

<b>MIDWIFE-LED CO-LOCATED BIRTHING UNIT SERVICES</b> <b>BROOMFIELD HOSPITAL CLINICAL OPERATIONAL POLICY</b>	<b>Policy</b> <b>Register No: 10086</b> <b>Status: Public</b>
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Consulted With:	Individual/Body:	Date:
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1.0		2010
2.0	B. Rigdon	August 2012
3.0	Angela Wrobel, Senior Midwife Co-located Birthing Unit	4 <sup>th</sup> March 2015
4.0	Kate Prazsky – Full Review	4 <sup>th</sup> May 2018

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## 1.0 Purpose

- 1.1 The purpose of this document is to define the provision of Midwife Led Services within the Midwife-led Co-located Birthing Unit. (MLBU)
- 1.2 The document will explain the function of the service to Midwife-led Co-located Birthing Unit to ensure all staff using the facility understand the philosophy of the department and work as a cohesive team to provide a seamless service.

## 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 of the Service

- 3.1 Birth is for the majority of women, a normal, physiological event. The main focus of the Midwife-led Co-located Unit is to facilitate easy access to maternity care and to encourage and support patients in achieving normality throughout their labour.

## 4.0 Scope of Service

- 4.1 The Midwife-led Co-located Unit provides intrapartum and postnatal care.
- 4.2 The Midwife-led Co-located Unit offers a first point of contact for patients when in labour. There is a direct telephone line to the unit and the patient can access the advice of a midwife 24 hours a day. Patients may also be referred to the unit by their community midwife or general practitioner (GP) when labour is diagnosed or suspected.
- 4.3 Intrapartum care is offered to both primiparous and multiparous patients. There is a direct self referral route. Water birth is also available as an option and is encouraged.
- 4.4 Postnatal care within Midwife-led Co-located Birthing Unit: There are 5 LDRP (labour, delivery, recovery, postnatal) rooms within the unit. Postnatal care will be available to patients for up to 6 hours post delivery. Patients who have no complications will be discharged home from the unit. Any patient requiring extra support during the postnatal period will be transferred to the postnatal ward.
- 4.5 **Inclusion:** The following list identifies low risk patients who can deliver in the Midwife-led Co-located Birthing Unit:
  - Normal pregnancy
  - Pregnancy at between 37 completed weeks and 42 weeks
  - Singleton pregnancy
  - Parity: 5 or less

- Spontaneous rupture of membranes (SROM) / artificial rupture of membranes (ARM) with clear liquor or light meconium stained liquor (MSL)  
(Refer to the 'Guideline for the management of MSL'; register number 04259)
- Body mass index (BMI) of between 18 to 35

4.6 **Exclusion:** The following list identifies patients who are unable to deliver in the Midwife-led Co-located Unit:

- Labour before 37 completed weeks of pregnancy
- Pregnancy complicated by underlying medical condition
- Obstetric complications
- Multiple pregnancy
- Grand multiparous patient (parity: 6 or above)
- Vaginal birth after caesarean section (VBAC)
- Significant meconium stained liquor (MSL)  
(Refer to the 'Guideline for the management of MSL'; register number 04259)
- BMI below 18 or above 35
- Any patient requiring or requesting continuous fetal monitoring in labour
- Any patient requesting epidural anaesthesia
- Haemoglobin < 10 g/dl
- Spontaneous rupture of membranes >24 hours

4.7 Access to care within the Midwife-led Co-located Birthing Unit is more flexible and allows patients who would not normally access low risk care the opportunity to use this facility, due to its close proximity to labour ward

4.8 Level of activity is monitored monthly and reported to the Clinical Commissioning Group (CCG) and Directorate Manager for Women and Children.

## 5.0 Workflows

5.1 This demonstrates the referral pathway for women who can deliver in the Midwife-led Co-located Birthing Unit:  
(Refer to Appendix B)

## 6.0 Key Relationships

6.1 Midwife-led Co-located Birthing Unit works closely but not exclusively with the following departments.

- Antenatal Clinic
- Day Assessment Unit/Antenatal Assessment ward
- Community Midwives
- Ultrasound
- Labour Ward
- Postnatal Ward
- Specialist Midwife Safeguarding
- Specialist Midwife Infant Feeding
- Neonatal Unit
- Tertiary Units
- Laboratory Services
- Health Visiting Service
- Supplies

- Training and Education
- Commercial Services  
(Refer to Appendix F)

6.2 Midwife-led Co-located Birthing Unit also has a relationship with the following departments:

- Tertiary Units
- Other Local Health Trusts
- Estates
- Clinical Commissioning Group
- Social Services
- Breast Feeding Peer Supporters
- Pharmacy Services  
(Refer to Appendix E)
- Voluntary Services

## 7.0 Operational Requirement

7.1 The Lead Midwife for Labour Ward, Midwife Led Co-Located Birthing Unit and Acute Inpatient Services maintains overall management responsibility for the Midwife-led Co-located Birthing Unit.

7.2 The team leaders' role is to ensure that services offered in the Midwife-led Co-located Birthing Unit are adequately staffed and also to ensure an appropriate skill mix for each shift.

7.3 The team leader has the responsibility to ensure the smooth running of the service and management of the ward operationally.  
(Refer to points 7.0 for additional operational requirements)

7.4 Midwife-led Co-located Birthing Unit staffing requirements:

Title	Band	FUNDED (whole time equivalents) WTE
Team Leader	7	1.0
Midwives (Rotational)	6	6.04
Preceptor Midwives	5	6.15
Total WTE Midwives		12.19

7.5 Experienced Band 6 midwives are based in the Midwife-led Co-located Birthing Unit to Ensure that the Unit has staff with the necessary skills to work within a birthing unit setting. Band 5 Midwives rotate to the MLBU and are supported by the Band 6 midwives.

7.6 To ensure a safe service, covering a 24 hour period Monday to Friday there needs to be a staffing establishment of 10 whole time equivalents (WTE) midwives.

This equates to:

- Early shift – Three midwives.
- Late shift – Three midwives.
- Night shift – Two midwives.
- There are four on call community midwives available between 2000 hours and 0830 hours to provide additional support as required.

7.7 All labour rooms are equipped to the same high standard, providing a home from home environment. Rooms one and two are equipped with a Bradbury birthing couch and, birthing pool. Room 3 has an active birth bed and bean bags. Room 4 has a delivery bed and room 4 has a normal bed, appropriate for postnatal care or triage. Each room has built in cupboard space for the storage of essential delivery room equipment. Each room has a sonicaid, pinnard, stethoscope, manual blood pressure monitor, electronic aural thermometer.

7.8 There is a mobile neonatal resuscitaire which is usually kept in Room 4. It can be relocated into the other delivery rooms when necessary (e.g: when meconium liquor appears at time of delivery and transfer to Labour Ward is not possible).

## **8.0 Emergency Transfer**

8.1 Any patient developing a complication in labour which requires consultant input / fetal monitoring or who requests epidural anaesthesia, will be immediately transferred to the high risk area of the Labour ward. The patient's care will be handed over to midwife on Labour ward for on-going care. Transfer can be made on a wheelchair, bed or trolley which is kept in the store room off the corridor.

## **9.0 Staff and Training**

9.1 All staff should complete their child protection training at Level 3 and are aware of how to report any concerns. There is a designated specialist, and named, midwife for safeguarding available for advice regarding child protection/ vulnerable patients.

9.2 All staff comply with the mandatory training requirements set out by the Trust. In addition all staff will attend 3 days Mandatory Training specific to the Maternity Services to include the following:

(Refer to the 'Mandatory training policy for maternity services (incorporating training needs analysis'; register number 09062)

- Mentorship update
- Breastfeeding training (2 days, one off)
- Neonatal Initial Physical Examination (NIPE) Update
- CTG update bi-annually
- Safeguarding Training
- Appraisal review annually

9.3 Staff will be trained to use all specialist equipment and sign a competency statement following training.

- 9.4 Midwives will fulfil their requirements for their post registration education portfolio (Revalidation).
- 9.5 It is a requirement that the midwife documents a care plan in the patient's healthcare records within 24hrs of admission to the Midwife-led Co-located Birthing Unit or sooner as appropriate for short stay/low risk patients.  
(Refer to the guideline for 'Maternity record keeping including documentation in handheld records'; register number 06036)  
(Refer to Appendix H)

## 10.0 Key Requirements for the Facilities Management

- 10.1 **Catering** is provided by MEHT Catering Services. For patients with special dietary needs, meals are obtained in liaison with the catering department.
- 10.2 Beverages are freely available. Requests for meals outside designated meals time are available on request and can be ordered from the main catering department
- 10.3 **Domestic services** are provided by Mid Essex Hospital Services NHS Trust (MEHT). The Unit's cleaning schedule is configured to provide adequate cleaning to meet the 95% standard of the 49 steps audit.
- Monday to Friday: 0730 -1500 / 1700-2030
  - Weekends / Bank Holidays: 1500 / 1700-2030
- 10.4 **Porters** have a wide range of responsibilities to enable the smooth running of Unit. The portering service is provided by MEHT. They collect and deliver items needed such as linen, medical/surgical stores and pharmacy. They are responsible for the collection and removal of all waste.
- 10.5 **Maintenance** issues are reported to the estates department of MEHT. Depending on the job a workman is sent to the Unit immediately to assess the risk, and action the problem.
- 10.6 **Materials management:** There are dirty and clean utility rooms shared with the consultant-led labour ward to ensure materials are disposed and stored correctly. The Unit has an industrial shredder to ensure all confidential papers are disposed correctly.
- 10.7 **Environmental requirements:** The Unit is provided with adequate heating and lighting systems for the comfort of the patients.
- 10.8 **Way Finding:** All signage is uniform throughout the Trust
- The Unit is well signed both from the main hospital entrance and from Hospital Street
  - Signs from other departments to the Unit are clearly marked

## 11.0 Security Requirements

- 11.1 The main entrance of the Unit is controlled by security doors. All patients or visitors attending and leaving the Unit will have to ring the intercom, where the ward clerk or staff member will allow entrance.  
(Refer to the guideline for the 'Prevention of infant abduction and the management of suspected infant abduction from Broomfield maternity unit, the midwife-led units and maintaining a safe environment' (register number 04226))

- 11.2 All staff who attends the Unit will have access via their identification badges; if they do not have access they are required to ring the bell for access. All staff must wear their badge as a means of identification.
- 11.3 If staff do not recognise or identify a visitor or staff member, they will ask the individual why they are on the premises or, if staff, they will be asked to provide identification. If information is not provided then the person will be escorted out of the Unit with assistance from security officers / porters.
- 11.4 Security for staff: There is no lone working within the Unit. There are security and porters on site and they can be summoned by telephone. Additional help in an emergency can be obtained from the adjacent labour ward and clinical areas. There are emergency call bells within each of the MLBU rooms.
- 11.5 Security for patients: The service will be delivered in accordance with and compliance to the Trusts Patient Safety Policies:  
(Refer to the guideline for the 'Prevention of infant abduction and the management of suspected infant abduction from the maternity unit at Broomfield Hospital, the midwife-led units and maintaining a safe environment'; register number 04226)
- All staff will be screened through Human Resources (HR) for Criminal Record Bureau (CRB) checks
  - All staff must wear Trust identification badges
  - All patients are chaperoned according to the Trust Policy  
(Refer to 'Chaperone Policy'; register number 05118)
  - Entrance and exit to the Unit is by controlled security doors.
  - All babies have a name band attached around both ankles before they leave the delivery room, the labels bear the name and hospital number of their mother. If the labels are missing then all babies within the unit are checked against their mothers name band  
(Refer to the 'Guideline for the attachment and detachment of identification labels for the newborn'; register number 04216)
  - Porter services are available 24 hours per day and can be summoned to attend the unit if needed.
  - All visitors to the unit are asked to identify who they are visiting prior to being given admission.
- 11.6 **Security for patient maternity records**
- All maternity records for patients booked for delivery in the Midwife-led Co-located Birthing Unit are stored in the central record store on level 4 located in the antenatal clinic.
  - All patients medical records will be managed confidentially at all times
  - All movement of patient records will be accurately tracked in accordance with the Trust's Case note tracking policy  
(Refer to 'Patient Records on Wards'; register number 04085)

- All new documentation will be secured into the folder prior to it leaving the department

**12.0 Manual Handling:** The service will be delivered in accordance with and compliance to the Trust's Manual Handling Policies. There are hoists above each birthing pool. (Refer to 'Health and safety policy'; register number 09030)

**13.0 Fire Safety:** The service will be compliant with the Trust's Fire Safety Policy, Fire Evacuation Policy and other local fire plans and procedures. (Refer to the 'Fire Evacuation Policy'; register number 10046)

**14.0 IT Requirements:** The Birthing Unit office is shared with the Chelmsford Community staff and the Specialist Midwife for Infant feeding. There are seven computers within the office area and one printer. This enables staff to access internet/ intranet services, access emails and also access the patient administration system (PAS) to obtain results and input data.

In addition, there is a computer and monitor in each delivery room

### **15.0 Staff Facilities**

- The staff have changing room facilities with lockers to ensure safety of personal belongings whilst at work
- There is a beverage station and staff rest room situated on Labour Ward
- There are designated staff toilets
- Staff showers are available in the staff changing rooms and Obstetric Theatre Suite

### **16.0 Infection Prevention**

16.1 The infection prevention department play a vital role in the education of staff concerning issues of infectious diseases and current issues, training and audit. The department offers advice and gives support to the staff in the management of care of patients and young people found to be or suspected suffering from a contagious illness. It also offers advice regarding the screening of staff.

16.2 Audits are completed in accordance with Trust requirement

16.3 All staff have access to expert advice from the Infection Prevention Team.

16.4 All Trust Infection prevention policies and procedures will be adhered to by all staff using the department.

### **17.0 Contingency**

17.1 The Trust have a robust Internal Incident Plan 2016 (v.1.3). This plan is available to all staff via the Trust Intranet

17.2 Examples of contingencies are:

- More than 5 labouring low risk women: In the first instance women should be offered care at the Low Risk stand alone Birthing Units at Maldon and Braintree. If these options are unsuitable, staff will liaise with the Labour Ward Co-ordinator and women should be offered low risk care in a labour ward room.
- Telephone system not working; revert to walkie-talkie available from Switchboard

- Computer systems not working; revert to paper, all requests such as bloods results to be taken over the phone
- Severe flooding electrics go down; revert to all battery powered equipment and manual sphygmomanometers.

## **18.0 Audit and Monitoring**

- 18.1 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.
- 18.2 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.
- 18.3 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.
- 18.4 Key findings and learning points from the audit will be submitted to the Patient Safety Group within the integrated learning report.
- 18.5 Key findings and learning points will be disseminated to relevant staff.

## **19.0 Guideline Management**

- 19.1 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.
- 19.2 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.
- 19.3 Quarterly clinical practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for further training; possibly involving 'workshops' or to be included in future 'skills and drills' mandatory training sessions.
- 19.4 A 'maternity newsletter' is issued to all staff with embedded icons 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.
- 19.5 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.
- 19.6 Approved guidelines will be disseminated to appropriate staff quarterly via email.

## **20.0 Learning from Incidences**

- 20.1 Hot Topics are regularly circulated to all staff to disseminate learning as a result of investigations that have been completed.
- 20.2 There is a risk management notice board in the office to keep staff informed of changes to guidelines, practice. Staff are encouraged to access guidelines via the Intranet.

## **21.0 Responsibilities**

- 21.1 From the organisational chart (Appendix C) it is very apparent that all staff have clear reporting channels, and the Team Leader in post is aware and trained on their responsibilities both clinically and managerial.

## **22.0 Bed Management**

(Refer to Appendix G)

- 22.1 The Delivery Suite Co-ordinator and Senior Midwife co-ordinating the Midwife-led Co-located Birthing Unit will allocate beds accordingly.
- 22.2 The nature of maternity can lead to peaks in activities that exceed capacity. In the event of a shortage of labour ward beds, careful assessment of those patients on the MLBU should be made to identify any patients who can be discharged or transferred to the midwife led units. It is envisaged that mothers who deliver on the MLBU should be discharged between 2 – 6 hours post delivery.
- 22.3 Patients who live outside of the Chelmsford area are encouraged to remain in the MLBU for six hours to enable the Neonatal and Infant Physical Examination (NIPE) to be completed. For patients discharged home prior to completion of the NIPE due to either high levels of activity or patient's choice, an appointment time is given to return for the NIPE check within 72 hours.  
(Refer to the guideline for 'Temporary Closure of the Consultant-led Maternity Unit and MLU's'; register number 10084)
- 22.3 For patients requiring to remain as an in-patient, the midwife will liaise directly with the Postnatal Ward midwife to arrange a bed for transfer of on-going postnatal care.
- 22.4 The Bed System will be utilised by staff to maintain an accurate, live bed state. Ward staff will admit/discharge/transfer patients in real time.  
(Refer to the Clinical Operational Policy for Bed Management; register number 10006)
- ## **23.0 Patient Information**
- 23.1 The following maternity clinical guideline details the criteria listed below:  
(Refer to the guideline for 'Dissemination of information to patients in maternity'; register number 10008)  
(Refer to Appendix D)
- Detailed listing of patient information leaflets that are given out to maternity patients
  - Timeframe, during the antenatal, intrapartum and postnatal periods; in which the appropriate patient information leaflets are given out to patients

- Details of how the service ensures that all patients know how to ask for the information that they require

## 24.0 References

Mid Essex Hospital Services NHS Trust (2010) Managing workforce transition and organisational change: Broomfield 2010, change matters; briefing paper staffing the new model of care. MEHT: June.

Department of Health (2007) Maternity Matters: choice, access and continuity of care in a safe service. London. DoH. April.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_073312](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073312)

National Institute for Health and Care Excellence (2014) Intrapartum care for healthy women and babies. Clinical Guideline (CG190) London: NICE.

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

National Institute for Health and Care Excellence (2008) Antenatal care for uncomplicated pregnancies. Clinical Guideline (CG62) London: NICE

Available at: <https://www.nice.org.uk/guidance/cg62>

Department of Health (2004) National Service Framework for children, young people and maternity services: maternity Services. London. DoH. September. Standard 5

Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/199952/National\\_Service\\_Framework\\_for\\_Children\\_Young\\_People\\_and\\_Maternity\\_Services\\_-\\_Core\\_Standards.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf)

### Equality Impact Assessment (EIA)

Title of document being impact-assessed:

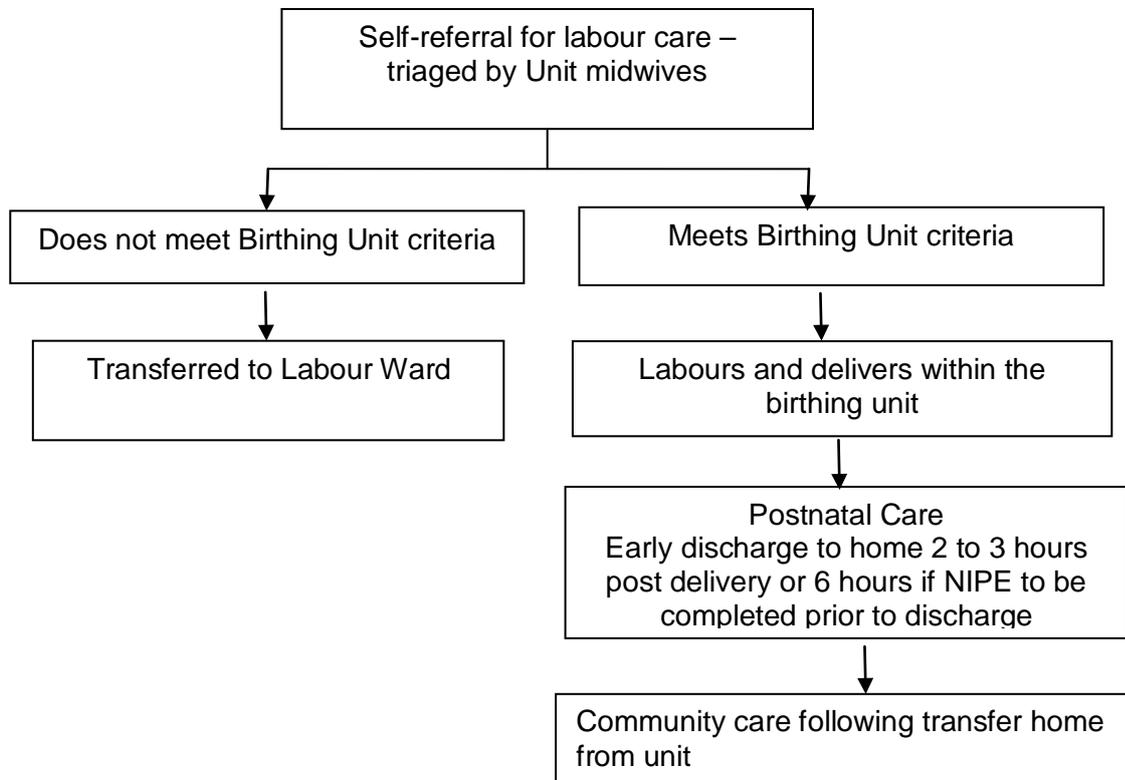
#### Midwife-led Co-located Birthing Unit Services (Registration number 10086)

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?
<b>Gender</b>	Not an issue	
<b>Race and ethnicity</b>	Language Barrier Access to female medical staff	Use Trust Interpretor Service Female consultants available
<b>Disability</b>	Not an issue	
<b>Religion, faith and belief</b>	Jehovas Witness – refusal to accept blood products	Defined plan of care and policy
<b>Sexual orientation</b>	Not an issue	
<b>Age</b>	Not an issue	
<b>Transgender people</b>	Not an issue	
<b>Social class</b>	Not an issue	
<b>Carers</b>	Not an issue	

Date of assessment: March 2018

Names of Assessor (s): Kate Prazsky, Senior Midwife

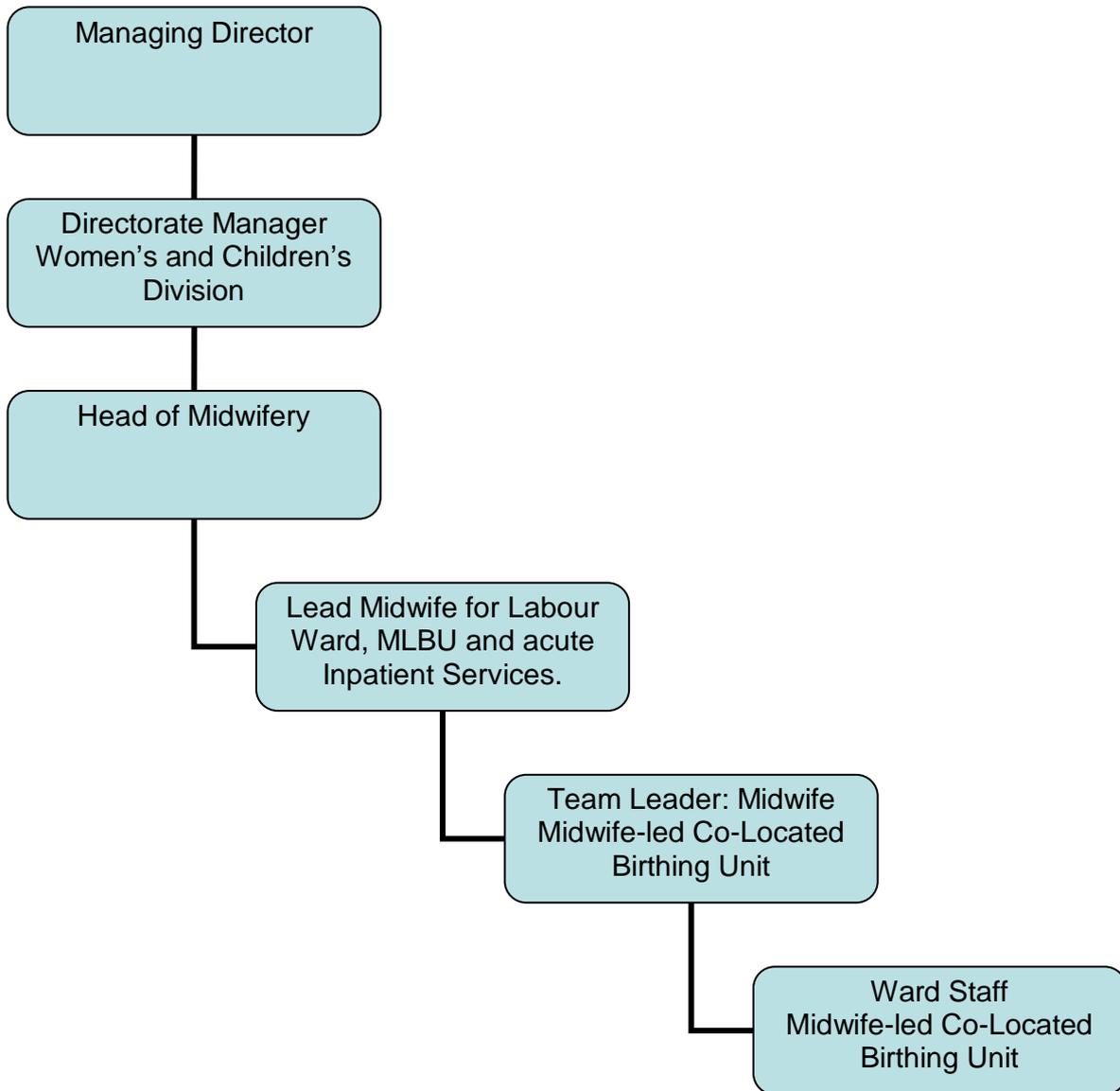
**Work Flows Pathway**



Patients will access the Midwife-led Co-located Services via:

- Self referral
- Community Midwifery Service
- General Practitioner (GP)
- Consultant to Midwife transfer of lead provider of care
- From another Trust
- Via Maternity Website

Organisational Chart showing proposed Midwife-led Co-Located Birthing Unit



## Patient Information

All patient information leaflets and letters are given out following approval and in accordance with Mid Essex Hospital Services NHS Trust policy and procedures.

The following maternity clinical guideline details the criteria listed below:  
(Refer to the guideline for 'Dissemination of information to patients in maternity'; register number 10008)

- Detailed listing of patient information leaflets that are given out to maternity patients
- Timeframe, during the antenatal, intrapartum and postnatal periods; in which the appropriate patient information leaflets are given out to patients
- Details of how the service ensures that all patients know how to ask for the information that they require

On discharge patients are given the following information leaflets as specified in the guideline for 'Dissemination of information to patients in maternity'; register number 10008)

A discharge summary is sent to the patient's general practitioner within 48 hours of a patient being discharged to ensure continuity of care in the community.

A follow-up appointment if required will be made for the patient before being discharged where appropriate; and an appointment will be posted to the patient detailing where the follow-up appointment will be held, the time of the appointment, the consultant who will be in attendance.

## Pharmacy Services

### Pharmacy is divided into 3 areas:

(Refer to the Clinical Operational Policy)

- Goods receiving and bulk store (current location)
- Out patient Pharmacy (Level 1 PFI), the out-patient pharmacy is for out-patient use only. The out-patient pharmacy opens at 9am and the cut off time for prescriptions is 6pm
- Main Pharmacy (Level 1 PFI), the Main pharmacy is for in-patient and stock requests only. The main pharmacy opens at 8am and the cut off time for In-patient prescriptions and stock is 4.15pm
- The above applies Monday to Friday. At weekends and bank holidays the out-patient pharmacy and main pharmacy will open 10am-4pm, with a cut off time of 3.15pm.

### Pharmacy will endeavour to complete each prescription/order by the requested time:

- Sufficient notice must be given for all prescriptions/orders to be clinically screened, dispensed, checked and delivered. This includes discharges, blister packs and controlled drugs
- Transport for patients must not be ordered until pharmacy has completed the patient's medication.

### Process for ordering in-patient work or stock from pharmacy:

- Wards and departments should contact their Pharmacist or Near Patient Technician (NPT) before contacting pharmacy
- If Pharmacist or NPT is unavailable the chart should be sent to main pharmacy via pneumatic tube. If no pneumatic tube available or it is a CD book, ward staff must bring the chart to the main pharmacy and use the intercom or telephone to ring the dispensary. Only stock requests may be faxed. Attach Inpatient request form to drug charts that are sent to pharmacy.
- The prescription will be returned via pneumatic tube, porter or ward called to collect

### Pneumatic Tube Use:

- Pharmacy tubes are green and the tube address is "Pharmacy"  
Ward and department staff may use the tubes to send prescriptions and orders to pharmacy
- Ward and department staff must not send drugs to pharmacy via the tube, unless specifically requested to do so by pharmacy staff
- The main pharmacy cut off time for orders is 1615 hours. Please do not send orders/drug charts in the tube after this time, unless requested to do so by pharmacy
- If a drug chart is sent in the tube to pharmacy after closing time, the drug chart will be irretrievable until 0800 hours the next day Monday to Friday and 1000 hours weekends and bank holidays

## Commercial Services

### Summary

Commercial Services directorate provides non-clinical support services across the Trust as outlined below. Further details of these services are included in the Commercial Services Manual (previously known as the Estates and Facilities Manual).

Formal procedures for the delivery of these services are outlined in relevant Trust Policies which can be found on the Trust Intranet. These are developed and implemented in accordance with Department of Health guidelines and national regulations and legislation.

### Commercial Services

- Car Parking and Travel
- Catering
- Charities
- Domestics
- Estates and Maintenance (Retained Estate - Trust, New Build - Ecovert FM), Capital Projects & Utilities
- General Office
- Grounds and Gardens & Pest Control
- Linen and Sewing Room
- Information Technology (IT) and Telecommunications
- Patient Entertainment
- Postal Services
- Portering and Security
- Procurement
- Telecommunications
- Transport
- Waste Disposal

### Facilities Helpdesk

The Facilities Helpdesk will act as a central point of contact for receiving and responding to service requests, service enquires and for compliments/complaints from users of Broomfield Hospital for Hard and Soft Facilities Management Services across both the PFI and Retained Estate. The Helpdesk shall provide a comprehensive service to facilitate the smooth running of Broomfield Hospital operations and will be fully compatible with the Trust Policies and Procedures.

The Helpdesk Service is managed by Ecovert FM who are located within the new building and will be available 24 hours a day, 365(6) days a year. Contact with the Help Desk Operators will be via telephone, email and fax as well as in-person.

In the event of an emergency the Helpdesk will assist the Trust in raising the alarm, reporting the incident to internal and external authorities and record all details of the Emergency/Incident.

## Bed Management

The Senior Midwife co-ordinating the Midwife-led Unit will allocate beds accordingly.

The nature of maternity can lead to peaks in activities that exceed capacity. In the event there is a shortage of labour ward beds, careful assessment of those patients on the Midwife-led Co-located Birthing Unit (MLBU) should be made to identify any patients who can be discharged or transferred to the midwife led units. It is envisaged that mothers who deliver on the MLBU should be discharged between 2 -3 hours post delivery.

(Refer to the guideline for 'Temporary Closure of the Consultant-led Maternity Unit and MLU's'; register number 10084)

The Bed System will be utilised by all staff to maintain an accurate, live bed state. Ward staff will admit/discharge/transfer patients in real time.

(Refer to the Clinical Operational Policy for Bed Management; register number 10006)

## Antenatal Bookings

Antenatal bookings should be undertaken and completed ideally by 10 weeks gestation and no later than 12 completed weeks of gestation to ensure that the patient has all the relevant information and the opportunity for all antenatal screening to be to be offered.

If a patient is referred at more than 12 completed weeks of gestation; the patient should be booked within 2 weeks of the referral date

(Refer to the guideline for 'Maternity Care'; register number 04272)

## Board Rounds

Board Rounds will be undertaken on each ward every day and are intended to provide a mechanism for rapidly assessing the progress for all patients. Through the implementation of Board Round midwifery staff on the MLBU will ensure that:

- There is a clear management plan for all patients
- Parameters are set to facilitate midwife-led discharge where appropriate
- There is a shared understanding of the management plan so that patients and their relatives/carers are given clear information relating to management and discharge plans

Board rounds will be completed within 20 to 30 minutes maximum, and will ideally involve the midwives caring for those patients allocated to their care. Board rounds will be undertaken at 0730, 1400 and 2000 hours each day.

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

## Discharge Management

Effective discharge planning is key to reducing LoS. It is the responsibility of midwifery staff to understand the discharge assessments to support timely discharge.

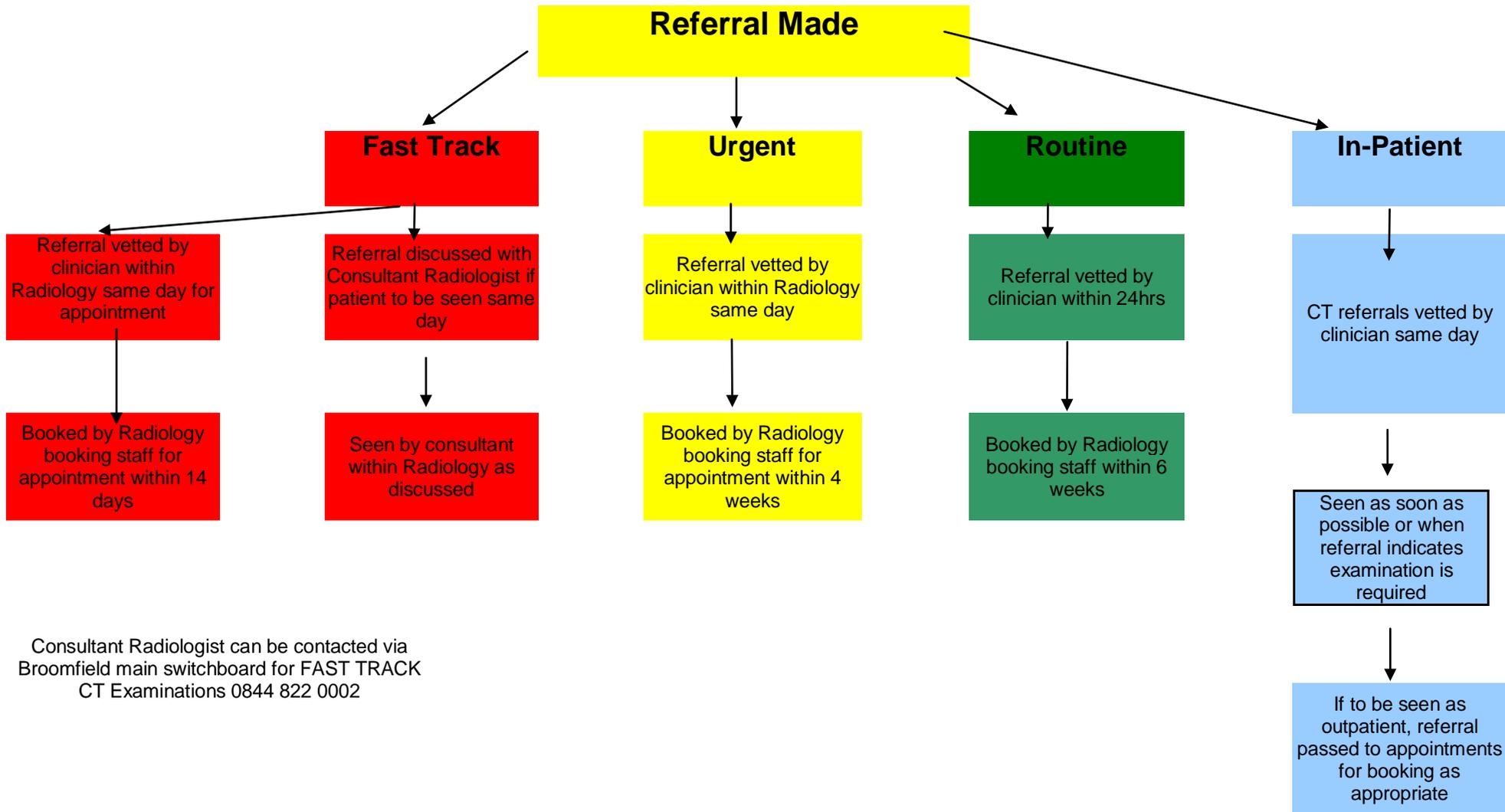
(Refer to the guideline for 'Routine postnatal care of women and their babies'; register number 09127)

**Requirements for Documenting a Care Plan in the Patient's Healthcare Records within 24 hours of Admission to the Midwife-led Co-located Birthing Unit**

- All admissions to the MLBU will have a provisional diagnosis and a individual care plan documented in the patient record within 24 hours of admission. This will be done by the admitting the midwife responsible for the patient's care.
- The midwife responsible for the patient's care should record the likely discharge needs, including details of current service provision, within 24 hours of admission in the patient's healthcare records or sooner for short stay low risk patients.  
(Refer to the guideline for 'Maternity Care'; register number 04272)
- The midwife responsible for the patient's care should sign off a robust discharge plan for each patient within 24 hours of admission or wherever possible. Where this is not possible due to the patient's condition or for other reasons, the midwife should set review periods to ensure that the discharge plan is documented as soon as possible.
- The midwife on the MLBU should monitor the progress of the patient's care plan via daily board rounds. Following this the discharge plan should be amended according to the need of the patient.

# Radiology Elective Flows

# Appendix I



Consultant Radiologist can be contacted via Broomfield main switchboard for FAST TRACK CT Examinations 0844 822 0002