Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection (Unannounced)

Ysbyty Glan Clwyd – Maternity Services, Betsi Cadwaladr University Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

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 unannounced inspection of Ysbyty Glan Clwyd within Betsi Cadwaladr University Health Board on 16, 17 and 18 September 2019. This inspection is part of HIW's national review of maternity services across Wales[1].

The following hospital wards were visited during this inspection:

- Celyn ward - antenatal ward (before delivery) with a capacity of 13 beds and postnatal ward (following delivery) with a capacity of 18 beds
- Midwifery led unit - with a capacity of two delivery rooms, one birthing pool and two postnatal beds
- Labour ward - (during labour) with a capacity of six delivery rooms and one birthing pool
- Triage assessment area with a capacity of four trolley bays and a waiting room
- 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. The inspection was led by a HIW inspection manager.

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.

[1] https://hiw.org.uk/national-review-maternity-services

2. Summary of our inspection

Overall, we found that the service provided care in a respectful and dignified way to patients.

However, we identified a number of improvements were required to ensure that the service was providing safe and effective care at all times. This included ensuring that there was sufficient oversight of the day to day activities on the wards.

This is what we found the service did well:

- Women and their families 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 were good arrangements in place to provide women and families with bereavement and perinatal mental health support
- Strong midwifery leadership and good support offered to staff.

This is what we recommend the service could improve:

- Regular checking of resuscitation equipment for new born babies
- Review of induction of labour medication administration
- Review of the reliance upon locum medical staffing
- Review of policies and procedures
- Some areas of patient record keeping
- Availability of health promotion information throughout the unit.

3. What we found

Background of the service

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham). The health board has a workforce of approximately 16,500.

There are three main hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital), along with a network of community hospitals, health centres, clinics, mental health units and community based teams.

Ysbyty Glan Clwyd (Glan Clwyd Hospital) is the district general hospital for the central area of North Wales, situated in Bodelwyddan near Rhyl. The hospital serves a population of approximately 195,000. The acute hospital service has a total of 684 beds, with a full range of specialties.

Maternity services are offered to all women and their families living within the geographical boundary of the health board. Maternity services also provides care to women who chose to birth in the health board facilities who reside outside the geographical boundary.

The health board averages around 6,000 births per year, with around 1,785 of these at Ysbyty Glan Clwyd.

Women who birth within the health board have the choice of four birth settings. These include homebirths, a free-standing midwife unit, midwife led care at an alongside midwife unit and an obstetric unit. Ysbyty Glan Clwyd comprises of an obstetric led unit together with a midwifery led unit (birthing centre).

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.

Patients were positive about their overall experience of the service and felt they had been treated with dignity and respect. We observed polite, friendly and supportive interactions between staff and patients and their families.

Health promotion information required improvement throughout the unit to maintain active sharing and learning regarding staying safe, healthy and well informed care.

Improvements were suggested in the handover process to strengthen communication between multidisciplinary teams.

Delays were seen in waiting for medical reviews following ultrasounds scans or bloods being taken in the triage assessment unit, delaying discharge.

During the inspection, we distributed HIW questionnaires to patients, families and carers to obtain their views on the standard of care provided. A total of nine questionnaires were completed. We also spoke with 14 patients during the inspection.

Patients who completed questionnaires rated the care and treatment provided during their stay in the maternity unit as excellent (scores were detailed as nine out of ten and above). Patients and their families who we spoke with also said they had a good experience in the whole of the unit. Patient comments included:

> *"Myself and my family were treated with a great amount of respect. Staff were amazing and I am grateful for them".*
>
> *"Outstanding midwives".*
>
> *"Fantastic staff, University students were so attentive and concerned with patients".*

"Fantastic, Delivery suite is fantastic".

However, some patients that we spoke with told us that the delays seen within the triage assessment unit when waiting for ultrasound or blood test results often delayed timely discharge home.

The majority of the patients confirmed their postnatal stay had been more than 24 hours.

Staying healthy

Although the hospital was a designated no smoking zone, which extended to the use of vapour/e-cigarettes, we saw little information in relation to smoking cessation throughout the unit.

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.

We also saw staff promoting privacy and dignity when helping patients with their personal care. We reviewed care documentation and did not find any areas of concern regarding dignified care.

There were en-suite facilities within some of the birthing and postnatal rooms to help support dignity during the patient's stay. Where en-suites facilities were not available, shared toilet facilities were available nearby.

All but two of the patients who completed our questionnaire, said they saw the same midwife in the birthing unit as they did at their antenatal appointments. Half of the patients were six to twelve weeks pregnant when they had their booking appointment. Patients confirmed that they had been offered a choice about where to have their baby. All patients said they were asked by the midwife about how they were feeling and coping emotionally in the antenatal period.

The majority of the staff we spoke with said they had received bereavement training and would feel confident in accessing the correct policies and support, to enable them to appropriately care for any recently bereaved parents. There was a dedicated bereavement room within the unit, known as the 'Dolwen Suite'. We saw this provided a suitable environment for patients and families to use. If this room was in use, we were told that an unoccupied postnatal room would be made

suitably available. We were told that a bereavement lead who worked across the three sites within the health board was available through core working hours to offer support and advice. Staff also told us that the on-call matron for the maternity service would be the first point of contact if guidance was required outside of core hours.

Patient information

We found that directions to the maternity unit were clearly displayed throughout the hospital. This made it easily accessible for people to locate the appropriate place to attend for care. Visiting times were clearly displayed within the unit and staff told us that there would be flexibility around this if requested.

We found there was little health promotion information displayed in relation to breastfeeding, skin to skin advice, post-natal mental health and general advice on keeping healthy before, during and after pregnancy.

Daily staffing details were not displayed within in the unit to inform patients of who would be caring for them.

Information was predominately available in English, with limited information in Welsh. We were told there was a rolling programme in place to ensure that all information was bi-lingual and current information was in the process of being translated.

Staff we spoke with were aware of the translation services within the health board and how to access these. Welsh speaking midwives were also identifiable by the Welsh speaker logo[2] on uniform.

Improvement needed

The health board must ensure that:

- A range of health promotion is readily available throughout the unit to support patients to make healthy and informed choices

2 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.

- Information about staff is displayed for patients, including within the labour ward, to inform patients of who is caring for them.

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 required. The majority of patients also said they had been listened to by midwifery and medical staff during their stay. Most patients also said staff had always spoken with them about their birth choices.

We saw that staff maintained patient privacy when communicating information. We noticed 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 were held separately due to midwifery and medical shifts not following the same working pattern. However, this means that there are no formal daily systems to facilitate communication between teams which could affect patient care. 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. However, there was no formal log of who was in attendance at the multidisciplinary handover, neither was the information captured or logged of the discussions that took place.

Each ward had a patient safety at a glance board[3] which was 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. The inspection team highlighted the live

[3] 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.

camera link from the ward patient safety at a glance board displaying information in the handover room was of noteworthy practice, in ensuring the most up to date information was available for discussion at handover. It was however felt by the inspection team, that it would also be beneficial for central patient monitoring data currently displayed at the midwives station to also be displayed in the handover room to aid discussions.

We were also told by staff that a vibrant maternity voices group, which is chaired by a service user, had been created for mums-to-be and new mums to meet and discuss services, care, etc. There was also a Facebook page seen for anyone wishing to learn more regarding maternity services within North Wales.

Improvement needed

The health board must ensure that the process of handover is reviewed to ensure patient care planning is communicated effectively.

Timely care

The in-patients we spoke with told us that staff were very helpful and would attend to their needs in a timely manner. We were also told by staff that they would do their utmost to ensure patients were regularly checked for personal, nutritional and comfort needs. This was also seen within the patient's records we reviewed. We also saw that call bells were seen to be easily accessible and answered in a timely manner.

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

Individual care

Planning care to promote independence

We found that facilities were easily accessible for all throughout the unit.

We looked at a sample of patient records within the unit 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.

We found that senior medical and midwifery staff promoted individual care and choices for patients. Birthing partner support was also promoted. All of the birthing rooms were well equipped. One of the birthing rooms also had a plumbed in birthing pool which patients could use during labour.

People's rights

We found that family/carers were able to provide patients with assistance and be involved in their care in accordance with patients' wishes and preferences. These arrangements were recorded in patients' notes to ensure that all members of the team were informed of patient preferences.

Both staff and patients told us that open visiting was available, allowing the partner, or a designated other, to visit between 9.00am and 8.00pm, however, just over a third of the patients who completed the questionnaire confirmed that a partner or someone close to them had not been able to stay with them for as long as they wanted to. Staff also told us that birthing partners could stay with the patient during labour.

The hospital provided a chaplaincy service and there was a hospital chapel. We were also told about arrangements to enable patients from different faiths to access the prayer rooms to meet their spiritual needs.

Listening and learning from feedback

Information was available on the health board's website relating to the process for patients to follow should they have concerns they wish to raise, there was also information available on the unit. We were told by the senior management team that ward managers within the unit were fully aware of the NHS Wales Putting Things Right[4] process and how to deal with complaints. Staff confirmed that they were aware of how to deal with complaints. However, staff did not routinely provide patients with details of the Community Health Council (CHC)[5] who could provide advocacy and support to raise a concern about their care.

[4] http://www.wales.nhs.uk/sites3/home.cfm?orgid=932

[5] http://www.wales.nhs.uk/sitesplus/899/home

We were told that following an informal complaint, lead matrons would contact a 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 was used as a way of addressing concerns, but also with a view to highlight any practice issues that may need resolving. Staff told us that communication was maintained with patients and families throughout any concern received and they were also given the opportunity to meet with senior members of staff to discuss their concerns further.

Staff told us that they regularly seek patient feedback through feedback forms or questionnaires, one of which is the birth afterthoughts information card which was given to all women following birth. We were told that these are acted upon by the senior management team and shared with staff during lessons learnt meetings and appraisals.

Improvement needed

The health board must ensure that patients and families are made aware of the Community Health Council (CHC) for advocacy and support.

Delivery of safe and effective care

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

We could not always be assured that patient care was provided in a safe and effective way. This is because we identified potential risks to patient safety regarding the checks of resuscitation equipment for new born babies, security of medication and concerns regarding induction of labour medication administration. We also identified areas for improvement regarding infection prevention and control and the security of patient information.

We did however, identify some good processes in place within the unit, such as clinical incidents management and ensuring learning is shared across the service.

We found patient safety was promoted in daily care planning and this was reinforced within the patient records we reviewed.

The service adhered to appropriate arrangements for safeguarding procedures, including the provision of training.

We found that breastfeeding support and provision within the unit needed to be reviewed.

Safe care

Managing risk and promoting health and safety

The unit appeared to be generally clean, appropriately lit and well ventilated, however we found a number of areas which were cluttered such as the utility rooms and sluice on the Labour Ward and Celyn Ward.

We observed utility, kitchen and sluice doors which were wedged open throughout the unit which could pose a potential risk to patients and visitors due to unauthorised access to equipment.

We considered the unit environment, and found sufficient security measures in place to ensure that babies were safe and secure within the unit. We noted that access to the birthing unit was restricted by locked doors, which were only accessible with a staff pass or by a member of staff approving entrance. We were also assured that abduction drills and fire drills regularly take place to ensure safety is maintained in an emergency.

We looked at the arrangements within the unit for accessing assistance in the event of a patient emergency. We found that all rooms had access to an emergency buzzer and call bells. We found the emergency trolley, for use in a patient emergency, was well organised and contained all of the appropriate equipment, including a defibrillator. The emergency drugs were also stored on the resuscitation emergency trolley, however we could not be assured that regular stock, date and maintenance checks were taking place on this equipment.

Emergency evacuation equipment was seen within the birth pool rooms, which could be used in the event of complications during a water birth. We were also assured that all staff had received appropriate training in their appropriate use in the case of emergency.

Improvement needed

The health board must ensure that:

- Organisation of utility rooms within the unit is maintained to high standards
- Doors to unauthorised access rooms are securely closed at all times to maintain safety
- Regular checks are conducted on all resuscitation trollies throughout the unit to ensure equipment is safe for use.

Falls prevention

We saw there was a risk assessment in place for patients admitted onto the unit and those using birthing pools. We were informed that any patient falls would be reported via the health board's electronic incident recording system. Staff explained that the incident reporting system would be followed to ensure lessons were learnt and acted on appropriately.

Infection prevention and control

We found that the clinical areas of the unit were clean and we saw that personal protective equipment was available in all areas and was being used by all healthcare professionals.

During the inspection, we observed all staff adhering to the standards of being Bare Below the Elbow[6] and saw good hand hygiene techniques. We found hand washing and drying facilities were available. Alcohol sanitiser gels were available throughout the unit. However, we did not see information displayed to promote the correct hand washing procedure for staff to follow.

We were told that an infection control audit had been carried out by the health board recently and we were shown the results of this. We found that cleaning schedules for the unit were in place and up-to-date and we saw designated labels on equipment to signify that it was clean and ready for use.

We saw high compliance with infection prevention and control training. Staff explained that any concerns raised regarding infection prevention and control would be escalated to senior members of staff.

Some side rooms within the unit were available for patients use should there be a requirement to reduce the risk of infection and help prevent infections being transferred to other patients.

We were told that the birthing pool was cleaned daily, however, we found the birthing pool within the labour ward was stained and the taps were wrapped in material to stop the tap from leaking. This was escalated to the senior management team during the inspection due to the infection prevention and control risk. We were advised that this would be addressed by the estates team following our inspection.

[6] 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.

Whilst we found the general cleaning of the unit was adequate, we noted in some areas within the unit where the cleaning schedule had not been completed by the domestic cleaners.

Improvement needed

The health board must ensure that:

- Information on hand washing procedures are displayed to support effective hand hygiene practices
- Appropriate infection control can be maintained in the birthing pool
- All cleaning schedules are appropriately completed.

Nutrition and hydration

During our inspection, we looked at how patients' nutritional needs were being met throughout the day and night.

Within the unit there were facilities available to purchase drinks if required. We saw patients being offered hot and cold drinks and water jugs were within easy reach. Staff on the unit had access to facilities to make toast and drinks for patients outside of core hours. Patients also told us that the food and drinks available were to a good standard.

In the patient care records we reviewed, we found that patient nutritional requirements were well documented. However, there were inconsistencies seen when women returned to the postnatal ward following a caesarean section procedure and administration of intravenous fluids. The majority of the patient care records reviewed did not have appropriate fluid balance charts commenced or instigated through the care giving process.

Improvement needed

The health board must ensure that the appropriate fluid balance charts are completed following commencement of intravenous fluid administration.

Medicines management

We looked at the arrangements for the storage and administration of medicines within the unit. We found that medication cupboards were left unlocked during the first day of the inspection. This could pose a potential risk to the safety of

patients and visitors due to the risk of unauthorised access to medicines. This was raised at the time of the inspection and the medication cabinets were rectified immediately, with all doors being closed and cupboards locked.

There were daily checks of the temperature at which medication was stored. We found there were suitable arrangements for the safe and secure storage and administration of controlled drugs.

We also noted from discussions with staff and a review of a sample of patient records that the prescribing and administration of medication during induction of labour was not in line with the health board policy. Upon checking the medication licence details, it was also established as being administered outside of licence guidance. Our concerns regarding this were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

We looked at a sample of medication records and saw these had been completed appropriately. However, we found there to be gaps in administration of regularly prescribed drugs which was considered to be the result of medications rounds not being conducted within the unit.

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 patients to be discharged in a timely manner.

Improvement needed

The health board must ensure that:

- Medication is stored appropriately and securely at all times
- Induction of labour medication prescribing is reviewed to ensure safe administration in care
- Regular medication rounds are introduced to ensure patient's needs are met when required.

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 to confirmed they had received training within the past 12 months.

There was an appointed lead safeguarding midwife for the health board who would provide support and training to staff. We were told that safeguarding training included guidance regarding female genital mutilation, domestic abuse, sexual exploitation and bruises on babies, as well as the procedures to follow in the event of a safeguarding concern.

We were told that formal safeguarding supervision sessions are held regularly and staff are encouraged to discuss issues in a group supervision session. Formal safeguarding supervision had been recently introduced and was mandatory for staff to attend two sessions per year. The health board recently started to roll-out the process to community based midwives, with the intention of expanding this across the rest of the service over the year.

There were appropriate procedures in place to alert staff to safeguarding concerns with regards to patients being admitted onto the unit, to ensure care and treatment was provided in an appropriate way.

Medical devices, equipment and diagnostic systems

As previously mentioned, we considered the arrangements for the checking of resuscitation equipment within the unit. We found the checks on the neo-natal resuscitaire[7] to be inconsistently recorded and did not demonstrate that they had been carried out on a daily basis. Our concerns regarding this were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B. An additional recommendation is made within the 'Quality of management and leadership' section of this report with regards to the oversight of the day to day checking of equipment.

We found that regular checks of other pieces of equipment, such as blood pressure machines, had been carried out in a consistent and regular manner.

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

Effective care

Safe and clinically effective care

During our inspection, based on our immediate concerns identified, we were not always assured that patient care was provided in a safe and effective way. This was because of inadequate checks on emergency equipment and issues around induction of labour medication prescribing. We also found there was insufficient management oversight of ward activities to ensure essential processes and procedures were being followed to support the delivery of safe and effective care. This included regular audits on infection prevention and control, and emergency equipment checks. It was however, positive to find that staff reacted quickly and promptly to address the issues we raised.

Staff who we spoke with told us that they were happy with the quality of care they were able to give to their patients. We were told by staff and patients that those in the birthing unit would always be kept comfortable and well cared for. In addition, that pain relief would be available to patients during labour. We also saw good evidence of medical assessment and treatment plans throughout the patient records reviewed. 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 forefront in care planning.

We were also told that the unit had dedicated theatre staff coverage from the general theatres in the hospital, for caesarean sections or other surgical procedures. There were two operating theatres seen (main and back-up), and midwives we spoke with confirmed that unless they were trained to do so, they were never expected to practice as a scrub nurse[8] and perform scrub duties.

Although we saw that a breastfeeding coordinator was appointed, staff told us that the substantial workload covered meant that visibility on the unit to promote breastfeeding was greatly reduced. Although the majority of patients who completed the questionnaire felt supported with the feeding of their babies, one

[8] Scrub nurses are registered nurses who assist in surgical procedures by setting up the room before the operation, working with the surgeon during surgery and preparing the patient for the move to the recovery room.

patient who completed a questionnaire felt that more support in breastfeeding was needed within the unit.

Improvement needed

The health board must ensure that breasting feeding support is reviewed and that visibility is increased throughout the unit.

Quality improvement, research and innovation

A lead clinical research and improvement midwife was in place, who covered maternity services across the health board. We were told that projects to support education in GAP and GROW[9], epilepsy in patients, and the full review of documentation and the creation of care pathways across the unit had been recent projects completed. We were told that further work was planned to implement the use of innovation champion midwives across the service, who would be encouraged to become involved in innovation and research projects to support the team.

The health board maternity practice development midwife was also seen to carry out the inspirational work of Practical Obstetric and Multi-Professional Training. (PROMPT)[10], which was being rolled out across the whole of Wales due to its successful implementation.

The unit was also an early adopter of the Obstetric Cymru (Obstetric Bleeding Strategy for Wales) in maternity services, for the management of postpartum haemorrhage, with evidence in the health records reviewed by the inspection team of continued implementation of strategy recommendations.

[9] 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)

[10] PROMPT - Practical Obstetric and Multi-Professional Training. The course teaches attendees how deal with obstetric emergencies.

Information governance and communications technology

We found there were a number of areas where patient information was not being securely managed or stored, to uphold patient confidentiality and to prevent unauthorised access.

Patient information was being stored within unlocked filing cabinets on Celyn Ward. However, when this was escalated to the senior management team an immediate risk assessment was carried out by the information governance lead for the health board. Although the health board felt the risk was low as the nurses' station was manned, we found that there were times when this area was not manned and we noted patient's visitors wondering around the corridors.

The internal intranet was informative for staff, with a wide range of accessible midwifery and medical clinical policies and procedures. However, we found a number were out-of-date and requiring review.

We found that a monthly maternity dashboard was produced which included information in relation to each hospital and across the health board. This provided information with regards to the clinical activity, induction of labour, clinical indicators and incidents. The dashboard was rated red, amber and green depending upon the level of associated risk. However, we could not be assured that the data was up-to-date, as we found upon reviewing the dashboard, some areas were missing completed data entries.

Data was also seen to be collated from birth registers manually by two members of labour ward midwives, however, Welsh Government receive all maternity data via electronic information systems as well as national bodies, such as the National Maternity and Perinatal Association when benchmarking outcomes of birth. Maternity data is captured electronically following birth, therefore we suggested that the department used this method as opposed to manual data collection, as a more efficient resource.

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, care pathways and bundles being used. However, whilst we saw that preventative measures had been put in place to

prevent venous thromboembolism[11] for patients on the unit, risk assessments had not been documented to support the reason why.

We also saw inconsistencies across the medical health records reviewed with gaps in areas such as medical signatures and General Medical Council registration number completion.

Improvement needed

The health board must ensure that:

- Patient records are held securely at all times
- Policies and procedures are reviewed and updated within appropriate timescales
- Dashboard data entry is reviewed to ensure consistency
- Patient records are fully reflective of the care and treatment provided to patients and in line with standards of professional record keeping
- Data collection methods are reviewed to reduce manual entry.

[11] https://www.nice.org.uk/guidance/ng89/chapter/Recommendations#risk-assessment

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.

Specialist midwives were appointed across the health board and we found them to be useful and knowledgeable resources for the unit teams.

Staff reported that there was good multidisciplinary team working, and we saw evidence to support this.

We also found evidence of good leadership and management amongst midwifery and medical teams within the unit. Unit staff who completed questionnaires and those we spoke with, were positive regarding the support they received from senior staff.

Governance, leadership and accountability

We saw a number of regular meetings were held to improve services and strengthen governance arrangements. Such meetings included a monthly maternity quality and safety group, monthly audit review meetings and obstetric clinical review of incident meetings. Additionally, there were monthly ultrasound screening, labour ward, postnatal and neonatal forums and weekly multidisciplinary meetings. We found there was good overall monitoring and governance of the staffing levels of the service.

We also found there was internal audit activity taking place, which was being monitored and presented in appropriate quality, safety and risk meetings and forums. However, staff told us that follow-up actions identified from audits were not always carried out to provide assurance that active learning and service improvements were taking place.

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 (MBBRACE)[12] and Each Baby Counts[13] were taken forward in the unit. This is to improve patient care, experience and future reporting of risk reduction and patient safety. Annual external validation is received 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.

The health board demonstrated a clear and robust process to managing clinical incidents. A lead governance midwife was in place, who held responsibility for reviewing, investigating and managing clinical incidents across the health board. 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.

Monthly risk meetings are held at Ysbyty Glan Clwyd where reported incidents, investigations and their findings were discussed in a multidisciplinary format. We saw that minutes were produced and information/learning shared across maternity services across the health board to support changes to practice and learning. We were assured that the internal risk register was monitored and acted upon when required.

A monthly clinical governance meeting was held, which also had oversight of the reported incidents. The lead governance midwife presented themes and trends to this meeting, with the view of highlighting any areas of practice improvements required across the heath board. Lessons learnt were previously shared and circulated to all staff within a monthly feedback newsletter, summarising the month's issues. The senior management acknowledged that this was a vital source of sharing and plan to re-instate this in due course. We also promoted that a newsletter is a good means to provide positive feedback to staff and to highlight where good practice has been evident.

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[12] 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, new-born and infant health services.

[13] Each Baby Counts - the Royal College of Obstetricians and Gynaecologists (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.

Staff felt the daily leadership within the unit to be excellent, however, we did see that the senior ward matrons were carrying out tasks, such as rota management which would be ideally managed by ward managers. Staff also said they would like to see further empowerment in daily management tasks and they felt this would be possible with appropriate leadership support.

We also saw good work carried out by the consultant midwife to achieve expert practice. This included the development of the new Vaginal Birth After Caesarean Section (VBAC)[14] protocol, user engagement in service development, and creation of many training initiatives to increase learning and development.

Improvement needed

The health board must ensure that:

- Follow on work from audits to be reviewed to ensure learning and service improvements take place
- Management empowerment and leadership support is reviewed to enable career progression.

Staff and resources

Workforce

All staff we spoke with felt they received good leadership and support, personally and professionally. Strong team working was seen to be encouraged by all senior managers. This was confirmed by staff we spoke with and those who completed our questionnaires. A number of staff said they considered their working environment to be like a family, and they were happy to work within Ysbyty Glan Clwyd. Some of the comments from staff included the following:

[14] VBAC - Vaginal Birth After Caesarean Section – Where many women who have had one previous caesarean section can safely have a vaginal birth in a subsequent pregnancy, or they can choose to have a caesarean section.

"Great friendly place to work. I am proud to work here".

"Excellent line manager - fosters a culture of openness and team work. Supportive and encouraging".

Senior staff we interviewed shared with us the success of support given to the maternity services from Deloitte Risk Advisory UK[15]. This support mechanism was introduced into the health board four years ago when the health board was placed into special measures[16]. Effective outcomes have been seen in relation to working practices, working relationships and operational risk management.

We were told by all staff that midwifery rotas were well managed within the unit. If there were any shortages of staff cover, community midwives would be called in. Senior managers would also step in to cover. All the staff we spoke with told us there were rarely issues with staffing coverage. They advised that this is managed well by the senior team. However, we were told that there was a large amount of long term sickness within the medical team, and this appeared to be managed well.

We saw there were departmental escalation processes in place, and all staff we spoke with were aware of where to locate the policy and how to escalate issues such as staffing shortages. However, one staff member noted that managers may not always be immediately available due to their workload.

Medical staff we spoke with said that there is a heavy reliance on the good will of doctors to cover shortages in the medical staffing rota. We also saw evidence that during twilight shifts (between the hours of 2100 hours and 0200 hours), consultants would often undertake the role of a registrar to cover the deficit with the registrar on-call duties. We were also told by some medical staff that the service needs to implement the role of a fetal medical consultant within the maternity outpatients, to deliver care to women requiring support in the antenatal period. This was discussed with the senior management team and they

[15] Delloite Risk Advisory UK – an organisation who supported the HB to enable business to understand and manage their risks more effectively, allowing them to create and protect their values for all of their stakeholders.

[16] Special measures refer to a range of actions which can be taken to improve health boards, trusts or specific NHS services in exceptional circumstances.

confirmed funding had been secured for this role and it would be advertised imminently.

We saw evidence of robust induction programmes for both midwifery and medical staff, and staff felt these were of benefit when commencing their role. We also saw that the training and mentorship for medical staff was very positive. Medical staff we spoke with and those who completed the questionnaire confirmed that the training, support and guidance is of a high standard. The staff we also spoke with told us that the organisation will do its utmost to encourage and support good teamwork.

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 control, and safeguarding, is predominately completed on-line and is monitored centrally through an electronic staff record. Staff receive prompts to inform them when their training is due to expire to ensure they remain within timescales.

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. We were shown compliance figures for PROMPT training and were assured that regular training was taking place. This was also confirmed in the staff questionnaires received.

The health board had a lead midwife for practice education/practice facilitation, and part of their role is to monitor compliance with training across the year. Staff are required to book themselves onto the relevant training days and attendance is reported to the senior teams.

Clinical supervisors for midwives were in place across the health board. Their roles were to provide support and professional supervision to midwifery staff. There is a national target[17] to make sure that supervisors meet with midwives for

[17] https://gov.wales/sites/default/files/publications/2019-03/clinical-supervision-for-midwives-in-wales.pdf

four hours each year. The health board monitor compliance with this target during the previous financial year, and are continuing this on an ongoing basis.

The clinical supervisor for midwives was also responsible for carrying out appraisals. We confirmed that within Ysbyty Glan Clwyd, all appraisals were up-to-date. Staff we spoke with told us that they have regular appraisals and they see them as positive meetings to increase continuous professional development.

We found that there was a good level of support in place from the specialist lead midwives, who were knowledgeable about their specialist roles. These leads provide support and guidance through study days, supervision sessions and meetings with staff, as and when required. We also saw a good range of skill mix throughout the unit.

Although we were told there were no nursery nurses employed within the services, we saw that maternity support workers were encouraged to develop their skills to the next level in qualification. This would mean more support could be given to the midwives and new mothers in areas, such as breastfeeding, bathing and general care needs.

Improvement needed

The health board must ensure that the medical rota is reviewed to ensure adequate medical cover is in place at all times.

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

Service: Ysbyty Glan Clwyd

Area: Maternity Services

Date of Inspection: 16 – 18 September 2019

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
N/A			

Appendix B – Immediate improvement plan

Hospital Inspection: Immediate improvement plan

Service: Ysbyty Glan Clwyd

Area: Maternity Services

Date of Inspection: 16 – 18 September 2019

Delivery of safe and effective care				
Improvement needed	**Regulation / Standard**	**Service action**	**Responsible officer**	**Timescale**
Finding The inspection team considered the arrangements for the checking of emergency equipment throughout the unit.	2.1 Managing Risk and Promoting Health and Safety	Following the unannounced inspection, staff have been reminded that daily checks of neonatal resuscitaires will be the minimum expected standard. This has been communicated to all staff via safety	Delivery Suite/ Midwifery Led Unit co-ordinators (sisters)	Completed and on-going

We found that checks of equipment used in a patient emergency were insufficient. This is because checks were inconsistent and not recorded as being carried out on a daily basis. We found this in relation to the following equipment: • Neo-natal resuscitaires **<u>Improvement needed</u>** **The health board must provide HIW with details of the action it will take to ensure that checks of the neo-natal resuscitaires are carried out on a daily basis and in line with their policy.**	2.9 Medical Devices, Equipment and Diagnostic Systems	briefings for a minimum of two weeks and will continue to be communicated at every opportunity. Shift co-ordinators will monitor compliance on a daily basis. The Matron, as an extra measure, will also monitor compliance during a daily walk about on the unit. Any concerns identified will be addressed immediately with the staff member. The Matron will audit compliance of daily checks by completing a weekly audit, and will take every opportunity to remind staff of the lessons learned following the unannounced inspection. Any concerns identified will be addressed immediately with the member of staff and an action log will be completed. The learning from this unannounced inspection has been communicated and will continue to be communicated at all	Matron Matron Senior management team	 Completed and on-going Completed 19/09/19 and on-going

		interdepartmental meetings within the unit.		
<u>Finding</u> The inspection team considered the arrangements for the safe storage of medications throughout the unit. We found there were a number of areas where medication was not being securely stored, to prevent unauthorised access and to uphold patient safety. We found that medication cupboards were left unlocked and doors left open to medication rooms. **<u>Improvement needed</u>** **The health board must ensure that medication is stored safely and securely at all times.**	2.1 Managing Risk and Promoting Health and Safety 2.6 Medicines Management	Following the unannounced inspection, staff have been reminded that full compliance with the BCUHB standards of medication storage will be expected. This has been communicated to all staff via safety briefings for a minimum of two weeks and will continue to be communicated at every opportunity. Shift co-ordinators will monitor compliance throughout each day. The Matron, as an extra measure, will also monitor compliance during a daily walk about on the unit. Any concerns identified will be addressed immediately with the staff member.	Shift co-ordinators /Matron	Completed 19/09/19, and on-going

		The Matron will audit compliance against the standards by completing a weekly audit, and will take every opportunity to remind staff of the lessons learned following the unannounced inspection. Any concerns identified will be addressed immediately and documented in an action log	Matron	Completed 20/09/19, and on-going
		The BCUHB Medicines Policy MM01, highlighting the safe storage of medication has been re-circulated to all staff.	Governance secretary	Completed 26/09/19, and on-going
		The learning from this unannounced inspection has been, and will continue to be communicated at all interdepartmental meetings within the unit.	Senior management team	Completed, and on-going
		The Women's Directorate will embark upon a medicines management improvement programme utilising improvement methodologies to meet the required	Matron	

		standards. The leads will work with local pharmacy leads and the BCUHB Medicines Management Collaborative utilising a data collection tool to monitor compliance against the standards inclusive of medicine storage. All wards within the health board will be part of the BCUHB audit programme, which will assess compliance with medicine management standards by the end of 2019.	Medicines Management Collaborative	17/10/19, and on-going End 2019
Finding We found in speaking to staff that it was common practice to administer two PROPESS (Induction of Labour Suppository) suppositories to women to induce labour. However, this was not in line with the health board's current policy and NICE guidelines. In	2.6 Medicines Management 3.1 Safe and Clinically Effective Care	Following the unannounced inspection, the Clinical Director and Labour Ward Lead at YGC fed back the learning to the clinical team with regards to the need for obstetric review of the patient ***before*** repeat prostaglandin administration and	Clinical Director Labour ward Lead	Completed 18/09/19

discussion with staff, we understand this issue had been previously been raised with medical and midwifery staff, however this was not consistently communicated. **<u>Improvement needed</u>** **The health board must ensure that the administration of PROPESS is in line with the health board's policy and NICE guidelines.**		caution regarding use of repeated Propess. The North Wales Clinical Lead and Director of Midwifery and Women's Services shared the learning from the unannounced inspection with clinical teams across North Wales, at their monthly staff drop in sessions. The feedback following the unannounced inspection was also shared at Women's Quality, Safety & Experience Sub Group on 20/09/19 for wider learning. The North Wales Clinical Lead and Director of Midwifery and Women's Services, also attended all clinical areas to re iterate the learning and the required standard of practice for prostaglandin management, seeking assurances from all departments within the Directorate	North Wales Clinical Lead Director of Midwifery and Women's Services North Wales Clinical Lead	Completed 19/09/19 Completed 20/09/19 Completed 26/09/19

		The North Wales Clinical Lead shared a memo with all staff advising on the practice of IOL. This included a section on "What is expected if labour has not started or ARM is not possible after one cycle of Propess® treatment?" This highlighted the need for senior obstetric review and outlined the various options available to the women. The Women's Induction of Labour (IOL) Written Control Document (WCD) update had previously been deferred pending an update from NICE in 2020. The Directorate however decided to have an interim update of the WCD. Two identified Consultant Obstetricians (labour ward leads) will amend the current WCD to mandate obstetric review of the patient ***before*** repeat prostaglandin administration. The WCD will be revised and reviewed within the Women's Governance	Director of Midwifery and Women's Services North Wales Clinical Lead Consultant O&G, Labour Ward Lead YG Consultant O&G, Labour Ward Lead YGC Senior Management Team	31/10/19 Completed 19/09/19, and on-going 31/10/19

		Framework, for agreement and ratification at QSE Sub Group and Board meetings by the end of October 2019 The learning from this unannounced inspection has been and will continue to be, communicated at any given opportunity and at all interdepartmental meetings within the Directorate BCUHB will register as a stakeholder for the NICE Clinical Guideline, in order to review and provide early feedback on it. A named Obstetrician will implement an updated IOL Integrated Care Pathway (ICP). The ICP will support the learning from the inspection and include the need for obstetric review ***before*** further intervention after an initial Propess.	North Wales Clinical Lead Consultant O&G, Labour Ward Lead YG	30/10/19 30/11/19

		To further support the counselling of women, the IOL leaflet will be updated. This will be performed by the Consultant Midwife and a named Consultant Obstetrician, and will be required to be translated into Welsh for our service users, which may delay the publication process.	Consultant Midwife Consultant O&G, Labour Ward Lead YG	

Health Board Representative:

Name (print): **Fiona Giraud**

Role: **Director of Midwifery & Women's Services, Maternity**

Date: **26th September 2019**

Appendix C – Improvement plan

Service: Ysbyty Glan Clwyd

Area: Maternity Services

Date of Inspection: 16 – 18 September 2019

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 health promotion is readily available throughout the unit	Standard 1.1 Health promotion, Protection and Improvement			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that Information about staff is displayed for patients, including within the labour ward.	Standard 1.1 Health promotion, Protection and Improvement			
The health board must ensure that the process of handover is reviewed.	Standard 1.1 Health promotion, Protection and Improvement			
The health board must ensure that patients and families are made aware of the Community Health Council (CHC) for advocacy and support.	Standard 1.1 Health promotion, Protection and Improvement			
Delivery of safe and effective care				
The health board must ensure that organisation of utility rooms within the unit is maintained to high standards.	Standard 2.1 Managing risk and promoting health and safety and 2.4			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that doors to unauthorised access rooms are securely closed to maintain safety.	Standard 2.1 Managing risk and promoting health and safety and 2.4			
The health board must ensure that regular checks are conducted on all resuscitation trollies throughout the unit.	Standard 2.1 Managing risk and promoting health and safety 2.9 Medical devices, equipment			
The health board must ensure that hand washing posters to be displayed.	Standard 2.1 Managing risk and promoting health and safety 2.4 IPC			
The health board must ensure that tap on the birthing pool is replaced.	Standard 2.1 Managing risk and promoting health and safety			

Improvement needed	Standard	Service action	Responsible officer	Timescale
	2.4 IPC			
The health board must ensure that all cleaning schedules are appropriately completed.	Standard 2.1 Managing risk and promoting health and safety 2.4 IPC			
The health board must ensure that fluid balance charts are completed following commencement of intravenous fluid administration.	Standard 2.5 Nutrition and Hydration 2.6 Medicines management			
The health board must ensure that medication is stored appropriately and securely at all times.	2.6 Medicines management			
The health board must ensure that induction of labour medication prescribing is reviewed.	2.6 Medicines management			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that regular medication rounds are considered.	2.6 Medicines management			
The health board must ensure that breast feeding support is reviewed and that visibility is increased throughout the unit.	Standard 1.1 Health promotion, Protection and Improvement Standard 2.5 Nutrition and Hydration			
The health board must ensure that patient records are secured securely at all times.	Standard 3.5 Record keeping			
The health board must ensure that policies and procedures are reviewed and updated within appropriate timescales	Standard 3.4 Information governance and communications technology			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that data entry is reviewed to ensure consistency.	Standard 3.4 Information governance and communications technology			
The health board must ensure that patient records are fully reflective of the care and treatment provided to patients and in line with standards of professional record keeping.	Standard 3.5 Record keeping			
The health board must ensure that data collection methods of the birth register is reviewed.	Standard 3.4 Information governance and communications technology			
Quality of management and leadership				
The health board must ensure that follow on work from audits is reviewed to ensure learning and service improvements take place.	Standard 3.3 Quality improvement,			

Improvement needed	Standard	Service action	Responsible officer	Timescale
	research and innovation			
The health board must ensure that management empowerment and leadership support is reviewed to enable career progression.	Standard 7.1 Workforce			
The health board must ensure that the medical rota is reviewed.	Standard 7.1 Workforce			

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):

Job role:

Date: