

# Managers

## What we look for

### Safe

Safe systems, pathways and transitions

Telephone triage:

- How are you assured telephone triage is effective?
- What is the current performance of telephone triage?
- What systems do you have in place to monitor call times and call drop-offs?
- How does the monitoring of call times and drop-offs drive improvement in the service?

In-person triage:

- How are you assured women's care and treatment are assessed and prioritised effectively?
- Can you talk us through the triage process including:
  - your use of standardised tool
  - how you prioritise women.
- How are you assured handover care to other areas is effective?

## Safe environments

- How are you assured equipment is checked to ensure it is fit for purpose and ready for use in an emergency?
- How are you assured a ligature point risk assessment of the environment has been completed?
  - Can you please show us the latest assessment?

## Safe and effective staffing

- How are you assured triage staffing and acuity issues feed into the maternity unit safety huddle?
- How are you assured staff are appropriately trained to work in maternity triage?
- How are you assured staff are appropriately trained and competent in telephone triage
- How are you assured there is appropriate staffing levels in maternity triage?

## Effective

### Assessing needs and delivering evidence-based care and treatment

- How are you assured staff are able to access diagnostic results in a timely manner?
- How are you assured staff are completing MEOWS for clinical observations and escalating appropriately?
- How do you ensure triage standards, systems and processes are continuously reviewed and adapted as new evidence or information emerges?

### Monitoring and improving outcomes

- How are you assured women are seen in a timely way, prioritised and escalated effectively in line with your own policy?

- How are the results of these audits shared?

## How staff, teams and services work together

- Are there dedicated obstetric staff for triage?

## Consent to care and treatment

- How are you assured staff ask for consent before any assessment of women?
- How is this recorded and monitored?

## Caring

### Kindness, compassion and dignity

- Are women given news of poor outcomes with dignity and in a private space?

## Responsive

### Equity in access

- What is the process for assessment of women who attend triage without an appointment?
- How is triage reviewed to ensure equity of access, for example using ethnicity data or serious incident data?

## Well-led

### Capable, compassionate and inclusive leaders

- Is there a dedicated leadership for maternity triage?

### Governance, management and sustainability

- How are you assured processes in telephone triage are effective?

- Do telephone triage audits include:
  - completeness of the record
  - appropriate prioritisation/RAG rating.
  - What is the current performance?
- How are you assured processes in maternity triage are effective?
- Do maternity triage audits include:
  - completeness of record
  - time of arrival
  - time of assessment by midwife
  - time of review by Obstetric team
  - time of discharge
  - appropriate prioritisation/RAG rating
  - is the service meeting its own policy or guideline?
- Can you tell us the interval between:
  - arrival to initial assessment
  - initial assessment to full assessment by a midwife
  - from assessment to obstetric review.
- What is the current performance of triage?
- How do you monitor maternity triage audits?
- How are you assured audit results are shared and improvements made?
- Is there board oversight of maternity triage performance?

The importance of people's experience.

- How are you assured the views of women using the service and the Maternity and Neonatal Voices Partnership (MNVP) have been used in developing maternity triage?
- How has engagement taken into account views of women who might face more barriers in triage? For example, women who do not speak English as a first language or women with mental health needs.

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