Maternity Escalation Policy

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Author:	Head of Midwifery and Sexual Health	
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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

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Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	17/10/2024

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Interim Head of Midwifery and Sexual Health
Interim Assistant Heads of Midwifery
Women and Children's Governance and Risk Lead
Clinical Supervisor for Midwives
Consultant midwife

Circulated to the following for Consultation

Date	Role / Designation
25/07/2024	PTHB Midwives
25/07/2024	PTHB Maternity Support Workers
25/07/2024	PTHB Ultrasonography Governance Leads (DAU)
25/07/2024	PTHB Safeguarding team
25/07/2024	PTHB Civil Contingencies manager
25/07/2024	Members of the women and children's guideline group
08/08/2024	Executive Director of Nursing and Midwifery
08/08/2024	All neighboring DGH's and OLU's

Groups Approved at

Date	Group
03/09/2024	Maternity guidelines Group
17/09/2024	Women and Children's policies and procedures governance group

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

All-Wales Midwifery Care Guidelines (2022)

Clinical Supervision for Midwives in Wales Welsh Government (2017)

Maternity Care in Wales – a five year vision for the future (2019) https://gov.wales/sites/default/files/publications/2019-06/maternity-care-in-wales-a-five-year-vision-for-the-future-2019-2024.pdf

Nursing and Midwifery Council Code of Professional Conduct (NMC 2015)

Nursing and Midwifery Council Future Midwife Standards (NMC 2019) standards-of-proficiency-for-midwives.pdf (nmc.org.uk)

European Working time directive EWTD

Impact Assessments

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age	X				Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
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? No
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? No
Have you identified any training and / or resource implications as a result of implementing this? No

1 Policy Statement / Introduction

The unpredictable nature of maternity services can lead to peaks in activity which may, on rare occasions, exceed staffing capacity. The prime concern must always be the safety of women and babies. In most cases this policy will be in relation to the service ability to provide intrapartum care.
Whilst the service is traditionally divided by north and south areas, each comprising of 4 teams, there will be a Pan-Powys approach to cover the service overall.

This guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby. It is recognised that there are many different family arrangements.
The purpose of the maternity escalation and closure policy is to provide a clear set of guidelines for staff to follow during a situation that involves clinical risk.

☐ **A peak in clinical activity / acuity increases risk beyond safe limits**

☐ **Staff shortage below recommended birth rate plus.**

☐ **Capacity – Lack of birth rooms in the birth centre.**

☐ **A catastrophic event**

☐ **Failure of essential equipment**

☐ **Code Pink – Baby Abduction**

☐ **Lack of Water or Electricity**

☐ **Severe weather issues**

☐ **Terrorist activity**

☐ **Maternal or Neonatal Death**

☐ **Serious injury to staff or patient in hospital grounds**

☐ **Delay in response from ambulance service which cannot be resolved.**

2 Objective

The purpose of this document is to assist in providing safe maternity services across Powys by clearly outlining the management and clinical processes to be initiated in the event of increased activity or staff shortfall.

In many instances, effective and efficient management of clinical activity and time can significantly reduce the number of occasions that escalation will be needed to be initiated.

This policy aims to ensure a consistent management approach across the Health Board to ensure women and babies are cared for safely.

3 Definitions

- **PTHB** – Powys Teaching Health Board
- **OLU** – Obstetric Led Unit

4 Responsibilities in relation to <u>this</u> policy

4.1 Head of Midwifery and Sexual Health

The Head of Midwifery and Sexual Health Services must:

- Ensure all staff read and understand this policy.
- Arrange regular review to monitor compliance with this policy.

4.2 Assistant Head of Midwifery and Sexual Health and Team Leads

The Assistant Head of Midwifery and Sexual Health Services and team leads have responsibility for:

- Ensuring dissemination of this document to all relevant staff
- Monitoring escalation within the service
- Ensuring appropriate roster cover to ensure episodes of escalation are minimised.

4.3 All Maternity staff on the bronze rota

All staff who partake in the bronze on call rota must:

- Ensuring they are clear on the process for restricting access or diverting women in times of escalation.
- Ensure they are familiar with the escalation process.

4.4 Women and Children's Risk and Governance Lead

The Women and Children's Risk and Governance Lead has responsibility for:

- Monitoring review of incidents in relation to content of this document and escalating appropriately if impacts on women or babies.

4.5 Maternity staff including Midwives and Maternity Support Workers (MSW)

All staff working the maternity services have responsibility for:

- Reading and being familiar with contents of this document.
- Working to the requirements of their role within the scope of this guideline.
- It is the midwife's responsibility to ensure women are cared for in a safe environment, ensuring safe practice. It is the Midwife's responsibility to alert the Bronze manager or Head of Midwifery if they feel that the situation becomes unsafe for any reason.
- Maintaining a Pan-Powys approach to care provision.

5 Bronze on call (previously operational team lead – OTL)

The purpose of the Bronze on call is to provide a helicopter view when clinical staff are posed with a potential change in care planning, such as transfer during labour to an Obstetric Led Unit (OLU) and provide advice and guidance to the clinical staff. Further to this, having a Bronze on call provides oversight at an operational level for the service.

The Bronze on call is provided by Band 7 Team Leads and the Senior Leadership team. Wherever possible the bronze on call will not be a clinical on call. Specialist Band 7 roles would be expected to support this rota if it is part of their job description.
The Bronze on call period runs from 08:00-08:00. If the on call covers a weekend or a Bank Holiday, this will provide 2 sessions for on call payment.

A Bronze rota will be coordinated by the team leads each month and circulated to Brecon switchboard and all maternity staff. This will be agreed with the senior management team to ensure equity and fairness is applied.

The Bronze on call can be contacted directly on their work mobile or by calling switchboard on 01874 622443 and asking for the 'Maternity Bronze on call'.

The Bronze on call will complete an SBAR form (Appendix B) when contacted for advice. This will be sent to the relevant midwife for their records electronically. This SBAR should demonstrate the reason for the call and clearly state what was agreed.

6 Forward planning and escalation process

Guideline MAT034 outlines the requirement for on call provision in maternity services. Should the minimum on call or minimum day staffing be unable to be covered then this escalation policy will be enacted.
In all cases of escalation, the following information should be available to aid the discussion and decision making:

- The details driving the escalation.
- The specific actions taken to alleviate pressures.
- The actions taken to ensure patient safety and quality.
- Who is involved and currently managing the situation.

Each Monday the roster is reviewed at the Bronze meeting and any periods of escalation will be noted for the week ahead. These will then be highlighted to the Bronze and Silver on call for the relevant periods as well as the Director of Nursing and Midwifery and the Assistant Director of Women and Children's services. If the situation changes during the week, then this will be escalated. A Datix report will be submitted by the Assistant Head of Midwifery for the previous week describing all escalations in one Datix.

The details for Silver and Gold on call can be obtained from the switchboard in Brecon on 01874 622443

Powys maternity service aims to have a minimum of 6 midwives on call each night with an additional Bronze on call to provide a clinical and operational oversight. It is acknowledged that the service can run on 4 midwives each night, however this means consideration of solutions such as centralising care or midwives working Pan Powys.

Whilst a maximum number of staff Monday to Friday is not stipulated the roster should be planned to enable equity of staffing across the week. On the weekend and bank holidays the roster will be run with minimum 'workday' staffing due to the need to cover essential work only and routine work should be planned with that in mind. Minimum daytime staffing of 9 Midwives across the 7 days should allow for the provision of safe intrapartum cover and to provide support for essential calls.

Midwives plan their own workload to fit flexibly around their working days and on calls. Women should be seen in line with the NICE antenatal / postnatal schedule of care unless individual circumstances require an individualised care plan. This needs to be clearly documented in the handheld records providing a rationale for additional visits.

Postnatal care will be provided ideally by the named or buddy midwife but will be planned by individual need.
In times of increased activity non-essential visits may need to be rearranged.
Intrapartum care of women who are planning to birth in Powys will be a priority.

7 Escalation categories

In relation to the ability to provide intrapartum care and essential calls Powys Maternity Services will work within the following status:

Day time escalation 09:00-17:00:
To enable provision of intrapartum care and essential visits

- **GREEN** Powys Maternity services will function as listed in the maternity services operational policy (MAT034) and have no anticipated concerns that will prohibit admissions or restrict women's choice of birthplace.
- **AMBER** Powys Maternity services will be initiated if there are ≤6 midwives available to work Pan-Powys.
  Consideration for centralising intrapartum care may be necessary dependent on level of essential visits. All cases of amber escalation must be escalated to the Bronze on call in the first instance.
- **RED** ≤4 midwives Pan-Powys – consideration for centralising to 1 unit for intrapartum care may be necessary to support 2 women or the service can support 1 home birth. All other intrapartum care beyond this will need to be diverted to an Obstetric Led Unit and should be supported to access midwifery-led areas where applicable.
- **Black** – 1 person available to work clinically pan-Powys – service closed, and all intrapartum activity will need to be diverted to an appropriate Obstetric Led Unit (OLU) on a case-by-case basis and women should be supported to access midwifery-led services where applicable. In an emergency the midwife will need to provide care (for example in the case of a baby born before arrival of a health professional [BBA]).

Out of hours, weekend and bank holidays:
To enable provision of intrapartum care and emergency work

- **GREEN** Powys Maternity services will function as listed in the maternity services operational policy (MAT034) and have no anticipated concerns that will prohibit admissions or restrict women's choice of birthplace.
- **AMBER** Powys Maternity services will be initiated if there are ≤4 midwives available to work Pan-Powys.
  Consideration for centralising care may be necessary. All cases of amber escalation must be escalated to the bronze on call in the first instance.
- **RED** ≤3 midwives Pan-Powys –
- If 3 midwives are available: centralise to 1 unit and accept max 2 women or support 1 home birth. The third Midwife could provide Triage cover where possible.
- If 2 midwives are available: care can be provided to 1 woman.

All other intrapartum care beyond this will need to be diverted to an Obstetric Led Unit and should be supported to access midwifery-led areas where applicable.

- **Black** – 1 midwife available to work clinically pan-Powys – service closed, and all intrapartum activity will need to be diverted to the relevant Maternity service of woman's choice. Women should be supported to access midwifery-led services where applicable. In an emergency the midwife will need to provide care (for example in the case of a baby born before arrival of a health professional [BBA]).

Cross cover between teams and locations will be required in times of high activity and this may mean additional travel during periods of escalation.

In the event of the Bronze on-call being notified that the staff member needs a rest period, please refer to MAT 034 Maternity Operational Policy for guidance.

8 Closure

Any potential service closure (Black status) should be discussed with the Assistant Head of Midwifery or Head of Midwifery (Mon – Fri 9-5) or the Bronze Midwife (Out of Hours). The final decision regarding closure would be taken by the Head of Midwifery or designated deputy, which overnight will be the Bronze on call.

During out of hours, it is expected that the Bronze will inform the Silver on Call who will be expected to inform Gold on Call when necessary. Bronze is also expected to contact the District General Hospitals that service the area in escalation. Appendix A has the contact details for each OLU.

Women will still be triaged in the first instance by a Powys midwife and any admission to an OLU will be arranged by the midwife. Advice can be sought from the Bronze on call.

In a clinical emergency a midwife may be required to attend a woman regardless of escalation status. Ambulance transfer must not be delayed in these instances and clear communication with Welsh Ambulance Service NHS Trust (WAST) will be essential.

On de-escalation from Black each OLU, Silver and Gold will be notified.

9 Commissioned services

Due to the impact on neighboring OLU's both in increased clinical activity and commissioning costs, the acceptable level of frequency for closure would be kept to unavoidable circumstances only. Powys maternity service will continue to work in partnership with neighboring OLU's to support all maternity services at times of escalation, ensuring they are aware of any closures.

Commissioning arrangements are in place for care with the following Health Boards/NHS Trusts:

- Aneurin Bevan University Health Board
- Cwm Taf Morgannwg University Health Board
- Swansea Bay University Health Board
- Hywel Dda University Health Board
- Betsi Cadwalladr University Health Board
- Shrewsbury and Telford Hospitals NHS Trust
- Wye Valley NHS Trust

All cases of Black status must be communicated to all receiving OLU's manager on call for maternity services via switchboard who will disseminate accordingly within their service.

The relevant services should also be notified when Powys maternity service re-opens.

10 Training

All staff who will support the bronze rota will have a minimum of 3 shadow on call periods in the day and overnight.

All staff within the maternity service will have the escalation policy explained to them as part of their induction.

11 Monitoring Compliance, Audit & Review

All episodes of escalation are reported via Datix by the Assistant Head of Midwifery on a weekly basis the following Monday. Episodes of escalation are monitored through the weekly safety meeting and reported to Maternity Matters and Women and Children's senior management team meeting.

Immediately following any episode of **Black** escalation/closure a Datix must be submitted, and the escalation reviewed by the senior management team.

If a service user is affected by any episode of escalation, the Datix should include this detail and they should be sent a letter (Appendix C) apologising for the fact they could not be supported to birth locally.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

12 References / Bibliography

European Working Time Regulations (1998) European Working Time Directive | Department of Health (health-ni.gov.uk)

All-Wales Midwifery Care Guidelines (2022) wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/all-wales-midwifery-led-care-guideline-2022/

Clinical Supervision for Midwives in Wales Welsh Government (2017) clinical-supervision-for-midwives-in-wales.pdf (gov.wales)

Maternity Care in Wales – a five year vision for the future (2019) https://gov.wales/sites/default/files/publications/2019-06/maternity-care-in-wales-a-five-year-vision-for-the-future-2019-2024.pdf

Nursing and Midwifery Council Code of Professional Conduct (NMC 2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk)

Nursing and Midwifery Council Future Midwife Standards (NMC 2019) standards-of-proficiency-for-midwives.pdf (nmc.org.uk)

PTHB / MAT 034 Maternity Services Operational Policy 2024

Appendix A – List of OLU contact numbers

- **Aneurin Bevan University Health Board**
  The Grange University Hospital **Tel:** 01633 493100

- **Cwm Taf Morgannwg University Health Board**
  The switchboard numbers for PCH/POW/RGH are below. Ask to be put through to maternity and speak to the Senior Midwife on call.
  PCH 01685 721721
  POW 01656 752752
  RGH 01443 443443

- **Swansea Bay University Health Board**
  Main switchboard is 01792 205666
  Labour Ward is 01792 530862

- **Hywel Dda University Health Board**
  Glangwili general hospital **Tel:** 01267 235151

- **Betsi Cadwalladr University Health Board**
  Wrexham Maelor Hospital **Tel:** 03000 847847
  Ysbty Glan Clwyd **Tel:** 03000 844001
  Ysbyty Gwynedd, Bangor **Tel:** 0300 850108

- **Shrewsbury and Telford Hospitals NHS Trust**
  Princess Royal: 01952 641222
  Shrewsbury: 01743 261000

- **Wye Valley NHS Trust**
  The direct dial to the Delivery Suite is **01432 364070** and you will then be able to access the on-call manager.
  Or the hospital switchboard number is **01432 355444**; and the Delivery Suite extension number is **ext. 4070**

Appendix B

Bronze On-Call - Escalation and Response Form

Date:	Time:	Staff Member:
Woman's name:	P number:	Team:

AID Toolkit		
ADVICE ☐	INFORM ☐	DO ☐

Escalation Type	
OPERATIONAL ☐	CLINICAL ☐

SITUATION
BACKGROUND
ASSESSMENT
RECOMMENDATIONS – Refer to local guidance/WISDOM if needed

Confirmation that the staff member agrees with the plan?	
Additional support required?	
Escalation to Silver/Gold on-call required?	
DGH contacted and informed?	

Bronze On-Call - Escalation and Response Form

Criteria for Escalation to Silver/Gold on call

Closure of maternity service

Lack of electricity

Lack of water

Phone Systems not working

Severe weather issues

Terrorist activity

Maternal death

Neonatal death

Serious injury to staff or patient in hospital grounds

Delay in response from WAST

HOSPITAL	CONTACT NUMBER – LABOUR WARDS
BRONGLAIS GENERAL HOSPITAL (ABERYSTWYTH)	01970 635633
GLANGWILI GENERAL HOSPITAL (CARMARTHEN)	01267 283318
GRANGE UNIVERSITY HOSPITAL (CWMBRAN)	01633 493182
HEREFORD COUNTY HOSPITAL	01432 364070
PRINCESS ROYAL HOSPITAL (TELFORD)	01952 565924
PRINCE CHARLES HOSPITAL (METHYR TYDFIL)	01685 728890
SINGLETON HOSPITAL (SWANSEA)	01792 530862
WREXHAM MAELOR HOSPITAL	03000 847976

Appendix C

Letter to woman following redirection of care.

Community Health Services
Waterloo Road
Llandrindod Wells
Powys
LD1 6BH

Our Ref: /2019

Private and Confidential

Dear

We are writing to apologise that you could not have your baby in Powys as you wished, owing to high level of birth activity in the maternity services provided by Powys Teaching Health Board. We can only apologise that we were unable to provide you with care during your labour and are sorry for any additional stress we may have added to your experience. We hope you and your baby are well and you are having the opportunity to enjoy your new arrival.

Please be assured that your health and safety, and that of your baby was our prime concern when the decision was made not to offer birth care in Powys.

If you do have any outstanding concerns regarding your care, Kate Evans, Interim Head of Midwifery would be pleased to meet with you to discuss them. If you wish to take up this offer, please contact Brecon Hospital switchboard on 01874 622443 and they will be able to put you in touch with one of the available midwifery management team.

Yours sincerely

Powys Maternity Services

Powys Teaching Health Board Maternity Service
01597 828755