



**Standard Operating Procedure for  
 Consultant Ward Rounds In Obstetrics and Gynaecology**

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## Section Headings

### 1.0 Introduction and objective:

The purpose of this SOP is to define the process for consultant led multidisciplinary handover and ward round arrangements in obstetrics and gynaecology at Barnsley Hospital. This is in line with and to comply with Better Births 2016, CNST and Ockenden report recommendations.

### 2.0 Scope:

This SOP applies to Obstetrics and Gynaecology consultants; SHOs tier 1 and registrars tier 2 covering the Barnsley Birthing Centre (BBC); the labour ward co-ordinator and the obstetric anaesthetist.

### 3.0 Specific Standard Operating Procedure:

#### 3.1 MDT Ward Rounds

In line with national best practice, there are twice daily consultant led and present MDT ward rounds on the BBC seven days a week:

- These take place at 9:00 and 18:00
- Core Attendees are:
  - The Obstetric and Gynaecology Consultant covering the BBC
  - The Obstetric and Gynaecology Registrar and SHO covering the BBC
  - The Labour Ward Coordinator
  - The Obstetric Anaesthetist
- Attendance at the ward round is recorded for audit purposes on the "Ockenden Assurance" ward round sign in sheet
- There is an additional ward round at 13:00 on weekdays which is attended by medical staff who are changing shift

#### 3.2 Ward round Process

- All patients under consultant led care will be handed over during the ward round systematic by going through the labour ward board cases
- Handover of any complex antenatal, postnatal, gynaecology and outlier patients should occur at the handover
- The on-call team is available to provide emergency care i.e. for new problems arising after the routine ward rounds and for emergency admissions

#### 3.3 Weekend and Bank Holiday arrangement

- The obstetric and gynaecology consultant is on site from 09:00-13:00 and again from 18:00-19:00
- The consultant and the on-call team will perform a ward round of the antenatal, postnatal, and gynaecology wards after finishing the MDT ward round on the BBC.
- The anaesthetist should join the on-call team round of any complex patient that would benefit from anaesthetic input.
- If the consultant is busy with an emergency case at the usual time of the evening MDT ward round, they will need to complete it before leaving.



### 3.4 Contacting the on-call Consultant

- In hours contact is made via mobile/bleep detailed on the rota
- Out of hours contact is made via the mobile number on the rota. Switchboard have landline numbers if required.

### 4.0 Roles and responsibilities

All consultants, junior doctors and labour ward co-ordinators should be aware of this SOP.

### 5.0 Associated documents and references

Safer Childbirth (RCOG 2007)

Standards for Maternity Care (RCOG 2008)

RCOG Good Practice No 10 Labour Ward Solutions Jan 2010

Better Births 2016

Ockenden Report 2020

CNST requirements 2021

The Role of the Medical Obstetric Staff on the Birthing Centre Local Guideline updated 2021

### 6.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

### 7.0 Monitoring and audit

This will be monitored by an ongoing audit.

The Table below helps to focus the author on the monitoring requirements and must be used for all Trust Approved Documents. Assistance can be obtained from the Clinical Governance and Compliance Manager.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/group/ committee for monitoring of action plan and Implementation
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## **8.0 Equality and Diversity**

This section is mandatory for all Trust Approved Documents and must include the statement below:

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 process should be implemented with due regard to this commitment.

### **8.1 Recording and Monitoring of Equality & Diversity**

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all processes 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 (must always be the last appendix)**

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

<b>Version</b>	<b>Date</b>	<b>Comments</b>	<b>Author</b>

**Review Process Prior to Ratification:**

<b>Name of Group/Department/Committee</b>	<b>Date</b>
WB&G	17/03/2023
CBU3 Governance	22/03/2023



**Trust Approved Documents (policies, clinical guidelines and procedures)**

**Approval Form**

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

<b>Document type (policy, clinical guideline or procedure)</b>	Standard Operating Procedure
<b>Document title</b>	Consultant ward rounds in obstetrics and gynaecology
<b>Document author</b> (Job title and team)	Obstetric and gynaecology consultants
<b>New or reviewed document</b>	New
<b>List staff groups/departments consulted with during document development</b>	Obs and gynae consultants, governance midwife, labour ward lead midwife, clinical director, head of midwifery
<b>Approval recommended by (meeting and dates):</b>	WB&G 17/03/2023 CBU3 Governance 22/03/2023
<b>Date of next review (maximum 3 years)</b>	23/03/2026
<b>Key words for search criteria on intranet (max 10 words)</b>	Consultant ward rounds, obstetrics and gynaecology
<b>Key messages for staff (consider changes from previous versions and any impact on patient safety)</b>	Introduction of weekend twice daily face to face ward rounds
<b>I confirm that this is the <u>FINAL</u> version of this document</b>	Name: Jade Carritt Designation: Governance Midwife

**FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM**

<p><b>Approved by (group/committee):</b> CBU3 Governance</p> <p><b>Date approved:</b> 22/03/2023</p> <p><b>Date Clinical Governance Administrator informed of approval:</b> 23/03/2023</p> <p><b>Date uploaded to Trust Approved Documents page:</b> 28/03/2023</p>
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