
MATERNITY SERVICES

ESCALATION POLICY- Community Intrapartum Services

Specialty: Maternity
Approval Body: Maternity Services Quality & Safety Group
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AIMS OF POLICY

The purpose of this policy is to assist in providing a safe maternity service across Swansea Bay University Health Board (SBUHB) by clearly outlining the management and clinical processes to be initiated in the event of increased activity or staff shortfall.

It is important to acknowledge that in many instances, effective & efficient roster management and management of clinical activity can significantly reduce the number of occasions the escalation policy will need to be initiated.

It will never be an option to completely close a maternity service but there will be occasions when due to high activity or staff shortages that escalation and restrictions of the service will need to be applied.

This policy aims to ensure there is a consistent management approach across the Health Board to ensure that women & babies are cared for safely. The staff who will be involved in the decisions to restrict admissions and divert women will need to ensure they are familiar with the process for escalation.

ESCALATION IN MATERNITY SERVICES

The Maternity Escalation policy has been developed to provide a clear set of guidelines for staff to follow during a situation that involves clinical risk. This can include;

- A peak in clinical activity/acuity, where staffing is not adequate to provide safe care in the relevant areas.
- Unforeseen staffing unavailability impacting on clinical establishment and roster cover.
- Capacity due to lack of available beds.
- No capacity for admissions to the Neonatal unit.
- A major incident

INCREASING CLINICAL ACTIVITY ACROSS COMMUNITY INTRAPARTUM SETTINGS

- The acuity should be reviewed at a minimum of four hourly by the designated Community Team Manager throughout a 24 hour period.
- As acuity increases the Community Team Manager will assess the situation by on an hourly basis as a minimum standard.

- The diary page relevant to the date will be completed outlining details of high acuity requiring escalation.
- When the acuity score escalates beyond the number of midwives available to provide intrapartum care safely, the agreed procedures for escalation will be initiated. This will include completing the AMBER and RED actions cards.

Co-ordination and Escalation of Community Intrapartum Services

There is no known standardised monitoring tool for community services, however a shift allocated band 7 Community Team Manager will hold responsibility for the Co-ordination, monitoring and appropriate escalation of these services. Community intrapartum activity needs to be managed in conjunction with the Obstetric Unit and communication between Band 7 Community Team Manager and the Labour Ward coordinator is key to safe service provision. Acuity in community services should be managed via key principles below;

- The band 7 Community Team Manger allocated to NPTBC, by shift, will maintain oversight of all intrapartum activity in the community and allocate resource as required.
- Where possible labour assessments will occur in the woman's own home by community midwives. Community midwives should inform the Community Team Manger allocated to NPTBC where they are intending to undertake a home assessment for a woman in suspected labour.
- The band 7 Community Team Manager will inform the Labour Ward Co Ordinator of any women in established labour in NPTBC, or during home birth, this is to enable care considerations around possible intrapartum/postnatal transfers. (It is good practice for communication to be consistent, and for Labour ward Coordinators and the allocated Community Team Manger to hold a safety huddle via phone at the beginning of each shift, and more frequent if acuity rises).
- Where resource is limited due to the number of births occurring in community the Band 7 Community Team Manager may need to become case free to effectively coordinate and manage risk.
- When the acuity escalates beyond the number of midwives available to provide intrapartum care safely, the agreed procedures for escalation will be initiated. This will include completing the AMBER and RED actions cards.

ESCALATION CATEGORIES

When facing increasing activity, the Community Team Manger co-ordinating the areas should adopt the following escalation alert categories.

GREEN - Staffing is appropriate for community intrapartum acuity

AMBER - Activity is building, no cover to provide home birth and limited capacity for NPTBC

RED - No capacity for further admissions to NPBC and home birth suspended.

BLACK - The need to consider transfer of women outside of the Health Board.

TRIGGERS TO IMPLEMENT THE ESCALATION POLICY

GREEN

The staffing levels are appropriate to the intrapartum acuity. Community Services are operational and able to accept admissions to NPTBC and provide home birth services. NPTBC Community Team Manager to continue to monitor community intrapartum activity regularly.



AMBER

An amber alert status represents where there is escalating activity.

This could include;

Insufficient environmental capacity (lack of beds in NPTBC)

The lack Midwives to deliver of 1:1 care for women in established labour in their chosen place of birth.

Midwifery staffing levels below the requirement to meet the needs of the service.

Action

- To complete Amber action card.
- Hourly assessment of community intrapartum service acuity



RED

Red alert status represents an extreme situation where further activity could result in increased clinical risk leading to an unsafe clinical area.

This could include;

Little or no environmental capacity for further activity in NPTBC.

Midwifery staffing levels unable to meet the needs of community intrapartum services.

Action

- To complete red action card.
- Hourly (or more frequent) assessment of community intrapartum acuity



BLACK

No capacity due to community midwives mobilised to Obstetric Unit to support. The decision to go to a Black Alert will be taken by the Head of Midwifery and Clinical Lead and will only be based on the capacity in the whole maternity service, See Escalation policy – Obstetric Unit

ACTION CARDS FOR STAFF - AMBER

AMBER ALERT – ACTION CARD Band 7 Community Team Manger- NPTBC

Only 1 community midwifery resource available who is not directly providing intrapartum care:

- Increase the frequency of the acuity measurement to one hourly intervals and completion of the diary page to outline reasons for escalation

Inform Senior Management

- Day time hours – Contact Matron for Community Services.
- Out of Hours contact On Call Manager (if suspending Home Births, this will only be done if another woman presents via phone in suspected labour)
- Between the hours of 08.00 and 20.00 identify other community midwives (undertaking calls) who would be able to support if required and deescalate once resource identified Time de-escalated 24 hour

Or outside hours liaise with the labour ward Co Ordinator to inform of acuity and escalation

- Consider the suspension of home assessments and home births dependent on available resources and demand (decision for suspension of home births to be made in conjunction with the Community Matron/ Manager on Call), and divert women in labour to their preferred place of birth (NPTBC/BBU)
- Where home births are suspended note time of suspension and submit information on incident form
- Ensure 1:1 care in labour is being achieved.

Incident Report must be completed when activating the Escalation Policy, clearly indicating escalating to AMBER alert.
The incident report should include any routine community work which has been cancelled due to unexpectedly high acuity or staff shortage.

Following completion of the Amber action card, allocated Community Team Manger is to update the diary page documenting all actions on the AMBER action card have been completed.

If pressure continues to escalate the allocated Community Team Manager will be responsible for escalating to the Labour Ward C Ordinator, Matron or Manager on call to initiate RED ALERT. Following escalation to RED alert the Community Team Manager and Manager on call should complete the RED action cards.

ACTION CARDS FOR STAFF – RED

Community Team Manager Allocated to NPTBC

RED ALERT – ACTION CARD
Community Team Manager- allocated to NPTBC
<p>All available midwifery resource is being used in the direct provision of community Intrapartum care (outside of hours of the routine service 0800-2000)- no provision for further community intrapartum service in NPTBC or at Home.</p>
<ul style="list-style-type: none">• Complete all actions on the Amber action card. <input type="checkbox"/>• Inform Senior Management <input type="checkbox"/><ul style="list-style-type: none">➢ Day time hours – Contact Matron for Community Services➢ Out of hours – Contact Manager On Call• Inform Labour Ward Co Ordinator of escalation status <input type="checkbox"/>
<p>Where no further resource is available;</p> <ul style="list-style-type: none">• Suspend home birth availability <input type="checkbox"/> Make note of time of suspension on incident report <input type="checkbox"/>• Divert any more women presenting in labour to the Alongside Midwifery Unit in Singleton, Please Complete the divert form (Appendix 1) <input type="checkbox"/>
<p>Incident Report must be completed when activating the Escalation Policy, clearly indicating escalating to RED alert for Community Services. <input type="checkbox"/></p>
<p>Incident report must be completed where women have not been able to access their chosen place of birth <input type="checkbox"/></p>
<p>Following completion of the RED action card, the Community Team Manager is to update the diary page documenting time of escalation and all actions on the RED action card have been completed and time of de-escalation. <input type="checkbox"/> Time</p>
<p style="text-align: center;">It is the responsibility of the Community Team Manager to continue to measure the acuity and as the situation improves to decide, in collaboration with the Senior Manager, when to step down to amber alert. Communicating the change in status must again be alerted to all key personnel.</p>

ACTION CARDS FOR STAFF - RED

Matron of area or Manager on call

RED ALERT – ACTION CARD	
Matron / Manager on call.	
Day time hours <input type="checkbox"/>	
➤	Inform Deputy Head of Midwifery/Head of Midwifery.
Out of hours <input type="checkbox"/>	
➤	To liaise with Labour ward coordinator to assess the impact of diversion of services on the Obstetric unit – utilise the Obstetric unit escalation guideline.
Ensure Community Team Manager has been able to complete all AMBER and RED actions on the action card.	<input type="checkbox"/>
Communicate with the Community Team Manager to review cases for assurance that 1:1 care can be achieved.	<input type="checkbox"/>
To consider increasing staffing as appropriate <input type="checkbox"/>	
➤	Are staff in the appropriate areas as needed.
➤	Redeployment of staff from other areas to ensure utilisation of all available staff within the Maternity service. This can include and is not limited to –Community Midwives and/or Specialist Midwives attending mandatory study days.
➤	Consideration of use of MCA to support Midwives in the provision of postnatal care in NPTBC.
If there is an opportunity, involve the Communications Team in the Health Board to notify women using our	

ACTION CARDS FOR STAFF – BLACK

BLACK ALERT – Obstetric Unit MDT	
In line with the Escalation policy for the Obstetric Unit. Community Services Acuity alone will never generate a response generating a BLACK ALERT as there will be no risk to business continuity where there is capacity in the Alongside Midwifery Unit or as a last resort the Obstetric Unit. Whole service BLACK alerts will be coordinated by the Obstetric Unit in line with this policy.	

CLINICAL GOVERNANCE

- The escalation of high acuity is Datix incident reported under the following trigger;

Escalation due to staffing:

Infrastructure – service resources – Failure to resource service adequately

Escalation due to bed/capacity:

Infrastructure – bed availability (general) – Lack of available beds

Community/NPTBC Matron to review dairy page in NPTBC for Community Services Escalation proving assurance of adherence to the escalation guideline.

Appendix 1 – Record of women unable to access their chosen place of birth due to escalation process

RECORD OF WOMEN UNABLE TO ACCESS THEIR CHOSEN PLACE OF BIRTH DUE TO ESCALATION PROCESS

Unit Status

Date Escalated amber/red/black: Time *use 24hr clock*):

Date Escalated amber/red/black: Time *use 24hr clock*):

Date Unit downgraded to green:.....Time *(use 24hr clock)*:

Incident Ref No: Datix -.....

Date & Time of Call	Womens Name	Hospital Number	Details of phone call including any advice given	Indicate: Diverted to	Name of Staff informed of divert
				NPBC/BBU/OU	

Form to be emailed to Katrina Blears and Rhiannon Griffiths following completion

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Escalation Policy – Maternity Services
Name(s) of Author:	Maternity Quality and Safety Group
Chair of Group or Committee approving submission:	Maternity Services
Brief outline giving reasons for document being submitted for ratification	To update current policy to reflect change in service
Details of persons included in consultation process:	Maternity staff, Obstetricians, Neonatal staff.
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue/Version No:	4
Please list any policies/guidelines this document will supersede:	Maternity Services Escalation Policy (ratified Feb 2019)
Date approved by Group:	12 th February 2024
Next Review / Guideline Expiry:	February 2027
Please indicate key words you wish to be linked to document:	Escalation, maternity, acuity, transfer
File Name: Used to locate where file is stores on hard drive	Z:\npt_fs2\Maternity Incidents Stats Etc\Policies\Ratified - Obs