Gloucestershire Hospitals NHS Foundation Trust

TRUST POLICY

MATERNITY MANDATORY TRAINING POLICY

B0571

FAST FIND:

TRAINING NEEDS ANALYSIS

MANDATORY TRAINING REQUIREMENTS FOR NEW STAFF IN ADDITION TO APP. 1

TRAINING NEEDS ANALYSIS – NEONATOLOGY SPECIFIC

MINIMUM TRAINING DATA SET

MINIMUM COMPONENTS OF THE OBSTETRIC EMERGENCY SKILLS

DOCUMENT OVERVIEW:

This policy identifies the various groups of health professionals within maternity and their mandatory training requirements within this speciality.
1. **INTRODUCTION**

The Gloucestershire Hospitals NHS Foundation Trust is committed to ensuring that all members of staff within this speciality are equipped with the training they need to perform their jobs safely and to adequately protect patients, staff, visitors and the public. It is recognised that a well-trained and educated workforce enables the correct care and management of women and babies in line with local evidence based guidance.

2. **DEFINITIONS**

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory training</td>
<td>In terms of this policy is defined as any training which must be completed to comply with the legal framework, statutory requirements, national and local standards. This training must be updated at regular intervals as specified in the training needs analysis.</td>
</tr>
</tbody>
</table>

3. **PURPOSE**

This policy identifies the various groups of health professionals within maternity and their mandatory training requirements within this speciality. It will specify the frequency of training or updates required; along with the process for evaluation and reporting of mandatory training. This policy also details the process for follow up and management of non attendance at mandatory training.

For Trust mandatory training and additional related information please refer to Trust Mandatory Training Policy, Leave and expenses for training and Process for the funding of nursing and midwifery degree, masters and PHD studies.

4. **ROLES AND RESPONSIBILITIES**
<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Practice Development Midwife team** | - Produce a training plan to be agreed and ratified by the Clinical Governance/Risk Management committee annually  
- Produce an annual statistics report and action plan to address training issues and shortfalls  
- Produce monthly compliance training figures for inclusion on the Dashboard  
- Monitor attendance at the multi-disciplinary mandatory training for the maternity service  
- Inform the Lead Midwives and Line Manager of those staff who did not attend mandatory training for the maternity service when booked on the session  
- Monitor the provision of mandatory training sessions to ensure consistent, evidence based delivery and multiprofessional approach to training where appropriate  
- Ensure that all staff new to the maternity service receives a local induction programme, which reflects the core mandatory element (for certain staff groups) and specific mandatory training for the maternity service. This will depend on the staff role and associated responsibilities within GHNHSFT. |
| **Director of Midwifery and Nursing / Assistant Director of Midwifery and Nursing** | - Ensure the implementation of the training needs analysis identified in Appendix 1  
- Identify the specific mandatory training needs for the maternity service  
- Act on the findings of reports in relation to attendance at mandatory training within the maternity service  
- Act on the findings of reports supplied from the Practice Development Midwife team in relation to mandatory training for the maternity service |
| **Lead Midwives, Line Managers** | - Ensure that all staff, for which they have responsibility, attend Mandatory training as indicated in Appendix 1 of this training needs analysis.  
- Ensure that all new staff attend corporate induction training (see Appendix 2)  
- Ensure that identified staff receive regular updates, (the frequency for these are indicated in the training needs analysis)  
- Mandatory training for all staff within the maternity service will be recorded on the Trust database  
- The annual Appraisal will monitor compliance with the statutory and mandatory training and address areas of non-compliance  
- Line Managers will review all requests for further study leave only on completion of mandatory training  
- The Lead Midwife / Line Manager must investigate non-attendance at mandatory training  
- Ensure that all staff new to the maternity service receives a local induction programme, which reflects the core mandatory element (for certain staff groups) and specific mandatory training for the maternity service. This will depend on the staff role and associated responsibilities within GHNHSFT.  
- Ensure all midwives with a teaching and assessing, sign off mentor status complete a triennial review form  
- Ensure all midwives with examination of the newborn skill, maintain competence |
Midwives, Obstetricians, Anaesthetists, MCAs, Nursery Nurses, Neonatologists

- follow this and associated policies/procedures/guidelines
- utilise the information within this guideline to provide the best evidence and practice
- It is the professional responsibility of all staff to attend Mandatory Training courses as identified within the training needs analysis. The training needs analysis identifies the relevant training plan required for each individual staff group.
- To participate fully in annual appraisal meetings and take responsibility for following through any objectives set
- To develop a personal development plan in line with the results of their appraisal, and in agreement with their line manager
- To undertake sufficient preparation to enable full participation in the event
- To be aware of their own individual educational/training needs and to understand how these fit with the organisational and service objectives
- Keep records of all the training they have done, especially the mandatory elements of their personal development plan
- To fully participate in learning and development and be prepared to change practice through the development of knowledge and skills
- Be prepared to share learning with their colleagues
- To discuss the impact of educational events with their line manager and colleagues
- To ensure their manager has authorised their release from the workplace to train
- To complete an evaluation form after all educational events
- To ensure their managers are aware of any circumstances that might prevent attendance/participation in a timely manner
- Accept their personal responsibility for professional updating
- To complete any study that has been funded and time released to attend and to utilise the new skills acquired through learning in practice
- To comply with any NMC / GMC / RCOG requirements as necessary

Education and Training Faculty

- Meet quarterly to discuss and plan annual training plans and attendance figures
- Meet prior to the year end to agree the training finalisation

Maternity Clinical Governance

- Monitoring effectiveness of policy

5. KEY PRINCIPLES

5.1 The process of Mandatory training is based on the following key principles:

- To ensure that GH NHSFT complies with its legal obligations with particular regard to Health & Safety and other related legislation.

- To ensure that mandatory training is an essential component of the GH NHSFT Governance framework and the Risk Management Strategy and meets the requirements of the NHSLA and Audit Quality Standards for maternity services; and Health Care Commission Standards for Better Health.

- To ensure that mandatory training is linked to the annual appraisal and personal development plan within the maternity service.

- To ensure a consistent and equitable approach to Mandatory training is applied to all staff working within the maternity service.
6. MANDATORY TRAINING REQUIREMENTS

6.1 A list of the mandatory training subjects for maternity staff, the relevant staff groups and time periods for refreshers / updates is in Appendix 1 – referred to as the Training Needs Analysis.

6.2 The departmental mandatory training requirements for new staff are included in Appendix 2.

6.3 Other training may be deemed to be mandatory or essential for specific roles within maternity or for specific staff following changes / developments in service delivery, audit and / or the review of a clinical / non clinical incident/ accident or complaint where a particular need is identified.

6.3.1 The Practice Development Midwives are members of the Obstetric Risk Management group. Issues identified following incidents, complaints and claims are highlighted at the Obstetric Risk Management meetings and learning points are cascaded within the Mandatory Training days or Newsletter / Team Talk and / or specific training requirements are implemented as required.

6.5 Senior managers, specialty area leads and divisional leads are expected to keep up to date with changes in legislation, national directives and developments within their own area of responsibility and liaise with the educational leads / Practice Development Team to ensure that the training implications are identified and appropriate training organised, provided and recorded locally or centrally as appropriate.

6.6 The Trust has e-learning facilities which all staff are part of and have a responsibility to complete the necessary aspects of e-learning as determined by the Trust (see e-learning web page).

6.7 All staff have a duty to comply with the Trust’s and maternity services mandatory training requirements as outlined in this policy.

6.8 Live drills will be undertaken within the annual program providing staffing levels and activity is at an acceptable level to conduct a live drill without compromise to clinical care. Facilitation of Live Drills will be undertaken by relevant clinical specialists in conjunction with the Education and Training Faculty and Practice Development Midwife. See Related Document RD 1 Live Drill Planning Process

7. RESPONSIBILITY FOR MANDATORY TRAINING

7.1 The maternity department has a duty to staff, patients and visitors to ensure that:

- Appropriate mandatory training is provided for all staff, this includes full time, part-time or bank staff.

- All staff attend mandatory training sessions at the required time intervals.

- Managers or professional leads are aware of mandatory training requirements for their staff.

- Accurate records are kept of all mandatory training undertaken.

- A multidisciplinary approach to training is undertaken, specialist topics are covered by the relevant specialist professional, and emergency skill drills training is undertaken by a multidisciplinary team comprising as a minimum midwife / obstetrician / anaesthetist. A RAG analysis of each session is maintained to monitor training provision and any identified gaps are notified to the Clinical Governance Group.

- Procedures are in place to follow up those who fail to attend mandatory training.
• Procedures are in place to follow up staff who are overdue their mandatory training.

7.2 Maternity Mandatory Training Facilitators responsibility to:

• To plan, deliver, evaluate and continually improve the agreed training sessions/programme ensuring that their contribution is based on current best practice and Trust/departmental policy or guideline.

• To inform the senior managers and or clinical leads of any significant concerns, changes to the objectives/learning outcomes or content of their session/area of expertise.

• To ensure that participants record their attendance.

• To ensure that participants are given an evaluation form to complete.

• Contribute to the evaluation, review and development of mandatory training as required.

• Provision of specialist multi-professional training

7.3 Booking

7.3.1 **Midwives**: Are required to attend 2 mandatory study days per year: Skill Drills (PROMPT 3) Training and the Maternity Mandatory day. Both days are pre-booked annually based on the preceding year’s date of attendance and email notification and reminders sent to all midwives.

7.3.2 **Nursery Nurses**: Are required to attend 2 mandatory study days per year: Skill Drills (PROMPT 3) Training and the MCA Mandatory day. Both days are pre-booked annually based on the preceding year’s date of attendance and email notification and reminders sent to all midwives.

7.3.3 **Maternity Care Assistants**: Are required to attend 2 mandatory study days per year: Skill Drills (PROMPT 3) Training and the MCA Mandatory day. Both days are pre-booked annually based on the preceding year’s date of attendance and email notification and reminders sent to all midwives.

7.3.4 **Obstetricians**: Are required to attend 2 mandatory study days per year. Trust Mandatory Update and Skill Drills (PROMPT 3) day. The Skill Drills (PROMPT 3) date is pre-booked annually based on the preceding year’s date of attendance and email notification and reminders are sent to all permanent Obstetricians. Rotational Obstetricians working in the department for a minimum of a year are required to book their own dates based on the preceding year’s attendance date. The Trust Mandatory Update is to be booked by individuals via the GHNHSFT Training Systems Team.

7.3.5 **Anaesthetists**: Are required to attend 2 mandatory study days per year. Trust Mandatory Update and Skill Drills (PROMPT 3) day. The Skill Drills (PROMPT 3) date is pre-booked annually based on the preceding year’s date of attendance and email notification and reminders are sent to all permanent Obstetricians. Rotational anaesthetists working in the department for a minimum of a year are required to book their own dates based on the preceding year’s attendance date. The Trust Mandatory Update is to be booked by individuals via the GHNHSFT Training Systems Team.

7.3.6 Requests for places can be booked by telephoning the Training Systems Department on GRH Ext: 5111 or emailing Mandatory.training@glos.nhs.uk
7.4 Recording, Reporting and Monitoring Maternity Mandatory Training

- All staff attending mandatory training events must ensure that their attendance is recorded on the attendance sheet.

- Accurate recording of mandatory training records is essential as it provides the evidence of compliance required by external and internal assessors. The Practice Development Team will be responsible for ensuring that the completed attendance sheet is transferred to the Trust central training database via Training Systems Department.

- The Practice Development Team will monitor attendance at the Maternity Mandatory Training events and have the duty of informing managers of non-attendance of staff members for them to follow up and action. All staff will be notified that they have to attend the missed training within the next 2 months. Repeated non-attendance will result in the Practice Development Team liaising with the appropriate manager and Supervisor of Midwives or professional lead for a joint action plan. See action card AC1 and non-attendance letters.

- The Practice Development Team will provide updates of compliance with attendance figures reported on the monthly dashboard and annual assurance report to the maternity clinical governance for information and action.

- The Practice Development Team can provide additional reports on mandatory training as requested / required for monitoring and audit purposes.

8. METHODS USED FOR ACHIEVING MANDATORY TRAINING REQUIREMENTS

8.1 The following methods are used to fulfil the various mandatory requirements within the maternity department:

- Formal study days
- Informal skills drills
- E-learning
- Competency based skills
- Teaching sessions e.g. CTG interesting cases meetings, educational afternoons, risk management meetings with CTG review, live drill participation see related document RD 1 for live drill planning process
- One to one sessions
- External study days, courses or modules
- Electronic CTG learning packages
- Work book
- Reflective learning

9. STAFF GROUPS WITHIN MATERNITY

9.1 The maternity mandatory training programme is organised for groups of staff with similar training needs.
9.2 The staff grouping within maternity are as follows:

- **Clinical registered**
  - Obstetricians (those working in the department for 12 months or more)
  - Anaesthetists (those working in the department for 12 months or more who cover maternity)
  - Neonatal medical staff (see point 5.3)
  - Midwives
  - Nursery nurses

- **Clinical non registered** - Maternity Care Assistants

9.3 Mandatory training for neonatal medical staff is not provided by the maternity practice development team. Please see Appendix 3 for details.

10. **CONTENT (MINIMUM TRAINING DATA SET) – see Appendix 5**

10.1 The Education and Training Faculty, in liaison with the Clinical Governance Group, Obstetric Educational Leads, Senior Midwifery Team and Supervisor of Midwives will review the content of the maternity mandatory training programme annually, making recommendations for changes in future training programmes. The Practice Development Team will also take into consideration National Guidelines, Publications and recommendations that are pertinent to maternity services.

10.2 The content of the mandatory sessions are archived for reference and auditing purposes. This includes power point presentations and or lesson plans reflecting the contents of the sessions taught.

10.3 For Audit purposes, the minimum components covered for each of the obstetric emergency skills are as stipulated in Appendix 5.

11. **FREQUENCY OF TRAINING – see Appendix 1**

12. **STANDARDS**

12.1 The maternity service will aim for attendance at mandatory training of 90% or more, taking into account sickness/maternity leave/leavers/joiners, 75% is accepted as a minimum standard, when staffing levels allow. During times of high activity, high levels of sickness or maternity leave, mandatory training figures maybe lower.

13. **EQUIVALENT EXTERNAL ACCREDITED TRAINING**

13.1 The practice development team will accept nationally accredited courses, modules or study days. Bank staff that have evidence of equivalent training from neighbouring maternity services will be considered on an individual basis by the practice development team.

13.2 Staff joining from other organisations, or rotational obstetric staff must notify and provide evidence of attendance at equivalent training sessions in order for the PDM to log their annual attendance as having been completed.

14. **TRAINING**

<table>
<thead>
<tr>
<th>*Level of training required</th>
<th>Staff Group / s</th>
<th>Division / Department</th>
<th>Frequency of training / update</th>
<th>Method of training delivery</th>
<th>Lead and department responsible for provision of training</th>
</tr>
</thead>
</table>
**Levels of Training**

<table>
<thead>
<tr>
<th>A</th>
<th>Midwives, Obstetricians, Neonatologists, MCAs, Nursery Nurses, Anaesthetists</th>
<th>B</th>
<th>Women and Children’s</th>
<th>As per policy Once for awareness of policy</th>
<th>Newsletter cascade</th>
<th>E Sonmezer PDM</th>
</tr>
</thead>
</table>

| A = Awareness (Micro-teach, drop in session, e-learning) | B = ½ day (2.5 – 3 hours) (workshop, training event, e-learning) | C = Full day (5-6 hours) (workshop, training event) | D = Course (more than one day training) |

15. **MONITORING OF COMPLIANCE**

15.1 This list is not exhaustive and additional criteria may be included at the Trust discretion

15.2 The practice development team will monitor compliance by monitoring booking and attendance. These figures will be fed back to the relevant clinical leads and Maternity Clinical Governance Group.

16. **REFERENCES**

GHNHSFT Mandatory Training Policy.

GHNHSFT Leave and expenses for training

GHNHSFT Process for the funding of nursing and midwifery degree, masters and PHD studies


<table>
<thead>
<tr>
<th>Training Need</th>
<th>Midwives</th>
<th>Nursery Nurse</th>
<th>MCA</th>
<th>Obstetricians</th>
<th>Anaesthetist</th>
<th>Frequency of update</th>
<th>Method of delivery</th>
<th>Competency assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cord prolapse</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
<td>Required</td>
<td>Annual</td>
<td>• Maternity Mandatory update • Ad hoc skills drills</td>
<td>Competence is assessed with the Maternity quiz Competence is assessed during skill drills practical session</td>
</tr>
<tr>
<td>Shoulder dystocia</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
<td>Required</td>
<td>Annual</td>
<td>• Maternity Mandatory update • Ad hoc skills drills</td>
<td>Competence is assessed during skill drills practical session</td>
</tr>
<tr>
<td>Vaginal Breech</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
<td>Required</td>
<td>Annual</td>
<td>• Maternity Mandatory update • Ad hoc skills drills</td>
<td>Competence is assessed during skill drills practical session</td>
</tr>
<tr>
<td>Obstetric Haemorrhage</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
<td>Required</td>
<td>Annual</td>
<td>• Maternity Mandatory update • Ad hoc skills drills</td>
<td>Competence is assessed during skill drills practical session</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
<td>Required</td>
<td>Annual</td>
<td>• Maternity Mandatory update • Ad hoc skills drills</td>
<td>Competence is assessed with the Maternity quiz Competence is assessed during skill drills practical session</td>
</tr>
<tr>
<td>Fetal monitoring</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
<td>Not required</td>
<td>Annual</td>
<td>• Maternity Mandatory update • Weekly CTG interesting cases meeting • External study days • E CTG package • Risk management meetings</td>
<td>Competence is assessed during the case study discussion</td>
</tr>
<tr>
<td>Training Need</td>
<td>Midwives</td>
<td>Nursery Nurse</td>
<td>MCA</td>
<td>Obstetricians</td>
<td>Anaesthetist</td>
<td>Frequency of update</td>
<td>Method of delivery</td>
<td>Competency assessment</td>
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</tr>
</tbody>
</table>
| Sepsis        | Required | Not Required  | Not required | Required     | Required     | Annual              | • Maternity Mandatory update  
• Ad hoc skills drills | Competence is assessed during skill drills practical session |
| Early recognition of Severely Ill Pregnant Women Maternal Resuscitation | Required | Not Required  | Not Required | Required     | Required     | Annual              | • Maternity Mandatory update  
• Ad hoc skills drills | Competence is assessed during skill drills practical session and discussion |
| Neonatal resuscitation | Required | Required | Required | Required | Required | Annual | • Maternity Mandatory update  
• External study days - NLS | Competence is assessed during skill drills practical session |
| Care of Women Following Operative Interventions | Required | Not required | Not required | Not required | Not required | Ad hoc | • In clinical practice | Competence is assessed during clinical practice |
| Perineal repair | Required | Not required | Not required | Required | Not required | Obstetric teaching afternoon  
Suturing workshops | • Perineal workshops  
• Assessment in practice  
• Personal development portfolio (Obstetric Trainees)  
• Trust Competency in practice (Midwives)  
• eLearning | Competence is assessed using a competency form.  
Maintenance of competence is assessed at annual appraisal |
| Newborn Feeding | Required | Required | Required | Not required | Not required | As determined by Infant feeding Specialist Midwife | • Breast Feeding full day  
• Breast feeding ½ day | Competence is assessed during skills practical session |
| Antenatal & Newborn Screening | Required | Required | Not required | Not required | Not required | Annual | • Maternity Mandatory update  
• Cascade via newsletters, meetings, micro-teach sessions | Not applicable |
<table>
<thead>
<tr>
<th>Training Need</th>
<th>Midwives</th>
<th>Nursery Nurse</th>
<th>MCA</th>
<th>Obstetricians</th>
<th>Anaesthetist</th>
<th>Frequency of update</th>
<th>Method of delivery</th>
<th>Competency assessment</th>
</tr>
</thead>
</table>
| Mental Health Screening                           | Required | Not required  | Not required | Not required | Not required | Adhoc study days/sessions | • E-learning package  
• Newsletter cascade  
• Micro teach sessions | Not applicable |
| Midwives mentorship update - requirement of the NMC | Required | Not required  | Not required | Not required | Not required | Annual            | • Maternity Mandatory update | Maintenance of competence is assessed at triennial review |
| Examination of the Newborn                        | Required if hold extended skill | Not required | Not required | Not required | Not required | Annual review with SoM | • Perform 12 per year  
• Attend 2 newborn examiner meetings  
• Reassessment in practice if skills not maintained | Maintenance of competence is assessed at annual appraisal |
<p>| Resuscitation accredited Newborn Life Support (NLS) | If work permanently in the community or birth unit | Not required | Not required | Not required | Not required | 4 yearly renewal providing funding is allocated to continue. | • Attend Resuscitation council NLS study day | Pass the course practical elements |</p>
<table>
<thead>
<tr>
<th>Training Need</th>
<th>Midwives</th>
<th>Nursery Nurse</th>
<th>MCA</th>
<th>Obstetricians</th>
<th>Anaesthetist</th>
<th>Frequency of update</th>
<th>Method of delivery</th>
<th>Competency assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects identified by risk management for review in 2017 on maternity mandatory training:</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Not required</td>
<td>Not required</td>
<td>2017 training</td>
<td>• Lectures • Discussion • Scenarios</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Diabetes lecture on Maternity day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Care of the new born: Jaundice/cold babies</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Skills days with more obstetric input. PROMPT training/ Human factors to be run as a theme throughout the day helping to create more effective multi-professional working. (PROMPT 3)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Saving babies lives</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Appendix 2

#### Mandatory training requirements for new staff in addition to Appendix 1

<table>
<thead>
<tr>
<th>Subject</th>
<th>Staff Group</th>
<th>Frequency</th>
<th>Mode of delivery</th>
</tr>
</thead>
</table>
| Departmental Induction                       | Midwives, Nursery Nurses (July 2008 onwards), Maternity care Assistants | Once – when Starting at department | • Departmental orientation, training and handbook  
                                      |                                         |                      | • Personnel orientation                                                        |
| Obstetricians                                |                                         | Once – when Starting at department | • Departmental orientation, training and competencies (as appropriate)  
                                      |                                         |                      | • Personnel orientation  
                                      |                                         |                      | • Initial infant feeding training                                               |
| Anaesthetists -                              | Senior House Officer (SHO)               | Once – when Starting at department | Obsetric competency assessed by Anaesthetic Lead  
                                      | Senior SHO / Registrar                  |                      | Individual assessment by Anaesthetic Lead                                      |
| Initial Infant Feeding Training Workshop & ½ day workshop | Midwives, Nursery Nurses, Maternity care Assistants | Once | • Formal study days & complete workbook/observational skills  
                                      |                                         |                      | • Mandatory training                                                           |
| Safe Guarding adults & Children              | Midwives, Nursery Nurses, Maternity care Assistants |                      | • E-learning packages for level 1 & 2  
                                      |                                         |                      | • Community staff and Band 7’s and above to attend face to face Level 3 training |
| Antenatal & Newborn Screening                | Midwives, Nursery Nurses                | Once on starting & on starting in community Annual Update | • Individual session with Antenatal Screening coordinator  
                                      |                                         |                      | • Micro teach sessions  
                                      |                                         |                      | • Newsletter cascade                                                           |
## Appendix 3

### Training Needs Analysis – Neonatology Specific

<table>
<thead>
<tr>
<th>Mandatory sessions (minimum data set)</th>
<th>Neonatal Medical Staff</th>
<th>Frequency of Update</th>
<th>Method of delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Resuscitation</td>
<td>Required</td>
<td>Annual</td>
<td>Mandatory Update or External Newborn Life Support Course (NLS – National course)</td>
</tr>
<tr>
<td>Neopatatal Consultants</td>
<td></td>
<td>Every 4 years</td>
<td>Newborn Life Support Course or equivalent</td>
</tr>
<tr>
<td>Middle grade doctors (ST 4-8)</td>
<td></td>
<td>Annual</td>
<td>Mandatory Update or External Newborn Life Support Course (NLS – National course)</td>
</tr>
<tr>
<td>ST 1-2 / ANNP</td>
<td></td>
<td>Annual</td>
<td>Mandatory Update or External Newborn Life Support Course (NLS – National course)</td>
</tr>
<tr>
<td>Newborn examination</td>
<td>Core skill – part of dept. Induction</td>
<td>Once on induction</td>
<td>Induction programme</td>
</tr>
<tr>
<td>Infant feeding</td>
<td>Required</td>
<td>Once on induction</td>
<td>Induction programme</td>
</tr>
<tr>
<td>Health and Safety &amp; Risk Management</td>
<td>Required</td>
<td>Annual</td>
<td>Covered in Trust Mandatory Training</td>
</tr>
</tbody>
</table>

### 1. Process for Ensuring Attendance for Training

- Neonatal Consultants discussed in Appraisal Process (annually)
- Middle Grades (ST 4 – 8) discussed in Educational supervision (3 monthly)
- ST 1 – 4 – 3 discussed in Educational supervision (3 monthly)
- Advanced Neonatal Nurse Practitioner (ANNPs) – Discussed in Appraisal (annually)

### 2. Process for the Follow up of staff who fail to attend

- Clinical Tutor has responsibilities for Trainees – Middle grades (ST 4-8) and ST 1-2
- Clinical Director has responsibilities for Consultants
- Clinical Line Manager has responsibility for ANNP

### 3. Co-ordinating Records of training

3.1 For Neonatal Resuscitation – records of attendance are updated by the Neonatal Resuscitation Training Team directly into the Trust training database.

3.2 Health and safety & Risk Management training is part of Trust mandatory training and records of attendance are updated by the Trust’s Learning and Training department.

3.3 Departmental Induction information is maintained by the Trust Learning and Training department

### 4. Training Attendance Standards

4.1 Same as in point 8

### 5. Compliance

5.1 The lead Neonatal paediatrician will receive 6 monthly reports on training compliance from the trust learning and Training department, who will then feed that information to the educational supervisors and Neonatal risk Meeting (6 monthly).

## Appendix 4

### Competency based skills required

<table>
<thead>
<tr>
<th>Competency based skills required</th>
<th>Details</th>
</tr>
</thead>
</table>

MATERNITY MANDATORY TRAINING POLICY V9.2
ISSUE DATE: May 2017
REVIEW DATE: March 2018
| Perineal suturing (not 3rd and 4th degree tears) – competency discussed as part of annual review. | Assessment & management of all types of perineal trauma. Midwives are deemed competent after training and annual appraisal ensure ongoing competency |
| Initial examination of the newborn at birth-Core skill within midwifery training (level1) | Full physical examination of the newborn |
| Examination of the Newborn – extended skill – successful completion of the examination of the Newborn course (level 2) | Full physical examination of the newborn-trained individuals to undertake a minimum 12 examinations annually and discuss at annual supervisory review. Attendance at 2 newborn examiner meetings per year. Competency completed and held. Individual responsible for updating as necessary with Neonatologist. |

**Additional local requirements**

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence / Child protection – Safe Guarding</td>
</tr>
<tr>
<td>Theatre Update</td>
</tr>
<tr>
<td>Equipment</td>
</tr>
<tr>
<td>Midwives mentorship update</td>
</tr>
<tr>
<td>Professional Development</td>
</tr>
<tr>
<td>Bereavement Support</td>
</tr>
<tr>
<td>Trust e-learning packages</td>
</tr>
</tbody>
</table>
### Appendix 5

<table>
<thead>
<tr>
<th>Obstetric Emergency Skills Drills</th>
<th>Minimum contents covered in session (Always cover Hospital / Birth Unit / Community settings)</th>
<th>Teaching Methods Used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre – eclampsia / Eclampsia</strong></td>
<td>• Diagnosis, assessment and management of pre-eclampsia including assessment of the fetus</td>
<td>• A case scenario may be given to a group and then asked to manage a situation where a woman has a seizure whether A/N or P/N</td>
</tr>
<tr>
<td></td>
<td>• Management of severe pre-eclampsia including controlling the blood pressure and prevention of seizures</td>
<td><img src="image1.png" alt="image" />A video maybe utilised</td>
</tr>
<tr>
<td></td>
<td>• Loading dose of medication to control seizure (refer to Trust <a href="#">Severe Hypertension Guideline</a>)</td>
<td><img src="image2.png" alt="image" />This session may be simulated in a clinical area and the emergency bell activated, using patient actor</td>
</tr>
<tr>
<td></td>
<td>• Communication – clear lead &amp; Appropriate task allocation to multidisciplinary team (RSVP)</td>
<td><img src="image3.png" alt="image" />Lecture or quiz</td>
</tr>
<tr>
<td></td>
<td>• Documentation and use of HDU including fluid balance</td>
<td><img src="image4.png" alt="image" />Group work</td>
</tr>
<tr>
<td></td>
<td>• Planning delivery of fetus (if still insitu)</td>
<td><img src="image5.png" alt="image" />PROMPT 3 scenario</td>
</tr>
<tr>
<td></td>
<td>• PGD for Magnesium Sulphate use in Community/Birth Unit</td>
<td></td>
</tr>
<tr>
<td><strong>Obstetric Haemorrhage</strong></td>
<td>• Recognise and differentiate between types of APH</td>
<td>This session may be simulated in a clinical area and the emergency bell activated, using patient actor</td>
</tr>
<tr>
<td></td>
<td>• Recognise and know how to treat primary and secondary PPH</td>
<td><img src="image6.png" alt="image" />Scenario based Multidisciplinary team working</td>
</tr>
<tr>
<td></td>
<td>• Early recognition and prevention of severe haemorrhage – emphasis on midwifery management</td>
<td><img src="image7.png" alt="image" />Lecture or quiz</td>
</tr>
<tr>
<td></td>
<td>• Bi manual compression life saving measure</td>
<td><img src="image8.png" alt="image" />PROMPT 3 scenario</td>
</tr>
<tr>
<td></td>
<td>• Aware of cause of causes of bleeding – 4 T’s (Tone, Trauma, Trauma &amp; Thrombin)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Management – prevent hypotension, arrest haemorrhage, deliver fetus (if still in situ) and recommended drug of choice (refer to Trust Obstetric Haemorrhage Guideline)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Urgent access to blood – timescales when Group &amp; Save available and when not. O Neg blood and blood fridge location</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Triggering Massive Haemorrhage Call – ‘Code Red Obstetrics’</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Management of massive Obstetric Haemorrhage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PP Misoprostal in Community / Birth Unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Blood transfusion competency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communication (RSVP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review of manual removal of placenta</td>
<td></td>
</tr>
<tr>
<td>Obstetric Emergency Skills Drills</td>
<td>Minimum contents covered in session (Always cover Hospital / Birth Unit / Community settings)</td>
<td>Teaching Methods Used</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>
| Shoulder Dystocia                | • List risk factors for shoulder dystocia  
                                    • Recognise a shoulder dystocia  
                                    • The systematic effective management of shoulder dystocia (refer to Trust Shoulder Dystocia Guideline)  
                                    • The minimum standards for the timely, comprehensive and accurate documentation of cases of shoulder dystocia in the healthcare records  
                                    • Communication (RSVP) | • Use model to demonstrate how they would manage a shoulder dystocia and document their management of this emergency.  
                                    • This session may be simulated in a clinical area and the emergency bell activated  
                                    • PROMPT 3 scenario |
| Cord prolapse                    | • List risk factors for cord prolapse  
                                    • Recognise and differentiate between cord presentation and prolapse  
                                    • Familiar of maternal positions should cord prolapse – positions for transfer (maternal) in ambulance  
                                    • Effectively manage both presentation and prolapse depending on labour progress  
                                    • Consider bladder filling – community setting or if theatre busy  
                                    • List risk factors for cord prolapse  
                                    • Recognise and differentiate between cord presentation and prolapse  
                                    • Familiar of maternal positions should cord prolapse – positions for transfer (maternal) in ambulance  
                                    • Effectively manage both presentation and prolapse depending on labour progress  
                                    • Consider bladder filling – community setting or if theatre busy  
                                    • Communication (RSVP)  
                                    • Documentation | • Group discussion  
                                    • Power point presentation  
                                    • Practical scenario based simulation  
                                    • Quiz  
                                    • PROMPT 3 scenario |
| Breech                           | • List risk factors for Breech presentation  
                                    • Know the different Breech positions  
                                    • Know risks to baby of breech delivery  
                                    • Know how to deliver a Breech baby in an emergency – stages of foetal advancement, manoeuvres necessary if required for delivery of breech baby | • use model to demonstrate how they would manage a breech delivery  
                                    • Power point presentation  
                                    • PROMPT 3 scenario |
<table>
<thead>
<tr>
<th>Obstetric Emergency Skills Drills</th>
<th>Minimum contents covered in session (Always cover Hospital / Birth Unit / Community settings)</th>
<th>Teaching Methods Used</th>
</tr>
</thead>
</table>
| Early recognition severely ill women Maternal resuscitation | Risk factors for collapse  
Identify possible causation  
Recognition of severely ill pregnant woman  
Trigger arrest call  
Initiate basic life support, maternal resuscitation  
EWS & HDU charts usage  
Communication (RSVP)  
Documentation | Group discussion  
Power point presentation  
Practical scenario based simulation  
HDU chart example how to complete |
| Continuous CTG | Theory presentation or discussion of CTG interpretation  
NICE guidance and standardised classification  
Use of CTG interpretation sticker / fresh eyes approach  
Documentation requirements | Power point presentation  
Case management scenario / discussion  
PROMPT 3 scenario |
| Newborn Life Support | NLS algorithm  
Guedel airway  
Communication (RSVP)  
Documentation | Practical skill based session  
resuscitation guidelines algorithm |
| Sepsis | review of sepsis six  
signs and symptoms of sepsis- recognition of sever sepsis  
management of septic shock  
use of EWS & HDU chart  
importance of senior and multi-professional input  
complications of sepsis  
risk factors for sepsis  
microbiology and swabs | This session may be simulated in a clinical area and the emergency bell activated, using patient actor  
Scenario based Multidisciplinary team working  
Lecture or quiz  
PROMPT 3 scenario |
## MATERNITY MANDATORY TRAINING – DOCUMENT PROFILE

<table>
<thead>
<tr>
<th>DOCUMENT PROFILE</th>
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<tbody>
<tr>
<td><strong>REFERENCE NUMBER</strong></td>
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<tr>
<td><strong>CATEGORY</strong></td>
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<tr>
<td><strong>VERSION</strong></td>
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<td><strong>SPONSOR</strong></td>
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<tr>
<td><strong>AUTHOR</strong></td>
</tr>
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<td><strong>ISSUE DATE</strong></td>
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<td><strong>REVIEW DATE</strong></td>
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<tr>
<td><strong>APPROVING GROUP</strong></td>
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<tr>
<td><strong>APPROVAL DETAILS</strong></td>
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<td><strong>COMPLIANCE INFORMATION</strong></td>
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<td><strong>DISSEMINATION DETAILS</strong></td>
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<tr>
<td><strong>KEYWORDS</strong></td>
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</table>

### RELATED TRUST DOCUMENTS
- Trust Mandatory Training Policy,
- Leave and expenses for training
- Process for the funding of nursing and midwifery degree, masters and PHD studies

### OTHER RELEVANT DOCUMENTS
- Action Card AC1
- Sample Non Attendance Letters
- Related Document RD1

<table>
<thead>
<tr>
<th>Authors</th>
<th>Version</th>
<th>Reason for review</th>
<th>Ratified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirsty Davis Practice Development Midwife</td>
<td>Version 1 Written August 2008</td>
<td>New guideline</td>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
</tr>
<tr>
<td>Kirsty Davis Practice Development Midwife</td>
<td>Version 5 Review February 2012</td>
<td>Review of Training Needs Analysis for annual training plan</td>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
</tr>
<tr>
<td>Kirsty Davis Practice Development Midwife</td>
<td>Version 6 Review April 2013</td>
<td>Addition of Live Drill Process and update with CNST standards</td>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
</tr>
<tr>
<td>Sarah Moore Practice Development Midwife</td>
<td>Version 9.1</td>
<td>Review for CQC</td>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
</tr>
<tr>
<td>Ellie Sonmezer PDM</td>
<td>Version 9.2</td>
<td>Update Review</td>
<td>April 2017 GOGG</td>
</tr>
</tbody>
</table>
Gloucestershire Hospitals
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENT

INITIAL SCREENING

1. Lead Name: Kirsty Davis
   Job Title: Practice Development Midwife

2. Is this a new or existing policy, service strategy, procedure or function?
   - New
   - Existing ✓

3. Who is the policy/service strategy, procedure or function aimed at?
   - Patients
   - Carers
   - Staff ✓
   - Visitors
   - Any other
   - Please specify:

4. Are any of the following groups adversely affected by this policy:
   If yes is this high, medium or low impact (see attached notes):

<table>
<thead>
<tr>
<th>Group</th>
<th>No</th>
<th>✓</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled people</td>
<td></td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Race, ethnicity &amp; nationality</td>
<td></td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Male/Female/transgender</td>
<td></td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Age, young or older people</td>
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<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Sexual orientation</td>
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<td>Yes</td>
</tr>
<tr>
<td>Religion, belief &amp; faith</td>
<td></td>
<td>✓</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If the answer is yes to any of these proceed to full assessment.
If the answer is no to all categories, the assessment is now complete.

Date of assessment: 19.08.09
Completed by: Kirsty Davis

Signature: Job title:
Director: Signature:
This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIAs are completed in accordance with this procedure.