Trust Policy

Plymouth Hospitals NHS Trust

Escalation of concern regarding delivery of acute clinical care in Maternity services

Issue Date	Review Date	Version
Jan 2018	Jan 2023	1

Purpose

The purpose of this Maternity Policy is to provide all clinical staff working within Maternity Services with the process by which they can escalate acute clinical concerns and ensure appropriate and timely clinical management with regards to safe and high quality patient clinical care.

Who should read this document?

All midwives and medical staff working within Maternity Services.

Key Messages

The key to effective escalation is to identify that there is a problem, communicate your concerns and make specific recommendations. This document aims to help clinical staff overcome some of the barriers to escalation by providing specific escalation procedures in midwifery, obstetrics and anaesthetics within the Maternity Unit.

Core accountabilities	
Owner	Dr. Elinor Medd
Review	Clinical Effectiveness Committee
Ratification	Head of Midwifery
Dissemination	Maternity Clinical Staff
Compliance	Head Of Midwifery

Links to other policies and procedures

Maternity Operational and Staffing Policy V3 October 2014
Clinical Maternity Guideline No. 4 Anaesthetics V5 January 2016

Version History

1	Dr Elinor Medd	January 2023

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Contents

1 Purpose

This Policy has been produced to provide specific guidance and support to members of maternity unit staff who request an opinion or have concerns about the wellbeing of their patient. This document outlines the midwifery, obstetric and anaesthetic escalation process.

2 Midwifery Escalation

Clinical concerns about a patient should first be raised with the coordinating midwife on the ward or clinical area before further action is taken. If this support is not available, the coordinating midwife on Labour ward should be contacted for advice. If the coordinating midwife on labour ward is not available, concern should be escalated via the **0311** senior obstetric pager or obstetric consultant on duty or on-call care group manager for maternity services, rota on the maternity G Drive (see section 5).

Adequate timing of patient review is dependent on the individual clinical situation. The staff member caring for the patient is responsible for escalating when there are clinical concerns which include examples of an abnormal MEOW score, a pathological CTG or worsening pain. If the action which follows the request is still felt to be unsatisfactory the staff member should escalate upwards via the relevant midwifery, obstetric or anaesthetic escalation pathway.

Please refer to *Maternity Operational and Staffing Policy V3 October 2014* for the detailed policy on how to escalate concerns due to midwifery staffing issues or where the care of patients is being compromised by staffing levels.

3 Obstetric Escalation

If an obstetric opinion or review is needed, the first line of contact should be through the **0464** Obstetric SHO pager or **0311** Senior Obstetric pager which will be held either by a specialty trainee year 3 or above, post CCT fellow or a consultant obstetrician. The week on service (WOS) (08.00-18.00) or non-resident (18.00-08.00) obstetric consultant should be contacted using the numbers on the labor ward duty board if there is a delayed response, inadequate timely review or the requirement for more senior obstetric decision making for the patient. The coordinating midwife for that area should be made aware that escalation to WOS or non-resident consultant obstetrician has been made but the coordinator does not have to be the person to make the contact.

Common examples where there has been delay or inadequate obstetric review and recommended actions that should be taken.

- Triage patients waiting for review by obstetric SHO who is busy doing discharge paperwork for postnatal patients – Call 0311 pager.
- Resident night consultant in maternity theatre, pathological CTG elsewhere – Call non-resident night consultant.
- Pathological CTG recorded but management decision by obstetric registrar not in line with local recommendations – Call WOS or non-resident night consultant.

Where an obstetric review is needed and the doctors are unavailable or there is concern about an inappropriate response the coordinating midwife on CDS should be informed.

4 Anaesthetic Escalation

If an anaesthetic opinion or review is needed, the first line of contact should be through the **0399** pager which will be held by an anaesthetic specialty trainee signed off for obstetric anaesthesia care or a consultant anaesthetist. If they are unavailable or need further support between 09.00-17.00, the duty floor consultant anaesthetist (DFA) should be called on extension 37158. If there is no answer main theatre reception desk should be called and ask for the “Black Triangle” which will escalate an urgent response. During weekends and between 17.00-08.00 if the holder of 0399 pager is unavailable or requires support this should be escalated to 0196 pager holder who is a senior specialty trainee in anaesthetics and if they are unavailable the 0770 pager holder who is the cardiac anaesthetist. If further escalation or support is required the general on-call anaesthetist should be contacted via switchboard.

See appendix for anaesthetic escalation flow chart which is mounted on the wall adjacent to the nurse’s station on labour ward.

5 Contacting the On-Call Care Group Manager for Maternity Services

The on call care group manager for maternity services will be available for any member of staff to access; however it is the responsibility of the Labour Ward coordinating band 7 Midwife to risk assess.

The on call care group manager should not be called without the knowledge of the Labour Ward coordinating band 7 Midwife.

6 Overall Responsibility for the Document

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the guideline group and ratified by the Clinical Excellence Committee and the Director of Midwifery.

Non-significant amendments to this document may be made, under delegated authority from the Director and the guideline group, by the nominated owner. These must be ratified by the Clinical Excellence Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter. The new document will be made available to all staff working in maternity and obstetrics via the Maternity Newsletter and Staffnet.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 References and Associated Documentation

APPENDIX 1 – Obstetric Anaesthetist Escalation

Always ask the duty **Obstetric Anaesthetist** (bleep 0399) who they need first, before calling for help

It should be a **Senior Midwife** who initiates the call out for additional anaesthetists

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WEEKDAYS and during OFFICE HOURS (9am – 5pm)

- **Call Duty Floor Anaesthetist (DFA): Phone 37158**
- If no answer, contact main theatre desk and ask for **'BLACK TRIANGLE'** Anaesthetist Phone: 52144 / 52907 or bleep 0196

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WEEKENDS and OUT OF HOURS (5pm – 9am)

- **Call Anaesthetist Senior Specialist trainee: bleep 0196**
- If no answer, contact main theatre directly – phone: 52144 / 52907

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If they are unable to attend and IMMEDIATE help is required for a potentially life-threatening event:

- **Call Cardiac Anaesthetic Trainee – bleep 0770**

Cardiac ITU (Torrington): Ext 31782 / 39131

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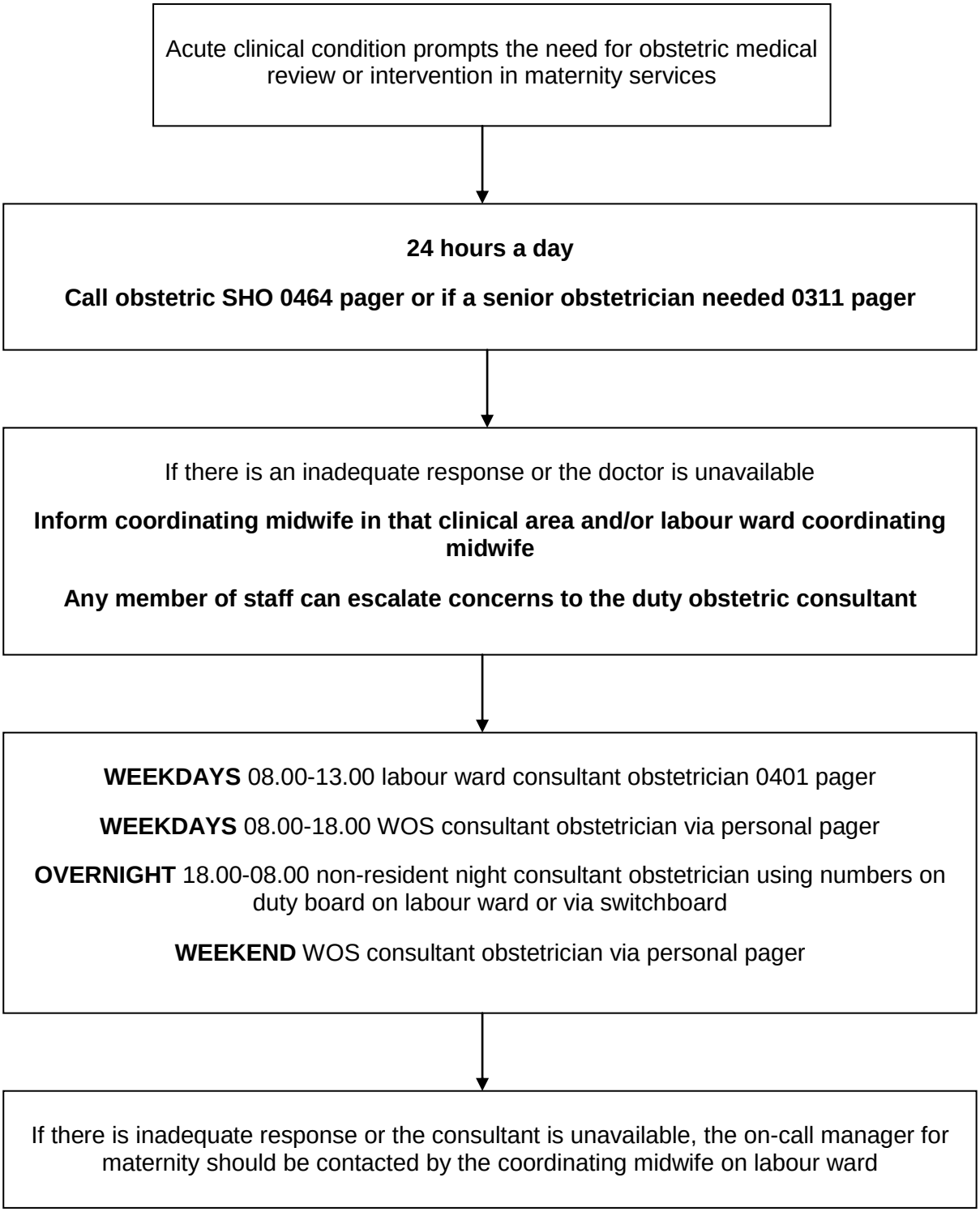
On-call General Consultant Anaesthetist

Contact via switchboard (by pager, home or mobile phone no.)

May be 20 – 30 min away

NB: The 0196 bleep holder will coordinate the call-out for additional anaesthetists if **Non-Urgent** assistance is required and the 0399 bleep holder is occupied.

APPENDIX 2 – Obstetric Doctor Escalation



Dissemination Plan and Review Checklist | Appendix 1

Dissemination Plan	
Document Title	**Escalation of concern regarding delivery of acute clinical care in Maternity services**
Date Finalised	January 2018
Previous Documents	
Action to retrieve old copies	To be archived by the document controller

Dissemination Plan

Recipient(s)	When	How	Responsibility
All staff in maternity and obstetrics	On ratification	Email, Newsletter	Clinical Risk Midwife, Guideline Committee.
All Trust staff	On ratification	Vital Signs	

Review Checklist		
Title	Is the title clear and unambiguous?	
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	
	Does the style & format comply?	
Rationale	Are reasons for development of the document stated?	
Development Process	Is the method described in brief?	
	Are people involved in the development identified?	
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	
	Is there evidence of consultation with stakeholders and users?	
Content	Is the objective of the document clear?	
	Is the target population clear and unambiguous?	
	Are the intended outcomes described?	
	Are the statements clear and unambiguous?	
Evidence Base	Is the type of evidence to support the document identified explicitly?	
	Are key references cited and in full?	
	Are supporting documents referenced?	
Approval	Does the document identify which committee/group will review it?	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	
	Does the plan include the necessary training/support to ensure compliance?	
Document Control	Does the document identify where it will be held?	
	Have archiving arrangements for superseded documents been addressed?	
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	
	Is there a plan to review or audit compliance with the document?	
Review Date	Is the review date identified?	
	Is the frequency of review identified? If so is it acceptable?	

Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	

Equalities and Human Rights Impact Assessment | Appendix 2

Core Information	
Date	January 2018
Title	**Escalation of concern regarding delivery of acute clinical care in Maternity services**
What are the aims, objectives & projected outcomes?	This Policy has been produced to provide specific guidance and support to members of maternity unit staff who request an opinion or have concerns about the wellbeing of their patient. This document outlines the midwifery, obstetric and anaesthetic escalation process.
Scope of the assessment	

Collecting data	
Race	
Religion	The document has no impact in this area.
Disability	This is mitigated as the policy can be made available in alternative formats.
Sex	The document has no impact in this area.
Gender Identity	The document has no impact in this area.
Sexual Orientation	The document has no impact in this area.
Age	The document has no impact in this area.
Socio-Economic	The document has no impact in this area.
Human Rights	The document has no impact in this area.
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data. External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts, Care Quality Commission Outcomes and Information Governance Toolkit requirements.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.

Involving and consulting stakeholders	
Internal involvement and consultation	This policy has been compiled by the Clinical Risk Midwife with the Obstetric Consultant body together with the Clinical Excellence Committee. The policy has been circulated for consultation to the maternity guideline group and the clinical excellence committee.
External involvement and consultation	External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts, Care Quality Commission Outcomes and Information Governance Toolkit requirements.
Impact Assessment	
Overall assessment and analysis of the evidence	This assessment has shown that there could be an impact on race or disability groups. However, this document can be made available in other formats and languages if requested. The document does not have the potential to cause unlawful discrimination. The document does not have any negative impact.

Action Plan

Action	Owner	Risks	Completion Date	Progress update
Provide document in alternative formats and languages if requested.	Head of Clinical Systems Governance	Potential cost impact.	Ongoing	This action will be addressed as and when the need occurs.