

UH Sussex Maternity Escalation Policy	
Summary statement: How does the document support patient care?	The purpose of this guideline is to provide good practice evidence for staff in the care of pregnant women and people in labour in all care settings.
Staff/stakeholders involved in development:	Head of Midwifery, Clinical Governance Lead, Clinical Midwifery Managers, Registered Midwives, Consultant Obstetricians and Labour Ward Lead.
Division:	Women and Children's
Department:	Maternity
Responsible Person:	Chief of Service
Author:	Head of midwifery, Better Births Midwife, Clinical Effectiveness Support Midwife
For use by:	All Medical and Midwifery staff involved in the care of pregnant women and people
Purpose:	This document is to assist the maternity service at UH Sussex to maintain the safety of mothers and birthing parents and babies at all times and maintain a safe working environment for staff. The policy outlines procedures to be implemented when the whole system or one constituent part of the system are unable to manage the demand being placed on it.
This document supports:	<u>Care Quality Commission</u> <u>NICE CG190 Intrapartum care for healthy women and babies</u> (updated 2022)
Key related documents:	Trust Governance Policy Document Trust Patient Safety Business Continuity / Major Incident Birthrate plus Acuity tool
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Version	Date	Author	Status	Comment
1.0	December 2021	Consultant Obstetrician / IT Audit and CE Midwife	Archived	New Trust wide policy replacing: <ul style="list-style-type: none"> • WSHT P54 Escalation and contingency plan – Maternity unit divert & closure policy • MP058 Maternity Escalation Protocol
1.1	September 2023	██████████, Clinical Governance Lead	Archived	New appendix 17: Handover of documentation following divert / transfer of patient across hospital sites. New appendix 18: UHS Student escalation.
1.2	November 2023	CE Team	LIVE	Appendix 10b: SECAmb Divert form updated.

**The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.
 If in doubt contact a senior colleague or expert.**

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UH Sussex Maternity Escalation Policy

1.0 Aim of this document

The purpose of this document is to provide a framework for the declaration and response to a Maternity Divert. The overriding objectives of the plan are to provide:

- Provide a framework and key actions for responding to a disruptive incident.
- To ensure that appropriate steps are undertaken if closure of the Maternity Unit is unavoidable.
- Provide an overview and prioritisation of essential services delivered by the practice to patients and associated supporting functions.
- To ensure a standardised approach to diverting pregnant women and people to another acute site when closing the maternity unit is unavoidable.
- Restore normal operations as soon as possible.

2.0 Scope

This guideline applies to:

- Midwives
- Obstetricians
- Maternity Managers

3.0 Responsibilities

Midwives & Obstetricians:

- To access, read, understand and follow this guidance.
- To use their professional judgement in application of this guidance.

Management:

- To ensure the guideline is reviewed as required in line with Trust and National recommendations.
- To ensure the guidance is accessible to all relevant staff.

4.0 Abbreviations used in this guideline

SMOC - Senior Manager On-Call	DoM - Director of Midwifery
CSM - Clinical Site Manager	IOL - Induction of Labour
DOC - Director On-Call	CS - Caesarean Section
HoM - Head of Midwifery	MIS - Maternity Information System
ICS - Integrated Care System	EOC - Emergency Operations Centre
MLU - Midwifery Led Unit	MOPEL - Maternity Operational Pressures Escalation Levels
OPEL - Operational Pressures Escalation Levels	SECamb - South East Coast Ambulance Service
SCAS - South Central Ambulance Service	

5.0 Introduction

In the rare event of capacity or staffing issues, admissions to the maternity units within UH Sussex may need to be restricted or closed. This policy gives guidance for the Maternity and Neonatology workforce as well as Command Roles including Clinical Site Managers (CSMs), Senior Managers On-Call (SMOCs) and Director On-Call (DOC) on the appropriate steps to be taken if closure is unavoidable and to ensure a standardised approach to diverting pregnant women and people to other Trusts for maternity care.

Each situation must be assessed carefully at the time. Women and people cannot be refused admission until a decision to close/divert is finalised.

All CSMs, SMOCs, DOCs and staff working within the maternity and neonatal workforce are required to have read this document, and be able to access this if there are any needs to escalate areas of concerns that may require a review of the services being provided.

Whilst it is extremely rare for the unit to have to close, it will only close or restrict admissions as a last resort after a clinical and strategic assessment of the risks within the Maternity Unit / Neonatal Unit.

The decision to close and divert care requires an agreement by the Consultant Obstetrician On-Call and Head of Midwifery / Director of Midwifery in association with the Consultant Neonatologist On-Call. Closure of the unit will have major implications for all pregnant women and people booked for care, neighbouring hospitals and the Neonatal Services. Consensus to close will only be considered when all other potential solutions are exhausted.

6.0 Escalation definitions and triggers

Green – MOPEL Level 1:

The maternity service operates normally across all services and will be expected to accept diverted women and people from other maternity units on a case by case basis if needed.

Triggers

- **Bed capacity:**
 - Delivery suite: At least 2 beds available.
 - Antenatal / postnatal wards: At least 2 beds available.
- **Medical and midwifery staffing:**
 - Medical staffing: Consultant, Registrar and SHO all available on shift.
 - Midwifery staffing: Less than -2 acuity in midwifery staffing.
- **Other acuity and elective workload:**
 - Elective caesarean sections able to proceed, theatre staff available to undertake elective activity.
 - Induction of labour (IOL): Max of 3 women and people awaiting transfer to delivery suite for IOL.

Amber – MOPEL Level 2:

The staffing levels and skill mix are not appropriate for the workload. Work activity has to be prioritised. Internal escalation processes must be activated within each UH Sussex maternity unit following internally agreed actions, so that it is possible for the clinical activity to be managed within own resources.

Triggers

- **Bed capacity:**
 - Delivery suite: Only 1 bed available.
 - Antenatal / postnatal ward: Only 1 bed available.
- **Medical and midwifery staffing:**
 - Medical staffing: Consultant present but either Registrar or SHO not available.
 - Midwifery staffing: Acuity of -2.5 or less in midwifery staffing.
- **Other acuity and workload:**
 - Delayed or rescheduled elective caesarean sections, unavailable to undertake elective activity.
 - Induction of labour (IOL): High risk women and people awaiting transfer to delivery suite for IOL or 5 outstanding low risk IOL.
 - Consider ability to support labouring women and people at home.

Review situation 2 hourly

Red – MOPEL Level 3:

Unable to provide safe care to women and people and babies and the situation is likely to last more than an hour in either hospital or community. Diversion needed between UH Sussex Maternity Units.

Triggers

- **Bed capacity:**
 - Delivery suite: No beds available on delivery suite.
 - Antenatal / postnatal ward: No beds available.
- **Medical and midwifery staffing:**
 - Medical staffing: Consultant unavailable for shift on delivery suite.
 - Midwifery staffing: Acuity of -3 or less in midwifery staffing.
 - Inability to provide 1:1 care in labour.
- **Other acuity and workload:**
 - Either Elective CS activity OR obstetric theatre team unavailable.
 - Neonatal Unit closed and high-risk obstetric patients likely to birth.
 - Inability to support labouring women and people at home.

Review situation hourly

Black – MOPEL Level 4:

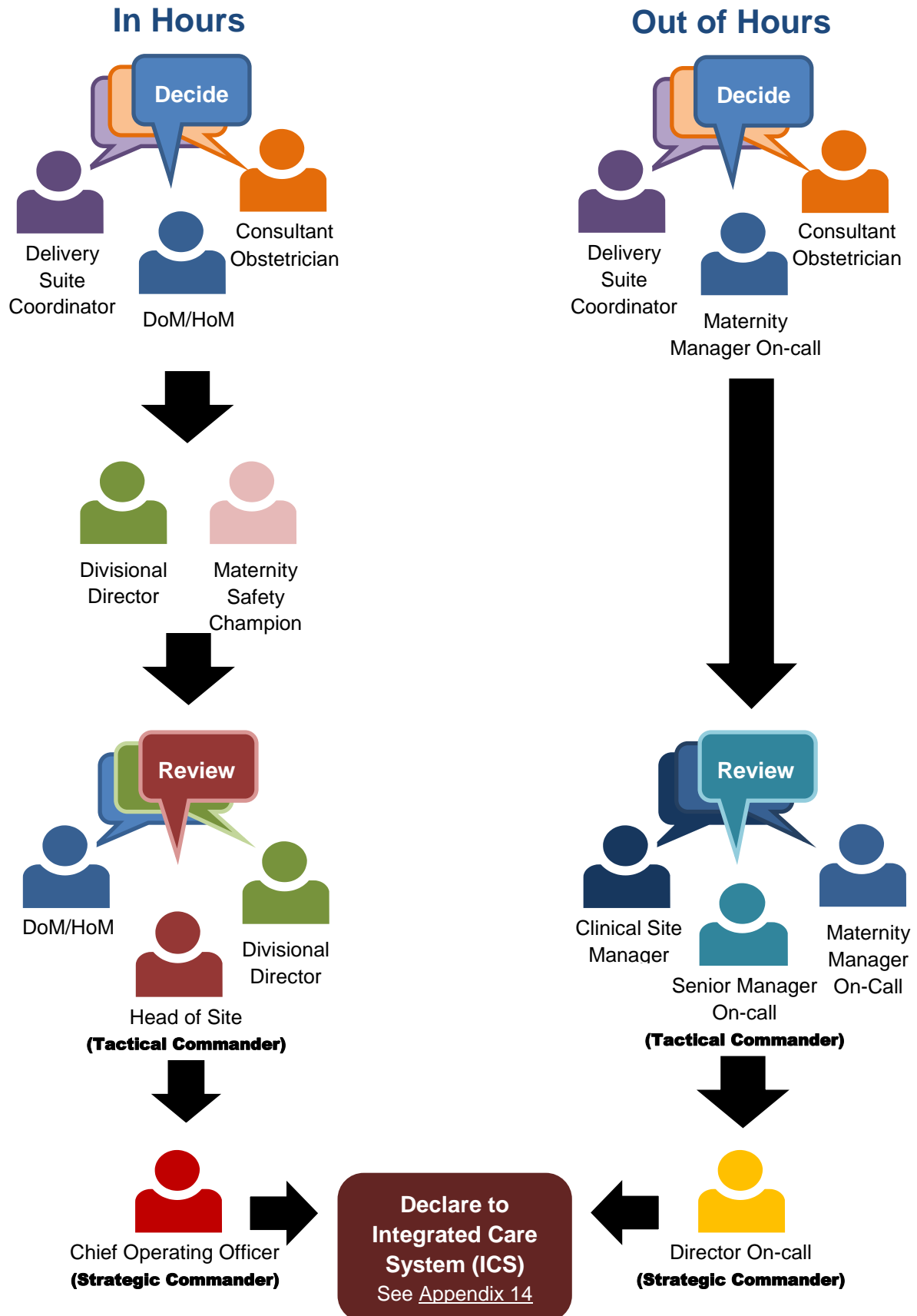
Decisions taken to suspend maternity services across UH Sussex Maternity Units, unable to manage demand within UH Sussex Maternity Units and no other actions are possible to improve the situation.

Triggers

- Inability to resolve Red Triggers within 4 hours.
- Inability to provide 1:1 care in labour.
- Decisions taken to suspend maternity services, unable to manage demand within UH Sussex Maternity Units and no other actions are possible to improve the situation.
- The UH Sussex Maternity Units are unable to accommodate labouring women and people.

Review situation hourly

7.0 Escalation Process: Red - MOPEL Level 3



8.0 Risk assessments and mitigation of risk reviews

At the start of each shift and at regular safety huddles; escalation levels should be MOPEL rated to assess alert levels.

Staffing Safety huddles are to be held twice daily AM and PM.

AM: to be attended by the Obstetric Consultant On-Call, Delivery suite coordinator, Nurse in charge on the neonatal unit and representatives from the clinical areas.

PM: to be attended by the Delivery suite coordinator, Nurse in charge on the neonatal unit and representatives from the clinical areas.

The Trust should assess the impact and likelihood of incidents disrupting the delivery of routine services in order to effectively mitigate the impacts of these.

Identification of warning signs that the maternity unit is potentially unable to provide safe care; (see Midwifery Red Flags below) a review via a safety huddle needs to be undertaken. The following actions will need to be taken:

- The midwives in charge from across the maternity unit should be notified.
- The senior manager/midwife in charge should determine whether the midwifery staffing levels is the cause, and the action that is needed such as redeployment of staff.
- Essential activities that present as red flags should be reported by the Birthrate+ acuity tool. Clinical staff should review any midwifery red flags; individual risk assessments need to be made and 2 hourly huddles should be commenced if there are acuity/activity concerns. Any change to the MOPEL rating should be escalated to the key staff in [section 7.0](#); the decision will be made to raise a DATIX and alert the Integrated Care System (ICS).

Midwifery red flag events

These are warning signs that the maternity service is unable to provide safe care to women and people and babies. This situation is likely to last more than an hour in either the hospital or birth centres.

- Co-ordinator unable to be supernumerary.
- Delayed or cancelled critical activity.
- Missed or delayed care, such as delay of 60 minutes or more in washing and suturing.
- Missed medication during an admission to hospital or the birth centre.
- Delay of more than 30 minutes or more in providing pain relief.
- Delay of 30 minutes or more between presentation and triage.
- Full clinical examination not carried out when presenting in labour.
- Delay of two hours or more between admission for induction and beginning of the process.

(NICE 2015)

Main causes of red flags are usually:

8.1 Insufficient staff

- Daily review of the staffing levels should be undertaken at the staff of each shift; any staffing concerns should be highlighted and discussed at the twice daily safety huddles. Please refer to [SP21002 Daily process for managing maternity staffing](#) (legacy West) and [MD086 Maternity Services Staffing](#) (legacy East).
- Any acute shortages that potentially impact the acuity and activity across the maternity unit should trigger 2 hourly safety huddles.
- Acute staff shortages, e.g. through sickness or special leave, may be covered with Bank Staff if the shift cannot be covered through redistribution of remaining staff. This can only be sanctioned by one of the Maternity Managers, or in their absence the Delivery Suite Band 7 coordinator.
- Maternity Managers will review duty rotas daily which must be prepared in line with Annual / Study Leave guidelines to enable an even distribution of staff throughout the week. Any shortfalls will need to be escalated, and an action plan put into place.
- Skill mix should be addressed by reviewing the availability and support from the Practice Development Team and other senior midwives on the unit.
- Explore the possibility of transferring midwives from an alternative practice area (e.g. specialist midwives). In conjunction with the consultant obstetrician, consider rescheduling non-urgent activity.
- When all these measures have been taken and the problem is not resolved, the Escalation Policy should be followed.

8.2 Insufficient beds

- Maternity services can lead to peaks in activities that exceed capacity. If the problem is a shortage of Delivery Suite beds, careful assessment of those women and people on the Delivery Suite should be made to see if any can be safely diverted to either of the UH Sussex sites (SRH, WH, PRH or RSCH) or home.
- In any situation where capacity is a problem, consideration must be given to the midwife : woman and person ratio which can quickly become a problem.
- Self-caring women and people without clinical need, e.g. those who are inpatients because their baby is in the Neonatal Unit, could potentially be accommodated overnight in Neonatal Unit rooming-in facility, where available.
- Problems can occur with a shortage of space on the Fetal and Day Assessment Units. Careful assessment and triage of existing women and people should be made to see if any may be safely transferred to another area, e.g. Delivery Suite.
- Careful telephone triage systems may also reduce the need for admissions at this critical time and consideration can be given to support via the community midwifery services.

8.3 Closure of the neonatal unit

- Closure of the neonatal unit is defined as no emergency cot available for any expected or unexpected neonatal admissions.

- Review of the activity and acuity on the Neonatal unit will need to be reviewed at the maternity workforce safety huddles. Staffing concerns and cot available need OPEL rating.
- The closure of the Neonatal Unit impacts on the patients already present on the Delivery Suite and pending admissions. All key staff in [Section 7.0](#) will need to be informed and raised as a red flag.
- A risk assessment must be undertaken for each woman and person on the Delivery Suite, maternity wards and all elective work at the time of the neonatal escalation to decide the likelihood of requiring a neonatal cot.
- All elective activity for either labouring women and people at term, those requiring induction of labour without any fetal indication, and those for elective CS (category 4) at term without any fetal risk factors should continue as usual.
- If the baby is at high risk of requiring admission to the Neonatal Unit, a multidisciplinary decision must be made as to whether the woman and person is safe to transfer to another unit or to remain.
- If the neonatal unit enters BLACK OPEL status all key roles will identify if this needs to be escalated to raise a serious incident.
- Risk assessment should be undertaken to identify any vulnerable patients that require complex care needs that cannot be safely met and will need to be transferred to another acute Trust.
- All departments including the community will need to be informed and the potential impact assessed.

8.4 Provision of urgent or emergency care

Where a pregnant woman and person requires urgent or emergency maternity care, this should be provided at the nearest available maternity/obstetric unit, irrespective of whether that unit has been required to suspend their service.

Every maternity care provider has an obligation and duty of care to provide emergency maternity care, irrespective of where the woman and person has booked for antenatal and/or labour care. Women and people have been classified as urgent or an emergency by the Ambulance Service must be admitted to the closest unit even if services are suspended.

9.0 Notifying service users

When women and people telephone during the period of closure:

- The pregnant woman and person must be informed of the reason for closure, apologies made and which hospitals are accepting referrals.
- The pregnant woman and person's name, address and telephone number are to be taken and document on MIS as well as on 'Record of women and people diverted' ([Appendix 13](#)).
- The midwife on the Delivery Suite / Maternity Telephone Triage (delegated by the delivery suite coordinator) will ring the neighbouring unit to find out if they can accept this woman and person. Complete 'List of maternity units contacted' ([Appendix 11](#)).

- The midwife will then ring the woman and person back and inform them which unit will be able to take them. The woman and person must be given directions of how to reach the neighbouring hospital, or arrange ambulance transfer for the woman and person, whichever is the most appropriate for that person.
- In all situations careful consideration must be given to any local emergency referrals that will have to be accommodated.
- See [appendix 17](#) for handover of documentation following divert or transfer of patient across hospital sites.

10.0 Notifying other departments/aligned specialties and Ambulance Control

The Communication Checklist (see [appendix 9](#)) for diverting from a maternity unit or closing all UH Sussex Maternity units should be completed by Maternity Manager or Delivery Suite Coordinator (or delegated person) when in MOPEL 2/3/4 – AMBER/RED/BLACK.

For notifying Ambulance services of closure of the maternity unit/maternity units the Tactical Commander (Head of Site / Senior Manager On-Call) will liaise with the Strategic Commander (Chief Operating Officer / Director On-call) who is responsible for liaising with the Ambulance service:

- **For SECamb:** the Strategic Commander (Chief Operating Officer / Director On-call) requesting a Divert will contact SECamb's Emergency Operations Centre (EOC) requesting a Divert, details in [Appendix 10a & 10b](#). This must be followed up by completing **section A** on the Divert request form and emailing it to divert@secamb.nhs.uk copying in the Urgent Care/Incident email address and the Integrated Care System Incident Coordination Centre for the relevant Integrated Care System.
- **For SCAS:** contact SCAS On-Call duty Director of Operations via the Clinical Coordination Centre and inform them of the suspension of services and of who the receiving trust is going to be. Inform the appropriate Incident Coordination Centre for the Integrated Care System.

Both the Tactical Commander (Head of Site / Senior Manager On-Call) and the Strategic Commander (Chief Operating Officer / Director On-call) can be contacted via switchboard.

11.0 Reopening the unit and follow-up

- As soon as the situation resolves and there are adequate facilities and /or staff the reverse process applies.
- Reopening should be communicated to all the appropriate departments ([appendix 9](#)). This will include switchboard and Ambulance Control. Communication with Ambulance Control will be backed up with an email from the Strategic Commander informing them that the Unit has reopened.
- Contact should be made with the accepting unit and thanks offered for their cooperation. Details of any women and people who have been cared for in the other units should be confirmed.

- The Director/Head of Midwifery (or in their absence, their deputy), will ensure that a letter of apology is sent to every woman and person who is referred to another unit. This letter will offer further explanation as to the reasons why referral became necessary (see [Appendix 15](#)).

12.0 Monitoring

Monitoring of compliance with this policy will be through completion and audit of:

- Birthrate+ acuity or Maternity Risk Assessment form ([Appendix 8](#))
- Communication checklist for closing the Maternity Unit ([Appendix 9](#))
- List of Maternity Units contacted ([Appendix 11](#))
- Record of women and people diverted ([Appendix 13](#))

References

NHS England. 2021. NHSEI Regional Team: Guidance regarding Requests for Mutual Aid in Maternity Services in the South East.

Appendix 1: STRATEGIC COMMANDER

Role performed by:	Chief Operating Officer (day) / Director On-Call (out-of-hours)
Responsible to:	Chief Executive
Key responsibilities:	To formally approve ambulance divert, strategic coordination of the Trusts incident response, engaging with Director level local acute partners throughout the divert, engaging ambulance service strategic command throughout incident.

Green – MOPEL Level 1 Actions

- None

Amber – MOPEL Level 2 Actions

- None

Red – MOPEL Level 3 Actions

- Inform ICS
- Inform ambulance service (see [section 10.0](#) and [appendix 10a &10b](#))

Black – MOPEL Level 4 Actions

- Inform ICS
- Inform ambulance service (see [section 10.0](#) and [appendix 10a &10b](#))

Appendix 2: TACTICAL COMMANDER

Role performed by:	Head of Site (day) / Senior Manager On-Call (out of hours)
Responsible to:	Strategic Commander
Key responsibilities:	To escalate and communicate with the Strategic Commander (Chief Operating officer / Director On-Call)

Green – MOPEL Level 1 Actions

- None

Amber – MOPEL Level 2 Actions

- None

Red – MOPEL Level 3 Actions

- Liaise with Strategic Commander, who is responsible notifying Ambulance services of closure of the maternity unit/maternity and commencing ambulance diversion.

Black – MOPEL Level 4 Actions

- Liaise with Strategic Commander, who is responsible notifying Ambulance services of closure of the maternity unit/maternity and commencing ambulance diversion.

Appendix 3: CLINICAL SITE MANAGER

Role performed by:	Divisional Director (day) / Clinical Site Manager (night)
Responsible to:	Senior Manager On-Call for site
Key responsibilities:	To provide a single point of contact the rest of the Trust and to ensure the coordination of the safety of patients and staff.

Green – MOPEL Level 1 Actions

- None

Amber – MOPEL Level 2 Actions

- None

Red – MOPEL Level 3 Actions

- Liaise with the Tactical Commander

Black – MOPEL Level 4 Actions

- Liaise with the Tactical Commander

Appendix 4: MATERNITY MANAGER ON-CALL

Role performed by:	Maternity Manager On-Call or Matron
Responsible to:	Tactical Commander
Key responsibilities:	Overview of whole unit to assess if any redeployment of staff and patient discharges can be identified and managed.

Green – MOPEL Level 1 Actions

- Regular review of activity / staffing.

Amber – MOPEL Level 2 Actions

- Determine activity and staffing in all maternity areas - including the community and specialist areas.
- Consider:
 - Redeploying staff (*SRH& WH - See Homebirth & Freebirthing guideline appendix 6 Provision of homebirth service - for reallocation considerations for community staff into the hospital.*)
 - Requesting additional staff
 - Reviewing elective activity and escalate the decision to cancel or delay where safely possible (IOL and CS).
 - Request extra bank or agency staff, where available, to meet the required staffing levels.
- Identify inpatients waiting for treatment or investigations who could be reviewed, investigations/treatment expedited and discharged.
- Increase bed capacity by requesting emergency ward rounds on Delivery Suite and Antenatal/Postnatal Wards by on-call consultant/middle grade obstetrician.
- Agree a practical review period until green status achieved.
- Discharge all well inpatients and babies.
- Ensure inpatients not requiring care on delivery suite are transferred to wards.
- Discharge home those inpatients no longer requiring hospital care.
- Women and people having homebirths need to be planned carefully and monitored if Community Service has the staffing to support.
- Identify inpatients waiting for treatment or investigations who could be reviewed, investigations/treatment expedited and discharged.
- Utilise beds on MLU.
- Redeploy midwives not currently performing clinical work (managers/specialist midwives).
- Cancel non-essential meetings.
- Task shift to Nurses and MSWs if adequately skilled.
- Communicate to all key roles.

Normal working hours: Monday-Friday, 8am-8pm -

- Review support from the wider team inclusive of specialists and managers.
- The Delivery Suite Coordinator or Senior Sister should call an emergency huddle with all key roles.

- Agree a practical review period, usually 2 hourly until green status achieved.

Red – MOPEL Level 3 Actions

- Discuss the unit acuity and challenges with the delivery suite co-ordinator.
- If there is no improvement in the situation on-site attendance is expected.
- If there is no improvement in the situation, inform:
 - Tactical Commander (Head of Site / Senior Manager On-Call for site) who will contact the Strategic Commander (Chief Operating Officer / Director On-Call).
 - DoM/HoM must be informed.
- In the event of a neonatal divert, close partnership working should be achieved and each case should be discussed. Agreement should be reached on which maternity admissions should be diverted, based on a risk threshold.
- In conjunction with the Consultant On-Call consider whether elective activity, e.g. IOL and elective CS is paused.
- Follow up confirmation of escalation with email to key roles.
- Review status of unit hourly.
- Confirm availability of neighbouring Maternity Units to accept clinical activity ([appendix 11](#)).
- Contact other staff to help (Gynae team, midwives in other areas).
- Call in the on-call staff and request extra bank or agency staff, where available, to meet the required staffing levels. *(SRH& WH - See Homebirth & Freebirthing guideline appendix 6: Provision of homebirth service - for reallocation considerations for community staff into the hospital.)*
- Keep all staff informed of situation.
- Contact the Site manager for support.
- If situation not improving after 2 hours, escalate to Black MOPEL Level 4 actions.
- Ensure all maternity activity and staffing have been reviewed.
- Assess the impact to services.
- In the event that neighbouring Trusts are unable to accept the women and people then the key roles will need to revisit plan and form further actions.

Black – MOPEL Level 4 Actions

- Onsite attendance is expected and the below actions should be taken from the delivery suite coordinator to release them to continue clinical management of the shift.
- Inform DoM/HoM or Matron (if not already present) by telephone 24/7.
- Consideration of de-escalation of response if the situation is judged to have improved sufficiently.
- In conjunction with the Consultant On-call consider whether elective activity, e.g. IOL and elective CS is paused.
- Home birth suspended.
- Inform the Tactical Commander (Head of Site / Senior Manager On-Call for site) who will contact the Strategic Commander (Chief Operating Officer / Director On-Call).
- Strategic Commander to contact ambulance service (see [section 10.0](#) and [appendix 10a & 10b](#)); follow up with an email with the details of accepting Trust and number of patients able to accept. **This action is no longer the responsibility of the Delivery Suite**

Coordinator / Maternity Manager On-Call.

- Contact the Site manager for support.
- Assess all callers contacting the unit/ birth centre according to clinical need.
- Consider accommodating high risk women and people, e.g. insulin dependent diabetic, bleeding, women and people in premature labour.
- Inform all callers of the reason for the diversion, apologies made and the caller informed as to which hospitals are accepting referrals.
- Document the woman and person's name, address and telephone number of all women and people who are diverted to other Trusts when the unit / birth centre is closed. (See [Appendix 13](#)) as well as on the Maternity IT system.
- **On no account are callers to be advised to telephone other maternity units themselves. It is the responsibility of the unit taking the call to contact other units.**
- If a unit is not sourced or the woman and person calls back and is felt to be progressing in labour, or the severity of the situation is high, they must be invited to the unit for assessment or advised to go to A&E.
- Before a request to divert outside of UH Sussex is made, the status of the neighbouring maternity units should be ascertained and communicated to the Tactical Commander.
- 1 hourly safety huddles to review situation and monitor the situation. The diversion should be lifted as soon as it is safe to do so.

Appendix 5: CONSULTANT OBSTETRICIAN ON-CALL

Role performed by:	Consultant Obstetrician On-Call
Responsible to:	Tactical Commander
Key responsibilities:	Clinical reviews and risk assess individual cases that may require delay to care/need to transfer to another Trust.

Green – MOPEL Level 1 Actions

- 4 hourly review of activity / staffing.

Amber – MOPEL Level 2 Actions

- Identify inpatients waiting for treatment or investigations who could be reviewed. Investigations / treatment expedited and discharged.
- Agree a practical review period until green status achieved.
- Discharge all well inpatients and babies.
- Ensure inpatients not requiring care on delivery suite are transferred to wards.
- Increase bed capacity by undertaking emergency ward rounds on delivery suite and Antenatal/Postnatal Ward areas.
- 2 hourly review of activity / staffing.

Red – MOPEL Level 3 Actions

Consider:

- Redeploying obstetric staff to area of need.
- Requesting additional staff.
- Ensure inpatients not requiring care on delivery suite are transferred to wards.
- Increase bed capacity by undertaking emergency ward rounds on delivery suite and Antenatal/Postnatal Ward areas.
- Reviewing elective activity and escalate the decision to cancel or delay with the Labour Ward Lead Consultant.
- In the event of a neonatal divert, close partnership working should be achieved and each case should be discussed. Agreement should be reached on which maternity admissions should be diverted, based on risk assessment.
- Review status of unit at hourly safety huddles.

Black – MOPEL Level 4 Actions

- Contact the Clinical Director and Labour Ward Lead Consultant via telephone 24/7.
- Consideration of de-escalation of response as soon as possible if the situation is judged to have improved sufficiently.
- Hourly safety huddles to review situation and monitor the situation. The diversion should be lifted as soon as it is safe to do so.
- Maintain on-site presence whilst maternity is in Black escalation.

Appendix 6: DELIVERY SUITE COORDINATOR

Role performed by:	Delivery Suite Coordinator
Responsible to:	DoM/HoM (day) / Maternity Manager On-Call (out of hours)
Key responsibilities:	To assess staffing and workload.

Green – MOPEL Level 1 Actions

- 4 hourly review of activity / staffing.

Amber – MOPEL Level 2 Actions

- Determine activity and staffing in all maternity areas - including the community and specialist areas.
- Consider:
 - Redeploying staff
 - Requesting additional staff
 - Reviewing elective activity and escalate the decision to cancel or delay where safely possible (IOL and CS).
 - Request extra bank where available, to meet the required staffing levels.
- Identify inpatients waiting for treatment or investigations who could be reviewed, investigations/treatment expedited and discharged.
- Increase bed capacity by requesting emergency ward rounds on Delivery suite and Antenatal/Postnatal Wards by on-call consultant/middle grade obstetrician.
- Inform:
 - Maternity Manager
 - Consultant Obstetrician On-Call
 - Neonatal Nurse in Charge
 - Clinical Site Manager in order to be aware of pressures in unit.
- Agree a practical review period until green status achieved.
- Discharge all well inpatients and babies.
- Ensure inpatients not requiring care on delivery suite are transferred to wards.
- Discharge home those inpatients no longer requiring hospital care.
- Women and people having homebirths need to be planned carefully and monitored if Community Service has the staffing to support.
- Identify inpatients waiting for treatment or investigations who could be reviewed, investigations/treatment expedited and discharged.
- Consider Divert to other UH Sussex sites.
- Redeploy midwives not currently performing clinical work (managers/specialist midwives).
- Cancel non-essential meetings.
- Task shift to Nurses and MSWs if adequately skilled.
- Communicate to all key roles.

Normal working hours: Monday-Friday, 8am-8pm -

- Review support from the wider team inclusive of specialists and managers.
- The Delivery Suite Coordinator and Matron should call an emergency huddle with all key roles.

- Agree a practical review period, usually 2 hourly until green status achieved.

Overnight working and weekends hours: 8pm-8am -

- The Delivery Suite Coordinator should call the Maternity Manager On-Call for support and advice.

Red – MOPEL Level 3 Actions

- If there is no improvement in the situation, Maternity Manager On-Call, Clinical Site Manager and DoM/HoM/ or Matron must be contacted.
- The site team must be updated.
- In the event of a neonatal divert, close partnership working should be achieved and each case should be discussed. Agreement should be reached on which maternity admissions should be diverted, based on a risk threshold.
- Follow up confirmation of escalation with email to key roles.
- Review status of unit hourly.
- Confirm availability of other UH Sussex Maternity Units to accept clinical activity
- Contact other staff to help (Gynae team, midwives in other areas).
- Call in the on-call staff and request extra bank staff, where available, to meet the required staffing levels.
- Keep all staff informed of situation.
- If situation not improving after 2 hours, escalate to Black actions.
- Ensure all maternity activity and staffing has been reviewed.
- Assess the impact to services.
- In the event that other UH Sussex maternity units are unable to accept the women and people then the key roles will need to revisit plan and form further actions.

Black – MOPEL Level 4 Actions

It is recommended that one person is designated to coordinate the procedures to place the maternity unit on divert and that they have no other responsibilities during the process (ideally the Maternity Manager On-Call so that the Delivery Suite Coordinator can be released to continue clinical oversight of the shift).

- Inform DoM/HoM or deputy via telephone 24/7.
- Consideration of de-escalation of response if the situation is judged to have improved sufficiently.
- Inform the Senior Maternity Manager On-Call (MOC).
- Inform the Tactical Commander (Head of Site / Senior Manager On-Call for site) (contact via switchboard) who will contact the Strategic Commander (Chief Operating Officer / Director On-Call).
- Assess all callers contacting the unit/ birth centre according to clinical need.
- Consider accommodating high risk women and people, e.g. insulin dependent diabetic, bleeding, women and people in premature labour.
- Inform all callers of the reason for the diversion, apologies made and the caller informed as to which hospitals are accepting referrals.

- Document the woman and person's name, address and telephone number of all women and people who are diverted to other Trusts when the unit / birth centre is closed. (See [Appendix 13](#)) as well as on the Maternity IT system.
- **On no account are callers to be advised to telephone other maternity units themselves. It is the responsibility of the unit taking the call to contact other units.**
- If a unit is not sourced or the woman and person calls back and is felt to be progressing in labour, or the severity of the situation is high, they must be invited to the unit for assessment or advised to go to A&E.
- Before a request to divert outside of UH Sussex is made, the status of the neighbouring maternity units should be ascertained and communicated to the decision maker.
- On the decision to divert new admissions:
 - Inform Maternity Telephone Triage
 - Strategic Commander to contact ambulance service (see [section 10.0](#) and [appendix 10a & 10b](#)); follow up with an email with the details of accepting Trust and number of patients able to accept. **This action is no longer the responsibility of the Delivery Suite Coordinator / Maternity Manager On-Call.**
- 1 hourly safety huddles to review situation and monitor the situation. The diversion should be lifted as soon as it is safe to do so.

Appendix 7: NEONATAL CONSULTANT

Role performed by:	Neonatal Consultant
Responsible to:	Tactical Commander
Key responsibilities:	Clinical reviews and risk assess individual cases that may require delay to care/ need to transfer to another Trust.

Green – MOPEL Level 1 Actions

- 4 hourly review of activity / staffing.

Amber – MOPEL Level 2 Actions

- Identify neonates waiting for treatment or investigations which could be reviewed. Investigations / treatment expedited and discharged.
- Agree a practical review period until green status achieved.
- Discharge all well babies.
- Increase bed capacity by undertaking emergency ward rounds on delivery suite and Antenatal/Postnatal Ward areas, assess any neonates that are waiting for review or outstanding NIPES.
- 2 hourly review of activity / staffing.

Red – MOPEL Level 3 Actions

Consider:

- Redeploying paediatric staff to help complete any outstanding reviews to area of need.
- Increase bed capacity by undertaking emergency ward rounds on delivery suite and Antenatal/Postnatal Ward areas, assess any neonates that are waiting for review or outstanding NIPES.
- Review elective procedures alongside the Obstetric Consultant On-Call to risk assess delaying, cancelling activities or appropriate transferring of patients.
- In the event of a neonatal divert, close partnership working should be achieved and each case should be discussed. Agreement should be reached on which maternity admissions should be diverted, based on risk assessment.
- Review status of unit at hourly safety huddles.

Black – MOPEL Level 4 Actions

- Hourly safety huddles to review situation and monitor the situation. The diversion should be lifted as soon as it is safe to do so.
- Maintain on-site presence whilst maternity is in Black escalation.

Appendix 8: Maternity Risk Assessment form

To be completed by **MATERNITY MANAGER / DELIVERY SUITE COORDINATOR:**

- **Two hourly** when in **MOPEL 2 (Amber)**
- **Hourly** when in **MOPEL 3/4 (Red/Black)**

Date:		Time:		Completed by:	
--------------	--	--------------	--	----------------------	--

Title	Name	Contact No.
Maternity Manager		
On-call Consultant Obstetrician		
On-call Consultant Neonatologist		

UNIT STATUS

Staffing	
Hospital Midwives	
Community Midwives	
Specialist Midwives	
Antenatal Clinic Midwives	
MCA's	
Bed Availability	
Labour	
Antenatal/Postnatal Ward	
Neonatal Unit	
Workload	
High Dependency Case	
Others requiring 1:1 care (including women and people with epidurals and homebirths)	
No. of IOLs	
No. of electives LSCS	
No. of post-op cases (under 24 hours)	
Acuity on Delivery Suite	
Actions taken	

Appendix 9: Communication checklist for diverting from a maternity unit or closing all UH Sussex Maternity units

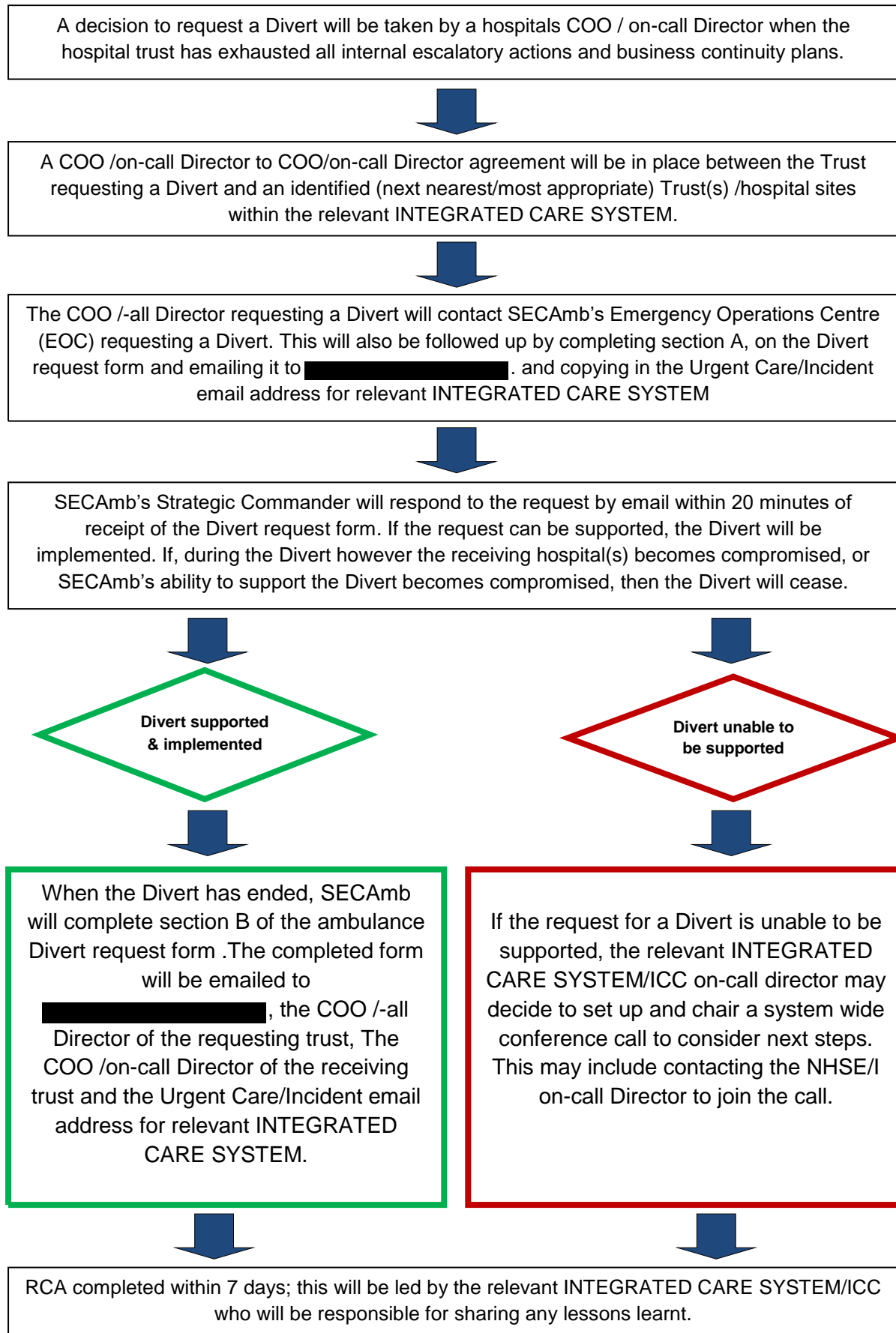
To be completed by **MATERNITY MANAGER / DELIVERY SUITE COORDINATOR** (or delegated person)
 when in MOPEL 2/3/4 – AMBER/RED/BLACK

Maternity Unit closed (MOPEL Amber/Red)				
Date:		Time:		Completed by:
UH Sussex Maternity Units Closed (MOPEL Black)				
Date:		Time:		Completed by:

	Time informed	Comments	Initials	Time informed open	Initials
Neonatal Unit					
A&E					
Maternity Manager On-call					
DoM/HoM					
Consultant Obstetrician On-call					
Consultant Neonatologist On-call					
Senior Manager On-call (via switchboard)					
Clinical Site Team (via					

switchboard)					
Ambulance Control (to be contacted by the Strategic Commander only).					
General Manager for Women and Children's (via switchboard)					
Divisional Director of Operations for Planned Care (via switchboard)					
Divisional Director of Nursing (via switchboard)					
Community Midwifery Team Leaders (office hours only)					
Maternity Telephone Triage					
Antenatal Clinic / DAU					
UH Sussex Maternity Units:					
SRH					
WH					
PRH					
RSCH					

Appendix 10a: Implementation of a Divert SECamb only



Appendix 10b: Ambulance Specialist Divert Request form (SECamb only)

To be completed by DIRECTOR ON-CALL

- For SCAS the diverting trust will inform SCAS contact centre of the maternity provider agreeing to the Divert.
- All requests for an Ambulance Divert involving SECamb must be made by the requesting trusts Acute Trust Executive Director Level by telephoning: SECamb on [REDACTED] (Surrey and West Sussex including Brighton) or [REDACTED] (Kent and East Sussex) and asking for The Strategic on call manager.
- This must be followed by completing **section A** and emailing the form to [REDACTED]
- SECamb will complete section B and the form must be emailed to the on-call CCG Executive Director the next day.

Section A: To be completed by Director On-Call at the requesting Trust	
Date & time:	
Name of Trust requesting a divert:	University Hospitals Sussex
What divert is being requested: Full, Specialist or Border	
Reason for divert request:	
Name, telephone number and email address of Executive Director at the hospital requesting a divert:	
Estimated duration of divert: (4 hours maximum)	
Name, telephone number and email address of COO / on-call Director at the trust(s) receiving a divert:	
Name of receiving trust who have agreed to accept the divert:	
Name of Executive Director and contact number at the receiving trust who has agreed the divert: (DOC)	
Confirm that request for divert (border or full) has been supported by the Executive CCG on call Director and that the check list has been completed:	
Name of Executive Director telephone number and email address at the CCG:	
Telephone number of conference call set up by the trust requesting a divert:	
Section B: To be completed by SECamb	
Date & time initial request received by SECamb:	
Name of SECamb Strategic Director on call:	
Divert supported – YES / NO Provide details and rationale:	
Does this divert affect neighbouring	

Ambulance service? – YES / NO If yes provide details of contact made to the relevant ambulance services.	
Time when divert started and stopped:	
Number of patients diverted:	

Appendix 12: Contact telephone numbers

HOSPITAL TELEPHONE NUMBERS		
Kent and Medway		
Medway Foundation Trust (FT)	SWITCH	██████████
	SCBU	██████████
	LW	██████████
Dartford and Gravesham NHS FT	SWITCH	██████████
	SCBU	██████████████████
	LW	██████████
East Kent Hospital Trust NHS FT	SWITCH	██████████
	LCU	██████████
	LW	██████████████████ ██████
Maidstone and Tunbridge Wells NHS Trust	SWITCH	██████████
	LNU	██████████████████
	LW	██████████
Sussex		
University Hospitals Sussex – Princess Royal Hospital	SWITCH	██████████
	SCBU	██████████
	LW	██████
University Hospitals Sussex – Royal Sussex County Hospital	SWITCH	██████████
	SCBU	██████████
	LW	██████████████████
University Hospitals Sussex – St Richards Hospital	SWITCH	██████████
	SCBU	██████
	LW	██████████████████
University Hospitals Sussex – Worthing Hospital	SWITCH	██████████
	SCBU	██████
	LW	██████████████████
Surrey		
Surrey and Sussex Hospitals NHS FT	SWITCH	██████████
	SCBU	██████████
	LW	██████████
Royal Surrey County NHS FT	SWITCH	██████████
	SCBU	██████████
	LW	██████████
Ashford and St Peters NHS FT	SWITCH	██████████████████ ██████

	LNU	██████████
	LW	██████████
BOB		
Buckinghamshire Healthcare NHS Trust	SWITCH	██████████
	NNU	██████████
	LW	██████████
Oxford University Hospital NHS FT	SWITCH	██████████
	SCBU	██████████
	LW	██████████
Royal Berkshire NHS FT	SWITCH	██████████
	SCBU	██████████
	LW	██████████
Frimley		
Frimley Healthcare NHS FT	SWITCH	██████████
	SCBU	██████████
	LW	██████████
SHIP		
University Hospital of Southampton NHS Trust	SWITCH	██████████
	SCBU	██████████
	LW	██████████
Isle of Wight NHS Trust	SWITCH	██████████
	SCBU	████████████████████
	LW	██████████
Portsmouth Hospital NHS Trust	SWITCH	██████████
	SCBU	██████████████
	LW	██████████
Hampshire Hospital NHS FT	SWITCH	██████████
	SCBU	██████████████████ ██████
	LW	██████████

Appendix 13: Record of women and people diverted

To be completed by person arranging divert

RECORD OF WOMEN AND PEOPLE DIVERTED		
Name & position of person completing form:		
Name:	Clinical Situation:	Accepting unit:
		Gest:
Hospital no:		Parity:
		Safeguarding issues:
DOB:	Previous History:	Transport:
Tel:		
Outcome for mother or birthing person:		
Type of delivery:		
Any obstetric problems:		
Follow up required:		
Outcome for baby:		
Any health concerns:		
Follow up required:		

Appendix 14: Mutual Aid document



Guidance regarding
Requests for Mutual A

Appendix 15: Client letter

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 name of hospital*), University Hospitals Sussex NHS Trust. As I believe you were informed at the time, this was due to an exceptionally busy day, resulting in a **shortage of beds/shortage of midwives** (*delete as appropriate*).

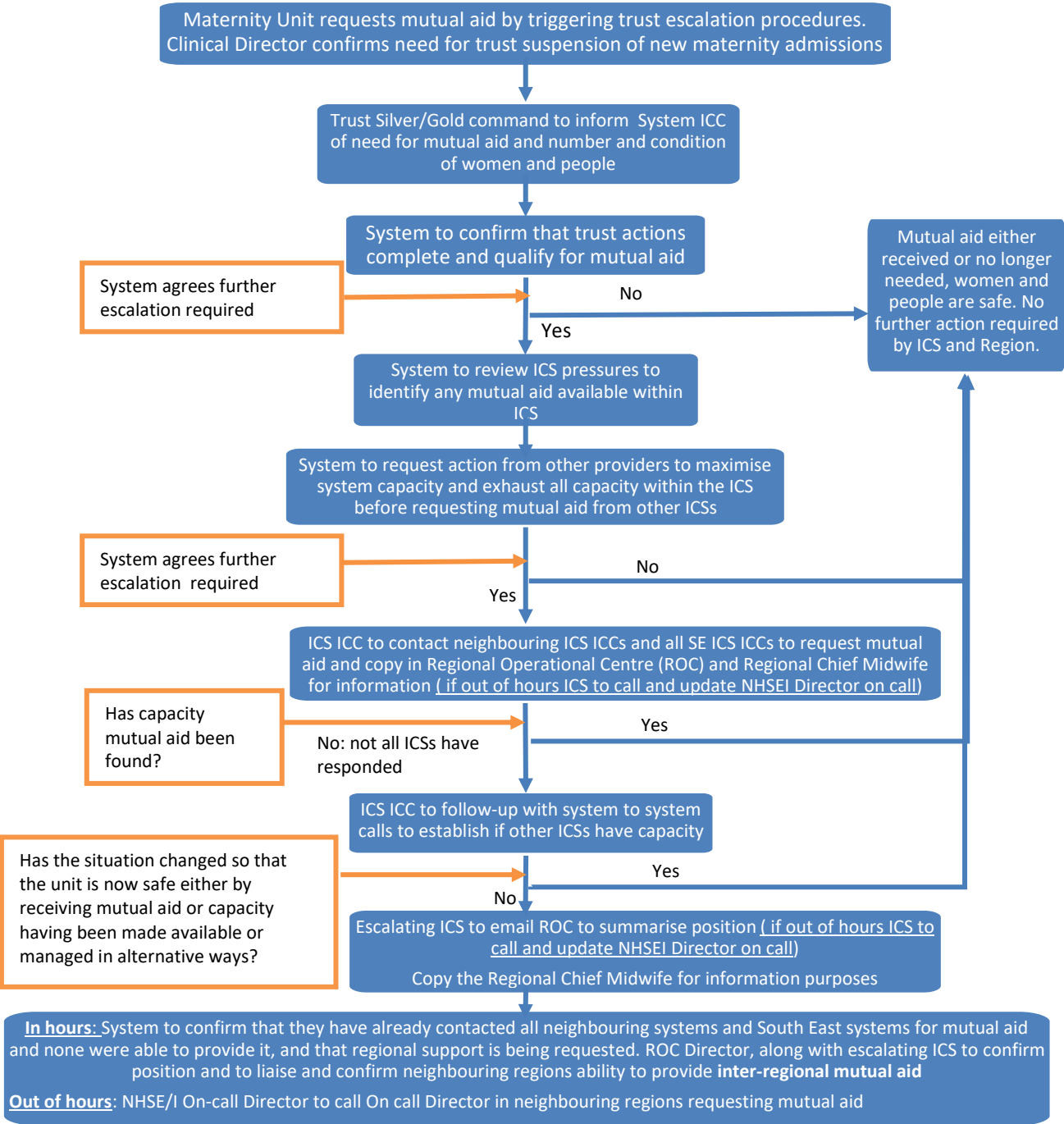
Please be assured that your health and safety, and that of your baby, was our prime concern when the decision to refer you to another hospital was made. A decision to close the unit is always made as a last resort but I understand how stressful this late change must have been for you.

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, on extension

Yours sincerely,

Director / Head of Midwifery

Appendix 16: Request for mutual aid from other NHS Trusts



Appendix 17: Handover of documentation following divert / transfer of patient across hospital sites

Divert or transfer from site at UH Sussex

- Co-ordinator to Co-ordinator phone call to agree divert.
- Obstetrician to Obstetrician if any complexities.
- Handover of records to identify risk.

Transfer of records when using BadgerNet

- Using the **SINGLE CARE RECORD FUNCTION** if a woman and person in the course of their pregnancy moves between units using BadgerNet, all units can view and contribute to that record, using the "**breaking glass**" facility.

Transfer of records when not using BadgerNet

- The diverting hospital should email the Labour Ward co-ordinator a full summary of care / copy of pregnancy records prior to the divert / transfer.

Repatriation to booking Hospital / Site

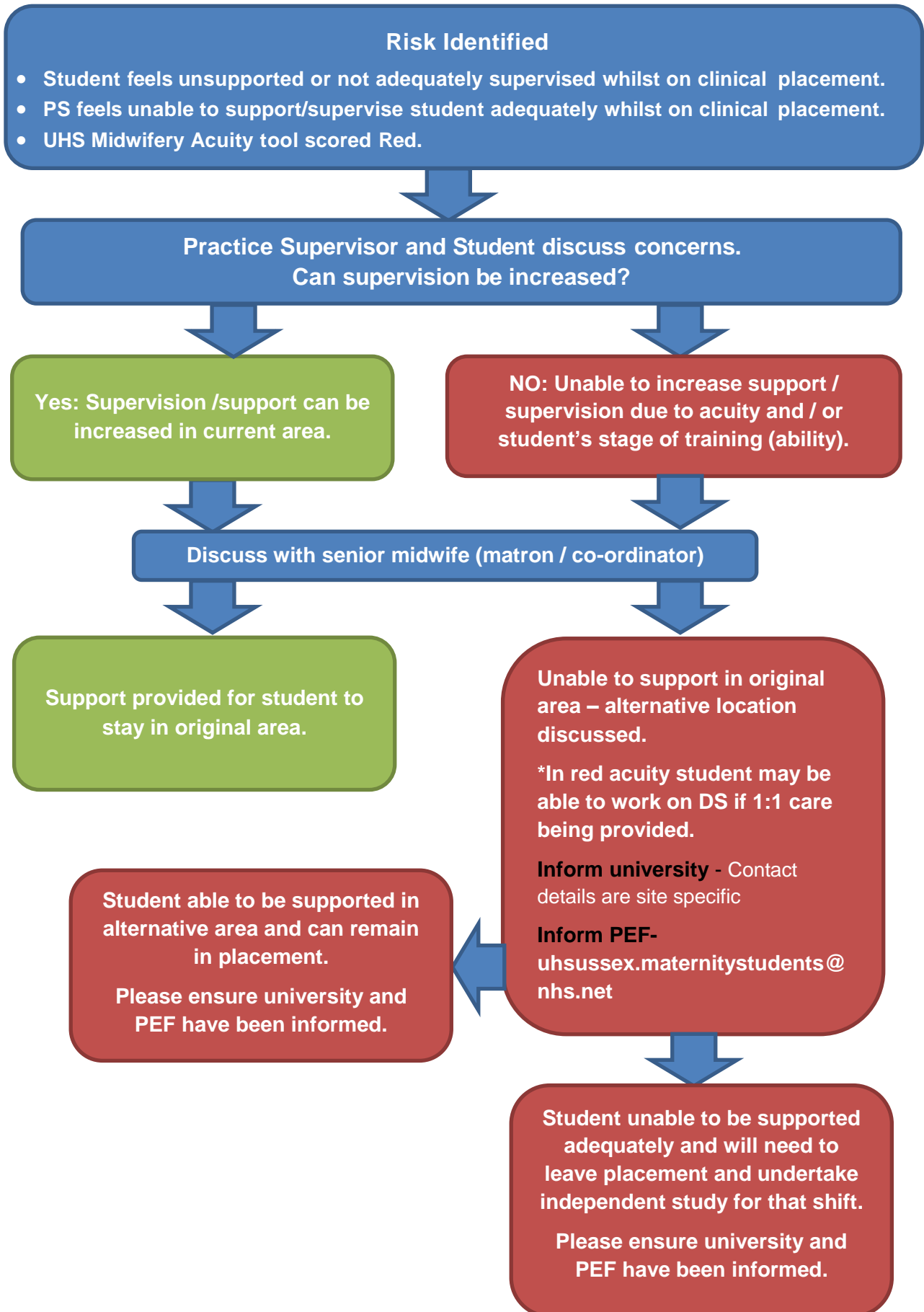
Antenatal

- Update of records if BadgerNet - then as above, inform unit via delivery suite by phone of discharge home.
- Non BadgerNet - inform booking hospital via delivery suite of discharge, print documentation for patients records.

Postnatal

- Update of records if BadgerNet - inform unit via postnatal ward by phone of discharge home.
- Non BadgerNet - inform booking hospital via postnatal ward of discharge, print documentation for patients records.

Appendix 18: UHS Student escalation



Due Regard Assessment Screening

University Hospitals Sussex NHS Foundation Trust has a statutory duty to assess and consult on whether planning, policies and processes impact service users, staff and other stakeholders with regard to age, disability, gender (sex), gender identity, marriage or civil partnership, pregnancy and maternity, race (ethnicity, nationality, colour), religion or belief and sexual orientation. It recognises that some people may face multiple discrimination based on their identity. A review of the assessed impact of this policy against these criteria can be seen on [Appendix 17](#).

PURPOSE OF DUE REGARD ASSESSMENT
<p>The DRA should:</p> <ul style="list-style-type: none"> • Inform the Trust if any groups are, or could be, disadvantaged by a policy, service change or reconfiguration and if so clarify / propose action to mitigate that impact • Enable the Trust to identify where policy changes may be needed to actively promote equality / inclusivity and eliminate inequality • Remind all involved in delivering services of the determination to promote equality • If advice is required in completing the DRA please contact an HR Advisor or Inclusion Team

Section 1 – About the Policy, Service, Function, Proposal, Strategy or Consultation

1.1 Name of Policy, Service, Function, Proposal, Strategy or Consultation	University Hospitals Sussex Maternity Escalation Policy v1.2
1.2 Name of person completing this assessment (and role / department)	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> (West)
1.3 Brief description of the aims of the policy, service, function, proposal, strategy or consultation? (include details of who is affected by, involved in and / or benefits from it)	The purpose of this document is to provide a framework for the declaration and response to a Maternity Divert for use by maternity departments across UH Sussex.
1.4 Which department owns the policy, service, function, proposal, strategy or consultation?	Women and Children's, UH Sussex
1.6 Does the policy, service, function, proposal, strategy or consultation have direct consequences or implications for service users and / or staff?	Yes / No (If no then it is not relevant to Equality Duties. Please complete statement in section 3 and send the completed form for approval to the Care Group Manager / Head of Service to sign off as shown. If yes, please also complete section 2)

Section 2 – Equality Impacts

2.1 Have you made sure that the views of stakeholders, including key people likely to face exclusion have been influential in the development of the policy, service, function, proposal, strategy? (please indicate which)

External	Partners	Internal
Service user interviews	Care Quality Commission	Staff event
Focus Groups	Multi Agency event	Staff interviews
Public events	Joint Working group	Staff workshop/focus groups
Patient experience surveys	Regional Minority network	Management Board
Voluntary organizations	Regional equality forum	Trust Executive Committee (x)
Minority group events/forums	GP Practice groups	Diversity Matters Group
Carer Forum	Local/County Council	Staff side reps
LINKs	Equality and Human Rights Commission (EHRC)	Staff Network Groups (e.g. Disability, BAME, LGBTQ+, religion/beliefs) (please state)
HOSC	Equality and Human Rights Commission (EHRC)	Trust Board
On line forums		Staff survey results
Local media		Annual General Meeting
Published research into minority needs		
Census data or other external demographic reports		

Comments:

This policy will be shared with the Maternity voices Partnership.
The Local Maternity and Neonatal System Senior Quality & Safety Manager assisted in development of this policy.

Due Regard Assessment Tool

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Age	No	
	• Disability	No	
	• Gender (Sex)	No	
	• Gender Identity	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
	• Race (ethnicity, nationality, colour)	No	
	• Religion or Belief	No	
	• Sexual orientation, including lesbian, gay and bisexual people	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the intent of the document without the impact?	Nil	
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?	N/A	
8.	Has the document been assessed to ensure service users, staff and other stakeholders are treated in line with Human Rights FREDA principles (fairness, respect, equality, dignity and autonomy)?	N/A	

If you have identified a potential discriminatory impact of this policy, please refer it to **[Insert Name]**, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact [REDACTED]

Dissemination, Implementation and Access Plan

To be completed and attached to any policy when submitted to Corporate Governance for consideration and TEC approval.

	Dissemination Plan	Comments
1.	Identify:	
	<ul style="list-style-type: none"> Which members of staff or staff groups will be affected by this policy? 	Midwives and obstetricians
	<ul style="list-style-type: none"> How will you confirm that they have received the policy and understood its implications? 	Circulated widely prior to approval on both Legacy East and Legacy West Sites.
	<ul style="list-style-type: none"> How have you linked the dissemination of the policy with induction training, continuous professional development and clinical supervision as appropriate? 	This policy will be shared amongst staff who will use it and training will be offered.
2.	How and where will staff access the document (at operational level)?	Available on Staffnet / Info-Net

		Yes/No	Comments
3.	Have you made any plans to remove old versions of the policy or related documents from circulation?	Yes	Old versions will be archived on the Maternity Server, deleted from Staffnet/Info-Net and replaced with the new version.
4.	Have you ensured staff are aware the document is logged on the organisation's register?	Yes	<p>An email will be sent to all obstetricians and midwives altering them to the new policy which can be found on Staffnet / Info-Net.</p> <p>Co-ordinators will be trained in use of this escalation policy.</p>