

Maternity Specific Mandatory Training Policy (CG360) (Training Needs Analysis)

Approval

| Approval Group | Job Title, Chair of Committee | Date |
|---|--------------------------------------|----------------|
| Maternity clinical governance Committee | Chair, Maternity Clinical Governance | 14th July 2017 |
| Urgent Care Board | Group Director Urgent Care | |

Change History

| Version | Date | Author, job title | Reason |
|---------|--------------|---|---|
| 1 | 13 May 2012 | Bryony Romaine Practice Development Midwife | To reflect maternity specific mandatory training and complement the Trust Mandatory Training Policy (CG065) and Training Needs Analysis |
| 1.1 | 13 June 2013 | Bryony Romaine Practice Development Midwife | Addition to policy to reflect Learning from results of audits, incidents, complaints and claims |
| 1.2 | 15/5/15 | Bryony Romaine Practice Development Midwife | Amended |
| 2.0 | June 2017 | Sam Fleming, Practice Development MW | Reviewed, major changes throughout |

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| Author: | Sam Fleming | Date: | July 2017 |
| Job Title: | Practice Development Midwife | Review Date: | July 2019 |
| Policy Lead: | Director of workforce & Organisational Development / Group Director Urgent Care | Version: | 2.0 ratified 14/7/17 Mat CG mtg |
| Location: | Policy hub/ Clinical/ Maternity/ CG360 | | |

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Other relevant corporate or procedural documents:

This document must be read in conjunction with:

- [Trust Induction Policy CG056](#)
- [Medical devices training policy CG554](#)
- [Risk Management Strategy and Policy CG027](#)
- [Maternity Risk Management Strategy protocol CG347](#)
- [Study leave protocol for all staff other than Doctors and Dentists CG034](#)
- [Trust Mandatory training policy CG065](#)
- Locum doctors induction pack – Obs & Gynae

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1.0 Purpose

The Royal Berkshire NHS Foundation Trust (RBFT) is committed to achieving excellence in respect of the services it provides and a safety first culture. The Trust strives to work together to provide excellent health care for the local community and beyond. It is the aim of the Trust that all employees should keep their knowledge, skills and expertise up to date in order to operate in a safe and competent manner. To ensure all permanent staff and medical staff in training that care for women and babies achieve the required knowledge, skills and competence, an equitable, systematic approach to specialist maternity training has been developed.

2.0 Scope

All permanent staff must also receive the mandatory training required for their profession and/or grade of post as detailed in the Trust Mandatory Training Policy TNA and this can be found on the Trust Intranet pages. The Maternity Specific Mandatory Training Policy is in addition to the Trust Mandatory Training Policy.

By adopting a systematic approach, the maternity training needs analysis ([TNA - Appendix 1](#)) aims to develop a training needs matrix for all permanent maternity staff members, and medical staff in training, and to identify any gaps in the provision of specialist maternity training. The Trust encourages a multi-professional approach to training as this allows an opportunity to enhance skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by various disciplines. Administration staff are not included in this document.

3.0 Learning from results of audits, incidents, complaints 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 being submitted and agreed by the Maternity Clinical Governance Committee and Midwifery Services Committee.

- Practice Update / Fetal Monitoring (1) – Annual attendance.
- Practice Update / Professional Issues (2) – Every other year attendance.
- PROMPT (2) – Every other year attendance
- P.H.O.N.E 999 – Every other year for community based staff

Attendance on these days is compulsory for all Obstetricians, midwives, nursery nurses and maternity care assistants employed by the RBFT.

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Obstetricians are expected to attend the session highlighted on the agenda of the maternity specific study days listed above and to take part in skill drills.

Medical staff involved in complaints and serious incidents undergo debrief sessions.

Complaints involving trainees are dealt with through their educational supervisors.

Memos are sent to all medical staff about learning points from incidents from the obstetric consultants.

Results of audits are sent to all medical staff.

Learning from audits, incidents, complaints and claims is also disseminated via Academic Half Days, Breakfast Club, Maternity News Letter, displayed on appropriate notice boards and trust email. All clinical members of the maternity team are encouraged to engage with and attend a variety of communication/learning forums.

4.0 Roles and Responsibilities

4.1 It is the responsibility of all staff, whether employed whole or part-time to:

- a) Comply with mandatory training requirements as identified in the Trust Mandatory Training Policy TNA and those identified locally in maternity.
- b) Identify when updating is required and agree a date for this with their manager.
- c) Give priority to mandatory training and make every effort to attend training sessions arranged for this purpose.
- d) Alert their line manager and the provider of the training if they are unable to attend and rebook within a 3 month period.
- e) Sign the attendance record for the session/programme.
- f) Partake in evaluation of session/programme in order to influence future provision.
- g) Maintain a record of their mandatory training for the purposes of appraisal
- h) Apply the learning to their area of work/role.

4.2 It is the responsibility of the Practice Development Midwife or Clinical Skills midwife and the Medical Lead for Obstetrics, to ensure aspects of maternity specific mandatory training are recorded and monitored by:

- a) Levels of attendance and corresponding non take-up
- b) Levels of non-attendance
- c) Levels of cancellation and reasons
- d) Provide details of non-attendance to line managers to ensure action is taken to follow up non attendance
- e) Undertake training needs analysis
- f) Consider the needs of the full and part time staff who deliver a 24 hour service in relation to programme delivery and design.
- g) Set up appropriate training programmes utilising internal expertise where available
- h) Explore external provision where internal capacity/capability is not available

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- i) Make recommendations for change in consultation with Trust leads and significant others through membership of the Trust Mandatory Training Steering Group
- j) Report regularly to Midwifery Services and maternity Clinical Governance Group. The report will go from the maternity Clinical Governance Group to the Trust Risk Management Committee

4.3 It is the responsibility of the line managers to ensure:

- a) All staff in their area are compliant with statutory/mandatory training and to take action where there is non-compliance as described in the Trust Mandatory Training Policy and the Maternity Mandatory training Policy
- b) Actively facilitate attendance and compliance
- c) Exercise management control to enforce attendance
- d) Authorisation of proposed postponement of any booked course or activity
- e) Follow up of non-attendance on receipt of notification by Practice Development Midwife, Clinical Skills Midwife, Practice Educators or Medical Lead for Obstetrics
- f) Carries out risk assessments and appropriate local action (including on-the-job training) where there is non-compliance
- g) Regular Staff Performance Review and appraisals to include discussion of mandatory training
- h) Facilitating a culture where individuals are encouraged to identify and work on skills gaps
- i) In the event of non-attendance following 3 alerts to agree with the individual staff member, line manager, Director of Midwifery, Medical lead for Obstetrics, Clinical Director Maternity and Children's Services and Practice Development Midwife or Clinical Skills Midwife an action plan and ensure this is achieved within the agreed timescale.

5.0 Maternity Services System for Mandatory Training (maternity specific)

5.1 Staff induction:

In accordance with local policies, all new midwifery, nursing and medical staff attend Trust, and local induction programmes, and receive:

- Local Induction Book
- Preceptorship Folder (newly qualified midwives only)
- Log Book
- Individual Staff Training Records
- College book (GP trainees only)

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 and local guidance as well as NICE guidelines

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- Staff Notice boards in clinical areas display training programmes and matrix

In line with local policies, it is the responsibility of Line Managers, Medical Lead for Obstetrics and Practice Development team to assess the training needs of new and existing staff and to agree the training needs analysis and the duty of healthcare professionals to ensure that they have been trained appropriately before taking on their duties. All midwifery, nursing and medical staff working within the maternity services have a responsibility to attend mandatory training sessions in accordance with local policy and maintain their core knowledge, skills and expertise as part of their continuing professional development.

5.2 Record of staff attendance:

The maternity services have an effective mandatory staff training recall system whereby the Practice Development Midwife sends annual dates of mandatory days to managers and Medical Lead for Obstetrics for them to inform and allocate, when necessary, individual staff members to attend training sessions. These dates are also advertised on the Professional Development Board and Intranet via departments, maternity, training and education.

Staff attendance at mandatory (maternity specific) training sessions is monitored and recorded by the Medical Lead for Obstetrics and Practice Development Midwife.

Attendance is recorded per session with staff signing a register at the beginning of the day on a paper copy and each individual session they attend verified.

Attendance of all study is recorded on the Trusts Electronic Staff Record system as of April 2017 – Attendance on Maternity Specific study days prior to April 2017 is archived on the Practice Development Database.

5.3 Record of staff non –attendance on booked training:

- **Alert 1**

If an individual staff member fails to attend their Maternity Specific Training as recorded on Optimise or medical rota the lead for the study day in question informs the individual's line manager or Medical Lead to address. It is the individual staff member's responsibility to rebook and attend within the next 3 month period.

5.4 Record of staff non –attendance within the 3 month period:

- **Alert 2**

In the event that the individual staff member fails to attend or rebook maternity mandatory training session within the 3 month period the lead for the particular study day informs the relevant line manager via email. The line manager is expected to investigate the reason behind the non- attendance and communicate this to the study day lead and the Practice Development Midwife. It becomes the line managers and individual staff member's responsibility to rebook and ensure attendance within the next 3 month period.

5.5 Record of staff non–attendance within 6 month period:

- **Alert 3**

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In the event that an individual staff member fails to attend or rebook maternity mandatory training session within this total 6 month period. Sanctions will be applied whereby no study leave will be approved.

- a. The Practice Development Midwife, Medical Lead for Obstetrics, or Clinical Skills Midwife informs the Line Manager, Maternity Matrons, Director of Midwifery, and the Clinical Director Maternity and Children's services via email
- b. An action plan for completion of outstanding training will be agreed between the individual staff member and line manager. This action plan will be shared with the Director of Midwifery/Medical lead for Obstetrics, Clinical Director Maternity and Children's Services and Practice Development Midwife or Clinical Skills Midwife.
 - I. The line manager will need to determine the level of risk associated with the non-compliance and put measures in place to reduce any risk identified. Immediate action may include immediate on-the-job training/awareness raising/coaching to reduce short term risk. Where the risk is thought to be significant the manager will need to consider if a temporary change in duties is necessary until the training has been completed.
- c. Monitoring of the action plan will be by the line manager.
- d. When the action plan is complete the line manager will inform the Practice Development Midwife or Clinical Skills Midwife,, Director of Midwifery/Medical lead for Obstetrics, Clinical Director Maternity and Children's Services.

Failure to complete the action plan will be as documented in the Trust Mandatory Training Policy, whereby repeated failure of more than 3 times to undergo booked mandatory training will be escalated to director level to ensure compliance with the training requirements. Completion will be monitored by Care Group Directors, Executive Directors and Directorate Managers.

Should medical staff fail to attend their maternity training, sanctions will be applied. The Trust has agreed with the sanction for medical staff that no study leave will be approved if mandatory training is not completed. As documented in the Trust Study leave Protocol for all staff other than Doctors and Dentists, staff must demonstrate completion of all mandatory training before applying for other study leave so study leave will be withheld for all staff who have repeated failure to undergo mandatory training.

The Practice Development Midwife will highlight staff non-attendance in the form of 3 monthly reports to the Midwifery Services Committee and Clinical Governance Committee meetings together with a report on the reasons for non-attendance. This report will be escalated to the Trust Risk Management Committee 6 monthly.

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6.0 System for Co-ordination of Training Records and Archiving

All staff training records have staff designations, training sessions, attendance dates and reminder dates clearly identified.

Staff training records are maintained by the Practice Development Midwife, Clinical Skills Midwife, study day leads and Medical Lead for Obstetrics. All staff training records are available on request from the Practice development midwife, Clinical Skills Midwife and Medical Lead for Obstetrics and in the event a staff member leaves the Directorate these can be transferred with their personnel file.

7.0 Monitoring and Review of Training Data:

On a 3 monthly basis, the Practice Development Midwife and Medical Lead for Obstetrics reports to the Maternity Clinical Governance Committee and Maternity services meeting, highlighting any staff training deficits, staff attendance and non-attendance, and any additional training that may be required. This group monitors clinical governance activities across the speciality and disseminates this information at both Trust and local level via the monthly maternity clinical governance minutes and submitted together with the Directorate Risk Register and Maternity dashboard.

8.0 Enforcement

The aim is for 100% attendance at mandatory training however, there will always be occasions when an individual's compliance lapses because they are unable to undertake a required update in the time period required. These circumstances include: absence from work through sickness, maternity, or other reason.

If the level of attendance falls below 75%, the Practice Development midwife and Medical Lead for Obstetrics will meet with the Director of Midwifery, Maternity matrons and Clinical Director of Maternity & Children's services to discuss the reasons for non-attendance.

It is recognised that there will be occasions when staff may not be able to attend all or some of the mandatory training due to unavoidable domestic, work or other commitments. In these instances the manager, in consultation with the Practise Development midwife or Medical Lead for Obstetrics, must make alternative arrangements to ensure that these staff are able to complete the mandatory training requirements for their post.

Action may include immediate on-the-job training/awareness raising/coaching to reduce short term risk. Where a risk assessment demonstrates that there is a significant risk through the non-compliance the manager will be required to take immediate action to reduce the risk which may include temporary change in duties whilst retraining is facilitated.

9.0 Live drills

The Practice Development Midwife, Practice Educator for the Community, Consultant anaesthetist, Consultant neonatal paediatrician and Consultant Obstetrician facilitate 'Live Drills' in the immediate management of obstetric and neonatal emergencies in clinical practice.

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These drills encourage multi professional working with obstetricians, neonatal paediatricians, obstetric anaesthetists, midwives and support workers. The Practice Development Team aim to facilitate drills monthly and a register is kept of attendees. This is not mandatory attendance but may be in addition to mandatory training as specified by the TNA. The topics for the drills are based on current training needs identified through audits, clinical incidents, or complaints.

10.0 Consultation

The policy will be sent for consultation to:

- ❖ Care Group Director of urgent care
- ❖ Director of Midwifery
- ❖ Maternity Risk manager
- ❖ Clinical Director Maternity and Children's services
- ❖ Mandatory Training Steering Group
- ❖ Head of Learning and development

11.0 Dissemination/Circulation/Archiving

The policy will be disseminated to:

- ❖ Maternity Matrons
- ❖ Maternity Ward Managers
- ❖ Medical Lead for Obstetrics

The policy will be available on;

The Trust intranet 'Policy hub', Clinical documents 'Mandatory Training' page and Maternity page.

The Maternity Information Officer is responsible for archiving all previous versions and supporting evidence of approval for this policy.

12.0 Training

There is no specific training associated with this procedure other than the Maternity specific training identified as part of the training needs analysis. If staff have queries about its operation, they should contact their line manager in the first instance.

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13.0 Process for monitoring compliance:

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| <p>Midwives will have attended once within the last 24 months the following maternity specific training:</p> <ul style="list-style-type: none"> ➤ PROMPT – Agenda reviewed annually to include learning from recent incidents and evidence based updates to practice related to recognition and management of obstetric emergencies, the deteriorating patient, team working, communication, escalation, neonatal resuscitation and Immediate Life Support ((P.H.O.N.E 999 (For community midwives and maternity support workers only) – Agenda reviewed annually to include learning from recent incidents and evidence based updates to practice in relation to recognising, managing and transferring into hospital obstetric and neonatal emergencies and deteriorating patient from the home setting. Agenda to also include effective team working with Paramedics and human factors. (the year they do not attend P.H.O.N.E 999 they should attend PROMPT) ➤ Practice Update / Professional Issues (2) – Agenda reviewed annually to include learning from recent incidents, evidence based updates to practice in relation to Antenatal and Neonatal screening, Professional Issues and Perinatal Mental Health. ➤ Every two years all midwives must have completed the Acid Base Fetal Physiology & Intrapartum cardiotocography chapters. Progress and completion must be evidenced at annual appraisals. |
| <p>Midwives will have attended once within the last 15 months the following maternity specific training:</p> <ul style="list-style-type: none"> ➤ Practice Update / Fetal Monitoring (1): Agenda reviewed annually to include learning from recent incidents and evidence based updates to practice in relation to Fetal Monitoring, Fetal physiology, Infant Feeding and Mentor updates. The day requires the attendees to complete a written assessment of fetal wellbeing – a pass mark of 80% is required. Marks of less than 80% are followed up by the lead for this study day. ➤ Completed a Breast Feeding Practical Skills review |
| <p>All delivery suite midwives will have attended “care and topping up of epidurals” once within the last 39 months</p> |
| <p>All band 7 midwives working on the delivery suite or MLU will have attended an update within the last 63 months of</p> <ul style="list-style-type: none"> ➤ Perineal repair |
| <p>All band 6 midwives that work on the delivery suite, MLU and in the community and band 7 midwives working in the community will have attended within the last 39 months an update on</p> <ul style="list-style-type: none"> ➤ Perineal repair” |
| <p>All midwives will attend the following “one-off” training sessions, only once while working for the maternity unit during their induction program</p> <ul style="list-style-type: none"> ➤ Care of women following operative interventions (since 2003) – achieved while on a theatre placement ➤ Domestic Abuse ➤ 2 Day Breast Feeding course (in-house) including a six week follow up Practical Skill review with the feeding team. |
| <p>All midwives trained to perform the full clinical examination of the newborn will perform a minimum of 155 examinations in a 3 year period and undertaken an eLearning program or attended an update on NIPE. This will be documented in the midwife’s register of examinations</p> |
| <p>All maternity care assistants (MCA) and nursery nurses will have attended once within the last 24 months the following maternity specific training:</p> <ul style="list-style-type: none"> ➤ PROMPT ➤ PHONE 999 (for community based support workers only) ➤ Practice Update / Professional Issues (1) |

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All maternity care assistants (MCA) and nursery nurses will have attended once within the last 1515 months the following maternity specific training

- Breast feeding update. This is achieved by attending the relevant session on the Practice Update / Fetal monitoring or Practice Update / Professional Issues. Complete Practical Skill review with the infant feeding team.

All obstetric consultants, PCCT, Staff grades, ST1-7 working within the maternity will have attended once within the last 24 months the following maternity specific training:

- PROMPTPROMPT
- Complete the K2 electronic fetal monitoring interactive package 2 chapters every 39 months and 2 CTG per 39 months

All obstetric consultants, PCCT, Staff grades, ST3-7 working within the maternity will attend the following “one-off” training sessions,

- 3rd / 4th degree tears

All obstetric consultants, PCCT, Staff grades, ST1-7, GP VTS and F2 working within the maternity will attend once within the last 15 months the following Maternity specific training.

- Taught Fetal Monitoring session

All obstetric consultants, PCCT, Staff grades, ST1-7, GP VTS and F2 working within the maternity will attend as part of their core training:

- Cord prolapse
- Recognition of the severely ill woman & MOWS

The audit team that will monitor the above auditable standards will be formed by:

- Practice development midwife
- Medical lead for Obstetrics

The dissemination on results and implementation of action plans and timely re-audit will be coordinated by the Practice Development Midwife and the Audit and Quality Midwife and reported to the Midwifery services and Maternity Clinical Governance quarterly.

The Trust reserves the right to amend its monitoring requirements in order to meet the changing needs of the organisation.

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14.0 Equality Impact Assessment

| | Age | Sex | Disability | Race | Gender Reassignment | Religion or Belief | Sexual Orientation | Marriage and Civil Partnership | Pregnancy and Maternity |
|---|-----|-----|------------|------|---------------------|--------------------|--------------------|--------------------------------|-------------------------|
| Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy/change proposal? | N | N | N | N | N | N | N | N | N |
| Is there potential for or evidence that the proposed policy/change will not promote equality of opportunity for all and promote good relations between different groups? | N | N | N | N | N | N | N | N | N |
| Is there potential for or evidence that the proposed policy will affect different population groups differently (including unintended discrimination against certain groups)? | N | N | N | N | N | N | N | N | N |
| Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups? | N | N | N | N | N | N | N | N | N |

Name of Policy: Maternity specific mandatory training policy (CG360)

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy? [We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the above mentioned groups differently.](#)

Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)? [As above](#)

Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)? [As above](#)

Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)? [As above](#)

Based on the information set out above I have decided that a full equality impact assessment is not necessary.

Name, Job title and signature: Sam Fleming, Practice Development Midwife

Department: Maternity

Date: July 2017

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Appendix 1 – Maternity Specific Training Needs Analysis

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|---|---|
| No=Staff group | |
| 1=Nursery Nurse | 8 = Foundation Year 2 (Obstetrics)/ GP VTS |
| 2 = Maternity Care Assistants (Band 2 and 3) | 9 = Specialist Trainee 1&2 (Obstetrics) |
| 3=Registered general nurses working in maternity (Band 5) | 10= Specialist Trainees 3 -7 (Obstetrics) |
| 4 = Recovery Nurses working in maternity | 11 = Staff grades(Obstetrics) |
| 5 = Midwives (Band -6) | 12 = Consultants (Obstetrics) |
| 6 = Midwives (Band 7 or above) MLU/DS based | 13 = Obstetric consultant anaesthetists, Specialist trainee 2-5 (Anaesthetists) |
| 7 = Midwives (Band 7 or above) Community/ward based | |

| Glossary | |
|----------|---|
| DS | Delivery Suite |
| ED | Emergency Study day |
| MLU | Midwife Led Unit |
| MOET | Managing obstetric emergencies and trauma |
| NND | Neonatal Study Day |
| OSAT | On site assessment and training |
| PD | Professional day |
| Precept | Preceptorship programme |
| SD | Study day |
| Tr | Trust session |
| Update | MCA/NN annual update |

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Midwives, nurses, nursery nurses and maternity care assistants training needs

| Maternity Specific Training: (Mandatory) | Included in: | Expected Staff Attendance at Training: | Nursery nurses | Maternity Care Assistants | Nurses | Recovery nurses | Midwives | Midwives | Midwives |
|---|---|--|----------------|---------------------------|---------------|-----------------|---------------|---------------|---------------|
| STAFF GROUPS: | | | Staff Group 1 | Staff Group 2 | Staff Group 3 | Staff group 4 | Staff Group 5 | Staff Group 6 | Staff Group 7 |
| Shoulder Dystocia | PROMPT, Skill Drill or 999 | 2 yearly | | | • | | • | • | • |
| Cord Prolapse | PROMPT, Skill Drill or 999 | 2 yearly | | | • | | • | • | • |
| Vaginal Breech Delivery | PROMPT, Skill Drill or 999 | 2 yearly | | | • | | • | • | • |
| APH; Major Postpartum Haemorrhage | PROMPT, Skill Drill or 999 | 2 yearly | | | • | • | • | • | • |
| Eclampsia | | 2 yearly | | | • | • | • | • | • |
| Recognition of Severely ill Pregnant Women & MOWS | PROMPT, Skill Drill or 999 | 2 yearly | • | • | • | • | • | • | • |
| Obstetric Adult Basic Life Support | PROMPT | 2 yearly | • | • | • | • | • | • | • |
| Shoulder Dystocia | K2 | 2 yearly | | | | | • | • | • |
| Cord Prolapse | K2 | 2 yearly | | | | | • | • | • |
| Vaginal Breech Delivery | K2 | 2 yearly | | | | | • | • | • |
| APH; Major Postpartum Haemorrhage | K2 | 2 yearly | | | | | • | • | • |
| Eclampsia | K2 | 2 yearly | | | | | • | • | • |
| Recognition of Severely ill Pregnant Women & MOWS | K2 | 2 yearly | | | | | • | • | • |
| Electronic Fetal Monitoring Taught | Practice Update / Fetal Monitoring (1), Preceptor Day | Annual | | | | | • | • | • |
| Intermittent Auscultation | Practice Update / Fetal Monitoring (1), Preceptor Day | Annual | | | | | • | • | • |

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| Author: | Sam Fleming | Date: | July 2017 |
| Job Title: | Practice Development Midwife | Review Date: | July 2019 |
| Policy Lead: | Janine Brennan, Director of Workforce and Organisational Development | Version: | 2.0 ratified 14/7/17 Mat CG mtg |
| Location: | Policy hub/ Clinical/ Maternity / CG360 | | |

| Maternity Specific Training: (Mandatory) | Included in: | Expected Staff Attendance at Training: | Nursery nurses | Maternity Care Assistants | Nurses | Recovery nurses | Midwives | Midwives | Midwives |
|--|---------------------------------------|---|----------------|---------------------------|---------------|-----------------|---------------|---------------|---------------|
| STAFF GROUPS: | | | Staff Group 1 | Staff Group 2 | Staff Group 3 | Staff group 4 | Staff Group 5 | Staff Group 6 | Staff Group 7 |
| Neonatal Resuscitation | PROMPT PROMPT or PHONE 999 | Annual | • | • | • | • | • | • | • |
| Infant Feeding | Practice Update 1 or 2 | 2 Day Programme and then annual hourly update | • | • | • | • | • | • | • |
| Child protection (1 hour) Level 2 | Level 3 updates | Annual | • | • | • | • | • | • | • |
| Child protection all day Level 3 | SD | Initially 3 yearly | | | | | • | • | • |
| Maternal Antenatal Screening | Practice Update / professional Issues | 2 yearly | | | | | • | • | • |
| Peri-natal Mental Health | Practice Update / Professional Issues | 2 yearly | | | | | • | • | • |
| Electronic Fetal monitoring interactive (K2) both chapters | Computer based | 2 yearly | | | | | • | • | • |
| Care of women following operative interventions (since 2003) | Orientation | Once only | | | | | • | • | • |
| Care and topping up of epidurals | Skills update | 3 yearly | | | | | • | • | • |
| Perineal Repair | Skills update | 3 yearly | | | | | • | • | • Comm b7's |
| Perineal repair | Skills update | 5 yearly | | | | | | | • DS b7's |
| BCG training | Skills update | Once only | | | • | | • | • | • |

| Additional Training Programmes: (Midwives) | Training Sessions are held: | Training Available to Specific Staff Groups: | Included in Induction: | Frequency of Training: | To maintain Competency |
|--|-----------------------------|--|------------------------|------------------------|---|
| Newborn Examination Course | x 1 course per year | Staff Groups 5-7 | No | Once only course | To undertake and show evidence of a minimum of 1515 examinations every 3 years and review RCM DVD/e learning/study day package 3 yearly |
| Care of the critically ill woman | x 1 course per year | Staff Groups 5-7 | No | Once only course | To undertake a study day 3 yearly and maintain a diary of evidence |

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Medical staff

| Maternity Specific Training: (Mandatory) | Included in: | Expected Staff Attendance at Training: | FY2/ GP VTS | ST1-ST2 obstetrics | ST3-ST7 obstetrics | Staff grade obstetrics | Consultant Obstetrics |
|---|--------------------------------------|--|---------------|--------------------|--------------------|------------------------|-----------------------|
| | | | Staff Group 8 | Staff Group 9 | Staff Group 10 | Staff Group 11 | Staff Group 12 |
| Shoulder Dystocia | ED/MOET | Bi Annual | | • | • | • | • |
| Cord Prolapse | ED/MOET | Once only on induction | • | • | • | • | • |
| Vaginal Breech Delivery | ED/MOET | Bi Annual | | • | • | • | • |
| APH; Major Postpartum Haemorrhage | ED/MOET/Induction | Bi Annual | | • | • | • | • |
| Eclampsia | ED/MOET/Induction | Bi Annual | | • | • | • | • |
| Obstetric Adult Basic Life Support | ED/MOET/Induction | Bi Annual | • | • | • | • | • |
| Shoulder Dystocia | K2 | Bi Annual | | • | • | • | • |
| Vaginal Breech Delivery | K2 | Bi Annual | | • | • | • | • |
| APH; Major Postpartum Haemorrhage | K2 | Bi Annual | | • | • | • | • |
| Eclampsia | K2 | Bi Annual | | • | • | • | • |
| Recognition of Severely ill Pregnant Women & MOWS | ED/MOET/Induction | Once only on induction | • | • | • | • | • |
| Electronic Fetal Monitoring Taught | Risk meetings/CTG review meetings/SD | Annual | | • | • | • | • |
| Electronic Fetal monitoring interactive (K2) both chapters | Computer based | 3 yearly | | • | • | • | • |
| Electronic Fetal monitoring interactive (K2) 2 interactive CTGs | Computer based | Annual | | • | • | • | • |
| Neonatal resuscitation | Orientation/study session | Annual | • | • | • | • | • |

| Additional Training Programmes: (Obstetric Team) | Training Sessions are held: | Training Available to Specific Staff Groups: | Frequency of Training: |
|---|-----------------------------|--|------------------------|
| Perineal Repair | OSAT Assessments | Staff Groups 9-12 | Once only |

| | | | |
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