

**Maternity & Maty / Neonatal Governance.**

**Date of meeting: 19<sup>th</sup> July 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 was released in April (<i>NHSR 2024</i>) with some amendments.</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> July 2024:</b> 90% has been achieved this month for NLS and Fetal Monitoring for all staff groups. PROMPT Training compliance of &gt; 90% continues to be achieved for Midwives, Obstetricians and Support staff. Due to amendments in training requirements the compliance for anaesthetists has not been maintained at 90%. An action plan has been developed.</p>			

	<p><b>The Maternity Specific Training Guideline</b> has been updated and has now been ratified through Governance processes</p> <p><b>CSFT Compliance</b> has been included in the report and areas of concern highlighted.</p> <p>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 showing a downward trajectory or action plans have been put in place.</p> <p>The CCF Year 2 Training plan will commence in August and training plans will be presented at the Training Faculty meeting on 17<sup>th</sup> July.</p>
<p><b>Appendices</b></p>	
<p><b>Author</b></p>	<p>Karen Henderson – Clinical Education Midwife</p>

## 1.0 Introduction

### 1.1 CNST Maternity Incentive Scheme Safety Action 8

The Maternity Incentive Scheme Year 6 Guidance was been released in April (*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.

#### 1.1.1 Anaesthetists PROMPT Training requirements:

Non Obstetric Anaesthetists that contribute to the Obstetric rota are 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.

#### 1.1.2 Obstetrician PROMPT Training requirements:

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.

### **1.1.3 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. 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.

### **1.1.4 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.

## **1.2 Core Competency Framework V2**

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 has been developed in conjunction with Obstetric and Anaesthetic Education Leads and will be presented at the next Training Faculty meeting on 17th July 2024.

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

- Mandatory Day 1 – PROMPT (2.1)
- Mandatory Day 2 - Saving Babies Lives (2.2)
- Mandatory Day 3 – Resus NLS and ABLS (2.3)
- Mandatory Day 4 – Fetal Monitoring Training (2.4)
- Mandatory Day 5 - Equality, Equity and Personalised Care \* new training (2.5)
- Maternity specific eLearning (2.6)

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

Designation	April 2024	May 2024	June 2024
Midwives	98.74%	97.90%	98.28%
Obstetric Consultants	100%	95.65%	100%
Other Obstetric Doctors	100%	100%	100%
WSA /MSW	92.65%	90.14%	93.06%
Anaesthetists	78%	78.12%	76.00%

**2.2 Mandatory Day 2 ( Saving Babies Lives) compliance from August 2023 to 5<sup>th</sup> July 2024**

Designation	April 2024	May 2024	June 2024
Midwives	78.57%	83.61%	88.36%
Obstetric Consultants	57.00%	56.52%	43.47%
Other Obstetric Doctors	10%	17.39%	26.00%
WSA /MSW	72.06%	77.46%	87.50%

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

Designation	April 2024	May 2024	June 2024
Midwives	94.94%	92.86%	93.97%

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

Designation	April 2024	May 2024	June 2024
Midwives	99.08%	96.77%	95.75%
Consultant Obstetricians	95%	100%	91%
Other Obstetric Doctors	87%	100%	96%

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

Designation	April 2024	May 2024	June 2024
Midwives	65.15%	69.71%	78.72%
Obstetric Consultants	24.00%	21.73%	34.78%
Other Obstetric Doctors	6%	17.39%	26.08%
WSA /MSW	61.76%	63.38%	80.56%

**2.6 Maternity Specific eLearning as of 5<sup>th</sup> July 2024** (source Staff Compliance report)

Table 1. Antenatal Screening eLearning

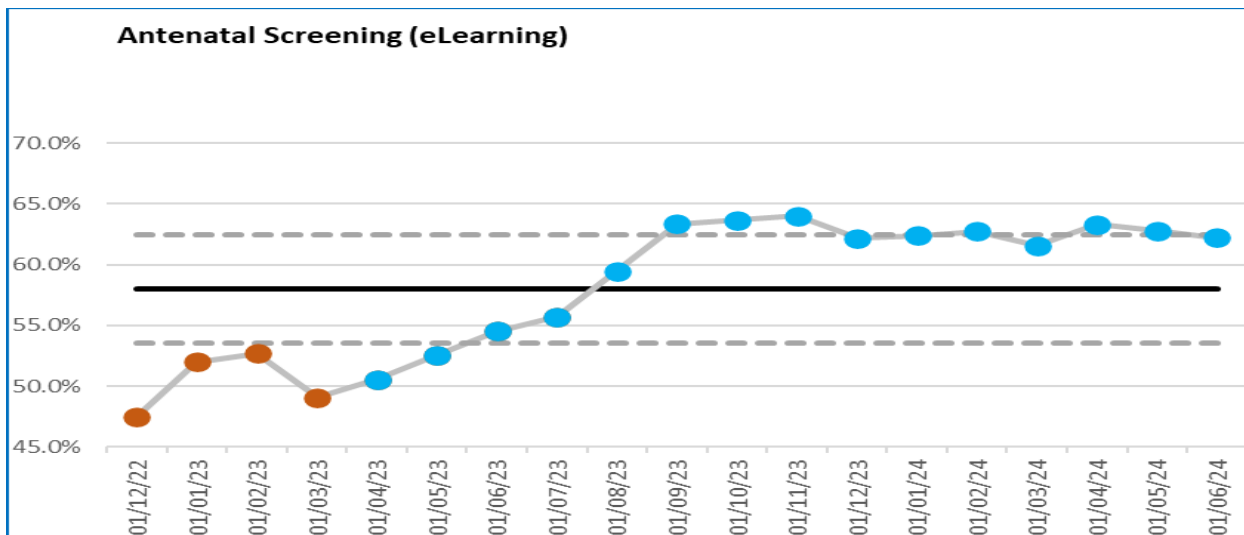


Table 2. ATAIN eLearning

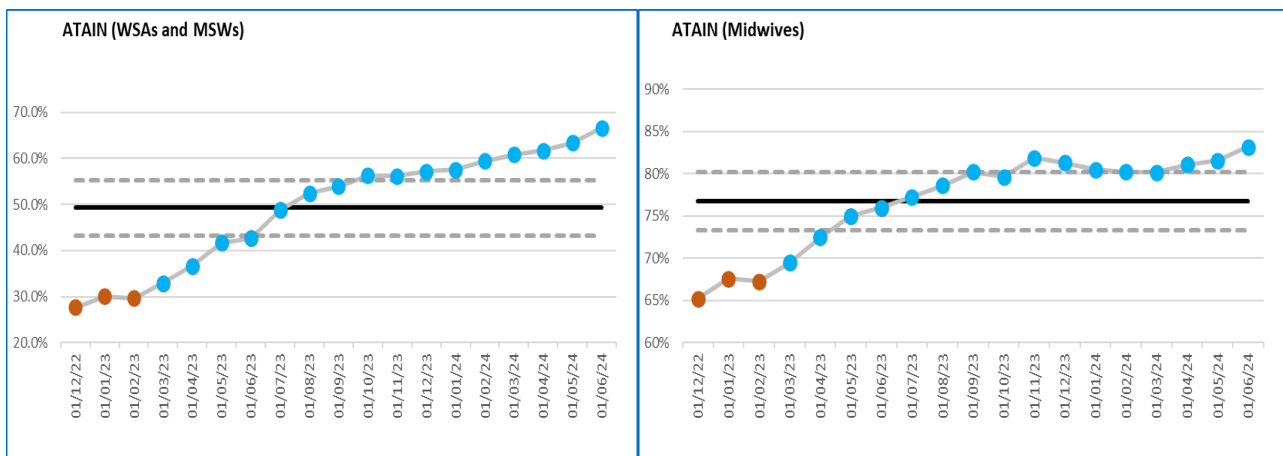


Table 3. Bereavement eLearning

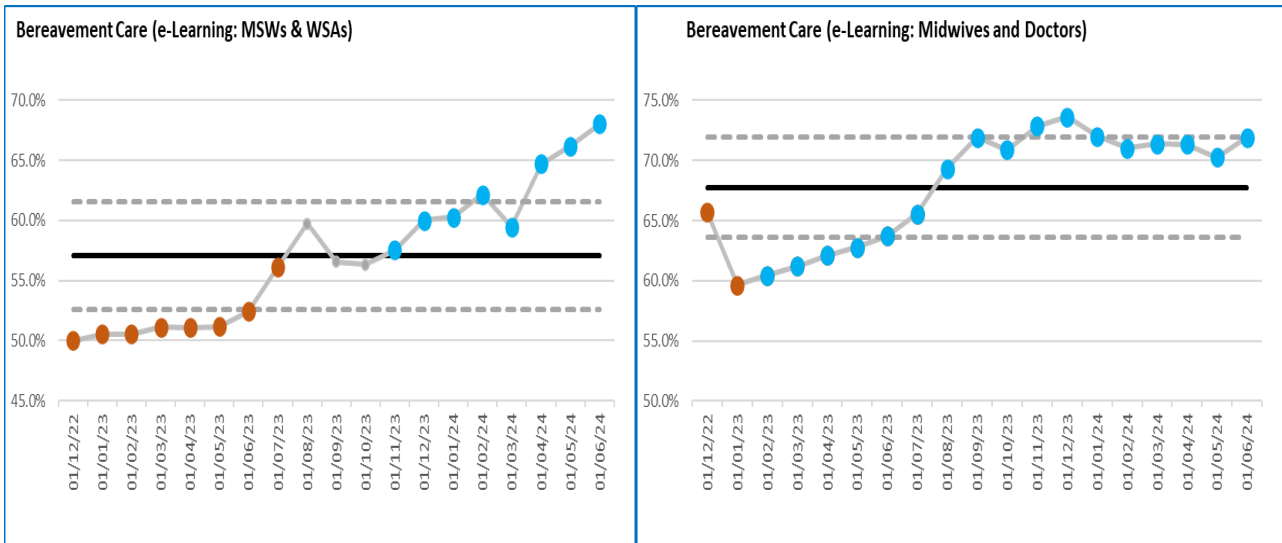


Table 4. Gap eLearning

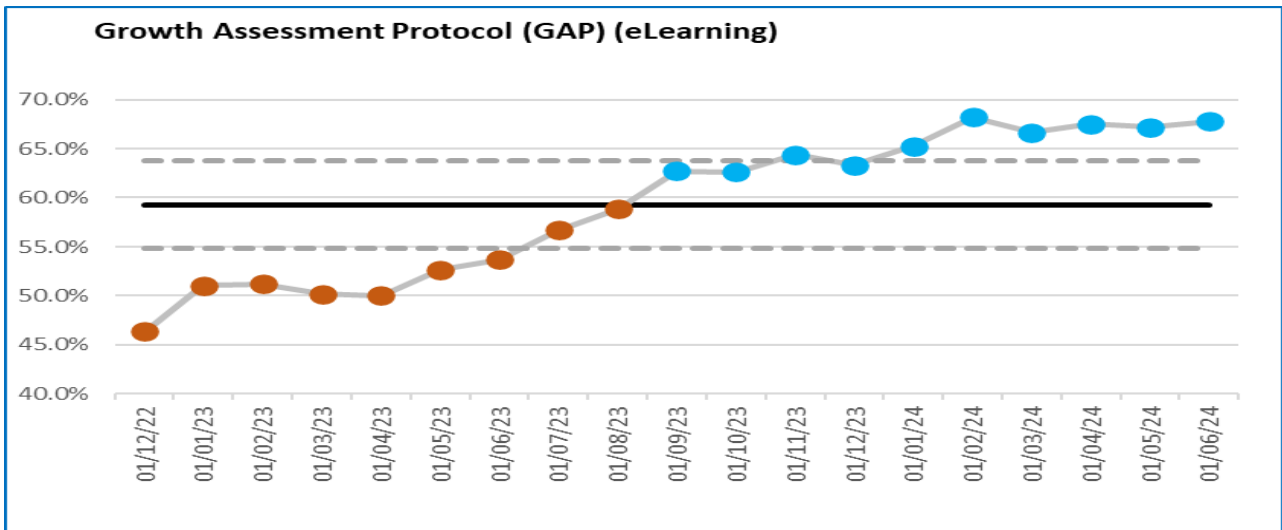


Table 5. Perinatal Mental Health eLearning

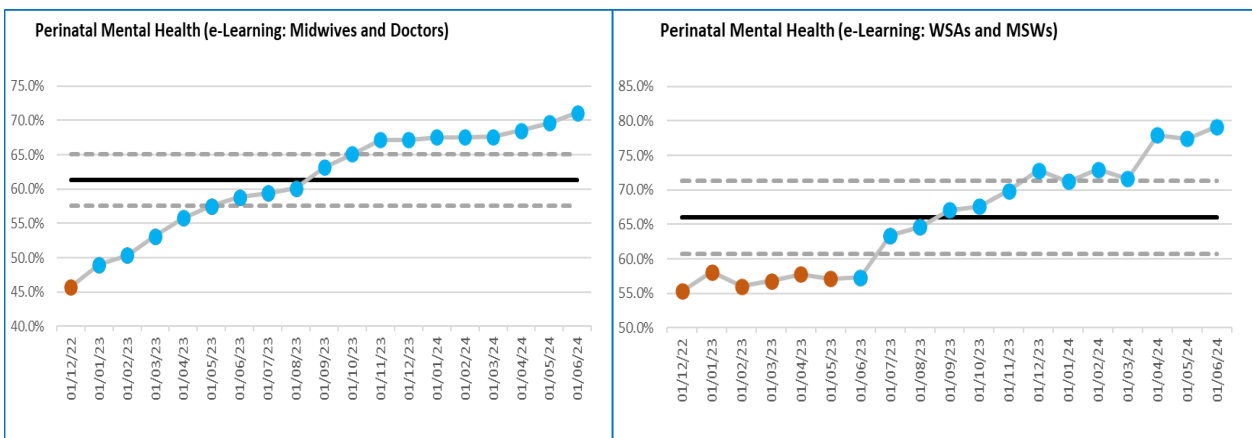


Table 6. Place of Birth eLearning

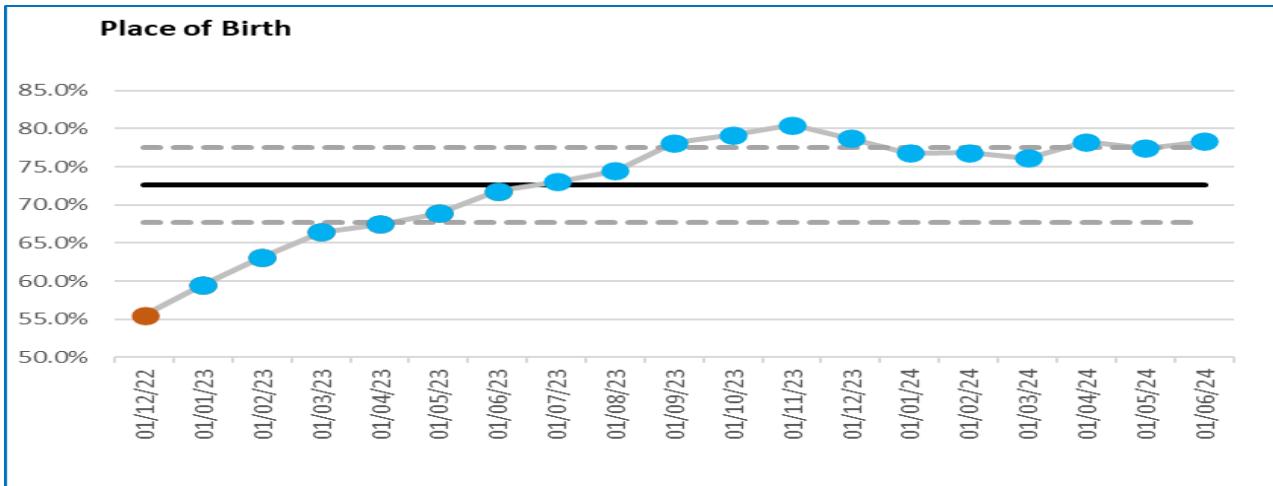
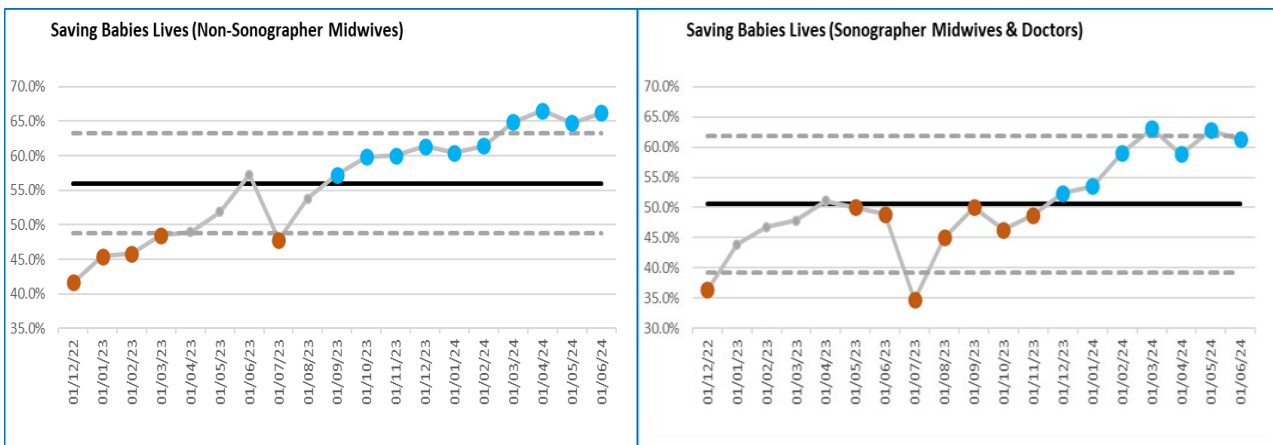


Table 7. Saving Babies Lives eLearning



2.7 Saving Babies Lives : GROW Competency Assessment compliance as of 5<sup>th</sup> July 2024

Designation	April 2024	May 2024	June 2024
Midwives	83.33%	84.33%	86.19%
Medical Staff	85%	88%	88.09%

*\*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 2.1.7*



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

Department	Quarter 4 March 2024	Quarter 1 June 2024
Bridgnorth Maternity Services	↓ 98.33%	↑ 100.00%
Ludlow Maternity Services	↓ 95.14%	↑ 100.00%
Maternity Scanning Department	↑ 90.91%	↓ 89.70%
Screening Department	↑ 100.00%	↓ 99.17%
Oswestry Maternity Services	↑ 91.30%	↑ 91.92%
Midwifery Management	↓ 90.65%	↓ 87.16%
Shrewsbury Outpatients	↑ 94.44%	↓ 88.00%
Shrewsbury Midwifery Team	↓ 88.68%	↑ 93.40%
Specialist Midwives	↓ 95.31%	↓ 93.83%
Telford Outpatients	↑ 80.68%	↑ 85.47%
Ward 21 Postnatal Ward 22 Antenatal	↓ 89.29%	↓ 86.79%
Ward 24 Delivery Suite	↓ 92.68%	↓ 91.39%
Wrekin MLU and Community	↓ 82.12%	↓ 75.96%
W&C Management	↑ 93.15%	↓ 90.12%
Medical Staff Obs and Gynae	↓ 81.16%	↑ 84.62%
Medical Staff Obs and Gynae Senior	↓ 88.57%	↑ 90.11%
<b>Maternity Services Total</b>	<b>↓ 89.84%</b>	<b>↓ 88.75%</b>

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

The table below highlights areas from the CSTF that have been reported as below 90% compliance

Training below 90%	Quarter 4 March 2024	Quarter 1 June 2024
ABLS	↑ 89.88%	↓ 87.90%
MCA / DOLS	↑ 81.27%	↓ 81.13%
Patient Moving and Handling	↓ 79.18%	↓ 75.00%
Information Governance and Data Security Awareness	↓ 80.32%	↓ 77.53%
Infection, Prevention and Control Level 2	↑ 81.60%	↓ 78.59%
Hand Hygiene		81.37%
Fire Safety		83.98%
Food Safety	↓ 84.57%	↓ 83.33%
Donning and Doffing	↓ 74.63%	↓ 72.98%
Blood Transfusion Admin Theory	↓ 72.17% ↑ 65.84%	↓ 68.52% ↓ 64.89%
Medicines - Prescribing & Administration	↑ 82.89%	↑ 85.23%

### 3.3 MCA / DOLS Training compliance by department as of 5<sup>th</sup> July 2024

Department	Quarter 4 March 2024	Quarter 1 June 2024
Bridgnorth Maternity Services	100%	100%
Ludlow Maternity Services	↓ 88.89%	↓ 87.50%
Maternity Scanning Department	↑ 68.18%	68.18%
Oswestry Maternity Services	100%	↓ 83.33%
Midwifery Management	100%	100%
Shrewsbury Outpatients	↑ 83.33%	↓ 80.00%
Shrewsbury Midwifery Team	↓ 95.00%	↑ 100%
Specialist Midwives	↑ 92.31%	92.00%
Telford Outpatients	↑ 58.82%	↑ 73.33%
Ward 21 Postnatal Ward 22 Antenatal	↑ 88.89%	↓ 84.48%
Ward 24 Delivery Suite	↑ 75.53%	↑ 77.89%
Wrekin MLU and Community	↑ 74.36%	↓ 70.27%
Medical Staff Obs and Gynae	↓ 80.00%	↑ 100%
Medical Staff Obs and Gynae Senior	↓ 76.00%	↑ 84.62%
Maternity Services Total	↑ <b>81.27%</b>	<b>81.13%</b>

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

Department	Quarter 4 March 2024	Quarter 1 June 2024
Bridgnorth Maternity Services	100%	100%
Ludlow Maternity services	↓88.89%	↑ 100%
Maternity Scanning Department	↑86.36%	↑ 100%
Oswestry Maternity Services	100%	100%
Midwifery Management	↓85.71%	85.71%
Shrewsbury Outpatients	100%	100%
Shrewsbury Midwifery Team	100%	100%
Specialist Midwives	100%	100%
Telford Outpatients	↑ 88.24%	↓ 73.33%
Ward 21/ 22	↓ 93.65%	93.10%
Ward 24 Delivery Suite	↑ 89.36%	↓ 88.42%
Wrekin MLU and Community	↓ 74.36%	↓ 56.76%
W&C Management	↑ 100%	↓ 66.67%
Medical Staff Obs and Gynae	↑ 80.00%	↑ 83.33%
Medical Staff Obs and Gynae Senior	↑ 92.00%	↑ 96.15%
Maternity Services Total	↑ <b>89.88%</b>	↓ <b>87.90%</b>

## **4.0 Risks and actions**

### **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. However issues around access to compliance data for Bank Staff and Medical staff are still ongoing.

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) – 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.

### **4.2 Training Compliance Risks CSTF**

**4.2.1 Adult Basic Life Support Training ( ABLIS)** A downward trajectory in training compliance has been seen in some clinical areas. This has been escalated to Managers and the Senior Leadership Team. The Education Team are working with Managers to look at access to training and developing action plans to improve compliance.

#### **4.2.2 Information Governance Training**

There has been a downward trajectory in training throughout the last quarter. This has been escalated to the Senior Leadership team and Line Managers. For review in one month by the Education Team.

#### **4.2.3 Pool Evacuation Training**

Where this training was identified as below the expected compliance due to cancellation of training dates, compliance has started to show an upward trajectory and is now 61.72%. Further training sessions and drills have been arranged throughout the next quarter.

#### **4.2.4 Fire Safety Training**

Fire Safety training has dropped below 90% this quarter and where additional training has been added to the LMS there is limited availability of training places. The Education team and Trust Fire Safety Officer are currently organising bespoke Fire Safety Training for Women and Children's.

#### **4.2.5 IPC and Hand Hygiene Training**

Compliance with both IPC and Hand Hygiene assessments has shown a downward trajectory over the last 2 quarters. Link Midwives have now been allocated for all clinical areas. The number of hand hygiene assessors in Maternity has reduced as a result of staff leaving and additional assessors are being identified and training accessed.

#### **4.2.6 Role specific and Trust CSTF below 90% Table 3.2**

The Clinical Education Midwife is meeting with Managers and will highlight the training that has fallen below the required compliance.

### **4.3 Training Compliance Risks Maternity Specific Training**

**4.3.1 Grow Assessments** >80% compliance was achieved during the last quarter and reported for Saving Babies Lives V3. However compliance has still not reached 90% and this has been escalated to the Lead Midwife for SBL and both Medical Director and Senior Leadership team.

The Lead Midwife for SBL has highlighted that the GAP eLearning does not align with Trusts Fetal Growth surveillance pathway (SBL Algorithm ) and this will be reviewed at the Training Faculty Meeting on 17<sup>th</sup> July.

#### **4.3.2 Maternity Specific eLearning**

Although 90% compliance has not been met there appears to be an upward trajectory in Maternity Specific eLearning as shown in the tables in section 2.6. eLearning time is allocated on Day 2 and Day 3 and Managers & Education Team are reminding staff to complete Learning on these days.

#### **4.3.3 Live Drills in Clinical Areas**

Live drills are being delivered where staffing and acuity allows. During the last quarter staffing challenges have 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.

The Trust Simulation Faculty is reviewing all simulation within the Trust and looking at how we can work collaboratively working towards ASPiH accreditation (Association for Simulated Practice in Healthcare - ASPiH standards 2023). The Maternity Education team will attend the first meeting on 16<sup>th</sup> July.

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

**4.4.1** 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.

**4.4.2** 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.**

**4.4.3** 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 22 newly qualified Band 5 midwives completing their preceptorship programme. There are 9 Domestically Educated Midwives that started Autumn 2023. We have 10 Internationally Educated Midwives on the preceptorship programme and a further 3 Domestically Educated that started in Spring 2024.

A further 22 newly qualified Band 5 Midwives have been recruited, with 19 expected to commence 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.

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

There are three WSA's on the current bridging programme, one has completed the programme, with others working towards completion of outstanding competencies.

In July 7 more WSA's will be commencing the in-house bridging programme and will be working towards completion by the end of the year.

7 WTE support workers have been employed who will be starting as Band 2's and will be working towards relevant qualifications and competencies to be signed off as Band 3 MSW's.

### **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.

The planned recruitment for September 2024 has not gone ahead due to recruitment challenges within the trust but the aim is to run the programme again in September 2025.

### **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.

There is planned recruitment for 2 more WTE internationally educated midwives over the coming weeks/months. Currently in the shortlisting phase of the recruitment process.

### **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 DeliverySuite. 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 have been reinstated with the first training day on 24<sup>th</sup> July.

### **5.2 Conclusion**

The next Training Faculty meeting is scheduled for July 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.

Karen Henderson Clinical Education Midwife 12th July 2024