

# Frontline staff

# What we look for

## Safe

Safe systems, pathways and transitions

Telephone triage:

- Do you use a standardised form to document calls to triage?
  - Is there space to document the time of calls?
  - How are frequent callers identified?
  - Are the phone numbers clearly signposted?

In-person triage:

- How are women assessed and their care prioritised?
- Is there a standardised tool?
  - If so, can you talk us through it?
- Do you complete the patient care record?
- When women are classed as high-risk, how are they prioritised?

- When women present in early or established labour, do you carry out a full clinical assessment?
  - If not, are they on a different pathway?
- Do you use a formal tool when handing over care to other areas?
- What is the protocol in place for handling an obstetric emergency in triage?
- How do you ensure you listen and record the preferences and decisions communicated by women? Do you have time to do so?

#### Safe environments

- What emergency equipment is available in triage?
- Do you complete checks on emergency equipment and how often?
- Is there space for privacy if needed?
- Is there a ligature point risk assessment of the environment?
- Is the triage waiting area visible to staff?

#### Safe and effective staffing

- Do triage staffing and acuity issues feed into the maternity unit safety huddle?
  - Are you invited to attend in person or remotely?
- What training have you had to work in triage?
- What training have you had to answer telephone triage?
- Do you have targets for women to be seen by midwives and doctors?
  - What are they?
- Do you record the time of arrival of women?
- Do you record what time they are seen by a midwife?
- Do you record what time they are seen by a doctor?

#### Safe medicines optimisation

- How are medicines prescribed (paper or electronic), by whom?
- Are you able to access medicines easily?

## Effective

Assessing needs/delivering evidence-based care and treatment

- Are you able to access diagnostic results in a timely manner?
- Do you use the Modified Early Obstetric Warning Score (MEOWS) for clinical observations?
- Are you able review scans and sign the outcomes?

#### Monitoring and improving outcomes

- Do you know how waiting times are monitored?
- Do you know how triage proformas are audited to include appropriate completion, prioritisation and escalation?
  - How are the results of these audits shared?

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