Document Control

Title **Escalation and Unit Diversion Guideline for Maternity**			
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CONTENTS

1. Purpose

1.1. The purpose of this document is to provide a framework for escalation during increasing levels of risk in maternity.

1.2. The escalation process should be initiated early and should involve a multidisciplinary team approach at all levels. The process should include a robust framework for diverting women to neighbouring maternity units.

1.3. Unit Diversion will only be considered when other solutions are exhausted.

1.4. Implementation of this guideline will ensure that safe and effective care is provided for all women and babies at North Devon Health Care Trust within its Maternity Services by:

- Ensuring the Maternity Service has approved safe staffing levels for all Midwives, Support Staff, Obstetricians, Anaesthetists and Paediatricians (See Appendix A).
- Ensuring sufficient maternity skill mix according to workload
- Ensuring sufficient maternity bed capacity throughout the maternity department
- Contingency planning during a major incident - including severe weather/ failure of infrastructure.

Responsibilities

1.5. *Chief Nurse*

The Chief Nurse will ensure that there is a robust escalation guideline for maternity services to support the safe provision of care. Both in and out of hours the final decision to close the Maternity Units rests with the Executive Director on call.

1.6. *Head of Midwifery*

The Head of Midwifery will ensure that the escalation guideline is appropriate for the service and that maternity services staff are aware of the guideline and that the guideline is shared with maternity services in North Devon.

1.7. *Lead Obstetrician*

The Lead Obstetrician should disseminate the roles and responsibilities of all medical staff during the escalation process.

1.8. *Lead Midwives*

The Lead Midwives will ensure that the guideline is implemented and that all midwifery staff are aware of the guideline and their individual roles and responsibilities. Staffing levels should be maintained by proactive roster planning to ensure safe number of staff available each shift. They will work in partnership with the Labour Ward co-ordinator and on call Consultant Obstetrician to ensure a safe service by appropriate implementation of the guideline as required. The lead midwives are one of the key decision makers in initiating a unit diversion.

1.9. *Obstetric Consultant On Call*

The Obstetric Consultant on call will work in partnership with the Maternity Co-ordinator, Maternity on – call manager and Lead Midwives to ensure a safe service by appropriate implementation of the escalation procedure as required. The on call Consultant Obstetrician is one of the key decision makers in initiating a unit diversion.

1.10. *Labour Ward Co-ordinator*

The Labour Ward co-ordinator is the point of contact for all staff and is responsible for co-ordinating all aspects of the service and delegating tasks appropriate to role and skill set.

The Labour Ward Co-ordinator will ensure that the steps detailed within the guideline are implemented in a timely manner to reduce the need for unnecessary escalation but to ensure a safe service is provided

1.11. *Maternity On-Call Manager*

The Maternity On-Call manager should be used for additional support when implementing this guideline - see action cards.

1.12. *Trust Clinical Site Manager*

The Trust clinical Site Manager will work with the Labour Ward co-ordinator and Maternity manager on call (out of hours) to assist with the implementation of this guideline and unit diversion.

1.13. *Maternity Clinical Risk Manager*

The Maternity Clinical Risk Manager will ensure there is a robust process in place for learning from incidents relating to implementation of the escalation guideline.

2. Maternity Escalation Plan

2.1. The Labour Ward Co-ordinator will be responsible for monitoring and recording activity and staffing throughout each shift and escalating as per action cards and identifying status (green, amber, red, black).

2.2. The status of the maternity unit will be reviewed by the multidisciplinary team at each handover according to acuity of current and elective workload, and any staffing shortages.

2.3. The Labour Ward Co-ordinator, within the wider team, will review and identify a ‘status’ – this will be documented on the ward board at every handover.

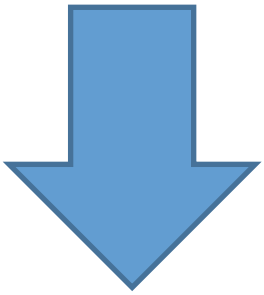
2.4. The Labour Ward Co-ordinator will follow the relevant ‘status’ action cards to guide management of escalation. Please see Appendix A for more detail.

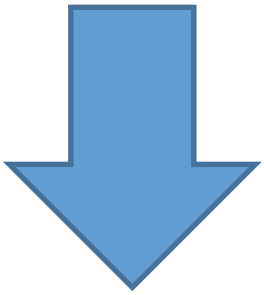
Appendix A

Action Cards

GREEN STATUS

The maternity service has appropriate staffing/ skill mix levels.
Available beds on Delivery Suite / Midwifery led unit >2
Available beds on both antenatal/postnatal wards >3 after all patients admitted/ discharged
Elective workload facilitated
Home birth service facilitated





GREEN ACTION CARD

The maternity co-ordinator will:

- Review the current and elective workload including staffing and skill mix at the beginning of each shift.
- Review on-going acuity as this changes (i.e. admission to CDS)
- Review Bassett bed state and identify potential discharges.
- Be responsible for ensuring staffing levels are checked on a shift by shift basis and taking action to fill any identified gaps over the next 24-48 hours
- At end of shift handing over of bleep, to discuss formally with oncoming Co-ordinator to inform them of all current activity and staffing for next 24hours, using Maternity Co-ordinators log activity assessment tool.

  If the situation escalates to AMBER status, start AMBER ACTION CARD

AMBER STATUS

The maternity service is at the upper limits of capacity for activity or there is suboptimal staffing (skill mix or numbers) for the activity.

• <2 beds on Delivery Suite with pending admissions. No discharges expected within next hour.
• Bed Capacity on ward <2 after all patients admitted. With no pending discharges within next two hours.

• Workload unmanageable with staffing on Delivery suite, Elective activity is at risk.

• Unable to admit any women waiting augmentation / and continuation of induction process within 24 hours.

COMMENCE AMBER ACTION CARD

AMBER ACTION CARD

The Labour ward Co-ordinator will:

- **Complete Acuity and staffing log Appendix A**
- Review Staffing across maternity services (Bassett, DAU, Community, Caroline Thorpe, SCBU) including staff on management days and redeploy staff where needed (PDM, Risk manager midwife, complex care midwife, infant feeding co-ordinator).
- Contact staffing matron bleep 632 to notifty of risk- Can an RN/ HCA be redeployed to Bassett to allow movement of a midwife to Labour ward (if required).
- Utilise NHSP, overtime or Agency.
- If there is no further movement of midwifery staffing and 1: 1 care cannot be provided for women requesting epidural or pool delivery, the Delivery Suite Coordinator to call the On Call Maternity Manager to escalate the situation (Or Lead midwife inpatients if 9-5) .

- Consider moving low risk women being cared for on delivery suite to Bassett/ DAU (out of hours) if appropriate and if beds on Bassett allow.
- Utilise multi-professional team to complete tasks that will allow ward transfer or discharge of healthy/stable women and babies (NIPE's/ TTA's)
- Consider other appropriate areas for care according to clinical picture (Community Hubs)
- Women awaiting admission to delivery suite (IOL / ELCS / Augmentation/ Monofer / ECV) to be prioritised with Obstetrician following risk assessment according to clinical need.
- In collaboration with the neonatal and obstetric consultant, review all antenatal women who are at risk of preterm labour, or at risk of admission to the neonatal unit and consider in utero transfer to another unit.

- Planning for subsequent shifts- continuous review of staffing for next shifts.
- When the neonatal unit is closed, review the maternity threshold for diversion.

- **Review the situation at least every 2 hours**

If the all actions are exhausted and the situation escalates to RED status- move onto RED ACTION CARD

RED STATUS

There is a significant shortage of staffing
• No beds on delivery suite and none likely to become available in next 2 hours
• No beds available for admissions on wards with any possibility of any further discharges
No epidural service or pool births due to the inability to provide 1:1 care
• Delivery Suite Co-ordinator not supernumerary.
• Maternity Manager on call should be called in to assist

RED ACTION CARD

Labour ward Coordinator/ on call Maternity manager will:

• Contact Clinical Site Manager (#500) and Staffing matron (#632 mon-fri 9-5) - inform of situation, request nursing staff to care for HDU women.

• Consider if out of Hours opening of DAU /recovery area in maternity theatre, so one midwife and a maternity care assistant can care for 3, Level 2 postnatal women (if acuity problem Bassett ward).
• Nominated personnel to call local midwifery staff at home to assist.

• Bleep Clinical site manager to put additional bed into bay 5+6 on Bassett ward

• Request provision of beds elsewhere in Trust for some women with certain conditions- for example hyperemesis on KGV.

• Consider with obstetrician rescheduling elective LSCS, non-urgent planned inductions and augmentations of labour.

If women who are inpatients are to be transferred to another hospital, the Senior Midwife in consultation with the On Call Consultant Obstetrician must make the decision taking into account the distance to the receiving hospital.

• Notify and liaise with on call Obstetric consultant and on call Maternity Manager, Lead Midwives and Head of Midwifery.
Complete Escalation Action Log Appendix B

If ongoing support is required and escalation to Unit diversion is now appropriate, move to BLACK Action Card

BLACK STATUS – MAJOR INCIDENT

The maternity service is on divert.

- All midwives committed to delivery care
- No capacity on Bassett
- No beds available on delivery suite
- Suspending Homebirth service
- IOL and elective CS cancelled
- Augmentation delayed

TRIAGE ACTION CARD

- Ensure all midwives receiving calls are informed that the unit is on 'Divert.'
- Complete SBAR telephone triage sheet for each woman ringing labour ward.
- Each call will be discussed and risk assessed according to clinical picture with aid of the hospital notes, with the multidisciplinary team (Senior Obstetrician/ Senior midwife); and either immediately diverted or assessed in a designated clinical space (Petter, recovery).
- Inform the women that they will receive a phone call back within 30 minutes after discussion with the multidisciplinary team and advise them that if their situation changes or if they have not heard back within 30 minutes to call again.
- Women immediately diverted should be informed and the accepting Unit called with SBAR handover.
- Women that are assessed and not suitable for transfer will be reviewed by the consultant Obstetrician and re prioritised according to other workload- this will be re-escalated to the Senior team (Lead midwives, HOM)

BLACK ACTION CARD –Unit Diversion

- Lead midwives, Head of Midwifery, together with Consultant Obstetrician, Clinical Site Manager, Labour ward co-ordinator and on call Maternity Manager to consult on implementing unit diversion.
- Clinical Site Manager (#500) to notify Duty Manager and the need to start procedure for Unit Diversion. If unable to make contact with the Duty manager within 30 minutes – implement the protocol for diversion and advise the Trust Executive on-call via switchboard.
- Situation discussed with Executive on call via Duty manager/ Clinical site manager
- Nominated Senior personnel to contact neighbouring maternity units to ascertain which units are able to accept- Complete Maternity Unit Diversion Log Appendix C
- If no other nearby maternity unit is able to accept women as they too have capacity, staffing or other issues document on the Diversion Log and escalate again to Lead midwives/ Head of midwifery.
- Nominated personnel to call South West Ambulance Service to Divert any emergency admissions to the nearest accepting unit.
- Nominated Senior personnel to Inform switchboard, A+ E, SCBU nurses and On call Padiatric team, Gynae ward, comms officer
- Complete the activity assessment form within the co-ordinators log 2 hourly until unit diversion can be stood down.

Appendix B

Escalation Contact Record

Date of implementation		
Time of implementation		
Person completing form		
Reason for protocol implementation	Staffing (medical/midwifery)	
	Inappropriate skill mix	
	Acuity	
	Major incident	

Action	Person Completing Action	Time contacted	Action/ outcome
Call On Call consultant obstetrician			
Call On call Maternity manager			
Call Lead Midwives			
Call Head of Midwifery Call			
Clinical site manager #500			
Inform Duty manager (#065)			
Inform Trust on call Executive director- decision for Divert			
Call South West Ambulance Service for Divert			
Other Depts. informed if Unit Diversion	A+E ☐ SCBU ☐ Switchboard ☐ Gynae ☐ Comms team ☐		

Appendix C

Acuity and Staffing Log

Staffing			
Midwives Labour ward (4+ 1 co-ordinator)		**Skill mix**	
Midwives Bassett (2)		**Skill mix**	
MCA's (1 LW, 1 Bass)			
Obstetric **Anaesthetic** **Paediatric** **SCBU**			

Acuity

Labour ward	Clinical Details	Risk Green/ Amber/ Red
Bereavement Suite		
Suite 2		
Suite 3		

Suite 4		
Suite 5		
Suite 6		
Elective workload		
Theatre 8		
Bassett number of Antenatal women		
Bassett Number of Postnatal women		
Bassett Number of Babies and transitional care		
SCBU number of babies		HD/ SC

Appendix D

Maternity Unit Diversion Log

Unit contacted	Labour ward	Time	NICU/SCBU (If req.)	Time
RD&E Exeter **Barrack Rd, Exeter** **EX2 5DW** *(53.4m/ 1h 8 min)* (01392 406675) (01392 406651)	Accepted		Accepted	
	Declined		Declined	
Musgrove Park Taunton **Parkfield Dr, Taunton TA1 5DA** *(50.5m/1h 8 min)* (01823 342059)	Accepted		Accepted	
	Declined		Declined	
Derriford- Plymouth **Derriford Rd, PL6 8DH** *(59/ 97m- 1h 47/ 2h 07)* *01752 763610*	Accepted		Accepted	
	Declined		Declined	
Torbay *(72.6m/ 1h 45min)* (01803 654631 / 654641)	Accepted		Accepted	
	Declined		Declined	

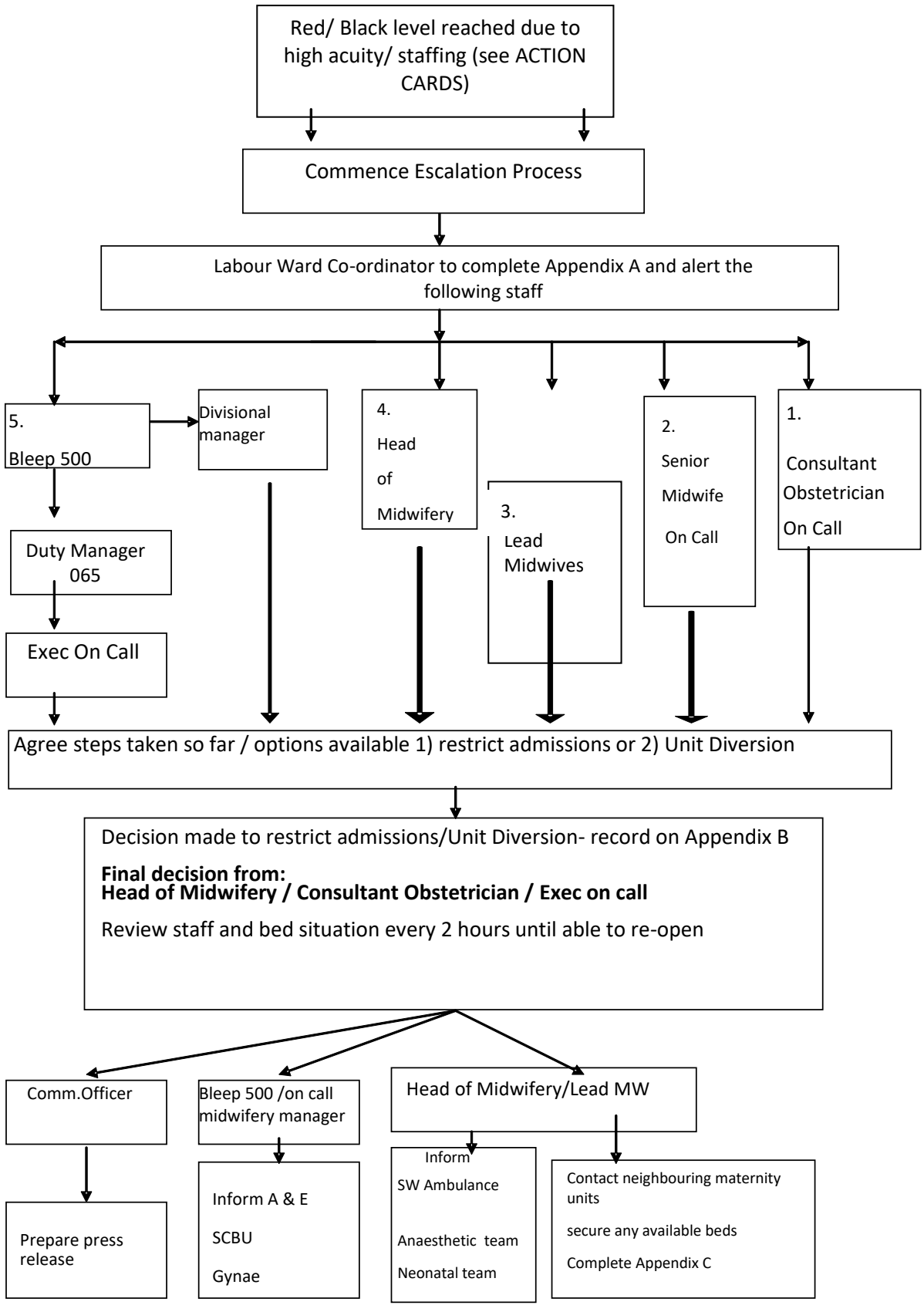
In Utero Preterm Transfers	
RD& Exeter	All mothers at risk of delivering before 27 weeks (26 weeks 6 days) to be transferred to **Network NICU – Derriford**
Treliske	All mothers at risk of delivering before 27 weeks (26 weeks 6 days) to be transferred to **Network NICU – Derriford**
Torbay	All mothers at risk of delivering singleton babies before 30 weeks (29 weeks 6 days) and twins under 32 weeks (31 weeks 6 days) to be transferred to either a **Local Neonatal Unit - Exeter or Treliske or the Network NICU – Derriford**
North Devon	All mothers at risk of delivering singleton babies before 32 weeks (31 weeks 6 days) and twins under 32 weeks (32 weeks 0 days) to be transferred to either a **Local Neonatal Unit - Exeter or Treliske or the Network NICU – Derriford**

Appendix E

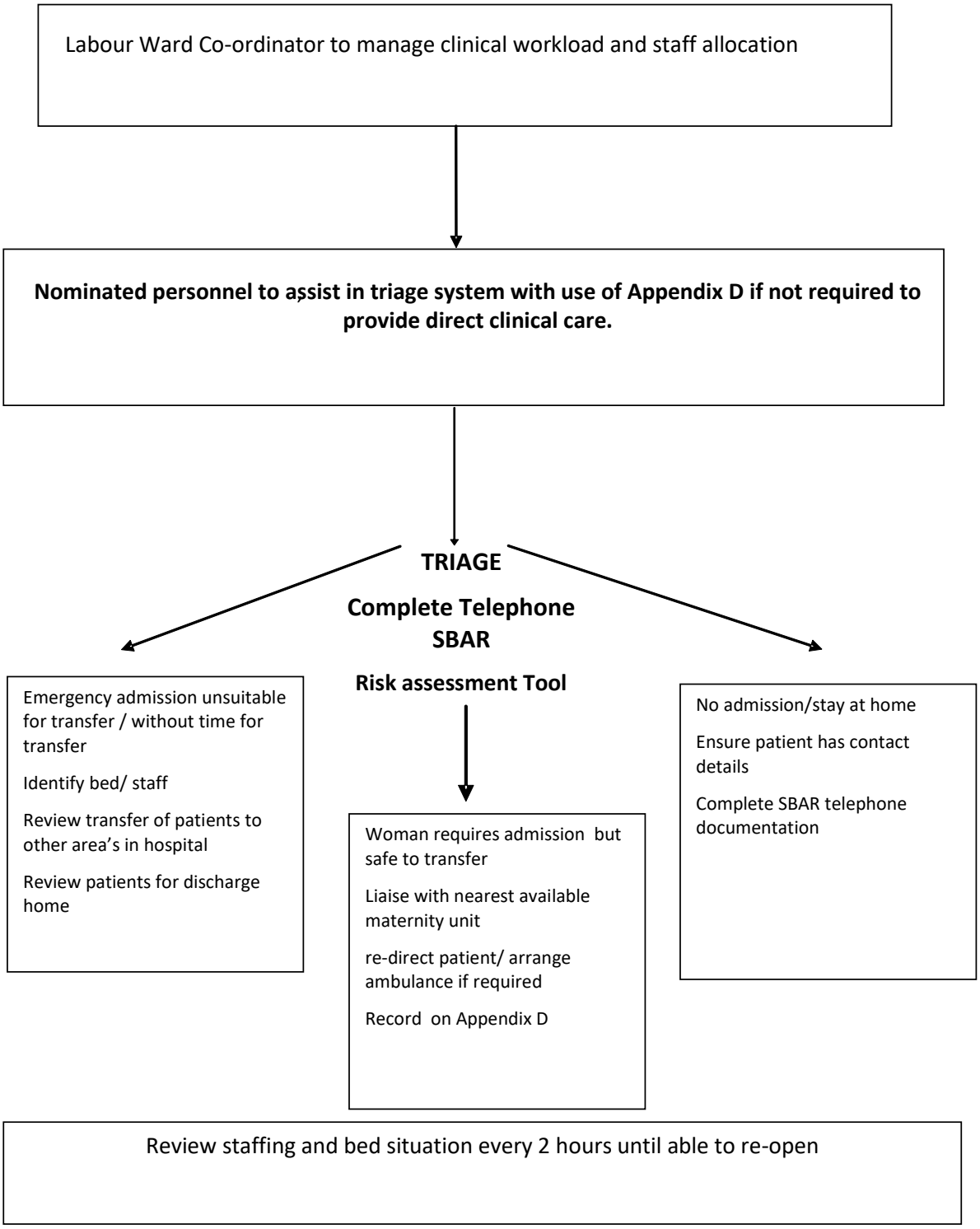
Record of Mothers Triaged for Diversion When Maternity Unit closed

Follow up Delivered Pregnant/ Inpatient/ PN admission					
Outcome 1- Assessed & sent home 2- Assessed & diverted 3- Assessed & admitted 4- Diverted no assessment					
Action/ Advice (Needs assessment/ diverted/admit)					
Risk category Red/amber/ green					
Brief reason for call (See telephone SBAR attached)					
Time of call					
Patient Details(sticker)					

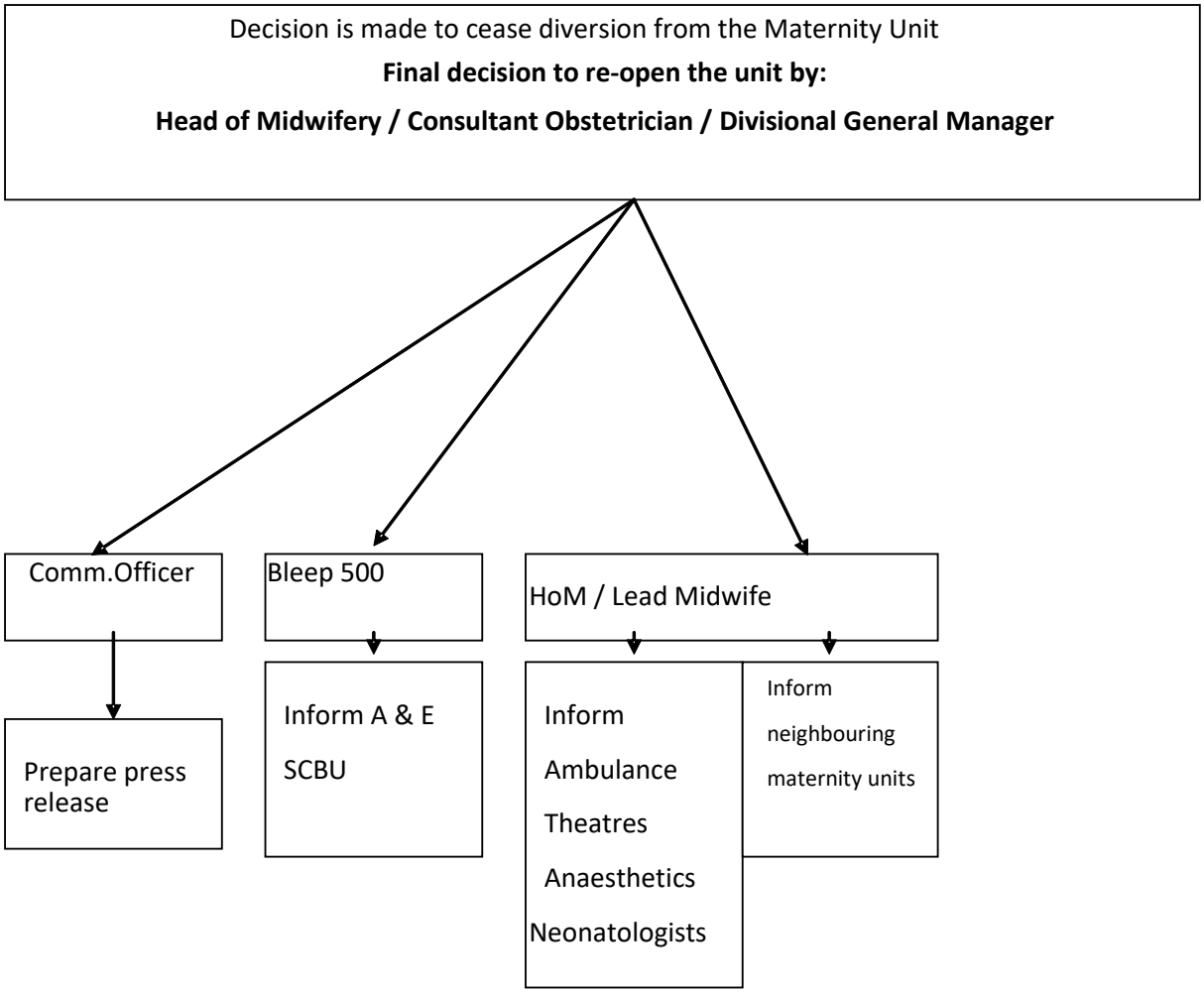
PHASE 1


Red/ Black level reached due to high acuity/ staffing (see ACTION CARDS)
Commence Escalation Process
Labour Ward Co-ordinator to complete Appendix A and alert the following staff
5. Bleep 500
Divisional manager
4. Head of Midwifery
3. Lead Midwives
2. Senior Midwife On Call
1. Consultant Obstetrician On Call
Duty Manager 065
Exec On Call
Agree steps taken so far / options available 1) restrict admissions or 2) Unit Diversion
Decision made to restrict admissions/Unit Diversion- record on Appendix B
Final decision from:
Head of Midwifery / Consultant Obstetrician / Exec on call
Review staff and bed situation every 2 hours until able to re-open
Comm.Officer
Bleep 500 /on call midwifery manager
Head of Midwifery/Lead MW
Prepare press release
Inform A & E
SCBU
Gynae
Inform
SW Ambulance
Anaesthetic team
Neonatal team
Contact neighbouring maternity units
secure any available beds
Complete Appendix C

PHASE 2


Labour Ward Co-ordinator to manage clinical workload and staff allocation
Nominated personnel to assist in triage system with use of Appendix D if not required to provide direct clinical care.
TRIAGE
Complete Telephone SBAR
Risk assessment Tool
Emergency admission unsuitable for transfer / without time for transfer
Identify bed/ staff
Review transfer of patients to other area's in hospital
Review patients for discharge home
Woman requires admission but safe to transfer
Liaise with nearest available maternity unit
re-direct patient/ arrange ambulance if required
Record on Appendix D
No admission/stay at home
Ensure patient has contact details
Complete SBAR telephone documentation
Review staffing and bed situation every 2 hours until able to re-open

PHASE 3



Head of Midwifery / Consultant Obstetrician

Complete all paperwork relating to the closure

Complete Datix Incident Report

Provide debrief for all staff involved, including learning and future planning.

Send letter for all women affected

1) Closure due to staffing shortages
2) Closure due to bed shortages
3) Closure due to unforeseen event

Standing Down Unit Diversion Status

When the factors that precipitated the Maternity Unit diversion are resolved the above process is reversed. A designated personnel should ensure that the Maternity Unit re-opening checklist (See Below) is completed. Send all this together with the SBAR telephone sheets with details of women who were diverted to other units, to the Head of Midwifery within 24 hours.

Date of Re-opening	
Time of re-opening	
Decision to Re-open by	
Person completing form	

De- Escalation Action	Name	Time contacted	Action/ outcome
Inform On Call consultant Obstetrician			
On call Maternity manager informed			
Clinical site manager #500			
Inform Lead Midwives			
Inform Duty manager (#065)			
Inform Head of Midwifery			
Inform Trust on call Executive director			
Call South West Ambulance Service			
Inform Other Depts. informed of re-opening	Bassett A+E SCBU Switchboard Gynae Comms team		

Subsequent calls/ discussions/ Actions (including any additional staff for debriefing):