

A Clinical Policy for Maternity Staff Training Needs Analysis (TNA)

For use in:	Maternity Services
By:	Midwives/ Obstetricians
For:	Midwives, Maternity Care Assistants (MCA's) and Obstetricians
Division responsible for document:	Women and Children's Services
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If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

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Version and Document Control:

Version Number	Date of Update	Change Description	Author
4.5	27/02/2020	Reducing Preterm Birth –‘ The importance and timing of PReCept and Corticosteroids use during pre-term birth is reinforced during PROMPT update, amended’	Rebecca Goodenough
4.6	04/03/2021	Update information on training and COVID-19 adaptations Addition of Continuity of Carer TNA	Rebecca Goodenough and Emma Wiskin
5	15/06/2021	Update to the maternity training needs analysis, secondary to the impact of the Ockendon report.	Charles Bircher Rosie Goodsell

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1. Quick Reference

This document offers advice to staff on their mandatory training needs and how they may seek to undertake the training required. The training is set out to meet the demands of ensuring safe and effective provision of care putting the patient at the centre of care. This Training Needs analysis (TNA) is specific to midwives of all grades, Obstetricians at all levels, Maternity Care Assistants (MCA's). In addition to this there is a upskilling TNA package to facilitate the rotation of midwives into Continuity of Carer teams.

This document is not a standalone document but compliments the NNUH Staff Mandatory Training Policy [Trustdocs Id: 710](#) and Guidelines for Clinical Skills [Trustdocs Id: 1606](#)

2. Rationale

The Government has set a target of halving the rates of stillbirths, neonatal and maternal deaths and brain injuries associated with delivery, by 2025. The first milestone in the process of achieving that target is an expectation of a 20% reduction by 2020. The National Maternity Review Better Births Report (2016) recommends that those who work together should train together. It is recognised that multi-professional education and training can break down barriers and lead to the provision of safer care. Multi-professional training within the NNUH is a standard part of professionals' continuous professional development, both in routine situations and in emergencies.

The aim is to reduce incidents, and create an environment where all staff learn from error through reporting incidents, reviewing case notes and feeding back in a non-blame culture.

This TNA identifies the training identified by the maternity services to equip the staff with the knowledge and skills required to deliver safe and effective care putting the patient at the centre of care, and implement the Saving Babies Lives care bundle developed by Each Baby Counts.

Sessions will be offered via a blended approach to learning and teaching

- Classroom based – Trainer led
- Workshops - Trainer led
- E-learning-
- Simulation training

The aim of the NNUH is to achieve a attendance rate of at least 90% of the Multi-disciplinary maternity staff group at the Practical Obstetric Multi-Professional Training (PROMPT) (excluding staff on long term sickness and maternity leave) as set out in the NHS Resolution Maternity Incentive Scheme Safety standard 8. The MDT includes midwives, MCAs, obstetricians, anesathetists, theatre staff and (when possible) student midwives. Sessions are planned in advance to ensure an equal a realistic combination of staff to reflect the clinical environment. This in turn enhances good relations, builds positive common rituals between the specialities and also enables all staff to train and work purely within the scope of their role. It is expected that all staff get involved within the scenarios and interact within the discussions to build on elements throughout the training.

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3. Training Leads for Relevant Staff Groups

Midwives and Maternity Care Assistants – Practice Development Midwives (PDM's)
Obstetric Medical Staff- Lead (or Deputy) Consultant for Risk Management and Delivery Suite or their nominated deputy and college tutor and educational supervisors.

3.1 Mandatory training

All new staff must attend the corporate induction.

Midwives must comply with the Guidelines for Clinical Skills ID 1606 and seek advice from the PDM team if they require further training.

Maternity care assistants must attend the two week Health care assistant course prior to commencing on the wards and complete the care certificate.

All maternity staff must complete the mandatory training as set out in the Staff Mandatory Training Policy [Trustdocs Id: 710](#)

Maternity staff must complete the training specific to the maternity department as set out in the maternity staff training guide see *appendix3*

The maternity services aim is never to cancel training due to high clinical activity staffing shortages or other adverse conditions, however, if this does occur, this should be agreed by one of the Matrons/HOM and the database amended accordingly.

3.2 PROMPT

The training is facilitated by a multidisciplinary team of staff who have attended the PROMPT train the trainer's workshop and have cascaded the training to other faculty members. This training includes human factors, fetal monitoring in labour (intermittent auscultation and CTG interpretation) and integrated team-working with relevant simulated emergencies. The training syllabus follows the PROMPT course and uses the materials and resources provided which are based on current evidence, national guidelines/recommendations.

These are adapted to take into account relevant local audit findings, risk issues and lessons learned from serious incidents (SI's) and case review feedback. NNUH charts, emergency boxes, algorithms and proformas are used within the scenarios. (*See programme for 2020*).

The programme is interwoven with human factors training led by faculty members who have received training via Atrainability. An interactive session specifically relating to human Factors is also accommodated within the programme. Elements of PROMPT will encompass the homebirth environment. One scenario will begin at a homebirth to help refresh community midwives and those in attendance to homebirths.

3.3 COVID-19 adaptation of training, recovery plan and trajectory for meeting compliance

From April 2020, all usual training was halted for 3 months whilst the NNUH and the whole Nation dealt with the first wave of the infectious disease of COVID-19, certain restrictions came into place. Online training was identified by the individual specialities and the PDM team compiled an online training platform using these various resources. Time allocated for the midwives and MCAs to complete this training was given back in lieu initially and then rostered on as usual. The resuscitation

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elements of training including Adult and Maternal Basic Life Support and Neonatal Life Support requires a face-to-face element to become compliant with this training and staff are still rostered onto these sessions in line with room booking COVID risk assessments, alongside ad hoc sessions for staff to book into to aide those who were due their training when the sessions were put on hold. For the rest of 2020, online elements from specialities were given to staff, with staff sending in evidence to the PDMs to prove compliance.

2021 shows further virtual training but in the format of a live study day (See Appendix 1) with a few online elements. This is a more interactive than purely online elements and allows participants to be involved and ask questions. This is run and monitored by the PDM team via teams invites. For those who do not have adequate IT access at home, a room will be set up and available at the Bob Champion to allow all staff to access the training. The second allocated day will have the usual face to face element for adult, maternal and neonatal resuscitation in the morning to allow staff to attend clinical late shifts clinically if needed.

PROMPT sessions were planned to run biannually face-to-face (and multidisciplinary) and online refresher training, with emphasis and focus on those who are in most need (such as new starters/back from maternity leave). This is in line with the CNST published guidance as of September 2020. This was due to significantly smaller groups required in the building used (Centrum) in the initial return to face to face training. Please see invites in *appendix 1 b and c*. However, The Centrum have now increased their limits on attendees and we have returned fully face to face. To support the additional number of attendees required to meet and maintain the 90% compliance rate, the PROMPT faculty are conducting both a morning and an afternoon session. If staff attend when rostered we aim to achieve this figure by the end of September 2021, six months after a return to face to face training.

All staff are required to adhere by the national and local guidelines of social distancing and group sizes have been reduced to follow these, and the use of face coverings when required. This is subject to change and all guidelines are to be followed to help prevent the spread of COVID-19.

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4. Saving Babies Lives Care Bundle (v2)

The 4 elements of the care bundle are covered within the training offered at the NNUH. There is a specific Saving Babies Lives study programme that is planned for the beginning of 2021 that will cover all the care bundle elements and alongside PROMPT study. This will initially be virtual due to the practicalities of social distancing and requirements of COVID-19.

4.1 Reducing smoking in pregnancy - Session running on Mandatory training 2020 programme for Midwives and MCAs, alongside Masterclasses to continue to run facilitated by Smokefree Norfolk.
Training has been delivered to all community teams

4.2 Risk assessment and surveillance for growth restriction - NNUH adopted the GAP programme in 2012. All midwives are required to do the Perinatal institute online e-learning annually and competencies must be achieved when working in the community.

4.3 Raising awareness of reduced fetal movements - This is covered in PROMPT within the fetal monitoring session.

4.4 Fetal monitoring in labour – this training has been incorporated within PROMPT including an assessment. It includes CTG interpretation and intermittent auscultation. We assess CTG and Intermittent Auscultation competence annually at the Prompt update, pass mark is 80%. *Those staff who score in the 70's they will have the feedback when we go through answers on the day. Staff who score <70% we offer 1-2-1 and only pass as compliant once this has been completed, ideally within a month.*

In addition all midwives and junior doctors complete the FIGO CTG interpretation, antenatal CTG interpretation and cord blood gas chapters on K2 biannually.

All new obstetric medical staff in training and SAS non training grade doctors receives a formal training session on continuous electronic fetal monitoring as part of their induction to the department.

4.5 Reducing Preterm Birth – The importance and timing of PReCept and Corticosteroids use during pre-term birth is reinforced during PROMPT update.

Doctors are encouraged to attend in house Friday afternoon teaching program and attend the regional deanery teaching.

5. Infant feeding Training

NNUH Trust is fully accredited as having a Baby Friendly Initiative (BFI) maternity service and is guided by the Unicef BFI Standards for maternity and neonatal care. This includes Practical Skills Reviews, 1:1 audits and practical support.

- All staff will complete a 2 day BFI accredited breastfeeding management course.
- New staff will be orientated to the Infant feeding policy and have an assessment of their training needs within 6 weeks of starting in post.
- Ongoing training is 1 hour mandatory update annually and 1 day mandatory training triennially.

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- The infant feeding team maintains a database so we can monitor attendance both of training and triennial reviews.
- Staff knowledge audits (randomised) are also undertaken annually.

The one day triennial mandatory training has been adapted to an online format throughout the covid-19 pandemic. The Infant Feeding Coordinators have compiled a powerpoint presentation with embedded media for staff to access and update. This takes approximately 7.5 hours to complete. Once this learning is complete, staff are then invited to a Practical skills review. Once both of these elements are complete, they are given time in lieu on Health Roster. The infant feeding team inform mandatory training department that these elements are complete and compliance is updated.

The 2 day breastfeeding management course is scheduled to run as normal, being mindful of social distancing and government guidelines on hand hygiene and face coverings. We are able to continue to offer this as delegate numbers are much lower than for the triennial training.

6. Continuity of Carer – upskilling TNA package

The Training Strategy for the Norfolk and Waveney LMNS has been signed off by all three trusts, this holds the master copy of the Continuity of Carer Upskilling TNA which can be found in appendix 4. The purpose of having a system wide training plan is to ensure midwives rotating into Continuity of Carer teams have access to equitable training and resources.

To provide support for continuity of carer models, staff must have a breadth of knowledge, spanning the whole childbirth continuum, and encompassing a range of skills and competencies. Therefore, it is important for staff going into continuity teams to have an individualised training needs analysis to ensure that training is adapted to acknowledge their own individual skill set, and meet specific learning needs to ensure confidence and capability, as well as preserving patient safety.

It is the rotating midwives responsibility to complete and sign this document to ensure they have the necessary knowledge, skills, and attributes to practice safely and effectively prior to joining a Continuity team.

The Upskilling TNA should be completed prior to a 1:1 meeting with the PDM where the document will be reviewed to identify areas requiring upskill/support so appropriate training/resources can be arranged.

Following completion of upskilling resources and training offered, a further meeting with a PDM/team leader will occur to sign off final completion of the package.

7. Roles and Responsibilities

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

- Comply with mandatory training requirements as identified in the Trust Mandatory Training Policy TNA and those identified locally in maternity.
- Identify when updating is required and agree a date for this with their manager.

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- Give priority to mandatory training and make every effort to attend training sessions arranged for this purpose.
- Alert their line manager and the provider of the training if they are unable to attend and rebook within a *3 month period*.
- 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 mandatory training for the purposes of appraisal and revalidation
- Apply the learning to their area of work/role

7.1 Midwifery Matrons for inpatients and community services

Midwifery Matrons have the responsibility for ensuring the Midwives and Maternity Care Assistants attend training as indicated in the training needs analysis. Ensuring that all new staff attend the corporate induction training and any staff new to the maternity services receives a local induction programme and maternity mandatory training sessions as described in the training needs analysis.

7.2 Risk Management Midwife

Chairs the weekly risk management meeting and works with the PDM identifying new training requirements identified through complaints, PALS, incidents and claims, and receives quarterly reports on the compliance with training.

7.3 Responsibility of training Leads

- Must inform their staff of the training expected in the TNA
- They must ensure training sessions are available for staff and report urgently any shortfall in provision to the maternity directorate meeting.
- Staff are required to sign an attendance sheet at all mandatory training sessions. Signed attendance sheets are scanned and sent to the training department and used to update individual training matrix on Electronic Staff Records (ESR).
- If attendance sheets are not signed or the signature is not legible, individual staff training records will not be updated.
- For virtual sessions, PDM administration support will compile a register of attendees accessing teams and the BCRB. This will be sent to the training department and used to update in the same way.

7.4 Practice Development Midwife (PDM)

The PDM team has the responsibility for the planning and coordinating of the education and training sessions for midwives and MCA's. They will ensure that midwives and MCA's are rostered to attend the mandatory training on the health e-roster. They will also follow up non-attendance and recalls (See Appendices 1, 1a, 2, 2a). If a staff member does not attend through sickness they will be advised to call the sick bleep in the usual way. They are then added to the next available session within 3 months. If a staff member does not attend a training session when rostered for any other reason this is referred to their line manager for further discussion. They are also added to the next available slot within a 3 month period.

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The aim is to roster all staff groups onto training every 11 months to ensure compliance is always up to date. The Mandatory training department are responsible for providing managers with regular reports on compliance.

The PDM works in liaison with the Professional Midwifery Advocate (PMA) supporting midwives in their practice and preparedness for midwives in appraisal and professional revalidation. All preceptorship midwives will receive one session of Restorative Clinical Supervision in their first year following qualifying.

7.5 Team leaders/ward managers

Team leaders are responsible for ensuring that their team members attend mandatory training. Non-attendance at a mandatory training session, due to unexpected clinical need, must be agreed through the Matron. Team leaders will be informed of any non-attendance at training and will ensure attendance at the next available session.

8. Summary of Development and Consultation Process Undertaken Before Registration and Dissemination

The authors listed above drafted this document on behalf of The Maternity Services Guidelines Committee who has agreed the final content. During its development it has been circulated for comment to: Senior staff and managers within the Maternity Services.

This version has been endorsed by the Maternity Guidelines Committee

9. References

Maternity Incentive scheme (2019) Safety Action 8 NHS Resolution

MBRRACE-UK (2019)

NHS Resolution Maternity Incentive year 2

Safer Maternity care (2016) DOH

Saving babies Lives a care bundle for reducing stillbirth (v2)(2019) NHS England

The National Maternity Review england.maternityreview@nhs.net

Unicef Baby Friendly standards (2017)

www.england.nhs.uk/ourwork/futurenhs/mat-review

10. Appendices*

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Appendix 1

Dear colleague,

You are invited, rostered and expected to attend your yearly maternity Mandatory Training.

Day 1: 31st March 2021

When: Midwives 09:15 – 16:00. MCAs 11:45 – 16:00

Where: Home via TEAMS invite (with the option of attending a Bob Champion room for those with IT issues)

Day 2: Date

When: See timetable

Where: See timetable

This year under the circumstances and listening to feedback, we will be producing a virtual Mandatory training programme day 1 (Wednesday) with a face to face session for adult resuscitation and neonatal life support the following day (Thursday) in smaller groups.

TEAMS is linked directly with your Microsoft outlook work account. You can get free downloadable apps or link to it via the internet. You must arrange this *prior to the event*. You should receive an online TEAMS invite – please accept and you will get a reminder to join. Anyone who is struggling with IT, there will be some limited space within the Bob Champion room where we will set up the teams in there *so there is no excuse for non-attendance for IT issues*. Please ideally let us know if you are coming to the Bob Champion to make sure we are ok for social distanced numbers. You are expected to keep your cameras whilst during MT on please but your microphones muted until asked otherwise. There may be a mixture of live sessions and recorded sessions and you will be asked to give feedback and respond during live sessions. Please note the teams sessions maybe recorded during your training for future reference.

Mandatory Training E- learning

There are a few additional eLearning modules which must be completed and time has been allocated to do so. This must be completed prior to the resuscitation session – evidence of completion to be shown day 2 during the face to face resus session.

Please see the timetable for all the virtual and eLearning contents.

Total time allocated

Midwives 9.5 hours, MCAs 6 hours

We hope this will run well and look forward to having an adapted yet interactive and straight forward Midwifery Mandatory Training.

Best wishes,

The PDM Team

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Online items – need to be completed the same allocated day.

Midwives

- ESR 234 Midwives Medicines Management
- IT update <https://www.facebook.com/MidwivesRCM/videos/rcm-bitesize-electronic-record-keeping/859098851545579/>
- NEW Screening update videos
<https://youtu.be/mVhn0qVA6-4>
<https://youtu.be/gO-epaz0zrE>
https://youtu.be/Fg_HTO1IBRs
<https://youtu.be/-QU9Pi63O5c>
<https://youtu.be/HMuDFKcH-6s>
- Smoking in Pregnancy update <https://youtu.be/Uvei3noq62o>

Midwives and MCAs

- PMA Building psychological resilience <https://youtu.be/URG8Kbq6lrM>
- Thermoregulation presentation
- NLS and Resus Key points presentations

MCAs

- ESR 234 Health Record Keeping (a mandatory requirement every 2 years)

Time	Session	Speaker	Attendees
09:15	Registration and NNUH updates	PDM Team	Midwives
09:30	Diabetes	Nina Willer	Midwives
10:00	Risk Management and Record Keeping	Risk Team	Midwives
10:30	Education update	UEA and UoS	Midwives
11:00	Break	-	
11:15	IT	Delyse Maidman	Midwives
11:45	Perinatal Mental Health	Skylark Team	Midwives and MCAs
12:45	Pressure care	Penny Drewery	Midwives and MCAs
13:00	Lunch	-	
13:30	Infant Feeding	Jo/Gayle Infant feeding team	Midwives and MCAs
14:15	Deteriorating Neonate	Liam Willgress NICU	Midwives and MCAs
15:00	Speak Up Guardians	Frances Dawson	Midwives and MCAs
15:45	Consolidation & Feedback	PDM Team	Midwives and MCAs

Day 2

Face-to-face Adult and Maternal Resus, with Newborn Life Support.

Midwives and MCAs. Allocated day and time in invite email.

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Appendix 1 b

Dear colleague,

You are/have been due your yearly PROMPT Training

According to our records you are due your PROMPT emergency training. We are conducting some face to face sessions, but in much smaller groups in line with COVID restrictions. Therefore we are looking to update colleagues with their yearly PROMPT potentially on a biannual basis of face to face and online. This year, at this present time, your training will be online. We have worked hard to compile online resources for you to complete to replicate this is the best we can virtually.

You have been sent this letter with some PROMPT videos to watch, all of our NNUH updated obstetric emergencies and a feedback form you need to complete - a different style of feedback form for with a few mindful questions too to help demonstrate your learning.

PROMPT Videos:

PPH - <https://www.youtube.com/watch?v=4ynxib1Tc0M>

Shoulder Dystocia - <https://www.youtube.com/watch?v=UTz2eliZOL8>

Sepsis - <https://www.youtube.com/watch?v=uJfrJ9TAHk4>

Breech - <https://www.youtube.com/watch?v=EWjKswZ3Mm8>

Suspected covid emergencies - <https://www.youtube.com/watch?v=moK7UR-x6r4>

Time allocated

We have allocated an expected **2 hours** for the online emergency update. Fetal monitoring is allocated separately within Saving babies live study day.

Once completed, please email the feedback form to pdm@nnuh.nshs.uk who will validate and forward confirmation to Mandatory Training to update your compliance.

Please remember, this is a Trust requirement to complete your Mandatory PROMPT training and you should have been rostered allocated time to do so. You must be compliant after your allocated time. The Library is still open for virtual use if required. If you have not been rostered on or you do not think you are yet due your PROMPT, please do let us know.

Best wishes,

The PDM Team

For queries please contact pdm@nnuh.nhs.uk Ext. 2028

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Appendix 1 c

Dear colleague,

You are/have been due your yearly PROMPT Training

Date: **Date**

Time: **Morning Session 08:30-12:15**

Afternoon Session 13:00-16:45

Location: **The Centrum Building**. Norwich Research Park. This is a short 10 min walk from the NNUH.

Parking is no longer available at the Centrum building. Please only arrive 10 minutes before your time as we will have to let you into the building.

According to our records you are due your PROMPT emergency training. **Please remember, this is a Trust requirement to complete your Mandatory PROMPT training and you should have been rostered allocated time to do so.**

This day has been adapted with the current guidelines with COVID-19. It is a mandatory requirement that you attend a PROMPT training day within a twelve month period each year. Your e-roster will have this date programmed into it. Due to strict COVID number restrictions, we are currently running it as biannual face to face and online learning. Therefore if you have invited this year face to face, potentially next year will be the online platform. The group size is considerably smaller with a shortened day – participants are invited to either an AM or PM session. Please be prompt arriving and leaving to ensure the correct number of participants. Unfortunately there is no lunchtime facility. Fetal monitoring is incorporated within Saving Babies Lives bundle and will be allocated separately.

Prior to the session, please complete an online personality test, found at <http://www.onlinepersonalitytests.org/mbti/> Choose how close you are to either statement by selecting the corresponding circle. There are 32 questions. This will take 10 minutes.

It is vital you attend if you have been invited as it affects the group size significantly. If for any reason you are unable to attend the dates rostered please discuss with your Line Manager. Please inform us at the earliest opportunity if you are not attending for any reason (i.e. sickness or maternity leave) or of any changes. If you do not attend we cannot guarantee when the next available session will be so you may be non-compliant for a while. If you are not due to attend, please contact us as soon as possible to rectify the situation.

Please ensure you read the *new* presentations which are attached and we look forward to seeing you on the day.

Thank you, we look forward to adapted face-to-face sessions soon.

Best wishes,

The PDM Team

For queries please contact pdm@nnuh.nhs.uk Ext. 2028

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Multidisciplinary PROMPT Training
SIMS suite - Centrum Building

Participants *MUST* read presentations *PRIOR* to attending PROMPT.

Please wear face masks in line with government guidance

Morning Session

	Team A	Team B
08:30 – 08:45	Introduction	
08:45 – 09:30	Human Factors	
09:30 – 10:15	PPH	shoulders/breech
10:15 – 10:30	Break	
10:30 – 11:15	shoulders/breech	PET
11:15 – 12:00	PET	PPH
12:00 -12:15	close	

Afternoon session

	Team C	Team D
13:00 – 13:15	Introduction	
13:15-14:00	Human Factors	
14:00 – 14:45	PPH	shoulders/breech
14:45 – 15:00	Break	
15:00-15:45	shoulders/breech	PET
15:45 – 16:30	PET	PPH
16:30 – 16:45	close	

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Appendix 2

Recall letter for Mandatory Training

Maternity Services

Date:

Dear _____

According to our records you did not attend the Mandatory Training session you were booked on for:
_____ Due to: _____

We have therefore booked you onto the next session which is: _____

Please ensure your team leader/ manager has these details so she can arrange cover for your shifts while you attend and ensure it is on e-roster.

It is Trust policy that all midwives attend Mandatory Training sessions within each 12 month period and unfortunately you are likely to be non-compliant with Trust policy until a session is completed.

A copy of this letter has been sent to your line manager and placed on your personal file as part of the routine process for recalls to missed sessions.

Yours sincerely

The PDM Team

CC Line Manager

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Appendix 2a

Recall letter for PROMPT

Date:

Dear

According to our records you did not attend the PROMPT session you were booked on for _____ Due to _____

We have therefore booked you onto the next session which is _____

Please ensure your team leader/ manager has these details so she can arrange cover for your shifts while you attend and ensure it is on e-roster.

It is Trust policy that all midwives attend PROMPT within each 12 month period and unfortunately you are likely to be non-compliant with Trust policy until a session is completed.

A copy of this letter has been sent to your line manager and placed on your personal file as part of the routine process for recalls to missed sessions.

Yours sincerely

The PDM Team

CC Line Manager

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Appendix 3. Midwives and MCA's Mandatory Training Requirements (includes Core requirements)

Training Course	Course Aimed At	To Be Updated	New Staff Accessed	Existing Staff Accessed	E-Learning Accessed /Comments
Induction Corporate/ Medical	<i>All Staff</i>	One Off	Virtual/Distance Learning	N/A	
Maternal and adult resus	<i>All Clinical and Medical Staff</i>	Annual	Classroom Based/ Workshop	Classroom Based and E-learning	ESR 234 Resuscitation Adult eAssessment – Level 2 <i>for registered staff</i> AND Completed on Mandatory Training
Neonatal Resus	<i>Midwives, MCA's and Medical Staff</i>	Annual	Classroom Based/ Workshop	Classroom Based	Completed on Mandatory Training
Safeguarding Children and Adult Level 3	<i>All staff</i>	Triennial	Classroom Based	Classroom Based/ E-learning	Book using the online Mandatory Training System 7.5 hours Online 6 hours
PROMPT Obstetric Emergencies obstetric emergencies, human factors	<i>All Midwives, MCAs and medical staff. Including obstetric theatres, anaesthetics, ODP</i>	Annual	Classroom Based	Classroom Based/ E-learning	Biennial online package and Classroom based
Information Governance	<i>All Staff</i>	Annual	E-Learning Introduction	E-learning Refresher	http://intranet/ESR/ 234 Information Governance - 000 Data Security Awareness Level 1 eLearning
Infection Prevention and Control - Level 2	<i>All Clinical and Medical Staff</i>	Biennial	Classroom Based	E-learning Refresher	http://intranet/ESR/ 234 Infection Prevention and Control Level 2 eLearning - 000 Infection Prevention and Control Level 2 - 234 Infection Prevention and Control Essential Guide
PREVENT Level 3	<i>All Staff</i>	Triennial	Classroom/ E-learning	E-learning	http://intranet/ESR/ 234: PREVENT awareness level 3
Manual Handling (Patient Contact)	<i>All Staff</i>	Biennial	Classroom Based/ Workshop	Classroom Based/ Workshop	Completed on Mandatory Training 60 mins
Mental Capacity Act/ Deprivation of Liberty Safeguard (MCA/DoLS) Level 2/3	<i>All staff</i>	Triennial	Classroom Based/ E-Learning	Classroom Based/ E-Learning	Completed on Safeguarding training or http://intranet/ESR/ 234 Mental Capacity Act and Deprivation of Liberty Safeguards eLearning
Training Course	Course Aimed At	To Be Updated	New Staff Accessed Via	Existing Staff Accessed	E-Learning Accessed/Comments

Clinical Policy Training needs analysis for Maternity Staff

Author/s: Charles Bircher, Consultant Obstetrician, Rosie Goodsell, Practice Development Midwife

Approved by: Maternity Guidelines Committee

Date approved: 15/6/2021

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Aseptic non touch techniques	<i>Midwives and MCA's</i>	Biennial	E learning	E-learning	http://intranet/ESR/ 234 ANTT - Aseptic Non Touch Technique
Health and Safety	<i>All Staff</i>	Triennial	Classroom Based	E-Learning	http://intranet/ESR/ 234 Health and Safety Clinical
Equality and Diversity and Human Rights	<i>All Staff</i>	Triennial	E-learning	E-learning	http://intranet/ESR/ 234 Equality and Diversity and Human Rights Level 1
Fire Safety	<i>All Staff</i>	Annual	Classroom Based	E-Learning/ classroom	http://intranet/ESR/ 234 Fire Safety Training
Measuring and fitting of Anti-embolism stockings (VTE)*	<i>Midwives and MCA's</i>	One Off	Department/ Ward Based	Department/ Ward Based	Ward based
Respect training	<i>All staff</i>	One off	E- Learning	E-Learning	http://intranet/ESR/ 234 ReSPECT Readers Level 2 eLearning
Fit testing	<i>All staff</i>	One off	One-to-one	One-to-one	All staff to be fit tested
Health Record Keeping/Risk management	<i>Midwives</i>	Annual	Classroom Based	Classroom Based	Completed on Mandatory Training
Health Record Keeping	<i>MCAs</i>	Biennial	E-learning	E-learning	http://intranet/ESR/ 234 Health Record Keeping eLearning
Breastfeeding management (BFI)	<i>Midwives and MCA's</i>	Triennial	Classroom Unicef Baby Friendly 2 days	Classroom	BF team
Medicines Management	<i>Midwives and junior doctors</i>	Biennial	Classroom Based	E-Learning/ Classroom	Face-to-face or ESR http://intranet/ESR/ 234 Midwives Medicines Management Registered Midwives
Training Course	Course Aimed At	To Be Updated	New Staff Accessed Via	Existing Staff Accessed	E-Learning Accessed/Comments
Venous Thromboembolism (VTE)	<i>Midwives and Junior Drs</i>	Biennial	E-learning	E-learning	http://intranet/ESR/ 234 VTE – Venous Thromboembolism Prevention

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Learn Pro modules 1 and 2 plus the anti D module –	<i>Midwives</i>	triennial	E learning	E-learning	http://intranet/ESR/ 234 Learnpro for Midwives and Junior Medical Staff eLearning - (2-3 hrs) <ul style="list-style-type: none"> • 000 Blood Transfusion 01: Safe Transfusion Practice 1 • 000 Blood Transfusion 02: Blood Components and Indications for Use 2 • 000 Blood Transfusion 05: Anti-D Clinical Module
Blood Transfusion core	<i>Midwives and Medical Staff</i>	Biennial	Classroom Based	E-Learning	http://intranet/ESR/ 234 Blood Transfusion Modules
Safe Use of Insulin	<i>Midwives and Medical staff</i>	Biennial	E-learning	E-learning	http://intranet/ESR/ ESR 234 Safe use of Insulin e-learning
Hypoglycaemia Update	<i>Midwives and NICU doctors</i>	Triennial	E-learning	E-learning	http://intranet/ESR/ - 234 Hypoglycaemia Update eLearning Management Of Term Newborn Babies With Hypoglycaemia (40 mins)
CTG interpretation K2 CTG modules, acid base /	<i>Midwives</i>	Biennial	E-learning/classroom	E-learning/classroom	K2 system http://training.k2ms.com Up to 6 hours
CTG interpretation and assessment Core	<i>Midwives</i>	Annual	Classroom	classroom	Completed during PROMPT training Or Saving Babies Lives package
GAP / GROW	<i>Midwives</i>	Annual	E-learning	E-learning	https://elearning.perinatal.org.uk/login/index.php Or Within Saving Babies lives package
Perinatal Mental Health	<i>Midwives</i>	Biennial	Classroom	Classroom	Completed on Mandatory Training
NIPE update	<i>For Midwife NIPE examiners</i>	Biennial	E-learning/Classroom	E-learning	https://portal.e-lfh.org.uk NHS Newborn Infant Physical Examination (NIPE) Programme
Training Course	Course Aimed At	To Be Updated	New Staff Accessed Via	Existing Staff Accessed	E-Learning Accessed/Comments
Antenatal and Newborn Screening <i>Not Mandatory</i>	<i>Midwives</i>	Annual	Classroom	Classroom	Completed Mandatory Training
Diabetes Core <i>Not mandatory</i>	<i>Midwives</i>	Annual	Classroom	Classroom	Completed on Mandatory Training

Clinical Policy Training needs analysis for Maternity Staff

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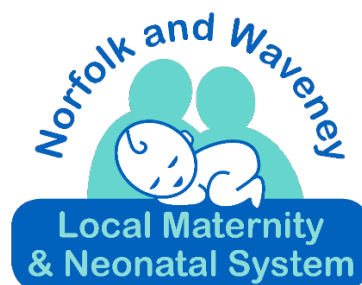
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Mentor "Education" Update <i>Not Mandatory</i>	<i>Midwives</i>	Annual	Classroom Based/on line learning	Classroom Based	Completed on Mandatory Training
IR(ME)R for non-medical referrers	<i>For all midwives referring for USS</i>	Triennial	E-learning	E-learning	http://intranet/ESR/ 234 Radiation Protection and IR(ME)R Training for Non-Medical Referrers (45 mins)
Display Screen Equipment (DSE)	<i>Specifically identified staff</i>	Biennial	E-learning Introduction	E-learning Refresher	http://intranet/ESR/ 40 minutes 234 Display Screen Equipment - Introduction 234 Display Screen Equipment- Refresher
Risk Awareness for Senior Managers	<i>Board Members and Senior Managers 8a and above</i>	One Off	E-learning	E-learning	http://intranet/ESR/ 234 Risk Awareness for Senior Managers (e-Learning)
Prevention Management of Aggression (Violence and Aggression)	<i>Specifically identified staff</i>	Triennial	N/A	Classroom Based	
Saving Babies Lives Package (incl. smoking, growth restriction, reduced fetal movements, Fetal monitoring, intermittent auscultation, reducing Preterm Birth)	<i>Midwives and Obstetricians</i>	Annual	Virtual	Virtual	New portal to be launched mid 2021

A Clinical Policy for Maternity Staff Training Needs Analysis (TNA)

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Name:	
NMC Pin number:	
Name:	
Next revalidation date:	
Team:	
Contract hours:	



Upskilling Package: For Midwives working within Norfolk and Waveney Continuity of Carer Model.

2020

Authors: Pip Noble.

in good health

The Norfolk and Waveney Health and Care Partnership



A Clinical Policy for Maternity Staff Training Needs Analysis (TNA)

Foreword

Continuity of Carer is a large-scale change for midwives across Norfolk and Waveney. Traditionally, Maternity Services have had core members of staff working within both acute trust and community areas. Whilst many midwives are rotational, many others have worked in models of care that have allowed them to become very specialised within the area of maternity they work. With this comes great experience, but sometimes apprehension at moving away and into new models of working.

To provide and support continuity of carer models, staff must have a breadth of knowledge, spanning the whole childbirth continuum, and encompassing a range of skills and competencies. Therefore, it is important for staff going into continuity teams to have an individualised training needs analysis to ensure that training is adapted to acknowledge their own individual skill set, and meet specific learning needs to ensure confidence and capability, as well as preserving patient safety.

In recognition of this we have devised this document to help you identify any clinical areas/ clinical skills you may require support with. This document is not designed to replace the current Maternity Training Needs Analysis it is designed to further enhance it. It is to be used in conjunction with the Maternity clinical codes for skills document.

The NMC Code states in the Preserve Safety Section you must “Recognise and work within the limits of your competence. To achieve this, you must, as appropriate:

- Ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence.
- Complete the necessary training before carrying out a new role.”

It is your responsibility to complete and sign this document to ensure you have the necessary knowledge, skills, and attributes to practice safely and effectively. The expectation is that you complete this document and following discuss with your 1:1 meet with the LMNS PDM and community PDM. Together it will be reviewed to identify areas for further refreshing and support. Following completion of upskilling resources and training offered a further meeting with your LMNS PDM and team leader will occur to sign off final completion of the package.

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Where skills are identified that sits in complex care, it is recognised that a gradual up skill will be required. When this is occurs if there is a requirement for facilitated support this will be allocated from the core team to help assist and aid confidence in caring for women in these care situations. This will allow a gradual and facilitated support in complex care. In areas of complex care within the community the Community user guide helps to direct staff to key specialities for advice and support.

We have identified a strong need to ensure personal support throughout transformational change and have established links within our trusts with our PMA's. If you feel you would like a PMA to attend any of your 1:1 session, please contact us and the PMA team to arrange. We will be facilitating and delivering team days with Organisational development support and PMA input to help develop and foster good team working and dynamics in the face of a changing work environment.

Kindest Regards

Pip Noble, Rachel Brooks, Catherine Weatherill, Helen Clough, Emma Wiskin, Alana Hunt, Lydia Gerrie.

LMNS Practice development midwife NNUH, LMNS Practice development midwife JPUH, LMNS Practice development midwife QEH, NNUH Community PDM, Better Births support midwife NNUH, Better Births lead midwife JPUH, Better Births lead midwife QEH

A Clinical Policy for Maternity Staff Training Needs Analysis (TNA)

Antenatal Care

<u>Skill code</u>	<u>Area for development or refresh identified</u>	<u>Action/learning material/experience provided</u>	<u>Signature of training completed</u>
B1 Booking – Physical assessment and phlebotomy, forms and requesting			
B2 Booking – information on screening tests for mother and baby			
B3 Booking – Assessment of smoking status and alcohol consumption in pregnancy			
B4 Booking – Exploration of obstetric and medical history and risk assessment of appropriate pathway of care based upon this			
A1 Antenatal schedule of appointments from booking to postdates to include Surveillance of fetal growth and referral process as appropriate			
A2 Blood pressure, urinalysis			
A3 Assessment of fetal movements and fetal heart auscultation			
C1 Ask, Advice, Act implementation of CO screening and referral pathway			
C2 Domestic violence screening support and safety			

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signposting			
C3 Identification of the vulnerable woman and relevant multi-professional and agency involvement required			
C4 Safeguarding services and referral pathways including MASH			
C5 Perinatal Mental health screening in pregnancy and referral and signposting to relevant multi-professional agencies			
C6 Identification of FGM and appropriate referral pathway			
C7 Giving of information on Healthy lifestyle and pregnancy advice			
C8 Smoking cessation, healthy eating, exercise and weight gain in pregnancy, Mental health in pregnancy and maintaining well-being			
C9 Breastfeeding and health benefits to mother and baby as well as getting breastfeeding off to a good start			
C10 Information on place of birth and choices surrounding birth choices			
C11 Provision of antenatal education Classes			
<u>Skill code</u>	<u>Area for development or</u>	<u>Action/learning material/experience provided</u>	<u>Signature of training completed</u>

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	refresh identified		
Understanding of the development, recognition, and management of deviations in pregnancy			
D1 Hypertensive disorders of pregnancy			
D2 Obstetric cholestasis			
D3 Anaemia			
D4 Reduced fetal movements			
D5 infection including urinary tract infection, Group B strep and other Vaginal infections			
D6 management of reduced fetal movements including Commencement and assessment of Antenatal CTG including computerised CTG Dawes Redman			

[Complex antenatal care](#)

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Intrapartum Care

Skill Code	<u>Area for development or refresh identified</u>	<u>Action/learning material/experience provided</u>	<u>Signature of training completed</u>
I1 Intrapartum care of the low-risk labouring woman within a low risk birthing environment within the hospital			
I2 Intrapartum care of the low-risk labouring woman within the home environment			
I3 Intrapartum care of the low-risk woman requesting a water birth			
I4 Assessment and identification of requirement for suturing following birth and suturing skills necessary to repair the perineum			
I5 Assistance in supporting the mother and baby in initiating feeding choice following birth including advice and support on positioning, attachment and baby feeding cues			
I6 Care for woman undergoing IOL and or augmentation within labour			
I7 Care for women whose choose an epidural including assisting insertion			
I8 Care and support for women choosing Remifentanyl PCA in labour			

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I9 Care for the woman requiring continuous CTG including interpretation and assessment			
Up to date in management of PROMPT obstetric emergencies			
Up to date in management of BLS and NLS			

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Postnatal Care

Skill Code	Area for development or refresh identified	Action/learning material/experience provided	Signature of training completed
Postnatal care for mother and baby within the home or hospital environment to include the following			
P1 Immediate PN care following normal birth			
P2 Immediate PN care following operative procedure to include EMCS, ELCS, MROP, operative perineal repair and instrumental delivery			
P3 Monitoring and assessment of feeding progress and completion of BAT and BOAT as appropriate			
P4 Knowledge and ability to assess and implement feeding plans such as reluctant feeder depending upon clinical judgement and assessment of need			
P5 Identification of tongue tie and knowledge of referral processes			
P6 Assessment of neonatal jaundice and referral process for review			
P7 Understanding of importance of thermoregulation for neonate			
P8 Undertaking of postnatal and neonatal check to ascertain well-			

A Clinical Policy for Maternity Staff Training Needs Analysis (TNA)

being and health within the postpartum period			
P9 Ability to impart information on topics such as smoking cessation, SIDS and co-sleeping, breastfeeding advice, and other health interventions in the postpartum period			
P10 Contraceptive advice			
P11 Postnatal screening advice including Newborn blood spot testing			
P12 Discharge process both in hospital and community			
P13 Care of the neonate with additional risk factors requiring further observation			
P14 Recognition and referral of the deteriorating neonate			

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Maternity assessment and triage calls

Skill code	Area for development or refresh identified	Action/learning material/experience provided	Signature of training completed
Undertake triage calls received from community and be able to assess and advise appropriate care and/or signposting for further support to include			
M1 Breastfeeding advice calls			
M2 Early pregnancy complications such as Bleeding and referrals required			
M3 Calls regarding Concerns over maternal and Fetal well-being such as reduced Fetal movements, abdominal pain or SROM			
M4 Identification of need for further review and exploration including Blood tests and investigations for deviations in pregnancy such as Obstetric cholestasis, PET and Diabetes			
M5 Advice calls regarding Intrapartum period including Latent phase			
M6 SROM at term			

Specialist care

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Skill code	<u>Area for development or refresh identified</u>	<u>Action/learning material/experience provided</u>	<u>Signature of training completed</u>
The following cases may require specialist input, ensuring the midwife is confident and comfortable of which multidisciplinary team members to refer patient to and support agencies and information to provide			
S1 Perinatal mental health			
S2 Diabetes			
S3 Maternal medicine – endocrine, cardiac, renal and respiratory disorders			
S4 Previous history of perinatal loss			
S5 Twin pregnancy			
S6 Smoking cessation			
S7 Raised BMI			
S8 Vulnerable women and safeguarding concerns			
S9 Safeguarding referrals and Conference writing reports			
S10 Undertaking of Joint Visit and referral to health visiting team			
S11 Pregnancy and birth choices outside of recommended Guideline and advice			

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Clinical skill sets

Skill code	Area for development or refresh identified	Action/learning material/experience provided	Signature of training completed
CS1 VSACN			
CS2 Suturing			
CS3 Urinary Catheterisation			

Mandatory training

Mandatory training	Date last completed	Next due
PROMPT Obstetric emergencies		
Adult Resus		
Neonatal Resus		
K2 CTG training		
Intelligent intermittent auscultation		

Pumps and devices and systems

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Devises and Pumps	Area for <u>development or refresh identified</u>	<u>Action/learning material/experience provided</u>	<u>Signature of training completed</u>
H1 Frensius IV pump			
H2 Frensius Syringe driver pump			
H3 Epidural Pump and PCA pump			
H4 VSCAN			
H5 Computerised CTG			
H6 Application of FSE			
H7 Blood Gas analyser			
H8 Urilyzer			
H9 Nova Glucometer			
H10 Bilirubin monitor			
H11 Resusitaire and Home Birth neonatal equipment			
H12 Oxygen saturation monitoring for neonate			
H13 CO monitoring device			

IT and systems

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<u>Skill code</u>	<u>Area for development or refresh identified</u>	<u>Action/learning material/experience provided</u>	<u>Signature of training completed</u>
G1 Euroking system for Booking			
G2 Euroking system for antenatal workflows			
G3 Euroking system for Triage, MAU and Telephone contacts			
G4 Euroking system for Intrapartum Care and Birth			
G5 Euroking system for Postnatal care and discharges			
G6 ICE requesting and reporting			
G7 EPMA			
G8 Hospital intranet and guideline access			
G9 Hospital admission Paperwork			

Areas identified as requiring a gradual or experiential up skill

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Gradual up skill	On shift support expected until staff member feels comfortable and confident	Extra resources available	Covered in drop in or Facilitated up-skill day
Care of twin Birth	Y		Covered in SBLv2 study day
Care of Pre-term labour and birth	Y	Upskill package available	Covered in SBLv2 study day
Care for the woman and family experiencing perinatal loss	Y	Upskill packages available	
Women requiring treatment and surveillance for hypertensive disorder within labour including Pre-eclampsia and the PET protocol	Y		PROMPT
Care for the diabetic woman during the intrapartum period	Y	Upskill package in development	
Care for the woman requiring operative intervention such as Caesarean section or instrumental delivery	Y	Upskill package in development	Covered in hospital based upskill day
Identification and management of Pyrexia and sepsis in labour	Y		PROMPT

A Clinical Policy for Maternity Staff Training Needs Analysis (TNA)

Firstly, thank you so much for taking the time to meet and undertake you Individualised Training needs analysis. Please Find included the resource List and signposting for the areas you have identified for further support and information for self-directed learning.

Module Heading	Self – Directed Resources

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From discussions we have identified you would like to undertake the following supernumerary shifts to help with upskilling

Supernumerary shift location	Number of shifts	Date	Buddy arranged	PDM support

As part of

Team we will look to hold two team days of training, depending upon the area of focus need you may attend the Hospital focussed up skill day or community or a blend of both halves.

Team Day	AM	PM
Day one	Organisational development, PDM and PMA day	Organisational development, PDM and PMA day
Day Two	Community based Upskill	Community Based upskill
Day Three	Hospital based upskill	Hospital Based Upskill
Optional drop- in	Pumps devices and Barcodes	

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Finally, I will contact yourself to meet again prior to the team launch. We will aim to meet with you and your team leader to sign off your competency package and ascertain whether you feel sufficiently prepared and supported. If you feel you would like a PMA presence for any meetings and reviews, they are more than happy to assist and support.

Please feel free to contact myself for any additional training needs or support at any point.

Phillipa.noble@nnuh.nhs.uk, [07766313312](tel:07766313312)

A Clinical Policy for Maternity Staff Training Needs Analysis (TNA)

Following completion of this TNA package it is expected that you have completed the relevant and expected Training packages and up skill sessions. Where additional learning needs have been identified and/or confidence has not been met further discussion and planning and support will need to be planned and implemented alongside the Team leader, line manager and PDM, PMA support.

Line manager and PDM	Dat
Next review	

