

## Draft Quality Expectations for Maternity and Neonatal Care in Wales Feedback Form



Name(s) of Respondent(s)	Organisation / Group	Paragraph No.	Comments
Caroline Walters	Royal College of Speech and Language Therapists	1	Multi-professional workforce - this is key to the delivery of safe, effective and personalised care for mothers and babies. The document should explicitly mention Allied Health Professions given workforce challenges and audit which show BAPM standards are not being met. Please see our attached factsheet.
	Royal College of Speech and Language Therapists	2	
Caroline Walters	Royal College of Speech and Language Therapists	3	Need for clarity in terms of which systems are in place given current issues with staffing ratios. Babies should be cared for in line with BAPM and Royal Colleges standards. See RCSLT neonatal clinical guidance.
Caroline Walters	Royal College of Speech and Language Therapists	4	Greater clarity is required on how risk is escalated given failures to mitigate current issues with regards staffing ratios.
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Caroline Walters	Royal College of Speech and Language Therapists	9	Safe accessible environments for staff, women and their babies (accessibility for women with physical/mental health needs is critical)
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Caroline Walters	Royal College of Speech and Language Therapists	13	Protected characteristics and circumstances are recognised and addressed.
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		16	AHPs should be referenced in relation to Family Integrated care. There is evidence from units in England that outcomes are improved when there is embedded AHP input in units providing FI Care.
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Caroline Walters	Royal College of Speech and Language Therapists	23	The workforce has access to service-specific and profession-specific programmes of CPD (this is important if women/babies are to benefit from high quality AHP care)
Caroline Walters	Royal College of Speech and Language Therapists	24	A kind, compassionate, dignified, accessible and respectful approach to service delivery
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Caroline Walters	Royal College of Speech and Language Therapists	31	There's a need for clinical networks/professional supervision to support members of the smaller professions working in maternity/neonatal care, including speech and language therapists (SLTs), who may often be working single-handed in a multiprofessional team. These ensure consistency of practice across geographical areas and improve outcomes by ensuring SLTs work to the top of their licence and support workforce retention/development.
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Are there any other features of good maternity and neonatal care not included above which you feel should be considered within the quality statement?	We wish to raise our ongoing concerns about speech and language therapy provision within neonatal care which we referenced in the 2023 WHSSC Specialised Services consultation on Neonatal Services (Intensive Care, High Dependency and Special Care) Commissioning Policy (please see link to our response - <a href="https://www.rcslt.org/wp-content/uploads/2023/07/Neonatal-Services-stakeholder-proforma-2023-RCSLT-Wales-response-12.7.23.pdf">https://www.rcslt.org/wp-content/uploads/2023/07/Neonatal-Services-stakeholder-proforma-2023-RCSLT-Wales-response-12.7.23.pdf</a> ). We are keen to understand how the statement aligns with the specification and how progress will be taken forward to improve staffing ratios. We also attach our May 2023 factsheet on this area which outlines the key role of speech and language therapists within neonatal care and our concerns about current provision - <a href="https://www.rcslt.org/wp-content/uploads/2023/07/Neonatal-Care-Factsheet-COMB-AW-May-2023.pdf">https://www.rcslt.org/wp-content/uploads/2023/07/Neonatal-Care-Factsheet-COMB-AW-May-2023.pdf</a>
Do you have any other suggestions which might help improve maternity and neonatal care across Wales?	