Pan-Powys Maternity Transfer and Communication to Ambulance Services Standard Operating Procedure (SOP)

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Document Type:	SOP	Clinical
Scope:	Maternity Services	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Apr 2020
2	Amended criteria for selecting mode of transport from the Maternity and Neonatal Network	Jan 2021
3	Amendments and addition in relation to escalation, pre-birth planning, geographical information sharing, addition of flow charts and removal of Covid-19 specific detail	Sept 2022

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Consultant Midwife
All-Wales Maternity and Neonatal Network
Wales Ambulance NHS Trust through the maternity network

Circulated to the following for Consultation

Date	Role / Designation
08/04/2022	Midwives, Midwifery Leadership and Management Team
08/04/2022	Women and Children's Guidelines Group
08/04/2022	Safeguarding
08/04/2022	Welsh Ambulance Service NHS Trust
GROUPS APPROVED AT	
03/05/2022	Maternity Guidelines group
16/05/2022	Women and Children's policies, procedure & guidelines group

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area? Health and Care Standards: Theme 1 – Staying Healthy Theme 3 – Effective care Theme 4 – Dignified care Theme 5 – Timely care NICE Guidelines (2014) Intrapartum Care Nursing and Midwifery Council (NMC) (2018) The Code Royal College of Obstetricians and Gynaecologists (RCOG) (2020) Covid-19 Infection in Pregnancy

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differentia**	**Positive**	**Statement** Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and maternity				X	
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Human Rights	X				

Risk Assessment Summary
Have you identified any risks arising from the implementation of this policy / procedure / written control document? Potential use of alternative transfer mode or delay in transfer – risk assessment review completed as appendix
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? None identified
Have you identified any training and / or resource implications as a result of implementing this? None identified

1. Introduction

During the COVID-19 pandemic there has been national steer to ensure that midwife-led services are maintained wherever possible to enable promotion of safe care for low-risk women and minimise exposure to COVID-19 (RCM/RCOG, 2020).

There is also national concern around the potential impact of COVID-19 on Welsh Ambulance resources, this could threaten the ability to transfer women and/or babies for appropriate medical review and care where required. In very rare cases this delay may increase morbidity/mortality linked with delayed treatment.

The risk potential of any individual delay (there is no nationally recognised definition of a delay in maternity services) in transferring a maternity case is unknown. In most cases, it is predicted it would not lead to harm as the majority of transfers are for non-urgent clinical indications (Birthplace in England Collaborative Group, 2011; Rowe et al, 2018) around 6% of transfers are considered emergency transfers for life threatening events.

The pandemic has provided an opportunity to review services and work in different ways to manage care safely, particularly the process for emergency transport to an obstetric unit if required. By reviewing criteria for transfer and arranging alternative methods the maternity services are relieving pressure on the ambulance service.

The All-Wales Maternity and Neonatal Network reviewed circumstances for transfer and when alternative means can be used. The transfer flowchart (Appendix A) has been approved through the Maternity and Neonatal Network for use across Wales.

Robust communication between maternity and ambulance services is essential to enable timely transfer between settings when required. In some instances there will be the need to communicate between services in relation to cases during pregnancy to ensure good multidisciplinary working and appropriate information sharing.

2. Objective

This document provides a process for managing transfer of women receiving maternity in Powys and to support robust communication with ambulance services in cases of transfer of pre-birth planning.

3. Definitions

- **PTHB** – Powys Teaching Health Board
- **FMU** – Freestanding Midwifery Unit
- **DGH** – District General Hospital
- **OU** – Obstetric Unit
- **RCOG** – Royal College of Obstetricians and Gynaecologists
- **SBAR** – situation, background, assessment, recommendation
- **WAST** – Welsh Ambulance Service NHS Trust

4. Role / Responsibilities

4.1 Head of Department

The Head of Midwifery and Sexual Health Services must:

- Ensure all staff read and understand this standard operating procedure
- Arrange regular review to monitor compliance with this standard operating procedure
- Ensure this document is shared with all obstetric units/DGH's that may receive transfers for Powys residents.
- Share with Ambulance services who may handle Powys patients.

4.2 Consultant Midwife & Clinical Supervisor for Midwives

The Consultant Midwife and Clinical Supervisor for Midwives must:

- Ensure staff are trained in using this standard operating procedure – including streamlining midwives and new midwives to the organisation.
- Ensure dissemination of the standard operating procedure to all staff
- Support midwives with implementing the standard operating procedure
- Facilitate discussion and reflection on use of the standard operating procedure

4.3 Maternity Staff

All staff within the maternity services have responsibility for:

- Being aware and familiar with this standard operating procedure
- Signing the signature sheet when the standard operating procedure is published on the intranet

- Midwives to ensure they have an up-to-date copy of the flow chart (Appendix A) in their kit bags and accessible for use
- Escalating where necessary concerns about the safe transportation of clients
- Completing all relevant paperwork relating to this document.
- Incident report any issues that could potentially cause harm.

4.4 Women and Children's Risk and Governance Lead

The Women and Children's Risk and Governance Lead will:

- Ensure timely review of cases where transfer has been required between settings
- Escalate any concerns relating to transfer to the Head of Midwifery and Sexual Health and WAST.

5. Background to transfers

In the antenatal and postnatal period midwives follow NICE Guidance (MAT053 & MAT059) and where deviations from normal occur transfer may be necessary.

The All-Wales Midwife-Led Care Guidelines (MAT030) outline clinical reasons where transfer in labour or the immediate postnatal period may be warranted, these are varied and the majority are not for life-threatening emergencies.
National data suggests that the chance of intrapartum transfer is 36-45% for first time mothers in labour or immediately after birth from home or Free Standing Midwifery Unit (FMU). This rate falls to 9-12% for subsequent births (NPEU, 2011).

The Powys transfer rate for 2020/21 was 23%, with 18% of women in labour and 5% in the immediate postnatal period. Approximately 8% of transfers in Powys in 2019 were for circumstances where paramedic assistance **could** have been required such as primary postpartum haemorrhage or resuscitation. Most transfers are the result of delay in labour, for suturing or for further analgesia in labour.

For decision around place of birth, women should be informed;

- Of intrapartum transfer rates (updated annually)
- That there could be delay in getting an ambulance during times of high activity The Welsh Ambulance Service NHS Trust has confirmed that it will attend maternity calls and they will be prioritised accordingly, but there may be a delay.
- Of the various modes of transfer that might be utilised should transfer be required.

- Of transfer times to the nearest obstetric unit from their expected place of birth and that transfer is to the nearest obstetric unit.
- Of the likely reasons for transfer and how these are managed within midwifery-led settings including the skills and equipment that midwives have access to.

There should be a balanced discussion weighing up the individual risk factors for the pregnant woman on the options for place of birth. This should include the benefits of and possible risks with each setting.

6. Transferring women receiving maternity care from Powys to an obstetric Unit

Where transfer is required the flow chart in Appendix A should be reviewed to ascertain the most appropriate transfer method.

Clinical judgement remains paramount in all situations and the list is not exhaustive.

Where it is deemed appropriate to travel by own car in accordance with Appendix A, the woman should be provided with her notes. Ensure the family know where they are going and are clear on how to get there. The midwife must contact the DGH to ensure the family have arrived.

Where it is deemed appropriate to transfer by taxi, the necessary company will be contacted, and transfer arranged as in Appendix B. The midwife will travel with the woman. The birth partner should travel separately. The midwife should take a kit bag for the transfer.

If a taxi is not available, the midwife will need to risk assess suitability for the woman to transfer in her own transport with the midwife following in their own car OR whether to call an ambulance for transfer. Clinical judgement based on the circumstances for transfer is paramount.

Where urgent transfer is required the Urgent Care Service (UCS) can be contacted as per flow chart – 03001239236 and a clear, concise summary provided. Midwives will need to request a response time during this call. In most cases this would be expected to be within an hour – **should there be indication that a 1-hour time frame will not be achieved for arrival of the UCS then the midwife will need to revert to a 999 call.** This should be clearly documented in the notes and recorded on the Incident report via Once for Wales

Incident Reporting system. The midwife must remain with the woman and/or baby for transfer and not follow in their own car.

Where required, a 999 WAST service will be contacted and an emergency ambulance requested for transfer. The member of staff making the call will clearly state the situation and that it is a life-threatening emergency and a paramedic crew is required. In certain situations, and where available the Emergency Medical Retrieval Transfer Service Cymru (EMRTS – Flying Doctors) may be dispatched. Midwives will need to request an estimated time of arrival for the ambulance. The WAST duty manager details are recorded in Appendix A. Once a time has been agreed for the estimated arrival time for the Ambulance, it will not be possible for the Ambulance service to inform staff if there is a delay and staff should be mindful to contact the Ambulance service again if there is no sign of them close to the expected arrival time. This can be done by ringing Ambulance Control who will provide an update.
The midwife must remain with the woman and/or baby for transfer in the ambulance.

Trigger words to ensure an 8-minute response are detailed in Appendix C.

At the earliest opportunity the receiving obstetric unit must be contacted and an SBAR handover provided including detail of the method of transport.

Flow charts for process for calling for 999 ambulance and UCS are detailed in Appendix D.
Risk assessment for modes of transport can be found in Appendix E

When a midwife accompanies a woman and/or baby for transfer they will need to arrange for a taxi to bring them back to Powys. The taxi document can be used for this, and advice gained through switchboard at Brecon hospital for taxi details. If a local taxi cannot be arranged to bring the midwife back to Powys then the receiving DGH should be asked to arrange a taxi for the midwife.

7. Postnatal support

All women should be offered the opportunity to talk about their birth experience during the postnatal period, but where there has been transfer the midwife should ensure this opportunity is actively offered and ensure any question relating to the episode of care are answered.

If deemed appropriate women can be referred to the Birth Reflections and Trauma Service (MAT066) as per local guidance.
If the woman is unhappy with aspects of her care, early resolution should be sought and if unsure, seek advice from the Women and Children's Risk & Governance Lead.

8. Documentation and Reporting

All intrapartum transfers should have the SBAR handover form in the All-Wales Normal Labour Pathway completed. Contemporaneous records should be completed during transfer. Where women are transferred in their own car, they will take their handheld notes. Any photocopies of notes should be completed prior to departure if in a FMU and prior to leaving the DGH if completed there.

An incident report must be completed via Once for Wales Incident reporting system for all transfers, clearly stating reason for transfer and method of transportation used. Timings for any transfers should be recorded on the incident report to include time decision to transfer, time of call for help, time of arrival of help (if applicable), departure time and arrival and handover time. Detail should also be provided if there was an alternative mode of transport used to that suggested in the flowchart and if there was any escalation of involved. A summary outcome should be included to aid the investigator of the incident.

Intrapartum care activity must be recorded on WPAS. This provides the mechanism to identify activity within the maternity services and offer the opportunity to monitor transfer rates and times.

9. Escalation

In cases where WAST are in escalation this will be communicated through the following means:

- Gold (PTHB) to cascade WAST alert escalation to SILVER (PTHB) On Call
- Silver On Call to contact Midwifery Operational Team Leader via Brecon Switchboard
- Maternity Operational Team Lead (OTL) will have an overview of current and potential intrapartum care, locations of available on-call Midwives and any women with Clinical Information Sharing Plans or geographical alerts.
- OTL will link with Powys Midwives for proactive planning in line with Powys SOP for Transportation framework which has been agreed with WAST via all Wales Maternity and Neonatal network.

All cases impacted by escalation will be incident reported through the Once for Wales reporting system.

10. Cross-border cases

There may be occasions where a woman lives in an area that may be responded to by West Midlands Ambulance Service (WMAS). It may be necessary for geographical and/or clinical information sharing alerts, where required, to be circulated to WAST and WMAS. Details should include the woman's address, any access difficulties, EDD and contact number for Brecon switchboard with details of the midwifery team so they can contact a midwife in an emergency if required.
If the midwife is unsure if a client may live in an area covered by another ambulance service they should ask the call handler which ambulance service will be responding to the call.

WMAS contact details:
cad.admin@wmas.nhs.uk

11. Care Planning in Complex Cases

There may be occasion where communication with the ambulance service is required during the antenatal period. Individual cases will be escalated by the senior midwifery team to the relevant ambulance service using a 'patient specific directive' which will summarise any key information required. A copy can be found in Appendix F.

This will be saved in the clinical information sharing file within maternity and circulated to the relevant Health Board Clinical Lead for the ambulance service.

12. Monitoring Compliance / Audit

Datix submissions will be reviewed as part of the weekly maternity datix meetings and will form part of the monthly midwifery management meeting with Governance theme to discuss any issues in more depth. Cases of WAST escalation will be discussed at this meeting if cases were impacted and to ensure appropriate communication of escalation has taken place within the Health Board.

Transfers will be reviewed with full case reviews where required as a result of delayed transfer or sub-optimal outcome.

All transfers are recorded on a database within maternity with the reason and length of transfer so that themes and trends can be assessed and cases escalated to the Ambulance Service as required.

Annual audit will take place in 2022 to review transfers for 2021.

Where there is specific learning that may require urgent sharing to avoid recurrence this will be shared with the central Quality and Safety team for wider sharing. If it is an urgent case a Patient Safety Huddle will be arranged and terms of reference for the incident will be agreed. There will also be mechanism to share relevant learning through the All-Wales Maternity and Neonatal Network. Collaboration will also occur with the Welsh Ambulance Service.

Notes audits are conducted within the service monthly, and this includes transfer cases providing opportunity for learning.

Monthly 'tea and transfer' meetings take place in maternity to provide the opportunity for discussion from cases and shared learning.

Service user feedback is gained in relation to transfers via a Microsoft Forms Survey. Families can also feedback through the Maternity and Parenting Voices Partnership.

13. Review and Change Control

This document will be reviewed in 12-months or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

14. References / Bibliography

- Birthplace England Collaborative Group: Brocklehurst, P., Hardy, J.,Hollowell,J., Linsell, L., Macferlane, A., McCourt.C.,Marlow,N., Miller,A., Newburn,M., Petrou, S.,Puddicombe, D., Redshaw, M., Rowe, R., Sandall, J., Silverton, L., & Stewart, M.(2011). Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: The Birthplace in England national prospective cohort study. British Medical Journal. 343. D7400.
- NPEU (2011) Hollowell J, Puddicombe D, Rowe R, Linsell L, Hardy P, Stewart, M et al. The Birthplace national prospective cohort study. Perinatal and maternal outcomes

by planned place of birth. Birthplace in England research programme. Final Report4. NIHR service delivery and organization programme; 2011.

- PTHB MAT 053 Antenatal Care of Uncomplicated Pregnancies NICE Guidance
- PTHB 059 Postnatal Care NICE Guidance
- PTHB MAT 066 Birth Reflections and Trauma Service SOP
- PTHB MAT 030 All-Wales Midwife-Led Care Guidelines
- Royal College of Midwives and Royal College of Obstetricians and Gynaecologists (2020). Guidance for the provision of midwife-led settings and home birth in the evolving coronavirus (COVID-19) pandemic. RCOG.
- RCOG (2020) Care of pregnant women during Covid-19 pandemic Coronavirus (COVID-19), infection in pregnancy | RCOG
- Rowe, R, Townend,J, Brocklehurst, P., Knight, M., McCourt, C., Newman,M., Redsham,M.,Sandall, J., Silverton , L,. & Hollowell, J. Duration and urgency of transfer in births planned at home and in freestanding midwifery units in England: Secondary analysis of the birthplace national prospective cohort study. BMC Pregnancy and Childbirth 13:224 retrieved from http:/www.biomedcemtral.com/1471-2393/13/224.]

Appendix A - All Wales Criteria for Selecting Mode of Transport for Women and/or Babies Requiring Transfer from FMU or Home During COVID-19 Pandemic. Amended for PTHB May 2022 for ongoing use

After every transfer regardless of the mode of transport the SBAR in AWCPNL must be completed and filed.
Please document clearly on the form the women's information, reason for transfer and mode of transport. All handovers should be given to the relevant clinician. Please DATIX all transfers.
Midwives must use their own clinical judgement at all times.

A. Own Car

Women will be passengers and midwives do not need to accompany.

Part two of All Wales Clinical Pathway for Normal Labour – Risk assessment

Maternal
- Raised blood pressure first diagnosed during the risk assessment, without significant symptoms of Pre eclampsia.
- Concerns regarding maternal pulse rate
- High presenting part or abnormal presentation and the woman is not in active labour.
- Any concerns requiring an obstetric opinion but there isn't a life threatening problem to either the woman or the baby.
- Prolonged latent phase/or requires additional analgesia.

Fetal
- Concerns about the fetal movements when a normal fetal heart has been heard during auscultation using a pinard or a sonic aid.
- Clinically small for gestational age where there are no concerns regarding fetal well being

Postnatal period
If the mother needs to be transferred and the baby is well, the immediate family should be asked if they are happy to take the baby in their car seat in their own car. If this is not possible then a member of staff can take the baby in a taxi secured in car seat.

Neonatal
- Second opinion from a paediatrician when the baby is well.
- Feeding problems
- Positive antibodies identified through cord blood sampling

B. Hospital taxi accompanied by a midwife escort

The woman will not be able to have nitrous oxide during the transfer.

Maternal
- Delay in the first stage of labour and the woman's cervix is no more than 5 cm centimeters dilated.
- Woman requesting further analgesia and her cervix is no more than 5 cm,(may need UCS if requiring nitrous oxide).
- Significant meconium stained liquor with a normal fetal heart and cervix no more than 5 cm.
- Requiring perineal review or suturing by a doctor without active bleeding.

Neonatal
- Well babies who required screening care via hypoglycaemic pathway.
- Baby showing signs of withdrawal from antidepressants or maternal misuse of substances
- Jaundice < 24 hours of age where there are no other concerns.

Note: Where transfer is required after a home assessment due to confirmation of active labour the midwife should consider the most appropriate form of transfer based on the clinical picture, this will sometimes be via own transport.

C. Urgent transfer where paramedic intervention is not required-HCP pathway.

Call -03001239236

Midwives will need to request a response time. In most cases the required response time in this group will be within 1 hour.
Where there is likely to be a delay revert to 999 pathway.

Maternal
- Delay in first stage of labour when the woman's cervix is more than 5 cm dilated.
- Malpresentation in active labour
- Women requesting further analgesia and still in the first stage of labour more than 5cm.
- Significant meconium stained liquor, and cervix more than 5cm, with normal FH.
- Raised blood pressure (as categorised By NICE,2014) in active labour with no other signs of fulminating pre-eclampsia.
- Maternal observations outside of normal range in active labour (NICE 2014).

Contact receiving OU to confirm all transfers

Transfer is always to the nearest obstetric unit

Contact numbers to arrange transport:
UCS: 03001239236
Taxi: Appendix B

D. Emergency transfer for life threatening emergency where paramedic intervention may be required- 999

Emergency Medical Retrieval and Transfer Service (EMRTS) may also be asked to attend dependant on clinical scenario this is a 24 hour service.

Maternal
- Antenatal or postpartum haemorrhage, or symptomatic of hypovolemic shock.
- Placental abruption
- Maternal collapse
- Eclampsia or Raised blood pressure in active labour with other signs of fulminating pre eclampsia.
- Delay in the 2nd stage of labour
- Sepsis
- Inverted uterus.
- Retained placenta

Fetal/Neonatal
- Fetal distress- Changes in the FH and CTG is recommended.
- Imminent breech birth
- Cord Prolapse
- Shoulder Dystocia
- Baby born in poor condition (Apgar <7 at 5 mins)
- Need for active resuscitation

WAST duty Manager call 01267 229476

To discuss with dispatch ref ETA call 01267 229461

Supporting information

*UCS (Urgent Care Service) vehicles can be used where paramedic support is not required. These vehicles Support the transportation service users who require urgent care in a hospital. The UCS vehicles are standard ambulances but it is expected that they will not use a blue light response or transfer, they carry AED's and oxygen, staff manning UCS are trained in basic life support.

* Health Care Professional line to request UCS: 03001239236. Health Care Professionals are able to request a suitable response time. In most instances where a UCS is requested via the HCP line the required response time will be within 1 hour.

*Where midwives are not happy with the grade of WAST response assigned, they should ask the call handler to refer them to the clinical services desk for a clinician to clinician discussion.

* If at any time the clinical situation changes or the midwife identifies a delay in response time required the call will need to be upgraded via 999 this may require a clinician to clinician discussion.

* **To discuss with WAST duty Manager please call 01267229476**

*** To discuss with dispatch ref ETA call 01267229461**

* Midwives should use their clinical judgement at all time.

Appendix B

Taxi details

Taxi transportation has been confirmed locally and will support where there is availability:

Ystradgynlais: 1st - Data Cabs Acc.code P121 Password Powys 01792 545460
2nd - Wyn Edwards 01639 845402

Mid area: 8am-7pm **Pro Cabs – 01597 822877** / malcolm.dust682@gmail.com

Mid Area: 7pm – 8am (note located Newtown) – **Luxor Taxis – 07432093532/07432093891** /ctaie48@gmail.com

North area: confirmed 24/7, will cover Llanidloes, Mach, Newtown and Welshpool - **Luxor Taxis – 07432093532/07432093891** /ctaie48@gmail.com

South/Brecon: confirmed 24/7, based in Abergavenny **- Sheila's Cars – 01873 857954/0790066583/07538792325** sheilascars@btinternet.com

Please call Brecon Switchboard 01874 622443 for any queries regarding taxi companies.

APPENDIX C

Wording to support effective communication between health professionals

"I am a midwife/healthcare professional, the situation is…..

- **Sepsis maternal/neonatal**
- **Antepartum/postpartum Haemorrhage**
- **Pre eclampsia/Eclampsia**
- **Maternal collapse/arrest**
- **Fetal distress**
- **Delay in the 2nd stage of labour**
- **Cord prolapse**
- **Shoulder dystocia**
- **Inverted uterus**
- **Neonatal resuscitation.**
- **Neonatal compromise.**

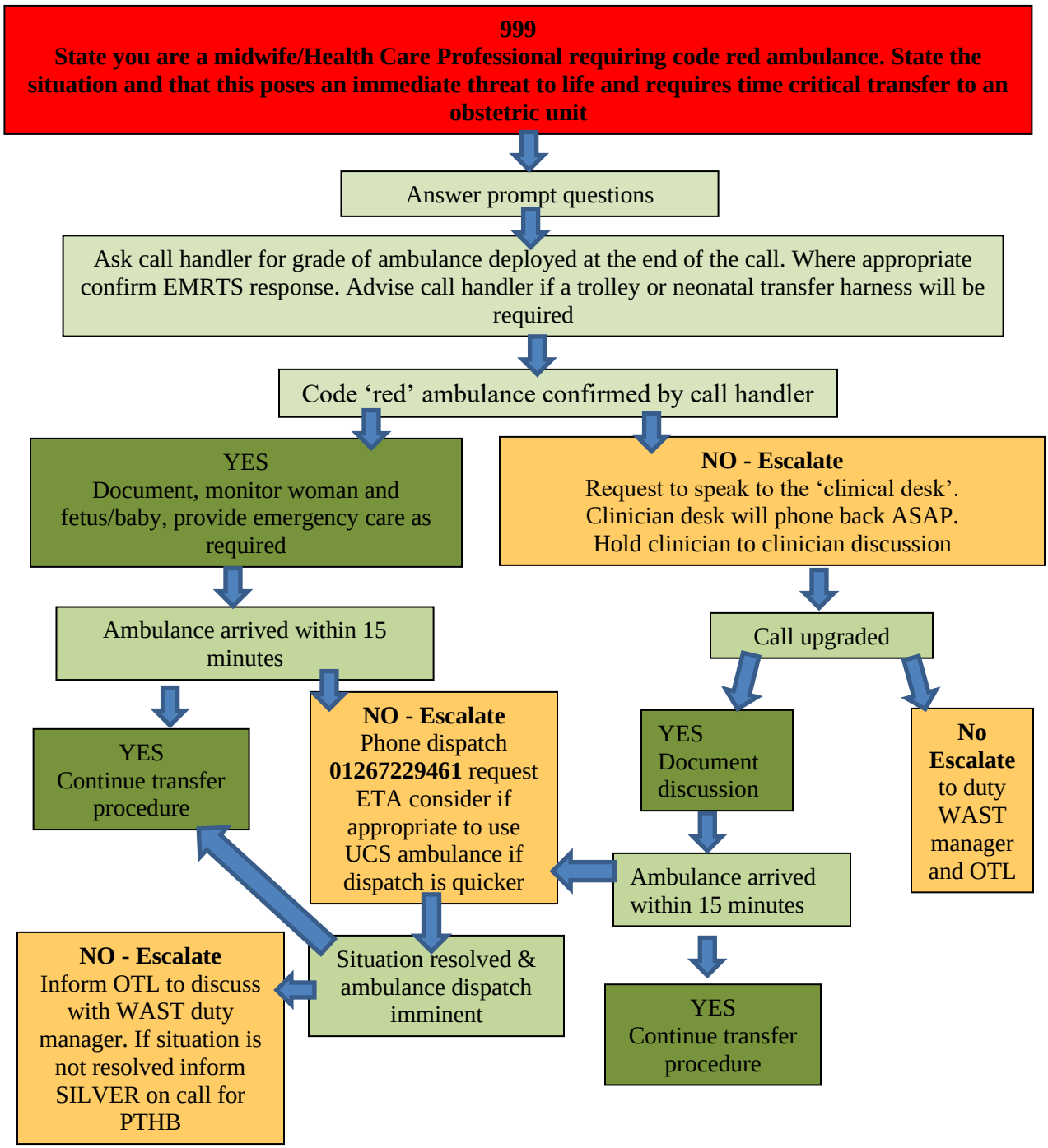
This poses an immediate threat to life and requires a time-critical transfer to an obstetric unit"

***When the call handler asks if 'there are any high risk complications' the answer will always be 'yes' in this pathway.**

***Avoid terms such as raised temperature, increased respiration, if providing any resuscitative measures to a neonate then the answer to the question 'is the baby alert and breathing' will always be 'no'.**

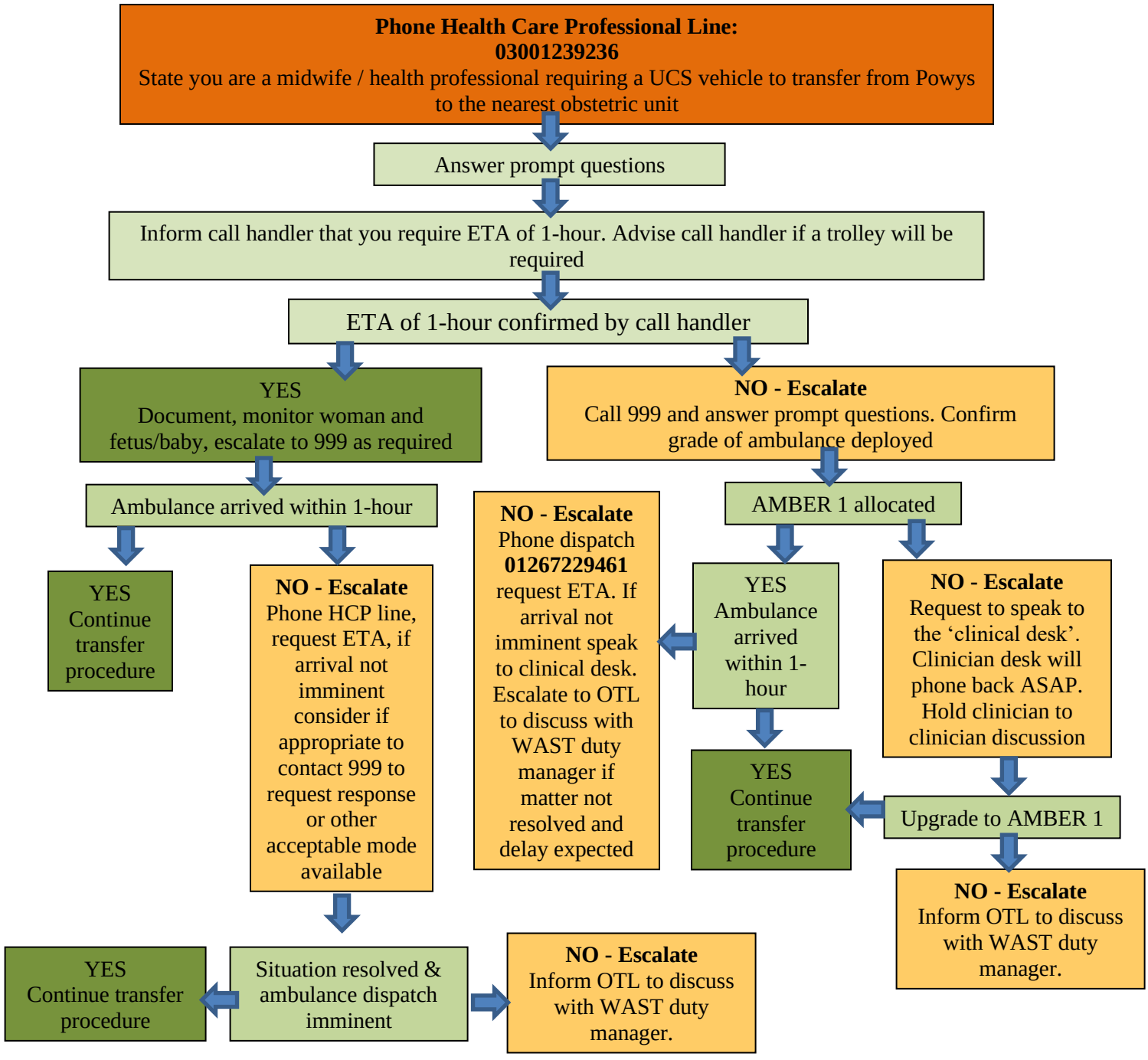
APPENDIX D

Flowchart for women and/or babies requiring immediate transfer from PTHB via a code red ambulance



Complete Datix in all transfer cases and where escalation required

Flowchart For Women Requiring Transfer from Powys – Amber Trigger



Complete Datix in all transfer cases and where escalation required

Powys Teaching Health Board: Risk Assessment Form – APPENDIX E

Locality/Department: Maternity	**Date Of Assessment: 3/4/2020**	**Date For Review:**
Title: Pan-Powys Maternity Transfer and Communication to Ambulance Services Standard Operating Procedure Reference No: PTHB MAT 068 Status: Final Approved		
Assessor(S): S. Higgins (Consultant Midwife) **S. Pardoe-Bouchard (Clinical Supervisor of Midwives)**	**Location/Task/Job Process: Pan Powys transfer in labour during COVID-19**	

No.	Hazards Identified	Persons At Risk:					Consequence:					Likelihood:					Rating:			
		Employee	Young Person	Public	Expectant Mother	Patient	Catastrophic	Major	Moderate	Minor	Negligible	Almost Certain	Likely	Possible	Unlikely	Rare	Low	Moderate	High	Extreme
1.	Delay in ambulance attending for RED transfer.				X	X	5									1		5		
2.	Delay in ambulance attending for RED transfer – but EMRTS available				X	X			3							1	3			
3.	Unavailability of paramedic crew for RED transfer, but availability of technician crew				X	X				2				3				6		
4.	Unavailability of 2 paramedic crew where both are required due to clinical presentation of woman and baby				X	X			3						2			6		
5.	Delay or non-availability in ambulance attending for an AMBER transfer resulting in need to transfer by taxi with a midwife present				X	X				2					2			4		

6.	Use of own car for transfer – GREY reasons Car breaks down					X	X					2						2				4			
7.	Use of own car for transfer – GREY reasons Clinical circumstances change					X	X					2						2				4			
8.	Transfer by taxi – GREEN reasons Clinical circumstances change					X	X					2						2				4			
9.	Unavailability of hospital taxi resulting in transfer by own car					X	X					2						2				4			
10.	Suspected or confirmed Covid-19 case requiring transfer to DGH by ambulance but ambulance unavailable					X	X				3							2				6			

Risk Action Plan

Powys Teaching Health Board: Risk Action Plan		
Name Of Ward / Department: Maternity	**Date: 3/4/2020**	**Inputted Onto Datix:**
Prepared By: Consultant Midwife	**Agreed By: Midwifery Leadership and Management Team**	**Yes ☐ No X**

Number of Risks on Form	What are you already doing?	Acceptable		What further action is necessary?	Action by whom?	Action by when?	Responsible Senior Manager
		Yes	No				
10	**1 – Two midwives always present for birth and when required during labour 2– Midwives kits have essential equipment for managing emergencies 3 – Midwives would risk assess each client individually if chosen method of transport not available or facing delay to assess most appropriate method to use – this might be use of alternative method eg own car instead of taxi if client risk**	**X**		**1 - Auditing and monitoring of new transfer measures put in place 2– dissemination and discussion of this new SOP to ensure staff are aware of processes 3- review of transfers using new methods to assess any unconsidered risks 4- Geographical alerts to be circulated to midwifery teams and WAST/WMS for cases where there**	**Consultant midwife, Governance Lead and Clinical supervisor for Midwives**	**Ongoing**	**Head of Midwifery**

	assessed at that time to be well enough to travel in own car if taxi not available or escalation to ambulance if not deemed appropriate to send by own transport. **4– Escalation to Operational On Call or senior manager where necessary to discuss specific cases.** **5 – Maternity services already review transfers, length of transfers, reason and any adverse outcomes.** **6 – Maternity Services are equipped for unexpected suspected or confirmed Covid-19 cases should that arise and whilst transfer would be advised if this could not happen prior to birth there is a process in place for isolation of woman and correct PPE is available.**			**may be difficulties in accessing a property**			

Appendix F – WAST PSD

YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU
WELSH AMBULANCE SERVICES NHS TRUST

NHS Direct Wales
Galw IECHYD Cymru

Specific Actions for Ambulance Clinicians in relation to an

Advanced Care Plan or a Special Health / Care need.

PATIENT SPECIFIC DIRECTIVE

Confidential once completed.

To be completed by the Lead Clinician in charge of patient care

Start Date		**Review Date**	
Name of Patient & Identification Number (e.g NHS no.)		**Date of Birth**	
1. Home (Resident) Address **2. Secondary Address** **3. Contact Number**			
Previous Medical History:			
Social History: .			
Details of Medical Condition & Medications: **Medications** Treatment and Actions Required in an Emergency			

Name of Patients Lead Clinician: **GP:** **Contact Details** Signed: Date:
Welsh Ambulance Services NHS Trust Medical Director Dr Brendan Lloyd Signed: Date:
WAST will respond as per Dispatch Protocol. When an ambulance resource is engaged by [Patient Name] the following treatments & actions are advised:

************End of Document************

Any Supportive Documentation: