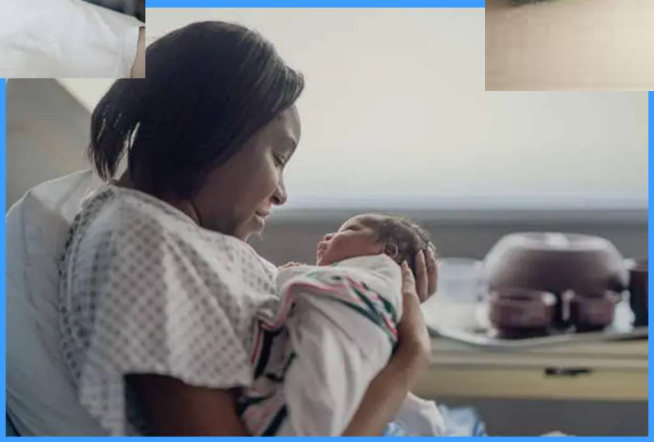
patient PERSPECTIVE

SERVICE IMPROVEMENT CASE STUDY: MATERNITY SERVICES FEBRUARY 2025



The case study highlights the provision of Maternity Triage

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1. Introduction

Maternity triage is a cornerstone of maternity care, providing a structured process to evaluate and prioritise pregnant women presenting with symptoms, concerns, or labour-related issues. This service enables healthcare providers to deliver timely, accurate, and effective care, safeguarding the health and well-being of both mothers and babies. Triage services are implemented through a combination of telephone consultations and face-to-face assessments, ensuring accessibility and responsiveness for all patients.

The recent key national reviews, such as the Care Quality Commission's (CQC) National Review of Maternity Services in England (2022–2024) (Reference 1). The CQC stated they found instances in their national review where the triage telephone went unanswered and when people arrived at hospital, issues with staffing and the triage environment meant some women were not assessed in a timely way. In some cases, delays in triage were so severe that women discharged themselves before being seen by a midwife or doctor.

The CQC review found significant variation for maternity triage as there are no national targets or standards for this area.

The National Maternity Survey (Reference 2) have highlighted the need for improvements in triage systems. Women shared comments about areas of maternity care requiring improvement. Appendix 1 is a summary of examples of comments from women about care they experienced in triage included in their response to the National Maternity Survey 2024.

Many of the CQC inspections were carried out before the Royal College of Obstetricians and Gynaecologists (RCOG) released its Good Practice Paper Number 17 on Maternity Triage in December 2023 (Reference 3). The RCOG paper is aimed at stakeholders responsible for developing and improving maternity services. It presents the recommendations for the operational structure and pathways within maternity triage to improve safety and experience for both women and staff, by recommending implementation of the Birmingham Symptom-specific Obstetric Triage System (BSOTS), while recognising opportunities for future research and evaluation.

"Mrs Geeta Kumar, Vice President of the Royal College of Obstetricians and Gynaecologists, said: "Maternity triage units play a vital role as the emergency portal to access maternity services for pregnant or newly postnatal women who have unexpected complications or concerns. The RCOG has produced this Good Practice Paper to support local maternity services to offer responsive, safe and evidence-based care through their units. It also provides advice on how to deploy NHS resources most effectively and potential additional requirements.

Implementing the recommendations within the Good Practice Paper may require significant system-level change and investment, and a commitment to multidisciplinary working to improve local pathways. However, we believe the recommendations are crucial to address the concerns being identified in maternity service inspections, including around robust systems to triage women and prioritise their care in a timely manner, and clear guidance for escalation."

In addition to improving safety, BSOTS enhances communication within clinical teams by providing a shared language. Standardised assessments and excellent inter-rater reliability means variation in clinical assessments between midwives is minimal and documentation is consistent. Due to the unpredictable nature of maternity triage, BSOTS enables units to manage care more effectively when there is limited space, and facilitates clear escalation when workloads become too heavy. (Reference 4).

The CQC prosecuted Nottingham University Hospitals NHS Trust after it failed to provide safe care and treatment to mothers and their babies (Reference 5) which included an example of a failure to record key details in telephone calls.

2. Improvements following the CQC National Review of Maternity Services

The Care Quality Commission's (CQC) National Review of Maternity Services in England (2022–2024) identified significant concerns, with nearly half of inspected units rated as requiring improvement or inadequate in terms of safety. In response, many maternity units have undertaken targeted improvements to address these shortcomings, particularly in triage processes.

2.1 Key Improvements Noted

Enhanced Leadership and Culture: Stronger focus on leadership and creating a safety-first culture in maternity units.

Adoption of Best Practices: Dissemination and implementation of best practices, including the use of evidence-based frameworks like Birmingham Symptom-specific Obstetric Triage System (BSOTS).

Improved Triage Processes: Enhanced triage systems, emphasising timeliness and prioritisation to meet recommended response targets.

Staff Training and Resources: Increased training initiatives to equip staff with the skills and knowledge required for high-quality triage.

2.2 Examples of Change

CQC Resource Initiatives: The CQC has developed online resources to encourage improvement, sharing examples of excellence and providing detailed guidance on good practices in triage.

Hospital-Specific Innovations: Some hospitals have introduced new systems to ensure faster assessment and escalation, such as digital integration of triage records and improved response protocols.

While these improvements reflect a positive trend, the CQC continues to emphasise the need for ongoing vigilance, particularly in units rated as requiring improvement. Regular audits and collaborative efforts remain key to ensuring sustainable enhancements in maternity care.

(References 6 and 7)

3. What is Maternity Triage?

Maternity triage is a system for assessing and prioritising pregnant women based on the urgency of their symptoms or concerns. It involves:

1. **Telephone Triage:** A midwife or trained clinician assesses the situation through a structured conversation, using decision-making tools to determine the next steps. This may involve advising the woman to attend the maternity unit or seek other care options.
2. **Face-to-Face Triage:** When women attend a maternity unit, they are assessed by a midwife, who evaluates their symptoms, maternal vital

signs, foetal well-being, and overall presentation to determine the urgency of care required.

Triage services must address a range of scenarios, from reassurance for minor concerns to rapid intervention in emergencies such as preterm labour or preeclampsia.

4. Responses to the Freedom of Information request

Patient Perspective made a Freedom of Information Request (FOI) (Reference 8) to 37 NHS Trusts in November 2024. In total 36 responses were received.

The FOI was made to trusts which had performed above average in the National Maternity Survey for question 20 - "Thinking about the last time you were triaged; did you feel that your concerns were taken seriously by the midwife or doctor you spoke to? ".

The aim of the FOI was to identify what further changes have been made since the CQC review; to understand what training and support is offered to midwives operating the telephone triage, and what staffing levels are in place. The request also identified how many trusts have integrated evidence-based frameworks like the Birmingham Symptom-specific Obstetric Triage System (BSOTS) or similar and examples of joint working with local ambulance service providers. Response outcomes are compared to the RCOG Good Practice Paper on Maternity Triage (Reference 3).

4.1 Telephone Triage Helpline

All 36 Trusts responding to the FOI operated a telephone triage helpline.

The RCOG Good Practice Paper on Maternity Triage in December 2023 (Reference 3) contains minimum standards for telephone triage (section 6.2.1). 6.2.1.2 Recommends - Ensure there is a dedicated telephone line for women and people with unscheduled pregnancy or postnatal concerns and that calls are answered promptly

4.2 Examples of prioritisation tools used by Midwives in Triage

The RCOG Good Practice Paper on Maternity Triage (Reference 3) recommends a prompt and brief assessment (triage) of the woman is undertaken by a midwife within 15 minutes of attendance, and the clinical urgency in which they need to be seen is determined in a standardised way, using a system that has been evaluated (e.g. BSOTS). This system should have minimal variation in the assessment of urgency between midwives and include physiological assessment with use of a modified early obstetric/maternal early warning score (e.g. MEOWS or MEWS).

Of 36 Trusts responding to the FOI – 22 use BSOTs, 11 Trusts have adopted processes including:

- Target 15 minutes utilising locally developed proforma is used with every call to support prioritisation.
- Women are initially assessed, then RAG Rated - Red, Orange, Yellow, Green and are seen within the designated time for each priority group. The target is for women to be seen within 15 minutes for maternal observations, FH assessment and RAG Rating. The target is 80-85% compliance.
- The calls are RAG rated and given an appointment to attend as per appropriate timings. There are prompting questions on the Trust's maternity intranet called Badgernet, such as "any PV loss?" RAG rated, immediately for Red, Amber 15 minutes, yellow 1 hour and green 2 hours.
- Guidelines and algorithms.
- The midwives use a model to assess clinical need like the BSOTS model. The target is for all patients to be triaged within 15 minutes of arrival.
- A RAG rating tool and we do not have a target for women to be seen. All patients are assessed based on clinical need.
- Midwives document telephone call enquiries on electronic record on maternity CareFlow. The calls are RAG rated based on the information provided. We use BSOTS guidance times.
- Telephone triage specific guidance/clinical pathways, and they use a system Triage proforma. Within 15 minutes for an initial assessment.

3 Trusts responded they did not use a tool of prioritisation :

- Clinical judgement is used to determine if the patient requires urgent medical attention via ambulance services or if they can utilise their own transport. In additional patients are prioritised on arrival to unit.
- Midwives use a tool within our electronic maternity record (K2) which colour codes women based on a criteria. No target at present although there are plans to do so (midwives would risk assess using their clinical judgment and experience to determine how soon the women are seen)
- No tool. Triage target 15 minutes.

4.3 Maternity Triage Staffing Levels

The RCOG Good Practice Paper on Maternity Triage in December 2023 (Reference 3) recommendation 8.2 Staffing levels - Midwifery staff should be available 24/7 to respond to telephone calls regarding unscheduled pregnancy or newly postnatal concerns or problems. These calls should not be dedicated/diverted to clerical staff. There may be benefit in pooling midwifery staffing resources across maternity systems and basing the midwives within the ambulance service – as is already in place in some local maternity and neonatal systems. It is recommended that one midwife is responsible for the initial triage assessment and at least one other midwife carries out the subsequent care and investigations. In smaller units, such as those with fewer than 3000 births, one midwife may assume both roles (along with an MSW), but will need to remain responsive to new attendees and interrupt the ongoing care of women to triage each arrival.

In response to the FOI Trusts reported the following:

Staffing levels varied with 26 Trusts having one midwife 24/7, 6 trusts covered the core hours with one midwife and 4 whereby triage calls were diverted to the labour ward outside core hours. One midwife although covering triage was not specific to that role.

4.4 Location of Maternity Triage

The RCOG Practice Paper on Maternity Triage in December 2023 (Reference 3) recommendation 7.2 Maternity triage There should be: 24/7 access to maternity triage for women, and they need to be informed what the local arrangements are. Dedicated triage areas should be clearly signposted throughout the hospital. They should be situated onsite, ideally alongside the labour ward to facilitate easy transfer.

32 Trusts confirmed they had a dedicated area for triage within the maternity unit. 2 were located within the Ante Natal Unit and 2 within Maternity Day/Assessment Units. 1 Trust had plans to move triage to within Maternity.

4.5 Training and Support for Midwives running Telephone Triage

The RCOG Practice Paper on Maternity Triage in December 2023 (Reference 3) recommends continuous audit should be undertaken to maintain compliance, as well as identify and respond to issues arising. Local leadership and ongoing training of midwifery and medical staff is required.

Several trusts reported they have introduced bespoke BSOTS training. Other examples include:

- BSOTS midwives are rotated into telephone triage daily, so they are aware of the processes, they are all experienced band 6 midwives with a comprehensive knowledge base. They are all given the BSOTS standardised telephone advice sheet and there are crib cards in the telephone triage to help if unsure of advice to give. All staff are also asked to complete the Telephone Triage module on elevate.
- Personalised Care Day within midwifery annual training programme and additional online training.
- There are standard operating procedures in place such as orientation and shadowing midwife who is proficient in telephone triage processes.
- Midwives have an orientation package and supernumerary shifts alongside an experienced member of the team.

- Staff running the telephone line are all part of a core Maternity Assessment Unit team and are supported directly by the Senior Midwife Lead for the Unit.
- Induction into the unit. We have a number of core staff who only work in triage. Located in CDS for additional support. Guidelines and pathways in place and accessible on paper and electronically. Only experienced midwives work in triage. Students /Band 5's can have experience in triage but work supernumerary.
- The telephone triage line is staffed by midwives who have completed their rotation in triage and are Band 6 and above.
- Recently introduced triage training to the Band 6 competency package.
- Only experienced midwives run the telephone triage helpline. They have been given specific training on the Birmingham Symptom-specific Obstetric Triage System (BSOTS).
- Maternity Assessment Study/training days are available to book on to and attend. Band 6 midwives cover the Maternity Assessment Centre who can support Band 5 midwives prior to the completion of their preceptorship. Triage and priority training is included in maternity and obstetric mandatory training. Senior team escalation support and team meetings held regularly.
- Initial training, ongoing support, annual training and all hospital mandatory study days.

4.6 Telephone Triage service within the local ambulance call handling hub

The RCOG Good Practice Paper on Maternity Triage in December 2023 (Reference 3) recommendation 8 - Do not assign a clinical priority or use an appointment system based on telephone triage. Where a time-critical emergency is identified, the woman/caller is directed to dial 999 for an ambulance and a system is in place within each integrated care system, to ensure that any time-critical emergencies are clearly managed to safeguard the woman, and ensure they are taken to the most appropriate maternity services, dependent upon the location and condition of the woman at the point of arrival of the emergency services.

Five trusts responding to the FOI request confirmed their maternity triage service was run within the local ambulance call handling hub and three trusts are having initial discussions

Delivery suites have a dedicated RED phone which directly links to ambulance services where required.

The integration of ambulance services with maternity triage is recognised as a crucial aspect of providing timely and effective care. The Care Quality Commission (CQC) has highlighted the importance of collaboration between maternity units and ambulance services to ensure prompt assessments and interventions for pregnant women requiring urgent care.

In some regions, maternity units have integrated their triage services with local ambulance call-handling hubs to enhance coordination for cases requiring emergency transport or advice. This integration aims to manage urgent cases, such as home births needing rapid intervention, more efficiently.

4.7 Trusts were asked in the FOI if changes had been made since the CQC National review of maternity services in England 2022 to 2024

23 Trusts have implemented changes and made improvements including the introduction of dedicated maternity triage helplines and implementation of BSOTS guidance since the review. 13 Trusts confirmed the measures recommended were already in place.

One trust reported "We welcomed the RCOG Good Practice Guidance and although a telephone triage system was already in place, we have identified areas to strengthen and improve which have now been implemented.

4.8 Summary of Findings from Freedom of Information Request

TRUST	Telephone triage helpline Y/N	Do midwives use any tools for example prioritisation	Midwives staffing the telephone triage helpline	Training and support for Midwives covering the helpline	Dedicated environment Maternity Triage area	Combined with the local ambulance call handling	Service changes since CQC report
Cambridge University Hospitals NHS Foundation Trust	Yes	Yes - Initial triage within 15 minutes of arrival. Once initially triaged the standard is then based on RAG rating: Red: - immediate admission Amber: Further assessment within 15 minutes. Yellow - Further assessment within 1 hour. Green - Further assessment within 4 hours	One midwife 07:45 – 22:15. Between 22:00 – 07:45 Two midwives staff Triage and include telephone triage within their responsibilities	Midwives have an orientation package and supernumerary shifts alongside an experienced member of the team	Yes	No	Already in place
Chesterfield Royal Hospital NHS Foundation Trust	Yes	Midwives use a tool within our electronic maternity record	Two midwives are on duty at a time though they also cover	At present, the midwives are very experienced and midwives with	Within the Antenatal Clinic. ANC	No	There is a current Task and Finish Group to progress this

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		(K2) which colour codes women based on a criteria. No target at present although there are plans to do so (midwives would risk assess using their clinical judgment and experience to determine how soon the women are seen)	antenatal assessment and GAP Grow duties (in the daytime 0815 - 2045)	less experience work with them			work as quality improvement
Countess of Chester Hospital NHS Foundation Trust	Yes	No Triage 15-minute target	1 Midwife	Training in BSOTS and telephone advice	Yes	No	Yes
Dartford and Gravesham NHS Trust	Yes	Triage Target 15 minutes. Locally developed proforma is used with every call to support prioritisation	Yes - 5.5WTE (1 midwife 24/7)	Staff running the telephone line are all part of a core Maternity Assessment Unit team and are supported directly by the Senior Midwife Lead for the Unit	No, maternity telephone triage takes place within the Maternity Assessment Unit due to capacity constraints MAU	No, not at present	No

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Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Yes	BSOT -* 15 mins for initial assessment Then graded green, yellow, orange or red and seen accordingly- Green within 4 hours, yellow within 1 hour, orange within 15 mins and red immediately	3 midwives on shift – 1 dedicated on telephone triage	Induction into the unit. We have a number of core staff who only work in triage. Located in CDS for additional support. Guidelines and pathways in place and accessible on paper and electronically. Only experienced midwives work in triage. Students / B5 can have experience in triage but work supernumerary	Yes - triage area located on the central delivery suite	No	No – already in place.
Dorset County Hospital NHS Foundation Trust	Yes	BSOTS* in BadgerNet	Telephone triage is provided by our neighbouring Trust for both Trusts. One midwife aiming for 24/7 cover	Unable to comment as provided by neighbouring Trust	The f2f triage is provided in a dedicated area on the Maternity Unit	Unable to comment as provided by neighbouring Trust	Commenced triage and the introduction of BSOTS in 2022
East and North Hertfordshire NHS Trust	Yes, from 16 weeks of pregnancy	Women are initially assessed, then RAG Rated - Red, Orange, Yellow, Green and are seen within the designated	1 midwife staffs the triage phone from 10am-6pm with 2 midwives in triage. Outside of these hours there are 2 midwives in	The telephone triage line is staffed by midwives who have completed their rotation in triage and are Band 6 and above	Yes	No, and there are no plans to incorporate this within the local ambulance	Yes. In addition, the Trust is currently working towards running our maternity telephone triage in a dedicated office space away

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		time for each priority group. The target is for women to be seen within 15 minutes for maternal observations, FH assessment and RAG Rating. The target is 80-85% compliance	triage who share the responsibility of answering the phone. If the department is very busy this is escalated, and the Triage Ward Manager will support on the phone			call handling hub	from the midwife's office
East Cheshire NHS Trust	Yes 24-hour telephone line	Use BSOT telephone proforma. an initial review will occur within 30 minutes for presentation as per NICE red flag guideline	One midwife	Recently introduced triage training to the band six competency package	Yes	No	Yes
East Lancashire Hospitals NHS Trust	Yes	The calls are RAG rated and given an appointment to attend as per appropriate timings	2 x midwives' staff antenatal triage and 1 overnight. There is no specific telephone midwife	The triage midwife spends time on triage as a student/ supernumerary as a band 5	Yes	No	No

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East Sussex Healthcare NHS Trust	Yes	BSOTS*	The triage helpline is staffed by one midwife at a time. A team of nine midwives rotate to staff the triage helpline	Only experienced midwives run the telephone triage helpline. They have been given specific training on the Birmingham Symptom-specific Obstretic Triage System (BSOTS).	Yes	No	BSOTS was a recommendation in 2022 which the Trust has now implemented
Epsom and St Helier University Hospitals NHS Trust	Yes	There are prompting questions on the Trust's maternity intranet called Badgernet, such as “any PV loss?” RAYG rated, immediately for Red, Amber 15 minutes, yellow1 hour and green 2 hours	This service is run by South East Coast Ambulance Service	This service is run by South East Coast Ambulance Service	Yes, both Epsom & St Helier have a dedicated triage	This service is run by South East Coast Ambulance Service	Yes, triage waiting times have been audited since 2023.
Great Western Hospitals NHS Foundation Trust	Yes	BSOTS*	1 Midwife	Completion of BSOTS training	Yes	No	Yes
Hull University Teaching Hospitals NHS Trust	Yes	The Trust uses the BSOTS telephone triage form for all phone calls.	1 Midwife usually from 08:30 until 17:00 hrs Calls go to	Online training for BSOTS telephone form. completion, otherwise no formal training	Maternity Triage is located on the Ground	No and no current plans although placement of	A dedicated Maternity telephone triage line and

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		Women should have an initial assessment performed within 15 minutes of attending maternity triage At this assessment they will be RAG rated, and ongoing care timescales determined by the RAG	the Triage department until 21:00 hrs then divert to Labour ward for out of hours at present		Floor of the Women & Children's Hospital (Labour Ward is on 2nd floor of same building, AN ward on 1st floor of building, ANC and Day unit on same floor)	telephone triage is being explored	Maternity Triage department was commenced in 2023 at this hospital
Lancashire Teaching Hospitals NHS Foundation Trust	Yes	BSOTS*	Varies, usually 2-4	Midwifery training and experience	Yes	No	Implemented prior to CQC National review
Leeds Teaching Hospitals NHS Trust	Yes	The Birmingham Symptom Specific Obstetric Triage System (BSOTS) tool is used to complete the priority tool on the EPR at the point of telephone triage.	During daytime hours (0715-1945), 1 midwife in each maternity department is allocated to be the call handler. At night (19.15 – 07.45) as the call	Maternity Assessment Study/training days are available to book on to and attend. Band 6 midwives cover the Maternity Assessment Centre who can support band 5 midwives prior to the	The triage is located at the end of each antenatal ward at both hospital sites. ANC	No	These measures were all in place prior to review.

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		The targets to be seen by are in accordance with the BSOTS tool	volume is lower 1 midwife supports all calls for both maternity units and triage attendances	completion of their preceptorship. Triage and priority training is included in maternity and obstetric mandatory training. Senior team escalation support and team meetings held regularly			
London North West University Healthcare NHS Trust	Yes	BSOTS*	1 Midwife 24/7	There are Standard operating procedure in place such as orientation and shadowing midwife who is proficient in telephone triage processes	Yes	No	The Trust Implemented BSOTS in 2023
Mid and South Essex NHS Foundation Trust – **Basildon**	Yes	Midwives document telephone call enquiries on electronic record on maternity CareFlow. The calls are RAG rated based on the information provided. We use BSOTS* guidance times	1 experienced Midwife	BSOT bespoke core competency training	Telephone calls are currently received in the triage office. There is a plan in place to move this to a dedicated room. Triage is managed	There are no plans to incorporate it within the local ambulance call-handling hub. All delivery suites have a dedicated RED phone which	This was implemented in 2020

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					within the maternity units	directly links to ambulance services where required	
Mid and South Essex NHS Foundation Trust – Southend Hospital	Yes	Midwives document all phone calls on the Careflow Maternity system. The call is available to view on the electronic records. Rag rating is performed by the triaging midwife, details accessible by ward clerks and midwife to ensure appropriate prioritisation on attendance. we use BSOT guidance for target timings. The initial triage assessment should be	One member of staff per day is rostered to telephone triage between 10.00-18.00 per day. Telephone triage is staffed by experienced band 6 midwives	Ward teaching is given by the triage lead midwife	Yes	Triage is managed within the maternity units and there are no plans to incorporate it within the local ambulance call-handling hub. All delivery suites have a dedicated RED phone which directly links to ambulance services	All changes have been implemented since the CQC reviews. Southend first implemented BSOTs in Sept 2021

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		undertaken by the assessment midwife, carried out within 15 minutes of arrival				where required	
Mid and South Essex NHS Foundation Trust –Broomfield	Yes	BSOTS* care bundle used, audit tool on teams The target 15-minute initial triage target time and then follow up care time frame is dependent on the colour category allocated	08.00-20.00 1 per shift	Our BSOTS midwives are rotated into telephone triage daily, so they are aware of the processes, they are all experienced band 6 midwives with a comprehensive knowledge base. They are all given the BSOTS standardised telephone advice sheet and there are crib cards in the telephone triage to help if unsure of advice to give. All staff are also asked to complete the Telephone Triage module on elevate.	Yes	Triage is managed within the maternity units and there are no plans to incorporate it within the local ambulance call-handling hub. All delivery suites have a dedicated RED phone which directly links to ambulance services where required	Yes

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Mid Cheshire Hospitals NHS Foundation Trust	Yes	BSOTS*	1 Midwife	BSOT's training and updates given to all staff working on triage when starting and annual updates or updates when changes occur.	Yes	No	BSOTS guidance and processes implemented in March 2023
North Bristol NHS Trust	Yes	BSOTS* within BadgerNet Maternity EPR	1 Midwife per shift	BSOTS training, in house	Yes	No. There are wider discussions within the Local Maternity and Neonatal System to understand what this might potentially look like but currently are initial stages	BSOTS implemented at North Bristol Trust 2023
North Cumbria Integrated Care NHS Foundation Trust	Yes	RAG rated in line with the BSOTS (Birmingham Symptom-specific Obstetric Triage System) and using Badgernet triage	1 per site Cumberland Infirmary Carlisle and West Cumberland Hospital 24/7 365 days	Experienced band 6 midwives manage triage phone, using guidance from local guideline, BSOTS and Badgernet proformas for triage. Supported by the labour	Triage at both Cumberland Infirmary Carlisle and West Cumberland Hospital are	No – this is not currently being reviewed	Both triages were set up in response to the national review and implementation of BSOTS, although we do

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		proformas to document		ward coordinators on shift.	situated on the maternity units		not use BSOTS in its entirety due to our low birth numbers
North Tees and Hartlepool NHS Foundation Trust	Yes	No, clinical judgement used to determine if the patient requires urgent medical attention via ambulance services or if they can utilise their own transport. In additional patients are prioritised on arrival to unit	This varies depending on the time of day: Monday to Friday 9-5 - 2 midwives' access and answer the phone. Saturday and Sunday 08.30-20.30 - 2 midwives' access and answer the phone. Outside of these hours the phone line is manned by delivery suite midwives	Access to local and national guidance, support from more experienced midwives, Badgernet (EPR) training for documentation of discussions	Maternity Triage is located within the Maternity Day Assessment Unit at both North Tees and Hartlepool Hospitals. MAU	No	No
Royal Cornwall Hospitals NHS Trust	Yes	BSOTS* The telephone line is automated initially and can triage calls in order of urgency – this was put together by	1 midwife staffed the line 24 hr per day and 7 days per week	Training for manning the line	Yes	The telephone triage service is not run within the local ambulance	None of the above measures were implemented since the CQC of National review of Maternity

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		Obstetrician and Senior Midwife. The call handler can see the nature of the call on the screen and accesses the electronic patient record (EPR) when the call is answered. RAG rating is given to each call so urgency and follow up can be arranged based on clinical priority.				call handling hub and there are no plans to change this.	Services in England 2022 to 2024 as these were all initiated prior to this review.
Royal Surrey County Hospital NHS Foundation Trust	Yes	Telephone triage specific guidance/clinical pathways, and they use a system Triage proforma. Within 15 minutes for an initial assessment	Two midwives in the day and one overnight	All staff running the telephone triage line are qualified midwives. Our triage line is staffed by midwives from 3 different hospitals. All receive mandatory training from the employing Trust and receive specific telephone triage training	Yes	Yes	No

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				for the advice line. They are supported to observe calls and then to take calls under supervision until they feel confident			
Royal United Hospitals Bath NHS Foundation Trust	Yes	Within 15 minutes Guidelines and algorithms	One midwife 24/7	Inhouse training	Yes	No discussion in Banes, Swindon and Wiltshire (BSW) Local Maternity and Neonatal System (LMNS) ongoing	Yes
Sherwood Forest Hospitals NHS Foundation Trust	Yes	BSOTS* Telephone triage pathway in BadgerNet EPR	one per shift	BSOTS specific training	Yes	No	BSOTS was launched within our trust prior to the report publication
South Warwickshire University NHS Foundation Trust	Yes	BSOTS*	One full time	BSOTS	Yes	N/A	Yes - BSOTS pathway
Surrey and Sussex Healthcare NHS Trust	Yes	BSOTS*	10 Midwives	Personalised Care Day within midwifery annual training programme and	A dedicated triage area based on the antenatal	No, this is based within the maternity service and	The responses above were already in progress prior to

TRUST	Telephone triage helpline Y/N	Do midwives use any tools for example prioritisation	Midwives staffing the telephone triage helpline	Training and support for Midwives covering the helpline	Dedicated environment Maternity Triage area	Combined with the local ambulance call handling	Service changes since CQC report
				additional online training.	ward with single room and bay area.	SHOTT (5.3) Page 30, pathway utilised. No plans to run with the local ambulance call handling hub	publication of the CQC review of maternity services report.
Tameside and Glossop Integrated Care NHS Foundation Trust	Yes	The midwives use a model to assess clinical need like the BSOTS model. The target is for all patients to be triaged within 15 minutes of arrival	1 Midwife. Telephone triage is only staffed with band 6 midwives	All staff working on the telephone triage are core triage midwives. On any occasion, when staffing levels do not permit the telephones to be staffed by a core triage midwife, a band 7 manager, specialist midwife, is asked to staff the telephones. These midwives are all competent with the BSOTS model	Yes	No, and there are no current plans to incorporate this	Yes
Torbay and South Devon NHS Foundation Trust	Yes	RAG rating tool We do not have a target for women to be seen. All patients assessed on clinical need.	One Midwife per day, no defined team.	Staff receive a written handbook before to running the triage telephone.	No	No	Yes, the dedicated telephone line was introduced in December 2023.

TRUST	Telephone triage helpline Y/N	Do midwives use any tools for example prioritisation	Midwives staffing the telephone triage helpline	Training and support for Midwives covering the helpline	Dedicated environment Maternity Triage area	Combined with the local ambulance call handling	Service changes since CQC report
University Hospital Southampton NHS Foundation Trust	Yes	A combination of clinical judgement and BSOTS All women to be triaged within 15mins of arrival, then prioritised according to clinical need	28 midwives, 3 per day, 2.5 per night	Initial training, ongoing support, annual training and all hospital mandatory study days	Within the maternity units, each has a dedicated triage area	Yes, South Central Ambulance Service in Otterbourne	Labour Line since 2013, Maternity Triage Line since 2022
University Hospitals Dorset NHS Foundation Trust	Yes	BSOTS*	Telephone triage is provided by our neighbouring Trust for both Trusts. One midwife 24/7	Unable to comment as provided by neighbouring Trust	The f2f triage is provided in a dedicated area on the Maternity Unit	Unable to comment as provided by neighbouring Trust	We commenced triage and the introduction of BSOTS in 2022
University Hospitals of Morecambe Bay NHS Foundation Trust	Yes	BSOTS*	Covered by the Midwives staffed for triage x 1 Midwife 24/7 and daily 10AM - 6PM	BSOTS Training	Yes	There has been a mention of this by the Local Maternity neonatal system	Yes
University Hospitals Plymouth NHS Trust	Yes	BSOTS*	One dedicated Midwife	BSOTS trained experiences midwives	Yes	No and there are no plans to resort to this	BSOTS implementation

TRUST	Telephone triage helpline Y/N	Do midwives use any tools for example prioritisation	Midwives staffing the telephone triage helpline	Training and support for Midwives covering the helpline	Dedicated environment Maternity Triage area	Combined with the local ambulance call handling	Service changes since CQC report
West Suffolk NHS Foundation Trust	Yes, including a phone line to the triage office	There is no prioritisation on our EPR for telephone triage, but we try to utilise the BSOTS* telephone triage sheet which enables prioritisation. We also use BSOTs to triage and prioritise all our women	One triage midwife who answers the telephone and runs the triage department	They are trained in the BSOTs triage system. All new staff to the area complete supernumerary shifts to enable familiarisation and competence	Maternity triage is a dedicated space on the maternity ward, it consists of an office, an initial triage assessment room and a 4 bedded bay	No and no plans	Implemented the BSOTs triage system February 2023, and we intend to implement a separate triage telephone midwife who works away from the triage bay in January 2025. Therefore, we will have one midwife who answers the triage phone and another who works in triage

*BSOT guidance for target timings. The initial triage assessment should be undertaken by the assessment midwife, carried out within 15 minutes of arrival. The women are given a category after initial triage. Orange- 15 mins, Yellow- 1 hr, Green 4 hours. Obstetric review; Orange 45 minutes, Yellow 2 hours and Green 4 hours. Red- immediate treatment (emergency call considered).

- Mid Yorkshire Teaching NHS Trust and Kingston and Richmond NHS Trust both responded to the FOI – page 28 - 29
- University Hospitals Birmingham NHS Foundation Trust did not reply to the FOI.

5. Case Studies

The following trusts provided examples of the work they have undertaken in the FOI to improve maternity triage:

5.1 Mid Yorkshire Teaching NHS Trust

The Trust welcomed the Good Practice Guidance from the RCOG and although a telephone triage system was already in place, areas were identified to strengthen and improve which have now implemented.

A prompt and brief assessment (triage) of the women is undertaken by a midwife within 15 minutes of attendance, and the clinical urgency in which they need to be seen is determined in a standardised way, using a system that has been evaluated (e.g. BSOTS).

The telephone triage line is staffed by one dedicated midwife on two separate shifts 10am-5pm, 5pm-12am and has recently been extended to meet the demands of calls. Outside of these times the calls are answered by the clinical triage midwife, who has the capacity to answer calls timely due to our data demonstrating the significant reduction in volume of calls between 12am-10am.

The guidelines of the BSOTS triage telephone assessment are available on the Mid Yorkshire intranet. The Triage manager has oversight of the roster to ensure the Midwives working the triage phone shift are competent in BSOTS telephone assessment.

Maternity triage is located within the maternity unit, with very close proximity to labour ward. The contact details for the Pinderfields Hospital Triage service are available together with patient information on the trust website.

https://www.midyorks.nhs.uk/download/when-your-waters-break-before-labour-begins-at-37-weeks-pdf.pdf?ver=5235&doc=docm93jijm4n1108

Calls can be taken from the ambulance services and advice provided by the midwife appropriate to the clinical picture.

5.2 Kingston and Richmond NHS Foundation Trust

The Maternity Helpline is staffed by Senior Band 6 midwives, the majority of whom are part of the Triage Core Team of midwives - the Maternity Helpline is included as part of Maternity Triage.

There is a dedicated Senior Midwife who answers the calls every day from 0715 am - 1945 pm. This midwife is separate to the daily staffing numbers so that she is protected from being pulled to help in the maternity unit unless absolutely necessary. Overnight, the calls are answered in Maternity Triage, by the staff in triage. The same process of discussion and recording the calls in the individual EPR applies.

Staff use BSOTS tools for prioritisation. Oracle Cerner software includes a bespoke form which is generated for every phone call, in each individual Electronic Patient Record. Staff can see any risk factors and recent admissions/birth plans, obstetric reviews easily while during the call.

All women are to have their initial assessment seen within 15 minutes of arrival. This is part of BSOTS. In this initial assessment, women are given a colour code based on their symptoms and observation/foetal wellbeing. This colour code determines their category of urgency. They will then be seen according to the colour code and acuity in Triage at the time.

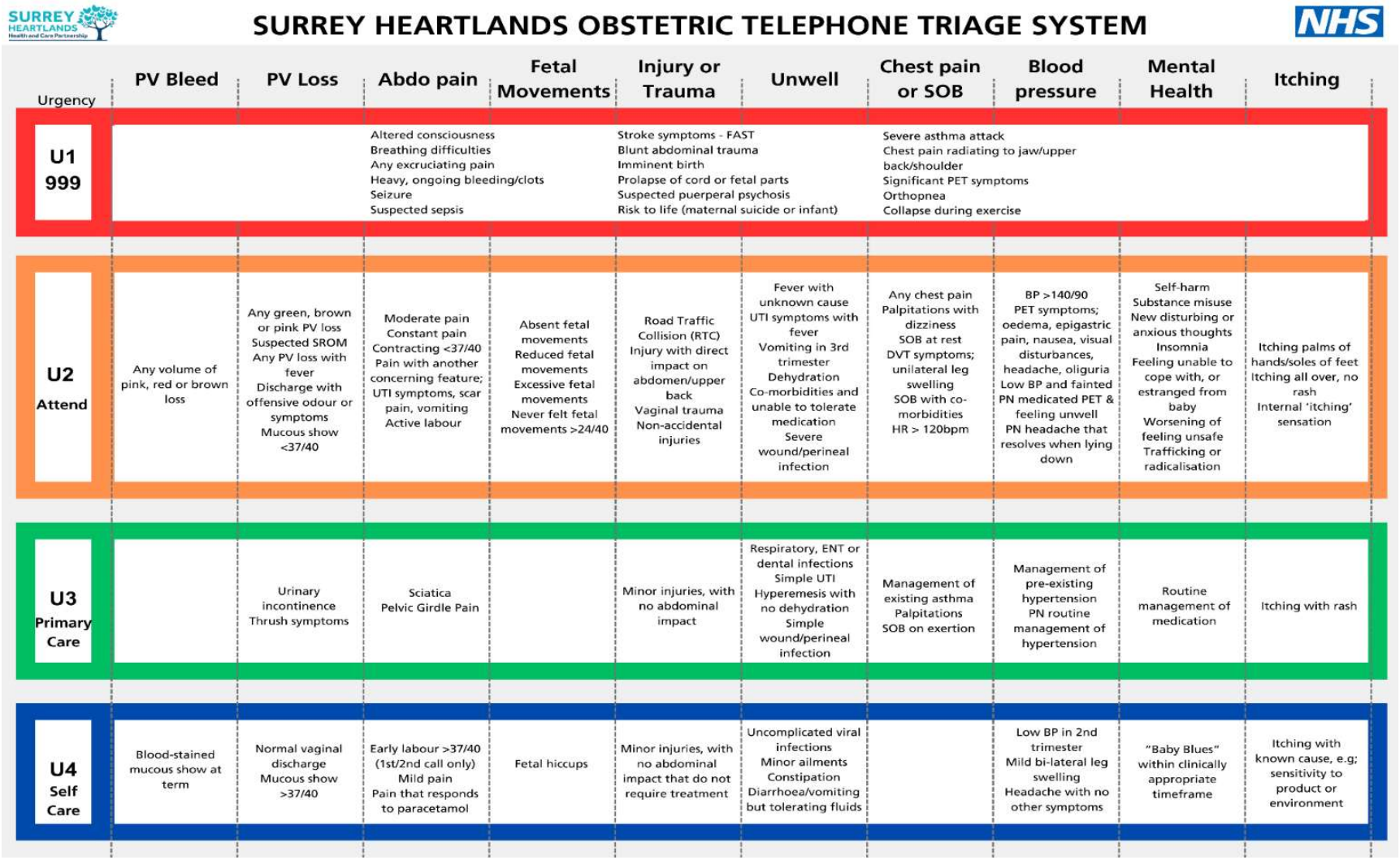
All staff have completed the BSOTS training. They are given supernumerary training shifts with a senior core team member before they start. Most midwives have been in the Triage team for a number of years and have been part of BSOTS from the start in 2020.

Maternity Triage at Kingston moved to a bespoke area next to the Delivery suite in February 2024.

The new triage process combines the waiting area and triage assessment booths into one single area in the unit.

The new Maternity Triage Unit was officially opened April 2024.
Phil Hall, Chair in Common at Kingston Hospital and HRCH, and Nic Kane, Chief Nurse, attended the opening event, and were given a tour around the new triage area by Director of Midwifery, Marion Louki, and the team.

5.3 Surrey Heartlands Health and Care Partnership – Pathway for Telephone Triage



SURREY HEARTLANDS OBSTETRIC TELEPHONE TRIAGE SYSTEM

Urgency	PV Bleed	PV Loss	Abdo pain	Fetal Movements	Injury or Trauma	Unwell	Chest pain or SOB	Blood pressure	Mental Health	Itching
U1 999			Altered consciousness Breathing difficulties Any excruciating pain Heavy, ongoing bleeding/clots Seizure Suspected sepsis		Stroke symptoms - FAST Blunt abdominal trauma Imminent birth Prolapse of cord or fetal parts Suspected puerperal psychosis Risk to life (maternal suicide or infant)		Severe asthma attack Chest pain radiating to jaw/upper back/shoulder Significant PET symptoms Orthopnea Collapse during exercise			
U2 Attend	Any volume of pink, red or brown loss	Any green, brown or pink PV loss Suspected SROM Any PV loss with fever Discharge with offensive odour or symptoms Mucous show <37/40	Moderate pain Constant pain Contracting <37/40 Pain with another concerning feature; UTI symptoms, scar pain, vomiting Active labour	Absent fetal movements Reduced fetal movements Excessive fetal movements Never felt fetal movements >24/40	Road Traffic Collision (RTC) Injury with direct impact on abdomen/upper back Vaginal trauma Non-accidental injuries	Fever with unknown cause UTI symptoms with fever Vomiting in 3rd trimester Dehydration Co-morbidities and unable to tolerate medication Severe wound/perineal infection	Any chest pain Palpitations with dizziness SOB at rest DVT symptoms; unilateral leg swelling SOB with co-morbidities HR > 120bpm	BP >140/90 PET symptoms; oedema, epigastric pain, nausea, visual disturbances, headache, oliguria Low BP and fainted PN medicated PET & feeling unwell PN headache that resolves when lying down	Self-harm Substance misuse New disturbing or anxious thoughts Insomnia Feeling unable to cope with, or estranged from baby Worsening of feeling unsafe Trafficking or radicalisation	Itching palms of hands/soles of feet Itching all over, no rash Internal 'itching' sensation
U3 Primary Care		Urinary incontinence Thrush symptoms	Sciatica Pelvic Girdle Pain		Minor injuries, with no abdominal impact	Respiratory, ENT or dental infections Simple UTI Hyperemesis with no dehydration Simple wound/perineal infection	Management of existing asthma Palpitations SOB on exertion	Management of pre-existing hypertension PN routine management of hypertension	Routine management of medication	Itching with rash
U4 Self Care	Blood-stained mucous show at term	Normal vaginal discharge Mucous show >37/40	Early labour >37/40 (1st/2nd call only) Mild pain Pain that responds to paracetamol	Fetal hiccups	Minor injuries, with no abdominal impact that do not require treatment	Uncomplicated viral infections Minor ailments Constipation Diarrhoea/vomiting but tolerating fluids		Low BP in 2nd trimester Mild bi-lateral leg swelling Headache with no other symptoms	"Baby Blues" within clinically appropriate timeframe	Itching with known cause, e.g; sensitivity to product or environment

Surrey and Sussex Healthcare NHS Trust provided this example in their FOI response as the pathway used in triage.

5.4 Further examples of service improvement in maternity triage

The CQC review reported seeing pockets of good practice, such as staff trained in telephone triage and measures to ensure lines were monitored. The improvement resource published along with their report provides more information on the areas of good practice in telephone triage identified. https://www.cqc.org.uk/guidance-regulation/maternity-improvement-resource/triage/good-practice-triage

5.4.1 Several NHS maternity units have issued press releases highlighting developments in their maternity triage services.

Liverpool Women's NHS Foundation Trust - In October 2024, the maternity assessment unit at Liverpool Women's NHS Foundation Trust received the Safety and Quality of Care award for the Royal College of Midwives. The award recognized the unit's implementation of the Birmingham Symptom Specific Obstetric Triage System (BSOTS), which improved triage efficiency and ensured prompt assessments for women presenting with unexpected concerns. (Reference 9).

Hereford County Hospital - In January 2024, Wye Valley NHS Trust announced the expansion and refurbishment of the maternity triage unit at Hereford County Hospital.

The upgraded facility features a new entrance, waiting area, additional assessment beds, and modern equipment, aiming to enhance the experience and care for expectant mothers. (Reference 10)

Bradford Royal Infirmary

In 2024, Bradford Teaching Hospitals NHS Foundation Trust opened a refurbished and expanded maternity assessment centre at Bradford Royal Infirmary. The centre serves as a triage service for individuals 16 weeks pregnant onwards, aiming to improve the hospital's maternity services and achieve higher Care Quality Commission ratings. (Reference 11)

6. Conclusions

Improving maternity telephone and face-to-face triage services is essential to addressing concerns raised by women and ensuring safe, effective, and patient-centered care.

This case study aims to reflect examples of the ongoing efforts by NHS maternity units to enhance triage services, improve patient experiences, and ensure timely and effective care for expectant mothers. Of the 36 trusts responding to this FOI, 22 trusts have implemented changes since the CQC National Review of Maternity. Of the 22 trusts 6 were already starting to implement and review the RCOG guidelines.

We commend the Royal College of Obstetricians and Gynaecologists (RCOG) released its Good Practice Paper Number 17 on Maternity Triage in December 2023 (Reference 3).

More than half all the trusts responding to the FOI, have fully embedded processes in place to improve the provision of triage in maternity.

7. Next Steps

The CQC has announced (Reference 12) in April 2025, the NHS is launching a major survey on experiences of using maternity services. Anyone giving birth in January or February 2025, may be invited to give feedback on the quality of care and support they received during their pregnancy, labour and birth, and after going home with their baby.

New questions have been added related to Maternity Triage, including a question replacing B20 (Appendix 2).

Questions added for 2025

Questions	Rationale
F2: Thinking about the last time you contacted the telephone triage line, did you feel that you got the advice you needed?	**F2** (replaced B20) now asks service users whether they got the advice they needed when they contacted a telephone triage line, instead of asking whether concerns were taken seriously.
F3: Thinking about the last time you attended triage face-to-face, did the midwife or doctor you spoke to listen to you?	**F3** (new) asks service users who attended face -to-face triage about whether the midwife or doctor they spoke to listened to them.
F4: Thinking about the last time you attended triage in person, how did you feel about the length of time you waited before you were seen by a midwife?	**F4** (replaced B21) asks how service users *felt* about the length of time they waited before being seen by a midwife, as opposed to the amount of time they waited in minutes. This is to better capture service user perceptions of their experience.

Coordination Centre

NHS Care Quality Commission Picker

New baby?

Maternity Survey 2025

Share your feedback to help the NHS improve maternity services

Look out for your invitation in the post or by SMS from the 22nd April

The NHS Maternity Survey has Section 251 (NHS Act 2006) approval to process contact details.

8. Patient Perspective

The data collected from the national patient surveys can seem overwhelming, and even when the results are made clear, and trusts have an opportunity to identify strengths and areas for improvement, it can be hard to work out how to go about making changes in response to the feedback patients have given.

Patient Perspective is an approved contractor for the National Patient Survey Programme and has been working with trusts for nearly 20 years. As part of our service, we have developed case studies of good practice. Case studies are based on the projects, initiatives and service improvements trusts have undertaken to bring about change.

The case studies aim to highlight and share examples of service improvements made due to several factors including poor scores, issues and themes highlighted by patients from the national surveys and often linked to feedback from patients from other methods of patient involvement.

If you would like more information on services from Patient Perspective visit https://patientperspective.org/

9. References

Reference 1 - National Maternity Survey 2004. Latest National Maternity Survey results published November 2024
https://www.cqc.org.uk/publications/surveys/maternity-survey

Reference 2 - CQC Maternity Review. National review of maternity services in England 2022 to 2024 published September 2024.
https://www.cqc.org.uk/publications/maternity-services-2022-2024/triage

Reference 3 - The Royal College of Obstetricians and Gynaecologists (RCOG) has published a new Good Practice Paper providing recommendations for maternity triage operational structure and pathways, to support safe care of pregnant and newly postnatal woman and people outside of scheduled appointments. https://www.rcog.org.uk/news/rcog-publishes-good-practice-paper-on-maternity-triage/

Reference 4 - https://www.birmingham.ac.uk/news/2024/safe-and-timely-assessment-in-maternity-triage-is-vital-to-improve-safety

Reference 5 – https://www.cqc.org.uk/press-release/cqc-prosecutes-nottingham-university-hospitals-nhs-trust-after-it-failed-provide-0

Reference 6 - Care Quality Commission
CQC's Maternity Improvement Resource**:** Developed in collaboration with providers**,** maternity staff**,** and stakeholder organizations**,** this resource aims to share good practices and encourage improvements in NHS hospital maternity services. It focuses on key areas such as leadership and culture**,** safety incidents**,** triage processes**,** and healthcare equity.

Reference 7 - Care Quality Commission
CQC's Report on Safety**,** Equity**,** and Engagement in Maternity Services: This report identified ongoing issues affecting the safety of hospital maternity services**,** including poor relationships between obstetric and midwifery teams and failure to engage with and listen to local women. These factors continue to impact the quality of care provided.

Reference 8 - Freedom of Information Request website
https://www.whatdotheyknow.com/help/requesting

Reference 9 – Press Release
https://www.liverpoolwomens.nhs.uk/news/outstanding-triumph-for-liverpool-women-s-maternity-triage-team-at-royal-college-of-midwives-awards/

Reference 10 – Press Release
https://www.wyevalley.nhs.uk/news-events/trust-newsroom/2024/january/mums-to-be-to-benefit-from-maternity-triage-unit-makeover-at-hereford-county-hospital.aspx#:~:text=Mums%2Dto%2Dbe%20are%20to,larger%20new%20maternity%20triage%20area

Reference 11 – Press Release
https://www.bradfordhospitals.nhs.uk/new-life-for-maternity-assessment-centre-at-bradford-royal-infirmary/

Reference 12 – Press Release https://www.cqc.org.uk/news/tell-us-what-your-maternity-care-was-you-2025

Appendix 1 - Examples of comments made by women in the 2024 National Maternity Survey highlighting areas of concern in Triage

"I think that the waiting area for triage is awful. The fact you must talk to an intercom and explain why you are there in front of a corridor full of people. You then must sit in a corridor which is ridiculous. You're asking pregnant people to sit on extremely uncomfortable chairs, there's no privacy, its degrading sitting in a corridor there has got to be somewhere better than this"

"My most concerning experience was arriving at triage when in quite established labour. Because I was managing the pain calmly, I was not examined with any urgency. When I was finally examined, I was fully dilated and rushed to the closest labour ward. I also received stitches for a 2nd degree tear"

"After my waters broke and I went to the hospital, they sent me to triage, checked me and then had me sitting over an hour waiting to be transferred to the labour ward"

"During early labour triage, I was told I had to stay at hospital, but they had no bed for me. I had to stay in the reception for hours in the middle of the night, I was not checked on or offered pain relief. My partner had to keep asking for an update and ask for pain relief"

"I had to wait 5 to 6 hours in triage because no beds were available"

"I made the trip to triage twice and on one of the times, after a 6 hour wait, the consultant there did not check me (even though my midwife had asked me to go straight to triage after my appointment with her), whilst I was there I had no monitoring or testing done"

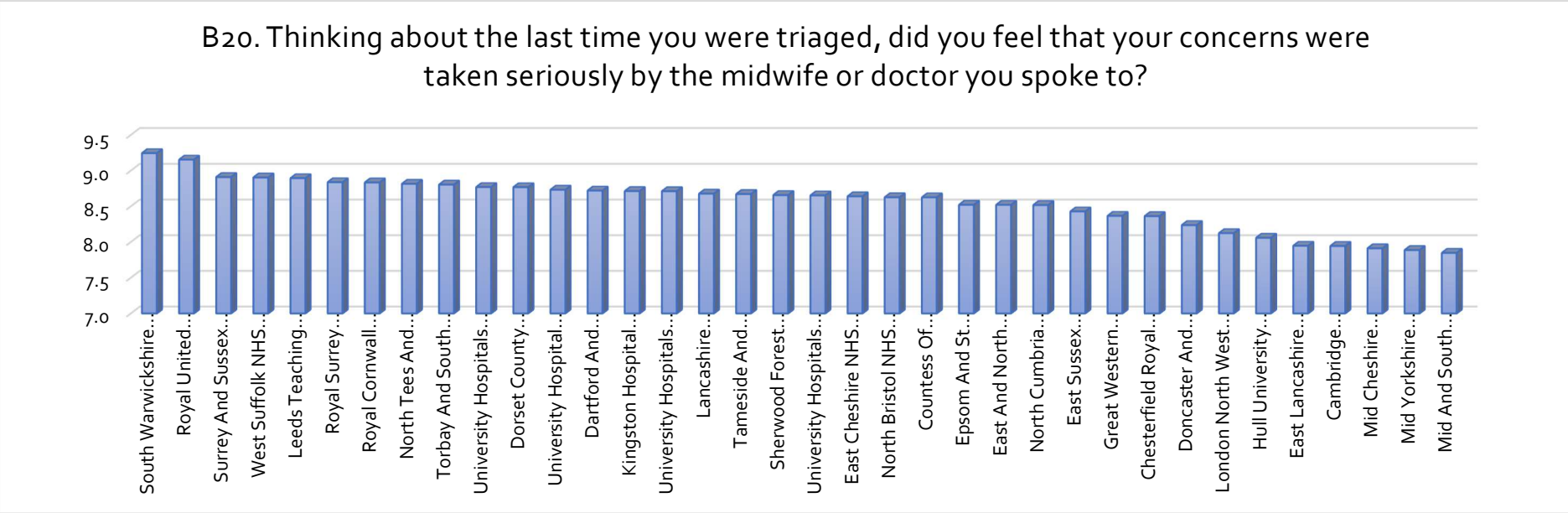
"After triage I was traumatised as I had to labour in public in the reception waiting area due to no bed free in the labour ward"

"Triage was stressful and confusing with a lack of communication. Due to risk factors, I stayed on the antenatal ward for induction but once in labour there were no spaces on labour ward. I wasn't transferred until 10cm dilated and there were no wheelchairs, so I had to walk to the ward. By this point I was unable to receive pain relief but needed assisted birth"

"A&E and maternity triage are not joined up at all. I had abdominal pain during pregnancy. I phoned maternity triage they told me to go to a&e. Who said it should be maternity but could be gynaecology so I had to wait.

During my full pregnancy it feels like I had to chase up for appointments to be made or to be took seriously when going to triage and not to feel silly for being concerned.

Appendix 2 Scores for Triage Question B20 in the National Maternity Survey 2024



National Average score 8.4, Lowest Score 7.4, Highest Score 9.2

28 of the Trusts responding to the FOI scored above the average score of 8.4 on this question relating to triage. None of the trusts responding scored below 7.8.

Two Trusts scored the highest score of 9.2 – South Warwickshire University NHS Foundation Trust and Royal United Hospitals Bath NHS Foundation Trust.

9 Evidence Search

Attached is a reference to specific sources of information about Maternity Triage.

Thank you to Mid Cheshire Hospitals NHS FT library service for providing the Citation.