



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

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The guideline uses the terms ‘woman’ or ‘mother’ throughout. These should be taken to include people who do not identify as a woman but who are pregnant.



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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 available for maternity and Gynaecology on call.

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 Obstetrics and Gynaecology Consultant covering the BBC
 - The Obstetrics 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 followed by in person review for those women identified as high risk
- Handover of any complex antenatal, postnatal, gynaecology and outlier patients should occur at the handover
- Daily review of any outliers in person is to take place and document any plan of care and concerns of which to inform the obstetric team about.
- Consider the ward round an opportunity to debrief patients of events that may of impacted their care.
- 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 obstetrics 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.



8.0 Equality and Diversity

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

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)

Version	Date	Comments	Author
1	22/03/2023		
2	28/06/2024		

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Women's Business and Governance Meeting	17/05/2024
CBU 3 Business & Governance Meeting	28/06/2024



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.

Document type (policy, clinical guideline or procedure)	Standard Operating Procedure
Document title	Consultant ward rounds in obstetrics and gynaecology
Document author (Job title and team)	Obstetrics and gynaecology consultants
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	Obstetrics and gynaecology consultants, governance midwife, labour ward lead midwife, clinical director, head of midwifery
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Key words for search criteria on intranet (max 10 words)	Consultant ward rounds, obstetrics and gynaecology
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: Juliette Thompson Designation: Governance Midwife



FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee):

Date approved:

Date Clinical Governance Administrator informed of approval:

Date uploaded to Trust Approved Documents page: