



Royal College  
of Midwives

*By email*

21 February, 2025

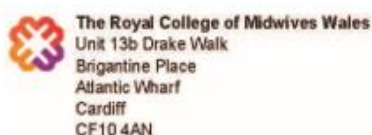
Dear Liam and Karen,

**Re: Maternity Advice and Labour Line**

Thank you for the opportunity to provide stakeholder comments to the SBAR for Maternity advice and labour line presented to February D/HoMaG meeting. The Royal College of Midwives (RCM) welcomes the progression of the development of a national “Labour line and Triage line telephone service as recommended by the Improving Together for Wales Maternity and Neonatal Safety Support programme Cymru Discovery Phase report. The SBAR provides helpful detail on the intended benefits of the project and key areas for improvement. The RCM particularly welcomes the focus on women, particularly those from ethnic minority backgrounds, lower socioeconomic groups, or non-English speakers or those who face inequities in accessing remote triage services. The digital support and standardisation for the pre-hospital care is welcomed addition to improve the safety and quality of maternity and neonatal care.

As an overall principle, the RCM would agree that a collaborative model approach and support the recommendation for the development of a full business case and associated operating model for the creation of a National Maternity line, hosted by WAST using a staffing model that rotates on a national basis across health boards. However, as part of the initial SBAR engagement, the RCM wish to raise at this early stage the following considerations;

- The RCM would agree that it is important that the level of staffing is based on “Experienced” midwives. It may be helpful to define what this experience may look like through a competency framework similarly to the ones developed via HEIW for Labour Ward Co-ordinator role and Clinical Supervisor for Midwives. This would define the level of experience and assist in the development areas. Whilst it is essential to define the expected knowledge, skills and experience,





## Royal College of Midwives

in line with NMC Future Midwives standards it would be good to consider student midwife clinical placement experience to build the pre hospital care experience for the future workforce.

- The rotational model between WAST and Health Boards would offer a number of advantages in the same way that the all Wales model for Clinical supervision was development. The RCM would specific request that a number of employment and terms and conditions are formally agreed to include the host organisation is clear on their various liability, the define period of rotation up to a maximum of 3 years and clear accountability / governance framework. The RCM would encourage consideration is also given to late career midwives who may be seeking retire and return opportunities and would offer leadership and complex decision-making experience.
- There should also be consideration for a memorandum of understanding with the Health Boards to cover a number of eventualities such as what would happen if a Health Board reviewed / requested to change the secondment time period due their operational service pressures. There needs to be clear contingency planning for managing sickness, maternity leave or other family leave situations.
- The RCM would recommend that the business case provides the robust workforce detail in regard to the exact practitioner requirements so it is clear the exact *wte* of midwives that Health Boards would be releasing for rotation and how the existing birthrate plus establishment will be funding to ensure existing services are safely staffed.
- Within the business case the RCM would also expect to see clear detail on infrastructure support such as defined training and development plans include relevant bespoke training such as dealing with critical incidents, robust and regular offer of clinical supervision for midwives including who will provide this whilst registrants are within the WAST arrangements. There is added benefits to the psychological safety that WAST brings to supporting staff who are involved in critical incidents.

The RCM welcomed the commitment to permanent maternity staffing within WAST to support the development, implementation and ongoing leadership for the Maternity



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advice line. The RCM would encourage that the proposed Lead Midwife post is actually considered to be at Consultant Midwife level as the pillars of clinical expertise, leadership and education requirements are pivotal components of the success of this project. It was positive to see the commitment to the project resource management with clear definition of the roles and responsibilities that this would bring. Similar services across the UK have also found it helpful to have a defined operational lead at Band 7 level for operational management, rotas etc.

From wider discussion with the RCM team who have supported establishing similar projects in other parts of the UK, they would advocate consider the value that having a midwifery voice in an ambulance service model can offer for a wider system approach and the positive impact the models have had in managing capacity across all services, alleviating the activity through maternity services by having the right service at the right time.

Finally, the RCM note that SBAR is seeking Executive Directors of Nursing support to develop a full business case and would respectfully highlight that Directors of Midwifery support is also key as the Strategic decision makers for Maternity services. Hope these are helpful stakeholder comments and please let the RCM know if we can continue to support in anyway.

Yours sincerely

Julie Richards  
RCM Wales Director

**Cc Kathy Greaves, Chair of D/HoMaG**  
**Victoria Owens, Chair of Consultant Midwives Cymru**  
**Lucie Warren, Chair of Lead Midwives for Education**



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