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Executive and Clinical Directors (Communication of minutes from Document Ratification Group)	Date: June 2019	Distribution Method:	Intranet & Website. Notified on Staff Focus

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Related Trust Policies (to be read in conjunction with)*	<p>04071 Policy for standard infection prevention precautions Major Incident Plan 10046 Fire evacuation policy 09030 Health and safety policy 04226 Suspected missing women and/or babies in from Maternity Services 04227 Roles and Responsibilities of medical and midwifery staff working within the Maternity Services. 06036 Maternity record keeping including documentation in handheld records 04272 Guideline for maternity care 04291 Induction of Labour (IOL) with prostaglandin, Propress, artificial rupture of membranes and stretch and sweep 09079 Management of normal labour and prolonged labour in low risk patients 09127 Routine postnatal care of women and their babies 04272 Maternity Care Guideline 10017 Midwife- led Services Clinical Operational Policy</p>
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Document Review History:			
Version No:	Authored/Reviewer:	Summary of amendments/ Record documents superseded by:	Issue Date:
1.0	Karen Bartholomew		October 2005
2.0	Sarah Moon		September 2010
3.0	Meredith Deane		24 th January 2013
4.0	Alison Cuthbertson	Full Review	10 th May 2016
5.0	Alison Cuthbertson	Full Review	4 th June 2019
5.1	Christine Berner	Red Flag inclusion - point 10.11, modification of Appendix D and addition of Appendix L	13 th June 2019

INDEX

- 1. Purpose**
- 2. Equality Impact Assessment**
- 3. Aims**
- 4. Possible Reasons for Closure of the Consultant-led Unit**
- 5. Temporary Closing of the Broomfield Maternity Unit due to Insufficient Staff or Inappropriate Skill Mix**
- 6. Temporary Closing of the Broomfield Maternity Unit due to Shortage of Beds**
- 7. Closing the Midwife-led Units due to Inadequate Staffing Levels or Shortage of Beds**
- 8. Temporary Restriction of Admissions to the Neonatal Unit**
- 9. Shortage of Community Midwives within Mid Essex**
- 10. Escalation Procedure**
- 11. Communication**
- 12. Follow-up**
- 13. Staffing and Training**
- 14. Audit and Monitoring**
- 15. Guideline Management**
- 16. Communication and Implementation**
- 17. References**
- 18. Appendices**

Appendix A - Preliminary Equality Analysis

Appendix B – Bleep holder Escalation proforma

Appendix C - Divisional Staffing levels for Safety Huddle Pro forma

Appendix D - Daily bleep holder Information proforma

Appendix E – Bleep holding Weekly Staffing proforma

Appendix F - Temporary Closure of the Maternity Unit – Communication Strategy

Appendix G - Escalation of Delays on DAU Flowchart

Appendix H - Correspondence from Head of Midwifery (HOM) Regarding Shortages of
Beds

Appendix I - Correspondence from Head of Midwifery regarding shortages of Midwives

Appendix J - Correspondence from Head of Midwifery regarding temporary restriction to
NNU

Appendix K - Maternity Unit Closure Record/ Audit Proforma

Appendix L- Red Flag Events

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 Impact Assessment

- 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.
(Refer to Appendix A)

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 and Executive on call.

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;
 - 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 at 4 hourly intervals i.e. 08:00;12:00 and 16:00 hours. 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 8 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 Staffing levels and activity are reviewed at the morning divisional 'Safety huddle' meeting Monday to Friday, staff shortages are balanced by staff redeployment or safe allocation of patients. The bed office is informed when acuity and dependency are high.
- 5.3 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. Agency staff can only be sanctioned by the Director of Nursing, the Head of Midwifery/Nursing (or nominated deputy such as the Midwifery Manager on-call) will be the first approver.
- 5.4 When a deficit from the above staffing levels occurs at short term notice then the Head of Midwifery/Nursing and Manager 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.

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

- Non clinically staff to work clinically
- Book bank and/or agency staff;
- Offer / extra hours to permanent staff;
- Call in the on call midwife or Midwives from Chelmsford community, utilising the Home Birth Midwives during the day;
- 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.

5.6 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.

5.7 When all these measures have been taken and the problem is not resolved, the Escalation Procedure (refer to point 10) 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. Community midwives can triage low risk women at home when the staffing would not be compromised.

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; implementing 2 hourly monitoring of the situation:

- Inform Head of Midwifery/Nursing Manager on Call regarding the shortage of beds situation;

- Transfer as many low risk or previously high risk postnatal women (who have been discharged by an obstetrician) as possible to St Peters or WJC Midwife-led Units or home. This may include well babies of well women who still require screening observations e.g. Meconium, prolonged rupture of membranes, neonatal abstinence syndrome observations when there have been no previous concerns regarding completed observations;
- 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 10) should be followed.
(Refer to Appendix B)

7.0 Closing the Midwife-led Units due to 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.

- Utilise all clinical staff working non-clinically to work clinically;
- 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 Director of Nursing, 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:

- Non-clinical 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 / 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 10) 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')
- 10.2 When concerns are realised regarding staffing levels and/or bed status within the Maternity Service an assessment will be undertaken at 2 hourly intervals 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 and Midwifery Manager on call.
(Refer to Appendix B, C)
- 10.3 When appropriate i.e. de-escalation does not look imminent, then the Head of Midwifery/ Nursing and/or the Manager on call will inform the Director of Nursing, 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 2 hourly intervals 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 the Rooming –in rooms on the Neonatal Unit (NNU) for those women who are fit for discharge who have babies on the NNU;
- Consider converting antenatal beds and or rooms and co-located birthing unit rooms for low risk postnatal women;
- 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** community staff may be called in and midwives with specialist and managerial posts will be re-deployed clinically;
- Make best use of other staff - Health Care Assistants (HCA's), Maternity Support Workers (MSW's), and administration staff to manage discharge processes.

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.

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 the 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);
- Director of Nursing;
- 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 **Midwifery Red Flag Events** (see Appendix L) A Red Flag event may denote when activity is high or staffing is insufficient. If a Red Flag Event is triggered the Midwife in charge must be notified.

10.12 **Communication:** inform the following:
(Refer to Appendix F)

- Head of Midwifery/Nursing (or nominated Deputy);
- Midwifery Manager on call;
- Executive Director for the Directorate: HoM to inform;
- Executive Director on call;
- Director of Nursing;
- Chief Executive (09:00-17:00): HoM to inform;
- Head of Communications (09:00-17:00): HoM to inform;
- 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 F)
- East of England Ambulance Service;
(Refer to Appendix F)
- Switchboard;
- Completion of an incident reporting form.

11.0 Communication

(Refer to Appendix F)

- 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 F, G, H)

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 14.2 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.

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.

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

National Institute for Clinical Excellence (2015) Safe midwifery staffing for maternity settings
Available online at: <https://www.nice.org.uk/guidance/ng4>

National Institute for Clinical Excellence (2017) Intrapartum care for health women and babies.

Available online at: <https://www.nice.org.uk/guidance/cg190>

National Maternity Review (2016) Better births: Improving outcomes of maternity services in England. A five year forward view for maternity care

Available online at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

National Quality Board (2018) Safe, sustainable and productive staffing. An improvement resource for maternity: appendices

Available online at:

https://improvement.nhs.uk/documents/1354/Safe_Staffing_Maternity_Appendices.proofed.pdf

Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Anaesthetists, , Royal College of Paediatrics and Child Health (2007). Safer childbirth: Minimum standards for the organisation and delivery of care in labour.

Available online at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/safer-childbirth-minimum-standards-for-the-organisation-and-delivery-of-care-in-labour/>

Royal College of Midwives. (2016) RCM guidance on implementing the NICE safe staffing guideline on midwifery staffing in maternity settings.

Available online at:

<https://www.rcm.org.uk/media/2369/rcm-guidance-on-implementing-the-nice-safe-staffing-guideline-on-midwifery-staffing-in-maternity-settings.pdf>

Appendix A: Preliminary Equality Analysis

This assessment relates to: Maternity Services Escalation Policy (10084)

A change in a service to patients		A change to an existing policy	X	A change to the way staff work	
A new policy		Something else (please give details)			
Questions			Answers		
1. What are you proposing to change?			Full Review		
2. Why are you making this change? (What will the change achieve?)			3 year review		
3. Who benefits from this change and how?			Patients and clinicians		
4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.			No		
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?			Refer to pages 1 and 2		

Preliminary analysis completed by:

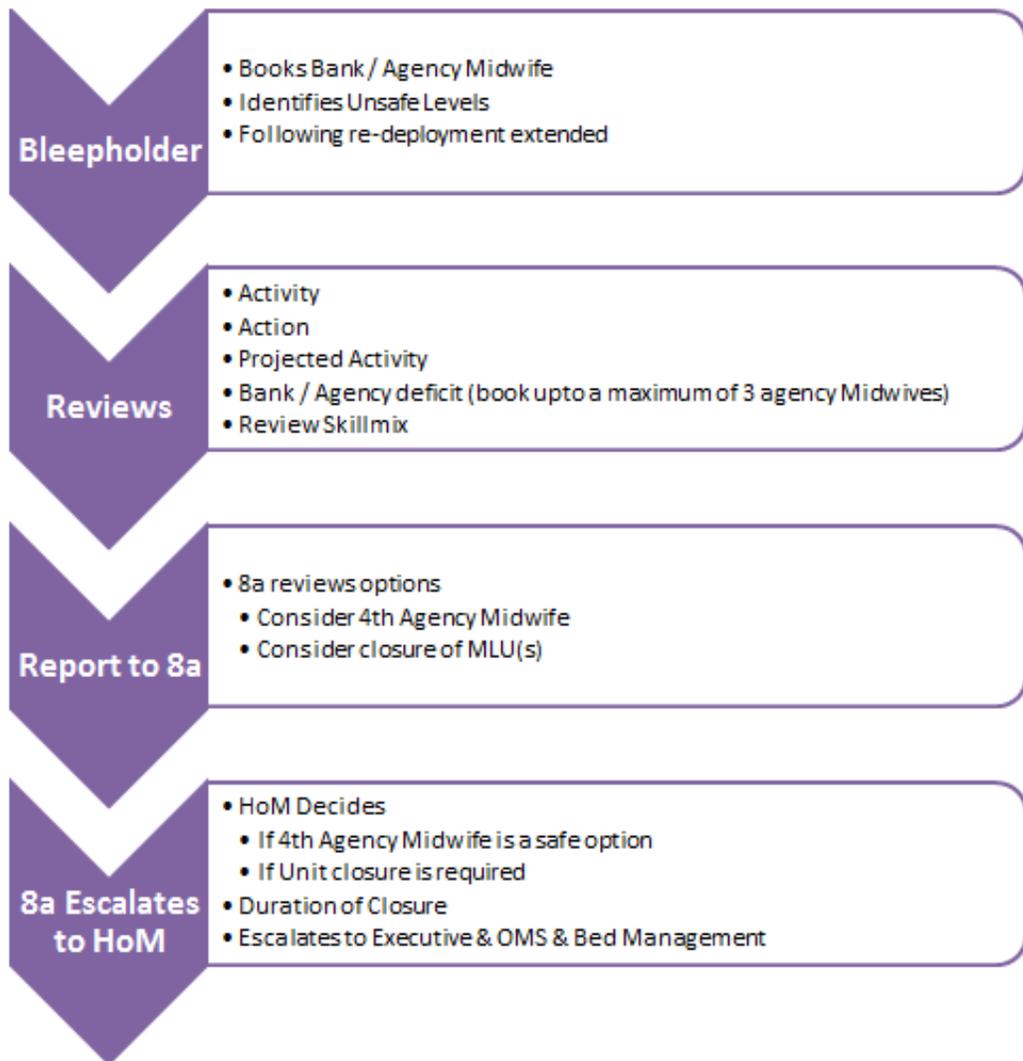
Name	Chris Berner	Job Title	Lead Midwife Clinical Governance	Date	March 2018
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Bleepholder Escalation Proforma

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	14	14	13
Unit standard staffing levels	16	16	15

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



Divisional Staffing levels for Safety Huddle Pro forma

**Daily Staffing Levels
Women & Children's Directorate**

Date:

Present:

Apologies:

Bed Meeting Attendee:

Bed Capacity			
Gosfield Ward		Phoenix Ward	
Neonatal Unit		Maternity	

Gosfield Ward						
	RN		HCA		Student Nurse	Student Midwife
Early		3		2		
Late		2		1		
Night		2		2		
EPU		1		1		
						SAFE/UNSAFE

Neonatal Unit						
	Trained		NN		Student Nurse	Student Midwife
Long Day		6		1		
Night		6		1		
						SAFE/UNSAFE

Phoenix Ward						
	Registered Nurse		Band 4		Student Nurse	
Early		6		1		
Late		6		1		
Night		5		1		
						SAFE/UNSAFE

PAU						
	Registered Nurse		Band 4		Student Nurse	
Early		2		1		
Late		2		1		
Night		1		1		
						SAFE/UNSAFE

Total in Maternity Consultant Unit					
	Registered Midwife			MCA	
Early			19		5
Late			17		5
Night			14		5
On Calls			4		0
Appointment <input type="checkbox"/>	Mid <input type="checkbox"/>		NIPE <input type="checkbox"/>		SAFE/UNSAFE

Children's Outpatients Department					
Early					

		SAFE/UNSAFE
Wizard		
Early		
Late		
Night		
On Call		
		SAFE/UNSAFE
Children's Emergency Department		
Early		
Late		
Night		
		SAFE/UNSAFE

Open Actions						
Action	Person Responsible	Start Date	Due date	Feedback	Complete	

Any Other Business:

Messages:

Appendix D

Daily blepholder Information pro forma

Date	Day	
Blepholder	Manager on Call	
Task	Completed	
Complete Weekly Numbers Sheet		
All relevant communication completed		
Required agency cover booked for next 5 days		
Facebook checked and updated		
Bank attended and locked down		
Shift adjustments completed		
Email 'Weekly Numbers Sheet' to next Blepholder		
Red Flags reported		

NUMBERS		Minimum Safe	Desirable	Actual	
Early		14	16		
Late		14	16		
Night		13	15		
Ongoing Inductions	TCI Inductions	Elective Caesarean	No of 'High Dependency' cases in unit	No of planned discharges	No of empty beds

Theatre	DAU Appointments	NIPE Shift	Mid Shift	HB	On call
High risk postnatal women on LRBU?			Y/N		
Action taken:					

Communication for next Blepholder :
Agency requested:

Appendix E

Bleepholding Weekly Staffing pro forma

	w/c												
DAU													
Labour Ward													
MLBU													
Postnatal Ward													
Total													
On Calls													
Mid Shift													
NIPE													
Appointments													
Theatre													

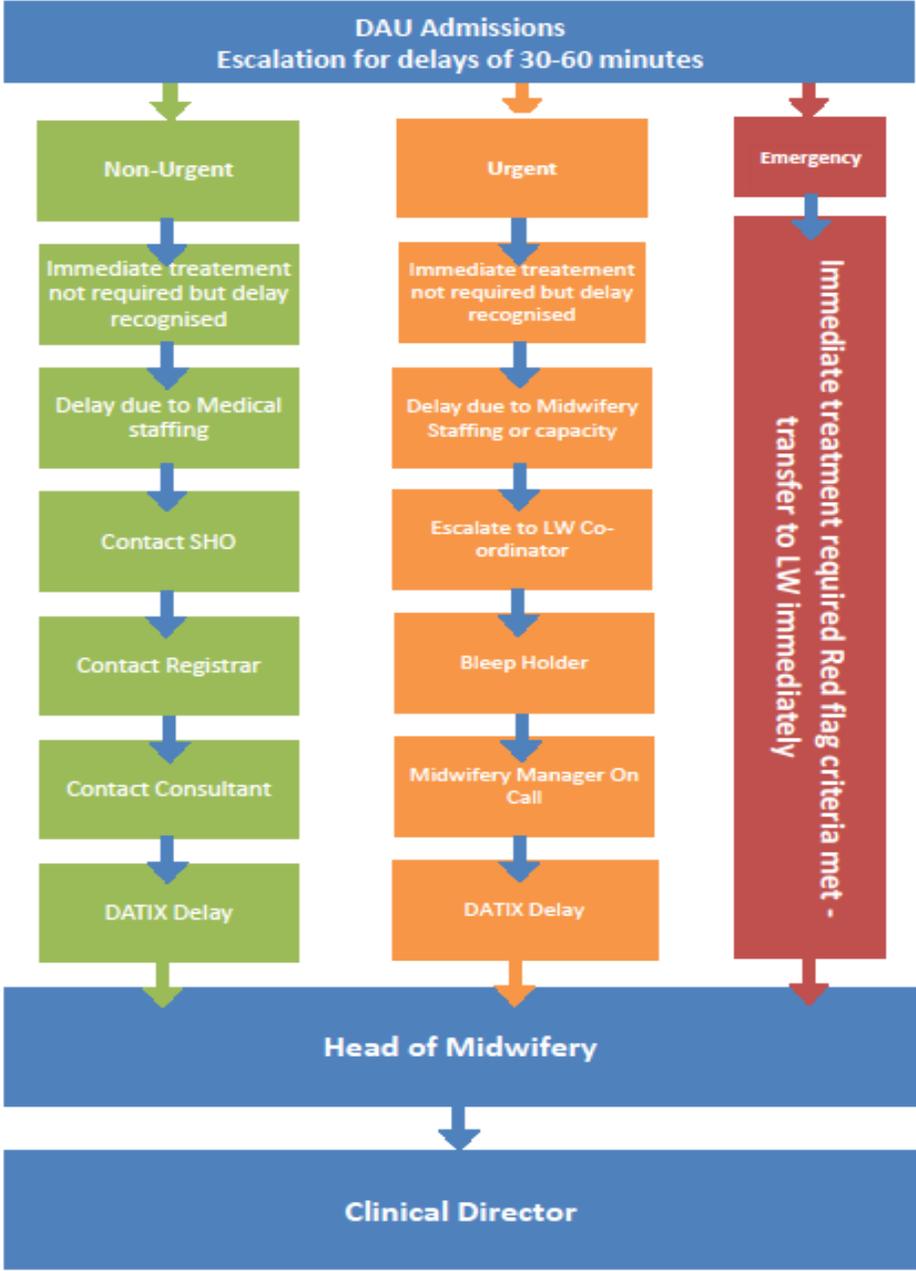
Appendix F**Temporary Closure of the Maternity Unit - Communication Strategy**

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 (01279 444455)
 - Colchester Hospital: direct number #6157 (01206 747474)
 - Queens Hospital, Romford: direct number #6194 (0330 400 4333)
 - 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. Inform patients telephoning prior to their admission in labour of their need to divert to another maternity hospital.
9. If patients have not contacted the maternity unit prior to their arrival in labour, arrange transfer to a receiving hospital.
10. Inform the following key health professionals regarding the maternity unit closure:
 - a. Accident and Emergency (A&E) department
 - b. Obstetric and midwifery staff on call
 - c. Midwife-led Units
 - d. Hotel Services
 - e. Women booked for planned/elective admissions
 - f. Communications Department, if not already done by Hom
11. 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.

Appendix G

Escalation of Delays on DAU Flowchart



Updated October 2015

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 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 I



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

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 K

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

Red Flag Events

Appendix L

For the purposes of Patient Safety assurances we need to ensure that when Red Flags occur they are managed and monitored. These are the identified Red Flags, please action as listed

	Red Flag	Action	Evidence
1	Delay of more than 30 minutes or more between presentation and triage/ triage to assessment.	<ol style="list-style-type: none"> 1. Inform Bleepholder 2. Re-deploy staff to area of high activity 3. Escalate to Labour ward co-ordinator 4. Inform on call, manager if escalation policy may need to be invoked due to bed and/ or staff shortages. 	Datix Add to Bleepholder record. Add to acuity tool on C.O.W. if outside of 8-4 hours.
2	Delay of two hours or more between admission for induction and beginning of process.	<ol style="list-style-type: none"> 1. Inform Bleepholder 2. Re-deploy staff to area of high activity 3. Escalate to Labour ward co-ordinator 4. Inform on call, manager if escalation policy may need to be invoked due to bed and/ or staff shortages. 	Datix Add to Bleepholder record. Add to acuity tool on C.O.W. if outside of 8-4 hours.
3	Any occasion when one midwife is not available to provide continuous one –to-one care when identified.	<ol style="list-style-type: none"> 1. Inform Bleepholder 2. Re-deploy staff. 3. Inform on call, manager if escalation policy may need to be invoked due to bed and/ or staff shortages. 	Audit (one to one care in labour). Datix when one to one care does not occur
4	Missed medication during an admission to hospital or midwifery –led unit	Identify cause, re-deploy if a staffing issues Datix	Datix
5	Closure of the standalone birthing units	<ol style="list-style-type: none"> 1. Inform Bleepholder 2. Inform management. 3. Datix 	Datix Maternity Dashboard
6	Closure of the consultant led unit	<ol style="list-style-type: none"> 1. Inform Bleepholder 2. Inform management. 3. Datix 	Datix Maternity Dashboard

