



DE MORGANNWG | SOUTH GLAMORGAN

## **CHC Visit Report (Announced)**

**Midwife Led Unit,  
University Hospital  
Wales**

**18<sup>th</sup> July 2022**

## **Accessible formats**

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# Your Community Health Council

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Community Health Councils (CHCs) are the independent watchdog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families and carers through enquires, our Complaints Advocacy Service, visiting activities and through public and patient surveys, with the CHC acting as the "Public & Patient Voice" within Cardiff and Vale of Glamorgan.

## Visit Overview

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Three members of the CHC visited The Midwifery led Unit, University Hospital Wales (UHW) on Monday 8th July at 3pm. The Members were accompanied by the Ward Manager.

The purpose of the announced visit was for the visiting team to observe the environment, quality of service provision being provided on the Ward and to gather the views and experiences of the patients, carers and visitors whilst on the ward and wider site.

As part of the visit, members of the CHC were able to speak with the following NHS Staff:

- ❖ Ward Manager
- ❖ Elan Team manager

# Briefing Information

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## Management Arrangements

The Midwifery led Unit, UHW is a part of the Children and Women Clinical Board and sits within the Obstetrics and Gynaecology Directorate. The area is managed by a Unit Manager.

## Introduction

The Midwifery Led Unit provides midwifery care to women and their families. It is a birthing unit for birthing people with low risk pregnancies and post-natal care.

## Capacity

The department has 4 birthing rooms and 4 double post-natal rooms and is currently working at full capacity.

Capacity can restrict / increase due to bed occupancy and the unpredictability of childbirth. There are no concerns in relation to this as if unable to accommodate patient care can be transferred to the high-risk delivery suite

Activity levels are not recorded.

## Staffing

The Departments' nurse staffing levels are 1 senior midwife and 1 midwife for every woman in labour, 1 to 1 care. There is no medical cover but they will attend in an emergency.

There are currently vacancies within the whole of the maternity unit. This situation is alleviated by bank staff within the Maternity Unit not from outside.

In addition to the above core staffing, the Department is also supported by Maternity Care Assistants, a housekeeper and a receptionist but has had difficulties sometimes when acuity is high within the unit.

The Department has no input from volunteers.

### Opening/Operating Arrangements

The Departments' opening/operating arrangements are as follows:

- ❖ Operates 24/7
- ❖ Mealtimes are at 8:00am, 12:00pm and 17:00pm
- ❖ Visiting times are restricted due to Covid but it was open visiting prior to this.
- ❖ Only the birth partners can visit. No children at present.

### Environmental Improvements

The Department has work undertaken on a weekly basis, which entails maintenance work. Of this work, there remains no work incomplete.

There are no planned works.

The Department currently has the following requests for works outstanding, that could be considered urgent:

- ❖ A new reception desk as the current one is old and not fit for purpose.
- ❖ A dividing wall to facilitate a storeroom and dedicated resuscitation area,

Both requests are currently on hold due to finances.

## **Patient Engagement**

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Members were unable to speak to patients or relatives, there had been 2 births, but they had gone home. Speaking with the manager of the Elan team, we learnt that there were a number of staff who dealt with a variety of patients including refugees, those who spoke little English or none, and counsellors to help with those bereaved parents.

## Environment

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The external environment was poor, direction signage was confusing.

At the time of the visit no parking was available for patients. To enter the Unit, heavily pregnant patients will have to negotiate a set of steps or descend a ramp. Members were not aware of any porter support or the availability of wheelchairs.

The entrance to the Maternity block is on the ground floor. The lift used by members requires maintenance, particularly the floor of the lift. A new lift had been installed, but unfortunately had broken down on our visit.

The lift Members used also had a bit of litter.

The midwives also had problems with parking, even though there is an area reserved for them it's a small area, and even if they have to park in the 20 minute zone, if they are late returning to their car they get a ticket.

Parking for parents is now 48 hours but has to be logged onto a machine located by the ward entrance.

The MLU was quiet and calm, there was no odour and the temperature on a hot muggy day was comfortable. The birthing rooms had pools and were clean and spacious, as were the post-delivery rooms.

Equipment was stored in the corridors.

## **Interaction with Staff**

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Members want to thank the staff for their welcome. It was clear that staff are committed to providing the best possible experience for their patients.

Normally the same midwife supports the patient through the whole of the pregnancy and the post delivery period and becomes aware of any issues affecting safe care. However, members were informed that because of a shortage of midwives, it is becoming difficult to provide this complete package of care.

There were 2 rooms for those parents whose child died in childbirth, which are called snowdrop rooms.

# Summary of Visit

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## Positive Findings

1. The professional attitude of staff
2. The relaxed environment within the MLU

## Negative Findings

1. The difficulty in providing correct staffing levels
2. The external environment, including parking, signage.
3. The lack of storage facilities on the ward for equipment
4. The lifts need maintenance.

## Recommendations

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1. Improve parking and arrival support for patients.
2. Provide assurance on how the UHB are looking to address the issues around staffing levels
3. Address the exterior signage, making sure it is clear and easy to locate the Unit.
4. Provide better storage facilities on MLU
5. Repair the lift in the Maternity Block and provide assurance of how they are maintained.

The visiting team would like to thank the family members and carers who gave their time to speak with them during the visit. Thank you also to the staff for their time and assistance in an interesting and informative visit.

