

Hospital Inspection Report (Unannounced)

Prince Charles Hospital - Maternity
Services, Cwm Taf Morgannwg
University Health Board

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

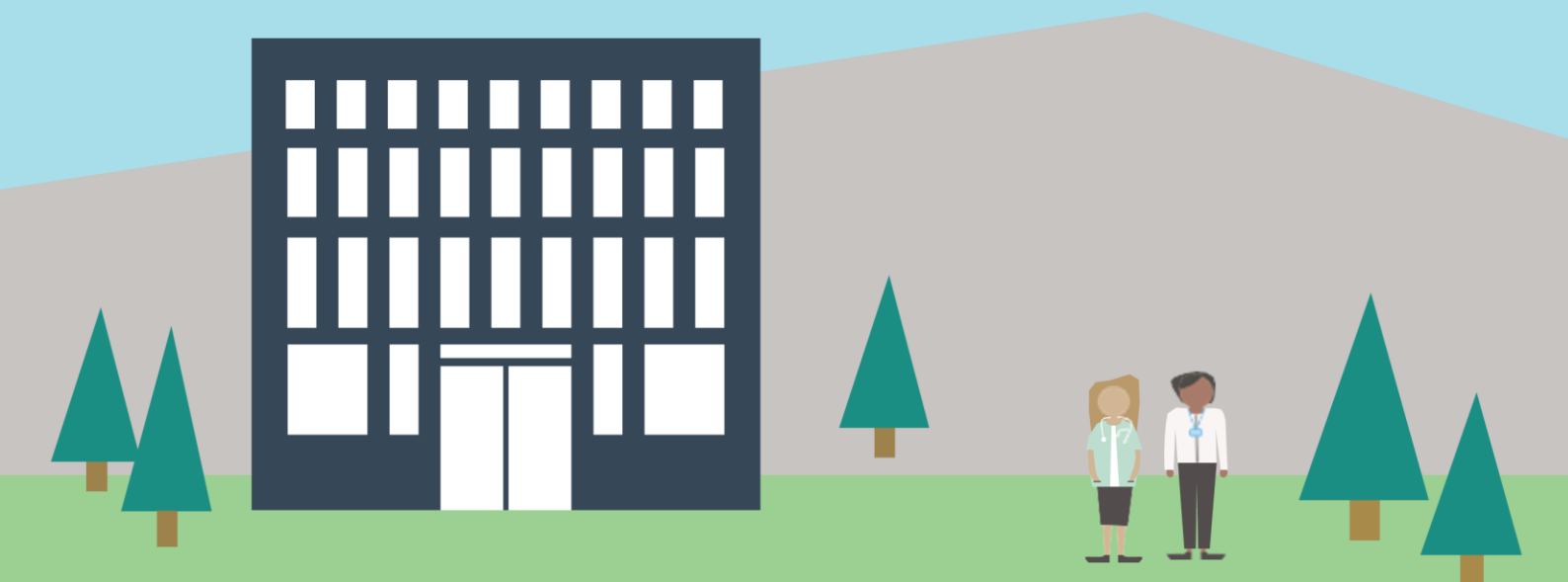
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Maternity Unit, Prince Charles Hospital, Cwm Taf Morgannwg University Health Board on the evening of 26 September, and the following days of 27 and 28 September 2022. The following hospital wards were reviewed during this inspection:

- Ward 21 - antenatal ward (before delivery) and postnatal ward (following delivery) with capacity of 23 beds
- Midwifery led unit - with capacity of three birthing rooms and two birthing pools
- Labour ward - (during labour) with a capacity of six delivery rooms and one birthing pool
- Triage assessment area
- Antenatal Clinic.

Our team for the inspection comprised of two HIW Inspectors, two clinical peer reviewers and one lay 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:

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

This is what we recommend the service can improve:

- Quality of meals provided to patients
- Work towards achieving UNICEF reaccreditation.

This is what the service did well:

- Staff interacted and engaged with patients respectfully
- A good range of health promotion information was displayed
- Patients we spoke to told us they were happy and receiving good care
- There were good arrangements in place to provide patients and families with bereavement support.

Safe and Effective Care

Overall summary:

Overall, there were good processes in place within the unit to support the delivery of safe and effective care. We found there were robust processes in place for the assessment and timely relief of pain and the management of clinical incidents, ensuring that information and learning is shared across the service. We made recommendations for improvement on some areas of infection control. In some cases, essential monitoring and recording processes were not undertaken in a timely and consistent way. This requires improvement and further monitoring by the health board.

This is what we recommend the service can improve:

- Communication with staff on ward rotations

- Some areas of patient record keeping including more evidence of frequent recordings on foetal movements during second stage of labour, and more robust CTG monitoring being recorded in notes
- Some areas of infection prevention and control, to include more up to date external audit and compliance with bare below the elbow requirements
- Sufficient staffing numbers for the triage area to ensure that patients are not left unattended.

This is what the service did well:

- Good range of meetings in place to improve safe care, for example neonatal and maternity improvement meetings.

Quality of Management and Leadership

Overall summary:

It was positive to see that improvements had been made since the last inspection. There was dedicated and passionate leadership displayed by the director of midwifery. Staff were able to access training to allow them to develop their skills and knowledge appropriate to their role. However, we were concerned by some negative staff comments verbalised, and the volume of negative staff comments recorded on staff questionnaires. For example, some staff told us about a perceived negative culture and that they do not have the opportunity to attend regular staff meetings. Improvements are required in communication and engagement between senior and middle managers and the ward staff to develop a trusting relationship.

This is what we recommend the service can improve:

- A stable and consistent senior management team with improved communication and better engagement between senior and middle managers and the ward staff.
- Staff morale and consideration of the less favourable staff comments highlighted from our staff questionnaire.

This is what the service did well:

- We found an effective governance structure in place in terms of regular audit activities and meetings to discuss incidents, findings and issues related to patient care
- Compliance with mandatory training.

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 two were completed, however, we spoke to several patients during the inspection, comments included the following:

“Staff are really friendly and know what's going on with my care. I've had everything explained to me and I'm not afraid to ask questions if I don't understand anything”

“Staff are amazing, and nothing is too much trouble.”

Staying Healthy

Health Protection and Improvement

We found there were good amounts of health promotion information displayed about breastfeeding, skin to skin advice, post-natal mental health, and general advice on keeping healthy before, during and after pregnancy.

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.

We saw a plaque on the wall stating the unit had achieved UNICEF Baby Friendly accredited in 2018. Accreditations are reviewed every three years and therefore the hospital was not currently compliant. Staff told us the reaccreditation did not take place due to a combination of factors including the impact of Covid-19 pandemic, staff shortages and limited opportunity to progress staff training. A new experienced Infant Feeding Co-ordinator has been appointed in the last year, and she is using her expertise to identify issues and manage the work required to achieve reaccreditation within the next year.

Dignified care

Dignified care

During our inspection, we witnessed many examples of staff being compassionate, kind, and friendly to patients and their families. We saw staff treating patients with respect, courtesy, and politeness at all times. Most patients we spoke to were very positive about their experience of care.

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

There were en-suite facilities in all of the birthing and postnatal rooms, which helped promote the comfort and dignity of patients during their stay. Where en-suite facilities were not available, shared toilets were available nearby.

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

There was a dedicated bereavement room within the unit. Discussion with the Bereavement Midwife demonstrated that bereavement care is provided in a timely and sensitive manner. The Bereavement Midwife also described plans to commence a 'Rainbow clinic' for patients who have sadly suffered a bereavement.

Communicating effectively

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

We saw that staff within the unit met twice daily, at shift change-over time. Midwifery handovers are held separately due to medical shifts not following the same working pattern. However, MDT meetings always contain midwifery staff.

The handover meetings we attended displayed effective communication in discussing patient needs and plans whilst maintaining continuity of care. These meetings were well-structured, and evidence based.

Patient information

Directions to the maternity unit are clearly displayed throughout the hospital. This made it easy for service users to locate the appropriate place to attend for care.

Daily staffing details displayed in the unit informed patients of who would be caring for them. The boards were informative and contained relevant and appropriate information for service users and visitors.

We saw bilingual posters, leaflets, and signs throughout the unit. Staff we spoke to were aware of the translation services available and how to access them. Staff at the hospital who spoke Welsh had uniforms identifying them as Welsh speakers.

We noted that Patient Status at a Glance boards were in use on the wards which contained an appropriate level of information related to each patient. These boards were kept in secure areas of the ward to protect patient confidentiality.

Timely care

Timely Access

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

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

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

We also identified that pain assessments were well managed, and that patients received pain relief in a timely way.

Individual care

Planning care to promote independence

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

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

People's rights

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

Staff also provided examples where reasonable adjustments are in place, or made, so that everyone, including individuals with protected characteristics, can access and use the service. Staff told us that they had developed links with an expert lead on transgender equality in Swansea university to help support staff in providing the right support and care for the individuals to access the service on an equal basis.

Listening and learning from feedback

Information on the procedure for patients regarding concerns or complaints about their care was available on the health board's website. The senior management team told us that staff within the unit were fully aware of how to deal with complaints. Staff we spoke to confirmed this and told us that the Community Health Council details are provided to patients along with Putting Things Right guidance.

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

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

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

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

The unit appeared to be clean, appropriately lit and well ventilated. We found most areas to be clutter free and well organised.

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

There was evidence of a baby abduction drill which took place at another maternity unit in the health board, with some learning being identified which had been shared with staff. However, there was no evidence of a recent similar drill being undertaken in Prince Charles Hospital. In view of this, it is recommended that a baby abduction drill should be conducted in Prince Charles Hospital soon.

All patient rooms had access to call bells for use in an emergency.

Staff were able to describe the pool evacuation procedure and equipment used. We were told that training for the management of a maternal collapse in the pool is provided as part of the PROMPT study day.

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

Preventing pressure and tissue damage

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

Falls prevention

There were risk assessments in place for patients in the unit as well as for those using birth pools. We were told that any patient falls would be reported via the health board's electronic incident recording system. Staff explained that the

incident reporting system would be followed to ensure lessons were learnt and acted on appropriately.

Infection prevention and control

We found that the clinical areas were clean and tidy. There were also low levels of infections across all areas.

We saw that personal protective equipment was available in all areas and was being used appropriately by all healthcare professionals.

Hand washing and drying facilities were available, together with posters displaying the correct hand washing procedures to follow. We saw staff washing their hands and using hand sanitiser when needed. Hand hygiene posters and hand washing guides are on display in patient toilets above sink areas.

We noted some midwifery staff not adhering to the practice of being bare below the elbow, and some staff were noted wearing nail varnish.

We saw cleaning schedules for the unit were in place and up-to-date and equipment was labelled to show that it was clean and ready for use.

We were also assured that infection prevention and control training was completed in a timely manner, with 100% compliance recorded. We were told that any concerns raised regarding infection prevention and control would be escalated to senior staff.

The latest IPC external audit was completed in May 2021. The health board needs to ensure that a new external audit is completed.

All patients are tested for COVID -19 prior to or on admission or prior to a booked elective procedure. For unscheduled admissions, patients are tested on admission and then placed in a bay. If the result is positive, they are the isolated and any 'close contacts' in the bay are followed up.

Nutrition and hydration

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

Patients we spoke with told us that the food could be improved and was sometimes cold. We were told that due to limited catering facilities within the ward area, additional snacks for patients were sometimes prepared in the staff tearoom.

We were told by staff that the dedicated patient kitchen had been re-purposed during the pandemic to enable enhanced IPC procedures. Food, drinks and utensils used for patients were therefore stored in the staff breakroom which is also where drinks were prepared for patients.

Medicines management

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

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

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

Safeguarding children and safeguarding adults at risk

There were established health board policies and processes in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Ward staff have access to the health board safeguarding procedures via the intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern.

There was an appointed Lead Safeguarding Midwife for the health board who provided support and training to staff. All staff receive safeguarding training that includes guidance regarding female genital mutilation, domestic abuse, sexual exploitation, and bruises on babies. Overall, the mandatory training compliance rates were very good with over 90% compliance being achieved.

Formal safeguarding supervision sessions encouraged staff to discuss issues in group supervision sessions. Staff we spoke to demonstrated good knowledge and understanding of safeguarding protocols.

Some midwives expressed concerns about the fact that there was only one midwife allocated to the Triage area which includes two side rooms. They said that to access telephone messages and clinical test results they must go to the Labour Ward, meaning that patients would be left unsupervised in the Triage Area, which staff

considered to be a risk. In addition, they are often asked to cover the Day Assessment Unit which is on the floor below. Staff also mentioned the lack of coverage for meal breaks when the Labour Ward and wards are busy, often meaning that breaks were rushed or missed.

Medical devices, equipment, and diagnostic systems

Overall, staff we spoke with said they had appropriate medical equipment available to them to provide care to patients. However, some staff told us that medical equipment would often go missing from the Triage Room resulting in midwives wasting time trying to locate the missing equipment. Again, this posed a risk if prompt observations could not be carried out or if patients in the Triage Area had to be left unattended. One staff member commented in the questionnaire:

“Equipment issues are a constant issue that stops me providing good care, constantly waiting for computers to work or searching for equipment adds time to an already busy workload”

The health board must ensure that a more robust tracking system is in place for medical equipment and that staff always have the right equipment available to them.

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

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

We saw guidelines for obstetric emergencies are clearly displayed in all birth rooms. Emergency boxes were clearly labelled and accessible in Labour Ward.

Effective care

Safe and clinically effective care

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

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

Staff who we spoke with told us that they were happy with the quality of care they were able to give to their patients. However, some staff described working excessive shifts to cover staff shortages. We were told that staff move from the labour ward and post-natal ward on a 12-week rotational basis. Staff told us that this did not always happen and felt that they were becoming deskilled and lacking in confidence from staying in one ward area beyond the designated rotation period. Some of the comments from staff in the questionnaire included:

“An equal rotation. I am all for working in different areas to make sure skills are the best they can and to try and create a better morale across the different areas. However, this should be done fairly, and everyone should rotate”

Senior management need to ensure that decision making regarding staff rotations are communicated to staff and completed fairly.

Quality improvement, research, and innovation

The Quality and Improvement Lead explained how the hospital is collaborating with a neighbouring health board to improve national targets for accessing maternity care. The improvement project is aiming to digitise the booking process, so that patients can book themselves into maternity care.

A Quality Improvement Clinic had just been launched which had attracted a lot of interest from staff. Any member of staff can drop in with an idea for a quality improvement project. Staff involved in projects receive formal training.

In addition, since the hospital had introduced Physiological Foetal CTG assessment, there had been no cases of HIE relating to CTG interpretation in the last 18 months.

Information governance and communications technology

The inspection team considered the arrangements for patient confidentiality and adherence to Information Governance and the General Data Protection Regulations 2018 within the unit. We noted some improvements since our last visit as locked cupboards were installed to keep notes safe and secure and to ensure confidentiality.

We were told that all staff had their own computer access login to help ensure information governance was maintained. However, a staff member who had recently returned from a period of absence was using a generic log in as their own did not

work. The health board must ensure that all staff have individual passwords for computers.

Record keeping

Overall, we found the standard of record keeping adequate with care plans well documented between multidisciplinary teams. In addition to reviewing patient records on site, we also conducted some further reviews of patient records following the inspection due to some concerns regarding foetal recordings during second stage of labour not being endorsed in notes. Through our review of records, we found good team working between doctors and midwives. They worked together to ensure patients received the best possible care. Referral of patients for an obstetric assessment when their observations indicated deterioration in their condition was found to be prompt and in line with national and local guidance.

We found that the MEWS system, although in place was not always documented thoroughly for every patient. This included not recording respiratory rate for each patient, which can aid the early recognition of deterioration. This posed a risk of deterioration not being picked up in a timely way.

In one set of patient notes we identified that a second-degree tear was not sutured, as there was no bleeding. In another set we found that although contractions were documented on partogram, they did not always correspond to the narrative described for the patient's labour. In one case this led to a patient being administered a medication which may not have been needed. In addition, we also identified the following areas which required improvements:

- There was lack of evidence in notes on foetal recordings during second stage of labour
- The foetal heart rate was recorded as one figure and not a range, which is national guidance
- CTG monitoring, although undertaken was not always monitored and actioned in line with national and local guidance. This included gaps in monitoring documentation and lack of monitoring in some cases
- Some signatures were difficult to read and did not always include NMC and GMC numbers
- Documentation completed by a student midwife was not always countersigned by a qualified midwife
- Oxygen was not being recorded on the prescription chart
- The fresh eyes approach was in place and used. However, in some cases this was not always completed in the recommended time frames.

Quality of Management and Leadership

Staff Feedback

We invited staff to complete HIW questionnaires following the inspection to obtain their views on the service provided at the hospital. In total we received 56 completed questionnaires.

Responses from staff were mixed, with just over half being satisfied with the quality of care and support they give to patients, 35 out of 56 staff agreed that they would be happy with the standard of care provided by their hospital for themselves or for friends and family, and just over a quarter of staff recommended their organisation as a place to work.

Almost all respondents, 52 out of 56 staff, felt that there were not enough staff for them to do their job properly. Less than half of the staff felt they have enough time to give patients the care they need, and less than a quarter felt involved in deciding on changes introduced that affect their work area. Less than a fifth of the staff who completed the questionnaire said they have adequate materials, supplies and equipment to do their work.

Some of the questionnaire results and comments from staff members will appear in the governance section of this report.

Governance, Leadership and Accountability

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

There was dedicated and passionate leadership displayed by the director of midwifery, supported by a committed multidisciplinary and midwifery team. However, interviews with staff provided mixed responses to how valued and supported staff felt by the senior management team. Staff told us that there was lack of confidentiality on the unit regarding staff personal issues. Some staff stated that there was no opportunity for progression and that they felt unsupported when opportunities for vacancies arose.

Staff also reported that there was lack of positive feedback on performance from management, whilst other staff reported that they did feel valued in the workplace. Staff comments in the questionnaire included the following responses:

“As staff we have filled in numerous surveys regarding morale, improvements needed and concerns. However, nothing has been done with the information, no improvements have been made, it feels as if the negative feedback/areas of concern highlights by staff is ignored and not acknowledged by the senior team, and I feel that they are oblivious to what is actually happening on the unit or the welfare of their staff”

“Massive changes for the better have been made at this health board over the last few years. Staff have embraced the changes and made it a much better place for the women and their families.”

“Management need to be more visible and come and listen to staff and their concerns. Try to give positive feedback to staff rather than negative all the time”.

The Director of Midwifery (DOM) acknowledged that additional work needed to be undertaken regarding staff culture and improving relationships between staff and senior management. The DOM had recently been appointed into post, and some staff indicated that improvements had been made and felt confident that in time the remaining cultural issues would change and acknowledged that this process would take some time.

We saw the service held several regular meetings to improve services and strengthen governance arrangements. Such meetings included maternity quality and safety group, maternity and neonatal improvement board meeting, monthly maternity quality and safety group, monthly audit review meeting and weekly multidisciplinary meetings.

The monthly risk and governance meetings occur across all three maternity sites of the health board to discuss reported incidents, investigations, and findings, in a multidisciplinary format. We saw that minutes were produced, and information and learning is shared across the health board to support changes to practice and learning.

The senior management team confirmed that actions and recommendations from national maternity audits information is shared. All staff we spoke to told us that the organisation encourages them to report errors, near misses or incidents. However, some staff said that they rarely receive any formal feedback following incidents which would be a missed opportunity for learning and improvement.

We found that there was a process in place for monitoring staff attendance and compliance with mandatory training. Training figures on the unit were good and 50 of the 55 staff agreed that their training, learning, and development helped them

to do their job more effectively, However, staff comments were negative on training from the questionnaire, comments included:

“There was a time that we had to partake in mandatory training, however recently due to acuity the matron has taken staff members off prompt to work clinical.”

“I feel that within our health board, training days are not always an opportunity to learn, you’re not able to express clinical concerns or issues that arise in the clinical setting”

Staff we spoke with told us they have appraisals, some staff told us that they did not view the process as meaningful and didn’t feel these meetings supported their professional development. This was reflected in the questionnaire, comments included:

“Staff are often overlooked for opportunities; PDR are just a paper exercise and request for progression or further learning ignored”.

There was a common theme around staff being unable to progress in their role, most staff who completed the questionnaire indicated that opportunities for career progression were not available to them and indicated that certain people are approached and encouraged to apply for roles by the senior management team. Staff members felt that such approaches were unfair and as a result they felt that it was pointless them applying for new roles. Staff also said that it felt like positions were filled before being advertised.

Workforce

The staffing levels appeared appropriate to support the safety of patients within the hospital at the time of the inspection. During staff interviews we were told that there were often staff shortages and staff were asked to work extra shifts. We reviewed a sample of rotas and did not identify any significant shortfalls.

Senior managers told us that midwifery rotas were well managed in the unit. If there were any shortages of staff cover, we were told that staff would work extra shift or senior managers would also step in to cover when required. However, 52 out of the 56 staff who completed the questionnaires felt that there were not enough staff for them to do their job properly. The questionnaire asked staff a question about how the hospital could improve the service it provides, and comments included:

“Senior management team that are visible, work clinically, and are supportive of staff”

“Appropriate staffing levels and skill mix on shift and retaining staff”

“Easier access to managers and more visibility. Confidentiality needs to be prioritised. Improvement in staffing levels and skill mix is imperative”

“I believe that the staff who work clinical shifts provide nothing but the best care we can in the poor staffing issues we currently seem to be facing”

We were informed that a review of the new Birth-Rate Plus had been commissioned and staffing levels were currently established at the BR+ 2019 assessment.

We saw there were escalation processes in place for use in times of staff shortages and all staff we spoke to were aware of how to locate the policy and how to escalate issues.

During the inspection we spoke to several student midwives who spoke positively about the support and guidance they have from staff who mentor and support them. We saw evidence of an induction programme in place for midwifery staff and staff told us that this supported them when commencing their role.

However, some of the comments in the questionnaire were very concerning, these included newly qualified midwives being given a much higher amount of work than more experienced midwives and comments included:

“Inadequate support. No visible presence of senior managers. There are some I have never spoke too, over 12 months in the job”.

“Bullying is a massive issue & covered up, students getting bullied & afraid to say”

Senior and middle management must reflect on this feedback. Many aspects of the staff feedback regarding management were concerning. When staff were asked if their immediate line manager asks for their opinion before making decisions that affect their work, 12 staff agreed and 44 disagreed.

We asked how this maternity unit could improve the service it provides, staff told us:

“Be better culture, more staffing, fair opportunities for progression for all staff, more support for staff after incidents, support for staff off sick, more training opportunities.”

During interviews with staff, some indicated that team meetings were not always taking place. The health board must ensure that regular team meetings take place, these meetings should be planned to make them more meaningful, supportive and a valuable process for staff.

Senior staff advised us that new initiatives were being rolled out and the health board were due to launch a culture plan, leadership journey, and engagement events were being planned.

To bridge the gap between senior management and the unit staff, senior managers told us that they were a visible presence on the unit and were making efforts to build up confidence and trust between unit staff and senior management. However, it was evident through interviews with staff and from the questionnaires that staff did not always feel valued or supported by middle and senior management. Staff spoke about too many changes in management occurring since the health board had been in special measures, and staff found this unsettling.

The health board must ensure its senior leaders encourage supportive and inclusive relationships so that staff feel valued, respected, and confident to speak up and raise concerns. To achieve this the health board needs to ensure it provides a stable, approachable, and consistent, senior and middle management team for all staff. It is vitally important that the health board engage more with its staff and work together to become a more cohesive team who communicate, consult, and make decisions together to improve the working environment for all and to optimise patient care.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic, and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Medication cupboards and fridges were left unlocked	This presented a risk of unauthorised access to medication	We raised this with departmental manager	This issue was rectified immediately and all fridges and cupboards locked

Appendix B - Immediate improvement plan

Service: Prince Charles Hospital Maternity Unit

Date of inspection: 26 - 28 September 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues				

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: Prince Charles Hospital - Maternity Unit

Date of inspection: 26 - 28 September 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board must ensure that they obtain UNICEF reaccreditation	1.1 Health Promotion, Protection, and Improvement	Social media, weekly feeding post BFI standards audit BFI gap analysis Recruitment of 0.4wte infant feeding midwife to support community midwifery Dashboard breast feeding data and QI projects Senior team BFI training	Infant Feeding Co-ordinator	Assessment for accreditation for UNICEF Baby Friendly to be completed by: October 2023

		Executive Director of Nursing appointed as Baby Friendly Guardian		
A recent up to date baby abduction drill needs to be completed at the hospital	2.1 Managing risk and promoting health and safety	Annual baby abduction drill was completed in August 2022. No outstanding actions were identified during the drill. This is scheduled to be undertaken annually Abduction drill outcomes for units to be presented in next assurance meeting	Senior Midwife	Completed January 2023
All midwifery staff must adhere to the requirements and practice of bare below the elbow	2.4 Infection Prevention and Control (IPC) and Decontamination	BBE audits are completed monthly in all areas and reported back through AMaT (health board electronic audit system). Trends in compliance reported through Service Wide Reporting Group	Senior Midwife	Completed January 2023, and ongoing

The health board must ensure that a more recent Infection prevention control audit is completed.	2.4 Infection Prevention and Control (IPC) and Decontamination	IP&C have audited all areas. Ward 21 in October 2022 and Labour ward in Dec 2022, these audits are part of annual cycles of work undertaken by IPC	Lead for IPC	Completed December 2022
The health board must ensure that food is warm when being served to patients.	2.5 Nutrition and Hydration	Recent food standards and hygiene audit undertaken by local authorities. Maternity services assurance sheet.	Housekeeping Lead/Facilities	Completed December 2022
The health board must ensure that food is prepared in an appropriate kitchen for patients	2.5 Nutrition and Hydration	Email from facilities noting the maternity kitchen is the newest and compliant.	Facilities Lead	Completed December 2022
The health board must ensure that medication cupboards and fridges are locked when not in use.	2.6 Medicines Management	All fridges are checked daily and recorded on the fridges. The information is also fed back through AMaT.	Operational 7s Senior Midwives	Completed December 2022
The health board must ensure that a more robust tracking system is in place for medical equipment and	3.5 Record keeping	A red book has been implemented where staff are to record any equipment that has gone to EBME for repair and any updates. It is	Operational 7s Senior Midwives	

that staff always have the right equipment available to them.		the responsibility of the midwife in charge of the area to ensure updates are provided.		
The health board must ensure that decision making regarding staff rotations are communicated to staff and completed fairly.	7.1 Workforce	Staff rotation is devised by the Operational Lead and the Senior Midwife, taking into consideration skill mix, number of staff required to safely staff a shift and areas staff have previously rotated to. The lists are emailed to staff and also available on the wall in the hand over room. They are updated every 3 months. If specific needs are requested, these are taken into consideration.	Senior Midwives	Completed January 2023
The health board must ensure that all staff have individual passwords for computer log ins.	3.4 Information Governance and Communications Technology	All staff on appointment, on return from long term sick and maternity leave meet with operational leads. IT are contacted and either a new email account registered or the current one is updated. No data breaches	Senior Midwives Operational 7s	Daily review of datix submitted Completed August 2022

			have been logged via Datix regarding staff using others log in details, or any staff reporting being unable to access the systems. A letter from the Director of Midwifery has been circulated advising of professional standards and roles and responsibilities.		
The health board must ensure that MEWS charts are used correctly, and respiratory rates are recorded.	3.5	Record keeping	An annual record keeping audit is completed by all midwives via Clinical Supervisors of Midwives. Results are inputted onto AMaT with action plans developed.	Clinical Supervisors for Midwives	Completed January 2023, and ongoing
The health board must ensure that notes relating to partograms are accurately recorded	3.5	Record keeping	An annual record keeping audit is completed by all midwives via Clinical Supervisor's of Midwives. Results are inputted onto AMaT with action plans developed. A recent audit was undertaken locally also regarding Normal Labour Pathway documentation.	Clinical Supervisors for Midwives	Completed January 2023, and ongoing.

<p>The health board must ensure that staff comply with guidelines relating to second degree tears.</p>	<p>3.1 Safe and clinically effective care</p>	<p>Birth outcome data from previous 3 months has been reviewed and all 2nd degree tears were sutured.</p>	<p>Governance Lead Midwife</p>	<p>Completed December 2022</p>
<p>The health board must ensure that medication administration is recorded on drug charts.</p>	<p>3.5 Record keeping</p>	<p>An annual record keeping audit is completed by all midwives via Clinical Supervisor's of Midwives Results are inputted onto AMaT with action plans developed.</p> <p>The Normal Labour Pathway medication charts have been agreed by Chief Pharmacist for Wales to be appropriate for medication documentation for normal uncomplicated labour.</p>	<p>Clinical Supervisors for Midwives</p>	<p>Completed January 2023, and ongoing</p>
<p>The health board must ensure that foetal recordings are accurate and comply with national guidance.</p>	<p>3.5 Record keeping</p>	<p>Review of documentation in weekly MDT governance meetings provides assurance of accuracy and compliance with national guidance.</p> <p>Senior MDT oversight is undertaken weekly to assure that all learning is identified and embedded.</p>	<p>Clinical Supervisors for Midwives Governance Lead Midwife Fetal Surveillance Specialist Midwife</p>	<p>Completed January 2023, and ongoing weekly reviews in MDT</p>

<p>The health board must ensure that there are no gaps in CTG monitoring</p>	<p>3.5 Record keeping</p>	<p>Review of documentation in weekly MDT identifies any abnormalities/ gaps in fetal surveillance. Where gaps are present, documentation for rationale is expected.</p> <p>Senior MDT oversight is undertaken weekly to assure that all learning is identified and embedded.</p>	<p>Clinical Supervisors for Midwives Governance Lead Midwife Fetal Surveillance Specialist Midwife</p>	<p>Completed January 2023, and ongoing weekly reviews in MDT</p>
<p>The health board must ensure that all staff signatures are identifiable and contain GMC and NMC pin numbers.</p>	<p>3.5 Record keeping</p>	<p>Record keeping audit reviews clinicians' signatures.</p> <p>All midwifery and medical staff have been provided with name and pin/GMC number stamps.</p>	<p>Annual record keeping audit Clinical Supervisors for Midwives</p>	<p>Completed January 2023, and ongoing weekly reviews in MDT</p>
<p>The health board must ensure that documentation completed by student midwives is countersigned by a midwife.</p>	<p>3.5 Record keeping</p>	<p>Record keeping audit is completed by all midwives through supervision yearly. Results are input on to AMaT.</p> <p>Annual supervision sessions for midwives discuss counter signing.</p>	<p>Governance Lead Midwife Clinical Supervisors for Midwives</p>	<p>Completed January 2023, and ongoing in annual record keeping audit.</p>

<p>The health board must ensure that oxygen is being recorded on the prescription charts.</p>	<p>3.5 Record keeping</p>	<p>Oxygen prescription to be added to 2023 annual record keeping audit.</p> <p>Good practice guidance provided in monthly governance newsletter.</p>	<p>Clinical Supervisor for Midwives</p>	<p>February 2023</p>
<p>The health board must ensure that fresh eyes report is completed within the required timeframes.</p>	<p>3.5 Record keeping</p>	<p>Record keeping audit is completed by all midwives through supervision yearly. Results are input on to AMaT.</p> <p>Notes that go through MDT risk meeting are reviewed and any incomplete documentation or any errors that have occurred are fed back to the individual who provided care and wider learning shared.</p>	<p>Governance Lead Midwife Clinical Supervisors for Midwives</p>	<p>Completed January 2023, and ongoing weekly reviews in MDT</p>
<p>Review Birth Rate Plus and ensure that staffing requirements are appropriate for the unit.</p>	<p>7.1 Workforce</p>	<p>Current establishment is compliant with 2019 Birth Rate Plus report.</p> <p>Reassessment is currently being undertaken and workforce</p>	<p>Director of Midwifery Heads of Midwifery</p>	<p>February 2023</p>

		implications considered when report completed.		
The health board must review the staff responses to the questionnaires throughout this report and provide an update on plans to address the issues raised.	Governance, Leadership and Accountability	<p>Caring for you Campaign Action Plan is implemented, in partnership with trade union colleagues.</p> <p>Monthly meetings with specific staff groups and the locality HoM's to discuss any concerns/ideas</p> <p>Monthly meeting with university academic colleagues</p> <p>Staff voices QR code for staff to raise any concerns anonymously.</p>	<p>Director of Midwifery</p> <p>Head of Midwifery</p> <p>Trade Union colleagues</p> <p>MDT Professional Behaviour Champions</p>	Completed January 2023, and ongoing weekly reviews in MDT

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): Sharon Davies

Job role: Interim Head of Midwifery Prince Charles Hospital

Date: 10 January 2023