



Standard Operating Procedure for Management On-Call

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1.0 Introduction

The purpose of the Standard Operating Procedure (SOP) is to outline the roles and responsibilities of the maternity manager On-Call. It also provides guidance on the requirements of the on-call manager during their on-call period.

The SOP will also provide clarity and transparency for the Trust on-call team as to the remote and on-site support the maternity on call manager will provide.

2.0 Objective

The purpose of the maternity manager on-call is to provide additional support to the birthing unit co-ordinator to ensure delivery of high-quality care during times of fluctuating demand and capacity. The manager on call can provide senior specialist advice and knowledge when maternity issues arise out of hours and assist the birthing unit coordinator to remain supernumery by providing additional managerial capacity as necessitated on site. Any member of staff can contact the maternity manager on call if they have a concern, not just the birthing unit co-ordinator. The maternity manager on call team is made up of the Associate Director of Midwifery, Deputy Associate Director of Midwifery, the Maternity Matrons and Band 7 Lead Midwives for Antenatal clinic, Community, the Birthing Centre and the Antenatal Postnatal ward.

The purpose of this document is to ensure all personnel in maternity services and within the Trust site and on call team are aware of the roles and responsibilities of the maternity manager on call. It should be acknowledged that this document may never be fully exhaustive of all maternity on call duties.

3.0 Scope

The SOP will provide a framework which maternity staff can work to whilst on call. It also provides guidance for the Trust site and on call team as to how the maternity manager on call can provide additional support and capacity to the Trust team to manage concerns that arise in maternity services out of hours.

The SOP only details out of hours provision. Monday-Friday 08:00-16:00 the maternity unit is covered by the Lead/Matron for the area.

4.0 Roles and Responsibilities

This is to be used as a guide only.

It is the responsibility of the maternity manager on-call to gauge the level of input required either remotely or on site during their on-call period. The maternity on-call is a remote provision with open communication between maternity staff and manager out of hours. The maternity manager will be available to speak with/attend the unit throughout their on-call period.

On-call times

Monday- Friday 16:00-08:00 (16-hour shift)

Saturday and Sunday 08:00-08:00 (24-hour shift)

Bank holidays 08:00-08:00

A copy of the maternity manager on call roster (with contact numbers) is available on the Barnsley Birthing Centre (BBC) and the Antenatal and Postnatal (ANPN) ward. The rostered



manager on call from Friday 16:00-Monday 08:00 is included in the maternity weekend staffing plan which is embedded in the Trust weekend on call plan. Work mobile numbers are the means of communication if concerns need escalating to the maternity manager on call. Switchboard also have a copy of alternative numbers should any difficulty arise in contacting the manager on call via their work phone.

4.1 General expectations of role-

- Monday-Friday from 16:00 the maternity manager on-call will have a clear over view of service activity and capacity before leaving site, escalating any concerns to the site matron
- The maternity manager will liaise with the birthing unit coordinator and ward coordinator prior to the 21:45 Trust on-call conference call. Any concerns must be escalated to the site matron via the birthing unit coordinator or maternity manager on call who will then ensure these are highlighted on the conference call to silver and gold on call. It is the responsibility of the labour ward coordinator to escalate any concerns to the midwife manager on-call in a timely manner. Site matron is available 24/7 for general advice as an additional source of support.
- Saturday and Sunday the maternity manager on call will liaise with the birthing unit coordinator and ward coordinator prior to the 11:00 and 21:45 Trust on-call conference call. Any concerns must be escalated to the site matron by the birthing unit coordinator or maternity manager on call who will then ensure these are highlighted on the conference call to silver and gold on call.
- The maternity manager on call will be available to speak with/attend the unit throughout their on-call period.
- Saturday/Sunday if the birthing unit coordinator is not available the maternity manager on call will dial into the Local Maternity and Neonatal System (LMNS) escalation call if scheduled.
- In times of high acuity/capacity concerns the maternity manager on call will ensure regular updates are provided to the site team.
- If the maternity manager on call is called into the unit then the site matron **MUST** be informed as she has overall responsibility for managing the site. The site Matron must also be informed when the manager then leaves site.
- The outgoing maternity manager on call will handover to the incoming manager if there are any concerns within the maternity unit.

4.2 Circumstances where the maternity manager on call will attend the unit

The maternity manager on call is a remote provision but circumstances may present in which they are required to attend the maternity unit (list not exhaustive or limited to).

The manager on call **MUST** be informed and attend the maternity unit in the following circumstances-

- To review the need for a potential unit closure due to acute staffing or capacity shortfalls
- A maternal death



- Intrapartum stillbirth
- A major incident
- If staff require pastoral support following a clinical incident

The maternity manager on call may consider attending the maternity unit in the following circumstances if a concern cannot be resolved over the phone-

- A significant safeguarding concern is identified in which staff may require additional support
- Conflict of clinical opinion if not resolved (as per conflict of clinical opinion SOP)
[https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/The management of conflict of clinical opinion within maternity services.pdf](https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/The%20management%20of%20conflict%20of%20clinical%20opinion%20within%20maternity%20services.pdf)

The presence of the maternity manager on site is **NOT** for the purposes of providing clinical cover. Should additional clinical cover be required then Trust maternity escalation processes should be followed with consideration of the unit closure if safe staffing/patient care maybe compromised.

4.3 Unit Closure (out of hours)

The decision to close the maternity unit should be made with reference to the LMNS Escalation Policy and Operational Pressures Escalation Levels Framework
[https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/SY Maternity Escalation Levels OPEL Framework.pdf](https://portal.bdgh-tr.trent.nhs.uk/SiteDirectory/TrustApprovedDocuments/TADDocs/SY%20Maternity%20Escalation%20Levels%20OPEL%20Framework.pdf)

The maternity manager and obstetric Consultant **MUST** be on site if a decision is to be made for a unit closure. Additional capacity will be required to follow processes to close the unit which is the responsibility of the maternity on call manager on call.

The maternity manager on call must inform the site matron if they are considering a unit closure. Before consideration is made to close the unit the following must occur-

- Dr's to review **all** patients on the ward to see if any further discharges can be identified. Patients can be discharged home at any time of the day/night.
- Assistance maybe required from the Paediatric team if NIPE examinations are required. Liaise with the site matron if any women maybe suitable to be out lied to another ward
- Move any inductions down to the birthing unit if capacity allows to free up additional beds on the ward.
- Review capacity on the birthing unit. Consider utilising triage as a birthing area if necessary (this should only be a consideration in an emergency not usual escalation practice).
- Ensure all available staff are in the unit if required.

This list is not exhaustive and actions taken are subjective to the reason for unit closure.



4.4 Closure Process (out of hours)

If the maternity manager on call and Consultant agree for a unit closure then the site matron will escalate this request to the on-call team (silver and gold). **Permission to close the maternity unit must be from the 'Gold on-call' Executive Team member.**

The maternity manager will then follow the LMNS Escalation Policy and Operational Pressures Escalation Levels Framework to close the unit.

Once the unit is closed hourly acuity and activity updates must be documented until it is safe to reopen the unit. This log is maintained by the birthing unit coordinator. The maternity manager on call does not need to remain in the unit during the closure and can leave site at their discretion once the closure paperwork has been completed.

Reopening of the maternity unit can be at the discretion of the maternity manager on-call but the site matron must be made aware who will then escalate this to silver/gold on call

4.5 ED pregnant patient reviews during unit closure

The Emergency Department (ED) will be informed of the maternity unit closure.

ED must inform the birthing unit coordinator of any admissions during this time. Based on the clinical picture a decision will be made by maternity staff whether to arrange a transfer out of the unit if the potential to birth is a consideration. The birthing unit will arrange transfer to another maternity unit.

4.6 Site matron responsibilities

The maternity matron on call is on call for escalation regarding maternity specific concerns only.

Usual processes continue for escalation to the site matron and on call team for concerns regarding estates (e.g. utility failures), and operational issues (medical staffing concerns).

Open communication remains between the maternity manager on call and site matron if support/advice is required.

Should any medical staffing concerns arise or the Consultant refuses to attend the maternity unit as per Royal College of Obstetrics and Gynaecology (RCOG) recommendations then site Matron should be informed and this escalated to silver/gold on call to manage.

5.0 Working patterns

There are 7 on call periods per week within the maternity manager on call roster. The on-call periods are overnight week days (5 periods) and weekends (2 periods of x24 hours) and are defined as follows:

1. Each weekday night (16:00-08:00)
2. Saturday to Sunday (08:00-08:00)



3. Sunday to Monday (08:00-08:00)

Maternity managers on call will be entitled to an availability payment which recognises the inconvenience created for an employee whilst on call. This is a 'flat rate' payment available for all staff during the period of on call- these are as follows:

- Availability (standby) payments
- Payments for work done (when called out)

A monthly on call claim form will be submitted for on call's worked. **See Appendix 2**

Pay, compensatory rest and annual leave will be given in accordance with the Trust wide on-call agreement. In the event compensatory rest is required the Deputy Associate Director of Midwifery/Associate Director of Midwifery should be informed.

5.1 Rota administration

The general administration of the rota will be carried out by the Deputy Associate Director of Midwifery. Requests can be submitted by the midwifery on call team and will be considered whilst ensuring full coverage of the rota. Weekend shifts will be shared fairly across all rota participants.

Rota swaps can be agreed between participants but they must update the master copy of the rota, changed the version control and ensure a new rota is printed and placed on the birthing unit and ANPN ward.

In the event of on the day sickness of the maternity manager on call escalation should be to the Deputy Associate Director of Midwifery/Associate Director of Midwifery

6.0 Associated documents and references

See appendix 1

7.0 Training and resources

All staff participating in the maternity on-call roster, site matrons and the on-call team (Bronze, silver and gold) need awareness of unit closure processes and the role of the maternity manager on call

8.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This SOP should be implemented with due regard to this commitment.

To ensure that the implementation of this SOP does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during



the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This SOP can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this SOP. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

8.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all policies/guidelines/procedures will be monitored to ensure their effectiveness. Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1

Rapid Equality Impact Assessment Form

For Clinical Policies or Procedures only

See Guidance for advice on completing this assessment.

Please use the guidance provided and give particular consideration to the needs of people with protected characteristics age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex race, religion or belief and sexual orientation.

Department:		CBU/Area/ward/	
Title of Person(s) completing this form:		New or Existing Policy/Procedure	
Title of Policy/Procedure being assessed:		Implementation Date:	
1. What is the main purpose (aim/objective) of this policy/procedure?	Who does the proposed policy/procedure affect Staff <input type="checkbox"/> Patients <input type="checkbox"/> Carers <input type="checkbox"/> Public <input type="checkbox"/>		

2.	Will the proposal have any impact on discrimination, equality of opportunity or relations between groups? If so what?	Yes	No
3.	Will there be a positive benefit to the users or workforce as a result of the proposed work? If so what?	Yes	No
4.	Will the users or workforce be disadvantaged as a result of the proposed work? If so, how?	Yes	No

If you are unsure of your answers or have answered yes to any of the above you should refer to the guidance for information on each of the protected groups and complete the Impact Assessment found on page 34 of the guidance. If the answer is yes to questions 2 or 4 then please complete the impact assessment form found on page 34 of the guidance.

When is the next review? Please note review should be immediately on any amendments to your clinical policy or procedure

1 Year	2 year	3Year
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Appendix 2

Agenda for Change Out of Hours On Call Claim Form

For completion by all employees who participate in on call rotas covered by Agenda for Change Terms and Conditions

Complete in ink using **BLOCK CAPITALS**

Last Name		Forename	
Job Title	Community midwife	Department	Maternity
Month Ending		Payroll No	

On Call Availability					Call Out Payment				
Day of Week	Date dd/mm/yy	Time (24 Hr Clock)		Total Hours	Telephone Y/N	Time (24 Hr Clock)		Total Hours	Description of Work
		From	To			From	To		
PAYROLL USE ONLY									
163 ON CALL W/D.....@ £1.50					163 WORK DONE 1.5T.....x1.5 =x.....				
163 ON CALL W/E.....@£1.65					163 WORK DONE 2.0T.....x2 =x.....				

Employee's Declaration

'I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form



to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud',

Employee's Signature	Date form completed
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Authorised Signatory's Declaration

'I am an authorised signatory for my ward/department. I am signing below to confirm that both the grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud'.

Authorised By (signature)	Authorised By (print name)
Position	Date Authorised

Appendix 3

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author
1	17/05/2024	NEW SOP	Rebecca Bustani

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Women's Business and Governance	17/05/2024
CBU3 Business and Governance	28/06/2024



Document type (policy, clinical guideline or procedure)	Standard Operational Procedure (SOP)
Document title	Standard Operational Procedure for Management On-Call
Document author (Job title and team)	Rebecca Bustani Deputy Associate Director of Midwifery
New or reviewed document	New
List staff groups/departments consulted with during document development	Maternity management on call team Site matron team and members of the Executive Team Trust on call representatives (silver)
Approval recommended by (meeting and dates):	N/A
Date of next review (maximum 3 years)	15/07/2024
Key words for search criteria on intranet (max 10 words)	Maternity on Call
Key messages for staff (consider changes from previous versions and any impact on patient safety)	New Document Clarifies the roles and responsibilities of the maternity on call manager and responsibilities of the site team.
I confirm that this is the <u>FINAL</u> version of this document	Name: Rebecca Bustani Designation: Deputy Associate Director of Midwifery



FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee):

Date approved:

Date Clinical Governance Administrator informed of approval:

Date uploaded to Trust Approved Documents page: