

Training Needs Analysis (Maternity)

Date	Version
Nov 13	V3

Purpose

The purpose of this Policy is to ensure all staff are provided with all the training and education to carry out their role safely, effectively and manages risk and organisational objectives in a professional manner.

Who should read this document?

All in Maternity

Key messages

Maintenance of effective and safe patient care

Accountabilities

Production	Sarah Fitzpatrick, Risk Manager Bridget Male, Midwifery Practice Educator
Review and approval	Clinical Effectiveness Committee
Ratification	Sue Stock, Head of Midwifery
Dissemination	To all maternity staff
Compliance	Sue Stock, Head of Midwifery

Links to other policies and procedures

Workforce Induction and Training Policy (TRW/HUM/POL/621.1)

Version History

V2	Sep 11	Routine Update
V3	Feb 14	Document ratified

Last Approval	Due for Review
Nov 13	Nov 16

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

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1 Principles

Plymouth Hospitals NHS Trust Maternity Service recognises that a well trained and educated workforce is equipped with the correct knowledge and skills to carry out their role safely, effectively, and manages risk and organisational objectives in a professional manner. The Maternity Service values its staff and actively promotes staff development in line with Trust Philosophy.

The Maternity Service complies with its statutory obligations for training in line with Trust Risk Management Strategy. Staff must receive specific training which ensures the safety of themselves and that of others. Midwifery Managers, work closely with the Practice Educator and the Training Department to ensure that the requirements specified within this training needs analysis are adhered to. Non attendance must be dealt with in line with Workforce Induction and Training Policy. The Maternity Service is aware that training is monitored by the Director of Human Resources and the Workforce Development Team and is directly accountable to the Trust Board.

This document forms a partnership with the training matrix which specifies training need by title and frequency for each grade of staff. The Maternity Service will use this document as a tool for compliance with the Trust's 100% commitment to training.

2 Aims

The Maternity Service upholds Trusts responsibilities as an employer, ensuring that all staff is safe in the role that they perform within their work environment.

By identifying training requirements, clarity, consistency of training and action plans for further development of the service are enabled. Accessing and promoting further training is linked to the NHS Knowledge and Skills Framework (NHS KSF), the Appraisal Process and Personal Development Planning (PDP) process. Collectively these reflect the changing needs of the maternity service and individual's ongoing professional development needs.

By publishing all training requirements, we establish an organisational standard that offers clarity for everyone and ensures consistency in workforce training and personal development.

The Maternity service will adhere to the Trusts Workforce Induction and Training Policy (TRW/HUM/POL/621.1)

The Maternity Service Mission is to:

- Comply with the Trusts 100% commitment to training
- Comply with Trust's Workforce Induction and Training Policy
- Ensure that training conforms with the Midwifery Service Governance Framework and Risk Management Strategy
- Provide multi-professional training for obstetric emergencies, this is considered an essential element of training.
- Ensure that training complies with Trust legal responsibilities in particular Health and Safety
- Provide and actively promote learning opportunities and situations which enhance and develop clinical practice and skills in addition to those which are Statutory/Mandatory

- Encourage all employees to develop Personal Development Plans (PDP's) in conjunction with the appraisal process, NHS KSF
- Facilitate provision for training and annual updates for Sign off Mentors in accordance with NMC requirements.
- Provide an environment conducive to learning, role satisfaction, education and development

Please note: annual training days will have a 4 month leeway for attendance / completion (this allows for annual leave / sick leave / non-availability of places on the training days). If attendance has been with 1 year and 4 months of last attendance a positive score will be awarded.

3 Definitions

Workforce Development Drive – database of the training requirements

OLM – Oracle Learning Management and record of completion of required training for each individual employee.

CNST – Clinical Negligence Scheme for Trusts.

4 Duties

3. Training

The training detailed in this training needs analysis is identified into two broad categories:

Statutory Training

Statutory Training is that which has a legal requirement. It is training that must be completed by all grades of staff at induction and updated on an annual basis. The Trust has identified which training fits into this category and this is detailed within the training matrix (Apx 2).

Essential/Mandatory training as determined by the Trust - This is training required by rules, specific to the NHS, the Trust, arising from incidents/accidents/complaints, or to a specific department or group of staff.

The Maternity Service has identified and recognised which training fits into this category and this is detailed within the training matrix.

External requirements and regulations - Training that reflects the Trust's decision to meet the training and education expectations defined within standards from various governing bodies, including the Care Quality Commission, NHS Litigation Authority (NHSLA) and the National Patients Safety Agency (NPSA)

3.1 Essential Minimum data set for training within the Maternity Service

Skills and drills training to include:

- Cord prolapse
- Shoulder dystocia
- Vaginal breech
- Twins
- Ante- and postpartum haemorrhage
- Eclampsia

Continuous electronic fetal monitoring

Early recognition of severely ill pregnant women

Maternal (Immediate Life Support (ILS) external) & Neonatal Resuscitation

Assessment and management of all types of perineal trauma

Antenatal screening (e-learning)

- Fetal anomalies
- Down's syndrome
- Infectious diseases Hep B, HIV, Rubella, Syphilis
- Sickle cell and thalassaemia

Domestic violence awareness

Mental health (Perinatal)

Infant feeding (e-learning and assessment at appraisal)

Examination of the newborn

Child protection Level 2 & 3 – (external)

Basic / Immediate life support (adult)

3.2 Statutory Training

Trust update 2013/14

- Staying safe at work
- Infection prevention & control
- Valuing people
- Keeping patients safe

Fire safety (e-learning)

Infection control (e-learning)

Inoculation/incident reporting policy (e-learning)

Moving and handling (e-learning and practical assessment)

Confidentiality / data protection (e-learning)

Risk awareness and management (e-learning)

Trust induction for new members of staff

3.3 Multi Professional Training

The Maternity Service recognises multi professional training is essential to improving patient safety. Midwives, Obstetric Medical Staff and Maternity Assistants are required to attend a multi professional training day 'Managing Emergency Situations Safely' known in house as the PROMPT study day. Obstetric Anaesthetic Consultants attendance is by way of delivering training, inclusive of emergency drills at the multidisciplinary training days. The PROMPT study day is held monthly throughout the year and is taught by a multi professional team of Consultant Obstetrician, Consultant Anaesthetist and Specialist/Senior Midwives which is co-ordinated by the Practice Development Team.

NB. Those **delivering** the programme need to attend as a delegate once every four years.

The PROMPT manual is distributed at least 2 weeks before the training event to the booked class list for pre coursework reading.

A pre-course multiple choice questionnaire is loaded onto OLM and to be completed prior to attending the course.

Training is delivered by a range of live interactive drills, group scenarios which provide 'hands on' experience of managing emergency situations.

The Multi Professional Training Day includes as a minimum the management of:

- Neonatal Resuscitation
- Adult Resuscitation
- Maternal Collapse/Recognition of an Acutely Ill Pregnant Woman.
- Antepartum and Postpartum Haemorrhage
- Shoulder Dystocia
- Cord Prolapse/Category 1 caesarean section
- Vaginal Breech
- CTG Interpretation

Attendance is monitored by a paper register updated onto the OLM system within 1 week of the training event (see section 6 re process of monitoring compliance).

In addition the CDS Ward Manager runs "live drills" on CDS in normal working hours when workload allows. This involves simulation of obstetric emergencies using role play and requires real time reactions and simulated hands on management.

4. Specific training

4.1 Examination of the Newborn

Practitioners undertaking examination of the newborn must

- Be a registered Midwife who has undertaken and successfully completed either the pertinent degree module or certification course.
- Have successfully completed a clinical assessment of competence, undertaken by the designated Consultant Neonatologist/Advanced Neonatal Nurse practitioner.
- Keep a log of all examinations undertaken; including name, unit number, comments and any referral made. This record will provide evidence of maintenance of skills and will be used for audit purposes and CPD.
- Ensure they fulfil the standards required, meet PREP requirements and be registered with the appropriate council/college.

4.2 Corporate Trust Induction/New Employees

All new staff excluding those that were employed by the Trust within preceding 12 months are required to fulfil their statutory responsibilities in attending a Corporate Induction programme. In subsequent years employee's must attend Essential Skills and Knowledge training according to the needs of their environment. (Please refer to the Training Matrix to identify the training needs of the Maternity Service)

Induction training covers key statutory training areas in line with the Workforce Induction and Training Policy and include: Health and Safety, Fire, Clinical Governance and Incident Reporting, Equality and Diversity, Counter Fraud, Infection Control and Data Protection.

4.3 Preceptorship

Newly qualified midwives are required to complete a year of Preceptorship, and demonstrate completion of a programme record of competency and taught sessions/days.

4.4 Risk awareness and management

Risk awareness and management is part of the Trust annual update, which every member of staff completes via OLM. In addition, it is the responsibility of the Practice Educator to include a session on risk awareness and management for every new member of staff as part of their local induction or preceptorship programme. The programme includes a discussion together with accompanying paperwork to enhance understanding of the risk management process, as described below:

The Maternity Risk Management Framework describes how the process for review of audits, learning from incidents, complaints and claims and information from other sources informs the risk management process.

Quarterly incident reports together with complaints and claims reports are reviewed by the Clinical Effectiveness (CE) Committee, which has responsibility for the management of risk at a local level.

All information together with records of attendance at mandatory / statutory training is reviewed by the CE Committee via the Maternity dashboard (a data collection system populated on a monthly basis by the risk management team as a measure of local performance and a permanent agenda item).

Lessons learned or training requirements highlighted from incident investigation, audit and risk management are fed back to the Practice Educator via the CE Committee for assistance with implementation of actions.

5 Overall Responsibility for the Document

5.1 Midwifery Matron

- Oversee implementation of this Training Needs Analysis
- Offers advice and guidance informally and at departmental meetings
- Oversee the Practice Development Team and Managers in ensuring that the specified training within the Training Matrix are met
- Oversee the actions of the Practice Development Team and Managers acting on training reports provided by the Training Department
- Oversee managers in managing individuals that have not meet the requirements of the training needs analysis/performance issues are raised
- Oversee compliance with Trusts Policy *Workforce Induction and Training Policy* (Appendix 1)

5.2 Midwifery Practice Educator

- Review Training Needs Analysis annually in conjunction with Maternity Clinical Effectiveness Committee
- Benchmarking National reports across the Trust and developing actions plans with the Head of Midwifery and lead Midwives for improvement in the service.
- Producing a training needs analysis in line with organisational, professional, departmental and CNST requirements in partnership with Clinical Effectiveness Committee and the Maternity Risk Management Framework

- Developing in service training for all staff to improve and maintain skills
- Accessing external training packages where applicable
- Establishing, monitoring, maintaining and contributing to Trust-wide maternity clinical standards/guidelines/protocols.
- Dissemination of good practice.
- Produce Training reports quarterly and report to Maternity Clinical Effectiveness Committee
- Oversee strategy/Trust Policy for non-attendance (Appendix 1)
- Inform managers of individuals not meeting the requirements of the training needs analysis
- Maintain and update OLM system within Maternity Service in conjunction with Training Department
- Deliver and facilitate high standards of training
- Act as role model promoting standards of excellence within the maternity service
- Ensure that any performance issues are reported to the appropriate line manager

5.3 Midwifery Practice Educator/Line Managers

It is the combined responsibility of the Midwifery Practice Educator/Line Manager to ensure the following:

- All employees attend and complete Statutory and Mandatory Training
- Ensure new employees attend a Corporate Induction/Orientation Programme prior to undertaking any work within the Maternity Department
- Ensure new employees have dates to attend all Essential Training
- Ensure Preceptors receive a Preceptorship Programme and a period of rotation around the Midwifery Unit
- Ensure Preceptors have dates for all Essential Training
- All training documentation and packs are in place and are up to date within each clinical area

5.4 Employees

All employees have a responsibility to attend statutory and mandatory training identified within the training needs analysis matrix. Employees must also:

- Participate fully in annual Performance Review with line manager and be proactive in objectives which are set
- Keep own records of all training events, especially Mandatory and Statutory
- Share knowledge with colleagues
- Accept personal responsibility for professional updating
- Recognise limitations in their knowledge and be proactive within rectifying this
- Be aware of their own individual educational/training needs/interests and understand how these fit into organisational objectives
- Maintain close links with the Midwifery Practice Educator for any training needs
- Inform their line manager of any change in personal circumstances which may affect performance

6 Monitoring Compliance and Effectiveness

6. Process for Audit, Monitoring and Compliance of attendance

Bookings, attendance, DNA's and cancellations of Trust Statutory and Mandatory Training are all recorded on OLM system.

The process for Monitoring and Compliance:

- Paper registers are collected from each Essential training session and returned to the Training Department
- Certificate of attendance for each member of staff given at end of week.
- DNA's are identified from the paper register.
- First process for staff who did not attend / complete their Essential training is via an email sent out to line manager, by the Workforce development department (Appendix 1) within 1 week of receipt of the attendance register. This is recorded on OLM.

*for the Obstetric Emergencies study day and the Public Health study day the email is sent to the relevant line manager by the Practice Educator

- Managers should re book the Essential training session on the next available training week
- Trust Procedure for Non Attendance at Corporate and Local Induction and Essential Skills and Knowledge Training is adhered to for future DNA's
- Attendance reports are discussed at both departmental Operational meetings and with the Maternity Clinical Effectiveness Committee at a minimum of 6 monthly/more frequently if required

6.1 Process for Monitoring and Compliance of Training

Bookings, attendance, DNA's and cancellations of Trust Statutory and Mandatory Training are all recorded on OLM system, overseen by the Practice Educator.

- Line managers of staff that fail to attend on the day of planned training are notified as soon as possible after the event (ideally, within 1 week) An email is also sent to the appropriate line manager
- There is a strict DNA Policy of implementing a fee for non attendance at some courses, i.e. ILS
- If staff are still unable/do not attend, the Maternity Service will be charged the fee as indicated on the application form
- Quarterly TNA reports are provided to the Clinical Effectiveness committee.

6.2. System for Booking Statutory/Mandatory Training

- Practice Educator obtains a monthly report from OLM detailing all employees that require Trust Statutory/Mandatory Training
- Practice Development team book training for their establishment for the forthcoming year.
- A rolling programme of booking training should be established taking into account busy departmental periods and annual leave. Bookings will be confirmed to individuals via email from the Training Department
- Refer to the training matrix (Appendix 2) for clarification of frequency of training event
- All employees are required to demonstrate evidence of all training during their annual appraisal

Monitoring and Compliance of these processes will be reviewed annually by the Maternity Service Risk Manager and Practice Educator.

A minimum of 85% compliance has been set with a year on year improvement of 90% compliance by 2015.

The results will be reviewed by the Maternity Clinical Effectiveness Committee.

The content of any action plans that may be required following this monitoring will be reviewed at the Departmental Operations & Quality Board meeting and addressed within one month.

Annual audit of systems for ensuring results of audit, learning from incidents, complaints and claims and other information sources are considered as part of ongoing training.

Reports to:

The Practice Educator will provide quarterly reports to the Clinical Effectiveness Committee, and an annual report to the departmental Operations & Quality Board of the activity within the practice development team within the previous 12 months to assure the maternity service that the training requirements as set out within this document and the Training Matrix has met a minimum of 75% compliance.

OLM reports are automatically generated by the workforce development team.

Monitoring and Audit

Auditable standards:

Compliance of attendance to training as described in the training matrix

Follow up of non attenders

Amendments to training programme arising from incidents/complaints/claims

Please refer to audit tool, location: 'Maternity on cl2-file11', Guidelines

Reports to:

Clinical Effectiveness Committee – responsible for action plan and implementation of recommendations from audit

Operational & Quality Board

Frequency of audit:

Annual

Responsible person:

Practice Development Midwife

7 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

Appendix 1

Dear Colleague

Despite being given protected time within your Mandatory Training week commencing, our records show that you have failed to complete the following;

Trust Update Clinical

You are now required to complete all outstanding eLearning modules by _____ as failure to comply will result in the instigation of the performance management policy.

If there is a valid reason why you have been unable to complete this aspect of training please contact either your line manager or myself immediately.

Your co-operation in the matter is greatly appreciated.

Yours sincerely

LearningandDevelopmentLead(Women'sHealth)
01752 (4)39877

Appendix 2



Dissemination Plan	Appendix 3
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Core Information				
Document Title	Training Needs Analysis			
Date Finalised	Dec 13			
Dissemination Lead	Bridget Male, Practice Development Lead			
Previous Documents				
Previous document in use?	V2 TNA			
Action to retrieve old copies.				
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff	Nov 13	Email	Risk Management Team	Nov 16

Review and Approval Checklist	Appendix 4
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Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Manager	Bridget Male
Directorate	Women's and Children
Date	February 2014
Title	Training Needs Analysis (Maternity)
What are the aims, objectives & projected outcomes?	<p>The Maternity Service upholds Trusts responsibilities as an employer, ensuring that all staff is safe in the role that they perform within their work environment.</p> <p>By identifying training requirements, clarity, consistency of training and action plans for further development of the service are enabled. Accessing and promoting further training is linked to the NHS Knowledge and Skills Framework (NHS KSF), the Appraisal Process and Personal Development Planning (PDP) process. Collectively these reflect the changing needs of the maternity service and individual's ongoing professional development needs.</p> <p>By publishing all training requirements, we establish an organisational standard that offers clarity for everyone and ensures consistency in workforce training and personal development.</p>
Scope of the assessment	
This policy will apply to all maternity staff including medical.	
Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race. However, this will be monitored via data collected within the Trust, OLM and workforce information.
Religion	There is no evidence to suggest there is a disproportionate impact on religion. However, this will be monitored via data collected within the Trust, OLM and workforce information.
Disability	There is no evidence to suggest there is a disproportionate impact on disability. However, this will be monitored via data collected within the Trust, OLM and workforce information. Reasonable adjustments for training will be made available upon request.
Sex	There is no evidence to suggest there is a disproportionate impact on disability. However, this will be monitored via data collected within the Trust, OLM and workforce information.
Gender Identity	There is currently no data collected for this area. However, this will be monitored via feedback collected from staff.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation. However, this will be monitored via data collected within the Trust, OLM and workforce information.

Age	There is no evidence to suggest there is a disproportionate impact on age. However, this will be monitored via data collected within the Trust, OLM and workforce information.			
Socio-Economic	There is currently no data collected for this area, however this will be monitored through feedback from staff.			
Human Rights	There is no evidence to suggest there is a disproportionate impact on Human Rights.			
What are the overall trends/patterns in the above data?	No trends or patterns identified at this stage			
Specific issues and data gaps that may need to be addressed through consultation or further research	There is no data currently collected for gender identity or socio-economic			
Involving and consulting stakeholders				
Internal involvement and consultation	Clinical Effectiveness Committee Head of Midwifery			
External involvement and consultation				
Impact Assessment				
Overall assessment and analysis of the evidence	Reasonable adjustments for training will be made available upon request.			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update