

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

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6	10/11/2023	Rebecca Goodenough	Non-attendance and non compliance process Update to the training needs analysis Addition of Core competency framework

### Previous Titles for this Document:

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Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

### Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

### Consultation

The following were consulted during the development of this document:

Practice Development Midwives  
Consultant Obstetrician  
Divisional Midwifery Director and Deputy  
Mandatory Training Department

### Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

### Relationship of this document to other procedural documents

This document is a policy applicable to Norfolk and Norwich University Trust; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

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## 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. **See Section 4** for individual Mandatory Training Requirements. **See Appendix 2** for Flowchart of Mandatory Training Non-Completion Process.

## 1. Introduction

### 1.1. 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 National Maternity Review Better Births Report (2016) recommends that those who work together should train together, further supported from the findings of The Morecambe Bay Report (2015) and The Ockenden Report (2020). 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. National drivers are imbedded within the training, including the Saving Babies Lives care bundle developed by Each Baby Counts and the in-depth training in the Core Competency Framework (CCF) as set out by NHS England. Comprised of 6 core modules – identified through analysis of reports and recommendations into maternity service. All of the training has been individually planned with individual Specialist Midwives, specialist areas and Consultant Obstetricians as required.

The NMC Code (2018) sets out common standards of conduct and behaviour for those on our register. This commitment to professional standards is fundamental to being part of a profession and includes keeping up to date on required training to ensure they can practice effectively in line with best available evidence. To maintain safety for staff, the women and their families, and the public, staff are expected to attend a series of training and development sessions and updates throughout the year including the Practical Obstetric Multi-Professional Training (PROMPT). Non-compliance can impact upon their skills and knowledge, and consequently errors could be made. The NHS Resolution Maternity Incentive Scheme Safety Standard 8 requires Trust's to achieve an attendance rate in areas of training of at least 90%. Non-compliance may also see the staff member in breach of their contract of employment and of the NMC Code. This procedure is to have a standardised response to non-compliance with mandatory training within maternity services, outlining the expectations of the staff member, management, and training facilitators; the support provisions in place for staff; and any consequences for repetitive non-compliance.

### 1.2. Objective

The objective of this policy is to outline 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.

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

- Classroom based – Trainer led
- Workshops - Trainer led
- E-learning- Usually through ESR
- Simulation training

The aim of the NNUH is to achieve an attendance rate of at least 90% (excluding staff on long term sickness and maternity leave) for many core aspects of maternity training. The multi-disciplinary maternity staff group at the Practical Obstetric Multi-Professional Training (PROMPT) includes midwives, MCAs, obstetricians and anaesthetists. 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.

Through implementing the non-compliance procedure, the Maternity Services Department within the Trust will manage the non-completion of mandatory training within maternity services with a standard approach and improve compliance and safeguard the welfare of staff, patients and public.

### 1.3. Scope

This policy applies to all staff who work in a clinical role within maternity services and includes Midwives, Maternity Care Assistants, Obstetricians and Obstetric Anaesthetists. For obstetricians and anaesthetists, this relates to MDT training only and not Trust specific mandatory training.

For the purpose of this policy the following definitions will apply:

*Trust Staff* – All staff directly employed under a contract of employment with the organisation and medical staff in training.

*Temporary staff* – Temporary staff are workers supplied by one organisation (locum / staffing agency) for the temporary use of another organisation. Temporary staff are the employees of the supplying organisation.

*Bank* (Trust staff) and *agency* (temporary) staff and those on honorary contracts are also covered by this policy but managed by their separate departments.

### 1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
NNUHFT	The Norfolk and Norwich University Hospital NHS Foundation Trust

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MCA	Midwifery Care Assistant
MDT	Multi-Disciplinary Team
ESR	Electronic Staff Record
CCF	Core Competency Framework
Staff	Trust Employees
L&D	Learning and Development Team
HRBP	Human Resources Business Partner
PGME	Post Graduate Medical Education
DNA	Did Not Attend
IAT	Inter Authority Transfer
PDM	Practice Development Midwife
CSTF	Core skills training Framework
CQC	Care Quality Commission
LMNS	Local Maternity and Neonatal System
MCA	Maternity care Assistant
PROMPT	Practical Obstetric Multi-Professional Training
MDT	Multi-Disciplinary Team
Alertive	Text messaging System
PMA	Professional Midwifery Advocate

### 2. Responsibilities

This policy conforms to the Trust's PRIDE values of being people focussed and respectful, acting with integrity, being dedicated and working with excellence.

#### 2.1 Staff member

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

- Comply with mandatory training requirements as identified in this policy and those identified locally in maternity.
- Identify when updating is required.
- Give priority to mandatory training and make every effort to attend training sessions arranged for this purpose.
- Recognise that Maternity Mandatory Training, PROMPT and Saving Babies Lives' are rostered and therefore part of contracted hours and attend as you would a clinical shift.
- Alert their line manager and the training provider if they are unable to attend and rebook *as soon as reasonably possible*. To follow usual procedure for sickness by calling the Manager of the Day via the Alertive system
- Rebook any missed training *within 8 weeks*.
- Sign the attendance record for the session/programme where needed.
- Maintain a record of their mandatory training for the purposes of appraisal and revalidation.
- Apply the learning to their area of work/role.

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### **2.2 Line Manager/Team Leader**

Ensures that staff are encouraged to complete their mandatory training.

- Allocate time for staff to complete their mandatory training. If unable to allocate time due to staffing shortfall, this should be escalated to the appropriate matron. The mandatory training must then be rescheduled at the next earliest opportunity.
- Team leaders will be informed of any non-attendance at training and will ensure attendance at the next available session.
- Monitor the mandatory training competency by using Mandatory Training Reports available via the Information Services Report Portal (Power BI) and/or the workforce information analyst.
- Line Managers are required to review individual mandatory training compliance during appraisals and ensure their staff are compliant with the identified mandatory training requirements specific to the role being undertaken, as per Staff Mandatory Training Policy (Trust ID 710) <http://trustdocs/ViewDocVersion.aspx?id=710&vid=33>.
- If compliance is not met, incremental pay progression may be withheld. Advice must be sought from the Human Resources Department before any such decision is taken and consideration given to entering other relevant policies e.g. Capability.

### **2.3 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, individual staff training records cannot be updated.
- For virtual sessions, PDM administration support will compile a register of attendees accessing teams. This will be sent to the training department and used to update in the same way.

### **2.4 Practice Development Midwife Team (PDM)**

- Plan and coordinate the education and training sessions for midwives and MCA's and MDT training to include obstetricians and anaesthetists.
- Work in liaison with Risk to identify new training requirements identified through complaints, PALS, incidents and claims.
- They will ensure that midwives and MCA's are rostered to attend the mandatory training on the health e-roster.



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- Follow up non-attendance and recalls (see Appendices) in liaison with staff's line managers.
- Receives monthly reports on the compliance with training and assist in increasing compliance where needed.

The PDM works in liaison with the Professional Midwifery Advocate (PMA) by supporting midwives in their practice and preparedness for midwives by collating general themes for support and offering professional revalidation. All preceptorship midwives are offered one session of Restorative Clinical Supervision in their first year following qualifying.

### **2.5 Presenters, Facilitators and Trainers**

- Ensures the attendance register is signed by each attendee and submits to Mandatory Training Department within 24 hours.
- Informs Manager of the Day of non-attendees on the day so the welfare check can be done and health roster changed accordingly.
- They must ensure training sessions are available for staff and report urgently any shortfall in provision to the maternity directorate meeting.
- 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 (when available) will compile a register of attendees accessing Teams. This will be sent to the mandatory training department and used to update in the same way.

### **2.6 Team leaders/ward managers**

- Ensure 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.
- Ensures that staff are allocated time to attend mandatory training for both face-to-face and virtual learning.
- Ensure 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.
- Consider a 1:1 at all phases of non-attendance.

### **2.7 Maternity Matrons/Divisional Midwifery Director**

- Ensures sufficient resources are in place to support mandatory training and that workforce planning is in place to enable staff to be released.
- Review service level performance against mandatory training compliance and ensure responsibility for attendance at required courses is cascaded through their management lines.
- Ensures effective Communication of relevant policy and procedures effectively with teams to ensure compliance and proper processes are in place.

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### 2.8 Mandatory Training Department

- Record attendance and updates the individual's training matrix on Electronic Staff Record (ESR).
- Provide relevant reports to divisional leadership and Services leads in order to track attendance at relevant courses.
- The Mandatory training department are responsible for providing managers with regular reports on compliance.

### 2.9 Workforce & HR Business Partnering Team

- Ensure mandatory training key performance is highlighted to the Divisional Leadership team.
- Support managers to follow-up on repeated non-compliance and/or non-attendance where formal Trust policy may need to be invoked.

## 3. Policy process to be followed

### 3.1 Mandatory training

Maternity staff must complete the training as set out in the maternity staff training guide **see section 4**. Maternity Specific Mandatory training days are planned by the PDMs in line with learning from local incidences, Trust guidance (Staff Mandatory Training Policy [Trustdocs Id: 710](#)) and the national recommendations. **See appendix 1** for an example of the Mandatory Training programme and invite for 2024.

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

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/DOM and the databases amended accordingly.

### 3.2 PROMPT - Multi-professional Maternity Emergencies Training Day

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 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 consider 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 appendix 2** for an example of the PROMPT programme and invite for 2024.

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The programme is interwoven with Human Factors training led by faculty members who have received Human Factors training. 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 Saving Babies Lives Care Bundle (v3)**

The elements of the care bundle are covered within the training offered at the NNUH. There is a specific Saving Babies Lives study programme via ESR alongside local learning and consolidation of each SBL element during PROMPT and a separate fetal monitoring study day. This plans to be face to face with contingency to be virtual if required.

- 1. Reducing smoking in pregnancy**
- 2. Risk assessment and surveillance for growth restriction**
- 3. Raising awareness of reduced fetal movements** – covered in fetal monitoring study day
- 4. Fetal monitoring in labour** – all elements covered in fetal monitoring study day. This day included an online fetal monitoring assessments with a pass mark of 85%. If a staff member does not pass the assessment, the following process will be implemented:
  - Sit with fetal monitoring lead obstetrician or midwife (depending on the staff member's job role) to debrief incorrect answers
  - Retake the test for a 2<sup>nd</sup> time
  - If the staff member fail's again, a further one-to-one teaching session on fetal monitoring with appropriate fetal monitoring lead
  - Retake the test for a 3<sup>rd</sup> time
  - If the staff member still doesn't pass, a formal meeting with the line manager and fetal monitoring lead to agree a safe area of working until there is evidence of improved knowledge of fetal monitoring in labour. There will be an extended action plan to improve the individual's learning.
- 5. Reducing Preterm Birth** – The importance and timing of PReCept and Corticosteroids within the local consolidation.
- 6. Diabetes in Pregnancy** – training to include care of a diabetic woman in labour, identification of actions to take and the local referral pathways.

### **3.4 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. 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. All midwives and MCAs are required to complete a 2-day BFI accredited Infant feeding course. Ongoing training is a mandatory update annually plus a 1-day BFI mandatory training triennially.

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The infant feeding team provide all the infant feeding training, provide practical skills reviews, 1:1 audits and practical support. They will maintain a database to monitor attendance and is updated on ESR by the Mandatory Training team.

### 3.5 COVID-19 adaptation of training

From April 2020, certain restrictions came into place due to COVID-19 social distancing. Online training was identified by specialities and the PDM team compiled an online training platform using various resources. The Adult and Maternal and Neonatal Life Support training remained face-to-face with effective COVID risk assessments. Through staff feedback, we are continuing some of the dynamic varied approach with our training in 2023, with the two separate face-to-face study days and a live TEAMS session for the midwifery specific training day.

### 3.6 NON-COMPLETION OF MANDATORY TRAINING

For any individuals who are not at least 90% compliant with their Trust Mandatory Training, or who do not attend their Maternity Specific Mandatory Training or PROMPT, the individual's line manager, maternity matron and staff member will receive a letter via email from PDM department. The line manager should consider a 1:1 at all phases of non-attendance.

**Standard Green letter response: 1<sup>st</sup> episode** Appropriately reported sickness episode / extenuating circumstances

**Amber response: 1<sup>st</sup> Non-attendance**

**Red response: 2<sup>nd</sup> Non-attendance**

**See Appendix 2** for Mandatory Training and Compliance Flowchart

The staff member will be required to manage & complete any expired e-learning within 4 weeks and attend the missed maternity specific Mandatory training study within 8 weeks. The staff member needs to escalate any issues to their line manager. After a stage of long-term sickness resulting in significant non-compliance, the line manager will ensure training is prioritised during the month of return to practice.

If a staff member reaches a **red** response this is escalated to the Divisional Midwifery Director and a 1:1 meeting is arranged with the Maternity Matron. An individualised decision is then made with consideration given as to whether the Capability Policy (Trust ID 694) <http://trustdocs/Doc.aspx?id=694> and subsequently the Misconduct Policy (Trust ID 15355) <http://trustdocs/Doc.aspx?id=15355> should be actioned and followed. The individual may not be able to work until the mandatory compliance is reached. In most severe cases, the disciplinary action could lead to dismissal. Advice should be sort from the Human Resources Department before any such decision is taken, as per Staff Mandatory Training Policy (Trust ID 710) <http://trustdocs/ViewDocVersion.aspx?id=710&vid=33>.

If the new starter does not complete their mandatory training within the orientation period, they will receive an amber response. If they do not complete their training within the timeframes specified in the letter this will be escalated to HR Business Partner and Maternity Matrons who will instigate the appropriate action, as described above.

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### 3.6.1 Consequences of non-completion

The mandatory training department monitors the Trust compliance and prepares the briefing for the Board on a monthly basis. In addition, for Maternity Specific Multi-Disciplinary Mandatory Training the compliance data is required to be reported and ratified by the Local Maternity and Neonatal System (LMNS) Trust Board.

Line managers monitor and address non-compliance. Where a manager is failing to address non-compliance, Maternity Matrons must provide direction and support to resolve the issues. If the non-compliance is not addressed on more than 3 occasions, the Divisional Midwifery Director may need to invoke disciplinary proceedings as per the Capability Policy (Trust ID 694) <http://trustdocs/Doc.aspx?id=694>

### 3.6.2 Changes to Attendance

Every effort has been made to roster staff within their compliance period and where possible all training is completed within the same month. Staff members should not routinely request a change in training date. Any requests of change should be made with as much notice as possible, and in discussion with their line manager/matron. Training should be prioritised over last-minute annual leave requests where training has originally been arranged and rostered. Changes must be made by the Line Manager with the training provider and not made by the staff directly.

Short notice and/or 'DNA' on the day will trigger the non-completion process, as referred to in the flow diagram (**Appendix 2**).

Occasionally training changes may be unavoidable due to unforeseen rostering challenges, however, should only be used where no alternative is available and kept to a minimum, to ensure that the organisation supports proper training compliance. Matrons must make this decision and inform the training facilitator/PDM team of any changes effecting training as soon as possible.

#### 4. Individual Mandatory Training Requirements

Training Course	Course Aimed At	To Be Updated	New Staff	Existing Staff	E-Learning Accessed /Comments
Induction Corporate/ Medical	All Staff	One Off	Virtual/Distance Learning	N/A	
Maternal and adult resus	All Clinical and Medical Staff	Annual	Classroom / Workshop	Classroom and E-learning	ESR 234 Resuscitation Adult eAssessment – Level 2 for registered staff AND Completed on Mandatory Training / PROMPT
Neonatal Resus	Midwives, MCA's and Medical Staff	Annual	Classroom / Workshop	Classroom	Completed on Mandatory Training / PROMPT
Safeguarding Children and Adult Level 3	All staff	Triennial	Classroom	Classroom / E-learning	Book using the online Mandatory Training
<b>PROMPT Obstetric Emergencies</b> obstetric emergencies, human factors, local updates	All Midwives, MCAs and medical staff.	Annual	Classroom	Classroom / E-learning	Annual PROMPT
<b>Saving Babies Lives Package</b> (incl. smoking, growth restriction, reduced fetal movements, Fetal monitoring, reducing Preterm Birth, diabetes in pregnancy)	<i>Midwives and Obstetricians</i>	Annual	E-learning	E-learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 000: Saving Babies Lives AND local learning updates within PROMPT
<b>Fetal Monitoring Study Day</b> Includes CTG interpretation, physiology, IA	<i>Midwives and Medical Staff</i>	Annual	Classroom	classroom	Fetal Monitoring Study Day
Information Governance	<i>All Staff</i>	Annual	E-Learning Introduction	E-learning Refresher	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 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	E-learning Refresher	<a href="http://intranet/ESR/">http://intranet/ESR/</a> - 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	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 234: PREVENT awareness level 3

Manual Handling (Patient Contact)	<i>All Staff</i>	Biennial	Classroom/ Workshop	Classroom/ Workshop	Completed on Mandatory Training or booked separately via trust ESR
Mental Capacity Act/ Deprivation of Liberty Safeguard (MCA/DoLS) Level 2/3	<i>All staff</i>	Triennial	Classroom/ E-Learning	Classroom/ E-Learning	Completed on Safeguarding training <b>or</b> <a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 Mental Capacity Act and Deprivation of Liberty Safeguards eLearning
Aseptic non touch techniques	<i>Midwives and MCA's</i>	Biennial	E learning	E-learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 ANTT - Aseptic Non Touch Technique
Health and Safety	<i>All Staff</i>	Triennial	Classroom	E-Learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 Health and Safety Clinical
Equality and Diversity and Human Rights	<i>All Staff</i>	Triennial	E-learning	E-learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 Equality and Diversity and Human Rights Level 1
Fire Safety	<i>All Staff</i>	Annual	Classroom	E-Learning/ classroom	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 Fire Safety Training
Measuring and fitting of Anti-embolism stockings (VTE)*	<i>Midwives and MCA's</i>	One Off	Department/ Ward Based	Ward Based/ E-learning	Ward based 234 VTE - Venous Thromboembolism Prevention (e-Learning)
Respect training	<i>All staff</i>	One off	E- Learning	E-Learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 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	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 Health Record Keeping eLearning
Breastfeeding management (Unicef BFI)	<i>Midwives and MCA's</i>	Triennial	Classroom BFI 2-day	Classroom 1 day	Infant feeding team / E-Learning
Infant Feeding Update	<i>Midwives and MCA's</i>	Annual	Classroom BFI 2-day	Classroom 1 day	Completed on Mandatory Training
Venous Thromboembolism (VTE)	<i>Midwives and Junior Drs</i>	Biennial	E-learning	E-learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 VTE – Venous Thromboembolism Prevention
Blood Transfusion competency assessment	<i>Midwives</i>	triennial	E learning	Ward based	Ward based assessment
Blood Transfusion core	<i>Midwives and</i>	Biennial	Classroom	E-Learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a>

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Safe Use of Insulin	<i>Midwives and Medical staff</i>	Biennial	E-learning	E-learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> ESR 000 Safe use of Insulin
Hypoglycaemia Update	<i>Midwives and NICU doctors</i>	Triennial	E-learning	E-learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> - 234 Hypoglycaemia Update eLearning Management Of Term Newborn Babies With Hypoglycaemia
Perinatal Mental Health	<i>Midwives</i>	Triennial	Classroom	Classroom	Completed on Mandatory Training
NIPE update	<i>For Midwife NIPE examiners</i>	Biennial	E-learning/ Classroom	E-learning / classroom	Classroom or 234 NIPE – Newborn and infant Physical Examination Update
Mentor “Education” Update	<i>Midwives</i>	Annual	Classroom/ E-learning	Classroom	Completed on Mandatory Training
IR(ME)R for non-medical referrers	<i>For all midwives referring for USS</i>	Triennial	E-learning	E-learning	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 Radiation Protection and IR(ME)R Training for Non-Medical Referrers
Medicines Management	<i>Midwives</i>	Biennial	Classroom	E-Learning/ Classroom	Face-to-face or ESR <a href="http://intranet/ESR/">http://intranet/ESR/</a> 234 Midwives Medicines Management Registered Midwives
Display Screen Equipment (DSE)	<i>Specifically identified staff</i>	Biennial	E-learning Introduction	E-learning Refresher	<a href="http://intranet/ESR/">http://intranet/ESR/</a> 000 Display Screen Equipment Information and Training–



## 5. Related Documents

NNUH Staff Mandatory Training Policy [Trustdocs Id: 710](#)

Guidelines for Clinical Skills [Trustdocs Id: 1606](#)

Trust Capability Policy (Trust ID 694) <http://trustdocs/Doc.aspx?id=694>

Staff Mandatory Training Policy (Trust ID 710)  
<http://trustdocs/ViewDocVersion.aspx?id=710&vid=33>

Misconduct Policy (Trust ID 15355) <http://trustdocs/Doc.aspx?id=15355>

James Paget University Hospitals NHS Foundation Trust  
INDUCTION NON-COMPLETION PROCEDURE Ref: POL/TWD/JK080621/01

Standard Operating Procedure (SOP) for Midwifery Manager of the Day  
<https://webapps.nnuh.nhs.uk/TrustDocs/Doc.aspx?id=17730>

## 6 References

Core Skills Training Framework (CSTF)  
[Core Skills Training Framework - Skills for Health](#)

CQC Fundamental Standards  
[The fundamental standards - Care Quality Commission \(cqc.org.uk\)](http://www.cqc.org.uk)

Department of Health and Social Care (2016) Safer maternity care: next steps towards the national maternity ambition  
<https://www.gov.uk/government/publications/safer-maternity-care>

MBRRACE-UK Perinatal Mortality Surveillance: Report for births in 2021  
<https://www.npeu.ox.ac.uk/mbrrace-uk/reports>

NHS England (2023) Core Competency Framework version 2  
<https://www.england.nhs.uk/long-read/core-competency-framework-v2-minimum-standards-and-stretch-targets/>

NHS England (2016) The National Maternity Review  
<https://www.england.nhs.uk/mat-transformation/implementing-better-births/mat-review/>

NHS Resolution Maternity Incentive Safety Action 8  
[Maternity incentive scheme - NHS Resolution](#)

Nursing & Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: Nursing & Midwifery Council [The Code \(nmc.org.uk\)](http://www.nmc.org.uk)

Saving babies' lives (2023) NHS England Saving babies' lives version three: a care bundle for reducing perinatal mortality

<https://www.england.nhs.uk/long-read/saving-babies-lives-version-3/>

Unicef Baby Friendly standards

[www.england.nhs.uk/ourwork/futurenhs/mat-review](http://www.england.nhs.uk/ourwork/futurenhs/mat-review)

## 7 Monitoring Compliance / Audit of the process

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Maternity Compliance >90%	Monthly ESR maternity reports sent to PDM team and databases updated after all training days	Mandatory Training Department and PDM team	Maternity Evidence Group	Quarterly

## Appendix 1a – Example of invite to Maternity training day

Dear midwifery colleague,

***You are invited, rostered, and expected to attend  
Maternity Mandatory Training.***

Date: **DATE**

Time: **08:15-16:00**

Location: **TEAMS online**

**TEAMS** is linked directly with your Microsoft outlook work account. You should receive an online TEAMS invite – please accept and you will get a reminder to join online. We would like this training day to be as ***interactive as possible***. To add to the discussions, please either unmute, raise your hand or type within the chat comments. To mark your attendance, it is expected to have cameras on and/ or joining in discussions regularly and will be monitored. Anyone who is struggling with IT, please use the library and ensure you bring your own headphones.

You should have been rostered allocated time to attend. You will have been sent some pre-reading for some local NNUH updates to read before your attendance. Group sizes have been allocated carefully and non-attendance will affect your compliance significantly, so please do not change dates without prior discussion with your line manager and they will subsequently inform the PDM team. Completion of training is essential as it demonstrates that staff are trained to provide good quality, safe care to both mothers and babies. If you are unable to attend on the day, ***please contact the Manager on Alertive*** 07867298950 in the usual way.

<b>Time</b>	<b>Session</b>	<b>Speakers</b>
08:15-09:00	<b>Registration &amp; New implementations</b>	PDM Team
09:00-09:30	<b>Risk, Governance &amp; Record Keeping</b>	Risk Team
09:30-10:00	<b>Trauma informed care</b>	Lotus Team
10:00-10:45	<b>Infant Feeding</b>	IF Team
10:45-11:00	<b>Break</b>	
11:00-11:30	<b>Digital Health Updates</b>	Digital Maternity
11:30-12:30	<b>Education update</b>	UEA & UoS
12:30-13:00	<b>Lunch</b>	
13:00-14:30	<b>Personalised Care, equality, and diversity</b>	PMH Skylark Team & speakers
14:30-14:50	<b>Pelvic floor</b>	Jenna Sweeny
	<b>Close</b>	PDM team
15:00-16:00	<b>Safeguarding</b>	Safeguarding Team
	<b>Medicines management</b>	ESR

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	Screening / Anaesthetic updates	Pre-reading presentations
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**\*3 hours'** time in lieu as they expire to ensure *100% compliance* with mandatory training.

Best wishes,

*The PDM Team*

Norfolk and Norwich University Hospital, PDM Tel: 01603 286028

## Appendix 1b - Example of Invite to Multi-professional Maternity Emergencies Training Day

Dear colleague,

You are invited to your yearly PROMPT Multi-professional Maternity Emergencies Training Day.

Date: **DATE**

Time: **0830-1630**

Location: **The SIMS suite, Centrum Building**. Norwich Research Park. This is a short 10 min walk from the NNUH. *Parking is not available at the Centrum building.*

### Pre reading

You have been sent and allocated pre reading time of all the **obstetric emergency training and the adult and Neonatal Resus key points presentations**. These are in line with up-to-date PROMPT, Resus council and NNUH specific guidance and will refresh you prior to attending the face-to-face training day.

### Saving Babies Lives (SBL)

You will receive national training for SBL via your ESR learning with further local learning consolidation during this multi-professional PROMPT Day, *plus* another full training day for fetal monitoring. Please look out for a separate email with further SBL details.

You should have been rostered allocated time to attend. Group sizes have been allocated carefully and non-attendance will affect your compliance significantly, so please do not change dates without prior discussion with your line manager and they will subsequently inform the PDM team. Completion of training is essential as it demonstrates that staff are trained to provide good quality, safe care to both mothers and babies. If you are unable to attend on the day, ***please contact the Manager on Alertive*** 07867298950 in the usual way.

Please see the timetable below.

08:30 – 08:45	Introduction	
08:45 – 09:45	MDT Discussion SBL consolidation, out of care Guideline, case study	
09:45 – 10:30	Human Factors	
	Team A	Team B
10:30 – 11:00	Break	Breech demonstration & Shoulder dystocia
11:00 – 11:30	Scenario	Break
11:30 – 12:00		Maternal collapse
12:00 – 12:30	Maternal collapse	Scenario
12:30 – 13:00	Breech presentation & Shoulder Dystocia	
Lunch		
	Team A	Team B
13:45-14:30	NLS	Maternal Resus
14:30- 15:15	Maternal Resus	NLS
15:15-15:30	Debrief and feedback	
15:30-16:30	Moving and handling	

Author: Rebecca Goodenough, Practice Development Midwife

Approval Date: June 2024

Ref: 8649

Next Review: June 2027

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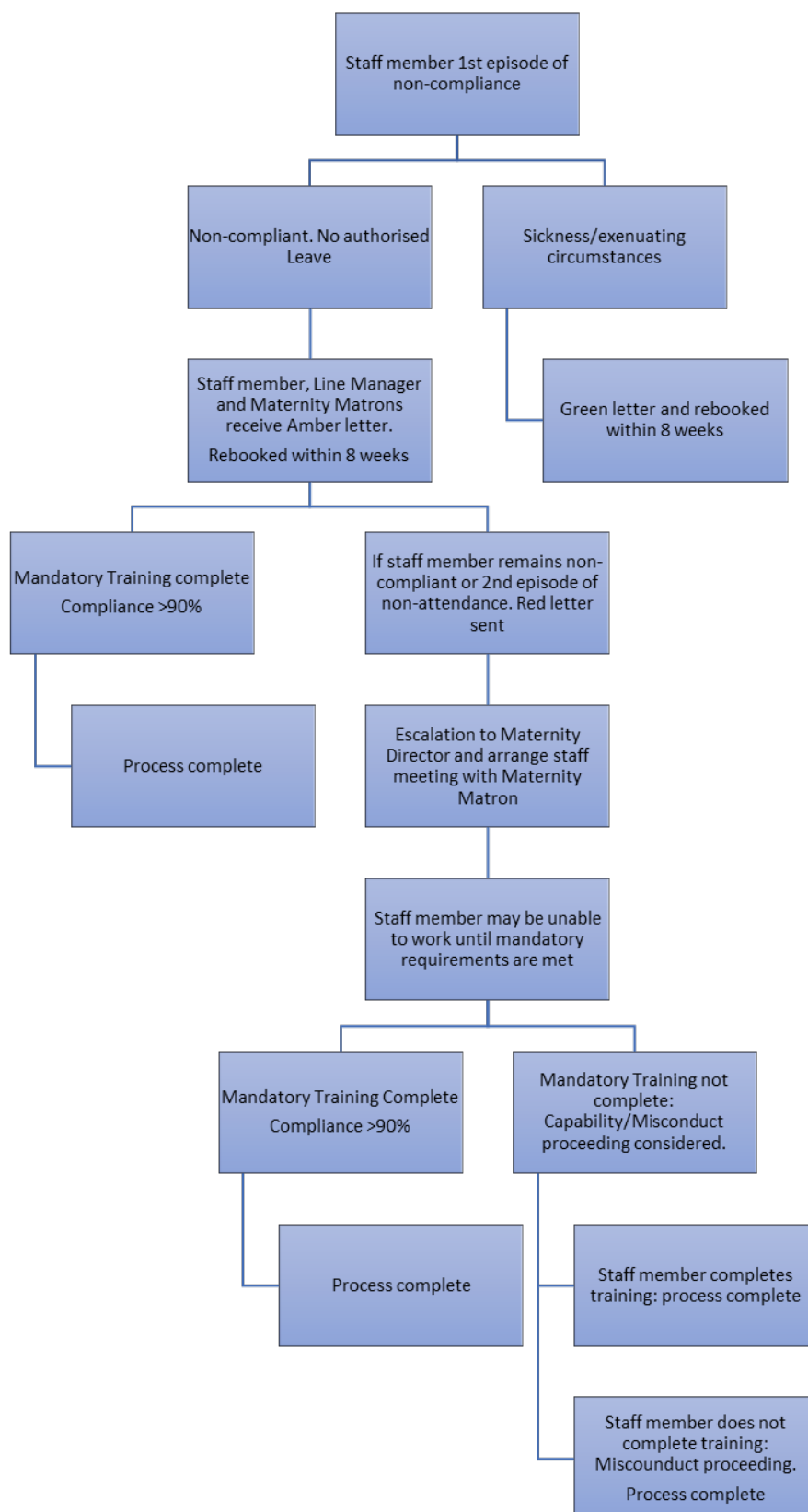
We look forward to seeing you soon.

Best wishes,

*The PDM Team*

Norfolk and Norwich University Hospital, PDM Tel: 01603 286028

## Appendix 2 – Flowchart of Mandatory Training Non-Completion Process



Dear (Name),

**Non-Attendance of Training**  
(Mandatory Training/ PROMPT/ SBL/ Infant feeding)

According to our records, you were not able to attend mandatory training specified for your role on **DATE** due to sickness/extenuating circumstances. We have therefore booked and rostered you onto the next available training date on **DATE**. This new training date should be prioritised and completed within 8 weeks as per our Policy for Maternity Staff Training.

As a gentle reminder, completion of training is essential as it demonstrates that staff are trained to provide good quality, safe care to both mothers and babies. Up to date Training is part of your professional statutory responsibility as a NMC registrant and the NNUH trust employment requirement, with a target expectation of 100%. If your compliance is particularly low, bank shifts maybe restricted until this training is completed.

You can check your compliance and complete many other training items on ESR. If you have any issues accessing the system please email [esrsystemadmin@nnuh.nhs.uk](mailto:esrsystemadmin@nnuh.nhs.uk) or any other ESR training issues please email [train.mandatory@nnuh.nhs.uk](mailto:train.mandatory@nnuh.nhs.uk).

If you have any issues with completions or require reasonable adjustments, please let us know and we will try to support you the best we can. If you struggle to access ESR or need access to PC, you can use the library where assistance can be given (please bring headphones). Please inform the PDM team prior to your training if this is required.

Yours sincerely,

*Maternity Senior Leaders &  
Practice Development Team*

Norfolk and Norwich University Hospital, Colney Lane, Norwich. NR4 7UY



Dear (Name),

## 1<sup>st</sup> Episode of Non-Attendance of Training

(Mandatory Training/ PROMPT/ SBL/ Infant feeding)

According to our records, you have not completed the mandatory training specified for your role on DATE. We have therefore booked and rostered you onto the next available training date on DATE within 8 weeks as per our Policy for Maternity Staff Training.

Completion of training is essential as it demonstrates that staff are trained to provide good quality, safe care to both mothers and babies. Up to date Training is part of your professional statutory responsibility as a NMC registrant and the NNUH trust employment requirement, with a target expectation of 100%.

There maybe extenuating circumstances to your non-attendance that we are unaware of so please be aware there are many avenues of support. Your Line Manager and Maternity Matron are aware of the non-attendance and will request a 1:1 meeting with you. We encourage you to discuss any needs with them please and please remember that the PMA team are always available (tel ext 7428).

Mandatory training *must be prioritised* over other development and CPD activities and you are provided with protected time on Health Roster to do it (or payment via bank for bank staff members). Consequences of low compliance and non-attendance may include:

- Restrictions on bank shifts until training is completed
- Not being eligible for non-mandatory training or study leave (including conferences and events).
- Deferred pay increment as a result of an unsatisfactory appraisal outcome.
- Non-receipt of Clinical Excellence awards if not compliant with mandatory training.
- Instigation of the trust Capability Procedure

You can check your compliance and complete many other training items on ESR. If you have any issues accessing the system please email [esrsystemadmin@nnuh.nhs.uk](mailto:esrsystemadmin@nnuh.nhs.uk) or any other ESR training issues please email [train.mandatory@nnuh.nhs.uk](mailto:train.mandatory@nnuh.nhs.uk).

If you have any issues with completions or require reasonable adjustments, please let us know and we will try to support you the best we can. If you need access to a PC, you can use the library where assistance can be given (please bring headphones). Please inform the PDM team prior to your training if this is required.

Yours sincerely,

*Maternity Senior Leaders &  
Practice Development Team*

Norfolk and Norwich University Hospital, Colney Lane, Norwich. NR4 7UY

Dear (Name),

## 2<sup>nd</sup> Episode of Non-Attendance of Training

(Mandatory Training/ PROMPT/ SBL/ Infant feeding)

According to our records, you have not completed the mandatory training specified for your role on **DATE**. We have therefore booked and rostered you onto the next available training date on **DATE** within 8 weeks as per our Policy for Maternity Staff Training.

Completion of training is essential as it demonstrates that staff are trained to provide good quality, safe care to both mothers and babies. Up to date Training is part of your professional statutory responsibility as a NMC registrant and the NNUH trust employment requirement, with a target expectation of 100%.

There may be extenuating circumstances to your non-attendance that we are unaware of so please be aware there are many avenues of support. Your Line Manager, Maternity Matron and Divisional Midwifery Director are aware of the non-attendance and one of the leadership team will ask for a 1:1 with you. We encourage you to discuss any support needs with them please and know the PMA team are always available (tel ext 7428).

Mandatory training *must be prioritised* over other development and CPD activities and you are provided with protected time on Health Roster to do it (or payment via bank for bank staff members). Non-attendance for rostered training, in lieu of extenuating circumstances, is a breach of contract. Consequences of low compliance and non-attendance may include:

- Restrictions on bank shifts until training is completed
- Not being eligible for non-mandatory training or study leave (including conferences and events)
- Deferred pay increment as a result of an unsatisfactory appraisal outcome.
- Non-receipt of Clinical Excellence awards if not compliant with mandatory training.
- Instigation of the Trust Capability Procedure

You can check your compliance and complete many other training items on ESR. If you have any issues accessing the system please email [esrsystemadmin@nnuh.nhs.uk](mailto:esrsystemadmin@nnuh.nhs.uk) or any other ESR training issues please email [train.mandatory@nnuh.nhs.uk](mailto:train.mandatory@nnuh.nhs.uk).

If you have any issues with completions or require reasonable adjustments, please let us know and we will try to support you the best we can. If you need access to a PC, you can use the library where assistance can be given (please bring headphones). Please inform the PDM team prior to your training if this is required.

Yours sincerely,

*Maternity Senior Leaders &  
Practice Development Team*

Norfolk and Norwich University Hospital, Colney Lane, Norwich. NR4 7UY

## Appendix 4 – Table of allocated hours

Midwives	<p><b>Trust Mandatory Training</b></p> <p><u>One-off:</u>  <i>Corporate/Clinical Induction</i>  <i>VTE measuring and fitting of stockings</i>  <i>Respect</i>  <i>FIT testing</i></p> <p><u>Annual Updates:</u>  <i>Information Governance</i>  <i>Fire Safety</i></p> <p><u>Biennial Updates:</u>  <i>Infection Prevention and Control</i>  <i>Manual Handling</i>  <i>Aseptic Non-touch Technique</i>  <i>Medicines Management</i>  <i>VTE</i>  <i>Blood Transfusion: Core/ESR</i>  <i>Safe Use of Insulin</i>  <i>NIPE update (NIPE midwives only)</i></p> <p><u>Triennial Updates:</u>  <i>Safeguarding Adults and Children Level 3</i>  <i>MCA/DOLS</i>  <i>PREVENT level 3</i>  <i>Health and Safety</i>  <i>Equality, Diversity and Human Rights</i>  <i>Blood Transfusion: Learn Pro</i>  <i>Hypoglycaemia Update</i>  <i>IM(ME)R for Non-Medical Referrers (USS requests)</i></p> <p><b>Maternity Specific Mandatory Training</b></p> <p>PROMPT, adult and neonatal resuscitation</p> <p>Saving Babies Lives and fetal monitoring</p> <p>Infant Feeding  <i>Triennial update and Practical Skills</i>  <i>Review</i></p>	<p>Time given within non-clinical orientation plan upon commencing employment in the Trust</p> <p>Annual/Biennial/Triennial are part of your contract of employment and compliance is expected to be maintained. Maternity Management have included additional time within the Maternity Mandatory Training Days to ensure this can be completed.</p> <p>10 hours</p> <p>7.5 hours</p> <p>10 hours</p> <p>7.5 hours</p>
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MCAs	<b>Trust Mandatory Training</b> <u>One-off:</u> Corporate/Clinical Induction VTE measuring and fitting of stockings Respect FIT testing  <u>Annual Updates:</u> Information Governance Fire Safety  <u>Biennial Updates:</u> Infection Prevention and Control Manual Handling (within Maternity MT day 2) Aseptic Non-touch Technique Health Record Keeping e-learning  <u>Triennial Updates:</u> Safeguarding Adults and Children Level 3 MCA/DOLS PREVENT level 3 Health and Safety Equality, Diversity and Human Rights	Time given within non-clinical orientation plan  Annual/Biennial/Triennial are part of your contract of employment and compliance is expected to be maintained. Maternity Management have included additional time within the Maternity Mandatory Training Day to ensure this can be completed.
	Maternity Specific Mandatory Training	5 hours
	PROMPT, adult and neonatal resuscitation	7.5 hours
	Infant Feeding Triennial update and Practical Skills Review	7.5 hours
Obstetricians	MDT training only: PROMPT Saving Babies Lives and fetal monitoring	Total 1.5 days of study leave
Anaesthetists	MDT training only: PROMPT	0.5 day study leave

<b>Type of function or policy</b>	Existing
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<b>Division</b>	Women and Children's Services	<b>Department</b>	Maternity
<b>Name of person completing form</b>	Rebecca Goodenough	<b>Date</b>	11/10/2023

<b>Equality Area</b>	<b>Potential Negative Impact</b>	<b>Impact Positive Impact</b>	<b>Which groups are affected</b>	<b>Full Impact Assessment Required YES/NO</b>
Race	No	No	No	No
Pregnancy & Maternity	No	No	No	No
Disability	No	No	No	No
Religion and beliefs	No	No	No	No
Sex	No	No	No	No
Gender reassignment	No	No	No	No
Sexual Orientation	No	No	No	No
Age	No	No	No	No
Marriage & Civil Partnership	No	No	No	No
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>				

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

**IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED**

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.