

Hospital Inspection Report (Unannounced)

Glangwili - Maternity Services, Hywel
Dda University Health Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Maternity Unit, Glangwili Hospital, Hywel Dda University Health Board on the evening of 28 November, and the following days of 29 and 30 November 2022. The following hospital wards were reviewed during this inspection:

- Antenatal ward (before delivery) and postnatal ward (following delivery)
- Midwifery led unit - with capacity of three birthing rooms and two birthing pools
- Labour ward (during labour) with a capacity of four delivery rooms and one birthing pool
- Triage assessment area.

Our team for the inspection comprised of two HIW inspectors, three clinical peer reviewers (one consultant obstetrician and two midwives) and one patient experience reviewer. The inspection was led by an HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found a dedicated staff team that were committed to providing a high standard of care to patients. We saw staff interacting with patients respectfully throughout the inspection. Patients we spoke to told us they were receiving good care at the hospital.

This is what we recommend the service can improve:

- Signage at the hospital should be reviewed to ensure that it is easy for patients to locate all the maternity wards
- Designated notice boards should be reviewed to provide sufficient health promotion information and include signposting services for young carers
- Pain relief is provided in a timely manner on post-natal ward.

This is what the service did well:

- Staff interacted and engaged with patients respectfully
- Patients we spoke to told us they were happy and receiving good care
- There were good arrangements in place to provide patients and families with bereavement support.

Delivery of Safe and Effective Care

Overall summary:

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

Patient records we reviewed confirmed daily care planning promoted patient safety. We found there were robust processes in place for the management of clinical incidents, ensuring that information and learning is shared across the service.

This is what we recommend the service can improve:

- Ensuring medication fridges are locked
- Management and security of confidential patient information.

This is what the service did well:

- Improvements had been made regarding security measures to ensure that babies were safe and fully protected
- Quality improvement work and collaboration with local health boards to improve practice.

Quality of Management and Leadership

Overall summary:

Significant changes had been made since the last HIW inspection in 2019. We observed a committed staff team who provided good care to the patients at the hospital. There was dedicated, passionate, supportive and visible leadership displayed by the senior and middle management team.

This is what we recommend the service can improve:

- Compliance with mandatory training
- Review of staffing rotas to ensure sufficient staffing numbers.

This is what the service did well:

- Staff were encouraged and supported to become involved in quality improvement projects to enhance quality of care provided, and to aide their ongoing development
- Positive culture around reporting and learning from incidents
- The leadership team were visible, supportive and very engaged with the staff team.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of 16 were completed. Patient comments included the following:

“The labour unit staff were excellent, made myself and partner very at ease during this difficult/daunting time. Special thanks to midwives, a credit to this hospital.”

Staying Healthy

Health Protection and Improvement

We found there were good amounts of health promotion information displayed about breastfeeding, skin to skin advice, post-natal mental health, and general advice on keeping healthy before, during and after pregnancy. There was also a good range of bilingual information, however the health promotion information was in lots of different locations. In addition, there were no signposting services for young carers. The health board may benefit from having a designated health promotion board.

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

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

Dignified care

Dignified care

During 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. Most patients who completed our questionnaires were very positive about their experience of care.

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

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

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

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

There was a dedicated bereavement room within the unit and a team of bereavement midwives worked across the health board to offer support and advice. The hospital ensured that the same midwife would see bereaved families on a regular basis. There was also a good communication group set up by staff enabling them to keep up to date with any ongoing support required for bereaved families. The bereavement team were also developing a specific 'Rainbow Clinic' for women who had suffered pregnancy loss.

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

Communicating effectively

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

We saw that staff tried to maintain patient privacy throughout the unit when communicating information.

We saw that staff within the unit met twice daily, at shift change-over time. The handover meetings we were able to attend displayed effective communication in discussing patient needs and plans with the intention of maintaining continuity of

care. These meetings were well-structured, and evidence based which the inspection team felt to be of noteworthy practice.

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

Patient information

Whilst we found the directions to the midwifery led unit were clear, we found that directions to the other maternity wards were not clearly displayed throughout the hospital. This could make it difficult for people to locate the appropriate place to attend for care. There were several environmental improvements being made to the wards at the time of the inspection. We were told that new signs were due to be put up, making it easier for visitors to find their way around the maternity unit.

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

Each ward had a Patient Status at a Glance Board, used daily 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.

Timely care

Timely Access

Patients told us that staff were very helpful and would attend to their needs in a timely manner. Staff told us that they would do their best to ensure that all patient needs are met and patient records demonstrated that this took place.

We reviewed patient care records and spoke with patients. Through this we confirmed that each ward ensured patients were regularly checked for personal, nutritional and comfort needs.

We noted a sepsis screening tool was available in the sample of patients care records we reviewed which helped to identify patients who may become unwell or develop sepsis. We noted the actions required for a patient with sepsis were displayed in the treatment rooms. We also found that midwives and doctors were quick to recognise the signs and symptoms of sepsis and acted in line with national guidelines.

Some of the patients spoken to on the post-natal ward indicated that when they required pain relief this may not be given in a timely manner, or they were not given an explanation as to why they could not receive pain relief. The health board must ensure that there is an efficient, safe, and timely administration of pain relief for patients.

Individual care

Planning care to promote independence

Facilities were easily accessible for all throughout the unit. In patient notes we saw evidence of continuous assessment of needs with referral to specialist practitioners and support groups as appropriate. Individualised birth plans were documented and included patient expressed wishes and individual needs.

We looked at a sample of patient records and found evidence that the personal beliefs and religious choices of patients were captured during antenatal appointments.

People's rights

We found that birthing partners could be involved in care in accordance with the wishes and preferences of patients. Records we reviewed confirmed this took place.

Staff also provided examples where reasonable adjustments are in place, or made, so that everyone, including individuals with protected characteristics, can access and use the service. We were told that a staff member who uses sign language is utilised to communicate with patients who have hearing loss. We noted that no hearing loops were available and would recommend that patients should have access to hearing aid loops if required.

The maternity unit is also currently involved in utilising the recent RCM research relating to the use of appropriate language to be used in a maternity setting. The project involves implementing the Royal College of Midwifery research. Maternity staff are currently reviewing all forms of communication to ensure appropriate and relevant language terms are used by staff, and that the language used is reflected in the documentation completed by staff.

Listening and learning from feedback

Information on the procedure for patients regarding concerns or complaints about their care was available on the health board's website. The senior management team told us that staff within the unit were fully aware of how to deal with

complaints. Staff we spoke to confirmed this and told us that the Community Health Council details are provided to patients along with Putting Things Right guidance.

Staff told us that communication with patients and families is maintained throughout any concern received, and families are given the opportunity to meet with senior members of staff to discuss concerns.

Staff told us that they regularly seek patient feedback through feedback cards, questionnaires, and texts. The results are acted upon by senior management and shared with staff during lessons learnt meetings and appraisals.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

There were established processes in place to manage and review risks, and to maintain health and safety at the hospital. This assisted staff to provide safe and clinically effective care.

The unit appeared to be clean, appropriately lit and well ventilated. We found most areas to be clutter free and well organised. There were also some ongoing environmental changes taking place during the inspections, and there were notable environmental changes since HIW last inspection, which helped to improve the patient experience. We found the midwifery led unit and the labour ward which had been refurbished was a pleasant, welcoming, and homely environment.

We considered the unit environment and found sufficient security measures in place to ensure that babies were safe and secure in the unit. Access to all areas was restricted by locked doors, which were only accessible with a staff pass or by a member of staff approving entrance.

There was evidence of a baby abduction drill taking place in July 2022. There was also evidence of staff being provided with complimentary feedback following the abduction drill.

All patient rooms had access to call bells for use in an emergency. Staff were able to describe the pool evacuation procedure and equipment used. We were told that training for the management of a maternal collapse in the pool is provided as part of the PROMPT study day.

The consultant obstetricians on call either remain resident on-site or can travel to the unit in a prompt and timely manner.

Preventing pressure and tissue damage

From a review of patient records, we found that appropriate checklists were completed, and any ongoing risks would be monitored. Staff also told us that special pillows and mattresses were available for patients when needed.

Falls prevention

There were risk assessments in place for patients in the unit as well as for those using birth pools. We were told 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 tidy, and we saw that personal protective equipment was available in all areas and used by all healthcare professionals. Patients who completed a questionnaire and patients we spoke with said they thought the unit was well organised, clean, and tidy.

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

We saw results from an infection control audit which has recently had been carried out by the health board. This audit showed that compliance with infection control was high, and the hand hygiene audit carried out in October showed 100% compliance in all areas.

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

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

Nutrition and hydration

Staff on the wards had access to facilities to make food and drinks for patients outside of core hours and there is a trolley service for hot meals where inpatients can pre order food.

We saw patients being offered hot and cold drinks and had access to jugs of water within easy reach.

We were told that any patient who had specific dietary requirements, staff would ensure that appropriate food would be available for them during their stay.

In the patient care records we reviewed, we found that patient nutritional and fluid requirements were well documented.

Medicines management

On the first night of the inspection, we found medication cupboards and fridges were left unlocked in the Midwifery Led Unit. This was raised with staff and rectified immediately, and all doors were closed, and cupboards and fridges locked.

We found that there were suitable arrangements for the safe and secure storage and administration of controlled drugs. We saw evidence of regular temperature checks of the medication fridge to monitor that medication was stored at the advised temperature of the manufacturer.

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 in line with the health board policy.

We looked at a 11 patient records and saw these had been completed appropriately.

Pharmacy support is available to the unit and an out-of-hours computerised system allows staff to check the stocks of drugs across the hospital to ensure there are no delays in patients receiving medication. There was also take-home medication stock available, to facilitate patients discharges in a timely manner.

Safeguarding children and safeguarding adults at risk

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

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

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

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

Medical devices, equipment and diagnostic systems

Overall, staff we spoke with said they had appropriate medical equipment available to them to provide care to patients.

Documentation reviewed confirmed that regular checks on equipment ensured that equipment was suitable for use.

We found the emergency trolley, for use in a patient emergency, was well organised and contained all the appropriate equipment, including a defibrillator. We noted maintenance checks were taking place on this equipment. The emergency drugs were also stored on the resuscitation emergency trolley.

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 training in their appropriate use in the case of emergency.

Effective care

Safe and clinically effective care

Staff told us that patients are comfortable and well cared for and the patients we spoke to confirmed this. Pain assessment and relief was available to patients during labour.

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

Quality improvement, research and innovation

It was pleasing to see the amount of ongoing research projects and quality improvements taking place in the health board. There were many examples of collaboration with other local health boards such as Swansea Bay University Health Board on improvement projects such as learning from incidents, and university projects with student midwives. The clinical supervisor's team were also leading on developing a new fluid balance chart which was due to be presented to other health boards.

The Head of Midwifery had introduced a quarterly blog, topic matters included thanking staff and news updates. In addition, the CTG chronicles quarterly bulletin included learning, hot topics, and refresher updates for staff. Both bulletins were seen as an area of good practice and demonstrated the many ways that senior management engage with staff.

Information governance and communications technology

The inspection team considered the arrangements for patient confidentiality and adherence to Information Governance and the General Data Protection Regulations 2018 within the unit.

On the first night of the inspection, we noted that the cupboards containing patient records were unlocked and the doors were open. We raised this with senior management and for the remainder of the inspection the cupboard doors remained locked. In addition, a birth register containing patient information was found on the desk in the Midwifery Led Unit (MLU). The MLU was not in use at the time, however it is important that patient identifiable information is kept secure.

We were told that all staff had their own computer access login to help ensure information governance was maintained.

Record keeping

Overall, we found the standard of record keeping being adequate with care plans well documented between multidisciplinary teams. We saw appropriate observations charts; care pathways and bundles being used.

The standard of documentation, such as completion of ante-natal risk assessments and MEWS and NEWS were completed consistently. Detailed levels of assessments were evidenced in the records we reviewed. However, we did note some inconsistencies in some patient records where some medical signatures were difficult to read and no NMC or GMC numbers seen.

Quality of Management and Leadership

Staff Feedback

We invited staff to complete HIW questionnaires following the inspection to obtain their views on the service provided at the hospital. In total we received 27 responses from staff.

Responses from staff were positive, with 25 out of the 27 staff being satisfied with the quality of care and support they give to patients, all 27 agreed that they would be happy with the standard of care provided by their hospital for themselves or for friends and family, and most 26 out of the 27 recommended their organisation as a place to work.

Governance, Leadership and Accountability

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

Ongoing improvements need to focus on staff compliance with the clinical room processes, such as medication fridges being consistently locked when not in use and cupboards containing patient records being always locked.

During the inspection Senior leadership team were able to assure us that internal audits had taken place and provided the team with evidence of a range of audits and improvements that have taken place, these documents were provided promptly to the team demonstrating that the correct systems and structures are in place.

We saw the service held several regular meetings to improve services and strengthen governance arrangements. Such meetings included maternity quality and safety group, maternity and neonatal improvement board meeting, monthly maternity quality and safety group, monthly audit review meeting and weekly multidisciplinary meetings. The CTG reflections training and lunch and learns was seen as an area of good practice, the method of delivery of this training was positive, inclusive and the method of delivery encouraged open discussions and debates amongst staff and the wider MDT team.

There was dedicated and passionate leadership displayed by the Head of Midwifery, supported by committed multidisciplinary teams (MDT). The team was a cohesive group of leaders and interviews with them showed that they valued and cared for the staff and the level of service they provided to patients. Staff also spoke highly of the Head of Midwifery and the positive change in culture she had

brought to the unit, staff described the HOM as energetic, approachable, and visible.

Staff felt confident that they can raise concerns and spoke about positive culture around data reporting and learning from incidents. Staff spoke about how this positive change had developed because of some staff leaving and new senior staff being appointed, statistics we viewed supported this with a 34% increase in staff reporting of incidents. Staff comments in the staff survey also supported our findings with the following comment being made.

“The risk process has changed beyond all recognition, and I feel safe and secure to report things and that the investigation will be safe and fair, learning that comes out is for us as a team.”

Workforce

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

“Hywel Dda is finally a place I am happy to come to work. The introduction of the new HOM has made such a huge impact on staff wellbeing. Risk & governance process have changed for the better - with shared learning on a weekly basis. Everyone is invited to all meetings to ensure openness and transparency. I feel safe and respected as a midwife”.

“Governance procedure is much improved. And revolved from being a blame culture to more of learning events. HOM is visible and supportive”

We saw that midwives were issued with individual training portfolio documents which documented the mandatory training required of midwives, as well as signposting additional learning that was available to them. There was a process in place for monitoring staff attendance and compliance with mandatory training. Training figures on the unit were good with over 80% compliance rates, however further improvements could be made.

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

Senior managers told us that midwifery rotas were well managed within the unit. If there were any shortages of staff cover, senior managers would also step in to cover when required. However, some of the staff we spoke to told us they felt that the staffing ratios on their wards should be increased. Staff who we spoke to, and those who completed the survey, commented that the unit was regularly understaffed, comments included,

“This is generally a good place to work, there are times when staffing numbers are not sufficient and this can mean that meal breaks are missed”.

“Better equalisation of staff numbers. Some days we have enough midwives whereas others we are way under on numbers (3-4 midwives short) making it a much more difficult shift, with breaks being missed and staff working stressed and pushed to look after woman after woman with no stopping. We support each other but it is very tiring when this occurs”.

In light of the concerns received from some staff regarding staffing levels and working pressures due to patient acuity, we recommend that senior management review staffing rotas. This will ensure that staffing levels are appropriate to the provision of safe and timely care.

Some staff we spoke with raised a concern in relation to the variance of responsiveness of consultants to an emergency when requested by junior doctors and midwives. This was also raised in the staff survey with comments indicating that obstetric consultants are reluctant to attend the labour ward at night, and make staff feel like a hindrance when contacting them at home. Some comments also suggested that the consultants don't always attend evening handovers. We raised this with a senior manager during the inspection, they confirmed that they were in the process of auditing consultant call out and responses.

In addition, on the first night of the inspection, some staff we spoke to were unsure as to who the on-call consultant was for that evening. The health board must ensure that the on - call consultants rota is available and on display for all staff to access.

During staff interviews there was a mixed response to the level of support provided to the junior and middle tier Doctors, some spoke positively of the support and guidance they have from staff, whilst others stated that they felt unsupported, with limited opportunities for development and mentoring. Comments in the staff survey supported this, with a suggestion that in certain circumstances junior doctors are often not supported with their training and learning, and career aspirations. Mandatory training compliance for medical staff was low with staff completion rates just above 50%.

The health board must reflect on the above feedback and ensure that all medical staff feel adequately supported and are provided with opportunities to develop in their role. The health board must also ensure that mandatory training compliance is improved.

Although not a finding during the inspection, the staff survey indicated that relationships between the hospital staff and community staff could be improved. The staff who completed the survey, indicated that during busy times, support and help is often not provided to community staff leaving them feeling devalued and unappreciated. The health board should review this feedback and see how they can develop relationships between community and hospital staff.

Staff told us that welfare support in the unit was very good, and it was clear from interviews with senior and middle managers that the welfare of staff was a top priority.

There were numerous examples of team building exercises, some of which extended to staff family members, such as planned team sports day in Spring 2023. There is an active rounder's team which extends to other disciplines outside of the maternity team.

Both the Clinical Lead and Head of Midwifery attended the wards and regularly held drop-in sessions for staff to discuss any welfare needs or support they may need. It was clear to see that the Clinical Lead and Head of Midwifery had a very supportive and approachable leadership style, this was also confirmed during staff interviews.

The Clinical lead and Head of Midwifery also shared an office space, this enabled them to work together and communicate regularly to discuss and make decisions in a timely manner, thereby improving outcomes for staff and patients.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Medication fridge in MLU were left unlocked.	This presented a risk of unauthorised access to medication.	We raised this with the Head of Midwifery.	This issue was rectified immediately, and all fridges were locked.
Cupboards containing patient records were left unlocked.	This presented a risk to unauthorised access to private patient information.	We raised this with the Head of Midwifery.	This issue was rectified immediately, and all patient cupboards were locked.

Appendix B - Immediate improvement plan

Service: Glangwili Maternity Unit

Date of inspection: 28 - 30 November 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No Immediate improvements were identified during this inspection.				

Appendix C - Improvement plan

Service: Glangwili Maternity Unit

Date of inspection: 28 - 30 November 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board should consider displaying a designated health promotion board, so relevant information is accessible.	1.1 Health promotion, protection and improvement	Public Health Midwife and Postnatal Ward Manager to identify a public health promotion board and co-ordinate all activities to this one central board.	Head of Midwifery Public Health Midwife Postnatal Ward Manager	13 th February 2023
The health board must ensure that signage at the hospital is reviewed to ensure that it is easy for patients to locate all the maternity wards	4.2 Patient Information	To improve signage. Estates to cost and provide a timescale for works to be completed.	Estates Manager	30 th March 2023

The health board must ensure that pain relief is provided in a timely manner on the post-natal ward	4.1 Dignified care	POM (Patient's Own Medication) secure box to be installed on each ward to reduce any delays for patient obtaining medication.	Postnatal Ward Manager	30 th January 2023
The health board must ensure that medication fridges are locked when not in use.	2.6 Medicines Management	To arrange replacement of the fridge lock.	Ward manager	Complete
The health board must ensure that patient records are secure and kept out of view, to maintain patient confidentiality.	3.4 Information Governance and Communications Technology	To instigate audit of records cupboard on a daily basis (added to daily checks) to ensure secured.	Ward manager	Complete
The health board must ensure that all staff signatures are identifiable and contain GMC and NMC pin numbers.	3.5 Record keeping	To provide Doctors and Midwives with name stamps.	Ward manager	30 th March 2023
		Communication to be released to all staff that if they do not have their name stamp the expectation is that the staff will print and sign their name	Ward Manager	30 th December 2022
The health board must review rota's to ensure that staffing	7.1 Workforce	Introduce a process to ensure the roster is to be printed and	Ward manager	Complete

requirements are appropriate for the unit.		available in hard copy in the Handover room each week		
The health board must ensure that for requests for on-call consultants and attendance is audited and monitored	7.1 Workforce	Implement an audit to check to ensure 100% compliance of attendance from on-call consultants. Any deviations to be escalated to the Clinical Lead for actioning and the on-call manager for Maternity.	Labour Ward Co-ordinators	Completed
The health board must ensure that on-call consultants attend evening handover and that ward staff know who the on-call consultant is, and on-call rotas should be displayed for staff.		Introduce a process to ensure the roster is to be printed and available in hard copy in the Handover room each week	Labour Ward Co-ordinators	Complete
		Introduce a weekly audit on attendance including evidence.	Labour Ward Coordinators	Complete
The health board must ensure that mandatory training compliance figures are improved	7.1 Workforce	Communication to be released to all staff to ensure dedication of time to complete training	Line Managers College Tutor Clinical Lead	30 th March 2023
The health board must ensure that junior doctors are supported with	7.1 Workforce	Process introduced by College Tutor and Clinical lead to ensure that a programme is in place to	Clinical Lead	30 th January 2023

their training and ongoing personal development		support Junior Doctors with timeframes to achieve and progress individual learning needs assessment has been undertaken and monitor individual progress	College Tutor	Completed
The health board should review the feedback from community staff and aim to improve staff welfare and staff relationships.	7.1 Workforce	<p>The Health Board and Head of Midwifery have reconfirmed their commitment to the Royal College of Midwives Caring for You charter. This will be communicated to all staff.</p> <p>Staff are to be given the option of participating and attending in the staff Wellbeing committee, to ensure it is representative of all areas of the service.</p>	<p>Head of Midwifery</p> <p>RCM Stewards</p> <p>Chair of the Wellbeing Committee</p>	<p>21st March 2023</p> <p>31st March 2023</p>

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

Service representative *Kathryn Greaves*

Name (print): Kathryn Greaves

Job role: Head of Midwifery

Date: 20th January 2023