TRUST POLICY

THE WOMEN'S CENTRE MATERNITY OUTPATIENTS DEPARTMENT OPERATIONAL POLICY:
GLOUCESTERSHIRE ROYAL HOSPITAL

B0669

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All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under "review date", or before this if changes occur in the meantime.

FAST FIND:

Operational Issues relating to Gloucester Maternity Services Outpatients department

DOCUMENT OVERVIEW:

For use by staff working or associated with Gloucester Outpatients department

This document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000
1. **INTRODUCTION**
1.1 This document outlines the operational policy for the Maternity Outpatients Department in the Women’s Centre at Gloucestershire Royal Hospital.

2. **PURPOSE**
2.1 To provide a clear and concise description of the service provided and the procedures adopted by the Maternity Outpatients Department, including the Ultrasound Suite.

2.2 This policy will:

- outline the operational procedures of the Maternity Outpatients Department;
- document the agreed interface with other services within and out with Gloucestershire Hospitals NHS Foundation Trust;
- link with other operational and clinical policies

3. **DEFINITIONS AND ABBREVIATIONS**
   See also approved maternity abbreviation list
   - ANC – Antenatal Clinic
   - CDS – Central Delivery Suite
   - CGH – Cheltenham General Hospital
   - EPA – Early Pregnancy Assessment
   - GHNHSFT – Gloucestershire Hospitals NHS Foundation Trust – ‘The Trust’
   - GRH – Gloucestershire Royal Hospital
   - IUFD – Intrauterine fetal death
   - LDRP – Labour, Delivery, Recovery, Post-partum
   - MA(U) – Maternity Assessment (Unit), GRH
   - MAC – Maternity Assessment Centre, CGH
   - MCA – Maternity Care Assistant
   - MLU – Midwifery Led Unit
   - MSE – Medical & Surgical Equipment
   - PALS – Patient Advice and Liaison Service
   - USS – Ultrasound scan
   - ‘The Department’ – The Maternity Outpatients Department at Gloucestershire Royal Hospital
   - Ultrasound Suite (Ultrasound 2) – The suite contained within the Women’s Services Centre
   - Main Ultrasound Department (Ultrasound 1) – Department within the main hospital

4. **ROLES AND RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>All Maternity Staff or staff working within</td>
<td>• following this and associated policies/procedures</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>• taking reasonable care of self and others</td>
</tr>
<tr>
<td></td>
<td>• utilise the information within this guideline</td>
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<tr>
<td>Health and Safety Committee</td>
<td>• Responsible for review and amendment</td>
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<td></td>
<td>• Monitoring effectiveness of policy</td>
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<td></td>
<td>• Receiving information on related incidents</td>
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<tr>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
<td>• Approval and maintenance</td>
</tr>
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<td></td>
<td>• Implementation</td>
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5. THE SERVICE

5.1 Function

5.1.1 The function of the Gloucester Maternity Outpatients Department is to provide comprehensive antenatal and postnatal outpatient services as part of a countywide Maternity Outpatients Service which includes services at Cheltenham General, Cirencester Hospital, Stroud Maternity, Lydney and Dilke Hospitals and within the community.

5.1.2 The Ultrasound suite provides obstetric and some gynaecological ultrasound services.

5.2 Operating Standards

5.2.1 The standards to which care in the Maternity Outpatients Department is provided are set and described in the guidelines and policies for maternity care available through the GHNHSFTIntranet.

5.3 Location

5.3.1 The Maternity Outpatients Department is part of the Women’s Centre at Gloucestershire Royal Hospital (GRH) which is located in Zone F at the rear of the GRH Tower Block.

5.3.2 The main patient, staff and visitor entrance to the Women’s Centre is on ground level through the main Tower Block concourse.

5.3.3 The Maternity Outpatients Department is located on the ground floor of the centre and is thereby within close proximity of all maternity and gynaecology services departments within the centre and has direct access to all other major specialist services within the hospital.

5.4 Operating Hours

- The Department operates between 8.30 and 4.30pm during weekdays, and is used by community midwives to run ante natal and post-natal clinics Saturday, Sunday and Bank Holidays.

- Obstetric ultrasound services at the weekend (Saturday & Sunday, 9am-12.30pm) and Public Holidays (on-call 9am-5pm contact via on-call mobile) are provided in the adjacent main Ultrasound Department

5.5 Capacity

5.5.1 Ante/postnatal annual activity (based on 2015/16 across county): 7483 attendances, 6706 new, 777 follow-up

5.5.2 Day assessment annual activity (based on 2015/16 across county): 4248 attendances, 2019 new, 2229 follow-up

5.5.3 Obstetric and gynaecology ultrasound activity (based on 2015/16 across county): 27939 scans.

5.6 Description of Accommodation

<table>
<thead>
<tr>
<th>Rooms/space</th>
<th>Size</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception and waiting area</td>
<td></td>
<td>There is a shared reception desk for maternity and gynaecology outpatients, and ultrasound, but separate waiting areas. The Maternity Outpatients waiting area includes a small play area for children.</td>
</tr>
</tbody>
</table>
Parent & baby room | 3 m² | Accessible from the main waiting area, this is a dual purpose room for nappy changing and infant feeding.
--- | --- | ---
Reception office | 13 m² | Office with three workstations accessed from behind the shared reception desk.
Notes/printer/ | 18 m² | Accessible through the reception office and from the gynaecology waiting area, this room stores all current ante-natal/gynae notes and has a printer
5 consultation/ examination rooms | 5 x 16 m² | Consultation/examination rooms for antenatal outpatient appointments equipped with couches, chairs, computer workstations and handwashing facilities.
Interview room | 9 m² | A private room for Counselling and breaking bad news. Equipped with table and chairs and a sofa.
Staff rest room | 25 m² | Includes comfortable chairs and table, TV, beverage bay and storage cupboards, fridge, microwave and dishwasher.
Parent craft room | 30 m² | Capable of accommodating up to 20 people, for preparation for parenthood teaching sessions. This room is used during the day by Maternity Assessment to increase capacity. It is also used by physiotherapy for clinics and by volunteers who make up maternity notes and packs, it can be used for meeting space when not in use by Maternity Assessment.
Parent craft store | 6 m² | Accessible from the Parent craft room, the store is used for storage of maternity notes and patient information leaflets and packs, used by volunteers to make up maternity notes. The door is lockable by key.
Maternity Assessment (MA) | 30 m² | A room with six recliners and one couch for women attending for Maternity Assessment, which involves the use of fetal monitoring equipment.
MA office | 12 m² | Office with two workstations.
General office | 18 m² | Office with three workstations.
Stationery store | 6 m² | Store for stationery, located close to the staff offices and clinic reception.
Physios’ office | 12 m² | Office with three workstations.
Domestic Services/ Cleaner’s room | 8 m² | Base from which domestic service staff provides the day-to-day cleaning service. Includes storage for chemicals, materials and equipment in daily use e.g. cleaners' trolleys and buffer machines.
Store | 8 m² | Equipment store located within easy access of the C/E rooms, for the storage of mobile items of medical equipment e.g. mobile USS machine, resuscitation trolley and telemedicine equipment.
Dirty utility | 9 m² | For disposal of liquid and other waste, storage and cleaning of trolleys and other equipment.
Clinic Supplies Store (MSE) | 5 m² | Local storage for small supply items and equipment.
Clean utility | 9 m² | For holding clean and sterile supply items, drugs, medicines and lotions. All pharmacy stock is stored in this room in wall mounted drugs cupboards; there is also a designated lockable drugs fridge and a specimen fridge.
Consultant office | 2 m² | Office with two workstations.
Linen store | 6 m² | For the storage of a standard linen exchange trolley, with a shelf above, which will serve as the clean linen store.
Visitors w/c – wheelchair access | 4.5 m² | For the storage of a standard linen exchange trolley, with a shelf above, which will serve as the clean linen store.
2 Visitors w/c |  | |
Disposal hold | 7 m² | |
**Ultrasound Suite**
3 ultrasound consultation/ examination rooms | 3 x 16.5 m² | Consultation rooms for maternity and gynaecology ultrasound scans and procedures, equipped with scanning equipment, examination couches and chairs, computer workstations and handwashing facilities.
Sub waiting area | 9 m² | A separate waiting area for the ultrasound suite – accessible from both the maternity and gynaecology waiting areas.

For details of other relevant or shared accommodation, please see the respective operational policy as follows:
6. THE PATIENT AND THEIR PATHWAY
6.1 Referrals & Patient movement into the Department

6.1.1 Routine antenatal clinics

- Women are referred by their community midwife in accordance with the GHNHSFT A2002 Routine Antenatal Care Guideline, and A1061 GHNSHFT Midwife Led Care Pathway.

- The first attendance in the Department is usually at around 12 weeks of pregnancy for a routine scan and booking blood appointment. Women who have consultant led care will be seen in appropriate consultant-led clinics.

- Routine dating scan appointments are pre-booked by the main Ultrasound (Imaging) Department on receipt of a request form from the community midwife. The woman is notified of their appointment by letter from the Ultrasound Department.

- Referral by community midwife to consultant is in accordance with GHNHSFT A2002 Routine Antenatal Care Guideline. Consultant appointments are booked by the midwife using Y1035 New Pregnancy Referral Form, or through direct contact with the department for more urgent referrals. The woman is notified of their appointment by their community midwife or by a letter.

- All women are offered an 'anomaly' scan at around 20 weeks. This appointment is booked by the main Ultrasound Department on receipt of a request form from the Ultrasound Suite following the dating scan.

- On arrival in the department, the patient reports to the shared reception, is confirmed as having attended on the computer system (Trak care and/or CRIS as appropriate) by the receptionist and then directed to the antenatal waiting area for either ultrasound or consultant appointment.

6.1.2 Fetal Medicine

- Three sessions per week are dedicated to specialist fetal medicine scanning and management.

- Women are referred by sonographers who have identified a concern with a routine scan, the screening midwife or the senior antenatal clinic midwife or by an Obstetric Consultant or deputy. Appointments are booked by USS reception staff.

6.1.3 Maternity assessment

- The Department includes a day assessment facility where women who require closer monitoring during pregnancy are seen on an outpatient basis for assessment of fetal/maternal well-being without the need for an antenatal admission, although admission may be required based on the assessment.

- Women are referred by Community midwives, The Maternity Advice Line, General Practitioners or via a Consultant Obstetric team. A woman may self-refer to maternity
assessment. Appointments are booked in the Maternity Assessment diary.

6.1.4 Postnatal services

- Women who require a hospital postnatal check will have a consultant appointment in a routine clinic, as per the process for antenatal appointments.

- Specific appointments are set up for counselling following stillbirth or other adverse events. These are booked by the Consultant secretaries. These women will be seen in a Consultants office or in gynaecology outpatients.

6.2 Discharge & patient movement out of the Department

6.2.1 Following their appointment, the majority of patients will leave the Department directly.

6.2.2 A proportion of women seen in Maternity assessment will require an admission to Delivery Suite or the Maternity Ward. See Operational Policy for Delivery Suite & Maternity Ward.

6.2.3 A proportion of women will require Early Pregnancy Assessment (EPA) services. See Operational Policy for Gynaecology.

6.3 Patient and Carer Involvement

6.3.1 Compliments and complaints can be made by contacting the Patient Advice and Liaison Service (PALS) via phone, email or post.

7. ROLES AND RESPONSIBILITIES (ORGANISATIONAL ARRANGEMENTS AND ACCOUNTABILITY)

7.1 Leadership of the Department

7.1.1 The Department forms part of the Trust’s Maternity Services which are managed by the Women’s and Children’s Division.

7.1.2 The Obstetric Ultrasound service is provided by the Imaging Department, which is part of the Division for Diagnostics & Specialist Services.

7.1.3 Responsibilities for Risk Management and Clinical Governance are described within the Maternity Services Risk Management Operational Procedure.

7.2 Medical Responsibility

7.2.1 Medical responsibility lies with the individual Consultant Obstetrician who is accountable to the Clinical Director for Obstetrics & Gynaecology.

7.2.2 Day-to-day responsibility lies with the on call Consultant Obstetrician, according to the rota.

7.3 Midwifery Responsibility

7.3.1 Midwifery responsibility lies with the Senior Midwifery Manager/Matron for Hospital Services.

7.3.2 Day-to-day responsibility lies with the Lead Midwife for Antenatal Services.

7.4 Financial Responsibility

7.4.1 The budget-holder for Maternity Outpatients is the Lead Midwife for Antenatal services

7.4.2 The budget-holder for medical staffing (Obstetrics) is the Divisional Director of Operations –
Women's and Children's.

7.4.3 The budget-holder for staffing (Obstetric Ultrasound) is the Lead Superintendent Radiographer.

7.5 Clinical Staffing

7.5.1 Obstetric staffing levels, responsibilities for planning staffing, and procedures to follow in the event of shortfalls are described in the document: B0611 GHNHSFT Maternity Services Staffing Policy

7.5.2 Medical presence in the Department is in accordance with the rota and clinic timetables.

7.5.3 Midwifery staffing levels, responsibilities for planning staffing, and procedures to follow in the event of shortfalls are described in the B0550 GHNSHFT Escalation policy and B0611 GHNHSFT Maternity Services Staffing Policy Midwifery Staffing.

7.5.4 Obstetric sonographers are present in the department during scheduled clinics Monday to Friday.

7.5.5 There is a Specialist Midwife Antenatal Screening Coordinator and deputy Antenatal Screening Coordinator based in the Department (Mon-Fri 08.30 – 16.30). See A1119 Maternal Antenatal Screening and Test Results. The main responsibilities of the role are:

- to coordinate the service and provide training on all National Screening Committee recommended antenatal screening programmes e.g. Infectious diseases (HIV, Hepatitis B and syphilis), sickle cell and thalassaemia, and Down's Syndrome, Edward's and Patau's
- to provide Midwifery support for the Fetal Medicine lists and support for parents with high risks following screening tests or abnormal results after invasive testing
- to be available to give advice to Midwives and patients (can be contacted on 03004 226106)

7.5.6 There are Specialist Midwives available to additional support vulnerable women with complex social factors. See A1114 Vulnerable Women: Pregnancy and Complex Social Factors, A1076 Substance and Alcohol Misuse Maternity, A1077 Teenage Pregnancy and section 8.10 and 8.11. The main responsibilities of the role are:

- to provide additional support to pregnant women and families through every stage of pregnancy by coordinating and implementing individual care plans and facilitating access to other services
- To provide additional support to midwives who case hold vulnerable women with complex social factors.
- to provide liaison between primary care, maternity, specialist services, social care and other services to ensure the best possible outcome for mother and baby
  - to act as a point of contact for the women and relevant agencies.

7.5.7 A joint diabetic/obstetric clinic runs weekly on a Monday. Diabetic specialist nurses and dieticians attend this clinic.

7.5.8 There is a Specialist Midwife for teenage pregnancies available via switchboard, see A1077 Teenage Pregnancy Guidelines and section 8.11, to coordinate care with other agencies for pregnant teenagers.
7.6 Administration and Clerical Staff

7.6.1 Clinic reception is staffed by reception staff and clerical staff during the hours 08.00 – 16.30.

7.7 General Management

7.7.1 General Management responsibility lies with the Divisional Director of Operations (Women’s and Children’s Division) with the exception of Obstetric Ultrasound which falls under the management responsibility of the General Manager for Imaging (Diagnostics & Specialist Services Division).

7.8 Uniforms

7.8.1 Staff are required to conform to the Trust’s dress code.

8. SERVICE INTERFACES

8.1 Transfers of obstetric patients between services are carried out in accordance with the Transfer/Discharge Policy.

8.2 Maternity Services’ Management (see section 6) are responsible for taking an overview of activity in different parts of the service, and communicating regularly between the different areas, to ensure staffing is appropriate.

8.3 Delivery Suite & Obstetric Theatres

8.3.1 The Obstetric Delivery Suite and Theatres are located on the first floor of the Women’s Centre, directly above the Department.

8.3.2 Some women booked for elective caesarean are received in Maternity Assessment before transferring to theatres; some women go directly to delivery suite depending on placement on elective list.

8.3.3 See Operational Policy for Delivery Suite and Maternity ward for detail.

8.3.4 Patients with an obstetric emergency would not routinely enter the Outpatients Department but arrive in the Women’s Centre through the emergency ‘Horton Road’ entrance and proceed directly to the Obstetric Delivery Suite.

8.4 Community Midwifery

8.4.1 Routine antenatal care is provided in the Community by midwives who interface with the Department as follows:

- Referral of women for routine 12-week ‘dating’ scans in the ultrasound suite (by ultrasound request form sent to the main Radiology Department).

- Referral of women to consultant-led outpatient clinics as appropriate (in accordance with clinical guidelines/policies – see section 4.2). Community midwives can request a consultant-led clinic appointment on a pregnancy referral form or can contact the department directly for more urgent referrals.

8.5 Gynaecology

8.5.1 The Gynaecology Outpatients Department is co-located within the Women’s Centre and shares reception and ultrasound facilities with the Maternity Outpatients Department.
8.5.2 Early Pregnancy Assessment and Registrar Review clinics are run in the Gynaecology Outpatients Department.

8.5.4 See separate Operational Policy for Gynaecology.

8.5.5 Inpatient Gynaecology services are based in the main hospital (General Theatres and Tower Block Ward 2A).

8.5.6 See section 6 for details of medical staffing for Obstetrics & Gynaecology.

8.6 Emergency Department and Acute Care Units
See also A1999 Emergency Care of Pregnant Women by Non-Obstetricians

8.6.1 There is no routine interface between the Department and the Emergency Department or Acute Care Units.

8.6.2 Patients attending the Emergency Department with reduced fetal movements should not be referred to Maternity Outpatients but should be sent to Triage located in the Obstetric Delivery Suite (See Operational Policy for Delivery Suite and Maternity ward).

8.7 Maternity Outpatients at Cheltenham General Hospital

8.7.1 The services run within the Department are part of a countywide Maternity Outpatients Service under shared management arrangements (see section 6).

8.7.2 Maternity Outpatients services in Cheltenham are run from St. Paul’s Wing of Cheltenham General Hospital. See separate Operational Policy.

8.8 Diabetes

8.8.1 Within the Department, the countywide antenatal diabetes service is run as a joint clinic with an obstetrician and an endocrinologist.

8.9 Family planning & sexual health services

8.9.1 The Department does not provide family planning or sexual health services. These are provided by NHS Gloucestershire from Hope House on the GRH site.

8.10 Drugs and alcohol services
See A1076 Substance and Alcohol Misuse Maternity Guidelines

8.11 Teenage services
See A1077 Teenage Pregnancy Guidelines

Youth support are available during Teenage pregnancy clinics provide information, guidance and support for pregnant teenagers under the age of 20 who are pregnant with regard to education, training, employment, housing and benefits. Referral forms are available on the Teenage pregnancy policy.

9. CLINICAL SUPPORT SERVICES

9.1 Radiology/Imaging

9.1.1 The Imaging Department manages the service provided in the Ultrasound Suite (Ultrasound 2) and is responsible for the maintenance of the equipment.

9.1.2 Routine ultrasound appointments are booked by the Imaging Department’s appointment office on receipt of requests from midwives and/or phone calls from women.
9.2 Pathology

9.2.1 During pathology department core hours (weekdays 0830 – 1700, Saturdays 0900-1200), suitable specimens are sent to the laboratory via a porter or transport services.

9.2.2 Histology specimens are sent via porters to GRH pathology reception for onward transport to the Histology laboratory at CGH in accordance with the policy.

9.2.3 Out of hour’s service: An extensive range of investigations are available outside normal working hours covering chemical pathology, clinical haematology and microbiology. On-call staff may be contacted through the hospital switchboard. Requests should be restricted to those where a rapid response is required for the immediate management of the patient.

9.2.4 See pathology intranet site for details:

9.2.5 Samples collected for cytogenetic analysis (chorionic villous and amniocentesis samples) will be packaged in Maternity Outpatients Department. A dedicated car transport will pick up these samples for transportation to the Cytogenetics Laboratory.

9.2.6 All specimens taken within the department are to be accompanied by an appropriately completed request form. It is important to ensure adequate information is given on the form for the laboratory personnel to understand the question that is being asked and why the test has been requested. Please refer to the policy for labelling request forms and specimens:
http://www.glos.nhs.uk/ACUTEPathology/Cheltenham/Pathology_Policies/Pathology%20policy%20for%20labelling%20request%20forms%20and%20specimens.pdf

9.3 Pharmacy

9.3.1 Pharmacy supplies will be provided as requested.

9.4 Physiotherapy

8.4.1 Regular physiotherapy sessions will be held in the Maternity Outpatients department. Some sessions are held weekly.

There are two referral routes to physiotherapy:

1. Patients can be directed to self-refer via www.gloshospitals.nhs.uk/physio and follow link.
2. If self-referral is not appropriate outpatient referral forms can be obtained via Colour Connect Y1521 and these can be completed on behalf of the patient.

9.5 Phlebotomy

9.5.1 Phlebotomy is undertaken in the Maternity Out-patients Department by MCAs and Midwives. Women may attend The Edward Jenner centre for blood tests if required; in CGH women can go to West Block Outpatients for Phlebotomy if required.

9.6 Nutrition/Dietetics

9.6.1 Dieticians attend the department with the diabetic team.

9.7 Clinical Genetics

9.7.1 Maternity Services will seek the advice of the Clinical Genetics service in the event of complex genetic disorders.

9.8 Infection Control
9.8.1 The Department will comply with the Trust’s Infection Control policy. These policies are available via the Trust’s Intranet.

9.8.2 The Infection Control Office is open Monday – Friday 08.30 – 16.30 ext 6122. Bleep 2036 or 2146.

9.8.3 Pest sightings should be reported promptly to the Property & Medical Engineering Department.

9.8.4 In the event of out of hours emergencies, the Consultant Microbiologist on call can be contacted via the switchboard at Gloucestershire Royal Hospital.

10. NON-CLINICAL SUPPORT SERVICES

10.1 Domestic

10.1.1 The Department is cleaned by domestic staff 5 days per week in accordance with the new cleaning standards.

10.1.2 The Department requires cleaning once a day. In the event of an emergency the Domestic Supervisor may be contacted, during working hours on Ext 6198, out of hours via Bleep number 2431.

10.2 SSD & Procurement Materials Management

10.2.1 Consumable items are supplied by Procurement Materials Management on a top-up basis once per week, combined with gynaecology outpatients (see Operational Policy for Gynaecology).

10.2.2 The Department has its own stock level of consumable supplies.

10.2.3 Midwifery staff are responsible for determining stock levels in discussion with Procurement Materials Management regarding consumables.

10.2.4 Staff will contact Materials Management when consumable supplies are required.

10.2.5 Stock will be stored on designated racking (located in the Clean Utility & Treatment Room).

10.2.6 Urgent stocks can be ordered over the telephone via Distribution and Stores ext. 6353.

10.2.7 Reusable instruments are brought from Cheltenham for the purposes of Amniocentesis and Chorionic Villus Sampling. Contaminated reusable instruments the appropriately marked red boxes for return to SSD.

10.2.8 Used instruments must be placed in ‘the outer wrapping’ on the numbered tray they were taken from and placed in the red box.

10.2.9 Instrument sets processed and returned will have a unique bar code attached. Please ensure that this bar code is returned with the instruments.

10.3 Catering

10.3.1 There is no routine catering service supplied to the Outpatients Department.

10.3.2 Patients and visitors are expected to access the main Hospital catering facilities (i.e. Fosters restaurant).

10.3.3 The nearest vending machines are on the landing of the first floor of the Women’s Centre.

10.3.4 A cold water dispenser is available in reception and in the staff room.
10.4 Disposal

10.4.1 The Department will comply with the Trust's Waste Management Policy.

10.4.2 Yellow bins are shared with gynaecology outpatients.

10.4.3 Details of waste collection procedures are contained with the Women's Centre Portering Operational Policy.

10.5 Linen and Laundry

10.5.1 A weekly order is placed, shared with gynaecology outpatients.

10.5.2 Dirty laundry will be collected from the Waste Disposal Hold.

10.6 Portering

10.6.1 The Portering pool provides all ad-hoc services seven days a week, twenty four hours a day. The portering service will routinely collect waste/deliver laundry and Health Records and Post, all other tasks needs to be requested via the Portering Helpdesk on 6650

10.6.2 For an emergency response from the Portering service this may be accessed by calling '2222'.

10.6.3 Out of hours in the first instance, a call should be put through to the Porter room on 6650 if there is no response to the telephone call then the Porters may be bleeped on the internal paging system, bleep number 2302.

10.7 Spiritual Care

10.7.1 The chaplain can be contacted via bleep on an 'as needed' basis during core and out of hours.

10.8 Health Records

10.8.1 The Department complies with the Maternity Services Health Records Policy.

10.8.2 'Gloucester' maternity notes are routinely stored in the Maternity Outpatients and can be accessed out-of-hours by the Delivery Suite ward clerk.

10.8.3 'Cheltenham' maternity notes are routinely stored in the Antenatal Clinic office until 36 weeks of pregnancy when they are transferred by internal transport to the Department's Notes Store, behind Reception.

10.8.4 To access 'Cheltenham' maternity notes in an emergency contact Antenatal clinic in working hours, Cheltenham Birth Unit out of hours and arrange motorbike courier.

10.8.5 'Stroud' maternity notes are routinely stored in the Administration Office in Stroud Maternity Unit until 36 weeks of pregnancy when they are transferred by transport service to the GRH notes store in ANC.

10.8.6 To access 'Stroud' maternity notes in an emergency contact Stroud Maternity Unit and arrange via transport or motorbike courier if out of hours.

10.9 Post

10.9.1 Post is delivered and collected from the Department twice per day, once in the morning & once in the afternoon, 5 days per week.
10.10 Switchboard

10.10.1 Main hospital telephone number is 03004 222222 from an external line.

10.10.2 The switchboard can be contacted by dialling 100 from an internal line and saying ‘Operator’ in response to the automatic phone system (LUCY).

10.10.3 The Department Reception direct line is 03004 226103.

10.11 Security

10.11.1 Management/issue of access swipecards is provided by the Property & Medical Engineering Department, Parking & Access Manager.

10.11.2 A baby-tagging system is used throughout the Women’s Centre. An alarm will sound if a baby is taken through a secure door without a member of staff. This alarm will sound in all clinical areas – Birth Unit, Maternity Ward, Delivery Suite and NICU. It will be the responsibility of the clinical area where the alarm has been raised to cancel the alarm following a full investigation. Staff to follow 80549 Baby Abduction policy if required.

10.12 Information Technology

10.12.1 IT Services, Patient and Clinical Systems teams are required to support the routine use by the unit of the following systems/software:

- Stork
- Infoflex
- Trak-care
- PACs
- P2P
- Internet Explorer
- MS Office applications (Outlook, Word, Excel)

Contact numbers for support are as follows:
- IT service desk: x2808
- PAS Helpdesk: x 3543

10.12.2 Management Information reporting (activity data etc) is provided by the Information Department.

10.13 Translation Services

10.13.1 Staff can access interpretation/translation assistance as described in the Translation and Interpreting Policy and Guide.

10.14 Engineering Services

10.14.1 Reference should be made to the Estates and Facilities Operational Policy. The following features have particular relevance to the department.

10.14.2 Water services, ventilation systems, security system, lighting, data points & telephones, electrical power supplies and sockets, radio & television.

10.14.3 Countywide Helpdesk number for all faults and maintenance requests: (03004 22) 6800.

10.14.4 The Helpdesk is available 24 hours (calls get transferred to switchboard after 4pm).

11. QUALITY INDICATORS

11.1 Annual screening report

11.2 Bookings by 12 weeks
11.3 Achievement of standards to ensure successful CQC inspection.

11.4 Waiting times

11.5 Clinic cancellations

12. **ROLE IN MAJOR INCIDENT**
12.1 The department will respond in accordance with the Trust’s Major Incident Plan.

12. **BUSINESS CONTINUITY/CONTINGENCY**
12.1 Refer to Contingency Plan for Maternity.

13. **HEALTH AND SAFETY**
13.1 Health and Safety

13.1.1 Refer to the Trust’s Health and Safety Policy.

13.1.2 There is a Risk Coordinator for Obstetrics and Gynaecology and a Risk Coordinator for Paediatrics (includes Neonatology). Their role includes:

- To advise on the implementation of the Health and Safety Policy within the Division/Department and on any local procedures.
- To distribute Health and Safety information and check compliance with current Health and Safety regulations, staff safety training and the organisation of inspections/risk assessments and implementation of resulting actions.

14. **DISSEMINATION**
14.1 The Practice Development Midwives will inform all staff via an emailed monthly update flyer when this guideline has been uploaded and individuals are expected to make themselves aware of the guideline content via the GHNHSFT intranet.

15. **MONITORING OF COMPLIANCE**
15.1 This list is not exhaustive and additional criteria may be included at the Trust discretion

15.2 The audit will include the National Maternity standards and sample size if related

15.3 Sample sizes selected will be dependent on the cohort size. The data collection period will be identified by the Maternity Audit / Lead

15.4 Action plans will be developed and reviewed as required by the instigating body

15.5 The audit will be carried out using the standardised audit tool and methodology as agreed by the maternity audit team and in line with the audit process.

15.6 The audit results will be presented to the multidisciplinary Obstetrics and Gynaecology Audit presentation meeting.

15.7 Where deficiencies are identified, an action plan will be developed by the author, following the Multidisciplinary Obstetrics and Gynaecology Audit presentation meeting. These action plans are implemented and monitored by the Associated Forum.

15.8 Audits are undertaken as routine triennially, however if deficiencies are identified or changes implemented, audit will be undertaken sooner.
<table>
<thead>
<tr>
<th>Criteria (Objective to be measured)</th>
<th>Monitoring Methodology</th>
<th>Lead Responsible</th>
<th>Time scales</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line managers are responsible for monitoring compliance with this policy, and escalating any issues with the policy itself to the document owner for consideration in future amendments.</td>
<td>Monitor adherence to policy</td>
<td>Area Manager</td>
<td>Ongoing</td>
<td>Health and Safety Committee</td>
</tr>
</tbody>
</table>
# B0669 THE WOMEN’S CENTRE MATERNITY OUTPATIENTS DEPARTMENT OPERATIONAL POLICY: GLOUCESTERSHIRE ROYAL HOSPITAL

## DOCUMENT PROFILE

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>B0669</th>
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<tbody>
<tr>
<td>Category</td>
<td>Non-Clinical</td>
</tr>
<tr>
<td>Version</td>
<td>2</td>
</tr>
<tr>
<td>Sponsor</td>
<td>Hilary Lucas</td>
</tr>
<tr>
<td>Author</td>
<td>Kay Davis and Susan Cooper</td>
</tr>
<tr>
<td>Issue Date</td>
<td>December 2016</td>
</tr>
<tr>
<td>Review Details</td>
<td>November 2019</td>
</tr>
<tr>
<td>Assuring Group</td>
<td>Health and Safety Committee</td>
</tr>
<tr>
<td>Approving Group</td>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
</tr>
<tr>
<td>Approval Details</td>
<td>GOGG December 2012, GOGG December 2016</td>
</tr>
<tr>
<td>Compliance Information</td>
<td>Local</td>
</tr>
<tr>
<td>Consultees</td>
<td></td>
</tr>
<tr>
<td>Dissemination Details</td>
<td>Upload to Policy Site; cascaded via divisions</td>
</tr>
<tr>
<td>Keywords</td>
<td></td>
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<tr>
<td>Related Trust Documents</td>
<td>Maternity Policy Site</td>
</tr>
<tr>
<td>Other Relevant Documents</td>
<td></td>
</tr>
<tr>
<td>Associated Legislation and Codes of Practice</td>
<td></td>
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## Authors and Versions

<table>
<thead>
<tr>
<th>Authors</th>
<th>Version</th>
<th>Reason for review</th>
<th>Ratified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Dennett Matron for outpatient services</td>
<td>V1 New Policy</td>
<td>New Policy</td>
<td>GOGG December 2012</td>
</tr>
<tr>
<td>Kay Davis Matron for OPD and Susan Cooper Lead Midwife OPD</td>
<td>V2</td>
<td>Trienniel Review</td>
<td>GOGG Gloucestershire Guideline Group</td>
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</table>

Gloucestershire Hospitals NHS Foundation Trust
**EQUALITY IMPACT ASSESSMENT**

**INITIAL SCREENING**

<table>
<thead>
<tr>
<th>1. Lead Name</th>
<th>Hazel Williams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td>Practice Development Midwife</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Is this a new or existing policy, service strategy, procedure or function?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New ✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Who is the policy/service strategy, procedure or function aimed at?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Carers Staff ✓ Visitors Any other Please specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Are any of the following groups adversely affected by this policy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes is this high, medium or low impact (see attached notes):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>✓</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled people</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Race, ethnicity &amp; nationality</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Male/Female/transgender:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Age, young or older people:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Sexual orientation:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Religion, belief &amp; faith:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If the answer is yes to any of these proceed to full assessment.
If the answer is no to all categories, the assessment is now complete.

<table>
<thead>
<tr>
<th>Date of assessment:</th>
<th>Completed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Job title:</td>
</tr>
<tr>
<td>Director:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA’s are completed in accordance with this procedure.