TRUST CLINICAL POLICY

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GYNAECOLOGY OPERATIONAL POLICY

WOMEN’S SERVICES

B0674

FAST FIND:

Operational Issues relating to Gloucester Gynaecology department

DOCUMENT OVERVIEW:

For use by staff working or associated with Gloucester Gynaecology department

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Authors M James/P Byrne
Date of Issue: May 2013

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1. **INTRODUCTION**

1.1 This document outlines the operational policy for the Gynaecology outpatients department in the Women’s Centre, the Gynaecology inpatient service on ward 2A at Gloucestershire Royal Hospital, and the emergency Gynaecology service across the County.

2. **PURPOSE**

2.1 To provide a clear and concise description of the service provided and the procedures adopted by the gynaecology outpatients department, inpatient and emergency gynaecology service.

2.2 This policy will:

- Provide clear lines of communication between the community, ED departments, Single Point of Clinical Access (SPCA), and inpatient referrals from other specialties and the Gynaecology team.
- Outline the operational procedures of the gynaecology outpatients department and inpatient service;
- Document the agreed interface with other services within and out with Gloucestershire Hospitals NHS Foundation Trust;
- Link with other operational and clinical policies

3. **ROLES AND RESPONSIBILITIES**

3.1 Leadership of the Unit

3.1.1 The unit forms part of the Trust’s Women’s Health Services which are managed by the Women’s and Children’s Division.

3.1.2 Responsibilities for Risk Management and Clinical Governance are described within the Gynaecology Services Risk Management Operational Procedure.

3.2 Medical Responsibility

3.2.1 Medical responsibility lies with the Clinical Director for Obstetrics & Gynaecology.

3.2.2 Day-to-day responsibility lies with the Lead Consultant, according to the rota.

3.3 Nursing Responsibility

3.3.1 Nursing responsibility lies with the Assistant Divisional Director for Nursing & Midwifery, and the Gynaecology Nurse Consultant.

3.3.2 Day-to-day responsibility for the outpatient department lies with the named lead nurse.

3.3.3 Day-to-day responsibility for the inpatient ward lies with the Senior Sisters.

3.4 Financial Responsibility
3.4.1 The budget-holder for the outpatient department is the named lead nurse (Outpatients Sister).

3.4.2 The budget-holder for the inpatient ward is the Senior ward sister.

3.4.3 The budget-holder for medical staffing (Obstetrics & Gynaecology) is the Specialty Director for Obstetrics and Gynaecology.

3.4.4 The overall budget-holder for nursing staffing is the Specialty Director for Obstetrics and Gynaecology.

3.5 Clinical Staffing

3.5.1 Medical staffing levels, responsibilities for planning staffing, and procedures to follow in the event of shortfalls are the responsibility of Specialty Director for Obstetrics & Gynaecology. There are documents on acting down and covering absent colleagues on the LNC website.

3.5.2 Nursing staffing levels, responsibilities for planning staffing, and procedures to follow in the event of shortfalls are the responsibility of the Specialty Director for Obstetrics & Gynaecology.

3.5.3 Medical supervision is provided in accordance with the GMC’s guidance ‘Good Medical Practice’.

3.5.4 Nursing supervision is provided in accordance with the Nursing & Midwifery Council Standard of Conduct, Performance and ethics for nurses and midwives.

3.6 Administration and Clerical Staff

3.6.1 Outpatient reception is staffed between 08.00 and 17.00.

3.6.2 Ward clerk cover is provided between 08.30 and 18.30 five days a week.

3.7 General Management

3.7.1 General Management responsibility lies with the Chief of Service (Women’s and Children’s Division).

3.7.2 General Managers role is to be responsible for the operation and strategic direction of the service line.

3.8 Uniforms

3.8.1 Staff are required to conform to the A0159 Trust’s dress code.

4. DEFINITIONS

- CGH – Cheltenham General Hospital
- DCC – Department of Critical Care
- EPA – Early pregnancy assessment
- ERPC – Evacuation of Retained Products of Conception
- GERC – Gynaecology Emergency Review Clinic.
- GHNHSFT – Gloucestershire Hospitals NHS Foundation Trust – ‘The Trust’
- GRH – Gloucestershire Royal Hospital
- GWAS – Great Western Ambulance Service
- MDC – Menstrual Disorders Clinic
- MSE – Medical & Surgical Equipment
- SPCA – Single Point of Clinical Access – established under ‘Utopia’ programme
- TWC – The Women’s Centre
- PALS – Patient Advice and Liaison Service
5. THE SERVICE

5.1 Gynaecology Outpatient Service: the function of the Gloucester Gynaecology outpatients department is to provide comprehensive outpatients services as part of a countywide gynaecology outpatients service which includes services at Cheltenham General and Community Hospitals. The department provides the following services:

5.1.1 **Consultant Led Gynaecology Clinics** – women are referred by GPs for investigation and treatment of gynaecology problems. These clinics occur in the Women’s Centre, Cheltenham General Hospital and a number of peripheral Hospitals. Some of these clinics will be supported by training medical staff and nurse practitioners.

5.1.2 **Hysteroscopy** – This nurse or consultant-led service allows investigations and minor operations to take place under local anaesthetic allowing the patient to return home within the hour. The service covers two main clinical disorders: the investigation and management of women with Post menopausal bleeding (PMBC) and management of women with menstrual disturbance (MDC).

5.1.3 **Colposcopy** – This is a consultant-led service, which may be delivered by a nurse practitioner. This service allows women to have outpatient treatment of cervical lesions under local anaesthetic. This service is provided in the Women’s Centre, CGH and Cirencester Hospital, and Stroud Hospital. The provision of colposcopy services at Bourton on the Water is currently under review.

5.1.4 **Urodynamics** – Both consultant and nurse-led services allow an accurate assessment of the treatment needs of women with genitourinary dysfunction. This service is provided in the Women’s Centre outpatient area and links with radiology at GRH for more complex cases.

5.1.5 **Continence Clinics** – Treatment plans are formulated with patients and reviewed by the specialist team which includes a consultant Urogynaecologist, specialist nurse and specialist physiotherapist, ensuring women receive the appropriate comprehensive advice and support. These clinics occur in the Women’s Centre and CGH with a multidisciplinary approach to the service and specialist joint clinic for complex cases. This service is closely linked with the community continence team and women’s health physiotherapy team who also run specialist pelvic floor clinics within the departments. Nurse practitioners within the urogynaecology service contribute greatly to the provision of investigation, treatment and management of patients with these conditions.

5.1.6 **Fertility Clinics** – Couples have access to a consultant, NCG doctor and advanced nurse practitioner with the knowledge and skills to investigate and treat or refer them on to tertiary units whilst supporting their emotional and physical needs. This service is provided in the Women’s Centre and in CGH Lansdown Rooms.

5.1.7 **Pre-Assessment Clinics** – Pre-Assessment Clinics are where patients come prior to admission for surgery which allows them to be admitted on the day of surgery with all the pre-operative investigations and preparation complete. All GRH preadmission clinics are held in the Women’s Centre on Tuesdays and Fridays (all day clinics run by the ANPs with support from the SHOs). Women over the age of 60 for day surgery are pre assessed in the outpatient department in the Women’s Centre in the preadmission clinics. At CGH all day case and Oncology patients are pre assessed by the Chedworth Nursing Staff with the Surgical Nurse Practitioners (Monday). Any referral to Anaesthetic Teams will be co-ordinated by the pre admitting nurse to ensure patients do not have their operations cancelled on the day.

5.1.9 Other clinics – Menopause clinic provided in the Women’s Centre once a month.

5.2 Gynaecology Inpatient Service Ward 2A
5.2.1 The Gloucester Gynaecology inpatient service includes surgical services in main theatres and the inpatient ward (Ward 2A). This is the main service in the county for benign elective and emergency gynaecology patients who require an admission for surgery or other treatment. Gynaecology Oncology patients are admitted to CGH Cheltenham General Hospital under the care of the Gynae-Oncology consultants (see appendix 2 for details of cover).

5.2.2 Ward 2A aims to ‘accommodate’ all inpatients for elective benign gynaecology. The patients will routinely be admitted via the surgical admission suite and transferred to the ward post operatively.

5.2.3 Emergency Evacuation of Retained Products of Conception (ERPC) will be admitted directly to 2A at 07.00 to allow them to go the theatre 09.30 to allow discharge and efficient use of bed for elective admission of post op patients from theatre.

5.2.4 Gynaecology day surgery patients will be cared for and admitted to the Day surgery unit at GRH and CGH.

5.2.5 The gynaecology emergency review clinic (GERC) will take place on the ward five days a week (Mon – Fri) starting at 13.00. At the weekends there will be a review clinic following on from the morning EPA clinic at 11.30 which will also take place on the ward (EPA starts at 09.00hrs). The clinic will be staffed by the F1 / F2 and ST1 / ST2 doctors and the duty Registrar with consultant support when required.

5.2.6 Medical management of miscarriages/ectopic pregnancy – Patients for medical management of miscarriage will be seen on the ward for initial treatment and ongoing management of their condition. Methotrexate treatment for ectopic pregnancies will also be administered on the ward.

5.2.7 All planned and EPA emergency admissions will be directly to Ward 2A 24 hours a day. As now, nursing / medical staff will advise patients who contact the ward with increased emergency symptoms to attend the ward for further review / admission. Ward staff will inform the bed manager promptly of direct admissions. Due to the nature of the specialty and the need to provide suitable accommodation for all emergency admissions, at least one bed should be kept available for such patients, especially overnight.

5.2.9 Haemodynamically unstable patients will be directed to A&E at GRH for resuscitation prior to admission to theatre or the ward depending on clinical need.

5.2.9 On Take weeks will ensure a coordinated approach to admissions and consultant responsibility. The Team on for the weekend at the end of the week will be the take team. The consultant on for the Sunday of that week will be the named consultant for the patients admitted in obstetrics and gynaecology who are not currently under the care of another consultant. The team will be responsible for the ongoing and follow up care of these patients when not requiring the care of the emergency teams. See appendix 3 for detailed explanation of responsibilities.

5.3 Gynaecology Emergency Service

5.3.1 The Gynaecology emergency service will have a number of routes and pathways. Early pregnancy problems will be referred to EPA. Patients that are acute emergencies will be offered review at the Gynaecology Emergency Review Clinic (GERC) based on ward 2A. Patients referred as urgent but not acute will be offered urgent OPD appointments within 2 days in the Women’s Centre OPD and CGH OPD depending on location. Ward referrals will be triaged and reviewed appropriately. Patients requiring admission or emergency gynaecology surgery if stable will be transferred to 2A. There is a consultant for gynaecology emergencies 09.30 – 16.30 Mon – Fri. Out of hours and at weekends there is a consultant on for Obstetrics and Gynaecology. In the rare event of an emergency gynaecology situation occurring out of hours at the same time as an obstetric emergency the gynaecology oncology consultant may be called. Patients admitted not already under a named consultant will be put under the team that is covering the weekend (specifically the consultant on Fri/Sun), it is the responsibility of that team to supervise the ongoing care of these patients. However, the day to day management of all emergencies is the
5.3.2 A Formal multidisciplinary handover will take place on ward 2A at 08.30 when a sheet of all admissions will be passed over and plans for their management made as well as coordination of the EVACs. The e referral in box will be checked. The consultant will then attend MAU to coordinate and assess the elective caesarean list. The consultant on call will then review every new admission and any other emergency admission if requested or at least every other day.

5.3.3 Early Pregnancy Assessment (EPA) – The nurse-led EPA service allows women with problems in early pregnancy to be referred for a one stop assessment and treatment following referral from GPs, A&E staff and community midwives. EPA will take place in the Women’s Centre at GRH seven days a week (Mon – Fri Outpatients Department in the Women’s Centre, Sat/Sun Ward 2A) and in CGH 5 days a week (Mon – Fri). Patients will be allocated slots in the EPA service starting form 08.45 at 15 minute intervals. All EPA slots for CGH will be triaged to ensure they are suitable for this service in order to reduce the risk of potentially unstable patients being seen at CGH.

EPA booking line 03004225549.
EPA room (GRH) 03004225181
EPA room (CGH) 03004222348
EPA Helpline for patients 03004226668 (24 hours)

5.3.4 Ultrasound (USS) – In the Women’s Centre there is an allocation for 9 EPA slots in the morning followed by 3 slots for ward/Emergency USS. In the afternoon there is a provision for 3 USS slots starting at 3 pm. These may take place in the Women’s Centre or in the Main USS department depending on availability. At CGH there is allocation for 6 EPA slots in the morning.

5.3.5 Gynaecology Emergency Review Clinic (GERC) – GPs/A&E/SPCA have the ability to refer to the emergency review facility. It is designed as a facility for patients who need to be seen as an emergency that day and likely to need admission. The Consultant on for Gynaecology (Bleep 2225) will be responsible for triaging the calls to ensure appropriate use of the service. If the consultant is not available the calls will pass to the registrar. At the weekend the consultants cover obstetrics and gynaecology and will only be asked to carry the obstetric bleep 2232 (although ideally both the 2225 and 2232 bleeps should be carried whilst in the hospital). The duty Registrar/SHO/ANP will assess, triage and arrange for appropriate investigations, management and follow up plans. It is not appropriate for this service to be used routinely for follow up.

5.3.6 Urgent OPD appointments – The emergency gynaecology consultant will triage referrals and offer urgent OPD when appropriate. These patients will be offered appointments at GRH and CGH depending on geographical location. A the GP should be asked to send a faxed referral to 03004225595.

5.3.7 Ward/A&E/UTOPIA referrals – At GRH there will be an emergency team to organise the assessment and management of these patients. The patients may be seen on the wards in A&E and if stable asked to attend the ward. At CGH there will be a Doctor every day. All ward referrals at CGH will go through the consultant on for Gynaecology at GRH who will organise review of the patient at CGH. If admission to gynaecology and surgery required, these patients will need to be transferred to Ward 2A.

Referrals transferred over from CGH for gynae review from another specialty may be reviewed on 2A. If the patient is shared a review needs to take place by the referred specialty (eg Surgery at GRH) before discharge.

5.3.8 Ambulance admissions – The ambulance service will divert known gynaecology emergencies to GRH. These patients will be admitted through A&E and depending on their clinical condition be assessed and resuscitated in A&E prior to transfer to ward/theatre. Patients who are stable and unlikely to need immediate theatre may be directed straight to 2A to be reviewed.
5.3.9 The obs and gynae mailbox (REFER_Obs&Gynae_Trust) must be checked in the morning as part of the handover process. Ideally it should be checked at the ward rounds at 1 and 4 and actioned appropriately.

5.3.10 Gynaecology emergency CGH – In the rare instance where there is an unstable patient at CGH with a gynaecological emergency the consultant on for gynaecology should be contacted to coordinate the patient’s management. This may be provided by a gynaecologist in CGH at the time but, if required, it may be necessary for the emergency gynaecology consultant to attend CGH.

5.3.10 Emergency Gynaecology Surgery – Evacuation of retained Products of Conception (ERPC) will be performed at GRH. The patients will be admitted to ward 2A at 07.00. There are 2 slots at the beginning of the Emergency List (theatre 2). The patients will be booked in advance and consented before admission the theatre coordinator will be the link for booking the EVAC. We will provide a slot for 1 ERPC at the weekend Sat/Sun to be performed at 09.30 hrs. this will provide a potential 600 slots per year. The patients can then be discharged to allow admission of the major elective admissions. Diagnostic laparoscopies and other emergencies will be added to the emergency list at GRH and performed as clinically appropriate. See Appendix 3 for detailed explanation of roles and responsibilities.

5.4 Gynaecology Oncology Service

5.4.1 The Gynaecology oncology patients will be located on Prescott Ward. The Inpatient gynaecology Oncology patients will be the responsibility of the Gynaecology Oncology consultants. The Gynaecology Oncologists will provide an on call service for their patients at CGH. See Appendix 2 for cover plan and contact details.

5.4.2 Cover for the Gynaecology Oncology inpatients will be provided and coordinated by the Gynaecology oncology consultants. The service will be supported during day (09.00 – 17.00) by an SHO/nurse practitioner and StR trainee who can be contacted using the gynaecology “Baton bleep” at CGH. Between 17.00 and 20.00 the patients will be covered by the Surgical division team. Between 20.00 and 09.30 the hospital at night team will be the first port of call for the patients and they will liaise with the Oncology consultant on call to coordinate ongoing management. See Appendix 2 for contact and detailed explanation.

5.5 Operating Standards

5.5.1 The main purpose of the unit is to admit patients in a timely fashion to assist in achieving the 19 week standard and to ensure that all staff work towards reducing length of stay for all patients by delivering a high quality of healthcare delivered in a timely manner with the appropriate resources available to carry out this role. The following clinical standards govern the provision of care:

- Clinical policies
- Clinical operational flow charts
- 18 week pathway
- NICE guidelines
- RCOG/RCN guidelines.

5.6 Location

5.6.1 The gynaecology 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. The gynaecology outpatients department at CGH is located in the West Block Outpatients department

5.6.2 The main patient, staff and visitor entrance to the Women’s Centre is on ground level through the main Tower Block concourse.
5.6.3 The inpatient Gynaecology ward (Tower 2A) is located on level 2 of the Tower Block. The inpatient 'gynae-oncology' ward (Prescott ward) is located in the central surgical 'block' at CGH.

5.6.4 Gynaecology surgery is carried out in the main Theatres blocks at both GRH and CGH with day surgery at Stroud.

5.7 Operating Hours

5.7.1 The gynaecology outpatients department is in use between 9.30am and 5pm on weekdays. At the weekend, emergency outpatient services (mainly Early Pregnancy Assessment) are provided from ward 2A and the main ultrasound department.

5.7.2 The gynaecology inpatient ward is in use 24 hours a day, 365 days per year.

5.8 Capacity

5.8.1 The following table shows the historical level of activity, as described in the Business Case for the Women’s Services Redevelopment\(^1\).

<table>
<thead>
<tr>
<th>Gynaecology</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>CGH</td>
<td>GRH</td>
</tr>
<tr>
<td>New Outpatient attls.</td>
<td>3004</td>
<td>4109</td>
</tr>
<tr>
<td>Follow-Up attls.</td>
<td>2208</td>
<td>3823</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>651</td>
<td>600</td>
</tr>
<tr>
<td>Daycase Admissions</td>
<td>1602</td>
<td>1267</td>
</tr>
<tr>
<td>Non elective admission</td>
<td>397</td>
<td>938</td>
</tr>
</tbody>
</table>

5.9.2 A profile of Colposcopy and Hysteroscopy activity is provided in the table below:

<table>
<thead>
<tr>
<th>Service</th>
<th>2006/07</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGH</td>
<td>GRH</td>
<td>Comm Setting</td>
</tr>
<tr>
<td>Colposcopy</td>
<td>834</td>
<td>655</td>
</tr>
<tr>
<td>Hysteroscopy</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

5.9 Description of Accommodation

5.9.1 The Gynaecology Outpatients Department consists of the following rooms:

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Size</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting room</td>
<td>30 m(^2)</td>
<td>Suitable for up to 25 people including 2 wheelchair users. Includes children's play area.</td>
</tr>
<tr>
<td>Office - 3 people</td>
<td>19.5 m(^2)</td>
<td></td>
</tr>
<tr>
<td>Store – general office &amp; stationery</td>
<td>6 m(^2)</td>
<td></td>
</tr>
<tr>
<td>Interview &amp; counselling room</td>
<td>9 m(^2)</td>
<td>For confidential staff-patient or staff-staff conversations. Includes single desk space.</td>
</tr>
<tr>
<td>3 consulting rooms each with connecting examination room</td>
<td>3 x 12 m(^2)</td>
<td>3 x 9 m(^2)</td>
</tr>
<tr>
<td>1 consulting room with connecting large examination/exam room</td>
<td>12 m(^2)</td>
<td>16 m(^2)</td>
</tr>
<tr>
<td>1 consulting room</td>
<td>12 m(^2)</td>
<td></td>
</tr>
</tbody>
</table>

with connecting  
2 examination rooms 2 x 9 m²
Clean utility 9 m²
Dirty utility 9 m²
Store - clinic supplies 7 m²
Staff WC x 2 2 x 2 m²
Visitors WC 4.5 m²

Gynae procedures suite:
Consulting room 12 m²
Consulting/examination 16 m²
Patient changing cubicle 3.5 m²
Recovery 20 m² Includes one couch trolley and two recliners. For post-anaesthetic recovery of patients.
Urodynamics treatment room 20 m²
Visitors WC 4.5 m²

5.9.2 The Gynaecology ward consists of the following rooms:

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Size</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Side rooms</td>
<td></td>
<td>Single rooms, three with en-suite showers, 3 without</td>
</tr>
<tr>
<td>4 bedded bays x 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 bedded bays x 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom x 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wet Room x 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet x ?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duty Room x 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sister / Drs Office x 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Room x 1</td>
<td></td>
<td>6 bedded bay opposite small waiting room</td>
</tr>
<tr>
<td>Small waiting room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean Utility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dirty Utility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressings room</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prescott ward has 8 beds for the use of Gynaecology Oncology Patients.

5.9.3 For details of other relevant or shared accommodation, please see the respective operational policy as follows:

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Operational policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared outpatient reception, reception office, notes &amp; photocopier room</td>
<td>Maternity Outpatients</td>
</tr>
<tr>
<td>Ultrasound suite</td>
<td>Maternity Outpatients</td>
</tr>
<tr>
<td>Administrative offices and ‘On-Call’ accommodation for obstetrics &amp; gynaecology consultants and their support teams</td>
<td>Administration</td>
</tr>
</tbody>
</table>

6. THE PATIENT AND THEIR PATHWAY
6.1 Referrals & Patient movement into the unit

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant led gynaecology clinics</td>
<td>- GP referral by letter or Choose and Book.</td>
</tr>
<tr>
<td></td>
<td>- Appointment letters sent by central outpatient Booking Office.</td>
</tr>
<tr>
<td></td>
<td>- Patients access the Women’s Centre through the main Tower concourse and report to the shared reception to be directed to the appropriate clinic room.</td>
</tr>
<tr>
<td>Outpatient hysteroscopy clinic</td>
<td>- Direct referral from GP through Choose and Book using a</td>
</tr>
<tr>
<td>Service Description</td>
<td>Process Description</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>for Menstrual disorders</td>
<td>Proforma to ensure patient fits the criteria. Referral from consultants.</td>
</tr>
<tr>
<td>Infertility clinics</td>
<td>Direct referral from GP through Choose and Book using a proforma to ensure patient fits criteria.</td>
</tr>
<tr>
<td>Urodynamics</td>
<td>Referral from consultants/physiotherapy/Continence service GP (direct access). Coordinated outpatients Admin staff (Julie). Referral Performa.</td>
</tr>
<tr>
<td>Hysteroscopy clinic for 2 week wait referrals</td>
<td>Direct referral from GP by fax to 2 week wait booking office with filled 2 week wait proforma to ensure patient fits criteria. Consultant upgrades to 2 week wait clinic through booking office. Consultant referral to Gynae booking office using PMB pathway (after arranging scan). This clinic is reserved for PMB patients who don’t fit 2 week wait criteria. Consultant referral for all other non PMB patients who require outpatient hysteroscopy.</td>
</tr>
<tr>
<td>Hysteroscopy clinic for postmenopausal bleeding and other indications</td>
<td>Direct referral from consultants/physiotherapy/Continence service GP (direct access). Coordinated outpatients Admin staff (Julie). Referral Performa.</td>
</tr>
<tr>
<td>Colposcopy</td>
<td>Direct referral form Histology Laboratory or GP/ Consultant referral via Colposcopy secretary if out of county or have suspicious cervix. Appointment letters sent by Colposcopy Secretary. Patients access the Women’s Centre through the main Tower concourse and report to the shared reception to be directed to the appropriate clinic room.</td>
</tr>
</tbody>
</table>
| Early Pregnancy Assessment Clinic (EPAC)                           | Gynaecology Consultant (08.30 – 16.30) triage referrals. For straightforward (no Pain) GP / Community Midwife referral by telephone booking line 08454225549 and fax referral to 08454225535. Appointment given verbally and written in the EPA booking folder in Consultant Nurse office in TWC Admin Corridor for either -   
  • Women’s Centre OPD (weekdays for patients with pain & bleeding) – up to 9 per clinic from 09.30 in 15 minute slots  
  • St Paul’s Wing EPA CGH (weekdays for patients with bleeding only) - up to 5 per clinic 09.30 in 15 minute slots  
  • Ward 2A at weekends for all patients – up to 7 per clinic.  
  • Patients who have miscarried / had previous ectopic pregnancy should be referred to Consultant Nurse K Easton for USS and reassurance. |
| Gynaecology Emergency Review Clinic (GERC)                          | GP/A&E/Ward/SPCA referral via Consultant on for Gynaecology (09.30 – 17.00) or Registrar responsible for Gynaecology at night/weekends. The clinic starts at 13.0 with 3 slots and a further 3 slots at 14.00 if required. Weekdays – patients will be seen on 2a by the Duty Gynaecology Registrar & SHO/ANP who will assess, triage & arrange all necessary investigations. Ultrasound slots x 3 will be available commencing at 3pm in Main Ultrasound if required. Admit or treat and discharge as appropriate. If follow up is required, an outpatient appointment will be made with the on call Consultant at the time interval appropriate to the patient’s needs. |
### Pre-operative assessment
- All benign Gynaecology Surgery Patients will be pre-admitted in GRH on the Tuesday / Friday before their surgery.
- All Cancer patients Mondays and any day cases having surgery at CGH will be pre-admitted by the Surgical Nurse Practitioners in the Chedworth Suite CGH on
- Consultant Secretary books patient into available time slot
- Patients will be seen by a suitably trained healthcare professional who will arrange all appropriate investigations, inform them of the risks, benefits and procedures of the surgery and ward and consent the patient.

### Inpatient admission – elective surgery
- All patients for inpatient surgery (benign) at GRH who are MRSA negative go to the Surgical Admission Suite to prepare for their surgery at the time stated in their invitation letter for admission
- Any patient with special needs will be admitted to Ward 2a prior to surgery (i.e. patients for Evacuation of Uterus)

### Inpatient admission – termination of pregnancy
- Referred by GP / Family Planning Service (for patients with concurrent medical problems such as diabetes mellitus) or Obstetric Consultant (for Fetal Abnormality)
- Admit to side room in Ward 2a - theatre – Ward 2a

### Inpatient admission - emergency

#### 6.2 Discharge & patient movement out of the unit

<table>
<thead>
<tr>
<th>Service</th>
<th>Potential outcomes/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant led gynaecology clinics</td>
<td>Discharge, follow-up outpatient appointment or addition to waiting list for surgery.</td>
</tr>
<tr>
<td>Menstrual disorder clinics</td>
<td>Discharge, follow-up outpatient appointment or addition to waiting list for surgery.</td>
</tr>
<tr>
<td>Infertility clinics</td>
<td>Discharge, follow-up outpatient appointment or addition to waiting list for surgery / further treatment, referral to main Fertility Unit.</td>
</tr>
<tr>
<td>Urodynamics</td>
<td>Discharge, follow-up or addition to waiting list for surgery.</td>
</tr>
<tr>
<td>Hysteroscopy</td>
<td>Discharge, follow-up outpatient appointment or addition to waiting list for surgery.</td>
</tr>
<tr>
<td>Colposcopy</td>
<td>Discharge, follow-up outpatient appointment or addition to waiting list for surgery.</td>
</tr>
<tr>
<td>Early Pregnancy Assessment (EPA)</td>
<td>Discharge, follow-up EPA appointment or admission for medical / surgical management miscarriage / ectopic pregnancy</td>
</tr>
<tr>
<td>Registrar Review Clinics</td>
<td>Admit, Discharge, follow-up outpatient appointment or addition to waiting list for surgery.</td>
</tr>
<tr>
<td>Pre-operative assessment</td>
<td>Confirm date and time of admission for surgery Defer surgery Cancel surgery, refer back to Consultant clinic, discharge</td>
</tr>
<tr>
<td>Inpatient admission – elective surgery</td>
<td>Discharge, follow-up outpatient appointment.</td>
</tr>
<tr>
<td>Inpatient admission – termination of pregnancy</td>
<td>Discharge, follow-up outpatient appointment</td>
</tr>
<tr>
<td>Inpatient admission - emergency</td>
<td>Discharge, follow-up outpatient appointment or addition to waiting list for surgery.</td>
</tr>
</tbody>
</table>
6.3 Patient and Carer Involvement

6.3.1 Compliments and complaints can be made by contacting the Patient Advice and Liaison Service (PALS).

6.3.2 Annual outpatient, inpatient and real-time surveys are carried out and the results reviewed at the Women’s Health meeting.

7. SERVICE INTERFACES

7.1 Obstetrics

7.1.1 Medical staff cover obstetrics and gynaecology.

7.2 Breast Surgery

7.2.1 Breast surgery patients are cared for on Ward 2A.

7.3 General Theatres & Critical Care

7.3.1 Theatres & Critical Care are part of the Surgical Division. They provide all anaesthetic, nursing and clerical support for gynaecology surgery, and are responsible for supply and maintenance of all equipment, instruments and MSE.

7.4 Emergency Department and Acute Care Units

7.4.1 See section 5.3 for details of emergency pathways through A&E.

7.5 Great Western Ambulance Service (GWAS)

7.5.1 Great Western Ambulance Service is the main provider of emergency Ambulance transport within the county and through the Avon & Wiltshire areas. The phone number for use by healthcare professionals is 0845 120 6342.

8. CLINICAL SUPPORT SERVICES

8.1 Radiology/Imaging

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

8.1.2 Routine ultrasound appointments are booked by the Imaging Department’s appointment office.

8.2 Pathology

8.2.1 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 nurses’ base.

8.2.2 Histology specimens are sent via porters to GRH pathology reception for onward transport to the Histology laboratory at CGH in accordance with the policy for Packaging of Pathological Specimens for transport by road to, or between hospital sites - HSPOL007.

8.2.3 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.

8.2.4 See pathology intranet site for details: http://www.glos.nhs.uk/ACUTEPathology/Cheltenham/Out_of_Hours/Gloucester.htm
8.2.5 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.

8.3 Pharmacy

8.3.1 Drugs used in the department on a frequent basis are supplied on a weekly top-up system.

8.3.2 Pharmacy items will be dispensed from the main pharmacy department.

8.3.3 IV fluids are provided to the ward via the daily top-up system. Ward staff are responsible for completing the request form.

8.3.4 The ward is visited daily by a pharmacist who checks in-patient prescriptions.

8.3.5 Ward attenders will be given a FP10 if they require medication.

8.3.6 The ward has a DFW (dispensed from ward) cupboard for commonly used drugs to expedite patient discharge. This is checked weekly by Pharmacy.

8.3.7 Pharmacy policies

8.4 Physiotherapy

8.4.1 The Women’s Health physiotherapy team are part of the Division for Diagnostics & Specialist Services and will have a base in the Women’s Centre and can be contacted via ex 2345 (blp 1103).

8.5 Occupational Therapy

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

8.6 Phlebotomy

8.6.1 There is routine support to the ward.

8.7 Infection Control

8.7.1 Due to the nature of the specialty and risks to women and unborn babies of puerperal infection a strict infection control policy will be enforced with cleaning of rooms and restriction of admission of patients with known bacteraemic infections. Any area which has housed a patient with known bacteraemic infections such as MRSA of C. Diff will be deep cleaned and left empty for at least two hours prior to further occupation.

8.7.2 The unit will comply with the Trust’s Infection Control policies & standards – these policies are available via the Trust’s Intranet.

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

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

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

8.8 Bed Managers all patients requiring an inpatient bed must be referred to the bed managers on bleep 2190 so they can arrange a bed.
8.9 Medical photography. This service will be accessed by internal referral from the patient’s clinician. Bleep 2037 or ext 6660 GRH

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

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

8.11 Speech and Language Therapy. This service will be accessed by internal referral from the patient’s clinician.

8.12 Nutrition/Dietetics

8.12.1 This service will be accessed by internal referral from the patient’s clinician.

8.13 Health Psychology

8.13.1 This service will be accessed by internal referral from the patient’s clinician.

8.14 Mortuary

8.14.1 Deceased patients will be prepared for the mortuary by nursing staff & transferred in accordance with the Last Offices Policy (Nursing).

9. NON-CLINICAL SUPPORT SERVICES

9.1 Domestic

9.1.1 The ward is cleaned by domestic staff 7 days per week in accordance with the new cleaning standards. The outpatients department is cleaned on weekday mornings.

9.1.2 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.

9.2 SSD & Procurement Materials Management

9.2.1 The processing of reusable instrument sets and appropriate equipment is provided by the Sterile Services Department at Gloucestershire Royal Hospital.

9.2.2 Consumable items are supplied by Procurement Materials Management on a top-up basis 2 times per week.

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

9.2.4 Staff will contact SSD when reusable instruments in process are required urgently.

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

9.2.6 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.

9.2.7 Urgent stocks can be ordered over the telephone to Materials Management on dialling ext 5171.

9.2.8 Contaminated reusable instruments and equipment being returned to SSD will be placed in the appropriately marked red boxes.

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

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

9.3 Catering

9.3.1 Main meals are supplied to the ward three times a day.

9.3.2 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.

9.3.3 There are vending machines on the landing of the first floor of the Women’s Centre.

9.4 Disposal

9.4.1 The Department will comply with the Trust’s Waste Management Policy.

9.4.2 Yellow bins in gynaecology outpatients are shared with antenatal clinic.

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

9.5 Linen and Laundry

9.5.1 Ward stock is supplied daily Monday to Friday on a ‘Top Up’ basis by the Linen Hire Contractor to agreed stock levels.

9.5.2 Emergency supplies can be obtained out of hours from the Linen Room by contacting the Duty Lead Nurse Bleep 2345.

9.5.3 Dirty laundry is collected from the Waste Disposal Hold.

9.6 Portering

9.6.1 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.

9.6.2 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'.

9.6.3 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.

9.6.4 Full detail of the service provision is contained with the Women’s Centre Portering Operational Policy.

9.7 Spiritual Care

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

9.8 Central Booking Office

9.8.1 The Booking Office is responsible for generating and sending patient appointments for patients referred to the gynaecology service.

9.9 Health Records
9.9.1 Medical records can be requested through the PAS system and must be traced to the appropriate destination in accordance with the Trust's Records Management Policy.

9.10 Post

9.10.1 Post is delivered and collected from the unit twice per day, once in the morning & once in the afternoon, 5 days per week.

9.11 Switchboard

9.11.1 Main hospital telephone number is 0300 422 2222 from an external line.

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

9.11.3 The outpatients department’s direct line is 0300 422 6103.

9.11.4 The inpatient ward’s direct line is 0300 422 6668.

9.11.5 Any staff “on call” arrangement/rota needs to be forwarded to the switchboard on a regular basis.

9.12 Security

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

9.12.2 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.

9.13 Information Technology

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

- PAS
- Infoflex
- PACs
- P2P
- Internet Explorer
- Digidictate software
- MS Office applications (Outlook, Word, Excel)

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

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

9.14 Translation Services

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

10. ENGINEERING SERVICES

10.1 Reference should be made to the whole hospital engineering policy. The following features have particular relevance to the department.

10.1.1 Water services, ventilation systems, security system, lighting, data points & telephones,
electrical power supplies and sockets, piped medical gases, pneumatic air tube, radio & television.

10.2 Countywide Helpdesk number for all faults and maintenance requests: (0300 422) 6800.

10.3 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.

11. QUALITY INDICATORS
11.1 Complaints
11.2 Risk Management audit
11.3 Infection Control/Saving Lives audit
11.4 WHO Safer Surgery Check list
11.5 Achievement of 18 week maximum for elective surgery

12. ROLE IN MAJOR INCIDENT
12.1 The department’s role in a Major Incident is to respond in accordance with the Trust’s Major Incident Plan.

13. HEALTH AND SAFETY
13.1 Refer to the Trust’s Health and Safety Policy.
13.2 There is a Risk Co-ordinator for Obstetrics and Gynaecology. Their role includes:

14. MONITORING OF COMPLIANCE
14.1 This list is not exhaustive and additional criteria may be included at the Trust discretion
14.2 The audit will include the current NHSLA standards and sample size if related
14.3 Sample sizes selected will be dependent on the cohort size. The data collection period will be identified by the Audit / Clinical Governance Lead
14.4 Action plans will be developed and reviewed as required by the instigating body
14.5 The audit will be carried out using the standardised audit tool and methodology as agreed by the audit team and in line with the audit process.
14.6 The audit results will be presented to the multidisciplinary Obstetrics and Gynaecology Audit presentation meeting.
14.7 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.
14.8 Audits are undertaken as routine triennially, however if deficiencies are identified or changes implemented, audit will be undertaken sooner.
<table>
<thead>
<tr>
<th>Source</th>
<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>Local</td>
<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>
Appendix 1

Emergency Gynaecology Contact

As of 12th July 2012

GRH
From 08.30 – 17.00 Monday to Friday there is a consultant on duty (based within GRH) for all Emergency Gynaecology referrals - all referrals during this time should be via this Consultant (Bleep 2225). If the consultant is not available or if the referral is after 17.00 hrs Monday to Friday and / or at weekends the registrar on duty for Gynaecology should be contacted (Bleep 5524). Between 17.00 and 20:30 hrs and / or at weekends the consultant should be contacted using the obstetric bleep (Blp 2232) or by phone via the general switchboard.

Consultant Gynaecologist (08:30 – 17:00) Blp 2225 (17:00 – 20:30: Bleep 2232. Outside these hours contact via switchboard)
Registrar Gyn (Obs) Blp 5524
F1 / F2 and ST1 / ST2 doctors (Gyn) Blp 2065

CGH
From 08.30 to 17.00 Monday to Friday there is an F1 / F2 or ST1 / ST2 doctor / ANP available at CGH. Their movements will be coordinated by the Consultant Gynaecologist (Blp 2225).
F1 / F2 and ST1 / ST2 doctor / ANP “Baton” Bleep Blp 1093

After 17.00 hrs and at weekends there is no gynae cover outside of The Women’s Centre (GRH) and all referrals should be made to the:
Gynaecology Obs Registrar Bleep 5524
If not contactable the consultant on call for obstetrics and gynaecology should be contacted (Blp 2232 or by phone via switchboard).

Admissions
For EPA contact EPA booking line 0300 4225549.
For emergency review appointments Contact Ward 2A – 03004 226668

All new admissions (not previously under a named consultant) will be admitted under the team on for that weekend (specifically the consultant on duty for the Friday / Sunday). It is the responsibility of the team to supervise the ongoing care of these patients. Day to day management of gynaecology emergency admissions is the responsibility for the gynaecology team on duty for emergencies that day (Con/Reg).

Ward 2A
The ward contact number for:
Admissions/Emergency review Clinic/EPA Ext 6668
All phone calls and admissions will be recorded in the ward book.

EPA
Emergency theatre
ERPC Slots or other emergency operations can be booked by contacting the emergency theatre coordinator on:
Ext 5402
Blp 2007 / Mobile no 07825948717

USS
There are potential scan ‘slots’ in the gynae OPD USS am Sessions for ward patients requiring scans in the morning. In the afternoon there are 3 slots starting at 3pm for emergency review patients are ward admissions. Book through the USS department ext 5098 / 5099.
Appendix 2

Gynaecology Oncology Cover/Contact

Starting 17th January 2011

The Gynaecology Oncology Consultants are responsible for the cover of the Oncology patients at CGH. They will perform daily ward rounds seven days a week and plan any management issues for the rest of the day at that time. The Consultants will take part in an on call rota. The consultants are supported by surgical care practitioners and ANPs with an interest in Gynaecology Oncology. The Gynae oncology consultants will provide a timely review of any new referrals at GRH dependent on urgency.

Consultants
Mr Rob Gornall Mob 07961446542
Miss Kathryn Hillaby Mob 07968105158
Mr Phillip Rolland Mob 07766681692
Mr David Holmes (on call only) Mob 07778000499

CGH

Monday to Friday 08.30 - 17.30 provided by gynaecology oncology consultant and junior gynaecology staff / ANP. A ward round in the morning will start in Prescott Ward and will direct patient management by the ANP / F1 / F2 and ST1 / ST2 doctor. They will also be available to attend the ward to review any new issues with their patients. An afternoon ward round will be undertaken by ANP / F1 / F2 and ST1 / ST2 doctor from 16.30 – 17.00 to correct outstanding issues prior to a formal handover to the surgical team with updated handover record. This MUST OCCUR EVERY DAY.

Sub – Specialty Reg 1346
F1 / F2 and ST1 / ST2 1093
CNS Lisa Peck 1647

On handover to the surgical team at 17.00 please leave the above highlighted bleeps on Prescott Ward in Drs Room for next person to pick up.

Between 17.00 and 20.00 the surgical team F1/SpR with consultant gynae oncologist on call will support these patients for non routine work.

Surgical F1/F2 / SHO/F2 Bleep 1008
Surgical Registrar Bleep 1180

After 20.00 – 0830 The Hospital at Night F2/General Surgical SPR and the Gynae oncology Consultant on call will cover the patients.

Hospital at night Bleep 1720
Night Sisters 1430 or 1343 Ext 3633

Weekends: (08.00 Saturday - 08.00 Monday) 08.30 ward round Sat and Sunday by Gynae oncology consultant to organise routine care with updated handover record to surgical team on call. Further care provided as per general surgical team/hospital at night. Gynaecological oncologist on call to be contacted if any concerns and will coordinate the appropriate review of patients as requested.

GRH

Any new oncology referrals will be coordinated by the Gynaecology team on duty for Gloucester who will liaise with the Oncologists about review and follow up of these patients. The patients will be assessed by the gynaecology on call team and the consultant / registrar on call will discuss their management with the consultant on call for Gynaecology Oncology (specifically as to whether a review of the patient is required or if the patient needs to be transferred to Cheltenham for ongoing care).
Emergency Gynaecology Responsibilities and Day to day Activities

Starting 17th January 2011

There are three members of the daytime gynaecology team.

Consultant
Registrar
F1 / F2 and ST1 / ST2 /ANP

Consultant
Between 08.30hrs and 17.00hrs Monday to Friday there is a consultant dedicated to the management of Gynaecology Emergencies (Blp 2225). This consultant must attend the multidisciplinary handover on ward 2A at 08.30hrs.

- The handover will allow any urgent assessments / reviews on the ward to be undertaken. All new admissions and any admission not reviewed the previous day by a consultant must be seen.
- The night registrar will be able to hand over any ERPCs and the gynae registrar will go to theatre holding bay by 08.35 to see the first patient so they can be anaesthetised at 08.45hrs.
- The F1/F1/F2 / SHO/ANP will then start reviewing the ward emergencies being supported by the consultant and the registrar after the ERPCs. If the consultant is required for the first elective caesarean section they will return to review the ward emergencies.
- The obs and gynae mailbox (REFER_Obs&Gynae_Trust) must be checked 3 times a day by the duty consultant on call for gynaecology and actioned appropriately.
- The consultant will then attend the delivery suite at GRH to meet up with the C/S Triage Registrar to assess / provide support for the elective caesarean section list. It is the gynaecology consultants responsibility to ensure the safe running of the lists by assisting during the elective C/S when required for training or defined clinical need (prematurity, placenta praevia etc see Obstetric Policy for details).

The Consultant is responsible for taking all referrals from GPs, A&E/UTOPIA, wards and CGH (0.830 – 17.00 Mon-Fri). The consultant will assess and decide the appropriate review process for that patient and contact the appropriate member of the team to initially assess the patient. The consultant is also responsible for liaising with the on call Oncology consultant about new referrals after they have been initially assessed by a member of the on call team.

- Review in Gynaecology OPD (CGH or GRH)
- EPA (GRH/CGH)
- 2A Treatment Room
- Gynaecology Emergency review Clinic (2A) starting 13.00 (3 Pts) and with facility for further 3 patients at 14.00. Patients to be booked in on the ward (ext 6668).
- Ward or A&E
- CGH referrals will go to the gynaecology consultant who will organise the most appropriate person to review and whether the patient needs transfer or assessment first. They will then organise and contact the appropriate review.
- In the rare event of an emergency at CGH requiring a consultant presence - and there are no consultants available to attend (General or Oncology) the consultant on call will need to find suitable cover from available staff (surgical), this may mean the on call consultant travelling to CGH if they consider it safe not to be at GRH.

However it is acknowledged that the consultant may be busy with other emergencies and may not be able to respond. In such a situation, or as part of their training in emergency gynaecology, the registrar on duty for gynaecology may be the point of contact (Blp 5524).

The consultant is expected to be present at ward rounds on 2A at:

- 08.30hrs to handover with the team
- 13.00 to review the any ward problems and check the number and type of patients attending the GERC.
- 16.30 to review any ongoing issues and allow handover to the duty O&G consultant by 17:00 hours.

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Between 17.00 – 08.30hrs and at the weekend the registrar for O&G will be the contact point for referral. The consultant on for O&G will support the registrar and be expected to perform ward round at the weekends (Sat/Sun).

**Emergency Theatre**

Theatre 2 (ext 5402/ Blp 2007/ Mobile 07825948717) is where the majority of all emergency gynaecological operations will be undertaken.

We have negotiated 2 slots at the start of the emergency list (Mon - Fri) and 1 at the start of the list at the weekends.
- The patients (already consented) will be admitted to 2A at 07.00hrs and the first patient can be walked down to the holding bay by 08.30hrs.
- They will be seen in the holding bay by the Gynae registrar and the anaesthetist to start at 08.45hrs. The aim is to finish 2 ERPCs by 09.30hrs.
- At the weekends the patients will be sent to the holding bay for 08.15 to allow the anaesthetist on from the previous evening to anaesthetise the patient prior to going home. The ERPC will be performed by the gynaecology registrar coming on for the day, or the night O&G registrar before handover.

Any additional emergencies will be booked on the list and taken in order of priority as deemed between the coordinator anaesthetists and the clinical teams.

**“Take week” and Named Consultant for admitted patients**

**Obstetric and Gynaecology**

Any patients admitted to the unit whether to gynaecology or the obstetric unit have to be admitted under a named consultant.
- Any patients that are currently under a consultant for the treatment (obstetrics or gynaecology) will be admitted under that consultant and team.
- The consultant (or team if they are away) will be responsible for the appropriate follow up and ongoing management of these patients.
- Patients not already under a consultant will be admitted under the team on take for that week. The take team is defined by the team that are on call for the weekend at the end of the week. They will be specifically under the named consultant who is on call for the Sunday of that weekend.
- The consultant and team on a take week should ensure that a consultant is available for daily review of their teams patients for that week as this is likely to be a busy week. Ideally this should be at the start of the day with a registrar of the team.
- The emergency team on for each specialty will be responsible for the day to day management of acute patients.
- All of the teams have a registrar with the team baton bleep to be contacted for review of there teams patients and should be available daily to review patients.

These roles and responsibilities will be reviewed at 6 months.
Obs and Gynae Registrar DAY SHIFT - 8.30 to 21.00

- Arrive on Ward 2A at 08.30
- Gynaecology handover team will consist of on call Gynaecology consultant for the day; Overnight Obstetrics and Gynaecology registrar (Obs and Gynae day shift registrar) Gynaecology ward F1 / F2 or ST1 / ST2 on for the day; sister / senior nurse in charge of the ward.
- Collect bleep from overnight registrar
- Gather information from overnight Obs and Gynaecology Registrar about booked ERPCs.
- If ERPCs booked, review notes, check consent, special considerations such as molar pregnancy, need for histology etc. Ensure patient ready for theatre
- Proceed to emergency theatre (by 08:35) and establish contact with emergency theatre sister to allow ERPC to proceed without any delays Please note: Up to 2 ERPCs can be booked into emergency lists to be performed first on list by contacting emergency theatre sister on bleep 2600, 24 hours a day. ERPC must commence before 9 am. Otherwise we will lose these ‘booked’ emergency slots for the day.
- Perform ERPC. Liaise with on call Gynaecology Consultant about any difficulties anticipated in theatre and communicate clearly about need for supervision if required
- After ERPC, return to ward 2a and review overnight emergencies and to advise ward F1 / F2 or ST1 / ST2 on further management
- If no ERPCs booked, participate in gynaecology handover from overnight registrars, in particular, Gynaecology ward emergencies and admissions, ward referrals pending etc
- Attend A and E calls and review patients referred for gynaecology review
- Review patients on other wards where gynaecological opinion is requested
- Support, advise and provide supervision to F1 / F2 or ST1 / ST2 seeing patients on A and E
- Visit EPAU to review or provide advice for patients seen on EPAU as required
- Visit Maternity ward to see team patients and any other team patients that may have been missed on ward rounds or not seen due to team being away on nights, leave etc.
- Review patients in emergency gynaecology review facility on ward 2A at 13.00 along with ward F1 / F2 or ST1 / ST2 and dictate letter to GP at end of review. Dictated tape should be given to the secretary for the consultant on take that week (the consultant on take will be the consultant doing weekend on call, Friday and Sunday, not Saturday)
- Liaise with on call Gynaecology Consultant during the hours 8.30 to 17.00 for advice and support and the on call Obs and Gynaec Consultant after 17.00
- Provide assistance to labour ward registrar and MA/Triage registrar to avoid backlog of patients waiting to be seen. Please note: Backlog more likely in the morning when CS/Triage registrar is busy with Elective caesarean sections
- Return back to labour ward at all times during the 12 hour shift when no other jobs to do to provide assistance to LW and CS/MA/Triage registrar and stay on labour ward unless required to be elsewhere for gynaecological problems
- Perform board/verbal ward round with F1/F2 / SHO on ward at 20.00 on ward 2a to ensure no pending issues overnight
- Return back to labour ward at 20.30 for handover to overnight registrars

PLEASE NOTE: If 12 hour shift being done by different registrars, ensure adequate communication and handover at 13.00, 17.00 and 20.30

Obs and Gynaec Registrar NIGHT SHIFT - 20.30 to 9.00 next day

- Arrive on LW by 20.30 for handover from daytime registrars about labour ward patients and Gynae ward emergencies, progress on ward referrals etc
- Attend A and E calls and review patients referred for gynaecology review
- Attend ward 2A and review overnight emergency admission
- Return back to labour ward at all times during the 12 hour shift and act as second registrar and second pair of hands FOR LABOUR WARD to support LW registrar
- Be responsible for care of patients admitted to labour ward, antenatal, postnatal wards and gynaecology wards and liaise with on call Obs and Gynae consultant overnight
- Meet the gynaecology handover team in the morning at 8.30 on ward 2A
- Gather information prior to handover about booked ERPCs from ward 2A
**F1 / F2 or ST1 / ST2 / ANP responsibilities 08.30 – 21.30**

- Attend Ward 2A at 08.30 and meet on call registrar and ward team if on for Gynaecology
- Attend Labour Ward at 20.30 for handover
- Care of In patients under the direction of the Consultant Team
- Care of patients within their specialty remit
- Care of outpatients under the direction of the Consultant team
- Responsibility for all results of investigations they request unless they hand over responsibility to a team member if they are going on leave.
- Update handover sheet.
- Take part in and responsibility for EPA patients as per rota
- Take part in Triage / Registrar Review as a learning experience.
- Pre-admit major and minor surgery patients as per protocol and ensure results of investigations are available to the consultant on the day of surgery. Arrange for anaesthetic review as required.
- Arrange own learning experiences and attend all teaching sessions arranged for them during their time in the department.

**VTE assessment – is the responsibility of the medical and nursing team caring for all inpatients. All inpatients should be assessed on admission and again at 24 hours and the section in the drug charts completed as required.**
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<tr>
<td>J Hill / M James</td>
<td>V1</td>
<td>New Policy</td>
<td>GOGG December 2012</td>
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Gloucestershire Hospitals
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENT

INITIAL SCREENING

1. Lead Name: Hazel Williams
   Job Title: Practice Development 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:

4. Are any of the following groups adversely affected by this policy:
   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.

Date of assessment: Completed by: Hazel Williams
Signature: Job title: Director: Signature:

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.