Standard Operating Procedure: UHL Maternity Telephone Triage

NHS University Hospitals of Leicester NHS Trust

Trust ref: C14/2024

1. Introduction Midwifery Telephone Triage Service

Following an inspection from the Care Quality Commission of the Maternity Services at UHL between 28th February and 1st March 2023, recommendations were made regarding the Telephone Triaging process within the Maternity Assessment Unit (MAU).

A plan was procured for the Maternity Service to improve:

1. Access to timely telephone advice and support for patients who call with pregnancy/postnatal concerns.
2. Oversight of the activity of the call interactions and the acuity of the MAU clinical area by adopting the Netcall telephone triage system to provide accurate data.
3. Protection of clinical staff from telephone calls to allow focus on patient care.

It was agreed that:

1. A telephone triage service for all pregnant / postnatal women or people calling the service using the Netcall application will be implemented. This platform will provide for a timely telephone advisory/sign-posting service to the pregnant / postnatal women or people calling into the service.
2. The use of Netcall will provide clear and transparent oversight of the activity coming through the telephone triage service. With the completion of an E3 telephone contact questionnaire, MAU urgent referral form and an MAU Admission Tracker App to ensure that patients are triaged over the phone and referred where appropriate to the clinical area.
3. The telephone triage service will be staffed appropriately by midwives from both the Leicester Royal Infirmary and Leicester General Hospital using electronic rostering.
4. A process map of the telephone triage service and an SOP to support the process is created.

This SOP should be used in conjunction with the overarching UHL Maternity Assessment Unit guideline

2. Roles and responsibilities of the telephone triage midwives;

- Telephone triage is a primary method of screening pregnant women or people who phone in for advice. If a pregnant woman or person has telephoned 3 times to discuss whether they are in labour, they must be invited in for assessment on the 3rd phone call.

- It is essential that all relevant information is collected from the pregnant woman or person before advice is given (either through written documentation) or directly onto

the electronic healthcare records. Where electronic records are not available relevant information must be handwritten in the telephone record book and clinicians name clearly documented. It is important that the midwife discusses with the pregnant woman or person the importance of ensuring they inform staff that they have previously called with concerns if attending another site.

- Electronic healthcare records should be used and all information added directly to document all telephone enquiries. Pro forma's on the electronic records should be used to document all telephone enquiries received and action(s) taken. If unavailable, carbonated telephone pro forma's should be used and filed in the medical records.

- A record must be kept of all telephone enquiries received, with the following details recorded:

    - Name, date of birth, hospital identification number where possible, and contact number
    - Date and time of call must
    - Parity
    - Gestation
    - Reason for enquiry
    - Advice given
    - Legible signature of midwife completing form
    - If the woman or person has telephoned previously

- A copy of the telephone advice pro forma should be filed in the patient's case notes at the earliest opportunity. Electronic documentation is automatically stored. Any carbonated telephone pro forma's used should be filed in the patient's case notes as the earliest opportunity.

- Advice must be given by an experienced qualified member of staff band 6 or above. Where the midwife is uncertain whether or not the pregnant woman or person needs to be seen or referred to another agency, advice should be sought from the midwife in charge or where appropriate from medical staff.

- Where a pregnant woman or person requires clinical assessment for a pregnancy related issue, a decision should be made with regards to the most appropriate clinical area to undertake this. Clinical assessment could be undertaken by the community midwife, by the GP in the community, or by midwifery or medical staff on MAU. It may be considered to be more appropriate for clinical assessment to be undertaken elsewhere within the Maternity Unit

- Where the pregnant woman or person is seeking advice for a medical or surgical issue not directly related to pregnancy, they should be referred to the most appropriate clinical area depending on the nature and urgency of the problem (GP, ED). Where there is uncertainty regarding the most appropriate place of initial care, it should be discussed with the Consultant Obstetrician/Senior Medical Staff who should then decide a plan. Agreement should be made as to which medical professional individual/group maintains overall responsibility for the on-going care provision at this time, and the contact details for this person should be clearly documented in the hospital notes.

- Pregnant women or people who on telephone assessment report symptoms which indicate that they appear to be in established labour should attend the Delivery Suite / Birth Centre directly as appropriate, not via MAU.

- Vaginal bleeding of any description in a preterm gestation is abnormal. **This cannot be assessed over the phone.** If a pregnant woman or person reports vaginal loss which is pink, watery and /or bleeding of any description 21+6 to 31+6 weeks gestation they must be invited in to the LRI site for a clinical assessment.

- If a pregnant woman or person reports abdominal pain 21+6 to 31+6 weeks gestation they must be invited in to the LRI site for a clinical assessment.

- If a pregnant woman or person has an alert on the electronic records which states - 'high risk safeguarding case', they must be invited in.

- It is the responsibility of both the Maternity Assessment Unit (MAU) and Telephone Triage (TT) Midwives to liaise with each other to ensure patient results are chased via Nervecentre and actioned appropriately.

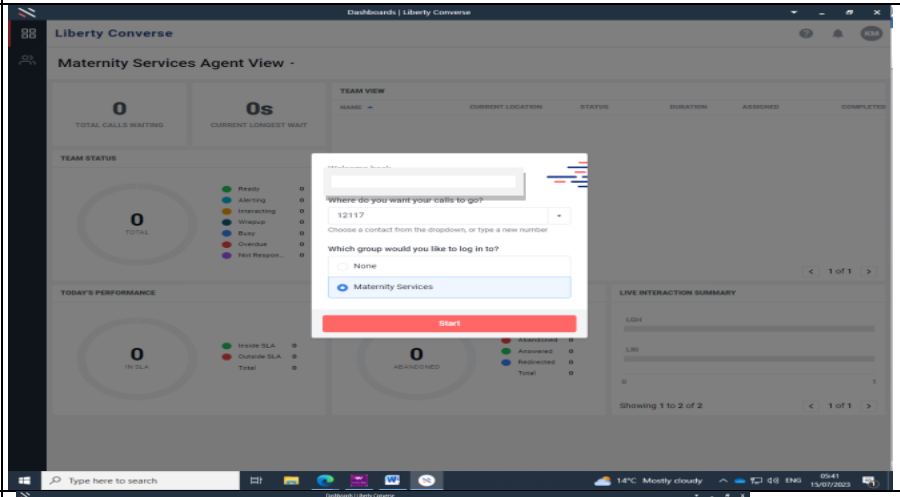
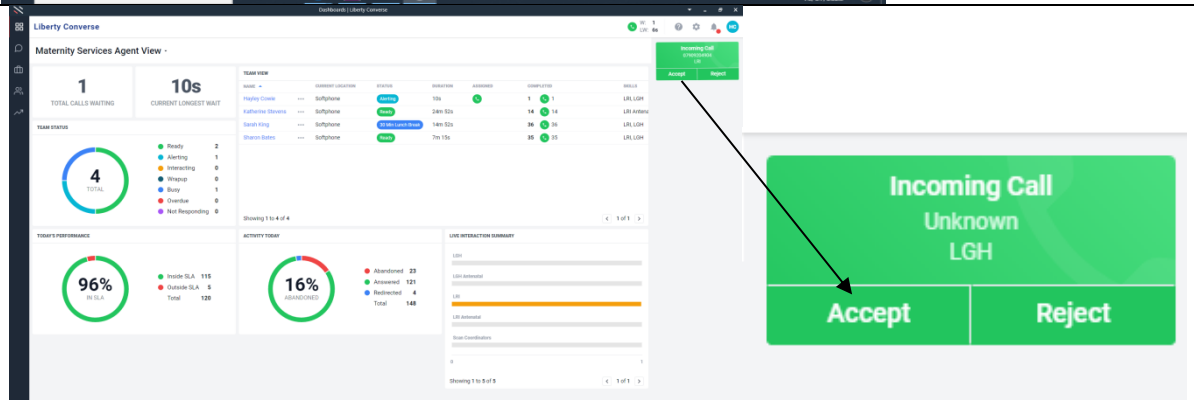
- Translation services must be used if the caller does not understand the questions or the information that the telephone triage midwife is providing.

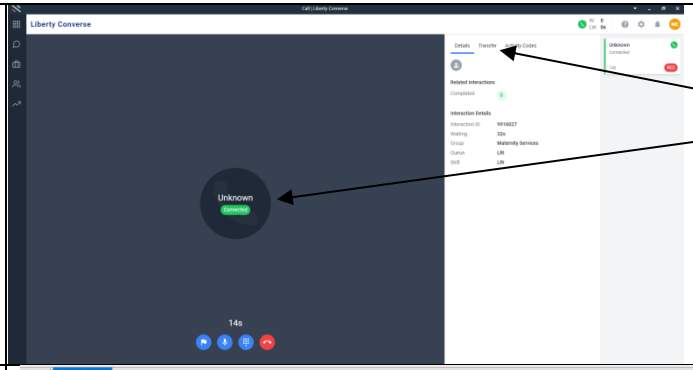
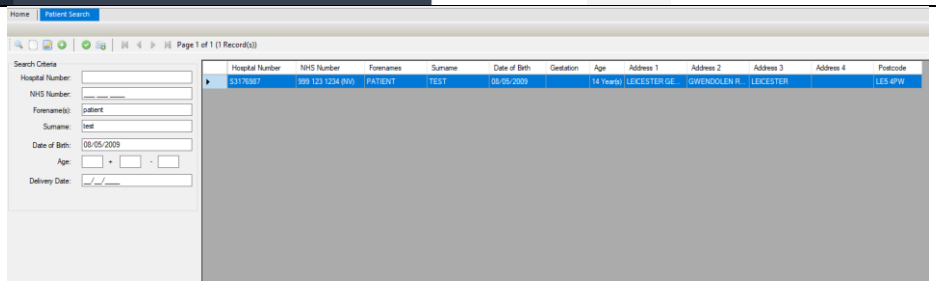
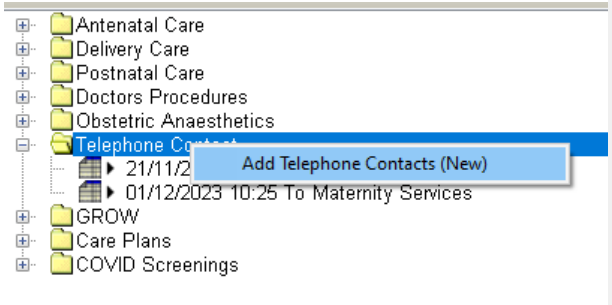
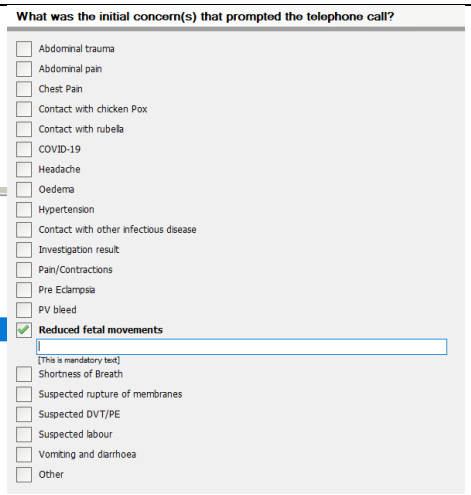
- Between 07:00-08:00, 17:00-19:00 and 03:00-05:00, the Midwives on TT should chase and action results for both sites. These are times when the volume of calls is not as high and/or there is more than one Midwife answering calls

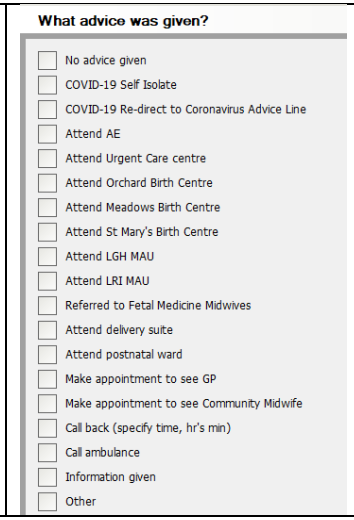
- If the Midwives on TT are unable to chase and action results at this time, they should liaise with the MAU Midwives to ascertain if they are able to chase and action results via Nervecentre.

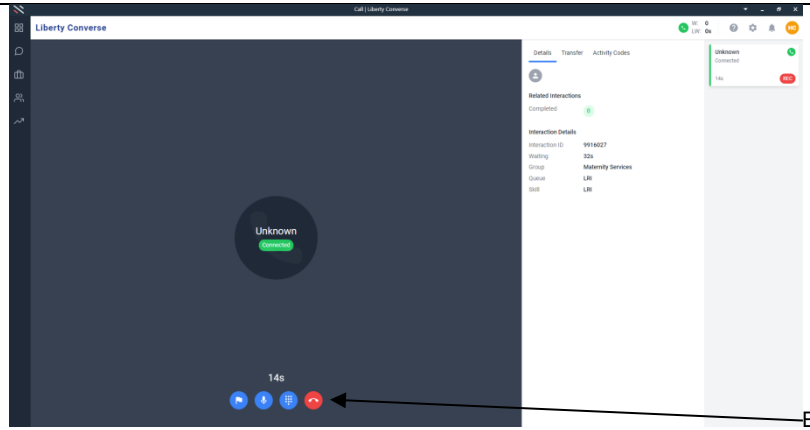
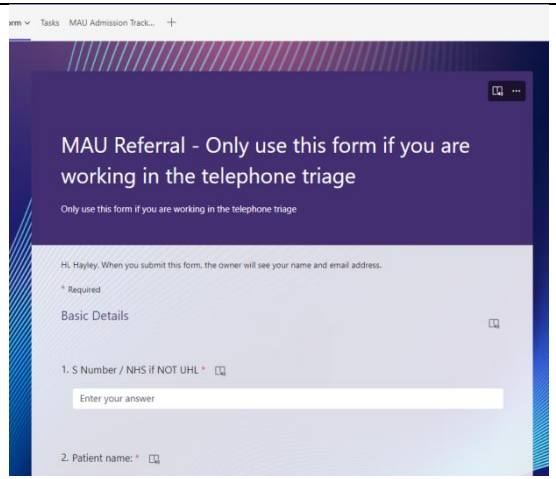
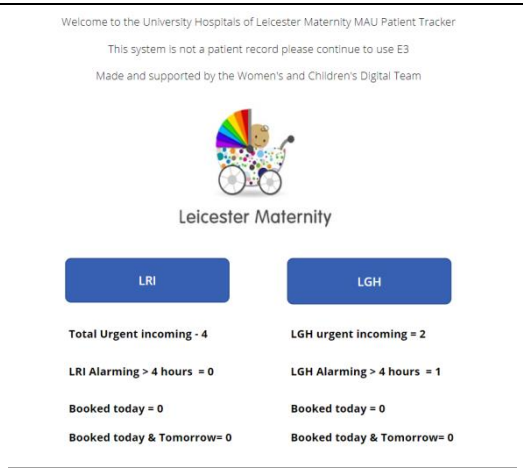
- If both areas have high activity levels and are unable to chase results over a 24 hour period this needs to be escalated to the bleep holder

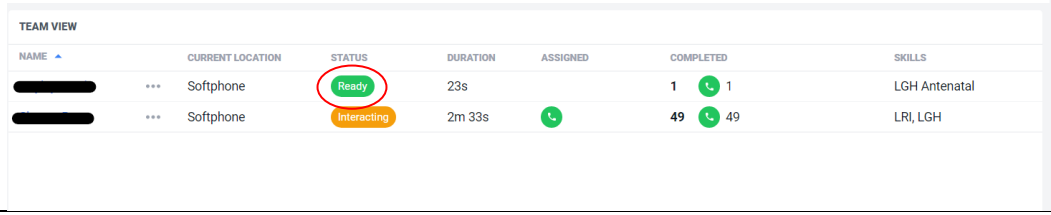
2. Telephone triage process

	What to do?	How to do it?	Pictures	Why we do it this way?
1	Midwife logs onto the Netcall application	Midwife opens Netcall App, account will login automatically with your credentials. Click Softphone and/or type phone number you want to call to come to. Select 'Maternity Services' then 'Start' *(account will need to have been setup prior to shift)*		To ensure access is only given to those who require the use of Netcall
2	Midwife answers the incoming telephone call (green box in the top right of screen)	Answer the call by clicking on 'Accept' when the phone rings and alerts you. Identify yourself by name and role and the area you are covering calls for (e.g. MAU)		To ensure that when we respond to patient's we maintain professionalism and consistency

3	Midwife identifies patient and the reason for call	Ask how we can help to assess reason for call. If not appropriate for MAU, then signpost or transfer call to the appropriate service (internal or external i.e. scan appointments) If appropriate for MAU or more details required, open patient record and complete telephone contact.	 Display screen when call in progress Transfer call here Hold call here	To ensure the patient receives timely advice and care from the appropriate service.
4	Midwife confirms patient identification using a 3-point ID check	Request full name and date of birth, confirm address on record to confirm identity (or use S number if easily found by patient).		To ensure patient information governance is upheld.
5	Review E3 record and commence 'Telephone Contact' questionnaire	Right click on KContacts and select 'New contact'. Work through questionnaire with patient on the phone to ensure all required information is obtained.	 	Reading previous E3 entries will give you historic details/information about the patient in preparation to accurately assess the risk. Asking pre-defined questions ensures all midwives follow the same standards of information collection.

6	Midwife makes a clinical decision on most appropriate course of action	Based on the questions answered by the patient, the midwife will make a clinical judgement as to the most appropriate action. Depending on circumstances, midwife may request the patient to attend a hospital that they are not booked with (e.g. if pre-term and signs of pre-term labour)		This is to ensure that you give the patient the best possible advice and treatment according to clinical presentation and need.
7	If the patient needs to come to MAU	Advise patient to attend MAU (as soon as possible but within 4 hours). Advise them to bring their notes with them. On arrival they will be triaged by midwife and waiting times to see a doctor will vary according to clinical need (BSOTS assessment).		This is to ensure that the patient knows where to come and what to bring with them.
8	If the patient needs to come to the Delivery Suite/Birth Centre	Courtesy phone call to Delivery Suite/Birth centre to notify impending arrival and ensure they can manage their workload safely. Advise patient to go straight to Delivery Suite/Birth Centre ASAP Advise them to bring their notes		To ensure that the DS/Birth Centre are aware of the incoming patient. This is to ensure that the patient knows where to come and what to bring with them.
9	If the patient does not need to come to hospital	Using compassion and sensitivity advise the patient that their current condition does not warrant admission to the hospital. Give reassurance and safety netting advice, signpost to other services as necessary (i.e. GP or community midwife). **Advise to call back if there are any further concerns.**		Provide reassurance for patients who may be anxious or concerned that their concerns have been taken on board.

10	Midwife ends call, Netcall enters 'wrap-up time' for 60 seconds	Confirm patient understands all given instructions before ending call. Midwife replaces the handset/select end call on the screen. Call has been recorded on Netcall.	 End call here	Netcall captures all data to help improve the service -Time it takes to answer -Length of call -Number of calls answered -Number of calls missed -Audio recording of call
11	During wrap-up time midwife completes telephone contact questionnaire and digital referral	Ensure all fields are completed on the telephone contact form. On the 'UHL – Maternity' teams channel, complete 'MAU Referral' Microsoft form. This will add the patient to the 'MAU Admission tracker' app	 	This informs the receptionist and the staff in the clinical area that the patient is attending.
12	Check that the patient is listed on the MAU Admission Tracker app	Select 'MAU Admission Tracker App' in MAU channel. Confirm patient's name and details are visible on the referral list for the appropriate hospital.		This is to ensure that the patient is on the system. Patient should attend MAU within 4 hours and if they breach this time, the telephone triage staff should make contact to check patient well-being.

13	Midwife is now ready to take the next call	Once wrap-up time is over user becomes available on Netcall to receive next call		This shows other users that the midwife is available to take calls.

3.Netcall downtime

Netcall downtime procedures apply to all staff working in maternity, with particular emphasis on those working in Telephone Triage. Netcall downtime does not only affect Maternity but affects the whole trust including the bleep system and central operators.

Downtime Procedure- see flow chart in appendix 1

- Once it has been noticed that Netcall is down, log an IT ticket with IMT through Neurons through Home / UHL Neurons or dial 8000
- Escalate to the bleep holder and Matron of the day, providing the ticket number for further escalations.
- MOD/bleep holder/Manager on call to contact the LGH site and check if they are also experiencing downtime. If not, assess if it is appropriate to have Telephone Triage trained midwives at the LGH log onto Netcall OR where it is appropriate and safe to transfer staff to operate Netcall in an alternative location (i.e. remote working or LGH).
- If it is obvious that there is no internet connectivity, attempt to tether connection from the SPOC mobile phone to the SPOC computers. A guide is available on the Teams channel for tethering. Community Connectivity Guide.pdf
- In some cases, the telephone numbers of callers are still available on the webpage, assess whether it is appropriate to use the SPOC mobile (withholding the number) to call the women back.
- At each decision made during the Netcall Downtime flowchart (see Appendix 1), continue communications with the bleep holder/Matron of the day/manager on call to assess the current situation.
- If these actions are not appropriate or are unsuccessful, await communication from the service desk. Communications from senior leadership should also give insight into the severity of the situation.

- The Matron of the day/bleep holder/manager on call should maintain regular updates to all MAU/TT staff.

3. Training and Education

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Call Data; ▪ Total number of calls taken ▪ Abandoned calls/missed calls ▪ Average abandoned call wait ▪ Average time to answer call ▪ Duration of call	Data collection and monthly report	MAU ward manager/Matron	Monthly	TBC

5. Supporting References

Maternity Assessment Unit UHL Obstetric Guideline Trust ref: C29/2008

6. Key Words

Netcall, Telephone triage, MAU.

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
SOP Lead **Ellie Tewley - Intrapartum Services Matron** Written by Katherine McDowell (Maternal medicine SpM) Images supplied by H Cowie – Digital RM			**Executive Lead** **Chief Nurse**
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
April 2024	**1**	**Maternity guidelines Maternity Governance Women's' Q&S Board**	**New document**

October 2024	**2**		Added roles and responsibilities including adding ref to; Chasing results via Nervecentre, attendance to LRI for all 21+6-31+6 who experience pv bleeding and/or abdo pain. Must use translation services if caller not understanding questions/info. High risk safeguarding cases must be invited in.
March 2025	**3**	**S Blackwell**	Added Netcall downtime action to be taken

Appendix 1: Netcall service disruption