MATERNITY SERVICES ESCALATION POLICY	POLICY Register No: 10084 Status: Public

Developed in response to:	Intrapartum NICE Guidelines RCOG guideline
Contributes to CQC Standards No	12, 17

Consulted With	Post/Committee/Group	Date
Bernard Scully Miss Rao/Alison Cuthbertson Subrata Gangooly Miss Sharma Diane Roberts Paula Hollis Helen Clarke Sarah Moon	Executive Lead for Women's and Children's Directorate Clinical Directors for Women's and Children's Directorate Lead Consultant for Clinical Risk Management for Obstetrics Lead Consultant for Clinical Risk Management for Gynaecology Lead Midwife Community Services; Named Midwife Safeguarding Lead Midwife for Acute Inpatient Services Trust Governance Lead Specialist Midwife for Clinical Guidelines	January 2016
Professionally Approved By		
Lyn Hinton	Chief Nurse	January 2016

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Author/Contact for Information	Alison Cuthbertson, Clinical Director, W&C Services
Policy to be followed by (target staff)	**Midwives, Obstetricians, Paediatricians**
Distribution Method	Intranet/Website. Notified on Staff Focus
Related Trust Policies (to be read in conjunction with)	04071 Standard Infection Prevention, 06036 Guideline for Maternity Record Keeping including Documentation in Handheld Records, 060125 Major Incident Plan 10046 Fire Evacuation Policy 09030 Health and Safety Policy 04226 Prevention of infant abduction and the management of suspected infant abduction from the maternity unit at St Johns Hospital, the midwife-led units and maintaining a safe environment 04227 Roles and responsibilities of medical and midwifery staff working within the Maternity Services

Review No	Reviewed by	Active Date
1.0	Karen Bartholomew	October 2005
2.0	Sarah Moon	September 2010
3.0	Meredith Deane	24 Jan 2013
4.0	Alison Cuthbertson	10 May 2016

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1.0 Purpose

1.1 The purpose of the guideline is to minimise the likelihood of a closure of the Maternity Unit at Broomfield Hospital

1.2 To ensure that midwifery coordinators and senior midwifery managers are aware that closure of the main Maternity Unit would only be considered when all other possible solutions are exhausted.

1.3 Adherence to the policy should ensure that appropriate steps are undertaken if closure of the Maternity Unit is unavoidable.

2.0 Equality and Diversity

2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2.2 The EIA form has been compiled and the following categories were identified and are being addressed:

- Race and ethnicity
- Religion, faith and belief

(Refer to Appendix A for details of the EIA form)

3.0 Aims

3.1 To ensure that any decision to close the unit is appropriate and consensual and would only be taken following discussion with the Head of Midwifery/Nursing (or nominated deputy in her absence), Midwifery Manager on call, Consultant Obstetrician on call, Executive on call and Supervisor of Midwives.

4.0 Possible Reasons for Closure of the Consultant-led Unit

4.1 It is sometimes necessary to ‘close’ or restrict admissions to the Consultant-led Unit. The prime concern is the safety of women and babies. Whilst it is extremely rare for the Maternity Unit at the Broomfield site to close, it will only close or restrict admissions as a last resort after an assessment of the clinical and non-clinical risks within the Maternity Unit / Neonatal Unit has been undertaken

4.2 The decision to close rests with the Obstetric Consultant on call and Head of Midwifery/Nursing (or nominated Deputy) in association with the Consultant Paediatrician on call, in line with the Escalation Procedure (refer to point 8). Closure of the Consultant-led Maternity Unit will have major implications for all patients booked for care, neighbouring hospitals and the Neonatal Services.

4.3 The possible reasons for restricting admissions and/or closure of the Maternity Unit include:

- Insufficient midwifery, medical staff or ancillary staff
- Inappropriate skill mix experience to provide high dependency care
- No available beds

- Infection in the clinical areas – advised by the microbiologist
- Mechanical or electrical failure i.e. lift failure
- Temporary restriction of admissions to the Neonatal Unit due to poor staffing or high activity
- Major internal incident affecting availability of staff or compromising the safety of new admissions to the hospital

4.4 There is an allocated Maternity Bleep Holder 7 days a week to review staffing levels, skill mix, capacity and workload throughout the service, short term staffing and capacity issues are addressed via this route, with escalation by 16:00 daily to the Head of Midwifery/Nursing, out of hours escalation would occur via the Midwifery Manager on call.

4.5 This will ensure that escalation of problems is immediate and managed with a service-wide approach to the available staffing and bed base throughout Mid Essex Maternity Services

5.0 Temporary Closing of the Broomfield Maternity Unit due to Insufficient Staff or Inappropriate Skill Mix

(Refer to the guideline for 'Roles and responsibilities of medical and midwifery staff working within the Maternity Services'; register number 04227)

5.1 Duty rotas must be prepared in line with annual / study leave guidance to enable an even distribution of staff throughout each 24 hour period per week. These rosters will be approved 6 weeks in advance of the shifts being worked so the midwifery managers will then know in advance where the shortfalls in staffing are and take appropriate action. Once approved, duty rotas must not be changed without the knowledge and authorisation of the midwifery managers or Head of Midwifery/Nursing.

5.2 Both long and short term shortages that occur through sickness or special leave may be covered with Bank or Agency (staff) if the shift cannot be covered through redistribution of remaining staff. This can only be sanctioned by the Head of Midwifery/Nursing (or nominated deputy such as the Midwifery Manager on-call)

5.3 When a deficit from the above staffing levels occurs at short term notice then the Head of Midwifery/Nursing and Supervisor of Midwives on call should be informed of numbers of staff remaining, skill mix, capacity and workload to include acuity and dependency factors that will influence the decision for the Maternity Unit to close or to implement the next stages of the policy.

5.4 Every effort should be made to immediately rectify the deficit by initially calling the following health professionals:

- Book bank and/or agency staff
- Offer overtime/ extra hours to permanent staff
- Call in the on call midwife from Chelmsford community
- Call first on call from St Peters and or WJC
- Check work load and staffing at both Midwifery-led Units
- Consider closure of one or both of the standalone units
- Suspend home birth service

5.5 If the above action fails to rectify the situation, close one or both of the Midwife-led Units transferring women and babies home or to the Broomfield site as appropriate and diverting staff to Broomfield

5.6 When all these measures have been taken and the problem is not resolved, the Escalation Procedure (refer to point 9) should be followed.
(Refer to Appendix B)

6.0 Temporary Closing of the Broomfield Maternity Unit due to Shortage of Beds

(Refer to the guideline for 'Roles and responsibilities of medical and midwifery staff working within the Maternity Services'; register number 04227)

6.1 The nature of maternity services at times may lead to peaks in activity at the Consultant Led Unit that exceeds capacity. If the problem is a shortage of labour ward beds, careful assessment of the patients on the Maternity Unit should be made to see if any can be safely transferred to the Midwifery-led Units (MLU) or home.

6.2 Consideration needs to be given to stepping down postnatal women to the standalone units and diverting low risk labouring women to these units, if the decision has been made for the units to remain open to support capacity issues at the Broomfield site

6.3 Bed shortages on the co-located Midwifery-led unit, will initiate support from the Labour Ward, where rooms will be made available for use to support labouring women

6.4 Prior to temporarily closing the Maternity Unit at Broomfield due to shortage of beds the following steps should be undertaken.

- Inform Head of Midwifery/Nursing and Supervisor of Midwives regarding the shortage of beds situation.
- Transfer as many postnatal patients as possible to St Peters or WJC Midwife-led Units or home.
- Review and discharge any antenatal and postnatal patients clinically fit for discharge.
- Transfer patients that have undergone a lower segment caesarean section (LSCS) to the gynaecological ward if less than 24 hours postnatal and unable to transfer out to Midwife-led Units for clinical reasons.
- Organise midwifery staff to support the surgical ward if feasible.

6.5 If the problem is a shortage of beds on the postnatal ward, careful assessment of existing women should be made to see if any may be safely discharged or transferred to another area i.e. those who are inpatients because their baby is in the Neonatal Unit, could be accommodated overnight in the Neonatal Unit rooming-in facility if available.

6.6 When all these measures have been taken and the problem is not resolved, the Escalation Procedure (refer to point 9) should be followed.
(Refer to Appendix B)

7.0 Closing the Midwife-led Units due Inadequate Staffing Levels or Shortage of Beds

(Refer to the guideline for 'Roles and responsibilities of medical and midwifery staff working within the Maternity Services'; register number 04227)

7.1 Duty rotas must be prepared in line with annual / study leave guidance to enable an even distribution of staff throughout the week. The midwifery managers will then know in advance where the shortfalls in staffing are and take appropriate action. Once approved, duty rotas must not be changed without the knowledge and authorization of the midwifery managers.

7.2 Prior to temporarily closing either or both the Midwifery –led Units due to inadequate staffing levels, the following steps should be undertaken.

- Shortages i.e. through sickness or special leave may be covered with Bank Staff if the shift cannot be covered through redistribution of permanent staff based at either the Midwifery Led Units (MLU) or the Broomfield site.
- This should be sanctioned by the Community Midwifery Manager in the first instance, if agency is required to backfill staff at the Broomfield site this needs to be authorised by the Head of Midwifery/Nursing (or nominated deputy).

7.3 When a short term deficit from the baseline staffing levels is present, the Community Midwifery Manager in conjunction with the Team Leader should make every effort to rectify the deficit by initially calling the following health professionals:

- Bank staff
- Staff based at the other stand alone unit or at Broomfield
- Request support from the on call cover for the MLU units and Chelmsford Community
- Offer overtime/ extra hours to permanent staff
- Suspend home birth service

7.4 If the MLU is unable to resolve their issues of insufficient staff, this may result in the temporary closure of the unit and the redirection of women in labour to the other stand alone unit or the co-located Birthing Unit at Broomfield.

7.5 All postnatal women should be reviewed and either transferred home or to another MLU for ongoing support

7.6 In the event the MLU is closed due to staffing, it may only affect one staff group. Therefore, the remaining staff group should transfer to the Broomfield site.

7.7 Telephone lines should be transferred to the Broomfield site or the other MLU – dependant on activity throughout the service and staff should ensure they clearly identify the unit and area to callers when receiving calls.

7.8 If there is a shortage of beds at the MLU, women should be advised to attend the other MLU or Broomfield Maternity Unit. The senior midwife on duty should inform the Maternity Bleep holder and Midwifery Manager on call

8.0 Temporary Restriction of Admissions to the Neonatal Unit

8.1 It is sometimes necessary to temporarily restrict admissions to the Neonatal Unit (NNU) due to reduced availability of cots or insufficient staff or poor skill mix. The temporary restriction on admissions to the Neonatal Unit impacts on the patients already present on the Labour Ward and pending admissions.

8.2 The decision to temporarily restrict admissions the Neonatal Unit should be taken in conjunction with the Consultant Paediatrician, Obstetric Consultant on call and the Head of Midwifery/Nursing (or nominated deputy)

8.3 When the Neonatal Unit is temporarily restricted to admissions a risk assessment should be undertaken for each patient on the Labour Ward and Antenatal Inpatient/DAU/Triage area at the time of the temporary restriction of admissions to decide the likelihood of requiring a neonatal cot.

8.4 If the baby is at high risk of requiring admission to the Neonatal Unit, a multidisciplinary decision should be made as to whether the patient is safe to transfer to another Unit or to remain.

8.5 When all these measures have been taken and the problem is not resolved, the Escalation Procedure (refer to point 9) should be followed.
(Refer to Appendix B)

9.0 Shortage of Community Midwives within Mid Essex

9.1 If there is a shortage of community midwives within the service that affects the ability to provide on call cover for the homebirth service, this should be suspended and the women diverted to midwifery –led unit.

9.2 As a minimum there should be 3 on call midwives to support home births within Mid Essex.

9.3 When the main maternity unit requires support due to staff shortages or high activity from the community on call midwife the request should be made to the team best able to support the unit ie those with the least activity or no home births pending.

10.0 Escalation Procedure

10.1 **Rare event**: this will be a Trust wide event, and decision to close the Maternity Unit will be made by the designated Lead for the Trust
(Refer to the ‘Major incident plan’; register number 0601125)

10.2 When concerns are realised regarding staffing levels and/or bed status within the Maternity Service an assessment will be undertaken at 08.00, 14.00 and 20.00 hours by the Maternity Bleep holder, Midwifery Manager on call and Labour Ward Co-ordinator . This status should be reported to the Head of Midwifery/Nursing, Midwifery Manager on call and the Supervisor of Midwives should be notified of Amber / Red status. (Refer to Appendix B, C)

10.3 When appropriate ie de-escalation does not look imminent, then the Head of Midwifery/Nursing and/or the Manager on call will inform the executive director on call regarding the situation and potential for unit closure

10.4 When concerns are realised regarding staffing levels and/or cot status in the Neonatal Unit an assessment will be undertaken at 08.00, 14.00 and 20.00 hours by the senior nurse on duty or the Advanced Neonatal Nurse Practitioner (ANNP). This status should be reported to the Head of Midwifery/Nursing and/or the site manager (out of hours) should be notified of Amber / Red status. (Refer to Appendix B, C)

10.5 **Green Alert**
(Refer to Appendix B)

- List the number of planned elective admissions i.e. caesarean sections (LSCS) and inductions in the unit
- List the number of 'high risk / dependency' cases in the unit
- List the number of discharges planned
- List the number of patients requiring 1:1 care (including those with or requesting epidurals / homebirths)
- List the number labour beds empty, postnatal beds empty, antenatal beds empty
- Record staffing levels and deviations from set template (include midwives in the hospital, community and midwives with specialist roles)
- It is expected that all patients suitable for discharge are transferred to home, or discharged from midwifery care

10.6 **Amber Alert**
(Refer to Appendix B)

- Insufficient capacity to meet the elective midwifery or obstetric demand. This may be due to beds, staffing or neonatal capacity / staffing

- **Action to be taken**: Increase bed capacity – emergency ward round on labour ward and antenatal / postnatal ward areas (daytime hours) by obstetric consultant on call; ensure patients not requiring care on Labour ward are transferred to antenatal / postnatal wards. Utilize beds on the Gynaecology ward and the Midwife-led Units (MLU)

- Discharge home those patients no longer requiring hospital care

- Review elective work, caesarean sections (LSCS) and inductions; delay where possible

- Consider using rooms on the Neonatal Unit (NNU) for those patients who have babies on the NNU

- Patients waiting for treatment or investigations who could be reviewed. Arrange for investigations / treatment to be expedited and arrange discharge

- **If more staff are required** can community staff be called in; can midwives with specialist posts be re-deployed clinically; can Bank be recruited?

- Make best use of other staff - Health Care Assistants (HCA's), Maternity Support Workers (MSW's)

Communication:

- Inform Head of Midwifery/Nursing (or nominated Deputy)
- Inform Midwifery Manager on call
- Inform On-call Consultant Obstetrician
- Inform Consultant Paediatrician
- Inform Neonatal Unit
- Inform Supervisor of Midwives

REVIEW HOURLY

10.7 **Red Alert**
(Refer to Appendix B)

- Definition: inability to undertake any elective or priority (patients in labour), midwifery / obstetric care / neonatal care. This may be due to shortage of: beds / cots and / or staffing.
- **Indicators:** Inability to undertake elective work i.e. inductions and LSCS
- Inability to accommodate labouring patients
- Inability to provide 1:1 care where needed, including homebirths
- Neonatal closure
- Action as **Amber** - if no improvement close beds and divert deliveries to neighbouring Trusts

10.8 The decision to close the Maternity Unit should be taken by the following:

- Head of Midwifery/Nursing (or nominated Deputy)
- Executive Lead for the Directorate (between 0900-1700 hours)
- Executive on call (out of hours)
- Obstetric Consultant on call
- Consultant Paediatrician on call

10.9 The time of the subsequent review will be determined by the Head of Midwifery/Nursing. The Executive Director on call will be contacted by the Head of Midwifery/Nursing or Midwifery Manager on call.

10.10 In the event that neighbouring Maternity Units can no longer accept patients for care, the Head of Midwifery/Nursing (or nominated deputy) must be contacted and a new plan initiated.

10.11 **Communication**: inform the following:
(Refer to Appendix D)

- Head of Midwifery/Nursing (or nominated Deputy)
- Midwifery Manager on call
- Executive Director for the Directorate: HoM to inform

- Executive Director on call
- Chief Executive (09:00-17:00): HoM to inform
- Head of Communications (09:00-17:00): HoM to inform
- Supervisor of Midwives
- On-call Consultant Obstetrician, Consultant Anaesthetist covering Labour Ward and the on-call Consultant Paediatrician
- Neonatal Unit
- Site Manager
- Neighbouring Trusts: Princess Alexandra Hospital, Harlow, Colchester Hospital, Queens Hospital, Basildon
  (Refer to Appendix D)
- East of England Ambulance Service
  (Refer to Appendix D)
- Switchboard
- The LSA website/ database must also be updated www.midwife2.org.uk by the Supervisor of Midwives
- Completion of an incident reporting form

11.0 Communication

(Refer to Appendix D)

11.1 The neighbouring Maternity Units must be informed of the situation and asked if they can accept any patients. Ambulance Control must be informed of the closure and of the decision to re-open as soon as possible.

11.2 When patients telephone during the period of closure:-

- The patient must be informed of the reason for closure, apologies made and which hospitals are accepting referrals
- The patient's name, address and telephone number are to be taken
- The Midwife on the labour ward will ring the neighbouring unit to find out if they can accept this patient

11.3 The midwife will then ring the patient back and inform her which unit will be able to take her. The patient must be given directions of how to reach the neighbouring hospital, or advised to call an ambulance, whichever is the most appropriate for that patient.

11.4 On no account are patients to be advised to telephone other Maternity Units themselves.

12.0 Follow-up

12.1 The Head of Midwifery/Nursing (or in her absence her Deputy), will ensure that a letter of apology is sent to every patient who is referred to another unit. This letter will offer to provide further explanation, as to the reasons why referral became necessary, if this is required by the parents.
(Refer to Appendix E, F, G)

13.0 Staffing and Training

13.1 All midwifery and obstetric staff must attend yearly mandatory training which includes skills and drills training.

13.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

14.0 Audit and Monitoring

14.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.

14.2 As a minimum the following specific requirements will be monitored:

- Contingency plans to address ongoing staffing shortfalls, for example due to increased workload or sickness
- Contingency plans to address ongoing staffing shortfalls, if any

14.3 A review of a suitable sample of pertinent evidential documents to include the minimum requirements as highlighted in point 14.3 will be audited.

14.4 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.

14.5 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

14.6 Key findings and learning points from the audit will be submitted to the Clinical Governance Group within the integrated learning report.

14.7 Key findings and learning points will be disseminated to relevant staff.

15.0 Guideline Management

15.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

15.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

15.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are now downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.

15.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for future training needs will be met using methods such as 'workshops' or to be included in future 'skills and drills' mandatory training sessions.

16.0 Communication and Implementation

16.1 A quarterly 'maternity newsletter' is issued to all staff to highlight key changes in clinical practice to include a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly. Midwives that are on maternity leave or 'bank' staff have letters sent to their home address to update them on current clinical changes.

16.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.

16.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.

16.4 Regular memos are posted on the guideline and audit notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

17.0 References

Department of Health (2007) Maternity Matters: choice, access and continuity of care in a safe service. DoH: April.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073312

Essex Wide Capacity Monitoring Group: Joint working paper December 2012

National Institute for Clinical Excellence (2007) Intrapartum care: care of healthy women and their babies during childbirth. NICE: London; September.

National Institute for Clinical Excellence (2008) Antenatal care: routine care for the healthy pregnant woman. NICE: London; March.

Royal College of Anaesthetists, royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health (2007). Safer Child birth: Minimum Standards for the Organisation of Care in Labour. London RCOG press www.rcog.org.uk

Royal College of Midwives. (2009) Staffing Standards in Maternity Services. London: RCOG press

Appendix A

Equality Impact Assessment (EIA)

Title of document being impact-assessed:

Temporary Closure of the Maternity Unit (Registration number 10084)

Equality or human rights concern (see guidance notes below)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	Not an issue	
Race and ethnicity	Language Barrier Access to female medical staff	Use Trust Interpretor Service Female consultants available
Disability	Not an issue	
Religion, faith and belief	Jehovas Witness – refusal to accept blood products	Defined plan of care and policy
Sexual orientation	Not an issue	
Age	Not an issue	
Transgender people	Not an issue	
Social class	Not an issue	
Carers .	Not an issue	

Date of assessment: 01.04.2016

Names of Assessor (s): Alison Cuthbertson

Appendix B

Maternity Services
Bleep Holder's Assessment Documentation

Staffing Escalation Flowchart to Ensure Maintenance of safe staffing levels

Midwives Staffing	*Early*	*Late*	*Night*
Unit minimum staffing levels	15	15	13
Unit standard staffing levels	16	16	14

*All staffing under review; awaiting Birthrate Plus final report (due Oct-15)

Bleepholder

- Books Bank / Agency Midwife
- Identifies Unsafe Levels
- Following re-deployment extended

Reviews

- Activity
- Action
- Projected Activity
- Bank / Agency deficit (book upto a maximum of 3 agency Midwives)
- Review Skill mix

Report to 8a

- 8a reviews options
  - Consider 4th Agency Midwife
  - Consider closure of MLU(s)

8a Escalates to HoM

- HoM Decides
  - If 4th Agency Midwife is a safe option
  - If Unit closure is required
- Duration of Closure
- Escalates to Executive & OMS & Bed Management

October 2015

Appendix C

Mid Essex Hospital Services NHS
NHS Trust

MATERNITY DEPARTMENT

DAILY INFORMATION FOR BLEEP HOLDER

Date:

Day: **Bleep Holder Name:**

BROOMFIELD	***Early***	***Late***	***Night***
RAG status of Unit			
RAG status of NNU			
No. of EL CS			
No. of Em CS			
No. of IOL *Early* *On-going*			
Total No. of Midwives	*I/P* *Comm*		*Total OC:*
Total No. Band MCA	*Divide IP/Comm*		
Bed Availability			
Potential Discharges			
	DATIX	*DATIX*	**DATIX**
Incidents Occurred – Informed: HOM, RM			
Sickness and Absence			

Name	**Area**	**Date**	**Est Rtn Date**	**From Completed**	**Shift**	**Cover Required**
				Y		
				Y		
				Y		
				Y		

Management Team / Specialist Midwives	**Team Leaders Admin Day**
Lead MW Community / Standalone / ANC / Safeguarding **Lead Midwife for Labour Ward, Birthing Unit & Acute Inpatient Services** **Risk Midwife** **PDM** **Guideline / Clinical Audit Midwife** **Safeguarding Midwife** **Perinatal Mental Health** **Screening MW** **Infant Feeding Midwife**	**Handover**
SoM on-call 0800 – 0800	
Manager on-call *(name)*	

Requirement for the bleep holder to email daily staffing levels to Lyn Hinton (lyn.hinton@meht.nhs.uk) *Yes* ☐ *No* ☐

BROOMFIELD

Labour Ward	***Early***	***Late***	***Night***
No. of Midwives			
Band 7			
Band 6			
Band 5			
No of MCA's			
Bed Occupancy *(max 10)*			
Low Risk Unit			
No. of Midwives			
Bed Occupancy *(max 5)*			
DAU / Triage			
No. of Midwives			
No. of MCA's			
Bed Occupancy *(max 8)*			

Postnatal Ward	*Early*	*Late*	*Night*
No. of Midwives			
No. of MCA's			
Bed Occupancy *(max 20)*			
ANC			
No. of Midwives			
Screening Midwife			
No. of MCA's			

STAND ALONE AND COMMUNITY

St Peter's	*Early*	*Late*	*Night*
No. of Midwives			
No. of MCA's			
Bed Occupancy			
WJC			
No. of Midwives			
No. of MCA's			
Bed Occupancy			
Community			
No. of Midwives			
No. of MCA's			

CALL LOG

Time	*Nature Of Call*	*Action*

Comments

LSCS Review Completed?	*Yes*	☐	*No*	☐	*If no; Why?*

Appendix D

Temporary Closure of the Maternity Unit - Communication Strategy

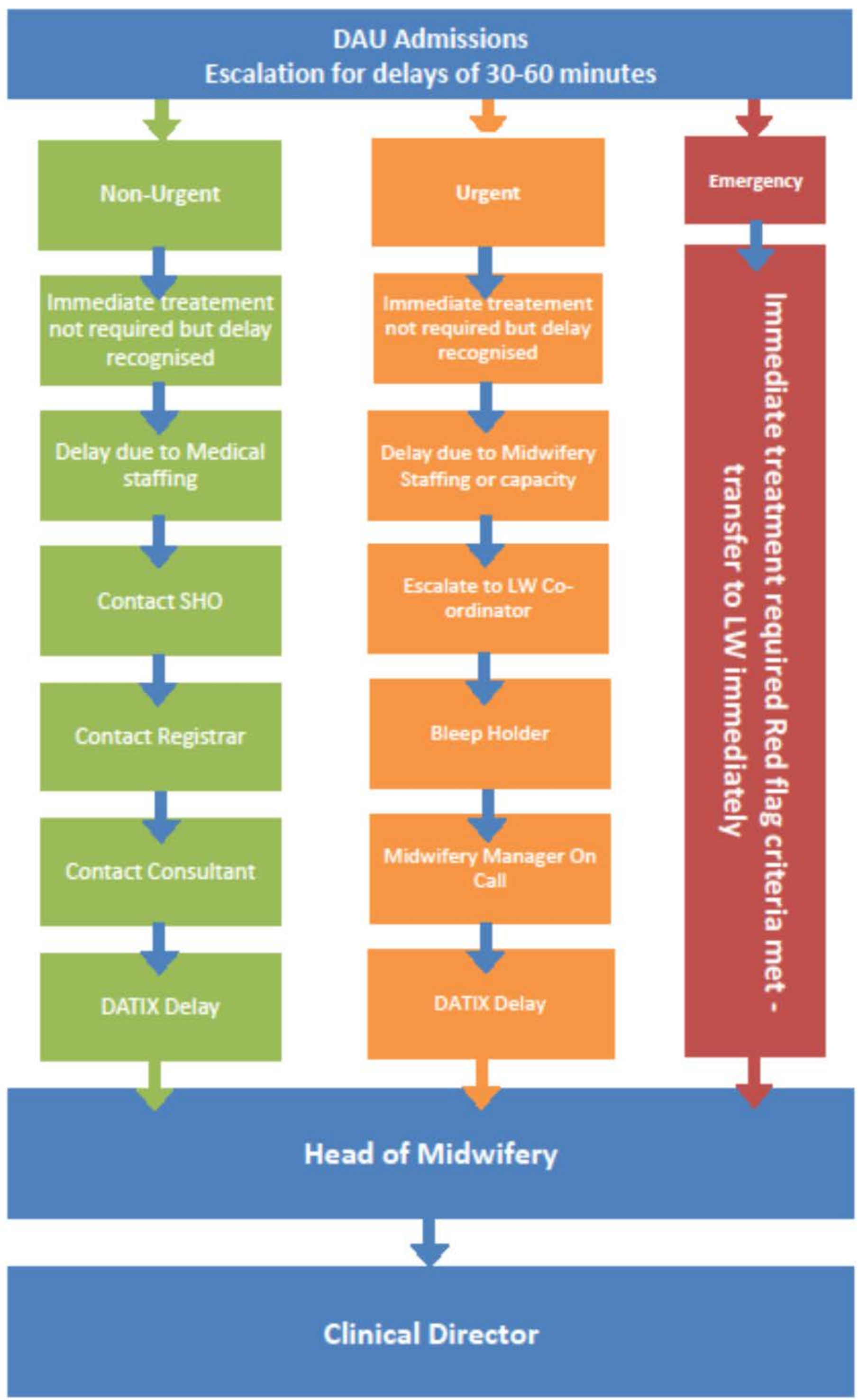
Once the decision has been taken by Head of Midwifery/Nursing (or nominated Deputy) and on call Consultant Obstetrician and Paediatrician the following steps should be taken:

1. The Head of Midwifery or her nominated deputy should inform the Executive Director on call and advise of plans put in place
2. The Head of Midwifery will also contact the Executive Lead for the Directorate, Head of Communications and the Chief Executive and inform them of the situation
3. Nominate the Closure Co-ordinator
4. Inform the site manager on call
5. Make arrangements for neighbouring trusts to accept maternity patients requiring admission.

- Princess Alexandra Hospital, Harlow: direct number # 6229
- Colchester Hospital: direct number #6157
- Queens Hospital, Romford: direct number #6194
- Basildon Hospital, Basildon: 01268 524900

6. Inform ambulance control of the closure and arrangements agreed with receiving maternity units to ensure that patients in labour are diverted to another hospital.
7. East of England Ambulance Service Division; HEOC (Health Emergency Operation Centre) Duty Manager Telephone number: 01245 444498
8. East of England Ambulance Service Division Fax: 01245 441444
9. Inform patients telephoning prior to their admission in labour of their need to divert to another maternity hospital.
10. If patients have not contacted the maternity unit prior to their arrival in labour, arrange transfer to a receiving hospital.
11. Inform the following key health professionals regarding the maternity unit closure:
12. Accident and Emergency (A&E) department
13. Obstetric and midwifery staff on call
14. Midwife-led Units
15. Hotel Services
16. Local Primary Care Organisations in order to cascade information to all general practitioners (GP's)
17. Nordoc, Cheldoc (GP Co-operative) and NHS direct
18. The Strategic Health Authority
19. Women booked for planned/elective admissions
20. Communications Department, if not already done by Hom
21. Complete closure paperwork and send to the Head of Midwifery/Nursing. Closure of the Maternity Unit is to be considered a clinical incident and DATIX must be completed.
22. It is the responsibility of the Supervisor of Midwives to inform the LSA midwifery officer (enter details on the LSA database

Appendix E



Appendix F

Name:

Address:

Date:

Dear

I would like to apologise for the fact that you had to be referred to another Maternity Unit on (**insert date)** owing to the temporary closure of our Maternity Unit. I believe you were informed at the time, this was due to an exceptionally busy day, resulting in a shortage of beds.

Please be assured that your health and safety, and that of your baby, was our prime concern when the decision to refer you to another hospital was made. A decision to close the unit is always made as a last resort, but I understand how stressful this late change must have been for you.

I would also like to take this opportunity to offer you further explanation if you should feel you need it. This can be done in a number of ways either through a meeting, or a telephone call. If you would like to take up this opportunity, please do not hesitate to telephone the maternity secretary on 01245 523004.

Yours sincerely,

Head of Midwifery/Nursing
Women & Children's Services

Appendix G

Name:

Address:

Date:

Dear

I would like to apologise for the fact that you had to be referred to another Maternity Unit on (**insert date)** owing to the temporary closure of our Maternity Unit. I believe you were informed at the time, this was due to an exceptionally busy day, resulting in a shortage of midwives.

Please be assured that your health and safety, and that of your baby, was our prime concern when the decision to refer you to another hospital was made. A decision to close the unit is always made as a last resort, but I understand how stressful this late change must have been for you.

I would also like to take this opportunity to offer you further explanation if you should feel you need it. This can be done in a number of ways either through a meeting, or a telephone call. If you would like to take up this opportunity, please do not hesitate to telephone the maternity secretary on 01245 523004.

Yours sincerely,

Head of Midwifery/Nursing
Women & Children's Services

Appendix H

Name:

Address:

Date:

Dear

I would like to apologise for the fact that you had to be referred to another Maternity Unit on (**insert date)** owing to the temporary closure of our Maternity Unit. I believe you were informed at the time, this was due to an exceptionally busy day, resulting in a temporary restriction of admissions to the Neonatal Unit.

Please be assured that your health and safety, and that of your baby, was our prime concern when the decision to refer you to another hospital was made. A decision to close the unit is always made as a last resort, but I understand how stressful this late change must have been for you.

I would also like to take this opportunity to offer you further explanation if you should feel you need it. This can be done in a number of ways either through a meeting, or a telephone call. If you would like to take up this opportunity, please do not hesitate to telephone the maternity secretary on 01245 523004.

Yours sincerely,

Head of Midwifery /Nursing
Women & Children's Services

Appendix I

Maternity Unit Closure Record / Audit Proforma

Summary	
Date and time unit closed	
Date and time unit re-opened	
Total length of time unit closed	
Reason for closure	
Decision to close made by	
Name of Midwifery Manager / Bleep Holder coordinating closure	
Total number of women referred elsewhere	

Patients referred to other Maternity Units

Name	Hosp no/ NHS no	Weeks gestation /40	Details of Referral	Parity	Unit Referred To	Outcome Delivery / Discharge	Letter Sent by

Incident form completed by:…………………………………………………………..

Signed……………………………………………Maternity Bleep Holder

Date and Time……………………………………………………………………………….

Completed audit proforma to be returned to the Head of Midwifery and a copy sent to the SOM