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TRUST CLINICAL POLICY

Maternity Education Policy

Overview:	Local maternity department training plan to ensure delivery and monitoring of Trust Statutory and Mandatory training and maternity departmental training – in line with the national maternity agenda. This will support staff delivering up-to-date and evidence-based care to women and people, and their families.
Staff / stakeholders / Consultation Groups), involved in development:	Director of Midwifery, Heads of Midwifery, Consultant Midwife, Practice Development Midwives, Divisional Director for Obstetrics, Obstetric Clinical Directors, The Local Maternity and Neonatal Services, Fetal Wellbeing Teams, Maternity Governance Teams, Public Health Midwife SRH/WH, Newborn Infant Physical Examination Lead Midwife.

Division:	Women and Children's
Department:	Maternity
Responsible Person:	Quadrumvirate
Author/further information:	Claire O'Brien, Lead Midwife for Training and Education (SRH/WH)
For use by:	All people who provide maternity care
This document supports:	NHS England » Core competency framework v2: Minimum standards and stretch targets Maternity incentive scheme - NHS Resolution NHS England » Saving babies' lives: version 3

	Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust - final Ockenden report (publishing.service.gov.uk) NHS England » Three year delivery plan for maternity and neonatal services NIPE peer review framework - GOV.UK (www.gov.uk)
Key related documents:	As above
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Maternity Education Policy

1.0 Introduction

Continuing professional development (CPD) of maternity staff at University Hospitals Sussex (UH Sussex) NHS Foundation Trust is pivotal to the Trust's overall vision and objectives. Maternity services are required to deliver safe, effective and quality care to service users.

The Trust is committed to always improving care through the *Patient First* approach and ensures enhanced education and training opportunities.

UH Sussex provides the maternity department with Statutory and Mandatory (STAM) training requirements.

The Maternity Incentive Scheme (MIS) NHS Resolution asks for evidence that a local maternity training plan is in place to ensure that all six core modules of the 'Core Competency Framework' will be included over a three-year period.

2.0 Purpose

The purpose of this document is to provide Local maternity department training plan to ensure delivery and monitoring of Trust Statutory and Mandatory training and maternity departmental training – in line with the national maternity agenda. This will support staff delivering up-to-date and evidence-based care to women and birthing people, and their families.

3.0 Scope, application and exemptions

This document will provide a training need analysis (TNA) and will set out the duties and responsibilities of the service to ensure staff fulfil STAM training requirements, and maternity specific mandatory training appropriate to their role, within their working hours.

Staff training spans a variety of delivery methods including online learning, classroom-based teaching, clinical skills training and scenario-based training in clinical areas and simulation suites.

This policy applies to all staff who provide maternity care including:

- All registered midwives and registered nurses.
- Maternity care assistants (MCA)/Maternity Assistants (MA)
- Maternity support workers (MSW)
- Nursery nurses
- Obstetricians and trainees
- Obstetric anaesthetists and trainees

4.0 Abbreviations used within this policy

CDP Continuing Professional Development	CQC Care Quality Commission
CSF Clinical Skills Facilitator	DDO Divisional Director of Operations
DoM Director of Midwifery	HoM Head of Midwifery
MDT Multi-Disciplinary Team	MIS Maternity Incentive Scheme
PDM Practice Development Midwife	PEF Practice Education Facilitator
PGD Patient Group Directives	PRH Princess Royal Hospital
RSCH Royal Sussex Hospital	SRH St. Richard's Hospital
STAM Statutory and Mandatory	TNA Training Needs Analysis
WH Worthing Hospital	

5.0 Definitions

Term	Definitions
Statutory Mandatory (STAM) Training	Statutory training is continuing learning / professional development activity as defined by legislation. Mandatory training is continuing learning / professional development activity that is required to comply with Trust policy and ensure best practice, defined at Trust level. The Trust's Statutory and Mandatory (STAM) Training Policy (2022) ensures that the STAM training needs of all staff employed by the Trust are identified, and that staff have up to date and appropriate knowledge and skills to undertake their role.
Departmental Learning	Continuing learning / professional development activity that is defined at department / team level e.g. equipment training, staff development and updates, professional networking, patient first training. This training in the maternity department includes multi-disciplinary team (MDT) training and bespoke training for midwives, nurses working in maternity, maternity care assistants, maternity support workers, nursery nurses, obstetricians and trainees, and anaesthetists and trainees.
In-Situ Skills Drills	In-situ simulated skills drills that provide an opportunity for staff to explore, practice and be clear about their roles and responsibilities in managing emergencies as an MDT within the clinical area they work in. These are in addition to the skills drills with maternity MDT days.
Education Team	The education team consist of all staff working within the education faculty to teach, facilitate, support, organise training and development programmes for all staff groups in maternity.

	They will work collaboratively with the Trust to ensure that training is integrated at local level.
E-Learning	Some STAM training will be accessed online via Iris (the Trust's learning management system), other online training platforms such as e-Learning for Healthcare, K2MS™ Perinatal Training Programme (PTP).

6.0 Responsibilities, accountabilities and duties

6.1 Director of Midwifery (DoM)

The DoM holds overall accountability of ensuring midwifery, nursing and maternity support staff within maternity services attends STAM and departmental training, across the whole Trust. They have a joint responsibility with the wider midwifery team to promote a positive learning culture.

6.2 Head of Midwifery (HoM)

The HoM has the responsibility of ensuring *midwifery, nursing and maternity support staff* within maternity services attends STAM and departmental training across the hospital sites relevant to role.

6.3 Divisional Director of Operations (DDO)

The DDO holds overall accountability for ensuring that *medical staff* attend STAM and departmental training. This is supported by the obstetric clinical director, college tutor, and the divisional manager for Women and Children's Health. They must also act on the findings of reports/communication supplied from the Trust's learning and development team and/or the maternity education team in relation to attendance of STAM or departmental training.

6.4 Matrons

Matrons have the responsibility for ensuring that the maternity rota reflects the training days with minimal impact on safe staffing levels within the clinical departments. They are also responsible for ensuring the 'non-attendance at departmental education day process' is followed ([Appendix 1](#)), working with the PDMs/CSFs to ensure appropriate follow-up, including re-booking of those sessions missed.

6.5 Leads for Education

The Leads for Education and Training must report compliance of training for obstetric skills drills and fetal monitoring to the appropriate HoM monthly and compliance of training in all core competencies to the MIS, the Care Quality Commission (CQC) when required, and the Local Maternity and Neonatal System (LMNS) as per perinatal quality surveillance operating model.

The Leads for Education and Training are responsible for the updating and management of the National Training Needs Analysis Mapping Tool in collaboration with the LMNS. For the most up to date version for this Trust, please contact the Leads for Education and Training.

6.6 Practice Development Midwives (PDMs) (WH&SRH) and Clinical Skills Facilitators (CSF) (PRH&RSCH)

PDMs/CSFs will work in collaboration with administrators to ensure employees are allocated departmental education days in advance. The PDMs/CSFs will work in collaboration with matrons and line managers to ensure all maternity staff members attend their departmental education days when allocated. The PDMs/CSFs are responsible for the organisation, design, and facilitation of training programmes. PDMs/CSFs must ensure that attendance and evaluations are recorded and collate records of all annual training.

The PDMs/CSFs, in collaboration with the wider maternity education teams, are also responsible for facilitating and recording all other maternity specific training updates. PDMs/CSFs will follow-up on non-attendance (following the 'non-attendance at departmental education day process' ([Appendix 1](#)), rebook the missed education and escalate to the appropriate line manager/education clinical supervisor:-

6.7 The Medical Workforce (obstetrics and anaesthetics)

The obstetric and anaesthetic leads, in collaboration with rota coordinators, are responsible for providing the Leads for Education and Training with regular and up to date staff group lists to ensure appropriate training is booked. The rota coordinator will ensure staff are given protected time to attend mandatory booked and should be marked as study leave on their roster. Ockenden (2022) stipulates that the Trust must provide protected time to ensure that all clinicians are able to continuously update their knowledge, skills, and techniques relevant to their clinical work.

6.8 The Maternity Rota Leads and Maternity Administrators

The Maternity Rota Leads and Maternity Administrators are responsible for providing the PDMs Leads for Education and Training with regular and up-to-date staff group lists to ensure appropriate training is booked. This needs to be reflective of new starters, leavers, long-term sick leave, and parenting leave.

6.9 The Maternity Education Administrator

The Maternity Education Administrator with the department lead managers will book staff in all disciplines' mandatory departmental education days.

6.10 Staff Members

Staff members are responsible for:

- Requesting the allocation of departmental education days on Health Roster, attending STAM and departmental training within date of expiry. In case of sickness staff member

to call maternity bleep holder if unable to attend education day with less than 24 hours' notice.

- Member of staff to inform maternity bleep holder/line manager if unable to attend training and for them to inform practice development team
- Attending and completing maternity mandatory training in addition to the trust Statutory and Mandatory training. To accept personal responsibility for professional updating and be aware of the training requirements for their role.
- Ensuring their Line Manager/Matron has authorised their release from the workplace to undertake training.
- Participating fully in annual performance development Review meetings and take responsibility for following through any objectives set.
- Developing a personal development plan in line with the results of their performance development review (appraisal), and in agreement with their line manager. Keep records of all training they have completed, as per revalidation requirement and NMC/GMC Code and job role specification.

6.11 Non – Substantive Staff Bank Only Midwives

Non – Substantive Staff Bank Only Midwives are required to complete all statutory and mandatory training and attend all mandatory departmental training every 12 months.

6.12 Non-Substantive Medical Staff and Student Midwives

Locum Doctors: It is the responsibility of the college tutor, on-call Consultant Obstetrician, Neonatologist, Paediatrician or Anaesthetist to confirm the competency of Locum doctors, as per the [Guidance on the engagement of short-term locums in maternity care \(rcog.org.uk\)](https://www.rcog.org.uk/guidance/short-term-locums-in-maternity-care) There is an induction process in place, managed by the temporary staffing office.

Student Midwives: Whilst not mandatory, student midwives are invited to attend the same training days as the midwives. This will be managed by the practice education facilitators (PEFs), linking in with the PDMs/CSFs.

6.13 Fetal Monitoring Team

The Fetal Monitoring Team will champion fetal surveillance training, promote best practice and provide expert opinion at incident reviews. The fetal monitoring team will provide annual MDT fetal surveillance training for all obstetricians/trainees and midwives together. An annual competency test is required for all obstetricians/trainees and midwives, and this will be provided by the fetal monitoring team. Compliance and competency assessment rates to be reported monthly via the Trust's maternity safety and quality report, with onward reporting to the LMNS. If competency in fetal monitoring is not met, then it is the responsibility of the fetal monitoring team to record and escalate to line managers and/or the obstetric clinical lead. (See [Appendix 2](#) for midwives).

6.14 Practice Education Facilitators (PEFs)

PEFs will be responsible for students (midwifery and paramedic) in the unit. They will allocate practice supervisors and practice assessors and provide a valuable source of support that addresses clinical skill development and teaching for students.

6.15 Preceptorship Lead

The Preceptorship Midwife will ensure the development of the preceptorship programme, to be in line with the national framework. They will also provide pastoral support for this staff group and ensure all meetings and assessments are carried out in a timely manner, and the preceptorship skills passports are completed, to progress to band 6.

6.16 Clinical Skills Facilitators (CSFs)

CSFs will ensure that newly qualified midwives are supported in completing their preceptorship programme. They will provide support for preceptees in the clinical settings to consolidate. CSFs will also offer clinical support to all other bands of staff when requested.

The CSF is responsible for the development, coordination, managing, facilitating, conducting, and evaluating competency in the clinical setting for students in collaboration with Practice Supervisors, Practice Assessors and Academic Assessors as required. (WH/SRH not RSCH/PRH). CSFs will support the maternity education programme with development and facilitation and conduct in-situ skills drills. CSFs will provide education and support for medical students, in their 4th year, during rotation to obstetrics and gynaecology.

6.17 Maternity Care Assistants (MCA), Maternity Support Workers, (MSW), & Nursery Nurses

These staff members are responsible for completing all Trust STAM and attending mandatory departmental training.

6.18 Non-Registered Staff Band 2-4

Non-Registered Staff Band 2-4 are responsible for ensuring they attend the relevant training which will have been shared with them via their line manager. Challenges to attending will be escalated by them, to their line manager enabling remedial action, including re-booking of session, to occur. To complete the trust requirements for the care certificate, including the standard 16 maternity clinical document within 3 months of commencing employment.

6.19 Governance

Maternity governance leads will work in collaboration with the practice development midwives to ensure learning from local incidents is incorporated into the mandatory departmental training programme and recommendations from local case reviews is disseminated through training in a timely manner.

7.0 Training Requirements / Annual Program

Departmental learning is facilitated 12 months of the year. It is expected that all staff groups: Obstetricians/trainees, Midwives, Anaesthetists/trainees, Registered Nurses in Maternity, Maternity Support Workers, Nursery Nurses, and Maternity Care Assistants should form the multi-disciplinary team (MDT) for training. Training will be reviewed annually in line with the Core Competency Framework <https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00239ii-cf-minimum-standards-and-stretch-targets.pdf>.

A plan for the content listed within the framework will be agreed with the DOM, HOM's, Leads for Education and Training, Maternity Voice Partnership Chair, and Obstetric Clinical Lead. An annual review will be undertaken to ensure learning from local cases remains relevant.

7.1 Skills Drills

The annual simulated skills drills training, as directed from the core competency framework, will ensure that any local training needs identified from governance reports are addressed.

Skills drills sessions within the maternity education programme will be facilitated by an MDT faculty who have allocated time within job plans. The named faculty members will be known during the yearly planning cycle and allocated accordingly which will ensure any gaps within the faculty are recognised early and mitigations put in place.

This training may be presented as multidisciplinary scenarios or a workstation and must be representative of the local population.

All staff who provide clinical maternity care attend MDT skills drills annually. Staff who work together must train together (Ockenden, 2022). Attendance records will be completed, and attendance rates will form part of the monthly education report as part of the wider department governance report. Attendance will be recorded using the maternity education database and Trust IRIS training platform.

Maternity theatre staff working in maternity theatres for 1 session a week or more, will be invited to attend a skills training day annually. This will be booked via to theatre education team, in collaboration with the maternity education team.

7.2 Neonatal Life Support (NLS)

All staff caring for women and birthing people, babies and families must attend an annual newborn life support training update. There is a national standard of this training being delivered by an NLS instructor and supported by education teams.

7.3 Fetal Monitoring

The training is facilitated by the fetal monitoring lead midwives and obstetricians. Annual update of fetal monitoring is fundamental to numerous national drivers. The fetal monitoring midwives, in collaboration with the fetal monitoring obstetric leads, will lead in best practice, provide training and support to staff as well as facilitating regular case sessions.

All midwives and obstetricians are expected to attend MDT fetal monitoring training and pass a competency assessment every 12 months. Time is given at the end of MDT training day to complete. This is online, using the K2 fetal monitoring learning package.

7.4 Live drills/ In-situ Simulation (announced and unannounced and within the clinical area)

Will be carried out in all areas across all 4 sites, a minimum of 2 per site and are in addition to the maternity training programme MDT simulated skills. These will focus on the drills that do not form part of the skills drills day as well as in response to recurring themes from clinical incidents, ensuring learning from incidents is being triangulated back into practice. Immediately after any skills drill a feedback/reflective discussion for all staff involved will take place and learning disseminated with participants. These sessions will enable efficiency of technical systems, multidisciplinary team working, including human factors and situational awareness to be tested. The sessions will be coordinated by the education team, with the wider clinical team forming part of the faculty.

7.5 Trust Funding for CPD & external courses

The Trust is fully committed to providing the highest quality care and as such acknowledges the importance of providing accessible, essential, and suitable training that promotes a competent and confident workforce. The NMC confirms the employer's role in supporting and encouraging CPD as an integral part of clinical governance and good employment practices. All staff will be given the opportunity on a yearly basis to express interest for academic pathways and specialist modules.

Education and training needs must be identified with line managers as part of the annual appraisal process. Approval by the individual's line manager and the practice development team of UH Sussex is required. All mandatory training must be attended in working hours, any essential learning to job role must be supported with paid working time. All other CPD attendance in working hours must be discussed with the individual's line manager.

As part of our commitment to safety and improving standard of care, courses such as Newborn Life Support (NLS), Newborn and Infant Physical Examination (NIPE) will be considered essential courses. Priority for NLS will be given to the maternity education team, labour ward coordinators, community midwives attending home births and staff who are involved with hospital transfers.

The Leads for Education and Training are responsible for coordinating the process within maternity that enable individual CPD requirements to be submitted to the wider Trust education lead for funding to be considered. A yearly outlook of CPD funding that may be required in the department must be submitted to the Trust's practice development team at the beginning of every financial year.

The Leads for Education and Training will maintain a CPD database to ensure equity of training opportunities and for monitoring purposes. The consultant midwife, HoMs, and DoM will agree to essential training needs for the service.

Staff must sign a learning agreement when attending extra study organised by the maternity department ([Appendix 3](#)) and use Trust's learning platform, IRIS, to apply for study funding for other external courses and complete learning declaration on there.

7.6 NIPE Core Competencies

The NIPE practitioner must demonstrate the following competencies as set out within [NIPE peer review framework](#)

The annual assessment will be aligned to individual practitioner appraisal records, confirming competence to practice.

A local register will be held of NIPE Practitioners who have attended annual update and have attained/maintained competency will be maintained by the NIPE lead (RSCH/PRH) / Public Health Midwife (WH/SRH) and shared with the PDMs/CSFs. This will then be reported on annually via the education element of the governance report.

Newly qualified midwives are to complete 10 supervised and 10 unsupervised NIPes after qualifying and passing the NIPE module at their attended university and then adhere to the above. This is a local agreement, with NIPE lead/public health midwife.

7.7 Baby Friendly Initiative (BFI)

Whilst the agreed length of training is at the discretion of the Trust, in order to meet the requirements, it is recommended by UNICEF BFI that all new starters in maternity and neonatal staff are orientated to the infant feeding policy during their induction period and attend a 2-day BFI Induction Day during their induction period, and always within 6 months of starting.

It is also recommended by BFI that all maternity staff do a full day face-to-face training once every 3 years. Then updates yearly within the maternity update days.

7.8 Patient Group Directions (PGD)

Registered staff will complete a training package on IRIS regarding the use of PGDs. Staff will then complete specific training on drugs used within their job role. This will be monitored by the Practice Development Team and made available to all clinical areas.

7.9 Training & attendance records

The maternity service will implement a plan to achieve a minimum of 90% attendance per annum by its staff at all departmental mandatory education days, including MDT skills drills, fetal monitoring training and Trust STAM. This will be reported at the Trust's maternity safety and quality monthly meetings, both verbally and via the governance report. Onward monthly reporting to the LMNS will occur as per the perinatal quality surveillance model.

Staff who are on long term sick leave or maternity leave will not be included in the figures but will be allocated training dates upon their return to work. Rota leads and maternity administrators must notify maternity education administrators and PDMs/CSFs of their return to duty.

Staff will be allocated their relevant maternity education days by the maternity education team, and this will be emailed out to individuals as well as booked on IRIS by the maternity education team administrators. Staff training dates are added to the roster by individuals themselves, then checked by the maternity education administrator (PRH/RSCH).

Maternity staff at SRH/WH will have training dates allocated by the PDT administrators and agreed with their roster coordinators. These will be added to health roster and IRIS by the PDT administrators and roster coordinators.

It is the responsibility of all clinical area matrons to ensure staff are given protected time to attend all annual training.

Decisions to take midwifery and support staff off any mandatory departmental education days to provide clinical care must only occur in extreme circumstances and this decision can only be made by the Head of Midwifery or the person with delegated responsibility. The PDMs/CSFs must be notified at the earliest opportunity to ensure the staff member can be rebooked onto the next available session. This must also be reported by the Leads for Education and Training via the monthly education feedback within the divisional safety and quality report - including which education day, the number of staff affected and the staffing group. This will enable early identification and mitigate against non-compliance with training trajectories.

Decisions to take obstetric staff off any training days to provide clinical care can only be made by the Clinical Director or the person with delegated responsibility. The process follows the above.

It is the responsibility of all staff to ensure they attend their annual updates/ training to ensure they are competent in the sphere of practice.

8.0 Monitoring arrangements

Leads for Education and Training to review annually in-line with recommendations released by national drivers, service user input and local learning.

The Maternity Education Policy will be monitored by the maternity education team.

The maternity education team, will contribute to the monthly governance report, including the following:

- Compliance of attendance of core competency training for all staffing groups, over a rolling 12-month period.
- Competence percentage for fetal monitoring assessment for relevant staffing groups, over a rolling 12-month, period.
- Quarterly attendance allocation and compliance against scheduled attendance.
- Monitoring that the steps identified in the pathway for staff non-attendance at training has been followed for those who fail to attend and complete relevant training programmes.

Ensure that the results of audit, learning from Incidents, complaints, claims and other information sources have been considered as part of the ongoing reviews of training.

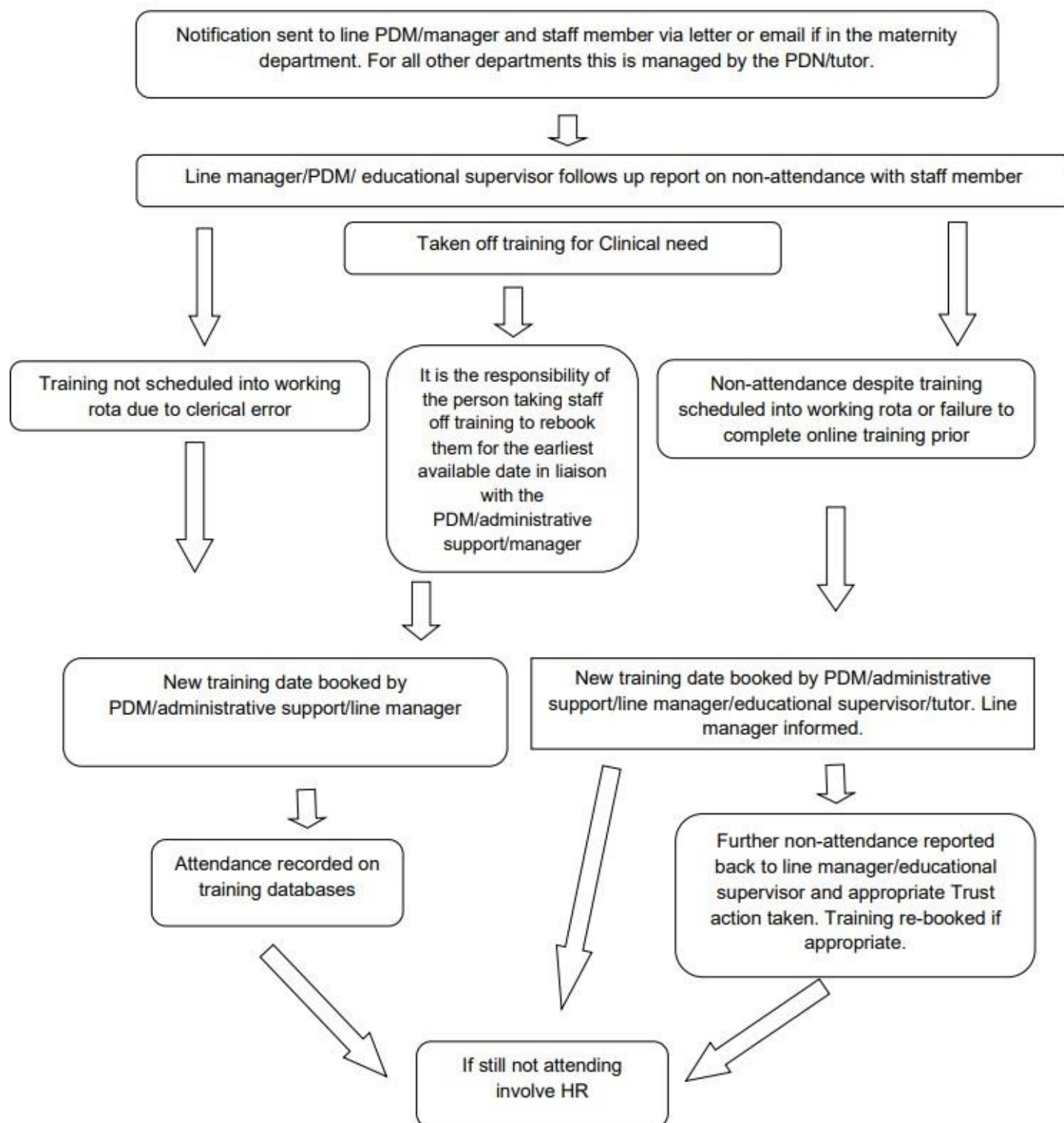
Results will be analysed and, where deficiencies have been identified, an action plan will be developed collaboratively by the maternity education team.

9.0 Due Regard Assessment Screening

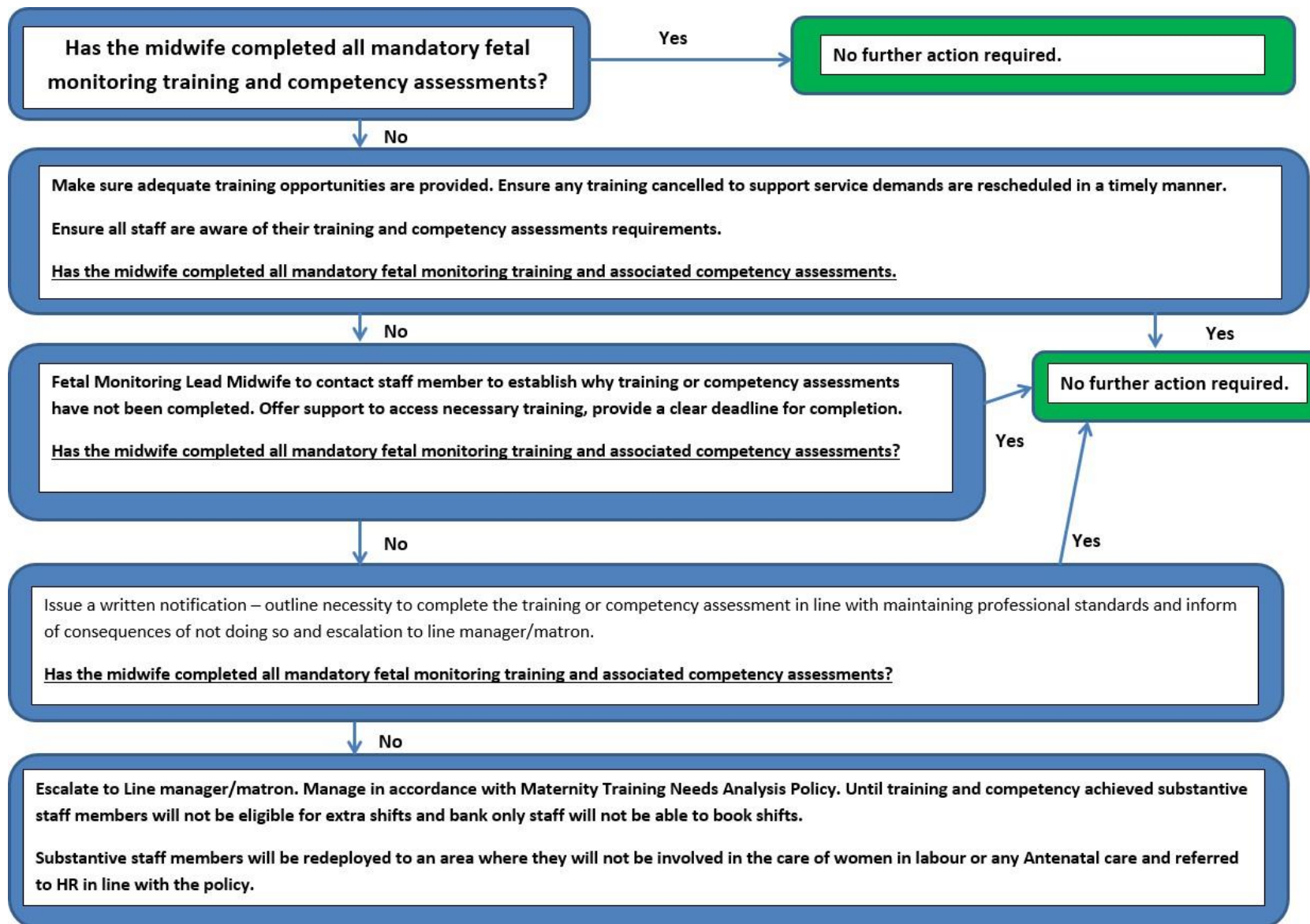
University Hospitals Sussex NHS Foundation Trust has a statutory duty to assess and consult on whether planning, policies and processes impact service users, staff and other stakeholders with regard to age, disability, gender (sex), gender identity, marriage or civil partnership, pregnancy and maternity, race (ethnicity, nationality, colour), religion or belief and sexual orientation. It recognises that some people may face multiple discrimination based on their identity. A review of the assessed impact of this policy against these criteria can be seen ([Appendix 4](#)).

Appendix 1: Non-attendance at departmental education day process

Episode of training identified as non- attendance from training organisation



Appendix 2: Fetal monitoring competency assessment failure process



Appendix 3: Learning Agreement

Thank you for taking the time to enhance your continuous professional development. Funding for this course has been provided by the Trust. It is important that you are aware of the below conditions to ensure all staff members have the best opportunity for learning.

Please read and sign the declaration below. Please tick each box;

- ☐ I confirm that I am up to date with all statutory and mandatory training, or if not yet completed; I am booked to attend.
- ☐ I confirm that I have attended all mandatory maternity education days which I am required to attend, or if not; I am booked to attend.
- ☐ I confirm that I am in date with my annual appraisal
- ☐ If for any reason I cannot attend this course/study/conference, I will advise the practice development midwife and/or education administrator with at least 7 days' notice so that my place can be offered to someone else.
- ☐ If I am unable to attend due to sickness, I will inform the practice development midwife and/or the education administrator with as much notice as possible so that my place can be offered to someone else.
- ☐ Please tick to confirm if necessary to job role you are up to date with professional registration and revalidation.

Please complete and return this form to: uhsussex.maternitypracticedevelopmentteam@nhs.net

Name:.....

Signature:.....Date.....

Appendix 4: Due Regard Assessment Tool

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/ No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age	No	
	· Disability	No	
	· Gender (Sex)	No	
	· Gender Identity	No	
	· Marriage and civil partnership	No	
	· Pregnancy and maternity	No	
	· Race (ethnicity, nationality, colour)	No	
	· Religion or Belief	No	
	· Sexual orientation, including lesbian, gay and bisexual people	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	No	Currently the WRES data is unable to demonstrate the impact on race and training opportunities
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the document likely to be negative?	No	
5.	If so, can the impact be avoided?		Currently the WRES data is unable to demonstrate the impact on race and training opportunities
6.	What alternative is there to achieving the intent of the document without the impact?	NA	
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?	NA	
8.	Has the document been assessed to ensure service users, staff and other stakeholders are treated in line with Human Rights FREDA principles (fairness, respect, equality, dignity and autonomy)?	No	Review annually

If you have identified a potential discriminatory impact of this policy, please refer it to **[Insert Name]**, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact uhsussex.equality@nhs.net (01273 664685).

Appendix 4: Template Dissemination, Implementation and Access Plan

To be completed and attached to any policy when submitted to Corporate Governance for consideration and TMB approval/ Clinical Documents Approval Group

To be completed and attached to any policy when submitted to Corporate Governance for consideration and TMB approval.

	Dissemination Plan	Comments
1.	Identify:	
	Which members of staff or staff groups will be affected by this policy?	Maternity Staff
	How will you confirm that they have received the policy and understood its implications?	Dissemination through the usual communication channels and highlighted at Safety Huddles.
	How have you linked the dissemination of the policy with induction training, continuous professional development, and clinical supervision as appropriate?	All new members of staff are shown where to access Clinical documents that are relevant to their area of practice.
2.	How and where will staff access the document (at operational level)?	Accessed by staff via Sharepoint.

		Yes/No	Comments
3.	Have you made any plans to remove old versions of the policy or related documents from circulation?	Yes	Previous versions will be archived as part of the uploading onto sharepoint process.
4.	Have you ensured staff are aware the document is logged on the organisation's register?	Yes	Dissemination plan includes notifying staff via email, departmental noticeboards, and safety huddles.

Appendix 5: Policy Version Control Log

Version	Date	Author	Comment
1.0	November 2023	Practice Development Midwives	New Trust wide policy replacing Maternity TNA policy UHSC073
2.0	December 2024	Claire O'Brien Lead Midwife for Training and Education (SRH/WH)	Annual review.

Appendix 6: Additional guidance and information

[Guidance on the engagement of short-term locums in maternity care](#)

<https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00239ii-ccf-minimum-standards-and-stretch-targets.pdf>.

<https://www.england.nhs.uk/publication/core-competency-framework-version-two/>

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/achieving-sustainability-standards-guidance/>

[OCKENDEN REPORT - FINAL](#)

[NIPE peer review framework - GOV.UK](#)

Links to other Trust policies

Trust STAM policy: [here](#)