

Report to:	Quality Committee
Date of Meeting:	16 January 2024
Subject:	Maternity Local Training Plan
Director Sponsor:	Sascha Wells-Munro, Director of Midwifery
Author:	Georgina Rowe, Programme Manager, Maternity

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Elective Recovery <input type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System</p>
--	--

Summary of Report and Key Points to highlight:

In line with the required standard and minimum evidential requirements of the Maternity Incentive Scheme Year 5, Safety Action 8, a local training plan has been developed to support implementation of Version 2 of the Core Competency Framework.

The local training plan was based on the “How to” Guide developed by NHS England.

This plan will ensure that the ability of the Trust’s maternity teams to undertake core mandated training and demonstrate compliance will be strengthened.

Recommendation

The Quality Committee is asked to recommend ratification to the Board of Directors of the Maternity local training plan prior to distribution with the LMNS in the ICB.

Maternity Training Days can be found under appendix 1, page 30-33 of Appendix 1.

--

Report History

(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation
Care Group Board	21/11/23	Approved for reporting to Quality & Safety Assurance Committee with a request to confirm ratification by Trust Board in November 2023

Local Maternity Training Plan

1. Introduction and Background

NHS Resolution is operating in year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care. The MIS applies to all acute Trusts that deliver maternity services and are members of the CNST.

Action 8 requires a local training plan is developed to support implementation of Version 2 of the Core Competency Framework. The training plan should be in place to implement all six core modules of the Core Competency Framework over a 3-year period, starting from MIS year 4 in August 2021 and up to July 2024. As per requirements, the local training plan was based on the “How to” Guide developed by NHS England.

The local training plan describes mandatory maternity staff training requirements, timeframes and training access routes. It also provides guidance relating to monitoring mandatory training and outlines the appropriate pathways to follow for non-compliance with training.

2. Considerations

The purpose of this reports is to enable Trust Board to give consideration to, and have oversight of, the Local Maternity Training Plan.

3. Current Position/Issues

The Maternity Services did not historically have a formal Maternity local training plan. The attached training plan is operating successfully and is supporting an increase in training compliance as demonstrated through monthly monitoring and reporting to the CQC and LMNS. Continued compliance against the plan will be dependant on

the appropriate headroom across the entire midwifery workforce of 24% being applied.

4. Summary

This report asks the Board of Directors to give consideration to, and have oversight of, the Local Maternity Training Plan developed in accordance with Version 2 of the Core Competency Framework outlined in the Maternity Incentive Scheme Year 5, Safety Action 8.

5. Appendix

Maternity Services Training Needs Analysis Guideline

Version: 1

Summary	This document describes mandatory maternity staff training requirements, timeframes and training access routes. It also provides guidance relating to monitoring mandatory training and outlines the appropriate pathways to follow for non-compliance with training.	
Keywords	Training Needs Analysis Mandatory training Core Competency Framework V2	
Target audience	All maternity staff	
Date issued	October 2023	
Approved & Ratified by	Women's Clinical Governance Board of Directors	Date of meeting: 12/10/2023 29/11/23
Next review date	October 2024	
Author	Lois Bennett	
Executive Director	Jo Mannion	

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust Intranet is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Version Control

Change Record

Date	Author	Version	Page	Reason for Change
12/10/23	Lois Bennett	1	All	Guidance produced in line with CCFV2

Reviewers/contributors

Name	Position	Version Reviewed & Date
Lois Bennett	Practice Development Midwife	October 2023
Amanda Pearson	Maternity Improvement Advisor	October 2023

Contents

Section	Title	Page
1.	Introduction	4
2.	Scope	5
3.	Duties and responsibilities	5
4.	Training Needs Analysis (TNA)	11
5.	Training requirements 5.1. Attendance on Mandatory Training, Compliance and Monitoring 5.2. Training Records 5.3 Preceptorship	12
6.	Monitoring compliance	27
7.	Document review	27
8.	Associated Trust documents	27
9.	Supporting references	27
10.	Definitions	28
11.	Equality Impact Assessment	28

Appendices		
Appendix 1	Maternity Training Days – York Programme 2024	29
Appendix 2	Non-attendance/non-compliance with training - SOP	33
Appendix 3	Removal of staff from allocated training to cover clinical requirements - SOP	34
Appendix 4	First instance of non-attendance	35
Appendix 5	Second episode of non-attendance	36
Appendix 6	Record of Learning	37

1. Introduction

1.1. Aims

This Document aims to:

- **Provide clear guidance enabling staff to be aware of what mandatory training they are required to complete, within what time frames and how this will be accessed (e.g. classroom/teams/e learning) – This is set out in the (TNA) Training Needs Analysis**
- **Set down the ideal standard for mandatory training monitoring including roles and responsibilities.**
- **Provide a clear pathway for non-compliance/engagement with training.**

1.2. Vision

Our vision is to reduce incidents and create an environment where all staff are encouraged to learn.

Y&STHF Maternity Services is committed to ensuring that all members of staff within this speciality are equipped with the training they need to perform their jobs safely and to adequately protect patients, staff, visitors, and the public. This guidance is to support the processes, participants and structure around training in Y&STHF

To inform and construct our training we will use national drivers encompassed within the TNA alongside relevant national reports such as MBRRACE, SBLv3 etc. The learning programme will be further developed at regional and local levels incorporating learning and engagement across the LMS. This includes reported incidents (locally and regionally), reviewing case notes for excellent practice and areas for improvement, engagement with our MPV and feedback from other service users.

The TNA (training needs analysis) identifies the training standards set by national drivers including:

- Ockenden
- Maternity incentive scheme (2023)
- Core competency framework v2 (CCFv2 - 2023)

Our sessions will be offered via a blended approach to learning and teaching including:

- Classroom based – Trainer led
- Workshops - Trainer led
- Teams based – Trainer led

- E-learning – Staff led
- Simulation training – Provided monthly on PROMPT and an ad-hoc basis within the clinical areas.

CCFv2 recommends 5 days will be required as a provision to encompass the required training and this will be incorporated into the structure of the training weeks provided at Y&STHFT.

The Learning Needs Analysis (LNA) for the maternity service future workforce development.

2. Scope

The guideline gives a clear guidance of mandatory training needs for maternity services (to include Midwives, Maternity Support workers, Obstetricians, Anaesthetists) and how to access to this training and provides a format for managers to schedule and track staff progress with mandatory training.

3. Duties and responsibilities

The delivery of specialist maternity training and multi-disciplinary skills and drills training is the joint responsibility of the Trust, Departmental managers, the Maternity Practice Development team, those facilitating learning events and individual members of staff.

Director of Midwifery/ Clinical directors are responsible for:

- Holds overall responsibility for ensuring that all midwifery and medical departmental staff attend identified training.
- Supports line manager/matron/senior leaders to take all necessary action when staff do not attend mandatory and statutory training in line with trust policy and escalate any risks to the trust board.
- Act on findings from the Practice Development Midwife in relation to the specialist mandatory training for the maternity service.
- In line with national recommendations ensure that appropriate time is allocated within consultant job plans for both obstetric and anaesthetic consultants to support the multi-disciplinary approach to the delivery of training.

- Ensure that the practice development midwife role has appropriate hours allocated under the workforce plan to cover to the training needs.
- Ensuring that any training issues are reported to the Trust Board.

The Head of Midwifery is responsible for:

- Providing the leadership that supports education, following the escalation policy for non-attendance and supporting the staff, line managers and matrons as this policy is followed.
- Promoting a workplace where training and development are considered key to taking forward maternity services.
- Have an awareness of the training requirements and promote access to learning opportunities to support the delivery of safe and effective care.

Maternity Matrons are responsible for Facilitating the learning needs of all staff:

- Ensuring that all staff are compliant with training requirements as identified in the TNA and following the non-compliance pathway in cases of non-attendance.
- Identifying individual learning requirements with individual staff.
- Ensuring that individual staff have booked training prior to returning from maternity or long-term sick leave.
- Supporting process in cases of non-compliance/attendance in line with the policy.
- Ensuring staff who are out of compliance with fetal monitoring and PROMT do not work clinically in their period of non-compliance – in line with Ockenden recommendations.

The Lead for Obstetric Anaesthetics/anaesthetic roster creators are responsible for:

- The appropriate allocation of anaesthetists to PROMPT lies with the PROMPT anaesthetic lead and anaesthetic roster creators.
- The anaesthetic allocator must liaise with the PDM and administration team to ensure timely allocation and ensure MDT attendance at each training session.
- All anaesthetic staff rotating into the trust should have a valid PROMPT certificate and staff should be allocated on in a timely way to ensure they do not fall out of compliance.

The Obstetric training and educational development lead is responsible for:

- Work together with the relevant staff to produce an annual TNA (using the CCFv2 framework).
- Ensure relevant training data is recorded and monitored in line with MIS: - including: Levels of attendance - Levels of non-attendance - Levels of cancellation and reasons - Provide details of non-attendance to line managers to ensure action is taken to follow up non-attendance.
- Consider the needs of the full and part time staff who deliver a 24-hour service in relation to programme delivery and design. Set up appropriate training programmes utilising internal and external expertise where available.
- Facilitate departmental and Trust induction programmes for newly appointed staff.
- Explore external provision where internal capacity/capability is not available.
- Work closely with line managers/collage tutors in the case of non-attendance/compliance.
- Create and retain oversight of annual training plan.

It is the responsibility of the Practice Development Team:

- Produce an annual TNA (using the CCFv2 framework)
- Ensure aspects of maternity specific mandatory training are recorded and monitored by: - Levels of attendance - Levels of non-attendance - Levels of cancellation and reasons - Provide details of non-attendance to line managers to ensure action is taken to follow up non-attendance.
- Consider the needs of the full and part time staff who deliver a 24-hour service in relation to programme delivery and design. Set up appropriate training programmes utilising internal and external expertise where available.
- Facilitate departmental and Trust induction programmes for newly appointed staff.
- Explore external provision where internal capacity/capability is not available.
- Work closely with line managers/collage tutors in the case of non-attendance/compliance.
- Create and retain oversight of annual training plan.

It is the responsibility of the Maternity theatre staff lead and OPD lead to:

- Ensure timely and appropriately allocation of staff who work in maternity to

ensure 90% compliance in line with MIS safety action 8 (2023).

- Work closely with the Practice Development admin manager to allocate staff to training.

For staff who work in theatres and work within the maternity service.

It is the responsibility of all staff (full time or part-time) to:

- Comply with mandatory training requirements as identified in the Training Needs Analysis (TNA). Failure to do so may invoke Trust competency or disciplinary processes.
- Accept personal responsibility for professionally updating.
- Use the Learning hub to identify when updating or training is required and agree a date for this with their manager.
- Ensure timely attendance at mandatory training for the full session.
- Alert their line manager and the facilitator if they are unable to attend and rebook on to the next available training session (this may be across site).
- Sign the attendance record for the session/programme.
- Partake in evaluation of session/programme to influence future provision.
- Maintain a record of their training with evidence of reflective learning within a portfolio in line with NMC revalidation and GMC requirements.
- Promote evidence-based learning and maintain an effective learning environment in the workplace.

It is the role of the Practice Development Admin Manager to:

- Create all staff bookings on E Roster
- Ensure appropriate rooms and facilities are booked.
- Escalate non-attendance in line with training compliance SOP
- Ensure that allocation lists are supplied for training.
- Ensure timely reminders are sent to staff regarding their upcoming training.
- Keep training compliance updated on the X drive/Learning Hub.
- Work together as part of the Education team.

It is the role of the subject specialist to ensure they:

- Arrive in a timely manner to facilitate their session.
- Ensure cover is provided if they are unable to attend a session – this must be communicated with the PDM admin manager.

- Provide training sessions (reagreed at the training meeting) which reflect best evidence and the needs of the learners.
- Respond to staff evaluation and adjust training as required. This should be undertaken as a faculty.
- All trainers must have the requisite training certificate for the subject matter being taught, and training is supported by national, departmental guidelines and best practice.

It is the responsibility of the line managers/roster creators to ensure that they:

- Are familiar with the education, learning and training needs of their staff.
- Ensure that newly appointed staff attend local and Trust induction programmes.
- Ensure members of staff moving to new areas within the maternity unit receive updates and identified training required for the area they are moving to.
- Facilitate a learning culture within their clinical area which supports both team and individual development.
- Ensure that staff returning from maternity or long-term sick leave have all necessary training and education requirements booked prior to returning from leave.
- Proactively liaise with the Maternity Practice Development Team or College Tutor to ensure that educational needs of department are met.
- Actively encourage staff members to identify individual learning needs through annual performance development reviews to facilitate development of individual knowledge, skills, and competencies.
- Provide allocated time and authorise attendance at agreed protected study time.
- Ensure that all staff members in their clinical area are compliant with statutory/mandatory training requirements and act where there is non-compliance. [Disciplinary policy v5.1 Dec 19 - March 23 \(2\).pdf \(yha.com\)](#)
- Respond to reports of non-attendance and action accordingly (see Appendix 1)
- In the event of non-attendance agree an action plan with the member of staff and ensure this is achieved within an agreed timescale.
- Carry out risk assessments and implement appropriate local action plans where there is noncompliance – Staff who are non-compliant with PROMPT and/or Fetal monitoring should be working clinically as per Ockenden recommendations.
- Implement Trust disciplinary procedures for those staff who persistently fails to take responsibility for attending statutory and mandatory training.

- Document these discussions.

Roster creators must not remove staff from allocated training days without the express approval of the HOM/DOM and PDM oversight – see SOP (Appendix 3) Removal of staff from training to cover clinical requirements.

Staff returning from prolonged absence

- All staff will have a return-to-work interview following a prolonged absence during which the Line manager will address their individual learning needs and areas of consolidation on return to work.
- A copy of this should be kept in the midwives personal file and signed by their line manager.

4. Training Needs Analysis (TNA)

An annual Training Needs Analysis will be undertaken by the training committee. This informs the trust and department regarding the required training needs across the unit.

- **This committee should include:**
 - Practice development Midwife
 - Director of Midwifery
 - Lead obstetrician for Labour Ward
 - Lead consultant anaesthetist for obstetrics
 - Governance midwife
- **When planning the training for the following financial year this committee should consider:**
 - Feedback /evaluations from participants of previous mandatory days
 - Feedback /evaluations from trainers involved in previous mandatory day
 - Training needs as identified in individual appraisals and personal development plans
 - The national core competency framework
 - NICE guidelines
 - ‘Lessons learned’ as identified from clinical incident reporting
 - Results of departmental audit presentations
 - Results of investigations into complaints and claims
- **Training issues will be discussed at least every 6 months at departmental meetings. This will include:**
 - Labour ward forum

- **Clinical lead meetings**
- **Unit Staff meetings**

The TNA version used by the trust will be the 2023 national TNA attached to CCFv2.

5. Training Requirements

Training for the Maternity department consists of a blended approach training days for midwives, healthcare support workers and obstetric medical staff. These will be across a 5 day week to allow for ease of allocation, compliance tracking and attendance.

The blended approach will include a combination of face to face and e learning.

5.1. Attendance on Mandatory Training, Compliance and Monitoring

- **The PD admin manager will endeavour to allocate staff onto training within 11 months of previous allocation to ensure compliance is up to date and allow an element of flex in the system.**
- **There is a SOP for the removal of staff from training to cover clinical shifts, this must be followed.**
- **There is a SOP for Non-attendance/non-compliance with training, this must be followed.**
- **Staff must arrive on time for the training sessions. It is at the facilitators discretion whether to permit late entry. If unable to attend on the day, they should inform the training lead and line manager as soon as possible. Failure to report their absence will be considered as unauthorised absence. Attendance must be for the whole session and a signing in sheet will be kept to update records.**

5.2. Training Records

- **All training is recorded on the Trust database.**

- Training and development will provide a report on the Maternity service attendance at Trust statutory and mandatory training to the Director of midwifery on a monthly basis. This report will be kept in the Maternity shared drives.
- Records of attendance at specialist maternity mandatory training will be kept by the practice development midwife team as well on the trust training database. Attendance sheets are kept in the training files until the end of the financial year.
- The maternity service will aspire to 100% attendance at mandatory training. However, as absences due to sickness or maternity leave will always need to be considered, the service will accept 90% attendance as a minimum.
- Training records are available for line managers/appraisers on the learning hub and must be referred to during the appraisal process.

Mandatory Training Requirements Core Competency Framework Version 2: Three Year Rolling Competency Requirements: Where are we meeting the requirements?

Module 1: Saving Babies Lives Care Bundle	
90% attendance -	
<ul style="list-style-type: none"> • E-LfH SBLCB module to be completed once in the three-year period • NCSCT Very Brief Advice E-Learning to be completed once in the three-year period • Individuals delivering tobacco dependence treatment interventions trained to NCSCT standards. 	
Included in the Annual Update:	
Smoking in Pregnancy -MDT	Included in:
<ul style="list-style-type: none"> ▪ Local opt out pathways/protocols, advice given to women and actions to be taken. 	Training day 1

<ul style="list-style-type: none"> ▪ CO Monitoring and discussion of result. 	<p>E learning – NCSCT (3 years)</p>
<p>Fetal growth restriction - MDT</p>	
<ul style="list-style-type: none"> ▪ Local referral Pathways, identification of risk factors and actions to be taken ▪ Learning from local trust detection rates and actions implemented. ▪ Symphysis Fundal Height measuring. Plotting and interpreting results, practical training and assessment, and case reviews from examples of missed cases locally 	<p>Fetal surveillance day</p> <p>E learning - GAP</p>
<p>Reduced Fetal Movements - MDT</p>	
<ul style="list-style-type: none"> ▪ Local Pathways/Protocols, and advice to give to women and action to be taken. ▪ Evidence of learning from case histories, service user feedback, complaints and local audits 	<p>Fetal surveillance day</p>
<p>Preterm Birth – MDT/MW</p>	
<ul style="list-style-type: none"> ▪ Identification of risk factors and local referral pathways. ▪ All elements in alignment with the BAPM/MatNeo SIP optimisation and stabilisation of the preterm infant pathway. ▪ A team-based, shared approach to implementation as per local policy. ▪ Risk assessment and management in multiple pregnancy 	<p>Training day 1 (MDT)</p> <p>NLS - MW</p>

Diabetes in pregnancy - MDT	
<ul style="list-style-type: none"> ▪ Identification of risk factors and actions to be taken. ▪ Referral through local MDT pathways including Maternal Medicine Networks and escalation to endocrinology teams. ▪ Intensified focus on glucose management in line with NHS Long Term Plan and NICE guidance, including continuous glucose monitoring. ▪ Care of the diabetic woman in labour. 	Training day 1 (MDT)
<p>Module 2: Fetal monitoring and surveillance (in the antenatal and intrapartum period) - MDT</p> <p>90% attendance</p> <p>An annual competency assessment (pass mark 85%)</p> <p>Fetal monitoring lead trainers attending specialist training updates outside of the unit.</p>	
Training includes:	Included in:
<ul style="list-style-type: none"> ▪ Responses to local clinical incidents, service user feedback and local learning using local case histories. ▪ Risk assessment at start of and throughout labour complying with fetal monitoring guidelines. ▪ Antenatal fetal monitoring, Intermittent auscultation, and electronic fetal monitoring ▪ Be tailored to specific staff groups. ▪ MDT and scenario-based teaching. ▪ Information about the equipment available. 	Fetal surveillance day 2024

<ul style="list-style-type: none"> ▪ The fetal surveillance of multiple pregnancies. 		
<ul style="list-style-type: none"> ▪ Principles of psychological safety and upholding civility in the workplace, ensuring staff can escalate clinical concerns 	Fetal surveillance	
<p style="text-align: center;">Module 3: Maternity emergencies and multi-professional training - MDT</p> <p>90% of each relevant maternity staff group to attend PROMPT MDT training day which includes a minimum of four maternity emergencies with all scenarios covered over a 3-year period.</p> <p>At least one of the scenarios in each session is conducted in the clinical area enabling local system and environmental factors within the clinical setting to be considered, any risks and issues identified and an action plan to address them.</p>		
2022	2023	2024
<ul style="list-style-type: none"> • BLS & maternal resus • Team working & human factors – learning from • PPH • Impacted fetal head 	<ul style="list-style-type: none"> • BLS & Maternal resuscitation • Team working & Human factors - learning from 	<ul style="list-style-type: none"> • BLS and Maternal Resuscitation • Team working/human factors and civility in the workplace.

<ul style="list-style-type: none"> • Deteriorating patient: Covid/sepsis • Theatre etiquette • Severe hypertension/eclampsia • Shoulder dystocia/NLS • PPH • Breech 	<ul style="list-style-type: none"> • Local anaesthetic toxicity • Vaginal breech • Cord Prolapse • PPH • Deteriorating patient/Sepsis-mastitis • PET/eclampsia • Failed intubation/failed ventilation • Shoulder dystocia 	<ul style="list-style-type: none"> • Maternal arrest and Perimortem C/S • High regional block • PPH in pool with evacuation • DKA • PET • Shoulder dystocia • Breech
<p>Training includes:</p>		<p>Included in:</p>
<ul style="list-style-type: none"> • Identification of deteriorating mother 		<p>PROMPT</p>
<ul style="list-style-type: none"> • Communication and escalation of care using SBARD 		<p>Sim - SBARD</p>

<ul style="list-style-type: none"> • Evidence of sensitivity and response to local safety insights, near misses and lessons learnt • Service user comments or feedback from investigations • Maternal and neonatal outcomes using exemplars from national programmes i.e., HSIB • A scenario from a learning from excellence case study 	<p>PROMPT – scenarios based on cases</p> <p>Impact statements from families involved in the scenario.</p> <p>All sims based on local learning positive and learning from examples</p>	
<ul style="list-style-type: none"> • Principles of psychological safety and upholding civility in the workplace, ensuring staff are able to escalate clinical concerns 	<p>PROMPT - Human factors training/civility</p>	
<p style="text-align: center;">Module 4: Equality, Equity and Personalised care - MW</p> <p>90% Attendance.</p> <p>3 yearly programme of 1 topic from each of the following lists.</p> <p>List A – ongoing antenatal and intrapartum risk assessment and risk communication – maternal mental health – bereavement care.</p> <p>List B – personalised care and support planning (including plans when in use locally) – informed decision making, enabling choice, consent, and human rights – equality and diversity with cultural competence.</p>		
2022	2023	2024
<ul style="list-style-type: none"> ▪ Ongoing antenatal and intrapartum risk 	<ul style="list-style-type: none"> ▪ Ongoing antenatal and intrapartum risk 	<ul style="list-style-type: none"> Ongoing antenatal and intrapartum risk

<p>assessment and risk communication (included in SBARD, Fetal surveillance, Maternal and neonatal resus & PROMPT)</p> <ul style="list-style-type: none"> ▪ Maternal Mental Health update (D2) ▪ Bereavement Care (D2) ▪ Personalised Care plans (D2) 	<p>assessment and risk communication (included in SBAR, Fetal surveillance, Maternal and neonatal resus & PROMPT)</p> <ul style="list-style-type: none"> ▪ Maternal Mental Health (PNMH) (D2) <p>Bereavement Care (D2)</p> <ul style="list-style-type: none"> ▪ Personalised care and support planning, including Informed decision making, enabling choice, consent, and human rights ▪ Equality and diversity with cultural competence – (LH) 	<p>assessment and risk communication (include SBARD, VTE and purpose T)</p> <ul style="list-style-type: none"> ▪ Maternal Mental Health (PNMH) ▪ Bereavement Care ▪ Personalised care and support planning ▪ Informed decision making, enabling choice, consent, and human rights (e learning 3 yearly)
<p>Training includes:</p>		<p>Included in:</p>

<ul style="list-style-type: none"> • Learning from incidents • Service user feedback • Local learning • Local guidance • Referral procedures • Red flags 	<p>Training day 1 Training day 2 E learning - Informed decision making, enabling choice, consent, and human rights (e learning 3 yearly)</p>
--	---

Module 5: Care during labour and immediate postnatal period - MDT

90% Attendance

3 yearly programmes of all topics

2022	2023	2024
<ul style="list-style-type: none"> • Management of epidural analgesia including LAT • management of labour including latent phase 	<ul style="list-style-type: none"> • VBAC (vaginal birth after caesarean) • Pelvic Health and Perineal trauma – prevention of and OASI pathway 	<ul style="list-style-type: none"> • GBS in labour - day2 • RoBUST – operative vaginal birth

<ul style="list-style-type: none"> • Infant feeding (BFI training) • Clinical emergencies in the home for Community midwives 	<p>and pelvic floor muscle training (PFMT)</p> <ul style="list-style-type: none"> • Infant feeding 	<ul style="list-style-type: none"> • Infant feeding • ATAIN • Multiple pregnancy
<p>Training includes:</p>		
<ul style="list-style-type: none"> • Learning from incidents, audit reviews and investigations, service user feedback and local learning • Learning from themes identified in national investigations e.g., HSIB 		<p>Training day 1 Training day 2</p>
<ul style="list-style-type: none"> • A focus on deviating from the norm and escalation of concerns. 		<p>Training day 1 Training day 2 PROMPT Fetal surveillance day</p>
<ul style="list-style-type: none"> • Include national training resources e.g., OASI Care Bundle, prevention, and optimisation of premature birth. 		<p>Training day 1 2023</p>
<ul style="list-style-type: none"> • Be tailored for specific staff groups depending on their work location and role. 		<p>Training day 1</p>

Module 6: Neonatal basic life support – MW (with Sims for MDT)

90% Attendance at a neonatal basic life support annual update

All our Resuscitation officers are RC trained (as of March 2024)

Midwives and SCBU staff attend NLS courses every 4 years – gold standard (requested places in LNA)

Training includes:	Included in:
<ul style="list-style-type: none"> • ‘Hands on’ and scenarios based and tailored to learn from incidents, service user feedback and local learning priorities. • Recognition of the deteriorating newborn, action and escalation procedures including the use of SBAR • Tailored information for specific staff groups depending on their role. • Scenarios in different environments and use of the equipment available in those different environments so staff are familiar. 	<p style="text-align: center;">Training day 1 PROMPT</p>
<ul style="list-style-type: none"> • Recognition of the deterioration of Black and Brown babies 	<p style="text-align: center;">Training day 1</p>
<ul style="list-style-type: none"> • The principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. 	<p style="text-align: center;">Prompt/Fetal surveillance/Training day 1</p>

<ul style="list-style-type: none"> • Human Factors 	
--	--

The Maternal Voice – Training team will work with service users and members of the MPV to ensure that the maternal voice is heard and used to guide and facilitate learning.

Fetal Monitoring requirement – Annual - Covered in the fetal surveillance day – MDT attendance (midwives and obstetricians)

A 7.5hr fetal monitoring teaching session will meet the SBL V3, national maternity review recommendations and the MIS (2023) requirement. This session will include:

- **Human factors/psychological safety and civility**
- **GAP**
- **Reduced movements.**
- **Physiology**
- **Intermittent auscultation -intelligent**
- **Antenatal and intrapartum electronic fetal monitoring and interpretation**
- **Risk assessments through labour**
- **Information about the equipment required.**
- **Fetal surveillance of multiple pregnancies**
- **There will also be a weekly CTG review meeting with local learning and case studies.**

A fetal monitoring competency assessment must be completed by all Obstetric consultants, Registrars, and midwives – the pass rate for this is 85%. If this competency level is not achieved, then further e-learning/one to one training will be required to be completed and a retest taken within the month.

If staff are not compliant then they will be unable to provide antenatal care or one to one care for labouring women until the competency is achieved (Ockenden).

If a member of staff is not compliant this will be emailed out to the LW coordinating teams and the staff members line manager.

Prompt training – Annual – MDT attendance (Obs, Anaesthetists, ODP's, Theatre practitioners, Midwives, MSW, HCA)

These are to be held face to face sessions with MDT in attendance:

Minimum standard • 90% of each relevant maternity unit staff

group has attended an 'in-house' MDT training day which includes a minimum of four maternity emergencies with all scenarios covered over a three-year period and priorities based on locally identified training needs: –

- **Cord prolapse**
- **Shoulder dystocia**
- **Major obstetric haemorrhage – PPH/APH**
- **Uterine inversion**
- **BLS - Maternal collapse, escalation and resuscitation**
- **Pre-Eclampsia/ Eclampsia**
- **Vaginal Breech**
- **Uterine rupture**
- **Impacted fetal head**
- **Human factors - Human Factors study delivered by Terema trained trainers including the principles of psychological safety, upholding civility in the workplace and ensuring staff are enabled to escalate clinical concerns.**
- **Care of the critically ill patient/sepsis**
- **NLS**
- **Theatre recovery**

Further training offered in-house

Bereavement training – mandatory - A Bereavement update will be completed annually by midwifery staff and included on the day two training day.

Post-mortem consent training – Mandatory, for all staff who would take post-mortem consent including midwives, consultants, registrars, bereavement officers and mortuary staff. This training is provided in house on an ad hoc basis and is facilitated by the bereavement midwife. A two-yearly competency assessment to be completed on staff that had been trained but not taken consent within the last two years.

PROMPT home - Community specific prehospital training – Non mandatory

An Obstetric emergency in the home setting study day will be arranged for the community staff to attend on an annual basis and will have an MDT approach to include an invite to ambulance staff. (Training plan 2024)

Maternal AIMS – Run Monthly (YDH) and Bi-Monthly

(SGH) – Non mandatory -Run in conjunction with critical care outreach (CCO). Focussing on the A-E assessment and care of the deteriorating patient. Morning run with CCO and afternoon focussing on maternity scenarios. Also run for the preceptors as part of their bespoke preceptorship training.

PROMPT CiPP – Care of the Critically ill pregnant/post-partum patient – Non mandatory - Once RM's are Maternal AIMS trained they can complete PROMPT CiPP enabling them to be an enhanced maternal care practitioner focussing on providing enhanced maternal care in the labour ward setting with MDT input.

I PROMPT- Train the trainer for all PROMPT trainers – Mandatory for all staff who teach PROMPT in house training following the PROMPT 'train the trainer' syllabus to certify the staff providing PROMPT training.

Newborn and Infant Physical Examination (NIPE) - Full new born examinations can be performed by NIPE trained midwives. Practitioners must attend the equivalent of one study day every year for continuing professional development in neonatal examination and complete the NIPE update e-learning on E-IFH. They also must complete the NIPE Peer review Framework (2023) annually which will demonstrate evidence of good clinical practice in line with current guidance and evidence of continuing professional development (CPD).

Infant feeding – 2days initially then annual- Midwives, MSW and HCA's - 2-day BFI breastfeeding training will be provided by the infant feeding lead for all midwifery staff and maternity support workers on commencement of employment within 6 months of start date. Staff are required to attend the annual update.

Live drills

In line with the MIS (2023) the practice development midwife will facilitate live drills with the wider MDT team in the immediate management of obstetric and neonatal emergencies in clinical practice. There will also be skills drills for non-clinical situations such as baby abduction & evacuation in the event of a fire. These will occur approximately once a month. These drills encourage multi professional working and will take place in a variety of settings including Labour ward, Maternity ward, Maternity Day Assessment Unit, A&E and antenatal clinic. A register will be kept of attendance. Attendance for live drills although not mandatory, is encouraged and will occur in various settings during a normal working shift, staff should

respond, if clinical situation allows. The topics of the skills are based on current training needs identified through audits, clinical incidents or complaints. These drills will aim to provide a supportive and positive learning experience and will be following by a feedback session with all staff involved. A synopsis of the session will be emailed to all staff highlighting good practice and any learning outcomes.

Additional E learning:

The following is additional pre study day learning and should be completed by all maternity department staff attending the multidisciplinary study days. See appendix 6 for full list.

5.3 Preceptorship

'Preceptorship Days' are additional training and support sessions offered to NQMs once a month off-site. The initial sessions are set to cover the training requirements set in the CCFv2. Following these sessions, the following offers will be bespoke to the NQM's needs based on the feedback provided to the Retention & Support Midwives.

NQMs should complete their mandatory training during the first week of employment. Following this, NQMs attend two weeks of maternity-specific face-to-face training where specialist midwives provide bespoke sessions to the preceptees. The bespoke sessions also include time with the following: clinical psychologists, professional midwifery advocates (PMAs), and the Health and Wellbeing Team and clinical skills midwives. A competency booklet was produced to compliment the training and is to be completed within the 12-18 months of employment.

6. Monitoring Compliance

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Training compliance	Practice Development Team	Bespoke spreadsheet	Monthly	Labour ward forum Clinical Governance

7. Document Review

This document will be reviewed on an annual basis commencing January 2025.

8. Associated Trust Documents

[Disciplinary policy v5.1 Dec 19 - March 23 \(2\).pdf \(yha.com\)](#)

9. References

- [Ockenden review: summary of findings, conclusions and essential actions - GOV.UK \(www.gov.uk\)](#)
- [Core Competency Framework Version 2 \(CCFv2\) - FutureNHS Collaboration Platform](#)
- [NHS England » Saving babies' lives version three: a care bundle for reducing perinatal mortality](#)
- [MIS-year-5-FINAL-31-5-23.pdf \(resolution.nhs.uk\)](#)

10. Definitions

Term	Definition
PROMPT	Practical Obstetric Multi-professional Training
PDM	Practice Development Midwife
MDT	Multidisciplinary Team
TNA	Training Needs Analysis
LNA	Learning Needs Analysis
VBAC	Vaginal birth after caesarean
MW	Midwife
PPH	Post Partum Haemorrhage
BLS	Basic Life Support
DKA	Diabetic Keto Acidosis
PET	Pre-Eclampsia Toxaemia
Perimortem C/S	Perimortem Caesarean Section
SBARD	Situation, Background, Assessment, Recommendation, Decision
HSIB	Healthcare Safety Investigation Branch
VTE	Venous Thromboembolism
LAT	Local Anaesthetic Toxicity
BFI	Baby Friendly Initiative
PNMT	Perinatal Mental Health
CCO	Critical Care Outreach
CiPP	Care of the Critically ill pregnant/post-partum patient
NIPE	Newborn and Infant Physical Examination
OASI	Obstetric Anal Sphincter Injury
ATAIN	Avoiding Term Admissions into Neonatal units
CTG	Cardiotocography
ODP	Operating Department Practitioner
HCA	Health Care Assistant
MWS	Midwifery Support Worker
APH	Allied Health Professional
SBAR	Situation, Background, Assessment, Recommendation

MIS	Maternity Incentive Scheme
SBL	Saving Babies Lives
SCBU	Special Care Baby Unit
RoBUST	RCOG Operative Birth Stimulation Training

11. Equality Impact Assessment

Promoting equality and addressing health inequalities are at the heart of Trust values. Throughout the development of this guideline and processes cited in the document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Appendices

Appendix 1:

Maternity Training Days – York Programme 2024

1. Maternity Training Day 1 – MDT – Face to face

Training session	Timing	Attendees	Times
Personalised care: Robust/ Multiple pregnancy/Attain/GBS – <i>MDT- PDT</i>	1 ½ hrs	MDT	08.00-09.30
Smoking – <i>External – Jane Archer</i>	½ hrs	MDT	09.30-10.00
COFFEE BREAK 10.00-10.15			
Maternal med - Red flags and epilepsy – <i>Suzanne Hadfield, Debbie Scott & PDM team</i>	1 hr	MDT	10.15-11.15
Diabetes – <i>Alex Dexter & Suzie Greening</i>	¾ hr	MDT	11.15-12.00
Lunch 12.00 – 12.30			
PNMH - <i>Lorraine Dodd</i>	1hr	MDT	12.30-13.30
COFFEE BREAK 14.30 – 14.45			
Safeguarding – <i>Lynda Fairclough</i>	2 hr	MDT	13.30 – 15.30
Learning from incidences – <i>Governance</i>	1hr	MDT	15.30-16.30

2. Maternity Training Day 2 – MW & MSW/HCA – Face to Face

Training session	Timing	Attendees	Times
Breastfeeding – <i>Suzie Kinsella/Julie Stones</i>	2hrs	MW/MSW/HCA	08.00-10.00
COFFEE BREAK 10.00 – 10.15			
PMA -Team	¾ hrs	MW/MSW/HCA	10.15-11.00
Medicines Management/PGD/Learning from: <i>Jennie Booth</i>	1 hr	All midwives	11.00 – 12.00
LUNCH 12.00– 12.30			
NLS/Attain - PDT	2hrs	All midwives	12.30-14.30
Student Support - Uni	1 hr	All Midwives	14.30 – 15.30
Bereavement <i>Bev Shelly</i>	1 hr	All midwives	15.30 -16.30

3. Fetal Surveillance – MDT- Face to face

Training session	Timing	Attendees	Times
Human factors/psychological safety and upholding civility - MDT	1 hr	MDT	8.00 – 9.00
GAP – <i>PDM</i>	½ hr	MDT	9.00 – 09.30
Reduced movements - <i>PDM</i>	½ hr	MDT	09.30-10.00
COFFEE BREAK 10.00-10.15			
Physiology – <i>Fetal monitoring lead</i>	½ hr	MDT	10.15-10.45

Risk assessments (antenatal and Intrapartum) – <i>Fetal monitoring lead</i>	½ hr	MDT	10.45-11.15
Antenatal Fetal monitoring & case studies	1 hr	MDT	11.15-12.15
LUNCH 12.15-12.45			
Intrapartum/high risk CTG 7 case studies inc monitoring multiples	1 hr	MDT	12.45 – 13.45
Intelligent IA – case studies	½	MDT	13.45 – 14.15
Local case studies	1 hr	MDT	14.15 – 15.15
Test	½ hr	MDT	15.45 – 16.15

4. PROMPT (Full day for ALL staff – Midwives, MSWs, HCAs, Medical Staff, Anaesthetics and ODPs)

Training session	Timing	Trainer	Times
Obstetric Emergencies training PROMPT to include over a 3-year period: <ul style="list-style-type: none"> Eclampsia Breech Pre-eclampsia Shoulder Dystocia Sepsis Cord Prolapse Post-Partum haemorrhage Impacted fetal head 	4 ½ hrs	Lois Bennett	8.00 - 12.30
Practical workshop scenarios to complete in groups	3 ½ hrs		13.00 – 16.30

5. E-learning day – See appendix 6

Maternity Training Days – Scarborough Programme 2024

1. Maternity Training Day 1 – MDT – Face to face

Training session	Timing	Attendees	Times
Personalised care: Robust/ Multiple pregnancy/Attain/GBS – <i>MDT- PDT</i>	1 ½ hrs	MDT	08.30-10.00
Smoking – <i>External – Jane Archer</i>	½ hrs	MDT	10.00-10.30
COFFEE BREAK 10.30-10.45			
Maternal med - Red flags and epilepsy – <i>Suzanne Hadfield, Debbie Scott & PDM team</i>	1 hr	MDT	10.45-11.45
Diabetes – <i>Alex Dexter & Suzie Greening</i>	¾ hr	MDT	11.45-12.30
Lunch 12.30 – 13.00			

PNMH -Lorraine Dodd	1hr	MDT	13.00-14.00
COFFEE BREAK 14.00 – 14.15			
Safeguarding – Lynda Fairclough	2 hr	MDT	14.15 – 16.15
Learning from incidences – Governance	1hr	MDT	16.15-17.15

2. Maternity Training Day 2 – MW & MSW/HCA – Face to Face

Training session	Timing	Attendees	Times
Breastfeeding – Suzie Kinsella/Julie Stones	2hrs	MW/MSW/HCA	08.30-10.30
COFFEE BREAK 10.30 – 10.45			
PMA -Team	¾ hrs	MW/MSW/HCA	10.45-11.30
Medicines Management/PGD/Learning from: Jennie Booth	1 hr	All midwives	11.30 – 12.30
LUNCH 12.30– 13.00			
NLS/Attain - PDT	2hrs	All midwives	13.00-15.00
Student Support - Uni	1 hr	All Midwives	15.00– 16.00
Bereavement Bev Shelly	1 hr	All midwives	16.00 -17.00

3. Fetal Surveillance – MDT- Face to face

Training session	Timing	Attendees	Times
Human factors/psychological safety and upholding civility - MDT	1 hr	MDT	8.00 – 9.00
GAP – PDM	½ hr	MDT	9.00 – 09.30
Reduced movements -PDM	½ hr	MDT	09.30-10.00
COFFEE BREAK 10.00-10.15			
Physiology – Fetal monitoring lead	½ hr	MDT	10.15-10.45
Risk assessments (antenatal and Intrapartum) – Fetal monitoring lead	½ hr	MDT	10.45-11.15
Antenatal Fetal monitoring & case studies	1 hr	MDT	11.15-12.15
LUNCH 12.15-12.45			
Intrapartum/high risk CTG 7 case studies inc monitoring multiples	1 hr	MDT	12.45 – 13.45
Intelligent IA – case studies	½	MDT	13.45 – 14.15
Local case studies	1 hr	MDT	14.15 – 15.15
Test	½ hr	MDT	15.45 – 16.15

4. PROMPT (Full day for ALL staff – Midwives, MSWs, HCAs, Medical Staff, Anaesthetics and ODPs)

Training session	Timing	Trainer	Times
Obstetric Emergencies training PROMPT to include over a 3-year period:	4 ½ hrs		8.00 - 12.30

<ul style="list-style-type: none"> • Eclampsia • Breech • Pre-eclampsia • Shoulder Dystocia • Sepsis • Cord Prolapse • Post-Partum haemorrhage • Impacted fetal head 		Lois Bennett	
Practical workshop scenarios to complete in groups	3 ½ hrs		13.00 – 16.30

E learning day – see appendix 6

Appendix 2:

Non-attendance/non-compliance with training - SOP

All staff to attend Mandatory training sessions and required learning identified on the learning hub relevant to their role.

Signed off attendees will be added to the compliance spreadsheet by PD admin manger and compliance will be updated on the learning hub

First Missed Session

Non -attendees will be e-mailed (letter 1 - appendix) and their line manager copied in. They will be rescheduled in for the following months training date, this may be at either site. Absence will be recorded.

Second missed session

Non -attendees will be e-mailed (letter 2 - Appendix) and their line manager and Matron will be copied in. Non-attendance to be delt with in line with disciplinary framework.

Third missed session

Non attendees will be e-mailed, and their line manager and senior midwife copied in. The senior midwife to have meeting with non-attendee to have a formal discussion. Absence will be recorded.

Appendix 3:

Removal of staff from allocated training to cover clinical requirements - SOP

Prior to training weeks commencing ensure there are no escalated concerns regarding staffing – Matrons to liaise with PDM teams.

No Staffing concerns – Staff to attend training as planned

Mild staffing concerns – Discussion which staff are most appropriate to reallocate from training if needed (ideally those within compliance), is it possible to try to allow them to attend and pull if required – Matrons and PDM to discuss.

Moderate staffing concerns – Are staff required to be removed from training to cover clinical shift to ensure safe staffing? Matron and PDM team to discuss who is most appropriate and will allocate accordingly, training must be protected at the next session and non-attendance in this instance doesn't count.

Significant staffing concerns – Staff need to be reallocated to cover clinical shifts on the day/in the week. This must be agreed between the HOM/DOM and PDM to allow oversight and timely reallocation of staff.

STAFF MUST NOT BE REMOVED FROM TRAINING WITHOUT THE EXPRESS APPROVAL OF THE HOM/DOM and PDM

ST

Appendix 4:

First instance of non-attendance

Date:

Dear _____(name)_____

You were due to attend your mandatory training: (Which training)

We note however you did not attend/did not attend the full session.

It is a trust requirement that you attend your allocated mandatory training as part of your employment contract and as part of the maintenance your professional standards.

We have rebooked you to attend your mandatory training on the _____(date)_____ at the _____ hospital site. You must attend this allocated training.

A copy of this letter has been sent to your line manager and placed on your personal file as a part of the routine process for non-attendance.

Yours sincerely
The PDM team.

Appendix 5:

Second episode of non-attendance

Date:

Dear _____ (name) _____

You were due to attend your reallocated mandatory training: (Which training)

We note however you did not attend/did not attend the full session. This is the second incidence of non-attendance.

It is a trust requirement that you attend your allocated mandatory training as part of your employment contract and as part of the maintenance your professional standards.

You are currently non-compliant with your training. If you do not attend this training you risk the commencement of the disciplinary pathway.

We have rebooked you to attend your mandatory training on the _____ (date) _____ at the _____ hospital site. You must attend this allocated training.

A copy of this letter has been sent to your line manager and placed on your personal file as a part of the routine process for non-attendance.

Yours sincerely
The PDM team.

Appendix 6:

Record of Learning

Appraisal month	
Increment application month	

Yearly programmed and rostered study days.

Course	Completed...	Next due..
PROMPT including human factors & BLS		
Fetal Surveillance including assessments		
Care during labour/immediate PN period (rotational programme – see TNA) – Day 1		
Infant Feeding - Day1		
Neonatal Life Support – Day 1		
Safeguarding Update (includes 1x supervision) - Day 1		
Smoking in pregnancy - Day 1		
Learning from Incidents and Complaints – Day 2		
Student Assessor/Supervisor Update - Day 2		
Perinatal Mental Health – Day2		
Equality, Equity and Personalised Care (rotational programme-see TNA) - Day 2		
Bereavement – Day2		
Antenatal and New-born Screening – E learning		
Safeguarding Supervision		
Caseload holders 4 sessions per year		

Yearly required learning .

Course	Completed..	Next Due...
Medical device competency		
Information governance and data security		

Infection prevention and control		
NIFE assessment (if applicable)		
BLS		

2 Yearly required learning .

Course...	Completed..	Next Due..
Manual handling practical level 2 – on drop ins		
Post mortem consent competency (If you are already consent taker)		
Fire safety awareness		

3 Yearly required learning.

Course...	Completed..	Next Due..
Substance Misuse		
Equality diversity and human rights		
Medical Gases and Medical Gas Safety		
Blood Safety		
ANTT Theory		
ANTT Practical		
Safeguarding Children level 3 – with face to face supervision covered in Day 1		
Safeguarding Adults level 2		
PREVENT Awareness level 3		
Mental Capacity Act level 2		
Manual Handling Theory		
Conflict Resolution		
Deprivation of Liberty Safeguards		
Health safety and Welfare		
REVALIDATION		

NCSCT Very Brief Advice E-Learning -SBL		
Supporting a smoke free pregnancy-SBL		
Reducing pre-term birth -SBL		
Reduced Fetal Movements -SBL		
Effective continuous fetal monitoring - SBL		
Detection and surveillance of fetal growth restriction - SBL		
PGDs (if you use, when updated re-sign each document)		
Co-codamol 30/500		
Omeprazole		
Progesterone only pill (POP contraceptive)		
Influenza Vaccine if peer vaccinator		

4 Yearly required learning .

Course...	Completed...	Next due...
NLS (Resus Council accreditation)		

Once only required learning .

Course...	Completed..	Next due...
BFI (2 days)		
ATAIN		
PGD		
EPMA		
PMA		
Venepuncture (e-learning, face to face and OSCEs)		
Cannulation (e-learning, face to face and OSCEs)		
Blood cultures (e-learning, face to face and OSCEs)		

IV drug administration (e-learning, face to face and OSCEs)		
Anaphylaxis		
Medicines Management		
Acute Illness Management		
Anti-embolic stockings		
Pressure Ulcer Prevention		
Prevention of Cerebral Palsy in Pre-term labour (PReCePT)		
Using appropriate Pulse Oximeter probes		
Sepsis Awareness - Maternity		
Perineal Repair workbook		
Scrub Practitioner workbook		
Patient Safety Level 1		
Medical Air – learning from a never event		
Learning Disabilities awareness		
Female Genital Mutilation		
Dementia awareness		
Maternity MEWS observations		

Green – Face to Face
Pink - E learning