



CYNGOR IECHYD CYMUNED  
COMMUNITY HEALTH COUNCIL

HYWEL DDA

# **Maternity services**

Visit report

**October 2019**

# Contents

	Page no
<b>Introduction</b>	<b>3</b>
<b>What we did</b>	<b>5</b>
<b>What people told us</b>	<b>6</b>
<b>Summing up</b>	<b>12</b>
<b>Appendix – Survey</b>	<b>14</b>
<b>Hywel Dda University Health Board – Response &amp; Action Plan</b>	<b>18</b>
<b>Contact us</b>	

## About Hywel Dda Community Health Council (CHC)

We represent independently and without bias the interests of patients and the public in the way that NHS services are planned and provided across the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Our volunteer members who live in the communities we serve are supported by a small team of staff who work together to:

- Carry out regular visits to health services talking to the people using the service and the people providing the care to influence the changes that can make a big difference;
- Get involved with health service managers when they are planning service developments and larger scale service change to emphasise the patient view right from the start;
- Provide free and confidential support through complaints advocacy if things go wrong and if the health service complaints process isn't working;
- Reach out more widely to patients and their families across communities to provide information, and to gather views and experiences so that we can represent your interests to health service managers and to policy makers.

## Introduction

This report lays out our findings after we visited hospital maternity settings in May 2019. As well as visiting Bronglais, Glangwili and Withybush Hospitals we also used a survey so that people could give us their views even if we did not see them in hospital. Our survey ran until the end of July 2019. We have combined the results of our visits and the information we had from the survey into this report.

All CHCs have the right to visit NHS settings. This is part of their independent patient watchdog role. Visits are carried out by our volunteer members along with staff.

Our visits and surveys are one of the ways that the CHC tries to monitor the experiences of patients, carers and their families. Changes to Women and Children's services introduced by Hywel Dda University Health Board (the "Health Board") in 2014 means that we need to see what these mean for people using these services. The CHC also knew that there had been serious concerns about maternity services in Cwm Taf Health Board earlier in the year.

We'd like to thank the staff who made these visits possible, our volunteer members who give their time freely and above all the people who were willing to share their experiences by speaking to us or completing our surveys.

We will continue to talk to parents and carers about their views of the women and children's services they have experienced.

Any member of the public is always welcome to let us know what they think of their NHS experiences and contact details are provided at the end of this report.

## Background

### Service Changes

In August 2014, changes happened in maternity services in Hywel Dda and this affected people having their babies in Carmarthenshire and Pembrokeshire. It meant that women with more complex deliveries and where babies needed additional support, their care took place in Glangwili General Hospital (GGH) in Carmarthenshire. In October 2014, a similar change occurred for children and when in-patient care was needed, this now took place in GGH.

Services within Bronglais General Hospital (BGH) within Ceredigion have remained broadly the same (with some refurbishment to maternity areas).

### Visits to maternity settings

We have made visits to women and children's settings every year since 2014. Women and children's services remain a priority for us because people in Hywel Dda, often tell us that these services are important to them. In this report we looked only at maternity services.

### Other Involvement

The CHC has a free and independent complaints advocacy service for anyone who wants help to raise a concern or make a complaint.

When we get involved in complaints about maternity or children's services we make sure we look to see if there are similarities, trends or themes that we need to follow up.

CHC members and staff visit hospitals to see what patients have to say but we also get involved in formal committees and meetings with the Health Board. This is so that we can monitor what is happening, make sure patients views are considered and make sure that where changes take place, these truly make things better for patients.

## What we did

For all of our visits to hospital settings, CHC members try to chat to people using some basic topics or questions. We want people to be able to tell us what they feel about the NHS care they have had and any services they have experienced. We know that hospital can be a difficult place to be in for new families, they are often tired and mum or baby may not always be feeling well. We want to know what is good and what could be better.

For these visits this meant asking about;

- their overall experience, things that were good or things that weren't so good
- the care that staff had provided, whether people felt safe, supported and if communication was good
- the facilities in the wards and units including food and drink
- leaving the ward or unit –including availability of transport if needed

Members also spoke with staff to understand any specific issues that were relevant to the visit or ward/unit.

We also used a survey to gather wider views alongside our visits. Occasionally when we visit there just aren't very many people to talk to if a ward or unit is quiet. We are also very aware that sometimes a new family won't have had time to really think about the positives and negatives of their NHS experience if they have just had a baby. Because of this, we used a survey that people outside of the hospitals could tell us what their care had been like for them. A copy of the survey can be seen in Appendix 1.

## Where we went

The sites that we visited were:

<b>Glangwili Hospital (Carmarthenshire)</b>	<b>Withybush Hospital (Pembrokeshire)</b>	<b>Bronglais Hospital (Ceredigion)</b>
Dinefwr Maternity Unit Midwifery-Led Unit	Midwifery-Led Unit	Gwenllian Maternity Unit

## Where we didn't go

We did not visit children's areas during this round of visits because we were just focussing on maternity care. We are still monitoring and involved in meetings and discussions about children's services development with the Health Board.

## Numbers of women who spoke with us or who returned a survey

<b>Glangwili Hospital (Carmarthenshire)</b>	<b>Withybush Hospital (Pembrokeshire)</b>	<b>Bronglais Hospital</b>
13	13*	5

\*In Withybush, our visits took place at the same time as antenatal clinics and this gave us the opportunity to talk to some mums who had not yet had their babies.

## What people told us

### Staff and care –feeling safe and supported

We heard positive comments and praise for different kinds of NHS staff during our visits and in our surveys:

***"Staff were really good and supportive"***

***"Having supportive staff made me feel safe and more confident"***

***"They were all fabulous. Very kind and helpful"***

***"I received amazing breastfeeding support"***

We also heard some negative comments. For some mums we heard from, the picture wasn't quite as good. We found that sometimes the view of patients were quite different even in the same unit. Some mums were describing really excellent experiences whilst others were far more critical.

We know that some births go more smoothly than others. This will influence the way that a new mum will think about her experience. Nevertheless, we don't feel that this explains such differences in opinions.

When we looked deeper at what people had said about poor experiences, we noticed that there were also comments about understaffing or staff who were under pressure.

One mum said;

***"Staff were clearly stretched. (I felt) safe when midwives were with me. Consultants were pushing for forceps delivery which the midwives didn't feel I needed. The presence of the consultants and this conflict made me feel like I had no control."***



Another told us;

***"...the midwife left me to help a colleague, ...she didn't seem in control"***

After having her caesarean a mum reported that;

***"I felt very alone especially at night. The staff in the day had no time to help, we had to help ourselves to breakfast and with a baby who wouldn't be put down I found this very hard, plus being careful after the caesarean."***

A further example;

***"As a new mum I did feel like the ward was understaffed as there seemed to be a lot going on and not enough time to give the new mums. I went home quickly as I felt I would have more support at home with family"***

These comments were made by women who were in Glangwili hospital. We spoke with one new mum in Bronglais who felt that the end stages of her birth became more stressful and less supportive when the midwife needed to leave her.

Mums seemed to tell us about better experiences when staff were more available or accessible:

***"Wonderful staff. Everyone was very supportive. Excellent standard of care, lots of staff about, always someone there if I needed them... having supportive staff with me made me feel safe and more confident and secure."***

Another said:

***"Ward staff were more than willing to help and offer advice at any time of the day."***

We also heard:

***"It's a fantastic ward with staff a moment away, -this made me feel safe."***

Overall, it seems that where staff were stretched, mums felt less safe, less in control and were more likely to report negative stories.

Some told us about very good experiences even when units were busy but most of the really positive and happy stories mentioned staff being available and having time to reassure or explain so that mums felt in control.

### **Learning from what we were told:**

The CHC recognises that maternity units will be very busy sometimes. We think that the Health Board must do more to ensure that women feel supported in labour or after the birth when units are busy.

### **Facilities and hospital environment**

We heard generally similar themes as we did from previous visits. Most said that surroundings and facilities were clean. As before, mums reported feeling more “squeezed” in Glangwili hospital and that the environment was dated. One said:

***“...the delivery suite was OK but it wasn’t acceptable to have a shared toilet when in labour”***

Another said;

***“Glangwili was very cramped, dated and tired. I had to use a compression sock to hold the shower head up!”***

### **Learning from what we were told:**

The CHC is aware that building is underway for much improved facilities. This should make things better for families in the future. In the meantime, we feel that mums in labour (or anyone who is a patient in hospital) should have facilities that are in good working order.

In Bronglais which has seen recently updated facilities, comments were very positive. One mum said;

***“I chose Bronglais because I knew it was a new ward. It was wonderful and we had a double family room which I appreciated so much as I could have my partner’s support.”***

Another mum who had given birth in Bronglais said:

***"Excellent, we are so fortunate to have such a great ward locally"***

We mostly heard positive comments about food. One mum reported that although the food was good, it possibly wasn't ideal for her gestational diabetes.

Some families we talked to were unhappy with visiting arrangements. They felt that more flexibility was needed. We have heard more recently from a family who felt upset that only children who were siblings of a new baby were allowed to visit. They felt that this wasn't really clear to visitors and that information wasn't provided to families about this. We looked on the Health Board's website and found that although the restriction was mentioned, there wasn't a clear explanation about why this rule was in place.

### **Learning from what we were told:**

Whilst there may be good reasons for restricting visiting for children, the Health Board needs to explain this better. This will avoid children being disappointed about meeting a new baby. It is important that the Health Board also makes sure that people know about this restriction.

Parking remains a real problem at hospital sites. This is an issue that the CHC frequently raises with the Health Board. The second phase of building works in Glangwili will see a small increase in parking spaces but we remain concerned that this situation creates stress or people at an already difficult time.

## **Going Home**

When we spoke to mums and family members we wanted to know more about going home with their new baby. In particular, we wanted them to tell us if they felt ready for this and whether they felt that they were supported. Some mums were going home after a normal birth and others were recovering from caesarean-section births.

A number of mums talked about breastfeeding and the support they had experienced to allow effective feeding when they were looking to return home. Again we heard mainly positive but somewhat mixed views on this issue. One mum told us:

***"I was in hospital for 5 days so I was more than ready to go home. The 5 days were really beneficial as I had the support and help to breastfeed."***

Another said;

***"The midwives answered all of my breastfeeding questions through the night which was great"***

We also heard;

***"They gave me great breastfeeding support and made sure I was completely happy with everything before I was discharged."***

Additionally;

***"I stayed in for 2 nights and I had help learning how to breastfeed –which I did for 13 months"***

Members who went on visits reported that 2 women felt they received conflicting or inconsistent information on breastfeeding from different staff. Another woman who completed our survey said that;

***"I didn't find out until after I'd got home that I should have been seen by a breastfeeding consultant before I went home. The whole time I breastfed I knew my latch wasn't great and I think I would have benefitted from the support."***

### **Learning from what we were told:**

It was clear that there was good practice around breastfeeding support but the Health Board needs to ensure that advice is consistent and opportunities are not missed to give mums the best chance of successful feeding before they go home.

Many mums reported that the support they received prior to going home was helpful and they felt confident leaving the hospital environment.

One mum who had undergone a caesarean felt that she missed out on additional support after she left the hospital because she wasn't told about it;

***"I found out much later that overnight support is available at the MLU (midwifery led unit) at the start. I could have done with this help. I don't think there is enough information on local support after having a baby."***

### **Learning from what we were told:**

The Health Board should regularly review the information it gives new families when they are about to go home. This will make sure that they have an up to date picture of all the different kinds of support available.

Some mums who were ready to go home said that they had become frustrated by delays. This happened when they were kept waiting for results to come back or other checks that needed to take place;

***"I felt I could have gone home sooner, like I was waiting in a queue for the baby checks"***

Another said;

***"It took 10 hours to be discharged after doctors gave me the OK to go"***

### **Summing up**

Once again we'd like to thank everyone who was able to share their experiences with us whether they were in hospital wards and departments or outside of the hospital.

We rely on the willingness of people to give us their views and we appreciate this isn't always an easy thing to do when still in hospital whilst they or a loved one continue to receive care.

We're also grateful to the Health Board and their staff who made us feel welcome and helped us on the days where we visited their busy places of work.

There were many encouraging and happy stories of births and NHS care in the maternity units we visited. However not all stories were as reassuring. We feel that too many opportunities are being missed to make mums feel supported at times of stress, pain and uncertainty. We accept that not all births go smoothly and sometimes maternity wards will be very busy. This can colour opinions of those who have gone through tough times. We still feel that more needs to be done to understand patient experiences and learn from them. We are worried that there seemed to be such a strong link between episodes where staff were very busy and negative experiences of labour or postnatal care reported to us.

We look forward to new facilities being made available in Glangwili hospital because many families reported concerns at the cramped and uncomfortable existing delivery suites and maternity unit.

People mostly seemed happy with face to face communication with staff and clinicians. On the other hand, opportunities were being missed to provide clear written information or to update the Health Board's website and this caused frustration. We look forward to speaking with families in future months to understand their experiences of maternity care again.

**Hywel Dda Community Health Council**  
**October 2019**

## Appendix 1 –Survey form



### MATERNITY CARE SURVEY

Have your say

Tell us what it was like for you

Hywel Dda Community Health Council is using this survey to find out what experiences women have had using local maternity services.

We are an independent organisation and our role is to represent the views of patients and the public across the counties of Carmarthenshire, Ceredigion and Pembrokeshire. We have a small number of paid staff and we also have volunteer members who help us with our work which includes visits to NHS premises and finding out what people think of their local NHS.

We have recently made some visits to maternity units to speak to women before and after giving birth in local hospitals but we also need to speak to more women who have given birth in the past year.

We do not need your names or contact details but there is a leaflet inside which tells you more about us and how you can contact us. Please return your completed questionnaire to us by the end of July in the reply paid envelope. We hope that our completed report will be available on our website in September and we look forward to hearing from you

### Where did you have your baby?

- Bronglais       Glangwili       Withybush       Other

### Was this your first child?

- Yes       No

**What date was your baby born? .....**

- Overall, were you happy with your baby's birth? What made it good or what made it bad? Was there anything that could have been better, if so, what was this?**

- If you had your baby in hospital, tell us about the ward staff. Were they friendly, helpful, supportive? Did it seem like the staff had time for you? Were there enough of them?**



- **During your delivery, did you feel safe and that things were “in control”? What made you feel safe/unsafe?**

- **If you had your baby in hospital, what do you think of the hospital itself? The ward? The delivery suite? What about the facilities you used?**

- **If you had a hospital birth, when it was time to go home did you feel that you were ready for this? Was there anything more that you felt you needed as a new mum?**

- **Is there anything else you would like to tell us about your experience during your pregnancy, your delivery and your postnatal care?**

**If you have any queries or if you would like to talk to us directly about your maternity experience, please contact us on 01646 607610**



**GIG**  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Eich cyf / Your ref:

Ein cyf/Our ref:

Gofynnwch am/Please ask for: Mandy Rayani

Rhif Ffôn /Telephone: 01267 239721

E-bost/E-mail: Mandy.rayani@wales.nhs.uk

Dyddiad/Date: 18 November 2019

Swyddfeydd Corfforaethol, Adeilad Ystwyth  
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building  
Hafan Derwen, St David's Park, Job's Well Road,  
Carmarthen, Carmarthenshire, SA31 3BB

Tracey Setterfield  
Business Manager  
Hywel Dda Community Health Council  
Carmarthen  
SA31 1BT

Dear Tracey,

**RE: RESPONSE REQUIRED - HDCHC MATERNITY SERVICES REPORT**

Thank you for the report sent to the Health Board from the CHC visits hospital maternity settings in May 2019.

The Health Board has accepted the recommendations in the report and has developed an action plan to ensure the areas of improvement are addressed at pace.

I hope the enclosed action plan will reassure you that the Health Board has acted in a timely manner to ensure patient care is at the highest standard.

Yours sincerely,

Mandy Rayani  
Director of Nursing, Quality & Patient Experience

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Swyddfeydd Corfforaethol, Adeilad Ystwyth,  
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job,  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building,  
Hafan Derwen, St Davids Park, Job's Well Road,  
Carmarthen, Carmarthenshire, SA31 3BB

Cadeirydd /Chair  
**Miss Maria Battle**

Prif Weithredwr/Chief Executive  
**Mr Steve Moore**

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda  
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment.

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
<b>Recommendation 1</b>					
The CHC recognises that maternity units will be very busy sometimes. We think that the Health Board must do more to ensure that women feel supported in labour or after the birth when units are busy.	1. To update the Escalation policy to include clear processes/care pathways in place during periods of high acuity.	1. Escalation Policy agreed on 29.10.2019 Manager on call 24/7 circulated across the Health Board. Four hourly acuity scorecard has been updated to reflect skill ix and activity All staff have been reminded to escalate concerns via the Maternity Newsletter and Labour Ward Forums.	Clinical Lead Midwife for Acute Services	30 <sup>th</sup> October 2019	Completed
	2. To format the individualised care plans for women during labour and after birth	2. Consultant Midwife in post to format care plans for women		30 <sup>th</sup> October 2019	Completed
	3. To review how to facilitate guidance for birth partners to stay in all ward areas across the Health Board	3. Guidance and roles and responsibilities formatted regarding birth partners staying in		31 <sup>st</sup> January 2020	Completed. Draft guidance circulated October 2019.

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
		ward areas.			
<b>Recommendation 2</b>					
The CHC is aware that building is underway for much improved facilities. This should make things better for families in the future. In the meantime, we feel that mums in labour (or anyone who is a patient in hospital) should have facilities that are in good working order.	1. To ensure that the Ward managers in conjunction with Estates Department review maternity environments and in particular to ensure all bathrooms are up to standard.	1. Decoration and painting has commenced on the Postnatal Ward.  2. Bathrooms have been assessed by Estates Department for upgrading.	Clinical Lead Midwife for acute services	31 <sup>st</sup> January 2020  30 <sup>th</sup> November 2019	31st October 2019: Painting has commenced in the Postnatal Area  Completed. Shower heads have been replaced and are in good working order
<b>Recommendation 3</b>					
Whilst there may be good reasons for restricting visiting for children, the Health Board needs to explain this better. This will avoid children being disappointed about meeting a new baby. It is important that the Health Board also makes sure that people know about this restriction.	To review the "Visitors information" given to women during pregnancy.	Postnatal Information leaflet updated to include Visitor's information.	Clinical lead Midwife for acute services.	31 <sup>st</sup> January 2020	31st October 2019: Draft guidance agreed and sent to printers
<b>Recommendation 4</b>					
It was clear that there	1. To continue the	1. UNICEF baby	Breast feeding	31 <sup>st</sup> November	Completed

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
was good practice around breastfeeding support but the Health Board needs to ensure that advice is consistent and opportunities are not missed to give mums the best chance of successful feeding before they go home.	yearly Breast feeding updates for all staff 2. To continue to recruit voluntary Breast feeding support workers.	friendly accreditation obtained by the Health Board in 2018. 2. UNICEF Baby Friendly Practice updated and reinforced on a daily basis via ward managers and the Maternity Newsletter. 3. Compliant with annual mandatory Infant Feeding updates for all maternity staff. 4. Options explored to retain voluntary support workers	coordinators		
<b>Recommendation 5</b>					
The Health Board should regularly review the information it gives new families when they are about to go home. This will make sure that they have an up to date picture of all the different kinds of support available.	1. To update the Postnatal Record to include Contraceptive advice and infant feeding support. 2. To establish Breastfeeding Clinics 3. To ensure Bump Babies and Beyond	1. Postnatal Record has been updated and is now in use throughout the whole Health Board  2. Breastfeeding Clinics established	1. Deputy HoM  2. Breast feeding coordinators 3. Clinical	31 <sup>st</sup> October 2019	Completed

<b>RECOMMENDATIONS</b>	<b>KEY ACTIONS</b>	<b>UPDATE</b>	<b>RESPONSIBLE OFFICER/S</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
	Information brochure is given to all mothers		Lead Midwife		

## Contact us

### **ABERYSTWYTH OFFICE**

**Welsh Government Building  
Rhodfa Padarn  
Llanbadarn Fawr  
ABERYSTWYTH  
Ceredigion  
SY23 3UR**

**01646 697610**

### **MILFORD HAVEN OFFICE**

**Suite 18 Cedar Court  
Havens Head Business  
Park  
Milford Haven  
Pembrokeshire  
SA73 3LS**

**01646 697610**

### **CARMARTHEN OFFICE**

**Suite 5, Ty Myrddin  
Old Station Road  
Carmarthen  
SA31 1BT**

**01646 697610**

**Email us at** [hyweldda@waleschc.org.uk](mailto:hyweldda@waleschc.org.uk)

[HDDComplaints.Advocacy@waleschc.org.uk](mailto:HDDComplaints.Advocacy@waleschc.org.uk)

**Website** [www.communityhealthcouncils.org.uk/hyweldda](http://www.communityhealthcouncils.org.uk/hyweldda)



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