Perinatal Escalation Plan Policy

Lead Author (s)	Deb Scott, Clare Payne, Hannah McLoughlin
Lead Executive	Jennifer Winslade
Division/Department	Family & Therapies
Reference	ABUHB/F&T/1344
Applies to (delete as appropriate)	Perinatal Services (Maternity & Neonatal)
Approving Forum	Clinical Effectiveness Forum (CEF)
Date Approved	27th April 2026
Review Date	27th April 2029

Version Control:

Version No	Approved	Author
1	27th April 2026	Deb Scott, Clare Payne and Hannah McLoughlin

Policy on a Page: Key Messages

Aim:

To provide clear, agreed processes and indicators for managing and reporting maternity and neonatal pathways, in the event of changing service pressures.

Summary of key changes (for revised documents only)

- Merge of Neonatal and Maternity escalation processes to develop local *Perinatal Escalation Plan Policy.*
- Alignment with contemporary practice(s), ensuring clear and consistent approach to escalation and reporting.
- Development of the following policy in alignment with the *National Strategic Clinical Network for Maternity and Neonatal Services Perinatal Escalation Plan for South Wales* (NHS Wales Executive, 2024).

Key Requirements:

Joint maternity–neonatal coordination with routine SITREP reporting.

Twice-daily Safe 2 Start acuity and staffing updates (weekend via Senior Manager).

Apply escalation levels (Green–Black) consistently across services.

Neonatal: twice-daily acuity tool, immediate reporting and senior escalation for Red/Black.

Maternity: continuous activity monitoring; follow escalation actions; report Red/Black urgently.

Black level: possible unit closure, diversions, WAST notification, hourly review, formal reopening process.

Target Audience:

All staff working within Perinatal services within Aneurin Bevan University Health Board.

Training:

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal.

Contents

1. Introduction/Overview

Appropriate and efficient management of escalation and service demands requires a collaborative approach between Maternity and Neonatal services.

A consistent approach to effective operational management of service pressures, and how those pressures are reported, coordinated, and communicated across the Maternity and Neonatal Strategic Network will support equity and quality of service provision and ensure we deliver the best care and outcomes for pregnant women and babies.

Local service managers and clinicians are accountable for the operational coordination of this plan and delivery of safe services. The Chief Operating Officer is ultimately responsible for operational service viability and delivery in each Health Board. It is therefore imperative that there are clear lines of local escalation reporting from the operational services through to the Health Board Executive team where required and in line with local structures, alongside the perinatal network escalation reporting and actions outlined in this document.

The Service and Quality Standards for Provision of Neonatal Care in the UK, (BAPM, 2022) has informed the development of this plan.

2. Scope

The Perinatal Escalation plan will identify standardised levels of reporting across South Wales for maternity and neonatal services and should be used to develop locally adapted plans. It will also provide a guide for reporting the overall network maternity bed and neonatal cot availability in South Wales, along with service pressures.

3. Statement/Background

This document applies to all people who are pregnant and may use the term 'woman' but recognises that not all people having babies within Aneurin Bevan University Health Board identify as women.

If you have difficulty understanding any part of this guideline- including due to learning, sensory, or communication needs- please speak with your Line Manager or contact the authors of this guideline for support or clarification.

Staff must take a proactive approach to identifying and meeting the accessibility and communication needs of people with disabilities and/or language barriers, including offering information in alternative formats, arranging interpretation or communication support as required, and not relying solely on individuals to request adjustments.

4. Aim

To provide clear, agreed processes and indicators for managing and reporting maternity and neonatal pathways, in the event of changing service pressures. The strategic aims are to:

- Ensure women and their babies are at the centre of decision making through collaborative risk assessment.
- Prevent avoidable harm and optimise outcomes.
- Ensure equitable and timely access.
- Optimise capacity through appropriate escalation and de-escalation.
- Provide a framework for robust multi-disciplinary communication.
- Provide assurance of overall network capacity and operational delivery.

5. Main Body

Service Challenges and Identifying Workload

Perinatal Services SITREP/ Escalation Meetings

The complexities of aligning maternity and neonatal service capacity and demand in South Wales are well recognised. Local neonatal and maternity

services are often not under the same management structures. Where that is the case, local escalation must ensure that the daily management of pressures are jointly planned between departments and communicated across South Wales via the Perinatal Services SITREP/Escalation meetings (SITREP) which are limited to three times a week (Monday; Wednesday and Friday at 09:00 am), and the SITREP Teams channel on non-SITREP days.

Local management structures must be in place to support the delivery of the core perinatal service requirements. Alongside this there must be the ability to accept South Wales network wide referrals in line with their Local/Network responsibilities allowing timely access for transfer in-utero.

Safe 2 Start

'Safe 2 Start' (S2S) will be attended by a representative from maternity ward staff B3, C3 and the Neonatal Unit twice daily at 08:15 am (in-person) and 13:30 pm (via Microsoft Teams) (Monday to Friday), to record both the acuity and staffing levels in each maternity and neonatal area. During the weekends, the Senior Midwifery Manager on-call will liaise with staff on the maternity and neonatal units, as well as with the community midwife teams, to establish the acuity, staffing levels and cot status. In the event of a red or black neonatal escalation status, the Nurse in Charge for the neonatal unit will be required to attend to provide a full update. This information will be shared via the cross-site bronze meeting (Weekend – Cross Site Meeting via Microsoft Teams) at 10:00 am (Saturday to Sunday), and any concerns escalated where necessary to the Executive Team via the silver on-call outside of this meeting.

Transport Services

Dedicated neonatal transport services are delivered on a regional basis to facilitate not only the uplift transfer of babies needing urgent specialist

support but also to enable timely repatriation of babies to a suitable neonatal unit closer to home as per network guidelines.

In South Wales, the three Neonatal Intensive Care Units (NICUs) (ABUHB, CAVUHB, SBUHB) deliver a 24-hour transport service on a three-weekly rotation. This service, Cymru Inter-Hospital Acute Neonatal Transfer Service (CHANTS), operates under the Maternity and Neonatal Strategic Network approved governance model (consider link) and delivers according to Network approved Standard Operating Procedures and demand across services in dynamic situations.

The Escalation Process

The local escalation trigger list (Appendix 1) reflects individual Health Board local escalation plans. Recognising that both maternity and neonatal services are dynamic, the joint trigger tool will reflect the overall Network status of both services and will be utilised to summarise the SITREP meetings attended by the Labour Ward Co-Ordinator(s). It is the expectation that all Health Boards report and escalate their local maternity and neonatal escalation levels, and the agreed Network escalation level as per actions within the local escalation plan.

The plan identifies escalation of risk by both colour and number levels, GREEN to BLACK and 1-5 are representative of low-high risk, which replicate national reporting.

De-escalation is as important as escalation; therefore, local actions should support timely aligned escalation of both maternity and neonatal services.

Neonatal

Once neonatal status has been decided, actions as per Appendix 1 should be completed.

Neonatal services report their status through completion of the neonatal acuity tool twice daily at 04:00 am and 16:00 pm. This information is systematically shared with core Divisional and Executive Team Members.

Actions in accordance with status should be performed as per Appendix 1.

If it has been determined that the unit has a red or black (level 4 or 5) status (Appendix 1) and/or staffing is felt to be unsafe, the following immediate actions should be completed.

- Ensure patient safety first,
- Notify the Nurse in Charge,
- Nurse in Charge to notify the Band 7 and Senior Nurse **in-hours**. If **out of hours**, the Senior Nurse for Staffing should (via vocera or 01633 493699), Clinical Site Manager (01633 493579 or bleep 3390) and the Silver On-Call (via Switchboard).
- A neonatal status report (Appendix 4) should be completed immediately and emailed to the agreed distribution list (as detailed below) detailing the following;
    - A brief description of the actions taken and any mitigation,
    - Any potential admissions,
    - If the concern relates to medical or nursing staffing,
    - If there are any clinical concerns or other concerns,
    - The unit's RAG rating (Appendix 1),
    - Professional judgement regarding the safety of the unit and any additional information,
    - If the situation over the next 8-hours is predicted to change,
    - Action taken to de-escalate risks.
- If there is any clinical deterioration suspected, the medical team should be contacted immediately.
- Refer to further advice as per the unsafe shift action card (Appendix 5).
- Continue to complete the neonatal status report every 6-hours whilst the unit is felt to be unsafe. De-escalate when appropriate.

- Continue to complete the neonatal acuity tool twice daily at 04:00 am and 16:00 pm and email this to the agreed distribution list (as detailed below).
- Attend the Safe 2 Start meeting at 08:15 am and 13:30 pm.
- Attend the Network SITREP/ Escalation Meetings (Monday; Wednesday and Friday at 09:00 am).
- If the unit status is red or black over the weekend, the Nurse in Charge is to attend the Cross Site Meeting via Microsoft Teams at 10:00 am to provide a neonatal update.
- Submit a Datix to report any incidents/ adverse occurrences as required.
- A risk assessment is to be completed and approved by the Divisional Team and forwarded to the Executive Director of Nursing and Deputy Director of Nursing.

In the event of a red or black (unsafe) status or any concerns for the current or consecutive shift, a neonatal status report (Appendix 4) will be sent at the time the status is recognised to the following agreed distribution list;

- Senior Nurse, Neonatal Services,
- Divisional Nurse(s), Family & Therapies,
- Head of Nursing, Family & Therapies,
- Assistance Head of Nursing, Family & Therapies,
- General Manager, Family & Therapies,
- Assistant General Manager, Family & Therapies,
- Service Manager, Family & Therapies,
- Divisional Director, Family & Therapies.
- Senior Midwifery Manager on-duty/ on-call, Family & Therapies
- Obstetric Consultant on-duty/ on-call, Family & Therapies,
- Head of Midwifery/ Deputy Head of Midwifery, Family & Therapies.

On receipt, the Divisional Team will review and escalate to the Executive Director of Nursing and the Deputy Director of Nursing with a risk assessment (Appendix 4) enclosed.

Maternity

The Perinatal Services SITREP/ Escalation Meetings ensure shared situational awareness across health boards in Wales and enables cross-health board support where required. On Monday, Wednesday and Friday at 09:00 am, a midwifery representative will report current acuity and staffing levels into the Network (Sitrep). The South Wales Cot Locator will be updated twice daily by the Labour Ward Manager to inform others in the Maternity and Neonatal Network of any escalation changes within the maternity unit.

The Labour Ward Coordinators/ Manager or Lead Midwives working within the obstetric unit, alongside midwifery unit (AMU), maternity triage and community services are responsible for measuring activity throughout their shift. This will involve assessment of midwifery staffing levels and activity, as well as the coordination of staff breaks. The identification of high levels of activity should be communicated to the Senior Midwifery Manager on-duty/ on-call (via Switchboard), as well as other senior members of the multi-disciplinary team (Obstetric Consultant).

As activity increases, the Labour Ward Coordinators/ Lead Midwives will ensure that the escalation process is initiated and followed accordingly.

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. The neonatal unit should be made aware of the maternity unit status.

Green (Level 1)

A green escalation alert (level 1) will be reached in accordance with Appendix 1.

Escalation reporting should continue as routine (SITREP/ Escalation Meetings, Safe 2 Start Meeting, South Wales Cot Locater).

There should be regular monitoring of activity/ staffing/ skill mix by the Labour Ward Coordinators/ Lead Midwives, with escalation of irresolvable pressures to the Senior Midwifery Manager on-duty/ on-call.

Yellow (Level 2)

A yellow escalation alert (level 2) will be reached in accordance with Appendix 1. A yellow escalation alert will appear as early signs of pressure requiring additional management support to de-escalate.

- Ensure green (level 1) actions are completed.
- The Labour Ward Coordinators/ Lead Midwives will liaise with other departments in their unit to identify activity, staffing levels and skill mix. A plan should be devised with agreed actions to support de-escalation. The redeployment of staff to areas of high activity should occur where indicated. In the event of redeployment, staff should be supported to work in alternative areas where they feel competent and confident.
- The obstetric and midwifery teams should assess antenatal and postnatal women for their suitability for discharge home and expedite review, liaising with the neonatal team where neonatal review is required.
- If any of the other areas have reached capacity, postnatal women can be transferred to the AMU for low-risk maternity care.
- There should be early identification and planning for any anticipated activity necessitating neonatal cots in conjunction with the neonatal team.
- There should be early identification and planning where possible to ensure that women requiring in-utero transfer due to neonatal

capacity pressures are transferred to alternative units in daytime hours when staffing levels may be optimised.

- All staff should be kept briefed of the situation and the agreed actions during handover and safety huddles.
- Escalation status and agreed actions should be assessed 4-hourly or sooner if de-escalation or escalation to amber (Level 3) status is indicated.
- The Senior Midwifery Manager on-duty/ on-call should be informed of high levels of unit activity, high bed occupancy or unanticipated issues regarding staffing levels and/or skill mix.
- The Obstetric Consultant(s) on-duty/ Obstetric Consultant on-call should be informed and involved as required.

Amber (Level 3)

An amber escalation alert will be reached in accordance with Appendix 1. An amber escalation alert will present as prolonged pressure requiring significant management input.

- Ensure green (level 1) and yellow (level 2) actions are completed.
- The Labour Ward Coordinators will inform the Consultant Obstetrician(s) on-duty/ on-call (via Switchboard), in addition to the Consultant Anaesthetist on-duty/ on-call and the Neonatal team.
- Identify staff who are willing to work extra or longer shifts (i.e., those on early or late shifts). Consideration should be given to the authorisation of additional shifts (Bank) where indicated via the Senior Midwifery Manager on-duty/ on-call.
- Further redeployment of staff to areas of high activity should occur where indicated. The following deployment actions are not exhaustive and must be discussed and agreed with the Senior Midwifery Manager on-duty/ on-call prior to implementing;
    - Community staff may be escalated into the Grange University Hospital (GUH) and will support the AMU in the first instance,

with AMU staff redeployed to high-acuity areas as per yellow escalation alert (Level 2) actions.
    - In-hours (Monday- Friday, 09:00- 17:00), consideration may be given to further opportunities for re-deployment, such as escalation of staff on the Specialist Midwife Roster into the GUH.
- It may be necessary, particularly in the event of 3 Labour Ward Coordinators on a shift, that supernumerary status is revised to support direct clinical activity.
- Additional actions to support increased bed capacity should be considered and implemented where able. Please note, the following actions are not exhaustive;
    - Explore opportunities for women to *'room in'* on the NICU.
    - Explore opportunities for babies to receive new-born and infant physical examinations (NIPE) in the community setting.
    - Utilise all available beds, including those in Theatre recovery area, Room 1, Room 2 and the Bereavement Room on C3.
- If the reason for the amber escalation alert is as a result of the neonatal unit being on a red escalation alert (level 4), a 36-week model of care should be adopted. This means that any women less than 36 weeks' gestation should be considered for in-utero transfer to an alternative unit if there is a risk of pre-term labour and birth. All women will require obstetric review prior to in-utero transfer.
    - Review ongoing inductions of labour.
    - Planned caesarean sections after 39 weeks' gestation can continue as planned.
    - Any intrauterine growth restriction (IUGR) or high-risk inductions of labour must be assessed and a joint management plan agreed by both the obstetric and neonatal consultants on-duty/ on-call.
- Any ongoing homebirths will need careful consideration and may need to be transferred in for the purpose of safety through centralisation

of services in the case of staffing constraints. These will be reviewed on a case-by-case basis and will require discussion with the Senior Midwifery Manager on-duty/ on-call (via Switchboard), Community Lead Midwives if in-hours/ Labour Ward Coordinators if out-of-hours.

- Requests for intrauterine transfers from outside of the health board should be declined.

Red (Level 4)

A red (Level 4) escalation alert will be triggered in line with Appendix 1. This level indicates extreme operational pressure that requires immediate and substantial action. If the red escalation alert is activated as a result of staffing shortages, the Shortage of Staff Maternity Services Business Continuity Logbook (Appendix 6) must be used to record all information received, actions taken, and the rationale for decisions.

- Ensure that all actions outlined for green (Level 1), yellow (Level 2), and amber (Level 3) have been fully implemented.
- A red escalation status signifies a situation in which there is minimal or no remaining capacity within the unit. Detailed, proactive action planning is essential in order to prevent further escalation to a black (Level 5) alert.
- The decision to declare a red escalation alert will be made by the Head of Midwifery or Assistant Head of Midwifery, in collaboration with the on-duty Obstetric Consultant. This decision must follow a thorough review of resources and actions taken, with confirmation that all possible solutions have been explored.
- Out of hours, the decision will be made by the Senior Midwifery Manager on-call, who may seek advice from the Head or Assistant Head of Midwifery, in collaboration with the on-call Obstetric Consultant.

- The Neonatal Lead Nurse and/or Neonatal Consultant must be informed.
- The on-call Obstetric Consultant must attend on site to contribute to the agreement and clinical management of the action plan.
- Depending on the cause of the red escalation alert, consideration should be given to centralising services, which may include:
    - Suspension of the homebirth service,
    - Closure of the free-standing birth centres to labouring women,
    - Reorganisation of community visits and calls to ensure only essential care is provided.
- If service centralisation is enacted (e.g., suspension of homebirths or closure of free-standing birth centres), the Welsh Ambulance Service (WAST) must be notified to support system-wide decision-making.
- The Senior Midwifery Manager on-duty/ on-call must notify the site manager/ Bronze on-call.
- The Senior Midwifery Manager on duty/on-call must notify the Health Board's Executive Gold on-call via the Silver on-call.
- A red escalation alert may also be triggered if the Neonatal Unit has reached black escalation alert status (level 5). In these circumstances, the 36-week model used during amber escalation must be adopted. Inductions of labour and elective procedures should be delayed pending a planning meeting involving the Obstetric Consultant, Neonatal Consultant, Senior Midwifery Manager, Senior Neonatal Nurse and Labour Ward Coordinators, during which risks will be assessed and an action plan agreed.
- All ongoing community births must be carefully and continuously assessed. Escalation into hospital care should occur with the support of the Senior Midwifery Manager on duty (in-hours) or on-call (out-of-hours). Each case must be managed and reviewed on an individual, clinically determined basis.
- A DATIX should be submitted to ensure the events leading up to and the management of the red escalation alert can be reviewed.

In the event of a red escalation status, or concerns relating to the current or upcoming shift, a Maternity Status Report (Appendix 7) must be submitted at the time the status is recognised to the following distribution list:

- Senior Midwifery Manager on duty/on call, Family & Therapies: Confirm via ABUHB Switchboard
- Head of Midwifery, Family & Therapies: Jayne Beasely
- Assistant Head of Midwifery, Family & Therapies: Cath Norman
- Clinical Director, Family & Therapies: Mr Gareth Edwards
- General Manager, Family & Therapies: Sara Garland
- Deputy General Manager, Family & Therapies: Sian Chard
- Divisional Director, Family & Therapies: Kavitha Pasunuru
- Obstetric Consultant on duty/on call, Family & Therapies: Confirm via ABUHB Switchboard

Upon receipt, the Divisional Team will review and escalate the situation to the Executive Director of Nursing and the Deputy Director of Nursing.

The Red escalation alert must also be reported to the Network via the Perinatal Services SITREP in-hours and the South Wales Cot Locator out-of-hours to ensure appropriate support and oversight of national system pressures.

Black (Level 5)

A black (Level 5) escalation alert will be triggered in line with Appendix 1. This level represents a situation of extreme operational pressure, where there are significant concerns about capacity, staffing, and safety, requiring the transfer or diversion of women outside the Health Board and potential temporary closure of the unit.

While proactive management during amber and red escalation levels should aim to prevent escalation to Black, it is essential that this policy outlines the required actions should such circumstances arise.

- Ensure all actions outlined for green (Level 1), yellow (Level 2), amber (Level 3), and red (Level 4) have been fully completed.
- The decision to declare a Black escalation alert and close the maternity unit to admissions will be made in-hours by the Head of Midwifery or Assistant Head of Midwifery, in collaboration with the on-duty Obstetric Consultant (Labour Ward). This decision must follow a thorough review of resources and actions taken, with confirmation that all possible solutions have been explored. The Gold on-call via Silver on-call and site manager/ Bronze on-call must be consulted when unit closure is considered.
- Outside of these hours, the decision will be made by the Senior Midwifery Manager on-call, who may seek advice from the Head or Assistant Head of Midwifery, in collaboration with the on-call Obstetric Consultant
- Inform the full multi-disciplinary team, including obstetric, anaesthetic and neonatal teams, ensuring awareness of the situation.
- A nominated individual must be appointed to coordinate the response.
- Establish a multi-disciplinary action plan and undertake hourly reviews throughout the black escalation alert.
- Contact neighbouring maternity units outside the health board to determine their current activity levels and whether they can accept transfers and/or diversions. This should be performed by a Senior Midwifery Manager on-duty/ on-call or a delegated person.
- Notify WAST of the unit closure and confirm transfer arrangements with receiving units. This should be performed by a Senior Midwifery Manager on-duty/ on-call or a delegated person.

- Each woman requiring transfer outside the Health Board must undergo clinical assessment beforehand. An All-Wales In-Utero Transfer Communication (Appendix 8) Form must be completed for every transfer, and each woman must be accompanied by a qualified midwife.
- Notify Welsh Government of the black escalation alert and unit closure. This will typically be done by the Head of Midwifery/ Assistant Head of Midwifery/ delegated person.
- In-hours, the health board's Communications Department should be notified of the Black escalation alert and unit closure. This should be done by the Head of Midwifery/ Assistant Head of Midwifery/ a delegated person.
- Decisions regarding transfer of in-patients must be made by the multi-disciplinary team, considering both the clinical presentation and the distance to the receiving unit through holistic assessment (e.g., maternal condition, stage of labour, fetal wellbeing, travel distance etc.).
- Implement a triage process to determine whether women require admission and whether transfer would be clinically safe. Only women with identified clinical need should be redirected.
- Women telephoning prior to admission in labour should be informed of the potential need for diversion following an on-site assessment. Women must not be advised to contact other maternity units directly.
- If women arrive in labour without prior contact, an assessment must be undertaken to determine whether transfer is safe.
- Maintain a record of all women redirected to other units.
- Activate the Closure Checklist (Appendix 9) and complete all required actions.
- The decision to close, and the ongoing closure, must be reassessed hourly by the full management team to ensure all contributing factors have been addressed. Once these are resolved, all relevant staff must

be informed, and the Maternity Re-Opening Checklist (Appendix 10) must be completed.

- Maintain clear communication between Labour Ward Coordinators/Lead Midwives across the Health Board to ensure all areas are aware of the escalation status.
- Labour Ward Coordinators must monitor activity frequently as conditions improve. They must notify the Senior Midwifery Manager and Head of Midwifery/ Assistant Head of Midwifery so that a decision can be made to cease external transfers and step down to red escalation.
- Communication with the on-duty/on-call Obstetric Consultant and the wider multi-disciplinary team must ensure all staff are informed of any changes to escalation status.
- A debrief meeting should take place as soon as possible after the unit's closure and reopening, supporting staff wellbeing and reflective practice.
- A DATIX should be submitted to ensure the events leading up to and the management of the black escalation alert can be reviewed.

In the event of a Red or Black (unsafe) escalation status, or concerns relating to the current or upcoming shift, a Maternity Status Report (Appendix 7) must be submitted at the time the status is recognised to the following distribution list:

- Senior Midwifery Manager on duty/on call, Family & Therapies: Confirm via ABUHB Switchboard
- Head of Midwifery, Family & Therapies: Jayne Beasely
- Assistant Head of Midwifery, Family & Therapies: Cath Norman
- Clinical Director, Family & Therapies: Mr Gareth Edwards
- General Manager, Family & Therapies: Sara Garland
- Deputy General Manager, Family & Therapies: Sian Chard
- Divisional Director, Family & Therapies: Kavitha Pasunuru

- Obstetric Consultant on duty/on call, Family & Therapies: Confirm via ABUHB Switchboard

Upon receipt, the Divisional Team will review and escalate the situation to the Executive Director of Nursing and the Deputy Director of Nursing.

The black escalation alert must also be reported to the Network via the Perinatal Services SITREP in-hours and the South Wales Cot Locator out-of-hours to ensure appropriate support and oversight of national system pressures.

6. Roles and Responsibilities

Obstetric, Maternity, Anaesthetic and Neonatal teams have roles and/ or responsibilities in ensuring this policy is applied within clinical practice for the purpose of safe and effective care.

7. Consultation

All new or significantly revised policies will be subject to consultation within the division via the Clinical Effectiveness Forum (CEF) and with relevant professional groups and/ or individuals present.

Individuals with expertise in obstetrics, midwifery, anaesthetics and neonatology have been consulted within the development of this policy.

8. Equality Impact Assessment

An Equality Impact Assessment was completed for the purpose of this policy update. The overall negative impact assessment risk score was noted as low.

9. Training Requirements

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical/ educational supervision.

10. Audit and Review

This policy will be reviewed on a 3-yearly basis, unless significant changes to clinical practice/ national policy arise.

Maternal/ neonatal outcomes will be monitored via the local maternity dashboard. Adverse maternal/ neonatal outcomes will be reviewed on an individual basis via local governance arrangements.

All instances of red or black escalation alert status should be reported via the Datix system.

11. References

British Association of Perinatal Medicine (2022) *Service and Quality Standards for Provision of Neonatal Care in the UK* [Online]. Available at: https://www.bapm.org/resources/service-and-quality-standards-for-provision-of-neonatal-care-in-the-uk (Accessed 09/04/2026).

NHS Wales Executive (2024) *National Strategic Clinical Network for Maternity and Neonatal Services Perinatal Escalation Plan for South Wales* [Online]. Available at:

https://nhswales365.sharepoint.com/sites/abb_familyandtherapies_NNU/Neonatal_Intensive_Care/Forms/AllItems.aspx?id=%2Fsites%2Fabb%5Ffamilyandtherapies%5FNNU%2FNeonatal%5FIntensive%5FCare%2FPerinatal%20Escalation%20Policy%2FSouth%20Wales%20Maternity%20and%20Neonatal%20Network%20Escalation%20final%2027%2E09%2E24%2Ep

df&parent=%2Fsites%2Fabb%5Ffamilyandtherapies%5FNNU%2FNeonatal%5FIntensive%5FCare%2FPerinatal%20Escalation%20Policy (Accessed 09/04/2026).

12. Appendices

Appendix 1- Perinatal Escalation Plan for South Wales- Local Unit Escalation Trigger Tool

Escalation Status	Triggers	Actions	
		In Hours	Out of Hours
Level 1 *Normal Business*	• Neonatal cot occupancy is within the recommended acuity levels. • Capacity available in the maternity unit. • Appropriate maternity and neonatal staffing according to local requirements and BAPM Standards. • Appropriate skill mix. • All in-utero and ex-utero transfer needs are supported within maternity and neonatal services. • No restrictions to admissions within your service.	• Ongoing monitoring. • Report cot occupancy, cot/bed availability and escalation level / ability to support IUT (In-utero Transfer) via the Cot Locator (minimum of twice a day) and at PERINATAL Services SITREP/Escalation meetings (SITREP). • Proactive approach to maintain capacity across the service and network	• Same actions as in-hours.

Level 2 *Meeting 1 or more of criteria*	• Cot capacity is reduced with occupancy at or over 80% of available cots. • Unable to staff according to acuity tool/ local staffing requirements and skill mix. However, risk assessment indicates safe practice is maintained. • IPC, staffing or equipment issues have resulted in reduced capacity. • Ability for Maternity Services to accept in-utero transfers is constrained with individualised case discussion and risk management, but acuity expected to drop within 3-4 hours.	• Follow all actions from level 1. • Inform of any cot unavailability via the South Wales Cot Locator and SITREP meetings, or directly via email on non-SITREP days. SITREP summary is shared with Welsh Government (WG) and Joint Commissioning Committee (JCC). • Inform of any clinical changes to individual unit clinical model via SITREP, or directly via email on non-SITREP days to Network	• Follow all actions from level 1. • Activate internal escalation processes determined through local policy. • De-escalation instigated as situation improves.

	• Restricted capacity to accept admissions or repatriations.	Manager and Lead Nurse, who will inform WG and JCC as needed Utilise the Teams SITREP chat channel to escalate/communicate increasing escalation level outside of SITREP meetings. • Early Warning Notification to Welsh Government and the Joint Commissioning Committee is required for temporary cot or maternity bed closures. • Activate internal escalation processes	

		determined through local policy to include: • Risk-assess staffing levels and patient ratios in line with acuity tool. • Seek to address equipment issues across the region (i.e., loaning of compatible equipment). • Liaise at both clinical and management level across maternity and neonatal services to ensure in-utero capacity is	

		created, e.g., initiate joint Maternity-Neonatal safety meeting. • Ensure service managers are aware of capacity and/or staffing issues. • Proactive approach to improving capacity, including consideration of repatriation of out of Health Board babies and transferring babies internally to paediatric services.	

		• Seek appropriate authorisation for additional staffing if required to support acuity and capacity. • De-escalation instigated as situation improves.	
Level 3 *Meeting 1 or more of criteria*	• Very limited ability to accept in-utero and ex-utero transfers across either service, but acuity expected to drop within 3-4 hours. • Ability to flex above current ITU capacity to accommodate further admissions. • Inductions of labour and/or elective caesareans on hold or delayed due to maternity or neonatal acuity.	• Maintain Level 1 and 2 escalation actions. • Escalate to appropriate 'Silver' manager current position and actions in place and any support needed. • Proactive approach to improving capacity, including:	• Maintain level 1 and 2 escalation actions.

	• Reduced maternity bed capacity. • Staffing constraints with opportunities for staff redeployment.	• consideration of in-utero transfer/transfer of planned care including inductions of labour and caesarean births.	
	• Only stabilisation cot available to accommodate ITU admission. • Very limited or no maternity ability to accept routine admission or in-utero transfers, based on local modelling. • IPC issues resulting in service limitation. • Unable to staff to acuity tool with risk assessment not allowing opening of capacity.	• Maintain level 1 and 2 escalation actions. • Escalate immediately to Transport services. • Escalate to appropriate 'Sliver' Managers through local and regional management structures to facilitate appropriate in-utero and ex-utero transfer	• Maintain level 1 and 2 escalation actions. • Inform and discuss risk and situation with Site Operational Manager, and ensure status is escalated to Silver and Gold on-call through site meetings. • Escalate to appropriate 'Silver'

	• Limited equipment available to provide safe care.	decisions and prior to any potential refusals. • Regional communications required at service level. • Silver Manager responsible for informing/ escalating to Gold Executive as required. • Gold/ Executive on-call to update position on the weekday 11:00 hour executive national conference call. • Proactive approach to improving capacity issues and staffing to	Senor Manager on-call through local and regional management structures to facilitate appropriate in-utero and ex-utero transfers and prior to any potential refusals. • Gold/ Executive on-call to update position on the weekend 11:00 hour Executive national conference call. • Inform transport service of any changes in escalation. • De-escalation instigated as situation improves.

		deescalate, including repatriation of out of network babies and transferring babies internally to paediatric services. • Consider reduction in service model agreed through executive pathways and communicate this across the network (e.g., 36-weeks model or diversion for maternity services). • Inform the network of any changes to clinical model via email (email is sent to Network Manager and Lead	

		Nurse who will inform WG; JCC and SITREP, as needed). • De-escalation instigated as situation improves.	
	• No physical or staffed emergency space for women and/or babies. • Women and/or babies receiving care in an inappropriate clinical area. • Risk assessment determines unsafe staffing levels for current clinical activity despite all available staff working clinically.	• Maintain escalation actions as above. • Responsible Silver and Gold Executive, senior clinician/ lead, WG and JCC discussion to risk assess the regional service and determine the required actions. • Neighbouring networks and transport services	• Maintain escalation actions as above. • Responsible on-call Silver Manager; Gold Executive and on-call Consultants to risk assess the regional service and determine the required actions. • Inform the network of any changes made to clinical model via

	• Neonatal transport is unavailable with no ability to provide ex-utero capacity transfers. • IPC issues resulting in unit closure.	asked to support with urgent in-utero and ex-utero transfers if CHANTS unavailable. • Inform the network of any changes made to clinical model via email (email is sent to Network Manager and Lead Nurse who will inform WG and SITREP as needed). • De-escalation instigated as situation improves. • Datix submitted after de-escalation.	email (email is sent to Network Manager and Lead Nurse who will inform WG and SITREP as needed). • De-escalation instigated as situation improves. • Datix submitted after de-escalation.

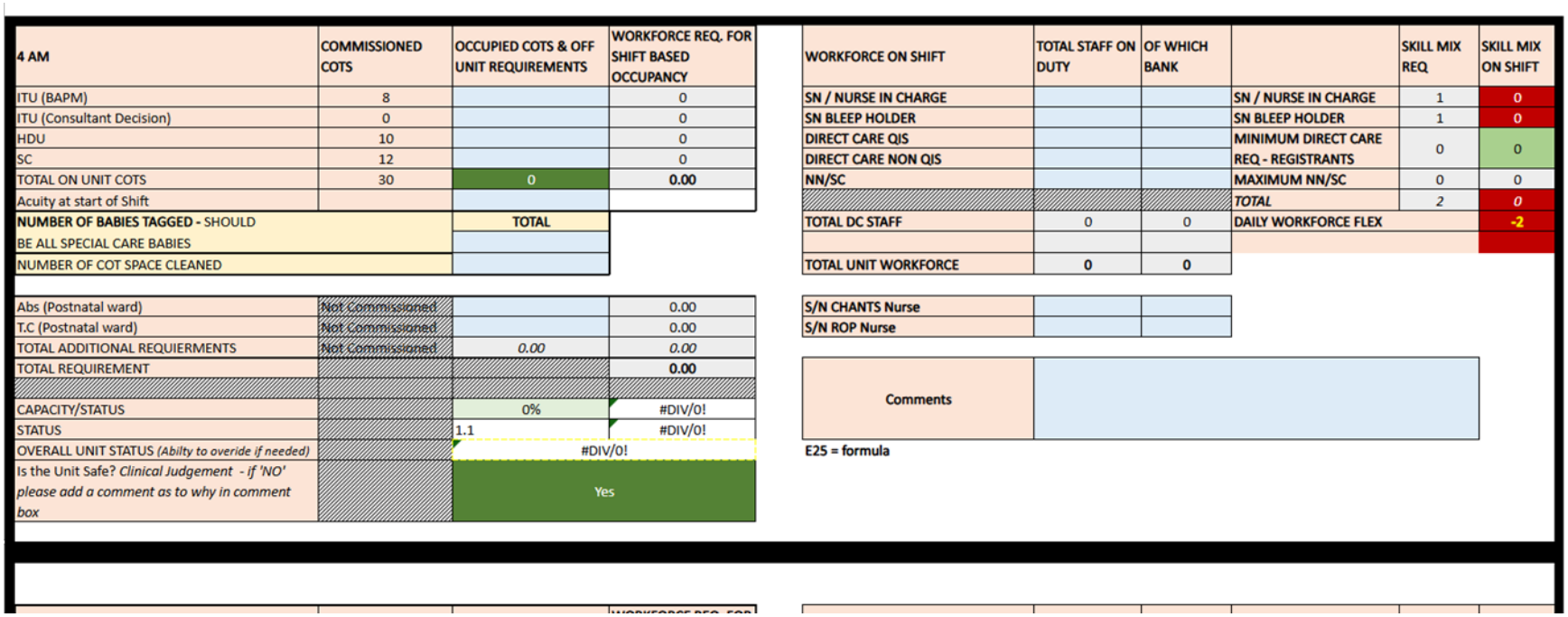
Appendix 2- ABUHB NICU Escalation Reporting

Escalation Status	Triggers	NICU Reporting
Level 1 **GREEN** **Normal Business**	• Neonatal cot occupancy is within the recommended acuity levels. • Appropriate maternity and neonatal staffing according to local acuity tool(s)/ BAPM Standards. • All in-utero and ex-utero transfer needs are supported within maternity and neonatal services. • No restrictions to admissions within your service.	• Acuity Tool 04:00 am & 16:00 pm. • Safe To Start Meeting 08:15 am & 13:30 pm. • Network Sitrep Meetings (Mon, Wed & Fri, 09:00 am).
Level 2 **YELLOW** **Meeting 1 or more of criteria**	• Cot capacity is reduced with occupancy at or over 80% of available cots • Unable to staff according to acuity tool. However, risk assessment indicates safe practice is maintained • IPC, staffing or equipment issues have resulted in reduced capacity • Ability for Maternity Services to accept in-utero transfers is constrained with individualised case discussion and risk management, but acuity expected to drop within 3-4 hours • Restricted capacity to accept admissions or repatriations.	• Acuity Tool 04:00 am & 16:00 pm. • Safe To Start Meeting 08:15 am & 13:30 pm. • Network Sitrep Meetings (Mon, Wed & Fri, 09:00 am).
Level 3	• Very limited ability to accept in-utero and ex-utero transfers across either	• Acuity Tool 04:00 am & 16:00 pm.

AMBER **Meeting 1 or more of criteria**	service, but acuity expected to drop within 3-4 hours. • Ability to flex above current ITU capacity to accommodate further admissions. • Inductions of labour and/or elective caesareans on hold or delayed due to maternity or neonatal acuity. • Staffing constraints though opportunities for staffing redeployment available.	• Safe To Start Meeting 08:15 am & 13:30 pm. • Network Sitrep Meetings (Mon, Wed & Fri, 09:00 am).
Level 4 **RED** **Meeting 1 or more of criteria**	• Only stabilisation cot available to accommodate ITU admission. • Very limited or no maternity ability to accept routine admission or in-utero transfers, based on local modelling. • IPC issues resulting in service limitation. • Unable to staff to acuity tool with risk assessment not allowing opening of capacity/ redeployment. • Limited equipment available to provide safe care.	• Acuity Tool 04:00 am & 16:00 pm. • NICU Status Report immediately and then 6-hrly if Unit is unsafe (remember to de-escalate when indicated). • Safe To Start Meeting 08:15 am & 13:30 pm. • Network Sitrep Meetings (Mon, Wed & Fri, 09:00 am).
Level 5 **BLACK** **Meeting 1 or more of criteria**	• No physical or staffed emergency space for women and/or babies. • Women and/or babies receiving care in an inappropriate clinical area. • Risk assessment determines unsafe staffing levels for current clinical	• Acuity Tool 04:00 am & 16:00 pm. • NICU Status Report immediately and then 6-hrly if Unit is unsafe (remember to de-escalate when indicated).

[redacted]	activity despite all available staff working clinically. • Neonatal transport is unavailable with no ability to provide ex-utero capacity transfers. • IPC issues resulting in unit closure.	• Safe To Start Meeting 08:15 am & 13:30 pm. • Network Sitrep Meetings (Mon, Wed & Fri, 09:00 am).

Appendix 3- ABUHB NICU Acuity Tool



4 AM	COMMISSIONED COTS	OCCUPIED COTS & OFF UNIT REQUIREMENTS	WORKFORCE REQ. FOR SHIFT BASED OCCUPANCY
ITU (BAPM)	8		0
ITU (Consultant Decision)	0		0
HDU	10		0
SC	12		0
TOTAL ON UNIT COTS	30	0	0.00
Acuity at start of Shift			
NUMBER OF BABIES TAGGED - SHOULD		TOTAL	
BE ALL SPECIAL CARE BABIES			
NUMBER OF COT SPACE CLEANED			
Abs (Postnatal ward)	Not Commissioned		0.00
T.C (Postnatal ward)	Not Commissioned		0.00
TOTAL ADDITIONAL REQUIERMENTS	Not Commissioned	*0.00*	*0.00*
TOTAL REQUIREMENT			0.00
CAPACITY/STATUS		0%	#DIV/0!
STATUS		1.1	#DIV/0!
OVERALL UNIT STATUS *(Abilty to overide if needed)*		#DIV/0!	
Is the Unit Safe? *Clinical Judgement - if 'NO' please add a comment as to why in comment box*		Yes	

WORKFORCE ON SHIFT	TOTAL STAFF ON DUTY	OF WHICH BANK
SN / NURSE IN CHARGE		
SN BLEEP HOLDER		
DIRECT CARE QIS		
DIRECT CARE NON QIS		
NN/SC		
TOTAL DC STAFF	0	0
TOTAL UNIT WORKFORCE	0	0
S/N CHANTS Nurse		
S/N ROP Nurse		

	SKILL MIX REQ	SKILL MIX ON SHIFT
SN / NURSE IN CHARGE	1	0
SN BLEEP HOLDER	1	0
MINIMUM DIRECT CARE REQ - REGISTRANTS	0	0
MAXIMUM NN/SC	0	0
TOTAL	*2*	*0*
DAILY WORKFORCE FLEX		-2

Comments	

E25 = formula

Email Daily To:

Clare.Payne@wales.nhs.uk
Celia.Satherley@wales.nhs.uk
Helen.Morgan12@wales.nhs.uk
Jayne.Beasley@wales.nhs.uk
Sara.Garland@wales.nhs.uk
Sian.Chard@wales.nhs.uk
ABB.GUHClincalco-ordinationHub@wales.nh
Richard.Morgan-Evans3@wales.nhs.uk
Leanne.Watkins2@wales.nhs.uk
Deb.Jackson@wales.nhs.uk
Joanna.doyle4@wales.nhs.uk
Claire.Williams23@wales.nhs.uk
Sian.Price4@wales.nhs.uk

Check not deleted any email contacts

Appendix 4- NICU Status Report

NICU status report

Date: _____

Level of Care	Number of babies
ITU	
HDU	
SC	
TOTAL	
Antibiotics & Transitional Care	
ACUITY	

	Staffing Required		Staff rostered	
	Day	Night	Day	Night
TOTAL STAFFING				
Bleep holder supernumerary	Yes/No			
Nurse in Charge supernumerary	Yes/No			
CHANTS(*) 1 week in 3 Mon to Sun inclusive	Yes/No			

	Brief description	Actions/mitigation
Potential admissions (within next 24 hours)		
Medical staffing concerns		
Nursing staffing concerns (eg: skills mix, potential extension of sickness)		
Clinical concerns		
Other concerns (Eg: environment, IPAC, equipment)		
Unit RAG rating (green, yellow, amber, red, black)		
Is NICU safe? (Professional judgement)		
Additional information		
Situation over next 8 hour period:		

Appendix 5- ABUHB Actions to be taken if the Neonatal Unit is considered unsafe

Aneurin Bevan University Health Board
Actions to be taken if the Neonatal Unit is considered unsafe.

*BAPM staffing ratios are a guide and acknowledge that optimal nurse to baby ratios cannot be achieved all of the time. It is therefore necessary at times, to assess each baby's workload and decide on the safest approach for allocation.
A shift can be short-staffed but still safe.
An example of an unsafe shift may be a shift where we are significantly short staffed and both the bleep holder and nurse in charge are allocated babies with admissions continuing etc.

	Action
1	Calculate the current acuity identifying any babies that may soon downgrade
2	Send a text for extra staff & social media post
3	Alert service 1 or on call consultant
4	Ask Paediatrics for staff (part or all of the shift)
5	Alert maternity and consider closing to admissions
6	Consider moving babies to change allocation.
7	Consider doubling up ITU 2 babies to free up a bleep holder and or NIC
8	As soon as possible, ring the Senior Nurse on for staffing or the Clinical Site Manager – Hubb phone number 01633 493579 or bleep 3390
9	Complete a datix – see below for important information to include

When completing the Datix it should include -
Acuity at the start of the shift
Current acuity
Total number of staff
QIS staff needed
QIS staff on duty
Do you have a SN Bleep
Do you have a SN Nurse in Charge.
What measures you have taken to increase staff numbers.
Confirmation that you have contacted the Clinical Site Manager.
Has any baby's care been compromised?
Has any harm been caused?

Alison Davies July 2025

Appendix 6- Business Continuity Incident Logbook

Incident Log Book Number:

The Logbook has been designed to support Operational, Tactical or Strategic Health Board staff. It will provide guidance in completing a log during a Business Continuity Incident, the log provides a definitive record of events and the rational for decisions made when responding to the incident. It could be used as evidence to justify the actions of individuals later.

On the conclusion of the incident, this log will be retrieved and placed in a secure location with any other logbooks relating to the incident for up to 25 years.

The logbook is to be commenced and maintained throughout the Business Continuity Incident response and until the service is brought back to business as usual. It is essential that all actions and decisions are recorded in the correct area on the narrative tables.

Information recorded should include as much detail as possible, with all times recorded accurately and a signature or legible initials applied to the entry.

The contents of this book may be subject to disclosure under the Freedom of Information Act or data protection legislation, though exemptions from disclosure may apply in certain limited circumstances. The contents will also very likely be subject to disclosure if they might be relevant to any inquest, lawsuit or other investigation or judicial process and so come into the public domain.

Owner of the Log

Document Classification on Completion	
Senior person in charge	
Person completing the log	
Division/Directorate/ Department	
Date of Incident	
Start Time of Incident Log	
Incident Location	
Type of Incident (Brief description)	

All individuals involved in the entries in this log must be entered into the table below.

Print Name in Full	Signature	Initials

Things to Remember

- ✓ Use permanent black pen.
- ✓ The log must be Clear, Intelligible and Accurate (CIA).
- ✓ Ensure that all sections are completed where necessary.
- ✓ Record all questions asked and answers given.
- ✓ If non-verbal communication is used record it, ask the individual what it means.
- ✓ All entries must be in a chronological order and time dated.
- ✓ Ensure that you record all the reasons for all actions taken with their decisions along with the actions and decisions themselves.

- ✓ NO ELBOW
    - Erasures
    - Leaves torn out of the log
    - Blank spaces
    - Overwriting
    - Writing above and below lined area
- ✓ Ensure that all gaps at the end of written sentences are marked with a line to the end of the page or if areas are left blank mark with a "Z" from top to bottom of the unused part of the page.
- ✓ If referring to other materials like maps, flip charts etc. refer to them in the log, using identifiable references or exhibits.
- ✓ Always write the date in full.
- ✓ Use a single time source to record all times using British summer time in the 24-hour format.
- ✓ Government Security Classification must be entered on new blank pages and completed in red ink.

Staff present in the BC incident command structure

Name	Div/Dir/ Dept/Ward	ABUHB Role	Role in command structure

Incident Log

Entry No.	Date & Time (24hrs)	Person making the decision	Information received & action taken	Rational for actions taken	Time	Initials

Entry No.	Date & Time (24hrs)	Person making the decision	Information received & action taken	Rational for actions taken	Time	Initials

Entry No.	Date & Time (24hrs)	Person making the decision	Information received & action taken	Rational for actions taken	Time	Initials

Entry No.	Date & Time (24hrs)	Person making the decision	Information received & action taken	Rational for actions taken	Time	Initials

Appendix 7- Maternity Status Report

Maternity Status Report

Date: Click or tap to enter a date.

Maternity B3															
Staffing															
Day										Night					
Ward Manager		Midwife		Health Care Support Worker (HCSW)		Band 4 Neonatal Nurse		Supernumerary		Midwife		HCSW			
Early	Late	Early	Late	Early	Late	Early	Late	Early	Late						
Capacity															
Postnatal	Post-Op	Antenatal	Ongoing Induction	Inductions TCI	Elective List	Outliers	Prems	Transitional Care Babies	SRC Observations	Safeguarding		Transfers		IPAC	Other comments/ issues
Birth Centre															
Staffing										Capacity					

Day								Night				
Ward Manager		Midwife		HCSW		Supernumerary		Midwife	HCSW	Labourers	Postnatal	Other comments/ issues
Early	Late	Early	Late	Early	Late	Early	Late					

Maternity C3

Staffing

Day												Night					
Ward Manager		Labour Ward Coordinator		Midwife		Triage		HCSW		Scrub		Supernumerary		Labour Ward Coordinator	Midwife	Triage	HCSW	Scrub	Supernumerary
Early	Late	Early	Late	Early	Late	Early	Late	Early	Late	Early	Late	Early	Late						

Capacity

Labourers	Postnatal	HDU	Triage	Awaiting Transfer	Category 3 LSCS	Pre-clerking	ECVs	IUDs	Emergency Theatre	Recovery Beds	Safeguarding	Transfers	IPAC	Safeguarding	Other comments/ issues

Community															
Staffing												Capacity			
Day								Night							
Midwife				HCSW				On-Call				Community/ Free-Standing Unit Births			
Short Shift	Long Shift	Late Com	Post-On Call												

Concerns and Actions		
	Brief Description	Actions/ Risk Mitigation
Patient Flow (e.g., potential admissions and discharges, outliers, blocked beds etc.)		
Midwifery Staffing Concerns (e.g., deficiencies, skill mix etc.)		
Clinical Concerns		

Other Concerns (e.g., environment, IPAC, equipment etc.)		
Unit RAG Rating (Green, Yellow, Amber, Red, Black)		
Is the Maternity Unit safe with mitigating actions in place? (Use professional judgement and provide detail)		
Additional information		
Anticipated situation over the next 12-hour period		

Appendix 8- All Wales In-Utero Transfer Communication Form

ADDRESSOGRAPH

ALL WALES IN- UTERO TRANSFER COMMUNICATION FORM

Gravida Para EDD
Current Gestation ..... Single or Multiple pregnancy .....

Anomalies ?
Yes ..... No ..... Details
.....

USS: Most recent estimated fetal weight
.....

Blood Group ..... Rh ..... Antibodies .....

Medication .....

Reason for transfer (Select)

1. Preterm labour (neonatal gestational thresholds) □	**2. Neonatal indication (requiring specialist neonatal/paediatric care) □**
3. Maternal indication (requiring specialist care) □	**4. Maternity bed/ neonatal cot capacity/ staffing □**
Obstetric history	Medical history .....

Has mother received health care treatments (inc IVF), in other countries outside Wales during last year? Y/N

If yes, details of treatment ..... Country .....

Had any infections/positive screening results during pregnancy? Y/N

If yes, please specify .....

Safeguarding issues Y/N Details .....

PRE TERM BIRTH PREDICTION

SROM Y/N Date …….. Time ……	Pre-Term Labour Test: Pos/ Neg fetal fibronectin/Actim partus
QUIPP app risk score:	Transvaginal scan cervical length:
Speculum Examination: Date ……. Time …… Findings ……	

GBS Status: POSITIVE□ NEGATIVE□ UNKNOWN□
OUTSTANDING□

ANTENATAL OPTIMISATION BUNDLE CHECKLIST:

S: Steroids	1st dose ☐	Date given……	Time ……
	2nd dose ☐	Date given……	Time ……
T: Transfer needed	☐	Date of IUT ……	Time ……
A: Antibiotics GBS	☐	Date given……	Time ……
M: Mg	Loading ☐	Date given……	Time ……
	Infusion ☐	Date started……	Time ……
P: Parent discussion	☐	Date seen……	Time ……
E: Evaluate for tocolysis	☐	Date given……	Time ……
D: Delivery plan made	☐	Monitoring, mode of birth, resuscitation plan	

** MAGNESIUM infusion should be discontinued for transfer

Referring hospital	Transfer to
Consultant Obstetrician	Consultant Obstetrician
Obstetric Registrar:	Obstetric registrar informed
	Labour Ward Coordinator informed
	Neonatal Unit informed
	NB: All must be informed prior to transfer

Person completing form:

Name: Designation: Signature:

GMC / NMC: Date: Time:

Appendix 9- Maternity Unit Closure Checklist

Date of Closure: Click or tap to enter a date.

Time of Closure: Click or tap here to enter text.

Reason for Closure:

Insufficient Midwifery/ Medical Staffing ☐

No bed capacity ☐

Infection ☐

Major incident ☐

Other: Click or tap here to enter text.

Personnel Notified of Closure	Date	Time
Head of Midwifery/ Assistant Head of Midwifery		
Senior Midwifery Manager (on-duty/ on-call)		
Consultant Obstetrician (on-duty/ on-call)		
Consultant Anaesthetist (on-duty/ on-call)		
Neonatal Unit/ Consultant Neonatologist/ Senior Neonatal Nurse		
Site Manager/ Bronze on-call via Switchboard		
Silver on-call via Switchboard		
Gold on-call via Silver on-call		
WAST		
Accident and Emergency		
Communications Department (in-hours)		
Neighbouring Units		
Welsh Government		

Receiving Units asked to record names of women directed to them ☐

Detail units and individuals providing support/ cover:

Click or tap here to enter text.

Checklist completed by: Click or tap here to enter text.

Please ensure a copy of this checklist is sent to the Head of Midwifery/ Assistant Head of Midwifery

Appendix 10- Maternity Unit Re-Opening Checklist

Date of Re-Opening: Click or tap to enter a date.

Time of Re-Opening: Click or tap here to enter text.

Total days/ hours closed: Days: Click or tap here to enter text. Hours: Click or tap here to enter text.

Personnel Notified of Re-Opening	Date	Time
Head of Midwifery/ Assistant Head of Midwifery		
Senior Midwifery Manager (on-duty/ on-call)		
Consultant Obstetrician (on-duty/ on-call)		
Consultant Anaesthetist (on-duty/ on-call)		
Neonatal Unit/ Consultant Neonatologist/ Senior Neonatal Nurse		
Site Manager/ Bronze on-call via Switchboard		
Silver on-call via Switchboard		
Gold on-call via Silver on-call		
WAST		
Accident and Emergency		
Communications Department (in-hours)		
Neighbouring Units		
Welsh Government		

Number of women directed to other units: Click or tap here to enter text.

Number of women delivered in other units: Click or tap here to enter text.

Checklist completed by: Click or tap here to enter text.

Please ensure a copy of this checklist is sent to the Head of Midwifery/ Assistant Head of Midwifery