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Review of the Maternity Support Workers education programme and development of resources to support the Maternity Support Worker role



**Final Project Report
January 2023**



**Northern Ireland Practice & Education Council
for Nursing and Midwifery**



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1.0 Introduction

In 2021, the Chief Nursing Officer (CNO), Department of Health, (DoH) and the Director of Workforce Policy Directorate (DoH) commissioned the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to lead:

- 1.1 A review of the Maternity Support Workers education programme and;
- 1.2 Develop resources for the Maternity Support Worker role which reflect those endorsed by the DoH including Standards for Nursing Assistants (DoH, 2018a), the Induction and Development Pathway for Nursing Assistants (DoH, 2018b) and the relevant job description.

2.0 Context

Maternity Support Workers (MSWs) are an integral part of the maternity care team providing safe and effective woman centred care to women and their families, working under the direction and supervision of a registered midwife and within agreed guidelines and protocols.

It is widely accepted that the role of the MSW is not to replace midwives, but to support and complement care within the team (NHS Improvement, 2018). They do not make clinical judgements or decisions or initiate interventions (RCM, 2017) however, with appropriate training and supervision they are able to provide information, guidance, reassurance, assistance and support to mothers and their families.

The role of the MSW in Northern Ireland was established in 2009 in response to a review of skill mix in maternity services in Northern Ireland (DHSSPS, 2008). A regionally agreed (Band 3) job description for the role of the MSW was developed to ensure consistency across the Health and Social Care (HSC) Trusts and in 2010 a regional MSW education programme was developed using the National Vocational Qualifications (NVQ) Framework. This was supplemented by a 'Traffic Lights System' which sets out the tasks that can be undertaken by MSWs, those tasks for which the support worker requires further training and those that must not be undertaken. (SHSCT and HSC CEC, 2014).

In 2011, the NVQ Framework was replaced with the Qualifications and Credit Framework (QCF) and the MSW education programme was accredited as a QCF Level 3 qualification. Subsequently, in 2015 the QCF Framework was replaced with the Regulated Qualifications Framework (RQF) and today all MSWs receive an RQF Level 3 Diploma in Healthcare Support (Maternity Support Worker) qualification upon successful completion of the MSW education programme.

Many changes have taken place in the delivery of maternity care within Northern Ireland in the last two decades and with this, the role of the MSW has also evolved

and expanded. It was considered an opportune time to review the existing MSW education programme to ensure that it is fit for the MSW role now and into the future and explore opportunities to support MSWs in their professional development.

Taking this into consideration it was also considered essential to develop resources for the MSW role which reflect those endorsed by the DoH for Nursing Assistants (2018). Developing Standards for MSWs will provide clarity on the role and responsibilities of the MSW as well as provide assurances that they are working to an agreed standard. Development of an induction and development pathway will also provide a structured pathway for professional development and progression.

A review of the MSW job description was also necessary to ensure that it meets the requirements of the role.

3.0 Project Plan and Approach

In February, 2022, NIPEC established a Steering Group, co-chaired by the Assistant Director of Nursing, Workforce and Education (Southern HSC Trust) and a Midwifery Support Officer (DoH). Membership of the Steering Group included representatives from a range of stakeholders within HSC Trusts, professional and education provider organisations, a representative from Human Resources (HR), professional bodies and staff side organisations. A full list of the Steering Group membership can be found at Appendix 1.

A project plan, terms of reference, and time frame within which to achieve the objectives were agreed by the Steering Group at the first meeting.

It was agreed that a Working Group would be established to progress the desired objectives of the project. The Working Group was co-chaired by the Interim Head of Service Maternity and Gynae, Deputy Head of Midwifery, (Northern HSC Trust) and a Consultant Midwife and Deputy Head of Midwifery (Belfast HSC Trust). Membership of the Working Group comprised of representatives from HSC Trusts, Public Health Agency (PHA), education provider organisations, Vocational Workforce Assessment Centre (VWAC), professional bodies, staff side organisations, service users and Maternity Support Workers. A full list of the Working Group membership can be found at Appendix 2.

Both co-chairs of the Working Group were also members of the Steering Group who fed back regular updates, seeking clarity and approval on all decisions made, at each of the Steering Group meetings.

Equality and Human Rights Screening of this project was undertaken as required by Section 75 and Schedule 9 of the NI Act 1998 and it was considered that the project outputs will not have an adverse impact on any of the Section 75 groups.

The project plan comprised the following aim and objectives:

Aim

- I. Review and update the existing Northern Ireland regional MSWs education programme and;
- II. Develop resources for the MSW role which reflect those endorsed by the DoH i.e. the Standards for Nursing Assistants (DoH, 2018a), the Induction and Development Pathway for Nursing Assistants (DoH, 2018b) and relevant job description.

Objectives

1. Agree core competencies for the MSW role.
2. Review and update the MSWs education programme taking on board evidence from other United Kingdom (UK) jurisdictions.
3. Review the existing DoH resources for Nursing Assistants and where applicable align these for MSWs.
4. Develop a microsite on NIPEC's main website hosting all the resources and seek permission for it to be accessible on the Northern Ireland nursing and midwifery careers website.

A project timeline was developed to ensure the objectives were completed within an agreed time period (Appendix 3).

4.0 Project Outcomes

Objective 1

Agree core competencies for the Maternity Support Worker role.

In order to identify the core competencies for the MSW role, it was agreed at the first Steering Group meeting to identify and agree the regional core skills of the MSW across the 5 HSC Trusts and explore additional MSW skills from across the other 3 UK countries that would support and enhance the delivery of maternity care into the future. The data collection and analysis were conducted within a four-month period; March to June 2022.

The Working Group agreed the methodology to collect the data on the current core skills provided by MSWs across the 5 HSC Trusts. A scoping tool was developed to collect the data, and key individuals were identified within the five Trusts to facilitate the data gathering process. The scoping tool was developed taking information from the regional MSW job Description, Traffic Light System (SHSCT and HSC CEC, 2014) and the RCM '*Roles and Responsibilities of MSWs*' (RCM, 2017). The Working Group

also requested that additional information should be fed back on core skills midwives 'would prefer' MSWs to undertake in their HSC Trusts.

All 5 HSC Trusts returned their data which was consolidated, analysed, and presented for discussion and agreement.

Analysis of the returned data identified that the majority of the MSW core skills were similar across the 5 HSC Trusts, however there were a small number of outstanding core skills that required further discussion to decide if they should be included as part of the regional MSW core skills; see Table 1:

Table 1: Outstanding MSW core skills

Outstanding MSW core skills for discussion and agreement	Regional MSW core skill
1. Perform intravenous cannulation	No
2. Support midwives for home births/second person for deliveries	No
3. Perform Carbon Monoxide monitoring	Yes
4. Take infant capillary blood samples for glucose estimation	Yes
5. Assisting in basic life support measures of the infant	No
6. Scrub role in theatres	No

It was agreed that theatre duties should not be included as part of the MSW core skills and that HSC Trusts should if they require make their own local arrangements in respect of preparing MSWs to work in theatre environments.

In regard to assisting in basic life support measures of the infant, it was agreed that this should not be part of the MSW core skills. Within the hospital setting, the role and responsibilities of the MSW are to call for help and assist the health professional under guidance. Within the community setting the role and responsibilities of the MSW, who is working on his/her own, are to call the emergency contact number and take guidance from the call handler.

Continuity of Midwifery Carer (CoMC) is a key component embedded within the NMC pre-registration midwifery standards (NMC, 2020) and aims to provide consistency in the midwife or midwifery team that provides care to a woman and her baby throughout the three phases of her maternity journey: pregnancy, labour and the postnatal period.

It was agreed that this concept was important to include as part of the MSW core skills in order to support and future proof the role of the MSW. Representation from the CoMC team assisted in writing these MSW skills.

The next stage in reviewing the MSW core skills was to explore the core skills of MSWs in the other three UK countries to identify any additional skills that should be considered to inform this work. From this exploratory exercise the following core skills were identified and decisions were made by the Steering Group to include or exclude them as part of the regional MSW Core Skills (see Table 2).

Table 2. Additional MSW core skills identified from scoping MSW skills in the other 3 UK countries

Additional MSW core skills identified from scoping MSW skills in the other 3 UK countries	Include/exclude as a regional MSW core skill
Removal of epidural catheter	No
Obtain urine samples from baby	Yes
Perform catheterisation of bladder if required (theatre environment)	No
Rubbing up a contraction during a post-partum haemorrhage	No
Provide information, advice and support to vulnerable families and those with additional needs	Yes

The final stage in Objective 1. was to map the regionally agreed list of MSW core skills to MSW core competencies using the following 4 domains used in the Nursing and Midwifery Careers pathways: [working in health and social care | NIPEC \(hscni.net\)](http://www.nipec.hscni.net)

Domain 1. Clinical Practice

Domain 2. Education and Learning,

Domain 3. Research and Evidence Based Practice

Domain 4. Leadership and Management.

These competencies reflect the knowledge, skills and behaviours that an MSW must be able to demonstrate on completion of their programme and provides them with the

opportunity to build upon as they gain experience in practice. See Appendix 4 for the regionally agreed MSW core competencies.

The MSW core skills specifies the details that an MSW must be able to demonstrate safely and effectively in order to meet the MSW competencies.

The Traffic Lights System

It was agreed that Traffic Lights System (SCHSCT and the HSC Clinical Education Centre (HSC CEC), 2014) was a beneficial tool when the MSW role was first developed, however, the regionally agreed MSW competencies and MSW core skills should now to be used as the reference documents for the MSW role.

Objective 2

Review and update the Maternity Support Workers education programme taking on board evidence from other UK jurisdictions.

It was agreed that a Vocational Qualifications Level 3 Diploma qualification should continue as the minimum qualification standard for the MSW role and that the MSW education programme must enable the trainee MSW to develop the appropriate knowledge, skills, behaviours and subsequent competency in order to perform the role. All trainee MSWs will be required to receive all of the training provided within the programme regardless of where they are working within clinical practice.

An education sub-group (Appendix 5), convened from members of the Working Group, undertook an extensive desktop review of the existing education programme to map it against the regional MSW competencies and core skills to identify and address education content gaps. From this review the MSW education programme was divided into the following four components to address all the learning and development needs for the MSW role:

Table 3: Four components of the MSW education programme

	MSW education programme
1.	Regulated Qualifications Framework (RQF) units
2.	HSC Trust in-house education programmes
3.	HSC Clinical Education Centre (HSC CEC) programmes
4.	Mandatory training programmes specific for the MSW role

1. Regulated Qualifications Framework (RQF) units

A total of 17 RQF units were selected for the MSW education programme. These were identified as the most appropriate units to cover the key aspects of the MSW role (See Appendix 6). Members of the Vocational Workforce Assessment Centre (VWAC) team updated the content of the RQF presentations to reflect the new MSW core skills and competencies. These presentations were cross checked by members of the education sub group to ensure they reflected up to date evidence-based midwifery content and language and aligned to the NMC pre-registration midwifery standards (NMC, 2020) and the Royal College of Midwives (RCM) Rebirth project (RCM, 2022).

As there were no identified education programmes for the following MSW core skills; 'Infant capillary blood sampling for glucose estimation' and 'physiological observations

of the infant,' the SHSCT Vocational Workforce Assessment Centre agreed to provide these as modified RQF units with support from the HSC CEC.

2. HSC Trust in-house education programmes

The RQF units could not address all the MSW competencies required to achieve the Level 3 Diploma on their own, therefore it was agreed that the HSC Trusts would provide in-house training programmes to address the outstanding learning and development needs of 12 MSW core skills.

Members of the Working Group self-nominated themselves to develop in-house education programmes to meet the learning needs of these core skills (see Appendix 7).

It was also agreed that members of the CoMC teams in each of the HSC Trusts would provide the required learning and development to support MSWs in the provision of CoMC.

3. HSC Clinical Education Centre programmes

The HSC Clinical Education Centre (HSC CEC) has historically supported the provision of a number of education programmes to enable successful delivery of the overall MSW education programme. Arrangements with the HSC CEC to continue supporting and providing these programmes are under review. (See Appendix 8 for HSC CEC education programmes).

4. Mandatory training programmes specific for the MSW role

It was agreed that specific mandatory training programmes provided within the HSC Trusts could address some of the education needs within the regional MSW education programme.

HSC Trust representatives in the Working Group were asked to submit their mandatory training requirements for MSWs. The outcomes from this scoping exercise demonstrated a variance in the number and content of MSW mandatory training programmes provided across the five HSC Trusts. Mandatory training programmes specific to the MSW role were selected by the Steering Group and it was agreed that these must be completed within the education programme timeline, (Appendix 9).

It was also agreed that all additional elements of corporate mandatory training must be completed by the MSW within the HSC Trust specified timelines.

MSW Training and Competency Booklet

MSWs must be able to demonstrate details of the training and competencies they have achieved as well as identify areas of practice and skills, which require further development. It was considered important to develop a Training and Competency

Booklet to supplement the information required for the portfolio of evidence required for the RQF Level 3 Diploma in Healthcare Support (Maternity Support Worker).

Members of the Working Group worked in partnership to develop the MSW Training and Competency Booklet which contained details of all four components of the MSW education programme. This Booklet was tested by midwives, MSWs in practice and trainee MSWs. All feedback was accepted and approved by the Steering Group.

Objective 3

Review the existing DoH resources for Nursing Assistants and where applicable align these for Maternity Support Workers.

Standards for Maternity Support Workers

It was agreed that the development of Standards for the MSW was important as they would provide clarity on the role and responsibilities of the Maternity Support Worker and provide assurances that they are working to an agreed standard in providing safe and effective woman-centred care.

Evidence gathered across the other three UK countries identified that there was no recognised Code or Standards for Maternity Support Workers. Information in the RCM guide: 'The roles and responsibilities of MSWs' (2017) provided advice on the tasks that Maternity Support Workers can and cannot legitimately undertake.

The Working Group examined the DoH Standards for Nursing Assistants (2018a) and concluded these were applicable to the role of Maternity Support Workers with one minor amendment; changing 'people' to 'families'.

In addition, the following Codes were explored and it was agreed that 'advocacy' and 'consent' should also be incorporated into the Standards for Maternity Support Workers.

- Code of Conduct for Healthcare Support Workers. (Scottish Government, 2009)
- Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. (Skills for Care and Skills for Health, 2013)
- Code of Conduct for Healthcare Support Workers in Wales. (Welsh Assembly Government, 2011)
- Code of Conduct for HSC Employees. (Department of Health, 2016).
- The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates. (Nursing and Midwifery Council, 2018).

The following statement was agreed for inclusion to the MSW Standards:

This document utilises the terms 'woman' or 'women', however these terms will also apply to people who do not identify as a woman but are pregnant or have given birth.

The Steering Group approved the following Standards for Maternity Support Workers (2023):

Standard 1:

Support the delivery of safe, woman-centred and compassionate care for families who use our services.

Standard 2:

Communicate openly and honestly to promote the health and wellbeing of families who use our services.

Standard 3:

Maintain your knowledge, skills and experience to enable you to do your job effectively, in order to improve the quality of care for families who use our services.

Standard 4:

Respect and protect at all times the right to confidentiality, privacy and dignity for families who use our services.

Induction and Development Pathway for Maternity Support Workers

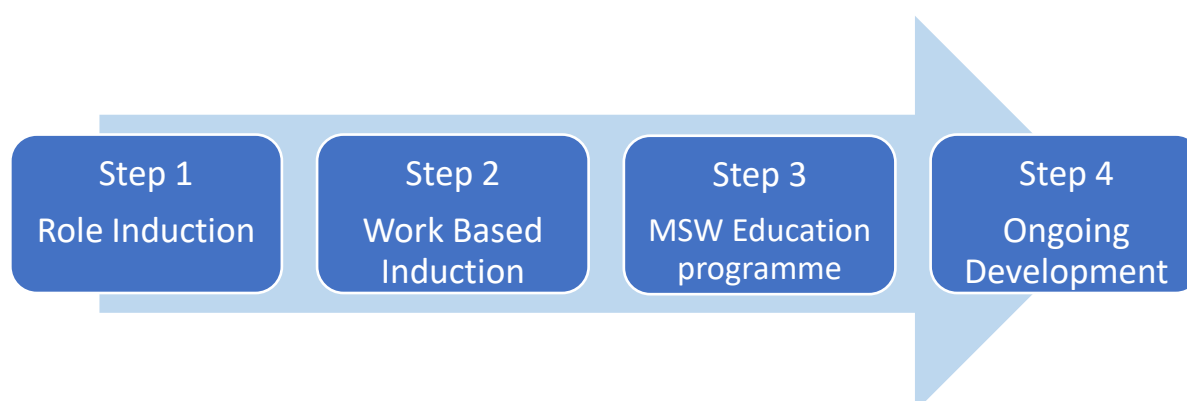
It was agreed that an induction and development pathway should provide trainee and existing Maternity Support Worker in HSC Trusts with a route to progress their ongoing learning and development.

Development of the Induction and Development Pathway was guided by the Induction and Development Pathway for Nursing Assistants (DoH, 2018) and work undertaken by the other UK Countries, namely:

- The Maternity Support Worker Competency, Education and Career Development Framework (HEE, 2019)
- The Certificate of Higher Education Maternity Care Assistant Programme: University of the West of Scotland: <https://www.nes.scot.nhs.uk/our-work/healthcare-support-workers-hcsws/>
- The Agored Cymru Level 3 Diploma in Maternity and Paediatric Support: <https://www.agored.cymru/Qualification-Guide/119>

The Induction and Development Pathway for MSWs is underpinned by the newly developed Standards for MSWs and comprises of four steps in which HSC Trusts can build in order to develop Maternity Support Workers in their role, assist in meeting the needs of women and their families and the HSC Trusts' needs.

Figure 1. Induction and Development Pathway for Nursing Assistants



The first 3 steps in the Induction and Development Pathway must be completed for attainment of the RQF Level 3 Diploma in Healthcare Support (Maternity Support Worker) qualification.

Step One: The core elements of the Role Induction programme must be completed within the first four weeks of commencing work in a clinical environment/workplace.

Step Two: The Work-based Induction programme must be completed over a six-month period of commencement in a clinical environment/workplace and will be supported through a training programme. This programme should be completed in parallel with the individual's probationary period.

Step Three: With approval from their line manager and employer the trainee MSW will be supported to complete Maternity Support Worker education programme and attain an RQF Level 3 Diploma in Healthcare Support (Maternity Support Worker) qualification.

Step Four: MSWs should be supported by their employers and line managers in their ongoing development. This should be supported through the appraisals processes and personal development planning within the HSC Trusts.

It was regionally agreed that the Regulated Qualifications Framework will remain as the acceptable accredited framework to be used for completion of the MSW education programme for the foreseeable future.

The first two steps in the pathway are supported by induction and mandatory training programmes which will be provided by the HSC Trusts and education providers, where applicable. Completion of these steps will contribute to the portfolio of evidence required for the attainment of the RQF Level 3 Diploma Qualification.

In addition, a number of specific mandatory training programmes related to maternity care and essential to the role of the MSW must be completed within the education programme timeline. These education programmes include:

- Record Keeping
- Safeguarding Children (Level 2)
- Adult Safeguarding

- Adult Basic Life Support
- Infant Feeding Education programme
- PRactical Obstetric Multi-Professional Training (PROMPT)
- Haemoviligance

It is also the responsibility of the trainee MSW to have completed all components of their Trust's corporate mandatory training requirements within agreed timelines.

Regional Job Description for Maternity Support Workers

The Working Group reviewed and updated the current regional job description for MSWs ensuring the regionally agreed MSW core skills were incorporated under the headings of the Knowledge and Skills Framework (KSF) core dimensions.

The inclusivity statement was added to the job description also:

'This document utilises the term 'woman' or 'women', however these terms will also apply to people who do not identify as a woman but are pregnant or have given birth'.

In regards to the job specification for an MSW, the Group agreed;

- The addition of 'at least 6 months experience of working within a maternity health care environment' should be added to the desirable criteria
- Job applicants are required to complete a Vocational Level 3 Diploma in Healthcare Support (Maternity Support Worker) or equivalent qualification within 2 years of taking up a post. Modifications to this will be considered in exceptional circumstances and in agreement with the Line Manager and the Trust Head of Midwifery

It was agreed that the RQF qualification should not be used as the definitive framework for the MSW education programme as it will limit the entry criteria for Support Workers with equivalent vocational workforce education qualifications and the development of future education programmes.

Minor amendments were made to the MSW job description which was approved by the Steering Group and shared with the HSC Human Resources department for final comments.

Objective 4

Develop a microsite on NIPEC's main website hosting all the resources and seek permission for it to be accessible on the Northern Ireland nursing and midwifery careers website.

On approval from the CNO, these MSW resources will be made available on the NIPEC website.

5.0 Conclusions and Recommendations

This Project outlines the significant role that MSWs play within maternity services in supporting midwives to deliver high quality woman centred care.

The purpose of the project was to review and update the existing MSW education programme and develop regionally agreed MSW competencies, MSW Standards and an Induction and Development Pathway, in addition to updating the MSW Job Description.

At a final meeting in April 2023, the Steering Group agreed that the first 3 objectives of the project were fully achieved.

It was agreed that Objective 4; “Develop a microsite on NIPEC’s main website hosting all the resources and seek permission for it to be accessible on the Northern Ireland nursing and midwifery careers website” will be completed when final approval on the MSW products is granted from the CNO.

Extension of the project time line by 3 months was agreed by members of the Steering Group to accommodate key stakeholders involved in the project prioritising their workloads due to ongoing pressures within the HSC service.

The project outputs that were developed and agreed by both the Steering Group and Working Group will be submitted to the CNO and the Director of Workforce Policy Directorate (DoH), for approval. It is important that these outputs are fully adopted and implemented across HSC Trusts in NI.

In addition to the adoption and implementation of these project outputs, the Steering Group makes the following recommendations:

Recommendations for DoH, Employer’s, Commissioners & Education Providers to support the Role of the Maternity Support Worker and the Maternity Support Worker Education programme	
1.	The CNO (DoH) mandates the adoption and implementation of the Standards for Maternity Support Workers (2023) across all HSC Trusts in Northern Ireland.
2.	The new MSW competencies and revised MSW education programme are implemented into practice with appropriate and adequate resources to ensure adoption and compliance.
3.	Where appropriate, policy and guidance documents should be updated to reflect the MSW Standards and MSW Competencies.
4.	The governance and operational procedures related to the coordination and management of the education programme should be revised to ensure high standards of education are provided.
5.	The MSW education programme should be reviewed one year after its implementation with further reviews on a three-yearly cycle.
6.	A gap analysis should be completed to identify the new MSW core skills and an update education programme developed and provided to upskill the existing MSWs.
7.	The Induction and Development Pathway for Maternity Support Workers is supported in all HSC Trusts in NI.
8.	The core elements of the regional Job Description for Maternity Support Workers should be updated to reflect the MSW core competencies.
9.	Alternative options and models of education provision should be considered to provide wider participation and equity of access for MSWs who would like to progress their professional and career development.

Conclusion

In conclusion, the first 3 project objectives have been successfully achieved through strong partnership working. Effective engagement with and involvement of key stakeholders, has resulted in updating the MSW education programme to reflect the current MSW role and the development of resources to support and strengthen the role of the MSW in HSC Trusts in providing safe and effective woman-centred care now and into the future.

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Appendix 1: Steering Group Membership

NAME	ORGANISATION
Dawn Ferguson, (Co-Chair) Assistant Director of Nursing, Workforce and Education	SHSCT
Fionnuala McCluskey, (Co-Chair) Midwifery Support Officer	DoH
Aislinn McAlister, Workforce and Policy Directorate Representative	Workforce and Policy Directorate, DoH
Anne Shine, Senior Human Resources Manager	WHsCT
Wendy Clarke, Head of Midwifery	SHSCT
Valerie Porter, Head of Midwifery	SEHSCT
Helen Weir, Interim Head of Service Maternity and Gynae, Deputy Head of Midwifery	NHSCT
Maureen Miller, Head of Midwifery	WHsCT
Brenda Kelly, Head of Midwifery	BHSCT
Heather Watson, Consultant Midwife/Deputy Head of Midwifery	BHSCT
Shirley Stronge, Senior Education Manager	HSC CEC
Lynn Irwin, HR Manager, Vocational Workforce Assessment Centre	SHSCT
Alison Little, Midwife Consultant	PHA
Karen Murray, NI Director	RCM
Anne Speed, Head of Bargaining and Representation	UNISON, NI
Ms Maura McKenna, Trade Union Co-Ordinator	Regional Trade Union Forum
Dr Jenny McNeill, Lead Midwife for Education/Senior Lecturer	QUB
Monica Johnston, Staff Tutor	OU
Fiona Bradley, Senior Professional Officer	NIPEC

Appendix 2: Working Group Membership

Heather Watson (Co Chair), Consultant Midwife/Deputy Head of Midwifery	BHSCT
Helen Weir (Co Chair), Interim Head of Service Maternity and Gynae, Deputy Head of Midwifery	NHSCT
Margaret Rogan, Consultant Midwife, Deputy Head of Midwifery	BHSCT
Leanne Hawthorne, Practice Development Midwife	SEHSCT
Mary Dawson, Lead Midwife	SHSCT
Brenda McClafferty, Lead Midwife	WHsCT
Cathy Hamilton, Practice Development Midwife	NHSCT
Michelle Portis, Midwife Consultant (Continuity of Midwifery Carer),	PHA
Shirley Stronge, Senior Education Manager	HSC CEC
Lynn Irwin, HR Manager, Vocational Workforce Assessment Centre	SHSCT
Sue Trouton, Maternity Peripatetic (RQF) Assessor	SHSCT
Mary Caddell, Regional Officer	RCM
Anne Wilson, Regional Officer	RCM
Maura McKenna, Trade Union Co-Ordinator	HSCNI
Una Patton, Maternity Support Worker	WHsCT
Heather Moore, Maternity Support Worker	NHSCT
Dawn Emerson, Maternity Support Worker	SHSCT
Sharon Bingham	Service User
Joanna McDonald	Service User
Fiona Bradley, Senior Professional Officer	NIPEC

Appendix 3: Project timeline

Activity	Target
1. Establish a Steering Group to achieve expected outcomes	3 rd February 2022
2. Agree project plan, Terms of Reference, programme of work and decide on engagement as appropriate	3 rd February 2022
3. Establish a working group to deliver the project outputs in a timely way	February 2022
4. Scope and identify the core skills carried out by MSWs within each of the five HSC Trusts	March 2022
5. Develop competencies identified from the core skills for the MSW role	April/May 2022
6. Review and compare UK MSW education programmes to make recommendations to support the content and delivery of the programme	April/May 2022
7. Review and agree the regional MSW education programme against the agreed core MSW competencies	May/June 2022
8. Review and agree the regional MSW job description and identify any gaps	July 2022
9. Review the existing DoH resources for Nursing Assistants and where applicable align these for Maternity Support Workers	September 2022
10. Provide recommendations of a proposed implementation strategy to facilitate wide usage of the MSW resources	October 2022
11. Submission of a final project report to DoH for approval by the Chief Nursing Officer and Director of Workforce Policy Directorate (DoH).	November 2022

Appendix 4: Maternity Support Worker Core Competencies

Core Competency Domain 1: CLINICAL PRACTICE	
The Maternity Support Worker uses effective clinical and communication skills when carrying out safe effective woman and family-centred care which has been delegated by a midwife, within the limits of their competence.	
The Maternity Support Worker will:	
Provide care in line with the relevant HSC/Trust guidelines, protocols, policies, procedures and DoH Maternity Support Worker Standards (2023).	
Observe and report any changes in the woman's and /or infant's clinical condition to the midwife in a timely manner.	
Provide support and reassurance to women who are vulnerable and/or who may have additional mental, physical, psychological or socioeconomic needs reporting concerns to the midwife.	
Document care in line with the NI Record Keeping Guidelines (NIPEC, 2016) and the HSC IT systems.	
Be aware of how to access and adhere to legal and professional guidance pertinent to working in the role as a Maternity Support Worker.	
Provide care to the woman as delegated by a midwife, to include:	
	<ul style="list-style-type: none"> • Clinical care and support for the woman and her family
	<ul style="list-style-type: none"> • Routine maternal clinical observations and monitoring, reporting any deviations from normal to the midwife in a timely manner
	<ul style="list-style-type: none"> • Information, education and resources for women and their families to support informed decision making
	<ul style="list-style-type: none"> • Public health promotion and education either as a group or on a one to one basis
	<ul style="list-style-type: none"> • Infant feeding assessment and support
	<ul style="list-style-type: none"> • Bereavement and pregnancy loss support
	<ul style="list-style-type: none"> • Arrange and process screening tests and procedures
	<ul style="list-style-type: none"> • Supporting the creation and maintenance of environments that promote the health, safety and wellbeing of women and their families
	<ul style="list-style-type: none"> • Support and information on the care of the infant
Provide care to the infant as delegated by a midwife, to include:	
	<ul style="list-style-type: none"> • Routine skin, eye and umbilical care

Core Competency Domain 1: CLINICAL PRACTICE (continued)

The Maternity Support Worker uses effective clinical and communication skills when carrying out safe effective woman and family-centred care which has been delegated by a midwife, within the limits of their competence.

The Maternity Support Worker will:

- Routine clinical observations, reporting any deviations from normal to the midwife in a timely manner
- Capillary blood sampling
- Promoting parent-infant attachment
- Assisting with identification and security of the infant

Work within own role to respond to emergencies and summon help when required

Core Competency Domain 2: EDUCATION and LEARNING

The Maternity Support Worker participates in relevant education and learning opportunities and is supported to improve their knowledge, skills and behaviours.

The Maternity Support Worker will:

Undertake work-based induction and relevant education/training.

Engage with line manager to identify professional education and development needs and undertake appropriate learning and development as part of appraisal and personal development planning.

Support new and existing Maternity Support Workers and members of the multi-disciplinary team.

Undertake mandatory training and relevant professional updates as per HSC Trust requirements, to include reflective practice where appropriate.

Share best practice with others.

Core Competency Domain 3: RESEARCH and EVIDENCE-BASED PRACTICE

The Maternity Support Worker follows relevant guidelines, protocols, policies and procedures and understands the need to provide evidence-based care.

The Maternity Support Worker will:

Follow the direction of the midwife in accordance with the relevant evidence-based guidance.

Participate in quality improvement activities, research and audits as directed by the midwife.

Core Competency Domain 4: LEADERSHIP and MANAGEMENT

The Maternity Support Worker is a vital member of the maternity services care team and works with other health care professionals to provide quality care and services.

The Maternity Support Worker will:

Work within the DoH Maternity Support Workers' Standards (DoH, 2023) and competencies.

Contribute effectively as a member of the multi-disciplinary team.

Apply the principles of Continuity of Midwifery Carer when supporting woman and their families across a range of maternity care settings.

Manage their clinical workload and effectively prioritise delegated duties.

Appendix 5: Education Sub Group Membership

Lynn Irwin, HR Manager, Vocational Workforce Assessment Centre	SHSCT
Sue Trouton, Maternity Peripatetic (RQF) Assessor	SHSCT
Cathy Hamilton, Practice Development Midwife	NHSCT
Laura Edwards, Midwifery Practice Educator	BHSCT
Mary Dawson, Lead Midwife	SHSCT
Shirley Stronge, Senior Education Manager	SHSCT
Donna King, Practice Development Midwife	SHSCT
Dawn Emerson, Midwifery Support Worker	SHSCT
Fiona Bradley, Senior Professional Officer	NIPEC

Appendix 6: Regulated Qualification Framework (RQF) Units

No.	Regulated Qualification Framework (RQF) Units	Coding	Observations & supervised practice
1.	Engage in personal development in health, social care or children's and young people's settings	A/601/1429	
2.	Provide advice and information to enable parents to promote the health and well-being of their newborn babies	A/602/4018	
3.	Obtain venous blood samples	D/601/8860	1x observation & 10 supervised practices
4.	Communicate with individuals about promoting their health and wellbeing while working as a Health Trainer	F/502/1224	
5.	The role of the health and social care worker	J/601/8576	
6.	Promote good practice in handling information in health and social care settings	J/601/9470	
7.	Prepare individuals for healthcare activities	J/602/3096	
8.	Monitor and maintain the environment and resources during and after clinical / therapeutic activities	K/602/3883	
9.	Care for a newly born baby when the mother is unable to do so	K/602/4015	
10.	Support individuals undergoing healthcare activities	L/601/8725	
11.	Support individuals during a period of change	M/601/7907	
12.	Support parents/carers to interact with and care for their new-born baby	M/602/4016	
13.	Undertake physiological measurements (Adult)	R/601/8662 (a)	1 observation & 5 supervised practices
14.	Undertake physiological measurements (Infant)	R/601/8662 (b)	1 observation & 5 supervised practices
15.	Anatomy and physiology for Maternity Support Workers	T/601/3440	
16.	Obtain and test capillary blood samples (Adult)	T/601/8850 (a)	1 observation & 5 supervised practices
17.	Obtain and test capillary blood samples (Infant)	T/601/8850 (b)	1 observation & 5 supervised practices
18.	Understand how to safeguard the wellbeing of children and young people	Y/601/1695	
19.	Promote person centred approaches in health and social care	Y/601/8145	

Appendix 7: MSW In-house education programmes

1.	Obtain urine sample and perform urinalysis
2.	Perform Carbon Monoxide Monitoring
3.	Assess and record Body Mass Index (BMI) calculation
4.	Arrangement and processing of laboratory specimens
5.	Apply Transcutaneous Electrical Nerve Stimulation (TENS) machine for a woman in labour
6.	Measure and apply Thrombo-Embolus Deterrent (TED) stockings
7.	Provide urethral catheter care to include removal of indwelling urinary catheter
8.	Observation of an abdominal wound
9.	Record intake and output in an adult fluid balance and prescription chart
10.	Care of a peripheral intravenous (IV) cannula, including removal
11.	Observe and advise the woman on the care of their infant's umbilical cord area
12.	Obtain urine samples from the infant

Appendix 8: HSC Clinical Education Centres Programmes

The following programmes are provided by the HSC Clinical Education Centre as part of the MSW education programme and must be completed within the programme timeline structure.

1.	Perinatal Mental Health Conditions
2.	Bereavement and Loss in Midwifery Practice
3.	Safeguarding Children (Level 2)
4.	Domestic Abuse: Recognising & Responding
5.	Lone Working

Appendix 9: Mandatory Training Programmes

The following mandatory training programmes are included as part of the MSW education programme and must be completed within the programme timeline structure.

1.	Record Keeping
2.	Safeguarding Children (Level 2)
3.	Safeguarding Adults
4.	Adult Basic Life Support
5.	PR actical OB stetric MU lti- PR ofessional Training (PROMPT)
6.	Infant Feeding Education Programme
7.	Hemovigilance Training

Please note; it is the responsibility of the trainee MSW to have completed all components of their Trust's corporate mandatory training requirements



For further Information, please contact

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This document can be downloaded from the
NIPEC website www.nipec.hscni.net

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