

SPSP Perinatal & SPSP Paediatric Programmes Webinar

Engaging seldom-heard groups in perinatal and paediatric services



Healthcare
Improvement
Scotland



Chair's welcome

Sonia Joseph

Strategic National Clinical Lead for Child
Health, Healthcare Improvement Scotland



Leading quality health and care for Scotland



Agenda

Time	Topic	Lead
10.30-10.45	Welcome, introductions and scene setting	Sonia Joseph, Strategic National Clinical Lead for Children, Healthcare Improvement Scotland
10.45-11.05	Innovative engagement and outcomes within Greater Glasgow & Clyde	Mary Ross-Davie, Director of Midwifery NHS Greater Glasgow and Clyde Paul Hayes, Lead in Public Engagement & Public Involvement. NHS Greater Glasgow and Clyde
11.05-11.25	The voices of care experienced children and young people in QI	Claire McMorland, Clinical Team Leader, NHS Ayrshire & Arran Donna Frew, Senior Improvement Advisor, Healthcare Improvement Scotland
11.25-11.50	Q&A	Sonia Joseph
11.50-12.00	Next steps and closing remarks	Sonia Joseph
12.00	Close	

Aims of the webinar

- Engaging seldom-heard groups in perinatal and paediatric services
- Hear examples of improvement work around engagement of seldom-heard groups
- Opportunity for networking and Q&A



Context

- SPSP P&P Learning Session: including children and families in the co-design of improvement work, paediatric breakout slides: March 2024
- SPSP Paediatric Programme - SPSP Paediatric Webinar: Worry and Concern: A Focus on Parental, Carer and Patient Concern: June 2024
- SPSP Perinatal Programme - SPSP Perinatal Webinar: Racialised Health Inequalities in Perinatal Services: August 2024

Person centred care

Primary Driver
We need to ensure...

Person centred care

Secondary Driver
Which requires...

Patients, families and carers are listened to and included

Anticipatory care planning and CYPADM

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

Discussions with families are well managed

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

Person centred care planning

NHSGGC Maternity Engagement

Hearing from seldom heard groups in Perinatal
and Paediatric care



Mary Ross-Davie

Director of Midwifery
NHS Greater Glasgow and Clyde



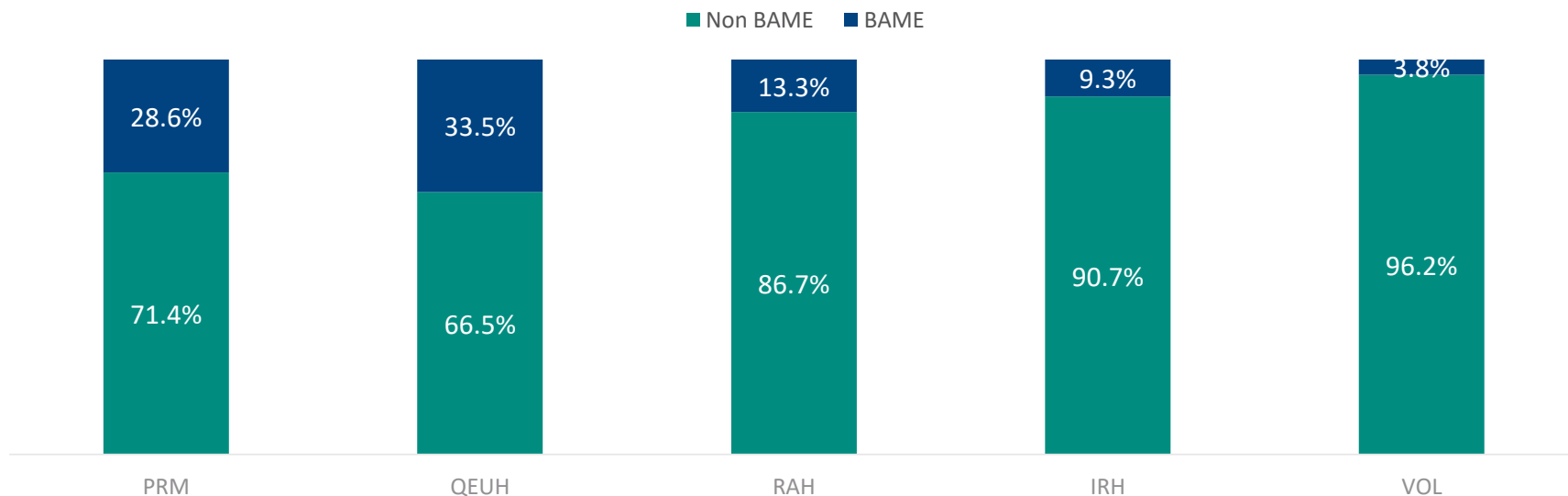
Paul Hayes

Lead in Public Engagement &
Public Involvement
NHS Greater Glasgow and Clyde

Understanding our GGC Population

The percentage of women from global majority communities varies across the units. From these communities, 55% do not have English as their first language and 65% are unable to read or write English

Percentage of Black, Asian and other ethnic minority women



Evolving our practice with Community Partners

Development of a Third Sector Maternity Partnership Group

- Partners from across NHSGGC
- Owned and driven by all members
- Agenda and topics aimed at education and co-developing approaches



Shaping Care in Partnership with Women

Maternity Voices Partnership Launch

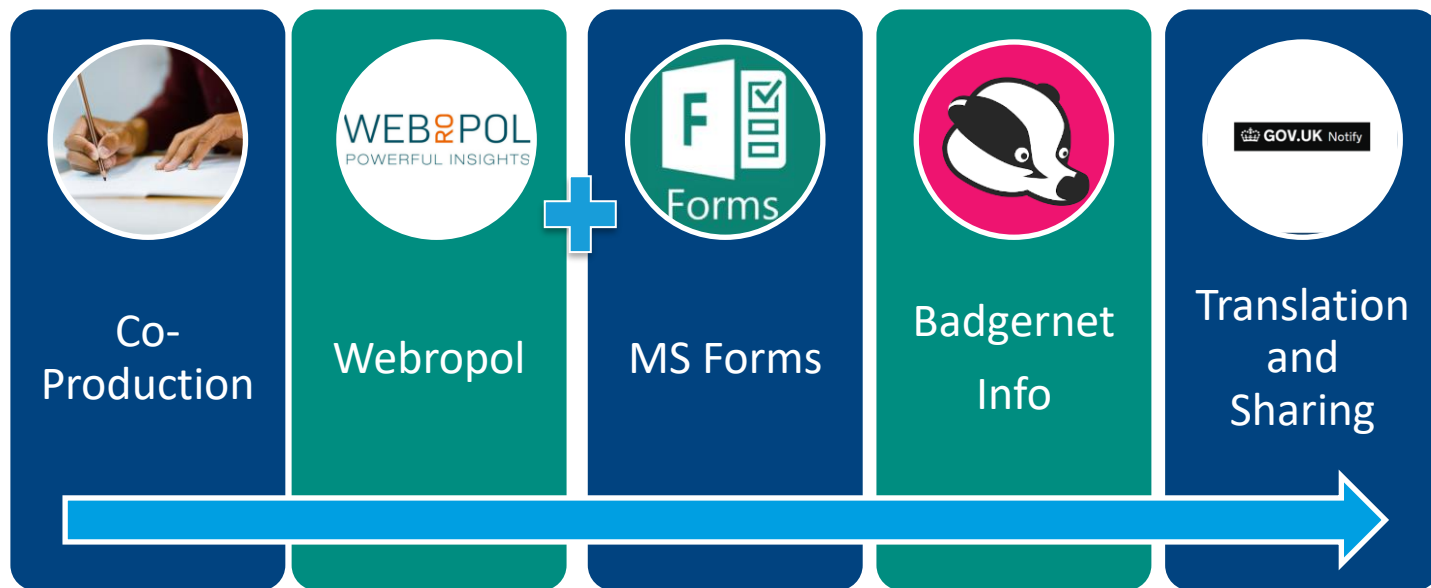
- bringing together service users, healthcare professionals, and community representatives.
- Initial meetings focused on enhancing communication, improving continuity of care, and touched on wider information sharing and the future development of the group.

Partnership Working



Community Languages Survey Process

Survey has been sent to women with recent birthing experience, we have worked with our EHRT Colleagues to understand preferred language make up amongst the NHSGGC maternity population. We have also looked at Badgernet downloads and worked to ensure a more tailored reach



NHSGGC would like to hear about your experience of maternity services through a survey <https://link.webropol.com/s/NHSMatCare23>

Twoim dos
Serwisów Położnic
poprzez
ankiety <https://link.webropol.com/s/nhsmatcare>

Understanding the experience of women

Eight Focus groups with a total of 33 women and 14 support workers from Amma Birth companions, British Red Cross and Roma Workers were carried out to inform practice and development

“When we are alone without the birthing partners they do not listen to us” (Mixed ethnicity group)

“They do not believe the pain we were going through and did not provide any pain relief. Unless the support workers intervene and ask on our behalf” (African group)

“Doctors were visiting they were good, but Midwives’ behaviour was racist and not friendly. Voice and tone was very racist and unfriendly.” (Pakistani woman)

“NHS staff should understand different communities and cultures instead of making assumptions.” (Mixed ethnicity group)

“Midwives don’t check if patient can read and write English or their own language. Information often handed over without checking if they will be able to read the material. “ (African group)

Focus on improving interpreting and translation

Audit of our Interpreting services

- September 2023 review, feedback to interpreting service
- Repeated March 2024 to measure key improvements

Tuesday Topics professional update session

- Aimed at reaching all maternity staff on how to book and use interpreters effectively

Marketing and Promotion

- Education on interpreting and team based training
- Piloting video interpreting
- Improving access to translated leaflets, with plans for videos and antenatal education session development



We **MUST** use a professional interpreter for all appointments.

Use telephone interpreting for all appointments under 46 mins.

See overleaf for instructions. Before you start, go to [nhs.uk/scot/interpreting-service](https://nhs.uk/nhs.uk/scot/interpreting-service) for the language code you need.*

Use face-to-face interpreting for labour and appointments over 46 mins.

To request a face to face interpreter for spoken language or British Sign Language please complete the booking form at nhs.uk/scot/interpreting-service.

For same day/next day requests and cancellations call **0141 347 8811**

How to use the telephone interpreting service

Call: **0330 088 2443**

Enter your 6-digit department PIN 145566 followed by the # key

Enter the 3-digit language code*

Press 1 for any interpreter, 2 for a male or 3 for a female interpreter

Tell the interpreter if your patient is with you, or if you need to contact the patient on another number. To call your patient, dial 9 followed by their phone number.

If the patient is with you, use your speaker phone to give the interpreter your first question/statement

Let the patient and interpreter know when you are finished the conversation

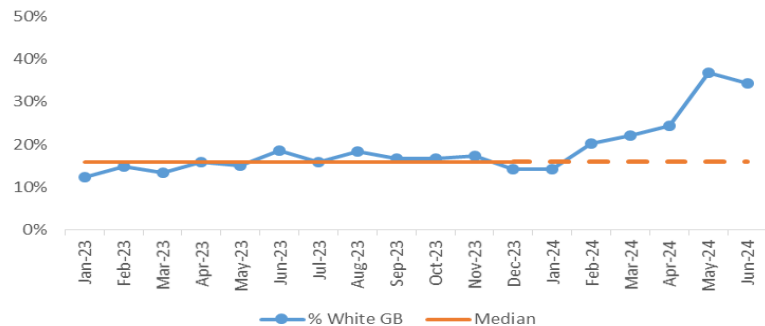
Leave feedback on interpreter at the end of the call. You will have 8 seconds to do this. From 1 (lowest rating) to 5 (highest rating).

If you have any issues, please press # at any time to connect to the operator.

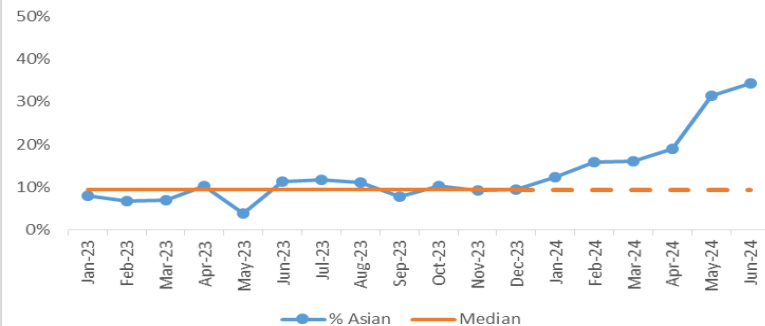


Impact: Co produced birth plan rates

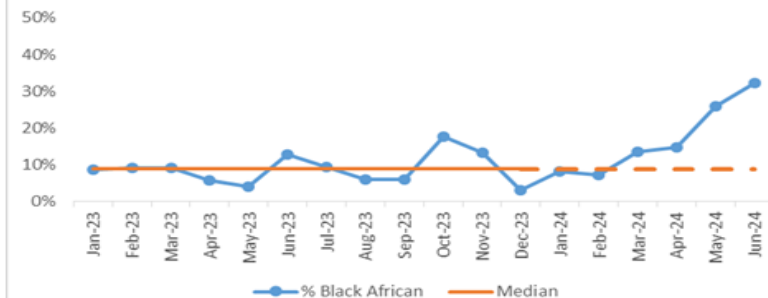
White GB women with a co-produced birth plan



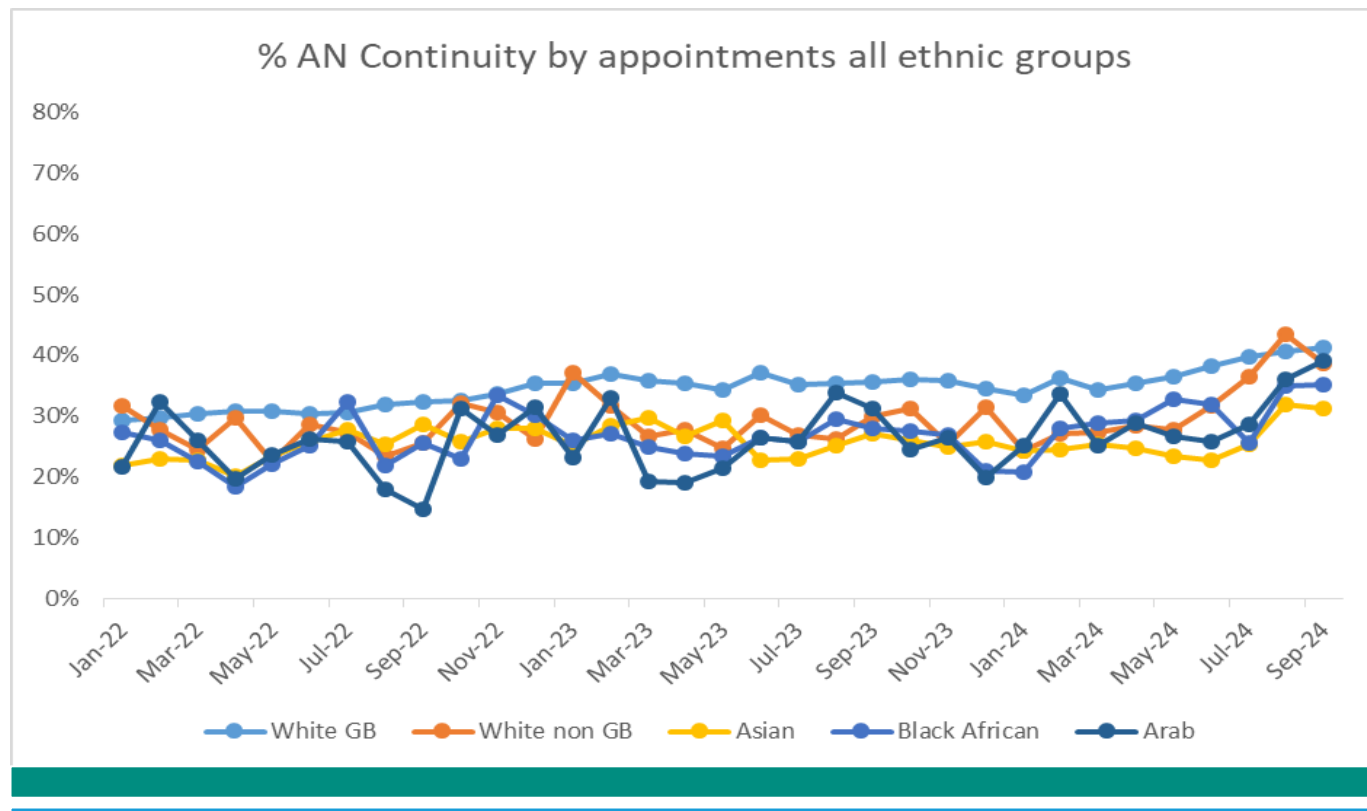
Asian women with a co-produced birth plan



Black African women with a co-produced birth plan



Impact: Continuity of Carer Experiences overtime



The voices of care experienced children and young people in QI

Donna Frew, Senior Improvement Advisor, Healthcare Improvement Scotland

Claire McMorland, Clinical Team Leader, NHS Ayrshire & Arran

Introductions



Claire McMorland works as a Clinical Team Leader within South Ayrshire Children's Health Services with a specific remit for school-aged children and care experienced children and young people.

Claire is the lead of the Health Safety Check process and sits on the NHS Ayrshire and Arran Corporate Parenting Taskforce.



Donna Frew currently works as a Senior Improvement Advisor within the SPSP Acute Care team in the Medical & Safety Directorate at Healthcare Improvement Scotland.

Donna is a registered paediatric nurse and health visitor by background and initially led the Health Safety Check QI project in NHS Ayrshire and Arran in her previous role as a Clinical Team Leader.

Background

Significant
Adverse Events

Caring, safe &
respectful



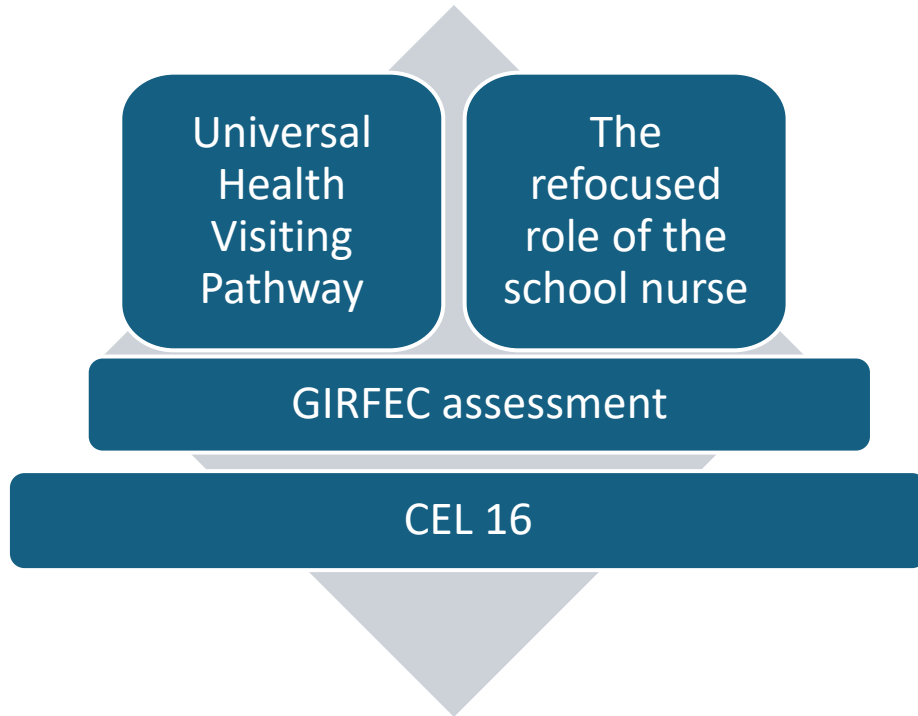
United Nations Convention
on the Rights of the Child
(Incorporation) (Scotland)
Act 2024



NHS Ayrshire & Arran
Corporate Parenting
Taskforce

MDT working

Our role



Local context

South Ayrshire services are shaped by the active participation of our children, young people and families with care experience.

South Ayrshire Children and Young People's Services Plan

Supporting wellbeing, strong families,
caring communities

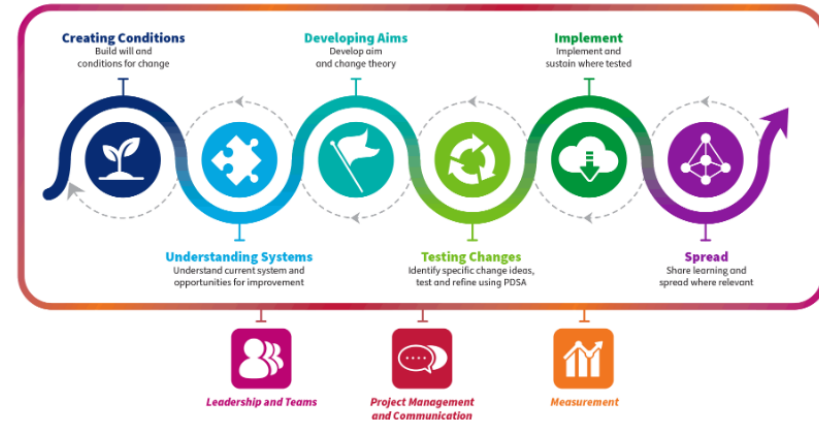
2023-2026



South Ayrshire
COMMUNITY
PLANNING
partners

- Percentage of currently care experienced children who report they feel safer as a result of intervention or support.
- Children and young people with experience of care will have opportunities to tell those supporting them which areas of their lives and services they receive need to change.

Our Quality Improvement Journey



Liberating Structures

The QI journey



Creating
Conditions

Engaging
with:

Our Children and Young People

Our Corporate Parents

Our Frontline staff

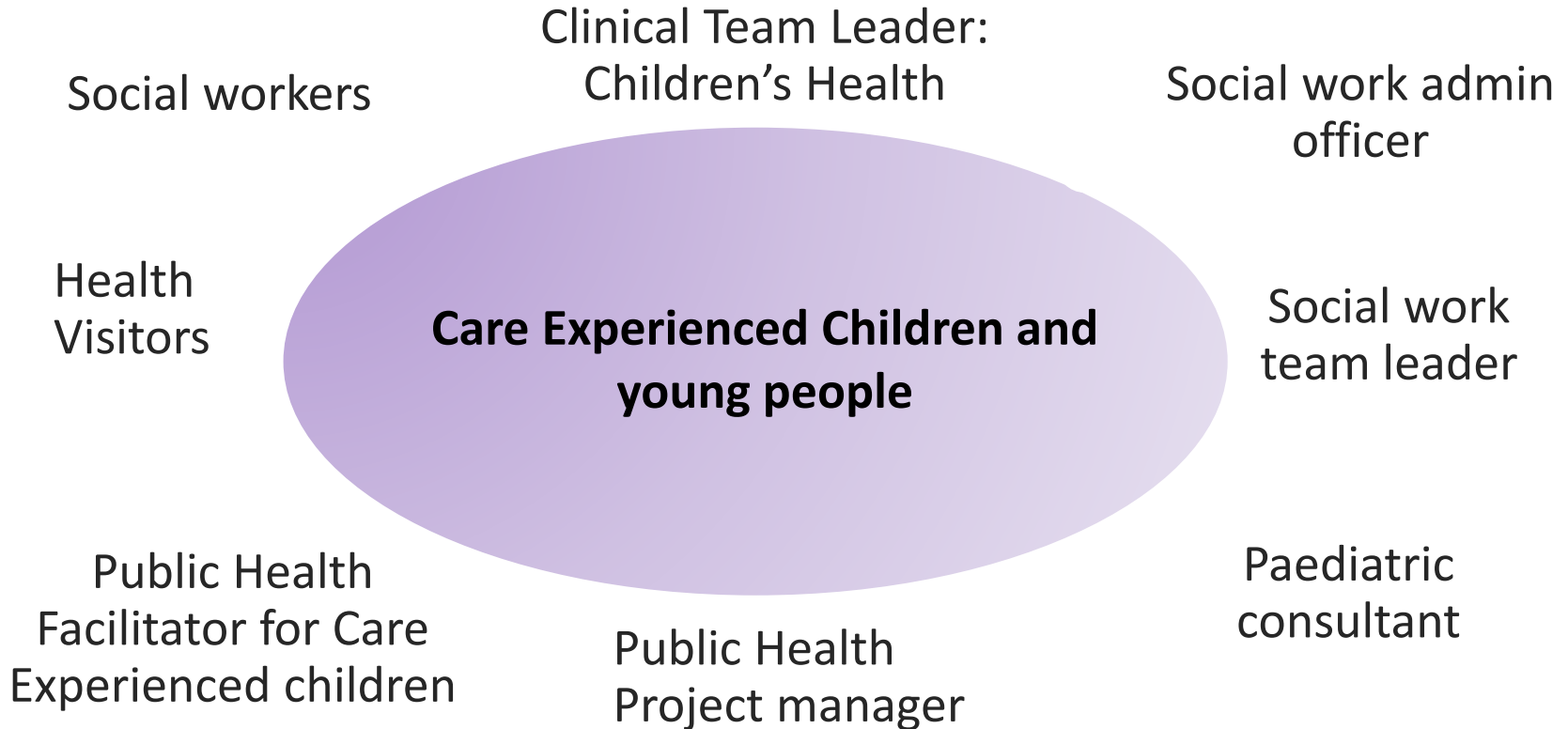
Sometimes it's
hard to explain my
health problems
over and over.

User
experience
fishbowl



Staff need to know
about my health to
support me properly.

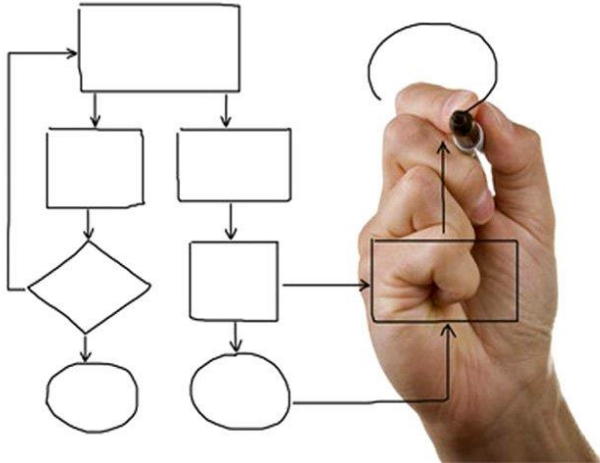
Our project team



Understanding systems



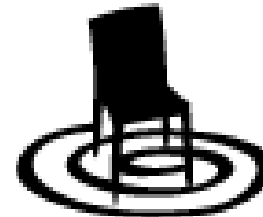
Understanding
Systems



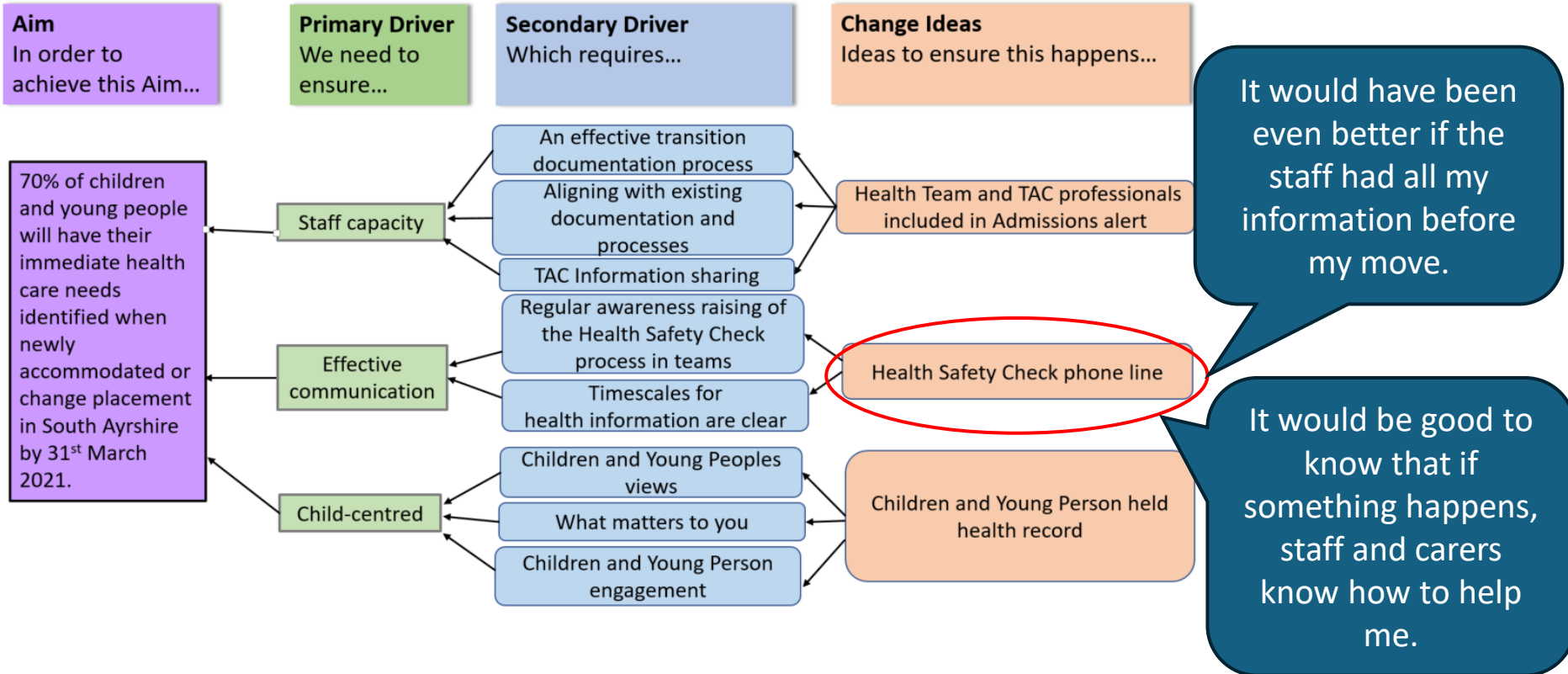
What is your
job?

What can you do to
support young people
who are care
experienced?

Celebrity
interview



Developing aims



Health Safety Check

The goal of a Health Safety Check is to provide a **rapid and timely** review of Health databases to highlight any **health concerns needing action** in the immediate time frame.

PMS

- Any recent appointment (last 30 days)?
 - Any outstanding appointments in next 8 weeks? Y/N
-

Clinical Portal

- Any involvement within specialist health teams?
 - Epilepsy Y/N
 - Diabetes Y/N
 - Respiratory Y/N
 - Allergy Y/N
 - Endocrine Y/N
 - Cardiology Y/N
 - Rheumatology Y/N
 - Gastroenterology Y/N
 - Renal Y/N
 - Continence Y/N
 - Rainbow House/Community Paediatrics Y/N
 - ED Presentations Last 6 months Y/N
 - Is there a future care plan in place Y/N
 - CAMHS Involvement / referrals last 6 months Y/N
-

ECS

- Any current medication prescribed?
-

Data and measurement

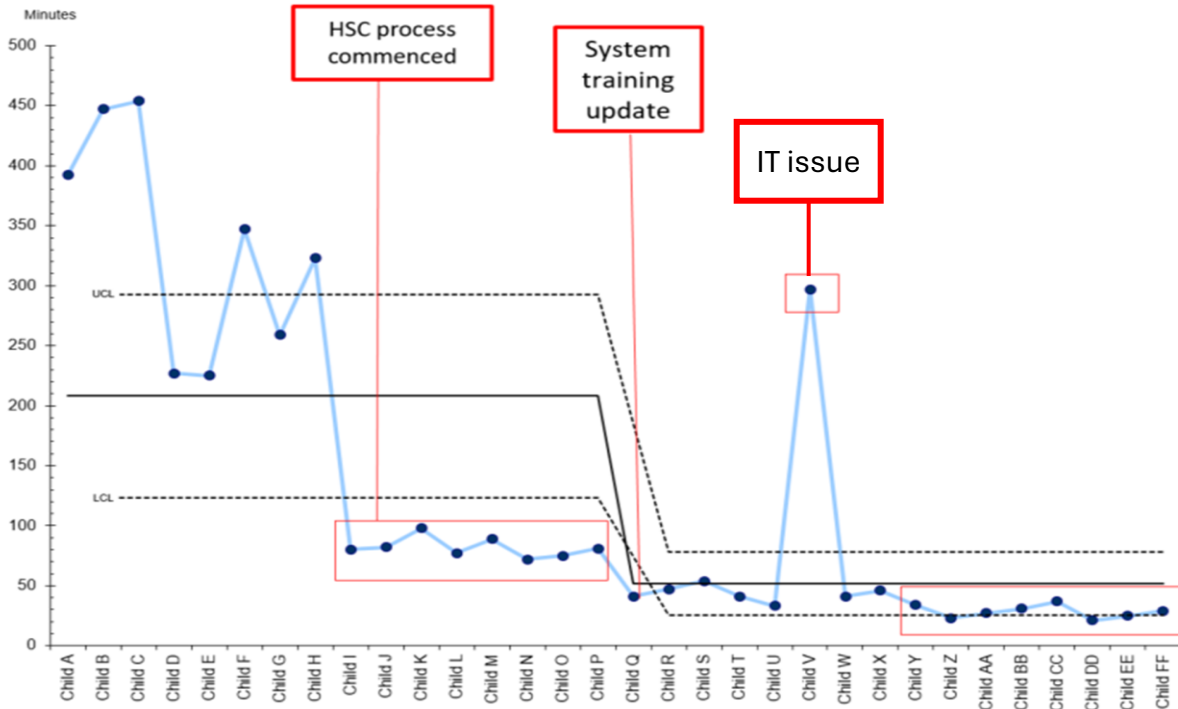


Testing
Changes



Implement

Time taken for Health Safety Check HSC completion



How can you make
sure everyone knows
about the Health
Safety Check?

15% solutions

15%

Outcomes

The Health Safety Check process provides a responsive, single point of contact for Social Workers to gather critical health information for Children and young people to support transition to a new placement and reduce risk.



86% of children and young people had their immediate health care needs identified via the Health Safety Check (HSC) when newly accommodated / change of placement exceeding our initial aim of 70%.

Outcomes

“This makes sure no one will forget the important stuff about my allergies or medicine and helps other children and young people”

“This made me feel included and safe”

“Breaking through information sharing barriers to provide accurate health information in a responsive and safe manner”



Scale and Spread - Sustainability



Spread



