Escalation, Transfer of Activity and Closure UHL Obstetric Policy

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Contents

Review dates and details of Changes made during the review

- Changes made to bring in line with Midlands maternity escalation framework
- Changes to the OPELMF wording
- Integrations of Matron of the day(MOD) to the escalation policy
- Inclusion of escalation cards for job roles
- UHL Operational Pressure Escalation Level Maternity Framework (OPELMF) – Escalation Triggers
- Inclusion of community escalation cards and pathway

Related documents

RN's & HCA's supporting RM's in UHL Maternity Trust ref: C63/2022
Guidelines for prophylaxis against thromboembolic disease following caesarean section Trust ref: C112/2008
Emergency Preparedness Resilience and Response (EPRR) UHL Policy.pdf Trust ref: B25/2019
Incident and Accident Reporting UHL Policy.pdf Trust ref: B30/2024
Infection Prevention UHL Policy.pdf Trust ref: B4/2005

Key Words

Action card, Capacity, Closure, Diversion, Escalation, OPELMF, Sitrep, Staffing, Transfer

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1. Introduction and overview

The policy outlined below sets out appropriate actions to be taken in the event of critical staffing shortages and/or capacity issues within University Hospitals of Leicester NHS Trust (UHL) Maternity Services. It is written in line with the Midlands Maternity Escalation Policy & Operational Pressures Escalation Levels Framework (OPELMF).

UHL Maternity Service is based on three sites, which are the Leicester Royal Infirmary, Leicester General Hospital; St Mary's Hospital, Melton Mowbray and includes Community Midwifery Service.

When activity is high on one site the option to transfer activity to another site should be considered. The Midwifery Birth Centre at St Mary's may also be able to provide extra capacity for low risk maternity care. In the final instance, it may be necessary to consider closure of the Leicestershire Maternity Service to admissions.

This policy uses OPELMF framework definitions (see appendix 1) to provide a consistent approach in times of pressure, 7 days a week, specifically by:

- Enabling the Trust to consistently identify areas of concern and implement internal actions to mitigate where possible the risks.
- Ensure appropriate steps are taken if transfer of activity is unavoidable.
- Ensure appropriate steps are taken if closure is unavoidable.
- Describe further possible contingencies if closure of services is not possible.
- Ensure adequate documentation is completed during this process.
- Alerting the local Integrated Care Board (ICB) and wider to ensure they can support us to enable local systems to maintain quality and patient safety.
- Providing a regional and locally consistent set of escalation levels, triggers and protocols across maternity services in the Midlands.
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures.
- Setting consistent terminology.
- Improving communication and multi-disciplinary working relationships.

- Enhancing the experience for birthing women and people, their babies and reducing harm.

Neonatal escalation, transfer and repatriation of neonates is managed by the Neonatal Operational Delivery Networks (ODNs). Currently across NHS England (NHSE) each neonatal ODN operates differently and has different geographical boundaries to that of the NHSE regions.

Policy Scope

This policy applies to all patients who present to the Maternity Service of the University Hospitals of Leicester NHS Trust and is to be followed by all midwifery and medical staff within the Maternity Service and relevant associated Trust staff. It is to be circulated to all staff who manage maternity capacity to provide a practical working reference tool for all parties, thereby aiding coordination, communication, and implementation of the appropriate actions within the organisation.

Policy Development

This policy has been updated to incorporate the Midlands Maternity Escalation Policy & Operational Pressures Escalation Levels Framework procedures to manage significant surges in regional demand for maternity services.
The midwifery, nursing and support staff staffing levels in the Maternity Service will be reviewed by the Director of Midwifery, Head of Midwifery and Midwifery Matrons on a 6 monthly basis to assess establishment requirements and reviewed with a full Birth rate plus assessment Bi-Annually. The workforce report will then be presented to the Executive Quality Board and discussed at Maternity Service Governance Group and the LMNS.

Where staffing levels are not in line with the recommendations from the BirthRate Plus® review, a business plan or contingency plan will be produced to address on-going staffing shortfalls to include comprehensive recruitment campaign as highlighted in the maternity workforce plan in the event of any short-term staffing shortfalls a contingency plan will be produced to address these issues on a day to day basis.

All business and contingency plans will be reported to the Women & Children's CMG Management Team.

Definitions and Abbreviations

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

CD	Clinical Director	StEIS	Strategic Executive Information System
EMAS	East Midland Ambulance Service	WMAS	West Midland Ambulance Service
ICB	Integrated Care Board	HOOP	Head of Operations
MOC	Manager on call	TCM	Tactical Command Meeting
CNO	Chief Nursing Officer	Sitrep	Situation Report

Formal Ambulance Divert	The practical operational application of an agreed ambulance divert in response to significant and overwhelming local and/or wider system operational pressures.
Emergency Divert	An emergency divert is the application of a divert in relation to a major incident such as fire or flood which result in the Emergency Department/Delivery Suite/MAU becoming non-operational for a period; and/or in a major incident.

Maternity Suspension	The temporary closure of the maternity service within an organisation, which results in either a Deflection or Diversion of patients, to maintain safety of birthing women/people and babies, due to extreme operational pressures and/or critical or major incident.
Maternity Deflection	The operational decision to transfer (deflect) birthing women/people to different sites within the organisation to level out operational pressures, maximising use of assets while maintain patient safety.
Maternity Diversion	The temporary closure of maternity activity from one organisation to another Trust, to maintain safety of birthing women/people and babies, in response to significant and overwhelming local and/or wider system operational pressures.
SBAR	Situation, Background, Assessment, Recommendation is an approach to articulate information often useful in an emergency.

2. Roles and Responsibilities within the Trust

Role	Responsibilities
Chief Operating Officer (COO)	Executive responsibility for application of this policy.
Trust Strategic On call (GOLD)	In the event of a whole maternity service closure, the primary role of the Trust Strategic On Call is to give strategic direction at an operational level to ensure patient flow is resumed as early as possible. Trust Strategic On Call should also handle any communications or media requests out of hours and liaise with the ICB Gold On Call.
Trust Tactical On call (SILVER)	The Trust Tactical On Call provides 24 hour, 7 days out of hours on call operational oversight of the situation. During the escalation process the role of the Tactical On Call is to support any decision making and to ensure all areas of the maternity service are maximised to aid patient flow, safety and capacity. In the event of any potential full maternity service closure, the Trust Tactical On Call should escalate to the Trust Strategic On Call.

Trust Operational On Call (BRONZE)	The Senior Manager On Call (SMOC) Duty Manager (DM) will coordinate further support for maternity services. For example, find extra cleaning team, maximise available support staff to answer doors, telephones and manage effective bed clearance on electronic systems etc. They will liaise with delivery suite coordinator to ensure that they have sufficient support.
CMG Strategic (GOLD) Consists of DoM, HOOP, Clinical Director	The CMG Triumvirate has responsibility for ensuring there is a robust and efficient system in place for the recognition and response to emergency care and other demand/capacity pressures. Supports a resilient and robust CMG wide response to emergency care/demand/capacity pressures. All processes will be supported by the umbrella of a Trust corporate governance process. Hold overall strategic responsibility and accountability for the maternity services flow and capacity.
CMG Tactical (SILVER) Consists of HoM, Deputy HOOP, Deputy CD	HoMs & Deputy CD and Deputy HOOP are responsible for operational leadership to the service; to ensure plans are in place to support the achievement of safe care within the maternity services.
Managers/TCM of the day, Maternity operational Commander (BRONZE) OOH Women's Manager On-Call for Escalation only	Are the central point of information sharing regarding staffing, bed capacity and acuity in all maternity inpatient areas and having oversight of the community service. They support the delivery suite coordinator and ward managers daily to ensure the safe and timely flow of patients throughout the maternity services by the resolving of staffing shortages and redeployment of staff within the clinical area. Report to the matrons, HoM and community manager. At early signs of pressure, the manager of the day will escalate to the matrons and consultant obstetricians and will commence the documentation as required. They will also undertake non-clinical tasks to support discharges and patient flow when required.
Lead Consultant Obstetrician On call	The consultant on labour ward or out of hours and the on-call consultant obstetrician will work in collaboration with the labour ward coordinator, to expedite discharges where clinically safe to do so. To consider deferring elective work to improve immediate capacity issues they will work closely with obstetric anaesthetist on call and neonatal consultant on call. They also play a key role in the decision -making processes concerning temporary diversion or closure of the service.
Divert coordinator **In-Hours** Managers/TCM of the day, Maternity operational Commander **Out of Hours** Trust SOC	Once a formal divert has been agreed by both the maternity service and the ambulance service it is recommended that one person within the diverting organisation is nominated to coordinate the process and they will be referred to as the 'divert coordinator'. The 'divert coordinator' should have no other responsibilities during this time (and should not be an operational midwife/obstetrician) to ensure all Clinicians can support safe service.

Maternity Flow & Staffing Coordinator (bleep holder)	Declaring and escalating when the maternity service is going from OPELMF two to OPELMF three. Attend safety huddle with obstetricians, neonatal team, anaesthetist's, and labour ward coordinator. Ensure daily management of admissions and discharges to promote an accurate bed state. Ensure robust data on incoming admissions, and other data that will influence the maternity services ability to manage the fluctuations in demand and capacity. Monitor the quality of bed state reports of wards and provide feedback via handovers and huddles on any themes that may be identified for specific areas. Coordination of information for presentation at Trust bed capacity meetings. They will provide logistical support if needed to support the Maternity Services capacity. To attend labour ward to support with phone calls and to facilitate conversations as required and complete. documentation to enable the labour ward coordinator to continue to coordinate the care of the birthing women/people, babies and staff. Receive all staffing shift cancellations and mitigate as necessary in collaboration with ward managers/Midwife in charge. To liaise with senior colleagues as per Trust escalation process.
Maternity Matrons	Are responsible for coordinating the maternity service. They are the next stage in the escalation process and will support operational decision making including ensuring safe timely discharges of those able. They will liaise with and support consultant colleagues.
Matron of the Day	The Matron of the Day is responsible for ensuring safe staffing and implementing mitigations to support flow, capacity and safety alongside the operational team including bleep holders and in charge staff. They will provide assurances and escalations to the Trust Silver Nurse.
Community Team Leaders	Are responsible for gathering information regarding staffing and acuity in the community service. They are responsible for ensuring the timely and safe allocation of workload, and ensuring all clinics, bookings and home visits are covered. They are responsible for resolving staffing shortages and redeployment of staff within the community area and escalating to the community midwifery matron where required.
Labour ward coordinators & ward managers	Ensure ward staff has the knowledge and skills in achieving processes for safe and timely discharges within the ward areas. Vacated beds are declared immediately to the bed manager/bleep holder. Ensure decontamination is carried out promptly and effectively. Escalate any delays in management of patient care and treatment that could delay a discharge to the senior midwifery management team. Ensure collaborative working which includes the neonatal unit manager to ensure all discharge planning actions are carried out in an integrated manner.
All Staff	All staff to follow the policy and to escalate as soon as possible any deviation.

3. Policy

3.1 Daily oversight and prevention

The Maternity OPEL Level is used internally to determine what level of action is required to either:

- Maintain existing capacity and flow when the Trust is at OPEL 1; or
- Reduce pressures within the system when the Trust is in escalation and at OPEL 2, 3, or 4.

A summary of the actions that will be taken by the Service and/or Trust at OPEL Levels 1, 2, 3, and 4 can be found in Appendix 3 – Maternity OPEL Action Card.

It is expected that the maternity units through the shift coordinator and labour ward consultants will communicate frequently to have an awareness of activity across Leicester on a shift-by-shift basis. This process is to be done via telephone conversation or text

- Timely completion of staff rotas
- Daily review of staffing numbers
- Good management of annual leave
- Consider potential shift changes
- Request bank/agency staff
- Promote staff rotation so ready when increased pressure
- Medical staff shortages should be managed through the manager of the day Head of service/workforce lead or Junior Doctors Administrator

Daily cross site and community huddles will be held twice daily via teams at 08:30am and 16:00 (additional huddles will be convened at escalated levels of OPELMF – see action card, appendix 3) to review the current situation within all maternity services. This will be led by the CMG TCM Manager of the Day (Bronze commander). The purpose of the operational huddle is to ensure safe management of maternity capacity and patient safety. It is expected that there will be representatives from all services within the CMG and each will provide a sitrep of service and escalate key risks, mitigate and outstanding risks requiring support. These huddles will be held twice daily but can be reconvened at different points within the day dependent on OPELMF level and where conditions escalate, or concerns arise. This is identified within the Action Card (appendix 3).

The information from this will inform the Trust and Midlands Maternity and Neonatal Sitrep submissions 7 days a week.

Trust Sitrep's are submitted three times daily (08:30, 12:30, 16:00)

Midlands Sitrep once a day by 10:00 (including bank holidays).

This is to be submitted using the Maternity Sitrep Data Collection Form - **Midlands Maternity OPEL Sitrep Data Collection Form.**

3.2 Triggers and OPELMF

The need to either transfer activity or to close the service to admissions will be determined by set structured triggers outlined in the OPEL Maternity framework (Appendix 2) aligned to the Midlands Acute Maternity - OPEL Maternity Framework –Appendix 1.

Triggers that determine the OPELMF are:

- Maternity ward-based bed capacity.
- Labour ward bed capacity.
- Obstetric Staffing
- Anaesthetic Staffing
- Labour Ward Birth rate plus activity & acuity score of all intrapartum care.
- Maternity ward-based acuity score
- Labour ward coordinator not supernumerary.
- Neonatal OPEL Framework status.

There may also be other factors that lead to escalation and diversion, and are determined by the below additional internal triggers:

- Triage Breaches within Maternity Assessment Unit (MAU)
- Delays in elective work for non-reason this includes both induction of labour and elective caesarean section
- Infection Prevention & Control issues – follow local IPC policy.
- In the event of a major incident or power failure – follow local policy.

OPEL STATUS	Triage Breaches	Delays in elective work for non - medical reason
Black	**≥10 birthing women/people delayed in treatment within category guidelines**	**Unable to transfer to another Trust**
Red	**5-9 birthing women/people delayed in treatment within category guidelines**	**Delays in elective activity for >24hours**
Amber	**1 or more birthing women/people delayed in treatment within category guidelines**	**Delays in elective activity for > 2 hours**
Green	**All birthing women /people seen within appropriate timescales in line with unit guidance**	**No delays in elective work**

- **Temporary closure of neonatal units in region**

It is important to note that the temporary suspension of the neonatal unit does not translate to a temporary diversion or suspension of a maternity unit. A high-risk birthing woman /person whose baby/ies may potentially require neonatal services should be assessed on an individual basis with joint consultation by the consultant obstetrician and consultant neonatologist.

The East Midlands Neonatal Operational Delivery Networks (ODN) have a Midlands wide neonatal surge plan to ensure access to neonatal critical care is maintained and not compromised.

- **Staffing Pressure**

Short-term Contingency plans should be implemented as per Midwifery and Support Staffing Policy and the Consultant Obstetrician Cover Arrangements for Labour Ward– these include:

- Moving staff from one clinical area to another whilst risk assessing which area is in the greatest need from a safety aspect.
- Ensuring the staff have the skills to rotate and allocate work accordingly.
- Ensure all shifts are out to bank or overtime.
- Ensure the situation is clearly described in the Trust and regional sit rep.
- Ensure the out of hours on call manager has the necessary support from a clinician should escalation be required.

It is usual for a maternity service to experience peaks in activity which make an area unable to continue to function as it is. A review of this workload should be undertaken by the bleep holder, shift coordinator and obstetrician. If re-allocation of this workload is not possible actions and escalation should be made in accordance with action card appendix 3.

- **Capacity Pressures**

It is usual for a maternity service to experience peaks in activity which exceed capacity. If the problem is a shortage of Labour Ward beds:

- Careful assessment of those birthing women/people on Labour Ward should be made to see if any can be safely transferred to the postnatal ward, another suitable clinical area, such as St Mary's Birth Centre (if suitable) or home. Cohorting postnatal women in the alongside Birth centre or induction area.
- If the problem is a shortage of postnatal beds, careful assessment of existing postnatal women/people should be made to see if any may be safely discharged home or transferred to another area e.g., St Mary's Birth Centre. Elective activity should also be reviewed and reorganised as appropriate: e.g., Elective Caesarean sections and non-urgent Induction of Labour.

Internal CMG Escalation – the CMG action card appendix 3 identifies the full actions for each OPELMF level the section below summarises the categories. The actions within the Action card must be followed and responses recorded.

OPELMF One

The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated**.**

OPELMF triggers to be reviewed 6 hourly

OPELMF Two
At OPELMF Two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. This level of the OPEL Maternity Framework is Trust owned and led. It is recommended that the executive level/Trust operations team (or on call team out of hours) is notified as per the local escalation policy, and internal support is sourced to manage escalation. In hours, it's recommended that the Trust notifies the ICB System Coordination Centres (SCC) of the rising pressure and local escalation in place for information only purposes.

The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate.

The maternity service will undertake enhanced co-ordination with the Trust operations team and take appropriate and timely actions to reduce the level of pressure in their organisation as identified above.

The Trust Operational SMOC (Bronze) should work to source support from other departments as required. OOH the Trust Tactical On Call (Silver) should be informed that organisational support is required as per the local escalation process. The Trust Operations team will notify the ICB System Coordination Centres (SCC) of the rising pressure and local escalation in place for information only purposes in hours only.

The Trust Operational SOC (Bronze) should follow local pathways and contact external Trusts directly to source mutual aid. If mutual aid isn't forthcoming then escalation should occur to senior leaders as outlined in the Regional Maternity Escalation Framework https://uhltrnhsuk.sharepoint.com/:b:/r/teams/UHLMaternity-WomensChildrens/Shared%20Documents/Escalation/Escalation%20policies/20241206_MidlandsMaternityEscalationPolicyv3.0_FINAL.pdf?csf=1&web=1&e=XsmdPE

OPELMF triggers to be reviewed 4 hourly

OPELMF Three

At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues raised and tactical system control should be enacted and remain with the ICB to safeguard the integrity of maternity services within the affected hospital. At OPELMF Three executive level/Trust operations team (or on call team out of hours) must be notified as per the local and ICB escalation policy, and internal support sourced to manage escalation. This will trigger ICB escalation protocol

The CMG Gold Strategic triumvirate will be actively involved to support mitigation and prevention of escalation to OPELMF Four. OOH Strategic Gold should be contacted.

At this point the trust may need to deflect (transfer) activity internally between sites. Agreement for there to be a temporary transfer of activity from one site to the other will be a MDT decision made by the Consultant Obstetrician, Midwife Coordinator, Matron of the Day or Manager on Call for CMG or SOC OOH.

It is possible to agree to a partial transfer, when just the MAU closes but labouring women/people may still be accepted, or a unit may close to labouring women/people and remain open to triage and assess admissions. It is important this is documented on the Birth rate Plus.

On either site if there are no longer labour ward rooms available for higher risk birthing women/people and a birth centre room is used or a birthing woman/person is not able to transfer out of the birth centre if their condition becomes more complex, this must also be documented clearly in the Acuity app and the patient record. Oversight of these birthing women/people must be maintained by the midwife coordinator and obstetrician.

Once the decision has been made for internal transfer there are several services/ organisations who need to be informed – appendix 4 - provides a checklist of those services/organisations that should be informed both in hours and out of hours, these should be overseen by the divert coordinator who will make arrangements for key stakeholders to be notified.

The Trust Operational SOC (Bronze) should follow local pathways and contact Trusts

directly to source mutual aid. If mutual aid isn't forthcoming then escalation should occur to senior leaders as outlined in the Regional Maternity Escalation Framework https://uhltrnhsuk.sharepoint.com/:b:/r/teams/UHLMaternity-WomensChildrens/Shared%20Documents/Escalation/Escalation%20policies/20241206_MidlandsMaternityEscalationPolicyv3.0_FINAL.pdf?csf=1&web=1&e=XsmdPE

OPELMF triggers to be reviewed 2 hourly to ensure that deflection is for as short a period as necessary and normal service is restored

OPELMF Four

At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic on Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic on Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes

There may also be other factors that lead to escalation and decisions should be considered on a case-by-case basis. Such factors may include (but not limited to):

- Infection Prevention & Control events – follow local IPC policy
- A major incident or power failure – follow local major incident policy

Actions outlined in the action card appendix 3 -for Trusts declaring OPELMF Four should be undertaken and communicated with partners.

Escalation for mutual aid will made by the ICB SCC; to the local SCC. A regional mutual aid and escalation call will be facilitated by the SCC and supported by the regional maternity team will be arranged within 2 hours - Exec and senior leadership attendance should be confirmed.

The Trust will provide verbal updates to the ICB SCC every 3 hours via the escalation template (appendix 9)**.**

Internally the position within UHL maternity services will be reviewed hourly and the information used to inform communication with the ICB SCC.

Confirmation must be made that all relevant areas are aware of the service closure and reasons for this.

There must be a contingency plan in place for women and pregnant people who may unexpectedly arrive at the units without notice to ensure they receive safe and appropriate care.

3.3 ICB Escalation

When reaching OPELMF Two CMG Operational TCM manager of the day should attend the 09:30am system call to alert the ICB's SCC to rising pressure and local escalation in place (in-hours only). This is for information only.

At OPELMF Three the CMG Operational TCM manager should attend 09:30am system call ICB and provide clear escalation of support and the ICB should take urgent actions to source system level support across the whole ICB to mitigate further escalation. In addition, if necessary, the ICB should attempt to identify mutual aid support with neighbouring ICBs. **If support is not forthcoming and pressure continues to escalate,** ICBs should liaise with System Coordination Centre (S) (in hours only)/NHSE On Call structure (out of hours only) to facilitate regional communications for offers of mutual aid support at OPELMF Three.

Agreements for support with local partners will be organised directly through ICBs.

At OPELMF Four, escalation for mutual aid support will be made by the ICB SCC (in-hours)/ICB On Call (out of hours) to System Coordination Centre (SCC) (in-hours only)/NHSE On Call (in hours and out of hours) structure outlining the safety issues. The ICB SCC/ICB on Call will review the actions undertaken to rapidly resolve the pressures driving the escalation using the ICB escalation process. Please see 3.2 on https://uhltrnhsuk.sharepoint.com/:b:/r/teams/UHLMaternity-WomensChildrens/Shared%20Documents/Escalation/Escalation%20policies/20241206_MidlandsMaternityEscalationPolicyv3.0_FINAL.pdf?csf=1&web=1&e=XsmdPE regional escalation guideline.

3.4 Regional Escalation

Regional escalation should be triggered at OPELMF Four when pressure in the maternity service continues to escalate leaving organisations unable to deliver comprehensive care which has the potential for patient safety to be compromised. All available local and ICB escalation actions should have been taken and mutual aid support requested and utilised. If an external whole system response for additional support is needed, follow the Maternity Escalation Framework at **Appendix 4c** (in-hours) and **Appendix 4d** (out of hours). Escalation to NHS England Region should only be made where all avenues to resolve the pressures leading to OPELMF Four have been exhausted at a local (Provider and ICB) level.
In hours, the NHSE Directors of Nursing (DON) and Regional Maternity/Perinatal Team (subject matter experts) will support an internal discussion (see NHSE On Call Guide for guide prompts, see UHLMaternity-WomensChildrens Shared Documents Midlands Maternity Escalation Policy) with the ICB CNO/SCC to jointly assess the operational position, mitigating plan and requirement for ongoing mutual aid across regional systems and boundaries. Out of hours, the NHSE First on Call will support an internal discussion with the ICB Director On Call.
When escalating into the NHS England regional team (in or out of hours), the following information should be available to aid the initial discussion:

- The details driving the escalation.
- The specific actions taken to alleviate said pressure.
- The actions taken to ensure patient safety and quality.
- The details of any planned system calls.
- Who is the highest senior involved in decisions around mitigating and managing the current escalation.

link to external guideline

3.5 Out of hours escalation

- Redeployment from ward- needs to manager on call decision
- Redeployment from MAU- needs escalation to GOLD– through switchboard. ? is this silver first
- Redeployment from HBT- suspension of HBT needs escalation to GOLD
- Unable to provide TT service- escalation to GOLD- consider running from LGH in band 7 office
- Contact duty manager for domestic support.
- Ensuring consultants obs and anesthetics are aware of OPEL status
- Deflection and diversion across sites
- Add closure of Leicestershire maternity services from for guidance as appendix

- Closure record needs to be digital- add to MAU referral form for women going to MAU
- Add S number to sitrep for birthing women/people being admitted to birth center/labour ward
- Ad hoc tactical huddles will be needed in OPEL3/4 with both site coordinator and obs. Neonates and anesthetics.

Utilise the Checklist for cross site referrals

3.6 Deflections and Diversions

At OPEL3 & 4 it may be determined appropriate to either:

- Deflect birthing women/people between sites at UHL this includes from Community/Home Birth Service as a site; or
- Suspend maternity care provision for new admissions and Divert those birthing women/people to other Trusts within or external to the Midlands region

Tactical On-Call agreement should be sought for an ambulance Deflection, but the acceptance of a deflection can be operationally delegated to the receiving Labour Ward coordinator with the tactical being informed at the earliest opportunity.

Strategic On-Call agreement should be sought for a formal ambulance Divert but the acceptance of a divert can be operationally delegated to the receiving unit manager with the executive being informed at the earliest opportunity.

- Confirm the alternative destination as pre-agreed with the receiving unit.
- The time frame the divert will last for before review (2hrs Deflection/1hr Diversion).

❖ **Temporary Deflection between sites at UHL Utilise the Checklist for cross site referrals**

The decision to deflect birthing women/people between sites within an organisation is agreed between the **CMG HOOP/HOM/Manager of the Day**, **Senior On Call Manager** and **Trust Tactical On Call**. This is an internal operational decision and should be recorded on the local sitrep form by the Matron of the day or maternity bleep holder. Matron of the day should communicate with Telephone triage when to divert, provide regular updates and notify when divert has been removed . In hours ICB will be notified via system call but OOH ICBs are not required to be notified.

❖ **Formal ambulance Temporary Diversion for maternity services**

A formal ambulance divert for maternity services is the operation of an agreed ambulance divert in response to significant and overwhelming local and/or wider system operational pressures.

Any formal ambulance divert request to EMAS must only be made when maternity services and ICBs have implemented their escalation and surge management plans to the full without reducing the system pressures to a safe level and executive agreement has been given.

The decision to request to temporarily suspend a maternity unit should be agreed by **the Trust Strategic on Call (Gold).** The **ICB SCC (in hours)** and **ICB on Call (out of hours)** should be notified of requests to close a maternity unit via the in hours and out of hours escalation framework process (Appendix 9).

The process will involve consultation and agreement with the EMAS & WMAS ROCC Tactical Commander. Requests for a formal ambulance divert for maternity services must immediately be made to the ambulance service to accept or decline dependent on wider regional ambulance capacity and demand and system wide intelligence.

Any formal ambulance divert request to EMAS must only be made when all OPELMF actions have been completed and failed to de-escalate the pressure to a safe level and executive agreement has been given.

- Formal ambulance diverts, initiated through this policy, will be for maternity patients only.
- At times of a formal divert for maternity patients, birthing women/people who require immediate maternity care will be transferred to the nearest consultant-led maternity unit, which may not necessarily be the booked unit.
- It is the ambulance services responsibility to pre-alert receiving units of birthing women/people who are being diverted.
- The clinical responsibility of the patient lies with the paramedic on scene.

The divert coordinator is responsible for liaising with EMAS ROCC Tactical Commander to initiate the divert following executive agreement and on an ongoing basis until the divert is stepped down.

The divert coordinator must communicate and document:

- The details of the Trust Strategic On Call (Gold) who has agreed the suspension and the time that this decision was made.
- Confirm the alternative destination as pre-agreed with the receiving unit.
- Agree review periods and method of contact (3hrly in hours and 4hrly out of hours)
- In collaboration with the Consultant Obstetrician on-call ensure contingency plan for Category 1 Ambulance Conveyances, birthing women/people that may unexpectedly deliver at home, attend delivery suite or MAU without notice to manage care safely.
- Complete risk assessment of suspension of maternity services and initiation of formal divert
- Communicate internally to clinical area leads that divert has been initiated and timescales for review and expectation of de-escalation of extreme pressures.
- Communicate directly with receiving units regarding the divert of birthing women/people who do not require emergency transport and are safe to make their own travel arrangements.
- Provide verbal notification of step down of ambulance divert to the ambulance service immediately.
- Report the operational incident on datix

Category 1 time-critical and life-threatening obstetric emergencies

Ambulance attendances for time-critical and life-threatening obstetric and maternity emergencies will be transferred to the nearest unit regardless of a formal divert in place. These are referred to as Category 1 maternity/neonatal patients and the maternity unit should be pre-alerted to the patient's arrival and agree with the ambulance service the appropriate place of admission e.g., emergency department or maternity unit to ensure appropriate teams are on standby.
The list below identifies those time-critical and life-threatening obstetric/maternity and neonatal emergencies, but this is by no means exhaustive, and the clinical responsibility remains with the paramedic on scene:

Obstetric Emergencies (Patient safety is paramount):

- Major obstetric haemorrhage (including antepartum haemorrhage)
- Placental abruption
- Cord prolapses
- Shoulder dystocia
- Vaginal breech
- Severe maternal sepsis
- Maternal cardiac arrest or peri-arrest
- Fetal heart rate abnormalities at a homebirth
- Delay in first and second stage at a homebirth
- Birthing women/people known to be birthing outside trust guidance
- Unattended birth

Neonatal Emergencies:

- Live birth of premature baby requiring neonatal care, an extreme premature baby between 22 weeks, < 27-week (Singleton) & < 28 weeks (Multiples) gestation will require admittance to a unit with a Level 3 NICU
- Ongoing neonatal resuscitation

Emergency Divert

An emergency divert is the application of a divert in relation to a major incident such as fire or flood which results in the Emergency Department becoming non-operational for a period; and/or in a major incident where the casualty distribution plan is operational i.e., not accepting cardiac arrests. In the event of an emergency divert, this will automatically include the maternity department to prevent increasing the stress existing in the organisational site further. However, the major incident may be directly related to Maternity Services and not the Trust Emergency Department and therefore a Maternal Emergency Divert would be requested.

An emergency divert will involve consultation and agreement with the local ambulance ROCC Tactical Commander and the Trusts Senior Operational Manager (or equivalent Manager On Call out of hours). On the agreed assumption that the maternity service has enacted all internal escalation processes, a Formal Ambulance Divert for maternity services can be initiated for a period of 4 hours without having to go through a separate maternity divert escalation process.

3.7 Re-opening and reporting

- **Re-opening of the maternity unit**

When the factors that precipitated temporary diversion and / or closure of maternity services have been resolved and safe services resume, a consultation should take place with the same level of authority and focus as the originating closure/diversion. Key stakeholders who were informed of the suspension/diversion should similarly be informed of the re-opening of maternity services.

The ICB should be informed for the purposes of de-escalating regional support

- **Post Divert Actions**

It is recommended that birthing women/people who were transferred to another Trust should be followed up by the diverting/closed unit to offer a formal apology and to review their on-going plan of care. An example apology letter can be found in Appendix 7.

In line with the Patient Safety Incident Response Framework (PSIRF) an appropriate learning response to be agreed. n line with Ockenden Immediate and Essential Action (IEA) 5, actions arising from a serious incident investigation that involve a change in practice must be audited to ensure a change in practice has occurred. Change in practice arising from a serious incident investigation must be seen within 6 months after the incident occurred.

IEA5: Ockenden IE5: Incident investigations must be meaningful for families and staff, and lessons must be learned and implemented in practice in a timely manner

- All maternity governance teams must ensure the language used in investigation reports is easy to understand for families – for example, ensuring any medical terms are explained in lay terms.
- Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.
- Actions arising from a serious incident investigation that involve a change in practice must be audited to ensure a change in practice has occurred.
- Change in practice arising from a serious incident investigation must be seen within 6 months after the incident occurred.
- All trusts must ensure that complaints that meet the serious incident threshold must be investigated as such.
- All maternity services must involve service users (ideally via their Maternity Voices Partnership) in developing complaints response processes that are caring and transparent.
- Complaints themes and trends must be monitored by the maternity governance team.

The Head(s) of Midwifery in collaboration with the HOOP and Deputy Clinical Director are responsible for overseeing the completion of a root cause analysis (RCA) and SBAR (situation, background, assessment, recommendation) – see Appendix 8 - assessment for whole service closure.

The requesting maternity provider must complete a 72-hour incident review for all diversions and closures and record this via the Trust internal incident management procedures. The local ambulance service (EMAS and WMAS) should be consulted during the incident review to capture any learning around the notification, management and transfer of patients during the time of the diversion/closure.

In line with the National Perinatal Surveillance Model, the findings and any subsequent learning identified from the incident reviews should be discussed and shared widely for

monitoring and assurance purposes. As a minimum this should include sharing of learning and themes of similar incidents with the Trust Board, LMNS Board, internal Trust Directorate and Care Unit Governance teams, Maternity Safety Champions and Non-Executive Director (NED).

4. Education and Training Requirements

None

5. Process for Monitoring Compliance

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/ observe/asses/ inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements Who or what committee will the completed report go to.**
Escalation process is followed as per policy	DoM/HOOP	Review of OPEL status escalation	As occurs	Trust and/or CMG Q&S Board?

6. Supporting References, Evidence Base and Related Policies

Regional Maternity Escalation Framework https://uhltrnhsuk.sharepoint.com/:b:/r/teams/UHLMaternity-WomensChildrens/Shared%20Documents/Escalation/Escalation%20policies/20241206_MidlandsMaternityEscalationPolicyv3.0_FINAL.pdf?csf=1&web=1&e=XsmdPE

7. Equality Impact Assessment

7. 1 The Trust recognises the diversity of the staff and local community it serves. Our aim therefore is to provide a safe environment free from discrimination, harassment and victimisation and treat all individuals fairly with dignity and respect and, as far as is reasonably possible, according to their needs.

7.2 As part of its development, an Equality Analysis on this policy have been undertaken and its impact on equality has been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

Appendix 1: Midlands Acute OPEL Framework Definitions

OPEL	OPELMF One	OPELMF Two	OPELMF Three	OPELMF Four
Description	At OPELMF One the maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. Additional support is not required outside of the service. No interaction with the local ambulance service is needed. This level of the OPEL Maternity Framework is trust owned and led.	At OPELMF Two the maternity service is starting to show signs of pressure. The maternity service will be required to take internal focused actions to mitigate the need for further escalation. The maternity service will undertake enhanced co-ordination with the trust operations team and take appropriate and timely actions to reduce the level of pressure in their organisation. Additional support is not required outside of the organisation. No interaction with local ambulance service needed business as usual. Integrated Care Boards (ICBs) System Coordination Centres (SCC) should be alerted to rising pressure as per local and ICB escalation policies (in-hours only). This level of the OPEL Maternity Framework is trust owned and led.	At OPELMF Three the maternity service is experiencing major pressures compromising patient flow and safety. Trust operational support is having limited impact, and organisational pressure continues to increase. Further urgent actions are now required to source system level support to mitigate further escalation. Agreements for mutual aid support with local partners (in and out of region) to be sourced directly through ICB SCCs/CNOs (in hours only) and ICB On Call (out of hours). The SCC/ICB On Call will facilitate and coordinate support offers received alongside the trust operations and clinical teams. Interaction with local ambulance service required if formal divert of ambulances required between sites/organisations. This level of the OPEL Maternity Framework is ICB owned and led.	OPELMF Four is the highest level of escalation, outside of a declared EPRR incident. The declaration of OPELMF Four is only be made when all actions and tactical options at OPELMF Three have been exhausted, including local Integrated Care System (ICS) support for mutual aid, with no recognised de-escalation in pressure or clinical risk. This level of escalation would typically see pressure within the maternity service continue to rise leaving organisations having difficulty in delivering comprehensive care, driving the potential for patient safety to be compromised. As with all other levels within the OPEL Maternity Framework, OPELMF Level Four is ICB owned and led. Escalation to NHS England Region should only be made where all avenues to resolve the pressures leading to OPELMF Level Four have been exhausted at a local (Provider and ICB) level. Escalation to NHS England Region will be made by the ICB On Call to the NHSE First On Call out of normal working hours (weekends, bank holidays and Monday to Friday 18:00hrs – 08:00hrs). Where a region has extreme pressure (50% or more LMNSs/ICBs working at OPELMF Four) or where a major incident is declared, the region should work with neighbouring regions to secure mutual aid. When further aid is not available, or two or more regions are at extreme pressure, escalation to NHS England National should be made to initiate all regional maternity teams coming together with support as required by the national maternity team.

Appendix 2 : UHL Operational Pressure Escalation Level Maternity Framework (OPELMF) – Escalation Triggers

Escalation Triggers Scoring Matrix

FINAL Version 3.0, 19 December 2023

OPEL MF LEVEL	OPEL Neonatal Framework (OPEL NF) LEVEL	Suspension (closures), ambulance diverts and deflections	Maternity ward-based bed capacity	Delivery suite bed capacity	Obstetric staffing shortfalls impacting on safe care delivery	Anaesthetic staffing shortfalls impacting safe care delivery	Delivery Suite Birthrate Plus® activity and dependency score	Maternity staffing shortfalls (ward and assessment areas) impacting safe care delivery	Labour ward coordinator is not supernumerary (refer CNST definition)	Delays in induction of labour (IOL) (see key below for delay criteria)
Black Four	OPEL NF FOUR Demand exceeds available resource	Acute maternity services suspended, and ambulance divert in place	No ward beds available & no planned discharges	No Delivery Suite beds available & no planned discharges	Staff shortages impacting on patient care and delays in emergency care	Staff shortages impacting on patient care and delays in emergency care	Birthrate Plus® rating RED safety affected – mitigating actions taken, and services stood down	Staff shortages impacting on patient care and delays in emergency care	Providing 1:1 direct care and have no oversight of the labour ward	Any delays in **ongoing[1] IOL OR** delays admitting prolonged SROM >24 hours
Red Three	OPEL NF THREE Very limited ability to maintain patient flow in line with ODN pathways	Women deflected within Trust/ system and/or Homebirth services and/or MLU suspended due to escalation	Limited ward beds available impacting on inpatient flow	Limited Delivery Suite beds impacting on inpatient flow & admissions	Staff shortages impacting on patient care and elective activity delayed	Staff shortages impacting on patient care and elective activity delayed	Birthrate Plus® rating RED safety maintained – mitigating actions taken and services stood down	Staff shortages impacting on patient care and elective activity delayed	Temporarily providing 1:1 care and have limited oversight of the labour ward	Any delays in IOL admissions[3] **AND** delays in IOL commencement[2]
Amber Two	OPEL NF TWO Neonatal service is having difficulty in meeting anticipated demand with available resources	Homebirth services and/or MLU suspended due to escalation and no women deflected in Trust/System	Limited ward beds but no impact on inpatient flow	Limited Delivery Suite beds impacting on planned admissions but no impact on inpatient flow	Staff shortages with no impact on patient care or delays	Staff shortages with no impact on patient care or delays	Birthrate Plus ® rating AMBER safety – mitigating actions taken to maintain safe care delivery	Staff shortages with no impact on patient care or delays	Supernumerary and have oversight of labour ward but high acuity	Any delays in IOL admissions[3] **OR** IOL commencements[2]
Green One	OPEL NF ONE ODN unit open to admissions in line with unit designation	No suspension or diverts across the service and no women deflected in Trust/System	Ward beds available. No delays in admission or transfers.	Delivery Suite beds available no delays in admissions, elective activity and inpatient activity	No staffing shortages	No staffing shortages	Birthrate Plus® rating GREEN OR Birthrate Plus DS Acuity Tool not in use	No staffing shortages	Supernumerary and have full oversight of labour ward and able to support other midwives	No delays in IOL admissions[3] **AND** IOL commencements[2] **AND** ongoing[1] IOL

IOL Delay Key

[1]Ongoing IOL delays = >6hrs from decision for ARM/Syntocinon augmentation to transfer to DS room for 1:1 care

[2]Commencement IOL delays = admitted and commencement of IOL is delayed >6hrs from point of admission to IOL suite (from home or ward)

[3]Admission IOL delays = delayed admission for IOL from day of planned admission (delays should include any accrued work and be accumulated at each submission)

Appendix 3: Maternity Escalation and OPELMF –Trust Action Cards (In and Out of Hours)

University Hospitals of Leicester CAPACITY FLOW & ESCALATION PLAN	Maternity & Neonates

Standard Daily Operating Processes

The Maternity Services at LRI, LGH & Community together will run a number of daily huddles to manage the emergency flow through the single Maternity front door Maternity Assessment Unit

Time	Meeting	Location	Attendees	Led by
07:00	Midwife Shift Handover	Clinical Areas	• Outgoing & incoming shift members	Midwife in Charge
07:45	Midwife area leads huddle	Labour Ward LRI only)	• Bleep Holder & Midwife in-charge for: Labour Ward Maternity Assessment Unit (MAU) Antenatal/Postnatal Wards • NICU	Bleep Holder
08:00	Medical Shift Handover (Obstetrics & Anaesthetics)	Labour Ward	• Outgoing & incoming shift members	Lead Registrar
08:15	MDT Clinical Planning Huddle	Labour Ward	• Obstetrician of the day • Junior doctors • Neonatal Nurse in Charge • Anaesthetist • Bleep holder • Coordinator • ODP	Obstetric consultant
08:30	Women's & Neonates Operational Huddle	MS Teams	• Womens Tactical chair • TCM of the Day • Obstetric consultant • Bleep holder both sites • Matron of the Day • Matrons accordingly to Opel level • Gynae ward managers • Neonatal ward managers • Safeguarding team • Antenatal Services	Womens Tactical chair
09:00	Trust Tactical Meeting	MS Teams	• Tactical Command Manager of the Day (TCM)	Senior Manager On-Call
09.15	Community Huddle Meeting	MS Teams	• Community Matron • Team leads	Community Matron
09:30	System Tactical Meeting	MS Teams	• Tactical Command Manager of the Day (TCM) • Trust Senior Manager On-Call	SSC Lead
11:00	Regional Tactical Meeting	MS Teams	• ICB SCC Lead	

12.00	Trust Safe Staffing Meeting	MS Teams	• Matron of the Day	Silver Nurse
13:00	Trust Tactical Meeting	MS Teams	• Tactical Command Manager of the Day (TCM)	Senior Manager On-Call
14:00	MDT Clinical Planning Review Huddle if clinically indicated or OPEL 3/4	Labour Ward	• Obstetrician of the day • Junior doctors • Neonatal Nurse in Charge • Anaesthetist • Bleep holder • Coordinator • ODP	Obstetric consultants
16:00	Women's & Neonates Operational Huddle	MS Teams	• Womens Tactical chair • TCM of the Day • • Bleep holder both sites • Matron of the Day • Matrons accordingly to Opel level • Gynae ward managers • Neonatal ward managers	Womens Tactical chair
16.30	Trust Safe Staffing Meeting	MS Teams	• Matron of the Day	Silver Nurse
17.00	Medical Handover	Labour Ward	• Outgoing & incoming shift members	Obstetric Consultant
17:00	Trust Tactical Meeting	MS Teams	• Tactical Command Manager of the Day (TCM)	Senior Manager On-Call
19:00	Midwife Shift Handover	Clinical Areas	• Outgoing & incoming shift members	Midwife in Charge
19:45	Midwife area leads huddle	Labour Ward (LRI only)	• Midwife in-charge for: • Labour Ward • Maternity Assessment Unit (MAU) • Antenatal/Postnatal Wards • NICU	Midwife in Charge
20:00	Medical Handover	Labour Ward	• Outgoing & incoming shift members	Consultant
20:15	MDT Clinical Planning Huddle	Labour Ward (LRI only)	• Obstetrician of the day • Junior doctors • Neonatal Nurse in Charge • Anaesthetist • Bleep holder • Coordinator • ODP	Obstetric consultant
21:30	Trust Tactical Meeting	MS Teams		

02:00	MDT Clinical Planning Review Huddle if clinically indicated or OPEL 3/4	Labour Ward	• Obstetrician of the day • Junior doctors • Neonatal Nurse in Charge • Anaesthetist • Bleep holder • Coordinator • ODP	Obstetric Consultant

OPEL Level 1 – The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. Additional support is not anticipated. No interaction with the local ambulance service needed. Business as Usual

OWNER	ACTION	FREQUENCY
	OPERATIONAL OVERSIGHT	
TCM manager of the Day	Review/Completion of OPELMF Triggers Tool for identification of increasing pressure demand Completion and circulation of Trust & Regional Sitrep. Including copy of Regional Sitrep sent to ICB inbox llricb- llr.imt@nhs.net	6hrly Trust x3 daily (08:30,12:30, 16:00) Regional x1 Daily
(Bleepholder)	Central collation of capacity, staffing and acuity from all clinical areas of CMG to populate sitreps and identify risks/issues in need of escalation.	Ongoing
	CAPACITY	
Consultant On-Call/Bleep Holder	Timely review of ward & delivery suite patients to expedite medical review and ensure flow of patients for discharge Ensuring all women and babies with no reason to reside are discharged safely Nervecentre updated with plans and discharges	Twice a day
MAU midwife in charge	Use patient tracker for early identification of incoming demand	
	MIDWIFE STAFFING	
Delivery Suite Coordinator	Birthrate Plus Acuity Tool Completion Ensure the staff have the skills to rotate and allocate work accordingly	4hrly Shift Handover and as required throughout day
Ward Managers/Bleepholder/Community Team Leads	Ensure all shift shortages are out to bank or overtime. Moving staff from one clinical area to another whilst risk assessing which area is in the greatest need from a safety aspect.	Immediately following roster publication & then daily as required As required
	OBSTETRIC STAFFING	
Consultant on call	Consultant and junior obstetricians attend planned clinical or SPA sessions	ongoing
Consultant on call	Consultant obstetrician identifies escalation (back-up) consultant during safety huddle	8am Daily

Consultant on call	MAU consultant reports to MAU at 0800 or 1300, collects Nervecentre phone and LRI consultant registers as on call on consultant	Daily
Medical Team on call	MAU junior obstetricians report to MAU at 0800 or 1300, collects Nervecentre phone and registers as on call doctor	Daily
ELECTIVE ACTIVITY		
Medical Team on call	Ensure all IOL are clinically appropriate and prioritised based on clinical need and no delays greater than 2hrs from admission/commencement	Twice a day
Medical Team on call	Ensure all elective caesarean sections are prioritised based on clinical need and admitted timely.	Once a day
NEONATAL SAFETY		
As per Neonatal Escalation Policy		

OPEL Level 2 – The maternity service is starting to show signs of pressure. The maternity service will be required to take internal focused actions to mitigate the need for further escalation.		
OWNER	**ACTION**	**FREQUENCY**
OPERATIONAL OVERSIGHT, ESCALATION & COMMUNICATION		
TCM Manager of the day	Review/Completion of OPELMF Triggers Tool for identification of increasing pressure demand Review and ensure all OPELMF ONE Actions are completed The CMG Tactical Triumvirate should be notified of escalation of OPELMF and actively involved in ensuring de-escalation The Trust SOC should be informed that organisational support is required Increase communications to CMG colleagues to ensure everyone is fully briefed of situation and actions required.	4hrly At point of escalation to OPELMF TWO At point of escalation to OPELMF TWO ongoing
SOM/ Tactical (Silver) commander	Attend ICB System Call informing SCC of status and key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced.	09.30 meeting (between 08:00 - 20:00) via escalation template
CAPACITY		
Delivery Suite Coordinator/Bleep Holder Delivery Suite Coordinator Bleepholder/Matron of the Day	Careful assessment of those birthing women/people on Labour Ward should be made to see if any can be safely transferred to the postnatal ward, another suitable clinical area, such as St Mary's Birth Centre (if suitable) or home. Co-horting postnatal women/people in the alongside Birth centre or induction area. Add additional entry to birthrate tool for up to date acuity Walkaround areas to review activity and offer support Can MDAU support with delayed IOL etc	As required and ongoing

MAU midwife in charge	Inform bleepholder of any delays in time to triage. Escalate to Matron of the Day where there are delays in transfer to delivery suite for 'red BSOTS' birthing women/people	
TCM Manager of the day SOM (Bronze Commander)	Consider extra domestic support staff to increase room availability turn around	As required and ongoing
MIDWIFE STAFFING		
Bleep Holder/Community Team Leads	Review midwifery staffing in each area and assess delays in care (e.g. NIPE, IOL, MAU triage breaches). Redeploy staff to mitigate risk Midwives on management time to support clinically where needed Request additional bank and agency staff including midwives, maternity support workers and health care workers If unable to mitigate risks, escalate to matron of the day/community matron	Ongoing as required Ongoing as required As required
OBSTETRIC STAFFING		
Obstetric Head of Service, junior doctor administrator and/or labour ward consultant	Identify staffing issues and arrange cover from staff available	Ongoing as identified
Consultant Obstetrician	ESCALATION - Staffing issues to be highlighted at handovers and safety huddle Obstetric consultants informed of staffing concerns via WhatsApp group	As identified As identified
ELECTIVE ACTIVITY		
Consultant obstetrician, anaesthetist, theatre lead and labour ward coordinator	Elective activity should also be reviewed and reorganised as appropriate: e.g. Elective Caesarean sections and non-urgent Induction of Labour. Consider sharing IOL and elective caesarean workload between LRI & LGH site to reduce delays and ensure care in accordance with National and Local standards Ensure patients and partners are kept up to date	Morning huddle As required and ongoing
NEONATAL SAFETY		
TCM Manager of the day/Neonate Matron	Review neonatal cot capacity for current and anticipated activity	At point of escalation to OPELMF TWO

OPEL Level 3 – The maternity service is experiencing major pressures compromising patient flow and safety. Trust operational support is having limited impact and organisational pressure continues to increase.		
OWNER	**ACTION**	**FREQUENCY**
OPERATIONAL OVERSIGHT, ESCALTION & COMMUNICATION		
TCM Manager of the day On call Manager OOH	Review/Completion of OPELMF Triggers Tool for identification of increasing pressure demand Ensure OPELMF ONE & TWO actions are completed. Seek mutual aid where there are delays in elective work Introduce additional Cross Site Operational Huddle (delivery suite coordinators, consultant on call (obstetric, anaesthetic, neonatal)	2hrly At point of escalation to OPEL THREE 12midday or time relevant to point of escalation
TCM Manager of the day/ Womens on call manager OOH	Trust communications department to support updates across the organisation and into the community to help share and amplify key messages to staff, women/people, their families, and members of the public where applicable.	
TCM manager of the day/ Matron of the Day/ Womens on call manager OOH	The CMG Strategic Triumvirate should be notified of escalation of OPELMF and actively involved in de-escalation The Trust SOC should be informed that organisational support is required DCOO (Strategic On-Call OOH) should be contacted and made aware of key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced.	At point of escalation to OPELMF THREE At point of escalation to OPELMF THREE
SOM/Silver	Attend ICB System Call informing SCC of status and key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced. Make requests for regional comms for mutual aid support if below actions have not resulted in de-escalation. • details driving OPEL • specific actions taken to alleviate pressure • actions taken to ensure patient safety and quality	09.30 meeting then verbal updates every 3hrs (between 08:00 -20:00) via escalation template
Capacity		
Medical staffing	Postnatal beds - careful assessment of existing women should be made to see if any may be safely discharged home with additional community follow up or transferred to another area e.g. St Mary's Birth Centre.	At point of escalation and ongoing

DCOO with Maternity CD/HoM/HOOP Matron of the DayTactical On-Call	Decision to be made to deflect/partially deflect women between sites at UHL (MAU/labouring patients) Liaise with Antenatal Services to support with MAU activity that falls outside of BSOTS categories OOH decision to be made between Senior Manager On-Call and Tactical On-Call	At Operational Huddle
Divert coordinator	Request to be made to the local ambulance service to implement a service deflection.	Once deflection agreed between sites
Consultant On-Call/ Divert coordinator	Contingency Plan to be put in place for Category 1 Ambulance Conveyances or attend delivery suite or MAU without notice to manage care safely	Once deflection agreed between sites
Bronze Commander TCM Manager of the day/HoM/Community Matron	Consider contingency plans to maintain homebirth services	Once deflection agreed between sites
Consultant On-Call/ Divert coordinator	Consider intrauterine transfers required to ensure women whose babies may not be accommodated on the neonatal unit are transferred in the daytime when staffing levels are optimal	At point of escalation
Elective Activity		
Consultant On-Call/Labour Ward Coordinator TCM Bronze Commander	Clinical review of all delayed inductions of labour and elective caesareans. Clinical prioritisation plan to be created to maintain birthing women/people and baby safety. Ask MAU consultant to review inpatients inductions and update Co-ordinator and Labour ward consultant Seek mutual aid for delayed elective work	
Matron of the Day	Consider the undertaking newborn and infant physical examination (NIPE) in the mother's home to support rapid early discharge of mothers and babies to create capacity on wards for elective or emergency demand.	As required ongoing
MIDWIFE STAFFING		
Matron of the Day/Bronze Commander Matron of the Day/ On Call Manager	Consider cancelling non-urgent meetings to release office-based Midwives to support safe care delivery. Redeploy Risk, Quality and Practice Learning Teams to work clinically Review out of hours staffing in community midwifery to consider redeployment of staff from Homebirth/St Marys team Escalate to Silver Nurse for additional nursing or support staff from other departments Consider redeployment of hospital staff cross site	At point of escalation and for preceding 48hrs
Bronze Commander TCM Manager of the day	Request to be made for governance, data, and administrative support to support releasing midwives from administrative tasks enabling them to work clinically	At point of escalation and for preceding 48hrs

OBSTETRIC STAFFING		
Consultant On-Call	Obstetricians asked to support area(s) with staffing concerns. Staff physically present in the hospital will be requested first, in the following order: 1. SPA/admin – not in meetings/teaching etc 2. SPA/admin – those in meetings/teaching etc 3. Staff at home on SPA/rest/day off NB Staff may be redeployed in a different order dependent on the clinical area in need of support or their own skillset/occupational health requirements	As identified until mitigated
Consultant On-Call	Obstetricians may be required to cross between sites during this escalation	As identified until mitigated
Consultant obstetricians for labour ward, MAU and elective caesareans	Discuss clinical priority of cases in their area and consider whether any work could be safely postponed.	As identified until mitigated
Neonatal Safety		
Neonate Matron/Head of Service	Engage with the Neonatal ODN around surge planning to ensure access to neonatal critical care is not compromised	At point of escalation to OPELMF THREE

OPEL Level 4 – Pressure in the maternity service continues to escalate leaving UHL unable to deliver comprehensive care which has the potential for patient safety to be compromised. All available local and ICB escalation actions have been taken and mutual aid support requested and utilised. Regional support and intervention are required.

OWNER	ACTION	FREQUENCY
	OPERATIONAL OVERSIGHT	
TCM manager of the day? DHooP/ Hoop/HOM	Review/Completion of OPELMF Triggers Tool for identification of increasing pressure demand	1hrly
TCM manager of the day? DHooP/ Hoop/HOM	Ensure OPELMF ONE, TWO & THREE actions have all been completed	
Hoop/ HOM	COO (Strategic On-Call OOH) should be contacted and made aware of key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced.	
Hoop/HOM/SOC	Attend ICB System Call informing SCC of status and key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced. Make requests for regional support. OOH contact to be made with ICB Strategic On-Call detailing actions	09.30 meeting then verbal updates every 3hrs (between 08:00 -20:00) via escalation template
ICB SCC ICB Strategic On-Call	Escalation for regional support to the SCC outlining the safety issues and action taken to address. OOH – Escalation to NHSE On-Call	 Verbal updates every 3hrs (between 20:00-8:00)
SCC/Regional maternity Team	A regional Mutual Aid & Escalation Call to be held. Exec and Senior Leader representation to attend the call should be confirmed.	Within 2hrs of initial notification
	CAPACITY	
?? Who would do this	All external blockers delaying well women being discharged to be escalated to ICB for immediate support for resolution	At point of escalation and 9.30am system call
COO with Maternity CD/DoM/HOOP Strategic On-Call	Decision to be made to request temporary closure (suspension) of the maternity units at UHL. Request to be made to ICB SCC via escalation framework OOH request to be made to the ICB Strategic on-Call	At point of escalation
SOM	Request to be made to the local ambulance service to implement a service diversion to deflect maternity patients. UHL to arrange and communicate where deflection to be made to and timeframe of how long defection should last. (Agreed by UHL COO to Other Acute COO or UHL Strategic On- Call to Other Acute Strategic On-Call.	Once suspension agreed
Divert coordinator/Consultant On-Call	Contingency Plan to be put in place for Category 1 Ambulance Conveyances, women that may unexpectedly deliver at home, attend delivery suite or MAU without notice to manage care safely.	At point of escalation
Governance team	Report suspension via DatiX in line with PSIRF	Once suspension agreed

SOM/Tactical (silver)	Inform ICB SCC when the issue raised has been resolved for the purposes of de-escalating regional support and confirm OPELMF status OOH – Inform NHSE On-Call when the issue raised has been resolved as above.	When OPELMF Triggers are scoring THREE or clinically safe to step down the divert
Hoop/DCD/HOM	Undertake a debrief with the ICB to identify learning. Ensure learning is captured, evidenced, and shared widely.	Within 24hrs from de-escalation to OPELMF THREE
MIDWIFERY STAFFING		
DoM/HoM Manager on Call/Matron of the Day with escalation to Gold command OOH	Consider cancelling/rescheduling post-natal activity to release community midwives to work in the acute trust Consider cancelling all study/training activity for all staff to work clinically Consider suspension of Homebirth service (if safe to do so). Evaluate situation if laboring patient calls. Contact women at term who are booked for homebirth to inform them of suspension and give safety netting advice. Utilise other services e.g. MAU/St Marys Birth Centre.	At point of escalation and plans for preceding 48hrs until de-escalation
OBSTETRIC STAFFING		
Head of Service 	Staff may be redeployed in a different order dependent on the clinical area in need of support or their own skillset/occupational health requirements 4. Antenatal clinic 5. Ultrasound and fetal medicine 6. Elective theatre list 7. Maternity Assessment Unit 8. Staff with external commitments – university, RCOG etc 9. Staff on study leave 10. Staff on annual leave All available on- site obstetricians should be asked to attend labour ward	At point of escalation and plans for next 48hrs until de-escalation At point of escalation
ELECTIVE ACTIVITY		
Head of Service/ DoM/HOOP	Elective operating should be discussed and pausing considered	At point of escalation and plans for next48hrs until de-escalation
Head of Service/ DoM/HOOP Matron of the Day	Induction of labour should not be started or continued Support staff with communication to families about cancelled elective activity	At point of escalation and plans for next48hrs until de-escalation
Home Birth Team Service		
HoM/DoM/Gold/Silver command	Suspend Homebirth Team service and redeployed staff to acute sites	At point of escalation

Community Midwifery Escalation Process

When there are significant staffing shortfalls or increased demands in workload consider the following:

Virtual telephone appointments
Utilisiation of community hubs for postnatal follow ups which cannot be delayed
Liaise with hospital and specialist midwifery teams to consider redeployment of staff to community services

MAU/Telephone triage
Staffing – 2 midwives, 1 MCA
Redeploying staff from MAU – has to go through GOLD command
If no TT cover divert to MAU, gold to be informed – hyperlink to TT SOP

Stand down from OPEL 4

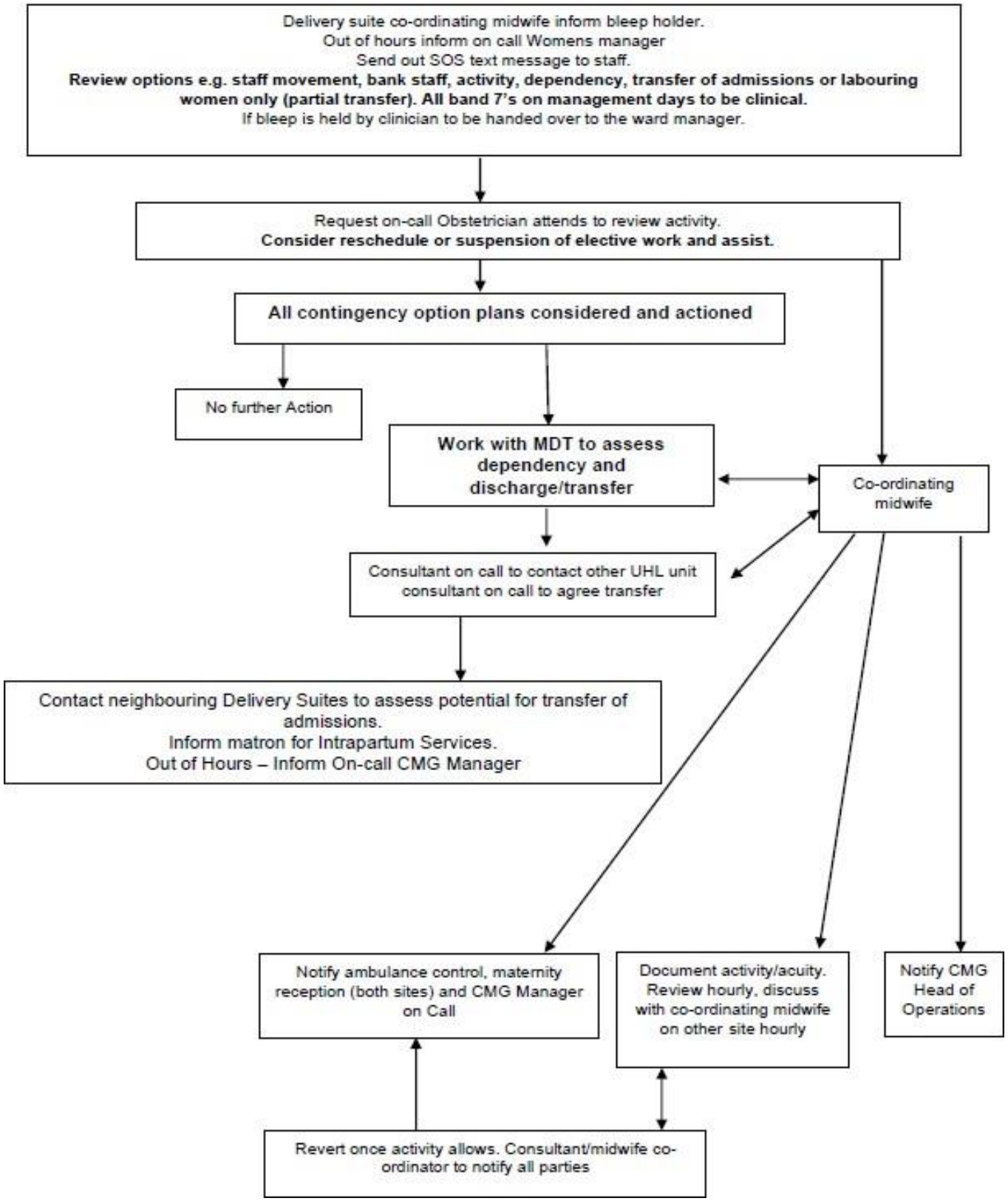
Apology letter
Datix
Staff debrief
Service user feedback form

Appendix 4: Key stakeholders to be informed of temporary diversion or whole service closure

Form completed by (Name and Role):	
Date and time of agreed diversion:	
Senior Maternity Director or Head who agreed diversion (Name and Role):	
ICB – Name and Role of who agreed diversion:	
Trust Strategic On Call who authorised diversion (Name and Role):	

Stakeholder	Date and time contacted	Name of person contacted and method of contact	Date and time informed of re-opening
DoM/HoM			
Ambulance Service			
Neighbouring maternity units (see mutual aid boundary)			
Neonatal Transport Service			
Manager of the day / Duty Matron / Site Manager			
Labour ward coordinator			
Obstetric consultant			
Neonatal unit/consultant on call			
Consultant anaesthetist on call			
Triage midwife in charge			
Ward coordinators			
Community midwives on call/community & out-patients matron			
Emergency Department (ED)			
Governance lead to assist with reporting arrangements			
Professional midwifery advocate (PMA) for professional support			
Safeguarding team to assist with safeguarding alert process			
Switchboard as per local arrangements			
Security as per local arrangements			
Trust comms team as per local arrangements			

Appendix 5: Actions for immediate management of Diversion of Maternity Services



Appendix 6: Midlands SCC Maternity Escalation Template

Completed by:	
ICB	
Time:	

The ICB SCC to escalate to NHSE regional team via the ROC (in hours) or NHSE On Call (out of hours) and forward copy of the Escalation Template which should outline all immediate and urgent clinical safety risks. N.B. this should not include escalation of elective activity or inductions of labour that have been clinically reviewed and assessed safe to delay with appropriate safety netting in place.

No	Date Reported	Task Number	Maternity Escalation Level (OPELMF)	Provider	Briefly describe the current situation	Confirm actions being taken by the organisation and any support required	**Escalation Update (**requires timestamp for update i.e. 20220801: xxxx)	Status	Date of change in status
1									
2									
3									
4									
5									

6									
7									
8									
9									
10									

Appendix 7: Transfer Apology Letter

NHS
University Hospitals of Leicester
NHS Trust

Leicester Royal Infirmary
Infirmary Square
Leicester
LE1 5WW

Tel: 0300 303 1573
Minicom: 0116 287 9852

[Insert Date]

[Insert Patient Details]

Dear....

Diversion of care to (Insert Trust/Site)

We would like to apologise to you for any inconvenience caused when we recently had to close our maternity unit and were unable to accept your admission for care and treatment.

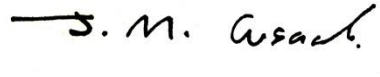
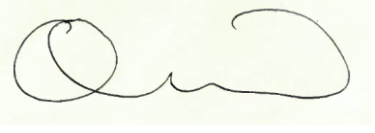
We experienced an exceptionally high volume of admissions which resulted in the decision to close our maternity unit to maintain the safety of women and families currently receiving treatment and/or needing to be admitted for review and care. This decision is only taken once all options to address the high activity have been taken.

Having liaised with our neighbouring maternity providers and the local Ambulance Services we arranged for you to be seen at the next nearest hospital providing maternity care and open to admissions.

If you wish to discuss any of the events further, please do not hesitate to contact our Patient Experience Team who can be contacted via (Insert contact details). If you have any concerns around your ongoing maternity care, please contact your local community midwife who will be happy to help you.

Once again, we are sincerely sorry for not being able to provide the care at your chosen place. We recognise the importance of choice, and we do our upmost to ensure your wishes are fulfilled.

Yours Sincerely

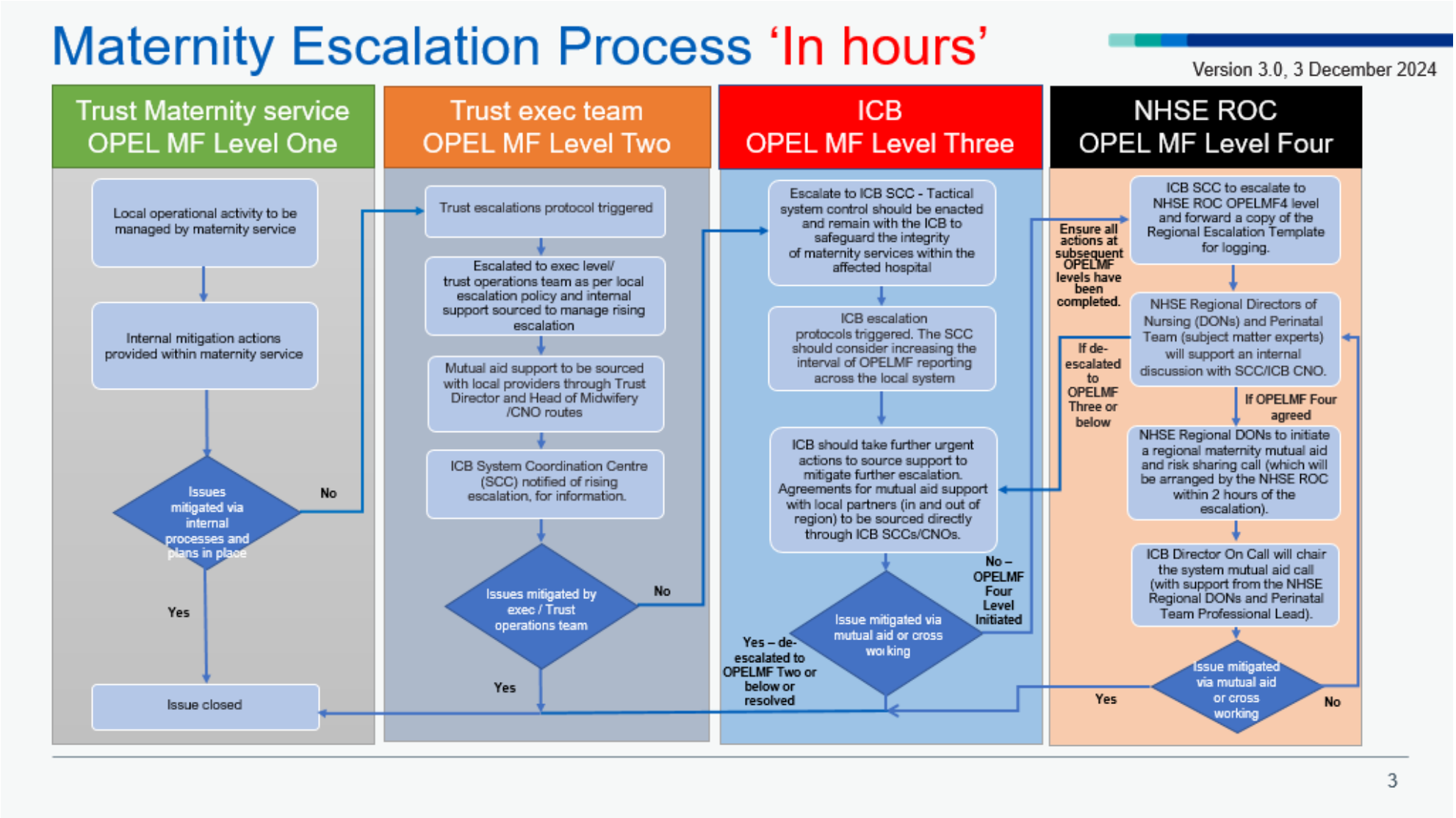




Danielle Burnett	Jonathan Cusack	Oliver White
Director of Midwifery/	Clinical Director	Head of Operations

Appendix 8: SBAR Assessment

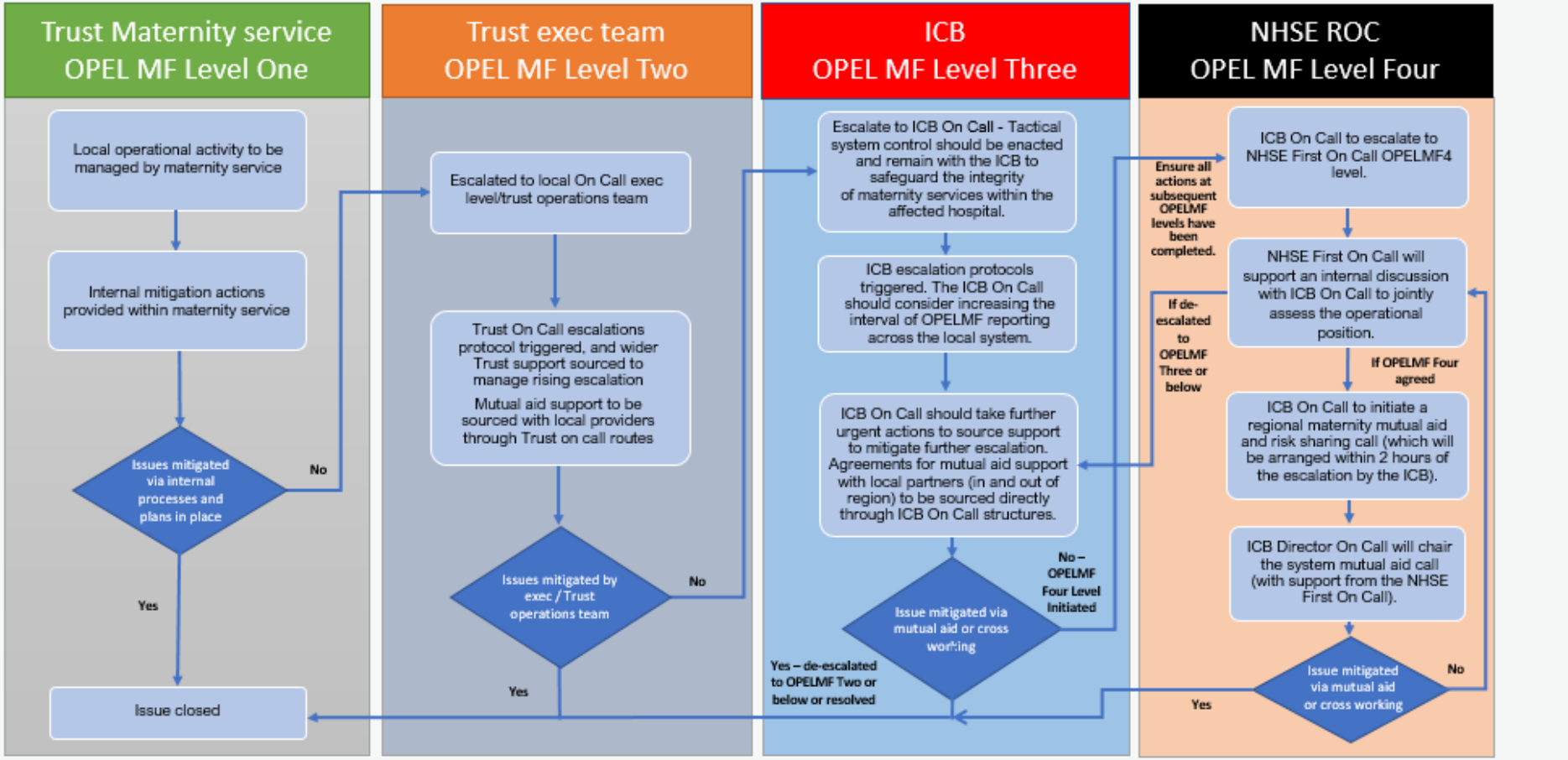
SITUATION • Date and time of escalation. • Reason for escalation. • Other information.	
BACKGROUND • Precipitating factors that led to escalation. • How many times has this event happened in the last 12 months? • Themes/actions from previous escalations.	
ASSESSMENT • Staff deployed according to activity. • Addition bank staff requested. • Bed management managed appropriately. • Relevant people informed in a timely manner. • Checklists completed appropriately. • Outstanding/pending elective workload rescheduled. • Appropriate actions taken at each level to try and deescalate situation. • Consideration of divert/	

deflection appropriate.	
RECOMMENDATION • Actions to be taken to deescalate situation. • Authorisation of decision to temporarily divert maternity services. • Timely review of activity and staffing during divert and reopening. • Support required from other departments/system. • Learning review from event that led to escalation.	
COMPLETED BY	


Maternity Escalation Process 'In hours'
Version 3.0, 3 December 2024
Trust Maternity service OPEL MF Level One
Trust exec team OPEL MF Level Two
ICB OPEL MF Level Three
NHSE ROC OPEL MF Level Four
Local operational activity to be managed by maternity service
Internal mitigation actions provided within maternity service
Issues mitigated via internal processes and plans in place
No
Yes
Issue closed
Trust escalations protocol triggered
Escalated to exec level/ trust operations team as per local escalation policy and internal support sourced to manage rising escalation
Mutual aid support to be sourced with local providers through Trust Director and Head of Midwifery /CNO routes
ICB System Coordination Centre (SCC) notified of rising escalation, for information.
Issues mitigated by exec / Trust operations team
No
Yes
Escalate to ICB SCC - Tactical system control should be enacted and remain with the ICB to safeguard the integrity of maternity services within the affected hospital
ICB escalation protocols triggered. The SCC should consider increasing the interval of OPELMF reporting across the local system
ICB should take further urgent actions to source support to mitigate further escalation. Agreements for mutual aid support with local partners (in and out of region) to be sourced directly through ICB SCCs/CNOs.
Issue mitigated via mutual aid or cross working
No – OPELMF Four Level Initiated
Yes – de-escalated to OPELMF Two or below or resolved
Ensure all actions at subsequent OPELMF levels have been completed.
ICB SCC to escalate to NHSE ROC OPELMF4 level and forward a copy of the Regional Escalation Template for logging.
NHSE Regional Directors of Nursing (DONs) and Perinatal Team (subject matter experts) will support an internal discussion with SCC/ICB CNO.
If de-escalated to OPELMF Three or below
If OPELMF Four agreed
NHSE Regional DONs to initiate a regional maternity mutual aid and risk sharing call (which will be arranged by the NHSE ROC within 2 hours of the escalation).
ICB Director On Call will chair the system mutual aid call (with support from the NHSE Regional DONs and Perinatal Team Professional Lead).
Issue mitigated via mutual aid or cross working
Yes
No
3

Maternity Escalation Process 'Out of hours'

Version 3.0, 3 December 2024

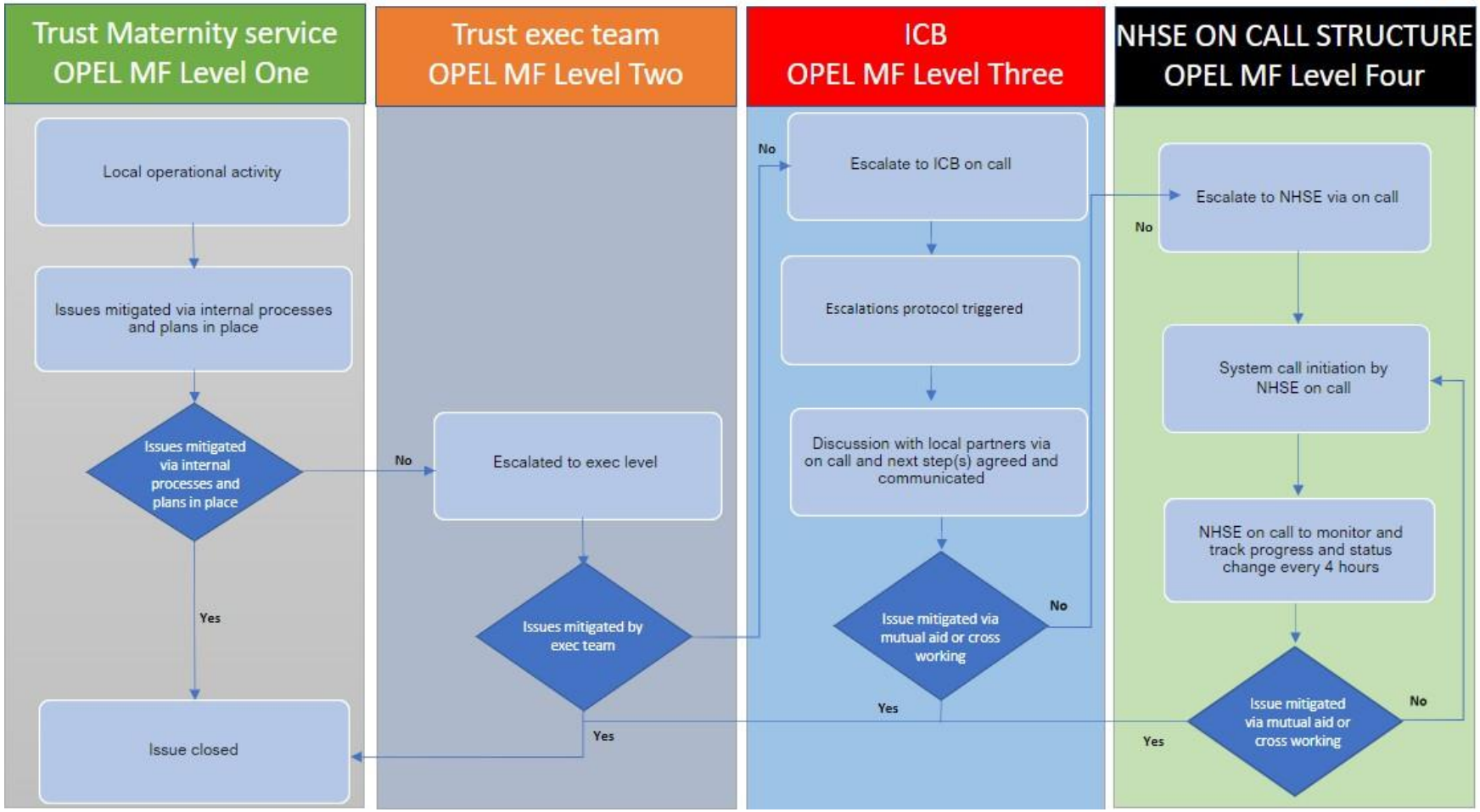


5

Maternity Escalation Process 'Out of hours'

NHS England

Version 1, January 2023



Appendix 10: Contact details for Trusts in the Midlands with Maternity Units

Birmingham and Solihull ICS

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Contact	Telephone	Email (if applicable)	Further Information
Birmingham and Solihull ICB			
System Co-ordination Centre (SPOC)	Email only	nhsbsolicb.uecscc@nhs.net and nhsbsolicb.spoc@nhs.net	
ICB On Call In Hours	07623 512984	nhsbsolicb.spoc@nhs.net	
ICB On Call Out of Hours	07623 512984	ucic@nhs.net	
University Hospitals Birmingham (UHB) - Heartlands Hospital - Bordesley Green East, Birmingham, B9 5SS			
Delivery Suite direct number	0121 424 3514 / 2710		
Switchboard	0121 424 2000		
On Call Maternity Manager			
Good Hope Hospital - Rectory Road, Sutton Coldfield, Birmingham, B75 7RR			
Delivery Suite direct number	0121 424 7201 / 9108		
Switchboard	0121 424 2000		
On Call Maternity Manager			
Birmingham Women's Hospital - Mindelsohn Way, Birmingham B15 2TG			
Delivery Suite direct number	0121 335 8220		
Switchboard	0121 472 1337		
On Call Maternity Manager			

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Black Country ICS

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Contact	Telephone	Email (if applicable)	Further Information
Black Country ICB			
System Co-ordination Centre (SPOC)	01902 481920	bcicb.spoc@nhs.net	Until 20:00hrs
ICB On Call In Hours	0121 6121510	bcicb.icc@nhs.net	
ICB On Call Out of Hours	0161 8262814	bcicb.icc@nhs.net	
Dudley Group of Hospitals NHS Foundation Trust - Russells Hall Hospital, Pensnett Road, Dudley, West Midlands, DY1 2HQ			
Delivery Suite direct number	01384 456111 ext 3430		
Switchboard	01384 456111		
On Call Maternity Manager	Via Switchboard		
Royal Wolverhampton NHS Trust - New Cross Hospital, Wolverhampton Road, Wolverhampton, West Midlands, WV10 0QP			
Delivery Suite direct number	01902 694031 / 694037		
Switchboard	01902 307999		
On Call Maternity Manager			

Black Country ICS

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Contact	Telephone	Email (if applicable)	Further Information
Sandwell and West Birmingham Hospitals NHS Trust - Sandwell General Hospital, Lyndon, West Bromwich, West Midlands, B71 4HJ			
Delivery Suite direct number	0121 507 4703		
Switchboard	0121 554 3801		
On Call Maternity Manager			
Walsall Healthcare NHS Trust - Manor Hospital, Moat Road, Walsall WS2 9PS			
Delivery Suite direct number	01922 656283		
Switchboard	01922 721172		
On Call Maternity Manager			

Herefordshire and Worcestershire ICS

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Contact	Telephone	Email (if applicable)	Further Information
Hereford and Worcestershire ICB			
System Co-ordination Centre (SPOC)	01905 829814	Hw.icsoc@nhs.net	Email Until 20.00hr
ICB On Call In Hours	0300 365 3388	Hw.icsoc@nhs.net	
ICB On Call Out of Hours	0300 365 3388		
Worcestershire Acute Hospitals NHS Trust - Charles Hastings Way, Worcester WR5 1DD			
Delivery Suite direct number	01905 760571		Unit Coordinator (24 hours a day) - Via Delivery Suite or Maternity - Bleep 223
Switchboard	01905 763333		
On Call Maternity Manager	Via Switchboard		Unit Coordinator (24 hours a day) - Via Delivery Suite Triage Midwife (Bleep 223) - 20.00hr-07.30hr Day Matron (in hours) – Via Switchboard (Bleep 433)
Wye Valley NHS Trust - The County Hospital, Union Walk, Hereford, Herefordshire, HR1 2ER			
Delivery Suite direct number	01432 364070		
Switchboard	01432 355444		
On Call Maternity Manager	Via Switchboard		24 hours a day(8am –8am)

Coventry and Warwickshire ICS

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Contact	Telephone	Email (if applicable)	Further Information
Coventry and Warwickshire ICB			
System Co-ordination Centre (SPOC)	01926 353 740	cwicb.spoc@nhs.net	
ICB On Call In Hours	01926 353 740	cwicb.spoc@nhs.net	
ICB On Call Out of Hours	Tactical On Call – 01618 262524 Strategic On Call - 01618 203531		
University Hospitals Coventry and Warwickshire - Clifford Bridge Rd, Coventry CV2 2DX			
Delivery Suite direct number	02476 967339 / 967368		Triage 02476 967333
Switchboard	02476 96400		
On Call Maternity Manager			
George Eliot Hospitals - College St, Nuneaton CV10 7DJ			
Delivery Suite direct number	02476 865090 / 02476 865246		
Switchboard	02476 351351		
On Call Maternity Manager			
South Warwickshire University NHS Foundation Trust - School Rd, Bulkington, Bedworth CV12 9JB			
Delivery Suite direct number	01926 495321 ext 4552/3		
Switchboard	01926 495321		
On Call Maternity Manager			

Northamptonshire ICS

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Contact	Telephone	Email (if applicable)	Further Information
Northamptonshire ICB			
System Co-ordination Centre (SPOC)	01604 476999	Northantsicb.spoc@nhs.net	
ICB On Call In Hours	01604 476999		Via SPOC
ICB On Call Out of Hours	Tactical On Call - 07623 508845 Strategic On Call – 07623 508846		
Northampton General Hospital - Cliftonville, Northampton NN1 5BD			
Delivery Suite direct number	01604 545058 or 01604 545426		
Switchboard	01604 634700		
On Call Maternity Manager			
Kettering General Hospital - Rothwell Rd, Kettering NN16 8UZ			
Delivery Suite direct number	01536 492878		
Switchboard	01536 492000		
On Call Maternity Manager			

Northamptonshire ICS
Out of area ICS/Hospitals

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Contact	Telephone	Email (if applicable)	Further Information
Luton & Dunstable Hospital - Lewsey Rd, Luton LU4 0DZ			
Delivery Suite direct number	01582 329574		
Switchboard	01582 491166		
On Call Maternity Manager			
Bedford Hospital - South Wing, Kempston Rd, Bedford MK42 9DJ			
Delivery Suite direct number	01234 795805		
Switchboard	01234 355122		
On Call Maternity Manager			
Milton Keynes Hospital - Standing Way Milton Keynes Buckinghamshire MK6 5LD			
Delivery Suite direct number	01908 996471		
Switchboard	01908 660033		
On Call Maternity Manager			
NWAFT - Hinchingbrooke Hospital - Parkway Hinchingbrooke, Huntingdon PE29 6NT			
Delivery Suite direct number	01480 847480		
Switchboard	01480 416416		
On Call Maternity Manager			

Northamptonshire ICS
Out of area ICS/Hospitals

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Contact	Telephone	Email (if applicable)	Further Information
NWAFT – Peterborough - Bretton Gate Bretton Peterborough Cambridgeshire PE3 9GZ			
Delivery Suite direct number	01733 677266		
Switchboard	01733 678000		
On Call Maternity Manager			
Cambridge – Rosie Maternity Unit - Robinson Way, Cambridge CB2 0SW			
Delivery Suite direct number	01223 217217		
Switchboard	01223 805000		
On Call Maternity Manager			
Oxford University Hospital - Old Rd, Headington, Oxford OX3 7LE			
Delivery Suite direct number	01865 220221		
Switchboard	01865 221987		
On Call Maternity Manager			

Leicester, Leicestershire & Rutland ICS

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Contact	Telephone	Email (if applicable)	Further Information
Leicester, Leicestershire & Rutland ICB			
System Co-ordination Centre (SPOC)	0330 3216894		
ICB On Call In Hours	0330 3216894		
ICB On Call Out of Hours	0330 3216894		
University Hospitals Leicester (UHL) - Leicester Royal Infirmary, Infirmary Square Leicester Leicestershire LE1 5WW			
Delivery Suite direct number	0116 2586451/6452		
Switchboard	0300 3031573		
On Call Maternity Manager			
UHL - Leicester General Hospital Delivery Suite - Gwendolen Rd, Leicester LE5 4PW			
Delivery Suite direct number	0116 2584807		
Switchboard	0300 3031573		
On Call Maternity Manager			

Nottingham & Nottinghamshire ICS

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Contact	Telephone	Email (if applicable)	Further Information
Nottingham & Nottinghamshire ICB			
System Co-ordination Centre (SPOC)	03004564957	nnicb-nn.nottinghamshiresystemcontrolcentre@nhs.net	
ICB On Call In Hours	03004564957		
ICB On Call Out of Hours	0115 883 3990		
Nottingham University Hospitals (NUH) Queen Medical Centre (QMC) - Lister Road, Nottingham, NG7 2FT			
Delivery Suite direct number	0115 924 9924 ext 81032		
Switchboard	0115 970 9900		
On Call Maternity Manager			
NUH City Hospital - Hucknall Road Nottingham NG5 1PB			
Delivery Suite direct number	0115 9691169 ext 75128		
Switchboard			
On Call Maternity Manager			
Sherwood Forest Hospitals NHS Trust - Sutton Rd, Stockwell Gate, Nottingham, Mansfield NG18 5QE			
Delivery Suite direct number	01623 655722		
Switchboard	01623 622515		
On Call Maternity Manager			

Lincolnshire ICS

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Contact	Telephone	Email (if applicable)	Further Information
Lincolnshire ICB			
System Co-ordination Centre (SPOC)	07583 117267	licb.spoc@nhs.net	
ICB On Call In Hours	07623 515284	N/A	ICB Tactical Pager
ICB On Call Out of Hours	07623 515284	N/A	ICB Tactical Pager
United Lincolnshire Hospitals NHS Trust (ULHT) Lincoln County Hospital site - Greetwell Road, Lincoln, Lincolnshire, LN2 5QY			
Delivery Suite direct number	01522 573138		
Switchboard	01522 512512		
On Call Maternity Manager			
ULHT Pilgrim Hospital - Boston Site - Sibsey Road, Boston, Lincolnshire, PE21 9QS			
Delivery Suite direct number	01205 445424		
Switchboard	01205 364801		
On Call Maternity Manager			

Derbyshire ICS

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Contact	Telephone	Email (if applicable)	Further Information
Derbyshire ICB			
System Co-ordination Centre (SPOC)	01332 300579	ddicb.occ@nhs.net	
ICB On Call In Hours	01332 300579	ddicb.occ@nhs.net	
ICB On Call Out of Hours	01246 277271 –request to speak to ICB Director On Call		
University Hospital of Derby & Burton (UHDB) - Royal Derby Hospital, Uttoxeter Rd, Derby DE22 3NE			
Delivery Suite direct number	01332 785141		
Switchboard	01332 340131		
On Call Maternity Manager			
UHDB – Queens Hospital, Belvedere Road, Burton on Trent, DE13 0RB			
Delivery Suite direct number	01283 511 511 ext 4355 or 4356		
Switchboard	01332 340131		
Chesterfield Royal Hospital - Chesterfield Rd, Calow, Chesterfield S44 5BL			
Delivery Suite direct number	01246 512498 or 01246 512499		
Switchboard	01246 277271		
On Call Maternity Manager			

Staffordshire and Stoke on Trent ICS

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Contact	Telephone	Email (if applicable)	Further Information
Staffordshire and Stoke on Trent ICB			
System Co-ordination Centre (SPOC)	03003730805	ssotscc@staffsstoke.icb.nhs.uk	8am until 8pm
ICB On Call In Hours	Silver 03003730805 Gold 03003730806		24 hours
ICB On Call Out of Hours	Silver 03003730805 Gold 03003730806		24 hours
University Hospital of North Midlands - Newcastle Road, Stoke-on-Trent, ST4 6QG			
Delivery Suite direct number	01782 672333		
Switchboard	01782 715444		
On Call Maternity Manager			

Shropshire, Telford and Wrekin ICS

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Contact	Telephone	Email (if applicable)	Further Information
Shropshire, Telford and Wrekin ICB			
System Co-ordination Centre (SPOC)		STW.SCC@nhs.net	
ICB On Call In Hours	01743 261000 - switchboard		Ask to be connected with the ICB on call manager
ICB On Call Out of Hours	01743 261000 - switchboard		Ask to be connected to the executive on call
Shrewsbury and Telford Hospitals NHS Trust – Princess Royal Hospital, Apley Castle, Telford, TF16TF			
Delivery Suite direct number	01952 565924		
Switchboard	01952 641222		
On Call Maternity Manager	Via Switchboard		

Appendix 11: Transfer of Care Feedback Form

We are sorry to hear that it was necessary to transfer your maternity care to another unit or trust. We value all feedback received to help improve the care and our services for women/birthing people, babies, and their families. We kindly ask if you can complete this short feedback form to tell us about your experience. Your midwife, neonatal nurse, support staff or your local Maternity & Neonatal Voice Partnership (MNVP contact details below) will happily help you to complete the form and submit your responses if you require assistance.

Which hospital did you originally book with?
Which hospital where you transferred to?
When and how was the transfer to another unit/trust (e.g., for birth or induction of labour) communicated to you?
Did you understand the reasons why you your care was being transferred?
What, if any, other information would have been helpful in aiding your understanding of the reasons for the transfer of your care?
Were you given the opportunity to ask any questions and discuss the situation?
☐ ☐ ☐

Would you like to share any further feedback regarding the transfer of your care?
How did you travel to the maternity unit your care transferred to?
• • • • • •
How far away was the maternity unit you transferred to?
How was your experience at the unit you transferred to and is there any feedback on your experience you would like to provide?
When discharged home were you aware of the plan for follow up care including any required appointments, tests, or treatment?
Was it clear where your follow up care would take place following discharge home?

☐	☐	☐
Did you receive contact details in case you needed any help or advise following discharge home?		
☐	☐	
Were there any delays in seeing a midwife/doctor or receiving any planned follow up care from your original booking hospital following discharge home?		

If your baby was admitted to a neonatal unit following birth, please also provide feedback on your experience below:

If you would like to be contacted to discuss the care that you received, please provide your details below:

Name	
NHS Number	
Ethnicity	
DOB	
Religion	
Address & Postcode	
Contact Number	
Please return this completed for to: (insert contact details here) & MNVP details here	

[Add Privacy Statement here in consultation with Trust or System Information Governance Team]

Appendix 12: Action cards

Action card Matron of the day

OPEL status		
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• Identify yourself as MOD on escalation group • Attended Tactical at 08:30 and 16:00 • Attend safe staffing 12:00 • Attend trusts safe staffing 16:30 • Communicate Hot topics to teams • Ensure checking and escalate any equipment failures or estates • Ensure all staff have arrived on night shift • Handover any relevant issues to manager on call (This list is not exhaustive)	• Regular walk arounds and link in with both sites and bleep holders • Early identification of operational pressures and staffing and escalation if required • Ensure breaks are facilitated (This list is not exhaustive)
Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate – **OPELMF triggers to be reviewed 4 hourly**	• As above • Work closely with operational team and safe staffing matron to ensure oversight • Escalate Opel status to tactical Triumvirate Inc. Senior escalation point identifies on sitrep • Increase tactical reviews to 4 hourly • Review staffing with safe staffing matron to see if redeployment is possible / bank shifts • Have oversight of IOL and MAU workloads	• Increase walk arounds and link in with both site and offer support where able • Support the sharing of IOLs and Elective work to reduce delays • Can a MDAU be support if needed?
Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• Ensure all the above has been done • The CMG Strategic Triumvirate should be notified of escalation of OPELMF and actively involved in de- escalation • Take part in review of Opel status to 2 hourly • Liaise with Antenatal Services to support with MAU activity that falls outside of BSOTS categories • Redeploy non-clinical qualified staff Risk, Quality and Practice Learning Teams to work clinically • Review out of hours staffing in community midwifery to consider redeployment of staff from Homebirth/St Marys team	• The Trust MOC should be informed that organisational support is required • Consider the undertaking newborn and infant physical examination (NIPE) in the mother's home to support rapid early discharge of mothers and babies to create capacity on wards for elective or emergency demand. • Consider cancelling non-urgent meetings to release office-based Midwives to support safe care delivery. • Escalate to Silver Nurse for additional nursing or support staff from other departments • Consider redeployment of hospital staff cross site

Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	• Consider cancelling/rescheduling post-natal activity to release community midwives to work in the acute trust • Consider cancelling all study/training activity for all staff to work clinically • Consider suspension of Homebirth service (if safe to do so). Evaluate situation if laboring patient calls. Contact women at term who are booked for homebirth to inform them of suspension and give safety netting advice. Utilise other services e.g. MAU/St Marys Birth cente	Induction of labour should not be started or continued Support staff with communication to families about cancelled elective activity

Action card TCM – Manager of the day

OPEL status		
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• Review/completion of OPELMF triggers tool or identification if increasing pressure demand • Completion and circulation if trust and regional sitrep. Including copy of regional sitrep sent to the ICB in box	• Lead CMG tactical meetings 8.30, 12.30 and 16:30 • Regional once a day
Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate -**OPELMF triggers to be reviewed 4 hourly**	• Review/completion of OPELMF triggers tool or identification if increasing pressure demand • Review and ensure all OPELMF ONE Actions are completed • The CMG Tactical Triumvirate should be notified of escalation of OPELMF and actively involved in ensuring de-escalation • The trust MOC should be informed that organisational support is required • increase communications to CMG colleagues to ensure everyone is fully briefed of situation and actions required. • Review neonatal cot capacity for current and anticipated activity	• To be 4 hourly • To review all actions from OPEL 1 have been completed and continuing review • consider extra domestic support staff to increase room availability turn around

Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• Review/completion of OPELMF triggers tool or identification if increasing pressure demand • Ensure OPELMF ONE & TWO actions are completed. • seek mutual aid where there are delays in elective work • Introduce additional Cross Site Operational Huddle (delivery suite coordinators, consultant on call (obstetric, anesthetic, neonatal • Trust communications department to support updates across the organisation and into the community to help share and amplify key messages to staff, women, their families, and members of the public where applicable. • The CMG Strategic Triumvirate should be notified of escalation of OPELMF and actively involved in de-escalation • The Trust MOC should be informed that organisational support is required • Consider redeployment of non-clinical qualified staff during weekdays • DCOO (Strategic On-Call OOH) should be contacted and made aware of key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced.	• To be done 2 hourly • At point of escalation to OPEL THREE • 12midday or time relevant to point of escalation
Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	• Review/Completion of OPELMF Triggers Tool for identification of increasing pressure demand • Ensure OPELMF ONE, TWO & THREE actions have all been completed	

Action card Bleepholder

OPEL status		
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• Central collation of capacity, staffing and acuity from all clinical areas of CMG to populate sitreps and identify risks/issues in need of escalation. • Timely review of ward & delivery suite patients to expedite medical review and ensure flow of patients for discharge • Ensuring all women and babies with no reason to reside are discharged safely	• Ensure all shift shortages are out to bank or overtime. • Moving staff from one clinical area to another whilst risk assessing which area is in the greatest need from a safety aspect.
Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate -**OPELMF triggers to be reviewed 4 hourly**	• Careful assessment of those women on Delivery Suite should be made to see if any can be safely transferred to the postnatal ward, another suitable clinical area, such as St Mary's Birth Centre (if suitable) or home. Co-horting postnatal women in the alongside Birth • centre or induction area. • Walkaround areas to review activity and offer support • Review midwifery staffing in each area and assess delays in care (e.g NIPE, IOL, MAU triage breaches). Redeploy staff to mitigate risk • Midwives on management time to support clinically where needed • Request additional bank and agency staff including midwives, maternity support workers and health care workers	• Ensure all of opel 1 is completed • If unable to mitigate risks, escalate to matron of the day/community matron
Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• Support coordinator if required to Clinically review of all delayed inductions of labour and elective caesareans. Clinical prioritisation plan to be created to maintain mother and baby safety. • Support Matron of the day needed • Support clinically	

Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	Ensure all of the above has been completed and support clinically	

Action card Consultant on call/Medical team on call/Head of service

OPEL status	Consultant	Medical team
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• Consultant and junior obstetricians attend planned clinical or SPA sessions • Consultant obstetrician identifies escalation (back-up) consultant during safety huddle • MAU consultant reports to MAU at 0800 or 1300, collects Nervecentre phone and LRI consultant registers as on call on consultant • Ensure all IOL are clinically appropriate and prioritised based on clinical need and no delays greater than 2hrs from admission/commencement • Ensure all elective caesarean sections are prioritised based on clinical need and admitted timely.	• Obstetricians assigned to cover labour ward attend handover at 0800, 1700 (if applicable) and 2000 and safety huddle after 0800 handover • Obstetricians attend ward rounds on labour ward at 0800, 1700 and 2000 • MAU junior obstetricians report to MAU at 0800 or 1300, collects Nervecentre phone and registers as on call doctor

Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate - **OPELMF triggers to be reviewed 4 hourly**	• Identify staffing issues and arrange cover from staff available escalate to Obstetric Head of Service, junior doctor administrator • ESCALATION - Staffing issues to be highlighted at handovers and safety huddle • Obstetric consultants informed of staffing concerns via WhatsApp group • Elective activity should also be reviewed and reorganised as appropriate: e.g. Elective Caesarean sections and non-urgent Induction of Labour. • Consider sharing IOL and elective caesarean workload between LRI & LGH site to reduce delays and ensure care in accordance with National and Local standards • Ensure patients and partners are kept up to date	• Ensure patients and partners are kept up to date • Ensure all of OPEL 1 actions are completed • Support consultant on call
Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated **-OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• Contingency Plan to be put in place for Category 1 Ambulance Conveyances or attend delivery suite or MAU without notice to manage care safely • Consider intrauterine transfers required to ensure women whose babies may not be accommodated on the neonatal unit are transferred in the daytime when staffing levels are optimal • Obstetricians asked to support area(s) with staffing concerns. Staff physically present in the hospital will be requested first, in the following order: • 1)SPA/admin – not in meetings/teaching etc 2)SPA/admin – those in meetings/teaching etc 3)Staff at home on SPA/rest/day off • NB Staff may be redeployed in a different order dependent on the clinical area in need of support or their own skillset/occupational health requirements • Obstetricians may be required to cross between sites during this escalation • Discuss clinical priority of cases in their area and consider whether any work could be safely postponed.	• Postnatal beds - careful assessment of existing women should be made to see if any may be safely discharged home with additional community follow up or transferred to another area e.g. St Mary's Birth Centre.

Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes - **The Trust will provide verbal updates to the ICB SCC every 3 hours**	ENSURE ALL OF OPEL 3 IS COMPLETE Obstetricians asked to support area(s) with staffing concerns Staff may be redeployed in a different order dependent on the clinical area in need of support or their own skillset/occupational health requirements 1)Antenatal clinic 2)Ultrasound and fetal medicine 3)Elective theatre list 4)maternity Assessment Unit 5)Staff w ith external commitments – university, RCOG etc 6)Staff on study leave 7)Staff on annual	All external blockers delaying well women being discharged to be escalated to ICB for immediate support for resolution

Action card Ward managers

OPEL status		
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• Ensure all shift shortages are out to bank or overtime. • Moving staff from one clinical area to another whilst risk assessing which area is in the greatest need from a safety aspect. • Ensure leave is managed appropriately and within % compliance standards	• Immediately following roster publication &then daily as required
Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate - **OPELMF triggers to be reviewed 4 hourly**	• Review midwifery staffing in each area and assess delays in care (e.g NIPE, IOL, MAU triage breaches). Redeploy staff to mitigate risk • To support clinically	

Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• To support clinically	
Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	To support clinically	

Action card Women's on Call Manager

OPEL status		

OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• To take handover from Matron of the day to ensure oversight of all areas	
Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate - **OPELMF triggers to be reviewed 4 hourly**	•	
Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• Introduce additional Cross Site Operational Huddle (delivery suite coordinators, consultant on call (obstetric, anaesthetic, neonatal) • Trust communications department to support updates across the organisation and into the community to help share and amplify key messages to staff, women, their families, and members of the public where applicable. • The CMG Strategic Triumvirate should be notified of escalation of OPELMF and actively involved in de-escalation • The Trust MOC should be informed that organisational support is required • DCOO (Strategic On-Call OOH) should be contacted and made aware of key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced. • Review out of hours staffing in community midwifery to consider redeployment of staff from Homebirth/St Marys team	• Consider redeployment of hospital staff cross site • Escalate to Silver Nurse for additional nursing or support staff from other departments

Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	Consider suspension of Homebirth service (if safe to do so). Evaluate situation if laboring patient calls. Contact women at term who are booked for homebirth to inform them of suspension and give safety netting advice. Utilise other services e.g. MAU/St Marys Birth Centre.	

Action card Labour ward coordinators

OPEL status		
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• Birthrate Plus Acuity Tool Completion • Ensure the staff have the skills to rotate and allocate work accordingly	
Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate -**OPELMF triggers to be reviewed 4 hourly**	• Careful assessment of those women on Delivery Suite should be made to see if any can be safely transferred to the postnatal ward, another suitable clinical area, such as St Mary's Birth Centre (if suitable) or home. Co-horting postnatal women in the alongside Birth centre or induction area. • Add additional entry to birthrate tool for up to date acuity • Elective activity should also be reviewed and reorganised as appropriate: e.g. Elective Caesarean sections and non-urgent Induction of Labour. • Consider sharing IOL and elective caesarean	

	• workload between LRI & LGH site to reduce delays and ensure care in accordance with National and Local standards • Ensure patients and partners are kept up to date	
Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• • Clinical review of all delayed inductions of labour and elective caesareans. Clinical prioritisation plan to be created to maintain mother and baby safety.	
Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	To keep in close contact with MOD or On call manager out of hours	

Action card Silver commander/ bronze commander

OPEL status		
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated**. OPELMF triggers to be reviewed 6 hourly**		
Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate **-OPELMF triggers to be reviewed 4 hourly**	• Bronze- Consider extra domestic support staff to increase room availability turn around • Silver-Attend ICB System Call informing SCC of status and key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced	• 09.30 meeting (between 08:00 - 20:00) via escalation template
Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• Bronze-Consider contingency plans to maintain homebirth services • Seek mutual aid for delayed elective work • Request to be made for governance, data, and administrative support to support releasing midwives from administrative tasks enabling them to work clinically • Silver-Attend ICB System Call informing SCC of status and key issues driving OPEL status, mitigations taken, and outstanding risks and issues being experienced. Make requests for regional comms for mutual aid support if below actions have not resulted in de- escalation. Details driving OPEL specific actions taken to alleviate pressure actions taken to ensure patient safety and quality	• Once deflection agreed between sites • At point of escalation and for preceding 48hrs • 09.30 meeting then verbal updates every 3hrs (between 08:00 -20:00) via escalation template

Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	Inform ICB SCC when the issue raised has been resolved for the purposes of de-escalating regional support and confirm OPELMF status OOH – Inform NHSE On-Call when the issue raised has been resolved as above.	When OPELMF Triggers are scoring THREE or clinically safe to step down the divert

Action card MAU Midwife in charge

OPEL status		
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• HBT and St Marys activity covered • All A/N clinics covered • All teams have covered their own visits • All team leads are supernumery (unless they hold a case load)	
Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate -**OPELMF triggers to be reviewed 4 hourly**	• Redeployment of staff to cover AN clinics • Redeployment of staff to cover PN visits • HBT and SMBC activity covered • All team leads supernumerary (Unless they hold a caseload)	
Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2**	• All AN clinics covered • HBT unavailable to support community work • PN essential visits covered, non-essential visits unable to be covered (Risk assessed by	

hourly to ensure that deflection is for as short a period as necessary and normal service is restored	DAU) • 1 team lead retains supernumerary status for oversight of community, all other team leads review/cancel any non-clinic commitments where possible to support clinically	
Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	• AN clinics cancelled • All Team leads and RRP midwives working clinically • PN visits not all covered • SMBC – Depleted to minimum staffing Unable to fulfil HBT activity – service suspension	

Action card Community midwifery

OPEL status		
OPEL 1 The maternity service capacity is such that the organisation can maintain patient flow and meet anticipated demands within available resources. The need for additional support is not anticipated. **OPELMF triggers to be reviewed 6 hourly**	• HBT and St Marys activity covered • All A/N clinics covered • All teams have covered their own visits • All team leads are supernumery (unless they hold a case load)	

Opel 2 OPELMF two the maternity service will be required to take internal focused actions to mitigate the need for further escalation. The CMG Tactical Triumvirate should be informed of rising escalation and there should be active involvement to mitigate and de-escalate -**OPELMF triggers to be reviewed 4 hourly**	• Redeployment of staff to cover AN clinics • Redeployment of staff to cover PN visits • HBT and SMBC activity covered • All team leads supernumerary (Unless they hold a caseload)	
Opel 3 At OPELMF Three the maternity service is experiencing major pressure, staffing concerns or capacity issues are raised and trust escalation protocols should be instigated -**OPELMF triggers to be reviewed 2 hourly** to ensure that deflection is for as short a period as necessary and normal service is restored	• All AN clinics covered • HBT unavailable to support community work • PN essential visits covered, non-essential visits unable to be covered (Risk assessed by DAU) • 1 team lead retains supernumerary status for oversight of community, all other team leads review/cancel any non-clinic commitments where possible to support clinically	
Opel 4 At OPELMF Four the maternity service is experiencing extreme pressure and all OPELMF Two and OPEL MF Three actions have been completed. The Trust Strategic On Call should be involved and supporting mitigation to de-escalate. Any request to temporarily close the maternity service must be agreed by the Trust Strategic On Call. The ICB SCC must be notified which will trigger ICB to source mutual aid via regional escalation processes -**The Trust will provide verbal updates to the ICB SCC every 3 hours**	• AN clinics cancelled • All Team leads and RRP midwives working clinically • PN visits not all covered • SMBC – Depleted to minimum staffing Unable to fulfil HBT activity – service suspension	