



Royal Cornwall Hospitals
NHS Trust

Cornwall's Journey to the present day

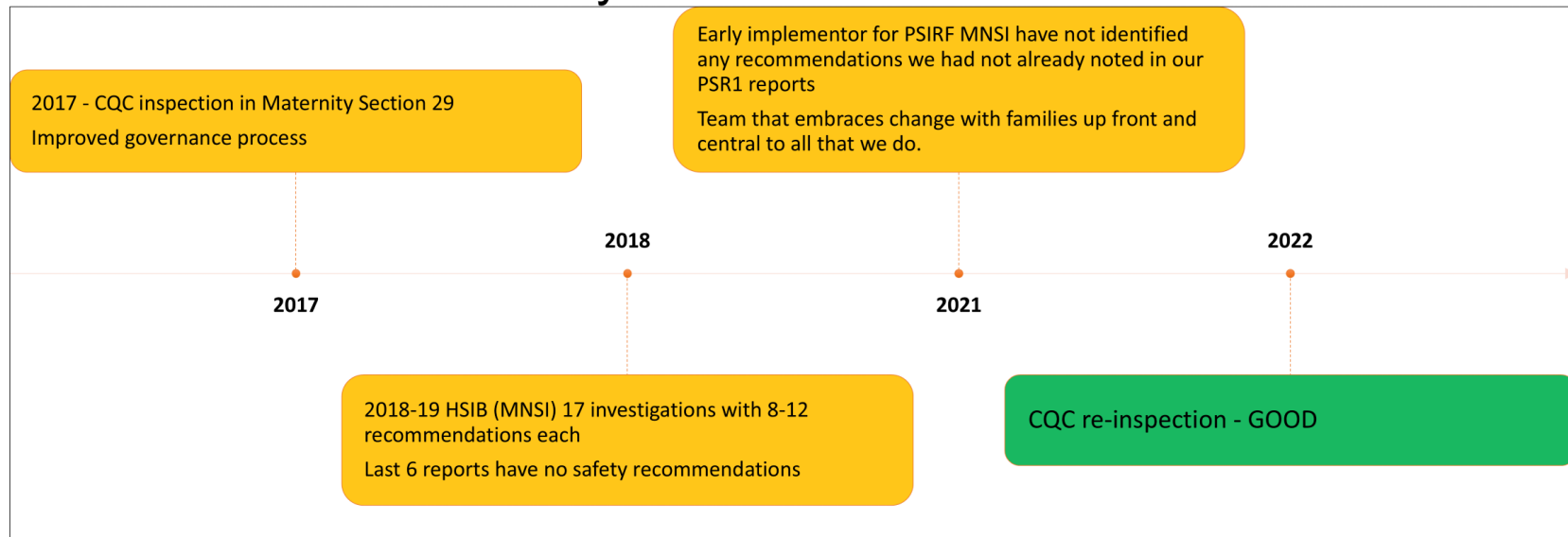


Outstanding
Care for One+All

Our Journey



From Section 29 to stability



CQC 2017 – Main areas for improvement

- Maternity Staffing
- Induction of labour process
- Data quality
- Dashboard – benchmarking
- Training
- Process for identifying and managing deteriorating patients
- Theatre 2 – plans for opening in an emergency
- Risk register – feeding into cooperate risks
- Guideline for High dependency care
- Reduction of births on the antenatal ward
- Cultural review



What did we do...2018



- Total change of maternity leadership team.
- Maternity staffing – Urgent birth rate plus, unpicking of budget sheets releasing funds for permanent posts.
- Overall commitment to work towards CNST standards
- Fostering good relationships with the HSIB (MNSI). Using reports to drive services forward e.g. unit wide safety huddles, obstetric ward rounds, coherent guidelines.
- Regional and national networking – learning from excellence and processes for implementation of national guidance e.g. SBL
- Closer working relationship with the central governance team to ensure escalation/oversight and open communication between specialism and the executive team.
- Introduction of an electronic record system.
- Training restructured into weekly blocks with all staff allocated time to attend.
- Introduction of second band 7s with high dependency care competences

What we did... 2019

- New Head of Midwifery, who put families front and centre of all we did.
- Beginnings of the LMNS (funding)
- Ongoing learning from HSIB (MNSI) reports
- Commitment to auditing and immediate learning and response
- Strong KMNVP representation
- SBLv1





- Ockenden 2020-21 enabled funding for specialist roles
- CNST met
- Onset of PSIRF
- Early adopter from December 2021
- PSIRP
- Maternity Safety Report
- Maternity and Neonatal Safety Champions





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Where are we now?



Outstanding
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LMNS/ Insights Visit to RCHT

This visit was undertaken by the LMNS, Integrated Care Board (ICB) and KMNVP in September 2024. The report from the Local Maternity and Neonatal System and Integrated Care Board was themed and focused on outcomes from the NHS England Three Year Delivery Plan for Maternity and Neonatal Services. The report highlights a number of positive observation and interactions including:

- 'We saw and heard that there is a clear ambition to deliver the best for women and families.'
- 'Everyone who talked to us had the women at heart.'
- 'The Insight team noted a that there is a more systematic approach to looking at workforce, with huge improvements and innovation in looking at roles.'
- 'There was clear evidence of continuous improvement, succession planning, the support and training'.
- 'Feedback from the staff team is that learning safety and support are embedding well'
- 'Learning and governance on wards was evident and it was great to see pride in the wards.'
- 'The insight team noted the achievements in compliance with SBL, CNST, Ockenden, CQC action plans –and how these have been completed within the context of many challenges.'

The visiting team did recognise actions and next steps to further improve the overall experience within the maternity and Neonatal service. The two main actions identified were to more rapidly embed the Birmingham Symptom Specific Obstetric Triage System (BSSOTS) within the service and to conduct an Integrated Care System review with RCHT to ensure that gaps in support are closed and linked to the new Integrated Care Board programmes of care.

Visit from Donna Ockenden (2024)



Joint working with KMNVP to Introduce the BRAIN Tool.



- **Why** From **Better Births 2016**: For maternity care to become safer, more personalised, kinder, professional and more family friendly. Where every birthing person has access to information to enable them to make decisions about their care.
- **What** Informed consent arises out of a series of facilitated conversations in which the families actively participates to explore the management of their health journey.
- **How** The ability to review information before the discussions, that is understandable, relevant, accurate and available in various formats.
- **When** Each contact “hot or cold”
- **Challenges** Language “ the way we say things”. Families are in control of the decision making. What matters to you? Difficult to let go of patient medical relationships. We do not advise what to do , a time may come were we advise that the choice would not be the recommended pathway.
- **Successes** The joint introduction with the KMNVP of the BRAIN tool to enhance joint decision making

The PCSP

Latest version of our PCSP





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My Personalised Maternity Care Plan

My Journey, My Choice

Throughout your pregnancy, birth and afterwards you will need to make decisions about your care.

It is important that all your care is personalised to you.

This document has been designed to support you.

Talk to your care professional if you have any questions.



Decision making

We are committed to respecting your choices and working in partnership with you to plan your care



Information:

- Your maternity team will ask questions about you and your family. They will support you to make a plan for your care and explain what will be offered to you.
- You should understand what your options are and be supported to make informed choices. You can change your mind at any point.
- It is the law that you give consent before any care or treatment is given to you such as induction of labour, stretch and sweep or blood tests.
 - During your first appointment your midwife will ask you questions regarding your health and wellbeing and will help plan your care should any health condition affect your pregnancy.
 - This is a continuous process and your maternity team will risk assess at every appointment and update your care plan if necessary.

**You should
never feel
pressurized
into making a
decision**

**It's OK
to change
your
mind**

The BRAIN acronym is a useful tool to assist you in gathering information to make informed decisions about your own and your baby's healthcare. Your maternity team will be happy to support you to use this or another decision making tool at any point.



BRAIN Decisions

BRAIN



B

Benefits

- What are the benefits of this?
- Why is it being offered?
- Are there any benefits to not doing this?

R

Risks

- What are the risks this is trying to prevent?
- Are there any risks of having this?
- Does this impact my choices?

A

Alternatives

- Are there any other options?
- What does the evidence say?

I

Intuition

- How do I feel about this?
- Does it make sense to me?
- Do I understand?

N

Nothing

- What if I wait?
- Can I have time to think?
- What happens if I choose to do nothing?

Do I need
more
information?

I am the
best person
to make
decisions for
me and my
baby.

Example

Question/care offered: Vitamin K
by injection for baby after the birth



Benefits: In a newborn baby, some vitamin K comes through the placenta, but at times this is not enough. That means a small number of newborn babies develop a deficiency. Newborn babies are given extra vitamin K to help prevent them developing life-threatening bleeding in the first hours to months of their life.

Risks: there are no known risks of Vitamin K for newborns. When this is given by injection there may be a small mark or bruise.

Alternatives: Oral Vitamin K - given over 3 doses on the day of birth, day 7 and 4 weeks of age - this is a less reliable way to administer this medication.

Intuition: what feels right for you and your family? Do you understand what you are being told?

What happens if I do nothing? You can choose not to receive vitamin K for your baby. If so, keep a close eye for any bruising or unexplained bleeding in your baby. If your baby is recommended any surgery or procedures such as a tongue tie division, health professionals would recommend vitamin K is given before this.

Central Maternity Governance



From 2017, our maternity service recognised the need for improved, rigorous governance and compliance systems to underpin and reflect both the direction of progress and development of the overall service.

- Maternity Improvement Programme
- Established audit team
- Weekly cross-Care Group Maternity Patient Safety Meetings
- Patient Safety Champions
- Transparent relationship with LMNS, KMNVP, Quality Assurance Committee and Trust Board
- Established training and practice development programme
- Maternity and Neonatal Patient Safety Report
- Annual review of completed actions to ensure that processes and previously compliant tasks remain embedded



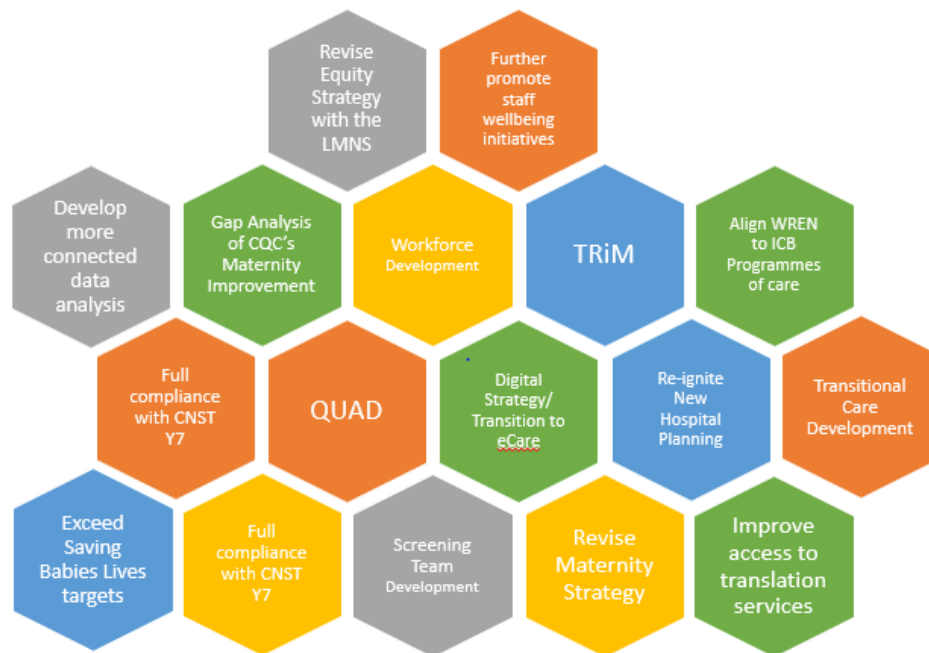
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Where are we heading?



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New Initiatives/ Aspiration/ move to finish for 2025



Thank you

Our values

Respect

Compassion

Honesty

Teamwork

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