

MATERNITY ACUTE SERVICES LOCATED AT BROOMFIELD HOSPITAL CLINICAL OPERATIONAL POLICY		Policy Register No: 09107B Status: Public
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1.0 Purpose

- 1.1 To describe the function of the maternity service provision.
- 1.2 To provide an outline of the current requirements to deliver effective maternity services working collaboratively with midwife led and community services.

2.0 Equality and Diversity

- 2.1 Mid Essex Hospital Services NHS Trust is committed to commit to the provision of a service that is fair, accessible and meets the needs of all individuals.
- 2.2 The Equality Impact Assessment 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 This service is designed to meet the needs of maternity patients and families to ensure safe, accessible and responsive care.
- 3.2 The service aims to provide comprehensive care packages for all service users that reflect:
 - Patient choice, access, and safe care for maternity patients living in Mid Essex
 - Towards the best together
 - Maternity Matters
- 3.3 Low risk patients may choose to deliver in the co-located birthing unit (Refer to the Clinical Operational Policy for Midwife-Led Co-located Birthing Unit Services Broomfield Hospital; Register Number 10086B) or in the obstetric unit to access the epidural services or when complications may arise
- 3.4 High risk maternity patients with obstetric, physical and psychological needs will access the services at the acute maternity obstetric unit; inclusive of maternity patients who require late medical termination of pregnancy.
- 3.5 Service trends - the service has been planned to ensure that it takes account of all obstetric developments specifically:
 - Impact 'Changing Childbirth'
 - National trend towards increased number of planned caesareans sections
 - Reducing the length of stay (LOS) for uncomplicated births
 - Increasing use of labour delivery recovery postpartum (LDRP) facilities
 - Increasing move to midwifery model
 - Move towards a more community based service in line with the National Maternity Strategy

4.0 Scope of the Service

- 4.1 Maternity patients should attend the service as an elective inpatient, emergency, self referral, ward attender or triage for antenatal and postnatal events.
- 4.2 The service is open 24 hours a day, 7 days a week providing access to maternity patients. Maternity patients can access a one to one consultation or have a conversation via the telephone with an appropriate health professional.
- 4.3 The service consists of the Antenatal Clinic, Day Assessment Unit/Triage and Antenatal inpatient ward, Delivery Suite (Labour Ward), Co-located Birthing Unit, Postnatal Ward and base for Chelmsford community midwifery services
- 4.4 The key service objectives for Maternity Services are to provide accommodation for:
- Antenatal inpatients and outpatients
 - Midwife Led Co located unit
(Refer to Midwife-Led Co-Located Birthing Unit Services Broomfield Hospital Register No: 10086B)
 - Labour Ward
 - Postnatal inpatients
 - Acute assessment and intervention service
- 4.5 The key admission/referral groups for this service area are:
- Elective admission for induction of labour
 - Elective Caesarean section
 - Emergency Admission via self referral
 - Antenatal Clinic
 - General Practitioner
 - Community Midwife
 - Accident and Emergency
 - Transfer from other hospital or for an emergency caesarean
- 4.6 The agreed admission process is
- **Elective admissions:** should be admitted to the appropriate ward area.
 - **Emergency admissions:** patients in established labour should be admitted directly to the Delivery Suite (labour ward)
 - **All other patients** should be assessed by a midwife in the day assessment unit unless clinical picture indicates direct admission to delivery suite (Labour ward) and by medical staff if indicated. Patients will then be either discharged home, or admitted if there is a clinical need
 - **Referrals in early pregnancy** Patients in early pregnancy where there is a concern about viability of the fetus will be directed to the early pregnancy assessment unit (EPAU) adjacent to the gynaecology ward

4.7 Activity

	2012/13	2013/14	2015/16
Deliveries	4393	4323	4554
Out Patient Attendances (Broomfield)	27,601	29,776	32,499
Outpatient DNA Rate (Broomfield)	1,358	1,284	1,484

4.8 Admission Inclusion

- Neonatal re-admission up to ten days
- All patients from 16 weeks gestation
- Maternal re-admission up to ten days
- Maternity patients with safeguarding/vulnerable issues
- Patients who require late medical terminations

4.9 Admission Exclusion

- Patients who require gynaecological assessment postnatally
- Surgical re-admissions
- Patients requiring delivery who are less than sixteen weeks gestation for labour and delivery care
- Postnatal re-admission after ten days

4.10 Midwives currently discharge women following an uncomplicated normal delivery. The obstetric staff discharge all other women.
(Refer to the guideline for the 'Examination of the newborn'; registration 04225)

4.11 The Newborn and Infant Physical Examination (NIPE) is undertaken by both midwives who have successfully completed their training, and the paediatrician. Midwives currently discharge the baby following a normal delivery with no identified risks, and the paediatrician discharge babies with known risks.

5.0 Work Flows

5.1 Emergency flows
(Refer to Appendix B)

5.2 Elective Flows
(Refer to Appendix C)

6.0 Key Operational Requirements

- MRSA screening for those women identified as at risk, with results available within 48 hours
- Routine pre-operative bloods taken one week prior to admission for surgery
- Emergency 2 hour turnaround for blood samples
- Postnatal/operation – results available in 48 hours
- Transfusion 2-4 hours (except in the event of a major/catastrophic haemorrhage, stat 6 units)
- Microbiology – 48 hours
- Mid-stream specimen of urine (MSU) – 48 hours
- Histopathology 7-10 days
- Chlamydia – High vaginal swab (HVS) 2-4 days. All results given to the general practitioner (GP)

7.0 Key Relationships

7.1 Maternity Services work closely but not exclusively with other departments/ professionals. The acute services regularly interact with the following:

- Early Pregnancy Unit
- Gynaecological Services
- Community midwives
- Midwife Led Units
- Ultrasound/diagnostic imaging
- Theatres
- Specialist Midwife and Named midwife for Safeguarding
- Bereavement/genetic counselling
- Lead Midwife Clinical Governance
- Lead Consultant obstetrician for Clinical Risk Management
- Specialist Midwife for Perinatal mental health
- Social Care
- Specialist Midwife Guidelines and Clinical Audit
- Clinical administration
- Radiology
- Specialist Midwife for Infant Feeding
- Neonatal Unit
- Tertiary Units
- Laboratory Services
- Infection and Prevention
- Smoking Cessation Service
- Physiotherapy
- Health Visiting Service
- HSDU
- Commercial Services
(Refer to Appendix I)
- Medical Records
- Supplies
- Training and education
- Transfusion
- Psychotherapy

7.2 Maternity Services also have relationships with the following departments:

- Switchboard
- Tertiary units
- Accident and emergency (A&E)
- Physiotherapy
- Other local health trusts
- Estates
- Domestic Services (Provided by Household Services - co-located)
(Refer to Appendix I)
- Domestic Services (Provided by MEHT Refer to Appendix I)
- Catering Services (Provided by MEHT Catering Services)
(Refer to Appendix I)
- Chaplaincy
- Clinical Commissioning Group
- Social Services
- Perinatal Mental Health
- Public Health
- Breast feeding peer supporters
- Pharmacist/pharmacy
(Refer to Appendix H)
- Mortician
- Pathology
- Voluntary Services
- Radiology
(Refer to Appendix L)

7.3 Key Geographical Relationship with other Departments:

Early Pregnancy Assessment Unit (EPAU)

(Refer to Gynaecological Services Operational Policy'; register number 09103)

- EPAU is adjacent to the gynaecology ward
- Ease of access to ultrasound.
- Ease of access to gynaecology inpatient beds
- Ease of access to appropriate toilet facilities

Antenatal Clinic

- Seven consultation/examination rooms, located away from main public areas inclusive of a Fetal Medicine consulting room
- 3 Ultrasound rooms located centrally to consultation/examination rooms
- Specialist Midwife for Antenatal and Newborn screening office and counselling room

7.4 Key Requirements for Facilities Management

- Linen service will be provided by 'Just in Time' top-up system to all clinical ward areas
- Dirty linen collected and placed in bags within the disposal hold (in line with the Trust waste policy) for removal by appropriate staff

- Catering services provided through a bulk cook freeze/chill service from a central production unit. Ward kitchen located in each area. Meals will be provided according to a menu system, for women with special dietary needs, meals will be obtained in liaison with the catering department. Light refreshments will be offered to patients post operatively. Request for meals outside of designated meal times will continue to be available on request and will be provided by MEHT
- Pharmacy supplies supplied on a “topping up” basis other than for scheduled and dangerous drugs which will be supplied on a direct requisition basis.
- Sterile supplies from the hospital SSD are supplied on a “topping up” basis.
- General supplies and ward stationary are ordered on an item replacement basis
- Domestic services are provided by the Trust to the agreed Service Level Agreement (SLA) for each clinical area. The ward cleaning schedule should be configured to provide adequate cleaning to meet the 95% standard of the 49 steps audit. (Refer to the ‘Catering and Domestic Services Operational Policy’)
- The portering staff have a wide range of responsibilities to enable the smooth running of the ward and department. They will transfer patients to and from other departments, such as x-ray, ultrasound and gynaecology out-patients department (GOPD). They collect and deliver items needed such as linen and pharmacy. They are responsible for the collection and removal of all waste and provide and replace Entonox, oxygen and air cylinders. In an emergency, the portering staff will collect blood samples and blood for transfusion
- Security services provided in line with the Trust security policy. (Refer to the guideline for ‘Prevention of infant abduction and the management of suspected infant abduction from the maternity unit and maintaining a safe environment’; register number 04226)
- Estate staff undertake routine maintenance services, certain items of planned preventative maintenance on a cyclical basis and other ad hoc maintenance initiated on a requisition basis.

7.5 Maintenance

- All maintenance issues are reported to the estates department. Depending on the request a member of staff is sent to the ward immediately to assess the risk, and action the problem.

7.6 Materials Management

- Dirty and clean utility rooms are on the ward to ensure materials are disposed and stored correctly in line with the Trust waste policy. The wards have a locked Confidential Waste bin to ensure all confidential papers are disposed correctly.

7.7 Environmental Requirements

- There is a homely feel to space wherever possible to achieve maximum non clinical impact. Careful consideration is given to the security and access control to this unit to ensure the protection of the newborn babies.
- The Maternity Unit is provided with adequate heating, air conditioning and lighting systems for the comfort of mothers and babies

7.8 Way Finding

- Signage to the maternity unit and within the department is clear and family friendly with pictorial images where possible.
- Signage from other departments to the maternity unit should be clearly marked
- All correspondence must bear the Trust logo and be clearly marked with the ward address and department.

8.0 Security Requirements

(Refer to the guideline for 'Prevention of infant abduction and the management of suspected infant abduction from the maternity unit and maintaining a safe environment'; register number 04226)

- 8.1 All areas have security monitors and intercoms at entry and exit points. Staff have control over entry and departure of the ward by the security release button which unlocks the door
(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)
- 8.2 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.
- 8.3 All staff must wear Trust identification badges.
- 8.4 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.
- 8.5 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.
- 8.6 All staff will be screened through Human Resources (HR) for Criminal Record Bureau (CRB) checks
- 8.7 All patients are chaperoned according to the Trust Policy
(Refer to 'Chaperone Policy'; register number 05118)

- 8.8 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)
- 8.9 Porter services are available 24 hours per day and can be summoned to attend the unit if needed.
- 8.10 All visitors to the unit are asked to identify who they are visiting prior to being given admission.
- 8.11 Staff can deny entry to anyone not known to the separate ward areas
- 8.12 Any person who tries to gain entry through verbal or physical force will be physically removed from the site by hospital security staff if yellow card given this occurs again second red card given and entry to trust property evoked
- 8.13 Reception areas have access to client lists in all areas
- 8.14 Reception are informed if there are exceptions where visitors' are to be denied entry
- 8.15 All areas have locked waste bins for confidential information to be stored in until disposed of.
- 8.16 Security for patient maternity records
- Data security: all patients' maternity records will be kept within the department in a secure, locked, central store area located on level 4 within the antenatal clinic. (Refer to the guideline for 'Maternity record keeping including documentation in handheld records; register number 06036)
 - 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
- 9.0 Manual Handling** - the Service will be delivered in accordance with and compliance to the Trust's Manual Handling Policies.
- 10.0 Fire Safety** - the Service will be compliant with the Trust's Fire Safety Policy, Fire Evacuation Policy and other local fire plans and procedures.
- 10.1 The detail of these items will then be developed as part of the separate Fire Safety Work Programme, as led by the Trust's Fire Officer).

11.0 IT Requirements

11.1 There are computers located at each staff station, with additional computers in the labour ward office, postnatal clinical room, and in most delivery room. There are also 'work stations on wheels' throughout the maternity unit.

11.2 Staff are able to access the following functions appropriate to their role:

Client data systems and patient information- Lorenzo and Extramed

- Electronic discharge letter (EDL) system
- Picture archiving communications system (PACS) network point for scan image storage (addressed in ultrasound dept document)
- MEHT review

11.3 In addition the following are available for staff use:

- Xerox printers in all departments
- Telecom lines in all reception administrative consulting and lead offices
- Encrypted memory sticks for security of data and the computer system

11.4 The Lorenzo system allows collection of the following:

- Accurate demographic information
- Medical history
- Family history
- Other relevant information i.e. smoking status, alcohol consumption
- Information on previous pregnancies/deliveries

11.5 The information and IT requirements for Maternity/Obstetrics on admission to the unit and in the delivery suite (labour ward) are as follows:

- Ability to order any necessary tests and investigations and view results of these electronically via MEHT review, image viewing by PACS
- Collection of information regarding the birth i.e. baby's weight, delivery method, APGAR (**A**ppearance, **P**ulse, **G**rimace, **A**ctivity and **R**espirations) scores
- Ability to access all data captured for later audit
- Ability to link clinical and demographic information in mothers records with the baby records
- Ability to schedule theatre for planned or emergency caesarean sections
- Ability to record range of theatre and anaesthetic information during caesarean section deliveries
- Production of birth notification to general practitioner (GP), Health Visitor
- Links to Child Health
- Allows generation of an NHS number for the baby

11.6 Hardware will form part of a separate IM&T operational policy. (Refer to the policy 'MEHT IT Strategy')

12.0 Staffing

- 12.1 Staffing profiles for each ward (refer to point 12.7)
- 12.2 The Head of Midwifery and Lead midwives for Acute Service and Antenatal clinic takes overall responsibility for Acute Maternity Services.
- 12.3 The Lead midwives takes overall management responsibility for Labour Ward, Day Assessment /Antenatal Assessment, Postnatal Ward and Antenatal Clinic ensuring the ward area is adequately staffed, equipment and MEHT audit standards are maintained.
- 12.4 The team leaders' role is to ensure that services offered in these areas are adequately staffed and also to ensure an appropriate skill mix for each shift
- 12.5 In addition, the team leader has responsibly to ensure the smooth running of the service and management of the area operationally.
- 12.6 On the Delivery Suite (Labour ward), the Band 7's take responsibility for the daily co-ordination of clinical shifts, ensuring smooth running of the service, maintenance, ensuring ward is adequately staffed, reporting to the maternity bleep holder during working hours and ensure that the equipment and MEHT audit standards are maintained.
- 12.7 The Band 6's should take responsibility for the daily co-ordination of clinical shifts in the absence of a Band 7.

Labour Ward

Band	Funded WTE
Band 7	9.34
Band 6	27.26
Band 5	8.09
Band 3	8.95
Band 2	1.07
Band 3 Admin	3.0
Band 2 Admin	1.48

Co-Located Birthing Unit

Band	Funded WTE
Band 7	1.0
Band 6	6.2
Band 5	6.06

Antenatal/ Day Assessment Triage

Band	Funded WTE
Band 7	1.0
Band 6	8.68
Band 5	4.67
Band 3	5.05
Band 3 Admin	1.4

Postnatal

Band	Funded WTE
Band 7	1.0
Band 6	11.73
Band 5	5.45
Band 3	11.7
B3 Admin	1.0

Antenatal Clinic

Band	Funded WTE
Band 7	1.0
Band 6	2.93
Band 5	0.42
Band 3	1.0
Band 2	1.0
Band 3 Admin	2.0
Band 2 Admin	5.4

- 12.8 All staff working or using our facilities in the maternity will be required to work in a way that provides a warm and welcoming atmosphere for patient and their families/relatives.
- 12.9 **Administrative and Clerical Staff:** The ward clerks will have experience or specific training to communicate effectively with patients, relatives and carers.
- 12.10 All of the staff have completed their child protection training and are aware of how to report any concerns.

13.0 Training and Education

- Mandatory training days (3 days per annum)
- Breast feeding training days (2 days one off)
- Mentorship update
- Examination of the Newborn update
- Cardiotocograph (CTG) update bi-annually
- Safeguarding training level 2/3 for all staff working in maternity
- Supervisory review annually
- Commitment to ensure annual appraisal review for all maternity staff; to include a personal development plan (PDP)
- Agreed educational profile with MEHT and Anglia Ruskin University (ARU)

14.0 Facilities

- 14.1 Staff changing facilities are available on the fourth floor with lockers, toilet and showers. In addition, there are staff facilities available for theatre staff located within the theatre area
- 14.2 There is a kitchen located within the labour ward and postnatal ward, and just

outside of the Day Assessment/Antenatal Assessment ward accessible for staff

14.3 There is a drinks trolley available for patient use located on the Day Assessment Unit /Antenatal Assessment ward. Patients are able to access the kitchen located on the postnatal ward

14.3 A staff coffee/restroom is located on the labour ward for all staff to access for breaks

15.0 Equipment Requirements

15.1 Equipment requirements are contained within the 2010 Equipment Procurement Team documentation.

16.0 Infection Prevention

16.1 The Service will be delivered in accordance with and compliance to the Trust's Infection Prevention Policies. Staff will be monitored for compliance.
(Refer to the guideline for 'Standard Infection Prevention'; register number 04071)

16.2 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.

16.3 Audits are completed in accordance with Trust requirement

16.4 All staff have access to expert advice from Infection Prevention Midwife and Infection prevention team.

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

17.0 Contingency

17.1 The Trust has a robust major incident plan. This plan has been approved by the Trust and cascaded to all staff members, who are aware and prepared if any one incident should take place. This policy can be accessed in the trust policy file on each ward or the trust intranet. All areas are provided with walkie-talkies and manual equipment to carry out their duties.

(Refer to the Trust policy 'Major Incident Plan'; register number 060125)

17.2 Examples of contingencies are:

- Telephone system not working: revert to walkie-talkies, ward mobile phone with all telephones stored
- 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 sphygmometers

18.0 Data Security

- 18.1 The service will be delivered in accordance with and compliance to the Trust's IT policies.
- 18.2 Data sharing agreements will be drawn up to cover all data sharing outside the Trust in accordance with the Trust data sharing policy.
- 18.3 Hospital information/patient data will only be downloaded onto devices provided by the Trust which are encrypted.
- 18.4 Databases will be registered on the Trust database of databases.
- 18.5 A data mapping form will be completed for all routine data flows leaving the Trust.
- 18.6 Patient identifiable information will only be sent out of the Trust from an nhs.net account or other secure route (never from an nhs.uk account).

19.0 Audit and Monitoring

- 19.1 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.
- 19.2 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.
- 19.3 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.
- 19.4 Key findings and learning points from the audit will be submitted to the Patient Safety Group within the integrated learning report.
- 19.5 Key findings and learning points will be disseminated to relevant staff.

20.0 Guideline Management

- 20.1 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.
- 20.2 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.

- 20.3 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.
- 20.4 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.

21.0 Communication

- 21.1 A quarterly 'maternity newsletter' is issued and available to all staff including an update on the latest 'guidelines' information such as a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.
- 21.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.
- 21.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.
- 21.4 Regular memos are posted on the 'Risk Management' 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.

22.0 Bed Management

- 22.1 The Delivery Suite Co-ordinator and Senior Midwife co-ordinating the Postnatal Ward 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 or postnatal beds, careful assessment of those patients on the Delivery Suite (labour ward) and postnatal ward should be made to identify patients and babies who are safe to be transferred to the Midwifery-led Units (MLU) or home. (Refer to the guideline for 'Temporary Closure of the Consultant-led Maternity Unit and MLU's'; register number 10084)
(Refer to Appendix J)
- 22.3 The Lorenzo 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. The COT will hold regular Bed Meetings to ensure that capacity matches demand.
(Refer to the Clinical Operational Policy for Bed Management; register number 10006)

23.0 Responsibilities

- 23.1 The Head of Midwifery for Women's and Children's Division is operationally and financially accountable for service delivery
(Refer to Appendix F)

24.0 Patient Information

24.1 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 G)

- 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

25.0 References

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National Institute for Clinical Excellence (2014) Intrapartum care: care of healthy women and their babies during childbirth. CG190; NICE: London; December. Update February 2017

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

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

<http://www.dh.gov.uk/assetRoot/04/09/05/66/04090566.pdf>

Equality Impact Assessment (EIA)

Title of document being impact-assessed:

Maternity Acute Inpatient Service COP: (Registration number 09107)

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		Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway. Referral to the Vulnerable Specialist Midwife if required
Race and ethnicity	Language Barrier Access to female medical staff	Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway. Use of the Big Word Trust Interpreter Service Female consultants available
Disability		Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway.
Religion, faith and belief	Jehovah Witness – refusal to accept blood products	Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway. Defined in the guideline entitled 'Pregnant and postnatal patients refusing blood products'; register number 07040)
Sexual orientation		Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway. Referral to the Vulnerable Specialist Midwife if required
Age		Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway.
Transgender people		Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway. Referral to the Vulnerable Specialist Midwife if required
Social class		Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway. Referral to the Safeguarding Team if required

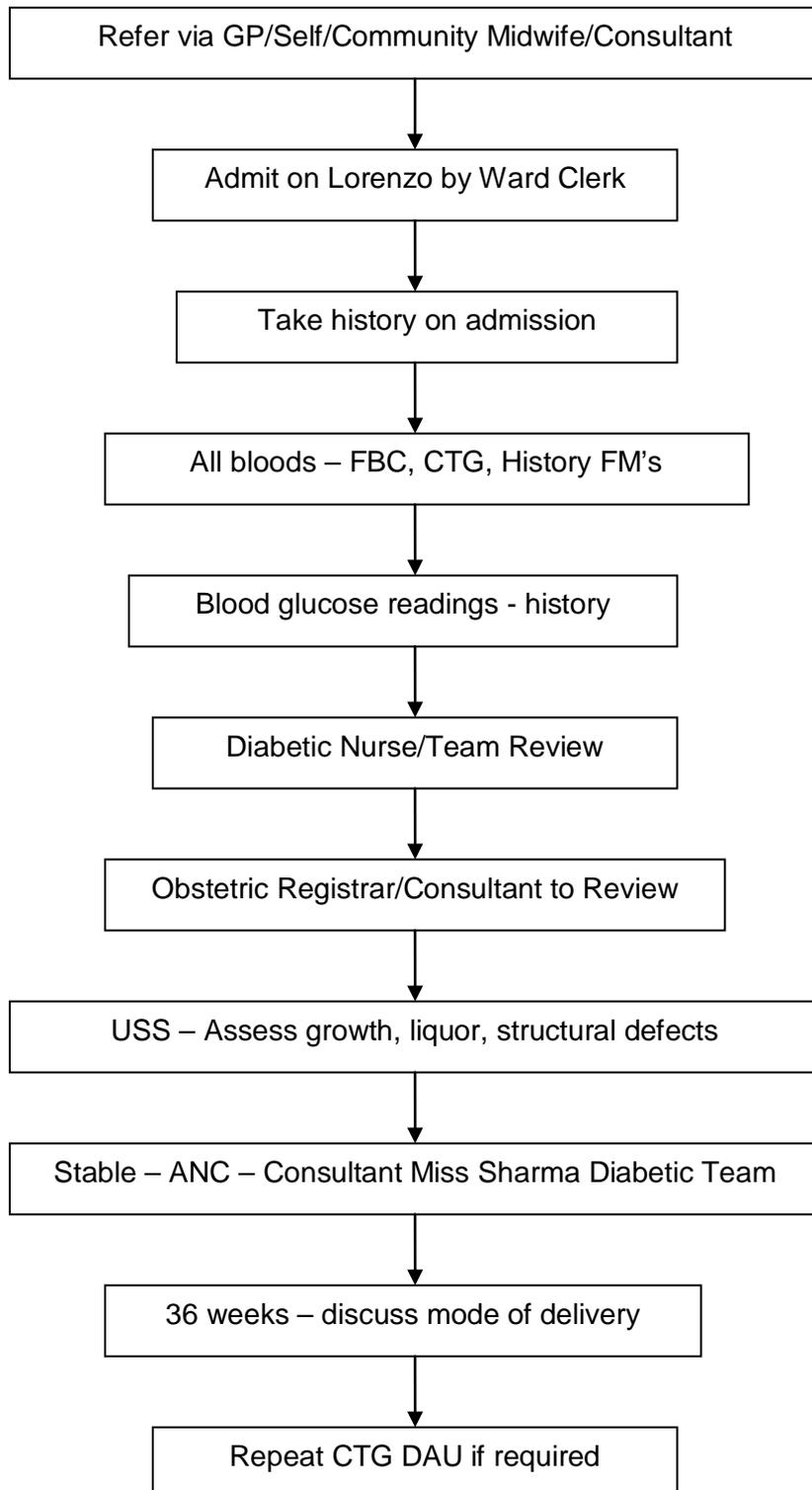
Carers .		Assessed on an individual basis at the woman's booking appointment and throughout the woman's pregnancy pathway.
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Date of assessment: 10.11.17

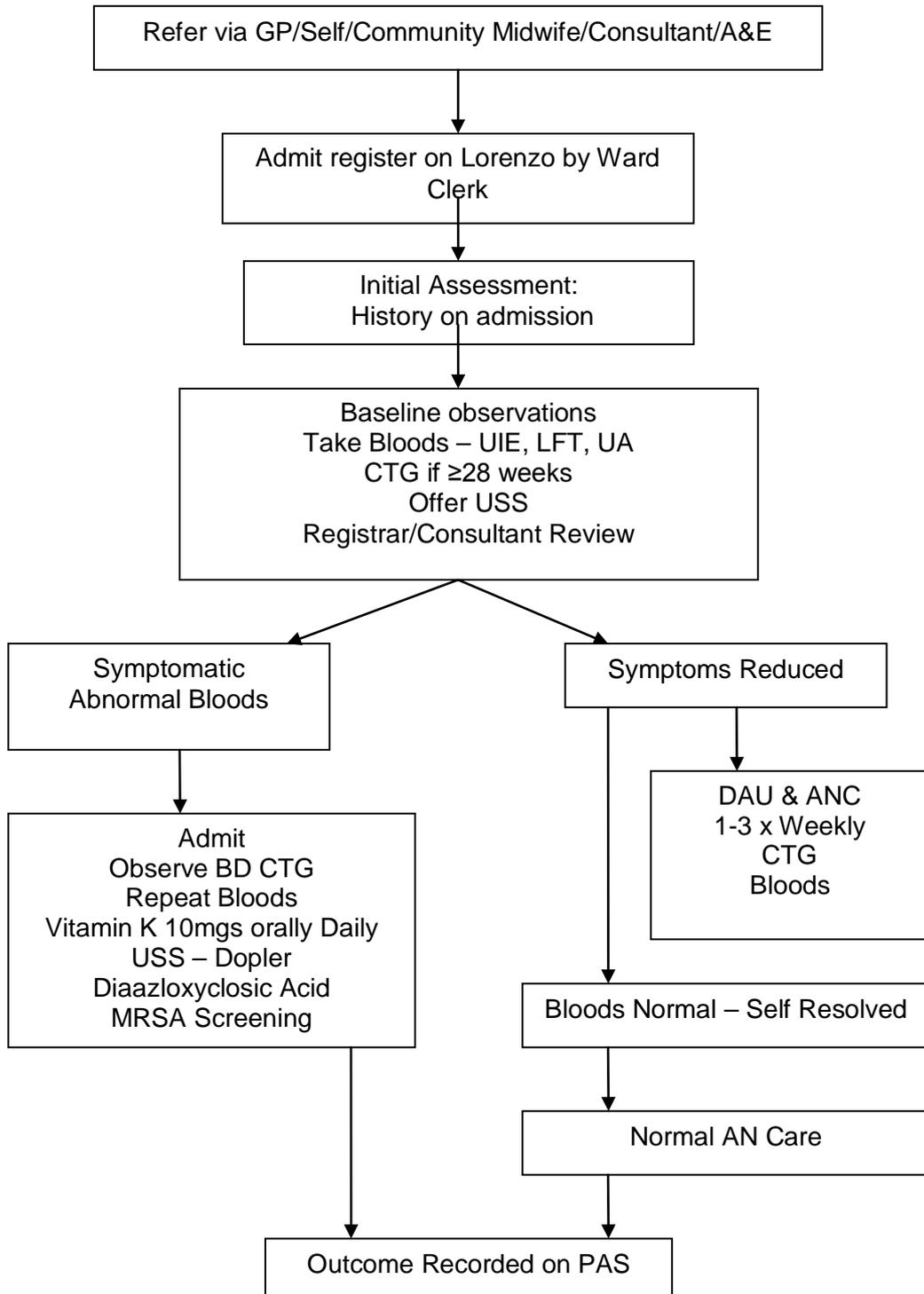
Names of Assessor (s) Paula Hollis– Lead Midwife for Inpatient Services

Emergency Flows

Workflow for an Insulin Dependant Diabetes Mellitus (IDDM)

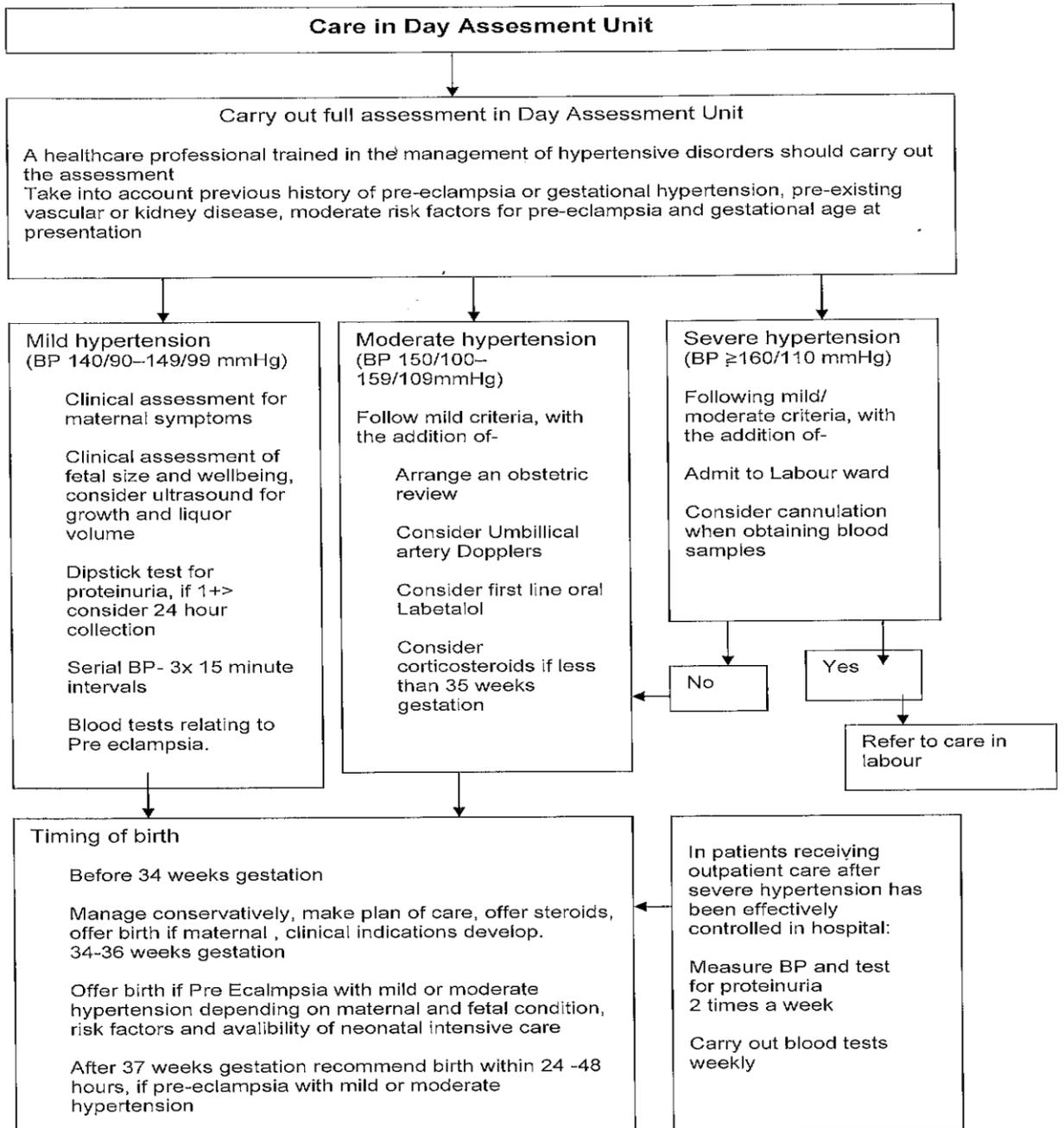


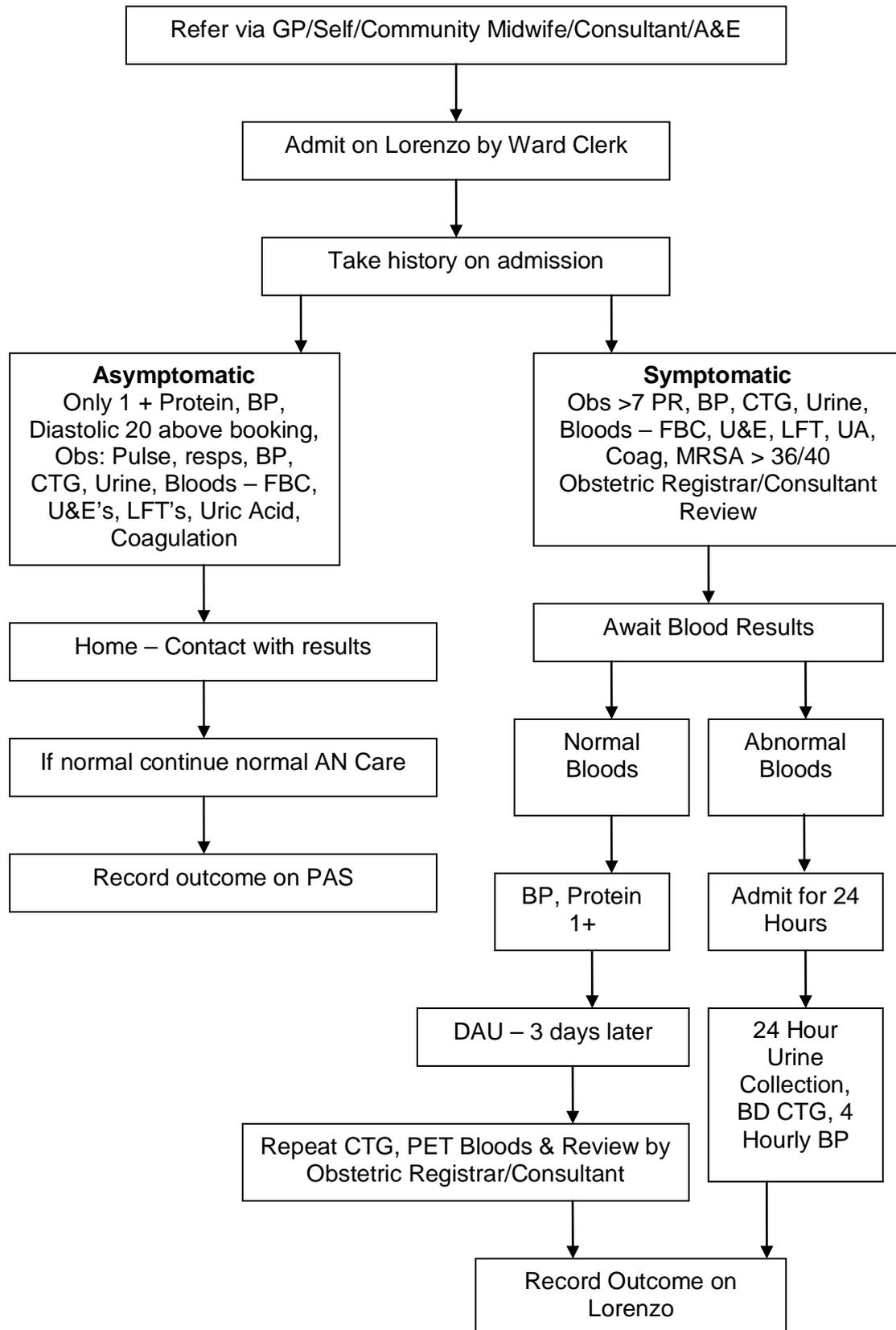
Workflow for Cholestasis



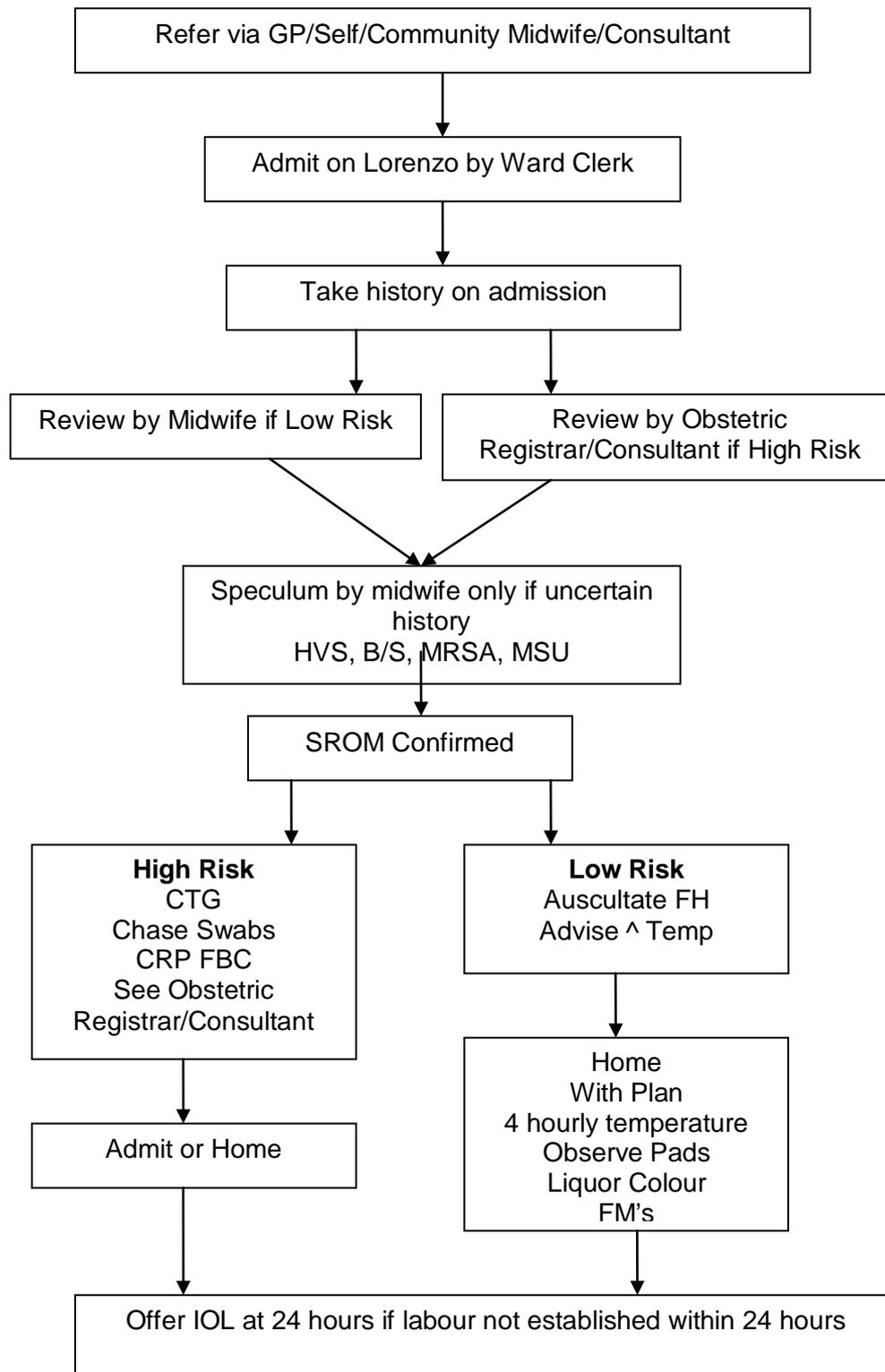
Workflow for Pregnancy Induced Hypertension (PIH)

Hypertension/ Pre Eclampsia Flowchart

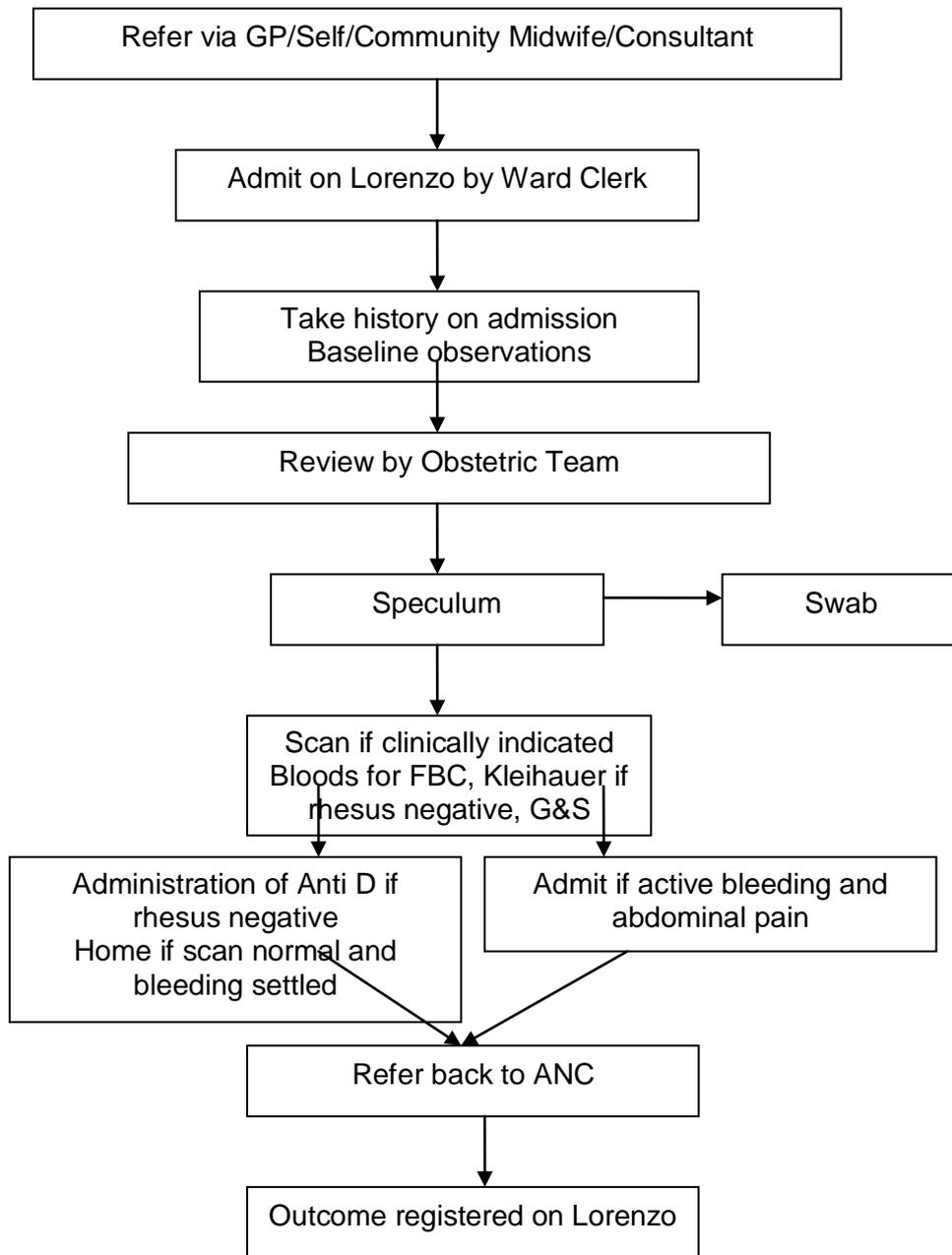




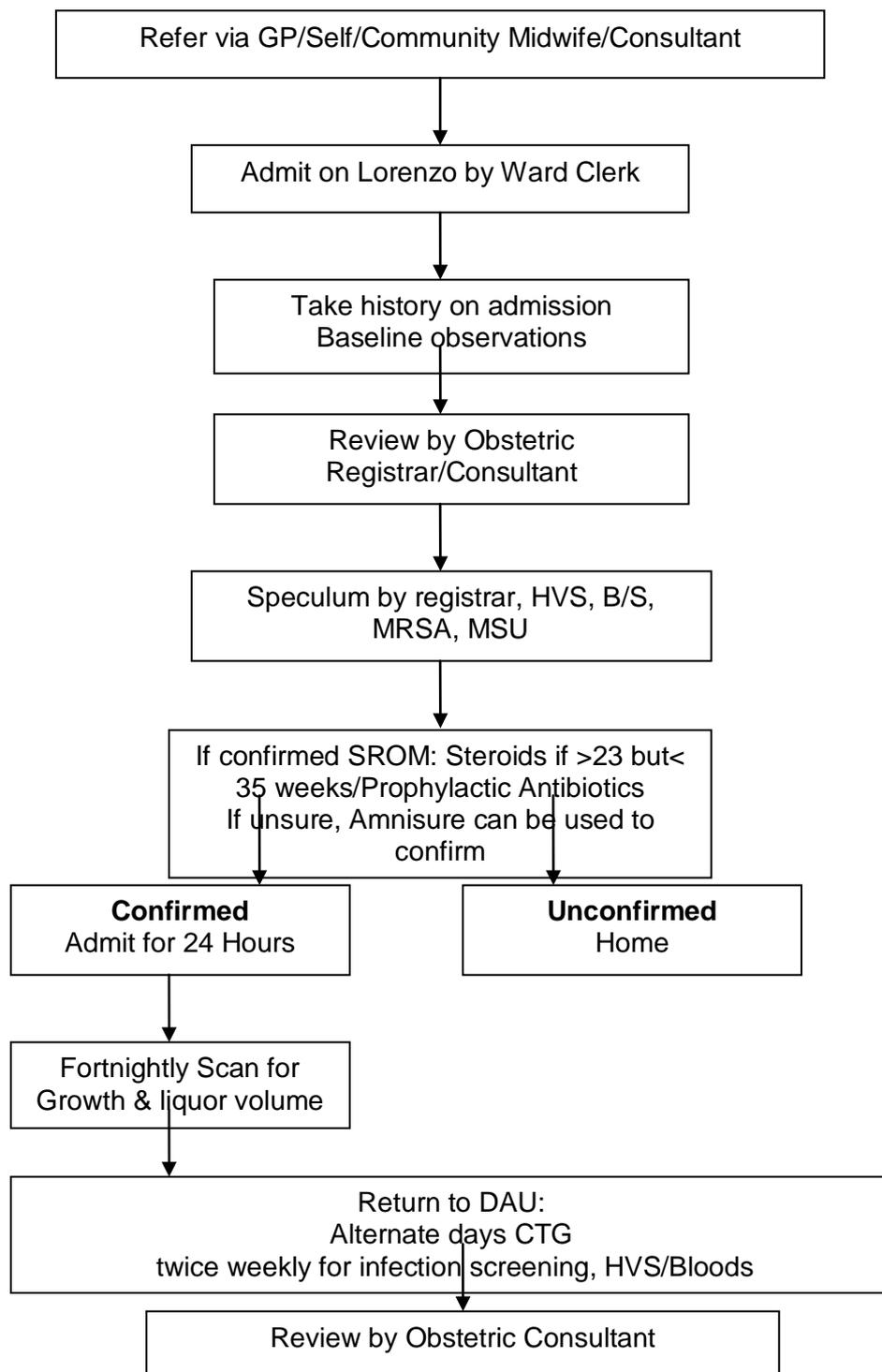
Workflow for Spontaneous Rupture of Membranes (SRM) > 37 Weeks Gestation



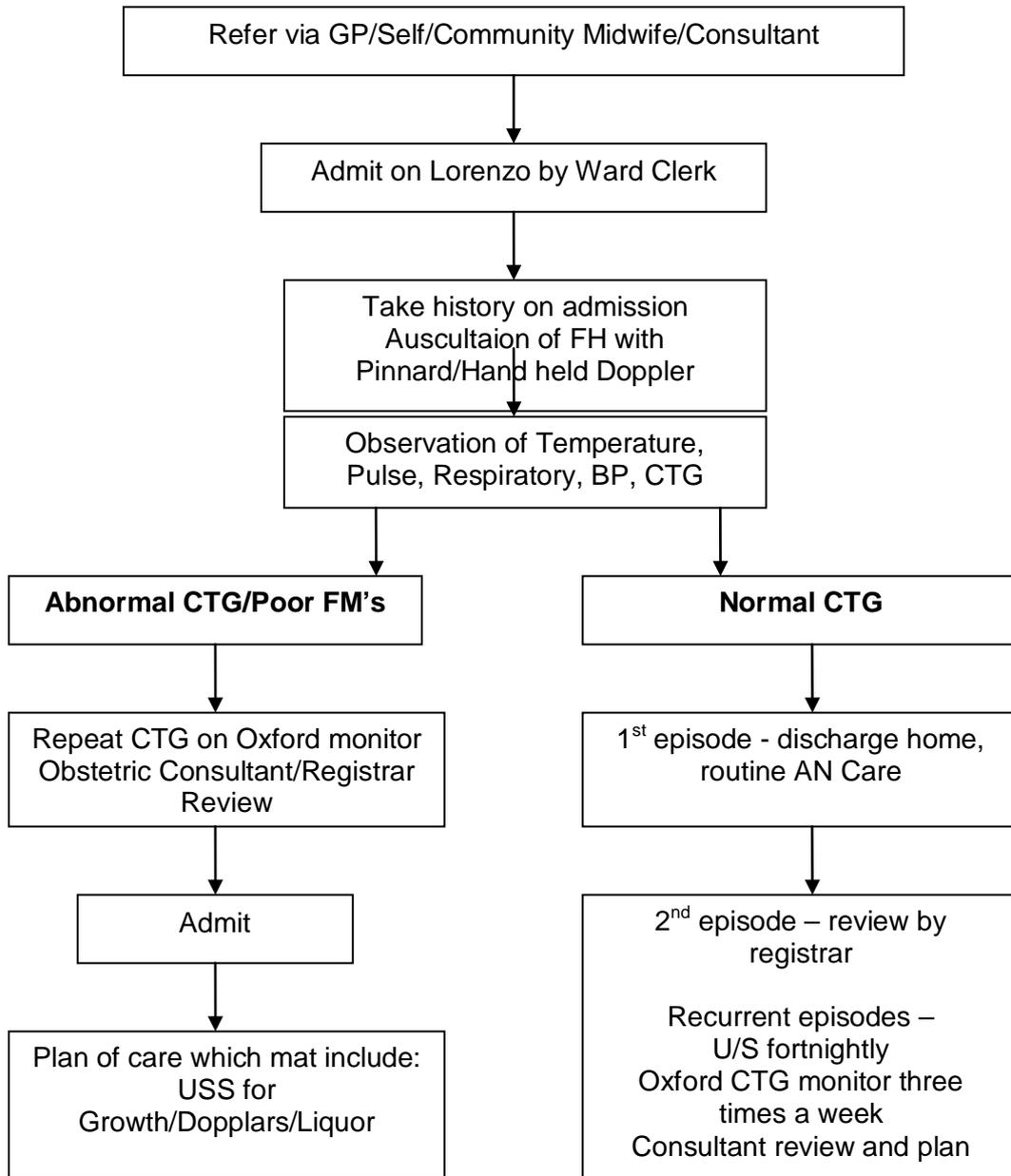
Workflow for 18 weeks Bleed per vaginum (PV)



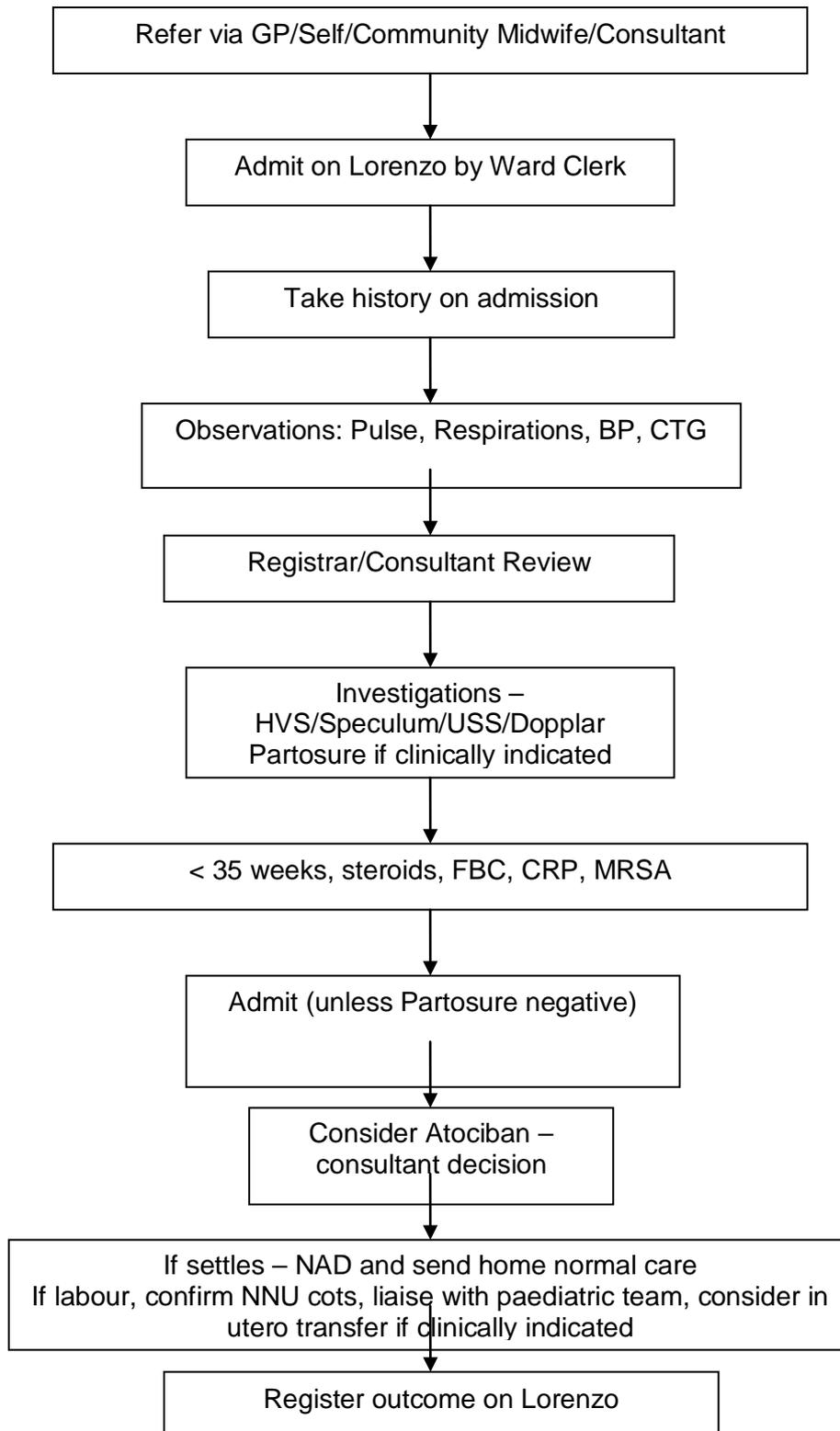
Workflow for Spontaneous Rupture of Membranes (SROM) < 37 Weeks Gestation



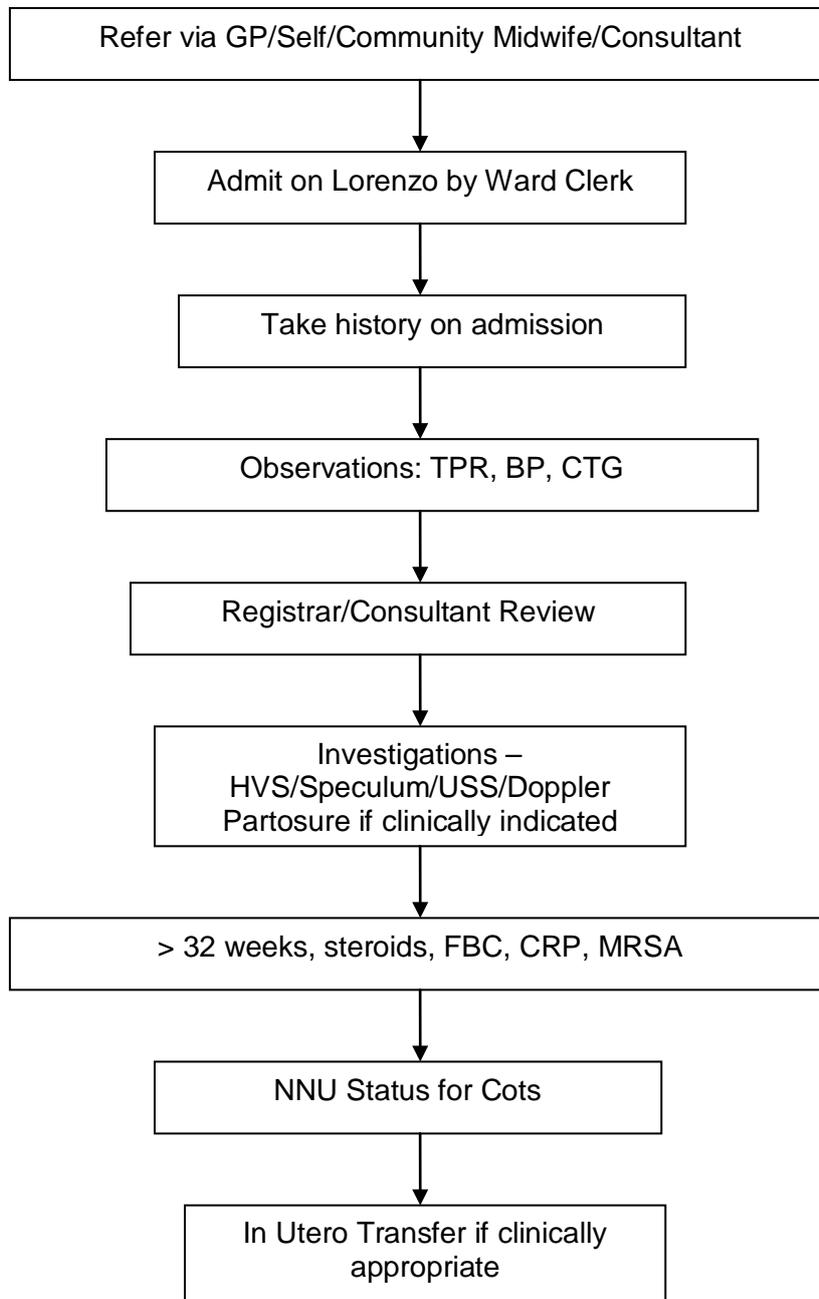
Workflow for Reduced Fetal Movements (FM's)



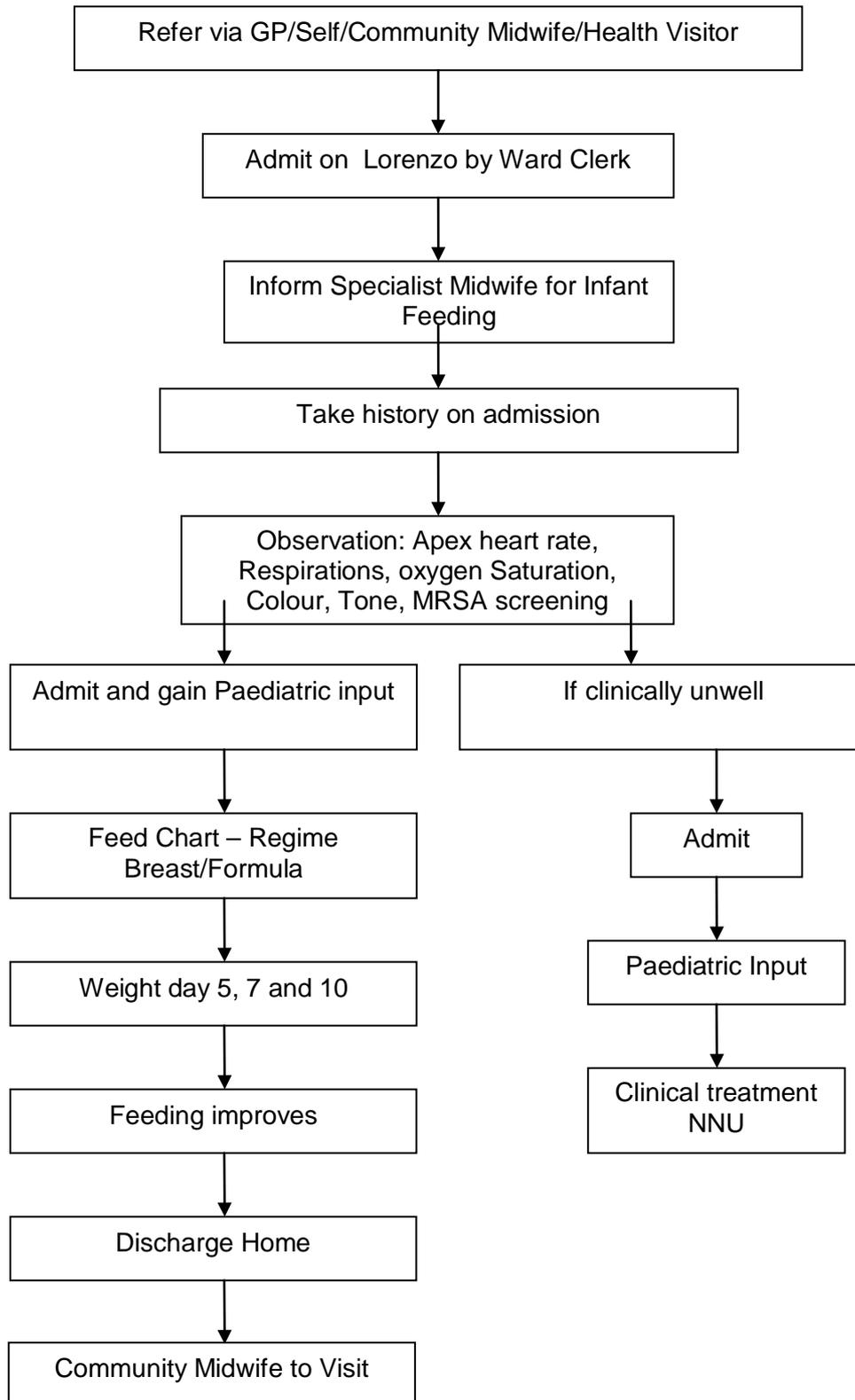
Workflow for Premature Labour – Singleton Pregnancy



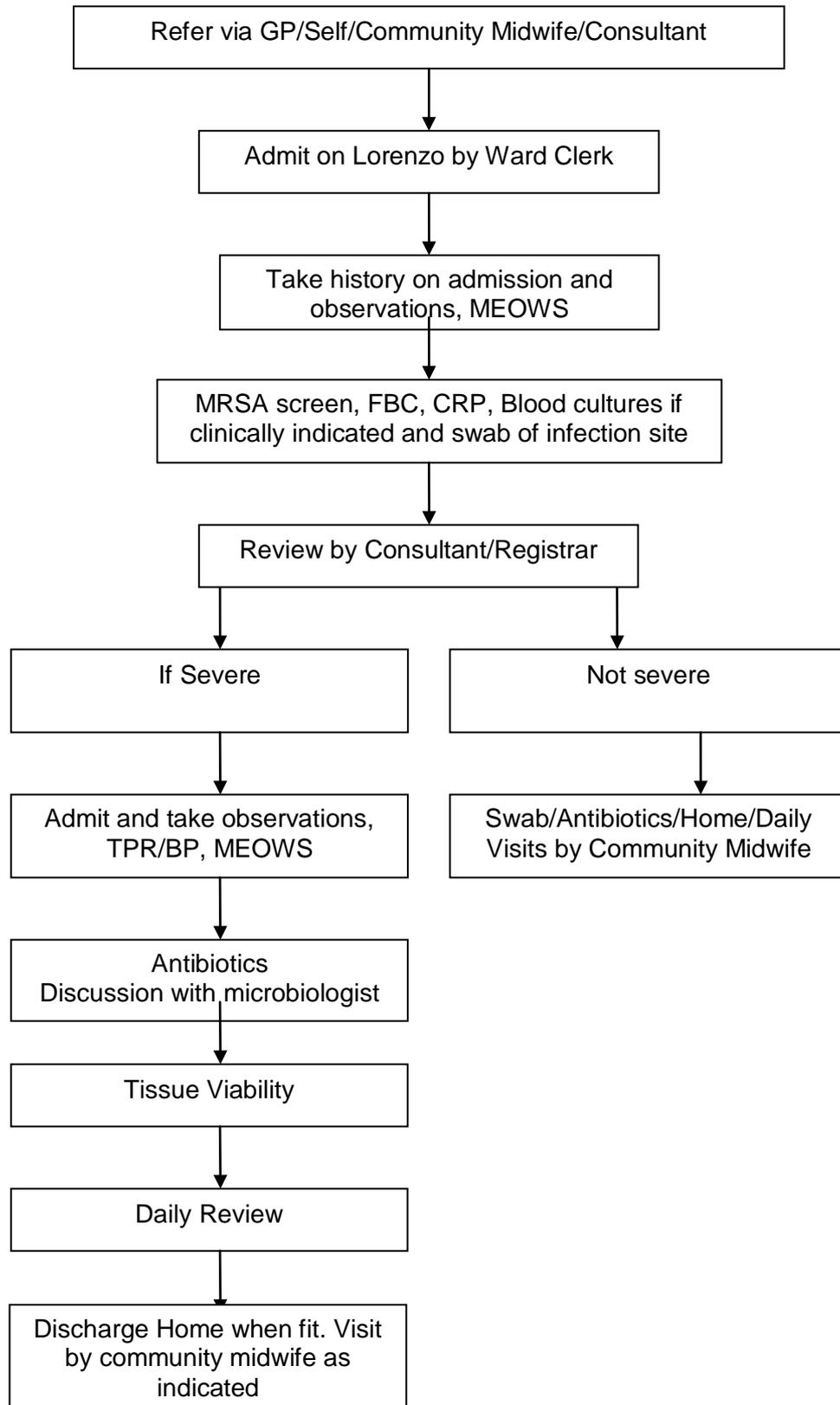
Workflow for Premature Labour – Twins Pregnancy



Workflow for Infant Feeding Problems in the Postnatal Period

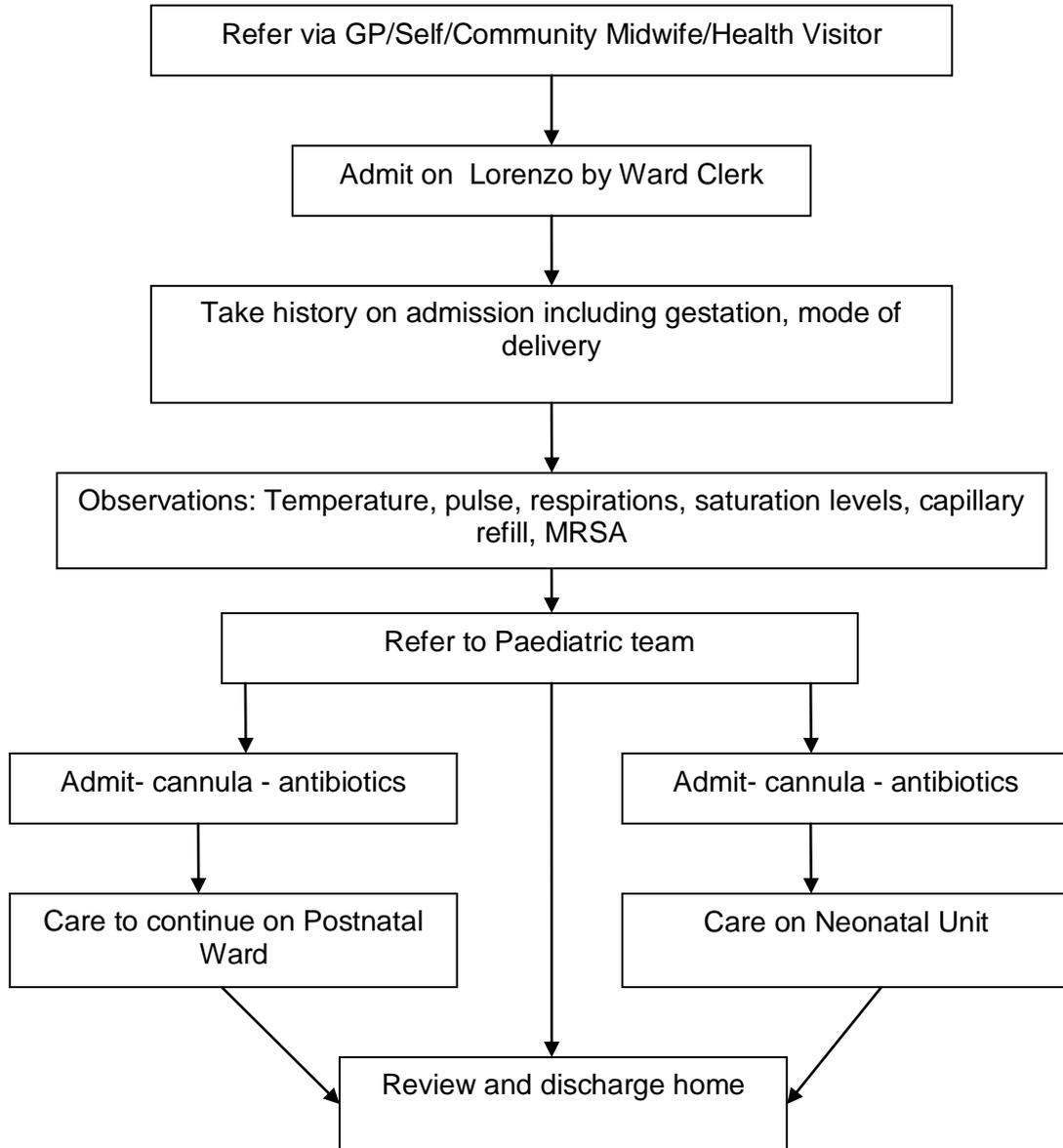


Workflow for Suspected Wound Infection

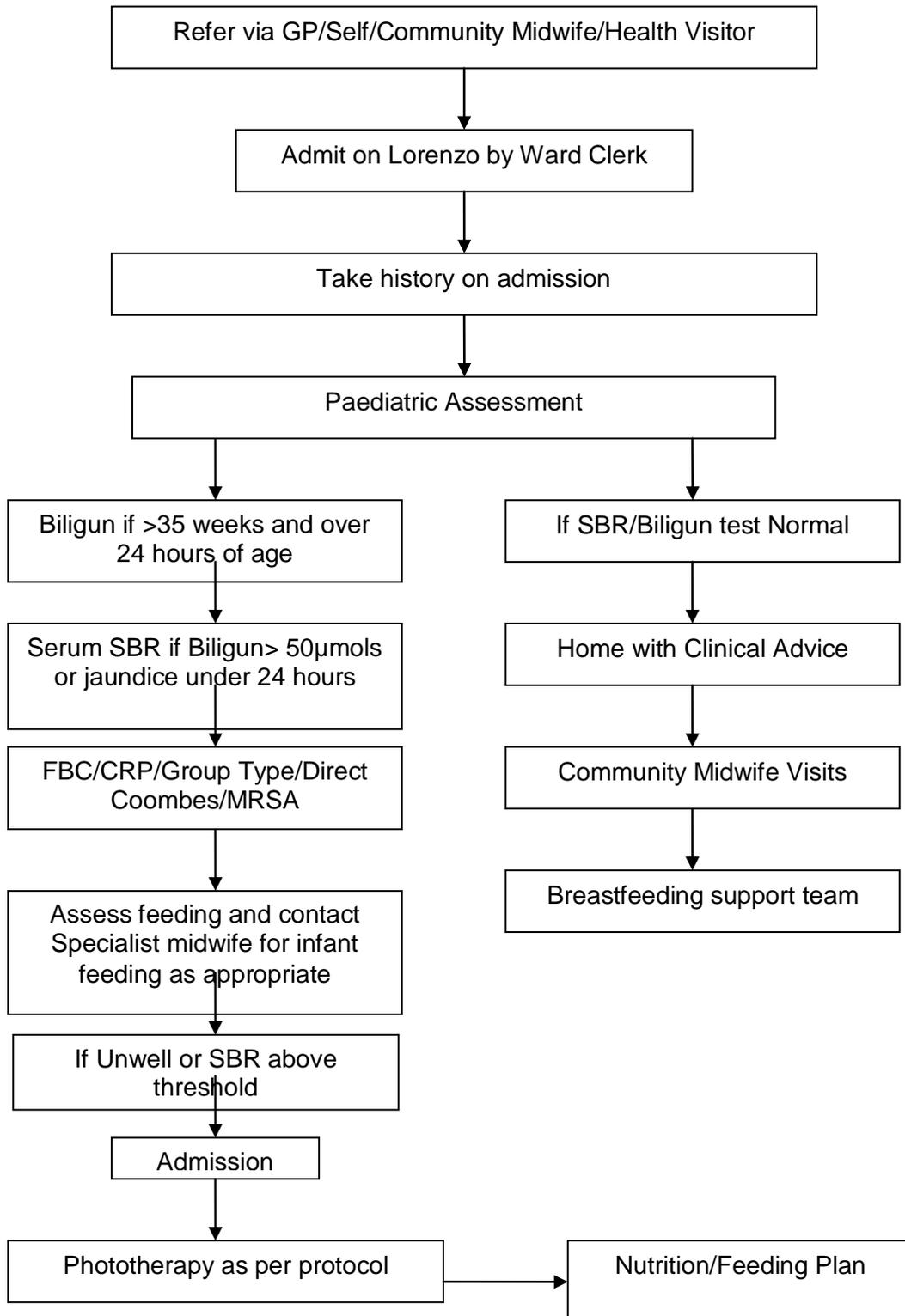


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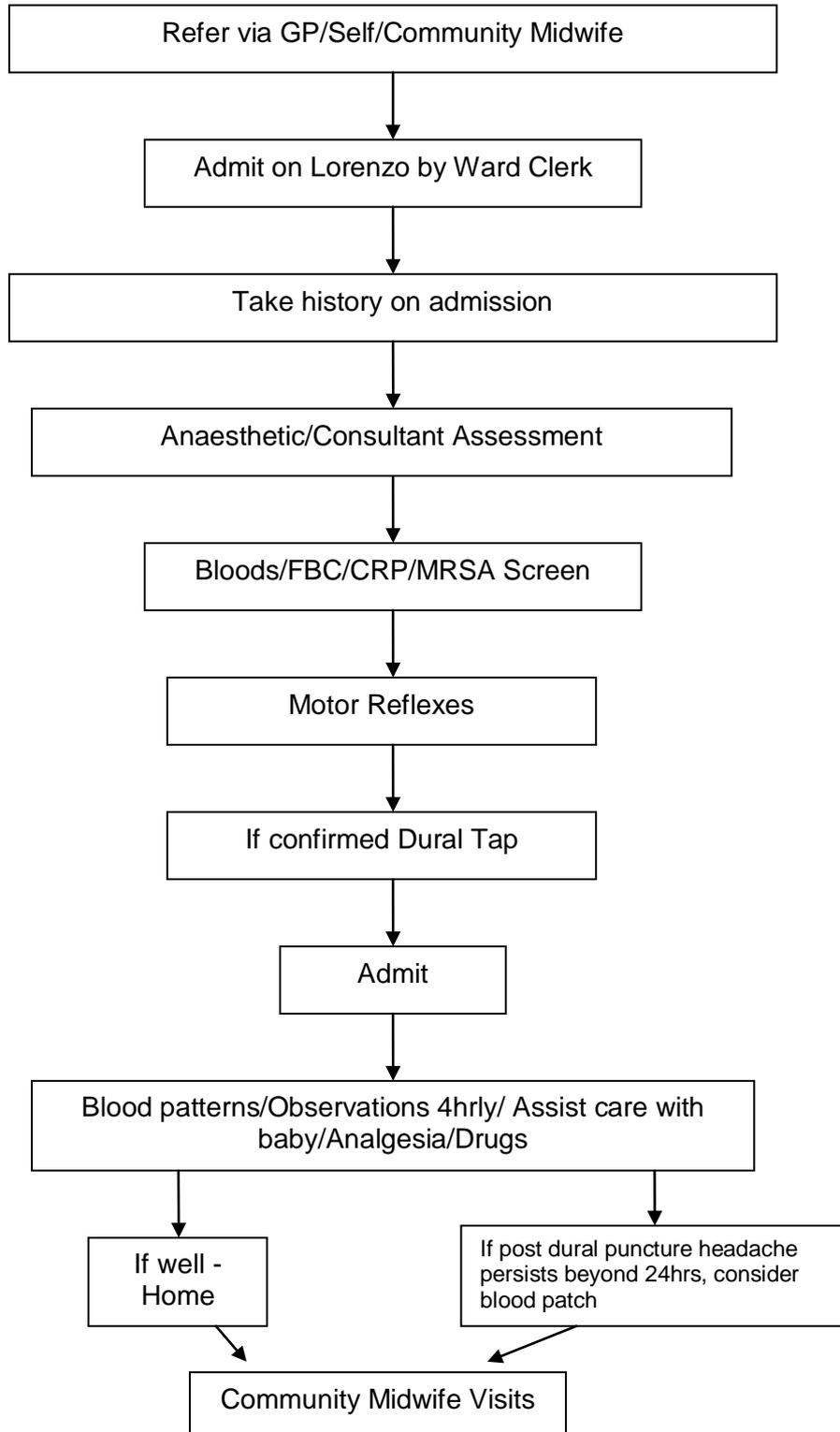
Workflow for Prolonged Rupture of Membranes (PROM), Meconium Stained Liquor (MSL), Group B Streptococcus (GBS) Readmissions



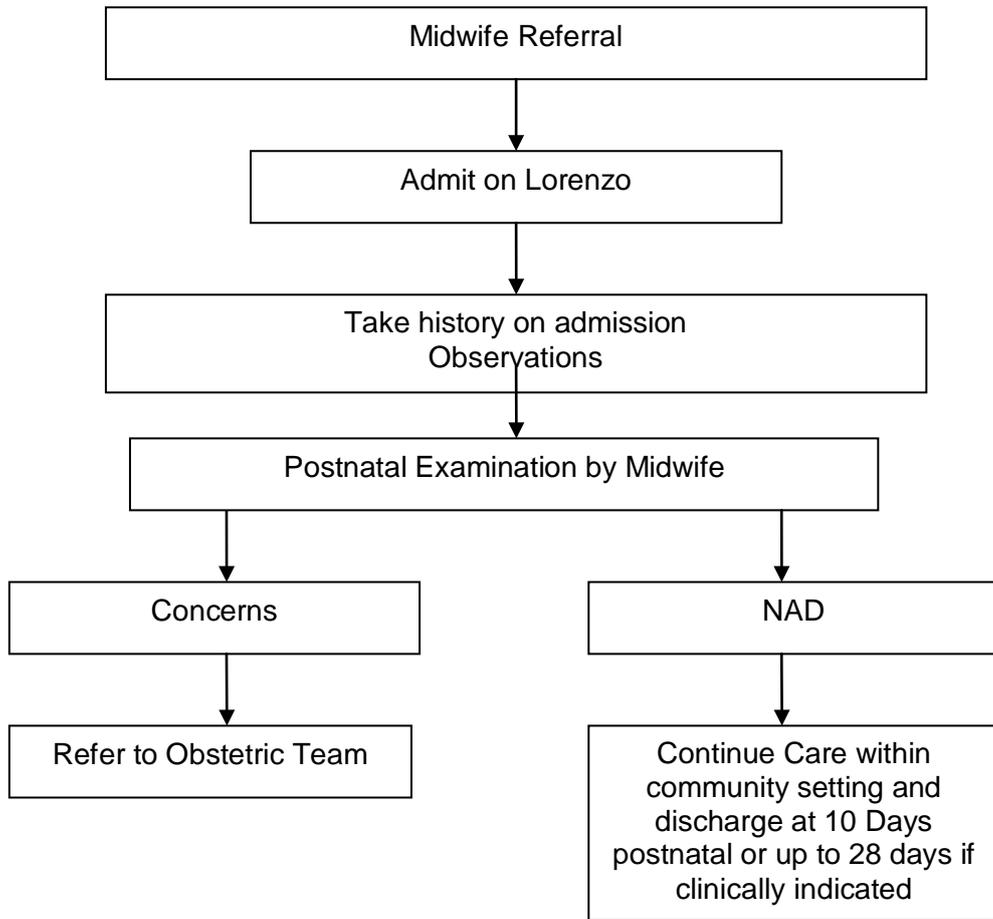
Workflow for Jaundiced Infants



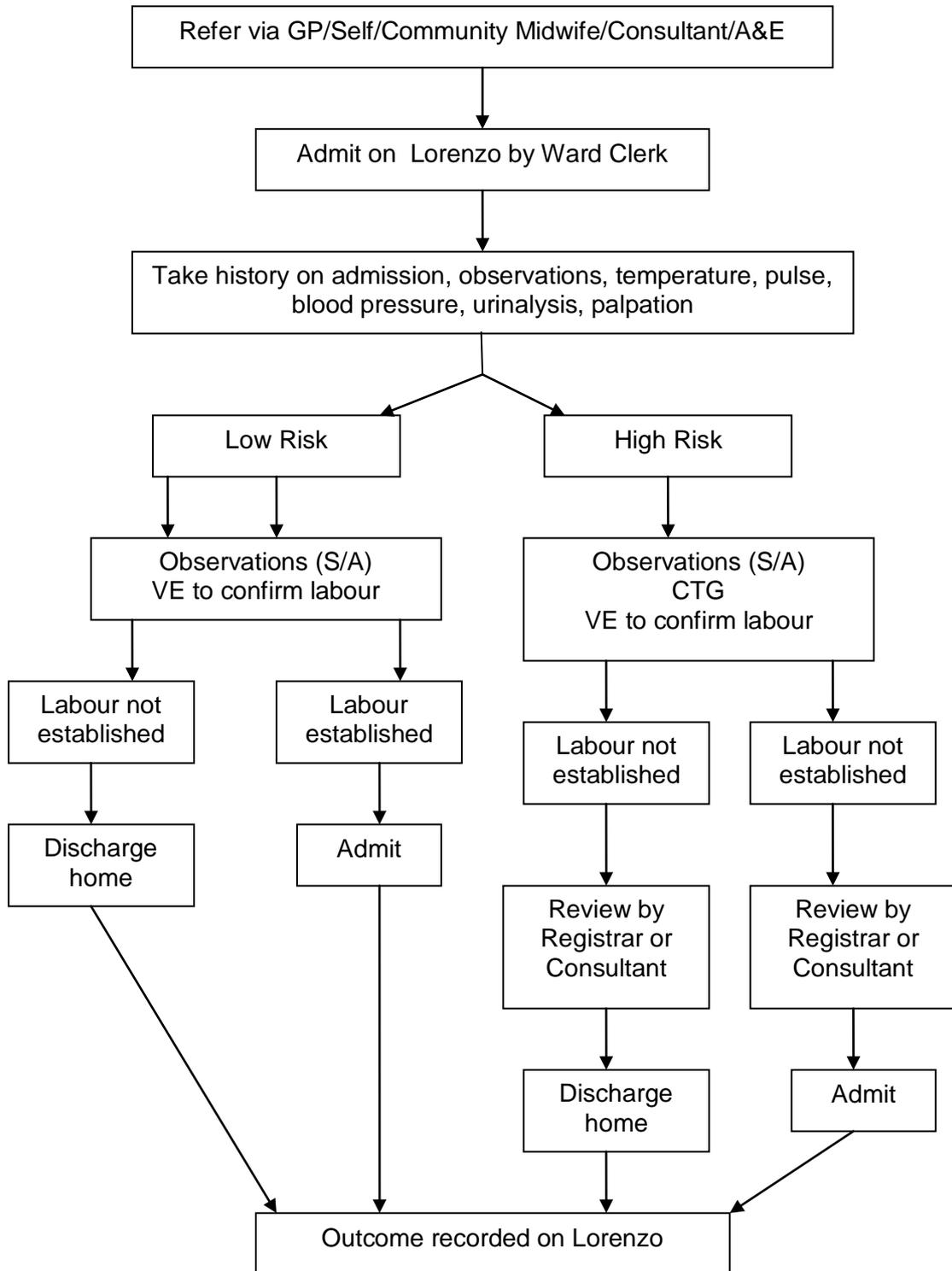
Workflow for Dural Tap/ Anaesthetic Problems



Workflow for Postnatal Examinations

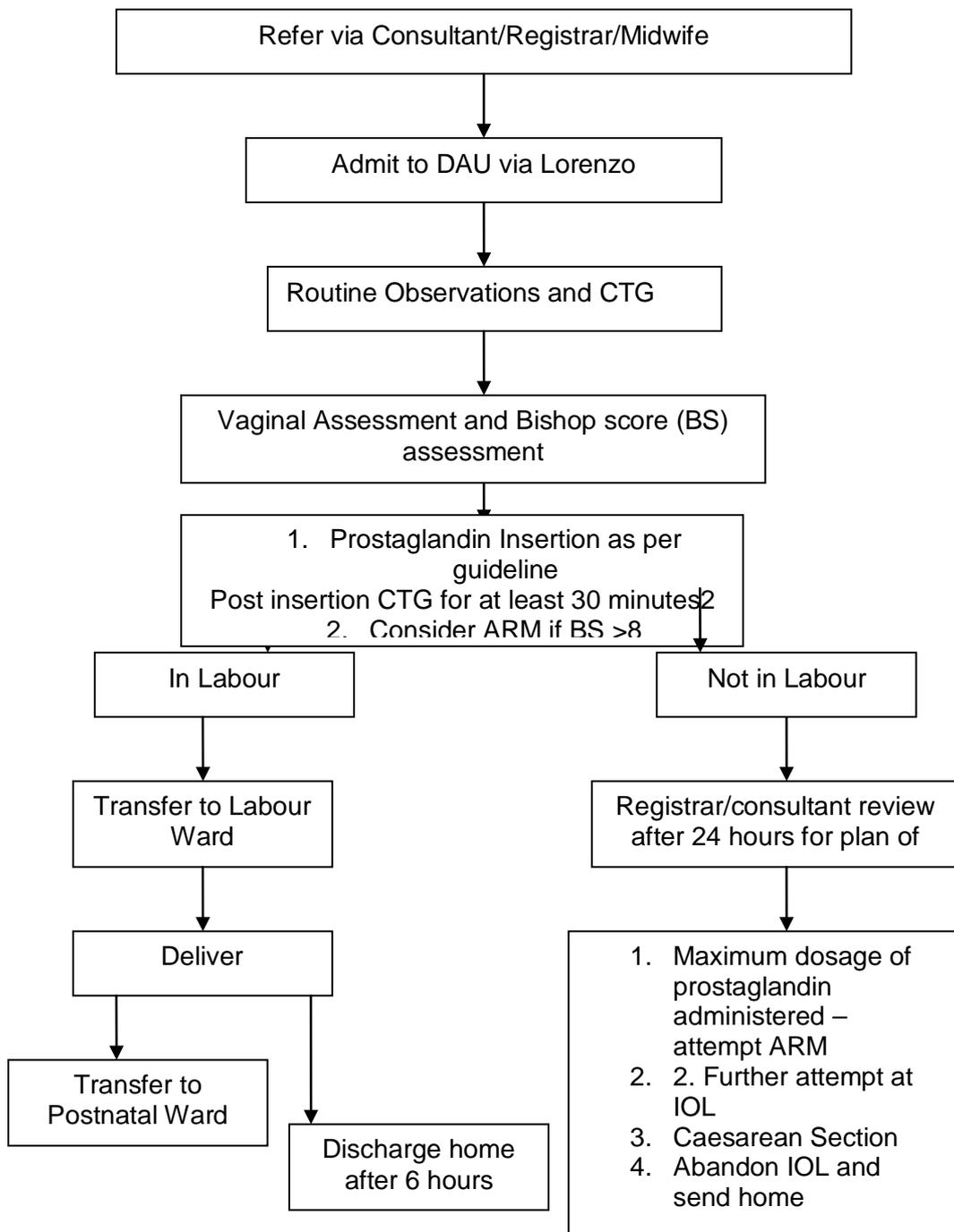


Workflow for Labour Consultant-Led Unit (CLU)

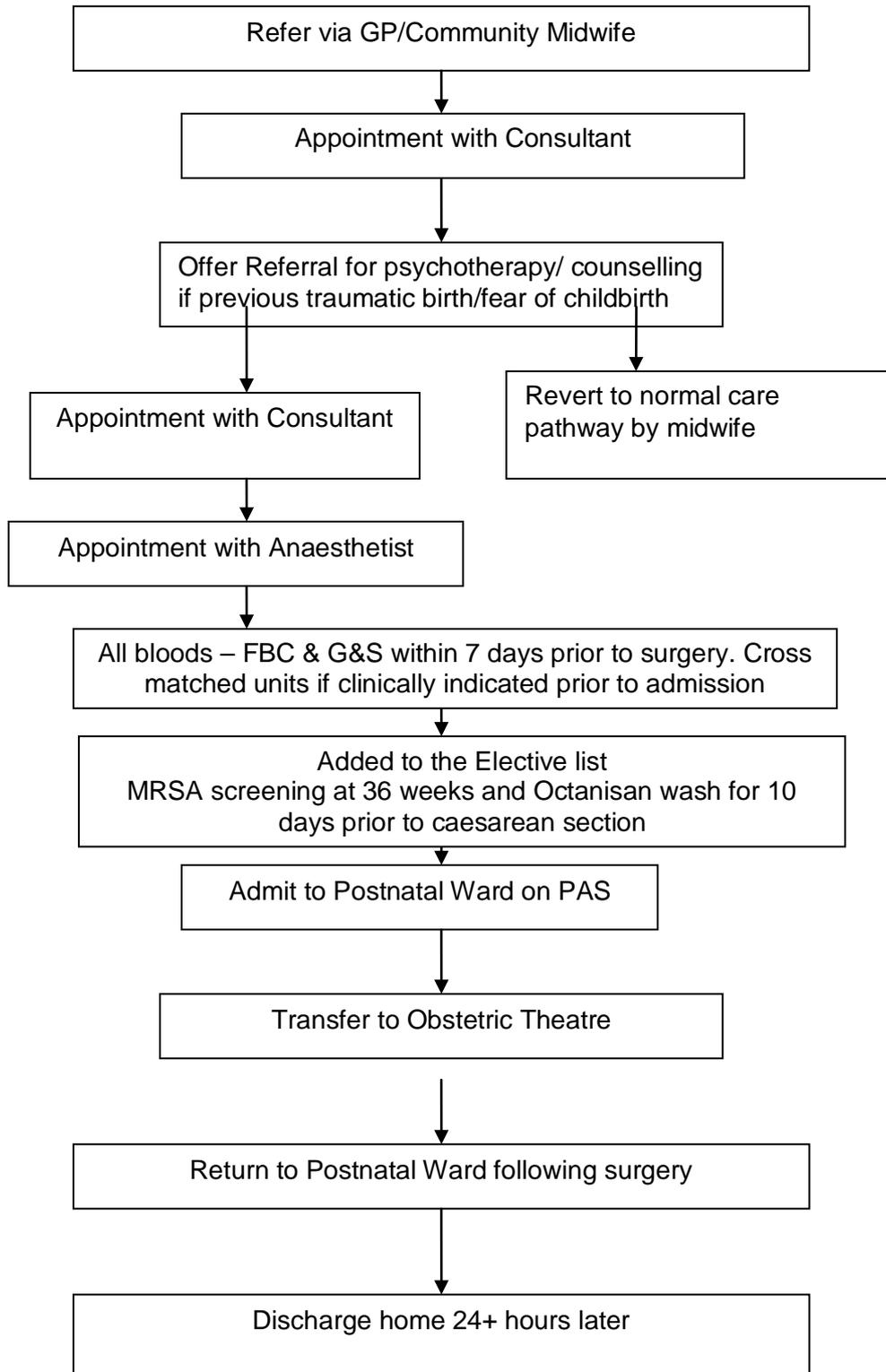


Elective Flows

Workflow for Induction of Labour



Workflow for Elective Caesarean Section



Accommodation

Antenatal Clinic

- Reception x 1
- Waiting Room for 25 people x 1
- Children's Play area x 1
- Nappy Change room x 1
- WC x 4
- Disabled WC x 2
- Consultant/Examination Room x 7
- Interview/Counselling x 2
- Clean Utility x1
- Dirty Utility x 1
- Ultrasound x 3
- Sub waiting room x 1
- General Storage x 1
- Linen Store x 1
- Cleaners Room x 1
- Disposal Hold x 1
- Office Work station – team leader x1
- Office work station ultrasound reporting x 1
- Switch gear cupboard x 1

Day Assessment Unit / Antenatal In-patients

- Waiting Area x 1
- Staff Base x 1
- 4 bedded triage area x 1
- 5 bedded/reclining chairs Day Assessment bay
- 4 x single bedded en-suite side rooms
- 1 x Triage single room with mobile U/S Scanner
- Beverage Bay x 1
- Patient's bathroom/WC x 1
- WC x 1
- Clean Utility x 1
- Dirty Utility x 1
- Linen Store x 1
- Disposal hold x 1

Midwife-led Co- located Birthing Unit

- 5 x LDRP midwife led rooms with en-suite facilities
- 2 birthing pools
- 1 x staff base
- 1 x shared clean utility room on Delivery suite (Labour ward)
- 1 x shared dirty utility room on Delivery suite (Labour ward)
- 1 shared linen room on Delivery suite (Labour ward)
- 1 x storeroom in LDRP room 2
- 1 x store room on ward

Delivery Suite (Labour Ward)

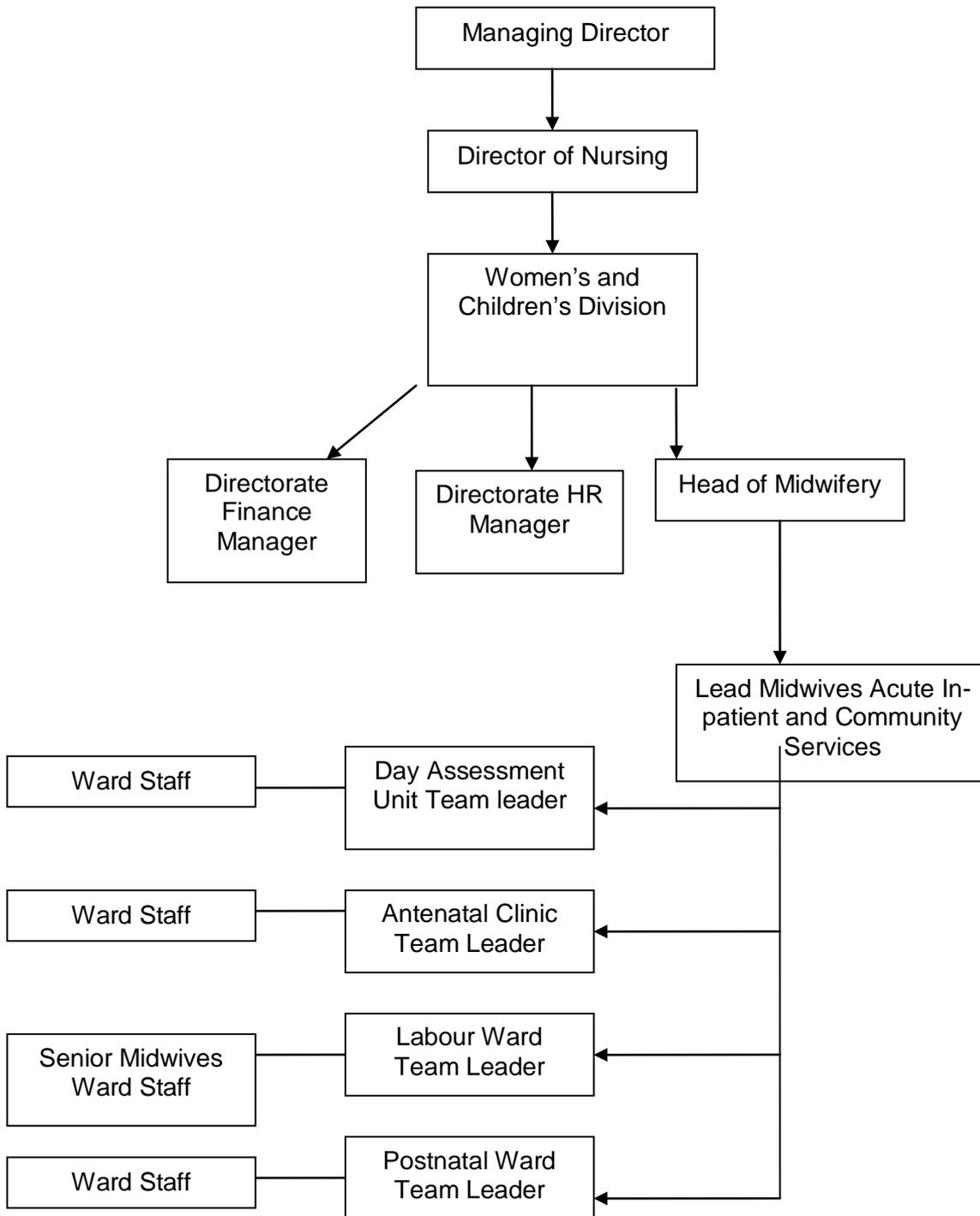
- 10 x LDRP with en-suite facilities: x 1 room with hoist gantry and assisted shower, x 1 room as a Bereavement room, x 1 room with high dependency facilities
- Reception/staff base x 1
- Disabled WC and bath x 1
- Blood bank/blood gas analysis x 1
- Staff office x 1
- Staff rest room x 1
- Seminar Room x 1
- Kitchen and Beverage bay x 1
- Linen store x 1
- Clean utility x 1
- Dirty utility x 1
- Cleaners room x 1
- Disposal hold x 1
- Obstetric theatres
- Obstetric operating theatre x 2
- Anaesthetic room x 1
- Preparation/clean utility x 2
- Scrub area x 1
- Theatre equipment store x 1
- Recovery/high dependency (3 bedded) x 1
- Dirty Utility x 1
- Disposal hold x 1
- Male staff change x 1
- Female staff change x 1
- Cleaners room x 1

Postnatal Inpatients

- Beds x 20
- 8 single bedded side rooms with en-suite facilities
- 3 x 4 bedded bays
- 3 x Assisted shower/WC/Wash located by a 4 bed bay
- 1 x disabled assisted WC and bath
- Neonatal clinical room x 1
- Staff base x 1
- Clean Utility x 1

- Dirty utility x 1
- 1 x kitchen
- Milk kitchen/store x 1
- Linen store x 1
- Cleaners room x 1
- 1 x waste hold

Structure Chart



Patient Information Leaflets

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
 - Controlled drugs ordered through CEDAR system

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
- Domestic
- 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
- Porter 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 Delivery Suite Co-ordinator and Senior Midwife co-ordinating the Postnatal Ward will allocate beds accordingly.

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 Delivery Suite should be made to see if any can be safely transferred to the Midwifery-led Units (MLU) or home. (Refer to the guideline for 'Temporary Closure of the Consultant-led Maternity Unit and MLU's'; register number 10084)

Consider 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/ home for clinical reasons. Organise midwifery staff to support the surgical ward if feasible. (Refer to the guideline for 'Temporary Closure of the Consultant-led Maternity Unit and MLU's'; register number 10084)

In the event there is a shortage of beds on postnatal ward, careful assessment of existing mothers should be made to identify those mothers who may be safely discharged or transferred to another area/ midwife led unit 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. (Refer to the guideline for 'Temporary Closure of the Consultant-led Maternity Unit and MLU's'; register number 10084)

When all these measures have been taken and the problem is not resolved, the Escalation Procedure (refer to point 9) should be initiated. (Refer to the guideline for 'Temporary Closure of the Consultant-led Maternity Unit and MLU's'; register number 10084)

The Lorenzo 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 at each handover on each ward every day and are intended to provide a mechanism for rapidly assessing the progress for all patients.

Delivery suite (labour ward) will conduct a multidisciplinary board round at 08.00, 13.00 and 17.00 Monday to Friday. The on call consultant will attend delivery suite (labour ward) on a Saturday and Sunday to conduct a board round prior to 12.00. Through the implementation of Board Round midwifery and medical staff, inclusive of Hot week obstetric consultant and anaesthetic consultant will ensure that:

- There is a clear management plan for all patients
- Investigations are being undertaken in a timely fashion
- Results are reviewed as soon as they are available
- Appropriate alterations to the management plan is taken in the light of test results
- Parameters are set to facilitate nurse lead discharge where appropriate
- Therapists and other MDT members are undertaking assessment in a timely fashion to facilitate early discharge
- Specialty referrals and the findings of specialty reviews
- Referrals to other agencies are made in a timely fashion
- Equipment and other requirements for discharge (TTA's) have been ordered
- 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
- To plan and prioritise care and to identify potential activity within the unit i.e. number of inductions of labour, status of the neonatal unit, outliers, unwell women

Board rounds will be completed within 20 to 30 minutes maximum.

A ward round will occur on the delivery suite (labour ward) at 08.30 to ensure a physical review of the patients on labour ward by the MDT and midwife responsible for the patient

(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 length of stay. It is the responsibility of midwifery and obstetric staff to understand the discharge assessments and referral processes 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 Maternity Unit

- All admissions to the Maternity Unit will have a provisional diagnosis and a treatment plan documented in the patient record within 24 hours of admission. This will be done by the admitting obstetric registrar or consultant on call and will be monitored by 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 (sooner for elective and short stay patients). Appropriate referrals to therapies and social care should be completed at this time or sooner as appropriate in the patient's care pathway.
(Refer to the guideline for 'Maternity Care'; register number 04272)
- The midwife responsible for the patient's care should undertake an assessment to establish whether the patient requires a care package or placement on discharge as soon as the patient is deemed sufficiently fit for discharge.
- 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 and obstetric registrar/ 'hot week' consultant on call should monitor the progress of the treatment plan for each patient via daily board rounds. Following this the discharge plan should be amended according to the need of the patient.

4.1 Radiology Elective Flows

Appendix L

