

Safe Staffing Levels: Maternity Management and Escalation Plan for Midwifery, Nursing and Support Staff Policy

V3.1

August 2023

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1. Introduction

- 1.1. Royal Cornwall Hospital NHS Trust (RCHT) provides maternity services for the majority of residents in Cornwall and the Isles of Scilly (IOS). Antenatal and postnatal care is provided in Health Centres, GP Practices, Children's Centres, Birth Centres and at home. Intrapartum care is provided at home, in birth centres in Truro (alongside birth centre), Penrice, Helston and on the IOS (Freestanding Midwifery lead units) and in a consultant-led unit in Truro.
- 1.2. This document sets out safe staffing levels, maternity management and escalation plans for midwifery, nursing, and support staff, and applies to all staff working within the maternity service at RCHT. This document should be used by staff managing the staffing and escalation process.
- 1.3. The priority for modern maternity services is to provide informed choice of safe, high quality maternity care for all women, families and babies. In order to do this, it is essential that an appropriately skilled maternity workforce has the 'right people in the right place at the right time'.
- 1.4. The maternity workforce model must incorporate a flexible approach which can prove more productive via role enhancement (a person taking on new skills), role substitution (working across professional divides), delegation (moving a task up or down grades within a profession) or innovation (creating new roles to fill competency gaps).
- 1.5. It is recognised that the number of maternity staff required to care for women and their new-born is dynamic and will fluctuate in the short-term depending on daily workload (both predictable and unpredictable) and in the medium to long-term depending on birth rate trends, health complexities, and local and national imperatives.
- 1.6. Whilst optimum staffing levels have been defined it is not always possible 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 patient acuity.
- 1.7. Due to geography and location of the acute obstetric unit there is no option to temporarily close the unit due to staffing issues/sudden surges in activity. Rarely, the home birth service may be suspended due to staffing limitations or high community activity.
- 1.8. The decision to suspend any maternity service provision rests with the Director of Midwifery (DOM), the Clinical Director, and the Care Group Manager.
- 1.9. Patient safety may be compromised when unplanned staff absence, high workload or patient acuity necessitates redeployment of staff across the service.
- 1.10. This policy uses an Operational Pressures Escalation Levels (OPEL) framework alongside the escalation process to manage significant surges in demand and ensure that maternity services can continue to be provided safely and effectively.

1.11. The OPEL framework is designed for managers and clinicians involved in managing maternity capacity at a time of excess demand, providing a consistent approach in times of pressure, 7 days a week.

1.12. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This policy outlines the appropriate actions to be taken in the event of a reduction in staffing levels and/or capacity issues in Royal Cornwall Hospital and aims to:

- Ensure safe staffing levels, both long and short term.
- Ensure assessments of current and future workforce requirements are made.
- Define and make explicit the approved safe staffing levels and ratios for maternity services.
- Facilitate the monitoring of actual staffing levels and to enable comparison against the approved levels to gauge compliance with Birth-rates plus recommendations.
- Ensure the provision of a safe service through the effective deployment of staff and services.
- Ensure the OPEL tool is embedded and utilised for escalation.
- Ensure staffing concerns are communicated effectively between the multi-disciplinary team, service users and the wider trust.
- Ensure staff can easily and safely escalate staffing and acuity concerns.

3. Scope

This document should be used by staff managing the staffing and escalation process within the maternity service.

4. Definitions / Glossary

4.1. Governance Lead (GL)

The GL co-ordinates clinical governance activity across the Care Group including overseeing the management of complaints and Patient Experience Team contacts, monitoring clinical incidents and maintaining the risk registers.

4.2. Patient Safety Midwife

- Patient Safety Midwife is responsible for coordinating clinical risk activities within the maternity service. This includes the day-to-day operational management of clinical risk and related issues including promoting safe practice, disseminating learning related to adverse incidents and complaints and the production and review of clinical policies and guidelines.

- This role also provides a link, via the care group Governance Lead, with the Trust's Risk Management Team and ensures effective communication on risk management issues amongst medical and midwifery staff and the complaints and litigation department.
- The Patient Safety Midwife receives all incidents, relating to maternity services reported via the Trust electronic reporting system (DATIX) and performs an initial assessment of the level of the incident and takes action accordingly.

4.3. **Practice Development Midwife (PDM)**

The PDM is responsible for writing the training needs analysis and training matrix to meet national and local drivers, induction of new staff addressing continued learning and developmental needs of midwives, developing and delivering the training week program which includes multidisciplinary skills/drills training, and all required mandatory training. The PDM contributes to the production and review of clinical guidelines and policies.

4.4. **Clinical Skills Facilitators (CSF)**

The CSF team provide practical clinical support and supervision, alongside theoretical education required for clinical skills. They support and orientate midwives and MSWs who are new to the Trust as part of the maternity induction programme.

4.5. **Professional Midwifery Advocate (PMA)**

The PMA team is led by a 0.8 WTE PMA. There are 11 additional PMAs within the workforce with 4.5 hours per month dedicated to this role in addition to their substantive roles. PMA's provide leadership and advocacy to deploy the A-EQUIP (advocating for education and quality improvement). The role supports support staff through a continuous improvement process that's aims to build personal and professional resilience, enhance quality of care.

4.6. **Community Team Leaders**

There are Community Midwifery Teams – Chi-Kernow, West, Central, and Penrice each managed by a full time Band 7 Team Leader with ring fenced management time. The Team Leaders are located at various bases across the community to reduce the burden of travel but attend monthly meetings in their locality to ensure good communication and to facilitate peer support. The Team Leaders may support across other teams if required to facilitate ongoing National drivers. The Team Leader is responsible for the safe delivery of services and operational activities within their teams including workforce, safeguarding, budgetary control and staff support.

4.7. **Ward Managers**

- There is a ward manager for each of the 4 areas in the acute setting. The ward managers are responsible for the safe delivery of services and operational activities within their clinical areas including workforce, safeguarding, budgetary control and staff support.

- Ward managers lead by example, facilitating team cohesion and effective communication across the unit, and act as expert resources for junior staff. They ensure the safety of their wards and escalate unmanageable concerns to their area matrons.

4.8. Delivery Suite Coordinators

- Delivery Suite Coordinators are experienced Band 7 midwives of whom there are 2 on each shift. One will be allocated the delivery suite coordinator shift and the other will provide additional senior support to all staff.
- The aim is for Delivery Suite coordinator to be supernumerary. This role includes responsibility for safe staffing levels, appropriate allocation of cases to midwives (taking into account their experience and skills), managing patient safety, linking to the shift leader on the maternity wards and NNU and liaising with the maternity matron, ensuring suitable escalation of issues in relation to staffing, safety and periods of high activity.
- The Delivery Suite Coordinator also ensures effective communication is established between various members of the multi-disciplinary team order to ensure a safe, calm and well-ordered environment. The coordinator may move staff from allocated areas in order to support acuity, ensuring all areas are kept safe. If further escalation is required staff should inform management team for support and follow the external escalation policy.
- There is a team of Band 6 and 7 midwives on delivery suite who are trained in enhanced level one care to ensure safe provision of care across each shift.

4.9. Specialist Midwives

The maternity service employs the additional specialist midwifery staff:

- Safeguarding and Vulnerable Adults.
- Diabetes.
- Antenatal and Newborn Screening.
- Fetomaternal medicine midwife ultrasonographers.
- Bereavement Midwives.
- Fetal Monitoring Midwife.
- Birth Reflections.
- Audit.
- Governance support.
- Perinatal Mental Health (PNMH)/Wren team.
- Maternity IT team.

- Infant feeding.

Specialist roles are likely to continually evolve in view of current National drivers.

4.10. Band 5/6 Midwives

- Band 5 midwives are newly qualified midwives and have preceptee status until full 'sign off' of clinical competencies following which they are upgraded to a Band 6. These midwives work in the acute unit participating in the 24-hour provision of flexible midwifery care under the indirect supervision of more experienced midwives.
- Band 6 midwives are experienced practitioners who actively participate in the 24-hour provision of flexible midwifery care to ensure a safe and seamless service for users of the service and work in partnership with colleagues to deliver a comprehensive service in acute and primary health care settings.

4.11. Band 5 Registered Nurses

Band 5 Registered Nurses are managed by the Trust's theatre team and work in the obstetric theatre and recovery of Delivery Suite caring for post-operative surgical patients.

4.12. Maternity Support Workers (MSWs)

The MSW team support the multidisciplinary team and undertake clinical and non-clinical practices in order to provide timely and appropriate patient-centred care. The maternity support workers undertake a range of delegated duties care in both the acute and community settings without the direct supervision of a Registered Midwife although a Registered Midwife retains overall responsibility for the care given by this group of staff. All MSWs will progress to a Band 3 following completion of MSW competency pack. There are a small number of MSW's who work in specialist roles supporting specialist midwifery teams.

4.13. Obstetric Theatre Staff

There is a dedicated theatre team staffed by the Trust's Main Theatres including trained recovery nurses, operating department practitioners (ODPs) and theatre nurses.

4.14. Other support staff

A range of other staff such as ward clerks, administration support and volunteers provide support to the maternity unit. This support helps to provide safe, high-quality care and a positive patient experience.

5. Ownership and Responsibilities

5.1. Director of Midwifery (DOM)

The DOM has overall responsibility for the professional leadership and operational and strategic management of the maternity service. The DOM is accountable to the Chief Nurse and Deputy Chief Executive who is the executive lead for maternity services. The DOM. participates in the Midwifery manager on Call (MMOC) rota. See Appendix 3 for details of when escalation to the DOM should be undertaken.

5.2. Deputy Director of Midwifery (DDOM)

The DDOM has responsibility for the professional leadership and operational and strategic management of the maternity service in the DOMs absence. The DDOM will support the Matrons if the unit/community staffing is felt to be unsafe. The DDOM participates in the Midwifery manager on Call (MMOC) rota.

5.3. Midwifery Manager On-Call (MMOC)

The Band 8 MMOC is responsible for always coordinating and overseeing the maternity escalation process. There is a MMOC on call 24 hours a day, 7 weeks.

5.4. Maternity Matrons

The midwifery matrons for inpatient and community services are responsible for providing provide operational and clinical leadership and safety for midwives, maternity support workers and ward clerks. The matrons participate in the MMOC rota.

5.5. The Consultant Midwife

The consultant midwife has overview of the operational and strategic management of services for families with additional vulnerabilities. They manage the specialist midwives for Perinatal Mental Health/Wren team, Birth Reflections, Bereavement, and other vulnerable groups. The consultant midwife will ensure these services are safely staffed; however, specialist midwives may occasionally support in clinical areas to maintain safe staffing across the maternity service. The Consultant Midwife participates in the MMOC rota.

5.6. Trust wide Manager On-Call

There is a senior (Band 8 and above) Trust wide manager on call 24/7 to provide support and advice for all staff and to support the escalation process. This is addition to the MMOC. The MMOC team are not part of trust wide on call provision.

5.7. Escalation On-Call Midwife

- All eligible Band 5 (after 6 months), 6 and 7 midwives in the acute unit are required to participate in an on-call rota from home to enable the unit to call on support at times of high acuity/activity. The on-call support midwife may work for up to 4 hours (excluding travel time). After 3 hours the plan must be reviewed in order to assess acuity and whether there is a need for on-going support.
- If support is still required, the midwife may choose to stay longer however this must be their choice and recognition of any impact on the following days staffing must be taken into account (i.e., the midwife may be working the next day).
- If support is still required and the midwife will not be staying longer than the 4 hours, the on-call manager should be informed for further discussion and plan. The MMOC may ask the community midwives for support or the MMOC may come into the unit to support.
- The MMOC should be called before the unit on call midwife is called. This will allow for discussion and ensures the MMOC is aware of activity and acuity.

5.8. Optimal Staffing

The table below outlines optimal safe staffing levels for all midwives, nurses and support workers employed within the maternity services at RCHT as recommended by Birth-rates plus.

Days worked in the community setting will be flexible across areas to cover planned work, needs of the service and complexity of care. Community team leaders have daily oversight of staffing requirements.

Optimum Midwifery and MSW Staffing Levels (Hospital Based)								
Monday – Friday					Saturday - Sunday			
Role	RM	DSC	DAU/triage	MSW	RM	DSC	DAU/triage	MW
Early	13	2	1	8	13	2	1	8
Late	13	2	2	8	13	2	1	8
Night	12	2	1	7	12	2	1	7

Key:

RM - Registered Midwife

DSC - Delivery Suite Coordinator

DAU - Day Assessment Unit

Optimum Midwifery and MSW Staffing Levels (Community setting)

Midwives	MSWs
36 WTE per Community (each team/area differs in size)	1 MSW per community team

6. Standards and Practice

6.1. Ongoing review of staffing

The maternity service will review staffing levels every 2 years in line with CNST safety standards. The Trust will commission a full Birth-rate Plus review to provide assurance to Trust Board that the maternity unit provides safe staffing levels and to inform budget setting for the coming financial years. If the review identifies deficiencies, the risk will be added to the risk register, a review of staffing levels will be undertaken, and a business case will be developed to support further staffing requirements.

The following will trigger an immediate review of staffing levels:

- Significant change in demand (>5% in any rolling three-month period).
- Rise in incident reporting with an identified adverse outcome for mother and/or baby where staffing is identified as a contributory factor.
- Declaration of themes from patient safety incidents where staffing is a significant contributory factor. This will be monitored via a monthly safety report to trust board.
- When there are on-going staffing short falls predicted due to high levels of maternity leave, long-term sickness, or vacancy rates.
- National or local driver that demands a change in the model of care that is currently provided.

6.2. Chronic staffing shortfall

Chronic staffing short fall i.e. greater than 4 weeks is usually the result of long term sickness absence or maternity leave. It can be predicted via the weekly staffing data taken from the electronic roster by the rota coordinator.

Advanced planning by the DOM/DDOM/Midwifery Matron will ensure that staffing levels are brought back to the 'required' levels through a combination of:

- Allocation of additional hours to substantive staff.
- Appointment of staff on short term contracts/secondments.
- Use of temporary staff.
- Cancellation of non-mandatory training.

- Review of staff of annual leave.
- Clinical support from specialist midwives and managers.

6.3. Acute staffing shortfall

In any maternity service there are unpredictable peaks in activity and demand. Acute staffing shortfall is nearly always the result of sickness absence, carers or compassionate leave and is difficult to predict.

- The staffing and safety of the unit is reviewed by the senior Midwives on duty 3x per day at the safety huddles (see appendix 5 for further detail). The safety huddles are attended by the MMOC and/or matron, the delivery suite coordinator, allocated 'in charge' midwives from each ward, specialist midwives and the Clinical Skills Facilitator (CSF) team. Staffing is reviewed, joint plans of escalation and support made including plans for high-risk patients and delays in care.
- Midwives and MSWs may be rotated to another area to ensure acuity is staffed safely.
- Specialist midwives, community midwives and/or management will be asked to support at times of high acuity to maintain safety.
- An Operational Pressures Escalation Levels (OPEL) framework will be used to assess safety and acuity and provide guidance to staff.

6.4. Escalation and Operational Pressures Escalation Levels (OPEL) Status

The Maternity service use an OPEL framework alongside the escalation process to manage significant surges in demand and ensure that maternity services can continue to be provided safely and effectively.

The OPEL Framework Status is based on 9 escalation triggers:

- 1. Antenatal ward bed capacity.**
- 2. Postnatal ward bed capacity.**
- 3. Intrapartum bed capacity.**
- 4. Unable to give 1:1 care in established labour.**
- 5. Delivery Suite co-ordinator not supernumerary.**
- 6. Delays in elective work, including induction and planned caesarean section.**
- 7. Midwifery staffing.**
- 8. Medical Staffing.**

9. 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:

- Inappropriate experience skill mix.
- Infection Prevention and Control (IPC) issues – follow local IPC policy.
- In the event of a major incident or business continuity incident i.e. power failure – follow local policy.

Maternity Services operate in a unique and dynamic way and as such the movement between OPEL statuses may vary frequently over a period of time.

The OPEL tool should be used at every safety huddle and reviewed more frequently if the OPEL status is 2 (Amber), 3 (Red) or 4 (Black). The guidance should always be used in order, for example, if the OPEL status is Black, you should work through the Amber and Red pathways in the first instance to ensure all actions are in place. The OPEL tool will be undertaken by the MOC and can be found at the following link:

[Opel Tool for Maternity Management and Escalation Plan for Midwifery, Nursing and Support Staff.](#)

Once OPEL status has been declared, the following escalation should be followed and used alongside the OPEL Maternity Framework tool noted in Appendix 6.

Professional judgement should always be used and may override the OPEL tool on occasion; however, this must be an MDT decision.

6.5. OPEL 1 (GREEN) – Business as usual

6.6. OPEL 2 (AMBER)

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 and timely actions to reduce the level of pressure in the system.

IN HOURS ACTIONS:

- Timely review of ward rounds to ensure flow and discharge of antenatal and postnatal patients.
- Delivery suite co-ordinator/manager of the day/ward manager to identify women suitable for discharge and expedite medical review where necessary.

- Delivery suite co-ordinator/manager of the day and consultant obstetrician to consider rescheduling elective work both inductions and LSCS if clinical conditions permit.
- Consider extra nonclinical staff to ensure bed and equipment is cleaned and increase flow.
- Manager of the day and delivery suite co-ordinator to liaise and redeploy skilled staff according to area of need. Consider deployment of staff, specialist midwives, community midwives, consider whether study leave needs to be cancelled. Identify staff that can work extra or a longer shift.
- Delivery suite co-ordinator to liaise with neonatal coordinator to identify and plan for any activity that necessitates neonatal cots, this may require consultant neonatologist and consultant obstetrician to discuss. Early identification and planning where possible to ensure that women whose babies may not be accommodated on the neonatal unit are transferred to other units in the daytime when staffing levels are optimal.
- Area leads to be kept briefed of situation and actions agreed at safety huddles.
- Request additional bank staff including midwives, MSWs and health care workers.
- Consider the option of the community midwife undertaking new born and infant physical examination (NIPE) in the mother's own home to support rapid early discharge of mothers and babies.

FREQUENCY OF REVIEW:

- Delivery suite coordinator or MMOC should discuss OPEL status and plan at all safety huddles.
- Delivery suite coordinator or MMOC should **review 4 hourly OPEL status which includes staffing, skill mix and bed capacity** and take steps to remedy staffing levels acuity, if necessary, by redeploying staff around the service in line with activity and identify women suitable for discharge.

OUT OF HOURS ACTIONS:

- Phone MMOC if a plan is not already in place or acuity has changed since the safety huddle.
- Declare OPEL status and plan at each safety huddle.
- Consider whether the unit on call midwife should be called.
- Obstetric ward round to identify patients who may be able to be discharged.
- Liaise with hospital site manager to explore extra support with cleaning/beds etc if appropriate.

- The decision to redeploy community midwives into the acute unit must be made in discussion with the MMOC and is dependent on the model of care in place at that time.

6.7. OPEL 3 (RED)

The local maternity service is experiencing major pressures compromising patient flow and safety and continues to increase. Further urgent actions are now required, and increased support is likely to be required.

IN HOURS ACTIONS:

- Ensure OPEL 2 (AMBER) actions are complete.
- MMOC and Delivery Suite co-ordinator to ensure all available staff have been utilised to provide support. This includes, specialist midwives, community staff and managers. The MMOC should be kept supernumerary to enable coordination and helicopter view.
- MMOC to inform DOM and Trust Executive on call.
- Liaise with key partners, e.g. gynaecology to see if they can accommodate any antenatal women <20 weeks, nursing staff to recover women post caesarean section or following operative procedure, NNU to support with baby IVs.
- Creation, where possible, of extra high risk labour beds/areas
- Utilisation of neonatal and paediatric nurses to care for transitional care babies
- Communication out to families via MVP and Trust Comms
- Manager of the day, delivery suite coordinator, consultant obstetrician, consultant neonatologist, consultant anaesthetist, ward manager, maternity matrons to maintain communication until stand down from OPEL 3/Red.
- MMOC to consider reducing and postponing community midwifery visits to release community staff. See RCOG guidance.
- Consider contingency plans to maintain homebirth services if safe to do so. If not, homebirth suspension may need to be considered.
- The decision to redeploy community midwives into the acute unit must be made by the MMOC and is dependent on the model of care in place at that time.

FREQUENCY OF REVIEW:

- Delivery suite coordinator or manager of the day should **review 2 hourly OPEL Status staffing, skill mix and bed capacity.** Hourly review of bed capacity.

OUT OF HOURS ACTIONS:

- Discuss OPEL status and plan at all safety huddles.
- Delivery suite coordinator or MMOC should ensure staff in all areas are aware of situation.
- On call midwife to be called in to support.
- Delivery suite coordinator, maternity bleep holder and consultant obstetrician on call assess the situation and create a plan to improve the situation.
- The MMOC may attend the unit depending on the situation.
- The Obstetric Consultant may attend the unit depending on the situation.
- The Obstetric Anaesthetist may attend the unit depending on the situation.
- MMOC to Maintain communication with Executive on call for support and oversight.
- The decision to redeploy community midwives into the acute unit must be made by the MMOC and is dependent on the model of care in place at that time and following discussion with triage midwife.
- Delivery suite coordinator, consultant obstetrician on call, consultant neonatologist on call, Consultant anaesthetist, ward leads and MMOC to maintain communication until stand down from OPEL 3/Red status.

6.8. OPEL 4/BLACK

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. Liaison with alternative hospitals for potential divert will be undertaken.

IN HOURS ACTIONS:

- Ensure OPEL 2 (Amber) and OPEL 3 (Red) actions are complete.
- MMOC to update Trust Executive on call.
- Close standalone midwifery led units and suspend homebirths.
- Utilise community staffing in acute areas.
- Divert to be explored (although difficult due to location).

- A contingency plan must be put in place for women that may unexpectedly attend delivery suite and triage areas without notice to manage care safely.
- MMOC to redeploy community midwives into the acute unit following discussion with Community Matron or Deputy.
- Manager of the day, delivery suite coordinator, consultant obstetrician, consultant neonatologist, consultant anaesthetist, ward manager, maternity matron, Trust Executive on call command to maintain communication until stand down from OPEL 4 (Black) status.

FREQUENCY OF REVIEW:

- **MMOC should review Opel status HOURLY. Staffing, skill mix and bed capacity.** Hourly review of bed capacity.
- Trust executive to be updated hourly if possible.

OUT OF HOURS ACTIONS:

- Discuss OPEL status and plan at each safety huddle.
- Delivery suite coordinator, MMOC and consultant obstetrician on call assess the situation and create a plan to improve the situation for example, creating additional beds, doubling up rooms, additional ward rounds, overnight leave etc.
- MMOC will attend the unit for support.
- Consultant Obstetrician will attend the unit for support if appropriate.
- Consultant Anaesthetist will attend the unit for support if appropriate.
- MMOC to contact Trust executive on call if not already aware.
- MMOC to redeploy community midwives into the acute unit following discussion with triage midwife.
- Delivery suite coordinator, MMOC, consultant obstetrician on call, consultant neonatologist on call, consultant anaesthetist, ward manager, Trust Executive on call to maintain communication until stand down from OPEL 4 (Black) status.

7. Dissemination and Implementation

This document will be disseminated to all staff via the usual process for new / updated guidelines. This document replaces version 3.0 and is archived within the maternity guidelines archive folder.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Daily staffing review with MMOC/Matron. Staffing update incorporated quarterly into Maternity and Neonatal Safety Report. Birthrates plus is undertaken every 2 years.
Lead	Deputy Director of Midwifery
Tool	Daily Safety Huddle sheets Maternity and Neonatal Safety Report Birthrates plus report
Frequency	All of the above issues will be subject to a yearly audit by the DDOM, who will be responsible for identification and necessary action plan.
Reporting arrangements	The Maternity Governance Meeting, the Care Group Board and the Specialty Meeting will review the maternity dashboard on a monthly basis and receive assurance from the DDOM that appropriate action has been taken, should any of these triggers be identified.
Acting on recommendations and Lead(s)	If deficiencies are identified a report and action plan will be produced by the DDOM identifying the process for immediate review of staffing levels and whether this requires immediate or routine escalation to the lead executive for maternity services/on call executive.
Change in practice and lessons to be shared	The action plan will be monitored at the Maternity Governance Meeting in conjunction with the dashboard monitoring.

9. Updating and Review

- 9.1. If an immediate review of staffing is triggered through compliance monitoring this document will be reviewed as part of the process.
- 9.2. There is ongoing review of maternity staffing levels, however, a full review using Birthrate Plus tool will occur every 2 years. If change is required, this document will be updated following this review.
- 9.3. If no change to the document is required from either staffing review this document will be reviewed and updated on a 3 yearly basis.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Safe Staffing Levels: Maternity Management and Escalation Plan for Midwifery, Nursing and Support Staff Policy V3.1
This document replaces (exact title of previous version):	Safe Staffing Levels: Maternity Management and Escalation Plan for Midwifery, Nursing and Support Staff Policy V3.0
Date Issued/Approved:	August 2023
Date Valid From:	August 2023
Date Valid To:	June 2026
Directorate / Department responsible (author/owner):	Angela Bellamy, Deputy Director of Midwifery
Contact details:	01872 252996
Brief summary of contents:	<p>This document governs safe staffing levels for all midwives, nurses and support workers employed within the maternity services, RCHT.</p> <p>It describes the process for an annual review of staffing levels and what circumstances may trigger an immediate review. Maternity Internal Management and Escalation Plan (Appendix 4) details what action is to be taken in the event of below minimum staffing level or high activity.</p>
Suggested Keywords:	Maternity services, staffing, workforce, safe, safety, midwives, escalation.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Obstetrics Guidelines Group. Maternity Governance Group.
General Manager confirming approval processes:	Caroline Chappell

Information Category	Detailed Information
Name of Governance Lead confirming approval by specialty and care group management meetings:	Caroline Amukusana
Links to key external standards:	CNST 1.4, 1.6.
Related Documents:	Safe Staffing Levels for Obstetric Consultant Staffing on Delivery Suite – Approved Document. Safe Staffing Levels for Obstetric Anaesthetist and obstetric Operating Department Practitioners – Approved Document.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 2010	V1.0	Initial document	Jan Clarkson, Maternity Risk Manager. Helen Ross-McGill, Clinical Governance Lead
December 2012	V1.1	Included current review of staffing levels. Calculation of required staffing levels using local workforce tool. Escalation plan for, below minimum staffing and high activity.	Jan Walters, Head of Midwifery and Divisional Nurse
7 th November 2013	V1.2	Revision of staffing levels and escalation plan.	Jan Walters, Head of Midwifery and Divisional Nurse
5 th June 2014	V1.3	Correction of acute staffing levels, see Appendix 3.	Treena Figg, Clinical Midwifery Lead

Date	Version Number	Summary of Changes	Changes Made by
6 th July 2016	V1.4	General review and update and correction of acute staffing levels, Appendix 3.	Jan Walters, Head of Midwifery and Divisional Nurse
4 th July 2019	V2.0	Review and update	Jane Urben, Head of Midwifery
7 th November 2019	V2.1	Addition of escalation appendix 5 Daily safety huddle appendix 4 Minor body amendments	Jane Urben, Head of Midwifery Angela Bellamy Deputy Head of Midwifery
May 2023	V3.0	Full review and update. Addition of OPEL tool.	Angela Bellamy Deputy Director of Midwifery
August 2023	V3.1	Additions to OPEL 3 and OPEL 4 guidance	Angela Bellamy Deputy Director of Midwifery

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Safe Staffing Levels: Maternity Management and Escalation Plan for Midwifery, Nursing and Support Staff V3.1
Directorate and service area:	Obs and Gynae Directorate
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Angela Bellamy, Deputy Director of Midwifery
Contact details:	01872 252996

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This document governs safe staffing levels for all midwives and support workers employed within RCHT maternity services. It describes the process for an annual review of staffing levels and what circumstances may trigger an immediate review. It describes the details of the Maternity Internal Management and Escalation Plan and what action to take in the event of below optimal staffing level or high activity.
2. Policy Objectives	Safe staffing levels for all midwives, nurses and support workers employed within the maternity services, RCHT.
3. Policy Intended Outcomes	Safe Staffing levels within RCHT Maternity Services.
4. How will you measure each outcome?	Compliance Monitoring Tool.

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	All midwives, nurses and support workers employed within RCHT maternity services. All pregnant women.
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Obstetrics Guidelines Group. Maternity Governance Group.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Angela Bellamy

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. Escalation to Director of Midwifery (DOM)

In the event of the following issues, the MMOC should inform the DOM:

- **Maternal Death.**
- **Intrapartum stillbirth.**
- **Baby born in very poor condition.**
- **Mother seriously ill in ITU.**
- **Untoward event affecting maternity services.**
- **Maternity Unit full to capacity (The MMOC will assess the OPEL tool and escalate to the DOM as appropriate).**
- **Suspension of maternity services (including birth centres or homebirth).**
- **Trust on major incident.**

This list is not exhaustive and if the senior midwife or consultant decides an issue should be escalated to the Director of Midwifery, then professional judgment should take precedence.

The DDOM will deputise in the DOM's absence.

There will be a MMOC out of hours for escalation, advice, and support.

Appendix 4. Daily Safety Huddle

1. Introduction

This appendix is to support and outline the process of the Daily Safety Huddle.

2. Purpose of appendix

Following feedback and identification of themes from investigations from the Health Safety Investigation Branch (HSIB) this Standard Operating Procedure (SOP) was produced to promote safety for women and staff. The following describes the purpose of the safety huddle, the Obstetric ward rounds and the escalation procedure and is intended to provide a robust framework to these activities.

3. Safety Huddle Rationale

The rationale for the safety huddle is to ensure the safest care possible for women and staff in each area. The huddle will:

- Assess acuity in each clinical area.
- Ensure optimal communication between clinical areas.
- Utilise staff accordingly to support areas of high acuity.
- Identify staffing shortfalls over the next 24 hours/weekend.
- Identify high risk patients and/or situations and ensure appropriate action is taken.

4. Daily Actions

- There will be 3 full unit safety huddles per day. 0810,1500 and 2130.
- All safety huddles take place via Microsoft teams
- Following the safety huddle the staff member who attended the huddle should disseminate relevant information to staff on their ward.
- Each ward area may also carry out 'huddles' at relevant times throughout the shift to help communication and teamwork.
- Any specific actions required will be allocated to an appropriate member of the safety huddle, these actions will be discussed at next safety huddle to ensure they been carried out.
- If activity changes or support is required after the huddle has taken place, staff should go to the midwife in charge of their area in the first instance. If support is not identified the midwife in charge should call the DS coordinator to discuss.
- All midwives in charge of an area should feel confident to phone the MMOC if they have escalated to the coordinator but still feel unsafe. They should discuss this with the DS coordinator first to ensure that the MMOC has not already been called.

Appendix 5. Opel Tool for - Maternity Management and Escalation Plan for Midwifery Nursing and Support Staff

Please use this link to access the Opel Tool:

[Opel Tool for Maternity Management and Escalation Plan for Midwifery, Nursing and Support Staff](#)