



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

MATERNITY SERVICES ESCALATION POLICY

Specialty:	Maternity
Approval Body:	Maternity Services Quality & Safety Group
Approval date:	February 2019
Date of review:	February 2022

INDEX

CONTENTS **PAGE NO**

Aims of Policy	3
Major Incident in a Maternity Unit	3
Identification of Increasing Workload Pressures	4
Occupancy Levels within the Maternity Services	4
Antenatal Admission Protocol	4
Escalation Categories	4, 5, 6, 7
Training & Education	8
Auditing	8
Antenatal Admission Assessment Protocol	9, 10
Flow Chart for Increasing Activity	11

APPENDICES

Appendix 1: Checklist for Managing Capacity/Staffing Issues	12
Appendix 2: Escalation Record Sheet	13
Appendix 3: Record of Mothers Requiring Transfer or Diversion to another Unit when Singleton/Princess of Wales Maternity Unit on Red Alert or Closed	14
Appendix 4: Contact Numbers	15,16

AIMS OF POLICY

The purpose of this policy is to assist in providing a safe maternity service across Abertawe Bro Morgannwg University Health Board (ABMU HB) 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 management of the clinical activity in an obstetric unit 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 unit 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. The Maternity Services Escalation policy contributes to the Health Board's operational plan and risk management strategies.

Major Incident in a Maternity Unit

In the very unlikely event where the whole maternity unit has to be closed due to a major incident such as a severe infection, fire or bomb alerts. The senior midwifery and Surgical Services management team will be required to assist in the management of the incident as directed. The Executive Team would be informed and would be available to deal with issues arising from such a major incident (see ABMU HB Maternity Services Business Contingency plan).

It is expected that the Health Board have in place:

Organisational level actions to enable responsiveness to variation in demand for maternity services:

- Develop escalation plans to address demand for maternity services and variation in the risks and needs of women and babies in the service.
- Develop escalation plans in collaboration with midwives who are responsible for determining midwifery staffing requirements at unit or departmental level.
- Ensure that escalation plans contain actions to address unexpected variation in demand for maternity services and midwifery needs. These plans could include:
 - sourcing extra staff such as using:
 - ✓ On call staff
 - ✓ Temporary staff
- Redistributing the midwifery workload to other suitably trained and competent staff.
- Redeploying midwives to and from other areas of care.
- Rescheduling non-urgent work.

Safe Midwifery Staffing for Maternity Settings: NICE guideline [NG4] Published date: February 2015.

IDENTIFICATION OF INCREASING WORKLOAD PRESSURES

ABMU HB Maternity Service has in place a system for routinely measuring acuity on a four hourly basis when the Unit is at low or average activity. The identified Midwife Co-ordinator for each unit is responsible for measuring the acuity, identifying a high level of activity within the unit and communicating to the appropriate personnel. This method of measuring the acuity provides a standardised approach which should be understood by all staff working within the maternity services. When requesting additional help or escalating to more senior management staff, acuity levels should be communicated as the common language. It is expected that the Labour Ward Co-ordinator will ensure that:

- As the acuity score increases the Midwife Co-ordinator will assess the situation by undertaking the scoring on an hourly basis as a minimum standard.
- When the acuity score escalates beyond the number of midwives available to provide intrapartum care safely, the agreed procedures for escalation will be initiated.

OCCUPANCY LEVELS WITHIN THE MATERNITY SERVICES

The maternity services acuity levels are available for intrapartum care but do not take into account the acuity levels in the other inpatient maternity ward areas. As a guidance for staff working in the other clinical areas an alert should be given to the coordinator and Matron if there is a potential risk of all the antenatal and postnatal beds being filled. This will assist in triggering support to be given to transfer/discharge women & babies home earlier or to another area.

ANTENATAL ADMISSION PROTOCOL

The maternity services have developed an antenatal assessment protocol which describes the standards for appropriate assessment and management of antenatal admissions.

The two categories of admissions are:

- ✓ EMERGENCY ADMISSION requiring immediate transfer and assessment on the labour ward.
- ✓ ROUTINE ADMISSIONS which will require an initial assessment within **30 minutes** of arrival. If this timescale cannot be achieved the staff will be required to escalate to the co-ordinator. (Please see attached protocol)

ESCALATION CATEGORIES

When the Unit is faced with increasing activity, the midwife co-ordinating the Unit should adopt the following escalation alert categories. These categories will be on display to all staff and will be standardised across Maternity and Neonatal Units. At the regular multidisciplinary handover the status report should be shared and documented.

GREEN **No problem with activity levels**

AMBER **Activity is building**

RED **Little or no capacity for further admissions**

Green

- Carry on with four hourly acuity measurements.

Amber

- Increase the frequency of the acuity measurement and depending on the level of acuity, the co-ordinator is responsible for implementing actions which will hopefully have an impact on the acuity. At each stage a re-evaluation of the acuity will be undertaken.
- The midwife co-ordinator will liaise with each of the maternity units across the Health Board to assess the activity and staff availability and will advise of the current position in the unit.
- The area affected by high activity or staff shortages must be the priority, with all other areas providing support if available when required.
- During the daytime hours the midwife co-ordinator has the responsibility to contact the matron or midwifery manager covering the unit to request assistance of staff from other clinical areas. This may initially be from other wards/areas within the unit, and Specialist Midwives. Once this option has been exhausted the midwives from the other units including community staff will be asked to attend. A risk assessment of re-deployed staff should be undertaken to maximise skill mix to caseload demands. It is acknowledged on rare occasions staff will be requested to work across the Health Board (see deployment policy). Consideration should be given to offering extra hours to staff if there are no other available staff to call upon. Out of hours – the co-ordinator can make the decision to request additional staff – this will need to be recorded in the acuity module to clearly articulate the reason for the call for additional support.
- The midwife co-ordinator and the Labour Ward Cover Consultant Obstetrician will review all the activity, identifying any women who can be postponed or diverted firstly to the other units within the Health Board and then to other units.
- The Neonatal Unit and Consultant Neonatologist Paediatrician must be alerted to the situation. No intrauterine transfers can be accepted without prior discussion with the Labour Ward Co-ordinator and the midwifery matron during daytime hours.
- In instances where there is a lack of capacity women should be reviewed and if identified as suitable for discharge, be diverted to another unit.
- Ambulance Control should be notified of the situation and requested to contact the unit if they have a maternity case as they may then be asked to transfer to another unit without prior assessment.
- An Incident Report must be completed when activating the Escalation Policy, clearly indicating escalating to Amber alert.
- **If pressure continues to escalate the midwife co-ordinator and the Consultant Obstetrician will be responsible for initiating RED ALERT and notifying the appropriate personnel.**

Red

Red Alert status represents an extreme situation whereby further activity could result in increased clinical risk leading to an unsafe Maternity Unit. It is at this stage greatly restricting admission to a unit will be considered if all other actions have failed to improve the acuity. This would require women to be diverted directly to other Obstetric Units within the Health Board or Birth Centre, all planned admissions cancelled and alternative places found if necessary. The unit would always need to be prepared to assess and/or deliver a woman who arrived unannounced if there was no time to plan for transfer out of the unit.

The decision to greatly restrict the service must be made following discussion with the Matron or the other Senior Midwifery Managers and the Consultant Obstetrician on call. During working hours the Obstetric Medical Lead, Head of Midwifery and the Surgical Services Manager will be involved and will communicate the situation to the Service Directors and the Corporate Team – Chief Operating Officer, Director of Nursing & Medical Director.

It is recommended that 1 person is designated to co-ordinate the procedure for initiating the actions required when at red alert.

If women who are in-patients are to be transferred to another hospital the senior midwife, in consultation with medical staff, must make the required decision taking into account the distance to the receiving hospital and the **clinical risk posed** to mother and baby.

- Ambulance Control should be notified of the situation and requested to contact us prior to transferring women to the unit as they may well be asked to be redirected to another unit.
- Neighbouring Maternity Units should be informed of the situation and it might also be necessary to contact units further afield who will be willing to accept our women in labour.
- All transfers from other Units must be refused.
- There is a responsibility by the Maternity Unit to assess women prior to transferring to another Unit. This can be undertaken in the hospital or community setting depending on gestation.
- In the event of transferring a woman to another Unit a record of transfers must be maintained at all times. If transferring a woman in an ambulance to another unit a registered midwife will accompany her.
- It is the responsibility of the Labour Ward Co-ordinator to continue to measure the acuity and as the situation improves to decide, in collaboration with the On Call Consultant and Senior Midwifery Manager, when to step down to amber alert. Communicating the change in status must again be alerted to all key personnel.
- An Incident Report must be completed when activating the Escalation Policy, clearly indicating escalating to Red alert. A record of the actions, time of

escalating and stepping down must be documented and given to Senior Midwifery Management Team.

- If there is an opportunity, involve the Communications Team in the Health Board to notify women using our services of possible disruptions and what actions to take.

Neonatal Capacity

When there are level 3 ITU cots available within the Health Board every effort must be made to ensure women from ABMU HB and from neighbouring Health Boards are accommodated. Failure to accept women could result in long transfer negotiations to units which might be outside of Wales. These transfers can be a risk and will result in significant midwifery time being taken up on escort duty.

- In order to manage this period of escalation safely whilst still aiming to receive these women whose babies will need level 3 care, the labour ward co-ordinator and neonatal unit sister must ensure there are clear communication pathways.
- The Labour Ward Co-ordinator must access support from the other units in the Health Board for additional midwifery staff and these can include specialist midwives. If there is physical capacity to accommodate a woman then all efforts should be made to find the staff.
- The consultant responsible for the labour ward and the neonatologist must also be included in the decision making regarding accepting and managing these high risk cases. Communication to transfer other women who do not need level 3 neonatal services should be discussed with the consultant in Princess of Wales in order to maximise capacity.
- The Labour Ward Co-ordinator will be required to escalate to the matron or another senior midwifery manager supporting - or the on-call manager when there may be a need to undertake an intra uterine transfer out of the Health Board.
- All intrauterine transfers must have a completed IUT form prior to acceptance into the unit and retained for audit purposes. This process must also be undertaken for all IUT out of the Health Board. In addition any cases that are refused into the Health Board must also be recorded and retained for audit.
- The bed meetings in Princess of Wales & Singleton Hospitals require the status of the neonatal unit to be reported daily or as the situation significantly changes during the day.

At times of high acuity where service disruption is expected and transfers out of the Health Board may need to be initiated the On call manager for the Maternity & Childrens Services must contribute to the Health Board Conference call 018961995 caller ID - 3158#. If phoning in from outside contact the Switchboard who will connect you.

TRAINING & EDUCATION

All Labour Ward Co-ordinators and Senior Midwifery Managers will be regularly updated in the context of the escalation policy and the escalation reports, which will include the interpretation of acuity data.

AUDITING

The effectiveness of this policy will be subject to audit and review. This will be by auditing the multidisciplinary handovers the undertaking of the acuity measurements in line with Birthrate Plus guidance and standard of documentation of the escalation of record sheets. Any failures of adequate communication which results in inappropriate transfers of mothers and babies will be monitored through the incident reporting mechanism.

DIRECTORATE OF WOMEN & CHILD HEALTH

ANTENATAL ADMISSION ASSESSMENT PROTOCOL

PURPOSE

The purpose of this protocol is to ensure the standard of care provided to women attending for antenatal assessment meets their clinical needs and ensures appropriate management plans are developed according to that need.

The protocol also sets standards as to the expected timescales in which the assessment should take place and what actions must be taken if this standard cannot be met.

SCOPE OF PROTOCOL

For all antenatal women attending a hospital maternity service; this includes all areas:

- Labour Ward
- Day Assessment
- Inpatient Antenatal areas.

EMERGENCY ADMISSIONS – With a reported history of the following will not be included in this protocol and will require immediate admission to an inpatient area.

Emergency admissions criteria:-

- Heavy bleeding
- Maternal collapse/fitting/unable to self mobilize
- Suspected premature labour with obvious signs of labour
- Multiple births
- Confirmed mal-presentation on a previous antenatal assessment
- Planned elective caesarean sections in labour.

STANDARD 1 - Initial Assessment

All women attending will be seen for an initial assessment within 30 minutes of arrival. (This is the triage process for which an individualised assessment is undertaken and will assist in identifying and prioritising further ongoing care). The initial assessment must include:

- History of reason for attendance
- Assessment of maternal/fetal condition (which should include:- general condition of mother/pain/discomfort assessment)
- Vaginal loss
- History of fetal movements
- Is the woman for the normal pathway or consultant led care.

STANDARD 2 - Management Plan

Determine management plan in conjunction with clinical signs/conditions and woman's choice.

This will include the following options;

- Admission to labour ward
- Transfer to MLU
- Antenatal inpatient
- Home – back to community midwifery care.

STANDARD 3 - Recording & Communication

All admission assessments will require :-

- Recording of time of arrival to the ward/unit on the antenatal admission sheet. In addition the patient at a glance board in the ward area must have an admission area indicating name of women and time of arrival & what time the **30 minute standard** will be reached. This will assist staff in monitoring and escalating when they anticipate the 30 minutes cannot be achieved.
- Recording of time of initial assessment commences
- Record of time management plan decided upon.

Communication of a management plan to women and other members of the multidisciplinary is essential to ensure safe and timely care is provided.

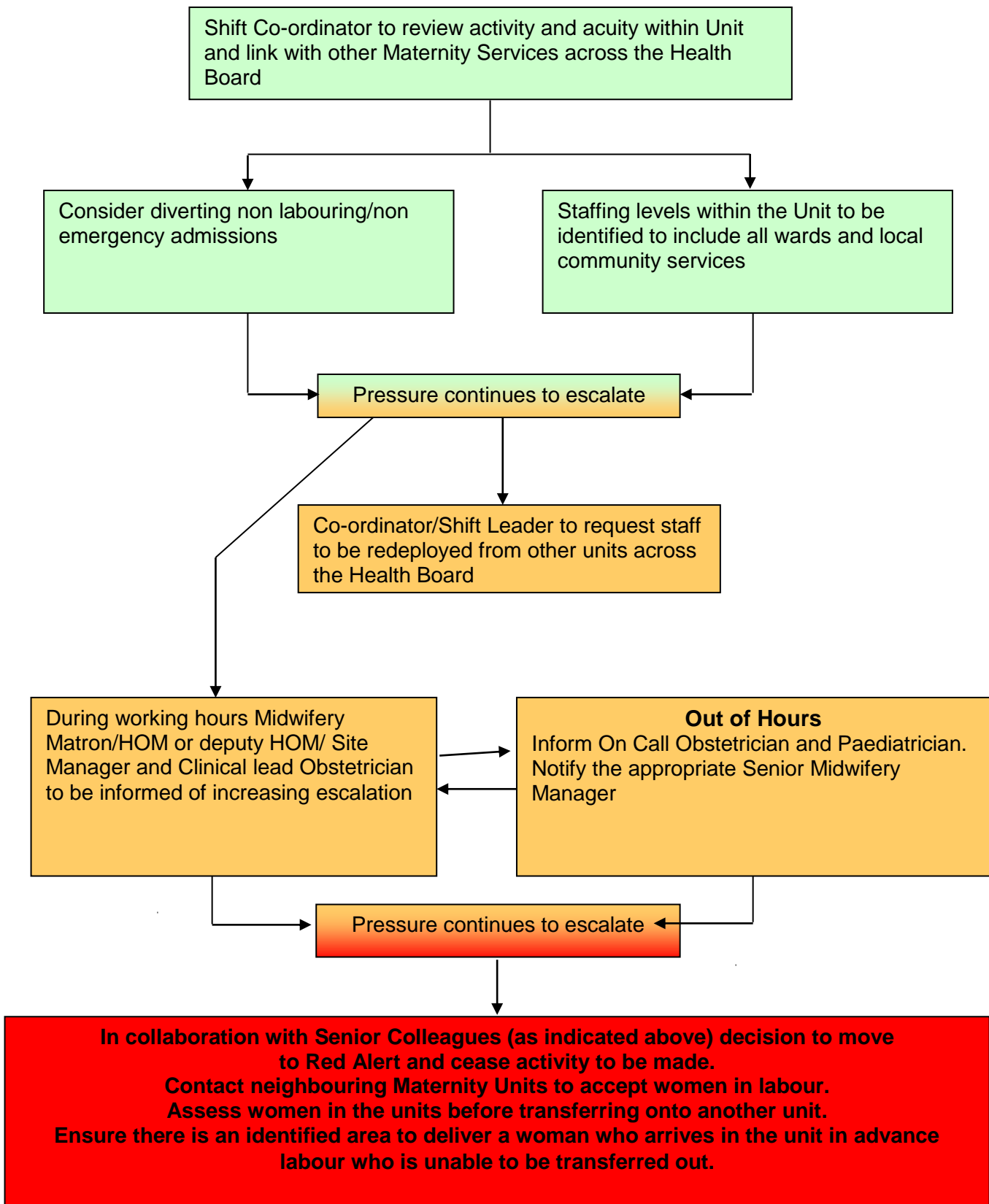
ESCALATION

Failure to undertake an initial assessment within the agreed standard of **30 minutes** will require immediate reporting to the unit co-ordinator who is responsible for assessing the staffing needs in line with the Maternity Escalation Policy.

Continued failure to achieve the standard within **1 hour** - escalation to the on-call manager must be discussed with co-ordinator and action taken to deploy additional staff or direct women to other areas for assessment, such as:-

- Community midwife to review at home prior to referring into the unit or a different hospital happy to accept due to high activity
- Assessment at another obstetric unit
- At the Stand Alone Birth Centre – if suitable and in line with the Birth Centre criteria.

FLOW CHART FOR INCREASING ACTIVITY



Appendix 1

CHECKLIST FOR MANAGING CAPACITY/STAFFING ISSUES

This form is to assist when escalation is due to staffing shortfalls

The Co-ordinator should consider all these options prior to escalating

- Carry out risk assessment to identify urgency and requirements of area
- Assess suitability to repatriate women to Birth Centre, Neath Port Talbot Hospital
- Assess suitability to repatriate women to Gynaecology Ward
- Assess suitability of women to repatriate to:
 - Mother and Baby Unit, Neonatal Ward, Singleton Hospital
 - Short Stay Unit, Princess of Wales Hospital
- Assess suitability to repatriate women from other areas back to their Unit
- Utilise beds in Day Assessment Unit (Princess of Wales Hospital only)
- Redeploy all available specialist midwives and Midwifery Managers
- Postpone all low priority community work
- Request support of midwives on in-house training days
- Contact off duty midwives
- Access other non-midwifery staff to support services (e.g. clerical staff to answer phones on maternity units).

Appendix 2

ESCALATION RECORD SHEET

INTRAPARTUM ACTIVITY

Site	Number In labour	Admissions pending	Discharges pending	Acuity score	Number of midwives
Princess of Wales: Labour Ward					
Singleton: Labour Ward					
Singleton: Midwifery Led Unit				n/a	
Neath Port Talbot: Birth Centre				n/a	

WARD ACTIVITY

Site	Number of women	Discharges pending	Number of midwives
Princess of Wales: Ward 12			
Singleton: Ward 18 (PN)			
Singleton: Ward 19 (AN)			
Neath Port Talbot: Birth Centre: Postnatal women only		n/a	n/a

OTHER ACTIVITY

Site	Number of women	Beds available	Admissions pending	Discharges pending	Number of midwives
Princess of Wales: DAU					
Singleton: Triage					

MANAGEMENT PLAN

Signature:

Date:

Print name:

Time:

Appendix 4

Hospital Details	Date & Time of call (use 24hr clock)	Maternity CDS/LW Status	Neonatal Status	Additional comments (e.g. Name of contact in other hospital)
ABM UHB Singleton Hospital Tel: 01792 286111				
ABM UHB Princess of Wales Hospital Tel: 01656 752383 / 7				
CARDIFF & VALE HB University Hospital Wales Tel: 02920 747747				
CWM TAFF HB Royal Glamorgan Hospital, Llantrisant Tel: 01443 443443				
CWM TAFF HB Prince Charles Hospital, Merthyr Tydfil Tel: 01685 721721				
HYWEL DDA HB Glangwili Hospital, Carmarthen Tel: 01267 235151				
HYWEL DDA HB Withybush Hospital, Haverfordwest Tel: 01437 764545				
HYWEL DDA HB Bronglais Hospital, Aberystwyth Tel: 01970 523131				
ANEURIN BEVAN HB Royal Gwent Hospital, Newport Tel: 01633 234234				
ANEURIN BEVAN HB Nevill Hall Hospital, Abergavenny Tel: 01873 732732				
BRISTOL NHS St Michaels Hospital, Bristol Tel: 01179 215411				
BRISTOL NHS Southmead Hospital, Bristol Tel: 0117 323 5320				
GLOUCESTERSHIRE NHS Gloucestershire Royal Hospital Tel: 08454 225 541				
WORCESTERSHIRE NHS Worcester Royal Hospital Tel: 01905 763333				
WORCESTERSHIRE NHS Alexandra Hospital, Redditch Tel: 01527 501828				
Birmingham Women's Hospital Tel: 0121 472 1377				
BATH NHS TRUST Royal United Hospital Tel: 01225 428331				

GREAT WESTERN NHS Great Western Hospital, Swindon Tel: 01793 604575				
OXFORD RADCLIFFE NHS John Radcliffe Hospital, Oxford Tel: 01865 221651				
OXFORD RADCLIFFE NHS Horton General Hospital, Banbury Tel: 01295 275500				
ROYAL BERKSHIRE NHS Royal Berkshire Hospital, Reading Tel: 0118 3227 304				
NORTH WEST LONDON NHS St Marks Hospital, Harlow, Middlesex Tel: 020 8869 2890				
Frimley Park Hospital, Frimley, Farnborough, Guildford Tel: 01276 604604				
Royal Surrey Hospital, Guildford Tel: 01483 571122				
ASHFORD & ST PETERS NHS St Peters Hospital, Chertsey, Surrey Tel No: 01932 722835				
ROYAL DEVON & EXETER NHS Wonford Hospital, Exeter Tel: 01392 406650 / 406651				
PORTSMOUTH NHS Queen Alexandra Hospital, Portsmouth Tel: 023 9228 6000 (Ext 4583)				
WESTERN SUSSEX NHS St Richards Hosp, Chichester, Portsmouth Tel: 01243 788122				
SOUTHAMPTON UNIVERSITY NHS Princess Anne Hospital, Southampton Tel: 023 8077 7222				
WESTERN SUSSEX NHS Worthing Hospital, Worthing, Brighton Tel: 01903 205111				
BETSI CADWALADER UHB Ysbyty Glan Clwyd, Rhyl Tel: 01745 534689				
BETSI CADWALADER UHB Ysbyty Gwynedd, Bangor Tel: 01248 384950				
BETSI CADWALADER UHB Ysbyty Maelor, Wrexham Tel: 01978 725020				

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Escalation Policy – Maternity Services
Name(s) of Author:	Jane Phillips
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
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue/Version No:	3
Please list any policies/guidelines this document will supercede:	Maternity Services Escalation Policy (ratified Sept 2013)
Date approved by Group:	February 2019
Next Review / Guideline Expiry:	February 2022
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