

**Maternity & Maty/Neonatal Governance.**

**Date of meeting: 19<sup>th</sup> April 2024**

<b>Agenda item</b>	Education and Training Report			
<b>Report</b>	<b>Maternity Education Report</b>			
<b>Executive Lead</b>	<b>Director of Nursing Hayley Flavell</b>			
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>	
	For assurance	√	<b>Link to risk register:</b>	
	For decision / approval			
	For review / discussion			
	For noting			
	For information	√		
For consent				
<b>Presented to:</b>	Divisional committee			
<b>Dependent upon</b> (if applicable):				
<b>Executive summary:</b>	<p><b>CNST Maternity Incentive Scheme Safety Action 8</b> The Maternity Incentive Scheme Year 6 Guidance has been released this month (NHSR 2024)</p> <p><b>Safety action 8:</b> Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?</p> <p>90% of attendance in each relevant staff group at:</p> <ul style="list-style-type: none"> <li>• Fetal Monitoring Training</li> <li>• Multi-professional Maternity Emergencies Training</li> <li>• Neonatal Life Support Training</li> </ul> <p>Whilst the 3 elements of training requiring a minimum of 90% compliance remain unchanged in the latest MIS there have been some updates within the guidance relating to requirements for Obstetricians and Anaesthetists.</p> <p><b>Safety Action 8 Compliance 5<sup>th</sup> April 2024:</b> 90% has been achieved again this month for PROMPT, NLS and Fetal Monitoring training for all staff groups who are required to attend the training.</p>			

	<p><b>The Maternity Specific Training Guideline</b> has been updated and is currently out for consultation. This was due to be presented at Maternity Governance for ratification in April but has been paused due to the release of the MIS Year 6 guidance. This will be presented at the next meeting in May 2024 to ensure that it aligns with the new MIS guidance.</p> <p><b>CSFT Compliance</b> has been included in the report and areas of concern highlighted. Regular Education Meetings with the Ward managers have been arranged to review and address non-compliance or training issues.</p> <p><b>Training risks</b> have been escalated where compliance is following a downward trajectory or action plans have been put in place.</p> <ul style="list-style-type: none"> <li>• <b>Grow Assessments</b> – to ensure that &gt;90% compliance is met during the next quarter.</li> <li>• <b>Maternity Specific eLearning</b>- monitoring of completion of eLearning as part of Training Day 2 &amp; 3 hours is in place.</li> <li>• <b>Pool Evacuation Training</b> – cancellation of training sessions being looked at with Manual Handling team.</li> <li>• <b>Information Governance Training</b> – identified there has been a downward trajectory over the last 4 quarters. Escalated to the Senior Leadership Team.</li> <li>• <b>Training cancellations:</b> Day 2 and Day 5 have been cancelled in April due to staffing challenges within Maternity. Review of availability of places and approval for reinstating training is pending.</li> </ul>
<p><b>Appendices</b></p>	
<p><b>Author</b></p>	<p>Karen Henderson – Clinical Education Midwife</p>

## 1.0 Introduction

### 1.1.1 CNST Maternity Incentive Scheme Safety Action 8

The Maternity Incentive Scheme Year 6 Guidance has been released this month (*NHSR 2024*)

**Safety action 8:** Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

90% of attendance in each relevant staff group at:

- Fetal Monitoring Training
- Multi-professional Maternity Emergencies Training
- Neonatal Life Support Training

Whilst the 3 elements of training requiring a minimum of 90% compliance remain unchanged in the latest MIS there have been some updates within the guidance relating to requirements for Obstetricians and Anaesthetists.

#### **Anaesthetists:**

Non Obstetric Anaesthetists that contribute to the Obstetric rota are now required to attend the Multi-professional Maternity Emergencies Training ( PROMPT).

This includes:

- Obstetric Anaesthetic Consultants and autonomously practising Obstetric Anaesthetic Doctors.
- All other Anaesthetic Doctors (including anaesthetists in training, SAS and LED doctors) **who contribute to the on-call rota in any capacity**. This updated requirement is supported by the RCoA and OAA.

However, the MIS has also recognised that the inclusion of Anaesthetic staff who provide only intermittent or on-call coverage to the maternity unit may significantly extend the standards. Therefore, for the inaugural year of this standard, a threshold of **70%** achievement is required as the minimum standard for this specific group. Due to the challenges that this will present a minimum standard of attendance at half of the full day including obstetric skills drills will be accepted.

#### **Obstetricians**

In the following circumstances, evidence from rotating medical trainees having completed their training in another maternity unit will be accepted:

- Staff must be on rotation.
- The training must have taken place in the previous Trust on their rotation during the MIS training reporting 12-month period.
- Rotations must be more frequent than every 12 months.
- This evidence may be a training certificate or correspondence from the previous maternity unit.

### **Multidisciplinary Training within the Clinical area**

Ideally at least one Emergency scenario should be conducted in a clinical area as part of MultiProfessional Obstetric Emergencies Training. However whilst Trusts should aim to ensure that all staff attending MultiProfessional Obstetric Emergencies Training participate in an Emergency scenario that is held in a clinical area, this will not be measured in year 6 of the MIS.

There is no formal threshold in the Year 6 MIS for Neonatal and Theatre staff to attend the MultiProfessional Obstetric Emergencies Training however the MIS does require evidence that at least one emergency scenario/drill has been conducted in a clinical area during the whole MIS reporting period. Attendance is required from the relevant wider professional team, including theatre staff and neonatal staff. The clinical area is defined as any area where clinical activity takes place but should not be a simulation suite.

### **Safety Action 8 Reporting Period**

The relevant time period for Safety Action 8 reporting is From 1 December 2023 to 30 November 2024

Verification: Self-certification by the Trust Board and submission to NHS Resolution using the Board declaration form by 3 March 2025.

### **1.1.2 Core Competency Framework V2**

The CCF Version 2 three year training programme commenced in August 2023. The programme for year 2 of the CCF Version 2 will start in August 2024. A PROMPT Faculty Train the Trainers Training day has been scheduled for 22<sup>nd</sup> July.

The new programme for Day 3 Resus day started in April 20-24 to align with the Trust SSU (ABLS) schedule.

The new programme for PROMPT is being developed in conjunction with Obstetric and Anaesthetic Education Leads and will be presented at the next Training Faculty meeting in June 2024. Day 2 and Day 5 programmes are also being developed and will also be presented in June.

The Maternity Specific Training Guideline has been updated and is currently out for consultation. This was due to be presented at Maternity Governance for ratification in April but has been paused due to the release of the MIS Year 6 guidance. This will be presented at the next meeting in May 2024 to ensure that it aligns with the new MIS guidance.

## **2.0 Maternity Specific Training Compliance figures as of 5<sup>th</sup> April 2024**

- Mandatory Day 1 – PROMPT (2.1.1)
- Mandatory Day 2 - Saving Babies Lives (2.1.2)
- Mandatory Day 3 – Resus NLS and ABLS (2.1.3)
- Mandatory Day 4 – Fetal Monitoring Training (2.1.4)
- Mandatory Day 5 - Equality, Equity and Personalised Care \* new training (2.1.5)
- Maternity specific eLearning (2.1.6)

**2.1.1 Mandatory Training Day 1 - Maternity Emergencies and Multiprofessional Training (PROMPT) Compliance as of 5<sup>th</sup> April 2024 (Quarter 4)**

Designation	January 2024	February 2024	March 2024
Midwives	97.47%	97.44%	97.11%
Obstetric Consultants	94.44%	100%	100%
Other Obstetric Doctors	100%	100%	100%
WSA /MSW	93.24%	93.24%	90.54%
Anaesthetists		90.62%	91.89%

**2.1.2 Mandatory Day 2 - compliance from August 2023 to 5<sup>th</sup> April 2024**

Designation	January 2024	February 2024	March 2024
Midwives	61.60%	71.79%	77.27%
Obstetric Consultants	27.78%	59.00%	65.00%
Other Obstetric Doctors	30.76%	10.71%	11.11%
WSA /MSW	43.24%	55.41%	66.22%

**2.1.3 Mandatory Day 3 - Newborn Life Support Training compliance as of 5<sup>th</sup> April 2024**

Designation	January 2024	February 2024	March 2024
Midwives	92.83%	91.88%	92.56%

**2.1.4 Mandatory Day 4 - Fetal Monitoring Training compliance as of 5<sup>th</sup> April 2024**

Designation	January 2024	February 2024	March 2024
Midwives	96.80%	96.28%	96.41%
Consultant Obstetricians	100%	100%	100%
Other Obstetric Doctors	96.15%	100%	100%

**2.1.5 Mandatory Day 5 - Equality, Equity and Personalised Care as of 5<sup>th</sup> April 2024 \* new training**

Designation	January 2024	February 2024	March 2024
Midwives	42.08%	56.12%	65.71%
Obstetric Consultants	5.56%	18.00%	25.00%
Other Obstetric Doctors	3.86%	7.00%	4.44%
WSA /MSW	36.49%	55.41%	58.11%

**2.1.6 Maternity Specific eLearning as of 5<sup>th</sup> April 2024**

Training	Quarter 1 June 2023	Quarter 2 September 2023	Quarter 3 December 2023	Quarter 4 March 2024
Ante natal Screening eLearning Midwives	54.05%	62.75%	61.37%	61.20%
ATAIN eLearning (Midwives)	75.92%	79.92%	80.97%	79.75%
ATAIN eLearning (WSA / MSW)	42.68%	53.95%	57.14%	60.81%
Bereavement eLearning (Midwives)	70.71%	73.59%	73.85%	71.89%
Bereavement eLearning (WSA / MSW)	42.68%	56.58%	60.00%	59.46%
Bereavement eLearning Consultant Obstetricians	Not recorded	Not recorded	76.47%	63.16%
GAP eLearning – Midwives	55%	62.66%	63.64%	67.66%
GAP eLearning - Consultant Obstetricians	Not recorded	Not recorded	64.71%	57.89%
MIST eLearning – Community Midwives	29.41%	38.71%	45.45%	44.64%
Perinatal Mental Health eLearning Midwives	59.11%	62.66%	66.23%	67.62%
Perinatal Mental Health eLearning WSA/MSWs	57.32%	67.11%	72.86%	71.62%
Perinatal Mental Health eLearning	Not recorded	Not recorded	76.47%	63.16%

Consultant Obstetricians				
Place of Birth eLearning Midwives	73.33%	78.54%	79.09%	77.02%
Place of Birth eLearning Consultant Obstetricians	Not recorded	Not recorded	76.47%	68.42%
Saving Babies eLearning Midwives Sonographers	56.76%	56.94%	60.59% 64.71%	64.06% 88.89%
Saving Babies eLearning Consultant Obstetricians	Not recorded	Not recorded	47.06%	52.63%
Management of Epidural Midwives Ward 21/22/24	<i>*New training on LMS</i>	60%	70.64%	77.78%
Remifentanil elearning	<i>*New training on LMS</i>	<i>*New training on LMS</i>	51.35%	72.37%

### 2.1.7 Saving Babies Lives : GROW Competency Assessment compliance as of 5<sup>th</sup> April 2024

Designation	January 2024	February 2024	March 2024
Midwives	59.53%	74.76%	80.56%
Medical Staff	66.66%	85.00%	88.88%

*\*New training requirement for GROW assessment introduced in 2023 and has been amended from once to 3 yearly hence a reduction in compliance has been anticipated and is demonstrated by the figures in table 2.1.4*

### 3.0 Trust Mandatory and Role Specific Training

Trust Mandatory and Role Specific Training is reported monthly as part of the Trust SSU Compliance Report. A minimum of 90% compliance is required.

#### 3.1.1 Trust Statutory / Mandatory Training (CSTF) compliance by department as of 5<sup>th</sup> April 2024

Department	Quarter 1 June 2023	Quarter 2 September 2023	Quarter 3 December 2023	Quarter 4 March 2024
Bridgnorth Maternity Services	↓93.33%	↑94.67	↑96.67%	↓98.33%
Ludlow Maternity Services	↓98.25%	↑99.22	99.22%	↓95.14%
Maternity Scanning Department	↑92.42%	↓90.00	↓89.67%	↑90.91%
Screening Department	↑100%	↓98.96	↑99.11%	↑100.00%
Oswestry Maternity Services	↑81.82%	↑85.42	↑86.81%	↑91.30%
Midwifery Management	↑97.44%	↓93.44	↑98.68%	↓90.65%
Shrewsbury Outpatients	↑93.33%	↓85.33	↓83.33%	↑94.44%
Shrewsbury Midwifery Team	↑86.79%	↑89.77	↑91.75%	↓88.68%
Specialist Midwives	↑97.24%	↓95.95	↑97.28%	↓95.31%
Telford Outpatients	↑90.99%	↓83.33	↓77.91%	↑80.68%
Ward 21 Postnatal Ward 22 Antenatal	↑97.27%	↓94.98	↓91.13%	↓89.29%
Ward 24 Delivery Suite	↑94.83%	↓94.70	↓91.14%	↓92.68%
Wrekin MLU and Community	↑88.02%	↓84.96	↓84.03%	↓82.12%
W&C Management	↓78.82%	↑86.00	↑91.74%	↑93.15%
Medical Staff Obs and Gynae	↓73.05%	↑88.39	↑91.20%	↓81.16%
Medical Staff Obs and Gynae Senior	↓90.06%	↑90.26	↑92.24%	↓88.57%
Maternity Services Total	↑93.35%	↓92.14%	↓90.23%	↓89.84%



### 3.1.2

#### Role specific and Trust CSTF below 90%

The following has been reported as below 90% compliance

- MCA / DOLS- Following a drop in compliance in Q3 there has been an improvement in Q4. Table 3.1.3 highlights compliance by department.
- There has been a focus on booking ABLs training as part of the Mandatory Training Day 3. Compliance is now improving.
- Patient Moving and Handling – training sessions have been cancelled due to capacity within the M&H team. This is an ongoing issue.
- Information Governance Training has seen a downward trajectory throughout all quarters. This will be highlighted in risks for this quarter.
- Monthly meetings between the Education Lead and Ward Managers has now been put in place to review training and address issues around non-compliance with training.

Training below 90%	Quarter 1 June 2023	Quarter 2 September 2023	Quarter 3 December 2023	Quarter 4 March 2024
ABLS	↑90.21%	↓89.51	↓87.95%	↑89.88%
MCA / DOLS	↓77.51%	↑78.68%	↓71.19%	↑81.27%
Patient Moving and Handling	↑83.77%	↓81.59	↓80.27%	↓79.18%
Information Governance and Data Security Awareness	↓86.70%	↓85.60	↓84.38%	↓80.32%
Infection, Prevention and Control Level 2	↑85.67%	↓74.77	↑75.41%	↑81.60%
Food Safety	↑90.70%	↓89.01	↓84.75%	↓84.57%
Donning and Doffing	↑75.22%	↑75.45	↑77.71%	↓74.63%
Blood Transfusion Admin Theory	↑71.79 / 57.99%	↑79.31% / 63.41%	↑79.44% / ↑65.80%	↓72.17% / ↑65.84%
Medicines - Prescribing & Administration	Data not available	Data not available	Data not available	82.89%

3.1.3 MCA / DOLS Training compliance by department as of 5<sup>th</sup> April 2024

Department	Quarter 1 June 2023	Quarter 2 September 2	Quarter 3 December 2023	Quarter 4 March 2024
Bridgnorth Maternity Services	100.00%	100%	↓75.00%	100%
Ludlow Maternity services	↑100.00%	100%	100.00%	↓88.89%
Maternity Scanning Department	↓77.27%	↑80%	↓60.00%	↑68.18%
Oswestry Maternity Services	↑77.78%	↑88.89%	↑100.00%	100%
Midwifery Management	100.00%	↓50.00%	↑60.00%	↑100%
Shrewsbury Outpatients	↓60.00%	↑80.00%	↓75.00%	↑83.33%
Shrewsbury Midwifery Team	↑85.00%	↑94.74%	↑100.00%	↓95.00%
Specialist Midwives	↓90.00%	↓68%	↓62.50%	↑92.31%
Telford Outpatients	↓73.33%	73.33%	↓56.25%	↑58.82%
Ward 21 Postnatal Ward 22 Antenatal	↓75.41%	↑90.32%	↓73.21%	↑88.89%
Ward 24 Delivery Suite	↓75.47%	↓71.58%	↓67.74%	↑75.53%
Wrekin MLU and Community	↓75.93%	↑77.08%	↓72.50%	↑74.36%
Medical Staff Obs and Gynae	↓58.33%	↑62.50%	↑88.89%	↓80.00%
Medical Staff Obs and Gynae Senior	↓78.26%	↑86.36%	↑86.96%	↓76.00%
Maternity Services Total	↓77.51%	↑78.68%	↓71.19%	↑81.27%

### 3.1.4 Adult Basic Life Support compliance by department as of 5<sup>th</sup> April 2024

Department	Quarter 1 June 2023	Quarter 2 September 2023	Quarter 3 December 2023	Quarter 4 March 2024
Bridgnorth Maternity Services	100%	100%	100%	100%
Ludlow Maternity services	100%	100%	100%	↓88.89%
Maternity Scanning Department	↓77.27%	↓65%	↓60.00%	↑86.36%
Oswestry Maternity Services	↑100.00%	100%	100%	100%
Midwifery Management	↑100.00%	100%	100.00%	↓85.71%
Shrewsbury Outpatients	↓80.00%	↓60%	↑75.00%	↑100%
Shrewsbury Midwifery Team	↑100.00%	↓94.74%	94.74%	↑100%
Specialist Midwives	↑85.71%	↑92%	↑95.83%	↑100%
Telford Outpatients	↓93.33%	↑100%	↓81.25%	↑88.24%
Ward 21/ 22	↓93.44%	↑93.55%	↑98.21%	↓93.65%
Ward 24 Delivery Suite	↑92.45%	↓87.37%	↓87.10%	↑89.36%
Wrekin MLU and Community	↑83.33%	↑91.67%	↓77.50%	↓74.36%
W&C Management	↓66.67%	↑75%	75.00%	↑100%
Medical Staff Obs and Gynae	↑66.67%	↑75%	↓66.67%	↑80.00%
Medical Staff Obs and Gynae Senior	↑95.65%	↓90.91%	↑91.30%	↑92.00%
Maternity Services Total	↑90.21%	↓89.51%	↓87.95%	↑89.88%

## 4.0 Risks and actions

### 4.1 Data Recording and Reporting of Maternity Training Compliance

#### 4.1.1 Compliance monitoring:

**Maternity Specific Training compliance** is now accessed via the SSU compliance report on the Corporate X Drive. However issues around access to compliance data for Bank Staff and Medical staff are still ongoing.

The requirements for Fetal Monitoring training for all medical staff has still not been set on the LMS due to technical issues within the system. The Education Team continue to ensure that all Medical staff are booked to attend Fetal Monitoring Training and where compliance does not meet the requirements a process for escalation to the Medical Director is in place.

The Maternity Training Monitors will continue to be used to provide figures for the following staff groups :

- Obstetric Medical staff on rotation programme (Other Drs) – PROMPT / Fetal Monitoring / GROW assessments
- Anaesthetists working in Maternity– PROMPT

Bank Staff Compliance is not reported on the SSU report and Ward Managers are responsible for ensuring that all staff working within their clinical areas are compliant with training prior to booking Bank shifts. This has been escalated to the Senior Leadership Team and Managers have been asked to provide names of any Bank staff working in their clinical areas, for compliance reporting.

4.1.2 **Grow Assessments** - >80% has been achieved during the last quarter and reported for Saving Babies Lives V3 with an action plan to increase >90%. Adhoc training continues to be offered to all staff who have training outstanding. Training has also been included in Day 3.

4.1.3 **Maternity Specific eLearning**- figures have been included in Table 2.1.6 demonstrating that compliance is below 90% for most of the required eLearning. Managers have been asked to confirm whether staff are completing the eLearning as part of Day 2 and Day 3 hours.

#### 4.1.4 Pool Evacuation Training

Training sessions have been cancelled by the MH Team. Additional sessions have been requested. Current compliance is recorded as 57.03%

4.1.5 **Information Governance Training** – identified there has been a downward trajectory in training over all quarters. To be highlighted as a risk at Maternity Governance. Escalated to SLT.

#### 4.1.6 Live Drills in Clinical Areas

Live drills are delivered where staffing and acuity allows. During the last quarter with staffing challenges and additional medical devices training the availability of facilitators and staff for live drills has impacted on the delivery of live drills.

Discussions with Theatre Education Facilitators and Lead for Simulation in the Trust are taking place and plans to ensure regular MDT simulation with Theatre staff being developed. The MDT simulations will be required as evidence for MIS Year 6 and will need to include the Theatre and Neonatal teams.

#### 4.1.7 Training cancellations:

Day 2 and Day 5 training has been cancelled in April due to staffing challenges within Maternity.

Day 2 is via MST therefore will not have a limit on places. The Education team are reviewing capacity for Day 5 to ensure that there are enough places to ensure all staff can attend before August 2024. Medical staff have booked places on Day 5 which have been cancelled resulting in low compliance again this quarter.

## **4.2 Action Plan for non compliance with training – ongoing plan quarter 4.**

4.2.1 Ward Managers are required to review the LMS for training compliance for their clinical areas on a regular basis and report to the Head of Midwifery as part of Performance Review Meetings.

Where staff are non compliant with training the Ward Manager will meet with the individual to discuss how training compliance can be improved.

4.2.2 Ward Managers and Matrons are notified of any non attendance at training days by the Education Team and will rebook the training following discussion with the individual staff member.

**The Manager of the Day is now notified of any non attendance at training days once the register has been taken and is responsible for following up the reason for non attendance with the individual.**

4.2.3 Monthly Education and Training meetings planned between Education Team and Ward Managers to review and address training compliance issues.

## **5.0 Development and Training – PEF update**

### **5.1.1 Preceptorship Programme for Band 5 Midwives**

There are currently have 9 newly qualified Band 5 midwives completing their preceptorship programme

A further 25 newly qualified Band 5 Midwives have been recruited with 2 expected to start in the next couple of months and 23 commencing the programme in Sept/Oct 2024

The Midwives on the Preceptorship programme will attend both the Trust-wide springboard preceptorship programme along with midwifery specific training as well.

### **5.1.2 Maternity Support Worker Development**

Two WSA's on the MSW apprenticeship at Birmingham City University who started their course in September 2023 have unfortunately had to take breaks in learning due to personal circumstances. We are looking to recruit any further WSA's who wish to progress into the MSW role by June for a September intake.

Three WSA's are currently completing the bridging programme to become MSW's and are due to complete their training within the next two months.

### **5.1.3 Midwifery Degree Apprenticeship**

Three support workers have started their Midwifery Degree Apprenticeship programme at the University of Wolverhampton in September 2023 and are progressing well through their course.

There is planned recruitment for three further support workers to progress onto this course in September 2024, however, this is currently on hold due to the recruitment freeze.

#### 5.1.4 **International Recruitment**

There are 10 internationally educated Band 5's who are completing a hybrid preceptorship programme with further training and support.

#### 5.1.5 **Induction**

The production of the Welcome Booklet for the Consultant Unit was paused in Quarter 2. Subsequent meetings to reinstate this project are pending.

#### 5.1.6 **Rotation**

Upskilling training sessions have been arranged with PMA and Education team to prepare staff for rotation or clinical working during escalation.

#### 5.1.7 **Band 7 Development Programme**

The Band 7 Competency workbook is currently being completed by Band 7 Midwives on Delivery Suite. Further opportunities are now available for Band 6 Midwives as part of the development programme.

#### 5.1.9 **Enhanced Maternal Care Training**

A second cohort of Midwives started the EMC Training earlier this year and continue to have supernumerary time on Critical Care to achieve the required competency.

The combined Critical Care and Maternity Training days scheduled for March 2024 was cancelled due to staffing challenges within Maternity. This will be rescheduled following approval from the Senior Leadership team.

### 5.2 **Conclusion**

Development of the updated Maternity Specific Training Guideline and TNA will be prioritised during the next quarter to ensure that training meets the requirements of MIS Year 6. The next Training Faculty meeting is scheduled for June 2024 where training plans will be presented for approval for the 2024 -25 training year. Involvement of the MNVP in the coproduction and delivery of training will continue in line with the CCF version 2.