Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Maternity Unit, The Grange University Hospital, Aneurin Bevan 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.

Contents

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 The Grange University Hospital, Aneurin Bevan University Health Board on 6 to 8 June 2023. The following hospital wards were reviewed during this inspection:

- Antenatal Ward – 8 beds
- Labour Ward – 17 beds (including 5 High Dependency beds)
- Postnatal Ward – 16 beds
- Alongside Midwifery Unit (Birth Centre) – 6 beds
- Induction of labour Ward – 8 beds
- Post operative Ward – 8 beds

Our team, for the inspection comprised of a HIW Senior Healthcare Inspector, a HIW Healthcare Inspector, HIW's Head of Quality and Acute Clinical Advice, three clinical peer reviewers (two midwives and one obstetrician) and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 48 questionnaires were completed by patients or their carers and 65 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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:
Staff were observed providing kind and respectful care to women and their families. We found that all staff at all levels worked well as a team to provide patients with a positive experience that was individualised and focussed on their needs. Almost all patients that we spoke to were positive about their care, the staff and the maternity unit environment. We saw staff delivering patient centred care despite some staffing pressures on the department.

This is what we recommend the service can improve:

- Review and consider increasing the availability of birth pools within the unit
- Review visiting arrangements and communicate timings effectively with families ahead of admission
- Review and consider increasing post-natal bed capacity to improve patient flow.

This is what the service did well:

- Patient centred care taking account of individual needs
- Light and spacious individual ensuite rooms and modern facilities
- Pregnancy information available in multiple languages via the Healthier Together website
- Patient representation via the Bump and Birth Improvement group (BABI) used to drive improvement in maternity services.

Delivery of Safe and Effective Care

Overall summary:

We saw arrangements were in place to provide patients with safe and effective care. Some elements of good practice were seen. However, we did identify a small number of issues in relation to equipment checks and infection prevention and control (IPC) where HIW requires immediate assurance from the UHB on the action taken to address these.

Immediate assurances:

- Some furniture, fixtures and fittings in two rooms for care and treatment were observed to be visibly soiled with blood and bodily fluids
- Daily checks of one of the essential resuscitaires was not always recorded

- Daily fridge temperature checking of one of the medicines fridges was not always signed as checked
- Insufficient management and security of some confidential patient information.

This is what we recommend the service can improve:

- Ensuring that all fire doors to cleaning cupboards are closed
- Review capacity and succession planning for all specialist midwife roles
- Ensure that staff have ready access to essential medical equipment
- Implement regular documentation audits and follow up learning for patient records

This is what the service did well:

- Innovative initiatives to identify risks
- Clear and effective pathways of care for women and babies.

Quality of Management and Leadership

Overall summary:
A management structure was in place and clear lines of reporting and accountability were described. Managers were visible on all areas of unit and comments from staff said that they were approachable and receptive to feedback. All staff said that there was a positive, supportive culture in place. We saw friendly, kind, approachable and well-functioning teams that worked well together all areas of the department. Some challenges were seen in relation to staff recruitment and retention. We also noted that compliance with mandatory training in some areas was poor.

Immediate assurances:

- Low levels of mandatory training compliance in some areas including key clinical skills.

This is what we recommend the service can improve:

- Recruitment and retention of staff to fill vacancies at all levels
- Improve staff access to spaces to take time out from clinical area
- Improve system for tracking of staff training.

This is what the service did well:

- Routinely feeding back from patients to staff
- Including staff in learning and good practice identified in incident investigations
- Staff development opportunities available to all staff at all levels.

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 48 were completed. All respondents who completed the questionnaire were mothers with the majority of respondents having experienced maternity services within the last year (39/48) and received consultant led care (36/48) whilst the remaining were midwife led.

Overall, the majority of respondents rated their experience positively (42/48) sharing comments such as:

> *"The care and support received by all staff was outstanding and thanks to this my whole birth experience was a positive one"*
>
> *"Better than expected - excelled any expectations. Absolutely excellent!"*
>
> "*Care is very professional and attentive. Impressed with all levels of staff*"
>
> *"Marvellous service - Dreaded coming in because of reviews online - but will be sharing a positive experience!"*

We asked what could be done to improve the service. Comments included the following:

> *"Not sure that anything could be improved"*
>
> *"Not having to leave so soon after baby born"*
>
> *"Visiting times felt very restrictive and at times left me feeling quite alone."*

A mixed response was received on whether hospital visiting hours were sufficient with just over half agreeing their partners or someone close to them were able to stay as long as wanted (26/43).

The health board should review visiting arrangements and communicate timings with families ahead of admission.

We saw that one birth pool was available for the whole unit. This was available in the Birth Centre. People using the unit were aware of the benefits of the birth pool for pain relief and some mentioned their disappointment at not having access to use one during labour.

The health board should review and consider increasing the availability of birth pools within the unit.

Person Centred

Health promotion

During the inspection we met with the midwife specialising in Public Health. We reviewed the "Healthier Together" website that detailed comprehensive health promotion information, advice and guidance for all stages of pregnancy as well as pregnancy planning. Guidance and information on smoking, alcohol, weight, physical activity, breast feeding and other health promotion messages were accessible in multiple languages through the website. The website link was given to all patients in antenatal clinic. We were told that paper based health promotion information was available on request. The availability of comprehensive updated health promotion information means that families can access information to make healthy changes or access support in a timely manner to increase the chances of a healthy pregnancy and healthy baby.

We were told that there were three maternity advisers trained in smoking cessation to support people to stop smoking during pregnancy.

Most patient survey respondents confirmed that information provided during pregnancy including where to go in an emergency (44/47) and what would happen during the birth (38/47) was sufficient.

The Healthier Together website information was noted as good practice.

Dignified and respectful care

Throughout the inspection staff were seen treating people with kindness and respect, communicating in a friendly and professional manner.

The layout of the wards and hospital meant that all in-patients were treated in side rooms with ensuite facilities. This ensured that privacy and dignity were protected. We saw suitable changing facilities for partners to change into appropriate personal protective equipment (PPE) when attending a caesarean section birth.

Almost all survey respondents felt that staff treated them with dignity and respect (45/48) and that staff explained birth options, any risks associated to the pregnancy and any applicable support options (44/48). Comments included:

> *"My pregnancy journey began with no complications and ended with many. I could not have received better care and support. Each member of staff cared for my family and I with compassion, skill and kindness. I made many difficult decisions and encountered many complex health problems however the support I received made my experience positive."*

Staff we spoke with demonstrated a good awareness of their responsibilities in protecting and promoting patient rights when attending the unit. All staff who completed a questionnaire agreed that patient privacy and dignity was maintained and almost all believed that patients were informed and involved in decisions about their care. They were all satisfied with the quality of care and support they gave to patients.

We met the specialist midwife for bereavement who appeared to be committed and enthusiastic, and noted that there was a dedicated bereavement room for families. Staff on the unit received bereavement training to ensure that support is available for bereaved families. We noted that there was currently no medical lead for bereavement.

The health board should review bereavement services to benchmark their services against similar maternity units. Capacity should be reviewed to ensure that the specialist midwife is adequately supported and women who experience bereavement receive equitable specialist consultant care.

Individualised care

Patients told us of supportive and positive interactions with staff during their time in the unit.

Staff within the unit met twice daily, at shift change-over time. We attended two handover meetings and saw effective communication in discussing patient needs and plans with the intention of maintaining continuity of care. These meetings were well-structured and evidence based. It was clear from the handover and the communication board within the handover area, that individual needs are discussed and shared.

There were several specialist midwives in post to support families that needed some additional or specialist support. We spoke with the mental health midwife in place who also provided support for women with substance misuse. We saw individualised care and additional care pathways and advocacy for women with difficulties in these and other areas.

Timely

Timely care
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.

Respondents to the patient survey felt they could access the right healthcare at the right time (44/48).

Whilst patients and families felt that they could access support in a timely manner during pregnancy and labour, feedback on postnatal care was mixed. Some negative comments were received around postnatal care.

> *"During labour the care I received was impeccable, but the aftercare was not good. I did not feel supported with breast feeding and I suffered a very traumatic birth and wasn't fully informed with what happened."*

Many staff that we spoke to during the inspection told us of the challenges around capacity for postnatal patients. The 16 postnatal beds were often full and we were told that this had an impact on patient flow in the rest of the unit. On occasions this caused delays in care. Comments in the staff survey reflected these challenges:

> *"I feel that there is always a bed capacity issue and pressure to discharge women quickly but especially on the weekend there is always difficulty getting medical staff to come to the ward to see women and write prescriptions"*

Senior managers that we spoke to were aware of these challenges and reviewing options for improvements.

The health board should review post-natal bed capacity and mitigate any risks associated with capacity shortages to ensure that safe and effective patient care is maintained.

Equitable

Communication and language

Staff we spoke with told us that additional arrangements would be made if patients had any communication requirements. Staff confirmed there was access to translation services to assist communications if required.

The nine sets of patient records that we reviewed noted appropriate joint decision making, individualised care and also preferred language and birthing wishes.

We saw examples of staff ensuring that women, whose first language was not English, were supported to ensure that they understood their plan of care. We noted that the staff team in the Maternity Department were diverse and spoke many different languages and, on occasions, communicated with some patients in different languages to ensure patient choice and understanding. Patients that we spoke to in the unit said that they felt listened to and everyone that answered the survey said that they also felt listened to by staff.

Information was available in many different languages via the Healthy Together website. We saw a small number of staff wearing the Welsh language logo to indicate they could speak Welsh.

We noted that there was clear bilingual signage from the carpark and through the hospital to the Maternity Department.

We did not see information detailing staff on shift for patients and visitors. This was commented on by some patients who told us that the "my nurse today" information was not being regularly updated.

The health board should implement a system to ensure that patients are aware of staff on shift and the leadership team within the department.

Rights and Equality

All patients said that that had not faced discrimination when accessing or using this health service on grounds of any protected characteristics under the Equality Act (2010)

One person commented that:

"All care was delivered in a completely non-judgmental, open, honest and individualised manner."

The staff that we spoke with were all aware of Equality Act (2010) and provided examples where reasonable adjustments were in place, or made, so that everyone, including individuals with protected characteristics, could access and use the service.

We met a diverse staff team and noted that diversity and equality training was mandatory for all staff.

We noted that the patient experience group, BABI group, had good representation from diverse groups to ensure that all patient experiences can shape care.

The BABI patient experience group and the diverse membership was noted as good practice.

The newly built hospital had accessible rooms, bathrooms and wide corridors to enable easy access for all.

Delivery of Safe and Effective Care

Safe

Risk management
We reviewed processes in place to manage and review risks, and to maintain health and safety at the department. We noted good practice related to the use of an armband for women that have commenced induction of labour process through Propess administration. This meant that these women were easily identifiable and risks related to the pessary were limited.

All areas of the unit were well lit, well equipped and ventilated with wide corridors. Most areas were clutter free and well organised.

We noted that some fire doors to cleaning cupboards were not routinely closed this must be addressed.

Infection, prevention, control and decontamination (IPC)
We found that the most areas of the unit were clean and tidy. However, on arrival in two unoccupied delivery rooms, we observed blood stains on some furniture, fixtures and fittings. Dated labels indicated that these rooms had been cleaned, however we considered this cleaning insufficient given the visible blood that was seen.

HIW were not assured effective processes were in place or being followed to prevent healthcare acquired infections. These issues were addressed immediately by staff during inspection.

We reviewed evidence related to cleaning audits for the department, which indicated a high level of compliance and clearly detailed pass and fail rates as well as indicating responsibility for failures.

These issues of cleanliness were dealt with under HIW's immediate assurance process and are referred to in Appendix B of this report

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 reviewed hand hygiene audit documentation that indicated good compliance.

Safeguarding of children and adults
The health board confirmed the policies and procedures in place to promote the welfare of children and adults that may be at risk. We met with the specialist safeguarding midwife who confirmed appropriate arrangements were in place to safeguard children and adults using maternity services. This included mandatory training for all staff, which, at the time of inspection was at 72% compliance.

We noted that the specialist safeguarding midwife role is a health board wide role and during annual leave and absence there are limited resources available to provide cover.

During the inspection, throughout the unit, we found comprehensive security measures were in place to ensure that families and babies were safe. Access to all areas was restricted by locked doors, which were accessible with a staff pass or by a member of staff approving entrance through an intercom. The inspection team were asked to wear health board badges to identify themselves and were asked to show them on several occasions.

We reviewed evidence of a baby abduction drill that took place earlier this year. There was evidence of feedback and learning provided to staff and other relevant authorities to ensure the continued security of babies in the department.

The health board should review the capacity of safeguarding midwife and wider safeguarding team to ensure that sufficient capacity is available during periods of annual leave or absence and to allow for effective succession planning.

Management of medical devices and equipment
The results of the staff survey indicated that around half of staff disagreed that they had access to appropriate medical equipment to enable them to provide effective care. This posed a risk if prompt observations could not be conducted in a timely manner. One member of staff commented within the questionnaire:

> "*We need basic equipment like manual BP cuffs (small and large), thermometers, baby thermometers/stethoscopes in every labour room*"

> *"We regularly do not have enough equipment for basic checks and stan monitors not working etc."*

We reviewed patient records that indicated that CO2 monitoring may not be being conducted in line with Welsh guidelines. Some staff that we spoke to indicated that there was a shortage of CO2 monitors in the community.

The health board must ensure that staff always have access to essential medical supplies and equipment and that a more robust system is put in place for monitoring and tracking equipment.

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 room, 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.

During the inspection we saw that the daily checks on the resuscitaire next to postnatal ward had not been consistently checked for faults and recorded in line with policy. We noted that there were six dates in May 2023 that were not completed.

The issue of emergency equipment checking was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

Medicines Management

We found that there were suitable arrangements for the safe and secure storage and administration of medicines including controlled drugs. Medicines were stored in a safe, secure system with fingerprint access. We saw evidence of temperature checks of the medication fridges to monitor that medication was stored at the advised temperature of the manufacturer. We noted that checklist for the medicine fridge in use in the Birth Centre had logged all of the temperatures for June, however no signature was recorded against two of the six dates checked.

This issue of medicine fridge and equipment checking was dealt with under HIW's immediate assurance process and are referred to in Appendix B of this report.

We 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. From the patient records that we reviewed we saw prescription charts that were fully completed and checked.

Pharmacy support is available to the unit 24 hours a day 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.

Patients who completed the survey confirmed that they felt supported during their birth (41/43) and that during the birth, they had access to enough pain relief to cope (37/43).

Effective

Effective Care

We reviewed evidence of audit activity including IPC and hand hygiene that were performed on a regular basis. We saw that actions had been taken, tracked and monitored as a result of audits that were completed. We noted that there was a new audit system in place and it was not yet embedded.

The health board must ensure that audit processes within the new system are structured, effective, tracked and monitored to drive improvement.

Nutrition and hydration

We observed the serving of a lunchtime meal and the food looked appetising and was served promptly, patients told us that there was good choice. Organisation and coordination around the mealtime was efficient. There was a tea trolly, water and fruit readily available at all times and a kitchen was also available for patients.

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

Patient records

We reviewed nine sets of patient records. The standard of patient records was mixed. Four of the records documented good clear care planning, decision making and risk management. We reviewed one set of records that comprehensively documented a medical emergency that we witnessed during inspection.

We reviewed some records that needed improvements:

- Two of the nine sets of records were disorganised and not in logical order and this could be difficult to ensure safe ongoing care
- Five sets of records documented care that was not always signed off by the staff member providing care
- Two sets of records were missing documentation and information in the MEOWS charts,

We spoke with leaders who confirmed there were plans in place to move to an online portal for maternity records and that this will help with consistent recording of care and treatment.

The health board must ensure that regular documentation audits are conducted and learning takes place from the findings.

Efficient

Efficient

From conversations with staff at all levels we heard examples of efficiency savings that had been made to benefit patients. We were also told of times when processes were inefficient and solutions were being actively sought.

Staff told us that they rotate to different areas of the department to ensure safe staffing and risks are mitigated. We were told that different areas of the department were used flexibly to meet demand when necessary, this included the use of the Birth Centre for low risk labouring women when the delivery ward was full. We were told that doctors supported these births due to the proximity.

We saw that theatre elective caesarean section lists often started late partly due to logistical delays with collecting patients.

The health board should review the options for bringing elective caesarean patients through to recovery bay earlier (prior to briefing) to minimise delays.

Quality of Management and Leadership

Staff feedback

HIW issued a questionnaire to obtain staff views on the maternity services provided at The Grange University Hospital and their experience of working there. In total, we received 65 responses from staff.

The response from staff was mixed in many areas such as management and equality, however areas that scored well included patient care and governance. Many staff were satisfied with the quality of care and support they give to patients (55/65) although fewer felt on the whole, the organisation is supportive (42/65).

Very few staff that responded to the HIW survey felt there are enough staff for them to do their job properly (14/65). There were several comments on staffing issues these included:

"The staff work well under pressure but due to staff shortages it's the majority of the time impossible to have breaks"

Senior management informed us of challenges related to recruitment and told us of initiatives to support recruitment, flexible working patterns and staff retention.

The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes.

We spoke to many staff at all levels during the inspection that shared their need for a staff room or a dedicated and appropriate space within the workplace for breaks and meals. Some also us that there was an absence of dedicated desk space on the unit available for all staff to use.

The health board must review and improve spaces available for staff to take time out from clinical area.

Staff comments included the following:

> *"ABUHB Maternity Services is a really great place to work. The provisions are outstanding and the service users love the single room environment with en-suite facilities. I feel well supported by my line manager"*
>
> *"Lack of private desk space and handover areas is a concern , also having a cupboard as a staff rest area is not ideal."*

"The ward was not built with an on ward "staff" room so a very small stock cupboard was converted into a "coffee" room which had no ventilation/windows"

We asked what could be done to improve the service. Comments included the following:

"Training is at times expected to be done in your own time"

"Design of the whole unit is not ideal. There is not enough bed capacity since the merger"

Leadership

Governance and Leadership

We saw a clear management structure in place with clear lines of reporting and accountability. We saw many examples of effective and efficient multidisciplinary working without hierarchy whilst on the unit. Many staff that we spoke to during the inspection said that they felt that they could approach their managers and senior leaders were approachable, friendly and kind.

Our survey indicated that many staff felt that their immediate manager could be counted on to help with a difficult task (47/65) although fewer staff felt that their immediate manager consulted with them before making decisions that affected their work (27/65)

Around half of staff felt that senior managers were visible (37/65) however fewer respondents felt communication between senior management and staff was effective (21/65).

We spoke to obstetricians and midwives at all levels during the inspection and all gave a positive experience of working at the Grange. They commented on effective communications with the senior leadership team and felt that working relationships were positive.

Workforce

Skilled and Enabled Workforce

We met a committed and professional team focussed on provided safe and effective patient care. We saw evidence that 80% of staff had received an appraisal or review in the last 12 months and this was consistent with the staff responses to the HIW survey.

Whilst we saw evidence that mandatory training levels were improving, we noted that, at the time of inspection, mandatory cardiotocography (CTG) training levels was low at 52% and Gap and Grow (foetal growth assessment) training was also low at 49% compliance.

This meant that we were not assured that all staff had the relevant up to date training and skills to provide safe care and treatment to all women and babies in their care.

This issue regarding mandatory training was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

We saw evidence of training and development opportunities being offered to staff members at all levels. This included new and innovative training opportunities.

Many of the staff that responded to the HIW survey felt that they had appropriate training to undertake their role (46/65).

During the inspection we saw evidence of several initiatives to improve patient experience or efficiencies that had been led by team members and rolled out across the unit.

We noted that the system used to monitor training compliance levels was difficult to interpret and we were told that a new system was being rolled out to ensure that mandatory training compliance levels were tracked, current and easily accessible for staff and leaders.

The health board should implement or improve the system / matrix for the tracking of staff training.

Culture

People engagement, feedback and learning
We saw that there was a comments box available on most wards as well as Putting Things Right information for those that wished to comment on their experiences within the department. We spoke with the patient experience midwife who confirmed comprehensive processes in place to capture, monitor, share and learn from complaints and feedback. We reviewed evidence of positive and negative feedback and reviewed learning that had been delivered as a result.
We reviewed information from the Babi patient experience group that indicated that patient voices and experiences are used to shape services.

Staff that we spoke to said that they were encouraged to feedback and raise any concerns. Processes and responsibilities were clear and effective. All staff that we

spoke to confirmed how to report concerns or incidents and none indicated that they had met any barriers. It was confirmed that following any investigations good practice as well as improvements were fed back to staff involved.

Patient feedback is also routinely fed back to staff.

We heard several examples from staff and leaders whereby improvements had been suggested and then accepted and implemented across the unit. **One example of good practice was the recommendation from a midwife to establish a "welcome desk" to the ward to welcome patients into the department. Where previously there had not been any reception area. This ensured that patients and families felt welcome.**

Information

Information governance and digital technology

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

On the first night of the inspection, we saw two sets of patient notes unattended in the postnatal area. On 7th June we removed an elective caesarean section list in the general waste bin in the doctors workroom.

We were not assured that patient confidentiality was adhered to and patient information was store and disposed of in line with GDPR requirements.

This issue was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

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

Learning, improvement and research

Quality improvement activities

Leaders confirmed that many quality improvement activities took place. We heard from the consultant midwife who confirmed effective engagement with research projects. Senior leaders told us of plans to improve services further, scoping opportunities and support for a range of initiatives.

Whole system approach

Partnership working and development

We saw evidence of effective partnership working both within the hospital and health board and with outside agencies. Staff confirmed that some challenges and delays with partnership working had occurred during Covid-19 pandemic however these were now easing.

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
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Maternity Unit, The Grange University Hospital

Date of inspection: 6 – 8 June 2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Resuscitaire checking **On 6 June 2023, HIW identified daily checks of a resuscitaire in use on the maternity unit on B3 (between purple and yellow areas) had not been recorded daily. HIW is not assured that daily checks were being conducted on all equipment to identify equipment faults for equipment that may be required in the event of an emergency.**	The health board is required to provide Healthcare Inspectorate Wales (HIW) with details of the action taken to ensure that all equipment is safe to use, functioning effectively and checked on a daily basis.	1) Fridge checks will be signed and dated daily by the midwife/HCSW and countersigned by the Senior Midwife at the end of each working week to ensure compliance is maintained. 2) All maternity staff have been reminded, via email, of the importance of daily temperature checks. 3) The requirement to undertake and record daily equipment checks of the resuscitaire and emergency	Senior Midwifery Manager	Immediate – action complete

Medicine Storage

HIW identified daily checks of the fridge temperature for the medicine fridge in use in the Birth Centre had not always been recorded. We saw add two out of six days were not consistently recorded in June 2023.

The Medicines Management Policy Code of Practice Issue 4.1 provided to HIW refers to medicines refrigerators. The code states (12.2) that medicines refrigerators must have the temperature monitored and recorded daily.

HIW is not assured ongoing monitoring of the temperatures of all medication fridges on the maternity unit being conducted to check and

equipment has been reinforced with midwifery staff across the Division via email.

4) In addition to the daily checking and signing, the recording sheets will be countersigned by the Senior Midwifery Manager weekly.

5) The importance of checking fridge temperatures, and undertaking resuscitaire and emergency equipment checks will be reinforced at the next Ward Team Meeting on 15th June 2023 and additionally via the clinical supervision route.

6) Regular spot checks to be undertaken by the Divisional Leadership and Management Team to ensure full compliance with daily checking requirements for fridge temperatures,

demonstrate medicines are being stored at an appropriate temperature according to the manufacturer's instructions. This poses a potential risk to the safety and wellbeing of patients who may receive medication that has not be stored appropriately and so may not be as effective when used for treatment.		resuscitaire and emergency equipment.		
Infection prevention and control **On 6 June 2023 in 2 unoccupied delivery rooms, we observed blood stains on some furniture and fittings. In one room this was on the underside of the bed, light handle and trolley. In another room this was on the cot. Dated labels indicated that these rooms had been cleaned, however this cleaning was insufficient given**	The health board is required to provide HIW with details of the action taken to promote effective infection prevention and control and decontamination.	7) Cleaning standards will be upheld across all areas of the department, including clinical and non-clinical areas. 8) All staff have been reminded of the importance to ensure standards and processes for ensuring effective cleaning uphold infection prevention and control standards Copies of all cleaning regimes are displayed in cleaning rooms and audited monthly via symbiotics.	Head of Midwifery	Immediate – action complete

the visible blood that was seen. **HIW is not assured effective processes were in place or being followed to prevent healthcare acquired infections.**		9) The importance of cleaning standards will be reinforced at the next Ward Team Meeting on 15th June 2023 and additionally via the clinical supervision route. 10) A rotational HPV decontamination program of bed cleaning has been generated on a rotational basis by facilities. This will commence on Monday 19th June. 11) Additional cleaning support initiated, with the support of facilities, with immediate effect to raise standards. Commenced 9th June 2023. 12) All rooms cleaned daily and records maintained to demonstrate compliance, a clean sticker placed on doors when rooms are thoroughly cleaned.	

		13) Collaborative approach between the Divisional Leadership Team, IPAC and Facilities has been reinforced to ensure standards of cleanliness are consistently maintained and monitored through cleaning audits.		
Patient records **On 8 June 2023, in the domestic waste bin in the Doctors workroom, we saw an elective c-section list with personal patient information detailed.** **On 6 and 7 June 2023 we saw unattended patient records in the postnatal area of the unit.** **HIW are not assured confidential patient information is consistently used, stored and disposed of in line with GDPR.**	The health board is required to provide HIW with details of the action taken to provide assurance that documentation is stored in line with GDPR.	14) Mandatory Information Governance Training compliance is 73.99% as recorded on ESR. This will be under constant review to ensure increased compliance. 15) Current confidential waste bags will be replaced by secure confidential waste bins with locks. 15 have been ordered and will be placed in all clinical and office areas. 16) All staff have been formally reminded of their information governance responsibilities and of the correct and safe storage of	Assistant Service Manager Assistant Service Manager Assistant Service Manager	Immediate - action complete Ordered 13 June 2023 9 June 2023

		patient information, via email.		
		17) Information governance responsibilities for all staff will be an agenda item for future team meetings and clinical governance meeting on Friday 16th June.	Assistant Service Manager	16 June 2023
		18) An Information Governance notice has been issued on the hospital intranet, to reinforce the importance of upholding and protecting patient information, access to records and the security of confidential waste. This email was shared with all our medical staff and also shared at Clinical Governance where there is multidisciplinary engagement.	Head of Information Governance	13 June 2023
		19) Notes trolleys have been removed and all patient notes will be kept in the room		13 June 2023

		with the women or birthing person.	Senior Midwifery Manager	
Mandatory training compliance **Essential mandatory training was not to required standards.** • **CTG training compliance was low at 52%** • **Gap and Grow – foetal growth assessment training was also low at 49%.** **This meant that we were not assured that all staff had the relevant up to date training and skills to provide safe care and treatment** **to all women and babies in their care.**	The health board is required to provide HIW with details of the action it will take to ensure mandatory training is completed in a timely manner and to the recommended health board compliance levels to maintain patient safety.	20) Foetal physiology/surveillance is normally provided twice yearly. One session has taken place this year. A further session will be facilitated September 2023, this is the earliest opportunity due to availability of appropriate speakers/ experts. 21) An assessment of the Foetal Surveillance lead midwife hours will be undertaken to review the opportunity to increase working hours. 22) GAP and GROW will be mandated as of September 23. 23) Perinatal Institute contacted 6.5.23 and 5 additional funded training places for the NGUS Gap and	Head of Midwifery Head of Midwifery Head of Midwifery Head of Midwifery	July 2023 July 2023 September 2023 Sent for Expressions of

		Grow, at the National GAP User Symposium for Friday 15 September.		interest 9 June 2023
		24) Further reconciliation of training data will be undertaken to ensure all compliance has been received and recorded on the database which will inform future training requirements.	Senior Midwifery Manager	Immediate – action complete Sept 2023
		25) Lead Midwife to review the current database and to replace with a more interactive, visual and accurate representation of staff training. The new database is currently in development, with the added functionality to prompt staff when nearing renewal date.	Digital lead Midwife	
		26) The new database development will be reviewed at the next Senior Management Team Meeting on 20th June 2023.	Digital lead Midwife	20 June 2023 Sent on 9 June 2023

		27) All staff have been emailed about staff training compliance and have been asked to provide evidence by the end of July 23.	Assistant Service Manager

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): **Jayne Beasley**

Job role: **Head of Midwifery**

Date: **13 June 2023**

Appendix C - Improvement plan

Service: **Maternity Unit, The Grange University Hospital**

Date of inspection: **6 - 8 June 2023**

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Limited availability of Birth pools For the maternity unit, one birth pool is available. This limits the choice of people that may like to use water during labour	Review, and consider increasing the availability of birth pools within the unit	Liaise with facilities and request a quotation to move the pool from another hospital to support additional capacity at GUH to meet demand.	Assistant Service Manager	Subject to approval 6 weeks for costings. Minor Works ticket raised 28.07.2023
Visiting times Around half of HIW patient survey respondents told us that they felt that visiting times were not sufficient	Review visiting arrangements and communicate timings effectively with families ahead of admission	Additional visiting times has been introduced to support additional family members to visit the ward area. Information has also been cascaded on our social media	Senior Management Team	Completed - updated visiting poster

		platforms and displayed in all clinical areas.		
Capacity - post natal beds Many staff told us of challenges around limited post-natal bed capacity negatively impacting on patient flow	The health board should review post-natal bed capacity and mitigate any risks associated with capacity shortages to ensure that safe and effective patient care is maintained.	The Health Board are working with the neonatal team by introducing E-discharging for babies. This will expedite the discharge process and improve patient flow.	Lead Midwives Postnatal Ward	Full implementation and in place by the 16th September 2023
		The Health Board are implementing a staggered approach to Elective Caesarean Section as a pilot.		25th July 2023
		A midwife will be allocated on the roster to undertake Neonatal and Infant Physical Examination (IPE) checks to improve patient flow, this will commence in August		4th August 2023
Bereavement service Conversations with staff indicated that this service did	The health board should review bereavement services to benchmark their services and	A review across Wales has identified that only one health board has a dedicated	Head of Midwifery Clinical Director	

not have a dedicated medical lead and capacity was limited	capacity against similar maternity units	Obstetric lead supporting this provision. The Health Board have a dedicated bereavement Midwife Band 7 full time in post to support families with baby loss.		Complete
Named staff on shift Limited information seen for patients that detailed who was delivering their care	The health board should implement a system to ensure that patients are aware of staff on shift and the leadership team within the department	A leadership board will be made visible on the entrance to each ward area. Midwives providing care to women will write their name on the notice board in the women and birthing peoples rooms. All staff wear name badges.	Senior Management Team Senior Midwives	End of August 2023
Fire doors to storage We noted that fire doors to storage areas were not routinely closed and could pose a risk to those on the unit	Implement measures to ensure that all fire doors to cleaning cupboards are closed	Staff have been reminded of the importance of ensuring fire doors and cleaning cupboards are closed at all times.	All staff	Email shared 24.07.2023 and a notice placed on doors to keep closed

		Spot checks will be undertaken by the senior team.		 Door Closed.pdf
Specialist midwife roles capacity A wide range of specialist midwife roles (including safeguarding, clinical governance, concerns, public health, mental health) were in place. These roles were often individuals that, during periods of absence, did not receive substantial cover	Review capacity and succession planning for all specialist midwife roles	The Senior Management Team are reviewing succession planning by introducing a shared lead role option. This opportunity will allow staff to maintain their clinical skills and also help develop them to in lead roles as part of succession planning. Midwifery will benchmark with other Health boards	Senior Management Team	December 2023
Medical equipment Around half of the staff that answered the survey told us that they did not have sufficient access to appropriate medical equipment to enable them to provide effective care	The health board must ensure that staff always have access to essential medical supplies and equipment and that a more robust system is put in place for monitoring and tracking equipment	A review of the medical equipment in the clinical areas has been undertaken and the necessary essential equipment has been ordered of stethoscopes and BP cuffs in all sizes.	Ward Clerks	Complete - orders placed

Audit systems We saw evidence of a new system for auditing and tracking IPC audits. This was not yet embedded	The health board must ensure that audit processes within the new system are structured, effective, tracked and monitored to drive improvement	The unit has a structured decontamination process in place supported by the facilities team, which is ongoing until the 4th August. Going forward the unit will be included in the yearly programme. Training has taken place with HCSW to ensure that hand hygiene audits are being completed. AMAT training sessions have been undertaken with the lead midwives to ensure audit data is collected, tracked and monitored to achieve improvement daily. The lead midwives will cascade the training to staff by 14th August.	Senior Midwifery Manager IPAC Lead	On-going with regular monitoring 25th July 2023
Patient records	The health board must ensure that regular documentation audits are	Quarterly notes audits are undertaken by the Clinical Supervisors of Midwives to	Clinical Supervisors of Midwives	Completed

We saw inconsistencies within patient records around charts, sign off and organisation. This could lead to difficulties in ensuring safe ongoing care	conducted and learning takes place from the findings	ensure standards adheres the NMC Code of Conduct. Monthly audits are undertaken through the fundamentals of care platform.	Lead Midwives Head of Midwifery	
Elective caesarean section arrangements We noted logistical challenges with commencement of caesarean section lists that may lead to inefficiencies	The health board should review the options for bringing elective caesarean patients through to recovery bay earlier (prior to briefing) to minimise delays	A staggered approach of the caesarean lists will be commenced on Tuesday 25th July and trialled for 4 weeks to improve bed flow and patient satisfaction	Lead Midwives	Ongoing commencing 25th July 2023
Training compliance tracking / monitoring	Improve system for tracking of staff training	Digital lead midwife has replaced the current database with a more interactive, visual and accurate representation of staff training. The new database will be rolled out in September. This is the beginning of the new educational year. There will	Digital Lead Midwife	Complete September 2023 rollout

		be an added functionality on the system to prompt staff when compliance requires renewal. PROMPT to be added to ESR to record compliance.		
Recruitment and retention of staff Very few staff that we spoke to and surveyed indicated that there were enough staff on the unit to allow them to do their job properly.	The health board should continue to focus on recruitment and retention of staff to fill vacancies at all levels, mitigating patient risk and improving patient experience and outcomes	A monthly review of the workforce has been initiated and will continue. As part of the streamlining process, we have 24.4 WTE newly qualified Midwives commencing October 2023. One new specialist diabetic lead role advertised. The maternity unit have reviewed hours for fetal surveillance role. 1 WTE will be advertised. The maternity unit are working with the senior work force business partner to	Senior Midwifery Management	On-going with monthly review

		develop a structured work force plan.		
Space for staff Limited spaces were available on the unit for staff (of all levels) to take a break from the clinical area. This would be for wellbeing and / or to complete desk based work	Improve staff access to spaces to take time out from clinical area	There is a staff break room on C3 available for staff. We have also created a small staff break room on B3. A wellbeing area just off the main unit for staff to take breaks from the clinical environment is available. This space is well ventilated, well lit with chairs and tables. The maternity unit are in the process of creating more work space in the Senior Midwives office. The space will have additional worktop space with network and power points to enable agile working.	Assistant Service Manager	Complete Estimated completion 17th August 2023

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): **Jayne Beasley**

Job role: **Head of Midwifery**

Date: **26/07/2023**