

Maternity Governance/Divisional Committee

Date: August 2024

Agenda item	Maternity Training Needs Analysis			
Report	Training Needs Analysis			
Executive Lead	Director of Nursing Hayley Flavell			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√		
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting			
	For information	√		
For consent				
Presented to:	Divisional committee			
Dependent upon (if applicable):	n/a			
Executive summary:	<p>This report outlines the Local Year 2 Training plan designed to meet the requirements of the Core Competency Framework V2 incentivised by the Maternity (and Perinatal) Incentive Scheme Year 6.</p> <p>CNST Maternity (and Perinatal) Incentive Scheme Safety Action 8 The Year 6 Version 1.0 guidance was released in April (<i>NHSR 2024</i>). A revised document was subsequently published in July 2024 - Maternity (and Perinatal) Incentive Scheme Year Six Version 1.1 (<i>NHSR 2024</i>).</p> <p>This report relates to Safety action 8:</p> <p>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"> • Fetal Monitoring Training • Multi-professional Maternity Emergencies Training • Neonatal Life Support Training <p>Whilst the 3 reportable elements of training requiring a minimum of 90% compliance remain unchanged in the Year 6 MIS, there were some key amendments around specific staff group training requirements.</p>			

	<ul style="list-style-type: none"> • Non Obstetric Anaesthetists • Obstetric staff on rotation • Neonatal staff - <i>BAPM Neonatal Airway Capability Framework</i>. <p>However on 16th July 2024 Trusts were advised by NHSR that due to disparity across the system, a decision had been made to revert back to the requirement as mandated in the Year 5 of the MIS.</p> <p>Compliance figures from the local LMS will be taken from the Monthly Trust SSU Compliance report on the Corporate X Drive. Where training figures are not accessible on this platform the local Training Monitors on the Trust Y Drive will be used as stated in the report. Compliance figures will be reported to the Senior Leadership team monthly and included within Maternity Education Report presented to Maternity Governance quarterly.</p> <p>The Maternity and Neonatal service must demonstrate that a local training plan is in place for implementation of Version 2 of the Core Competency Framework and that the plan has been agreed with the quadrumvirate and signed-off by the Trust Board and the LMNS/ICB.</p>
Appendices	<p>Included in the appendices of this report are the TNA for CCF Version 2 (Appendix 1) and the proposed 5 Day Training Schedule for 2024 -2025 (Appendix 2)</p>
Author	<p>Karen Henderson – Clinical Education Midwife</p>

1.0 Introduction

The Maternity Transformation Programme (MTP) published the first version of the Core Competency Framework in December 2020. This document was superseded by the Core Competency Framework Version 2 (NHSE 2023).

The CCF V2 sets out the expectations for all Trusts to address known variation in training and competency assessment across England. The CCF V2 was designed to facilitate Maternity Services in achieving other requirements such as the Maternity and Perinatal Incentive Scheme, the essential actions from the Ockenden Review (2022) and enhance the value of multidisciplinary team training as recommended in the Kirkup Report (2022).

The training requirements have also been informed by themes from National reports such as HSIB (2020), MBRRACE-UK (2022) and the Early Notification Scheme (2022), as well as programmes for improvement such as the Saving Babies Lives Care Bundle V3 (2024) and the NHS Long Term Plan (2019).

The implementation of the CCF V2 is supported and regulated in accordance with Safety Action 8 of the Maternity and Perinatal Incentive Scheme (MIS) within the Clinical Negligence Scheme for Trusts (NHSR July 2024)

1.1 CNST Maternity Incentive Scheme Safety Action 8

The Maternity (and Perinatal) Incentive Scheme Year 6 Version 1.0 guidance was released in April (NHSR 2024). A revised document was published in July 2024, Maternity (and Perinatal) Incentive Scheme Year Six Version 1.1 (NHSR 2024).

Safety Action 8 requirements:

Can you evidence the following 3 elements of local training plans and 'in-house' one day multi professional training?

1. Fetal Monitoring Training
2. Multi-professional Maternity Emergencies Training
3. Neonatal Life Support Training

The revised Year 6 document published in July 2024 has now removed some of the requirements introduced in the April 2024 document.

1.2 Anaesthetists PROMPT Training requirements:

This removes the requirement within MIS for 70% of non-obstetric anaesthetists on the on-call rota to have attended a minimum ½ day obstetric emergency training session, however SATH continues to work towards this where possible.

1.3 Neonatal Staff Compliance reporting:

*In line with The British Association of Perinatal Medicine Neonatal Airway Safety Standard Framework for Practice (April 2024) all neonatal staff undertaking responsibilities as an **unsupervised first attender / primary resuscitator attending any birth must have reached a minimum of 'basic capability' as described in the BAPM Neonatal Airway Capability Framework.***

Whilst this is encouraged as part of the Safety Action this will not form part of the MIS requirements for compliance.

1.4 Obstetrician PROMPT Training requirements:

It is the gold standard that all staff attend training in the unit that they are currently working in, so that they can benefit from local learning and training alongside their multi-disciplinary colleagues, however it is appreciated that this may be especially challenging for rotational staff (NHSR V1.1 July 2024)

In the following circumstances, evidence from rotating medical trainees having completed their training in another maternity unit will be accepted as part of the compliance reporting for SATH. **However all medical staff will be required to complete local PROMPT Training within 3 months following appointment at SATH.**

- **Staff must be on rotation.**
- The training must have taken place in any 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.

1.5 Multidisciplinary Training within the Clinical area

The MIS year 6 guidance recommends that at least one emergency scenario should be conducted in a clinical area as part of MultiProfessional Obstetric Emergencies Training. **The local PROMPT Training has been designed to ensure that at least 1 simulation is delivered within the clinical area during the 2024 – 2025 training year.**

There is also 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. **The PROMPT MDT Faculty will deliver insitu simulations to meet the requirements within the reporting period.**

1.6 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.

2.0 Core Competency Framework V2

Implementation of the Core Competency Framework V2 within SATH

The CCF V2 3 Year Training plan was introduced to SATH in August 2023 following participation within the National CCF Pilot (NHSE 2023). The local Maternity Specific Training Guideline was updated to reflect the amended training requirements on 21st August 2023 and subsequently amended on 17th May 2024 to reflect the Year 6 Guidance released in April 2024.

The Year 1 programme will complete in August 2024. Compliance figures have been reported quarterly to the Maternity Governance Committee.

The Year 2 programme was presented to the Maternity Training Faculty in July 2024 and agreement received to present to Maternity Governance.

The total hours of Maternity Specific Training to meet the requirements of the CCF V2 varies according to staff group and were agreed in June 2023.

Staff Group	Total hours
Midwives	5 Days (38 hours)
Obstetricians	4 Days (36 hours)
WSA / MSW	4 Days (20 hours)

2.1 Maternity Specific Training Plan Year 2 August 2024 – July 2025

Training day	Hours	Staff Groups
Mandatory Training Day 1 PROMPT Multi Professional Obstetric Emergencies Training	8.5 hours	Midwives Obstetricians Anaesthetists WSA / MSW
Mandatory Training Day 2 Saving Babies Lives (includes elearning time)	7.5 hours	Midwives Obstetricians WSA / MSW
Mandatory Training Day 3 NLS	2 hours	Midwives WSA / MSW
Other Maternity Specific Training (includes EFM Case reviews)	5 hours	Midwives WSA / MSW Obstetricians
Mandatory Training Day 4 Fetal Wellbeing	7.5 hours	Midwives Obstetricians
Mandatory Training Day 5	7.5 hours	Midwives Obstetricians WSA / MSW

2.2 Training Needs Analysis Core Competency Framework Year 2

The Training Needs Analysis provides a benchmarking against the requirements of the Core Competency Framework Version 2.

The Year 2 plan has been populated according to the requirements of the framework along with locally identified training needs.

Please see Appendix 1 for TNA and Appendix 2 for 5 Day Training Schedule Programmes.

4.0 Risks and actions: There are no risks pertaining to delivery of SA 8.

4.1 Data Recording and Reporting of Maternity Training Compliance

Maternity Specific Training compliance is now accessed via the SSU compliance report on the Corporate X Drive. Maternity training compliance figures will be taken from the SSU report on a monthly basis and presented in the quarterly report to Maternity Governance for each staff group.

The Maternity Training Monitors held in the Training Folders on the Shared Y Drive will continue to be used to provide figures for the following staff groups, where training figures cannot be accessed via the LMS platform.

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

Bank Staff are included within Managers teams on the LMS to ensure oversight of training compliance.

4.2 Failure to achieve the required 90% Compliance for the 3 reportable elements of the MIS Year 6.

The figures for the 3 reportable elements will be reported monthly to the Senior Leadership Team and any concerns highlighted.

The Maternity MDT Training Faculty will meet in September to review the progress with the compliance for the 3 reportable elements and present any required actions to the Senior Leadership Team.

Karen Henderson

Lead Midwife for Education

29th August 2024

Appendix 1.
Training Needs Analysis August 2024 – July 2025

Core Competency Module	Minimum Standard	Year 2 Training requirements	Monitoring System
1.0 Saving Babies Lives Care Bundle	<p>Training must include:-</p> <p>All multidisciplinary staff trained to deliver Very Brief Advice to pregnant people and their partners NCSCT e-learning</p>	<p>eLFH Module if not completed within the last 3 years</p> <p>Mandatory Training Day 2 – annual update of all elements SBL Lead Midwife</p>	<p>Compliance data for Day 2 attendance will be recorded on the Trust LMS - Learning Made Simple and reported quarterly to Maternity Governance</p>
Smoking in Pregnancy	<p>Training must include:-</p> <p>Local pathways/protocols, and advice to give to pregnant people and actions to be taken.</p> <p>All multidisciplinary staff trained to deliver Very Brief Advice to pregnant people and their partners NCSCT e-learning</p> <p>CO monitoring & discussion of result. Individuals delivering tobacco dependence treatment interventions should be fully trained to NCSCT standards</p>	<p>Smoking in Pregnancy Annual Update Mandatory Training Day 2 - 1 hour.</p> <p>VBA Training - SBL eLearning (3 Yearly).</p> <p>Healthy Pregnancy Advisors all trained to NCSCT standards</p>	<p>Compliance data for Day 2 attendance will be recorded on the Trust LMS - Learning Made Simple and reported quarterly to Maternity Governance</p>
Fetal Growth Restriction	<p>Training must include:-</p> <p>Local referral pathways, identification of risk factors and actions to be taken.</p>	<p>Annual GAP eLearning accessed via Trust LMS</p>	<p>Compliance data for eLearning and Day 2 will be recorded on the Trust LMS - Learning Made Simple and</p>

	<p>Evidence of learning from local Trust detection rates and actions implemented Include symphysis fundal height measuring, plotting & interpreting results practical training and assessment, and case reviews from examples of missed cases locally</p>	<p>Local case study presented as part of SBL update on Mandatory Training Day 2.</p>	<p>reported quarterly to Maternity Governance</p>
<p>Reduced Fetal Movements</p>	<p>Training must include:- Local pathways/protocols, and advice to give to pregnant people and actions to be taken. Evidence of learning from case histories, service user feedback, complaints and local audits</p>	<p>Mandatory Training Day 4 (Fetal Monitoring Training Day) Case Study.</p>	<p>Compliance data for Day 4 attendance will be recorded on the Trust LMS - Learning Made Simple and reported quarterly to Maternity Governance</p>
<p>Pre-Term Birth</p>	<p>Training must include:- Identification of risk factors, local referral pathways All elements in alignment with the BAPM / MatNeoSIP optimisation and stabilisation of the preterm infant pathway of care A team-based shared approach to implementation as per local unit policy Risk assessment and management in multiple pregnancy</p>	<p>Training delivered as part of SBL update Mandatory Training Day 2 Case Study presented by SBL Lead.</p>	<p>Compliance data for Day 2 attendance will be recorded on the Trust LMS - Learning Made Simple and reported quarterly to Maternity Governance</p>
<p>Diabetes in pregnancy</p>	<p>Training must include:- Identification of risk factors and actions to be taken</p>	<p>Training Delivered as part of Mandatory Training Day 5</p>	<p>Compliance data for Day 5 attendance will be recorded on the Trust LMS - Learning Made Simple and reported</p>

	<p>Referral through local multidisciplinary pathways including Maternal Medicine Networks and escalation to endocrinology teams</p> <p>Intensified focus on glucose management in line with NHS Long Term Plan & NICE guidance, including Continuous Glucose Monitoring</p> <p>Care in labour</p>		<p>quarterly to Maternity Governance</p>
<p>2. Fetal monitoring and surveillance (in the antenatal and intrapartum period)</p>	<p>90% attendance</p> <p>Annual Update.</p> <p>All staff will have to pass an annual competency assessment that has been agreed by the local commissioner (CCG) based on the advice of the Clinical Network. Trusts should agree a procedure with their CCG for how to manage staff who fail this assessment. (Pass mark of 85%)</p> <p>1 full day training in addition to the local emergencies training day</p> <p>Fetal monitoring lead trainers must attend annual specialist training updates outside of their unit</p> <p>Training must:-</p>	<p>Training delivered as part of Mandatory Training Day 4 (Fetal Monitoring Training Day)</p> <p>Programme attached</p>	<p>Compliance data for Day 5 attendance will be recorded on the Trust LMS - Learning Made Simple and reported quarterly to Maternity Governance</p>

	<p>Be responsive to local clinical incidents, service user feedback and local learning, utilising local case histories.</p> <p>Include use of risk assessment at start of and throughout labour complying with fetal monitoring guidelines.</p> <p>Include antenatal fetal monitoring, intermittent auscultation and electronic fetal monitoring.</p> <p>Be tailored for specific staff groups e.g. Homebirth or birth centre teams</p> <p>Be multi-disciplinary & scenario-based. Include information about using the equipment that is available</p> <p>Include the fetal surveillance of multiple pregnancies</p> <p>Include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. The content of human factor training must be agreed with the LMNS.</p>		
3.Maternity Emergencies and	90% of each relevant maternity unit staff group has attended an “in-house” MDT training day & include a minimum of 4	PROMPT Mandatory Training Day 1 Programme attached	Compliance data for PROMPT attendance will be recorded on the Trust LMS -

Multiprofessional Training	maternity emergencies with all scenarios covered over a 3-year period and priorities based on locally identified training needs		Learning Made Simple and reported quarterly to Maternity Governance
4. Equality, Equity and Personalised Care	<p>90% attendance (3 yearly programme of all topics)</p> <p>List A</p> <ul style="list-style-type: none"> • Ongoing antenatal and intrapartum risk assessment and risk communication • Maternal mental health • Bereavement Care <p>List B</p> <ul style="list-style-type: none"> • Personalised Care and Support Planning (including plans when in use locally) • Informed decision making, enabling choice, consent & human rights • Equality & Diversity with cultural competence 	<p>3 Year Training programme to incorporate all required elements – Mandatory Training Day 5</p> <p>Programme attached</p>	Compliance data for Day 5 attendance will be recorded on the Trust LMS - Learning Made Simple and reported quarterly to Maternity Governance
5. Care during Labour and Immediate Postnatal Period	<p>90% attendance (3 yearly programme of all topics)</p> <ul style="list-style-type: none"> • Management of labour including latent phase • VBAC and uterine rupture • GBS in labour 	<p>Training Year 2 programme</p> <ul style="list-style-type: none"> • Multiple Pregnancy PROMPT • Management in Labour Latent Phase Mandatory Day 5 • Infant feeding Mandatory Day 5 • ATAIN Mandatory Day 2 	Compliance data for all Training Days attendance will be recorded on the Trust LMS - Learning Made Simple and reported quarterly to Maternity Governance

	<ul style="list-style-type: none"> • Management of epidural analgesia and recovery care after general anaesthetic • Operative vaginal birth • Pelvic Health & Perineal Trauma – prevention of & OASI pathway and PFMT • Multiple Pregnancy • Infant Feeding • ATAIN 	<ul style="list-style-type: none"> • Pelvic Health and Oasi Care bundle Mandatory Day 2 • Perineal Trauma and Oasi Care Bundle – Mandatory Day 3 	
6. Neonatal Basic Life Support	90% attendance at a neonatal basic life support annual update either as an in-house neonatal basic life support training or Newborn Life Support (NLS)	<p>Combined Neonatal and Maternity Training delivered on Mandatory Training Day 3.</p> <p>Community Midwives and Delivery Suite Coordinators will attend the RCUK NLS Course every 4 years.</p> <p>The in house NLS training is delivered by Resuscitation Council Trained NLS Instructors</p>	Compliance data for all Training Days attendance will be recorded on the Trust LMS - Learning Made Simple and reported quarterly to Maternity Governance

Appendix 2. Proposed 5 Day Training Schedule for 2024 -2025

Maternity Specific Mandatory Training Day 1 PROMPT						
Session time	Sessions			Training required Year 2	Suggested staff groups for session	Trainer
08:00 -08:05	Registration					
08:05 - 08:15	Introduction: Team of the Shift What do you want out of the day – Mentimeter				MW, WSA / MSW, Anaesthetist, Obstetrician, Theatre	Faculty
08:15 – 10:00	Human Factors Ice breaker – Leadership challenge Human Factors : Civility Saves Lives - PACE and CUSS Barriers to use of proformas			CCF M3 CCF M4	MW, WSA / MSW, Anaesthetist, Obstetrician, Theatre	Faculty
10:00 – 10:15	Break					
10:15 – 11:00	PPH Workshop	Eclampsia/Pre-Eclampsia Escape Room	Anaesthetic Emergencies – Failed intubation and cardiac arrest simulation	CCF M3	MW, WSA / MSW, Anaesthetist, Obstetrician, Theatre	Faculty
11:00 – 11:45	Eclampsia/Pre-Eclampsia Escape Room	Anaesthetic Emergencies – Failed intubation and cardiac arrest simulation	PPH Workshop	CCF M3	MW, WSA / MSW, Anaesthetist, Obstetrician, Theatre	Faculty
11:45 – 12:30	Anaesthetic Emergencies – Failed intubation and cardiac arrest simulation	PPH Workshop	Eclampsia/Pre-Eclampsia Escape Room	CCF M3	MW, WSA / MSW, Anaesthetist, Obstetrician, Theatre	Faculty
12:30 – 13:00	Quality Governance Update			CCF M3	MW, WSA / MSW, Anaesthetist, Obstetrician, Theatre	Quality Governance Team
13:00 – 13:30	Lunch					
13:30- 14:00	Feedback Session - Learning from Excellence			CCF M3	MW, WSA / MSW, Anaesthetist, Obstetrician, Theatre	Faculty
Workshops						
14:05- 14:50	Shoulder Dystocia	Vaginal Breech Birth	Shoulder Dystocia	CCF M3	MW, WSA / MSW, Obstetrician	Faculty
14:50 – 15: 35	Vaginal Breech Birth	Shoulder Dystocia	Vaginal Breech Birth	CCF M3	MW, WSA / MSW, Obstetrician	Faculty
15:35 – 15:50	Break					
15:50 – 16:50	Workshop Multiple Pregnancy	Workshop 2 WSA / MSW		CCF M3	MW, WSA / MSW, Obstetrician	Faculty
16:50 – 17:00	Key learning points & Evaluation feedback sheet – Finish					