Maternity Escalation of Clinical Concerns / Escalation of Conflict of Clinical Opinion Guideline

Guideline information

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Clinical

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28/08/2027

Summary of document:
The purpose of this guideline is to ensure patients receive the best possible care by supporting healthcare professionals in resolving differences of clinical opinion. Many differences of clinical opinion are resolved easily through open conversations, resulting in better understanding, and agreed outcomes. However, health professionals may need support to escalate and resolve their concerns for the benefit of patients.

Scope:
This guideline is relevant for empowering all healthcare professionals to escalate clinical concerns in a timely process. The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

Patient information:
Include links to Patient Information Library

Owning group:
Maternity Guideline, Audit and Research Group
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Executive Director job title:
Sharon Daniel - Interim Executive Director Nursing, Quality and Patient Experience

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1.0 – New Guideline – 14.09.2017
2.0 – Updated Guideline – 27.07.2021
3.0 – Updated Guideline – 29.08.2024

Keywords
Escalation, Conflict of Clinical Opinion, Communication, Resolution, Civility

Glossary of terms
MDT – Multidisciplinary Approach
ECC – Each Baby Counts
L&S – Learn and Support
AID – Advice, Inform, Do
SBAR – Situation, Background, Assessment, Action required/Recommendations
RCOG – Royal College of Obstetricians and Gynaecologists

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Scope

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Aim

The impact that a culture which promotes open clinical discussions has on the quality of patient care is well recognised and is reinforced by the Ockenden report (2022). Processes which support timely conflict resolution enhance patient safety in a culture where all staff are empowered to raise concerns without fear of blame or retaliation. (MatNeoSSP 2023).

The purpose of this guideline is to ensure patients receive the best possible care by supporting healthcare professionals in resolving differences of clinical opinion. Many differences of clinical opinion are resolved easily through open conversations, resulting in better understanding, and agreed outcomes. However, health professionals may need support to escalate and resolve their concerns for the benefit of patients.

Objectives

The aim of this document will be achieved by the following objectives:

- To understand the essential principles to improve clinical escalation and resolving conflicts of clinical opinion.
- Role of communication to effectively escalating concerns by promoting a culture of respect, kindness and civility
- Understand the escalation processes.

Essential Principles when escalating concerns and in conflict of clinical opinion/differences of clinical opinion

Time frame

The amount of time available for discussion will influence the response taken i.e. time for a full discussion, or the patient needs time critical care. In all situations the health care professionals involved should be empowered to speak up about any concerns they have.

Multidisciplinary (MDT) approach

Open discussion should take place with key members of the MDT which focuses on the safe care for the woman and/or baby.

Be Objective

When there are differences of opinion it can cause frustration and emotional responses. It is important to take a holistic view of the situation, using assessment tools when appropriate and ensuring that concerns are clearly identified and communicated.

Involving the Patient/Woman
In many situations it is best practice to involve the woman /carer in decision in their care. The BRAIN tool can be utilised to support the woman when considering options and decision making (See Appendix 1)

Communicate effectively
Effective communication is key to escalating and resolving concerns and the use of intervention tools can help us to achieve this. Human factors can and do affect how we communicate with others This is particularly when the staff are fatigued, stressed, often when under high workload. Communicate with civility and respect.

Documentation
A summary should be clearly documented in the clinical notes including the concerns raised, the points discussed and who was involved and the agreed plan.

Informed Choice
Rather than dictating a “one size fits all” rule, guidelines should be up to date and provide information about different treatment options and their benefits based on an assessment of the current evidence. Health professionals have a responsibility to effectively interpret the evidence-based recommendations of guidelines and promote shared decision making with women and their partners/carers.

Where there is a conflict of clinical opinion, health professionals should have open and honest discussion. It may be appropriate to discuss any differences in opinion away from the woman before discussing choices in care with them; ensuring information is presented clearly and understood.

Including the woman promotes shared decision making and empowers the woman in any discussions about their care. Use of the B.R.A.I.N. decision making tool support women to make proactive and informed choices by talking through available options throughout pregnancy.

Tools to support Objectivity
There are several recognised tools which support objectivity when raising concerns.

Assessment of the woman’s condition with a recognised tool (SBAR) should be used in conjunction with escalation tools using professional judgement and when communicating concerns.

Effective Communication
The Each Baby Counts +Learn and Support (EBC L&S): is a recognised campaign and communication strategy to improve clinical escalation. It provides education and an escalation toolkit helping maternity units to build the right culture, behaviours and conditions that enable clinical effectiveness.

The toolkit includes frameworks of intervention: Teach and Treat; Advice, Inform, Do (AID) and Team of the shift and is available on the RCOG website (See appendix 1)

The Aid Inform Do (AID) tool (See Appendix 2) is a clear and simple communication tool use to frame communication before you use a SBAR communication tool.

SBAR communication tool designed to structure information sharing between healthcare professions.

S	Situation – clients' details, identify reason for this communication, describe your concerns
B	Background- relating to woman/ significant history, this may include medication, Investigation or treatments
A	Assessment – what is your assessment of the patient/ situation, this can include clinical impression /concerns, vital signs /early warning score
R	Action required/ Recommendations – be specific, explain what you need, make suggestions, clarify expectations, confirm actions to be taken.

The SBAR tool also supports professionals who are less confident or experienced in escalating their concerns through the need to state their recommendations. Healthcare professionals do not work in isolation and can ask for support and advice if they are unsure about any aspect of escalating their concerns.

Teach or Treat (See Appendix 3) is a communication strategy which encourages a discussion about the clinical situation being escalated: initiating a kind, quick and respectful response.

Team of the Shift
There was no existing current guidance on best practice in establishing a team of the shift in maternity care. The team of the shift intervention (See Appendix 4) was therefore designed to standardise a huddle at the start of every shift, prior to clinical handover in order to promote excellence in teamwork.

Evaluation
Ongoing clinical evaluation is an integral part of patient care. Assessing the patient should continue in line with the relevant clinical guidance to review the effectiveness of the agreed plan with further MDT discussion as required.

Reflection and Learning
Conflicts of clinical opinion can feel stressful resulting in reflection after the event. It is important that we learn as individuals and as a team. Support available includes Professional Midwifery Advocates and Clinical Supervisors. There may be a formal debrief session to support team members to understand each other's rationale for decision making during challenging clinical situations. Learning from differences in opinion may also result in the need to update clinical practice guidelines.

It may be that a professional recognises a difference of opinion on reflection following an event. It is never too late to have an open clinical discussion where any concern is highlighted.

If you do not feel you have been treated with respect when you have shared your concerns, speak to your line manager, Midwifery Supervisor, Educational Supervisor or the Hywel Dda Speak Up Safety Champion.

Escalation of Concerns Process

If a midwife or doctor has cause for clinical concern or concern for the woman and/or baby:

1. Immediately inform Midwife in charge and the Senior Obstetrician (Registrar) using AID tool and SBAR

2. There should be an agreed action plan for the ongoing management for the situation.

3. After an agreed time, the situation should be reviewed.

4. If there is still cause for concern the appropriate Consultant Obstetrician should be informed.

Escalation when there is Conflict of Clinical Opinion

All members of the multidisciplinary team must feel empowered to challenge a decision that they feel is incorrect.

If the conflict of clinical opinion is not resolved, then referral to involve a third party (e.g.an alternative Obstetric Consultant) may provide another opinion and fresh perspective.

The use of the 'Teach or Treat' communication strategy can also be used to empower individuals to escalate further and respectfully challenge. When required, the appropriate person to escalate to will depend on the health professional's role, the clinical situation as well as the time of day/day of the week.

People you can escalate to for support in resolving differences of clinical opinion include (but not exclusive to):

- Senior Midwife present in the clinical area
- Senior clinician present in the clinical area
- Midwife co-ordinator
- Midwifery on call Manager
- Consultant/ On-call Consultant
- Clinical Operational Lead Midwife.
- Head /Deputy Head of Midwifery
- Other members of the multidisciplinary team involved in the woman or birthing person's care
- Clinical Lead/Clinical Director
- Executive Medical Director

Communication for review, advice and support is best when done face-to- face contact but when this is not achievable access via other method of contact is appropriate for example: telephone call, video conferencing via the 'Microsoft Teams App'. The informing clinician should state what level of support they require.

Note: Resolution is not about winning an argument; it is about shared understanding of a clinical situations from different clinicians' perspectives and putting the woman at the heart of the decision making and information giving. It may be that both points of view offer safe care options resulting in an opportunity to discuss choices with the patient.

Supporting a Resolution

If you, as a clinician, are asked to support staff to resolve a difference of clinical opinion, the key skill is in facilitating a respectful discussion.

Essential Principles to support a resolution

- Use a quiet area away from the patient and where the discussions cannot be overheard by other patients/visitors
- Psychological Safety: Support those involved to engage in respectful conversation. Facilitate the conversation so everyone can express their views and encourage them to listen and understand one another.
- Refocus on the best outcome for the patient and the need to be objective
- Use open questioning to support those involved to describe their concerns
- Invite others to join the conversation where appropriate. For example, a specialist clinical opinion may be useful if not already involved
- Reflection and Learning after the event. Be mindful of the wellbeing of those involved, signposting to additional support such as Midwifery Supervisors, Clinical Supervisors, education team and Line Manager

References

Each baby counts+ Learn and Support (EBC L&S)
https://www.rcog.org.uk/about-us/quality-improvement-clinical-audit-and-research-projects/each-baby-counts-learn-support/ - opens in new tab

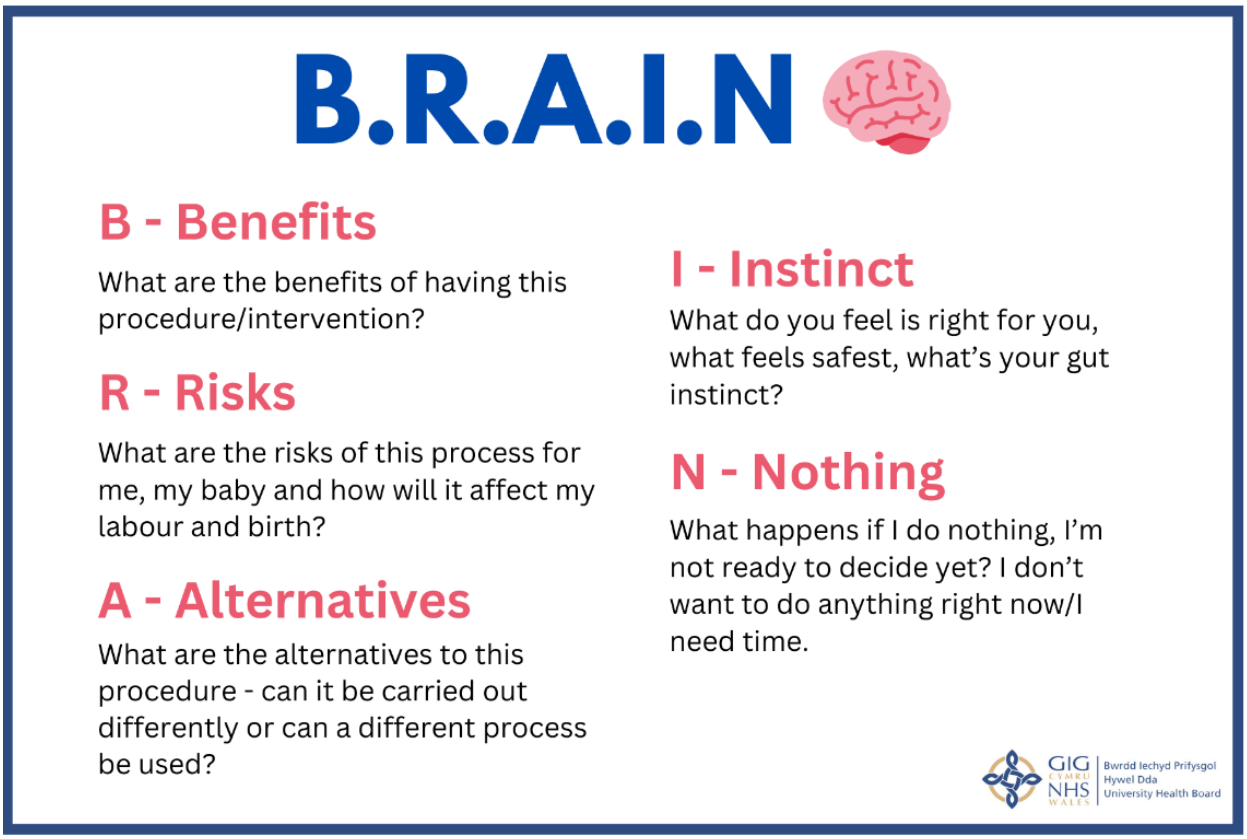
Safer Childbirth: Minimum Standards for the organisation and delivery of care in labour. London RCOG Press 2007-www.rcog.org.uk

The Maternity and Neonatal Safety Support Programme in Wales Cymru Discover Phase Report, *Improving Together for Wales.*
https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work1/matneossp/report/ - opens in new tab

Appendix 1 – B.R.A.I.N

What is B.R.A.I.N?

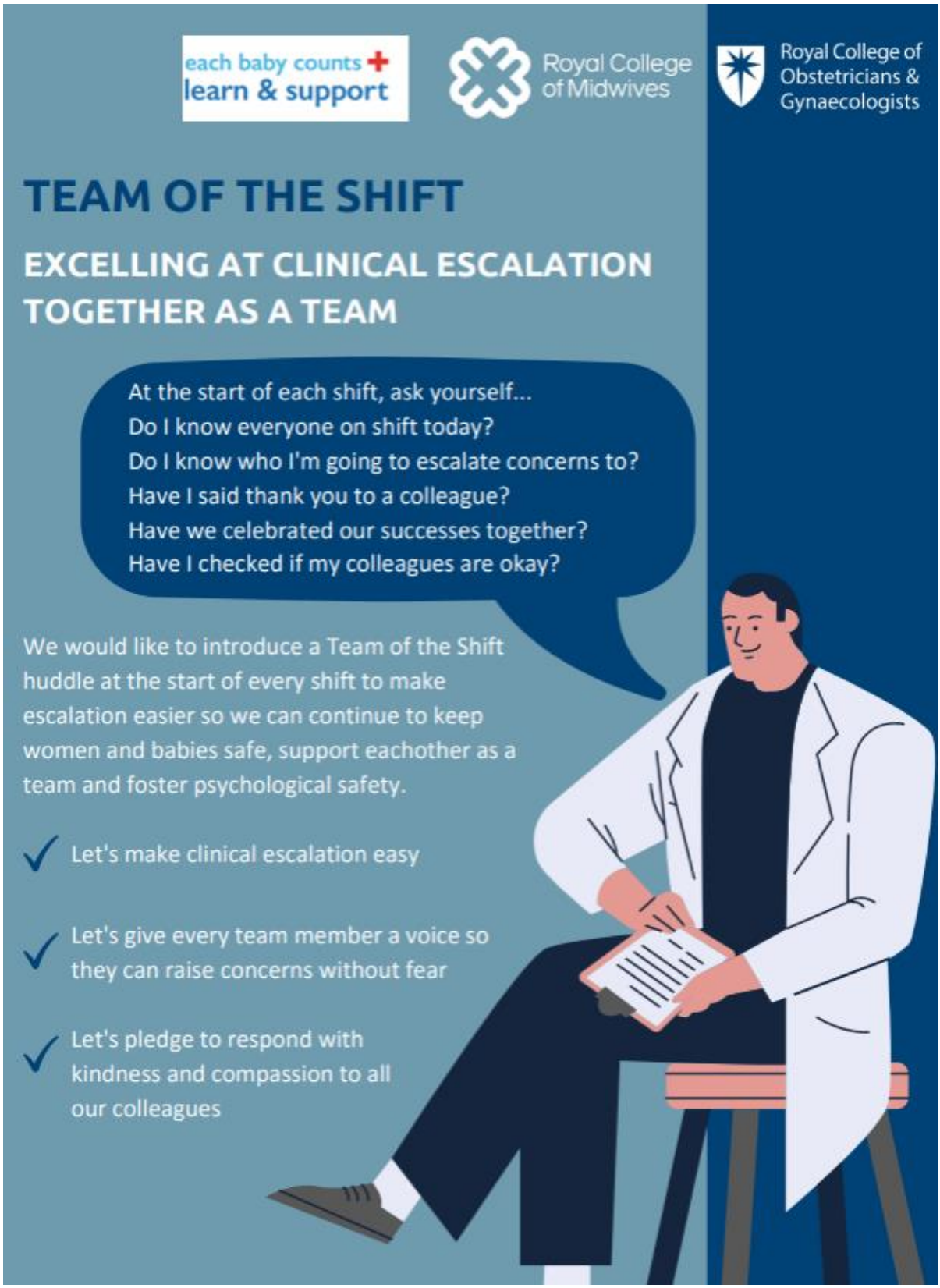
The BRAINS mnemonic (memory aid) is shared with women and is a simple way of collecting and organising information to make informed decisions about their care. These can be decisions made prior to birth for example when creating birth preferences or in labour when considering consenting to a care procedure. BRAINS can be used as a formal tool with paper or as a simple checklist to make sure the women can have explored all of their options and have the full picture.



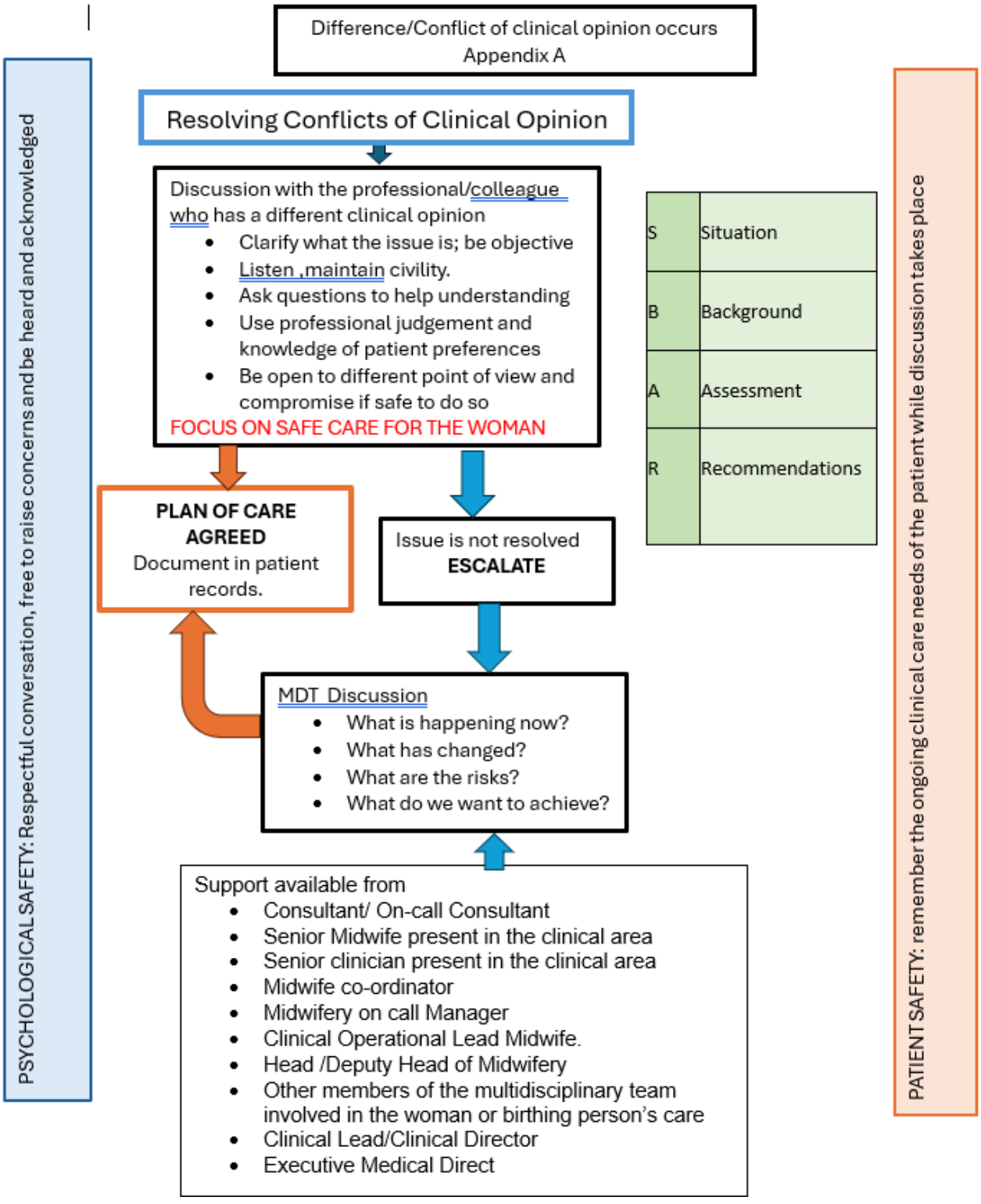
Appendix 2 – Advice, Inform, Do

Appendix 3 – Teach and Treat

Appendix 4 – Team of the Shift



Appendix 5 – Resolving Conflicts of Clinical Opinion (A)



Appendix 6 – Resolving Conflicts of Clinical Opinion (B)