Rushey Midwife Led Unit and Triage Coordinator: Roles and Responsibilities (GL1020)

Approval

<table>
<thead>
<tr>
<th>Approval Group</th>
<th>Job Title, Chair of Committee</th>
<th>Date</th>
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<tbody>
<tr>
<td>Maternity &amp; Children’s Services Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>1st July 2016</td>
</tr>
</tbody>
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Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author, job title</th>
<th>Reason</th>
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<tbody>
<tr>
<td>1.0</td>
<td>2016</td>
<td>Kathryn Jones, Senior Midwife Rushey MLU/Triage</td>
<td>Trust requirement</td>
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<tr>
<td>1.1</td>
<td>June 2017</td>
<td>G Valentine, Director of Midwifery</td>
<td>Removal of Supervision and SOMs</td>
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To be read in conjunction with the following

- Planning Place of birth (CG887)
- Escalation and Diversion Policy (CG483)
- Home Birth Protocol (CG520)
- Delivery Suite Staffing (Obstetric, Anaesthetic, Paediatric and Midwifery) protocol (CG479)
- Operational Policy 2015
- Delivery Suite Co-ordinator roles and responsibilities (GL819)
• Community Co coordinator roles and responsibilities
• Homebirth to Hospital in Emergency (CG507)
• Transfer from Rushey to Delivery Suite Guideline (CG501)
• Transfer of women between care setting Guideline (CG511)
• Raising Concerns at Work (CG055)

Overview

This document outlines the roles and responsibilities of Rushey Coordinator. The Rushey Coordinator is an experienced midwife at band 7 grade who is responsible for ensuring high standards of care through the safe, smooth running of the Rushey Midwife Led Unit (MLU) and Triage. The role will include the promotion of normal birth and the operational efficiency of Rushey MLU and the Triage area. She/he will be responsible for the deployment of resources, supporting and developing staff and will work in partnership with others to ensure optimum care is provided.

Good communication between all disciplines, including support staff, leadership and professionalism at all times are essential. The co-ordinator is included in the overall skill mix on the MLU on each shift.

The optimum skill mix for Rushey MLU should include a band 7 as the coordinator with three band 6 midwives and one band 5 midwife and one band 3 maternity support worker.

If this is not achievable then the decision will need to be made, in discussion the Rushey MLU manager/Matrons, the feasibility to consider the experience and competency of the existing band 6’s on duty who will be able to ensure the safe and effective management of the Rushey MLU and Triage. Midwives who have successfully completed the band 6 competencies for the MLU and been signed off, can take on the MLU co-ordination in the absence of a band 7. In this instance the skill mix will then be made up as follows: four band 6’s, one band 5 and one band 3 Maternity Support worker.

Depending on capacity within the service it may be appropriate for the Triaging of labour related calls to be facilitated on Rushey MLU. This decision will need to be considered following discussion with either Rushey MLU manager/Matrons/ unit Co coordinator and/or Supervisor of Midwives. In this instance the staff should include a midwife who is experienced in undertaking Triage calls with either the support of another midwife or maternity support worker.
1.0 Roles and Responsibilities

It is essential that the Rushey MLU co-ordinator communicates effectively with all clinical areas and the wider teams to ensure the safety of mothers and babies at all times. The Rushey MLU co-ordinator will be responsible for the following:

- At the beginning of each shift (07:00/1900) should undertake a formal handover from the previous shift Coordinator.
  
  This will include:
  - Staffing levels on Rushey ward/triage area
  - Capacity on the main delivery suite
  - Capacity within the whole maternity service
  - Any potential escalation plans already in place
  - How many women are currently admitted to either the Triage and MLU area including any pending admissions following triage telephone calls
  - Women causing concern, planned discharges from MLU
  - To ensure current admissions and labouring women are categorised as defined in the escalation/diversion policy throughout the shift
  - Staffing to cover homebirths over the 24 hour period
  - Communication on homebirths/BBAs in progress, to liaise with the community Coordinator
  - Datix incidents that have been reported from previous shift
  - Report on staff sickness/return to work needing to be undertaken
  - To complete the 4 hourly activity log and to liaise with the main delivery suite Coordinator or unit Coordinator
  - To ensure communication is maintained with the Supervisor of Midwives to ensure women’s choice is being maintained
  - To escalate concerns to the consultant obstetrician on duty if appropriate
  - Ensure that all equipment is fully functional and checked as per standard on each shift and escalate and action accordingly.
  - All staff are fully orientated to the Rushey MLU and are familiar with the operation of any equipment/emergency procedures. All staff are aware of how to raise and escalate concerns
  - All visitors to the Rushey MLU should identify themselves with the Coordinator of the shift
2.0 Emergencies

- If an emergency occurs on Rushey MLU, the delivery suite coordinator should be bleeped using 340 as part of the Transfer to delivery suite guideline (CG 501).

- In the case of an emergency in the community the ambulance service may need to be contacted using short code number giving clear instruction what ambulance is required to attend as per CG 507 (2.0 Resources – staffing)

3.0 Staffing

3.1 Rushey MLU area

To ensure 1:1 care in labour for all women on Rushey MLU consideration will need to be made to ensure adequate staffing levels to facilitate this.

This may incur redeploying staff from other areas to enable this rather than transferring women to the main delivery suite. This decision needs to be discussed with unit coordinator/Matrons.

3.2 Rushey Triage Area:

To ensure that this area is able to undertake labour assessments effectively and safely it is necessary to ensure that 2 midwives are allocated to this area. One midwife dedicated to the telephone Triage and one midwife to undertake the assessments. This will ensure that women are triaged to the most appropriate area to ensure safe and effective care.