



**Aneurin Bevan University Health Board**

# **Maternity Services Escalation Policy**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## **Executive Summary**

This document is a procedure designed to support safe and effective practice

## ***Scope of Policy***

This policy applies to all clinicians working within maternity services

## ***Essential Implementation Criteria***

Auditable standards are stated where appropriate

## **Aims**

The purpose of this policy is to assist in providing a safe maternity service across ABUHB.

It is important to ensure there is a consistent management approach adopted across the Health Board with clear and safe alternative arrangements made for the care of mothers and babies in the event of high activity or staffing pressures. The individuals who are likely to be involved in the decision to divert women within the Health Board or transfer women outside of the Health Board should be notified at an early stage of the risk of the potential diversion or transfer. This course of action should be considered as part of the Health Board risk management strategy.

The Welsh Risk Pool requires a number of risk management strategies to be in place to safely deal with the inevitable high peaks of activity within maternity services. They also require mechanisms for early detection and management of escalation levels beyond the units' capacity of staffing ability to cope safely with the service demands and maintenance of 1 to 1 care in labour.

## **Identification of workload**

The Maternity Service at Aneurin Bevan University Health Board uses the Birth Rate Plus Acuity Tool Kit to measure activity on a 4 hourly basis. The Labour Ward Coordinator or Lead Midwife in a Birth Centre are responsible for measuring activity throughout their shift. This will involve assessing midwifery staffing levels and activity, including the coordination of staff breaks. Identification of high levels of activity should be communicated to the Senior Midwifery Manager and other members of the multi-disciplinary team. The Birth Rate Acuity Tool Kit method of measuring activity provides a standardised approach which should be understood by all staff working within the maternity services

As activity increases the labour ward coordinator/Lead Midwife will ensure that

- The Birth Rate Acuity Tool Kit is completed frequently and regularly to support them in their analysis of activity and staffing
- Where the activity escalates beyond the number of midwives available to provide care safely they will initiate the escalation procedures.

### **Escalation Alert Categories**

Activity levels should be assessed regularly as well as communicated to the multi-disciplinary team. The status of the unit should be shared and documented at the multi-disciplinary handover and the neonatal unit aware of maternity unit status.

**Green Activity level satisfactory**

**Amber Increasing activity identified**

**Red Little or no capacity for further activity, Diversion within Health Board required**

**Black No capacity for diversion within ABUHB**

#### **GREEN**

Activity satisfactory. 4 hourly measurements of activity levels maintained

#### **AMBER**

- An amber alert will be reached where there is insufficient environmental capacity, the lack of 1:1 care for women in established labour, or insufficient levels of medical staff (obstetric, anaesthetic or neonatal).
- If the reason for the AMBER status is as a result of NNU being on a RED, a 36 week model of care should be adopted. This means that: any women less than 36 weeks are transferred out of the unit if labour is imminent. Inductions of labour for full term women will continue. Elective caesarean sections will continue as planned. Any IUGR or high risk inductions of labour must be risk

assessed and a joint decision made by both the obstetric and neonatal consultant

- The labour coordinator/lead midwife will liaise with other departments in their unit to identify activity and staffing levels.
- The area affected by high activity or staff pressures must be the priority with all other areas providing support when required.
- The labour ward coordinator will inform the consultant Obstetrician covering the labour ward in addition to the on call Anaesthetist and Neonatal team. This is documented at the multi-disciplinary handover however there will be on going communication between handover
- The obstetric and midwifery team should assess antenatal and postnatal women for their suitability for discharge home .
- The obstetric team should assess antenatal and postnatal women for their suitability for cancelling elective procedures and prioritisation of women in relation to their risk.
- If staffing levels are the trigger for the amber alert consideration should be given to obtaining additional shifts where all other possibilities have been exhausted
- If either of the two areas have reached capacity. Women can be transferred between Birth Centre's for low risk maternity care but the implications of the options offered should be made explicit to the women and their family if transferring to a standalone unit.
- Request for intrauterine transfers from outside the Health Board should be declined
- A DATIX form should be completed appropriately.
- The Senior Midwifery Manager / on call manager will support the labour ward coordinator with the redeployment of staff. Whenever there is heightened activity within the labour ward or wards staff may be re-deployed into these areas. Staff from the birth centre may be redeployed onto the postnatal wards

## **RED**

Red alert status represents an extreme situation where further activity could result in increased clinical risk leading to an unsafe maternity unit. At this stage, diversion to another Maternity Units within the Health Board should be considered if all other measures to reduce activity have been explored.

The decision to place a Maternity Unit on Red status and divert women to another maternity unit within the Health Board will be made by the Senior Midwifery Manger in conjunction with the Head of Midwifery in normal working hours. Outside of these hours, the decision will be taken by the Head of Midwifery.

A RED alert can be instigated on the maternity unit in the event that neonatal unit has reached BLACK. In these instances a 36 week model will be adopted as in the AMBER status. Inductions of labour and elective procedures will be delayed until a planning meeting is held between the neonatal and obstetric consultant, the senior midwifery manager and the senior neonatal staff so that the situation can be risk assessed and the action plan agreed by all parties

- Inform the multi-disciplinary team including the obstetric team, anaesthetic team and neonatal team ensuring that the NNU staff are aware of the current situation.
- Ensure good communication between Labour Ward Coordinators/ Lead midwives throughout the Health Board so that all areas are aware of the Red status of a unit within the Health Board.
- When NHH is on Red alert, midwifery units in Powys should be contacted to inform them so that this can be communicated to any woman requiring transfer to NHH. They should be informed that any transfers into NHH at this time will be re-directed to RGH.
- An assessment of each woman to be re-directed within the Health Board needs to be made If there is any doubt about the suitability of a woman to go straight to the receiving unit, she should be assessed either in the community or at the hospital on Red alert.

- It is the responsibility of the Labour Ward Coordinator to monitor the activity frequently and complete the Birth Rate Acuity Tool Kit. As the situation improves, the Senior Midwifery Manager should be informed so that the decision to stop diverting women within the Health Board and the step down from Red to Amber alert can be made. Communication to the on-call obstetric consultant and the multi-disciplinary team must ensure that all staff are aware of the change in status.

## **BLACK ALERT**

A black alert will occur in extreme circumstances where the activity throughout all the maternity units within the Health Board is such that diversion between units is not possible due to high levels of activity. When all staff are utilised throughout the Health Board and no further activity can be supported to ensure the Maternity Units are safe, consideration will then have to be given to transferring women outside of the Health Board.

Careful planning during the amber and red stages of escalation should always be pro-active to avoid the situation of a black alert, however it is important that this policy provides guidance in the event of such an extreme circumstance.

The decision to go to a Black Alert will be taken by the Head of Midwifery who will liaise with the Obstetric Consultants on call for Labour Ward and the on call Executive.

- Inform the multi-disciplinary team including the obstetric team, anaesthetic team and neonatal team ensuring that they are aware of the current situation.
- Contact the neighbouring maternity units outside the Health Board to assess their activity and their capacity to receive those women who will require transfer.
- Ensure good communication between Labour Ward Coordinators/ Lead midwives throughout the Health Board so that all areas are aware of the Black status of the maternity services within the Health Board.
- An assessment of each woman to be transferred outside of the Health Board needs to be made. **All women must be assessed prior to transfer.** In the event of any transfer of women outside the Health Board, an All Wales Transfer

form will need to be completed. Women requiring transfer must be accompanied by a qualified midwife.

- It is the responsibility of the Labour Ward Co-ordinator to monitor the activity frequently. As the situation improves, the Senior Midwifery Manager and Head of Midwifery should be informed so that the decision to stop transferring women outside the Health Board and the step down from Black to Red alert can be made. Communication to the on-call Obstetric consultant and the multi-disciplinary team must ensure that all staff are aware of the change in status.

### **Clinical Governance**

Red and Black alerts will be documented on the Maternity Dashboard so that frequency of operation at full capacity is monitored and actioned.

### **Training**

- All Labour Ward Coordinators and Lead Midwives at Birth Centres should be trained on the Escalation Policy.



