

**SHREWSBURY AND TELFORD HOSPITAL  
 NHS TRUST**  
**Training guideline**  
**(Includes the Training Needs Analysis as an  
 Appendix)**

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## 1.0 Introduction

1.1 This Training guideline will provide an overview of the training and development for permanent Doctors, Non Permanent Doctors, Midwives, Maternity support workers, Neonatologist, Neonatal Nurses and Anaesthetists who are employed by the Shrewsbury and Telford Maternity Services. It is to be used in conjunction with:

- The Training Needs Analysis (TNA) (Appendix 1)
- The Training Prospectus
- TNA development plan and monitoring report (refer to definition section).

1.2 The above documents provide details of the type, content and expectations of the training, required attendance and targets to be achieved. A monitoring report on the Training Needs Analysis is submitted 6 monthly, to the Maternity Governance group.

1.3 Education and training of all staff is an integral part of the Maternity Governance philosophy in order to safe guard clinical effectiveness, whilst promoting and facilitating professional development. The TNA has been circulated within the clinical area and is also available on Maternity learning zone. This guideline must be read in conjunction with SaTH policy, HR02.

## 2.0 Aim

2.1 To underpin the TNA to ensure that the education and training addresses the maternity services' training needs, and is tailored to organisational objectives and delivered in an effective and cost-efficient manner.

## 3.0 Objectives

3.1 Training will be provided in accordance with this TNA, with the provision of an updated annual TNA development plan and monitoring report / action plan.

3.2 The training prospectus will provide an overview of the type of training available, and the standard and frequency of training expected.

3.3 To monitor the attendance of Midwives, Maternity Support worker, Doctors and Neonatal Nurses through specific training databases.

3.4 To have a system in place for ensuring that the results of audit, learning from incidents, complaints, and claims are incorporated into the TNA.

3.3 To have a system in place for following up those who fail to attend training programmes.

## 4.0 Definitions

- 4.1 **Training Needs Analysis (TNA)**  
A document which identifies the training needs of the department or organisation, to ensure safe and effective operation. It specifies the target group, and the type and level of training required.
- 4.2 **Training prospectus**  
A document which specifies the aims, content, expectations and frequency of the various forms of training provided within this Trust and identifies the options of how to access the training within the organisation.
- 4.3 **TNA development plan and monitoring report / action plan**  
A training development plan, which identifies the training requirements, who must attend, target attendance and actual attendance.
- 4.4 **Identification of statutory and mandatory training**  
The Trust HR02 policy defines statutory training as that which is required under any statutory instrument such as an Act of Parliament or Regulation. Mandatory training is that which is required by the Trust.
- 4.5 **Multi- Disciplinary Training (MDT)**  
These sessions are held bi-monthly and provide education updates on a range of topics for Midwives, Doctors and Anaesthetists to attend.

### Non permanent doctors

Abbreviation	Definition
ST1-2	Senior House Officer
ST3-7	Specialist Registrar (Obstetric SpR.)
ST1-7	Specialist Trainee
VTS	Vocational Training Scheme
FY1-2	Foundation year one ( House Officer)
RCGP E-Portfolio	Royal College of General Practitioners- Electronic Training

### Permanent Doctors

- Consultants
- Associate Specialists,
- Staff Grades

### Maternity Support staff

- Auxiliaries
- HCA
- WSA

## **5.0 Process**

### **5.1 Identification of Statutory and Mandatory Training Needs**

This is identified in the Trust Training Needs Analysis (TNA) and Maternity Local Training Needs Analysis (refer to Appendix 1), which is available on the learning zone of the Intranet. Maternity has a dedicated section, which also contains the TNA (Appendix 1 of this guideline) training prospectus, dates for training and training workshops and meetings.

Midwives, Maternity support workers, Obstetricians and Neonatal Staff are able to access this information and become familiar with the contents, thus promoting compliance.

### **5.2 Provision of statutory and mandatory training**

The development and training department is responsible for establishing an annual training schedule for Corporate Induction and Statutory / Mandatory refresher training. The Lead Midwife for Clinical Education is responsible for co-ordinating Maternity/ Obstetrics training.

### **5.3 Publication of statutory / mandatory training and mandatory Midwifery and Obstetric training**

The Development and training Department publish the Trust course descriptions and schedules to all staff via the Trust learning zone of the intranet, including details of the booking process. The Trust Learning directory contains the course descriptors, the training diary, which list all dates, times and locations. Refer to section 5.1 for details of the maternity prospectus.

### **5.4 Trust Induction**

All Midwives, Doctors, Neonatal staff and Maternity Support workers are required to attend a four and a half day Trust induction program within 3 months of commencing employment (SaTH, HR 02).

### **5.5 Local induction for Midwives**

In addition to the Trust induction program, the Maternity Services provide a local induction which includes the following:

- Security arrangements
- Health and safety
- Governance and risk management
- How to access guidelines and protocols
- Resuscitation procedures
- Emergency numbers and bleep system
- Medication and patient group directions
- Training dates, information and staff development
- Infection control,
- Midwifery supervision
- Maternity information system
- Human resources issues

5.5.1 Each Midwife is given an A4 folder with all the relevant information and individual polices pertaining to the induction and details about statutory and mandatory training and requirements for attendance. It is required that there is written confirmation of the information being cascaded in the form of a signature from the employer and also the inductor. In addition, each Midwife is allocated a Named Supervisor of Midwives who will arrange a meeting within 6 weeks of commencing of post, during this meeting training is discussed and a review is undertaken of current skills and competencies in relation to any updating required

5.5.2 Midwives protected mandatory training  
The Midwifery Services have identified two days for midwifery/ mandatory training for each Midwife and one and a half days Trust mandatory study days for each Midwife.

5.5.3 Midwifery mandatory training meets core elements of the CNST minimum data set

- Midwifery / Obstetric Day 1 covers: Breastfeeding, maternal and newborn screening, Electronic fetal monitoring (EFM) workshop emergency drills,
- Midwifery / Obstetric Day 2 covers: EFM, recovery training recognising a Ill Obstetric patient, neonatal resuscitation, and mental health

5.5.4 Trust Mandatory training  
There is protected time for:

- Child Protection,
- Equality and Diversity
- Conflict resolution
- Adult resuscitation
- Manual handling
- Fire
- Food safety

Refer to details of these in the training prospectus and Trust learning zone for a description and over view of who must attend.

5.6 Local Induction Maternity Support Workers (MSW)  
The maternity Services provide a local induction and the content is similar to that of the midwives (refer to 5.5). In addition, they are required to meet the training elements as defined in the TNA

5.6.1 Trust mandatory training  
Staff are required to complete annual Trust mandatory training: This includes Adult resuscitation (refer to training needs prospectus). In addition, an in-service Maternity Support Workers competency pack has

been developed, which consists of three parts. Only when MSW have completed part one and two are they eligible to undertake part 3 and work in the community setting. There is also the opportunity to undertake National Vocation Qualifications. Those

- 5.7 Neonatal team
- 5.7.1 Local Induction for Neonatal Nurses: Neonatal Nurses receive an induction, which is a similar format to that of the Midwives, refer to 5.3.
- 5.7.2 Neonatal Nurses must attend one Trust mandatory study day a year, which includes some of the CNST minimum data set: neonatal resuscitation and maternal resuscitation, and in addition they are required to attend a newborn feeding workshop. The nature of this speciality requires additional neonatal resuscitation training and sixty four percent of its nurses have specific Neonatal training. In addition, 51% of its nurses and all the Advanced Neonatal practitioners (ANNP) are Neonatal Life Support (NLS) trained.
- 5.8 Neonatal Doctors
- Competencies are assessed by their educational supervisors as per RCPCH guidelines and reviewed during their appraisals (3 appraisals per trainee during their postings). Their e-portfolio provides the evidence for this. Trainees are expected to have NLS before starting or go on the course during their neonatal posting. This information is available to their supervisors.
- ST1-3 and FY2s receive induction training and updates weekly, usually in months 3-6. Assessment of Middle-grades' NLS skills will take place at the induction training with teaching as required.
- 5.8.1 The Clinical Director has overall responsibility for permanent Doctors: Consultant, SAS and Associate specialists and RCPCH College Tutor is the Educational Lead for non-permanent Doctors.
- 5.8.2 Within the department there are:
- Specialist Registrar (Obstetric SpR.)s appointed by the West Midlands Deanery (ST4-7)
  - 3-4 Senior House Officers (SHOs) appointed by the West Midlands Deanery (ST1-3)
  - 1 Foundation Year Doctors who are appointed by the Shropshire and Staffordshire Foundation School (pre-registration FY2).
- 5.8.3 All trainees are required to undertake nationally recognised training either from the RCPCH, or Foundation Programme.
- 5.8.4 All doctors before commencing any work at SaTH Neonatal Unit undergo 1-2 days of departmental induction with the Paediatric department.

This includes:

- Duties and expectations of the post (handbooks are provided, protocols and guidelines are discussed, handover and discharge arrangements are discussed)
- Rota issues including annual leave and sickness leave arrangements
- A tour of the department & meeting of staff
- Training is provided on the use of IT systems – Review sema helix, Digital dictation and Sigma
- Audit
- Risk management and clinical governance
- Tour of the Neonatal unit , paediatric wards , labour ward & postnatal wards
- Familiarisation with equipment, blood gas machine, haemocue & transport incubator ( ST4-7only )
- Safe prescribing
- Consent
- Resuscitaires & emergency drugs. addition a CTG training session is carried out on this day
- NLS assessment & scenarios
- Early recognition of a severely ill baby
- Child protection
- Clinical incident reporting & patient safety
- Introduction to teaching programme

#### 5.8.5 Junior medical staff

The Paediatric Department has a mandatory training programme. All doctors when joining the Trust Corporate Induction. The training programme includes 2 lunchtime one hour meetings. The ST1-3 & FY2 receive weekly protected time training on Wed afternoon. A register of attendance is completed and attendance is confirmed at appraisals.

#### 5.8.6 A handbook is supplied to all junior medical staff with various policies including resuscitation policy, duties & handover policy, risk management strategy and prescribing policy.

#### 5.8.7 The Neonatal & paediatric Educational Supervisors interviews all doctors within 21 days of commencing their post. They all have a portfolio with basic and more advanced competencies that are reviewed and confirmed. Following the initial interview career trainee doctors (ST1-7) have a further appraisal with their Educational Supervisor and meet on at least a 4 monthly basis for formal appraisals. Training is competency based with assessment tools from the Royal College of paediatrics & Child Health (DOPs, mini-CEX, CBDs, eSPRATs, SAIL, SHEFF-PAT) and trainees are required to complete a core curriculum and are assessed annually through the ARCP process by the West Midland School of Paediatrics



5.8.8 Career trainees attend a day release programme in Birmingham Women's Hospital 1 day per month.

5.8.9 FY2 doctors are in the department for 4 months and all have an initial interview. These doctors are included on the acute rota after appropriate training. They are allocated an Educational Supervisor and undergo at least 2 appraisals.

5.8.10 FY2 doctors follow the Foundation Curriculum and are required to complete the Foundation Programme competency-based assessments. Attendance is reviewed during appraisal. FY2 doctors attend a protected teaching programme within the Trust.

- All trainees (other than FY2 doctors) are entitled to up to 30 days of study leave dependent upon individual training requirements.

The clinical lead Neonatologist co-ordinates the appraisals and the training data base and attendance at training are reviewed at the appraisal.

5.8.11 Paediatric & Neonatal Consultants

Paediatric & Neonatal Consultants & Speciality Doctors are appraised annually by the clinical director. Training & CPD is appraised annually by the Clinical Director. They are expected to keep up to date with CPD. Paediatric & Neonatal Consultants & Speciality Doctors involved in neonatal care will need to keep up to date with the areas in the Essential CNST /Trust Training Data Base. This includes new Medical Devices, NLS & Resuscitation update, Child Protection, Patient Safety, Statutory Training, Conflict Resolution. This is recorded in a data -base. This is also to be appraised annually by the Clinical Director.

5.9 Obstetricians

5.9.1 The Clinical Director has overall responsibility for permanent Doctors: Consultant, SAS and Associate specialists and a Consultant Obstetrician who is the clinical tutor for non-permanent Doctors.

5.9.2 Within the department there are:

- Specialist Registrar (Obstetric SpR.)s appointed by the West Midlands Deanery (ST3-7)
- 3 Senior House Officers (SHOs) appointed by the West Midlands Deanery (ST1-2)
- 4 SHOs appointed by the Shropshire GPVTS training scheme.
- 2 Foundation Year Doctors who are appointed by the Shropshire and Staffordshire Foundation School (pre-registration FY1).

5.9.3 All trainees are required to undertake nationally recognised training either from the RCOG, RCGP or Foundation Programme.

5.9.4 All doctors before commencing any work at SaTH maternity Unit undergo 1-2 days of departmental induction with the Obstetrics and Gynaecology Education Lead.

This includes:

- Duties and expectations of the post (handbooks are provided, protocols and guidelines are discussed, handover and discharge arrangements are discussed)
- Rota issues including annual leave and sickness leave arrangements
- A tour of the department & meeting of staff
- Training is provided on the use of IT systems – sema helix, digital dictation and digital discharge summaries and Sigma
- Audit
- Risk management and clinical governance
- Tour of the labour wards, labour ward guidelines & familiarisation with equipment
- Pelvic examination
- Consent
- In addition a CTG training session is carried out on this day
- Maternal & Neonatal resuscitation
- Early recognition of a severely ill pregnant women
- Perineal repair
- Skills drills training
- Maternal Antenatal screening
- Mental health

5.10 Junior medical staff

5.10.1 The Obstetrics & Gynaecology Department has a mandatory training programme. All doctors when joining the Trust Corporate Induction This includes adult resuscitation. CNST minimum data set updates are integrated through out the year's program and are performed at Multi-Disciplinary Training (MDT) training sessions. The agenda are available electronically and a register of attendance is completed and attendance is confirmed at appraisals.

5.10.2 An A4 binder is supplied to all junior medical staff with various policies including resuscitation policy, duties & handover policy, risk management strategy and prescribing policy.

5.10.3 All Specialist trainees (ST1-7) will undergo training in sigma and emergency skills drills prior to commencing work in the department.

5.10.4 The Obstetrics and Gynaecology Education Lead interviews all doctors within 14 days of commencing their post. They all have a portfolio with basic and more advanced competencies that are reviewed and confirmed.

#### 5.11 Career trainees

5.11.1 Career trainees (ST1-7) spend 1-2 years within the department. Following their initial interview career trainee doctors (ST1-7) have a further appraisal with their Educational Supervisor and meet on at least a 4 monthly basis for formal appraisals. Training is competency based with assessment tools from the Royal College of Obstetrics & Gynaecology (OSATs, mini-CEX, CBDs) and trainees are required to complete a core curriculum and are assessed annually through the ARCP process by the West Midland School of Obstetrics & Gynaecology.

5.11.2 Career trainees attend a day release programme in Birmingham Women's Hospital 1 day per month.

#### 5.12 GP trainees

5.12.1 GP trainees are in the department for 6 months and all have an initial appraisal with a midway appraisal and final assessment basic training requirements are confirmed. The RCGP e-Portfolio is reviewed and the RCGP assessment tools for competency-based training are utilised. The February intake have 1 induction day and so are required to attend Midwifery / Obstetric mandatory training day one and two to ensure that they meet all their training requirements.

#### 5.13 FY1, ST6-7, VTS Trainees

5.13.1 FY1 doctors are in the department for 4 months and all have an initial interview. These doctors are not required for service provision and are directly supervised at all times. They work mainly in the gynaecology department. They are allocated an Educational Supervisor and undergo at least 3 appraisals.

5.13.2 FY1 doctors follow the Foundation Curriculum and are required to complete the Foundation Programme competency-based assessments. EFM teaching is carried out on a bi-monthly basis at the MDT perinatal meeting. Attendance is reviewed during appraisal. FY1 doctors attend a protected teaching programme within the Trust.

- All trainees (other than FY1 doctors) are entitled to up to 30 days of study leave dependent upon individual training requirements.
- Senior trainees (ST6-7) undertake advanced training modules (ATSM) from the RCOG.
- VTS trainees attend a ½ day of GP training per week in Shrewsbury or Telford.

## 5.14 Obstetric Consultants

5.14.1 MDT training and audit is scheduled bi monthly and the MDT training includes updates on topical issues and the CNST minimum data set, including resuscitation and emergency drills (refer to TNA training needs prospectus and TNA development plan). Training is appraised annually by the Clinical Director (or in-training assessment). They are expected to have a current Advanced Life Support Registration.

## 5.14.2 The Anaesthetic Department

5.14.3 A Basic Life Support refresher is provided by the Trust for all new trainees as part of their induction. They all have a portfolio with basic and more advanced competencies, which are signed off and recorded.

These include:

- Epidurals and their management
- Managing difficult airways
- Major haemorrhage management
- General/regional anaesthesia for caesarean section
- Resuscitation of the pregnant woman.

5.14.5 The final checking of these competencies is undertaken by the College Tutor and Lead Obstetric Anaesthetist before trainees can go on-call or work in specialist areas for e.g. Obstetrics.

5.14.6 Difficult airway drills are undertaken on an informal basis when time allows and simulated drills in the anaesthetic audit meetings and they are required to participate in "Live drills". Trainees placed on the maternity unit receive informal teaching in Obstetric Anaesthesia.

## 5.15 Quality and relevance of training

5.15.1 The quality and relevance of the sessions are monitored through formal evaluations reviewed by either the Lead Midwife for Clinical Education or the Development and Training Department.

5.15.2 The training facilitators review the content of theory programmes on an annual basis to ensure that it is up to date and remains relevant. Delivery methods are reviewed and amended to ensure an effective delivery method and high quality.

5.15.2 Collectively this ensures a comprehensive approach to audit and monitoring of training within the maternity services.

5.15.3 The Clinical Director, College Tutor and the Lead for Obstetrics and Gynaecology Education and Lead Midwife for Clinical Education have identified the training needs for the permanent Doctors and this is outlined in the training prospectus and discussed at Governance.

#### 5.16 All Staff

5.16.1 It is the responsibility of all staff to attend Statutory and Mandatory training courses as identified in the training prospectus and the TNA (which identifies the training required for each individual group).

5.16.2 Staff will be required:

- To participate in annual appraisal and reviews and Supervisory meetings identify their training needs
- To develop a personal development plan in line with their manager
- To be aware of their own individual needs and to understand how these fit with the organisation
- Accept their personal responsibility for updating
- Keep records of all the training they have done, especially the statutory and mandatory elements
- Provide evidence of training by completion of attendance forms and providing certificates for databases.

#### 5.17 Failure to attend training refer to Appendix 1 page 17-18

5.18 Key roles in reviewing training refer to TNA -Appendix 1

#### Communication of training

5.19 The Lead Midwife for Clinical Education is responsible for communicating the training needs and attendances to the Maternity Governance Group, Medical Director, Senior Midwifery managers and the Head of Midwifery and the Guidelines Midwives. Training is also discussed at the Senior Midwives meetings and the Consultant meetings. This ensures that there is a collaborative approach to professional development and training within the service.

5.20 Promotion of multidisciplinary training

The training prospectus provides detail of training and give a choice of options how to access training, similarly this is also evident in the TNA. Maternity staff are not restricted to one forum for training and can chose to attend any of the types of options available, in order to access an update. This thus promotes Multi disciplinary training. Also the CNST minimum data set training is delivered by Doctors, ANP and Midwives this also promotes a multidisciplinary shared learning.

In the case of skills drills Doctors are booked onto the Midwifery / Obstetric study day so attendance at that session is representative of a multidisciplinary approach. Live emergency drills are conducted monthly

in all of the maternity units and this also enables multidisciplinary learning and team working within the local clinical setting. It is expected that within the Consultant unit that in response to an emergency buzzer used for the live drill that the anaesthetist and a representative from the neonatal team will respond when beeped (providing that it is clinically safe to do so. The lead Midwife for Clinical education co-ordinates the process and these drills are delivered by identified emergency skill drills facilitators, who liaise with her and are responsible for forwarding a copy of the skills Proforma.

The scheduled monthly skills drills concentrate on obstetric emergencies with emphasize on the learning of particular emergency obstetric skills. It would be inappropriate to divert the focus away from this as in the case of resuscitation of the neonate, as there would be less opportunity for individuals to practice certain manoeuvres, and the live drills are used as the forum for multidisciplinary learning, concentrating on 1-2 drills at a time.

How training will be delivered

The content and method of delivery for emergency drills is specified in the maternity services training prospectus and also the drill facilitators training pack. This ensures a standardised approach to the delivery of emergency drills and similarly neonatal resuscitation. All other training identified in the TNA will be delivered in accordance with the outline in the training prospectus.

#### 5.21 Review of competency

5.21.1 Doctors, Neonatologists, Paediatricians and Anaesthetists have an ongoing review of skills and competency assessed via their induction, portfolio and through appraisal. Similarly this is also discussed at the induction for the Neonatal nurses and Midwives. In addition, Midwives have an annual Supervisory review which reviews attendance at training and the acquisition of specific skills required for clinical practice. Objectives are identified and set for the next year. Similarly training is reviewed for all staff specified in this TNA at the annual appraisal.

#### 5.22.0 Ongoing review of training and learning from the results of audit, incidents, complaints and claims

5.22.1 The ongoing review of training is addressed by the attendance of the Lead Midwife for Clinical Education at Maternity Governance meetings, where the TNA is reviewed and issues relating to training are discussed. If a datix has been raised and it has been identified through Maternity Governance that there is a training issue, then depending on the circumstances, it will be either reviewed by a Midwifery Supervisor or a Clinical risk lead, and action taken to address the training need. In addition, any training needs identified through the learning gained from investigation into incidents, complaints, claims and audits are then acted upon by modification of the content or process of particular training, training guideline and the TNA.

## 6.0 Content of training

An in-depth analysis of the content of the training is provided in the training prospectus and this includes all the aspects of training in relation to the CNST minimum data set.

## 7.0 Monitoring / Standards

- In a 15-month rolling period, the aim is for 75% of the specific staff group to have undertaken essential maternity training, as identified in accordance with the TNA. Those on maternity leave long-term sick leave, unpaid leave or other are not included in the statistics. Upon return to work they will have their training discussed by their Supervisor of Midwives and their manager during their appraisal.
- The Lead Midwife for Clinical Education is responsible for monitoring and will undertake a minimum of 6 monthly formal reviews of the speciality databases, training guideline and processes, and provide feed back for the Maternity Governance Group.
- The Lead Midwife for Clinical Education will review the targets identified in TNA, quarterly.

## 7.0 References

Confidential Enquiry into Maternal and Child Health (2007) Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer- 2003-2005 7<sup>th</sup> report.

King's Fund (2008) Safe Birth: Everybody's business- an independent Inquiry into safety into the Maternity services in England, London: Kings' Fund.

NHS Litigation Authority (2009) CNST Maternity Clinical Risk Management Standards, NHS.

NHS Litigation Authority (2009/10) NHSLA Risk Management standards for acute Trusts, Primary Care and Independent sectors, NHS.

RCOG (2007) Safer Child birth: Minimum Standards for the Organisation and Delivery of Care in Labour. RCOG, London

RCOG (2008) Standards for maternity care- Report of the working party. RCOG, London

SaTH Maternity Training needs Analysis and training Prospective

SaTH HR02 Corporate and Departmental Statutory and mandatory training.

**SHREWSBURY AND TELFORD HOSPITAL  
 NHS TRUST  
 Training Needs Analysis**

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3	June 2010	Amendments to the DNA process	Maternity Governance	June 2013



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## Introduction to the Maternity training needs analysis (TNA)

- 1.1 This Training needs analysis (TNA) will provide an overview of the training and development for Health Professionals and Maternity Support Workers employed by the Shrewsbury and Telford Maternity Services. It is to be used in conjunction with the Training Prospectus and the TNA development plan and monitoring /action report (refer to definition section in training guideline No168). These documents provide details of the type, content and expectations of the training and the latter specifies the expected and actual percentage of attendance and the frequency of training. This monitoring report is submitted 6 monthly to the Maternity Governance group.
- 1.2 This TNA strategy applies to the workforce, which consists of approximately 245 midwives, all of whom are allocated a Supervisor of Midwives, approximately 44 obstetric medical staff, 23 Neonatal Doctors 62 Neonatal nurses and approximately 100 women services support assistants.
- 1.3 The term permanent doctors refer to
- Consultants
  - Associate Specialists,
  - Staff Grades

The term non Permanent doctors

ST1-2	Senior House Officer
ST3-7	Specialist Registrar (Obstetric SpR.)
ST1-7	Specialist Trainee
VTS	Vocational Training Scheme
FY1-2	Foundation year one ( House Officer)

Maternity Support Worker

- Auxiliary
- HCA
- MSW

- 1.4 The TNA has taken into consideration the recommendations of current guidance on training: Clinical Risk Management Standards (2008), Safe Births (2008) and Safer Childbirth (RCOG, 2007; 2008).
- 1.5 Education and training of all staff is an integral part of the Maternity Governance philosophy in order to safe guard clinical effectiveness, whilst promoting and facilitating professional development. This TNA must be read in conjunction with the training guideline and SaTH, HR02 policy.

## 2.0 Over view on Training

2.1 Training within the Trust can be placed into two broad categories: Statutory and Mandatory. These are essential components of the SaTH Trust Maternity Governance framework. This TNA focuses on the specialist mandatory training required for maternity services staff: Midwives, Maternity support workers (MSW), Obstetricians, Anaesthetists Neonatal Doctors, and Neonatal nurses.

### 3.0 Responsibilities for monitoring training

3.1 The TNA provides a systematic approach to training and the Lead Midwife for Clinical Education co-ordinates the process and reports back to the Clinical Director and the Head of Midwifery who have overall responsibility for monitoring the standard / attendance at Training.

3.2 Process for checking that all staff attend and complete relevant training programs.

- **Midwives:** The data bases are check quarterly by the Lead Midwife for Clinical education in order to identify those who have not booked on to training programmes in accordance with the TNA requirements
- **MSW:** The data bases are check quarterly by the Lead Midwife for Clinical education, in order to identify those who have not booked on to training programmes in accordance with the TNA requirements
- **Permanent doctors:** The data bases are check quarterly by the Lead Midwife for Clinical education, in order to identify those who have not booked on to training programmes in accordance with the TNA requirements
- **Non Permanent:** The data bases are check quarterly by the Lead Midwife for Clinical education, in order to identify those who have not booked on to training programmes in accordance with the TNA requirements
- **Neonatal Nurses:** The data bases are check quarterly by the Lead Midwife for Clinical education / Neonatal Manager , in order to identify those who have not booked on to training programmes in accordance with the TNA requirements
- **Neonatologists':** The data bases are check quarterly by the Lead Midwife for Clinical education / lead Neonatologists , in order to identify those who have not booked on to training programmes in accordance with the TNA requirements

In cases where staff have not booked or attended training programs in accordance with the TNA requirements the DNA process will be invoked (refer to section 5) and reminders letters, emails are sent out by the named people responsible for maintaining the data bases. The Lead Midwife for Clinical Education co-ordinates the process.

- **Anaesthetists:** attendance and completion of training programs will be managed within the anaesthetic department



#### 3.4 Monitoring compliance with the TNA

Attendance at training including skills drills and Live skill drills is presented to Maternity Governance by the lead Midwife for Education. This is in the form of a TNA developmental plan and monitoring report/action plan, which is presented to Maternity Governance Group, every 6 months. If there is a deficit in the target number for attendance, this is discussed and an action plan formulated.

Similarly learning gained from investigation into incidents, complaints, claims and audits will direct the TNA. The content and the processes within the Training policy, TNA, training prospectus and TNA developmental plan will be reviewed 6 monthly by the Maternity Governance Group and where deficits are identified an action plan will be developed, implemented and monitored by the Maternity Governance Group.

#### 3.3 Developments and Training Department

Have responsibility for co-ordinating Trust Statutory / Mandatory training such as Child Protection, Course C, Equality and Diversity and Conflict resolution. Attendance is monitored by a Development and Training Department, who maintains the database and provides regular updates to the Lead Midwife for Clinical Education and the Neonatal Unit Manager who are responsible for monitoring attendance.

#### 3.4 Lead for non-permanent staff Medical Staff:

Lead person for non-permanent staff Medical Staff Is the College Tutor and the Lead for Obstetrics and Gynaecology Education and this person liaises with the Clinical Director and Lead Midwife for Clinical Education on the training requirements. The final checking of their competencies and attendance at training is the responsibility of the College Tutor for Obstetrics and Gynaecology Education.

#### 3.5 Lead for Permanent Doctors:

The Clinical Director has responsibility and liaises with the Lead Midwife for Clinical Education regarding the training requirements and attendance for the permanent Doctors; these are outlined in the training prospectus and monitoring of attendance is discussed at the Maternity Governance group.

#### 3.6 Locum doctors

The Clinical Director has also responsibility for Locum doctors and an induction is undertaken by the on call Consultant. This is scheduled for

the beginning of the week on a Monday morning representing the induction program. The Clinical Director secretary also organises for the Locum to be trained in sigma (Electronic records) and review (electronic test results and patient investigations). The rota co-ordinator ensures that the locum is supernumerary for the first morning session of employment. The Consultant on call confirms competency at LSCS/ instrumental delivery and repair of third and fourth degree tears, within the first few days by direct observation.

3.7 Neonatology Lead:

Lead Neonatologist is responsible for overseeing and monitoring training within in this department and liaises with the Lead Midwife for Clinical Education. A training data base is maintained by a medical secretary who monitors attendances and invokes the DNA and provides updates to the Lead Neonatologist, and the Lead Midwife for Clinical Education.

3.8 Lead for Anaesthetist:

Consultant Anaesthetist: the Labour Ward Lead is responsible for overseeing training within in this department

3.9 Midwifery Supervisors:

Midwifery Supervisors undertake annual reviews and during this process the mandatory training is highlighted and recorded on the Supervisory form. Any training needs are identified and the Midwifery Supervisor role is to help facilitate attendance. The Lead Midwife for Clinical Education verbally liaises with the Named Supervisor of midwives regarding non-attendance at training, in order to promote compliance.

3.10 Designated Sisters, Neonatal ward manager and Senior Midwives:

Have responsibility for promoting attendance at training for the Midwives, MSW's and Neonatal Nurses and also for promoting completion of the personal training record sheets (which are accessible within the clinical areas). These forms are reviewed at Supervisory annual review and at the annual appraisal.

If The Senior Midwives / Neonatal Manager have to cancel member of staff attending training, due to clinical needs, the Lead Midwife for Clinical Education must be informed so that it is classified correctly as a cancelation and not a DNA. It is also necessary to identify who is on sick leave / maternity leave and when they are intended to recommence work so that the data base is undated accordingly.

3.11 Co-ordination of the Databases and monitoring attendance

The Lead Midwife for Clinical Education oversees the databases

There are 2 main sources of training databases:

- Local ones which are based on profession / speciality
- Trust database.

In a 15-month rolling period, the aim is for 75% of our specific staff to have undertaken essential training (Training identified by CNST and Trust Statutory and Mandatory training). Those aspects of training where attendance is identified biennial; this will be also a rolling period of 26 months. Attendance at desirable training has been assessed individually and specified in the TNA development plan and monitoring report / action plan. Those on maternity leave, long-term sick leave, unpaid leave, are not included in the maternity services training and training needs will be discussed upon their return to work.

#### **4.0 Content / standard / changes to training**

- 4.1 Any issues that are raised through the Obstetrics Maternity Governance relevant to trainee doctors will be communicated to the Clinical Director, to the current trainees and the Lead for Obstetrics and Gynaecology Education. The latter will monitor practice and if necessary incorporate changes to the induction programme and the information folder (A4 binder).
- 4.2 issues raised about an individual trainee will be communicated with the lead Obstetrics and Gynaecology Education Lead and the Clinical Director to address any concerns identified.
- 4.3 The quality and relevance of the sessions are monitored through formal evaluations reviewed by either the identified training leads / the Lead Midwife for Clinical Education / the Development and Training Department. Collectively this ensures a comprehensive approach to audit and monitoring of training within the maternity services.

#### **5.0 DNA procedure (Failure to attend training)**

- 5.1 **Midwifery/ Obstetric mandatory training days**  
There is an identified system in place, which reviews and identifies those midwives, who have not attended the specific training. Midwives are required to book the training via a database and this list is then compared with the attendance list to identify those midwives who have not attended. (a certificate is the issued to verify attendance). A reminder letter is sent requesting the need to rebook. The Designated Sister is also notified and requested to facilitate attendance (refer to Appendix 3).
- 5.2 The training databases are updated after each Midwifery/Obstetric training day and the overall attendance is reviewed on a quarterly basis. If it becomes evident that midwives are not achieving their update within the recommended time frame, they are highlighted in amber or red on the database and a letter is sent to remind them of the need to attend. The Designated Sister is also informed and facilitates a rebooking, which is

then checked against the database. If there is a further non-attendance, then the Senior Midwife is informed by the Lead Midwife for Clinical Education and a meeting will be called and rebooking and attendance is requested. If however, a third consecutive non-attendance occurs, a meeting is arranged with the Head of Midwifery and if necessary disciplinary action will be considered in accordance with HR02 Corporate and Departmental Statutory and Mandatory Training.

5.3 The database also identifies those on sick leave and maternity leave.

5.4 Trust DNA process for mandatory training

All facilitators ensure that an attendance register is maintained, which is then forwarded to the Development and Training Department. Any “Did not attend” (DNA) is identified on the training database and the list is forwarded to the Lead Midwife for Clinical Education who liaises with the Senior Midwives/ Neonatal manager to promote attendance.

5.5 Doctors training database and follow up for DNA (refer to Appendix 2)

5.5.1 Permanent Doctors

The Clinical Director has the overall responsibility for monitoring attendance for the permanent Doctors and is assisted by a medical secretary has been delegated the responsibility for maintaining the permanent doctors training base. An excel sheet is maintained to be representative of each Doctor’s training requirements in accordance with the TNA. In addition, these are outlined in the SaTH Maternity training prospectus. Each Doctor is sent a copy of the training grid requirements by the medical secretary to remind them what they have attended and also what they need to attend, this is accompanied with a reminder letter. The Doctors are expected to respond by completing the grid or responding by email, Each Doctor is expected to bring a copy of the training attendance form to their appraisal for review by the Clinical Director

5.5.2 Non-permanent Doctors (refer to Appendix 2)

The Consultant Obstetrician who is the clinical tutor will review attendance of training at appraisal and his/her secretary maintains the database and sends out reminder letters, emails to the doctors if they need to update on a required aspect of training. However, these Doctors do undergo a comprehensive Local and Trust induction, which incorporates the minimum CNST training data set.

Maternity Support workers

The lead Midwife for Clinical Education adopts a proactive approach to their training and sessions on emergency drills neonatal resuscitation and feeding workshops are provided on site at the Consultant unit or the Midwife led Units. Any non attenders are followed up in a similar process to the Midwives using letters; memo and grids to highlight who is outstanding (refer to appendix 1)

## Neonatal nurses

The Neonatal manager facilitates training and is responsible for follow up of non attenders and she liaises with the lead Midwife for Clinical education (refer to appendix 1)

### 5.6 Neonatal Doctors

The clinical lead for Neonatologist co-ordinates the appraisals and the training data base and attendance at training are reviewed at their appraisal. Consultant Neonatologists have their appraisal with the Clinical Director, where training attendance and needs are reviewed.

### 5.7 Obstetric Anaesthetists

Provide evidence at appraisal of their training and this is managed within the anaesthetic department.

## 6.0 System for coordination of training records and archiving

- The maternity training records will be co-ordinated by The Lead Midwife for Clinical Education who has various secretarial input
- Attendance at Trust Statutory training will be recorded on the Trust training and development database and a quarterly report is forwarded to the Lead Midwife for Clinical Education
- Attendance registers are maintained for Trust statutory and Mandatory training, Day 1 and 2 of the Midwifery Obstetric training days, MDT (Multi-Disciplinary Training) and Audit. These attendance records are stored by the named individual responsible for inputting the details on to a data bases for each staff group.
- It is expected that attendance will be recorded on personalised training forms.
- It is expected that attendance will be recorded on Annual Supervisory forms for the Midwives.
- It is expected that attendance will be recorded on annual appraisal forms and this will be reviewed by the line manger in relation to the TNA.



## 7.0 Roles and responsibilities

7.1 The Lead Midwife for Clinical Education will attend the Guidelines meetings and liaise with the guidelines Midwives regarding training issues identified in the guidelines ratification form.

- The Lead Midwife for Clinical Education will attend Maternity Governance for an update on: audits, incidents, complaints, and claims.
- Is responsible for producing and reviewing annually the TNA, Training prospectus and TNA monitoring/ action plan. This TNA will be agreed and ratified by the Maternity Governance group.
- Provides an update on attendance in relation to targets to the Maternity Governance group every six months.
- Liaises with the Trust Training and Development Team for updates on attendance at Statutory/ Mandatory training.
- Co-ordinates training provided within Maternity for Doctors, Midwives, Maternity Support workers, and Neonatal nurses.
- Oversees the DNA procedure for the Maternity Service.

### 7.2 Head of Midwifery:

- Is the line manager for the Lead Midwife for Clinical Education, offering advice and guidance on training within maternity.
- Responsibility for reviewing and approving the TNA.
- Contributes to the TNA action plan following the review of the TNA (training attendance) in relation to the specified targets.
- Communicates with the Lead Midwife for Clinical Education, training requirements identified by Maternity Governance or other forums.
- If necessary, meets with persistent non-attendees in accordance with the DNA procedure for the Maternity Service.

### 7.3 Line Managers

- Ensure that new staff to the maternity services receive a local and Trust induction programme and are informed of the Trust Mandatory training requirements and the role of the Lead Midwife for Clinical Education.
- Undertake or co-ordinate annual appraisal to review compliance at training and facilitate attendance.

- Participate in investigating non attendees in accordance with the DNA procedure
- Review requests for study leave only on completion of statutory and mandatory training.

#### 7.4 All staff

- The TNA identifies the relevant training plan required for each individual staff group.
- Staff must be aware of their educational / training requirements and to understand how these fit with the service.
- Staff must ensure their managers has authorised their release from the work place to attend training. A study leave form, must be signed by the manager and that the study day denoted on the off duty rota.
- To ensure their managers are aware of any circumstances that might prevent attendance /participation in a timely manner.
- Keep records of all the training they have done, especially the statutory and mandatory training elements and complete training form.

#### 8.0 References

Confidential Enquiry into Maternal and Child Health (2007) Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer- 2003-2005 7<sup>th</sup> report.

King's Fund (2008) Safe Birth: Everybody's business- an independent Inquiry into safety into the Maternity services in England, London: Kings's Fund.

NHS Litigation Authority (2009) CNST Maternity Clinical Risk Management Standards, NHS.

NHS Litigation Authority (2009/10) NHSLA Risk Management standards for acute Trusts, Primary Care and Independent sectors, NHS.

RCOG (2007) Safer Child birth: Minimum Standards for the Organisation and Delivery of Care in Labour. RCOG, London

RCOG (2008) Standards for maternity care- Report of the working party. RCOG, London

SaTH (2010) Maternity Training needs Analysis and training Prospective

SaTH HR02 Corporate and Departmental Statutory and mandatory traini

TNA for Maternity – Shrewsbury and Telford Hospital 2007-2012: CNST and Mandatory / Statutory training (Essential training)

\*Meets CNST Requirement

Target group

Type of training and required attendance	Midwives	MSW (Auxiliaries, HCA, WSA)	Permanent Doctors (Consultant Ass Specialists' staff grades)	Non Permanent Doctors (ST1-2, ST3-7, ST1-7, VTS)	Neonatal nurses	Neonatologists	Anaesthetists	Options to access training
<p>Emergency Obstetric Skills drills *CNST Annual update (monthly) live drills</p> <p>Cord prolapse Shoulder Dystocia Vaginal breech APH PPH, Eclampsia</p>	✓	N/A	✓	✓ induction week	N/A	✓ Expected to attend live drills only	✓ Expected to attend live drills only Preclampsia Haemorrhage and failed intubation	<p>Midwifery /Obstetric mandatory training day 1 <b>Doctors will be booked onto this</b></p> <p>MDT( Please check annual training program as only available on certain MDT dates, not covered on every one)</p> <p>Quarterly Ad Hoc Live drills</p>
<p>Electronic fetal monitoring *CNST 2 EFM updates per year</p>	✓	N/A	✓	✓	N/A	N/A	N/A	<p>Midwifery /Obstetric mandatory training day 1 and 2 MDT Audit Perinatal meeting audit K2</p>

Type of training and required attendance	Midwives	MSW (Auxiliaries, HCA, WSA)	Permanent Doctors (Consultant Ass Specialists' staff grades)	Non permanent Doctors (ST1-2, ST3-7, ST1-7, VTS)	Neonatal nurses	Neonatologists	Anaesthetists	Options to access training
Care of the women following operative intervention (recovery) <b>*CNST</b> <b>Minimum Biennial</b>	✓ Midwives working on ward 20, 18,19 and Shrewsbury MLU	N/A	N/A	N/A	N/A	N/A	N/A	Midwifery /Obstetric mandatory training day 2
Early recognition of severely ill pregnant woman <b>*CNST</b> <b>Minimum Biennial</b>	✓	N/A	✓	✓ Included induction week	N/A	N/A	N/A	Midwifery /Obstetric mandatory training day 2 Audit meeting MDT training ALERT course
Maternal resuscitation <b>*CNST</b> <b>Annual</b> <b>** Biennial</b>	✓	✓	✓ <b>**</b> on Medical Statutory Trust training	✓ <b>**</b> Included on induction	✓	N/A	✓ <b>** on Medical Statutory Trust training</b>	Course D for Midwives and MSW Medical statutory Trust training day MDT training NNU departmental training day Trust induction
Assessment of perineal trauma <b>*CNST</b> <b>Minimum Biennial</b>	✓ Except specialists role	N/A	✓	✓ Included on induction	N/A	N/A	N/A	Perineal Workshop Audit meeting MDT Induction week for non permanent Doctors

Type of training and required attendance	Midwives	MSW (Auxiliaries, HCA, WSA)	Permanent Doctors (Consultant Ass Specialists' staff grades)	Non permanent (ST1-2, ST3-7, ST1-7, VTS) Doctors	Neonatal nurses	Neonatologists	Anaesthetists	Options to access training
Maternal Antenatal Screening tests <b>*CNST</b> Minimum Biennial	✓	N/A	✓	✓ Included on induction	N/A	N/A	N/A	Midwifery /Obstetric day 1 MDT Induction week for non permanent Doctors
Breast and artificial feeding <b>*CNST</b> Minimum Biennial	✓	✓ Exception Labour ward	N/A	N/A	✓	N/A	N/A	Midwifery /Obstetric mandatory training day 1 Breastfeeding workshops MSW competency training Neonatal B/F training package
Neonatal resuscitation <b>*CNST</b> Annual	✓	✓ Only those working in MLU and community	N/A	N/A	✓	✓	N/A	Midwifery /Obstetric mandatory training day 1  Competency training for MSW Annual local update for MSW  Neonatal departmental specific statutory
Course D and E <b>*CNST</b> Annual	✓	✓	N/A	N/A	N/A	N/A	N/A	Booked via Trust learning zone

Type of training and required attendance	Midwives	MSW (Auxiliaries, HCA, WSA)	Permanent Doctors (Consultant Ass Specialists' staff grades)	Non permanent (ST1-2, ST3-7, ST1-7, VTS)	Neonatal nurses	Neonatologists	Anaesthetists	Options to access training
<b>Full examination of the newborn</b> <b>*CNST</b> <b>Staffordshire university</b> <b>(6 midwives, every 2 years)</b> <b>Part of MSc Advanced practitioners</b> <b>Local update required every 4 years</b>	✓ Only those Midwives who wish to undertake this extended role	N/A	N/A	N/A	✓ Only those Nurses ANP who wish to undertake this extended role	N/A	N/A	Midwives successful completion of 2 modular course organised by Staffordshire university  Part of the MSc for ANP  Neonatal ST1-2 Supervised practice until considered competent
<b>Neonatal Departmental specific statutory</b> <b>*CNST</b> <b>Annual</b>	N/A	N/A	N/A	N/A	✓	N/A	N/A	Learning zone and Neonatal manager
<b>Medical Statutory Trust Training</b> <b>*CNST</b> <b>Minimum Biennial</b> <b>Includes Maternal resuscitation</b>	N/A	N/A	✓	✓	N/A	✓	✓	Learning zone
<b>Mental Health</b> <b>*CNST</b> <b>Minimum Biennial</b>	✓	N/A	✓	✓	N/A	N/A	N/A	Midwifery /Obstetric mandatory training day 2 MDT training

								<p>Please check annual training program as only available on certain MDT dates, not covered on every one)</p> <p>Audit</p> <p>Please check annual training program as only available on certain ones</p>
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## Further specialist training

Type of training and required attendance	Midwives	Maternity Support workers (Auxiliaries, HCA, WSA)	Permanent doctors (Consultant Ass Specialists' staff grades)	Non permanent ( ST1-2, ST3-7, ST1-7, VTS Doctors	Neonatal Nurses	Neonatologists	Anaesthetists	Options to access training
Child protection Initial 3 hour course, followed by a 1 hour annual update	✓	✓	✓	✓	✓	✓	✓	Book via Trust learning zone
Medical devices Biennial attendance	✓	N/A	✓ Use of diathermy	✓	✓	✓	✓	Book via Trust learning zone On site training for NNU
Conflict resolution Foundation course initially then update every 3 years	✓	✓	✓	✓*Within training program	✓	✓	✓	Book via Trust learning zone
Equality and Diversity Every 5 years	✓	✓	✓	✓*Within training program	✓	N/A	N/A	Book via Trust learning zone Induction program
Mental capacity Biennial attendance	✓* Supervisors of Midwives	N/A	✓*Within training program	N/A	N/A	N/A	N/A	MDT
RCOG E portfolio Once only	N/A	N/A	✓*Within training program	N/A	N/A	N/A	N/A	Details form Jane Panikkar



Type of training and required attendance	Midwives	Maternity Support workers((Auxiliaries, HCA, WSA)	Permanent doctors (Consultant Ass Specialists' staff grades)	Non permanent (ST1-2, ST3-7, ST1-7, VTS)	Neonatal Nurses Including 4 nursery nurses	Neonatologists	Anaesthetists	Options to access training
<b>Patient Safety (Governance) Biennial attendance</b>	✓	✓	✓	✓	✓	✓	✓	Part of Induction week Midwifery /Obstetric mandatory training day Audit MDT Governance Trust induction
<b>Alert course ½ day update every 4 years</b>	✓ Working in high risk – ward 20	N/A	N/A	N/A	N/A	N/A	N/A	Booked via Carol Tune Bleep 981
<b>Midwifery Led Training Package For Normality “Back to Basics” Program Once only program</b>	✓ Newly qualified midwives and midwives new to the Trust	N/A	N/A	N/A	N/A	N/A	N/A	Booked via Angela Hughes EXT1693
<b>Epidurals Biennial</b>	✓	N/A	N/A	N/A	N/A	N/A	N/A	Midwifery /Obstetric mandatory training day 2 Ward 20 updates in March 2010
<b>Domestic abuse Update required every 4 years</b>	✓	✓ Part of part 3 MSW Training pack	✓	✓ On induction	N/A	N/A	N/A	Midwifery /Obstetric mandatory training day Local Doctors Induction and MDT

<b>Eclipse/sigma training Attendance</b> As required dependent on area of work	✓	N/A	✓	✓ Exclusion of VTS, FY1	N/A	N/A	N/A	Contact Cath Mercer Ext1386
<b>Type of training and required attendance</b>	<b>Midwives</b>	<b>Maternity Support workers (Auxiliaries, HCA, WSA)</b>	<b>Permanent doctors (Consultant Ass Specialists' staff grades)</b>	<b>Non permanent Doctors (ST1-2, ST3-7, ST1-7, VTS)</b>	<b>Neonatal Nurses</b>	<b>Neonatologists</b>	<b>Anaesthetists</b>	<b>Options to access training</b>
<b>Competency package for MSW</b> As required Part 1 Part 2 Part 3	N/A	✓	N/A	N/A	N/A	N/A	N/A	Booked via Angela Hughes EXT1693
<b>ISA and CAF Initial training required</b>	✓ working on community, TIMS midwives senior Midwives	N/A	N/A	N/A	N/A	N/A	N/A	Booked via Anthea Gregory-page EXT 1454 Lesley Adams EXT 3104
<b>Customised fetal growth Initial training required</b>	✓ working on community and antenatal care	N/A	N/A	N/A	N/A	N/A	N/A	Perinatal Institute via Lesley Adams EXT 3104
<b>Midwifery Supervision Biennial</b>	✓	N/A	N/A	N/A	N/A	N/A	N/A	Midwifery /Obstetric mandatory training day 1
<b>IV course Update every 4 years</b>	✓	N/A	N/A	N/A	✓ those required to give IV drugs	N/A	N/A	Julie Hepplewhite page via operator
<b>Mentorship in Health care setting Annual update</b>	✓ who are required to mentor students	N/A	N/A	N/A	✓ Excludes nursery nurses	N/A	N/A	Staffordshire university Angela Hughes Ext 1693 and also line

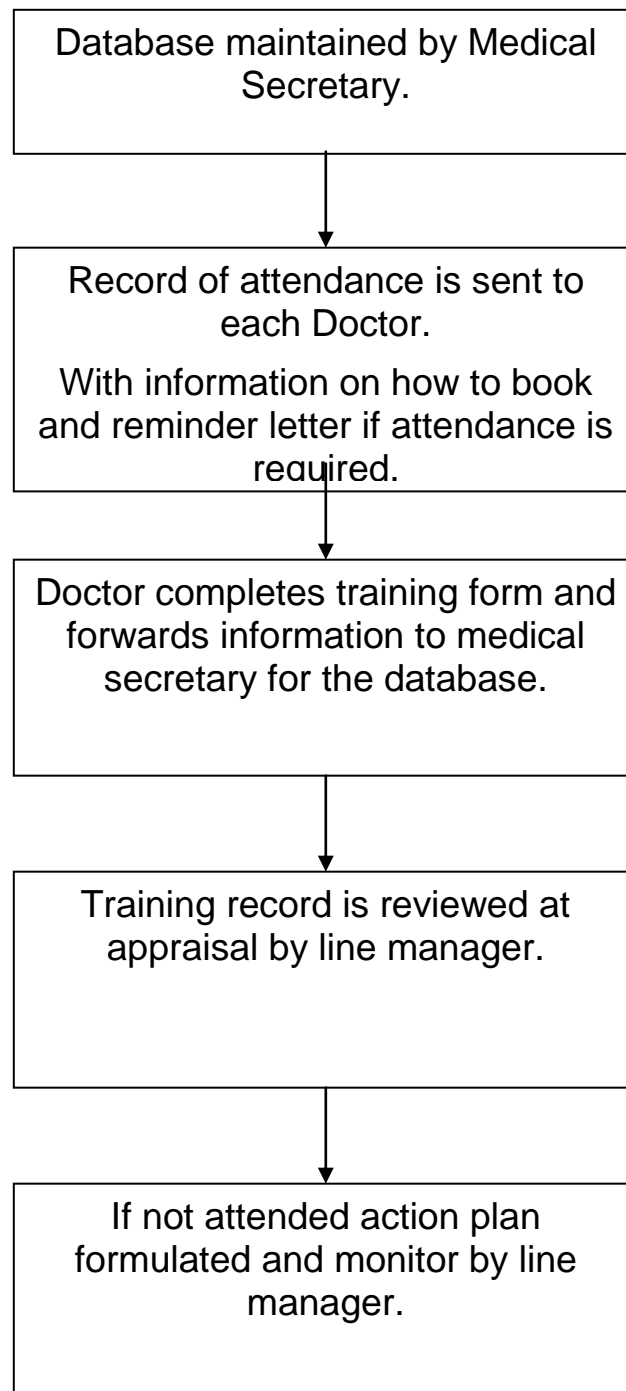
								manager for funding
<b>ALSO Update on specialist training</b>	<b>N/A</b>	<b>N/A</b>	✓ optional	✓ ST1/2 RCOG core training	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	Midwives- Head of Midwifery Doctors- Jane Panikkar

**Attendance will be assessed on a 15 maximum month rolling target, expected target will be 75%**

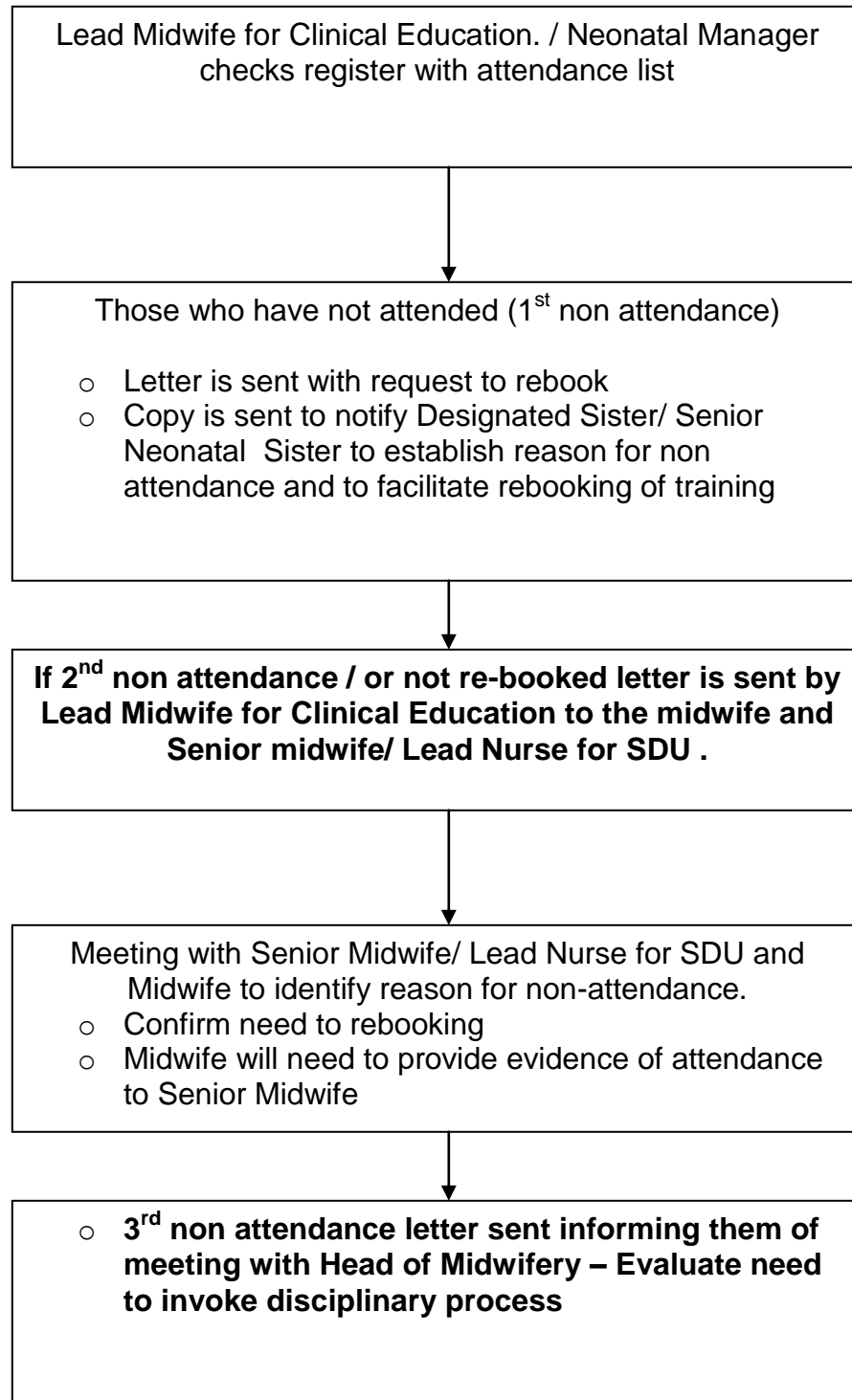
**Record of training:**

1. Midwives database
2. permanent doctors database
3. Non permanent Doctors
4. Neonatal database
5. Trust database : training booked on trust learning zone

## Monitoring Doctors attendance at Trust / Mandatory Training



## Midwives, MSW and Neonatal Nurses failure to attend statutory / mandatory training



## Example

## Women's Services

### Memorandum

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**From:** Angela Hughes Lead Midwife Education

**To:**

**Re:** Mandatory Training

**Date:**

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I am aware that workload and staffing levels have been pressed however we have been reviewing the training database and according to this your

Day 1

Day 2

Is now outstanding, please book this day with Mel and liaise and confirm with your Designated Sister in Maternity Admin.

**Next Day 1 Dates:**

**Next day 2 Dates:**

As this date includes NNR, emergency drills and an EFM update the lack of attendance may affect how your competency is perceived and you are urged to attend. Non-attendance has safety implications for the Trust and to you professionally.

As you are aware EFM training should be twice a year, can you liaise with Mel to provide evidence of this.

Yours sincerely

Angela Hughes

Lead Midwife for Clinical Education

Appendix 4b

Women's Services



Memorandum

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**From:** Angela Hughes Lead Midwife Education  
**To:** Designated Sister  
**Re:** Mandatory Training  
**Date:** Example

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According to our records ..... has not attended the following training day/days:

Day 1

Day 2

The DNA flowchart indicates that as their designated sister you must be informed of this non-attendance, review reason for non-attendance and facilitate future attendance.

I would appreciate your assistance in promoting future attendance on the following days:

**Next Day 1 Dates:**

**Next day 2 Dates:**

If you have problems with this please discuss with Senior Midwives or Lead Midwife for Education.

Yours sincerely

Angela Hughes

Lead Midwife for Clinical Education

Women's Services



Memorandum

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**From: Senior Midwife/ Senior Neonatal Nurse**

**To:**

**Re: Statutory / Mandatory Training Second Non Attendance**

**Date:**

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In accordance with your training records and Maternity training strategy, it would seem that you have been booked onto .....

But have not attended (DNA) on two occasions. Non attendance has safety implications for the Trust and to you professionally.

In accordance with the Maternity Training strategy you should have already had a meeting with your line manager / Designated sister, with your first DNA and as this is your second DNA , I am required to meet up with you to establish the reason for non attendance and facilitate a rebooking , which I will require evidence of attendance.

I have arranged a meeting for:

- Date:
- Time:
- Venue:

Prior to the meeting can you familiarise yourself with the Corporate and Departmental induction, Statuary and Mandatory training policy HR02 available on the intranet.

Please confirm attendance

Yours Sincerely

Senior Midwife



Appendix 6



Women's Services Memorandum

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**From:** Head of Midwifery

**To:**

**Re:** Third non attendance (DNA) at Trust Mandatory/ Statutory Training

**Date:**

---

In accordance with your training records and the Maternity Training strategy, it would seem that you have been booked onto ..... but failed to attend on 3 occasions.

In accordance with the Maternity Trainings Strategy you should have already had a meeting with your line manager / designated sister, with respect to your first DNA and on your second DNA a meeting with your Senior Midwife. As this is your third DNA, it is necessary as Head of Midwifery, that that I establish the reason for non attendance and request you to attend a meeting on:

Date:  
Time:  
Venue:

Non attendance has safety implications for the Trust and to you professionally.

Prior to the meeting can you familiarise yourself with the Corporate and Departmental induction, Statuary and Mandatory training policy HR02. available on the intranet

Please confirm attendance

Yours Sincerely  
Head of Midwifery

