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**Summary of The Royal College of Obstetricians and Gynaecologists review of the Maternity Services of Walsall Healthcare NHS Trust .**

As part of theTrustMaternity Service Improvement Plan , The Royal College of Obstetricians and Gynaecologists undertook a review of Walsall Healthcare Maternity Services during the 4-5th October 2017. The inspection team was made up of obstetricians, midwives and lay representatives visited the trust over these two days.

**Findings and Recommendations:-**

The report was essentially positive reflecting a move in the right direction for maternity services as well as significant improvement since the CQC made their second visit to the Trust in 2017. The report made a number of key recommendations

* **Midwifery staffing –** To continue at pace with on-going recruitment and have clear communication with midwives regarding the position of the Midwifery Led Unit.
* **Medical staffing** – Have clarity on the number of consultant staffing hours on delivery suite.. There will be decisions taken to ensure that meets levels of safety as well as required levels of presence.
* **Clinical best practice-** The inspection team recognised that areas where they were not reaching best practice were known to the Trust and work had begun on these. Examples were given of the advances from the daily review of caesarean sections and the safety huddle. The inspection team felt that there was good advancement of the normalisation agenda, but that this will require further support moving forward.
* **Governance-** There was feeling that there was improvement in governance overall. However, it was felt the responsibility for governance should be joint with the clinical team not solely the responsibility of the governance team.

**Culture-** The inspection team concluded that overall culture is improving and the team is becoming far more constructive and cohesive.

**General**

It was felt that the decision to cap births was correct and should be continued.

The Maternity Improvement Plan is now clearly embedded and has integrated the latest PCIP’s as well as linking to the CQC’s safety KLOE and should continue to be developed.

There is the recommendation of a breastfeeding midwife specialist post. This will be part of our aim to be BFI accredited.

Rotate midwifery staff between wards and establish inclusive team leader meetings. Ensure a flexible approach to midwives requesting to reduce their hours.

Praise, recognise and reward inclusive and supportive behaviours.

The Audit lead needs to ensure that the standard audit process is followed. Feedback has been given to the Audit lead to follow the standard process that standards are defined at the outset, measured and that actions are planned with timescales. There has also been clear instruction to move to quality improvement programme