

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

Classification:	Policy		
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Departments/Group this Document applies to:	All areas providing care to women and neonates in childbirth		
Approval Group: Women’s Health CIG Maternity Guideline Group		Date of Approval:	26/02/2022
		Last Review:	06/2021
		Review Date:	26/02/2025
Unique Identifier: MIDW/GL/142	Status: Final	Version No: 5	
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

Milton Keynes University Hospital NHS Foundation Trust (MKUHFT) is aligned with Ockenden Interim Report (2020), Saving Babies Lives Care Bundle v2, NHS Resolution Year 3 and NHS Core Competency Framework 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 Head of Midwifery, Paediatrics and Specialist Gynaecology, 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 Improvements Group (CIG).
- 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 3, Saving Babies Lives Care Bundle v2 and Ockenden Interim 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. or 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 are 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 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/>
- The Perinatal Institute GAP GROW modules
- Fetal Monitoring Training

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 antenatal or 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 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 (2020) Maternity and Neonatal Safety Improvement Programme Core Competency Framework London NHSE

Available at www.england.nhs.uk/publication/core-competency-framework (Accessed 17.06.2021)

NHS Resolution (2021) Maternity incentive scheme – year 3. conditions of the scheme. Ten maternity safety actions with technical guidance. Questions and answers related to the scheme. London NHSR

Available at <https://resolution.nhs.uk/wp-content/uploads/2021/03/Maternity-Incentive-Scheme-year-3-March-2021-Final.pdf> (Accessed 17.06.2021)

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)

NHS England (2019) Saving Babies' Lives Version Two. A care bundle for reducing perinatal mortality. NHS England. Leeds.

Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/03/Saving-Babies-Lives-Care-Bundle-Version-Two-Updated-Final-Version.pdf> (Accessed: 17.06.2021)

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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)

Ockenden, Donna (2020) Ockenden Report. *Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust*. Her Majesty's Stationery Office

Available at: <https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf> (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

6.2 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			

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	Quarterly	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	Quarterly	Women's Service CSU meeting
MDT training including PROMPT 90% compliance	Maternity Practice Development records	Maternity Practice Development Team	Quarterly	Women's Service CSU meeting

The audit will be reported on a quarterly basis. An action plan will be devised, and the frequency of monitoring may be monitored more frequently if concerns are raised.	Risk Priority	Plan
If < 90% compliance	1	Implement action plan and re-audit within 1 month from completion of report
If ≥ 90% compliance and results ≤ than previous audit (when applicable)	2	Implement action plan and re-audit within 3 months from completion of report
If ≥ 90% compliance and results ≥ than previous audit (when applicable)	3	Re-audit quarterly

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 quarterly 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			
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			
Any impact?		Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
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
Fetal surveillance	Perinatal Institute online learning package (GAP) - access on ESR Saving Babies Lives Care Bundle training programme eLearning for Health	Yearly				•	•	•	•	Trust/CCG SBL2 – Element 2 NHS Resolution Safety Action 6 Ockenden Report NHS Core Competency Framework
Fetal monitoring	Multi-professional in house Fetal Monitoring study day (including assessment) Facilitated by Fetal Monitoring Leads	Yearly				•	•	•	•	Trust/CCG SBL2 Element 4: Effective fetal monitoring during labour NHS Resolution Safety Action 6: Element 4 NHS Resolution Safety Action 8: Intrapartum fetal monitoring training NHS Core Competency Framework
Smoking in Pregnancy	Trust and external facilitator	Yearly				•	•	•	•	Trust SBL2 Ockenden
Infant feeding	Trust facilitator	Initial 2 day course within 6 months of appointment and annual update	•	•	•	•	•	•	•	UNICEF BFI standards Standards of Proficiency for Midwives
Safeguarding Children level 3	Trust or externally provided session	Yearly	•	•	•	•	•	•	•	Trust NHS Resolution Safety Action 8
Perinatal Mental Health	Within safeguarding children level 3 and PROMPT training	Yearly	•	•	•	•	•	•	•	Trust NHS Core Competency Framework NHS Resolution Safety Action 8

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Practical Obstetric Multi-Professional Training (PROMPT)	Multi-professional facilitation between Obstetrics, Midwifery and Anaesthetics	Yearly	•	•	•	•	•	•	•	Trust NHS Resolution Safety Action 8 NHS Core Competency Framework Ockenden
Neonatal resuscitation	Facilitated by appropriately qualified clinicians	Yearly				•	•	•	•	Trust NHS Resolution Safety Action 8
Management of Epidural Anaesthesia	Trust MDT provided	Yearly				•	•	•	•	Trust NHS Core Competency Framework
Supervisor/Assessor (Standards for Student Supervision and Assessment (SSSA))	E-Learning package	Once				•	•	•	•	Trust NMC standards for student supervision and assessment Standards of Proficiency for Midwives
SSSA update	Trust provided training	Yearly				•	•	•	•	Trust NMC standards for student supervision and assessment Standards of Proficiency for Midwives
Midwifery specific blood components	Trust provided training	Yearly				•	•	•	•	Trust
Midwifery Support staff blood components	Trust provided training	Yearly	•	•	•					Trust
Antenatal & Newborn screening	Health Education England e-learning Antenatal & Newborn Screening e-learning module (a flexible cross-programme training resource for all health care professionals and students involved in antenatal and newborn screening in the NHS in England) Health Education England Newborn Bloodspot Screening e-learning	On appointment to Trust ½ day with Antenatal and Newborn Screening Team Then Yearly		•	•	•	•	•	•	Trust

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Blood Glucose monitoring	Trust provided training	Yearly			•	•	•	•	•	
Personalised care including Bereavement and families with babies on NICU	Trust and/or external provider training	Yearly	•	•	•	•	•	•	•	Trust NHS Core Competency Framework (From January 2022)
Perineal trauma/prevention and OASI pathway	MDT training	Yearly				•	•	•	•	Trust NHS Core Competency Framework (From January 2022)
Perineal assessment, repair and care	MDT training	Yearly				•	•	•	•	Trust NHS Core Competency Framework (From January 2022)

Mandatory Maternity Specific Training	Provision	Required frequency	FY2/GP/VTs	ST1-ST2	ST3-ST7	Speciality doctors Obstetrics	Consultant Obstetricians	Requirement
Fetal surveillance	Perinatal Institute online learning package (GAP) - access on ESR Or Face to face training and assessment for FY2/GPVTs	Yearly	•	•	•	•	•	Trust/CCG SBL2 – Element 2 NHS Resolution Safety Action 6 Ockenden Report NHS Core Competency Framework
Fetal monitoring	Multi-professional in house Fetal Monitoring study day (including assessment) Facilitated by Fetal Monitoring Leads	Yearly	•	•	•	•	•	Trust/CCG SBL2 Element 4: Effective fetal monitoring during labour NHS Resolution Safety Action 6: Element 4 NHS Resolution Safety Action 8: Intrapartum fetal monitoring training NHS Core Competency Framework
Safeguarding Children level 3	Trust or externally provided session	Yearly	•	•	•	•	•	Trust NHS Resolution Safety Action 8
Perinatal Mental Health	Within safeguarding children level 3 and PROMPT training	Yearly	•	•	•	•	•	Trust NHS Core Competency Framework NHS Resolution Safety Action 8
Practical Obstetric Multi-Professional Training (PROMPT)	Multi-professional facilitation between Obstetrics, Midwifery and Anaesthetics	Yearly	•	•	•	•	•	Trust NHS Resolution Safety Action 8 NHS Core Competency Framework Ockenden

Neonatal resuscitation	Facilitated by appropriately qualified clinicians	Yearly	•	•	•	•	•	Trust NHS Resolution Safety Action 8
Antenatal & Newborn screening	Health Education England e-learning Antenatal & Newborn Screening e-learning module (a flexible cross-programme training resource for all health care professionals and students involved in antenatal and newborn screening in the NHS in England)	Yearly		•	•	•	•	Trust

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-Professional Training (PROMPT)	Multi-professional facilitation between Obstetrics, Midwifery and Anaesthetics	Yearly	•	•	•	•	•	Trust NHS Resolution Safety Action 8 NHS Core Competency Framework Ockenden

Additional Training Programmes	Provision	Required Frequency	Requirement
Avoiding Term Admissions into Neonatal Units (ATAIN)	Trust study days and external study days	Available for Bands 4-8A	Trust British Association of Perinatal Medicine (BAPM)
NLS	External sourced – requires funding for each financial year	4 yearly. Available for Bands 5-8A	Trust NHS Resolution Safety Action 8 NHS Core Competency Framework
Perineal trauma/prevention and OASI pathway	MDT training	Available for Bands 5-8A	Trust NHS Core Competency Framework
Perineal assessment, repair and care	MDT training	Available for Bands 5-8A	Trust NHS Core Competency Framework

Preceptorship Midwives Study Days	Trust provided training	Available for Band 5	Trust
ANTT and cannulation	Requires initial cannulation competency	Available for Bands 5-8A	Trust
Newborn Initial Examination of the Newborn (NIPE)	Initial training - External course – requires funding for places each financial year Ongoing – e-learning Advanced Neonatal Practitioners (ANNP): ANNPs will keep the NIPE Outcomes updated. Quarterly returns will be checked and submitted by the ANNP team. Mentorship and Training of midwives on the Examination of the Newborn course will be undertaken by the ANNNP team.	Available for Bands 5-8A Midwives competent in newborn examination must perform minimum of 25 examinations annually. All practitioners undertaking NIPE must remain up to date and this will be supported by the NIPE lead and S4N Information sharing.	Trust
MCA Skills Week	Trust	Available for Bands 2 and 3 on induction	
Equipment Training	Trust and external providers	Available for Bands 2-8A and for new equipment	Please see MKUH Medical Devices Management Policy and MKUH Medical Equipment Training Procedure MKUH-PC-02 for training requirements
Record keeping	Trust	Available for Bands 2-8A	
Sepsis	Trust	Available for Bands 2-8A	
High Dependency Course	External providers	Available for Bands 5-8A	
Waterbirths	External providers	Available for Bands 5-8A	
Diabetes	Trust and external providers	Available for Bands 2-8A	
Dawes Redman	External providers	Available for Bands 5-8A	

Normal birth	Trust	Available for Bands 5-8A	
Deteriorating woman	Trust and external providers	Available for Bands 5-8A	
Wound care	Trust	Available for Bands 5-8A	
Professional Midwifery Advocate	External providers	Available for Bands 5-8A	
Sonography	External providers	Available for Bands 6-8A	
CTG masterclass	External providers	Available for Midwives (all bands) and Obstetricians	