ICT TRAINING has made every effort to ensure that the material in this manual was correct at the time of publication but cannot be held responsible for any errors or inaccuracies. ICT TRAINING reserves the right to change or replace information contained in the manual without notice. For the most up to date version please refer to the ICT Training website. All references made to patient records are fictitious for the purpose of training only.
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1 GENERAL COURSE INFORMATION

COURSE TITLE   PROTOS
METHOD OF TRAINING Classroom
PRE-REQUISITES None, although Keyboard Skills advisable

ABOUT THE COURSE
The PROTOS record holds general demographic details about a patient and detail of any episodes of Maternity care occurring at hospitals within the Portsmouth area. The course will enable students to search for maternity patients and identify and document maternity records.

SUITABLE FOR
All Maternity Staff – Clerical and Clinical

OBJECTIVES

This course will enable the student to:

1. Log on and off of the PROTOS system.
2. Understand the structure and functionality of the PROTOS Maternity System.
3. Search for, select and change patients.
4. Navigate Patient Notes and links to identify specific information, e.g. GP, Midwife, Staff involved etc.
5. Record a referral along with appropriate booking details.
6. Record and edit birth protocols.
7. Generate documents.
8. Display knowledge of their personal responsibilities for Data Protection and the Caldicott Principles.
2 Information Governance

Information Governance (IG) sits alongside the other governance initiatives of clinical, research and corporate governance. Information Governance is to do with the way the NHS handles information about patients/clients and employees, in particular, personal and sensitive information. It provides a framework to bring together all of the requirements, standards and best practice that apply to the handling of personal information.

Information Governance includes the following standards and requirements:

- Information Quality Assurance
- NHS Codes of Conduct:
  - Confidentiality
  - Records Management
  - Information Security
- The Data Protection Act (1998)

2.1 What can you do to make Information Governance a success?

2.1.1 Keep personal information secure

Ensure confidential information is not unlawfully or inappropriately accessed. Comply with the Trust ICT Security Policy, Confidentiality Code of Conduct and other IG policies. There are basic best practices, such as:

- Do not share your password with others
- Ensure you "log out" once you have finished using the computer
- Do not leave manual records unattended
- Lock rooms and cupboards where personal information is stored
- Ensure information is exchanged in a secure way (e.g., encrypted e-mails, secure postal or fax methods)

2.1.2 Keep personal information confidential

Only disclose personal information to those who legitimately need to know to carry out their role. Do not discuss personal information about your patients/clients/staff in corridors, lifts or the canteen or other public or non-private areas.

2.1.3 Ensure that the information you use is obtained fairly

Inform patients/clients of the reason their information is being collected. Organisational compliance with the Data Protection Act depends on employees acting in accordance with the law. The Act states information is obtained lawfully and fairly if individuals are informed of the reason their information is required, what will generally be done with that information and who the information is likely to be shared with.

2.1.4 Make sure the information you use is accurate

Check personal information with the patient. Information quality is an important part of IG. There is little point putting procedures in place to protect personal information if the information is inaccurate.

Further information can be accessed through the Trust Intranet:

Information Governance (Departments sections), and
Management Policies (Policies section)
2.1.5  **Only use information for the purpose for which it was given**

Use the information in an ethical way. Personal information which was given for one purpose e.g. hospital treatment, should not be used for a totally separate purpose e.g. research, unless the patient consents to the new purpose.

2.1.6  **Share personal information appropriately and lawfully**

Obtain patient consent before sharing their information with others e.g. referral to another agency such as, social services.

2.1.7  **Comply with the law**

The Trust has policies and procedures in place which comply with the law and do not breach patient/client rights. If you comply with these policies and procedures you are unlikely to break the law.

For further Information Governance training refer to:  
http://www.igte-learning.connectingforhealth.nhs.uk/igte/index.cfm

Written by PHT Information Governance Manager, Sept 2010
3 CONFIRMATION OF DETAILS PROCEDURES

To ensure that the Patient Administration System (PAS) contains up to date particulars of all patients being treated, staff must verify with patients their personal details. This should be undertaken when the patient is arriving at the hospital on admission or when attending for an outpatient clinic or other types of appointment.

The types of details we must verify are those within the Patient Master Index (PMI) function within PAS and covers the following items:

- Patient Forename, Surname and Title
- Date of Birth
- NHS Number (If not one shown on screen)
- Address and Postcode
- Telephone Number – Home and Work numbers
- Name and Practice Address of GP
- Religion
- Marital Status
- Next of Kin
- Ethnic Group
- Military No (If applicable)

By checking the above details with the patient, we are ensuring the following:

* PAS contains the latest details for all our patients.
* Mistakes or “old” details can be amended.
* Information relating to the patient’s well-being, such as Religion and Ethnic Group, can be used in patient care.
* Emergency contact details for relatives are up to date.

In some circumstances it will be difficult to verify the details highlighted above as the patient may not be coherent at time of arrival (eg emergency admission, A&E, etc). However, it is important that at the earliest opportunity, the details are verified and amended accordingly.

Important – If details are amended*, please remember to print a new set of labels, remove and destroy any incorrect labels from casenotes. We must not retain any labels that do not contain current details.

Many thanks for your cooperation.

Prepared by: ICT Information Manager
Issued: January 2003
Reviewed: July 2011
Version No: V1.2

* To amend patient details you will need to have access to PMI at level 1. Please book the course PMI Add and Revise. In the meantime make sure you ask a colleague with access to amend the patient record.
4 KEYBOARD

4.1 Primary keys and their function

1. **RETURN or ENTER**
   Must be pressed at the end of each entry you make. It tells the computer that you have finished typing the prompted keystroke.

2. **BACKSPACE**
   Used to delete the last character typed. Repeated pressing deletes characters to the left. This key can only be used for correcting errors BEFORE pressing the RETURN/ENTER key.

3. **DELETE (DEL)**
   Can be used as a BACKSPACE key. Can also be used in conjunction with arrow keys to re-enter a word to delete an individual character.

4. **ARROW KEYS**
   Can be used to re-enter a word, and to amend if necessary.

5. **SHIFT**
   To produce the upper symbol of dual character keys and upper case letter characters.

6. **SHIFT AND TAB**
   When pressed together the Shift and Tab keys allows you to move back or up to a previous field.

7. **CAPS LOCK**
   To produce upper case alphabetical characters only without having to use the Shift key. Does not affect the upper symbol keys. Pressing key ON will display light on right hand side of keyboard or display words CAPS LOCK in corner of screen, dependant on the type of computer terminal being used. Pressing key again will release CAPS LOCK.

8. **PAGE UP and PAGE DOWN**
   Used to move back and forward on lists, which extend further than the screen space allows. E.g. If display prompts 'do you want NEXT page', use the page down key, to go back again use the page up key.

9. **NUMERIC KEYPAD**
   Numeric pad to right of keyboard. May be used instead of the number keys above the letter keys. Pressing NUMBER LOCK (NUM LOCK) key will display light on right hand side of keyboard above the numeric pad. Pressing key again will release NUMBER LOCK.

4.2 Function Keys - 'F' Key Set

<table>
<thead>
<tr>
<th>Key</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>Find Patient</td>
</tr>
<tr>
<td>F9</td>
<td>Save Protocol</td>
</tr>
<tr>
<td>F12</td>
<td>Exit Protocol</td>
</tr>
</tbody>
</table>
4.3 Hot Keys

A hot key is a character underlined within a word that can use a shortcut keyboard command. To select menus using hot keys press the key identified by an underline together with the Alt key e.g. ALT P to activate Protocol Menu.
5 INTRODUCTION

PROTOS is the Portsmouth Hospital NHS Trust chosen software to record patients’ maternity details. PROTOS was introduced to the Trust in August 1999. The latest Version, 3.5 was implemented in spring 2007.

PROTOS is interfaced with the Connecting for Health (CfH) to allocate the Baby’s NHS Number, and to the Patient Administration System (PAS) to register the baby.

The Patient Administration System (PAS) was implemented in 1992. Maternity Outpatients activity and Admissions are recorded on PAS by the Maternity Reception staff. The interface pulls these patient’s details across into PROTOS, so the particulars of a Maternity record may be entered.

Maternity Reception staff populate patient details from the booking forms, therefore some of the data in the midwives’ Protocols will already be populated. For Hospital or Peripheral Unit confinements the Maternity Admission must first be entered onto PAS in order for the midwives to be able to complete the Delivery Protocols.

If you cannot locate your patient in PROTOS please contact Maternity Reception on 02392 286000 ext 4583; it might be that the patient is from out-of-area or it was a concealed pregnancy and therefore the patient may not have be registered on PAS.

Accurate collection of data is vital and real-time dates and times are essential. PROTOS will allocate the Baby Number (Hospital B Numbers), which will be sent to PAS via the interface, with the baby’s details. For Hospital and Peripheral Unit confinements on completion of the Pre-Discharge Assessment, Korner statistics will also be sent to PAS via the interface. For Home confinements or Baby’s born before arrival the Korner statistics will be input into PAS by the Maternity Reception staff.

Policy and Procedures must be followed if the Baby’s NHS number doesn’t interface to PROTOS and if Baby Hospital Numbers and Korner Stats, do not interface correctly with PAS. Please contact the PROTOS Administrator if you experience problems – see page Error! Bookmark not defined. for contact details.
6 LOGGING ON

Due to the variation of computer equipment being used within the Trusts log-in procedures can differ between areas. Check with your area what yours entails. The following describes the most common method.

**NOTE:** If using a PC or Thin Client you must have a Network account set up. Ask your manager to ensure that this is arranged.

1. Log onto the Network using the Blades TSP Service entering your own Username and Password.
2. Double click on the Departmental Applications icon.
3. Locate and double click on the Maternity icon.
4. Double click on the PROTOS icon.
5. Double click on the PROTOS Evolution icon.
6. Double click on the "Live" option in the selection box. Or, click once and then click on the **OK** button.

7. Enter your User Name and Password allocated by the PROTOS Administrator and then click on the **OK** button.

Your password is for your use only and MUST NOT be shared with anyone, (see 'Information Governance' page 2).

Passwords can be a combination of letters and numbers but must not be less than 6 or exceed 12 characters.

**If you forget your password or need to reset it, please contact the PROTOS Administrator (page Error! Bookmark not defined.).**
8. You are now logged onto PROTOS.
7 THE PROTOS WINDOW

7.1 Screen Tour

7.1.1 Title Bar
The bar at the top of the PROTOS window (known as the Title Bar) indicates if this is the active screen. If the colour is blue the window is active. If it is grey the window is inactive.

To close, minimise or maximise the active window click the appropriate buttons (illustrated below) which can be found to the right of the blue bar.

7.1.2 Menu Bar
Below the Title Bar are the menu options to access various functions within the PROTOS program.

- Register
- Protocols
- Documents
- Reports
- Queries
- Tools
- Window
- Help

Select the menu you wish to use and choose from the list that will be displayed.

7.1.3 Tool Bar
Below the menu options is a tool bar containing shortcut icons to access features within the menu bar. Use your mouse to select the icon you wish to use.
7.1.4 **Patient Data Area**

**Icons**
Click once to display the relevant information.

**Banner line**
Displays the active patient’s basic details.

**ZIP Bar**
Click on the relevant block to display the icons within each section.

**Main area**
Displays the selected Protocol or information window(s) for the active patient.
8 FINDING A PATIENT

1. Select the **Find Patient** button OR use function key F1. The **Patient Find** window will display.

2. Enter your patient’s Surname.

3. Press the **Tab** key.

4. Enter the initial of your patient’s Forename.

5. Press the **Enter** key or click on the **Search** button.

6. Highlight the correct patient and press the **Enter** key or click on the **OK** button.

The Patient’s details will display in the Banner line and the **Patient Notes** window will display.

**NOTES:**

- If you don’t enter any more details about the patient then it might be difficult to find the correct patient because you might be presented with more than one patient.

- It is recommended that you enter your patient’s surname, forename initial and date of birth, if known. (It is suggested that you enter only forename initial because it will give you a better chance to find your patient as names can be spelt in different ways, e.g., Linda, Lynda, Rachal, Rachael, Rachelle, Rachel and so on.)

- If you cannot find your patient contact Maternity Reception to ensure the patient is recorded on PAS.
9 PATIENT NOTES

9.1 Navigation

The Patient Notes window is automatically displayed in the main area of the PROTOS window when a patient is displayed. If it is closed down and needed again use the Zip Bar. Click on the Notes block and select the option, Patient Notes.

The red icons representing books which appear closed contain relevant information about the active patient. The books listed for each patient will vary depending on the information already entered on the patient’s record, eg:- you may only have basic demographic details if there are no other pregnancy details recorded on this system.

To access or close the information within each book double left click your selection. Alternatively use your arrow/cursor keys, highlight and press the Enter key, or right or left arrow key.

The icon now shows as an open book (see Patient Demographics above). Within the newly displayed information further closed book icons may display, these will have a □ inside a box, this means that the subject can be expanded. Use the same methods to open or close these books, or click on the ♦ or ♣ symbol.

Text in the notes that appear blue are hyperlinks; by double clicking a hyperlink a new window will display with the detail, i.e. GP’s details.
9.2 Pregnancy Record Labels

A patient’s individual pregnancy records are labelled with the following dependant on the data recorded:

- Historical Summary
- Referred
- Booked
- Intrapartum
- Post-Natal
- Closed
- Outborn Summary

Pregnancy status will be current or closed. The current pregnancy will be labelled with Referred, Booked, Intrapartum and Post-Natal reflecting the stage of the data recorded during the maternity care process.

Previous pregnancies recorded under the Past Pregnancy Protocol at booking will be labelled as Historical Summary.

Delivery for a pregnancy which has been referred and booked on PROTOS but takes place outside of the designated hospital will be labelled as Outborn Summary when the Outborn Summary Protocol is completed.
10 USING THE PROTOCOLS

10.1 Selecting a Protocol
1. Log in and find your patient as described on Page 8.
2. Click on Protocols from the Menu Bar to display the drop down menu. Click on the black arrow heads at the right of the menu to display the submenu.
3. Click on the option required.
   The selected Protocol will display in the main area.
4. Complete the Protocol with the required information. Refer to local policy for guidance on the current data collection requirements.

10.2 Functionality

10.2.1 Contents
You may move to any part of the Protocol by clicking on the Heading in the Headings Menu (Hyperlinks).

10.2.2 Data Entry

NOTES:
- It is best to move around the data entry fields using the keyboard. Always press the Enter or Tab key to move on. Use the Shift and Tab key combination to move back.
- Do not use the mouse to click into the next field. PROTOS will not always accept your entry if you use the mouse.

Active field
The active field in the Protocol will be highlighted yellow.
**Free Text**
Type in the required data. If the text appears red it is either not in an acceptable format or incomplete eg dates and times.

**Pick Lists**
Some fields provide a pick list to select the correct response. The pick list will automatically open when you move to the field using the Enter or Tab key. Once your highlighted press the Enter key. Alternatively, you can type the first of your answer and press Enter. A pick list field can be left empty, just Enter without selecting.

**Free Text Pick Lists**
Where the following pen and paper symbol is displayed you have the choice to select from the Pick List or to free text in your answer.

**Delete**
To delete a wrong entry use the delete key (if information is highlighted) or use the backspace key (if information is not highlighted).

**10.2.3 Mandatory data**
Underlined questions are mandatory and must be completed. If you attempt to Save the Protocol you will be returned to any unanswered mandatory questions.

**10.2.4 Buttons**
If a button is highlighted yellow press the Enter key to activate.
If a button is not highlighted click with the mouse to activate.

- **<Back**
  Moves you back to the previous screen within the Protocol.

- **Next >**
  Moves you forwards to the next screen within the Protocol.

- **Save**
  Moves you to the Save screen.

- **Exit**
  Moves you to the Exit screen.
Exits from the Protocol without saving your changes.

- **Help**
  Displays help and further information.

- **Finish**
  Saves the Protocol.
If there are any unanswered mandatory questions in the Protocol they will be listed. Click on the Finish button again to return to the Protocol.
If there is another Protocol in the sequence the Finish button will take you to it.

- **Cancel**
After selecting the Save button, the Cancel button cancels the Save and returns you to the Protocol.
After selecting Finish, the Cancel button returns you to the Main area.
10.3 Saving

1. Click on or select the Save button. The Confirm Save screen will display.

```
CONFIRM SAVE
These changes will be stored in the following episode:
Pregnancy Record: 2 (Intrapartum)
Click the Finish button to confirm you have finished making changes.

Finish  Cancel
```

2. Click on the Finish button. The Protocol will be saved. The next Protocol in the sequence will be listed, or you will be returned to the Main screen.

```
DELIVERY SEQUENCE
The next protocol in the delivery sequence is Delivery
  Onset of Labour
  Delivery
  Method of Delivery
  Staff Present
  Komar Return
  Baby
  Third Stage

Click the Finish button to run the highlighted protocol or Cancel to return to main screen

Finish  Cancel
```

NOTES:
- If you have any unanswered mandatory questions you will be given the opportunity to return to the Protocol to complete them.
- You cannot save a Protocol without completing all mandatory questions.

```
MANDATORY QUESTIONS UNANSWERED
The following question(s) must be answered before the protocol can be saved:
  ✓ Date of Birth
  ✓ Time of Birth
  ✓ Estimate of gestation

Click on any of the above links to go back to the protocol and answer the questions.

Finish
```

10.3.1 Exit without Saving

1. Click on the Exit button. The Confirm Exit screen will display.

```
CONFIRM EXIT
Click Exit to discard any changes made.

Exit  Cancel
```

2. Click on the Exit button. You will be returned to the Main screen.
11 PRINTING

1. From the Menu bar select Documents.
2. Select the document to be printed. The Print Options screen will display.

![Print Options Screen]

3. Select the output. The document can be printed or it can be displayed on screen for review.
4. Enter the number of copies.
5. Select your printer from the Destination Printer options.
6. Click on Finish.

NOTES:
- Birth Notifications are sent or faxed to Child Health team.
- Discharge Summaries are sent to the GP.
KEY PROTOCOLS
for
RECEPTION
STAFF
12 KEY PROTOCOLS FOR RECEPTION STAFF

12.1 Referral for Maternity Care

A maternity booking form will be completed by the Midwife for each mother. This form is sent to the PROTOS Administrator. Bookings for the Mary Rose Maternity Centre are entered by Maternity Reception Staff.

Maternity reception staff/maternity units will populate PROTOS with the information from the Booking.

**REMEMBER:** Patients must be added to the PAS system with an Outpatient Referral or an Admission for a Maternity Speciality. If not, your patient will not appear in PROTOS.

1. Find and Select your Patient. (Page 12)
2. From the Menu Bar select Referral for Maternity Care.

   The Current Pregnancy screen will display in the Main area.

3. Select/update the appropriate Pregnancy Number and select the Finish button.

   The Referral for Maternity Care Protocol will display.
4. Complete the required information and Save the Protocol.
   The Initial Assessment Sequence will be displayed.

   ![Initial Assessment Sequence]

   The next Initial Assessment protocol is Personal Information.

5. Select the Finish button to continue with the Personal Information Protocol. Alternatively, select the Cancel button to return to the Main area.

NOTES:
- The Initial Assessment Sequence Protocols may be found individually from the Antenatal History option in the Protocols menu.
12.2 Personal Information

The Personal History Protocol contains the following information to complete.

**Notes:**
- Ignore the questions Partners Former Name.

12.3 Medical History Protocol

The Medical History Protocol contains the following information to be completed.

**Medical History**
- Anaesthetics
- Asthma And Chest
- Back And Limbs
- Blood Transfusions
- Blood Disorders
- Diabetes And Thyroid
- Epilepsy And Migraine
- Fertility Problems
- Genital Infections
- Group B Streptococcus
- Heart Problems
- High Blood Pressure
- Kidney And UTI Problems
- Liver Disease
- Mental Health
- Operations
- Psychological Difficulties
- Thrombosis
- Cervical Investigations
- Gynaecological Problems
- Other Medical Problems

12.4 Health and Family History Protocol

The Health and Family History Protocol contains the following information to be completed.

**Health And Family History**
- Medication And Drugs
- Smoking And Alcohol
- Family History Part I
- Family History Part II
- Ethnic Group And Religion
- Infant Tuberculosis
NOTES:

- The patient must be asked about their smoking status pre and post delivery.

12.5 Past Pregnancies

If the information is available complete the Past Pregnancies Protocol, this will automatically populate some of the Obstetric History. Ensure you do not duplicate pregnancies already entered on PROTOS. You do not need to answer the question about Feeding.

12.6 Obstetric History

The Obstetric History Protocol contains the following information to be completed.

NOTES:

- Ensure you use the Enter key to enter data into this Protocol and check that the Parity is updated. This can later be checked by accessing the Obstetric Summary in the Patient Notes window.

12.7 This Pregnancy

The This Pregnancy Protocol contains the following information to be completed.

NOTES:

- Have you been physically hurt or made to feel afraid if you answer Yes please complete all hidden fields.
12.8 Antenatal Review

The Antenatal Review Protocol contains the following information to be completed:

**NOTES:**

- **Booking Staff** complete Administration, Weight Height and BMI Headings, also the HIV screen question (if not indicated on the Booking forms select "not indicated").

- All blood screening should be offered at Booking and recorded as either accepted/declined and all corresponding hidden fields completed accordingly.

- Press SAVE to finish and EXIT.

- **Midwives** will complete the Blood Protocols.

At this stage the Protocols for a Normal Booking have been completed. Booking Documents do not need to be generated.
12.9 Pregnancy Care Plan Review

If you are notified during the patient’s pregnancy of a change to her booking plan you will be required to review the Care Plan.

1. Search for and select your patient. (Page 12)
2. Select the Protocols menu
3. Select Pregnancy
5. Select the appropriate Review Date or select New Review.
6. The Protocol contains the following information to complete.
7. Complete the required information and save the Protocol.

NOTES:

- If an incorrect GP was recorded on the booking it will need to be updated in this Protocol.
  - Select the existing Care Plan.
  - At Indication for Review question answer – Medical and Patient preference.
  - Change the GP.
  - Save and Finish.

- The Pregnancy Care Plan can be updated after recording details of an Antenatal Review.
- If Mum is moved during the birth this Protocol appears automatically and must be recorded correctly.
12.10 Emergency Booking

For an emergency booking e.g. an out of area patient/someone on holiday, there will be no relevant maternity details on PAS.

The patient will report to Maternity Reception if possible. Maternity Reception Staff will record the patient’s demographics and admission on PAS.

If the patient has bypassed Maternity Reception the midwives must contact reception staff to record PAS details, otherwise the patient will not be available in PROTOS.

1. **SCENARIO 1: Emergency Admission, no referral on PAS no entry on PROTOS baby born in hospital.**

   **Reception Staff** enter/complete:
   - Patient registration on PAS
   - Admission on PAS
   - Referral for Maternity Care Protocol
   - Short Booking Summary Protocol

2. **SCENARIO 2: Emergency Admission, no referral on PAS, no entry in PROTOS, Baby born before arrival.**

   **Reception Staff** enter/complete:
   - Patient registration on PAS
   - Admission on PAS – if patient is admitted
   - Referral for Maternity Care Protocol
   - Short Booking Summary Protocol

12.11 Born Before Arrival

1. **SCENARIO:** Patient referred to Consultant/Midwife for hospital birth, but patient delivers before arrival.

   **Reception Staff** enter:
   - Information from the booking booklet
   - Admission on PAS – if patient is admitted

12.12 Home Confinement

1. **SCENARIO:** Referred to Community Midwife for Home Confinement.

   **Reception Staff** enter:
   - Information from the booking booklet.
KEY PROTOCOLS for MIDWIVES
13 KEY PROTOCOLS FOR MIDWIVES

The Maternity Booking forms completed by the Midwife for each mother are sent to the PROTOS Administrator. Maternity reception staff/maternity units will populate PROTOS with the information from the forms.

For normal bookings, the Midwife needs to complete the following Protocols:

- Ante-Natal Review
- Problems in Pregnancy (if appropriate)
- Birth Protocols
  - i. Onset of Labour
  - ii. Delivery
  - iii. Method of Delivery
  - iv. Staff Present
  - v. Korner Returns
  - vi. Baby
  - vii. Third Stage
- Mother's Examination
- Baby’s Examination
- Pre-discharge Assessment

13.1 Auto Allocation of NHS Baby Number

IMPORTANT INFORMATION

All babies that are born will automatically be allocated an NHS number when labour, delivery and baby details have been completed on PROTOS.

The NHS number will be printed on all baby documentation.

In order for PROTOS to generate an NHS baby number the following questions in PROTOS must be completed.

**NOTE:** Never enter labour delivery details for miscarriages.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>PROTOCOL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Surname</td>
<td>Baby</td>
<td>Must be the same as mother’s</td>
</tr>
<tr>
<td>Baby Forename</td>
<td>Baby</td>
<td>Use M/I or F/I if not known</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Delivery</td>
<td></td>
</tr>
<tr>
<td>Delivery Time</td>
<td>Delivery</td>
<td></td>
</tr>
<tr>
<td>Name of Person Delivering</td>
<td>Staff Present</td>
<td>Must be forename and surname. Ambulance Crew, Taxi Driver acceptable.</td>
</tr>
<tr>
<td>Sex of Baby</td>
<td>Baby</td>
<td></td>
</tr>
<tr>
<td>Live Birth or Still Birth</td>
<td>Method of Delivery</td>
<td></td>
</tr>
<tr>
<td>Birth weight</td>
<td>Baby</td>
<td>If this is not known at the time of entering data you must record a zero value. Do not leave blank.</td>
</tr>
<tr>
<td>QUESTION</td>
<td>PROTOCOL</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Head Circumference</td>
<td>Baby</td>
<td></td>
</tr>
<tr>
<td>Number Born</td>
<td>Onset of Labour</td>
<td></td>
</tr>
<tr>
<td>Suspected Congenital Anomaly</td>
<td>Baby</td>
<td></td>
</tr>
<tr>
<td>Ethnic Category</td>
<td>Baby</td>
<td>Final decision rests with the parents. If in any doubt please record NOT STATED.</td>
</tr>
<tr>
<td>Korner Actual Place of Delivery</td>
<td>Korner Returns</td>
<td>Delivery at QAH = NHS Consultant Ward</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delivery MRMC, Blake, PMC or Grange = NHS Midwifery Ward</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delivery at Home = Domestic Address</td>
</tr>
</tbody>
</table>

When you have entered the delivery information on PROTOS please check the birth notification and baby record printouts to see that an NHS number has been allocated.

You will need to contact PROTOS Administration (see page Error! Bookmark not defined.) if:

1. No NHS Baby Number has been generated or printed out on the birth notification or baby document.
2. If any details in the delivery are incorrect and need to be changed (Maternity Administration need to inform Child Health so their records can be updated).

If there is a problem at night/weekends, please leave a brief message on the PROTOS Administrator's answer phone or email direct.
13.2 Ante-Natal Review

1. Search for and select your patient. (Page 12)
2. Select the Protocols menu
3. Select Antenatal History
5. Select the appropriate Review Date or select New Review.

6. If creating a New Review enter the Date and Booked Time.

7. The Antenatal Review Protocol contains the following information to complete.
   
   **NOTE:**
   - Midwives only need to complete from Blood Pressure onwards.
   - Click on or move to the Blood Pressure link.
   - All blood screening should be offered at Booking and recorded as either accepted/declined and all corresponding hidden fields completed accordingly.

8. Complete the required information and Save the Protocol.

**NOTE:**
- The **Review Care Plan** heading displays the current and any previous Care Plans. The **Pregnancy Care Plan Review** Protocol will automatically display after the Antenatal Review is saved if the Review Care Plan option has been set to Yes. (See page 25 for guidance.)
13.3 Problems in Pregnancy

1. Select the Protocols menu
2. Select Pregnancy
3. Select Problems in Pregnancy
4. The Problems in Pregnancy Protocol contains the following information to complete.

**NOTE:**
- Only complete this Protocol if necessary.
- High blood pressure and diabetes should be recorded in this Protocol.

13.4 Onset of Labour

1. Select the Protocols menu
2. Select Onset of Labour
3. The Onset of Labour Protocol contains the following information to complete.
4. Complete the required information and save the Protocol.

**NOTE:**
- **Positions** - do not answer this section.
- **Drugs Given in Labour** – if the drug is not listed in the pick list you are able to free text it into the field. Use the Notes box to state what dosage was prescribed.
5. On saving the Onset of Labour Protocol the Delivery Sequence of Protocols will be displayed.
6. Select the Finish button to continue with the Delivery Protocol. Alternatively, select the Cancel button to return to the Main area.

**NOTES:**
- The Delivery Sequence Protocols may be found individually from the Protocols menu.
- If you need to access the Korner Return Protocol select Korner Returns from Work Loads and Returns in the Protocols menu.

### 13.5 Delivery

The Delivery Protocol contains the following information to complete.

**NOTES:**
- **Actual Place of Birth** – please enter Room number or any other information appropriate to where birth took place.
- **Care Scheme at Delivery** – do not answer this question.
- **Positions** – do not answer the question about Positional aids.
- **Review Care Plan** – If set to Yes the Review Care Plan Protocol will be added into the Delivery Sequence. See page 25.
- **On saving the Delivery Protocol the Delivery Sequence of Protocols will be displayed.**
- **Select the Finish button to continue with the Method of Delivery Protocol (or Review Care Plan**
13.6 **Method of Delivery**

The Method of Delivery Protocol contains the following information to complete dependant on the method of delivery selected.

**Spontaneous:**
- Delivery Information
- Pain Relief
- Fetal Monitoring
- Stages of Labour

**Forceps, Ventouse, Breech:**
- Delivery Information
- Pain Relief
- Fetal Monitoring
- Stages of Labour
- Assisted Delivery

**Elective Caesarian:**
- Delivery Information
- Pain Relief
- Fetal Monitoring
- Stages of Labour
- Elective Caesarian

**Other Caesarian:**
- Delivery Information
- Pain Relief
- Fetal Monitoring
- Stages of Labour
- Any Caesarian

---

**NOTES:**

- **Pain Relief** – this is for specific pain relief given during the birth itself. If none, you can select “Continuation of Labour Analgesia” or “No”.
- **Fetal Monitoring** - ‘Review CTG’. If answer ‘Yes’ CTG protocol will follow ‘Method of Delivery’ protocol.
- **Fetal Monitoring** - ‘Was a fetal blood sample taken”’. If ‘Yes’ hidden fields present to capture 6 sets of Base excess mmol/l levels. Only need to complete 3 sets.
- On saving the Method of Delivery Protocol the Delivery Sequence of Protocols will be displayed.
- Select the Finish button to continue with the CTG or Staff Present Protocol. Alternatively, select the Cancel button to return to the Main area.

---

13.7 **CTG (Cardiotocograph)**

This protocol displays only if the “Review CTG” question was answered “Yes” in the previous protocol.

**NOTES:**

- On saving the CTG Protocol the Delivery Sequence of Protocols will be displayed.
- Select the Finish button to continue with the Staff Present protocol. Alternatively, select the Cancel button to return to the Main area.
13.8  Staff Present

The Staff Present Protocol contains the following information to complete.

**NOTES:**

- **The Delivering Person | Name of Person Delivering** – it is vital you enter the full name of the person delivering the baby (Two names - Forename + Surname are required). This would be the Mother’s names if the birth was unassisted. If delivered en route to the hospital by the Ambulance Crew and the name of the staff delivering is unknown, enter “Ambulance Crew”. If delivered by the assigned midwife the system bypasses this field, do not go back to update.

- **Quality of Care | No. of Midwives Involved** – Do not count a student midwife in this question.

- On saving the Staff Present Protocol the Delivery Sequence of Protocols will be displayed.

- Select the Finish button to continue with the Korner Protocol. Alternatively, select the Cancel button to return to the Main area.

13.9  Korner Return

The Korner Protocol contains the following information to complete.

**NOTES:**

- Place of Birth question refers to where the baby was born (not where the placenta was delivered).

- On saving the Korner Protocol the Delivery Sequence of Protocols will be displayed.

- Select the Finish button to continue with the Baby Protocol. Alternatively, select the Cancel button to return to the Main area.
13.10 Baby

The Baby Protocol contains the following information to complete.

NOTES:

• Ensure the correct sex is recorded for the baby.

• It is mandatory to record the baby’s first name for the purposes of NHS Numbers for Babies (NN4B). If the parents are unsure at the time of birth please input M/I or F/I (male infant / female infant) and this can be updated later if required.

• Only answer the question – **First feed offered within 1hr** – with a Yes or No. Do not use Unknown.

• On saving the Baby Protocol the Delivery Sequence of Protocols will be displayed.

• Select the Finish button to continue with the Third Stage Protocol. Alternatively, select the Cancel button to return to the Main area.
13.11 Third Stage

Before commencing the Third Stage Protocol the following Interface Message is displayed. Select the Next button to continue.

The Third Stage Protocol contains the following information to complete.

NOTES:

- **Smoking Status at Delivery** – It is a requirement to confirm the mother’s smoking status at the time of the delivery and record it.

- **Feeding Intention at Delivery** - Dependent on options selected complete all hidden fields presented as used to report to SHA.

- **One to One Care** - The definition is that there is dedicated midwife available to care for a woman in established labour (ie contracting and over 4cm's). The midwife will stay with the woman if the woman wishes. The midwife is able to leave the room for small periods of time.

- On saving the Third Stage Protocol the Interface Messaging status (see below) will be displayed. If the interface has failed to connect to either of the systems (PAS or NHSIA) report this to the PROTOS Administrator (page Error! Bookmark not defined.).
• You will be asked if you wish to produce the Delivery Documents. Select the Generate button if you wish to produce the documents (see page 18 for guidance on printing) or the Finish button to continue.

<table>
<thead>
<tr>
<th>DELIVERY DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you wish to generate Delivery Documents, click on the Generate button</td>
</tr>
<tr>
<td>To continue without generating the documents, click on the Finish button</td>
</tr>
</tbody>
</table>

• If you are unable to generate these forms they can be obtained from the Document Sets section of the Documents menu.
• You can also print Baby NHS Barcode labels from for ‘Blood Spot Screening’ this can be obtained from the Administration section of the Documents menu.
• On saving the Third Stage Protocol you will be returned to the Main Area.
• By the time the Third Stage Protocol is completed the NHS number for the baby should be allocated (see Page 28 for information) and the birth registration on the PAS system completed.
13.12 Mother’s Examination

1. Select the Protocols menu
2. Select Postnatal Care
3. Select Mother’s Examination
4. The Mother’s Exam Protocol contains the following information to complete.
5. Complete the required information and save the Protocol.

NOTES:

- Do not answer the question - Postnatal smear required - in the Follow Up section.
- Alternative Address – complete if mother is discharged to a temporary address.
6. On saving the Mothers Examination Protocol the Postnatal Sequence of Protocols will be displayed.

7. Select the Finish button to continue with the Postnatal Baby Protocol. Alternatively, select the Cancel button to return to the Main area.
NOTES:

- The Postnatal Protocols may be found individually from the Postnatal Care and Inpatient Administration options in the Protocols menu.

13.13 Baby Examination

The Postnatal Baby Protocol contains the following information to complete.

- Information from the Baby’s Examination Protocol will be exported to the Neo-Natal system.
- **Newborn Blood Spot Screening** - all questions/hidden questions must be completed appropriately. If ‘Repeat newborn blood spot screening’ is requested another set of questions will appear for completion.
On saving the Postnatal Baby Protocol the Postnatal Sequence of Protocols will be displayed.
Select the Finish button to continue with the Pre-Discharge Assessment Protocol. Alternatively, select the Cancel button to return to the Main area.

13.14 Pre-Discharge Assessment

1. Before commencing the Pre-discharge Assessment Protocol the following Interface Message is displayed. Select the Next button to continue.

2. The Pre-Discharge Assessment Protocol contains the following information to complete.

3. On saving the Pre-Discharge Assessment Protocol the Interface Messaging status (see below) will be displayed.

4. You will be asked if you wish to produce the Discharge Documents. Select the Generate button if you wish to produce the documents (see page 18 for guidance on printing) or the Finish button to continue.

NOTES:
- If the interfaces with PAS and/or the NHSIA fail to connect report this to the PROTOS Administrator (page Error! Bookmark not defined.).
- If you are unable to generate the Discharge Documents they can be obtained from the Postnatal and Discharge section of the Documents menu.
- On saving the Pre-discharge Assessment Protocol the Postnatal Sequence of Protocols
• **DO NOT** select the Finish button to move onto the Discharge Protocol, select the Cancel button to return to the Main area. The Discharge must be completed in PAS.

• If you see the Discharge/Transfer Out Details Protocol (see below) you have gone too far. You must exit from the Protocol without saving any changes.

**DO NOT COMPLETE THE DISCHARGE/TRANSFER OUT DETAILS.**

ALL DISCHARGE DETAILS ARE TO BE COMPLETED ON PAS BY MATERNITY RECEPTION STAFF.
13.15 Postnatal Review

Peripheral Sites – (The Grange, PMC, Blake)

If your mother is transferred to a peripheral site from the Main Unit and problems occur that need recording before the patient is discharged the Postnatal Care – Post-Natal Review Protocol(s) should be completed.

1. Select the Protocols menu
2. Select Postnatal Care
3. Select Postnatal Review
4. Select New Review at the Review Date prompt

5. The Protocol contains the following information to complete.

6. Complete the required information and save the Protocol.

7. On saving the Postnatal Protocol you will be returned to the Main area.
13.16 Emergency Booking

If your patient is an emergency booking i.e. someone from out of the area/someone on holiday, please contact Maternity reception with your patient’s details as soon as possible. To enable you to record the PROTOS details the reception staff will enter:

- PAS details
- Admission (if required)
- The Referral for Maternity Care
- Short Booking Protocol.

SCENARIO 1:
Emergency Admission, no referral on PAS no entry on PROTOS baby born in hospital.

Reception Staff enter/complete:

- Patient registration on PAS
- Admission on PAS
- Referral for Maternity Care Protocol
- Short Booking Summary Protocol

Midwife responsible for delivery completes:

- Antenatal Review
- Delivery Protocols
- Mother and Baby examination.

SCENARIO 2:
Emergency Admission, no referral on PAS, no entry in PROTOS, Baby born before arrival.

Reception Staff enter/complete:

- Patient registration on PAS
- Admission on PAS
- Referral for Maternity Care Protocol
- Short Booking Summary Protocol

Midwife responsible for delivery completes:

- Ante Natal Review
- Delivery Protocols
- Mother and Baby examination.
13.17 Born Before Arrival

SCENARIO:
Patient referred to Consultant/Midwife for hospital birth, but patient delivers before arrival.

Reception Staff enter:

- Information from the booking booklet

Midwife responsible for delivery completes:

- Ante Natal Review
- Delivery Protocols
- Mother and Baby examination.

13.18 Home Confinement

SCENARIO:
Referred to Community Midwife for Home Confinement.

Reception Staff enter:

- Information from the booking booklet.

Midwife responsible for delivery completes

- Ante Natal Review
- Delivery Protocols
- Mother and Baby's examination – if the GP needs Discharge Documents.

NOTE:
If the mother has delivered at home and stays at home there will be no discharge summary for her and the baby.
OTHER PROTOCOLS AND PROCEDURES
14 OTHER PROTOCOLS AND PROCEDURES

14.1 Home Confinement (Planned/Unplanned)
The following steps must be entered in the sequence below for both scenarios.

1. All appropriate Protocols must be completed on the PROTOS system.
2. Korner Return printed from PROTOS
3. Enter details from the Korner return onto PAS (ADT – KHO)
4. Add baby to PAS (PMI)
5. Link baby to mother on PAS (ADT- LPM)

Completed By:
MIDWIFE

CLERICAL OFFICER

CLERICAL OFFICER

CLERICAL OFFICER

14.2 Postnatal Re-admissions
Reception staff need to input an Admission on PAS for these patients. On discharge an ad hoc letter is to be completed. One copy for the GP, second copy to be filed in the patient’s notes

14.3 Miscarriages and Terminations
This Protocol can be completed by the Midwife and by the PROTOS Administrator.

1. Search for and select your patient. (Page 12)
2. Select the Protocols menu
3. Select Outcomes

5. Complete the required information and save the Protocol.

NOTES:
- The Protocol for miscarriages and terminations must be completed if:
  - a mother gives birth 24 weeks or less gestation and there is no sign of life
  - a mother is admitted for induced abortion e.g. foetal abnormality.
- For terminations and miscarriages occurring on the unit the midwife will be responsible for
• For all other miscarriages the Midwife must notify the Antenatal Clinic who will document it in the Evac book. The PROTOS Administrator will, until further notice, record this Protocol on PROTOS.

• Contact the PROTOS Administrator if the pregnancy needs to be Closed.

• Remember to close down the PAS activity (OP REG and any antenatal appointments)

14.4 Death of Child

This Protocol is completed by the Midwife.

This Protocol can record the following deaths:

• Early Neonatal < 7 days
• Late Neonatal 7-28 days
• Post Neonatal 28 days – 1 year
• Child 1 year onward

This Protocol **MUST BE COMPLETED** in the case of **NEO-NATAL DEATH**.

1. Search for and select your patient. (Page 12)
2. Select the Protocols menu
3. Select Outcomes

```
<table>
<thead>
<tr>
<th>DEATH OF CHILD</th>
<th>DATE AND TIME OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date and Time of Death</td>
</tr>
</tbody>
</table>
```

- **Date death diagnosed**: 04/2008
- **Time death diagnosed**: 200

From the details given above, the system will indicate the probable category of child death. If the categorisation is incorrect you are encouraged to check the reason why, but you are able to correct the answer calculated by the system.

- **Category of child death**
- **Where did baby die**
- **Name of unit or place**

5. Complete the required information and save the Protocol.
14.5 **Death of Mother**

This Protocol is recorded by the PROTOS Administrator.

14.6 **Child Protection Protocols**

Designated members of staff in the Maternity Unit deal with Child Protection Issues. These members of staff will be trained to complete the following Child Protection Protocols.

They will also make use of the User Messaging (page 49) function to provide appropriate on screen instructions e.g. Please contact Duty Social Worker when Patient is admitted. The midwife dealing with this patient should check the patient’s PROTOS notes for any such instruction.

1. Search for and select your patient. (Page 12)
2. Select the Protocols menu
3. Select Pregnancy

![Diagram of the Social Service Referral Outcome Protocol](image)

5. Complete the required information and save the Protocol, or review as required. Once recorded the information can also be found in the Pregnancy section of the Patient Notes.

![Diagram of the Patient Notes section](image)
NOTES:
Any patient who is admitted to the unit at any stage during the pregnancy with a ‘child protection’ issue must have an ‘ad hoc’ letter completed with details of why admitted. Two copies should be printed out, one sent to the Midwife and one sent to the Health Visitor.

If there is a Child Protection issue on Post-Natal discharge from the Community Midwife, the Community Midwife must complete the Final Community Discharge. This is in the Protocols menu. Print out Final Discharge details and forward a copy to the Health Visitor.

14.7 User Messaging
The User Messaging function is used primarily by Child Protection Coordinators to flag any Child Protection/Social Services issues.

The midwife dealing with such a patient should check the patient’s PROTOS notes for any instruction.

1. Search for and select your patient. (Page 12)
2. Select the Protocols menu
3. Select Pregnancy

5. Complete or review the required information and save the Protocol.
NOTES:

- When a user looks up a patient with a User Message the message is automatically displayed.

```
USER MESSAGES

The messages listed below are specific review comments which have been flagged for attention by another user. Each comment is shown with some details relating to the specific review in which the comment was recorded.

Click the button next to a message to remove it. Note that this will not delete the message, merely prevent it from being displayed on this screen in future.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Type</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/2009</td>
<td>10:00</td>
<td>User Message</td>
<td>Please contact Duty Social Worker on admission for birth.</td>
</tr>
</tbody>
</table>

[Finish] [Cancel]
```

Users can acknowledge the messages by clicking on the Finish button on the screen. Do not click on the Remove button.

Once acknowledged and/or recorded the User Message details can also be found in the Pregnancy Record/Clinical Reviews section of the Patient Notes.
14.8 Operative Procedure

Operative Procedures are completed by Theatre Staff.

1. Search for and select your patient. (Page 12)
2. Select the Protocols menu
3. Select Procedures
6. Complete the required information and save the Protocol.

NOTE: An operative procedure Protocol must be completed for each operative procedure undertaken in the Maternity Theatre or Labour Ward Theatre.
15 FAULT REPORTING

From time to time you may experience problems with faulty equipment, software problems or access to Protos ie password non acceptance problems. To resolve your problem a call with need to be logged with the ICT Service Desk.

ICT Service Desk

<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:ict.servicedesk@porthosp.nhs.uk">ict.servicedesk@porthosp.nhs.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>023 9268 2680 or SJH (7703) 2680.</td>
</tr>
</tbody>
</table>

You will need to give the Service Desk certain information, so always ensure you have the following information available. They may need to know:

- Your Username.
- The KB Number of the equipment. This is found on a small label (usually red or blue) stuck to the equipment.
- The clinical system you were working on.
- The patient’s details e.g. case note no.
- Exactly what you were attempting to do, e.g. log on, view a patient’s results.

Out of office hours

Contact the ICT Service Desk and leave a message on the answer machine. They will deal with the problem as soon as they can. Alternatively email them.

If you feel there is a major system problem contact the switchboard for them to contact the engineer on call.

ICT Training

If you identify an error in this manual or think that it would be useful to include something that has not been covered, please contact ICT Training.

<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:ict.training@porthosp.nhs.uk">ict.training@porthosp.nhs.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>External Phone</td>
<td>023 9228 6000</td>
</tr>
<tr>
<td>Internal Phone</td>
<td>QAH (7700) 5867</td>
</tr>
</tbody>
</table>
16 Help with using Protos

If you have only just attended the course and feel you may need additional support, help or advice, you can contact the ICT Training Office.

* If you have not used Protos for more than 12 months you will be required to re-attend your training.

<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:ict.training@porthosp.nhs.uk">ict.training@porthosp.nhs.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>External Phone</td>
<td>023 9228 6000</td>
</tr>
<tr>
<td>Internal Phone</td>
<td>QAH (7700) 5867</td>
</tr>
</tbody>
</table>
17 ICT TRAINING CANDIDATE APPEALS PROCEDURE..

- Candidates who are unhappy with any aspect of the end of course/test assessment decision should first discuss the problem with the ICT Trainer at the time of receiving the result.
- The reasons must be made clear by the candidate at this time.
- If the candidate is still unhappy with the result further discussion should take place involving the ICT Training Team Leader within 3 days of the course/test date.
- The ICT Training Department will keep a record of such discussion together with date and outcome.
- Where necessary the 1st marker will be asked to re-mark and the marking checked by the ICT Training Team Leader.
- It should be noted that if the candidate was borderline double marking should already have been undertaken.
- If this does not provide satisfaction the candidate may raise a formal appeal.
- Appeals will only be accepted if made in writing (not e-mail) to the ICT Training Manager within 10 days of the candidate receiving their result, outlining clearly the circumstance of the appeal.
- The 1st & 2nd markers will meet with the Training Manager to consider if there are any aspects that should be taken into account in the candidate’s performance.
- In some circumstances the candidate may be offered a re-test (e.g. hardware or software problems).

If this is not the case and the result remains unchanged then the candidate may write to the ICT Training Manager (within 5 days of receiving the 3rd result) who will consider all evidence and circumstances of the appeal also taking into consideration responsibilities to the Trust and Data Protection Act to make a final decision.

ICT Training, QAH, July 2011
# 18 VERSION CONTROL/LOG

<table>
<thead>
<tr>
<th>Manual</th>
<th>PROTOS Maternity System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version</strong></td>
<td>6.1</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>August 2011</td>
</tr>
<tr>
<td><strong>Revisions</strong></td>
<td>Page</td>
</tr>
<tr>
<td>Updated</td>
<td>Page Numbering, Headers &amp; footers.</td>
</tr>
<tr>
<td>Updated</td>
<td>Information Governance</td>
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<tr>
<td>Updated</td>
<td>Confirmation of Patient Details</td>
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<tr>
<td>Updated</td>
<td>Fault Reporting</td>
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<td>Updated</td>
<td>ICT Candidate Appeals Procedure</td>
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<table>
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<td>Month / YYYY</td>
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</tr>
<tr>
<td>Update</td>
<td>Information Governance – 2010 updates</td>
</tr>
<tr>
<td>Update</td>
<td>Screenshots – 3.8 upgrade</td>
</tr>
<tr>
<td>Update</td>
<td>Notes within various protocols</td>
</tr>
<tr>
<td>New</td>
<td>CTG Protocol</td>
</tr>
<tr>
<td>New</td>
<td>Baby Labels</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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</tr>
<tr>
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<td>August 2010</td>
</tr>
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<td><strong>Revisions</strong></td>
<td>Page</td>
</tr>
<tr>
<td>Updated</td>
<td>Formatting and text refinements (unlisted as content and meaning unchanged)</td>
</tr>
<tr>
<td>NEW</td>
<td>Additional information added to assist learning (incorporating additional trainer handout).</td>
</tr>
<tr>
<td>Removed</td>
<td>Ward Attender protocol.</td>
</tr>
<tr>
<td>Removed</td>
<td>Birth Rate Data instructions.</td>
</tr>
<tr>
<td>Removed</td>
<td>Admission protocol.</td>
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