

Hospital Inspection (Announced)

Princess of Wales Hospital –
Maternity Services, Cwm Taf
Morgannwg University Health
Board

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Contents

1.	What we did	5
2.	Summary of our inspection.....	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	18
	Quality of management and leadership	29
4.	What next?.....	34
5.	How we inspect hospitals.....	35
	Appendix A – Summary of concerns resolved during the inspection.....	36
	Appendix B – Immediate improvement plan	37
	Appendix C – Improvement plan	41

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Princess of Wales Hospital within Cwm Taf Morgannwg University Health Board on the evening of 22 March, and the following days of 23, and 24 March 2022. We announced the inspection 24 hours before our attendance due to health board COVID-19 regulations. The following hospital sites and wards were visited during this inspection:

- Ward 12 - antenatal ward (before delivery) with a capacity of 12 beds and postnatal ward (following delivery) with a capacity of 14 beds
- Midwifery led unit - with a capacity of two delivery rooms and one birthing pool
- Labour ward - (during labour) with a capacity of six delivery rooms and one birthing pool
- Triage assessment area
- Two operating theatres.

Our team, for the inspection comprised of two HIW inspectors, three clinical peer reviewers (one consultant obstetrician and two midwives) and one lay reviewer. A HIW inspector led the inspection.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found a dedicated staff team that were committed to providing a high standard of care to patients.

We observed staff interacting with patients respectfully throughout the inspection. Patients we spoke to told us they were receiving good care. Staff were positive about the support and leadership they received.

We identified concerns regarding the prescribing of labour induction medication and some areas of patient records required improvements.

Further improvements in management of information and governance compliance are required.

This is what we found the service did well:

- Patients were positive about the care and treatment provided during their time in the unit
- We observed professional, kind and dignified interactions between staff and patients
- There was a good range of health promotion information displayed
- There were good arrangements in place to provide patients and families with bereavement support
- Good governance of daily clinical activities
- Staff reported they felt supported by management and felt confident to raise any issues or concerns
- Strong midwifery and medical leadership was evident and there was good support offered to staff.

This is what we recommend the service could improve:

- Mitigation of risks around baby abduction
- Review prescribing of induction of labour medication
- Storage and security of medicines
- Some areas of patient record keeping
- Management of Information Governance compliance.

3. What we found

Background of the service

The Princess of Wales Hospital is located in Bridgend and forms part of services provided by Cwm Taf Morgannwg University Health Board. The health board was formed on the 1 April 2019 and covers the areas of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.

The health board has a catchment area for healthcare services containing a population of approximately 450,000. Acute, intermediate, primary, community and mental health services are all provided. Services are delivered in a variety of settings, including three hospitals: Royal Glamorgan, Prince Charles and Princess of Wales Hospitals.

Maternity services are offered to all patients within the geographical boundary of the health board. Patients have the choice of a number of birth settings. These include homebirths, a free-standing midwifery-led unit, midwife-led care, alongside midwifery units and obstetric units.

In April 2019, the health board's maternity services (based at Royal Glamorgan and Prince Charles Hospitals) were placed into special measures¹ by the Minister for Health and Social Services. This followed an independent review² of maternity services conducted by the Royal Colleges of Midwifery and Obstetrics and Gynaecology.

¹<https://gov.wales/cwm-taf-morgannwg-maternity-services-put-special-measures-report-identifies-serious-failings>

² <https://gov.wales/review-maternity-services-former-cwm-taf-university-health-board>

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We observed staff interacting and engaging with patients appropriately and we observed staff treating patients with dignity and respect.

Patients we spoke to told us they were receiving good care at the hospital.

However, some patients indicated that a review around visiting restrictions should take place.

The health board must address the environmental issues on the wards to improve the quality of patient experience.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 12 were completed. The majority of responses indicate a positive patient experience for this setting.

Questions about prenatal support, and infection prevention and control attracted the highest number of positive responses. Respondents were particularly positive about the care received from maternity staff, with all respondents stating that staff treated them with dignity and respect, were always polite, listened and provided information and support.

Patient comments included:

"Everyone I met was so lovely and caring. I will be forever grateful."

"Every staff member was exceptional. Given the best care."

"Visit at Princess of Wales was a fantastic experience. Look forward to giving birth here."

Questions about support during labour/birth and postnatal care attracted some negative responses, however, these were in the minority. Main concerns from patients were not having their preferences for the birth considered and restrictive visiting for partners.

All respondents agreed that staff treat them with dignity and respect, are always polite and listen to them and their family/friends, and have explained their birth options, any risks related to their pregnancy and the support offered.

All agreed that they were given enough information by the midwives after the birth for what was happening at the time, what they could expect, where they could go in an emergency and where they could get more support.

All felt able to share their concerns about their health, emotions, home life, beliefs and experience of the birth.

Staying healthy

We found there were good amounts of health promotion information displayed about breastfeeding, skin to skin advice, post-natal mental health and general advice on keeping healthy before, during and after pregnancy.

The hospital was a designated no smoking zone, which extended to the use of vapour/e-cigarettes. We saw information about smoking cessation throughout the unit.

We saw a plaque on the wall stating the unit was UNICEF³ baby friendly accredited in 2020. Accreditations reviewed every three years confirming compliance.

Hand hygiene posters and hand washing guides are on display in patient toilets and above sink areas.

³ <https://www.unicef.org.uk/babyfriendly/> - The Baby Friendly Initiative is transforming healthcare for babies, their mothers and families in the UK, as part of a wider global partnership between the World Health Organization (WHO) and Unicef.

Dignified care

During the course of our inspection, we witnessed many examples of staff being compassionate, kind and friendly to patients and their families. We saw staff treating patients with respect, courtesy and politeness at all times. The majority of patients who completed our questionnaires were very positive about their experience of care.

There were en-suite facilities within some of the birthing and postnatal rooms which helped promote patients' comfort and dignity during their stay. Where en-suites facilities were not available, shared toilet facilities were available nearby.

There was a private feeding room for new mothers on the postnatal ward which allowed for private personal time for mothers and their babies.

The majority of the patients who completed questionnaires said they saw the same midwife in the birthing unit as they did at their antenatal appointments. The majority of the patients also told us that they were 6 to 12 weeks pregnant when they had their booking appointment. Patients commented positively on choices offered about where to have their baby, with most strongly agreeing or agreeing to this taking place.

The majority of the staff we spoke to said that they had received training in bereavement and would feel confident in accessing the correct policies to enable them to appropriately care for any recently bereaved parents.

There was a dedicated bereavement room within the unit. Improvement works were ongoing at the time of the inspection. Staff told us that the improvements were almost done and an alternative room was available. A lead bereavement midwife worked across the health board to offer support and advice during core working hours.

The hospital also provided a chaplaincy service and there was a multi-faith hospital chapel for the use of patients and their families. Staff told us about arrangements to enable patients from different faiths to access the prayer rooms to meet their spiritual needs.

Patient information

Directions to the maternity unit are clearly displayed throughout the hospital. This made it easily accessible for people to locate the appropriate place to attend for

care. However, we did not see any signage on the main corridor and entrance to the ward to indicate to visitors that it was Ward 12.

Daily staffing details displayed in the unit informed patients of who would be caring for them. The boards are informative and contain photographs identifying staff and their roles and responsibilities. The inspection team highlighted the boards as an area of noteworthy practice and was an informative addition to the unit since our last inspection. The board contained relevant and appropriate information for service users and visitors and is a practice worth sharing across the health board.

We saw bilingual posters, leaflets and signs throughout the unit.

All patients who completed questionnaires said they were given support about how they may feel emotionally after the birth.

Staff we spoke with were aware of the translation services within the health board and how they were able to access these. Welsh speaking midwives were identifiable by the Welsh speaker logo⁴ on uniform or lanyard. Staff were also aware of language line facility.

Each ward had a patient status at a glance board⁵, used on a daily basis by multidisciplinary teams. These boards clearly communicated patient safety issues and daily care requirements or plans, as well as individual support required and discharge arrangements. These boards had improved since our last inspection and were now digital.

During the inspection, the door to the staff office on Ward 12 was open. The patient safety at a glance board could be clearly seen by anyone walking past this office. The health board must ensure that staff protect patient confidentiality by closing the door to the office.

⁴ The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying the Welsh speakers on your team. If someone is wearing a badge, or lanyard, this shows that they can have a conversation in Welsh.

⁵ The patient status at a glance Board (PSAG) is used in hospital wards for displaying important patient information such as; the infection risk levels, mobility, admission and discharge flow, occupied number of beds, nursing and medical teams, amongst others.

Improvement needed

The health board must ensure that:

- There is signage above the entrance to Ward 12
- Staff maintain patient information confidentially in the ward offices.

Communicating effectively

Overall, patients seemed to be positive about their interactions with staff during their time in the unit. Most patients who completed a questionnaire said they felt confident to ask for help or advice when help was required. The majority of patients also said they had been listened to by midwifery and medical staff during their stay. Most patients told us that staff had always spoken with them about their birth choices.

We saw that staff tried to maintain patient privacy throughout the unit when communicating information. However, we saw there was limited privacy within the antenatal six bed bay due to the small size and curtains, which gave no privacy when having confidential conversations. Staff told us that they would try and keep the middle bay bed free for confidential conversations and privacy to take place.

We did notice that it was usual practice for staff to close doors of consultation rooms when providing care to protect patients' privacy and dignity.

We saw that staff within the unit met twice daily, at shift change-over time. Midwifery and medical handovers are held separately due to midwifery and medical shifts not following the same working pattern.

The handover meetings we were able to attend, displayed effective communication in discussing patient needs and plans with the intention of maintaining continuity of care. These meetings were well-structured and evidence based which the inspection team felt to be of noteworthy practice.

Staff spoke positively about the health board's baby talk Facebook social media page, created to allow new mothers to communicate, share experience and provide feedback. Staff we interviewed told us that the feedback from the Facebook group was very meaningful and beneficial to them.

Timely care

Patients told us that staff were very helpful and would attend to their needs in a timely manner. Staff also told us that they would do their best to ensure patients checks on personal, nutritional and comfort needs are met. Patients' records demonstrated that this took place. Patients told us and we saw that call bells were easily accessible and answered promptly.

We saw that patient observations were recorded on a recognised national chart to identify patients who may become unwell or developing sepsis⁶. Staff were aware of the screening tool and reporting system for sepsis, which allowed for appropriate and timely action.

Staff we spoke to told us that because there is no designated theatre staff team, this can lead to delays for patients and causes undue stress on staff. Elective caesarean sections may be scheduled for each day but there is no dedicated obstetric consultant for these cases.

The same consultant covers the labour ward, antenatal ward and gynaecology emergencies. This represents a potential risk if more than one emergency then happens at once; there are often other consultants in the hospital during working hours, but no formal back-up cover and this is not consistent with long term safe practice.

The unit should consider consultant job plans that formally allocate a separate consultant to supervise the caesarean section lists and gynaecology work. A business case has been submitted to enable this to happen and we would recommend that the health board supports this.

⁶ Sepsis is a life-threatening reaction to an infection. It happens when the immune system overreacts to an infection and starts to damage the body's own tissues and organs.

Improvement needed

The health board should consider consultant job plans that formally allocate a separate consultant to supervise the caesarean section lists and gynaecology work.

Individual care

Planning care to promote independence

Facilities were easily accessible for all throughout the unit.

We looked at a sample of patient records and found evidence that patient's personal beliefs and religious choices were captured during antenatal appointments. This was to help ensure they were upheld throughout their pregnancy, labour and postnatal care. We saw that care plans also promoted people's independence based on their assessed abilities.

Promotion of birthing partner support takes place, however the questionnaire asked patients how the setting could improve the service it provides. Patients who completed the questionnaires and those spoken to during the inspection commented:

“Partner to be with you at all times. If not, perhaps a suitable room for them to wait.”

The health board told us that a review around visiting restrictions was due to take place.

The birthing pool was currently not in use as a crack was identified when it was being installed. As a result there was nowhere for patients to have some water relief. This was also highlighted in the patient's questionnaire with one patient commenting:

“I really could have done with a long soak... bath was not in use.”

We also saw that assessments for interpreters or information to be available in other languages took place in antenatal appointments. The use of language line was also available for those patients whose first language was not English, meaning they were able to access care appropriate to their needs.

Improvement needed

The health board must ensure that the bath is replaced and available for patients use.

People's rights

We found that birthing partners could be involved in care in accordance with patients' wishes and preferences. Patient's records reflected that this took place, ensuring that all members of the team know patient preferences.

Visiting restriction were currently in place on the ward due to COVID-19 restrictions and there was no longer opportunities for partners and family to visit freely.

All respondents to the questionnaires said they felt they can access the right healthcare at the right time (regardless of protected characteristics), one said they could not and one answered 'prefer not to say'.

No respondents reported discrimination when accessing or using this health service (on the grounds of any of the protected characteristics).

Listening and learning from feedback

Information was available on the health board's website relating to the procedure for patients to follow should they have concerns they wish to raise. The senior management team told us that the ward managers within the unit were fully aware of the Putting Things Right regulations⁷ and how to deal with complaints. Staff confirmed that they were aware of how to deal with complaints and provide patients with details of the Community Health Council (CHC)⁸, who could provide advocacy and support to raise a concern about their care.

⁷ <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

⁸ <http://www.wales.nhs.uk/sitesplus/899/home>

Following an informal complaint, lead matrons would contact the patient offering to discuss their issues, as well as promoting the formal complaint procedure should they wish to follow this route. Staff explained that this is a way of addressing concerns, but also to highlight any practice issues that may need resolving. Staff told us that communication with patients and families is kept throughout any concern received, and families are given the opportunity to meet with senior members of staff to discuss concerns.

We spoke to the Patient Advice and Liaison Services (PALS) team based in the hospital. Their role was to ensure there was an emphasis on obtaining views on the care and services provided. The team explained that any information is shared relating to the maternity unit with the ward teams.

Staff told us that they regularly seek patient feedback through feedback cards or questionnaires one of which is the Have Your Say comments card which is given to all patients. These are acted upon by the senior management team and shared with staff during lessons learnt meetings and appraisals.

The health board's maternity services directorate had recently set up a monthly governance meeting. Feedback from patients is discussed as part of a standing agenda meeting and documents reviewed confirmed this. This helped to share learning from patient feedback across maternity departments in the health board.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

Daily care planning promoted patient safety and care provided to patients. Patient's records we reviewed reflected this.

Patient records must be secure and out of public view at all times.

Safe care

Our concerns regarding medication management and management of highly sensitive patient information were dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

The unit appeared to be clean, appropriately lit and well ventilated. We found most areas to be clutter free and well organised. There were also some ongoing environmental changes taking place during the inspections, the bereavement unit and assessment unit was in the process of a refurbishment. There were notable environmental changes since HIW last inspection, which helped to improve the patient experience, however further changes are still required.

During the environmental tour of the hospital we identified that the entrance doors and internal doors on the wards had temporary repairs making the doors look worn and untidy. We identified trip hazards where tape on the floors was covering damage, this was highlighted as an area of improvement during our last inspection. It is important that the health board remedy this to prevent any falls or incidents. Also some ceiling tiles on the corridors leading to the wards were missing and wiring was exposed. The wards would also benefit from a re-painting to make the areas more pleasant. The health board told us that these areas would form part of the ongoing improvements.

We observed clean utility and ward areas, and saw medication cupboards left unlocked during our initial tour of the unit. It was felt that this could pose a potential risk to both the safety of patients and also a risk to patient identifiable information. We raised this at the time of the inspection and where possible, this was rectified. We have included further details around safe medicines storage and patient information under the Medicines Management and Information Governance and Communications Technology sections of this report.

The inspection team considered the security of new born babies on both the delivery suite and Ward 12. Improvements are still required regarding security measures currently in place to ensure that babies were safe and fully protected at all times. The health board used a cot security alarm system activated by a key mechanism (for the parent or midwife). When switched on, if a baby was lifted from the cot, an alarm would activate. However, although closed circuit television cameras were in place, monitoring of the exits is not always possible and could allow patients and visitors to easily exit at any time.

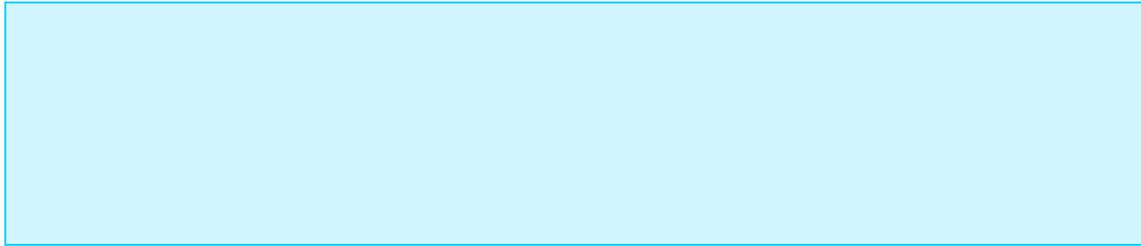
Since the last inspection, there have been improvements, however the inspection team still had some concerns over the security of the entry and exit points on the wards, particularly when the desk area is unsupervised and without 24 hour coverage.

There was evidence that baby abduction drills had taken place, however it is important that the health board look at extra safety measures around the entry and exit points to ensure that security of babies is maximised on the ward.

Improvement needed

The health board must ensure that :

- The flooring area is fixed
- Missing ceiling tiles are replaced
- Entrance and internal doors are replaced
- Ward and corridor areas are re-painted
- Ongoing environmental improvements continue to reflect modern day maternity care
- Ward 12 utility room lock is fixed and remains locked
- Consideration for further security measures at entry and exit points to the ward to enhance security.



Falls prevention

We saw there was a risk assessment in place for patients admitted onto the unit and those using birthing pools. Staff explained that reports of falls are recorded on the health board's electronic incident recording system. Staff explained that the incident reporting system ensures lessons learnt are acted on appropriately.

Infection prevention and control

We found that the clinical areas of the unit were clean and tidy and we saw that personal protective equipment was available in all areas and used by all healthcare professionals. Patients who completed a questionnaire and patients we spoke with said they thought the unit was well organised, clean and tidy.

During the inspection, we observed all staff adhering to the standards of being Bare Below the Elbow⁹ and saw good hand hygiene techniques. Hand washing and drying facilities were available, together with posters displaying the correct hand washing procedure to follow as a visual prompt for staff. Hand hygiene gels were available throughout the unit.

Documentation reviewed confirmed that infection prevention and control training compliance was high. Any concerns raised regarding infection prevention and control are escalated to senior members of staff.

⁹ Best practice is for staff involved in direct patient care to be bare below the elbow, this includes wearing short sleeved clothing, not wearing jewellery (with the exception of a plain wedding band), wrist watches, nail polish or false nails.

We saw results from an infection control audit which has recently had been carried out by the health board. This audit showed that compliance with infection control was high and any work required was appropriately dealt with in a timely manner. Although cleaning checklists were available for staff to fill in, the forms did not have an area to document and record any errors, problems or extra information.

We saw evidence to confirm that the health board had updated relevant policies and procedures to meet the additional demands of the COVID-19 pandemic. Hand sanitiser and face masks are available and staff and visitors throughout the hospital wear these.

Staff told us they had access to appropriate personal protective equipment (PPE) and cleaning equipment. Regular communication via meetings and emails ensured everyone has up to date advice and guidance on COVID-19.

Improvement needed

The health board must ensure that cleaning checklists allow staff to record extra information.

Nutrition and hydration

During the day and night patients are provided with hot and cold drinks, and facilities are also available to purchase drinks. Staff on the unit had access to facilities to make toast and drinks for patients outside of core hours.

Patients told us that the food and drinks available were of a good standard. Patient care records documented their nutritional requirements.

There is a nursery nurse on duty seven days a week with 24 hour coverage. We saw information on supporting breastfeeding on boards in the postnatal and antenatal area. Packs are also available to support women on discharge.

Staff also told us that due to visiting restrictions, there were more opportunities for them to promote breastfeeding and provide extra support to patients. Staff told us that patients seemed more comfortable in feeding their babies without others being present on the ward.

Medicines management

We looked at the arrangements for the storage of medicines within the birthing units and temperatures are consistently checked.

The inspection team considered the arrangements for the safe storage of medications throughout the unit and found there were two areas where medication was not being securely stored to prevent unauthorised access and to uphold patient safety. The utility room door on Ward 12 was unlocked on the first night of the inspection and the following day, and the medication fridge on Ward 12 in the utility room was also unlocked on the first day of inspection and the following day.

The inspection team reviewed the process regarding induction of labour, and found that doctors were prescribing both Propess and Prostaglandins (hormones used in induction of labour to open cervix), with ambiguity about indication or instruction for administration requirements.

Staff told us that midwives caring for the labouring woman, presumed when to use which medication. The inspection team felt that this had the potential to increase the risk of unsafe practice, due to the risk of incorrect or inappropriate administration. Multiple courses of prostaglandins were observed to be given routinely. The inspection team observed that women were not given clear information about what their options were if they were being induced but had not gone into labour.

Our concerns regarding these were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

There were discrepancies in the way that the controlled drugs book are used. The log book on Ward 12 was untidy with crossings out and entries seen did not always keep to the policy on disposal of unused controlled drugs. Also on Ward 12 there were inconsistent practices around checking, documenting and signing the controlled drugs book at the start and end of each shift. There were no signatures against who had checked the controlled drugs each shift, which demonstrated poor practice and non-compliance with the controlled drug policy.

We observed one staff member looking for ordered theatre drugs. This staff member checked an unlocked draw when searching for these drugs. It is important that all drugs are stored appropriately on the ward and that compliance checks are routinely carried out, ensuring that all drugs are stored correctly.

The health board medicines management policy was available electronically and also stored in a file within the unit areas. Staff confirmed that they knew where to locate this when required.

Pharmacy support was available to the unit and an out-of-hours computerised process was available for staff to check stock and availability of drugs across the

hospital during these times, to ensure there were no delays in patients receiving medication. The unit also had access to a stock of take home medication, allowing discharge of patients in a timely manner.

Improvement needed

The health board must ensure that:

- All medication is stored appropriately and securely
- The medication fridge is locked when not in use
- The controlled drugs book is accurately completed and entries comply with health board policies.

Safeguarding children and adults at risk

The health board had policies and procedures in place to promote and protect the welfare of children and adults who may be at risk. Safeguarding training was mandatory, and all staff we spoke with confirmed they had received training within the past 12 months.

There was an appointed lead safeguarding midwife for the health board who provided support and training to staff. All staff receive safeguarding training that includes guidance regarding female genital mutilation, domestic abuse, sexual exploitation and bruises on babies, as well as the procedures to follow for a safeguarding concern.

Formal safeguarding supervision sessions, recently introduced, encouraged staff to discuss issues in a group supervision session. It is mandatory for staff to attend two sessions per year. Staff we spoke to demonstrated good knowledge and understanding of safeguarding protocols.

There were appropriate procedures in place to alert staff to safeguarding concerns with regards to patients admitted onto the unit. This ensured that care and treatment provided is appropriate. All staff spoken to were aware of the procedures and processes to follow relating to patients with safeguarding concerns.

Medical devices, equipment and diagnostic systems

We considered the arrangements for the checking of resuscitation equipment within both the birthing unit and the antenatal clinic. Documentation reviewed confirmed that regular checks on equipment ensured that equipment was suitable for use.

Resuscitaire¹⁰ checks take place twice daily and whenever a patient uses a room. Checklists for drawer contents were present, however there is no checklist for the process of checking suction, air flow, heater, or the gas bottles. There were no areas on the checklist form to highlight if there were any concerns or missing equipment. Staff told us that these checks do take place, however the forms we viewed were unable to reflect this.

We also noted that air and oxygen bottles are not checked for independent use or for the amount left in the bottles. The health board must ensure that all checklists document missing items or have spaces to record concerns.

The reviewers found that the oxygen masks on labour ward that were placed in case of emergencies did not utilise a non-rebreathing reservoir bag of the type used in other hospitals and multi-professional PROMPT training. The labour ward multi-disciplinary team should assure itself that appropriate oxygen masks can deliver high flow high concentration oxygen for the rare instances when this may matter. We would recommend standardisation of oxygen mask for use in obstetric emergencies across Wales.

We found that regular checks on other pieces of equipment such as blood pressure machines are undertaken regularly. However, staff were unable to find a thermometer for the delivery suite pool. We were told that the current thermometer is cleaned after use. The health board should consider single use thermometers which would be readily available and easy to locate.

Improvement needed

The health board must ensure that:

¹⁰ Device to have during labour and delivery procedures, combining an effective warming therapy platform along with the components needed for clinical emergency and resuscitation.

- Checklist forms are reviewed and contain all relevant checks and spaces for extra information
- Alternative thermometers are considered for checking birth pool temperatures.
- Oxygen masks are high flow masks and comply with national standards for obstetric care.

Effective care

Safe and clinically effective care

Staff told us, and patients confirmed, that they are comfortable and well cared for. Pain relief would be available to patients during labour.

We observed staff effectively prioritising clinical need and patient care within the unit, and from the patient records reviewed, it was evident that clinical need prioritisation was at the forefront in care planning.

Staff who we spoke with told us that they were happy with the quality of care they were able to give to their patients. However some staff we spoke with said that they felt continuity of care was sometimes missing. Staff described moving across wards and felt like this did not help to build relationships with patients.

Quality improvement, research and innovation

A lead clinical research and improvement midwife was in place, who covered maternity services across the health board.

Senior management described projects to support education in growth assessment protocol and gestational related optimal weight (GAP and GROW)¹¹, epilepsy in patients, and the full review of documentation and creation of care

¹¹ GAP – Growth assessment protocol - GROW – Gestation related optimal weight (A procedure designed to monitor potential problems during gestation, specifically for women who have previously delivered small babies)

pathways across the unit had been recent projects completed. The health board maternity practice development midwife successfully carried out continued promotion of practical obstetric and multi-professional training (PROMPT)¹², within the maternity services across the health board.

Information governance and communications technology

The inspection team considered the arrangements for patient confidentiality and adherence to Information Governance and General Data Protection Regulations 2018 within the unit and we did note some improvements since our last visit with locked cupboards installed to keep notes confidential. However, during the inspection there were notes left unattended in the staff office on Ward 12, the door to this office was wide open with no staff present.

The patient trolleys containing confidential notes in the staff office were unlocked. Also, staff personal belongings were visible and accessible and the computer screen left in 'live' status allowing others to have access. This meant that any visitors or patients could enter this area and access personal and confidential information.

We were told that all staff within the unit had their own computer access login ensuring information governance was maintained. However, we did note some post it notes attached to the walls with log in and password details recorded.

The inspection team identified a safeguarding folder which was being stored on a bookshelf on the Ward 12, service users and potentially members of the public could access this. This contained highly sensitive information regarding vulnerable service users.

Our concerns regarding the location of the safeguarding folder were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

¹² PROMPT - Practical Obstetric and Multi-Professional Training. Its importance is to train teams to be teams within their working environment.

The internal intranet was informative for staff, with a wide range of accessible midwifery and medical clinical policies and procedures.

We found that the unit was using a maternity dashboard. This is an electronic tool to monitor the clinical performance and governance of their services. This also helps to identify patient safety issues so that timely and appropriate actions taken to ensure high quality care.

Improvement needed

The health board must ensure that:

- Patient records are secure and kept out of view at all times to maintain patient confidentiality
- Computer screens are locked when not in use
- Computer log ins and passwords are not on display
- Doors are locked to prevent unauthorised access.

Record keeping

Overall, we found the standard of record keeping to be adequate with care plans well documented between multidisciplinary teams. However, some patient records we reviewed were disorganised and difficult to navigate.

We saw appropriate observations charts and care pathway bundles. However, we also saw inconsistencies across the medical health records reviewed, with gaps in areas such as signature, unidentifiable signatures and General Medical Council registration number and names not documented.

Risk assessments did not always clearly document clinical decision making. In one record viewed an on-call consultant in obstetrics and anaesthetic developed an anaesthetic plan. This patient was a high risk patient with a complex medical history and should have had a risk assessment and care plan in place to help meet the needs of the patient. This assessment should have been completed via an antenatal anaesthetic clinic appointment. It was unclear why this did not take place.

Also, further antenatal notes reviewed had sections missing, such as screening results, and did not always clearly document patient choices. It is important that risk assessments are accurately completed and in a timely manner to help plan risk - appropriate care throughout a patient's perinatal journey.

In three sets of notes we reviewed, we noted management decisions that were carried across three days with inputs from three consultant ward rounds. From the notes reviewed it was unclear what detailed discussions around risks or benefits had been discussed as there were no detailed recordings in the notes we viewed. Accurate recordings should be made in patients records of any discussions and decisions made.

Improvement needed

The health board must ensure that:

- GMC and pin numbers are recorded in patient records
- All staff signatures are identifiable with no gaps in signature sections
- Risk assessments are undertaken and recorded in patient records
- Medical discussions and decisions are accurately recorded in patient records.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

It was positive to see improvements made since our last inspection.

We found that staff were committed to providing patient care to high standards. Throughout the inspection, staff were receptive to our views, findings and recommendations.

Staff were positive about the support they received from their colleagues and management teams.

There was dedicated and passionate leadership displayed by the head of midwifery supported by a committed multidisciplinary team.

Staff were able to access training to allow them to develop their skills and knowledge appropriate to their roles.

Governance, leadership and accountability

We found that there had been improvements made since our last inspection in 2019. There were well-defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was achieved through a rolling programme of audit and its established governance structure, which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

There was dedicated and passionate leadership displayed by the head of midwifery, supported by committed multidisciplinary teams (MDT). The team was a cohesive group of leaders and interviews with them showed that they valued and cared for the staff and the level of service they provided to patients.

We also observed some excellent MDT working, witnessed both in and out of hours for emergencies, between the obstetric and anaesthetic teams during our visit.

We saw the service held a number of regular meetings to improve services and strengthen governance arrangements. Such meetings included a monthly maternity quality and safety group, monthly audit review meeting and obstetric clinical review of incident meeting. Monthly ultrasound screening, labour ward, postnatal and neonatal forums, and a weekly multidisciplinary meeting.

The health board demonstrated a clear and robust process to managing clinical incidents. Strategy meetings held with the MDT to determine who will lead on a serious incident and there is continuous MDT oversight. In the strategy meeting, a Keeping In Touch lead (KIT) is nominated and families updated. The KIT person will contact and speak to the families and ask for them to be fully involved.

Monthly risk and governance meetings occur across all three sites of the health board where reported incidents, investigations and their findings are discussed, in a multidisciplinary format. We saw that minutes were produced, and information/learning is shared across maternity services across the health board to support changes to practice and learning. The lead governance midwife presented themes and trends to this meeting, with the view of highlighting any areas of practice, which were in need of addressing across the health board.

The senior management team confirmed that actions and recommendations from national maternity audits, such as Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries, MBRRACE¹³ and Each Baby Counts¹⁴ information is shared. This is to improve patient care, experience and future reporting of risk reduction and patient safety. Annual external validation received

¹³ MBRRACE - Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK with the aim of providing robust information to support the delivery of safe, equitable, high quality, patient-centred maternal, newborn and infant health services.

¹⁴ Each Baby Counts - the Royal College of Obstetricians and Gynecologists (RCOG)'s national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour.

from the respective national audit bodies such as MBBRACE, and ongoing work takes place to ensure the unit is in line with the recommendations made.

All staff we spoke with told us that the organisation encourages them to report errors, near misses or incidents and that these were never dealt with in a punitive manner.

Senior management told us about greatix system which provides positive feedback to staff. Greatix are discussed weekly at senior MDT meetings. We were told by senior staff that these were carefully selected, ensuring that it is a meaningful process. Ward staff spoke positively about the greatix system and how rewarding they find it for their practice and ongoing professional development.

We found that there was a process in place for monitoring staff attendance and compliance with mandatory training. Health board mandatory training, such as health and safety, fire safety, infection prevention and safeguarding, predominately completed on-line and monitored centrally through an electronic staff record. Staff receive prompts to inform them when their training is due to expire, to ensure re-training completion within appropriate timescales.

Staff told us that manual handling training currently provided for maternity staff was not fit for purpose. It would be beneficial for the health board to design and develop some bespoke training specifically for staff working the maternity wards, focussing on manual handling in maternity wards, which is a more complex area than the current basic standard delivered.

The service holds three mandatory maternity related study days across the year. One of the days is PROMPT training, which is a multidisciplinary training event, used to encourage multidisciplinary working in emergency situations. All staff we spoke with said they attend this training when they can and find it very useful. Compliance figures for PROMPT training assured us that regular training was taking place.

Staff we spoke with told us that they have regular appraisals and they see them as positive meetings to increase continuous professional development, which was confirmed via compliance data seen.

Improvement needed

The health board designs and delivers a bespoke manual handling course for staff working on the maternity unit.

Staff and resources

Workforce

All staff we spoke with told us that the leadership and support, be it personally or in a work perspective, was excellent. Strong team working was encouraged by all senior managers and staff confirmed this in the positive feedback received in face to face interviews.

Senior managers told us that midwifery rotas were well managed within the unit. If there were any shortages of staff cover, staff told us that they call in community midwives. Senior managers would also step in to cover when required. However, some of the staff we spoke to told us they felt that the staffing ratios on their wards were not comparable with other maternity units in the health board and staff felt that numbers on the maternity unit should be increased. Staff told us that a review of birth rate plus¹⁵ was required. This had not been done for a number of years and some staff felt that this needed to be reviewed to provide extra staffing for the unit.

The Staff Associate Specialist Doctor (SAS Doctor) working in theatre had been covering absences in the workplace and as a result they were missing out on valuable experience. It is important that the health board fill current vacancies in the SAS doctor level which would allow the substantive SAS doctors to revert to their pre-COVID job plans. The review team felt that the first on-call rota, staffed by excellent advanced midwifery nurse practitioners was vulnerable to the effects of current and imminent retirement and succession planning needs to be in place

¹⁵ Birthrate Plus® is currently the only midwifery specific, national, tool that gives the intelligence and insights needed to be able to model midwifery numbers, skill mix and deployment and to inform decision making about safe and sustainable services.

to cover this. That said, the reviewers witnessed some excellent patient care being delivered by locum staff.

We saw there were escalation processes in place for use in times of staff shortages, and all staff we spoke with were aware of how to locate the policy and how to escalate issues.

Staff described long delays with occupational health referrals. This was causing delays in staff returning to work and some staff had experienced issues where they had returned without a phased return to work plan. The health board must ensure that occupational health referrals are dealt with in a timely manner to ensure staff return to work at the right time, without any unnecessary delays and with the appropriate support plans in place.

Staff told us that there was good welfare support in place. It is important that the health board closely monitor the keeping in touch staff, ensuring they have additional access to welfare services to assist and support them in undertaking this role.

During the inspection we spoke to a number of student midwives who spoke positively about the support and guidance they have from staff who mentor and support them.

There was some concern relating to the backlog of incidents. Extra staff are in place to deal with the backlog, however funding for the extra staff is due to come to an end. It is important that the funding for staff continues in order to clear the backlog. This will ensure that lessons learnt and recommendations to change care and practice occur in a prompt and timely manner.

Improvement needed

The health board must ensure that:

- A review of birth rate plus takes place
- Occupational health referrals are dealt with in a timely manner
- Additional welfare support is available for KIT staff
- The backlog of incidents are cleared and consideration of further funding should continue.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns identified on this inspection			

Appendix B – Immediate improvement plan

Hospital: Princess of Wales

Ward/department: Maternity Unit

Date of inspection: 22 -24 March 2022

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that prescription of induction medication is reviewed to minimise the risk of administration errors. Records of discussions with the patient must also be documented.	2.6 Medication Management	1. Stickers developed in 2019 to be re-highlighted.	Head of Midwifery	Completed 07.04.22
	3.5 Record Keeping	2. Inductions of labour not to be “booked” until confirmation that medication sticker has been used on the medication chart.	Head of Midwifery	
		3. Email sent to all medical staff to remind them of the importance of full information giving relating to the process of induction of labour.	Clinical Director	

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that appropriate systems in place which maintains medications are stored safely and securely at all times.</p> <p>The health board must also ensure that there is robust supervision to ensure staff are compliant with the systems put in place.</p>		<p>4. Lock on medication room has been re-assessed by the Estates Department.</p> <p>5. Spring shut mechanism has been urgently ordered for medication room door to assist closing effectively.</p> <p>6. Lock has been urgently ordered for fridge.</p> <p>7. Twice daily spot checking commenced to evidence the embedding of security of medications.</p> <p>8. Communication via social media and email, to midwifery teams and support staff to remind them of their role to ensure compliance in this area.</p>	<p>Head of Midwifery</p>	<p>Completed 07.04.22</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The Health Board must provide HIW with details of actions it will take to ensure that:</p> <p>Highly sensitive service user's records are stored confidentially and securely.</p>		<ol style="list-style-type: none"> 1. All information with women's identifiable information has been removed from the bookshelf on the Labour Ward. 2. These folders are now housed behind a door with a key pad lock which is spot checked (escalated to twice a day) 3. Communication via email to midwifery team and support staff to explain the rationale for this change and their support to maintain this standard going forward. 	<p>Head of Midwifery</p>	<p>Completed 07.04.22</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative: Sarah Fox

Job role: Head of Midwifery

Date: 21.04.2022

Appendix C – Improvement plan

Hospital: Princess of Wales

Ward/department: Maternity Unit

Date of inspection: 22 -24 March 2022

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that there is signage above the entrance to Ward 12.	4.2 Patient Information	Signage is present above the entrance to Ward 12 3 monthly walk around with estates and HOM in calendar from 7.12.21 to continually plan improvements to the area from an estates perspective	Head of Midwifery/Head of Estates	Completed 26.5.22
The health board must ensure that staff maintain patient information confidentially in the ward offices.	4.2 Patient Information	Quote requested for swipe card access to enter and leave Ward 12 office door	CSG Manager	June 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should consider consultant job plans that formally allocate a separate consultant to supervise the caesarean section lists and gynaecology work.	5.1 Timely access	Business case under development for separate maternity elective theatre case lists to be established. Once finalised will be submitted through Integrated Locality Group structure for consideration.	CSG Manager	August 2022
The health board must ensure that the bath is replaced and available for patient use.	6.1 Planning Care to promote independence	Bath installed and water tests completed		Completed 20.04.22
Delivery of safe and effective care				
The health board must ensure that the flooring area is fixed.	2.1 Managing risk and promoting health and safety	<p>Flooring area to Labour Ward has been replaced.</p> <p>Flooring area to Ward 12 will be replaced as part of ongoing building work project</p>	<p>Completed</p> <p>Manager for improvement to maternity department work</p>	<p>Completed April 2022</p> <p>June 2022</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that missing ceiling tiles are replaced.	2.1 Managing risk and promoting health and safety	<p>Ceiling tiles are replaced in corridor to Labour Ward</p> <p>Ceiling tiles will be replaced in corridor to Ward 12 as part of ongoing building work project</p>	<p>Manager for improvement to maternity department work</p>	<p>Completed April 2022</p> <p>June 2022</p>
The health board must ensure that entrance and internal doors are replaced.	2.1 Managing risk and promoting health and safety	<p>Internal and external door have benefitted from new covers to minimise dents and scuffing.</p> <p>New door to labour ward has been installed.</p> <p>A quote for full replacement of all doors will be requested</p>	<p>Completed April 2022</p> <p>June 2022</p>	<p>CSG Manager</p>
The health board must ensure that ward and corridor areas are re-painted.	2.1 Managing risk and promoting health and safety	Corridor area to Labour Ward has been repainted.		CSG Manager

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Quote for the corridor area to Ward 12 and the ward area to be repainted will be requested	June 2022	CSG Manager
The health board must ensure that ongoing environmental improvements continue to reflect modern day maternity care.	2.1 Managing risk and promoting health and safety	3 monthly walk around with estates and HOM in calendar from 7.12.21 to continually plan improvements to the area from an estates perspective	HOM/Head of Estates	Completed April 2022
The health board must ensure that the utility room lock is fixed and remains locked.	2.1 Managing risk and promoting health and safety	Estates department fixed lock Monitoring of the secure closure of the door is completed twice daily by a member of the senior midwifery team	Senior Midwife	Completed March 2022 Ongoing – audit reviewed monthly and improvement trajectories required

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure consideration for further security measures at entry and exit points to the ward to enhance security.	2.1 Managing risk and promoting health and safety	A quote for swipe card access to exit ward 12 and labour ward is being requested	CSG Manager	June 2022
The health board must ensure that cleaning checklists allow staff to record extra information.	2.4 Infection Prevention and Control (IPC) and Decontamination	The resuscitare checklist has been amended to improve clarity.	Senior Midwife	Completed May 2022
The health board must ensure that all medication is stored appropriately and securely.	2.6 Medicines Management	Medicine is stored securely and appropriately, adhering to Health Board guidelines. Monitoring of the security is completed twice daily by a member of the senior midwifery team.	Senior Midwife	Ongoing – audit reviewed monthly and improvement trajectories required Completed March 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that the medication fridge is locked when not in use.	2.6 Medicines Management	<p>Secure lock is attached to medication fridge.</p> <p>Monitoring of the security is completed twice daily by a member of the senior midwifery team</p>	Senior Midwife	<p>completed March 2022</p> <p>Ongoing – audit reviewed monthly and improvement trajectories required</p>
The health board must ensure that the controlled drugs book is accurately completed and entries comply with health board policies.	2.6 Medicines Management	3 monthly joint pharmacy and senior midwife audit of CD dispensing and recording is undertaken	Pharmacy and Senior Midwife	Ongoing – audit reviewed 3 monthly and improvement trajectories required

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that checklist forms are reviewed and contain all relevant checks and spaces for extra information.	2.9 Medical devices, equipment and	The resuscitare checklist has been amended to improve clarity.	Senior Midwife	Completed May 2022
The health board must ensure that alternative thermometers are considered for checking birth pool temperatures.	2.9 Medical devices, equipment and	Thermometer permanently in pool room. Alternative thermometers purchased as stock	Senior Midwife	Completed May 2022
The health board must ensure that oxygen masks comply with national standards for obstetric care.	2.9 Medical devices, equipment and	<p>High flow masks and part of the core stock of our resuscitation trolley but will now be stock items in each Labour Ward room</p> <p>Request via email for the maternity and neonatal network to consider standardising Labour Ward equipment to support all Wales improvements</p>	<p>Senior Midwife</p> <p>Head of Midwifery</p>	<p>Completed May 2022</p> <p>Completed May 2022</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that patient records are secure and kept out of view, at all times to maintain patient confidentiality.</p>	<p>3.4 Information Governance and Communications Technology</p>	<p>All patient records are kept in secure locked trolleys. Monitoring of the security of patient records is completed twice daily by a member of the senior midwifery team.</p>	<p>Senior Midwife</p>	<p>Ongoing – audit reviewed monthly and improvement trajectories required</p>
<p>The health board must ensure that computer screens are locked when not in use.</p>	<p>3.4 Information Governance and Communications Technology</p>	<p>Staff are reminded of Health Board Information Governance responsibilities via mandatory esr training, overall compliance rate approximately 50% - to move to full compliance</p>	<p>Practice Development Midwives</p>	<p>Monthly audit of compliance rates provided by the ILG. Trajectory for improvement provided by PDM's</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that computer log ins and passwords are not on display.	3.4 Information Governance and Communications Technology	<p>Spot check no computer passwords are on display in clinical areas.</p> <p>Ongoing monitoring via environmental audits conducted and archived through AMaT</p>	<p>Head of Midwifery</p> <p>Senior Midwife</p>	Ongoing – audit via AMaT - scrutinised monthly via WESEE meetings
The health board must ensure that doors are locked to prevent unauthorised access.	3.4 Information Governance and Communications Technology	<p>Door to office in Ward 12 is . monitored twice daily by a member of the senior midwifery team to ensure the room is in use or the door is shut.</p> <p>A quote for swipe card access to enter ward 12 office is being requested</p>	<p>Senior Midwife</p> <p>CSG Manager</p>	Ongoing – audit reviewed monthly and improvement trajectories required June 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that GMC and PIN numbers are recorded in patient records.	3.5 Record keeping	GMC and NMC pin numbers stamps are to be provided for all professional staff in the service to support the improvement in record keeping.	Director of Midwifery/ Clinical Directors	August 2022
The health board must ensure that all staff signatures are identifiable with no gaps in signature sections.	3.5 Record keeping	The use of the stamps will be audited through the rolling annual record keeping audit. Findings are fed back annually and improvement plans developed quarterly.	Clinical Supervisor for Midwives	August 2022
<p>The health board must ensure that risk assessments are undertaken and recorded in patient records.</p> <p>The health board must ensure that medical discussions and decisions are accurately recorded in patient records.</p>	3.5 Record keeping	The specific areas of: risk assessment, medical discussions and decisions will be added to the record keeping audit and all service medical staff to participate in this annual audit to drive multi professional improvement in this area	Clinical Supervisor for Midwives	August 2022

Quality of management and leadership

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should design and deliver a bespoke manual handling course for staff working on the maternity unit.	Governance, Leadership and Accountability	<p>The trained member of the service to deliver manual handling training is about to leave the Health Board.</p> <p>Consideration of how best to deliver this training will be addressed jointly by the senior leadership team and the Health Board Training Team and a plan with appropriate trajectories for training compliance will be created.</p>	Practice Development Midwives	August 2022
The health board must ensure that a review of birth rate plus takes place.	7.1 Workforce	Birth rate plus re-assessment to commence w/c 31.5.22	Intrapartum Lead	June 2022
The health board must ensure that occupational health referrals are dealt with in a timely manner.	7.1 Workforce	Lead for Occupational Health Services asked for target time for referrals to be addressed to support realistic and accurate information giving to staff members	Head of Midwifery	June 2022
The health board must ensure that additional and timely welfare support is available for KIT staff.	7.1 Workforce	Workforce team asked for specific resources for KIT staff going forward	Workforce Partner	June 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
			Governance Midwife	
The health board must ensure that the backlog of incidents are cleared and consideration of further funding should continue.	7.1 Workforce	Incident backlog due to be closed by 31.5.22. Service agreed target: All incidents managed and closed within 3 months – using datix action tracker for ongoing work.	Governance Midwife	Datix management scrutinised monthly via WESEE assurance meeting

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Sarah Fox

Job role: Head of Midwifery

Date: 27/05/2022