University Hospitals of Leicester NHS
NHS Trust

Escalation, Transfer of Activity and Closure UHL Obstetric Policy

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Contents

1. Introduction and overview 3
2. Policy scope 3
3. Policy Development 4
4. Definitions and abbreviations 4
5. Roles and responsibilities 4
6. Policy standards & procedures 5
6.1 Prevention 5
6.2 Escalation and transfer of activity 5
6.3 Assessment of OPELMF status 7
Table 1: Operational Pressures Escalation Levels Maternity Framework 7
6.4 Information 8
6.5 Transfer of activity 8
6.6 Closure of service 8
6.7 Notifying others of the decision to close the service in hours and out of hours 9
6.8 SitRep 9
6.9 Regional escalation & national escalation 9
6.10 Re-opening & reporting 9
7. Education and Training 10
8. Monitoring Compliance 10
9. Supporting References 11
10. Key Words 11
DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT 11
Appendix 1: Procedure A: Flow chart for temporary transfer of admissions between UHL Maternity Units 12
Appendix 2: Procedure A: Checklist for Informing re Temporary transfer of Admissions from one UHL Delivery Suite to the other 13
Appendix 3: Procedure B: Closure of Leicestershire Maternity Service 14
Appendix 4: Contact Numbers UHL 16
Appendix 5: Leicester Maternity Services Closure Record 17
Appendix 6: Contact details for Trusts in the Midlands with maternity units 20
Appendix 7: Midlands Acute Maternity OPEL Maternity Framework – Escalation Triggers 23
Appendix 8: Attempted Closure of Leicestershire Maternity Service – Failed 24
Appendix 9: Patient letters 26
Appendix 11 – Re-opening Checklist 30
Appendix 12 – SBAR Assessment 31

1. Introduction and overview

The policy outlined below sets out appropriate actions to be taken in the event of short-term critical staffing shortages and/or capacity issues within UHL Maternity Services. It is written in line with the Regional (Midlands) escalation policy.

- At the University Hospitals of Leicester the Maternity Service is based on three sites, which are the Leicester Royal Infirmary, Leicester General Hospital, St Mary's Hospital, Melton Mowbray and the Community Midwifery Service.
- When activity is high on one site the option to transfer activity (see Appendix 1: Procedure A: Transfer of Activity) to another site should be considered. The Midwifery Birth Centre at Melton Mowbray may also be able to provide extra capacity for low risk maternity care. In the final instance, it may be necessary to consider closure of the Leicestershire Maternity Service to admissions (see Appendix 1: Procedure B: Closure of Maternity Service to Admissions).

The purpose of this policy is to:

- ✓ Help provide a safe service
- ✓ Help reduce the need for closure
- ✓ Ensure appropriate steps are taken to escalate concerns to matron or women's manager on call
- ✓ Ensure appropriate steps are taken if transfer of activity is unavoidable
- ✓ Ensure appropriate steps are taken if closure is unavoidable.
- ✓ Describe further possible contingencies if closure of services is not possible
- ✓ Ensure adequate documentation is completed during this process

- The prime concern is the safety of mothers and babies. The service will only close to admissions as a last resort after a clinical assessment of the risks and all options of transfer of activity within the Maternity Service have been explored. The decision to close the Leicestershire Maternity Service rests with the Head of Midwifery and/or the Clinical Director or delegated deputies and escalated to the Director on call
- It is not feasible to state a definitive number of staff needed in a ward area in times of shortage or of high activity. Responses to these situations will vary according to the time they occur and the patient dependency/acuity. The flowcharts outlined within the document reflect the time.
- It is recognised that there are inherent risks with staff working in unfamiliar areas, should staff from a different area be asked to support the delivery suites or wards they will be allocated women or tasks appropriate to their skills

2. Policy scope

This policy applies to all patients who present to the Maternity Service of the University Hospitals of Leicester NHS Trust and is to be followed by all midwifery and medical staff within the Maternity Service and relevant associated Trust staff.

The Maternity Bleep Holder of the affected site will co-ordinate the Transfer of Activity and Closure. Certain tasks may be delegated. During day time hours

3. Policy Development

- This policy has been updated to incorporate the Midlands Maternity Escalation Policy & Operational Pressures Escalation Levels Maternity Framework (OPELMF) (Dec 2021) procedures to manage significant surges in regional demand for maternity services.
- The midwifery, nursing and support staff staffing levels in the Maternity Service will be reviewed by the Head of Midwifery, deputy Head of Midwifery and Midwifery Matrons on a 6 monthly basis to assess establishment requirements and reviewed with a full Birth rate plus assessment Bi-Annually. The workforce report will then be presented to the Executive Quality Board and discussed at Maternity Service Governance Group and the LMNS
- Where staffing levels are not in line with the recommendations from the Birth Rate plus review, a business plan or contingency plan will be produced to address ongoing staffing shortfalls to include comprehensive recruitment campaign as Highlighted in the maternity workforce plan in the event of any short-term staffing shortfalls a contingency plan will be produced to address these issues on a day to day basis
- All business and contingency plans will be reported to the CMG Management Team

4. Definitions and abbreviations

UHL	University Hospitals Of Leicester NHS Trust	HoM	Head of Midwifery
OPELMF	Operational Pressure Escalation Levels Maternity Framework	DHoM	Deputy Head of Midwifery
CMG	Clinical Management Group	MDT	Multi-Disciplinary Team
LMNS	Local Maternity Neonatal System	ODN	Operational Delivery Network
ROC	Regional Operational Centre	EPRR	Emergency Preparedness, Resilience and Response
UEC	Urgent and Emergency Care	RCA	Route Cause Analysis
SBAR	Situation Background Assessment Reccomendation	COO	Chief Operating Officer
JDA	Junior Doctor Administrator		

5. Roles and responsibilities

5.1 Chief Operating Officer (COO)

Executive responsibility for application of this policy.

5.2 Clinical Director/ HoM

Responsible for making the final decision to close having ensured that all options have been considered and all possible actions taken.
Manage the escalation process through regular evaluation and review.

5.3 Service Managers and General Managers/Out of hours on call Managers

To ensure all procedures relating to the escalation/closure policy are followed.

5.4 All Staff

All staff to follow the policy and to escalate as soon as possible any deviation.

6. Policy standards & procedures

6.1 Prevention

- It is expected that the maternity units through the shift coordinator and delivery suite consultants will communicate frequently to have an awareness of activity across Leicester on a shift by shift basis. This process is to be done via telephone conversation or skype
- Timely completion of staff rotas
- Daily review of staffing numbers
- Good management of annual leave
- Redeploy staff to work within their skill set
- Consider requesting staff to work additional hours
- Consider potential shift changes
- Request bank/agency staff
- Cancel study leave
- All physical staff in the unit including specialist & community called upon to assist
- Promote staff rotation so ready when increased pressure
- Medical staff shortages should be managed through the manager of the day Head of service/workforce lead or JDA

6.2 Escalation and transfer of activity

The need to either transfer activity or to close the service to admissions usually arises from eight escalation triggers as outlined in the OPEL Maternity Framework (see table 1 below and see appendix**):**

- Ward bed capacity
- Delivery suite bed capacity
- Triage breaches
- Unable to give 1:1 care in established labour
- Birth rate plus activity & acuity score of all intrapartum care on delivery suite
- Delivery suite co-ordinator not supernumerary
- Delays in elective work for non-reason this includes induction and elective caesarean section
- Neonatal OPEL Framework status

There may also be other factors that lead to escalation and diversion, decisions should be considered on a case by case basis this may include:

- Medical staff shortage
- Inappropriate experience skill mix

- Infection Prevention & Control issues – follow local IPC policy
- In the event of a major incident or power failure – follow local policy

- The temporary suspension of the neonatal unit does not translate to a temporary diversion or closure of a maternity unit. The West Midlands and East Midlands Neonatal Operational Delivery Networks (ODN) have a Midlands wide neonatal surge plan to ensure access to neonatal critical care is maintained and not compromised. (see appendix 3)
  - Insufficient staff:
    - ✓ Short-term Contingency plans should be implemented as per Midwifery and Support Staffing Policy .and the Consultant Obstetrician Cover Arrangements for Labour Ward.e.g
    - ✓ Moving staff from one clinical area to another whilst risk assessing which area is in the greatest need from a safety aspect
    - ✓ Ensuring staff have the skills to rotate and allocate work accordingly
    - ✓ Ensure all shifts out to bank and overtime
    - ✓ Ensure it is clear in the Trust and regional sitrep
    - ✓ Ensure the out of hours on call manager has the necessary support from a clinician should escalation be required

  - High/complex activity
    - ✓ It is in the nature of a Maternity Service that there may be peaks in activity which make an area unable to continue to function as it is. A review of this workload should be undertaken by the bleep holder, shift coordinator and obstetrician. If re-allocation of this workload is not possible the neighbouring unit should be contacted to ask if they can take admissions until the issue is resolved.

  - Capacity problems
  - ✓ It is in the nature of a Maternity Service that there may be peaks in activity which exceed capacity. If the problem is a shortage of Delivery Suite beds e.g;
  - ✓ careful assessment of those women on Delivery Suite should be made to see if any can be safely transferred to the postnatal ward, another suitable clinical area, such as St Mary's Birth Centre (if suitable) or home. Co-horting postnatal women in the alongside Birth centre or induction area
  - ✓ If the problem is a shortage of postnatal beds, careful assessment of existing women should be made to see if any may be safely discharged home or transferred to another area e.g. St Mary's Birth Centre. Elective activity should also be reviewed and reorganised as appropriate: e.g. Elective Caesarean sections and non-urgent Induction of Labour.

6.3 Assessment of OPELMF status

Table 1: Operational Pressures Escalation Levels Maternity Framework

OPELMF Status	Escalation level
OPELMF One	The local maternity service capacity is such that organisations are able to maintain patient flow and meet anticipated demands within available resources. Additional support is not anticipated.
OPELMF Two	The local maternity service is starting to show signs of pressure. The maternity service will be required to take focused actions to mitigate the need for further escalation. Enhanced coordination and communication will alert the whole system to take appropriate & timely actions to reduce the level of pressure in the system.
OPELMF Three	The local maternity service is experiencing major pressures compromising patient flow and safety and continues to increase. Further urgent actions are now required across the whole Local Maternity & Neonatal System and increased external support may be required.
OPELMF Four	Pressure in the local maternity service continues to escalate leaving organisations unable to deliver comprehensive care which has the potential for patient safety to be compromised. Decisive action must be taken locally to recover capacity and ensure patient safety. All available local escalations actions have been taken, external extensive support and intervention is required. Regional teams will be made aware providing additional support and will be actively involved in conversations within the system. National team will be informed by local regional teams through internal reporting mechanisms. When multiple systems in different parts of the country are declared OPELMF Four for sustained periods and there is an impact across local and regional boundaries, national action will be considered.

- Prior to commencing completion of Procedure A (Appendix 1, Transfer of Activity), assessment of activity, dependency and staffing will be undertaken by the multidisciplinary team (MDT), consisting of the Midwife Co-ordinator, Consultant Obstetrician, and Matron or Manager on call for the CMG if out of hours/weekend women's on call manager who may liaise with HoM/DHoM, considering point of escalation to silver operational team and Director on call, Maternity Bleep Holder, Cons Neonatologist, Neighbouring units. They will make a decision to progress to transfer, using their knowledge and experience and the data from the Birth Rate Plus acuity tool.
- Ensure all clinical staff working in offices or on study days are utilize to support the service

- Short-term Contingency plans should be implemented as per Midwifery and Support Staffing Policy .and the Consultant Obstetrician Cover Arrangements for Labour Ward
- If the level of complex activity is high and further skilled medical presence is required then the Consultant Obstetrician and the Delivery Suite Coordinator will make the decision to contact the consultant Obstetrician on the other site in the first instance and they will be required to attend. If this is not possible the Consultant Obstetrician on the other site should advise who to contact.
- In the event that the Consultant Obstetrician and the Labour Ward Coordinator are both unavailable to call then any midwife who is concerned can make the call to escalate any concerns either to the manager on call or the consultant on call for the opposite site.

6.4 Information

At all stages it is important to keep the appropriate staff informed of the situation. On the reverse of both Procedure A and Procedure B is a check list of who to inform.

6.5 Transfer of activity

Agreement for there to be a temporary transfer of activity from one site to the other will be a MDT decision made by the Consultant Obstetrician, Midwife Co-ordinator, matron or Manager on Call for CMG.
It is possible to agree to a partial transfer, when just the MAU closes but labouring women may still be accepted or a unit may close to labouring women and remain open to triage and assess admissions. It is important this is documented on the Acuity App.
On either site if there are no longer delivery rooms available for higher risk Women and a Birth centre room is used or a woman is not able to transfer out of the birth centre if her condition becomes more complex, this must also be documented clearly in the Acuity app and the patient record. Oversight of these women must be maintained by the midwife coordinator and obstetrician.

6.6 Closure of service

If the problems cannot be resolved within Leicester then the neighbouring Maternity Units may be informed of the situation and asked if they can accept any women. The decision to close Leicester Maternity Service must be made by the Head of Midwifery or the deputy supported by the Clinical Director/Head of service and CMG Management Team.
Once the decision has been made to temporarily divert new admissions or close maternity services the ambulance service must be contacted immediately.
It is recommended that one person is nominated to co-ordinate (usually Women's manager on call) the procedure and whenever possible should not have any other responsibilities during this time.
Capacity review should take place at regular intervals:
OPELMF Two – 4 hourly
OPELMF Three – 2 hourly
OPELMF Four - Hourly
Closure of the Maternity Service to admissions is to be for the shortest time possible.

6.7 Notifying others of the decision to close the service in hours and out of hours

The coordinator will make arrangements for key stakeholders to be notified in addition to the above section.

- East Midlands Ambulance Service
- Switchboard as per local arrangements
- Neighbouring maternity units
- Community midwives on call and team leaders
- Security as per local arrangements
- Safeguarding team to assist with safeguarding alert process
- Consultant anaesthetist on call
- Governance lead to assist with reporting arrangements
- Accident & emergency department
- Neonatal unit
- Trust comms team

6.8 SitRep

The Midlands Maternity SitRep indicates where there are pressures in maternity services and provides daily oversight across the region via the Regional Operational Centre (ROC) and locally through trust operational structures to support with alleviating pressure within trusts and provide mutual aid where required. This is completed mon-Fri

6.9 Regional escalation & national escalation

Regional escalation should be triggered when despite all local system escalation actions being exhausted pressure continues to escalate; an external whole system response for additional support is needed. The maternity escalation triggers and OPELMF is outlined in Appendix **.
The first on call for the Region should be contacted via usual EPRR routes:

- East Midlands – Tel: 07623515942
- West Midlands – Tel: 07623515945

The Trust should clearly outline:

1. The issue(s) the maternity service is escalating, and actions taken
2. Support required from regional on call colleagues

The relevant first on call should alert other on call colleagues (second on call, Emergency Preparedness, Resilience and Response (EPRR) tactical advisor, Urgent and Emergency Care (UEC) tactical advisor and communications).
Regional actions should be taken in line with Maternity Action Card EPRR which will support alleviating pressure in the trust.

6.10 Re-opening & reporting

- When the factors that precipitated temporary diversion and / or closure of maternity services have been resolved and are ready to resume safe services operating at OPELMF Two, a consultation should take place with the same level

of authority and focus as the originating closure/diversion. Use re-opening checklist (Appendix)

- As aligned to NHSE/I serious incident (SI) framework all suspension of services where women have been diverted to an external trust must be reported onto StEIS (Strategic Executive Information System) and learning should be shared across the system

Director / head of midwifery to complete root cause analysis (RCA) and SBAR (situation, background, assessment, recommendation) assessment for whole service closure (see Appendix

7. Education and Training

None

8. Monitoring Compliance

What key element(s) need(s) monitoring as per local approved policy or guidance?	**Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups**	**What tool will be used to monitor/check/ observe/asses/ inspect Authenticate that everything is working according to this key element from the approved policy?**	**How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?**	**How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.**
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements Who or what committee will the completed report go to.**
Staffing levels of midwifery and support staff	Head of Midwifery or delegated deputy	Review of incidents forms relating to staffing and activity levels	Incident forms relating to staffing, capacity and transfers of activity are monitored on a monthly basis	Maternity Service Governance Group
Procedures for transfer of activity/closure have been followed There is a record of all temporary transfers of admissions There is a record of all full closures of maternity services	Women's CMG Clinical Director or delegated deputy Head of Midwifery or delegated deputy	Review of transfers of activity Acuity tool for activity levels	All transfers of activity are reviewed and reported on a monthly basis	Maternity Service Governance Group

There is evidence that the correct processes have been followed There are records of the numbers of women admitted and referred elsewhere.				

9. Supporting References

Birthrate Plus® Website 2007: Ratios for midwifery workforce planning at National, SHA and Local Level. www.birthrateplus.co.uk

10. Key Words

Closure, maternity, escalation

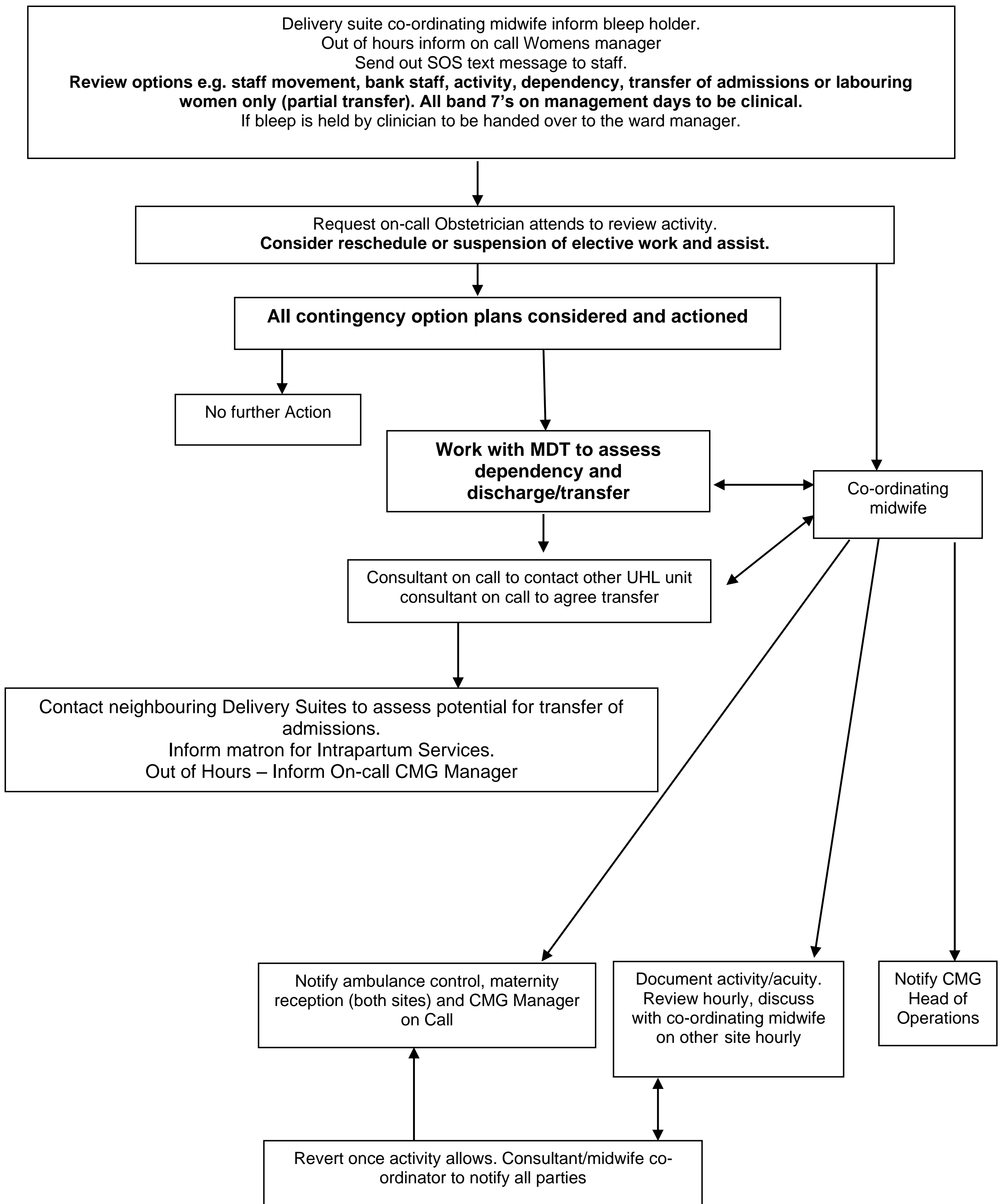
The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT		
Author / Lead Officer:	Jane Porter, Linda Moss	**Job Title:**
Reviewed by:	E Broughton and K Williams	
Approved by:	Maternity Service Governance Group	**Date Approved: October 2020**

REVIEW RECORD			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
October 2020	V5	E Broughton and K Williams	Minimal changes. All band 7's on management days to be clinical if unit closure.
November 2020	V5.1	As above	Contact numbers updated.
May 2022	V6	E Broughton	Updated format Incorporated guidance from Midlands Maternity Escalation Policy & Operational Pressures Escalation Levels Maternity Framework (OPELMF) (Dec 2021

Appendix 1: Procedure A: Flow chart for temporary transfer of admissions between UHL Maternity Units



Appendix 2: Procedure A: Checklist for Informing re Temporary transfer of Admissions from one UHL Delivery Suite to the other

NAME	CONTACT NO	TIME INFORMED OF NEED TO CLOSE	TIME ONFORMED OF REOPENING	SIGNATURE
CMG Matron or Manager On Call	Via switch			
On Call Consultant Obstetrician	Bleep on board OR Preferred phone number on laminated list			
On Call Consultant Anaesthetist (only in hours)	Bleep on board OR Preferred phone number on laminated list			
Consultant Neonatologist / Neonatal Unit Co-ordinator (only in hours)	Bleep via switch			
Ambulance Control	0115 967 5099			
St Mary's Birth Centre	714854 (or 01664 854 854)			
Antenatal Services(If applicable)	LGH: 14829; LRI: 16106			
Birth Centre	16113			
Maternity Admissions Unit (MAU)	LRI: 16312 LGH: 14808			
Switchboard	7777			
Maternity Reception	LGH: 14830; LRI 15111			

Signature of person completing checklist: ……………………………………

Date form completed: ……………………………………

Appendix 3: Procedure B: Closure of Leicestershire Maternity Service

The second Maternity Unit is to follow Procedure A if staffing or capacity becomes an issue following the transfer of activity to that site. This procedure is to be followed if the situation in not able to be resolved.

ACTION	DATE, TIME, COMMENTS & INITIALS
All contingency option plans considered and actioned.	
MDT considers closure of service to admissions may be necessary. Head of Midwifery or designated deputy Informs Heads of Service for Obstetrics and Neonatology (LGH and LRI), and escalate to Tactical command for the Trust. **Out of Hours - CMG** Manager on-call will inform Head of Midwifery/deputy HOM or Clinical Director and the Duty Manager for the Trust to escalate to the on call Director.	
Any further escalation to include input from at least 2 people from the Senior Team: i.e. Heads of Service, Head of Midwifery/Deputy HOM, Clinical Director or deputies.	
In hours discuss situation with the Head of Midwifery/Deputy HOM and Clinical Director who will make the decision to close supported by the CMG Management Team.Report to the regional team as per regional escalation policy	
CMG manager on call to contact neighbouring units regarding their ability to accept any admissions from Leicestershire. Consultant on call to contact neighbouring units. Consultants-on-call or midwife triaging calls to hand over the women from Leicestershire Maternity Unit Bleep Holder to communicate complete paperwork and record details of women transferred.	
If closure not possible MDT to explore further contingencies with the Clinical Director/Head of Midwifery.	
Problem solved. Cease transfer of care. Inform Matron, Manager on call for CMG and other relevant personnel as listed on the checklist.	

Any decision to close should be reviewed hourly and reverted as soon as safe.

Procedure B: Checklist for Informing re Closure of Service

Name	Contact No	Time informed of need to close	Time informed of reopening	Signature
On call Consultant Obstetrician				
On call Consultant Anaesthetist				
Consultant Neonatologist / Neonatal Unit Co-ordinator				
Head of Midwifery or Deputy				
Matron				
Manager on call for CMG				
Trust Director on call via duty manager				
Ambulance Control				
Switchboard (LRI and LGH)				
Maternity Reception (LRI and LGH)				
St Mary's Birth Centre				
Duty Manager for the Trust				
Receiving Units asked to record details of women				
Regional maternity team				

Signature of person completing checklist: …………………………………………….

Date form completed: …………………………………….

Appendix 4: Contact Numbers UHL

Maternity Hospital	Contact Number:
Leicester Royal Infirmary	0300 3031573
Leicester General Hospital	0300 3031573
St Mary's Melton Mowbray	01664 854 854
AMBULANCE CONTROL	01623 646 941
Switchboard - LRI	7777
Switchboard - LGH	4000
Reception - LRI	15111 /1 5112
Reception - LGH	14830
Ward 5	16409
Ward 6	16442
Ward 30	14848
NICU - LRI	16462
NICU - LGH	14800
Delivery Suite - LRI	16451 / 16452
Delivery Suite - LGH	14805
Maternity Admissions Unit - LRI	16312
Maternity Admissions Unit - LGH	14808
Pregnancy Assessment Service – LGH	14829
Antenatal Assessment Area – LRI	16106

Appendix 5: Leicester Maternity Services Closure Record

Summary:

Date and time unit closed	
Date and time unit reopened	
Total length of time unit closed	
Reason for closure	
Decision to close made by	
Name of Clinical Manager/Bleep holder co-ordinating closure	
Total number of women referred elsewhere	

Women Referred To Other Units:

Name	Unit No	/40	Details of Referral	Parity	Unit Referred To	Unit Contact Number	Outcome Del/Dis	Letter sent by

Action taken to prevent closure:

Incident Form Completed……………………………

Signed………………………………………… Date & Time…………………………………..

Accepting Trust notified of decision to transfer take to them:

Name of Trust ……………………………………………………………………

Address……………………………………………………………………………

……………………………………………………………………………………..

Phone call made by (name) ………………………………………………………

Role ……………………………………..

Date…………………………… Time …………

Responsibility at accepting Trust taken by (name)……………………………...

Role ……………………………………..

Phone No: …………………………. Email………………………………………

Attempted closure - FAILED:

Maternity units contacted for assistance:
Reason why service could not be closed:
Action Plan:

Appendix 6: Contact details for Trusts in the Midlands with maternity units

Trusts with Maternity Units	Hospital Site	Delivery Suite Direct Dial number	Switchboard	Address1	Address2	County	Postcode
Birmingham Women's and Children's NHS FT	Birmingham Women's Hospital	0121 335 8220	0121 472 1377	Mindelsohn Way	Birmingham	West Midlands	B15 2TG
Dudley Group NHS FT	Russell's Hall Hospital	No Direct Dial. Maternity Triage - 01384 456111 Ext 3053 or MLS if low risk on Ext 3064	01384 456111	Pensnett Road	Dudley	West Midlands	DY1 2HQ
George Eliot Hospital NHS Trust	George Eliot Hospital	024 7686 5090	024 7635 1351	College Street	Nuneaton	Warwickshire	CV10 7DJ
Royal Wolverhampton Hospitals NHS Trust	Newcross Hospital	01902 694031 or 01922 694037	01902 307999	Wolverhampton Road	Wolverhampton	West Midlands	WV10 0QP
Sandwell and West Birmingham Hospitals NHS Trust	City Hospital	0121 507 4703 or 0121 507 4184	0121 553 1831	Dudley Road	Birmingham	West Midlands	B18 7QH
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	01952 565924	01743 261000	Mytton Oak Road	Shrewsbury		SY3 8XQ
South Warwickshire NHS FT	Warwick Hospital	01926 495321 Ext 4552/4553	01926 495 321	Lakin Road	Warwick		CV34 5BW
University Hospitals Birmingham	Heartlands Hospital	0121 424 2710	0121 424 2000	Bordesley Green East	Birmingham	West Midlands	B9 5SS
	Good Hope Hospital	0121 424 7201	0121 424 2000	Rectory Road	Sutton Coldfield	West Midlands	B75 7RR

Trusts with Maternity Units	Hospital Site	Delivery Suite Direct Dial number	Switchboard	Address1	Address2	County	Postcode
University Hospitals Coventry & Warwickshire NHS Trust	University Hospital Coventry & Warwickshire	02476 967339 02476 968879 Crm@uhcw.nhs.uk	02476 964000	Clifford Bridge Road	Coventry		CV2 2DX
University Hospitals North Midlands	Royal Stoke Hospital	01782 672333	01782 715444	Newcastle Road	Stoke-on-Trent		ST4 6QG
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	01905 760571	01905 763333	Charles Hastings Way	Worcester		WR5 1DD
Walsall Healthcare NHS Trust	Manor Hospital	01922 656246	01922 721172	Moat Road	Walsall	West Midlands	WS2 9PS
Wye Valley NHS Trust	County Hospital	01432 364070	01432 344344	Stonebow Road	Hereford		HR1 2BN
Chesterfield Royal Hospital NHS FT	Chesterfield Royal Hospital	01246 200600	01246 277271	Calow	Chesterfield	Derbyshire	S44 5BL
Kettering General Hospital NHS FT	Kettering General Hospital	01536 492879	01536 492000	Rothwell Road	Kettering	Northamptonshire	NN16 8UZ
Northampton General Hospital NHS Trust	Northampton General Hospital	01604 545058	01604 634700	Cliftonville	Northampton	Northamptonshire	NN1 5BD
Nottingham University Hospitals NHS Trust	City Campus	0115 9709777	0115 969 1169	Hucknall Road	Nottingham	Nottinghamshire	NG5 1PB
	Queens Medical Centre (QMC)	0115 9709777	0115 924 9924	Derby Road	Nottingham	Nottinghamshire	NG7 2UH
Sherwood Forest Hospitals NHS FT	King's Mill Hospital	01623 672244	01623 622515	Mansfield Road	Sutton In Ashfield	Nottinghamshire	NG17 4JL

Trusts with Maternity Units	Hospital Site	Delivery Suite Direct Dial number	Switchboard	Address1	Address2	County	Postcode
University Hospitals of Derby and Burton NHS FT	Royal Derby Hospital	01332 785141	01332 340131	Uttoxeter Road	Derby	Derbyshire	DE22 3NE
	Queen's Hospital Burton,	Ext 4355 or Ext 4356	01283 511511	Belvedere Road	Burton on Trent	Staffordshire	DE13 0RB
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	01522 573140	01522 512512	Greetwell Road	Lincoln	Lincolnshire	LN2 5QY
	Pilgrim Hospital	01205 445424	01205 364801	Sibsey Road	Boston	Lincolnshire	PE21 9QS
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary (LRI)	0116 258 6451/6452	0300 303 1573	Infirmary Square	Leicester	Leicestershire	LE1 5WW
	Leicester General Hospital	0116 258 4807	0300 303 1573	Gwendolen Road	Leicester	Leicestershire	LE5 4PW

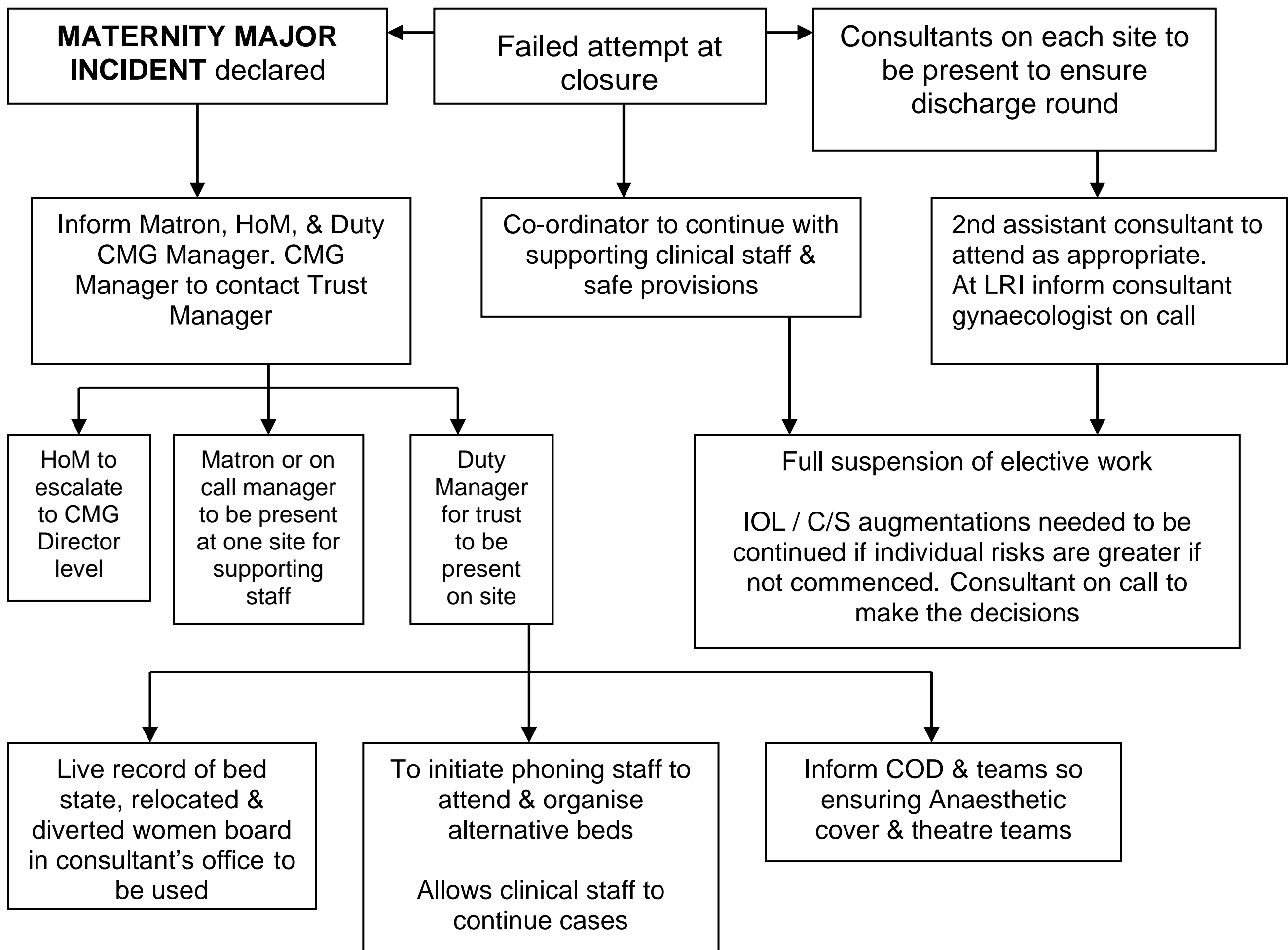
Appendix 7: Midlands Acute Maternity OPEL Maternity Framework – Escalation Triggers

OPEL STATUS	A/N & P/N Ward beds	Delivery suite beds	Triage Breaches	Unable to give 1-1 care in established Labour	Birthrate plus activity and dependency score for Delivery Suite	Delivery suite coordinators not supernumerary	Delays in elective work for non - medical reason	Neonatal Services Neonatal OPEL Framework Status
Red Three	Not enough beds for delivery suite to transfer or elective activity	Upper limits of bed capacity, no potential bed capacity within 2 hours	Women not seen in red category immediately	Unable to give 1-1 care to woman in established labour	Birthrate plus rating RED	Temporarily providing direct care to antenatal/postnatal women whilst extra support for delivery suite is provided	Delays in elective activity for >24hours	OPEL NF THREE Very limited ability to maintain patient flow in line with ODN pathways.
Amber Two	Enough beds for delivery suite to transfer to ward but not elective activity	High activity with high bed occupancy but beds remain ava ilable	Women not assessed within 15 minutes in orange category	Moving staff to be able to give 1-1 care	Birthrate plus rating AMBER	Delivery suite coordinators supernumerary	Delays in elective activity for > 2 hours	OPEL NF TWO Neonatal service is experiencing difficulty in meeting anticipated demand with available resources
Green One	No delays in admission or transfers	Bed capacity available for delivery suite activity	All women seen with appropriate timescales in line with unit guidance	1-1 care given to all women	Birthrate plus rating GREEN	Delivery suite coordinators supernumerary	No delays in elective work	OPEL NF ONE ODN unit open to admissions in line with unit designation

Appendix 8: Attempted Closure of Leicestershire Maternity Service – Failed

Guidance to Action Plan

Due to the increasing birth rate, maternity units are increasingly unable to assist in closures of maternity services therefore detailed action plans to assist in these complicated services are required to ensure the safety of mothers and babies, but also the safe working for all staff in the unit:



Staff to be contacted (also see Midwifery and Support Staffing Policy)

- Up to date staff list available – during 7am and 9pm use SMS texting service
- Support staff to be contacted to assist with cleaning of rooms & fetching of equipment
- Home birth team out of hours, community staff to be contacted to assess women in community prior to admission during the day
- Silver Nurse to be contacted to locate any nurses to provide support to enhanced care, recovery or on the postnatal wards if possible

Bed capacity

- Reception to allow overriding of a lift for ward transfers
- Maintain a live bed state, relocated or diverted women i.e. to St Mary's / LGH / Community
- Clear logs of patients within the unit & elsewhere to be maintained throughout maternity major incident

- Effective communication across both sites to allow even utilisations of rooms
- Continue to review on a half hourly /hourly basis.
- Encourage senior presence on the wards to discharge or review treatment plans

Appendix 9: Patient letters

Patient Letter – shortage of beds

Name:

Address:

Date:

Dear

I would like to apologise for the fact that you had to be referred to another maternity unit on (insert date) owing to the temporary closure of the maternity unit at (insert hospital site). As I believe you were informed at the time, this was due to an exceptionally busy day, resulting in a shortage of beds.

Please be assured that your health and safety, and that of your baby, was our prime concern when the decision to refer you to another hospital was made. A decision to close the unit is always made as a last resort but I understand how stressful this late change must have been for you.

I would also like to take this opportunity to offer you further explanation if you should feel you need it. This can be done in a number of ways either through a meeting or a phone call. If you would like to take up this opportunity, please do not hesitate to phone my secretary on (0116) 258 6812.

Yours sincerely

Elaine Broughton Head of Midwifery

Women's and Children's Clinical Management Group

Patient letter – shortage of midwives

Name:

Address:

Date:

Dear

I would like to apologise for the fact that you had to be referred to another Maternity Unit on (insert date) owing to the temporary closure of the Maternity Unit at (insert hospital site). As I believe you were informed at the time, this was due to an exceptionally busy day, resulting in a shortage of midwives.

Please be assured that your health and safety, and that of your baby, is our prime concern when the decision to refer you to another hospital was made. A decision to close the maternity unit is always made as a last resort but I do understand how stressful this late change must have been for you.

I would also like to take this opportunity to offer you further explanation if you should feel you need it. This can be done in a number of ways either through a meeting or a phone call. If you would like to take up this opportunity, please do not hesitate to phone my secretary on (0116) 2586812.

Yours sincerely

Elaine Broughton Head of Midwifery

Women's and Children's Clinical Management Group

Appendix 10: Roles & Responsibilities within the Trust:

Role	Responsibilities
Gold on call	In the event of a whole maternity service closure, the primary role of the gold on call is to give strategic direction at an operational level to ensure patient flow is resumed as early as possible. Gold on call should also handle any communications or media requests out of hours and liaise with the ICS gold on call.
Silver on call	The silver on call provides 24 hour, 7 days out of hours on call operational oversight of the situation. During the escalation process the role of the silver on call is to support any decision making and to ensure all areas of the maternity service are maximised to aid patient flow, safety and capacity. In the event of any potential full maternity service closure, the silver on call should escalate to the gold on call.
Women's manager on call	The women's manager on call will coordinate further support for maternity services. For example find extra cleaning team, maximise available support staff to answer doors, telephones and manage effective bed clearance on electronic systems etc. They will liaise with delivery suite coordinator to ensure that they have sufficient support
Director of operations/deputy director of operations (within working hours)	The director of operations of the Trust will ensure there is a robust and efficient system in place for the recognition and response to emergency care and other demand/capacity pressures. Supports a resilient and robust Trust wide response to emergency care/demand/capacity pressures. All processes will be supported by the umbrella of a Trust cooperate governance process.
Lead consultant obstetrician on call	The consultant on labour suite or out of hours the on call consultant obstetrician will work in collaboration with the delivery suite coordinator, to expedite discharges where clinically safe to do so and to consider deferring elective work to improve immediate capacity issues they will work closely with obstetric anaesthetist on call and neonatal consultant on call. They also play a key role in the decision making processes concerning temporary diversion or closure of the service.
Head of midwifery / Deputy Head of Midwifery	HoM holds overall responsibility and accountability for the maternity services flow and capacity within the CMG. Also, HoM is responsible for operational leadership to the service; to ensure plans are in place to support the achievement of safe care within the maternity services.
Clinical director	To hold overall responsibility and accountability for the maternity services flow and capacity with the Head of Midwifery
Maternity bleep holder (Inpatient areas)	To be informed out of hours of any potential capacity concerns when the maternity service is going from OPELMF Two to OPELMF Three. They will provide logistical support if needed to support the Maternity Services capacity. To attend delivery suite to support with phone calls and to facilitate conversations as required and complete documentation to enable the delivery suite coordinator to continue to coordinate the care of the women, babies and staff. To liaise with senior colleagues as per Trust escalation process. Are responsible for gathering information regarding staffing,

Role	Responsibilities
	bed capacity and acuity in all maternity inpatient areas. They support the delivery suite coordinator and ward managers on a daily basis to ensure the safe and timely flow of patients throughout the maternity services by the resolving of staffing shortages and redeployment of staff within the clinical area. Report to the matrons, HoM and community manager. Attend safety huddle with obstetricians, neonatal team, anaesthetists and delivery suite coordinator. At early signs of pressure the manager of the day will escalate to the matrons and consultant obstetricians and will commence the documentation as required. They will also undertake non-clinical tasks to support discharges and patient flow when required.
Community Team Leaders	Are responsible for gathering information regarding staffing and acuity in the community service. They are responsible for ensuring the timely and safe allocation of workload, and ensuring all clinics, bookings and home visits are covered. They are responsible for resolving staffing shortages and redeployment of staff within the community area, and escalating to the community midwifery matron where required.
Maternity matrons	Are responsible for coordinating the maternity service as a whole. They are the next stage in the escalation process and will support operational decision making including ensuring safe timely discharges of those able. They will liaise with and support consultant colleagues.
Delivery suite coordinators & ward managers	Ensure ward staff has the knowledge and skills in achieving processes for safe and timely discharges within the ward areas. Vacated beds are declared immediately to the bed manager/bleep holder. Ensure decontamination is carried out promptly and effectively. Escalate any delays in management of a woman's care and treatment that could delay a discharge to the senior midwifery management team. Ensure collaborative working which includes the neonatal unit manager to ensure all discharge planning actions are carried out in an integrated manner.

Appendix 11 – Re-opening Checklist

<table>
<tr><td>Date/time unit closed</td><td colspan="2"></td></tr>
<tr><td>Name of exec on call who authorised divert/closure</td><td colspan="2"></td></tr>
<tr><td>Date and time of re-opening</td><td colspan="2"></td></tr>
<tr><td rowspan="2">Total days / hours closed</td><td>Days</td><td>Hours</td></tr>
<tr><td></td><td></td></tr>
<tr><td>Name of exec decision maker</td><td colspan="2"></td></tr>
</table>

Number of women directed to other units	
Number of women delivered in other units	
SBAR completed	
Reported onto StEIS	
RCA completed / date	

In Hours - If the closure occurs out of hours please inform relevant stakeholders the next working day	**Date**	**Time**	**Notifying Person**	**Comment**
Delivery suite coordinator				
Maternity manager of the day				
Maternity bleep holder/ on-call				
Midwifery professional support/advocate				
Consultant obstetrician				
Consultant neonatologist				
Manager on call				
Bed manager				
Head of midwifery				
Executive on call				
Ambulance control				
Safeguarding team				
Consultant anaesthetist				
Governance lead				
Executive on call at receiving unit				
ICS/LMNS				

Appendix 12 – SBAR Assessment

SITUATION • Date and time of closure • Reason for closure • Other information	
BACKGROUND • Precipitating factors that lead to divert and closure • How many times closed in the last 3 years? • Previous reasons for closure	
ASSESSMENT • Staff deployed according to activity • Addition bank staff requested • Bed management managed appropriately • Relevant people informed in a timely manner • Checklists completed appropriately • Outstanding/pending workload e.g. IOL/CS • Appropriate actions taken at each level to try and deescalate situation • Length of closure appropriate	
RECOMMENDATION • Appropriate actions taken to try and deescalate situation? • Appropriate decision to temporarily divert maternity services? • Timely review of activity and staffing during closure and reopening? • How many times has unit closed in the last 12 months?	
COMPLETED BY	