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Royal Cornwall Hospitals NHS Trust

Centralised Cardiotocograph (CTG) Monitoring System Standard Operative Procedure

V2.0

January 2023

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This Standard Operating Procedure aims to support staff with guidance clarifying the role of the centralized cardiotocograph (CTG) monitoring system on Delivery Suite.

1.2. This version supersedes any previous versions of this document.

1.3. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.

2. Purpose of this Standard Operating Procedure

Following feedback and identification of themes from investigations from the Health Safety Investigation Branch (HSIB) this SOP was produced in order to promote fetal wellbeing and safety for women and staff. The SOP provides guidance which clarifies the role of the centralised CTG monitoring system.

3. Ownership and Responsibilities

3.1. Role of the Managers

Line managers are responsible for:

- Director of Midwifery.
- Deputy Director of Midwifery.
- Fetal Monitoring Specialist Midwife.

3.2. Role of Individual Staff

All staff members are responsible for:

- Adhering to the SOP within their own sphere of practice.

4. Standards and Practice

4.1. The central monitoring system provides a Helicopter View of active CTG's-

- The central monitoring screen is positioned in the midwifery station alongside the Swift board screen. These screens are synchronised with two screens in the Delivery Suite Office.
- These combined systems are used at multidisciplinary handovers

- The screen must be left in the “CTG Overview” mode, which gives constant visual access to all CTG’s. The screen has a “time-out” period which automatically reactivates on contact.

- It is the responsibility of the midwife caring for the patient to ensure that the CTG is identified correctly with the patient information.

4.2. **Escalation of care where there are concerns regarding a CTG-**

- The midwife in the room should escalate and communicate regularly with the coordinator; the coordinator will then have a full understanding of what is happening in each room.

- The midwife caring for the patient must escalate to the coordinator and/or the obstetric registrar if the CTG is not normal.

- Staff caring for the woman in the room must not assume that there is an appropriate person looking at the CTG on the central monitoring system, as they may be diverted to other activity on Delivery Suite. The midwife caring for the patient must escalate verbally directly using SBARD format to the coordinator or Obstetric Registrar and document in the health record. If it is not appropriate to leave the room, help is summoned with the call bell.

- The staff member to whom care is escalated will review the case, taking into account the full clinical picture to ensure a holistic assessment. The CTG will be reviewed at the central monitoring system (depending on the urgency for action), followed by a review in the patient’s room. The CTG is then classified, using the Fresh Eyes Tool and a management plan documented in the maternity note.

- Any discussion regarding CTG’s viewed at the central monitor which will impact the management must be documented in the patient’s maternity record.

- If a CTG which is not normal is observed on the central monitoring system by a staff member not caring for that patient, this must be escalated to the coordinator, second Band 7 midwife or obstetric team. This is to ensure that appropriate action/ escalation has been instigated.

- When routine “Fresh Eyes” assessments are performed, the CTG may initially be viewed using the central monitoring system, but the assessment must be fully completed at the patient’s bedside.

4.3. **Training**

- All Staff who provide intrapartum care on Delivery Suite will be trained in the use of the MOSOS system, which provides the CTG central monitoring facility.

- The system also provides an opportunity for multidisciplinary learning and discussion around the physiology behind the CTG features and classification of CTG’s

5. Dissemination and Implementation

This document will be disseminated to all relevant Midwifery and Obstetric Staff and will be stored in the Maternity SOP folder in TR11.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	To ensure that the procedure is followed at all times
Lead	Fetal Wellbeing Lead Midwife
Tool	• Are discussions regarding CTG's viewed at the central monitor documented in the patient's maternity record? • Has the midwife caring for the patient escalated verbally directly to the coordinator or Obstetric Registrar and documented in the health record? • Is there evidence that help has been summoned correctly i.e. not inappropriately leaving the room and using the call bell? • Have all Staff who provide intrapartum care on Delivery Suite been trained in the use of the MOSOS system?
Frequency	3 yearly if compliance is over 95% for 20 cases.
Reporting arrangements	To report audit findings at Audit Review Team.
Acting on recommendations and Lead(s)	Fetal wellbeing midwife will produce a workable action plan.
Change in practice and lessons to be shared	Disseminated to all in the multidisciplinary team who use the central fetal monitoring system on Delivery Suite.

7. Updating and Review

This document will be reviewed every 3 years, or earlier if indicated

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website. All Human Resources policies must include, or refer to, the following employment statement:

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Centralised Cardiotocograph (CTG) Monitoring System Standard Operating Procedure V2.0
This document replaces (exact title of previous version):	Centralised Cardiotocograph (CTG) Monitoring System Standard Operating Procedure V1.0
Date Issued/Approved:	January 2023
Date Valid From:	January 2023
Date Valid To:	January 2026
Directorate / Department responsible (author/owner):	Jane Pascoe, Fetal Wellbeing Lead
Contact details:	01872 255019
Brief summary of contents:	This document outlines a consistent approach to reviewing, assessing and responding to cardiotocographs viewed on the central monitoring screen on Delivery Suite
Suggested Keywords:	Central monitoring. CTG cardiotocography Fresh Eyes
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
General Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming approval by specialty and care group management meetings:	Caroline Amukusana
Links to key external standards:	None

Information Category	Detailed Information
Related Documents:	Independent report by the Healthcare Safety Investigation Branch (HSIB) Maternity investigation 1903-485 Final report January 2019 -RCOG. Each Baby Counts- 2015 Summary Report June 2017
Training Need Identified?	Yes All staff providing intrapartum care trained to use MOSOS fetal monitoring system and navigate the central monitoring screen
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 2020	V1.0	Initial issue	Sally Budgen Fetal Monitoring Lead Midwife
January 2023	V2.0	Full review and update. No Changes. Addition of new Trust Template	Jane Pascoe Fetal Wellbeing Lead Midwife

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Centralised Cardiotocograph (CTG) Monitoring System Standard Operating Procedure V2.0
Directorate and service area:	Obstetrics and Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Jane Pascoe Fetal Wellbeing Lead Midwife
Contact details:	01872 255019

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance for staff which clarifies the role of the centralised cardiotocograph (CTG) monitoring system. Consistent, safe approach to reviewing, assessing and responding to CTG's viewed on the central monitoring screen on Delivery Suite
2. Policy Objectives	Consistent, safe approach to reviewing, assessing and responding to CTG's viewed on the central monitoring screen on Delivery Suite
3. Policy Intended Outcomes	Consistent, safe approach to reviewing, assessing and responding to CTG's viewed on the central monitoring screen on Delivery Suite
4. How will you measure each outcome?	Guideline Audit Tool
5. Who is intended to benefit from the policy?	Women giving birth, undergoing fetal monitoring

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Maternity Guidelines Group
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jane Pascoe Fetal Wellbeing Lead Midwife

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis