Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection (Announced)

Community Hospital Free Standing Birth Units – 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-unitd: 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 announced inspection of the community hospital free standing birth units within Betsi Cadwaladr University Health Board on 21 and 23 January 2020. This inspection is part of HIW's national review of maternity services across Wales[1].

The following hospital free standing birth units were visited during this inspection:

- Ysbyty Dolgellau with a capacity of one birthing room including a birthing pool and one clinical room
- Ysbyty Tywyn with a capacity of one birthing room and one clinic room
- Ysbyty Bryn Beryl with a capacity of one birthing room and one clinic room.

Our team, for the inspection comprised of two HIW inspectors and two midwife clinical peer reviewers. 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

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 there was sufficient oversight of the day to day activities on the units.

Due to limited birthing activity within the units, we were unable to review evidence in relation birth care. Antenatal patients who completed questionnaires advised that care had always been provided in a respectful and dignified way.

This is what we found the service did well:

- Women were positive about the care and treatment provided during appointments attended in the unit
- We observed professional, kind and dignified interactions between staff and patients
- There was a good range of health promotion information displayed
- Effective continuity of care from a midwife was seen.

This is what we recommend the service could improve:

- Checking of emergency equipment
- Emergency alarm drills and skills
- Infection prevention and control measure in all units
- Review of policies and procedures
- Audit completion
- Overall governance monitoring of the units.

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 staff.

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 units, clinics, mental health units and community based teams.

Ysbyty Dolgellau, Tywyn and Bryn Beryl are community hospitals situated across the area of the North West of Wales. The community hospitals together with the acute hospital of Ysbyty Gwynedd serves a population of over 200,000 people.

Maternity services are managed as a North Wales networked service supported by a neonatal network. Services are offered to all women and their families living within the geographical boundary of the health board. Maternity services also provide care to women who chose to birth in the health board facilities who reside outside the geographical boundary.

The health board averages around 6,602 births per year, with around seven of these within the three free standing birth units.

Women who birth within the health board have the choice of four birth settings. These include home, freestanding midwifery led units, alongside midwifery led units and obstetric units.

Quality of patient experience

We had feedback from 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 always been treated with dignity and respect.

We observed polite, friendly and supportive interactions between staff and patients.

Health promotion was clearly displayed throughout the units.

During the inspection, we attempted to distribute HIW questionnaires to patients and families to obtain their views on the standard of care provided. We were unable to speak with any patients directly during the inspection because there were no women using the units for antenatal or postnatal classes during the time of our visit. However, patients were attending antenatal clinics during our inspection and a total of five questionnaires were completed.

Patients who completed questionnaires rated the care and treatment provided as excellent.

> *'Excellent staff!*
>
> *Good at explaining things and gives a lot of support.'*

Staying healthy

Across the three units, we saw adequate information displayed for patients on notice boards and leaflets were readily available to inform patients of how they can stay safe and healthy.

We saw that a variety of information was displayed for patients on notice boards and in leaflets in the waiting areas. Information in relation to breastfeeding and skin to skin advice was displayed within the units, to inform patients about the benefits of both breastfeeding and skin to skin contact to help them make an informed decision about their care. Hand hygiene posters and hand washing guides were also displayed in patient toilets.

We also saw information in relation to smoking cessation throughout the units.

Dignified care

During the course of our inspection, we saw examples of staff being kind and compassionate to patients who were attending for antenatal appointments. We saw staff treating patients with respect, courtesy and politeness at all times. The majority of comments within the patient questionnaires from antenatal patients were also very positive. We reviewed care documentation in notes from nearly eighteen months ago and did not find any areas of concern regarding dignified care.

There were en-suite facilities within the birthing rooms for all three units which helped promote patients' comfort and dignity during their stay. However, the facilities at Ysbyty Tywyn were in need of updating as the toilet and the washing facilities were located separate with the shower and bath being located across the main hall/waiting area. This meant that to attend the en-suite area, the patient would have to walk through an open access area.

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 providing care and support to protect their privacy and dignity.

All five patients who completed questionnaires were six to 12 weeks pregnant when they had their booking appointment and there were all offered a choice about where to have their baby.

Improvement needed

The health board must ensure that a review of the en-suite facilities at Ysbyty Tywyn takes place to ensure that privacy and dignity for patients is maintained.

Patient information

We found that directions to the unit within Ysbyty Dolgellau were clearly displayed throughout the hospital. This made it easily accessible for people to locate the appropriate place to attend for care. However, signage to the units within Ysbyty Tywyn and Ysbyty Bryn Beryl were poor which could result in patients being unable to find the unit.

When access was required out of core hours, we were told that woman would wait in the main waiting area of the hospital until the midwife arrived to take them to the unit. This meant that women who were in labour could be left waiting in a general hospital waiting area for the midwife to arrive. All three units can only be accessed by a fob/buzzer entry.

Information was available in both Welsh and English. Notice boards throughout the units highlighted a wide range of health promotion, such as breastfeeding, Bump, Baby and Beyond[2], skin to skin and preparing for your baby.

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 also available.

As the three units are a freestanding midwifery led unit[3], visiting times were flexible. All rooms were private meaning that birthing partners or other family members could be present before, during and after giving birth.

Communicating effectively

Overall, patients seemed to be positive about their interactions with staff during their time in the units. Most patients who completed a questionnaire said they felt confident to ask for help or advice when assistance was required.

The use of language line was available for those patients whose first language was not English, meaning they were able to access care appropriate to their needs. We also saw that communication needs, including any need for interpreters or for the information to be made available in other languages was assessed during antenatal appointments.

Timely care

Although there were no patients seen in the free standing birth units at the time of the inspection, we were told by staff that they would always do their utmost to ensure patients were regularly checked for personal, nutritional and comfort needs.

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[2] Bump, Baby and Beyond is a book is written by parents, health professionals and child psychologists and has a wealth of useful information intended to support parents all the way from the early stages of pregnancy, through to the early days with baby and into the toddler years.

[3] Freestanding midwifery led unit provides a home from home environment, enabling women to give birth within a non-clinical setting.

The staff we spoke with in the birthing units felt they were able to achieve high standards of care.

Individual care

Planning care to promote independence

We found that facilities were not easily accessible for all throughout two of the units (Ysbyty Tywyn and Ysbyty Bryn Beryl) due to narrow corridors and limited signage.

Carers were encouraged and welcomed to stay within the unit, to support patients who may have additional needs.

All of the birthing rooms were equipped with a birthing ball and a Bradbury birthing couch to help meet the patients' preferred birth position choices. However, only one of the units (Ysbyty Dolgellau) had space for a birthing pool which allowed patients to use the pool during labour.

We were told that to promote the birth options available to patients and to provide information to help them make an informed decision, discussions take place in initial booking appointments and throughout the pregnancy. This was evidenced from a sample of patient care records reviewed and found documentation of discussions held with patients regarding their birth choices.

People's rights

We found that family members 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. This was to ensure that all members of the team were informed of patient preferences.

We looked at a sample of patient records within the unit and found evidence that patient's personal beliefs and religious choice were captured during antenatal appointments, with a view to ensuring they were upheld throughout their pregnancy, during labour and postnatal care. The care plans also reflected the emphasis on promoting people's independence based on their assessed abilities.

Staff told us that open visiting was available, allowing the partner, or a designated other, to visit freely.

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. However,

there was little information available on the unit for patients. We were told by the senior management team that birthing unit team leader were fully aware of the NHS process for managing concerns - Putting Things Right[4] and how to deal with complaints. Staff confirmed that they were aware of how to deal with complaints but that they 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.

Improvement needed

The health board must ensure that:

- Signage to the units within Ysbyty Tywyn and Ysbyty Bryn Beryl is improved to allow for easy access
- The process for accepting labouring women into the units during out of hours is reviewed
- Information is clearly displayed and readily available about how patients and families can raise a concern about their care
- Patients and families are made aware of the Community Health Council (CHC) for advocacy and support.

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

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

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 emergency equipment. We also identified areas of concern regarding infection prevention and control.

We did however, identify some good processes in place within the units, such as management of clinical incidents.

We found patient continuity of care 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.

Safe care

Managing risk and promoting health and safety

The units appeared to be appropriately lit, well ventilated and clutter free. Clinical rooms such as clean utility and sluice were also seen to be well organised in the units.

We considered all three unit environments 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 units was restricted by locked doors, which were only accessible with a staff pass or by a member of staff approving entrance. However, we were not assured that emergency, baby abduction and fire drills were regularly taking place to ensure safety is maintained.

We looked at the arrangements within the units for accessing assistance in the event of a patient emergency. We found that all rooms had access to an emergency buzzer and call bells, however, when we spoke with staff within the units, they were unable to advise of the process followed in an emergency.

The inspection team activated the emergency call bell within Ysbyty Dolgellau to test the drill process, staff from the general ward within the unit attended with the emergency trolley, for use in a patient emergency. However, the staff who arrived confirmed that drills such as this did not regularly take place within the birthing unit to ensure there is clear understanding of the procedures to follow in an emergency. Our concerns regarding the above issues 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.

Within Ysbyty Dolgellau, we were not assured that pool emergency evacuation equipment they had on site was being used in the event of complications during a water birth. Although we were told that training had been provided to staff, we could not be assured from discussions with staff we spoke with that staff had received training on the appropriate process to follow in the case of emergency. Details of the immediate improvements we identified are provided in Appendix B.

We also reviewed the process within Ysbyty Bryn Beryl regarding out of hours use of the unit. We were told that where necessary patients would be advised to attend the unit out of hours, but that staff may arrive after the patient. This means that patients could be on the premises alone until community midwives arrived. We could not find evidence that a process was in place to ensure other staff within the community hospital knew a maternity patient would be arriving in the unit. We were not assured that the safety of patients in circumstances such as these had been appropriately risk assessed.

We were also advised in Ysbyty Dolgellau that staff regularly used the fully stocked home birth vans to visit patients in their own homes. Upon inspection, we identified a number of issues such as, there was no hazardous sticker on the vehicle to advise of oxygen and nitrous oxide cylinders stored within and cylinders were seen to be loose in the back of the vehicle. The team also noted that there was no covering on the back window for security. This meant that equipment, such as equipment bags, cylinders and sharps boxes could be seen from outside the van. We were advised that daily checking of the vans was conducted by health care support workers when working in the birthing units. However, there appeared to be no clear process to follow and governance in this area requires strengthening.

Improvement needed

The health board must ensure that:

- Appropriate arrangements are in place to maintain the safety and wellbeing of patients who may attend the unmanned unit out of hours
- Equipment in the vans is stored securely and safely and that there are appropriate processes in place to regularly check equipment transported in the vans.

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 within Ysbyty Dolgellau and Ysbyty Bryn Beryl were clean and we saw that personal protective equipment was available in all areas. However, the infection control arrangements within Ysbyty Tywyn required urgent review due to the presence of fabric and net curtains which were not single use, dusty and dirty surfaces and poor flooring surface within the birthing unit which did not enable effective cleaning. The inspection team also raised concerns regarding old wooden furniture stored within the bathroom area of Ysbyty Bryn Beryl and large amounts of dated and damaged décor within Ysbyty Tywyn. Details of the immediate improvements we identified are provided in Appendix B.

Within Ysbyty Dolgellau and Ysbyty Tywyn, we found set up procedure trollies within the birthing rooms which were also felt to be a platform for the gathering of dust. Staff explained they would bring in their fully stocked equipment bags to the unit, so the stock stored on the procedure trollies might not be used. Due to this, the inspection team felt that the advanced setting up of these procedure trollies was not required and would reduce the risk equipment could become contaminated.

During the inspection, we observed all staff adhering to the standards of being Bare Below the Elbow[6] however hand hygiene techniques could not be reviewed due to the inactivity within the units. We found hand washing and drying facilities were available. We also saw 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 within all birthing units by the health board. However, when the evidence of these audits was requested, senior staff were unable to locate this. We found that cleaning schedules for the units were in place, but were not seen to be up-to-date due to the units being regularly un-manned.

We saw that staff had completed infection prevention training and staff explained that any concerns raised regarding infection prevention and control would be escalated to senior members of staff. However, the inspection team felt that the governance of areas such as infection prevention compliance needed strengthening due to the issues identified.

We were told that the birthing pools were cleaned regularly, however we did not see evidence of this such as cleaning records.

Improvement needed

The health board must ensure that:

- A review of infection prevention measures within all birthing units takes place to maintain safety
- Dated and damaged décor within the units is reviewed to ensure compliant with infection prevention requirements
- Infection prevention audits are regularly completed and evidence of this is accessible

[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.

- Cleaning check sheets are up to date and in line with health board policy
- Where non-compliance in cleaning is seen due to unavailability of staff, risk assessments are accordingly completed
- Effective governance arrangements are in place in relation to infection prevention and control measures across all units to maintain safety.

Nutrition and hydration

During our inspection, we looked at how patients' nutritional needs were being met throughout the day and night. Whilst there were no patients on the units at the time of our inspection, we saw there were kitchen facilities available for patient and family use. We were also told by staff that patients would be offered hot and cold drinks and food could be obtained from the community hospital kitchen if required.

Medicines management

We looked at the arrangements for the storage and administration of medicines within the unit. We found that medication cupboards were securely locked to maintain safety.

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 twelve 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

We found the checks on the neo-natal resuscitaire[7] were inconsistently recorded, meaning that we could not be assured these checks were carried out regularly and consistently. We also found there was adult resuscitation equipment stored within the neonatal resuscitaire which could cause confusion for staff when needing to access the right equipment in an emergency.

We were also unable to see evidence of regular checks taking place on other pieces of equipment, such as blood pressure machines, sonicads and thermometers. Details of the immediate improvements we identified are provided in Appendix B.

Effective care

Safe and clinically effective care

The majority of staff who completed a questionnaire said they were usually happy with the quality of care they were able to give to their patients within the birthing units. We were told by staff that patients in the birthing units would always be kept comfortable and well cared for. We also saw good evidence of assessment and treatment plans throughout the patient records reviewed. Due to the inactivity of the unit, we were unable to see how clinical need was prioritised. However, for the three medical records we reviewed, it was evident that clinical need prioritisation was forefront in care planning.

We were told that there is a breastfeeding coordinator appointed within the health board. Staff also said that they would feel happy to give breastfeeding advice

[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.

when required. Staff and senior managers told us that the substantial workload covered by the breastfeeding coordinator meant their visibility on the units to promote breastfeeding was greatly reduced. The inspection team felt that this could have a detrimental effect on support and advice available.

Improvement needed

The health board must ensure that breastfeeding support is reviewed within the community units to for easier access to support and guidance when required.

Quality improvement, research and innovation

There is a midwife responsible for improvement who covers the maternity services across the health board. We were told that projects to support education in growth assessment protocol (GAP) and gestational related optimal weight (GROW)[8], 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 community midwives.

The health board maternity professional development midwife was also seen to carry out the inspirational work of Practical Obstetric and Multi-Professional Training (PROMPT)[9].

Information governance and communications technology

We found secure measures in place to store patient information to uphold patient confidentiality and to prevent unauthorised access within all three units.

[8] 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)

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

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 required review. At the time of the inspection, the standard operational procedure dedicated to birthing units within community hospitals was not made available to us. When this was later shared with the inspection team, we found this document was in need of review to ensure consistent care is given across all birthing units. This would ensure all staff working within the units have access to the document and are all following the same guidelines throughout any care given.

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, however as previously discussed, activity within the birthing units is limited.

Improvement needed

The health board must ensure that policies and procedures are reviewed and updated within appropriate timescales and that a specific standard operating procedure is created to ensure consistency in care.

Record keeping

Overall, we found the standard of record keeping to be adequate. The records reviewed did not show evidence of active care plan completion. However, staff explained that care plans had been introduced into more recent medical records.

We did however see good adherence to record keeping compliance in line with the health board's policy, within the three maternity records we reviewed.

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.

Staff were striving to deliver a good quality, safe and effective care to patients within the unit, however we found the units to be severely lacking governance from the senior management team.

Completion of audits needs to be reviewed with active learning and service improvements implemented from findings.

We found staff within community settings well supported by colleagues, however leadership and support to staff from senior staff required review.

Governance, leadership and accountability

We saw a number of regular meetings across the health board 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. After discussions with staff, we found that the sharing of feedback from meetings to the community areas needed reviewing and strengthening as we were told that sharing is not as active as the staff within the acute sites.

The senior management team confirmed and evidence was seen that actions and recommendations from national maternity audits, such as Mothers and

Babies: Reducing Risk through Audits and Confidential Enquiries (MBBRACE)[10] and Each Baby Counts[11] were taken forward in the health board. 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 services are in line with the recommendations made.

However, we were not assured that audits, such as infection prevention audits including hand hygiene, were regularly taking place. We also did not see consistent and regular evidence of health and safety audit compliance. Details of the immediate improvements we identified are provided in Appendix B.

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. A monthly clinical governance meeting was held in the acute hospitals, which also had oversight of the reported incidents. The lead governance midwife presents themes and trends to this meeting, with the view of highlighting any areas of practice improvements required across the heath board. Lessons learnt are shared and circulated to all staff within a monthly feedback newsletter, summarising the month's issues which staff within the community birthing units told us was very useful.

Monthly risk meetings are held at Ysbyty Gwynedd where reported incidents, investigations and their findings were discussed in a multidisciplinary format. We saw that minutes were produced and information/learning was shared across maternity services and throughout the health board to support changes to practice and learning. However, staff we spoke with advised us that it was not

[10] 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.

[11] 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.

always possible to attend these meetings due to community work and location of their base, and feedback was not always given to them.

There was an internal risk register in place in the health board. However, the majority of issues identified within the inspection such as lack of daily checking of emergency equipment and unsuitable environments had not been risk assessed, nor had they been placed on the directorate's internal risk register.

Staff who we spoke to and who completed a questionnaire shared that the daily leadership within the birthing units to be good, however they also shared that visibility of senior managers was very rare, which had an impact on overall governance with in the units.

Improvement needed

The health board must ensure that:

- Sharing of meeting feedback to community birthing unit staff to be strengthened
- Risk assessments and risk register to be reviewed to ensure consistent approach across the service
- Governance in daily running of the units to be reviewed to ensure safe practice at all times.

Staff and resources

Workforce

Due to the limited activity within the areas we visited, we were unable to speak to more than five members of staff. The majority of staff we spoke to and who completed a questionnaire shared that they did not often feel supported by the senior team. Staff also told us that senior staff *'sometimes'* act on staff feedback and *'sometimes'* involve them in important decisions.

Senior staff we previously interviewed during inspections shared with us the success of support given to the maternity services from Deloitte Risk Advisory

UK[12]. This support mechanism was introduced into the health board four years ago when the health board was placed into special measures[13]. We were also told by the senior staff that 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 managed well within the units we visited.

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.

We saw evidence of robust induction programmes for midwifery staff and staff felt these were of benefit when commencing their role.

We found 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 online 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. In addition, PROMPT training is also held, which is a multidisciplinary training event used to encourage team working in emergency situations. This was successfully being run within the acute settings, however we were advised that PROMPT was in early stages of being rolled out to the community settings. 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. However, from speaking to staff

[12] 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.

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

within the units areas such as pool evacuation training appeared to be inconsistent with no clear training being followed by all.

The health board's lead midwife for professional development monitors 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. However when training compliance was initially requested by the inspection team for the staff working within the birthing units, senior staff were unable to locate this in a timely manner. This was later shared with us, however the inspection team could not be assured regarding the governance in this area.

Clinical supervisors for midwives were in place across the health board. The supervisors are responsible for ensuring compliance with the national standard that all midwives access four hours of contact with a clinical supervisor for midwives, inclusive of two hours of group supervision. The health board monitor compliance of this target during the financial year and are continuing this on an ongoing basis.

We confirmed that within the unit all appraisals were up-to-date. Staff we spoke with and who completed a questionnaire told us that they have regular appraisals and they see them as positive meetings to increase continuous professional development. We were also told that continuous professional development and training time is given to all staff within their working hours.

Improvement needed

The health board must ensure that:

- Training processes and monitoring to be reviewed across community services.
- PROMPT is introduced within all community settings.

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 Dolgellau, Ysbyty Tywyn and Ysbyty Bryn Beryl Free Standing Midwifery Led Unit Birthing Units - FMUs

Area: Maternity Services

Date of Inspection: 21 – 23 January 2020

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

Service: Ysbyty Dolgellau, Ysbyty Tywyn and Ysbyty Bryn Beryl Free Standing Midwifery Led Unit Birthing Units - FMUs

Area: Maternity Services

Date of Inspection: 21 – 23 January 2020

Delivery of safe and effective care
During our inspection, we identified concerns relating to patient safety. As a result, we could not be assured that patient safety is maintained in relation to the issues detailed below. We considered the arrangements for the checking of emergency equipment throughout the unit. 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 neo-natal resuscitation equipment based within the birthing room. We considered the arrangements for the compliance in audit, and although we saw evidence of clinical care audits and Welsh Government key performance audits taking place, we were not assured that audits, such as internal infection prevention audits, for example, hand hygiene, were regularly taking place. We also did not see consistent and regular evidence of health and safety audit compliance.

The inspection team also reviewed the infection prevention of the three units and found that Ysbyty Tywyn and Ysbyty Bryn Beryl posed risks due to the current environments such as flooring, furnishings, old wooden cabinets and a ripped birthing couch. The team also noted fabric and net curtains within Ysbyty Tywyn.

We also noted that there were inconsistencies in emergency alarm drill testing in all three units for emergency situations such as a baby/patient requiring resuscitation. There was no evidence that these were taking place regularly and we were also told by staff inconsistence approaches in dealing with emergency across the three sites.

Overall, we were not assured that there was an appropriate standard operating procedure in place across the service to ensure consistency in the way the birth units are run across the three sites.

Due to the concerns highlighted, we were also not assured of appropriate governance arrangements in place to monitor the running of the birth units.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The health board must provide HIW with details of the action it will take to: Ensure that checks of the neo-natal emergency resuscitation equipment is carried out on a daily basis and in line with the health board's policy to ensure it is safe for use. Where this is not possible, risk assessments should be considered.	2.1 Managing Risk and Promoting Health and Safety 2.9 Medical Devices, Equipment and Diagnostic Systems	Acknowledging that the units are not manned on a 24 hr/7 day a week basis, the Health Board's Resuscitation Officer has confirmed that resuscitation equipment can continue to be checked on a weekly basis as a minimum by a Registered Midwife, to be checked on all occasions when	Community Team Leader Community Matron	Complete & Ongoing

	3.1 Safe and Clinically Effective Care	the Units are staffed and specifically on admission of a labouring woman to the birthing room A risk assessment has been completed to this effect and added to the Women's Directorate Risk Register. A specific Standing Operating Procedure (SOP) has been developed to detail the operational arrangements for the checking of emergency equipment on the Units to standardise process and procedures. All staff working and supporting the Units will be given a copy of the Standing Operating Procedure. The Standing Operating Procedure is cross referenced to the *Induction of midwives to Community team policy* (Mat 08).	Governance Lead Consultant Midwife Community Matron	Complete Draft completed. Will be ratified at Women's QSE on 21 February 2020 Post Ratification on 21 February 2020

		All equipment checklists have been reviewed and include the checking of neonatal resuscitation equipment. This checklist will inform the weekly and monthly audits	Consultant Midwife	Commenced and ongoing
		The Community Team Leader will monitor compliance with the neonatal resuscitation equipment checks on a weekly basis	Community Team Leader	Commenced and ongoing
		The Community Matron will monitor compliance with the neonatal resuscitation equipment checks on a monthly basis, as part of the Matron's monthly Quality Assurance audits	Community Matron	Commenced and ongoing
		The Matron's monthly Quality Assurance audits will be submitted and reviewed at the Women's Quality, Safety & Experience Sub-Group as a monthly standing agenda item.	Community Matron	From February 2020 onwards

The health board must provide HIW with details of the action it will take to: Ensure that audit compliance is reviewed and carried out in line with the health board's policy to ensure standards are met.	2.1 Managing Risk and Promoting Health and Safety	The Corporate Health and Safety Team has temporarily suspended health and safety reviews until further notice in order that the work identified from the Organisational Gap Analysis can be prioritised. In response to the HIW inspection, a Corporate Health and Safety visit was undertaken in Ysbyty Tywyn and Ysbyty Dolgellau on 28th January 2020 and Ysbyty Bryn Beryl on 29th January 2020 and recommendations made. The Community Team Leader will develop a Health & Safety (H&S) action plan from the recommendations and will be responsible for monitoring and progressing all outstanding actions to completion.	Health & Safety Advisor Health & Safety Advisor Community Team Leader	Complete Complete Commenced and to be completed by 7 February 2020

		The H&S action plan will be presented and monitored on an ongoing basis at the Women's Quality, Safety & Experience Sub Group on a quarterly basis.	Community Team Leader	February 2020 onwards
		Specific Health & Safety requirements for the Freestanding Midwifery Led Units have been incorporated into the draft Standing Operating Procedure.	Consultant Midwife	Complete
		Infection Prevention & Control specific audits e.g. Hand Hygiene and Bare Below the Elbow are included in the monthly audit schedule for each Unit.	Community Team Leader Community Matron	Ongoing
		The Community Team Leader will ensure that the Credits for Cleaning results are made available and reviewed on a monthly basis	Community Team Leader	Ongoing

The health board must provide HIW with details of the action it will take to: Ensure that infection prevention and control is reviewed to ensure the unit compliance is in line with health board policy and national guidelines to maintain safety.	2.4 Infection Prevention and Control (IPC) and Decontamination 3.1 Safe and Clinically Effective Care	An Infection Prevention & Control (IPC) Risk Assessment has been completed for all three units and local actions taken as detailed below in addition to the recommendations made by the Assistant Director of Nursing for Infection Prevention & Control. The Assistant Director of Nursing - Infection Prevention & Control attended Dolgellau and Tywyn Units on 24/01/2020 to assess the environments and made the following recommendations: **Dolgellau FMU** Remove birthing pool in Dolgellau Remove all linen, clear work surfaces and deep clean all areas	Head of Women's Services & Governance Lead Assistant Director of Nursing Infection Prevention Head of Women's Services	Complete Complete Complete Complete

		Ensure that the cleaning schedules are in line with the health board Cleaning Responsibility Framework and implementation of “I am clean” labelling. Implement the link practitioner programme resource. All link practitioners identified. The Infection Prevention team will also include observational Hand Hygiene and Bare Below Elbow reviews, as part of their quality assessments **Tywyn FMU** The Birthing Room on the Unit to be temporarily closed until the estates remedial work is completed. Clinic facilities can and will continue to be used for Outpatient Services	Community Team Leader Community Team Leader Community Matron Community Matron	Complete Complete Complete & Ongoing Complete

		Temporary Closure of the Unit has been added to the Directorate's Risk Register and Community Health Council (CHC) & Welsh Government notified.	Director Of Midwifery & Women's Services	Complete
		The Birthing room has been cleared of all clinical equipment including all curtains.	Estates & Facilities	
		The Directorate is in discussion with Estates and Facilities in reviewing the Birth room environment. The next meeting is scheduled for 24th February 2020.	Director of Midwifery & Women's Services	February & Ongoing
		Bryn Beryl FMU		
		The Assistant Director of Nursing Infection Prevention will also be attending Bryn Beryl on 5 February 2020 to assess the birth environment against	Assistant Director of Nursing	5 February 2020

		Infection & Prevention Control standards. The flooring is to be replaced & completed by 4 February 2020. A Cabinet as identified during the inspection has been removed on 23 January 2020 The Birthing couch was removed and replaced on 23 January 2020 The Community Matron will audit Unit compliance against IPC standards as part of the monthly Matron's Quality Assurance Audit The Community Matron will present the results of the Matron's Quality Assurance Audit as a standing agenda item to the Women's Quality, Safety & Experience Sub-Group on a monthly basis	Infection Prevention Estates & Facilities Community Team Leader Community Matron Community Matron Community Matron	4 February 2020 Complete Complete Commenced February 2020 and on going To commence February 2020

The health board must provide HIW with details of the action it will take to ensure that: There is an appropriate system in place to ensure that emergency alarm drill testing for emergency situations, such as a baby/patient requiring resuscitation is carried out in line with health board policy and that staff are fully aware of their responsibility within this area.	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care	Risk Assessments have been completed with regards to emergency skills drills training and emergency procedures for all three Units. The Assessments have been added to the Women's Directorate Risk Register. **Maternal collapse** Community Hospital Matrons contacted and agreed to commence and contribute to emergency drills on the units, initially on a weekly basis All emergency alarms tested and will continue to be tested monthly. Specific skills drills training for the Units has been incorporated into a draft Standing Operating Procedure	Head of Women's Services Governance Lead Community Team Leader Community Matron Consultant midwife	Complete Commenced and ongoing Complete and ongoing Completed and Procedure to be ratified on 21 February 2020

		detailing processes and responsibilities		
		The Professional Development Midwife has developed an annual schedule of emergency skills drills with the Community Matron and Community Team Leader. These additional skills drills will commence in February 2020.	Professional Development Midwife	Commence in February 2020
		The Community Team Leader will monitor and audit staff attendance at skills drills inclusive of maternal collapse on a monthly basis	Community Team Leader	To commence February 2020
		The Community Matron will audit annual staff compliance against the agreed skills drills schedule and provide a quarterly update to the Women's QSE Sub Committee.	Community Matron	Commenced February 2020

		Fire drills A Fire risk assessment was completed for the Tywyn Unit in July 2019, Bryn Beryl Unit in July 2019 and Dolgellau on 22 February 2018. A Fire Risk Assessment is booked for the Dolgellau Unit on 16 March 2020. The Professional Development Midwife has developed an annual schedule of emergency skills drills inclusive of a fire evacuation drill, with the Community Matron. The Community Team Leader will monitor and audit staff attendance at skills drills inclusive of fire evacuation drills on a monthly basis The Community Matron will audit annual staff compliance	Fire Officer Community Matron Professional Development Midwife Community Team Leader Community Matron	Ongoing Skills Drills to commence in February 2020 To commence March 2020

		against the agreed skills drills schedule **Neonatal resuscitation** It is mandated that all midwives attend the Neonatal Life Support (NLS) course every four years as per national recommendations. Midwives attend Mandatory Training annually, which is inclusive of an NLS update. Neonatal resuscitation will be added to an emergency skills drill schedule for all midwives working on the Units in addition to their annual mandated updates and PROMPT training	Director of Midwifery & Women Services Professional Development Midwife Professional Development Midwife	Ongoing Ongoing Ongoing Skills Drills to Commence in February 2020 and on going
The health board must provide HIW with details of the action it will take to ensure that:	2.1 Managing Risk and Promoting Health and Safety	A Standard Operating Procedure detailing the Governance requirements for Freestanding Midwifery Led	Consultant Midwife	To be ratified at Women's QSE on 21 February 2020

There is an appropriate standard operating procedure in place to ensure consistency in care and processes/procedure across all three units.	3.1 Safe and Clinically Effective Care	Units in BCUHB has been developed. This Procedure will be will be submitted to the Women's Directorate and through the Health Board's Governance Assurance Meeting Framework for approval in February 2020. Clinical Supervisors of Midwives will meet with all Community Midwives working on the Units to revisit the current Written Control Document, Mat 22 - *Operational Arrangements for Births in Community Settings* and will support the introduction of the newly developed Standard Operating Procedure for all Freestanding Midwifery Led Units into practice.	Clinical Supervisors for Midwives	To be completed by end February 2020
The health board must provide HIW with details of the action it will take to ensure that:	3.1 Safe and Clinically Effective Care	A Standard Operating Procedure detailing the Governance requirements for Freestanding Midwifery Led	Consultant Midwife	To be ratified at Women's QSE on 21 February 2020

There is appropriate governance processes and management in place to ensure the service is in line with required standards, and adhering to the health board's policies to maintain safety and compliance.	Governance, Leadership and Accountability	Units in BCUHB has been developed. The Procedure will be will be submitted to the Women's Directorate and through the Health Board's Governance Assurance Meeting Framework for approval in February 2020. Compliance against the Procedure will be monitored, audited and reported to the Women's Quality, Safety & Experience Sub Group on a monthly basis. Operational management of the Units and direct professional leadership is provided by the Community Team Leader and Community Matron, supported when appropriate by the Head of Women's Services and the Director of Midwifery & Women's Services. The Consultant Midwife, Clinical Supervisors for Midwives and	Community Matron Director of Midwifery & Women's Services Head of Women's Services Community Matron Community Team Leader	February 2020 Ongoing Ongoing

		the Women's Directorate Governance Lead also provide professional leadership and support. The Women's Directorate reports and escalates all issues of significance to the Quality & Safety Group on a monthly basis and as required to the Quality, Safety & Experience Sub Committee of the health board. The Director of Midwifery & Women's Services has direct access to the Board via the Women's Executive Lead on all matters relating to Services.	Director Of Midwifery & Womens Services Director Of Midwifery & Womens Services	Ongoing

Health Board Representative:

Name (print): **Fiona Giraud**

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

Date: **31 January 2020**

Appendix C – Improvement plan

Service: Ysbyty Dolgellau, Ysbyty Tywyn and Ysbyty Bryn Beryl Free Standing Midwifery Led Unit Birthing Units - FMUs

Area: Maternity Services

Date of Inspection: 21 – 23 January 2020

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 a review of the en-suite facilities at Ysbyty Tywyn takes place to ensure that privacy and dignity for patients is maintained.	4.1 Dignified Care	The birthing room and en-suite facility in Tywyn Community Hospital have been temporarily closed until the environmental remedial work has been completed by the Health Board's Estates and Facilities Team.	Director of Midwifery & Women's Services Estates and Facilities Team.	Completed (February 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		An estate options appraisal will be presented to the Women's Service Board as part of the Community Midwifery Services Review. A strategic Review of Community Midwifery Services across North Wales has been undertaken as identified in the Directorate's Three Year Plan. The full Report will be presented to the Women's Service Board in June 2020. The Report incorporates options for the upgrade of all community birthing environments and the need for en-suite facilities.	Consultant Midwife Consultant Midwife	26 June 2020 26 June 2020
The health board must ensure that signage to the units within Ysbyty Tywyn and Ysbyty Bryn Beryl is improved to allow for easy access.	4.2 Patient Information	The signage at Bryn Beryl community hospital was updated and improved as part of the overall community hospital refurbishment.	Community Matron	Completed (February 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The Directorate is liaising with the Director of Estates and Facilities and has been advised that the West Health Economy Area will review all signage at Tywyn community hospital. As of April 2020, due to the COVID-19 pandemic and the wider Health Economy response plans, community midwifery services have been temporarily relocated from all three Community Hospitals into non-NHS community premises. Temporary changes to services were communicated to Women via local press updates and on an individual basis by their named community midwife & team.	Head of Women's Services Estates and Facilities Team. Area West Director Director of Midwifery & Women's	Commenced February 2020, completion is dependent on relocation Under ongoing review
The health board must ensure that the process for accepting labouring women into the units during out of hours is reviewed.	4.2 Patient Information	A Standard Operating Procedure for the Governance Arrangements in Freestanding Midwifery Led Units was developed and ratified at Women's Board in February 2020 and included tin the Women's Exception Report to QSG	Consultant Midwife	Completed (28 February 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The Standing Operating Procedure details the process for accepting labouring women into the units out of hours and the patient information detailing the process is made available to all women at their birthing appointment. Women are given an information card at the birth planning appointment, which details how to access the FMU and includes; • Time it will take the midwife to arrive at the FMU • Travel times from the FMU to the Maternity Unit • Ambulance call out times and potential waiting times Compliance against the Standard Operating Procedure is monitored on a monthly basis as part of the Matron's quality assurance checks of the Units and cascaded to staff via team meetings and minutes.	Consultant Midwife Community Matron	Completed (28 February 2020) Completed (February 2020 and ongoing)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The findings of these quality assurance audits are reviewed and monitored at the Women's Quality, Safety & Experience Sub-Group meetings on a monthly basis and included in the Women's Exception Reports to QSG.	Community Matron	Completed (February 2020 and ongoing)
The health board must ensure that information is clearly displayed and readily available about how patients and families can raise a concern about their care.	4.2 Patient Information	Putting Things Right posters and information leaflets are available in all Freestanding Midwifery Led Units. The availability of these posters and leaflets is monitored on a monthly basis as part of the Matron's quality assurance checks of the Units. The findings of these quality assurance audits are reviewed and monitored at the Women's Quality, Safety & Experience Sub-Group meetings on a monthly basis.	Community Matron Community Matron Community Matron	Completed (February 2020) Completed (February 2020 and ongoing) Completed (February 2020 and ongoing)

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that patients and families are made aware of the Community Health Council (CHC) for advocacy and support.	4.2 Patient Information	The contact details for the Community Health Council are displayed and available in all clinical areas. The availability of this contact information is monitored on a monthly basis as part of the Matron's quality assurance checks of the Units. The findings of these quality assurance audits are reviewed and monitored at the Women's Quality, Safety & Experience Sub-Group meetings on a monthly basis.	Community Matron Community Matron Community Matron	Completed (February 2020) Completed and ongoing Completed and ongoing
Delivery of safe and effective care				
The health board must ensure that appropriate arrangements are in place to maintain the safety and wellbeing of patients who may attend the unmanned unit out of hours.	2.1 Managing Risk and Promoting Health and Safety 3.2 Communicating Effectively	A Standard Operating Procedure for the Governance Arrangements in Freestanding Midwifery Led Units was developed and ratified at the Women's Service Board in February 2020 and included in the Women's Exception Report to QSG. The Standing Operating Procedure details the process for accepting	Consultant Midwife	Completed (28 February 2020 and ongoing) Completed (28 February

Improvement needed	Standard	Service action	Responsible officer	Timescale
	3.1 Safe and Clinically Effective Care	labouring women into the unit out of hours and the patient information detailing the process is made available to all women at their birthing appointment. The document was cascaded to all staff working in the community and discussed at their team meetings. Women are given an information card at the birth planning appointment, which details how to access the FMU and includes; • Time it will take the midwife to arrive at the FMU • Travel times from the FMU to the Maternity Unit • Ambulance call out times and potential waiting times Compliance against the Standard Operating Procedure is monitored on a monthly basis as part of the Matron's quality assurance checks of the Units.	Consultant Midwife Community Matron	2020 and ongoing) Completed (February 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The findings of these quality assurance audits are reviewed and monitored at the Women's Quality, Safety & Experience Sub-Group meetings on a monthly basis.	Community Matron	Completed (February 2020)
The health board must ensure that equipment in the vans is stored securely and safely and that there are appropriate processes in place to regularly check equipment transported in the vans.	2.1 Managing Risk and Promoting Health and Safety	A Standard Operating Procedure for the Governance Arrangements in Freestanding Midwifery Led Units was developed and ratified at Women's Service Board in February 2020. The Standing Operating Procedure includes a daily checklist of community vans and equipment and also a weekly vehicle safety checklist. Community Midwives are required to undertake these checks as detailed as part of their daily practice. Compliance against the Standard Operating Procedure is monitored on a monthly basis as part of the Matron's quality assurance checks of the Units. The findings of these quality assurance audits are reviewed and monitored at	Consultant Midwife Community Matron Community Matron	Completed (February 2020) Completed (February 2020 and ongoing) Completed (February 2020 and ongoing)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		the Women's Quality, Safety & Experience Sub-Group meetings on a monthly basis. All birthing vans have medical gas stickers clearly displayed. Medical gas storage bags are available in each community van and a cover sheet is in place in each vehicle to provide cover for the medical equipment.	Community Team Leaders Community Midwives	Completed (February 2020) Completed (February 2020)
The health board must ensure that a review of infection prevention measures within all birthing units takes place to maintain safety.	2.4 Infection Prevention and Control (IPC) and Decontamination	An Infection Prevention and Control risk assessment has been completed for all three birthing units. The Assistant Director of Nursing Infection Prevention and Control attended the Dolgellau and Tywyn birthing units on 24 January 2020 to assess the environments and made specific recommendations for two of the birthing units.	Head of Women's Services Governance Lead Assistant Director of Nursing IPC	Completed (February 2020) Completed (24 January 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		In response, a local Infection Prevention & Control improvement plan has been developed and actions implemented to reflect the required standards and measures to maintain safety of Women and their babies in the Freestanding Midwifery Led units. Updates are included in the Women's Exception Report to QSG and to QSE Sub – Committee of the Health Board. The Health Board's Head of Decontamination, representing the Assistant Director of Nursing IPC attended Bryn Beryl in February 2020 to assess the birth environment against IPC standards. No recommendations were made for further improvements in light that the birthing room had been refurbished between 26/1/20 & 4/2/20. The community matron undertakes a monthly audit to monitor compliance against IPC standards as part of the	Head of Women's Services Infection Prevention & Control Team Estates and Facilities Community Matron	Completed (March 2020) Completed (February 2020) Completed (February 2020) Completed (January 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		monthly matron quality assurance audit. Audit results are presented to the Women's Quality, Safety & Experience Sub-group on a monthly basis. The Health Board's Health & Safety Team completed a risk assessment of all Freestanding Midwife Led units, which were reported to be compliant with the required health board standards. Future Health & Safety audits will be completed in line with health board policy. **Position statement** As of April 2020, due to the COVID-19 pandemic and the wider Health Economy response plans, community midwifery services have been temporarily relocated from all three Community Hospitals into non-NHS community premises. Temporary changes to services were communicated to Women via local press	Community Matron Corporate Health & Safety Team	Commenced with ongoing monitoring Completed (February 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		updates and on an individual basis by their named community midwife & team.		Under Ongoing review
The health board must ensure that dated and damaged décor within the units is reviewed to ensure compliant with infection prevention requirements.	2.4 Infection Prevention and Control (IPC) and Decontamination	The Tywyn Freestanding Midwifery Led Unit has been temporarily closed until the Estates remedial work has been undertaken. A strategic Review of Community Midwifery Services across North Wales has been undertaken as identified in the Directorate's Three Year Plan. The full Report will be presented to the Women's Service Board in June 2020. The Report incorporates options for the upgrade of all community birthing environments and the need for en-suite facilities. The Options will be presented to the Health Board via Planning and Quality forums.	Director of Midwifery & Women's Services Consultant Midwife Director of Midwifery & Women's Services	Completed (February 2020) 26 June 2020 August 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that infection prevention audits are regularly completed and evidence of this is accessible.	2.4 Infection Prevention and Control (IPC) and Decontamination	Infection prevention audits to include hand hygiene, Bare Below the Elbow and environmental audits are completed on a monthly basis and submitted electronically as part of 'Safe, Clean Care'. The BCU Safe Clean Care campaign is framed by key messages and sets out essential actions which are required from all staff to significantly reduce patient infection rates. The audit results can be accessed by the community matron and community Team Leaders via the health board's intranet. Audit results are presented to the Women's Quality, Safety & Experience Sub-group on a monthly basis. As of April 2020, due to the COVID-19 pandemic and the wider Health Economy response plans, community midwifery services have been	Community matron Community Matron Community Team Leader Community Matron	Completed (February 2020 with ongoing monitoring) Completed (February 2020) Completed (February 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		temporarily relocated from all three Community Hospitals into non-NHS community premises.		
The health board must ensure that cleaning check sheets are up to date with health board policy.	2.4 Infection Prevention and Control (IPC) and Decontamination	The Housekeepers in the community hospitals complete monthly 'Credits for Cleaning' audits in the Freestanding Midwifery Led Units, as per the Health Board's policy. The results of the audits are disseminated corporately and accessed by the Community Team Leaders for monitoring and action on a monthly basis. Any areas of non-compliance would be escalated to Senior Management Team meetings and if required to Women's Services Board and the health board Quality & Safety Group.	Housekeepers Team Leaders Head of Women's Servicers Community Matron	Completed (February 2020) Completed (February 2020 with ongoing monitoring) Completed (February 2020 with ongoing monitoring)

Improvement needed	Standard	Service action	Responsible officer	Timescale
Then health board must ensure that where non-compliance in cleaning is seen due to unavailability of staff, risk assessments are accordingly completed.	2.4 Infection Prevention and Control (IPC) and Decontamination	Any areas of non-compliance with cleaning schedules are escalated to the Estates and Facilities Management Team to action.	Maternity Support Workers Community Midwives Team Leader	Completed with ongoing monitoring
		If compliance is not achieved despite escalation, the Community Team Leader for the Freestanding Midwifery Led units will complete a risk assessment and forward to the Senior Management Team as per the Directorate Risk process.	Team Leader	Completed (February 2020 with ongoing monitoring)
		Any areas of non-compliance are escalated to the Women's Senior Management Team, the Director of Estates and Facilities and reported to Women's Services Board, the Health Board's Quality & Safety Group.	Head of Women's Services Community Matron	Completed (February 2020 with ongoing monitoring)

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that effective governance arrangements are in place in relation to infection prevention and control measures across all units to maintain safety.	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care Overall Governance, leadership and accountability	Infection Prevention & Control audits are completed on a monthly basis, submitted electronically on the NHS Wales Health & Care Monitoring System, with themes reported to Women's Quality, Safety & Experience Sub-group and the health board Quality & Safety Group. As of April 2020, due to the COVID-19 pandemic and the wider Health Economy response plans, community midwifery services have been temporarily relocated from all three Community Hospitals into non-NHS community premises.	Community Matron	Completed (February 2020)
The health board must ensure that breastfeeding support is reviewed within the community units to for easier access to support and guidance when required.	3.1 Safe and Clinically Effective Care	All midwives receive annual breast feeding training and are available on an individualised basis to support women in their care. As part of the skill mix in the Community Midwifery workforce, Maternity Support Workers also contribute to and support women directly with breastfeeding in their communities.	Infant Feeding Co-ordinator Community Team Leaders	Completed Completed (January 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		The infant feeding portfolio in Maternity Services has been reviewed in line with the All Wales Breast Feeding action plan. A business case has been submitted to the health board in order to introduce a co-ordinated support model, which is includes health professionals, peer supporters in all care settings within maternity services. The business case is within the health board chain of approval process and is scheduled for consideration at the next Health Board Planning Group meeting.	Head of Women's Services General Manager	Completed (November 2019 with ongoing monitoring) July 2020
The health board must ensure that policies and procedures are reviewed and updated within appropriate timescales and that a specific standard operating procedure is created to ensure consistency in care.	3.4 Information Governance and Communication Technology	All Written Control Documents produced by the Women's Directorate comply with the health board *Policy for the Management of Health Board Wide*	Written Control Document Group	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	3.1 Safe and Clinically Effective Care	*Policies, Procedures and other Written Control Documents.* The Women's Directorate Written Control Document Group has developed an action plan and meet on a fortnightly basis to monitor performance against the plan. Agreement was reached at the Women's Quality, Safety & Experience Sub-Group (QSE), that a list of policies, authors and due dates should be shared with the site triumvirate leadership teams, to enforce and support lines of accountability. All Written Control Documents scheduled for review, have been subject to a rapid review and revision dates extended. The Director of Midwifery and Women's Services and North Wales Clinical Lead monitor the progress made against the	Written Control Document Group QSE Group members Written Control Document Group The Director of Midwifery and	Completed with ongoing monitoring Completed 20/12/19 Completed with ongoing monitoring Completed with ongoing monitoring

Improvement needed	Standard	Service action	Responsible officer	Timescale
		agreed plan at scheduled Senior Management Team meetings.	Women's Services North Wales Clinical Lead	
Quality of management and leadership				
The health board must ensure that the sharing of meeting feedback to community birthing unit staff is strengthened.	Governance, leadership and accountability 3.1 Safe and Clinically Effective Care	There are monthly meetings held between the Head of Women's Services and all matrons, which incorporate feedback from the Women's Quality, Safety & Experience Sub-Group and Women's Service Board meetings. The Community Matron shares feedback from the Head of Services meeting with the Community Team Leaders at monthly meetings. This information is then cascaded and shared at Community Midwifery Team meetings that are held on a monthly basis. All meetings are minuted and the minutes shared electronically with all Community Midwifery staff. All staff	Head of Women's Services Community Matron Community Team Leaders	Completed February (2020 with ongoing monitoring) Completed (February 2020 with ongoing monitoring) Completed (February

Improvement needed	Standard	Service action	Responsible officer	Timescale
		within the Women's Directorate have a work e-mail address in order to access the updated information.	Community Midwives	2020 with ongoing monitoring)
The health board must ensure that risk assessments and risk register to be reviewed to ensure consistent approach across the service.	Governance, leadership and accountability 2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care	The Head of Women's Services and Governance Lead have supported the Community Matron and Community Team Leaders with the development of Community specific risk assessments. Assessed Risks, mitigation and actions specific to community midwifery services have been added to the Directorate's Risk Register ensuring a consistent approach across the whole service. All new risk assessments are forwarded to the Governance Lead to inform the ongoing risk management process and updating of the Directorate Risk Register. All entries on the Women's Directorate risk register are reviewed in keeping with the severity of the risk, in line with health board policy.	Head of Women's Services Governance Lead Community matron Team Leaders Governance Lead	Completed (March 2020 with ongoing monitoring) Completed and with ongoing monitoring Completed with ongoing monitoring

Improvement needed	Standard	Service action	Responsible officer	Timescale
		All Tier 2 & 3 entries are also reviewed by Secondary Care Medical & Nursing Directors on a quarterly basis in partnership with the Directorate. All amendments to the Directorate risk register are discussed monthly at Women's Quality, Safety & Experience Sub-group, Corporate Quality & Safety Group and Secondary Care Quality Group via the Women's Directorate Exception Reports.	Secondary Care Directors Governance Lead Governance Lead	Completed with ongoing monitoring Completed with ongoing monitoring
The health board must ensure that governance in daily running of the units is reviewed to ensure safe practice at all times.	Governance, leadership and accountability 2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care	A Standard Operating Procedure for the Governance Arrangements in Freestanding Midwifery Led Units was developed and ratified at Women's Board in February 2020. Compliance against the Procedure is monitored, audited and reported to the Women's Quality, Safety & Experience Sub-group on a monthly basis. The Matron Quality Assurance Reports are a	Consultant Midwife Community matron	Completed (February 2020) Completed (February 2020 with ongoing monitoring)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		standing agenda item on the monthly meetings. A rapid review of operational governance of the community midwifery service across North Wales has been completed, and the report will be presented at Women's Service Board in June 2020.	Interim community matron	26 June 2020
The health board must ensure that training processes and monitoring to be reviewed across community services.	Governance, leadership and accountability 3.1 Safe and Clinically Effective Care	To ensure efficient and effective processes for monitoring mandatory training/PROMPT compliance in the community, the Directorate training database has been moved onto a Sharepoint system. This has enabled the community matron and the Senior Management Team the access to the training data inputted by the Directorate's training administrator and allows for local compliance monitoring. Midwifery mandatory training is monitored on a weekly basis by the Head of Service and reported to the	Training admin support Community matron Community Team Leaders Head of Women's Services	Completed (March 2020) Completed (January 2020)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Director of Midwifery & Women's Services. Further monitoring is also performed at the Women's Directorate Workforce Group and Accountability meetings on a monthly basis. Mandatory training compliance is also reported to the Health Board's Quality & Safety Group as part of the Women's Exception report on a monthly basis.	Head of Women's Services Director of Midwifery & Women's Services	Completed (January 2020 with ongoing monitoring) Completed (January 2020 with ongoing monitoring)
The health board must ensure that PROMPT is introduced within all community settings.	Governance, leadership and accountability 3.1 Safe and Clinically Effective Care 7.1 Workforce	All midwives attend a PROMPT training day on an annual basis. In addition, the national community PROMPT training commenced within the Health Board in February 2020. The	Professional Development Midwife Professional Development Midwife	Completed (February 2020 with ongoing monitoring) Commenced (February 2020 with

Improvement needed	Standard	Service action	Responsible officer	Timescale
		training schedule includes all community midwives across North Wales. As of April 2020, PROMPT training days have been nationally suspended due to the COVID-19 pandemic. A date has been set in June 2020 to support national discussions between Welsh Government, Welsh Risk Pool and Service Leads, to plan the re-introduction of PROMPT and Fetal Surveillance training for all practice settings.		ongoing monitoring) June 2020

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): Fiona Giraud

Job role: Director Of Midwifery & Women's Services, Maternity

Date: 29 May 2020