

Maternity Specific Mandatory Training Policy (With Learning Needs Analysis (LNA))

Classification:	Policy		
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Guideline to be followed by (target staff):			
To be read in conjunction with the following documents: MKUHFT Fetal monitoring policies, capability and disciplinary policies MKUHHFT Learning and Development microsite MKUH Medical Devices Management Policy MKUH Medical Equipment Training Procedure MKUH-PC-02 for training requirements			
Are there any eCARE implications? No			
CQC Fundamental standards: Regulation 9 – person centered care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 14 – Meeting nutritional and hydration needs Regulation 15 – Premises and equipment Regulation 16 – Receiving and acting on complaints Regulation 17 – Good governance Regulation 18 – Staffing Regulation 19 – Fit and proper			

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Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual. The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

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Milton Keynes University Hospital NHS Foundation Trust (MKUHFT) is aligned with Ockenden Final Report (2022), Saving Babies Lives Care Bundle v3, NHS Resolution Year 5 and NHS Core Competency Framework (version 2) to ensure that training meets the standards required. This policy identifies training requirements in a matrix for all maternity and medical staff, and enhances evidence based, safe practice with women, birthing people and their families at the centre of care. Staff at all levels are committed to a safety-first culture which promotes positive care experiences for people using our services.

Maternity specific education and training emphasises a multi-professional training as a standard part of continuous professional development, both in routine situations and emergencies:

- Compliments Trust Induction and annual mandatory training requirements
- Relates to the learning and development of skills and knowledge required by clinical staff working within the maternity unit.

The Trust is equally committed to the provision of an effective learning environment where a well-trained workforce promotes delivery of the highest standards of evidenced based care to mothers, birthing people and their families. This is an essential element of risk management and ensures that healthcare professionals are required to develop and maintain appropriate competencies and to maintain their knowledge, skills and expertise in order to operate in a safe and competent manner.

This policy applies to permanent and bank staff, all of whom must undertake the Statutory and Mandatory training relevant to their professional role as detailed in the training needs analysis (Appendix 1).

This Policy should be read in conjunction with guidance produced by Milton Keynes University Hospital Foundation Trust Learning and Development Department.

Executive Summary

- Maternity specific education and training relates to the learning and development of skills and knowledge required by health care professionals to consistently provide effective evidence-based maternity care, in line with recent national publications.
- Emergency situations within the maternity unit require that all staff react appropriately using a nationally recognised systematic approach. All emergency training is therefore competency assessed and skills drills involving all clinical specialities are undertaken monthly within the clinical maternity setting.
- A multi-professional workforce that trains together is an essential element to risk management.
- Training deemed mandatory for all staff employed by the Trust is outlined in the Mandatory Training Policy. The maternity specific training plan supports and compliments the Trust's Training Policy.
- Individual healthcare professionals are responsible for ensuring that they commit to Trust expectations of lifelong learning.
- Staff must ensure that all mandatory training is kept in date and standards required by their relevant professional bodies are met. This involves maintaining personal records of educational experiences within a professional portfolio.

1.0 Roles and Responsibilities

The delivery of specialist maternity training and multi-disciplinary skills and drills training is the joint responsibility of the Trust, Divisional / Departmental managers, the Maternity Practice Development team, those facilitating learning events and individual members of staff.

The Director of Human Resources & Workforce Planning is responsible for ensuring workforce meets service needs.

The Head of Learning and Development is responsible for ensuring learning and development strategies for the Trust.

Associate Director of Operations for Women & Children's Division is responsible for ensuring that any training issues are reported to the Trust Board.

The Chief Midwife, gynaecology and Neonatal Nursing, Clinical Service Unit (CSU) Lead & Clinical Director will provide the leadership that supports education, training and development to take forward maternity services training needs and access to learning opportunities to support the delivery of safe and effective care.

The College Tutor and Educational Supervisors are responsible for

- Facilitating learning opportunities to aid completion of training log
- Monitoring doctors' attendance at induction and mandatory training
- Recording doctors study leave

Maternity Matrons are responsible for

- Facilitating the learning needs of all staff
- Ensuring that all staff are compliant with training requirements as identified in the LNA.
- Identifying individual learning requirements with individual staff
- Ensuring that individual staff have booked training prior to returning from maternity or long-term sick leave

1.1 It is the responsibility of all staff (full time or part-time) to:

- Comply with mandatory training requirements as identified in the Trust Mandatory Training Policy, the maternity specific mandatory training policy and those identified locally in maternity through risk management. Failure to do so may invoke Trust competency or disciplinary processes.
- Identify when updating or training is required and agree a date for this with their manager.
- Book training or educational updates and ensure requests are made on the e-roster system.
- Give priority to mandatory training and make every effort to attend training sessions arranged for this purpose. E-learning modules or workbooks where provided should be completed prior to lapse dates to ensure that staff remain consistently compliant with training requirements.
- Alert their line manager and the provider of the training if they are unable to attend and rebook on to the next available training session.
- Sign the attendance record for the session/programme.
- Partake in evaluation of session/programme in order to influence future provision.
- Maintain a record of their training with evidence of reflective learning within a portfolio in line with NMC revalidation and GMC requirements.

- Promote evidence-based learning and maintain an effective learning environment in the workplace.

1.2 It is the responsibility of the Practice Development Team / College Tutor for Obstetrics to:

- Ensure aspects of maternity specific mandatory training are recorded and monitored by:
 - Levels of attendance
 - Levels of non-attendance
 - Levels of cancellation and reasons
 - Provide details of non-attendance to line managers to ensure action is taken to follow up non-attendance
- Contribute to training needs analysis and annual training plan
- Consider the needs of the full and part time staff who deliver a 24-hour service in relation to programme delivery and design.
- Set up appropriate training programmes utilising internal and external expertise where available.
- Facilitate departmental and Trust induction programmes for newly appointed staff.
- Explore external provision where internal capacity/capability is not available
- Make recommendations for change in consultation with Trust leads and significant others through membership of the Women's & Children's Clinical Service Unit.
- Report regularly to Midwifery Services, and Maternity Clinical Governance Group. The report will go from the Maternity CSU to the Trust Risk Management Committee.

1.3 It is the responsibility of the line managers to ensure that they:

- Are familiar with the education, learning and training needs of their staff.
- Ensure that newly appointed staff attends local and Trust induction programmes
- Ensure members of staff moving to new areas within the maternity unit receive updates and identified training required for the area they are moving to.
- Facilitate a learning culture within their clinical area which supports both team and individual development.
- Ensure that staff returning from maternity or long-term sick leave has all necessary training and education requirements booked prior to returning from leave.
- Proactively liaise with the Maternity Practice Development Team or College Tutor to ensure that educational needs of department are met.
- Actively encourage staff members to identify individual learning needs through annual performance development reviews to facilitate development of individual knowledge, skills, and competencies.
- Provide allocated time and authorise attendance at agreed protected study time.
- Ensure that all staff members in their clinical area are compliant with MKUHFT statutory/mandatory training requirements and to take action where there is non-compliance.
- Monitor attendance and where necessary follow up on reports of non-attendance
- In the event of non-attendance agree an action plan with the member of staff and ensure this is achieved within an agreed timescale.
- Carry out risk assessments and implement appropriate local action plans where there is non-compliance.
- Implement Trust disciplinary procedures for those staff who persistently fails to take responsibility for attending statutory and mandatory training.
- Document these discussions.

2.0 Implementation and dissemination of document

This guideline is available on the Trust intranet and has followed the full guideline review process prior to publication.

3.0 Processes and procedures

Mandatory maternity-specific training is any compulsory training that the maternity / obstetric / obstetric anaesthetic service requires its employees to undertake in relation to the NHS Resolutions year 5, Saving Babies Lives Care Bundle v3 and Ockenden Final Report. A Learning Needs Analysis (LNA) is implemented in the form of an annually reviewed training plan (See Appendix 1).

This training is essential in order to:

- Comply with the requirements of regulatory bodies and national publications
- Carry out duties safely and efficiently
- Protect staff, women, birthing people and babies, and the public from harm
- Comply with Trust policies
- Improve the skills and knowledge of maternity service staff

Mandatory maternity-specific training is co-ordinated and delivered through a multi-professional team of:

- Midwives and support staff
- Obstetricians
- Anaesthetists
- Theatre staff
- Neonatal staff and neonatologists
- Trust's resuscitation department
- Multi-professional staff within the hospital e.g., Biomedical scientist, physiotherapist
- External providers identified e.g., ambulance service, smoking cessation

Training is delivered in a variety of formats (lectures, practical sessions, discussion groups) which are held in different settings and include classroom-based scenarios and "live" drills within the MKUH and community settings. Details of all training programmes opportunities are advertised on the noticeboard within the maternity offices complex and on noticeboards throughout the maternity unit.

Applications for all other courses, including those outside the Trust require a completed study leave form, which is submitted for approval by the line manager. Evidence of a recent PDR (within the last year) and attendance at Trust mandatory training is required before additional study leave can normally be granted.

Individual trainers are responsible for ensuring that training delivered supports national guidance and Trust policy, based on evidence based best practice. Concerns around evaluation of course content, including the standard of training, will be monitored and escalated as they arise via the relevant line management structure.

The practice development midwives/college tutor for obstetrics are responsible for providing evidence of attendance via attendance records, which are entered onto the Trust's training

database, Oracle Learning Management (ESR) and E-roster. Records for maternity specific training are also held locally by the maternity practice development team.

Where staff members fail assessment components of internal or external training programmes, an action plan to support successful completion should be developed by the line manager in conjunction with the maternity practice development team / college tutor. Where a staff member is unable to demonstrate required competency despite support the Trust's disciplinary or capability (as appropriate to circumstances) must be followed.

Training reports outlining staff attendance are produced by the Maternity Practice Development Team. Training and Education are regular agenda items on the Women's & Children's CSU.

3.1 Learning from incidents, complaints, results of audits and claims

- The overarching aim of clinical audit is to improve service user outcomes by improving professional practice and the general quality of services delivered.
- Encouraging the reporting of incidents depends on a culture where incidents are clearly seen as opportunities for learning and improvement. Teams need to know that when an incident is reported that there will be a change to prevent recurrence and lessons are learned across teams and across the organisation.
- The complaints procedure should be viewed as a useful tool for indicating where services may need adjusting. It is a positive aid to inform and influence service improvements.
- The maternity specific TNA will incorporate training issues raised from audit, incidents, complaints and claims. This will be done either through live drills if appropriate or by a lesson plan for the annual mandatory study days

3.2 Staff Induction

In accordance with local policies, all new midwifery, support staff, nursing and medical staff must attend and complete Trust, and local induction programmes.

Each new staff member is given a local induction programme relevant to their role.

During the induction process, all new staff members are informed of the required attendance, and how to access the mandatory Trust and maternity specific training programmes, and includes:

- Access to internet and intranet sites – to access Trust, local guidance, national guidance, i.e., NICE, RCOG.
- All midwifery, support staff, nursing and medical staff working within the maternity services have a responsibility to attend mandatory training sessions during induction in accordance with local policy and maintain their core knowledge, skills and expertise as part of their continuing professional development.

3.3 Staff Attendance

The practice development administrator sends annual dates of maternity specific mandatory training days to individual staff members to attend training sessions.

Dates are allocated on e-roster or sent to line managers for information and to ensure appropriate allocation of study days. The college tutor for obstetrics has overall responsibility for the allocation and monitoring of medical staff training.

E-learning must be consistently maintained to ensure that this training does not lapse. E-learning is accessed through:

- The Oracle Learning Management (ESR)
- Public Health England's NHS screening programme website via: <https://www.e-lfh.org.uk/>
- Saving Babies Lives care bundle version 2 (awaiting update to version 3) <https://www.e-lfh.org.uk/>

Compliance with Trust mandatory training is recorded on ESR and Business Intelligence (BI) which can be accessed via the Trust intranet.

Paid staff training that is accessed remotely should be treated in the same way as face-face training and where MS TEAMS is used cameras should remain on during the training.

3.4 Staff Non-Attendance on Booked Training

If a member of staff is unable to attend, they must inform the maternity unit bleep holder as soon as possible and Maternity Practice Development Team/training facilitator. Failure to report absence may result in unauthorised absence.

A study day is rostered as working hours and should be attended punctually. Late attendance (10 minutes or greater) may result in a requirement to repeat the training session outside of clinical working hours.

In the event of a study day being cancelled the staff member must inform their manager and be available for duty.

The line management is responsible for following up non-attendance and agreeing an action plan with the relevant member of staff to ensure completion at the earliest opportunity.

3.5 Staff Non-Compliance with Fetal Monitoring Learning

Completion of fetal monitoring learning as identified in the TNA is recorded by the training provider and reported monthly.

It is essential that staff required to undertake fetal monitoring learning and assessment as a component of their clinical role do not allow this training to lapse. Should this occur staff should not provide intrapartum care until successfully compliant with fetal monitoring training requirements. Bank staff should not be employed if they are non-compliant with fetal monitoring training requirements.

3.6 Live Skill Drills

In addition to mandatory maternity training, impromptu emergency drills are facilitated within the clinical areas by the maternity practice development team and MDT. Drills are essential to the testing of the systems operating within the maternity service and should be treated by staff members in the manner to which they would respond in a real-life emergency situation. Each drill presents an opportunity to participate and learn in a safe and supportive environment

If members of staff are engaged in clinical care which they believe will be genuinely compromised through their participation in the skills drill this should be identified immediately to the skills drill co-ordinator who will record this information and facilitate the return of the responder to their clinical commitment.

Each drill is evaluated, and any learning is shared and disseminated with the MDT.

4.0 Additional Training Requirements

Additional training requirements are available to all staff. These may be identified by the individual or during their annual appraisal. The additional training may be provided by the Trust or a course provided by an external provider.

If the course requires funding by the Trust, a study leave request should be completed and submitted to their line manager for approval. If the course requires funding by the Trust the approved study request should be copied to the Practice Development Team who will keep a record of all requests so that they can provide the annual training requirements for funding.

5.0 Statement of evidence/references

Statement of evidence:

References:

NHS England (2023) Maternity and Neonatal Safety Improvement Programme Core Competency Framework version 2 London NHSE
Available at [Core competency framework Version 2: Minimum standards and stretch targets \(england.nhs.uk\)](https://www.england.nhs.uk/core-competency-framework-version-2/) (Accessed 10.07.2023)

NHS England (2023) Saving Babies' Lives Version Three. A care bundle for reducing perinatal mortality. NHS England. June 2023
Available at: [PRN00130-Saving-babies-lives-version-three-a-care-bundle-for-reducing-perinatal-mortality-June-2023.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/prn00130-saving-babies-lives-version-three-a-care-bundle-for-reducing-perinatal-mortality-june-2023.pdf) (Accessed: 10.07.2023)

NHS Resolution (2023) Maternity Incentive Scheme – Year 5. conditions of the scheme. Ten maternity safety actions with technical guidance. Questions and answers related to the scheme. London NHSR
Available at [MIS-year-5-FINAL-31-5-23.pdf \(resolution.nhs.uk\)](https://www.resolution.nhs.uk/mis-year-5-final-31-5-23.pdf) 2023-Final.pdf (Accessed 10.07.2023)

Ockenden, Donna (2022) Ockenden Report. Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. Available at: [Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust - final Ockenden report \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/ockenden-report-findings-conclusions-and-essential-actions-from-the-independent-review-of-maternity-services-at-the-shrewsbury-and-telford-hospital-nhs-trust-final-ockenden-report.pdf) (Accessed 10.07.2023)

Public Health England (PHE) (2020) *Newborn Bloodspot Screening standards valid for data collected from 1st April 2020*. London: PHE.
Available at: <https://www.gov.uk/government/publications/standards-for-nhs-newborn-blood-spot-screening> (Accessed: 12.02.2020)

Public Health England (PHE) (2019) *NHS Infectious Diseases in Pregnancy Screening (IDPS) standards valid for data collection from 1st April 2018*. London: PHE

Available at: <https://www.gov.uk/government/publications/infectious-diseases-in-pregnancy-screening-programme> (Accessed: 31.01.2020)

Public health England (PHE) (2019) *NHS Sickle Cell & Thalassaemia (SCT) screening standards valid for data collected from 1st April 2020*. London: PHE

Available at: <https://www.gov.uk/government/publications/sickle-cell-and-thalassaemia-screening-programme> (Accessed: 14.06.2020)

Public Health England (PHE) (2018) *NHS Fetal Anomaly Screening Programme (FASP) screening standards valid for data collected from 1st April 2018*. London: PHE

Available at: <https://www.gov.uk/government/publications/fetal-anomaly-screening-programme-standards> (Accessed: 25.10.2018)

Royal College of Anaesthetists. (2020). *Guidelines for Provision of Anaesthetic Services (GPAS) Chapter 9: Guidelines for the Provision of Anaesthesia Services for an Obstetric Population 2020* London: RCOA.

Available at: <https://www.rcoa.ac.uk/safety-standards-quality/guidance-resources/guideline-provision-anaesthetic-services> (Accessed: 17.06.2021)

6.0 Governance

6.1 Document review history

Version number	Review date	Reviewed by	Changes made
3	01/2018	C Rooth	Reviewed and updated
3.1	24/04/2019	Julie Cooper – discussed at GRG	Appendix 1: Fetal monitoring – wording changed in the 'Provision' section.
3.2	12/2020	Laurie Gatehouse	Changes made to 3.11
3.2	12/2020	Maternity Guideline group and maternity CIG	Changes to appendix 1, 1.3 and 3.1
4	06/2021	Mary Plummer and Maternity Practice Development team	Reviewed and updated to comply with SBLCBv2, NHS Resolution, NHS Core Competency Framework and Ockenden
5	01/2022	Rebecca Lemmon and Mary Plummer	Complete review
6	07/2023	Samantha Dore and Katie Selby	Reviewed and updated to comply with SBLCBv3, NHSE Resolution year 5, NHS Core

			Competency Framework V2 and Ockendon final report
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6.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Head of Midwifery	Midwifery	20/06/2021			
Maternity Matrons	Midwifery	20/06/2021			
Lead Midwife Infant Feeding	Midwifery	20/06/2021	23/06/2021	Confirmation of training frequency	Yes
Maternity Practice Development Team	Midwifery	20/06/2021	26/02/2022	Complete review	Yes
Clinical Service Unit Lead	Obstetrics	20/06/2021			
Interim Deputy Head of Midwifery	Midwifery	20/06/2021			
Consultant Obstetric Anaesthetists	Anaesthetics	23/06/2021	24/06/2021	Title changes for medical staff	Yes
Women's digital review group	Maternity	11/10/21	25/10/21		
Maternity guideline group	Women and Children	27/10/2021			Yes
Children's Health group	Children/ Paediatric	01/12/2021	14/12/2021	Comments from Lisa Viola	Yes
Georgena Leroux	Fetal surveillance midwife	26/02/2022		K2 removed changed to fetal monitoring	Yes
Guideline meeting	Maternity	26/02/2022			
Maternity Voice Partnership	MVP	26/02/2022			
Maternity Practice Development team and Head of Governance review and update	Maternity	10/07/2023		Updated training to comply with new guidance documents	
Maternity Guideline Group	Women and Children	06/09/2023			Yes

6.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
90% compliance with Statutory and Mandatory training – maternity and obstetric staff	Business Intelligence/ESR	Matrons and CSU Lead	Monthly	Women's Service CSU meeting

90% compliance for fetal monitoring training - midwifery and obstetric staff	Fetal monitoring SD attendance/assessment reports	Leads for fetal monitoring	Monthly	Women's Service CSU meeting
MDT training including PROMPT 90% compliance	Maternity Practice Development records	Maternity Practice Development Team	Monthly	Women's Service CSU meeting
90% compliance with NLS training	PTTW records	Maternity Practice Development Team	Monthly	Women's Service CSU meeting

The dissemination on results and implementation of action plans and timely re-audit will be coordinated by the maternity practice development team and the maternity governance team. Audit results will be reported to the clinical governance meeting on a monthly basis. Monitoring requirements may be adjusted to meet the changing needs of the organisation.

3.1.1 ANNB Screening Training

- New Starters (Midwives) – attendance at a half day, face-to-face training session with the ANNB screening team; a New Starter Training pack is provided.
- New staff to community midwifery: as per the new starter, the midwife will have a half day, face to face, session with the ANNB screening team.
- Staff returning from maternity leave or other extended leave: each person is treated individually. The ANNB screening co-ordinator and line manager will plan the return-to-work induction together. This may be quite minimal or may be as for a new starter.
- New staff on the Neonatal Unit: The Practice Development Neonatal Nurse provides an orientation/induction for all new staff to the neonatal unit.
- Paediatricians new to the Trust: attend an induction with an Advanced Neonatal Practitioner to discuss newborn screening and the use of S4N.

6.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment

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Division	Women and children	Department	Maternity
Person completing the EqlA	Erica Puri	Contact No.	
Others involved:	Yes	Date of assessment:	02/2022
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?			
		Yes	
If staff, how many/which groups will be affected?			
		All staff	
Protected characteristic			
Age	Any impact?	Comments	
Disability	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
Emails, maternity guideline group			
How are the changes/amendments to the policies/services communicated?			
Maternity CIG and guideline group, Paediatric PIG and CIG			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqlA	02/25		

Appendix 1: Maternity Specific Learning Needs Analysis (LNA)

Mandatory Maternity Specific Training	Provision	Required Frequency	Maternity care Assistants Band 2	Maternity Care Assistants Band 3	Nursery Nurses Band 4	Midwives Band 5	Midwives Band 6	Midwives Band 7	Midwives Band 8A and above	Requirement
Smoking in Pregnancy	<p>Saving Babies Lives Care Bundle training programme eLearning for Health which includes Very brief advice</p> <p>Face to face session during Protected time week (PTTW) facilitated by Smoking cessation officer (in house)</p>	Yearly	•	•		•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 SBLCBv3 - Element 1: Reducing Smoking in Pregnancy NHSE Resolution Safety Action 6: Element 1 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 1.1
Fetal Growth Restriction	<p>Saving Babies Lives Care Bundle training programme eLearning for Health</p> <p>Face to face session facilitated by Fetal Surveillance lead</p>	Yearly				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 Ockenden Report 2022 SBLCBv3 – Element 2: Fetal growth: Risk assessment, surveillance and management NHSE Resolution Safety Action 6 Element 2 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 1.2
Reduced Fetal Movements	<p>Saving Babies Lives Care Bundle training programme eLearning for Health</p> <p>Face to face session during PTTW, facilitated by Fetal Surveillance Midwife (or PDM)</p>	Yearly				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 Ockenden Report 2022 SBLCBv3 – Element 3: Raising awareness of fetal movements NHSE Resolution Safety Action 6 Element 3 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 1.3

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Fetal Monitoring	1 day face to face MDT in house multi-professional Fetal Monitoring study day (including competency assessment) (Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)	Yearly								<ul style="list-style-type: none"> Trust LMNS Ockenden Report 2022 SBLCBv3 Element 4: Effective fetal monitoring during labour NHS Resolution Safety Action 6: Element 4 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 2
Pre-term Birth	Saving Babies Lives Care Bundle training programme eLearning for Health Face to face session during PTTW, facilitated by the Pre-term birth midwife with Obstetric input	Yearly								<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 Ockenden Report 2022 SBLCBv3 Element 5: Reducing Pre-term births and optimising perinatal care NHSE Resolution Safety Action 6: Element 5 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 1.5
Diabetes in Pregnancy	Saving Babies Lives Care Bundle training programme eLearning for Health – When available ESR mandatory training for diabetes Face to Face session during PTTW facilitated by Diabetes specialist and nurse	Yearly								<ul style="list-style-type: none"> Trust LMNS Ockenden Report 2022 SBLCBv3 Element 6: Management of Pre-existing Diabetes in pregnancy NHSE Resolution Safety Action 6: Element 6 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 1.6
Practical Obstetric Multi-Professional Training (PROMPT)	1 day Maternity Emergencies and MDT training (Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)	Yearly								<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 Ockenden Report 2022 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 3

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Bereavement	Face to face session during PTTW, facilitated by Bereavement Midwife	One topic from Module 4 - list A and B to be covered as a minimum per year	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 Ockendon 2022 NHSE Core Competency Framework V2 Module 4 Equality, Equity and Personalised Care – List A NHSE Resolution Safety Action 8
Perinatal Mental Health	Face to Face session during PTTW facilitated by Perinatal mental health Specialist Midwife	One topic from Module 4 - list A and B to be covered as a minimum per year	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 Ockendon 2022 NHSE Resolution Safety Action 8 NHSE core competency Framework V2 Module 4 Equality, Equity and Personalised Care – List A
Ongoing Antenatal, Intrapartum risk assessment and risk communication	Face to Face session during PTTW facilitated by Practice Development	One topic from Module 4 - list A and B to be covered as a minimum per year				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 Ockendon 2022 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 4 Equality, Equity and Personalised Care – List A
Personalised care and support planning (including plans when in use locally)	Face to face session during PTTW, facilitated by Consultant Midwives and Practice development	One topic from Module 4 - list A and B to be covered as a minimum per year				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRACE Ockendon 2022 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 4 Equality, Equity and Personalised Care – List B
Informed decision making, enabling choice, consent, and human rights	Face to face session during PTTW, facilitated by Consultant Midwives and Practice development	One topic from Module 4 - list A and B to be covered as a minimum per year				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRACE Ockendon 2022 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 4 Equality, Equity and Personalised Care – List B
Equality and diversity with cultural competence	Face to face session during PTTW, facilitated by Practice development	One topic from Module 4 - list A and B to be				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020 Ockendon 2022

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		covered as a minimum per year										
												<ul style="list-style-type: none"> NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 4 Equality, Equity and Personalised Care – List B
VBAC and Uterine Rupture	1 day Maternity Emergencies and MDT training (PROMPT) (Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)	Three-yearly programme of all topics in Module 5	•	•	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 5 Care during labour and immediate postnatal period
GBS (Group B Streptococcus) in labour	1 day Maternity Emergencies and MDT training (PROMPT) (Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)	Three-yearly programme of all topics in Module 5	•	•	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 5 Care during labour and immediate postnatal period
Operative Vaginal Birth	1 day Maternity Emergencies and MDT training (PROMPT) (Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)	Three-yearly programme of all topics in Module 5	•	•	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 5 Care during labour and immediate postnatal period
Multiple Pregnancy	1 day Maternity Emergencies and MDT training (PROMPT) (Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)	Three-yearly programme of all topics in Module 5	•	•	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 5 Care during labour and immediate postnatal period
Infant feeding	2 day BFI training within 6 months of appointment to MKUN	Once Annual update	•	•	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS UNICEF BFI standards Standards of Proficiency for Midwives NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 5 Care during labour and immediate postnatal period

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	Face to face session during Protected time week (PTTW), facilitated by the Infant feeding coordinator									
Management of Labour including Latent Phase	Face to face session during PTTW, facilitated by Practice development	Three-yearly programme of all topics in Module 5				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 5 Care during labour and immediate postnatal period
Perineal trauma/prevention and OASI pathway	Face to face session during PTTW, facilitated by OASI lead Midwife or PDM team	Three-yearly programme of all topics in Module 5				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS NHSE Resolution Safety Action 8 NHSE core competency Framework V2 Module 5 Care during labour and immediate postnatal period
Management of Epidural Anaesthesia	To include recovery care after GA within content. Face to face session during PTTW, Facilitated by Anaesthetist	Yearly				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS NHSE Resolution Safety Action 8 NHSE core competency Framework V2 Module 5 Care during labour and immediate postnatal period
Neonatal resuscitation	Face to face MDT Neonatal basic life support Training Facilitated by Resus Council accredited clinicians	Yearly				•	•	•	•	<ul style="list-style-type: none"> Trust LMNS NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 6 Neonatal Basic Life Support
Avoiding Term Admissions into Neonatal Units (ATAIN)	Face to face training during PTTW, facilitated by Practice Development Team and Neonatal input	Yearly								<ul style="list-style-type: none"> Trust British Association of Perinatal Medicine (BAPM) NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 5 Care during labour and immediate postnatal period
Skills and Drills	Ad hoc Emergency scenarios conducted in the clinical area with the MDT.	Monthly	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS NHSE Resolution Safety action 8

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	Facilitated by the Practice Development Team									
Antenatal & Newborn screening	Health Education England Elfh e-learning Antenatal & Newborn Screening e-learning module Face to face session during PTTW, facilitated by Specialist Midwife	Yearly	•	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust Public Health England – Screening standards.
Care Of Next Infant (CONI)	Face to Face training during PTTW, Facilitated by Health Visitors and CONI coordinator	Yearly		•	•	•	•	•	•	<ul style="list-style-type: none"> Trust
Midwifery specific blood components	Blood components e-learning session on ESR system. Face to face training, facilitated by Practice Development Team	Once only Yearly				•	•	•	•	<ul style="list-style-type: none"> Trust
Midwifery Support staff blood components	Blood components e-learning session on ESR system. Face to face training, facilitated by Practice Development Team	Once only Yearly	•	•	•					<ul style="list-style-type: none"> Trust
Supervisor/Assessor (Standards for Student Supervision and Assessment (SSSA))	E-Learning package facilitated by Pan London Practice Learning Group Face to face session during PTTW, facilitated by Maternity Education lead	Once Yearly update				•	•	•	•	<ul style="list-style-type: none"> Trust NMC standards for student supervision and assessment Standards of Proficiency for Midwives
Safeguarding Children level 3	Level 3 safeguarding e-Learning for health e-learning package Face to face session during PTTW facilitated by safeguarding lead	3 Yearly	•	•	•	•	•	•	•	Trust LMNS Ockendon 2022

Mandatory Maternity Specific Training	Provision	Required frequency	GP Trainee	FY2/NTS	ST1-ST2	ST3-ST7	Speciality doctors Obstetrics	Consultant Obstetricians	Requirement
Fetal Growth Restriction	Face to face training and competency assessment by fetal Surveillance lead	Yearly	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS MBRRACE 2020/21 Ockenden Report 2022 SBLCBv3 – Element 2: Fetal growth: Risk assessment, surveillance and management NHSE Resolution Safety Action 6 Element 2 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 1.2
Fetal monitoring	1 day face to face MDT in house multi-professional Fetal Monitoring study day (including competency assessment) (Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)	Yearly		•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS Ockenden Report 2022 SBLCBv3 Element 4: Effective fetal monitoring during labour NHS Resolution Safety Action 6: Element 4 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 2
Practical Obstetric Multi-Professional Training (PROMPT)	1 day Maternity Emergencies and MDT training (Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)	Yearly	•	•	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS Ockenden Report 2022 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 3

Mandatory Maternity Specific Training	Provision	Required frequency	Theatre/Recovery Nurses working in maternity	Obstetric Anaesthetists ST2	Obstetric Anaesthetists ST3-ST7	Speciality doctors Obstetric Anaesthetists	Obstetric Consultant Anaesthetists	Requirement
Practical Obstetric Multi-	1 day Maternity Emergencies and MDT training	Yearly						<ul style="list-style-type: none"> Trust LMNS NHSE Resolution Safety Action 8

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Professional Training (PROMPT)	(Training should be face to face unless in exceptional circumstances such as the Covid Pandemic)			•	•	•	•	•	NHSE Core Competency Framework V2 Module 3
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Mandatory Maternity Specific Training	Provision	Required frequency	Neonatal Nurses (band 5 and above)	ANNP	Neonatal junior doctors (who attend any birth)	Neonatal consultant or Paediatric consultants (covering Neonatal unit)	Requirement
Neonatal resuscitation	Face to face MDT Neonatal basic life support Training Facilitated by Resus Council accredited clinicians	Yearly	•	•	•	•	<ul style="list-style-type: none"> Trust LMNS Ockenden Report 2022 NHSE Resolution Safety Action 8 NHSE Core Competency Framework V2 Module 6

Additional Training Programmes	Provision	Required Frequency	Requirement
NLS	External sourced – requires funding for each financial year	4 yearly. Available for Bands 5-8A	Trust
GIC instructor course (NLS)	External sourced – requires funding for each financial year	Maintain by teaching twice a year NLS for Resus Council	Trust NHS Resolution Safety Action 8 NHS Core Competency Framework V2 Module 6
Maternity specific equipment training	In house training with Practice Development team OR the Manufacturer	Once only or As required	Trust
Healthy Lifestyle Midwife	In house training session, during PTTW with Health lifestyle lead	Midwives - yearly	Trust
Governance	In house training session, during PTTW with Governance Lead	Midwives - Yearly	Trust
Radar reporting within Maternity	In house training session, during PTTW with Governance lead	Midwives - Yearly	Trust
Care of Families with babies in NNU	In house training session, during PTTW with Neonatal team	Midwives - Yearly	Trust
Professional Midwifery Advocate	In house training session, during PTTW with PMA lead	Midwives - Yearly	Trust
Documentation	In house training session, during PTTW with Digital, Data and Inequalities Midwife	Midwives - Yearly	Trust
Perineal assessment, repair and care	MDT training	As advertised by PDM team	Trust
Preceptorship Midwives Study Days	Trust provided training	Once during preceptorship	Trust

ANTT and cannulation	Requires initial cannulation competency	Facilitated externally	Trust
Newborn Initial Examination of the Newborn (NIPE)	External university course	Facilitated externally	Trust
High Dependency Course	External providers	Facilitated externally	Trust
Waterbirths	External providers	Facilitated externally	Trust
Professional Midwifery Advocate	External providers	Facilitated externally	Trust
Sonography	External providers	Facilitated externally	Trust
CTG masterclass	External providers	Facilitated externally	Trust
Bereavement	External providers	Facilitated externally	Trust
Birth Rights	External providers	Facilitated externally	Trust
Cultural Competencies	External providers	Facilitated externally	Trust
DASH (Domestic Abuse	External providers	Facilitated externally	Trust
Perinatal mental health	External providers	Facilitated externally	Trust
PSIRF	External providers	Facilitated externally	Trust
Non-medical prescribing course	External providers	Facilitated externally	Trust
Baby lifeline emergencies in the community	External providers	Facilitated externally	Trust
NHSE leadership courses	External providers	Facilitated externally	Trust