Torbay and South Devon
NHS Foundation Trust

Email: foi.tsdft@nhs.net
Our Ref: TSD10880

28 October 2026

Dear Sir/Madam

Request for Information

We are writing to confirm that we have now completed our search for the information you requested.

A copy of the information is below:

Home Birth Services

I would like to request (through the Freedom of Information Act) the Trust's escalation/de-escalation procedure and the risk assessment showing how the restriction to individual's rights, and the benefits to home birth in terms of clinical outcomes, was weighed up against other safety concerns

The Trust uses a recognised Maternity Acuity tool and OPEL framework to assess and escalate or de-escalate staffing provision for attending homebirth.

A dynamic risk assessment is undertaken at the time that a homebirth is requested, taking all safety considerations into account.

Please see our Torbay Maternity & Neonatal (MatNeo) Staffing Escalation Policy below.

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If you wish to discuss any of the above, please contact us, quoting the FOI reference number above.

If you are unhappy with the way in which we have handled your request, please contact the Data Protection and Freedom of Information Lead in the first instance. If you wish to make a formal complaint, you should write to our Complaints Manager at Torbay and South Devon NHS Foundation Trust, First Floor Bowyer Building, Torbay Hospital, Torquay TQ2 7AA or by email to tsdft.feedback@nhs.net

If you are not content with the outcome of your complaint or the internal review, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner will only make a decision once you have exhausted the complaints and/or internal review process provided by us. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or through this link https://ico.org.uk/global/contact-us/

Yours sincerely,

Freedom of Information Team

Document Type:	Protocol	
Reference Number : **1599**	Version Number: **6**	Next Review Date: **30 November 2026**
Title:	**Torbay Maternity & Neonatal (MatNeo) Staffing Escalation Policy**	
Document Author:	Director of Midwifery, Maternity and Paediatric Matron's	
Applicability:	As defined in the document	

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Maternity and Neonatal services are symbiotic neither service can be considered safe when there are staffing or acuity concerns in the other. Maternity and Neonatal form part of the Local Maternity and Neonatal System within the Integrated Care System (ICS), in Devon, and Neonatal services are part of the regional Operational Department Network (ODN) in the Southwest.

The purpose of this policy is to provide effective support to those staff who have responsibility for safe staff decision making on a shift-by-shift basis by providing guidance to shift leaders on:-

- How do we know there are enough staff deployed?
- What do we do when there are not enough staff?

- How and to whom is it escalated when there are concerns?

The Labour Ward Coordinator (LWC) in maternity or the Nurse in Charge in SCBU is responsible for assessing that staffing numbers are as expected on the rota and the ward / team is assessed as being safely staffed, taking into consideration workload, acuity, dependency and skill mix and escalate any safety concerns promptly.

Purpose: The purpose of this policy is to ensure a clear, standardised procedure for managing staffing shortages or surges in patient demand in maternity and neonatal services. This policy aims to maintain safe staffing levels, minimise patient safety risks, and ensure continuity of care.

Scope: This policy applies to all clinical staff in maternity and neonatal units, including midwives, obstetricians, paediatric medical staff, neonatal nurses, and support staff.

Policy Statement: Torbay Hospital is committed to ensuring safe staffing levels in maternity and neonatal care settings at all times. In situations of unanticipated staff shortages or surges in patient demand, the Staffing Escalation Policy will be enacted to prevent compromise to patient safety and ensure adequate support for clinical teams.

1. Staffing Levels

Maternity Services: Professional judgement on managing activity and acuity levels is vital

- **Minimum Safe Staffing Levels:**
  - **Labour Ward:** 1 midwife to 1 woman in active labour.
  - **Antenatal/Postnatal Ward:** 1 midwife to 6 women.
  - **Triage Unit:** 1 midwife to 4 women.
  - **Obstetric Staff:** 1 Obstetric Consultant, on site or on-call, Resident Obstetric Doctors - 1 Registrar, 1 Senior House Officer
  - **Obstetric Anaesthetist:** 1 Anaesthetist available
  - **Obstetric Theatre:** Dedicated theatre team available at all times.
- **Neonatal Services:**
  - **Special Care Unit - Stabilisation of Neonate (QIS Trained Nurse)**
    1:2 high dependency
    1:4 special care.
    1:4 babies transitional care

As a guide the following would be necessary for planned staffing

	MatNeo Total Staffing
Day	1 x Labour Ward Coordinator 9 x Midwives 3 x Maternity Support Workers 1 x QIS Nurse 2 x Nurse 1 x Nursery Nurse
Night	1 x Labour Ward Coordinator 8 x Midwives 2 x Maternity Support Workers 1 x QIS Nurse 2 x Nurse 1 x Nursery Nurse

Clinical Area	Shift	Staffing Minimum*	Additional Information
Labour Ward	**Early**	**1 x Band 7 Labour Ward Coordinator** 6 x Midwives (5 x Integrated Teams, 1 x Meridian) 1 x Maternity Support Worker	Supernumerary Integrated on-call
	Late	**1 x Band 7 Labour Ward Coordinator** 6 x Midwives 5 x Integrated Teams, 1 x Meridian 1 x Maternity Support Worker	Supernumerary Integrated on-call
	Night	**1 x Band 7 Labour Ward Coordinator** 6 x Midwives (5 x Integrated Teams, 1 x Meridian) 1 x Maternity Support Worker	Supernumerary
John MacPherson	**Early**	3 x Midwives 2 x Maternity Support Worker	1 x Shift Leader

	Late	3 x Midwives 2 x Maternity Support Worker	1 x Shift Leader
	Night	2 x Midwives 1 x Maternity Support Worker	1 x Shift Leader
Triage	**Early**	1 x Midwife	Remote to Labour Ward
	Late	1 x Midwife	Remote to Labour Ward
	Night	Midwife allocated from existing staffing	On Labour Ward
SCBU	**Early**	**1 x QIS Nurse** **2 x Nurse** 1 x Nursery Nurse	
	Late	**1 x QIS Nurse** 2 x Nurse 1 x Nursery Nurse	**1 x Nurse**
	Night	**1 x QIS Nurse** 2 x Nurse 1 x Nursery Nurse	**1 x Nurse**

*Roles in bold must be available at all times for the MatNeo services to remain open. Roles not in bold need to be considered in line with activity and acuity.

2. Escalation Triggers

Staffing shortages or increased demand in either maternity or neonatal services may arise due to:

- **Staff sickness or unplanned absence**
- **High patient acuity levels**
- **Increase in birth rates**
- **Unexpected complex cases**
- **Increase in neonatal admissions**

3. Escalation Levels & Actions

Escalation Triggers

STATUS	A/N & P/N Ward beds	Labour Ward beds	Triage Breaches	Ability to give 1:1 care in established Labour	Birthrate plus activity and dependency score for Labour Ward	Labour Ward Coordinator supernumerary status	Delays in elective work for non - medical reason	Neonatal Services Neonatal OPEL Framework Status
Black Four	0 beds	0 beds	0 beds	Unable to give 1:1 care to woman in established labour	Birthrate plus rating RED	Not supernumerary	Unable to transfer to another Trust	Demand exceeds available resource No QIS Nurse available
Red Three	Not enough beds for labour ward to transfer or non-urgent activity	Upper limits of bed capacity, no potential bed capacity within 2 hours	Women not seen in red category immediately	Unable to give 1:1 care to woman in established labour	Birthrate plus rating RED	Temporarily providing direct care to antenatal / postnatal women whilst extra support for Labour Ward is provided	Delays in non-urgent activity for >24hours	Very limited ability to maintain patient flow in line with ODN pathways. Significant challenges with safe staffing
Amber Two	Enough beds for labour ward to transfer to ward but not non urgent activity	High activity with high bed occupancy but beds remain. available	Women not assessed within 15 minutes in orange category	Moving staff to be able to give 1:1 care	Birthrate plus rating AMBER	Labour Ward Coordinator supernumerary	Delays in non-urgent activity for > 4 hours	Neonatal service is experiencing difficulty in meeting anticipated demand with available resources
Green One	No delays in admission or transfers	Bed capacity available for delivery suite activity	All women seen with appropriate timescales in line with unit guidance	1:1 care given to all women	Birthrate plus rating GREEN	Labour Ward Coordinator supernumerary	No delays in non-urgent work	ODN unit open to admissions in line with unit designation

See Appendix 3 for full size

Green: Early Warning

Trigger: Slight imbalance in staffing but manageable within the team.

Action: **Labour Ward Coordinator / Nurse in Charge to: -**

- Reallocate available staff across maternity and neonatal units.
- Notify ward coordinator/shift leader.
- Ensure that antenatal, postnatal, and neonatal care tasks are prioritised according to acuity.

Amber: Moderate Staffing Shortage

Trigger: Ongoing imbalance between staff and patient demand, increased patient acuity, or no immediate resolution of staffing concerns.

Action: **Labour Ward Coordinator / Nurse in Charge to: -**

- Activate internal redeployment of staff from lower acuity areas (e.g., antenatal/postnatal to labour ward or neonatal units).
- Use established channels to request support from bank staff.

- Notify Clinical Lead, Matron, and Clinical Site Team and out of hours on-call Duty Manager.
- Prioritise care based on acuity and safety, deferring non-essential tasks if necessary.

Red: Severe Staffing Shortage or High Activity and Acuity

Trigger: Significant staffing shortages, patient safety concerns, or inability to meet minimum safe staffing levels despite previous actions.

Action:

- LWC to activate external support via locum or agency staff.
- LWC to divert non-urgent admissions (eg elective caesarean sections, neonatal admissions from other hospitals) to other facilities, if safe to do so or delay care.
- LWC to communicate staffing challenges to the Trust Management Team via Clinical Site.
- Clinical Site Management to implement hospital-wide staffing redeployment if feasible, including temporary closure of non-critical areas.
- Clinical Site Team to enact an emergency staffing meeting with senior leadership, including the Director of Midwifery and Associate Director of Nursing for Child Health or On-call Manager out of hours.

Black: Critical Incident

Trigger: Inability to staff the service at a safe level, significant patient safety risk, or ongoing failure to resolve staffing shortfall.

Action:

- Trust Management Team declare a critical incident.
- Senior Midwifery Team escalate to external agencies (eg, Local Maternity and Neonatal Service (LMNS) or Integrated Care Board (ICB)) for oversight.
- LWC and Clinical Site Team to divert all non-critical care to neighbouring facilities.
- Trust Management Team and Clinical Site Management initiate full hospital-wide response, utilising staff from other departments as possible.

4. Communication and Documentation

- **Daily Staffing Huddles:** Held at the beginning of each shift to assess staffing levels, patient acuity, and potential shortfalls.
- **Incident Reporting:** All staffing shortfalls resulting in escalation to Level 2 or higher must be documented as a Datix incident.

- **Communication with Patients and Families:** Inform patients and their families of delays or changes in care, ensuring transparency and managing expectations.

5. Responsibilities

- **Labour Ward Coordinator/Shift Leader:** Monitor staffing levels and patient acuity, initiate escalation as needed.
- **Clinical Lead/Matron:** Support escalation actions, including redeployment of staff and calling in additional resources.
- **Site Manager/On-Call Senior Staff:** Provide operational support and decision-making during moderate to severe staffing shortages.
- **Executive Team:** Oversee responses at Level 3 and above, coordinating with external agencies when necessary.

6. Review and Evaluation

- **Monthly Review:** Regular review of staffing levels and policy effectiveness through monthly performance meetings.
- **Post-Escalation Review:** Following any Level 3 or Level 4 escalation, a formal review will be conducted to assess response effectiveness and make improvements to the policy.

Conclusion: This combined maternity and neonatal staffing escalation policy ensures timely and effective responses to staffing shortages, safeguarding patient care and staff well-being across the service.

Appendix 1 Safety and Escalation Action Cards

Maternity Amber Action Plan

- **Issue:** Identified/Predicted High Acuity and/or Staffing Shortages

ACTION	Person Responsible
• Labour ward Coordinator to assess situation to identify any immediate solutions and take actions - i.e. one midwife to care for two postnatal patients on the labour ward, check availability rota, identify any staff working non-clinically who could be re-deployed	Labour Ward Coordinator
• Review patients on John Macpherson ward to see if anyone fit for discharge to increase bed capacity	Consultant Obstetrician
• Consider safety huddle to review capacity and demand across service. Review Birth Rate + acuity tool.	Labour Ward Coordinator
• In normal working hours – to contact Maternity Matron to inform them of Amber status	Labour Ward Coordinator
• Discuss planned admissions/ inductions due to come in that day with the Consultant - in order to review potential postponement of inductions if delays already apparent- utilisation of IOL prioritisation SOP- appendix 7	Labour Ward Coordinator / Consultant Obstetrician
• Review staffing levels across community teams/outpatients to see if flexibility with staffing elsewhere	Maternity Matron / Labour Ward Coordinator
• Consider redeploying MSW's from community teams/Birth centre. Consider temporary suspension of home births or MLU births	Maternity Matron/ Labour Ward Coordinator
• Consider whether staff are on in-house study that could be utilised	Maternity Matron
• Check with Trust Matron on for staffing for cover availability or support staff from wider trust	Maternity Matron / Labour Ward Coordinator
• Can staff finish later or start shift earlier?	Maternity Matron / Labour Ward Coordinator
• Further review of non-clinical midwifery support (ie Specialist Midwives) or admin support	Maternity Matron

Maternity Amber Action Plan

• Maternity Matron to provide clinical support • Consider medical support from other obstetric doctors	Labour Ward Coordinator / Maternity Matron
• Senior team to review staff to patient ratios across all areas	Labour Ward Coordinator
• Consider if suitable for Labour ward coordinator to take small low acuity workload but not providing 1:1 care	Maternity Matron
• Involve the DOM / Deputy DOM (in hours)	Maternity Matron
• Contact LWC RDUH, UHP, Musgrove Park, RCH, to support with elective activity	Maternity Matron
• In hours status to be flagged at Trust wide staffing /bed meeting	Operational manager / Maternity Matron
• Obstetric Consultant to be informed /consider attendance at unit	Consultant Obstetrician

Neonatal Amber Action Plan

• Can staff finish later or start shift earlier?	Neonatal Matron / Ward Manager
• Consider safety huddle to review capacity and demand across network.	Nurse in Charge
• In normal working hours – to contact Neonatal Matron to inform them of Amber status	Nurse in Charge / Ward Manager
• Review staffing levels across Paediatrics to see if flexibility with staffing elsewhere	Neonatal Matron
• Consider whether staff are on in-house study or Specialist Staff / Ward Manager that could be utilised	Neonatal Matron / Ward Manager
• Check with Trust Matron on for staffing for cover availability or support staff from wider trust	Neonatal Matron / Ward Manager
• If capacity issues review patients on SCU to see if anyone fit for discharge or transfer to Louisa Cary to increase bed capacity	Paediatric Consultant

Maternity Red Action Plan

Issue: Unable to mitigate with amber actions and therefore impact on provision of safe care.

Action	Person responsible
• Consider alternative locations within inpatient footprint to accommodate women (theatre)	Maternity Matron
• Out of hours contact Trust on call manager or Clinical Site Manager	Labour Ward Coordinator / Matron or DOM / Deputy
• Complete Maternity SitRep and request support via Trust on call team via control meeting. Trust on call team to flag at system call or request emergency system support if out of hours. **(Hot call SitRep form)**	Maternity Matron / Trust On call team
• In working hours Care Group Director and Director / Deputy Director of Midwifery to be included in decision making about next step	Care Group Director / DOM
• Inform Consultant Paediatrician and SCBU – to prevent in- utero transfers into the unit	Maternity Matron / Labour Ward Coordinator
• Trust Manager on call to inform Director on Call of decision to move to Level 4 / Black	Trust Manager / Director on call

Neonatal Red Action Plan

Issue: Unable to mitigate with amber actions and therefore impact on provision of safe care.

Action	Person responsible
• Inform Consultant Obstetrician and Labour Ward Coordinator – to prevent in- utero transfers into the unit	Neonatal Matron / Labour Ward Coordinator
• Ensure Consultant Paediatrician aware of situation and included in all communications	Neonatal Matron / Labour Ward Coordinator / Nurse in Charge
• Out of hours contact Trust on call manager or Clinical Site Manager	Nurse in Charge
• In working hours Care Group Director and ADNPP to be included in decision making about next step	Care Group Director / ADNPP
• Complete Neonatal SitRep and request support via Trust on call team via control meeting. Trust on call team to flag at system call or request emergency system support if out of hours. **(Hot call Sit rep form)**	Neonatal Matron / Trust On call team
• Advise SoNAR of capacity issues	Nurse in Charge
• Trust Manager on call to inform Director on Call of decision to move to Level 4 / Black	Trust Manager / Director on call

MatNeo Black Action Plan

Issue: Requirement to divert due to significant / unmitigated challenge to service provision

Action	Person responsible
• DOM / Deputy DOM and Consultant Obstetrician on-call, ADNPP and Consultant Paediatrician, and Director on-call to be involved in the decision to divert	DOM / DOC / ADNPP / Obstetrician / Paediatrician
• Contact SoNAR to advise of closure of MatNeo Services	DOC / ADNPP / Neonatal Matron / Nurse in Charge
• Prioritisation of potential women / babies to transfer. Review all planned admissions	Midwifery staff / Neonatal Staff / SoNAR
• Confirm that ICB have advised SWAST of necessity to divert	DOC / Trust Manager
• Women who contact maternity services by phone advise them of closure and advise them to contact one of neighbouring units	Midwifery staff / Senior Midwife
• Women who present must be clinically assessed prior to being transferred	Midwifery staff
• Involve Trust Communications team to advise of diversion via social media channels (in hours) Out of hours update social media page	Midwifery team / Senior midwife
• Maintain central record of all women and babies who go to other units	Midwifery staff / Neonatal Staff
• Review and reassess the situation at least every 2 hours. • Reverse the process contacting those above particularly ambulance control and the units that have assisted • Update Trust on call Manager	DOM / Deputy
• Datix and review of incident management process • Inform LMNS of decision to divert (in retrospect out of hours)	DOM / Deputy HOM
• Submit Limitation in Service Reporting Form	Neonatal Matron

Appendix 2. Table 1: Operational Pressure Escalation Levels Maternity Framework (Summary)

OPELMF Status	Escalation level
Normal One	All South West Maternity units managing business as usual, maternity service capacity can maintain patient flow and meet anticipated demands within available resources. Additional support is not anticipated, though the local Maternity Service may be in internal escalation to manage activity. Expected to accept diverted women/birthing people from other units whose maternity services are suspended/under operational pressure on a case-by-case basis as required.
Busy Two	The local maternity service is starting to show signs of pressure. The maternity service will be required to take focused actions to mitigate the need for further escalation. Enhanced coordination and communication will alert the whole system to take appropriate & timely actions to reduce the level of pressure in the system. For single provider systems alert 'buddy' system. Maternity Service's internal & external escalation Policy has been enacted; situation managed within own LMNS/ICS system There must be clear communication between Trusts and regular updates, and where diverts are in place in one Trust the situation should be discussed in the cross-system safety huddle. LMNS to support communication between Provider/ Systems and inform Regional Maternity & Neonatal Team at earliest opportunity where required (Monday – Friday 9-5pm)
Critical Three	The local maternity service is experiencing major pressures compromising patient flow and safety and continues to increase. Further urgent actions are now required across the whole Local Maternity & Neonatal System and increased external support may be required. Trusts internal escalation Policy has been enacted; situation not manageable within own LMNS/ICS. Need to divert to another LMNS system within the South West (or outside of South West Region if closer proximity to diverting provider). LMNS to maintain communication between Provider/ Systems and inform Regional Maternity & Neonatal Team at earliest opportunity where required (Monday – Friday 9-5pm).
Overwhelmed Four	Pressure in the local maternity service continues to escalate leaving organisations unable to deliver comprehensive care which has the potential for patient safety to be compromised. Decisive action must be taken locally to recover capacity and ensure patient safety. All available local escalations actions have been taken, external extensive support and intervention is required. Regional teams will be made aware providing additional support and will be actively involved in conversations within the system. National team will be informed by local regional teams through internal reporting mechanisms. When multiple systems in various parts of the country are declared OPELMF Four for sustained periods and there is an impact across local and regional boundaries, national action will be considered. Trusts internal escalation Policy has been enacted, no capacity in the South West. Providers unable to take diverts and need to identify beds outside of the South West Region LMNS to maintain communication between Provider/ Systems and inform Regional Maternity & Neonatal Team at earliest opportunity (Monday – Friday 9-5pm).

Appendix 3. Escalation Triggers

STATUS	A/N & P/N Ward beds	Labour Ward beds	Triage Breaches	Ability to give 1:1 care in established Labour	Birthrate plus activity and dependency score for Labour Ward	Labour Ward Coordinator supernumerary status	Delays in elective work for non - medical reason	Neonatal Services Neonatal OPEL Framework Status
Black Four	0 beds	0 beds	0 beds	Unable to give 1:1 care to woman in established labour	Birthrate plus rating RED	Not supernumerary	Unable to transfer to another Trust	Demand exceeds available resource No QIS Nurse available
Red Three	Not enough beds for labour ward to transfer or non-urgent activity	Upper limits of bed capacity, no potential bed capacity within 2 hours	Women not seen in red category immediately	Unable to give 1:1 care to woman in established labour	Birthrate plus rating RED	Temporarily providing direct care to antenatal / postnatal women whilst extra support for Labour Ward is provided	Delays in non-urgent activity for >24hours	Very limited ability to maintain patient flow in line with ODN pathways. Significant challenges with safe staffing
Amber Two	Enough beds for labour ward to transfer to ward but not non urgent activity	High activity with high bed occupancy but beds remain. available	Women not assessed within 15 minutes in orange category	Moving staff to be able to give 1:1 care	Birthrate plus rating AMBER	Labour Ward Coordinator supernumerary	Delays in non-urgent activity for > 4 hours	Neonatal service is experiencing difficulty in meeting anticipated demand with available resources
Green One	No delays in admission or transfers	Bed capacity available for delivery suite activity	All women seen with appropriate timescales in line with unit guidance	1:1 care given to all women	Birthrate plus rating GREEN	Labour Ward Coordinator supernumerary	No delays in non-urgent work	ODN unit open to admissions in line with unit designation

Appendix 4. Extreme Workload / Staffing Issues Useful Information for Closure

EXTREME WORKLOAD / STAFFING ISSUES CLOSURE- BLACK

- Action cards have been completed.
- Matron and Consultant Obstetrician are on site.
- Matron, Consultant Obstetrician on-call and Director on-call to be involved in the decision to close.
- In working hours Care Group Director and Director / Deputy Director of Midwifery to be included in decision making.
- Inform LMNS of the decision to close (In working hours – may need to be retrospective).

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- Inform Consultant Paediatrician and SCBU – to prevent in- utero transfers into the unit
- Contact:

Ambulance Control -	**#6470**
RDUH (E) labour ward	**01392 406675/406651**
Taunton labour ward	**01823 342 059**
Plymouth labour ward	**01752 763 610**
RDUH (N) labour ward	**01271 322 605**

- Update them on the situation and determine their capacity

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- Women who contact maternity services by phone advise them of closure and to contact one of the above units.
- Women who present must be clinically assessed prior to being transferred.
- Involve Trust Communications team to advise of closure via social media channels in hours

↓

Maintain central record of all women who go to other units
Complete Datix

↓

Reopening

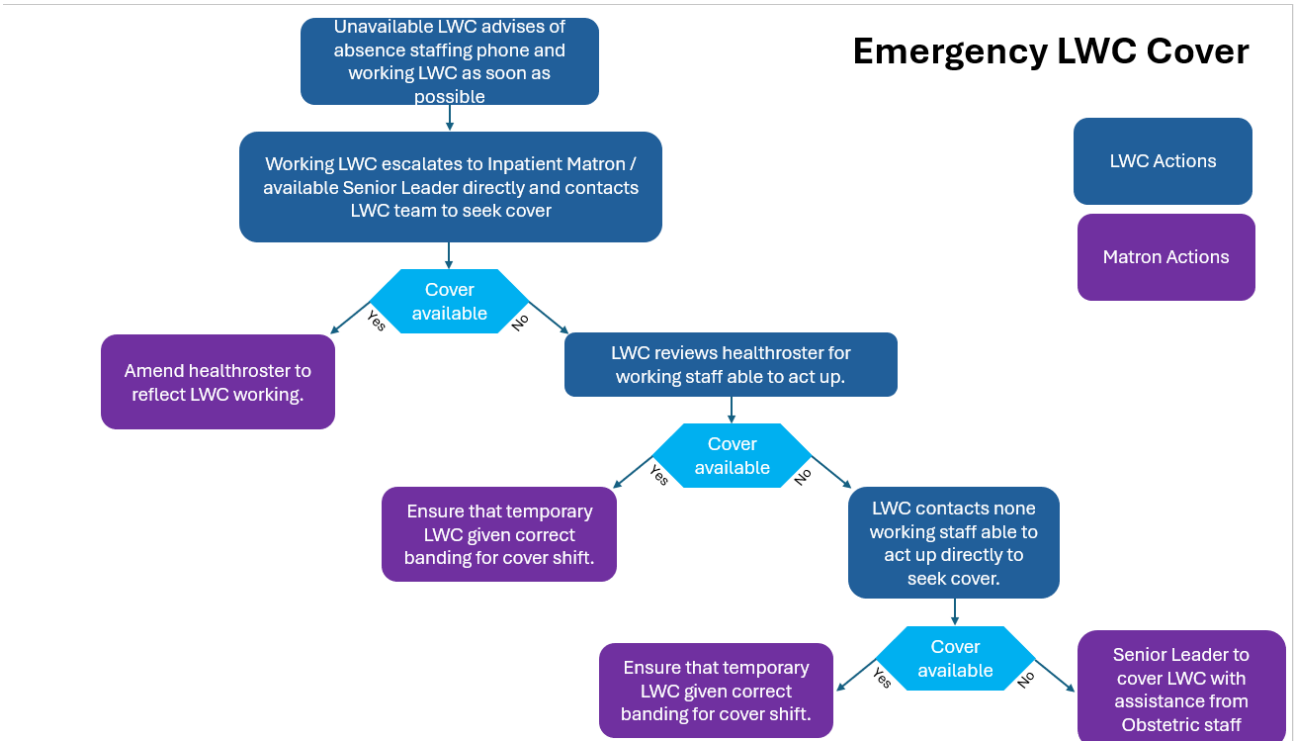
- Review and reassess the situation at least every hour
- Reverse the process contacting those above particularly ambulance control and the units that have assisted.

Appendix 5. Roles & Responsibilities within the Trust

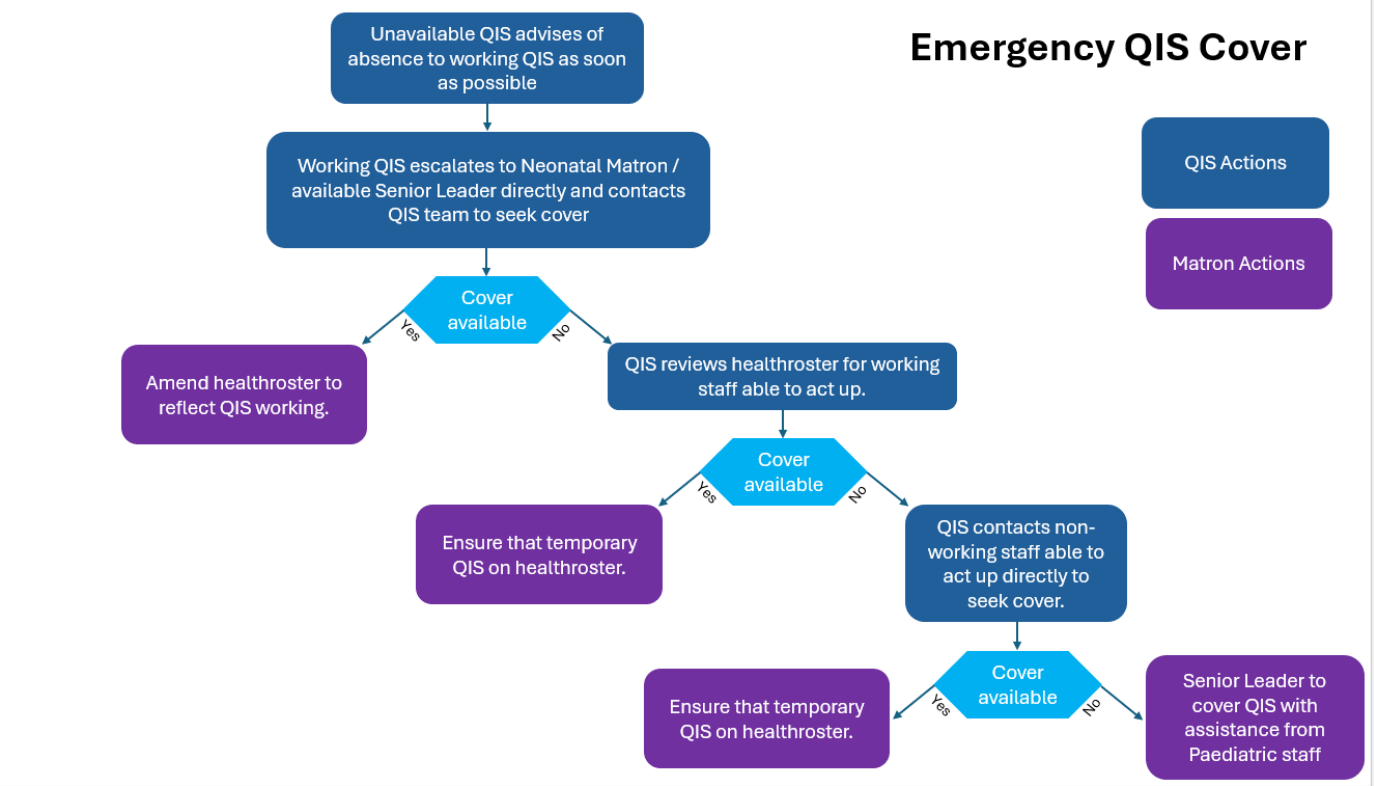
Role	Responsibilities
Strategic / executive director on call	In the event of a whole maternity service closure, the primary role of the Director on call is to give strategic direction at an operational level to ensure patient flow is resumed as early as possible. The Director on call should also handle any communications or media requests out of hours and liaise with the ICS Director on call.
Manager on call	The Director / Manger on call provides 24 hour, 7 days out of hours on call operational oversight of the situation. During the escalation process the role 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 Manager on call should escalate to Director on call.
Clinical site manager	The hospital site manager 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 Labour Ward Coordinator to ensure that they have sufficient support.
Care Group Director (within working hours)	The director of operations of the Trust will ensure 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 Trust wide response to emergency care / demand / capacity pressures. All processes will be supported by the umbrella of a Trust cooperate governance process.
Lead consultant obstetrician on call	The consultant on Labour Ward or, out of hours the on-call Consultant Obstetrician will work in collaboration with the Labour Ward Coordinator; to expedite discharges where clinically safe to do so and to consider deferring non-urgent 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.
Director of Midwifery	Director of Midwifery holds overall responsibility and accountability for the maternity services flow and capacity with the Clinical Director.
Clinical Director	To hold overall responsibility and accountability for the maternity services flow and capacity with the Director / Head of Midwifery
Deputy Director of Midwifery	Deputy Directors of Midwifery 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.
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.
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 and Labour Ward Coordinator. Ensure decontamination is carried out promptly and effectively. Escalate any delays in management of a women's care and treatment that could delay a discharge to the senior midwifery management team. Ensure collaborative

Role	Responsibilities
	working which includes the neonatal unit manager to ensure all discharge planning actions are carried out in an integrated manner.
Integrated Care System (ICS) Director on call	Support Local action which includes the localisation and initiatives that are in place for the LMNS using existing cross-organisational partnerships and cross border arrangement with neighbouring LMNSs. During the escalation process the system on call and the lead commissioner within ICS will be notified as per contractual arrangements via silver & gold command.

Appendix 6. Emergency Labour Ward Coordinator Cover



Appendix 7. Emergency Qualified in Speciality Nurse Cover



Appendix 8. Maternity Hot Call SitRep Support Request Form

Maternity Hot Call SitRep
SUPPORT REQUEST FORM

Unit:		**Date:**	
Completed by:			
What assistance is being requested?			
STAFFING			
Midwifery Staffing Position		**Obstetric Staffing Position**	
CLINICAL			
Current number of delayed inductions		**Number of elective C/Sections**	
Triage Activity		**Inpatient Admissions**	
Labour Ward		**Other**	
CASE REQUIRING TRANSFER			

NHS Number:		Name:		DOB:	
Brief Clinical Summary:					
Clinical risk associated with delayed induction:					
Transfer Decision:			**Transfer Outcome:**		

Appendix 9. Neonatal Hot Call SitRep Support Request Form

Neonatal Hot Call SitRep
SUPPORT REQUEST FORM

Unit:		**Date:**	
Completed by:			
What assistance is being requested?			

STAFFING	
Nursing Staffing Position	**Paediatric Staffing Position**
QIS – Yes / No **Nursing** – **Nursery Nurse -**	
CLINICAL	
Current number of potential admissions	**Number of elective C/Sections**
Inpatient Admissions	**Other**
HDU – **Special Care -** **Transitional Care -**	

Appendix 10. Roles and Responsibilities

Labour Ward Coordinator (LWC)

There is a core of band 7 senior midwives who provide 24-hour clinical leadership as shift coordinator their job title is Labour Ward Coordinator (LWC) although their role will encompass the coordination of care across the maternity service. There must be a senior midwife (band 7) coordinating each shift. LWCs are clinical experts providing advice, support and guidance to all staff. This includes providing CTG "fresh eyes", giving second opinion and reviews, providing assistance to midwives at birth when required, supporting junior midwives undertaking suturing etc. The LWC must be supernumerary and have no identified caseload of their own to ensure there is oversight of all birth activity within the service. Supernumerary status will be lost if the coordinator is required to be solely responsible for any 1:1 care for a labouring women or relieve for a break a midwife who is providing 1:1 care for anyone requiring constant observation; this includes supervising a student midwife providing 1:1 care. If they are not able to maintain supernumerary status this should be recorded in the Birth Rate Plus acuity data and a Datix completed.

The Labour Ward Coordinator can be contacted on bleep 328 or on 01803 654641

Role of Consultant Obstetrician / Obstetric cover

Consultant Obstetric cover is provided from 08:00 – 17:00 during the week. At the weekend there is consultant cover from 08:00 – 11:00 and 20:00 – 21:30. should have periods the named consultant is resident within the hospital and should have no other allocated / scheduled activities. Outside of these hours there is an on-call consultant available.

The Consultant Obstetrician will

- Undertake formal consultant led multi professional ward rounds daily at 0800 and 2000
- Provide strong leadership with the provision of a safe service
- Supervise trainees in the performance of practical procedures
- Facilitate the completion of work-based assessments required by the RCOG training curriculum

A Consultant **must** attend in person in the following clinical situations:

- Eclampsia
- Maternal collapse (such as massive abruption, septic shock)
- Caesarean section for major placenta praevia/abnormally invasive placenta
- Caesarean section for women with a BMI>50
- Caesarean section < 28/40
- Preterm twins (<30/40)

- 4th degree perineal tear repair
- Unexpected intrapartum stillbirth
- Critical Deterioration where ITU/HDU care likely to become necessary
- Uterine Rupture
- Postpartum haemorrhage of more than 2 litres, where the haemorrhage is continuing, and a massive obstetric haemorrhage protocol has been instigated
- Return to theatre – laparotomy
- When requested
- If closure of Unit is anticipated / required
- The Consultant Obstetrician should be informed when opening a second obstetric theatre

The consultant **may** also be required to attend in the following clinical scenarios unless the most senior doctor present has documented evidence as being signed off as competent. A discussion should take place between the clinicians to decide whether the Consultant should be informed prior to the senior doctor undertaking the procedure. This usually happens during the Labour Ward rounds.

- Any patient in obstetrics OR gynaecology with an EBL >1.5litres and ongoing bleeding
- Instrumental birth
- 3rd degree perineal tear
- Vaginal twin birth
- Caesarean birth at full dilatation
- Caesarean birth for women with a BMI >40
- Caesarean birth for transverse lie
- Caesarean birth at <32/40
- Vaginal breech birth

COMPENSATORY REST

Consultants will be actively supported by the management team via a constructive discussion between the manager / clinical director and clinician to have their clinical duties clinical duties cancelled, and or appropriate cover arranged for the increased workload out of hours.

If the arranged period of compensatory rest does not provide sufficient rest or the clinician does not feel ready to return to clinical duties this should be escalated to the manager/clinical director for further periods of rest to be arranged.

Neonatal Cover for Labour Ward and Postnatal Ward

The Trust has 10 bedded Level 1 Neonatal Unit.

- 2 High Dependence Cots,
- 4 Special Care Cots, and
- 4 Transitional Care Cots with resident carer space.

There is a Resident doctor (ST1/2 or F2) or an Enhanced Neonatal Nurse Practitioner (ENNP) based in the neonatal unit during normal working hours 7 days a week and have completed training in neonatal resuscitation. Out-of-hours cover is available 24 hours a day as required.

Middle-grade doctor (ST3 equivalent or above) is available 24 hours a day, as required.

Monday to Friday there is a Paediatric Consultant allocated to cover the neonatal unit during normal working hours. Consultant Paediatrician is also available 24 hours via the on-call to cover out-of-hours.

Neonatal Nursing Cover

The British Association for Perinatal Medicine (BAPM) guidance for safe Nursing staffing means a Qualified in Speciality (QIS) Nurse must be available 24/7 for Maternity and Neonatal services to operate safely. They are available to attend births within the unit as necessary and stabilise neonates in need of additional care. Registered Nurses and Midwives with neonatal competencies staff the Special Care Unit, there must be on site adequate nursing resource to enable the QIS trained member of staff to be away from the Special Care Unit to attend births.

Obstetric Anaesthetics

The anaesthetist will have completed the necessary obstetric anaesthetic module and competencies prior to providing out of hours maternity cover under distant supervision.

The anaesthetic department provides cover for Labour ward 24 hours a day, seven days a week. Contact via bleep 148

Weekday mornings (08:00-13:00) – dedicated anaesthetist for obstetrics (aim for consultant / SAS cover for >90% of these shifts)
Weekday afternoons (13:00-18:00) – Duty Anaesthetist or if they are required elsewhere, the on-call anaesthetic team (trainee and Consultant) provide cover
Out of hours (weekday evening /night shifts and weekends) – on call anaesthetic team provide cover

- 2 anaesthetic trainees on site (at least 1 senior trainee)
- Consultant anaesthetist on site 08:00-13:00 the either on site or non-resident but able to respond and provide support within the Trust mandated time frame

All department policies relating to the clinical duties of the Duty anaesthetist and on-call anaesthetic team make it clear that obstetrics is their primary responsibility.

Consultant Obstetric anaesthetist cover will be reviewed on a regular basis to ensure compliance with the recommendations of OAA/AAGBI guidelines for Obstetric Anaesthetic Services.

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	1599		
Document title:	Torbay Maternity & Neonatal (MatNeo) Staffing Escalation Policy		
Purpose of document:	Protocol		
Date of issue:	13 December 2024	**Next review date:**	30 November 2027
Version:	6	**Last review date:**	30 November 2024
Author:	Director of Midwifery /Maternity Matron		
Directorate:	Maternity Services		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Maternity Governance Group		
Date approved:	11 December 2024		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Please select *Yes*	*No*
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☐
Does this document have training implications? *If yes please state:*	☐	☐
Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
14 November 2013	1	New	Associate Director of Nursing and Midwifery Clinical Director, Obstetrics and Gynaecology
07 October 2016	2	Revised	Obstetrics and Gynaecology Risk Management Group
20 July 2018	3	Revised	Obstetrics and Gynaecology Risk Management Group
24 August 2023	4	Revised	Interim Head of Midwifery / Associate Director of Midwifery and Professional Practice
20 November 2023	5	Revised	Clinical Director, Obstetrics and Gynaecology
30 November 2024	6	Revised	Obstetrics and Gynaecology Risk Management Group

The Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future.

It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions.

There is a legal duty placed upon all staff to apply the Mental Capacity Act 2005 in all circumstances where a person is required to consent to 'acts in connection with care and treatment' and where there is reason to doubt the person's mental capacity to do so.

Guidance can be accessed via Pages - Mental Capacity Act (torbayandsouthdevon.nhs.uk)

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

NHS Devon Clinical Commissioning Group

NHS Torbay and South Devon NHS Foundation Trust

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)				**Version and Date**	
Policy Author					
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users ☐	Staff ☐	Other, please state…		☐	
Could the policy treat people from protected groups less favourably than the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***					
Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)					Yes ☐ No☐
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language[5] used throughout?					Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?					Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centred care?					Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?					Yes ☐ No☐ NA ☐
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes ☐ No☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Who was consulted when drafting this policy?					
Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups)		☐	
Staff ☐	General Public ☐	Other, please state…		☐	
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***					Yes ☐ No☐
ACTION PLAN: Please list all actions identified to address any impacts					
Action				**Person responsible**	**Completion date**
AUTHORISATION: **By signing below, I confirm that the named person responsible above is aware of the actions assigned to them**					
Name of person completing the form				**Signature**	
Validated by (line manager)				**Signature**	

Please contact the Equalities team for guidance:
For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☐

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our GDPR page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our Data Protection site on the public internet.