Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Maternity Unit (Gwenllian Ward), Bronglais General Hospital, Hywel Dda University Health Board

Inspection date: 1 – 3 August 2023

Publication date: 3 November 2023

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Digital ISBN 978-1-83577-027-6

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 Bronglais General Hospital, Hywel Dda University Health Board between 1 and 3 August 2023. The following hospital wards were reviewed during this inspection:

- Gwenllian Ward - providing antenatal, labour and postnatal care

During the inspection we invited women and birthing people or their partners 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 134 questionnaires were completed and 43 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.

Our team, for the inspection comprised of two HIW Senior Healthcare Inspectors, three clinical peer reviewers (two midwives and one obstetrician) and a patient experience reviewer. The inspection was led by a 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:
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 women and birthing people with a positive experience that was individualised and focussed on their needs. All women and birthing people that we spoke to were positive about their care, the staff and the maternity environment.

This is what we recommend the service can improve:

- Ensure that all women are fully aware of all obstetric treatment choices and their risks and benefits before informed patient consent is gained.

This is what the service did well:

- Supporting women with communication difficulties through the Maternity Passport scheme
- Offering choice for women and birthing people that would like to birth outside of guidelines
- Offering bilingual English and Welsh care
- Providing light and spacious individual ensuite rooms and modern facilities.

Delivery of Safe and Effective Care

Overall summary:
We saw arrangements were in place to provide women and birthing people with safe and effective care. There were established processes and audits in place to manage risk, health and safety and infection control.

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.

There were some areas for improvement around staffing plans to deliver the service.

This is what we recommend the service can improve:

- Review the on call rota for midwives and scrub nurses to ensure that appropriately skilled staff are available onsite 24/7
- Review clinical governance arrangements for the neonatal stabilisation room
- Increase the frequency on antenatal scanning for fetal growth in line with national guidelines.

This is what the service did well:

- Comprehensive dynamic risk assessment and escalation processes in place to keep women, birthing people and babies safe
- Visibly clean and tidy unit with all checks for equipment up to date and well documented
- Comprehensive clinical audit plan in place.

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 and comments from staff said that they were approachable and receptive to feedback. There was dedicated, passionate, supportive and visible leadership displayed within the senior and middle management team. We noted that compliance with mandatory obstetric emergency (PROMPT) training in some teams was low.

Immediate assurance:

- Low levels of mandatory obstetric emergency training (PROMPT) for the anaesthetist team was low at around 30%.

This is what we recommend the service can improve:

- Visibility of consultants in the clinical area.

This is what the service did well:

- Positive culture around reporting and learning from incidents
- The leadership team were visible, supportive and very engaged with the staff team
- Quality improvement initiatives to improve safety/experience
- High levels of satisfaction amongst staff and a motivated 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 women and birthing people and families. A total of 134 were completed. Most respondents who completed the questionnaire were mothers (128/134) and the remaining six were birth partners.
Most (97%) of respondents rated their as either good or very good sharing comments such as:

> *"The staff have been extremely helpful and supportive throughout."*
>
> *"I thought that all the midwives were caring and friendly. I also felt that I was able to talk to them about my concern or how I felt."*
>
> *"The staff on Gwenllian ward at Bronglais hospital are very kind and attentive, they are approachable with any concerns."*
>
> *"I couldn't praise staff enough for the help, understanding and support they have provided us."*

Person Centred

Health promotion
During the inspection we met with several staff members with responsibility for public health. We noted that there was a team in place to support the health and wellbeing of women, birthing people and their families through conception and pregnancy. We reviewed comprehensive and innovative ways to promote health and wellbeing. This included a smoking cessation programme, smoking reduction, weight management and food preparation as well as wider wellbeing programmes. We saw that information and support was available in multiple formats including via Padlets (a tool people use to make and share content with others) to ensure access to up to date information and resources to support healthy choices through pregnancy and beyond. It was pleasing to see the evidence related to the success

of the smoking cessation and reduction programme was collated and reviewed regularly. We noted that success rates were high.

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 handwashing guides are on display in patient toilets and above sink areas.

Dignified and respectful care

Throughout the inspection staff were seen treating people with care, kindness and respect. Staff interactions with women and birthing people were friendly and professional. All women, birthing people and families that we spoke to were very happy with their care.

Gwenllian ward layout meant that all inpatients were treated in side rooms with ensuite facilities. This ensured that their privacy and dignity were protected. Almost all (129/134) survey respondents felt that staff treated them with dignity and respect agreeing that staff were polite and listened to them. This was consistent with conversations with inpatients that we spoke to when on the ward.

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

Staff comments included:

> *"The women/birthing people and their families are the centre of everything that happens on the ward. It is a very supportive environment to work in. Service users and service providers are treated with dignity and respect."*

All staff that we spoke to confirmed that they had received appropriate training in bereavement and felt confident to access policies and support from colleagues to appropriately care for recently bereaved parents.

There was a dedicated bereavement room located at the end of the ward and a bereavement midwife to ensure that women and birthing people and their families

received appropriate support. We noted that the bereavement service was health board wide and support was available for women and birthing people and staff.

Individualised care
Most women and birthing people told us that staff explained birth options, any risks associated to the pregnancy and any applicable support options (123/134). Some told us that they would have liked more information and discussion around their obstetric treatment when receiving inpatient care.

> *" More information given prior to birth about c-sections, especially emergency c-sections. We were unprepared as all the prenatal conversations were aimed at natural labour."*

On review of 10 sets of patient records, most documented discussion around birth choices. We noted three sets of records which did not document discussion around all birth choices and places, including the risks and benefits of each.

We also saw that one inpatient was not given all possible treatment options for her care when on the ward (option of doing nothing was not discussed). We were not assured that all women and birthing people received sufficient information / discussion around all of their choices for treatment and care and were not always fully informed to decide on next steps. We were informed of future plans for informed consent training plans for medical staff.

The health board should ensure that all women and birthing people are fully aware of all obstetric treatment choices and their risks and benefits and informed consent should be gained.

Staff within the unit met twice daily, at shift change-over time. We attended two handover meetings and saw effective and efficient communication in discussing women's needs and plans with the intention of providing safe care and facilitating choice. 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.

We saw evidence of some patient choice being enabled that was occasionally outside of national guidance and pathways. When requested by women and birthing people, these choices had appropriate written risk assessments, plans and agreements in place. **We saw this as good practice.**

Timely

Timely care
Women and birthing people told us that staff were very helpful and would address their needs in a timely manner. Staff told us that they would do their best to ensure that all patient needs are met and records demonstrated that this took place.

Most staff confirmed that they were able to meet all of the conflicting demands on their time at work. We reviewed patient care records and spoke with women and birthing people. Through this we confirmed that patients were regularly checked for personal, nutritional and comfort needs.

Equitable

Communication and language
We saw evidence that women and birthing people with communication difficulties were identified and supported to effectively access services through the maternity passport scheme. **The maternity passport scheme was identified as good practice.**

Staff confirmed there was access to translation services to assist communications if required. We saw evidence of "Tackling Racism in Midwifery" training which covered some areas of communication and was delivered through the Clinical Supervisors for Midwives team. We were told that further training related to the use of translation services had been delivered to support safe and effective communication with women and birthing people whose first language is not English. We reviewed one set of patient records for a woman from a diverse background whose first language was not English. We noted that some questions at the booking appointment had not been answered, it was unclear if this was a communication / translation issue. There is a risk that important information is missed without the use of effective translation services for all women and birthing people that need it.

The health board should provide further training to staff to ensure that translation services are used to support clinical conversations when English / Welsh is not possible.

We saw that many staff spoke Welsh and we heard Welsh spoken throughout the inspection. Women and birthing people told us that care had been delivered in Welsh. We received three comments to say that the active offer of Welsh made a positive impact on their care. Comments included:

"Yes it made a lot of difference as I felt more at ease."

"Apart from when I was seeing the consultant, a member of staff who could speak Welsh was available throughout my time as a patient."

Rights and Equality

The vast majority of women and birthing people who answered the questionnaire 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).

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.

Gwenllian ward had accessible rooms, bathrooms and wide corridors to enable easy access for all.

Delivery of Safe and Effective Care

Safe

Risk management
We reviewed evidence of regular environmental audits were completed. We saw that any issues were escalated appropriately and records of fault reporting were documented and progress tracked. These processes ensured that risks in the environment were effectively managed to keep people safe. We saw effective security tagging of all babies and an effective alarm system in place.

Staff that we spoke to confirmed that they understood the escalation processes in place and described a four hourly acuity tool that was used to assess safe staffing levels based on the number of women on the ward basis and make changes accordingly. We were told of on-call systems that were in place to support the unit when acuity was high whereby community midwives were called in to the ward.

The Bronglais neonatal stabilisation room is located in the Maternity Ward (Gwenllian Ward). This room is not a Special Care Baby Unit with care delivered primarily by midwives and supported by the Paediatric team who are on site at Bronglais. We reviewed the neonatal stabilisation room processes and training for staff. This room is used if and when a baby born becomes unwell and requires neonatal input, trained midwives support the care of the neonate and either return the baby to the mother or arrange a neonatal transfer via CHANTS (Cymru inter-Hospital Acute Neonatal Transfer) to transfer and continue specialised care. We reviewed health board evidence related to the number and complexity of neonatal cases that used the neonatal stabilisation room in Bronglais. We were told that midwifery leaders continually appraised the risks associated with the provision of this service. Leaders strived to benchmark performance and outcomes against, the very limited number of, similar services across the UK. In other maternity units in the UK, neonatologists / neonatal nurses primarily deliver this care for neonates. We saw evidence of support from wider health board colleagues in delivering this service. We were informed that staff within Paediatrics at Bronglais do not currently hold sufficient skills to support the neonatal stabilisation room emergencies, although they do attend when requested.

The health board should review the clinical governance arrangements related to the neonatal stabilisation room to ensure that the service and staff that provide care are appropriately led, qualified, governed and supported.

We were told that when midwives are providing neonatal care, a midwife is no longer available on the acute area of the ward. We reviewed escalation processes

in place to ensure that women in labour continue to receive appropriate midwifery care. The on call rota is staffed by community based midwives. These midwives may not have skill set / be comfortable to support obstetric led care for more complicated births. Some staff expressed concern that community based midwives were used to support obstetric led women and birthing people in times of high acuity.

The health board should review the on call rota process to ensure that appropriately skilled staff are available to support the obstetric unit in times of increased acuity.

As a relatively small, low risk obstetric unit we observed frequent dynamic risk assessments performed to ensure safe maternity care. We viewed the regular dynamic risk assessments as good practice. We saw staff communicating regularly and working cohesively to keep the unit safe.

We reviewed processes around the completion of OBS Cymru (Obstetric Bleeding Strategy) forms in theatre and noted that these were not always completed in and, at times, these were not completed until the patient was in recovery. During the inspection, the lead midwife confirmed that training for theatre staff would be arranged and awareness of importance of OBS Cymru monitoring forms raised.

We reviewed information related to theatre staff support for obstetric emergencies out of hours. We noted that, whilst most theatre staff are available on site 24/7 and available for theatre based obstetric care, two scrub nurses are not on-site 24/7, 1 is resident and an on-call rota is in place for a second scrub nurse to support obstetric emergencies out of hours. In an obstetric emergency for example for the delivery of a category 1 caesarean section, staff need to be present so that baby can be delivered within 30 minutes of the decision to deliver: staff coming in from home could delay this.

The health board should review the on call system for scrub nurses to ensure that resident theatre staff are available 24/7 to provide theatre based care in an obstetric emergency.

We reviewed the departmental and directorate level risk register and noted regular review dates and a RAG rating system in place to monitor risks. The risk register confirmed our findings on inspection that serial scanning for fetal growth is not in line with national guidance. At the time of inspection, serial scanning was taking place twice from 28 week. We were told that if growth concerns are identified then more frequent scans to monitor growth are implemented, however the guidance states that fetal growth scanning should take place every 3 – 4 weeks

from 28 weeks. There is a risk to the safety of women, birthing people and babies if national guidance for fetal growth scanning is not followed.

The health board must provide details of plans to mitigate the risks of not following national guidance regarding antenatal scanning for fetal growth as well as plans to increase capacity for scanning.

Infection, prevention, control (IPC) and decontamination
We found that all areas of the ward (and theatre) were visibly clean, tidy and free from clutter. All women and birthing people who completed a questionnaire and those that 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. Handwashing 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 that a hand hygiene audit was completed monthly and results were monitored and consistently high.

We saw evidence to confirm that equipment and rooms had been cleaned appropriately with completed, dated check lists in place. We were assured of the processed for deep cleaning rooms and equipment following use by infectious patients.

We reviewed appropriate and updated policies related to IPC that were available to all staff across the health board.

Safeguarding of children and adults
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.

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

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 were appropriate procedures in place to alert staff to safeguarding concerns with regards to women and birthing people admitted onto the unit. This ensured that care and treatment provided is appropriate. All staff that we spoke to were aware of the procedures and processes to follow relating to safeguarding concerns.

Blood management
We saw that there was appropriate mandatory training and systems in place to ensure safe blood management and transfusion.

This included use of the All-Wales transfusion record, appropriate storage and handling of blood products, and appropriate training for staff relating to the administration and monitoring of patients.

Management of medical devices and equipment
Overall, staff we spoke with said they had appropriate medical equipment available to them to provide care to women and birthing people. This was confirmed by the staff respondents to the survey where 38/43 agreed that they had adequate materials, supplies and equipment to do their job.

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.

We identified that no pool cleaning check list was available on the first day of inspection, however, we were reassured with evidence that a pool cleaning check list had been created and was implemented immediately. We also noted that the Pool Birth Policy had been updated and implement during inspection. As a result, we were assured that the use of birth pool was safe and effective processes were in place.

Medicines Management
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 reviewed 10 sets of patient records. On review of one set of inpatient records, we noted that Propess pessary was being administered out of licence. The license is for the insertion of one Propess pessary only. We reviewed records that showed a second Propess pessary had been administered without documented face to face obstetric review for off licence medication. Staff members confirmed that this was routine practice. On review of documentation, we noted that the health board guidance was correct however the routine practice did not comply with guidance.

The health board must ensure that a documented face to face obstetric review occurs for patients where medicines that are administered out of licence. The health board must update staff practice in line with health board guidance.

Effective

Effective Care

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. We saw evidence of the clinical audit plan in place for 2023-2024 based on national clinical audits. Overall, we noted a well-structured approach to nursing and wider clinical audits based on both local priorities and national programmes.

We reviewed evidence of audit activity including IPC and environmental audits that were performed on a regular basis. We saw generally high scores and noted that corrective actions had been taken, tracked and monitored as a result of audits that were completed.

We were told that further work was in progress to ensure that, where appropriate, audits we planned, conducted and results shared on a departmental basis (including midwives and medics).

Nutrition and hydration

We observed the serving of a lunchtime meal and the food looked appetising and was served promptly, women and birthing people told us that there was good choice. Organisation and coordination around the mealtime was efficient. Unfortunately, due to health and safety regulations food is not allowed to be stored and reheated.

We were told of a quality improvement initiative, led by Clinical Supervisors for Midwives to address poor compliance with fluid balance charts. We saw, in the patient care records we reviewed, that patient nutritional and fluid requirements were well documented.

Patient records

We reviewed 10 sets of patient records. Overall, we found the standard of record keeping adequate with plans mostly well documented. All were well organised and easy to follow with clear accountability and evidence of how decisions relating to patient care were made. We saw appropriate observation charts; care pathways and bundles were used.

We noted that antenatal risk assessments Modified Early Warning Score (MEWS) and National Early Warning Score (NEWS) were mostly documented. We did note some inconsistencies in some patient records where some medical signatures were difficult to read and no NMC or GMC numbers seen in 3/10 records.

We were told that a record keeping audit takes place at least quarterly in adherence OBS Cymru standards. We were also told that Clinical Supervisors and Midwives audited record keeping regularly and ensured that any themes / issues were tracked and monitored and learning implemented.

Efficient

Efficient

We observed care being delivered in a fit for purpose, well appointed, clean, well-organised and tidy ward. We saw staff teams working together to provide safe and effective care for women, birthing people and their families.

We reviewed systems and processes in place to maximise efficiencies. For example, the public health midwife consults with health board public health team to ensure that information and services are not duplicated, but are also appropriate for maternity patients. We were told of a culture where solutions to problems were shared and staff and leaders were empowered to resolve issues.

We were assured that processes and procedures are evaluated and reviewed to ensure they are efficient and effective.

Quality of Management and Leadership

Staff feedback

HIW issued a questionnaire to obtain staff views on the maternity services provided at Bronglais General Hospital and their experience of working there. In total, we received 43 responses from staff.

Overall, responses from staff were positive, with all being satisfied with the quality of care and support they give to patients (43/43), most agreeing that they would be happy with the standard of care provided by their hospital for themselves or for friends and family (42/43), and most recommending their organisation as a place to work (42/43).

Staff that we spoke to during the course of the inspection shared their pride in the service that they provided.

Staff comments included the following:

> *"I truly do feel proud to work for this unit. There's such a sense of togetherness in our shared vision or providing excellent care for women and families in our community, and everyone takes genuine pride in the service we offer"*
>
> *"A great work environment with excellent teamwork and morale"*
>
> *"We are able to provide very safe and individualised care to our patients, putting their needs first and ensuring they are part of their care & the decisions that are made. We are able to provide one to one care on a regular basis, and due to being a small team there is often continuity which is not only positive & reassuring for those we care for but for us as staff too."*

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

> *"There are times when it would be helpful to have a band 7 who isn't caring for women"*
>
> *"Built in birth pool"*

Leadership

Governance and Leadership

There was dedicated and enthusiastic leadership displayed by the interim Midwifery Operational Lead at Bronglais as well as Hywel Dda University Health Board Head of Midwifery and Clinical Lead. They were 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 women and birthing people. Staff spoke highly of senior leaders and noted a positive change in culture in recent months. Specifically, there were a number a positive comments about the Interim Midwifery Operational Lead. Leaders were described as approachable, committed, fair and enthusiastic leaders. Most staff (40/41) confirmed that their immediate line manager could be relied upon to help with a difficult task and all staff said that senior managers were visible.

> *"I truly do feel proud to work for this unit. There's such a sense of togetherness in our shared vision or providing excellent care for women and families in our community, and everyone takes genuine pride in the service we offer"*

> *"We work exceptionally as a team as we are all working towards the same goal in providing excellent quality of care to women, birthing people and their babies. Our band 7s and band 8 are highly supportive, approachable and are easily accessible to talk to."*

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.

We noted that a number of guideline documents were overdue for review. This included the diabetes in pregnancy guidelines (amongst others). We were told that this was due to staffing issues and that an extension by the Clinical Lead had been granted. We reviewed the log of out of date guidelines and were assured of a comprehensive process in place to review and update these in line with national guidelines and local priorities.

We were told of the arrangements for 24 hour a day consultant level care for labour ward and emergency gynaecology. Whilst these appeared appropriate, some staff told us that consultant visibility was limited. Some staff also told us that consultant availability in antenatal clinic was not visible.

We received 2 comments from women related to consultant care:

> *"Midwives were brilliant, consultant care was poor"*
>
> *"Continuity with consultants needs to be improved, different doctors with different opinions in care is confusing."*

The health board should review consultant presence across unit and with a view to increasing visibility and ensuring that all staff and patients feel safe and supported.

Workforce

Skilled and Enabled Workforce
We noted a strong team ethos amongst the team and saw effective communication in place. Gwenllian ward benefits from a stable midwifery workforce with some very experienced colleagues in post. We were informed of many examples where senior staff supported more junior colleagues.

We reviewed the responses from the staff questionnaire and most staff felt that they had appropriate training to undertake their role (37/42). However, some staff (5/42) told us that they would like more training in the neonatal stabilisation room to ensure that they feel prepared to provide safe care for neonates in their care.

We were told of plans to deliver further training in neonatal stabilisation and recommend that continued evaluation and development of this training is in place.

We reviewed training matrix information for midwifery and noted that mandatory training compliance is satisfactory. Where lower than satisfactory compliance was noted, we saw evidence that training had been booked for September 2023.

Training compliance levels for medical and anaesthetic staff was not readily available via a training matrix. On further investigation we noted poor compliance amongst anaesthetists for PROMPT training.

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

The health board should develop and implement a system for tracking mandatory training levels of clinical staff across the unit to ensure that they can address low levels of mandatory training compliance in a timely way.

Some staff raised concerns around the potential for deskilling of medical staff within a small obstetric unit due to the potential lack of exposure to more complex medical cases. We were assured by senior leaders that multiple programmes were in place to mitigate against deskilling. This included an updated programme of skill and drills training that was being launched from September with the requirement of multidisciplinary team attendance (in addition to PROMPT) to develop and further skills for all staff.

The health board should ensure the new Skills and Drills training is reviewed and evaluated with multidisciplinary attendance monitored to ensure that staff at all levels remain best placed to deliver high quality, safe and effective care and treatment to women, birthing people and babies in their care.

The health board should ensure that obstetric medical staff can demonstrate appropriate skill levels in managing rare complex obstetric emergencies.

We were informed that new band 5 midwives had been recruited to Bronglais and we saw induction and training schedules, with support from across the health board, were in place to support these through their comprehensive preceptorship programme. We noted enthusiasm amongst the team to induct and train the new midwives robustly to ensure new staff feel fully supported.

All staff that we spoke with told us that they have regular appraisals and support to develop, we saw evidence of high levels of appraisal compliance.

We were told of a comprehensive range of ways that staff members can feed back any concerns, improvements or suggestions. This included the provision of a “Speak up Safely” champion, as well approachable clinical supervisors for midwives as well Royal College of Midwives representatives.

We reviewed a range of specialist midwife roles and functions that were in place. Staff members told us that these roles were supportive and delivering effective and positive outcomes for women and birthing people.

Culture

People engagement, feedback and learning

We were informed of multiple ways and times that those using maternity services at Bronglais Hospital can feedback their experience of Gwenllian ward. We spoke with the patient experience midwife and senior management team who confirmed comprehensive processes in place to capture, monitor, share and learn from complaints and feedback. We reviewed evidence and examples of positive and

negative feedback and reviewed learning that had been delivered as a result this feedback.

We were told that the feedback capture process linked to Duty of Candour as well as incident reporting processes, where appropriate. This meant that senior leaders were able to cross track and monitor progress effectively.

We saw an up to date patient feedback board in the corridor of the ward. We saw that, in the staff break room there was a feedback board whereby staff could view and feedback positive comments to their colleagues.

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 2018 within the unit.

Throughout the inspection, we noted that patient records were appropriately securely stored. The patient information board (used for handover) was away from the public area.

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

We reviewed information relating to a range of quality improvement initiative taking place across the health board.

There were many examples of Quality Improvement initiatives that we reviewed. One example of good practice was “Improving Reporting and Perceptions of Learning from Adverse Events across Maternity and Neonatal Services.” This was a health board wide initiative that noted an improved staff experience of reporting incidents as well as a 34% increase in reporting but no increase in harm.

Of the staff that answered the questionnaire, most said their organisation encouraged them to report errors, near misses or incidents (38/39) and most (37/38) confirmed that those involved in an error, incident or near miss were treated fairly.

We reviewed engaging and informative information boards on improvement projects such as learning from incidents and future training events. We noted that Clinical Supervisors for Midwives in Hywel Dda were active in providing clinical restorative

supervision and provided a wide range of up to date information quality improvement initiative and training.

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			

Appendix B – Immediate improvement plan

Service: Maternity Unit (Gwenllian Ward) Bronglais General Hospital

Date of inspection: 1 – 3 August 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
Mandatory training compliance (PROMPT) During our inspection we requested details of mandatory staff training. From the information provided we identified poor compliance with mandatory PROMPT training within the anaesthetists team. The information showed that 27% (3 out of 11) of anaesthetists that provided obstetric care in theatre had	• to improve mandatory compliance with Practical Obstetric Multi Professional Training (PROMPT) within the anaesthetists team at Bronglais hospital • to promote patient safety in the interim until compliance has improved.	Lead Anaesthetist and the Lead Anaesthetist for Obstetrics for BGH have been informed as a priority and have provided assurance that compliance will be met at the earliest opportunity. PROMPT Wales have been contacted and an additional PROMPT facilitator training place for an Obstetric Anaesthetist from BGH has been confirmed this will increase the number of	Medical Director for Bronglais Hospital Anaesthetic Team Leader Bronglais Hospital	04.08.2023 escalation meeting with Anaesthetic Team Lead 04.08.2023 confirmation of additional train the trainer facilitator training date –

completed PROMPT training in the last 12 months. This meant that HIW were not assured that all staff that engaged in the delivery of Obstetric care had received the relevant up to date training and skills to provide safe care and treatment to all women and babies in their care. This poses a potential risk to the safety and wellbeing of women and babies in the event of an obstetric emergency.	anaesthetic facilitators available for PROMPT training in BGH. Given the nature and value of PROMPT training, it is essential that it is MDT and therefore session take place on a monthly basis. The Health Board acknowledges that to achieve the outcomes they must be SMART and therefore, this will take several months to achieve compliance. Immediate make safe - obstetric emergency drills will be facilitated on a bi monthly basis which will be specific to the anaesthetic skill sets. The drills will be scheduled to ensure attendance by each anaesthetist who is not already compliant with PROMPT	Anaesthetic Team Leader Bronglais Hospital General Manager for Scheduled Care	course date 21.09.2023 Commencing August 2023 with anticipation date of drill programme completion by end August 2023

		training, non-compliance will escalate to the Medical Director should this not be attended by all anaesthetists who provide obstetric care. The drills will be co-produced between the anaesthetic team lead and the PROMPT faculty. The new PROMPT programme will commence in September 2023 and Anaesthetists out of compliance will be prioritised to the earliest full day training as per schedule.		Drill dates 18th and 24th August 2023 New PROMPT programme commences on: September 26th

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: **Maternity Unit (Gwenllian Ward) Bronglais General Hospital**

Date of inspection: **1 - 3 August 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
Informed obstetric consent Some women and birthing people told us that they were not fully aware of all obstetric treatment choices and their risks and benefits. Some did not always feel that they could make an informed choice about their care and treatment	The health board should ensure that all patients are fully aware of all obstetric treatment choices and their risks and benefits and informed consent should be gained	Appropriate patient information leaflets in place so women are able to make informed decisions/choices about their care and treatment plans. Audit compliance with the use of and documentation of care plans that evidence women having access to the information to make informed decisions/choices	Service Delivery Manager for Gynaecology and Sexual Health Clinical Lead	January 2024
Use of translation services	The health board should provide further training to staff to ensure that translation services are used to	A new translation app has been rolled out across the Health Board and has been uploaded	Head of Midwifery	Completed August 2023

Some staff told us that they were not confident using translation services for women and birthing people whose first language is not English / Welsh On review of one set of notes for a woman whose first language was not English we saw that booking questions were not all completed	support clinical conversations when English / Welsh is not possible	to all computers and smart phones to support care provision and planning. Lunch and Learn session ran throughout August 2023 across maternity services. The awareness sessions included, downloading the app onto the preferred device, how to use the app and how to access bookings services for clinical appointments where these are identified. Where complex translation needs are required for clinical appointments this is being booked and prepared ahead of the appointments to support the consultations. A complex care planning MDT is in place where these cases are discussed collectively by the team so that appropriate arrangements are put in place	Operational and Clinical Lead Midwife for community and ANC Operational and Clinical Lead Midwife for community and ANC Operational and Clinical Lead Midwife for community and ANC	Completed August 2023 Completed MDT in place addition plan for translation services as

		for families requiring translation support.		part of the care package planning since August 2023
Clinical Governance – Neonatal Stabilisation Room The neonatal stabilisation room is located in the Maternity Ward (Gwenllian Ward) with care delivered by midwives The clinical governance arrangements were unclear for this room	The health board should review the clinical governance arrangements related to the neonatal stabilisation room to ensure that the service and staff that provide care are appropriately led, qualified, governed and supported	The Governance of the Neonatal room will remain within the Maternity portfolio with support from the Senior Neonatal Nurse and Clinical Director for Hywel Dda and the Local Paediatric medical team in BGH. There is a programme in place to ensure all equipment is appropriate and reviewed regularly and investment made where needed to update.	Head of Midwifery Clinical Director Clinical and Operational Lead Midwife for BGH Senior Lead Nurse for Paediatrics and Neonates	January 2024
On call staff 1. **Midwives** In times of increased acuity community midwives are called in to support the ward. Some	The health board should review the on call rota process (for midwives) to ensure that appropriately skilled midwives are available to support the obstetric unit in times of increased acuity	Vacancy factor of 1.8wte has been recruited to which will further support the staffing requirements of the service. Community midwives support the acute obstetric unit based	Head of Midwifery Clinical and Operational Lead Midwife for	October 2023

community midwives felt that it was inappropriate to staff on-call rota for an obstetric ward **2. Theatre scrub nurses** Theatres are available for emergency obstetric care 24/7. Whilst some theatre staff are available on site 24/7, theatre scrub nurses operate an out of hours, offsite on call system. There is a risk that this system may cause a delay to an obstetric emergency.	The health board should review the on call system for scrub nurses to ensure that resident theatre staff are available 24/7 to provide theatre based care in an obstetric emergency	on the bespoke nature of the service and will respond and support during periods of high acuity only. Community hours are collated monthly to understand usage and impact and shared with the senior midwifery team. A RAG rated escalation flow chart is in place during high periods of acuity to ensure appropriate escalation for support from the community midwives who have their base on Gwenllian Ward. Community midwives take part in the annual PROMPT training and complete both the community and obstetric PROMPT course to ensure skills and practice supports the low risk and high risk requirements of both clinical areas of practice.	Community and ANC Clinical and Operational Lead Midwife for BGH	Completed on a monthly basis Annual compliance is monitored and reported on completion of the programme in August. Community compliance for both PROMPT courses is 100% in August 2023.

		A new programme of skills and drills will include the community midwifery team to support their ongoing need to maintain obstetric skills required to support high acuity and these are scheduled throughout the year.	Professional Development Midwifery and Nursing Team	October 2023
		1 scrub nurse is on site 24/7, a second scrub nurse on call is operated after 20:00hrs and is called when theatre is required for obstetrics. An options appraisal process and risk assessment was undertaken to ensure the safety and cover for theatres out of hours to support the obstetrics requirements due to emergencies.		Completed – 2019, revisited September 2023, option 3 remains appropriate based on risk assessment. Review to be finalised Oct 23.

National antenatal fetal growth scanning guidelines Post 28 week antenatal scanning for fetal growth guidance is not currently followed. At the time of inspection routine antenatal growth scans were performed twice after 28 weeks and not every 3 – 4 weeks after 28 weeks gestation	The health board must provide details of plans to mitigate the risks of not following national guidance regarding antenatal scanning for fetal growth as well as plans to increase antenatal scanning capacity for all women in line with guidance	Ultrasound Control Group in place to support workforce planning which will address the Health Boards ability to comply with national guidance for fetal growth monitoring in pregnancy, noting the national shortage of sonographers across Wales and the UK. Where growth concerns are identified, fetal growth surveillance is increased and provided in line with guidance. HEIW funding secured to train to midwifery sonographers, programme commencing in January 2024 Radiology have recruited additional sonographers in	Head of Midwifery Deputy Head of Midwifery Clinical Lead Head of Radiology	Completed - June 2023 Unchanged – in place and led by the General Manager of Scheduled Care

		addition to increasing training places for radiographers to undertake obstetric ultrasound scanning. DATIX reporting of concerns with missed growth are reported and investigated jointly with Radiology. Risk held on Service, Directorate and Corporate Risk Register and reviewed in line with governance processes.	General Manager for Scheduled Care	January 2024 On boarding action completed August 2023 Unchanged - in place Completed - June 2023
Administration of Propess out of licence, without patient review and consent	The health board must ensure that a documented face to face obstetric review occurs for patients where medicines that are administered out	Guideline in place which demonstrates correct and appropriate administration practice for Propess.	Head of Midwifery Clinical Lead	Completed 15.07.2022

A review of patient records and clinician practice confirmed that, at the time of inspection, 2 Propess pessaries, instead of 1were being administer without a documented face to face review	of licence. The health board must update staff practice in line with health board guidance.	Old poster removed from the clinical environment. Communication sent to all staff and were updated with correct practice to prevent recurrence. The Obstetric team were updated via the Consultants meeting regarding their practice as part of the ward rounds to ensure compliance with the guidance.	Clinical and Operational Lead Midwife for BGH	Completed during the inspection 1st August 2023 Completed August 2023 meeting
Consultant visibility / availability Some staff also told us that consultant availability on the ward and in antenatal clinic was limited and sometimes consultants were not available to support decisions	The health board should review consultant presence across unit and with a view to increasing visibility and ensuring that all staff and patients feel safe and supported	Monitor using the QR reporting tool consultant representation at daily safety huddle / daily handover meetings. Monitor using the acuity tool the consultant presence on the unit for morning and evening handover and ward rounds.	Service Delivery Manager Gynaecology and Sexual health Clinical Lead Obs and Gynae	October 2023

		Confirm Consultant base location are available and accessible for direct communication for advice and patient review at all times.		
Training				
Neonatal stabilisation Some staff told us that they would like more training around the neonatal stabilisation room to increase their skills, competence and confidence	The health board should deliver evaluate and further develop of this training neonatal care training	The practice educator for neonates is working closely with the BGH team and the Midwife who has been involved in supporting training, on neonatal care, in Gwenllian ward. There will be local simulation training arranged in conjunction with the annual NLS updates for all staff and a 6 monthly programme for all band 7 staff. This will be led by the practice educator neonatal nurse and practice development Midwifery team as well as by the local medical lead for neonates in BGH.	Head of Midwifery Clinical and Operational Lead Midwife for BGH Senior Lead Nurse for Paediatrics and Neonates	January 2024

		We have an ANP within paediatrics who is undertaking further training within neonates to be able to offer further support locally.		
Mandatory training tracking The mandatory training levels for midwives was available on request. The mandatory training levels for allied health professionals and doctors in obstetrics were not readily available. It was difficult to confirm if adherence to mandatory training requirements were in place for the whole department	The health board should develop and implement a system for tracking mandatory training levels for all clinical staff across the unit to ensure that they can address low levels of mandatory training compliance in a timely way	An Excel spreadsheet has been developed to support tracking of medical compliance with mandatory training. Monitoring will sit with the Directorate Quality, Safety and Experience Meeting which meets on a monthly basis.	Professional Development Midwives Service Delivery Manager for Gynaecology and Sexual Health Clinical Lead College Tutor	January 2024
Skills and Drills training and maintain skills We were told of a refreshed training programme in place to ensure that clinical skills for all	The health board should monitor attendance and review and evaluate effectiveness of new Skills and Drills training. The health board should ensure that obstetric medical staff can	A new programme of skills and drills will include the community midwifery team to support their ongoing need to maintain obstetric skills required to support high acuity and these are	Head of Midwifery Clinical Lead Professional Development	October 2023

clinicians remain up to date and relevant.	demonstrate appropriate skill levels in managing rare complex obstetric emergencies.	scheduled throughout the year.	Midwifery and Nursing Team	

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): Kathryn Greaves

Job role: Head of Midwifery

Date: 2 October 2023