
Being curious and actively listening to the person, viewing them as the expert.

Reflecting on the person's own strengths, opportunities and support systems.

Then reflecting on how professional expertise might work with them to support their health and wellbeing.

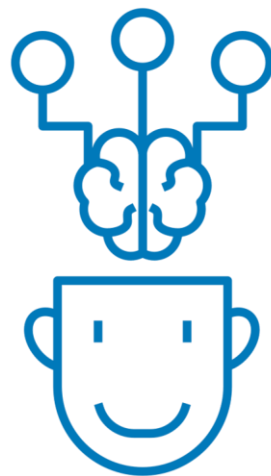
Recording the interaction and using this data to inform service delivery and strategy alongside statistical performance data.

Challenges to engagement approaches



Things to keep in mind

- It can take time to find the right way to apply approaches to your service.
- Think about how data from engagement can complement your stats.
- How might you mitigate potential inequalities within your engagement practice?
- **Tell people what you are doing!**



Stone in your shoe

What is the stone in your shoe?

- Time and capacity
- Reaching families

“Finding time to go to where people are, their communities, rather than expecting them to attend sessions we put on.”

What are you trying to achieve?

“Ensure things are more co-created and better serve the population.”

- Improved outcomes
- Improvement to safety and experience
- Empowering families to engage

Stone in your shoe

What is one challenge?

- Time and capacity
- MDT approach

“Setting up something meaningful to get feedback from our patient group to improve services.”

How can the group help?

“How to work with multi-systems on a single aim within improvement/service redesign.”

- Linking culture and feedback with patient safety
- How to prioritise patient safety, when work burden seem excess

SHARE, SHARE, SHARE!

What Matters to You

- [Resources – What matters to you?](#)
- [WMTY-impact-learning-template-A4-May21.docx](#)



Resources

Approach	Links
What Matters to You	<ul style="list-style-type: none"><u>What matters to you?</u>
Values Based Health and Care and Realistic Medicine	<ul style="list-style-type: none"><u>Delivering value based health and care: a vision for Scotland - gov.scot</u><u>Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation</u>
CEIM: Experience Improvement Model	<ul style="list-style-type: none"><u>CEIM Experience Improvement Model for Health and Social Care Healthcare Improvement Scotland – CEIM</u><u>Get involved in the Care Experience Improvement Model Healthcare Improvement Scotland - About CEIM Leaders</u>
Journey Mapping	<ul style="list-style-type: none"><u>Journey Map HIS Engage</u>

Keep in touch

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