Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

People-led approaches to perinatal care

SPSP Perinatal

Leading quality health and care for Scotland

NHS SCOTLAND

Welcome and introductions

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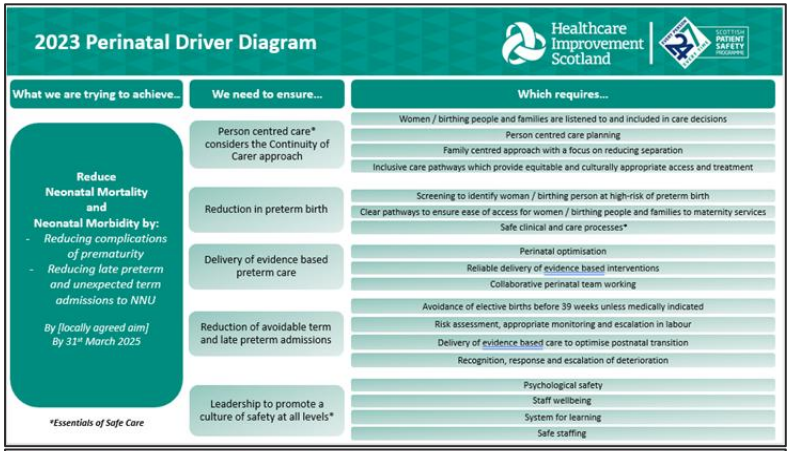
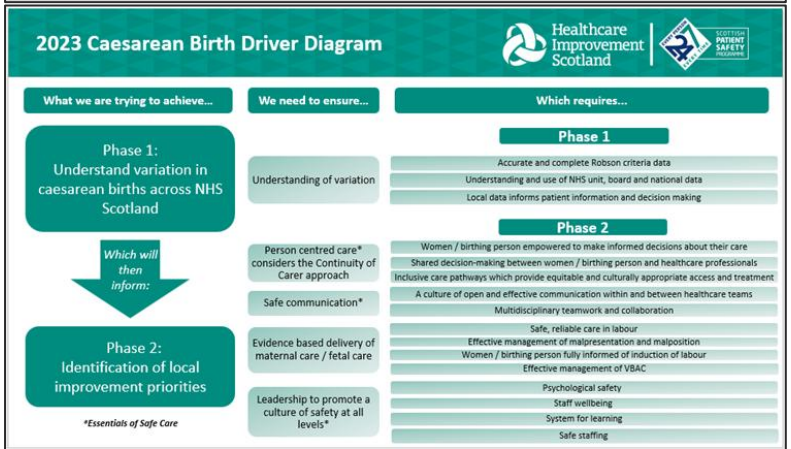
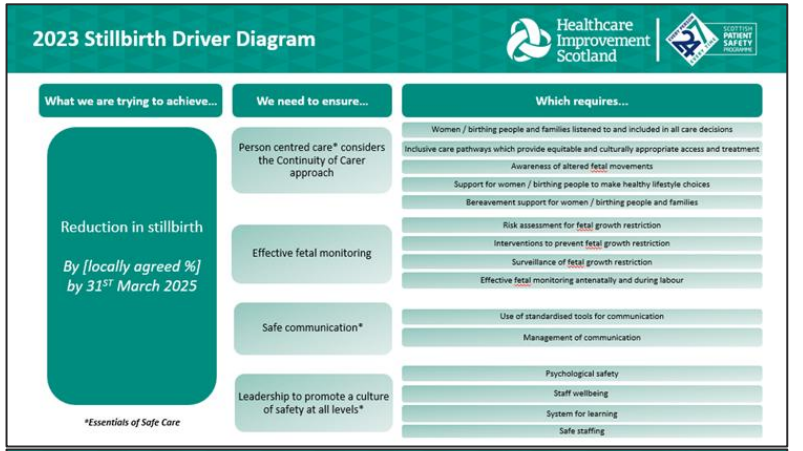
A people-led approach to the planning and delivery of safe care

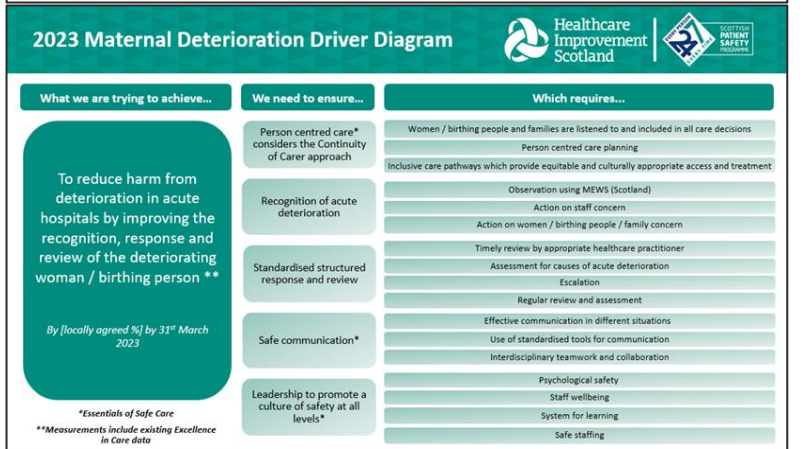
	Practitioner	Team	Organisation
People and professionals are equal partners in shared decision making	Discuss what matters to the person in all processes to plan, deliver and review care	Teams build confidence and skills in having shared decision making conversations, for example using DECIDE and REDMAP	Provide accessible and quality decision making aids to support informed decision making
Care and support is shaped to meet the needs of people	Person centred care plans, including proactive planning for changes in circumstances	Multidisciplinary, multiagency huddles to support care coordination	Enable integrated team working
People, families, carers, and staff are systematically listened to, and concerns are acted upon	The views and concerns of people receiving care, families, carers and staff are regularly sought and recorded	The views and concerns of people, families, carers and staff inform person centred care planning	Process for people, families, carers or staff to request a review, escalate concerns and receive a timely response

SPSP Perinatal Programme Driver Diagrams









Person centred care in our perinatal programme

We need to ensure… Primary Driver	Which requires… Secondary Driver	Change ideas
Person centred care considers the Continuity of Carer approach	Women / birthing people and families are listened to and included in all care decisions	Person centred language is promoted and used (e.g. RCM Re:Birth) in all settings
Recognition of acute deterioration	Action on women / birthing people / family concern	Locally agreed process for women / birthing people / families to escalate concerns
Person centred care considers the Continuity of Carer approach	Family integrated approach with a focus on reducing unnecessary separation	Delivery room contact / cuddles when clinically appropriate

FICare

Importance of individualised care and the impact of health inequalities

Jade Ormiston
Bliss Baby Charter Programme Officer

bliss.org.uk

Search Bliss Charity

Bliss
for babies born premature or sick

Registered charity no. 1002973 Scottish registered charity SC040878

Working in partnership

Family Integrated Care (FICare)

"model of neonatal care which promotes a **culture of partnership** between families and staff; enabling and empowering parents to become confident, knowledgeable and independent **primary caregivers**."

Family Integrated Care: A framework for practice, BAPM 2021

Standardising care – when it's needed

Bliss
for babies born premature or sick

Policies, procedures and guidelines:

- Developmental care
- Feeding
- Access
- Transfers

Ensuring consistency of practice:

- Offering the same opportunities, e.g. parent sessions

Standardising care

"the beautiful examples I've seen of equity have always been when we've been well staffed, we don't have too much pressure, and I think for most clinical staff the default setting will be going back to equality for all, one size fits all because of the pressures they're under."

"there's a lot of talk quite rightly about around standardisation of certain aspects of neonatal care…so people have that hat on and they think that [standardisation] applies to how we should approach families as well and the two aren't the same and understanding the nuance between the two when we talk about standardised care…"

Individualising care

Without individualisation, parents may not feel empowered to be partners in care because we know that no one is starting from the same place with the same experiences.

Please share your thoughts about what characteristics families might bring to the unit that would make standardisation unhelpful

(Consider access to, experiences of and outcomes of healthcare)

Individualising care

Bliss
for babies born premature or sick

Individualising care for the baby:

- Care plans
- Positioning
- Breathing support
- Cue based feeding

Individualising care for the family:

- Identifying needs
- Identifying barriers
- Acting on this information
- Communicating with the family consistently as a staff team

Individualising care

How can HCPs do this?

What are the challenges preventing individualisation of care?

Do they have the tools and pathways to make this a reality?

Bliss work:

Early Conversations Project

Health inequalities Project (more on this shortly)

Individualising care – Early conversations

- Early, compassionate conversations help parents feel listened to and included. They also make it easier for staff to understand each family's circumstances – including cultural needs, communication barriers or practical challenges – and offer more personalised and equitable support.
- Parents told us they often wouldn't share this information unless invited, yet it makes a significant difference to their experience and their confidence as partners in care.
- Some families face additional barriers during their neonatal journey. The tool helps staff recognise and respond to these early, promoting more inclusive, culturally sensitive and equitable care for all parents and carers.

"Everyone has a different state of mind and care needs to be personalised based on how parents are feeling about the situation they are in."

"Many of my needs weren't met while in NICU for 5 months. You just adjust and get through it, but things could have been made easier, especially as a lone parent with no family nearby."

Health inequalities and FICare

We know from our work that many families, regardless of their characteristics, face barriers to being involved in their baby's care.

Whether it is because of a lack of overnight accommodation for parents on neonatal units, or the high costs associated with having a baby in neonatal care.

Health inequalities and FICare

- In Scotland, 13 per cent of births in 2023/24 were to women from ethnic minority backgrounds (based on maternities with known ethnicity)
- While this represents a relatively small proportion of total births, it is vital that the experiences and outcomes of these families are not overlooked.
- The neonatal mortality rate in Scotland in 2023 was 1.61 per 1,000 live births. However, there are significant disparities in neonatal mortality rates by socio-economic deprivation and by ethnicity.

"Also no consideration when doing skin to skin as there was no privacy from males and I cannot expose myself in front of men. In my culture and religion it is encouraged to visit if someone is sick in hospital. I had to turn people away."

– Mum of a premature baby from our Barriers project.

Health inequalities and FICare

This means that if FICare is not embedded equitably, it risks some babies falling through the gaps. For example:

- Families from more deprived areas were less likely to be involved in ward rounds
- Parents from all ethnic minority groups were less likely than white parents to be included in consultant ward rounds
- Parents of Asian babies had lower odds of being updated by a senior member of the neonatal team within 24 hours of their baby's admission to a neonatal unit.

(Pettinger et al, 2025)

Health inequalities and FICare

Recent research points to evidence of disparities in care on the neonatal unit, and highlighted evidence of cultural misunderstandings, stereotyping and racism in neonatal care, and that some parents get more than others due to things like confidence in asking questions *(evidence: Clancy & Thomas, 2025; RHO review of neonatal assessment and practice in Black, Asian, and Minority ethnic newborns, 2023).*

These findings underscore that much more work needs to be done by researchers, the Government and NHS to tackle inequalities.

Our next steps…

Bliss's Policy, Research and Campaigns Team have undertaken a desk-based research project and will be conducting qualitative research with parents who have experienced social deprivation as well as sharing case studies from neonatal units who're working hard towards more equitable FICare, culminating in four *State of the Nation* reports.

Task

A baby in neonatal Unit – there is only mum who is a refugee and she has limited attendance on the Unit.

- How would you support this family?
- What conversations would you be having?
- What barriers may this mum be facing?
- What barriers do you face to support this mum?

Health inequalities and FICare

Best practice examples from Units across the UK to support families with health inequalities.

- Having translated information packs made up in the languages that are most commonly spoken
- Glasgow Children's Hospital has a box on the Unit for Siblings that are neurodivergent and can access fidgets, ear defenders etc to support them on the Unit
- Some Units are able to reimburse families on the day for expenses
- Offering mums/birthing person a private room to breastfeed so they are not exposing themselves in the same room as males
- Virtual ward rounds
- Having awareness of the cultural norms for families

Ways Bliss can support you with individualising care

- Early Conversations project
- Mental health information, particularly Black community
- Psychological impact of a neonatal stay video resources
- Bliss catalogue on NHS Learning Hub
- Bliss Baby Charter review
- State of the nation reports

Summary

- Standardisation can be useful but individualising care is crucial for delivering FICare
- How can care be individualised if we don't know what the families needs might be?
- To enable parents to be partners we have to also support staff to address barriers, tackle health inequalities and individualise care for each baby and their family
- Bliss' role is to continually highlight these challenges, support staff and encourage the Government and NHS to tackle health inequalities

Resources

- Early Conversations information from Bliss: The Early Conversations Project | Bliss
- Information and resources for HCP from Bliss: Information and resources | Bliss
- Our manifesto from Bliss: Neonatal services for the future: a manifesto | Bliss
- The Leave and Pay Ac that Bliss advocated for (this entitles families with a child in neonatal to paid leave aside from maternity/paternity/holiday leave Neonatal Care Leave and Pay campaign | Bliss
- Our research and policy publications (where our health inequalities report will be in due course) Policy and research publications | Bliss
- Our HCP newsletter: Bliss' enewsletter for healthcare professionals | Bliss
- FICare training and support: FiCare Toolkit& Resources - Family Integrated Care

Thank you

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Maternity & Neonatal Voices Partnership Implementation in NHS Lanarkshire

Enhancing care through patient and family collaboration

Who Am I? – what has my journey been

Nurse – Qualified @ QUB in 2001 BSC adult Nursing
Midwifery Degree @ QUB 2005
Neonatal Midwife 2006 -
Labour Ward 2007 –
Community – Home Birth Experiences 2010
Labour Ward 2014 – Significant Bereavement experience
Management Band 7 2015 – Post Natal / MLU/ FAU and C/S Scheduling
Management Secondment Post 2025 September to March
Digital Midwife March 2026
Supervision of Midwives Module/ NIPE/ RCM Project Management/ RCM Leadership
University of Ulster Postgraduate Diploma in Health Care Leadership and Management

What is the Maternity & Neonatal Voices Partnership?

https://vimeo.com/1156772606?fl=pl&fe=cm

Collaborative Framework
MNVP brings together families, service users, and healthcare professionals to improve maternity and neonatal care.

Lived Experience Focus
The partnership centers on lived experiences to ensure care reflects the real needs of women and families.

Co-production Model
MNVP encourages equal partnership between professionals and service users in designing and reviewing services.

Inclusive and Equitable Care
The model integrates diverse community perspectives to ensure culturally sensitive and accessible services.

Why MNVP Matters

Capturing Patient Experiences
MNVPs gather real experiences from women and families, turning insights into actionable healthcare improvements.

Bridging Service Gaps
MNVPs enable dialogue and shared decision-making, closing gaps between healthcare delivery and patient expectations.

Promoting Equity and Inclusion
MNVPs actively include underrepresented voices, addressing disparities in maternal and neonatal outcomes.

Fostering Trust and Improvement
MNVPs support staff and build trust, promoting continuous learning and compassionate care.

Scoping Work Undertaken

Stakeholder Engagement

- Engaged maternity, neonatal teams, family nurses, and community groups to gather diverse insights and needs.

System Mapping

- Mapped communication pathways and engagement opportunities to avoid duplication and enhance collaboration NHS Lanarkshire previously used engagement @ CEG

Best Practices Review

- Reviewed successful MNVP models and strategies from other regions to inform local implementation special thanks to Grampian engagement Officer Hannah Ronald and Lothian MVP Chairperson Mathilde Peace

Inclusive Hybrid Approach

- Planned a flexible engagement method combining in-person and digital formats to increase inclusivity.- initially in person to build and develop relationships

Launch and Early Engagement January 2026

Significant Launch Milestone
The MNVP launch in January 2026 marked a key milestone toward co-produced maternity and neonatal health services in NHS Lanarkshire.

Diverse Stakeholder Engagement
Early phase saw strong participation from healthcare workers, service users, and community partners alike – we included all grades of staff in a co-production video to raise awareness and increase engagement from staff

Communication and Inclusion Focus
Efforts targeted building trust, raising awareness, and ensuring inclusive, respectful dialogue among all participants - Highlighted this through social media and safety thoughts and considerations discussed at the outset of the meeting.

Feedback and Priorities
Gathered feedback through verbal discussions and email in the days after emphasized improved communication, inclusion, and meaningful involvement shaping MNVP priorities moving forward

WHY

Need for Improved Communication
Stakeholders emphasized clearer, consistent communication and greater transparency in healthcare decision-making.

Importance of Inclusivity
Engaging under-represented groups ensures diverse perspectives are included in service design and delivery.

Value of Lived Experience
Listening to real stories from service users helps inform meaningful improvements in healthcare services.

Coordinated Feedback Mechanisms
Effective feedback channels enable easier sharing of views and ensure responses to concerns and suggestions.

Reflections on Implementation

Early and Meaningful Engagement
Engaging stakeholders and service users early fosters ownership and shared purpose in implementation – including partners and birth companions plans for football team / match or squash padel competition twice yearly.

Safe and Inclusive Environment
Creating a respectful, safe space encourages open sharing and participation among individuals. Parking was challenging – local park – football pitch short walk through park

Flexible Hybrid Engagement
Using both in-person and digital formats increases accessibility and accommodates different needs.

Challenges and Sustainability
Maintaining engagement, building trust, and aligning with broader priorities remain ongoing challenges.

Next Steps for MNVP

Expanding Service User Involvement

Focus on engaging diverse and representative participants through targeted outreach and accessible methods.

Formalizing Governance Structures

Establish clear roles, responsibilities, and decision-making processes for effective and sustainable operations.

Integrating Quality Improvement

Embed MNVP activities into existing quality initiatives to directly influence service development and improvement.

Establishing Feedback and Evaluation

Develop strong feedback mechanisms and continuous evaluation to assess impact and identify improvements.

Vision for the Future

Inclusive and Person-Centered Care
The MNVP vision prioritizes equity, co-production, and person-centered care to ensure all voices are heard and valued.

Embedding Lived Experience
Lived experiences shape decision-making, making services responsive, inclusive, and community-aligned.

Commitment to Reducing Inequalities
Focus on reducing healthcare inequalities to provide high-quality care for all backgrounds and circumstances.

Culture of Openness and Learning
Fostering openness to feedback and continuous improvement drives better maternity and neonatal outcomes.

Keep in touch

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