

<b>Guideline Title</b>	<b>Training Needs Analysis (TNA) and Training Plan: For Staff Caring for Women and the Newborn</b>
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<b>Clinical Director Approval</b>	Dr. Stephen Sturgiss
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<b>Review</b>	Updated June 2011 to incorporate Newcastle Birthing Centre Staff requirements
<b>Next review</b>	January 2013

## **1. Introduction**

The training and development of staff is pivotal to the Trust and Directorate's overall vision and objectives for maternity services in regard to the delivery of safe, effective and quality client care. It is also important that learning and development resources are targeted appropriately to ensure their efficacy whilst reflecting both service priorities and governance requirements.

## **2. Purpose and scope**

The Directorate is committed to ensuring a highly motivated and highly skilled workforce that can serve the women, babies and families in our care both safely and effectively. The unit has adopted a systematic approach to training for all relevant staff groups who provide care.

This training needs analysis (TNA) and training plan outlines the minimum training needs of all relevant staff groups within the Directorate and provides details of the comprehensive programme of educational sessions.

The TNA focuses on the service specific training requirements considered to be mandatory by the Directorate to meet policy and CNST requirements. Trust wide mandatory training requirements are identified in the Trust Mandatory Training Policy and TNA, and therefore are not included in this document.

## **3. Service Description**

The maternity department based at the Royal Victoria Infirmary (RVI) delivers approximately 7,100 women per annum. We offer antenatal, intrapartum and post natal services to women with both low and high risk pregnancies. As a regional unit we also provide care to women with complications in their pregnancy via our Fetal Medicine Unit which includes a specialised session dealing with fetal cardiac anomalies. Our hospital based antenatal clinics are highly specialised and led by Consultant Obstetricians with an interest in the speciality.

In June 2011 the midwifery led Newcastle Birthing Centre based within the hospital opened.

We have 32 cots in our neonatal unit receiving babies from across the region. The neonatal unit is divided into three areas providing intensive care, high dependency and low dependency care.

## **4. Responsibilities**

4.1 All staff within the Directorate have a responsibility to maintain their professional development and ensure they fulfil their mandatory training requirements.

4.2 Training Lead/Educational Supervisors Line managers are responsible for discussing the training needs of individual staff during the Directorate induction period for midwifery, nursing and medical staff.

4.3 Training facilitators are responsible for forwarding attendance registers to Midwifery Administration so that the training database can be updated accordingly.

4.4 The TNA Lead will be responsible for generating attendance and non attendance figures so that compliance can be monitored carefully and reported to the Clinical Improvement and Risk Group (CIRG) annually.

## **5. Training Needs Analysis**

The following table details the essential clinical skills training needs within the Directorate. The Maternity Service promotes a multidisciplinary approach to training with the majority of training sessions being open to all identified staff groups as detailed in the TNA below and allocated to those staff who require the training irrespective of their profession. The multidisciplinary approach is particularly promoted at the emergency skills and drills sessions with all relevant staff groups included and participating in the exercises.

Course title	Staff groups	Frequency	Who should attend /complete
<b>Risk Management</b> (incident, complaints and claims)	All staff groups	Once only during induction / probationary period	Midwives, Nursery Nurses and HCAs  Obstetricians  Neonatal Nurses Nursery Nurses and HCAs  Neonatologists
<b>CTG Training</b> Covered on Clinical Skills Day (Maternity)	Midwives and Obstetricians	Annually	Midwives  Consultant Obstetricians  Obstetric Medical Staff
<b>Early Recognition of a Severely Ill Pregnant Woman (aka MEOWS Training)</b>  Covered on Clinical Skills Day (Maternity)	Midwives and Obstetricians	Annually	Midwives  Consultant Obstetricians  Obstetric Medical Staff
<b>Assessment and Repair of Perineal Trauma</b>	Midwives and Obstetricians	<b>Midwives</b> Once only stand alone programme with the opportunity to revisit the programme should any deficit in clinical competency be identified by individual staff member.  <b>Obstetric Medical Staff</b> All Speciality Trainees are assessed in accordance with the RCOG (OSAT) Competency Framework. They are assessed by a designated Obstetric Clinical Supervisor. As with the midwifery programme this is a one off stand alone package.	Consultant Midwife  Core Midwifery Staff in Birthing Centre, Delivery Suite and Community  Band 6 Rotational Midwives   Obstetric Speciality Trainees

<p><b>Clinical Skills Day (Maternity)</b></p>	<p>Midwives and Obstetricians</p>	<p>Annually</p>	<p>All Midwives (including Directorate Management Team)</p> <p>Consultant Obstetricians</p> <p>Obstetric Medical Staff</p>
<p><b>Emergency Skills and Drills (Maternity)</b></p>	<p>Multi-Disciplinary drills with attendance dependant on clinical workload.</p>	<p>Takes place once per month on Delivery Suite (attendance is as availability allows)</p>	<p>Obstetricians</p> <p>Midwives</p> <p>Theatre Team</p> <p>Anaesthetists and Anaesthetic Nurses</p> <p>Nursery Nurses</p> <p>Health Care Assistants</p>
<p><b>Emergency Skills and Drills (Neonates)</b></p>	<p>All Staff groups within Neonatal Services</p>	<p>Takes place once per month (except the month of August). Usually undertaken as part of the Neonatal Clinical Skills Day.</p>	<p>Consultant Neonatologists</p> <p>Neonatal Medical Staff</p> <p>Neonatal Nurses</p> <p>Nursery Nurses (both neonatal and maternity)</p>
<p><b>Adult/Maternal Resuscitation</b></p> <p>Covered on Clinical Skills Day (Maternity) for staff groups listed opposite.</p> <p>Covered on Health and Safety Day (Maternity) for staff groups listed opposite.</p> <p>Covered on Clinical</p>	<p>All staff groups within Maternity and Neonatal Services</p>	<p>Annually</p>	<p>Midwives</p> <p>Consultant Obstetricians</p> <p>Obstetric Medical Staff</p> <p>Sonographers</p> <p>HCA's</p> <p>Consultant Neonatologists</p>

<p>Skills Day (Neonates) For Consultant Neonatologists, Neonatal Nurses and Nursery Nurses (Maternity and Neonates)</p> <p>Covered as part of induction programme for Neonatal Medical Staff</p>			<p>Neonatal Nurses</p> <p>Nursery Nurses (Maternity and Neonates)</p> <p>Neonatal Medical Staff</p>
<p><b>Neonatal Resuscitation</b></p> <p>Covered on Clinical Skills Day (Maternity)</p>	<p>All staff groups within Maternity and Neonatal Services</p>	<p>Annually</p> <p>Every 3 years</p> <p>Annually</p>	<p>Midwives</p> <p>Consultant Obstetricians</p> <p>Obstetric medical staff</p>
<p>Clinical Skills Day (Neonates)</p> <p>Neonatal Advanced Life Support</p>	<p>Nursing Staff within Neonatal Services</p> <p>Neonatal Medical Staff</p>	<p>Annually</p> <p>Every 4 years in accordance with the requirements to meet NALS standards</p>	<p>Neonatal Nurses</p> <p>Nursery Nurses (Neonates)</p> <p>Nursery Nurses (Maternity Post Natal wards)</p> <p>Consultant Neonatologists</p> <p>Neonatal Medical Staff</p>
<p><b>Examination of the newborn</b></p>	<p>Midwives and Neonatal Nurses</p>	<p>Dependent on service requirements and designated area of practice. Once only stand alone programme incorporating theoretical session followed by a minimum of 16 practice based competency</p>	<p>Core Midwives, in Birthing Centre, Community and Postnatal Services</p> <p>Neonatal Nurses- Low Dependency Area of SCBU</p>

		<p>assessments. If an individual midwife or nurse is unable to undertake newborn examinations on a regular basis over the two year period immediately following training, they are expected to undertake the full theoretical and competency based package again</p>	
	Neonatal Medical Staff	<p>Dependant on level of experience.</p> <p>Will follow Directorate based theoretical training as indicated above followed by practical teaching during induction programme supported by clinical supervision as required.</p>	Neonatal Medical Staff
<b>Infant feeding</b>	All Midwifery and Nursing Staff	Stand alone programme with the opportunity for updates should practice changes be implemented. The programme is delivered in accordance with the recommended UNICEF Baby Friendly Initiative standards.	Midwives Neonatal Nurses Nursery Nurses (Post Natal and Neonatal Services) HCAs (Maternity)
	Obstetric and Neonatal Medical Staff	As part of the medical staff induction programme they receive an introduction to infant feeding and UNICEF Baby Friendly Initiative standards and accreditation.	Obstetric and Neonatal Medical Staff

<b>Care of the Woman following an Operative Intervention</b>	Midwives	Completion of six key elements pertaining to c/o the woman in the recovery period. This is part of the Preceptorship Programme for Delivery Suite (only needs to be done once).	All "New To Post Midwives"
<b>Antenatal Maternal Screening</b> Covered on Health and Safety Day	Midwives, Sonographers and HCA's	Annually	All Midwives, Ultrasound Sonographers and HCA's (Maternity)
<b>Mental Health</b>	Midwives, Nursery Nurses, HCAs  Obstetric Medical Staff	Every 3 years  Every 2-3 years	All Midwives, Nursery Nurses and HCA's (Maternity)  Obstetric Medical Staff  There is no requirement for Consultant Obstetricians to receive training on mental health issues as part of a specified rolling programme

## **6.0 Process for ensuring that all staff attend and complete the relevant training programmes**

### **6.1 Booking of Training Sessions**

All attendance for training sessions is recorded on a centralised electronic database which is managed within Midwifery Administration and is maintained by a designated member of the secretarial team. This includes the addition of all new members of staff, removal of staff no longer in our employ and any changes to personal details.

The designated secretary books training sessions for all staff and notifies the off duty co-ordinators in each area of the names of staff allocated to attend training, the programme they are attending and the dates of attendance. There is an expectation that if the co-ordinators envisage difficulty in allocating any member of staff that they inform the secretarial team without delay. A clear reason for non allocation must be provided.

At the same time the designated secretary writes a letter to the individual members of staff outlining the information as detailed above. A copy of the programme content and any other requirements pre attendance are provided.

As a safety net individuals are also sent information via their personal Trust based e-mail address.

## **6.2 Recording of Training Sessions**

An attendance register is compiled for the training programme and provided to the facilitators on the day of training. The completed register is returned to the designated secretary at the end of the session. To ensure that staff attend all scheduled sessions on both the Clinical Skills Day and Health and Safety Day the attendees are required to sign for their attendance at every individual session.

If they fail to attend any single session within the full designated programme, they are re-booked on the next available training day with the expectation that they will attend the relevant session(s) previously missed.

## **7.0 Process for Following Up Staff Members Who Fail To Attend Training Programmes**

7.1 On receipt of the attendance register all non attendees are noted on the database. An e-mail and letter is then forwarded to the relevant Senior Manager/Matron/Clinical Director asking them to follow up on the reasons as to why the member of staff did not attend. These reasons are then fed back to the secretary and logged on the database.

The member(s) of staff are re-allocated onto the next available training programme. The Directorate aim to reallocate within 12 weeks. Factors affecting this may include availability of courses, off duty commitments/capacity within the team and any personal staff reasons i.e. maternity leave, sickness absence and annual leave.

7.2 All members of staff who fail to attend for training receive a letter from the Senior Manager/Matron /Clinical Director requesting an initial explanation. This letter is placed on electronic file. In the event of failing to attend two consecutive training sessions an **appointment** will then be made for the individual member of staff to be seen by the relevant Senior Manager/Matron/Clinical Director to discuss the failure to attend. This meeting will be followed up in writing and placed on electronic file. If an individual member of staff fails to attend for **three** training sessions and no reasonable explanation can be offered, this matter is reported to the Head of Midwifery/Directorate Manager/ Clinical Director for their investigation.

7.3 Monitoring of compliance with attendance and DNA reporting is undertaken at CIRG on a 12 monthly basis.

## **8.0 Maintaining of Training Records**

All paper training records (attendance registers) from the previous 12 month period are retained within Midwifery Admin. This is separate to the records stored within the database.

All previous paper records from 2005 are archived and stored within Balliol Park. They can be obtained if requested within 72 hours.

### **9.0 System for ensuring that the results of audits and learning from incidents, complaints and claims are considered as part of the ongoing review of training**

Incidents, complaints and claims are presented by the Head of Midwifery/Directorate Manager monthly at CIRG and learning points identified for dissemination within the Directorate as outlined in the Risk Management Strategy.

Where CIRG identifies that there are Directorate training needs as a result of their review of incidents, claims, complaints and audits these will be considered and incorporated annually by the TNA Lead.

### **10.0 Process for Monitoring the Effectiveness of TNA**

<b>Requirement</b>	<b>Person responsible</b>	<b>Frequency</b>	<b>Report to and reviewed by</b>
Training Compliance Report with TNA, attendance and follow up of non attendance and learning points	Moira Hodgson, TNA Lead	Annual	CIRG

### **11.0 Review of the TNA**

The TNA will be reviewed by the TNA Lead on an annual basis with relevant changes made in accordance with national recommendations (NICE, DoH) and local recommendations (Datix, Case Reviews, Audit, Complaints and /or Claims). Complete revision of the document will be approved by CIRG.

## **Training Plan/ Course Information**

### **A. Assessment and Management of All Types of Perineal Trauma**

#### **Midwifery Staff**

The Directorate have an established and comprehensive stand alone training programme to assist newly qualified and new to post midwives in regard to perineal assessment and repair on their first rotation to Delivery Suite. The programme is supported by the Practice Support Midwives who are based on Delivery Suite and is available to the individual clinician as and when required. The programme is a mixture of theoretical and practical components followed by a period of competence based assessment by the Practice Support Midwives and/or appointed Mentor Supervisor.

Newly qualified midwives (Band 5) are unable to access the gateway for promotion to Band 6 until they are assessed as competent in this specific clinical skill.

Newly appointed Band 6 midwives who state they are able to suture will also be assessed in accordance with the programme to ensure competency to the level expected by the Directorate.

Should an existing Band 6 midwife be identified with concerns in respect of her competency to undertake perineal repair, she will be advised to discuss this with her designated SOM and/or Appraiser in the first instance. The SOM and/or Appraiser will then liaise with the Practice Support Midwives to agree a workable timescale in which to enable the midwife to re-engage with the programme until such time as she feels competent once again.

#### **Medical Staff**

As with midwifery staff, before conducting perineal repair independently all Obstetric Specialty Trainees (ST's) are assessed in accordance with the RCOG (OSAT) stand alone training package. The ST's are assessed and signed off by designated Obstetric Clinical Supervisors and competency documents are completed on line. On completion the document is printed off and retained by the trainee as part of their Personal Development File (PDF).

OSAT Objective Structured Assessment of Training

### **B. Care of Women Following Operative Interventions**

The Directorate have an established and comprehensive Preceptorship Programme for Delivery Suite which is in the process of being revised to incorporate specific requirements for the Birthing Centre which opens in June 2011.

As part of the programme all newly qualified and new to post midwives are required to undertake the care of a woman in the recovery period training which involves the completion of six key elements. The elements are

assessed by anaesthetic nurses who are familiar with working in our Obstetric Theatres.

### **C. Clinical Skills Day (Maternity)**

The clinical skills days are currently provided twice per month. They are an annual mandatory training day for all grades of midwifery and obstetric medical staff. The day incorporates skills and drills training pertaining to:-

- Ante Partum Haemorrhage
- Cord Prolapse
- Continuous Electronic Fetal Monitoring
- Early Recognition of Severely Ill Pregnant Women (Maternity Early Obstetric Warning Score – MEOWS)
- Eclampsia
- Vaginal Breech Delivery
- Shoulder Dystocia
- Adult/Maternal Resuscitation
- Neonatal Resuscitation
- Post Partum Haemorrhage
- Water Birth (Emergency evacuation of the pool).

The day is facilitated by experts in the subjects outlined (Practice Support Midwives and designated Consultant Obstetricians) and involves theoretical training supported by hands on simulated scenarios to individual smaller groups of staff from the overall cohort attending for the day. The aims of the scenarios are to link theory to practice whilst promoting the importance of working as a team.

There will be a maximum of 24 attendees to ensure that hands on opportunities are achieved. Attendees will be divided into small groups with a maximum of 8 per group. Group members will be selected to ensure a good skill mix. There will be one facilitator per group and the sessions will last between 30 – 90 minutes.

### **Clinical Skills Day (New to Post)**

#### **Midwives**

All newly qualified/appointed midwives undertake a modified programme which does not include Basic Life Support as this is completed as part of the Trust induction. The session does not cover breech delivery as this is provided as a one to one session as part of the preceptorship programme for Delivery Suite/Birthing Centre.

The scenarios used for the training are more lengthy in format and are delivered in a more instructive rather than interactive manner.

Group sizes are usually no greater than 8-10 midwives per session and are arranged on a service needs basis.

## **Obstetric Junior Medical Staff**

Clinical skills days are also planned to coincide with the new medical staff induction programme. The day usually takes place on Day 2 of their induction programme. Medical staff joining the Trust mid-rotation will be invited to attend the next monthly training day.

### **Clinical Skills Day (Neonates)**

The Neonatal Department conduct their own annual bespoke Clinical Skills training day covering the clinical training issues relevant to their individual areas of practice.

The day covers neonatal resuscitation in the same way as maternity and is delivered by Senior Neonatal Nurses working in every day clinical practice.

The day is attended by all Neonatal Nurses and Nursery Nurses working both within neonates and maternity.

As part of the training day an emergency skills drill (table-top) will be conducted by a Consultant Neonatologist and Senior Neonatal Nurse which incorporates elements of neonatal resuscitation within the scenario.

### **Emergency Skills and Drills (Maternity)**

Live skills drills are provided on an ad hoc basis on the Delivery Suite and Birth Centre.

The drills are coordinated by the Lead Consultant Obstetrician for Delivery Suite with the involvement of the Practice Support Midwives. One live drill is delivered per month on Delivery Suite. Clinical care takes priority over undertaking the drills and participation is only following agreement with the Delivery Suite Coordinator (Midwife), theatre team and anaesthetists. The drills will be multi-disciplinary in their approach with all relevant staff groups included and participating. The issues covered by live drills will be driven by clinical need, but every attempt will be made to address common emergencies such as shoulder dystocia and post partum haemorrhage, particularly early in the medical rotation.

It is well recognised that live drills play a valuable part of training in respect of staff management and the testing of systems and processes. Attendance at the live drills is in addition to the mandatory clinical skills day not an alternative.

### **Emergency Skills and Drills (Neonates)**

See Neonatal Clinical Skills Day

## **Maternal (Adult) Resuscitation for Sonographers and HCA's**

Sonographers and Health Care Assistants undertake mandatory training on an annual basis. This is provided as a bespoke session within the Directorate Health and Safety training day (Maternity). The session is provided by our Practice Support Midwives and Midwives who have received the recognised Trust approved sonographer resuscitation training.

## **Examination of the Newborn**

### **Midwives and Neonatal Nurses**

The Examination of the Newborn is a stand alone programme and is undertaken by all community based midwives, post natal core midwives, Birthing Centre core midwives and core nursing staff in the low dependency area of Special Care Baby Unit.

The programme involves a full day of theoretical training in regard to all aspects of examination of the newborn followed by the completion of a competency based practical training schedule which requires the practitioner to undertake a total of 16 examinations prior to sign off. The programme is delivered by a Consultant Neonatologist, Neonatal Education Supervisor and the Post Natal Liaison Nurse.

### **Neonatal Medical Staff**

New junior doctors who may be unfamiliar with a neonatal examination will receive theoretical and clinical based training (as outlined above) at the point of induction and during their initial weeks in post. Advice is always available from senior neonatal medical staff and/or Consultant Neonatologists on a daily basis.

## **Fetal Monitoring (CTG Interpretation)**

All midwives and obstetric medical staff will undertake CTG training on an annual basis. Training is provided as part of attendance on the Clinical Skills Day.

Additional training is available by completion of the K2 interactive computer programme which takes approximately 8-10 hours to complete. The package is broken down into sections to make completion more manageable. CTG reviews also occur, depending on the clinical case for discussion, as part of our Risk Management Meetings which take place on Delivery Suite on a daily basis between 8-9 am.

It should be noted these additional opportunities are over and above our minimum requirement.

## **Infant Feeding**

In January 2010 our new programme was launched with a three year plan in which to train all members of staff identified. This three year plan will keep the Directorate on target for meeting our UNICEF requirements by 2013.

The programme involves, as part of BFI Stage Two standards, all staff receiving one full day of classroom based training. This will be followed up by clinical based assessments supported by identified midwifery facilitators overseen by our Infant Feeding Coordinator. Attendance at the full day of training is the Directorate standard to ensure that staff are competent to provide support to women in regard to their infant feeding choices.

The session covers

- Skin to Skin Contact
- Development of the mother/baby relationship
- Sudden Infant Death
- Attachment and optimal positioning
- Physiology of the breast
- Baby led feeding
- Expressing of breast milk and safe storage of EBM
- Premature/vulnerable babies
- Ante natal information
- Longer term breastfeeding issues
- Artificial feeding.

## **Maternal Antenatal Screening Tests**

This is an annual requirement and is provided by the Directorate Midwifery Screening Co-ordinators as part of our Health and Safety programme.

The session is divided into three sections –

### **Ante natal**

- Fetal anomalies
- Trisomy 21
- Fetal anomaly scans

### **Infectious diseases**

- Hepatitis B
- HIV
- Syphilis
- Rubella

### **Sickle Cell & Thalassaemia – low and high prevalence processes**

The session also briefly introduces the Neonatal Blood Spot Screening.

National Screening Committee (NSC) key messages are implicit throughout the whole session.

### **Maternal Mental Health**

#### **Midwifery, Nursery Nurses and Health Care Assistants**

The Directorate has agreed to target key staff groups initially for this training. This will involve our community based staff in the first wave of training due to commence in July 2011.

Following this we will target our specialist midwives, core ANC/FMU and core ante natal services staff.

The Lead Midwife for Safeguarding Children has also incorporated more detailed information within her Safeguarding Children presentation in regard to mental health problems to raise awareness of the issues and paths of referral. This presentation is delivered as part of the Directorate Health and Safety day on an annual basis.

The bespoke mental health programme is delivered by mental health trainers working within the Perinatal Community Mental Health Team.

The session covers common mental health problems and how they can affect the woman in pregnancy and following the birth, recognition of a problem, pathways of referral and programmes of treatment and support.

### **Medical Staff**

As part of the Regional training programme senior, intermediate and junior obstetric medical staff all receive mental health training on a 2-3 year cycle. Following the theoretical component, the individual is required to complete clinical competencies linked to exposure to specific client histories pertaining to mental health. Clinical competencies are detailed in the individual RCOG log book and assessed by their obstetric clinical supervisors prior to signing off as part of their annual review by the Regional training programme directors. These core log book skills must be finally completed for progression through the speciality from ST5 to ST6 as fully completed. An e-portfolio is also retained by the RCOG.

Records of attendance for training are held by the Post Graduate department of Medicine and Dentistry (Newcastle University).

### **Neonatal Resuscitation**

#### **Midwives, Obstetric Medical Staff, Neonatal Nurses and Nursery Nurses**

This is provided on an annual basis to all midwives and obstetric medical staff as part of the maternity based clinical skills day.

It is also provided to all neonatal nurses and nursery nurses (both in maternity and neonates) as part of the neonatal based clinical skills day.

## Medical Staff

Prior to commencing their rotation into the neonatal department all junior, intermediate and senior neonatal medical staff are expected to have completed the NALS programme. On completion of the programme they are issued with a certificate which validates their competency in neonatal resuscitation. This certificate is valid for 4 years from the date of issue.

If they present to the department without a certificate they are fast tracked for immediate NALS training and attend any neonatal resuscitation in an observer capacity only.

Consultant Neonatologists would be required to complete NALS training also on a 4 yearly basis, but are undertaking regular skills/drills as detailed in the neonatal clinical skills day.

## Risk Management of Incidents, Claims and Complaints

The Directorate Risk management processes are discussed with all new members of staff as part of their Directorate based induction programme.

The Head of Midwifery/Directorate Manager presents the above on a quarterly basis as part of the Directorate Audit Meetings and every month at CIRG.

Multi-disciplinary risk management meetings take place throughout the Directorate (see table outlined below). They are conducted by a designated Consultant Obstetrician /Neonatologist and attended by the Risk Management Team midwives. The meetings discuss the DATIX forms generated by staff in accordance with the Directorate and Trust agreed trigger list.

The process to be followed for any lessons to be learned from incidents, claims and complaints is detailed in the Directorate Risk Management Strategy.

### Risk Management Meetings

Department	Frequency	Attendees	Responsible Committee
Delivery Suite (including obstetric theatres)	Daily	Consultant Obstetrician, Obstetric Medical Staff, Midwives, Anaesthetists, Midwifery Supervisors, Midwifery Manager/Matron	Obstetric Strategy Group (held monthly)  CIRG
Ward 34/MAU	Weekly (as part of the Grand Round)	Consultant Obstetrician, Obstetric Medical Staff, Midwives	Obstetric Strategy Group  CIRG

		and Matron	
Wards 32 and 33 (Post Natal)	Weekly (as part of the Grand Round	As above	Obstetric Strategy Group  CIRG
ANC/FMU	Monthly	Consultant Obstetricians, Midwifery Matron, ANC/FMU Midwives, Midwife Sonographers, Ultrasound Sonographers	Obstetric Strategy Group  CIRG
SCBU	Every 2 weeks	Consultant Neonatologists Neonatal medical team Neonatal Nursing Staff	Neonatal Departmental Meetings (held monthly)  CIRG