



Standard Operating Procedure- Shift leaders on the Antenatal Postnatal Ward.

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1:0 INTRODUCTION AND OBJECTIVE:

Standard operating procedures (SOP) are essential for the effective management of wards and departments to promote safe, effective care and optimise health outcomes. By providing a framework for staff to work with, SOP's provide clarity and uniformity of approach, whilst at the same time they help to give assurance that basic standards are being met. The main underpinning theme is risk management.

2:0 SCOPE OF THIS OPERATING PROCEDURE:

The SOP for the shift leader role on the Antenatal Postnatal ward (ANPN) is essential for the effective management and leadership of staff on the ward and the safety of patients. Reducing risk, optimising health outcomes and promoting safety and communication, ensuring standards are met.

3:0 PROCEDURES:

Shift leaders will work together with the Barnsley Birthing centre (BBC) Co-ordinator to maintain communication links between the two areas. Shift leaders will aim to be patient-light to enable them to fulfil tasks. This will mean that other staff will have more patients but with the support of the shift leader will still be able to give them a high standard of care.

4:0 ROLES AND RESPONSIBILITIES:

Shift leaders will be responsible for ensuring safety and standards are met on the ward; and for overseeing and supporting staff with their own caseloads. Throughout the shift, shift leaders will be responsible for ensuring the communication sheet is completed appropriately (Appendix 1.0)

Shift leaders will also be responsible for the following:

- Fair allocation of workload at the beginning of the shift- recognising midwives' strengths and abilities to manage a caseload of patients.
- Acuity Tool - shift leaders are responsible for ensuring this tool is completed accurately and any red flags or concerns are highlighted.
- Ensure D1s have been completed and sent to pharmacy in the morning. This is to promote a timely discharge when indicated, avoiding any possible delay.
- Attend the 09:00 & 17:00 handover on The Birthing Centre. This will enable coordinators and shift leaders to communicate effectively regarding ongoing workload, escalate concerns and ensure patient safety across the unit.



- Conduct the daily paediatric safety huddle. This enables further communication regarding neonates on the ward, possible discharges, medication concerns and safeguarding issues.
- Ensure Doctor reviews have been conducted and documented in a timely manner.
- Ensure all Newborn Infant Physical Exams (NIPE) have been performed, printed and filed appropriately. NIPE examinations to be performed by shift leaders / Midwives if trained to perform NIPE.
- Liaise with Birthing Centre coordinator throughout the shift, ensuring any concerns or updates regarding antenatal cases and bed status are escalated.
- Any admission from Birthing Centre/ Antenatal Day Unit/ Antenatal Clinic should go through shift leader, to assist with delegation of patients fairly, maintaining safety & support.
- In the event of a medical or surgical outlier being placed on the ward, it is the shift leader's responsibility to ensure that the notes have been reviewed, relevant assessments have been undertaken and a plan made (this will include a plan to relocate the patient safely when appropriate). The shift leader on the Birthing Centre and the Matron will be kept up to date.
- Shift leaders will ensure that all staff have taken their allocated breaks during the shift, escalating to the Lead Midwife if concerns arise.
- Shift leaders will be involved where necessary in MDT preadmission meetings for women who have complex safeguarding concerns. Shift leaders where available will be caring for women with complex needs, ensuring continuity, effective communication & expertise.
- Shift leaders will be involved in auditing, have opportunities for further professional development and be involved in management meetings.
- The Midwifery Staff are responsible for adhering to this Standard Operating Procedure (SOP) and completing actions as detailed in the procedure section.
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7:0 EQUALITY AND DIVERSITY:

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



8:0 REVIEW PROCESS PRIOR TO RATIFICATION:

Name of Group/ Department/ Committee	Date
Maternity guideline group	03/03/2020
Women's Services Business & Governance meeting	03/02/2022
CBU 3 Overarching Business & Governance meeting	23/02/2022



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

Document type (policy, clinical guideline or procedure) Detail any section headings that have been removed from the template and the reason for this	Guideline
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Document author (Job title and team)	Charlotte Cole Practice Educator Midwife
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development (including BFS, & any other stakeholders)	
If this document deviates from published national guidance please state the reasons for this and the impact this may have on patient safety (include relevant risk ID).	
Approval recommended by (meeting and dates):	CBU3 Business and Governance 24/02/2022
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Key words for search criteria on intranet	
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Charlotte Cole Designation: Practice Educator Midwife



FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Business and Governance

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