1. INTRODUCTION

This document outlines the operational policy for the Maternity Ward in The Women’s Centre at Gloucestershire Royal Hospital.

2. DEFINITIONS & ABBREVIATIONS See approved maternity abbreviation list

3. PURPOSE

To provide a clear and concise description of the service provided and the procedures adopted by the and Maternity Ward.

This policy will:

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

4. ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
<th>Resources</th>
<th>Review/Monitoring</th>
<th>Implementation</th>
<th>Records</th>
<th>Reporting</th>
<th>HR</th>
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<tr>
<td>All Maternity Staff or staff working within Maternity Services</td>
<td>• following this and associated policies/procedures</td>
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<td>Health and Safety Committee</td>
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<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
<td>• Approval and maintenance</td>
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<tr>
<td>Maternity Clinical Governance</td>
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<td>• Outstanding audit actions</td>
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5. THE SERVICE

5.1 Function
The 46-bedded Ward comprises 18 single side rooms and seven 4-bed/cot rooms. The ward is the main inpatient facility for women requiring an admission to hospital antenatally, or postnatal care over and above that available on the Midwifery-Led Units. The ward provides personalised midwifery and obstetric care based on the individual needs of women and their babies.

5.2 Operating Standards
The standards to which care in the Maternity Ward is provided are set and described in the following over-arching clinical guidelines for maternity care:
- Routine Antenatal Care Guideline (describes the antenatal pathway and how prospective mothers are offered the choice of location for delivery)
- Postnatal care Guideline
- Transfer & Discharge Policy

5.3 Location
- The Maternity Ward 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; situated on the 2nd floor.
- The main patient, staff and visitor entrance to the Women’s Centre is on ground level through the main tower block concourse. The Maternity Ward is on the second floor and accessed by lift (2 provided) or stairs from this area. There is also a link corridor to provide direct access by staff between the first floor of the Women’s Centre and the first floor of the main tower.
- Service entrances are located towards the main tower end of the building via lift and stairs.
- Access is swipe card controlled both on entry and exit. A doorbell system linked to the midwives’ station is available for those without swipe cards to request access.

5.4 Operating Hours
- The Maternity ward is in use 24 hours a day, 7 days a week, 365 days a year.
- Standard visiting hours for the Maternity ward are as follows:
  - 9am to 9pm for partners and siblings
  - 2pm - 3pm and 6 pm - 7pm for general visitors
- The number of general visitors is restricted to 2 per women/baby.

5.5 Description of Accommodation
The Maternity Ward has a total of 46 beds and consists of the following rooms:

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Size</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>18 Single Rooms En-suite</td>
<td>18m²</td>
<td>5 rooms have en suite baths, 13 have showers. All washrooms are wheelchair accessible and have patient-to-staff and staff-to-staff call system points.</td>
</tr>
<tr>
<td>7 four-bed Rooms En-suite</td>
<td>45m²</td>
<td></td>
</tr>
<tr>
<td>Baby Resuscitaire</td>
<td>6m²</td>
<td></td>
</tr>
<tr>
<td>Milk Storage Prep</td>
<td>6m²</td>
<td></td>
</tr>
<tr>
<td>Bath Baby</td>
<td>3m²</td>
<td>This area is the main control area for security/access control monitor and intercom into the unit and is manned during office hours (08.30-16.30 Monday to Friday) by a ward clerk/receptionist who will greet patients on arrival and monitor patient flows through the department. Midwifery staff will control access out of hours. It provides additional admin space for staff and the call systems and medical gas alarms link back to this area. There is a reception area on the landing outside the ward which is manned by a ward clerk during visiting hours and provides additional admin space outside of these hours.</td>
</tr>
<tr>
<td>Staff base / Nurses Station</td>
<td>12m²</td>
<td></td>
</tr>
<tr>
<td>Office 1-2 person(s)</td>
<td>10m²</td>
<td></td>
</tr>
<tr>
<td>Office 4–6 people</td>
<td>23m²</td>
<td>PC, Storage of Patient notes, other storage. Data/telecoms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Space</th>
<th>Size</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Linen Store</td>
<td>8m²</td>
<td>For the storage of a standard linen exchange trolley, with a shelf above.</td>
</tr>
<tr>
<td>Assisted Bathroom</td>
<td>15m²</td>
<td></td>
</tr>
<tr>
<td>Equipment Store</td>
<td>24m²</td>
<td>This is used for the storage of large equipment, wheelchairs, monitors, pumps, resuscitaires, drip stands, fold down beds etc.</td>
</tr>
<tr>
<td>Switchgear Cupboard</td>
<td>2m²</td>
<td></td>
</tr>
<tr>
<td>Dining / Seating Area</td>
<td>40m²</td>
<td>A multi-purpose sitting room. Mothers may use this room for reading, relaxation, watching television and receiving visitors.</td>
</tr>
<tr>
<td>Pantry</td>
<td>15m²</td>
<td>The pantry is used for the preparation of beverages, light snacks. A dishwasher, refrigerator and storage units are provided.</td>
</tr>
<tr>
<td>Dirty Utility</td>
<td>12m²</td>
<td>The macerator is located here for the disposal of bed pans. The bulky macerator disposables and up to 2 dirty linen skips are stored here. There is a clinical wash hand basin.</td>
</tr>
<tr>
<td>Clean Utility</td>
<td>8m²</td>
<td>Provides storage for medical &amp; surgical equipment in wall mounted boxes, wall cupboards and base units for general MSE storage and worktop preparation space for drugs and dressings. All pharmacy stock is in wall mounted drugs cupboards; a designated lockable drugs fridge and a clinical wash hand basin.</td>
</tr>
<tr>
<td>MSE Store</td>
<td>10m²</td>
<td>General MSE Store - This is used for storage of smaller top up items and stationery. These items will be delivered to the ward via the service entrance to the unit.</td>
</tr>
<tr>
<td>Staff Rest Area</td>
<td>25m²</td>
<td>Beverage bay with facilities for preparing beverages, for washing and storing crockery and cutlery, for storing a limited quantity of dry goods, and for the refrigerated storage of milk, etc. Includes a stainless steel sink and drainer, refrigerator, microwave, dishwasher, electric water boiler, and a worktop with cupboards.</td>
</tr>
<tr>
<td>Cleaning store</td>
<td>8m²</td>
<td>Equipment, chemicals and dry stores associated with cleaning will be stored here as well as cleaners’ trolleys and machines. A low level flushing bucket sink is provided for disposal of cleaning fluids, with hot and cold water. Wash hand basin required. There is a requirement for a hazardous substance cupboard (for storage of alcohol gel etc).</td>
</tr>
<tr>
<td>Staff wc</td>
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</tr>
<tr>
<td>Disposal Hold</td>
<td>24m²</td>
<td>A waste, storage and linen disposal bay will be located near the service entrance to the ward. Items for disposal and reprocessing will be sorted according to whole hospital policy.</td>
</tr>
</tbody>
</table>

### 6. THE PATIENT AND THEIR PATHWAY

#### 6.1 Referrals & Patient movement into the Ward

Movement of postnatal women from delivery suite.
- Transfer mother and baby to the Maternity ward, either in wheelchair or on a ward bed. If mother wishes to walk to Maternity ward, baby to be transferred in cot.
- Discharge home. (Baby to leave ward in car seat)

Movement of women being admitted for **Induction of labour**
Enter building via main ‘Tower’ entrance
- Arrive at 2nd floor and report to Midwives station on Maternity ward
- Admit to Antenatal bay
- Assess and induce on ward - if no complications, see IOL guideline for inclusion criteria
- Transfer to Delivery Suite once labour established/ or for ARM
- Follow Delivery Suite movement as above for rest of care

Women who would like an **earlier discharge** – see Procedure for neonatal checks for a baby
Referral and movement of antenatal women through the Maternity Ward:

- Referral from Day Assessment: arrive via lift to 2nd floor accompanied by midwife
- Referral from Emergency Department/other wards: arrive via lift to 2nd floor accompanied by nurse
- Referral from community midwife/GP/self: enter building through main ‘Tower’ entrance and arrive via lift to 2nd floor
- Admit to appropriate bed
- Assess & provide appropriate care and treatment
- Transfer to delivery suite or discharge home as appropriate

6.2 Movement of postnatal women through Maternity Ward:

- Transfer from Delivery Suite
- Formalise individualised care plan
- Discharge home or transfer to other hospital

6.3 Movement of unwell women from Maternity Ward:

Antenatal women:

- Transfer to Delivery Suite
- Assess
- May be delivered or returned to Maternity ward for further observation

Postnatal women:

- Transfer mother and baby to Delivery Suite
- Assess
- If mother needing treatment in DCC then transfer via link corridor and admit baby to Neonatal Unit for care
- Transfer mother and baby back to Delivery Suite once condition improved
- Transfer mother and baby to Maternity ward for continuation of care plan
- Discharge home

Women are expected to bring only limited luggage for the first 24 hours in the unit.

- Visitors will enter the building through the Tower entrance, arrive at the second Floor and ring the bell at the ward entrance. Staff will release the door from the reception using the CCTV to ascertain identity of the visitor. The visitor will then be directed to the appropriate ante/ postnatal bed.

6.4 Discharge & patient movement out of the unit

- See 5.1 for description of pathways
- Procedures for transfer and discharge are described in the Transfer & Discharge Guideline.

6.5 Patient and Carer Involvement

- A Maternity Services User Group, supported by the Trust’s Patient and Public Involvement (PPI) department informs the decision-making process for the Trust’s Maternity and Neonatal Services.
- Compliments and complaints can be made by contacting the Patient Advice and Liaison Service (PALS). A Friends and Family is ongoing and provides an opportunity to give patient feedback.

7. ORGANISATIONAL ARRANGEMENTS AND ACCOUNTABILITY

7.1 Leadership of the Unit

- The unit forms part of the Trust’s Maternity Services which are managed by the Women’s and Children’s Division.
- Responsibilities for Risk Management and Clinical Governance are described within the Maternity Services Risk Management Operational Procedure.

7.2 Medical Responsibility

- Medical responsibility lies with the Clinical Director for Obstetrics & Gynaecology.
- Day-to-day responsibility lies with the Lead Consultant, according to the rota.

7.3 Midwifery/Nursing Responsibility

- Midwifery responsibility lies with the Senior Midwifery Manager/Matron for Hospital Services.
- Day-to-day responsibility lies with Lead Midwives for Maternity Ward.
7.4 Financial Responsibility

- The budget-holder for Maternity Ward is the Lead Midwife.
- The budget-holder for medical staffing (Obstetrics) is the Divisional Director of Service Delivery – Women’s and Children’s.

7.5 Clinical Staffing

- Midwifery staffing levels, responsibilities for planning staffing, and procedures to follow in the event of shortfalls are described in the Escalation policy and appendix: Midwifery Staffing.
- Midwifery training is provided in accordance with the B0571 GHNHSFT Maternity Training Policy.
- Medical supervision is provided in accordance with the GMC’s guidance ‘Good Medical Practice’.
- There is an Infant Feeding Specialist Midwife available to support the Maternity ward during core hours (Mon-Fri 09.00 – 17.00) along with an Infant Feeding Support Midwife 6 hours per day 5 days per week. The main elements of the role are:
  - to provide help to mothers requiring support with Breastfeeding and/or expressing milk, including assessment for Tongue Tie.
  - to provide support to parents who choose to formula feed.
  - to support the midwifery-led units at CGH and GRH, the neonatal and transitional care units and community midwifery teams.
  - to be available to give advice to midwives and patients (if not available on the Maternity ward, can be contacted on: 07799341200).
- There is a Bereavement Support Midwife available to support the Maternity ward (flexible). The main elements of the role are:
  - to offer practical and emotional support to parents and families following miscarriage, termination of pregnancy for fetal abnormality, stillbirth or neonatal death.
  - to offer ongoing support in the community on leaving hospital.
  - to respond to referrals from General Practitioners, Community Midwives, Neonatology staff, Health Visitors, and self referrals.
  - to support colleagues through practical and emotional issues whilst caring for bereaved families.
  - to be available to give advice to colleagues and patients (can be contacted on 0300 422 5526).

7.6 Administration and Clerical Staff

- Ward clerk cover is provided between the hours of 08:30-16:30 and 17:30-20:30 Monday to Friday.

7.7 General Management

7.8 General Management responsibility lies with the Divisional Director of Operations (Women’s and Children’s Division)

7.9 Uniforms

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

8. SERVICE INTERFACES

- Transfers between services are carried out in accordance with the Transfer/Discharge Policy.
- 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.

8.1 GRH midwifery-led Birth Unit

- Women from the Birth Unit may be transferred to the Maternity Ward if requiring additional postnatal care.
- Please see: Operational Policy for Midwifery-led Unit.

8.2 Neonatal & Transitional Care Unit

- The Neonatal and Transitional Care Unit is located on the first floor adjacent to Delivery Suite. Please see: Neonatal Care A1094.

8.3 Community Midwifery and Maternity Outpatients

- Routine antenatal care is provided by community midwives who manage the antenatal pathway through referral for routine scans, screening and consultant-led appointments as appropriate.
Community midwives will advise women to attend the Maternity ward if required during their pregnancy.

On discharge from the Delivery Suite or Maternity ward, the relevant community midwife should be informed by the discharging midwife.

8.4 Emergency Department and Acute Care Units

- Refer to the clinical policy for Care and Assessment of the Pregnant Woman admitted to Any Clinical Area other than Maternity and Gynaecology.
- The preferred hospital entrance for obstetric emergencies is the drop-off entrance to the Women’s Centre rather than through the Emergency Department.

8.5 Stroud Maternity

- Stroud Maternity Hospital is a midwifery-led service.
- Postnatal women can be transferred to Stroud Maternity for midwifery led postnatal care. See Stroud Maternity Operational Policy

9. CLINICAL SUPPORT SERVICES

9.1 Specialist midwifery

- Infant feeding support – see section 6.5 Clinical Staffing
- Bereavement - see section 6.5 Clinical Staffing
- Substance misuse – see Operational Policy for Maternity Outpatients
- Teenage pregnancy – see Operational Policy for Maternity Outpatients
- Diabetic - see Operational Policy for Maternity Outpatients
- Antenatal screening - see Operational Policy for Maternity Outpatients
- Perinatal Mental Health Midwife
- Safeguarding Midwife
- Practice Midwife Facilitator

9.2 Radiology/Imaging

9.3 Pathology

- During pathology department core hours (weekdays 0830 – 1700, Saturdays 0900-1200), suitable specimens are sent to the laboratory via a pneumatic air tube system at the midwives base.
- Histology specimens are sent via porters to GRH pathology reception for onward transport to the Histology laboratory at CGH in accordance with the policy for Packaging of Pathological Specimens for transport by road to, or between hospital sites - HSPOL007.
- Out of hours service: An extensive range of investigations is 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.
- 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](http://www.glos.nhs.uk/ACUTEPathology/Cheltenham/Pathology_Policies/Pathology%20policy%20for%20labelling%20request%20forms%20and%20specimens.pdf)

9.4 Pharmacy

- Drugs used in the department on a frequent basis will be supplied on a weekly top-up system.
- Pharmacy items will be dispensed from the main pharmacy department
- Ward attenders will be given a FP10 if they require medication
- The ward has a DFW (dispensed from ward) cupboard for commonly used drugs to expedite patient discharge. This is checked weekly by Pharmacy
- Pharmacy policies: [http://www.ghnhst.nhs.uk/JOINTPharmacy/POPAM/index.htm](http://www.ghnhst.nhs.uk/JOINTPharmacy/POPAM/index.htm)

9.5 Physiotherapy and Gynaecology

- A physiotherapist and a gynaec urodynamic nurse are available if required (Monday to Friday).

9.6 Occupational Therapy
- This service is not used routinely but can be accessed by internal referral from the patient’s clinician.

9.7 Phlebotomy
- There is routine support to the Maternity Ward.

9.8 Infection Control
- The unit will comply with the Trust’s Infection Control policies & standards – these policies are available via the Trust’s Intranet.
- The Infection Control Office is open Monday – Friday 08.30 – 16.30 ext 6122. Bleep. 1676
- Pest sightings should be reported promptly to the Property & Medical Engineering Department.
- In the event of out of hours emergencies, the Consultant Microbiologist on call can be contacted via the switchboard at Gloucestershire Royal Hospital.

9.9 Bed Managers
- Lead midwives are responsible for liaising with the Bed Management team as necessary in the event of a shortage of bed capacity or a Flu Pandemic.

9.10 Medical photography
- Medical photography can be contacted Monday-Friday 9am-5pm for assistance with deceased baby photos.

9.11 Community and Adult Care
- This service will be accessed by internal referral from the patient’s clinician.

9.12 Speech and Language Therapy
- This service is not used routinely but can be accessed by internal referral from the patient’s clinician.

9.13 Nutrition/Dietetics
- This service will be accessed by internal referral from the patient’s clinician.

9.14 Health Psychology
- This service will be accessed by internal referral from the patient’s clinician.

9.15 Mortuary
Deceased patients will be prepared for the mortuary by nursing staff & transferred in accordance with the [GHNHSFT Last Offices Policy](#).

10. NON-CLINICAL SUPPORT SERVICES

10.1 Domestic
- The unit is cleaned by domestic staff 7 days per week in accordance with the new cleaning standards.
- After 20.00 hours and before 07.00 hours there is minimal domestic presence on site. Non urgent cleaning requests will be logged and actioned at an appropriate time. A Night Duty Domestic Supervisor is contactable via bleep numbers 2211/2277.
- Full detail of the service provision is contained within the [Women’s Centre Domestic Department Operational Policy](#).

10.2 SSD & Procurement Materials Management
- The processing of reusable instrument sets and appropriate equipment is provided by the Sterile Services Department at Gloucestershire Royal Hospital in accordance with recognised EU Standards.
- Consumable items are supplied by Procurement Materials Management on a top-up basis 2 times per week.
- The unit has its own stock level of reusable instruments and consumable supplies
- Midwifery staff are responsible for determining stock levels in discussion with Procurement Materials Management regarding consumables.
- Staff will contact SSD when reusable instruments in process are required urgently.
- Staff will contact Materials Management when consumable supplies are required.
• Stock will be stored on designated racking (located in the Clean Utility & Treatment Room), in accordance with the Trust’s standard layout and colour coding policy.
• Urgent stocks can be ordered over the telephone to Materials Management on dialling ext 5171.
• Contaminated reusable instruments and equipment being returned to SSD will be placed in the appropriately marked red boxes.
• Used instruments must be placed in ‘the outer wrapping’ on the numbered tray they were taken from and placed in the red box.
• 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
• Breakfast supplies are delivered by Materials Management and the Catering Department.
• Main meals are supplied to the pantry from the central kitchen.
• There is a beverage trolley service on the ward.
• Crockery and cutlery for main meals will be returned to the central wash in the catering department, and be stored on a trolley in the pantry until their return.
• There are vending machines on the landing of the first floor of the Women’s Centre.
• Full detail of the service provision, including out-of-hours supplies, is contained within the Women’s Centre Domestic Department Operational Policy.

10.4 Disposal
• The unit will comply with the Trust’s Policy for the Management of Waste.
• Details of waste collection procedures are contained with the Women’s Centre Portering Operational Policy.

10.5 Linen and Laundry
• Unit stock will be supplied six days per week on a linen trolley exchange basis by the Linen Hire Contractor.
• Emergency supplies can be obtained out of hours from the Linen Room by contacting the Duty Lead Nurse Bleep 2345.
• Dirty laundry will be collected from the Waste Disposal Hold.

10.6 Portering
• The Portering pool provides all ad-hoc services seven days a week, twenty hours a day. From Monday to Friday (not including Bank Holidays) the Women’s Centre is covered by a bespoke area porter working between the hours of 09:00 hrs until 17:00 hrs undertaking both ad-hoc and routine portering tasks.
• Contacting the area-based porter is done by use of agreed white boards. If the need for the task is time critical then a call should be placed to the Portering helpdesk on 6650 who will then make contact with the area porter via a two way radio. For an emergency response from the Portering service this may be accessed by calling ‘2222’.
• Out of hours in the first instance, a call should be put thorough 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.
• Full detail of the service provision is contained with the Women’s Centre Portering Operational Policy.

10.7 Spiritual Care
• The chaplain can be contacted via bleep on an ‘as needed’ basis during core and out of hours.

10.8 Health Records
• The unit complies with the Maternity Services Health Records Policy.

10.9 Post
• Post is delivered and collected from the unit twice per day, once in the morning & once in the afternoon, 5 days per week.
• Full detail of the service provision is contained with the Women’s Centre Portering Operational Policy.
10.10 Switchboard

- Main hospital telephone number is 0300 422 2222 from an external line.
- The switchboard can be contacted by dialling 100 from an internal line and saying ‘Operator’ in response to the automatic phone system (LUCY).
- The Maternity Ward direct line is 0300 422 5520.
- Any staff "on call" arrangement/rota needs to be forwarded to the switchboard on a regular basis.

10.11 Security

- Management/issue of access swipe cards is provided by the Property & Medical Engineering Department, Parking & Access Manager.
- 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.

10.12 Information Technology

- IT Services, Patient and Clinical Systems teams are required to support the routine use by the unit of the following systems/software:
  - TrakCare
  - Inflex
  - 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
- Management Information reporting (activity data etc) is provided by the Information Department.

10.13 Translation Services

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

11. ENGINEERING SERVICES

Reference should be made to the engineering policy B0606.

- The following features have particular relevance to the department.
  - Water services, ventilation systems, security system, lighting, data points & telephones, electrical power supplies and sockets, piped medical gases, pneumatic air tube, radio & television,
  - Countywide Helpdesk number for all faults and maintenance requests: (0300 422) 2808 additionally the Helpdesk can be contacted by e-mail
  - The Helpdesk is staffed from 08:00 to 22:00 Monday to Friday and from 08:00 to 18:00 Saturdays and Sundays. Outside of these hours calls should be emergency only and these will be directed to the main switchboard. The Helpdesk does not take requests for new works.

12. QUALITY INDICATORS

- Birth ratio (Annual births per WTE midwife): ideal 1:28
- One-to-one care in labour
- CTG audit, for information
- Complaints
- Risk Management audit
- Infection Control/Saving Lives audit
- Knife to skin audit
- Maternity dashboards
- WHO Safer Surgery Check list

13. ROLE IN MAJOR INCIDENT

- The department’s role in a Major Incident is to respond in accordance with the Trust’s Major Incident Plan.

14. BUSINESS CONTINUITY/CONTINGENCY

- Refer to Maternity Services Contingency Plans.
For staffing refer to the **Maternity Escalation Policy – Divert and Closure**.

15. HEALTH AND SAFETY

- Refer to the Trust’s Health and Safety Policy.
- Health & Safety risk assessments have been completed for each of the areas within the Women’s Centre. Dissemination of related Safe Systems of Work is the responsibility of line managers.
- There is a Risk Co-ordinator for Obstetrics and Gynaecology and a Risk Co-ordinator 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.

16. TRAINING ON OPERATIONAL POLICY

Refer to the **B0571 GHNHSFT Maternity Training Policy**

17. DISSEMINATION OF POLICY

- The policy will be disseminated initially to all clinical, administrative and support staff working in the Women’s Centre via management cascade. The policy will be loaded to the Intranet.

18. MONITORING COMPLIANCE

18.1 This list is not exhaustive and additional criteria may be included at the Trust discretion

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

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

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

18.5 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.

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

18.7 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.

18.8 Audits are undertaken as routine triennially, however if deficiencies are identified or changes implemented, audit will be undertaken sooner.

<table>
<thead>
<tr>
<th>Monitoring of Compliance</th>
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</thead>
<tbody>
<tr>
<td><strong>Criteria (Objective to be measured)</strong></td>
</tr>
<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>
</tr>
<tr>
<td>Authors</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td>Sue Dennett Matron for Maternity ward</td>
</tr>
<tr>
<td>Eirwen Rees Ward Manager</td>
</tr>
<tr>
<td>DOCUMENT PROFILE</td>
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<tr>
<td>REFERENCE NUMBER</td>
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<td>CATEGORY</td>
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<td>VERSION</td>
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<td>SPONSOR</td>
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<tr>
<td>AUTHOR</td>
</tr>
<tr>
<td>ISSUE DATE</td>
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<tr>
<td>REVIEW DETAILS</td>
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<td>ASSURING GROUP</td>
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<td>APPROVING GROUP</td>
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<td>APPROVAL DETAILS</td>
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<td>COMPLIANCE</td>
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<td>DISSEMINATION DETAILS</td>
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<tr>
<td>KEYWORDS</td>
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<table>
<thead>
<tr>
<th>RELATED TRUST DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Abbreviation List</td>
</tr>
<tr>
<td>Maternity Mandatory Training Policy.B0571</td>
</tr>
<tr>
<td>Escalation Policy.B0550</td>
</tr>
<tr>
<td>engineering policy.B0606</td>
</tr>
<tr>
<td>still birth policy A1051</td>
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<tr>
<td>Last Offices Policy</td>
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<tr>
<td>Maternity Services Health Records Policy.</td>
</tr>
<tr>
<td>Policy for the Management of Waste. B0387</td>
</tr>
<tr>
<td>Maternity transfer and discharge policy (A2015)</td>
</tr>
<tr>
<td>Operational Policy for Delivery Suite, Obstetric Theatres &amp; Ante/Postnatal ward</td>
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<tr>
<td>Antenatal Care (A2002)</td>
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<tr>
<td>Maternity Mandatory Policy.B0571</td>
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<tr>
<td>Maternity Services Risk Management Operational Procedure.</td>
</tr>
<tr>
<td>Intrapartum Care Guideline A1101</td>
</tr>
<tr>
<td>Postnatal Care Guideline A2011</td>
</tr>
<tr>
<td>B0549 Baby Abduction policy</td>
</tr>
<tr>
<td>Trust’s Health and Safety Policy. A0159 Trust's dress code</td>
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<tr>
<td>Neonatal Care A1094</td>
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<td>Midwife led Care A1061</td>
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<table>
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<tr>
<th>OTHER RELEVANT DOCUMENTS</th>
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| ASSOCIATED LEGISLATION AND CODES OF PRACTICE |
### EQUALITY IMPACT ASSESSMENT

#### INITIAL SCREENING

1. **Lead Name:** Sue Dennett  
   **Job Title:** Midwife

2. Is this a new or existing policy, service strategy, procedure or function?  
   - New: ✔  
   - Existing: 

3. Who is the policy/service strategy, procedure or function aimed at?  
   - Patients
   - Carers
   - Staff: ✔
   - Visitors
   - Any other: Please specify: Partners, Gloucestershire Healthcare Community

4. Are any of the following groups adversely affected by this policy: NO  
   If yes is this high, medium or low impact (see attached notes):  
   - Disabled people: No ✔ Yes
   - Race, ethnicity & nationality: No ✔ Yes
   - Male/Female/transgender: No ✔ Yes
   - Age, young or older people: No ✔ Yes
   - Sexual orientation: No ✔ Yes
   - Religion, belief & faith: No ✔ Yes

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>
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<tbody>
<tr>
<td>Signature:</td>
<td>Job title:</td>
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<tr>
<td>Director:</td>
<td>Signature:</td>
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</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.