

Trust Policy for Maternity in the event of lift failure within the Maternity building

Issue Date	Review Date	Version
April 2018	April 2023	V1

Purpose

The purpose of this policy is to ensure effective, correct notification and communication of a lift failure that will lead to a speedy correction of the fault.

Who should read this document?

All staff working within the maternity building. All in Site Services. All Care Group, Clinical and Departmental managers to ensure they have an awareness of how to support the maternity department in the event of lift failure in the maternity building.

Key Messages

It is the intention of the maternity department to ensure all staff working with the maternity building have awareness of the correct action to take in the unlikely event of both lifts failing in the maternity block.

This policy details:

- Professional roles and responsibilities
- Emergency procedures
- Record keeping and reporting an incident.

Core accountabilities

Owner	Tracey Sargent, Community Midwifery Team Leader
Review	Clinical Effectiveness Committee, Health and Safety and Lift Engineer
Ratification	Director Of Midwifery
Dissemination	Clinical Risk Midwife
Compliance	Maternity Matron/CDS Coordinator

Links to other policies and procedures

Release of trapped persons from a lift Standard Operating Procedure.
Lift Management and Maintenance Policy.

Version History

V1	April 2018	Tracey Sargent. Clinical Risk Midwife
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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.

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1 Introduction

The maternity block has 2 lifts to vertical transport patient and staff between level 4, where the Central Delivery Suite and maternity theatres are located to Level 7, where the inpatient antenatal/postnatal ward (Argyll ward) is situated.

2 Purpose

In the unlikely event of both lifts failing simultaneously, then a clear plan will facilitate all staff to maintain the safety of women within the department during this time. All staff in maternity including Care Group, Clinical and Departmental managers will have an awareness of how to support the maternity department in the event of lift failure in the maternity block.

3 Definitions

Total lift failure refers to when both maternity lifts are out of action. This will impact upon service users' and staff immediate access to all floors within maternity.

4 Duties

• Maternity Co-ordinator

The shift co-ordinator will:

- Inform Maternity Reception of Lift Failure and advise them to inform all new admissions to the maternity unit. (see 5.1)
- Alert every ward in the maternity block, including theatres, that there has been a lift failure and the plans which are being implemented.
- Organise signs to be placed at each lift access on all floors in maternity.
- Complete a Datix form in any event of lift failure and/or entrapment of persons within.

• On Call Manager

This is a senior member of the Women and Children's Care group on call to support operational issues out of hours (see escalation rota).

In the event the lift failure occurs out of normal working hours, the on call manager can be contacted for support, particularly if additional staff are required for the escorting of new arrivals to the maternity department through the diversion.

• Maternity Reception – tel. 31849

The Maternity Reception area is staffed 24 hours a day. All new arrivals to the maternity department will be informed that the lifts are out of action and will be sign posted to the Terence Lewis Building (map available).

• Estates – Help Desk tel. 31300

- **Security – Help Desk tel. 32300**

5 Guidance for lift failure within the maternity block

Effective and correct notification and communication of a lift failure will lead to a speedy correction of the fault.

Any lift failure must be reported to Estates on 31300.

Contact Security on 32300 to ensure that they are aware of the lift failure in case of fire or persons trapped.

In the event of the failure of all lifts:

- Inform Maternity Reception of Lift Failure and advise them to inform all new admissions to the maternity unit.
- The Maternity coordinator will need to alert every ward in the maternity block, including theatres, that there has been a lift failure and the plans which are being implemented.
- The wards will inform the coordinator of any high risk or labouring women. Plans should be considered for an earlier transfer to Central Delivery Suite for these women.
- Signs should be placed on the lift doors on every level to advise that the lifts are out of action (signs are available in the Lift Failure file, held in Maternity Reception).
- If an EMERGENCY transfer is required, you must use the Terence Lewis Building lifts in conjunction with **the emergency lift priority key**. These are held within all ward areas. Place the key in the cardiac arrest call lock and turn it. Take the key out when the lift doors open and use the lift as normal.
- A Datix form should be completed in any event of lift failure and/or entrapment of persons within.

If problems persist following the above inform the Maternity Hospital Matron or if out of hours the on call manager, with a summary of action taken.

5.1. Process for accompanying women and directions to Central Delivery Suite

Inform Maternity Reception that lifts are out of action & place signs in all lift access areas (to include re-direction to Terence Lewis Building, Zone C). A staff member will be required to escort women requiring a vertical transfer between floors due to no authorised access to theatres and ICU.

Walk from Maternity (Zone D) along corridor to Terence Lewis Building (Zone C).



Middle door access to Terence Lewis Building (by Café)



Access lift to level 4.

(If you require an emergency lift transfer you must use the Terence Lewis Building Lifts. Place the key in the cardiac arrest call lock and turn it. Take the key out when the lift doors open and use the lift as normal).



Exit lift, turn left into corridor.



Look for sign – “Authorised Access Only”



Walk down this corridor, through 2 sets of double doors



Turn Left



Turn Right



Exit opposite Maternity Theatres

6 Overall Responsibility for the Document

The Maternity Matrons and the Clinical Risk Midwife.

7 Consultation and Ratification

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 Maternity Clinical Effective Committee and ratified by the Director of Midwifery.

Non-significant amendments to this document may be made, under delegated authority from the Director of Midwifery, by the nominated owner. These must be ratified by the Director of Midwifery.

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.

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 of Midwifery and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Datix reports will be monitored for any adverse events that occur during the period of a lift failure within maternity.

10 References and Associated Documentation

Dissemination Plan			
Document Title	Lift Failure in Maternity Policy		
Date Finalised	April 2018		
Previous Documents			
Action to retrieve old copies	To be managed by the Information Governance Team		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

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

Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y
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Core Information	
Date	April 2018
Title	Lift Failure in Maternity Policy
What are the aims, objectives & projected outcomes?	
Scope of the assessment	
Collecting data	
Race	<p>There is no evidence to suggest there is a disproportionate impact on race regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p> <p>Consideration will be made if information provided is required in a different language for training purposes.</p>
Religion	<p>There is no evidence to suggest there is a disproportionate impact on religion or belief and non-belief regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Disability	<p>There is no evidence to suggest there is a disproportionate impact on disability regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p> <p>Consideration will be made the requirement of reasonable adjustments when designing and planning new healthcare buildings and adapting/extending existing facilities to ensure compliance with the disability and access aspects of the Equality Act 2010</p> <p>Consideration will be made if information provided is required in an alternative format when providing information or training.</p>
Sex	<p>There is no evidence to suggest there is a disproportionate impact on sex regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Gender Identity	<p>There is no evidence to suggest there is a disproportionate impact on gender identity regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>
Sexual Orientation	<p>There is no evidence to suggest there is a disproportionate impact on sexual orientation regarding this policy.</p> <p>However, data collected from Datix incident reporting and complaints will ensure this is monitored.</p>

Age	There is no evidence to suggest there is a disproportionate impact on age regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Socio-Economic	There is no evidence to suggest there is a disproportionate impact on socio-economic regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Human Rights	There is no evidence to suggest there is a disproportionate impact on human rights regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
What are the overall trends/patterns in the above data?	No comparative data has been used to date which means that no trends or patterns have been identified.

Involving and consulting stakeholders				
Internal involvement and consultation	Estates and Security			
External involvement and consultation	None			
Impact Assessment				
Overall assessment and analysis of the evidence	<p>Consideration will be made if information provided is required in a different language when providing information or training</p> <p>Consideration will be made the requirement of reasonable adjustments when designing and planning new healthcare buildings and adapting/extending existing facilities to ensure compliance with the disability and access aspects of the Equality Act 2010</p> <p>Consideration will be made if information provided is required in an alternative format when providing information or training.</p>			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Specific issues and data gaps that may need to be addressed through consultation or further research				