

Swansea Bay University Hospital Maternity Services Quarterly Assurance Report for the Cabinet Secretary for Health and Care

Swansea Bay maternity and neonatal intervention, Independent Observer

Date: 11th December 2025

To Note in this Quarter

- The development by Swansea Bay University Health board (SBUHB) of the first draft of the independent review implementation plan
- Establishment of the SBUHB Perinatal committee reporting directly to the Board providing oversight of safety and quality within the service
- Maternity and neonatal conference and workshop held with an attendance of 200
- The first meeting of the oversight board post publication of the review
- The beneficial relationship of the oversight board in working with SBUHB in sharing expertise to support continuous improvement and providing assurance
- Agreement to take a programme board approach chaired by the Chief Executive and ensure disseminated leadership for improvement
- Senior team at SBUHB met with parents and had parental involvement at the conference
- An onsite visit of the Singleton and Neath Port Talbot maternity and birthing units where high levels of staff engagement was observed
- A series of orientation meetings by the independent observer elicited opportunities to support improvement

In summary some progress has been made in establishing governance, stabilising the midwifery and neonatal nursing workforce, early development of an implementation plan and programme board and in regular reports to SBUHB at their public board. Further work is needed however to prioritise themes arising from the review to ensure any immediate risks are identified and mitigated. This has been fed back directly to SBUHB and a workshop held to progress the key themes. A further iteration of the plan will be available in January at the oversight board meeting.

1. Situation

1.1 This is the first quarterly report from the independent panel member appointed by the Welsh Government (WG) to the Swansea Bay University Health Board (SBUHB) maternity services oversight panel. The report will provide assurance of progress to date by SBUHB in implementing the recommendations of the independent maternity review and in meeting conditions set by WG to support de-escalation from level four of the WG escalation framework

2. Background

2.1 An independent review of maternity and neonatal service was commissioned by Swansea Bay University Health Board in December 2023 to provide assurance about the

services delivered and to identify opportunities for service improvement. The review was overseen by an independent panel which has played a key role in providing assurance about all aspects of the review and ensuring the review was delivered in line with the terms of reference. This review was published on 15th July 2025 and made 10 priority recommendations, which are supported by more detailed service-specific recommendations for the health board.

2.2 On 13 May 2025, Llais published their Swansea Bay University Health Board Maternity Services Insights Report it sets out the experiences from 512 people about their journey through pregnancy, birth, and postnatal care who have used maternity services within the last few years. On 14 July 2025, the Swansea Bay maternity support group published its family led review into Swansea Bay maternity services with over 50 families contributing to the report.

2.3 There were common themes running throughout all reports related to poor communication and advice; trauma and fear; women and families feeling ignored; about a lack of compassion and care; informed decision making; access to care; and birth partner separation. They highlight unacceptable patient and family experiences, cultural issues, staffing, training and resource issues, environmental and safety concerns.

2.4 As a result maternity and neonatal services at Swansea Bay University Health Board were escalated to level 4- Targeted Intervention- of The Welsh Government escalation framework in July 2025. Welsh Ministers have agreed that the intervention would be focused upon the appointment of an independent member to sit on the oversight panel who will provide assurance to the Welsh Government and liaise with families on progress in implementation of all health board recommendations. Ann Gow the Independent member of the panel was appointed on 4th September 2025 to act as independent observer and critical friend on the oversight panel on behalf of the Welsh Government. This report is the first of the quarterly assurance reports covering the last quarter in 2025.

3. Assessment

3.1 Independent review oversight panel

3.12 The Oversight Panel met on 27 October 2025. At that meeting the panel welcomed the independent observer, considered the role of the panel over the next 12 months and provided feedback on the first draft of the implementation plan developed by SBUHB under the leadership of the Executive Nurse Director.

3.13 The panel agreed to providing improvement support for the team by way of providing external challenge and sharing expertise with the SBUHB team (“critical friend role”) as part of their dual role to help build a culture of continuous improvement and capability within the team while providing assurance for SBUHB. The panel acknowledged the role of the WG observer in providing additional assurance to WG.

3.14 The panel reviewed the initial improvement plan and made recommendations for further development based on the combined requirements on SBUHB of (i) implementing the recommendations of the Independent Review, (ii) the requirements related to the level 4 Targeted Intervention status set by Welsh Government (WG), and (iii) participation in the all-Wales Maternity and Neonatal Assurance Assessment.

3.15 A workshop was held with the senior team from SBUHB on 18 November, with the Maternity and Neonatal Conference held on 19 November.

3.16 Panel members received and considered a first draft Implementation Plan shared by the HB and have provided feedback to SBUHB including the establishment of an executive programme board to ensure executive ownership of the plan. This would support SBUHB to bring together the three strands of work and enable visibility of ensuring a clear strategy in place to guide and support operational delivery of the improvement plan.

The feedback on the first draft highlighted the following:

- The significant level of responsibility placed on the Executive Director of Nursing and Patient Experience and the programme manager. Shared ownership across all executive directors would ensure the management team are all fully engaged and would demonstrate the Board's commitment to delivery.
- Executive Medical leadership needed to be clearer and more visible in the plan
- The need for a clearer differentiation between accountable director owners of recommendations, delivery, and key stakeholders.
- Whilst demonstrating progress, the Implementation Plan was currently focused on high level actions; additional detail would provide greater assurance should include clarity on priorities, sequencing, respective lead responsibilities, and clear milestones.
- The need to evidence and demonstrate progress particularly in relation to prioritising key risks identified within the report on the clinical critical safety issues. These include triage and two site working as clear priorities. This needs greater clarity in relation to the reporting of actions taken and current mitigations in place to reduce risk.
- Some actions would take time to complete, an initial consideration of the overall service model and the requirement for time invested in leadership would help the HB to then focus on the range of actions that would underpin the model.
- Building on recent steps taken by the Board in relation to family engagement particular the Chief Executive and Executive Director of Nursing and Patient Experience in relation reaching out to various communities, the need to ensure full engagement with families as a thread running through all the required actions. This should include a continued commitment to engage with a wide spectrum of communities.
- The need to engage with staff responsible for care delivery, testing out strategic level assumptions and decisions and engaging operational teams in the development work.
- The requirement to set clear milestones for the actions; small step changes initially would build momentum and support progress.
- The implementation plan should be a live document, and be able to flex, adapt and change as the implementation process developed further.
- The plan should take a more thematic approach with each theme having a designated executive lead, clear aims, measurement, priorities, milestones, and reporting progress.
- A clear view that there was senior level commitment to bring about the changes the Independent Review identified, as necessary. The challenge would be in translating that commitment into measurable service change.
- The commitment to implement the changes needed to be evident from the Board through to frontline services.

- The HB would benefit from cross referencing the requirements of the Independent Review and those in the all-Wales Structured Assessment to avoid duplication of effort and a focus on providing information and updates instead of the focus being on the change process.
- In line with the role of the Panel considered earlier, the most effective way to influence change and improvement would be through the critical friend approach, supporting staff to do their best. The limited time and expertise available locally may present a risk that the Panel could collectively help to mitigate.
- Consideration of the need for senior level mentorship to support the Board driving actions as a collective responsibility.
- Clarity needed to be reflected in the governance framework and the need to incorporate the role of the oversight panel, Welsh government and the 'All Wales assessment'.

3.17 A paper was presented by the chair of the Oversight panel to SBUHB on 27th November outlining the above and highlighting the need for more immediate work to mitigate risks associated with triage and two site working while medium to longer term solutions are planned.

3.18 Next steps

The SBUHB will further develop the improvement plan with the 4 themes, continue with their current actions progressing the plan and share the full improvement plan with the oversight panel and board in January 2026.

3.2 Site Visit Observations

3.21 Ann Gow visited the Singleton and Neath Port Talbot sites on 18th November accompanied by the Executive Nurse Director. At the visit they met with staff from the multi-disciplinary team visiting wards, theatres and the neonatal unit in Singleton and the Neath Port Talbot midwife led birthing unit.

3.22 All staff appeared motivated, were positive about the recent engagement of board members and senior team in Maternity and Neonatal services. Positive interactions were observed between staff and parents in the neonatal unit. Some staff reflected on their experience of raising issues and not feeling heard in contrast to the current culture which they felt was beginning to change. The Nurse Director meets the Clinical Director of Midwifery weekly to discuss any issues, and this was felt to be a route by which midwives could raise both issues and opportunities.

3.23 As identified in the Independent Review the Singleton site has no Intensive care facility or emergency department and is around a 15-minute drive from the multi-specialty unit at Morriston hospital. Staff outlined some of the risks associated with the distance mirroring those found in the review and included access to critical care and access to multi-specialty care for mothers who have co-morbidities. The Singleton site itself was built before developments in neonatal and maternity care and changes in demographic of users of the

service. Staff have worked hard to ensure the best care environment possible in the circumstances but voiced frustration at the environment in which they work.

3.24 The Neath Port Talbot birthing centre is a newer unit catering for women assessed as suitable for a midwife led service. Staff at the Neath Port Talbot birthing unit appeared highly motivated, passionate about their community and its needs and are keen to build public trust in the unit following a period of closure.

3.3 Improvements to date

The following areas are demonstrating signs of improvement as reported at the SBUHB perinatal committee:

3.31 Governance Improved governance and oversight is planned with changes in structure to develop women and children's services with direct reporting to the board. In the interim a Perinatal committee has been formed to provide assurance to the SBUHB on safety, quality and workforce including benchmarking against external data. The last paper to the board in November 2025 reported no significant outliers

3.32 Staffing - there has been over recruitment at band 5 of neonatal staff to mitigate band 6 vacancies with plans to train in specialty and promote to the band 6 vacancies. Midwifery vacancies are currently being recruited to. There are challenges in the consultant and medical workforce with unavailability, but workforce is working flexibly to cover any gaps. Workforce challenges have also impacted training compliance and there is a drop in neonatal medical staff compliance, but a plan is in place to recover the compliance position across all areas. Training compliance and staffing is taking is overseen by the perinatal

3.33 Patient engagement- complaints, concerns and feedback are reviewed monthly and reported to perinatal committee. The lead executive responsibility now sits with the Nurse Director. Transformation works to improve the timely and compassionate response when families raise concerns has been reported. Psychological support pathways for birth trauma are in place, with referrals monitored for timeliness. Staff training in trauma-informed care is in development to expand. Service design is being developed in and offer for Swansea Bay women and families. The Perinatal Mental Health Midwife continues to provide support and referral for women.

3.34 Induction of labour prioritisation –Induction scheduling is risk-based and discussed at daily handover huddles with prioritisation guided by clinical urgency and maternal/foetal indicators. Any delay greater than 24 hours is escalated to the senior team and DATIX reported this enables the senior team to triangulate any adverse outcomes with delays in treatment.

3.35 Two-site working - Intensive care Standard Operating Procedure is reported as being in action.

3.36 Implementation of Maternity Early Warning System - Implementation of MEWS and NEWTT2. MEWS was launched on the 15th of July following completion of staff training. Phase 1 of the MEWS and NEWTT2 rollout across all maternal services was completed by July 2025, with audits in place to monitor use.

3.4 Opportunities

In addition to the developments above there are further opportunities for improvement under discussion

3.41 Triage- The Single Point of Access Maternity Triage is due to launch in March 2026; this is dependent on the successful recruitment of midwives and obstetricians.

3.42 Improvement support – SBUHB have submitted a bid for maternity and neonatal services to be included in the testing phase of a Quality Management system. If successful, this support would enable a more systematic approach to managing quality within maternity and neonates which could then be spread to other services across the board.

All Wales Maternity assessment – SBUHB inclusion in the All-Wales assessment will provide a further opportunity for assurance and in addition allow the spread of any learning from SBUHB across Wales.

4. Recommendation

It is recommended that the Cabinet Secretary accepts assurance that some progress has been made in establishing governance, stabilising the midwifery and neonatal nursing workforce, early development of an implementation plan and programme board and in regular reports to SBUHB at their public board. Further work is needed however to prioritise themes arising from the review. This has been fed back directly to SBUHB and a workshop held to progress the key themes. A further iteration of the plan will be available in January at the oversight board meeting.

it is anticipated that the next iteration of the programme plan and formation of a programme board in the first quarter of next year will further assure the Cabinet Secretary that the board is adequately addressing the risks and issues which led to level 4 escalation in July 2025.