



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

HYWEL DDA

Women and children's services

Visit report

December 2017

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.

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Introduction

This document summarises the outcomes of visits carried out by Hywel Dda Community Health Council in May 2017 to a number of women and children's hospital settings.

All CHCs have a statutory right to visit NHS settings as part of their independent patient watchdog role and visits are carried out by our volunteer members.

These visits were part of the work the CHC continues to undertake, monitoring the experiences of patients, carers and their families since the changes to Women and Children's services.

Introduced by Hywel Dda University Health Board (the "Health Board") in 2014, the changes were controversial. There remains a real sense of concern, mainly within Pembrokeshire's communities partly due to worries about geographical isolation, and partly due to continued problems around staffing, which make existing services feel fragile and uncertain.

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 speak to us and share their experiences.

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

Background

Service changes

The original changes to women and children's services saw the centralisation in August 2014 of all obstetric deliveries and neonatal services for Carmarthenshire and Pembrokeshire residents at Glangwili General Hospital (GGH) in Carmarthenshire, followed in October 2014 by the centralisation of all inpatient paediatric services at GGH.

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

More recently, staffing problems have led to a reduction in the opening hours of the Paediatric Ambulatory Care Unit (PACU) in Withybush General Hospital (WGH).

CHC involvement

The CHC has been involved in a range of work relating to women and children's services. We have represented patients in a range of projects and meetings;

Health Board Group	What it does
Phase 2 Group	Project group in place to develop business case and designs for "Phase 2" building works to improve maternity facilities at GGH
Royal College of Paediatrics & Child Health (RCPCH) Action Plan Monitoring Group	Group which oversees progress towards meeting action and recommendations set by RCPCH.

Health Board Group	What it does
Paediatric Task and Finish Group	Group which is responding to current problems caused by lack of Consultant Paediatricians and changes to Paediatric Ambulatory Care Unit function in WGH.

Visits to women and children's settings

We have made a number of visits to women and children's settings since the service changes. These have happened in 2015, 2016 and now May 2017.

These visits have helped us understand a range of the views that people have, which has informed our reports to the Royal College of Paediatrics and Child Health (RCPCH).

The RCPCH carried out an invited review following direction from the Health Minister initially in 2015, returning in 2016 to look at the progress that the Health Board has made in responding to the RCPCH's recommendations.

Women and children's services remain a priority for us as they are a high profile aspect of NHS services for the public in Hywel Dda. As we developed our overall annual plan for 2017/18 members highlighted the need to keep visiting these settings.

Other involvement

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

Where individual complaints have focused on women and children's services, we have looked for anonymised themes or relevant issues that help us represent patients and the public.

What we did

In our visiting plan for 2017/18 the CHC's approach focuses on the views of the public and their experiences.

To do this members have used a relaxed, conversational approach structured with some basic questions so that families or carers could tell us what they felt about the NHS services they'd used. We wanted to know what was good and what could be better.

This meant asking about;

- the care that staff had provided, whether people felt safe and supported
- the facilities in the wards and units
- arrangements for visiting family members or partners
- food and drink
- communication that people had received, either from frontline staff or through letters and information provided
- 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.

Finally, although the main focus of the visit was on hearing the views of people, members looked at the general appearance and "feel" in those wards or units.

Where we went

The sites that we chose to visit were:

Bronglais Hospital (Ceredigion)	Glangwili Hospital (Carmarthenshire)	Withybush Hospital (Pembrokeshire)
Gwenllian maternity unit Angharad Children's ward	Special Care Baby Unit (SCBU) Dinefwr Maternity Ward Cilgerran Children's Ward Paediatric Ambulatory Care Unit (PACU) Midwifery Led-Unit	Midwifery-Led Unit Paediatric Ambulatory Care Unit (PACU)

3 visits were undertaken in Glangwili Hospital; 2 visits in Withybush Hospital and 1 visit in Bronglais hospital.

This was our first dedicated women and children's services visit to Bronglais hospital for some time. In the last 3 years we have focused on Withybush and Glangwili hospitals as they were the settings chiefly affected by the 2014 service changes.

We are aware of staffing difficulties in Bronglais too however, so we included the Ceredigion hospital in our planned programme.

Where we didn't go

We did not visit dedicated children's outpatient settings during this round of visits, although this may be something we look at

as we develop future visits. We didn't visit Emergency Departments (A&E) even though they take care of children when there is an urgent need.

The only exception to this was in Withybush where we spoke briefly to staff given the temporary changes to PACU which has the potential to impact on the hospital's A&E department. CHC visits to A&E settings are being planned later in 2017.

Who we heard from

Our volunteer members have been clear that they want to take a conversational and caring and human approach when visiting NHS settings and listening to people.

The conversational method members used was intended to give people as long as they need to discuss their experiences in-depth. Therefore our aim was to collect quality information rather than a quantity of less helpful "yes" or "no" or "tick-box" responses.

Whilst we spoke to as many people as possible, the numbers of discussions may have been fewer than if we had carried out a short survey or questionnaire.

Acknowledging this, the greatest limiting factor was the number of people available to speak to on any given visit. Sometimes units which need to be available to patients on an urgent or non-scheduled basis have periods where they are very quiet or even empty.

Understandably, sometimes people in hospital simply don't want to talk about their experiences because they don't feel up to it.

It is also important not to disturb people's mealtimes or get in the way of clinicians who need to provide care.

Numbers of conversations we had during our visits (not including conversations with staff)

Bronglais Hospital (Ceredigion)	Glangwili Hospital (Carmarthenshire)	Withybush Hospital (Pembrokeshire)
4	15	2

What people told us: a summary

Staff and care

There is often a common theme during CHC visits to NHS settings. With few exceptions people praise staff for being caring, kind and professional.

This programme of visits was no different. Staff were complimented and praised by families and parents in each setting we visited.

Two maternity wards that we visited were either very busy or had been very busy during the previous shift.

Whilst few reported feeling unsafe, there were a small number of concerns relating to very busy environments particularly when mums were feeling stressed and staff were less available to support them.

One first time Mum in a busy maternity setting said;

“...staff were friendly but didn’t really listen.”

This contrasted with other mums we spoke to on the same visit who had given birth before and reported very positive experiences.

This raises the question of whether the Health Board could do more to identify, support and reassure anxious mums even when shifts are busy.

One mum described a difficult birth experience leading to an emergency caesarean. Initially she felt that staff did not believe she was in preterm labour, gave medication to slow the birth before a number of failed epidural attempts were made.

The mum was worried and asking to go home at this point. Eventually a caesarean was performed and she reported excellent care in the SCBU, but felt her earlier experiences were poor.

Facilities and environment

People generally said that surroundings and facilities were clean, with the occasional concern raised where it was felt the patient environment could be better.

Sometimes members reported some “clutter” in wards but no more than might be expected given the equipment needed and the busy environment.

People tended to be pleased with the supporting facilities, (such as family rooms, play rooms and accessible kitchens).

Food was generally praised and people seemed to be confident that a reasonable choice was easy to access when it was needed.

As with many visits that the CHC carries out, newly built or refurbished wards tend to be viewed more positively. They are often praised for being pleasant to be in and more spacious.

Older areas tend to be criticised more for the lack of room, and clutter. Generally the concerns about older areas were in Glangwili hospital where an upcoming round of building works (called “Phase 2”) should eventually provide much better facilities.

There will be a longer wait for improved facilities in Cilgerran (paediatric ward) as building plans for “phase 3” are developed.

In this ward we heard about a lack of space and concerns from staff around the loss of a sluice facility.

Communication

People frequently tell us that communication with them needs to improve and it is an issue the CHC has picked out as an important part of our monitoring.

This can relate to appointment letters, phone calls, written resources or face to face contact with staff. Uncertainty around the care of a child or loved one can be very stressful even if the standard of clinical care is good.

During these visits, people’s views around communication were mixed, although the majority were positive.

Some people told us they were very happy with the communication they had received on the ward. One mother we talked to spoke little English but said that the staff were very patient and helpful in their communication.

Two families in two hospitals said that they were pleased to be able to speak to staff in Welsh as their first language of choice.

We also heard some concerns. One mum in a paediatric ward said that communication was:

“...not brilliant, there has been coming and going of different medical staff who are assessing (my child) but not saying much”.

Another mum described a stressful and complicated time before giving birth to her baby. Due to problems identified in an initial scan, she was referred to hospitals in Swansea and Cardiff.

She was eventually induced at Singleton hospital and spoke to members after being transferred back to the SCBU at Glangwili.

Although relieved and happy to be in the SCBU, she described hearing mixed messages from the different consultants she saw in Cardiff and Swansea, which was confusing and unsettling during a difficult pregnancy.

Learning from what people told us:

Many examples of good communication were evident through discussions with the public, but there were also obvious missed opportunities to communicate effectively.

The Health Board should focus more on its patient communication, building this into the development and monitoring of its services.

Transport

Given the distances that people have to travel to access care sometimes, transport remains an issue that some people are concerned about.

Learning from what people told us:

A good deal of focus has been placed on transport links between Withybush and Glangwili. The Health Board needs to explore better transport options for parents travelling regularly to Carmarthen from north Ceredigion.

The Health Board needs to continuously review transport arrangements based on a real understanding of patient experiences, to make improvements and consider providing individualised attention to people's transport needs in certain cases.

What people told us: hospital specific issues

Bronglais Hospital

- Members reported that Gwenllian ward was very busy and on “divert” for any other mums in labour.
- Most mums told us they were very happy but one first time mum reported a stressful birth experience and felt that staff didn’t listen to her. Her partner raised concerns that he wasn’t initially allowed to support the mum as she went into theatre for a c-section delivery.
- Another mum in early stages of labour was very worried that there may not be space for her on the ward, leading to a journey to Carmarthen.

Learning from what people told us:

The Health Board should do more to identify and support first time mums who may be experiencing a stressful or difficult birth, particularly when maternity wards are busy.

Glangwili Hospital

- Some parents we spoke to were frustrated that paying for certain items (car parking meters or food in the canteen) was inconvenient. One parent had no cash with them after an urgent journey from Pembrokeshire but the canteen did not take cards and the cash point was difficult to find.
- Two sets of parents felt that there was too much pressure placed on them to buy photographs as part of being given “Bounty Packs” (promotional packs of baby related products given to new parents) by representatives of the company on the ward.

- Sometimes patients tell us how frustrating it is to tell different doctors or nurses the same information repeatedly as they go to different settings. We heard from two sets of parents at Glangwili who had been transferred from Withybush. In both cases, they praised the communication between the two hospitals as they did not have to answer the same questions because the medical staff were briefed before they arrived.

Learning from what people told us:

In Glangwili the people we talked to were often in makeshift ward/unit environments and although many reported good experiences, this was in spite of the environment. Plans for Phase 2 building works are well advanced, but the Health Board needs to ensure better facilities are in place as soon as possible.

The Health Board needs to provide more flexible payment options on site. Many parents simply don't have time to plan and ensure they have cash.

The Health Board needs to ensure that parents do not feel undue pressure to purchase Bounty portraits of their babies.

Withybush Hospital

Fewer parents were at Withybush when we visited, but one mum who had been directed to take her poorly child to A&E at Withybush was not happy with her treatment there, waiting to see a paediatrician for assessment.

Having arrived at 11am her child was triaged, then they were placed in the children's waiting area. Here they waited a further

2 hours for a nurse to arrive to administer over-the-counter pain-killers, before finally being moved to PACU at 3:30pm.

In this setting she waited a further hour to see a paediatrician and was eventually allowed home at 5pm.

Learning from what people told us:

The Health Board should take action to make sure parents and children are made more comfortable in the excellent new PACU facilities more quickly after presenting to A&E.

Conclusion

We'd like to thank everyone who was able to share their experiences with us whilst still in hospital wards and departments.

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.

We will continue to maintain our focus on women and children's services. We saw and heard many positive aspects of care in the settings we visited. Staff were praised and most people we spoke to reported a largely very good experience.

In some settings it was clear that during very busy periods some believed the normal level of care was stretched quite thinly and on maternity wards a small number of new or "first time" mums felt their birth experience was more stressful than it should have been.

Accessing services and transport remains a concern amongst some parents. We want to see a greater focus on providing more individualised transport options for those parents for whom making regular trips over long distances is very difficult.

Effective communication remains crucial to peoples' overall experience of care in hospital. Clear and regular communication helps patients and their families feel more reassured during what can often be an anxious time.

People are generally very understanding of the pressures on healthcare staff during busy periods.

However, care should be taken that opportunities are not missed to consistently update parents or carers on their (or their child's) care, even when staff are busy.

The health board has responded positively to our findings. Their response is at the end of this document. We will return to women and children's NHS settings to talk to people again about their experiences in the coming months.

Hywel Dda Community Health Council
December 2017

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE
Recommendation 1				
The Health Board should focus more on its patient communication, building this into the development and monitoring of its services	Review communication pathways with partner agencies especially if patients have to go other hospitals	Daily handover between both medical and nursing staff using the SBAR format. Communication issues highlighted at professional meetings and forums	Clinical Leads for Women and Children's	September 2017
Recommendation 2				
A good deal of focus has been placed on transport links between Withybush and Glangwili. The Health Board needs to explore better transport options for parents travelling regularly to Carmarthen from north Ceredigion.	Transport pathways are clear and evident for Pembrokeshire residents. Staff have been reminded of taxi service available to parents. Transport is a key element of the	Any patients eligible for support through Non Emergency Patient Transport may receive transport arranged and paid for them	Clinical Leads for Women and Children Transport Manager	September 2017

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE
	Transforming Clinical Services public consultation which includes women and children's services. We will be considering both short and longer term developments as part of the discussions we have with the public.	by the Health Board. WAST are commissioned to run through the eligibility criteria to assess need and if so are the first point of contract to arrange bookings. Contact number is – 0300 123 2303		
Recommendation 3				
The Health Board should do more to identify and support first time mums who may be experiencing a stressful or difficult birth, particularly	Achieved 100% 1:1 care in labour to provide support	Opportunity for debriefing for all new mums following birth. Maternity HCSW employed	Labour Ward co-ordinators Postnatal Sisters	September 2017

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE
when maternity wards are busy.		specifically for mums in the postnatal period to offer, support, advice and guidance in the care of the new born. Volunteer services used for new mums in the support of breast feeding		
Recommendation 4				
In Glangwili the people we talked to were often in makeshift ward/unit environments and although many reported good experiences, this was in spite of the environment. Plans for Phase 2 building works are	This was part of the reconfiguration proposal in 2014 and is part of the RCPCH action plan following review in 2015/2016. Monthly ward inspections by hotel services team	Full Business case submitted to Welsh Government in October 2017. Awaiting Welsh Government	CEO	Awaiting confirmation of scheme in Spring 2018.

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE
well advanced, but the Health Board needs to ensure better facilities are in place as soon as possible.	and ward sister ensuring minor works highlighted to estates for improvement.	decision on the project.		
Recommendation 5				
The Health Board needs to ensure that parents do not feel undue pressure to purchase Bounty portraits of their babies	Ward Sister immediately (following the visit) discussed this issue with Bounty employers and Regional Manager was informed of issue.	No issues have been highlighted by patients following the visit.	Head of Midwifery/Acute services lead midwife/Postnatal ward Sister.	May 2017.
Recommendation 6				
The Health Board needs to provide more flexible payment options on site. Many parents simply don't have time to plan and ensure they have cash	Credit Card payment option is now available in the main canteen. Breakfast is available on children's ward for all parents.	Wards areas will audit any concerns highlighted around this issues. This will be fed back to clinical leads.	Clinical leads for Women's and Children	July 2017.

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE
	<p>Parking permits are available to parents and new mothers</p>	<p>Reinforce to all staff working in the Women and children's Directorate that parking permits are available for all parents who has long term ward commitment and for new mothers.</p> <p>Clear signage for cash machines. All staff to be made aware of position.</p>		

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE
Recommendation 7				
The Health Board should take action to make sure parents and children are made more comfortable in the excellent new PACU facilities more quickly after presenting to A&E.	Review pathways between the accident and emergency department	Ongoing monthly meetings between the A+E staff and PACU to discuss any issues raised	Directorate Nurse/Senior Nurse Manager/ ward manager	September 2017

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