Worcestershire Acute Hospitals NHS Trust

Maternity Training and Preceptorship Policy

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This policy outlines mandatory maternity-specific training for all permanent staff across the Maternity Services / Obstetric Directorate.

This guideline is for use by the following staff groups:

This policy outlines mandatory maternity-specific training for all permanent staff across the Maternity Services / Obstetric Directorate.

Lead Clinician(s)

Helen Tipper	Practice Development Midwife
Alice Snell	Fetal monitoring lead Midwife
Jessica Thompson	Preceptorship Midwife

Approved by *Maternity Governance Meeting* on:	1st September 2023
Review Date: This is the most current document and should be used until a revised version is in place	1st September 2026

Key amendments to this guideline

Date	Amendment	Approved by:
December 2022	New version of Maternity training guideline approved	Maternity Governance Meeting
August 2023	Amended to address the detail of CNST year 5 in order that all sessions align with the Core Competency Framework v2	Maternity Governance Meeting

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Introduction: Maternity Training

Worcestershire Acute Hospitals NHS Trust is required by law to ensure that staff undertake training specific to the nature of their working environment. The Maternity Services / Obstetric Directorate have mandatory maternity-specific training which is identified by the Training Needs Analysis (Appendix A). The Training Needs Analysis (TNA) will take into account trust Key Performance Indicators (KPIs).

A well trained workforce is an essential element to risk management and quality governance agenda. Mandatory maternity-specific training is necessary to ensure that staff acquire the skills and knowledge to react appropriately during emergency situations and to deliver the highest standards of care to our mothers and babies.

Introduction: Preceptorship

The Nursing and Midwifery Council (NMC) state that all newly registered practitioners receive preceptorship in their first year post-registration. Worcestershire Acute Hospitals NHS Trust (WAHT) recognises there is a need to ensure practitioners at every level are supported and in particular that new registrants can be supported as they move from novice to expert. WAHT-CG-636 is the trust policy that sets out the overarching guidance for the preceptorship procedure within the trust and is based on recommendations set out by the Department of Health and National Frameworks.

A robust preceptorship period with effective support, guidance and development for Newly Qualified Midwives (NQM) is essential to a more successful transition. The benefits of implementing a comprehensive programme are; development of confident and competent practitioners who feel valued and respected, allows the identification of individuals that require further support, leads to enhanced patient experience with high standards of practice and care at all times.

Scope of the Policy: Maternity Training

This policy outlines mandatory maternity-specific training for all permanent staff across the Maternity Services / Obstetric Directorate. It also covers the bank/agency staff that book shifts to work within the maternity department. If bank/agency staff training is not compliant then shifts will not be able to be booked. *This policy does not include detailed information relating to Mandatory Trust Training. Information for this can be found in Mandatory Training Policy WAHT-HR-039.*

Scope of Policy: Preceptorship

This policy is a maternity specific preceptorship framework which runs in conjunction with the trust preceptorship policy (WAHT-CG-636). It outlines the expectations for all NQM who are employed by the trust and are enrolled on the maternity specific preceptorship programme.

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1. DEFINITIONS

1.1 Training Needs Analysis

The Training Needs Analysis (Appendix A) outlines the full list of agreed mandatory maternity-specific training. This is reviewed every 12 months by the Maternity Training team and presented at Maternity Governance. The TNA is created from National guidance and local developmental needs.

1.2 Mandatory Maternity Training

Mandatory maternity training encompasses any compulsory training that the maternity / obstetric/ anaesthetic service requires its employees to undertake in order to ensure a well skilled workforce.

This training is essential in order to:

- Comply with the law and requirements of regulatory bodies
- Carry out duties safely and efficiently
- Protect staff, women, babies and the public from harm
- Comply with Trust Policies
- Comply with CNST yearly requirements
- Improve the skills and knowledge of maternity service staff
- Comply with the future requirements for midwives and revalidation from the Nursing and Midwifery Council (NMC)

1.3 Mandatory Core Skills Trust Training

Training deemed mandatory for all staff employed by the Trust and outlined in the Mandatory Training Policy WAHT-HR-039. The Maternity Services / Obstetric Directorate TNA supports and compliments the Trust's training policy.

Communication Platforms

Within the Maternity department at WAHT there a several platforms in order to gain further information, training opportunities, live updates of training. These include the closed Facebook group (Worcestershire Maternity Staff), Effective handover, Email, Notice boards and Padlet (for Band 5's)

Access to the Preceptorship Padlet – Preceptee Information

https://padlet.com/preceptorshipleadmidwife/2apg5q6ico6rx4jj

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2. CONTENT OF MANDATORY MATERNITY SPECIFIC TRAINING

In collaboration with national maternity and neonatal partner organisations including the Royal Colleges, Neonatal Critical Care CRG, HSIB, NMC and NHS Resolution, the Maternity Transformation Programme has led on the development of a Core Competency Framework (CCF) to address known variation in training and competency assessment and ensure that training to address significant areas of harm are included as minimum core requirements for every maternity and neonatal service.

In May 2023, Version Two of the CCF was released and so existing training plans have been updated in alignment with Version Two. https://www.england.nhs.uk/publication/core-competency-framework-version-two/

All 6 core modules in V2 of the Core Competency Framework (CCFv2) must be covered as detailed in the minimum standards. Trusts must be able to evidence the four key principles:
1. Service user involvement in developing and delivering training.
2. Training is based on learning from local findings from incidents, audit, service user feedback, and investigation reports. This should include reinforcing learning from what went well.
3. Promote learning as a multidisciplinary team.
4. Promote shared learning across a Local Maternity and Neonatal System.

	Core Module	Maternity Division planned sessions	Frequency
1	Saving Babies Lives Care Bundle	• Saving Babies Lives Day	Annually
2	Fetal Surveillance in the antenatal and intrapartum period	• Saving Babies Lives Day (small slot only) • Fetal monitoring day (whole day)	Annually Annually
3	Maternity Emergencies in Multi-professional training	• PROMPT	Annually
4	Equality, equity and Personalised Care	• Day one MMT • Half of day two of MMT	3 yearly
5	Care during labour and the immediate postnatal period	• Half of day two of MMT • Day three of MMT	3 yearly
6	Neonatal basic Life Support	• PROMPT	Annually

Delivery of the training includes consideration of human factors, local transfer processes and policies (hospital and community settings), use of locally agreed safety language and communication with women, families and staff, particularly where debrief is required as part of emergency scenario training. The training syllabus is delivered locally and based on current evidence, national guidelines/recommendations, any relevant local audit findings, risk issues and case review feedback, and include the use of local charts, emergency boxes, algorithms and proformas.

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The local training faculty is multi-professional so that they are representative of the current maternity and neonatal teams, and therefore, in addition to the midwifery educators, there is protected time for obstetricians and anaesthetists to be able to support our local training (See Appendix B)

2.1 Mandatory Maternity Training (MMT)

Duration	3-day programme Day 1 – Equality, Equity and Personalised care Day 2 – Care during labour Day 3 – Care during the immediate postnatal period
Compliance Framework	CNST Year 5 – Safety Action 8 Core Competency Framework Version 2 Elements 4 & 5
Renewable	3 yearly
Delegates	Midwives from all three sites (Hubs/ hospital/community/MCoC) whole programme. MCA's and MSW's Equality, equity and Personalised Care and Care during the immediate postnatal period days (exempt from Care in labour day)
Access	Dates allocated by Maternity Training team and added to e-roster
Type of Training	In – house training
Target Compliance	90%
Faculty	Multi-disciplinary faculty
Monitored	Maternity Dashboard/ Governance/ Uploaded to individuals ESR
Course Information	Programme sent out via NHS email accounts two weeks prior to session
Other comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts

See Appendix D for programme

2.2 Saving Babies Lives: A Care Bundle for Reducing Perinatal Mortality

Duration	1 day programme
Compliance framework	CNST Year 5 - Safety Action 8 Core Competency Framework Version 2 - Element 1 Saving babies lives care bundle version 3
Renewable	Annually
Delegates	All Midwives, All Support Workers (MSW, MCA) Obstetricians (as dictated to by CNST year 5)
Access	Dates allocated by Maternity Training Team and added to eroster
Type of Training	In-house training
Target Compliance	90%
Faculty	Multi-disciplinary faculty
Monitored	Maternity Dashboard/Governance/Uploaded to individuals ESR
Course Information	Programme sent out via NHS email accounts two weeks prior to session
Other Comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts

See Appendix C for programme

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2.3 Practical Obstetric Multi-Professional Training (PROMPT)

Duration	1 day programme
Compliance Framework	CNST Year 5 - Safety Action 8 Core Competency Framework - Elements 3 & 6 Ockenden – IEA 7.1 / 7.2 / 7.4/ 7.9
Renewable	Annual
Delegates	Multi-disciplinary staff to attend (to include all Midwives, all support workers (MSW/MCA) obstetricians and anaesthetists (as dictated by CNST Action 8) Representatives from critical care outreach team, obstetric theatre staff and the neonatal team should attend, but attendance not included in compliance data
Access	Dates allocated by Maternity Training team and added to e-roster
Type of Training	In – house training, based on the Maternity Unit (acuity allowing) and CHEC. At least one skills drill scenario will take place in the clinical area/point of care at the discretion of the Maternity Training Team. This provides assurance that operating procedures are safe and robust and this gives staff confidence in the knowledge of their own clinical area.
Target Compliance	90%
Faculty	Multi-disciplinary faculty (Consultant Obstetrician/middle grade, Consultant Anaesthetist Maternity Training team and Faculty Midwives .)
Monitored	Maternity Dashboard/ Governance/ Uploaded to individuals ESR
Course Information	Programme sent out via NHS email accounts two weeks prior to session
Other comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts

See APPENDIX E for programme

2.4 Fetal Surveillance Training

Duration	1-day programme (SBL – 15 mins)
Compliance Framework	CNST Year 5 – Safety Action 8 Core Competency Framework element 2 Saving Babies Lives Care Bundle version 3 Ockenden – IEA 7.5 / 7.6 / 7.8
Renewable	Annual (Until all staff can be booked onto this training day there will be an overlap with the online K2 training system (2024). **Saving Babies Lives – annual* **Band 5 – Fetal Surveillance workshop – once only* *(*training attached to other areas of maternity training)*
Delegates	All midwives and Obstetricians (as per CNST)
Access	Dates allocated by Fetal Surveillance Lead Midwife and added to E-roster
Type of Training	In – house training/ (with an online training cross over period)
Target Compliance	90%
Faculty	Multi-disciplinary faculty (Fetal Surveillance Midwife/ Obstetric Fetal Surveillance consultant) Led by Fetal surveillance Midwife wah-tr.fetalsurveillance@nhs.net
Monitored	Maternity Dashboard/ Governance/ Uploaded to individuals ESR
Course Information	CTG study day Programme to be sent out via NHS email accounts two weeks prior to session.
Other comments	Dates booked to avoid clinically busy times to decrease the risk of staff being pulled from training for clinical shifts.

See APPENDIX F for programme

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2.5 NHS Antenatal and Newborn Screening Programme

Duration	3-4 hours
Compliance Framework	National Screening Committee (UK NSC)
Renewable	2 yearly all modules to be completed
Delegates	Midwives providing Antenatal care and Postnatal care in Hubs/community setting
Access	E-learning for health – online platform
Type of Training	Online training
Target Compliance	90%
Monitored	Maternity Dashboard/ Governance/ Uploaded to individuals ESR
Course Information	This training cannot be completed through ESR – certificates as evidence need to be forwarded to the Maternity Training Team. Locally held database updated and ESR manually updated by Maternity Training Administration team

2.6 Manual Handling

Duration	2 hours
Compliance Framework	Trust Mandatory Study – Health and Safety at Work
Renewable	2 yearly
Delegates	All Midwives, All Support Staff (MCA/MSW)
Access	Face to Face Training
Type of Training	In – house training
Target Compliance	90%
Faculty	Maternity Manual handling instructors
Monitored	Maternity Dashboard/ Governance/ Uploaded to individuals ESR by CHEC training team from the attendance sheets provided
Course Information	Delegates are expected to stay after MMT for the two hours to complete Manual Handling if training is due. They can also self-book on any course following MMT by contacting Maternity Training Team

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3. ADDITIONAL TRAINING

Study leave request forms are required for additional training, these should be submitted to line manager, Matron and learning and development. Study leave will only be approved, and finance granted if all Trust and Maternity Mandatory training is fully compliant (ESR 100%). Study Leave - Important Information (worcsacute.nhs.uk)

3.1 Neonatal life support NLS – Resus Council

- Newborn Life Support (NLS) is a recognised qualification from the Resuscitation Council UK
- External course provider (Resuscitation Council UK) therefore carries a fee (funded places agreed on TNA)
- Attendance is One full day (0800 - 1800) Pre-course reading and preparation is essential.
- The day carries and assessment of Pass or Fail (practical assessment and written assessment must both be passed)
- Valid for 4 years (at which point you can repeat the course to re-certificate)
- Midwives are advised to attend to maintain competence and practice development
- A waiting list is held and allocation from this is made by the Maternity Training team. Study leave forms and applications for the course are then sent to the Trust Resus Department in Learning and Development

3.2 Newborn and infant physical examination (NIPE). Course and annual updates.

Who can perform NIPE?
Only midwives who hold a relevant Newborn and Infant Physical Examination qualification or Neonatal Medical Staff that have received in-house training (by the neonatal team) are able to carry out the full physical examination of the Newborn.

Types of Midwifery Qualification accepted:

- Post-registration standalone module
- Module completion as per Pre-Registration training (now completed by many institutions. Students who completed their midwifery degree at Worcester University September 2022 onwards will be included)

The Newborn and Infant Physical Examination course:
A waiting list for the course is held by the Maternity Training Department, allocation is made from this list to allow for even distribution of staff taken from the clinical area to fulfil the taught and practical days for the course.

The current course utilized is the MACP4011 module (level 7 - 15 credits) at University of Worcester. Once allocation has been decided and attendance at the taught dates agreed, the process involves a completed study leave form (funded places agreed on TNA) and an application to the University for the stand alone module.

Post-course training requirements for Band 5 Midwives: For Band 5's who have completed the qualification pre-registration, evidence to be forwarded to the Preceptorship Lead Midwife, the annual elfh package to be completed (evidence to be forwarded to the Maternity Training Department) one or two supernumerary shifts to be completed with a NIPE midwife and then NIPE can be performed independently. The recommendation is that at least one NIPE day per month is allocated on the roster for the initial month's post qualification, for the purpose of gaining experience and confidence.

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Post-course training requirements for all NIPE trained midwives as per NHS England » Newborn and infant physical examination: training requirements (further guidance for International midwives (IEM's) and Return to Practice (RTP) midwives see named document)

NIPE Annual learning Framework guidance 2022 - Annual learning framework guidance - GOV.UK (www.gov.uk).
The following 3 elements of the framework are recommended to be completed annually:

- NIPE e-learning module (currently on elfh) Certificates to be emailed to the Maternity Training department for the compliance database and uploading onto ESR.
- Completion of a locally agreed competency assessment including a discussion of national standards, clinical pathways and referrals, training and education resources. This is to be conducted by a practising NIPE examiner.
- Attendance at a local NIPE update session

3.3 Suturing

- The expectation is that all Band 5 midwives complete the suturing training and gain full competence before becoming a Band 6.
- The RCM PEARLS online suturing package must be completed.
- Automatic enrolment via Band 5 Preceptorship programme will take place for the Three-hour practical session led by the Preceptorship Lead Midwife
- Any Staff wishing to book onto this training for personal development (e.g. a long time has lapsed since suturing undertaken) a place can be reserved by contacting the Preceptorship Lead Midwife

3.4 Blood transfusion training

To obtain a blood licence you need to complete **Part 1:** the following eLearning on ESR:

- Safe transfusion practice (**3 yearly**)
- Blood components (**3 yearly)**
- Blood component use in a major haemorrhage (**one off for everyone**)
- Anti-D (**3 yearly)**

(Ideally this should be done on ESR so records are automatically updated. Alternatively, you make an account on eLearning for health using your NHS email address and do it on there and send the transfusion practitioners the certificates when you have completed them)

- **Part 2** – assessment and sign off of **NPSA 1 & 3** competencies in a face to face session that can be bookable with the Blood Transfusion Link midwife or via ESR booking with the Blood Transfusion Practitioners.
- **NPSA Framework 1**: Obtaining a group and screen and cross match (3 yearly)
- **NPSA Framework 3:** Administration of blood components (3 yearly)
- All completed competencies are sent via link midwives to the Transfusion Practitioners office *Transfusion Practitioners office, Avon floor, Worcestershire Royal Hospital, Charles Hastings Way, Worcester WR5 1DD* or to their generic email wah-tr.transfusionpractitioners@nhs.net
- Once these mandatory training requirements have been met the Transfusion practitioners will issue a License to Practice with a unique identifying number for use in the documentation for transfusion. Samples without this number will be **rejected** by the transfusion laboratory.

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Registered Midwives Administering blood and taking blood for cross match	**Module 1** - Safe transfusion Practice **Module 2** - Blood components and indications for use **Anti D module** Or have completed in house training with the transfusion practitioners	**NPSA 1** Obtaining a sample for group and cross match **NPSA 3** Care and Administration of blood components
Sample collection Phlebotomists/ senior HCA's Registered Nurses or midwives not involved in administration	**Module 1** - Safe transfusion Practice Or have attended theory session with the transfusion practitioners	**NPSA 1** Obtaining a sample for group and cross match
Blood collection and transportation Porters/nurses/operating theatre staff	Undertaken theory training with the transfusion practitioners	**NPSA 2** Collection and delivery of blood components

3.5 Band 7 labour ward co-ordinator course

- Course supporting advanced decision-making, learning through training in human factors, situational awareness and psychological safety.
- *Awaiting accredited course before allocations are made*

3.6 Infant feeding workshop (one full day) for new starters

- For all new starters to complete once only
- An in-house session facilitated by the Infant Feeding specialist midwives
- This is will followed by a 30-minute skill review within 3 months of the training to ensure the training was effective by the Infant feeding specialist midwives.
- All other infant feeding updates completed on MMT (3 yearly)

3.7 IV Therapy/Cannulation

It is expected that these Trust Led courses are undertaken in the Band 5 preceptorship period and full competency gained in both before becoming a Band 6. Courses are bookable via the Trust ESR system. The expectation is that updates are completed as per Trust mandated requirements.

3.8 Neonatal IV Therapy

- Once only training using a competency based document
- The expectation is that all midwives providing inpatient care become neonatal IV therapy trained as part of their holistic care of the newborn.
- Competency document can only be commenced once *General IV therapy Trained* and competent
- On completion – competency document to be returned to Maternity Training Team for uploading onto ESR
- Band 5 midwives complete the document as part of their preceptorship package

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- Paper copies of the competency document are available on TCU and can be obtained from Lead Midwife Liz Wall.

3.9 Practice Assessor/Practice Supervisor training

In accordance with the NMC standards: Practice Assessor/Practice Supervisor training is now essential to role for all midwives. All qualified midwives need to attend the full day "Supervisor and assessor workshop" once (currently held at Worcester University), then a two hour update every two years, bookable on ESR (currently on the TEAMS platform). Compliance and monitoring undertaken by the Trust Practice Facilitator Team

4. BAND 5 MATERNITY PRECEPTORSHIP PROGRAMME

4.1 Recruitment and allocation of preceptor

- A preceptorship programme is available for all Newly Qualified Midwives (NQM) and these individuals will be identified for enrolment onto this programme at interview and the preceptorship lead midwife will be made aware/involved in the recruitment process.
- The maternity preceptorship programme will run in conjunction with the trust preceptorship programme [WAHT-CG-636] alongside National Frameworks.
- The preceptorship lead midwife is the named preceptor for all midwife preceptees in the organisation. They work clinically alongside preceptees and undertake formal meetings to track progress from band 5 to band 6. This ensures competencies are completed, confidence is grown, and pastoral support is provided until completion of the preceptorship period. This model of midwifery preceptorship support is recommended and outlined by the national preceptorship framework for midwifery (2023).
- The preceptorship lead midwife is supported by a team of buddy midwives to ensure an extra layer of support if the preceptorship lead midwife is not available. These buddy midwives will have specific training for NQM support which is different to mentorship preparation.

4.2 Preceptorship framework

- Please see Standard Operating Procedure (SOP) **Appendix G** to demonstrate the framework that structures the maternity preceptorship programme for a continuity and community model and unit based rotation.
- The framework recommends a minimum of twelve months' preceptorship period with the option for sign-off at nine months. The period of preceptorship ends after the preceptee has successfully acquired all necessary clinical skills, competencies and performance requirements of their position and is assessed by the preceptorship lead midwife.
- A supernumerary period is allocated to all new starters and should be protected to allow orientation to all care settings in which midwives provide care. The National Framework states a minimum of 150 hours supernumerary across the year period. The definition of supernumerary according to the national framework states preceptees should be allocated a midwife to work with and will not be counted in the staffing numbers. Please see **Appendix H** which outlines the amount of supernumerary individuals should expect and definitions surrounding supernumerary for each maternity area. This policy also outlines an escalation flow chart to help facilitate protection of this supernumerary period.
- The unit based preceptorship programme includes four clinical rotations as evidenced in **Appendix G**. The 4th rotation will be used for experience within a community/continuity model. If this cannot be facilitated, then this time will be used to return to previous ward allocations whereby gaps have been identified.

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- Monitoring of competency and development will be achieved through progress meetings at 1, 3,6,9 and 12 months with the preceptorship lead midwife. These meetings should last about an hour to be able to review progress, facilitate reflective discussions, implement support plans if required and ensure pastoral support.
- An initial meeting will be conducted during the induction academy week and will result in an individualised, personalised development plan being jointly agreed by preceptee and preceptor.
- Outline of milestone/timescales are evidenced in **Appendix I** across the preceptorship period.
- Within the first 12 months, each NQM will meet the requirements of the identified training needs analysis and attend allocated preceptorship study days run by the trust.
- Drop in sessions available for all NQM which are topic based and tailored to the needs of the band 5 midwife including upskilling workshops and teaching sessions.
- If the framework for preceptorship is not adhered to then this should be escalated to the Preceptorship Lead Midwife.

4.3 Preceptorship Audit

- As an identified specialist preceptorship programme for maternity, it is the responsibility of the preceptorship lead midwife to ensure the quality assurance and content review of the programme delivered to NQM.
- The preceptorship programme is evaluated on an annual basis and adjustments are made to take feedback into account
- Data is collected on the following aspects:
    - NQM recruited to the trust within 1 year of qualifying and eligible for the preceptorship programme
    - Number of NQM successfully completing the programme
    - Newly qualified staff leaving within 2 years of employment within WHAT

4.4 Continuity Specific Preceptorship

- Maximum of 3 NQM per continuity team whereby an effective senior buddy system will be in place to support these numbers.
- An appropriate buddy will be allocated by the continuity lead midwife and preceptorship lead midwife to ensure fairness. The role of the buddy will be defined from the outset to guide expectations.
- NQM will have access to the community manager on call rota and also the continuity team on call rota via the preceptee information padlet, to ensure they have a senior support network available 24/7.
- Continuity NQM caseload expectations outlined below:
    - A reduced caseload total (pro rata) of 1:23 in the first year of qualification while on the preceptorship programme. This enables the NQM to have the first two months whereby no women are due, then 4 months whereby half the number of women are due. The NQM can then be supported to identify their needs and seek the skills and experiences they require.
    - All NQM should have a caseload from the onset of women on a continuity pathway and begin to book own caseload births as they progress.
    - Following the preceptorship programme completion, the NQM will be able to increase to a full caseload within the continuity model.
- Each NQM must work one of their on calls a week as a shift in the unit for a minimum of 6 months, to ensure adequate exposure to the inpatient setting and enable them to meet their preceptorship competencies. Extension beyond 6 months needs to be negotiated with the continuity lead midwife and the preceptorship lead midwife on an individual basis with a specific learning focus and regular review.
- The expectations of the unit day for continuity NQM are addressed below:

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- Unit day is team on call coverage for intrapartum care and the women on the NQM team need to be prioritised for care (ie DS, MBC or EL LSCS)
- If there is a homebirth the NQM needs to be freed to attend this with suitably experienced continuity support
- If no intrapartum care from team expected, the NQM can be allocated throughout the unit where they feel they need their experience. If a team continuity woman then comes in at a later point, a discussion between the band 7 delivery suite co-ordinator and NQM should be had to determine if it is deemed appropriate to swap.
- The remaining continuity team is not expected to cover an 'on call' if there is a NQM on a unit shift

- The Preceptorship Lead Midwife and Continuity Lead Midwife will conduct monthly meetings with the NQM to identify any concerns, discuss individual caseload and care plans as well as enable reflection from on call experiences.
- Continuity NQM's will have the opportunity to attend bespoke continuity forums run by the continuity lead and consultant midwife.

5. RESPONSIBILITY AND DUTIES

5.1. Identification of Training Needs

Identification of training needs by staff group is undertaken annually by the Divisional Director of Nursing and Midwifery (DDNM), Governance Lead and Practice Development Midwife.

The DDNM is responsible for developing the annual training plan in conjunction with the Trust Training and Development Manager.

Where necessary and with agreement of funding directives, the DDNM/PDM will negotiate and commission additional training in collaboration external providers.

5.2 Provision of Training

Mandatory maternity-specific training is co-ordinated and delivered through a multi-professional team of midwives, nurses, obstetricians and anaesthetists which includes the labour ward lead obstetric and anaesthetic consultants, maternity risk manager, clinical specialist midwife, midwifery training & audit midwives and specialist midwives.
Local maternity notice boards, effective handover, facebook closed staff group and Padlet provide information of further training opportunities for maternity staff or this information can be obtained via the course directory http://nww.worcsacute.nhs.uk/departments-a-to-z/education-training-development/course-directory/

Individual trainers are responsible to ensure that training delivered supports national guidance and Trust policy based on best practice and essential actions. The Lead Assurance and Compliance Midwife will provide the guidance in relation to Maternity centred key documents.

External training course requests must be discussed with the Practice Development Midwife to ensure that any financial commitment can be covered by the Learning Beyond Registration (LBR) fund held by Learning and Development.

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5.3 Responsibility for Attending Training

Individual staff members and line Managers have a responsibility to ensure they are aware of the directorate's TNA and ensure they undertake mandatory training as deemed appropriate for their role as outlined in the Trust's Training Policy.

As part of the annual Professional Development Review (PDR) process, the appraiser identifies the mandatory training requirements for the role from the directorate's and Trust's mandatory TNA and ensures the training has been completed or is completed in a timely manner. Within PDR's it is recommended that ESR is utilised to demonstrate compliance with training.

5.4 The Process for Attending Training

- **Trust Training**
  Training provided by the Trust can be located on the Trust directory (Education and Training). This can be booked through Electronic Staff Records (ESR) or via wah-tr.CHEC-TrainingTeam@nhs.net. Staff are expected to instigate booking of their own training to maintain 100% compliance and then ensure that this is communicated to the person who does their E-rostering

- **Maternity-specific Training**
  Bookings for mandatory maternity training will be made by the maternity training team; these will be notified via e-rostering and individual emails to delegates. Any booking enquires surrounding Maternity training should be directed to wah-tr.maternitytraining@nhs.net .The Maternity Training Team will confirm details of training courses for delegates with regards to maternity training programmes approximately 2 weeks prior via email.

5.5 Attendees guidance

- Attendees must arrive on time, it is at the discretion of the trainer whether late entry is permitted, if unable to attend a training course for any reason, the staff member must inform the training lead and line manager as soon as possible, if not it will be considered as unauthorised absence.

- Staff must ensure they sign the attendance register and that their details are legible, attendance for the whole session is required unless authorised.

- In the event of a programme being cancelled the staff member must inform their manager, they should then be available to work clinically.

- If a member of staff is pulled off a training day for staffing/acuity, then a DATIX should be completed in order to monitor this occurrence.

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6. MONITORING AND COMPLIANCE

6.1 Attendance at Training

Records of attendance are kept by the maternity training team; these are entered onto the Trust training database, Oracle Learning Management (database of ESR) and held locally by the maternity training team. These are used to provide evidence of training.

6.2 Compliance with Training

Monthly training data is presented on the maternity dashboard and Governance reports. Any issues identified relating to rates of compliance, evaluation factors or concerns surrounding training will be discussed with the Divisional Management Team and actioned accordingly.

Monthly Individual Compliance figures for Maternity are generated from Human Resources via Electronic Staff records (ESR). These figures are presented at the Divisional Governance Meeting and all line managers are emailed their own staff compliance data. Line Managers are able to access their staff records at any time via their ESR access. Staff are able to monitor their individual compliance through their own ESR.

Records are kept to evidence non-attendees, reasons for cancellation of courses and/or staff withdrawn due to staffing short falls from study days to ensure safe service provision on the maternity units.

6.3 Incorporating Recommendations from Audits, Learning from Incidents, Claims, Complaints

Recommendations from audits and roundtable discussions following incidents, claims and complaints should be fed back to the audit & training midwives so that they may be incorporated into the training programme, where appropriate. Where possible a member of the audit and training team should be present at roundtable discussions.

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Appendix A- TNA

Maternity Mandatory courses	Duration	Core Element/ TNA	Compliance	Platform	Compliance Recorded	Facilitators	Frequency	M/W	CMW	ANC/HUB	Continuity	MSW	Infant Feeding Advisers /Housekeepers	CONS	REG	SHO	ANAESTHETISTS	THEATRES
PROMPT Total 7.5 hours																		
Human Factors (classification, Escalation, Psychological safety, civility, Situational Awareness, SBAR, Behavioural Charter)	1hour	CNST - Element 8 Core Competency 3/ Ockenden	90%	Face to Face/ Mixture of in clinical areas and education centre	ESR - class admin	Maternity Training Team	Annually	●	●	●	●	●	N/A	●	●	●	●	●
Rotational Emergencies (PPH, Pre-eclampsia, Sepsis, Breech, Cord Prolapse, Shoulder Dystocia, Impacted head, APH, Maternal collapse/Resus, Uterine Rupture, anaesthetic emergencies, home birth	5.25 hours							●	●	●	●	●	N/A	●	●	●	●	●
Neonatal Resus update	1hour	CNST - Element 8 Core Competency						●	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A
FETAL SURVEILLANCE TRAINING																		
EFM Study Day (Fetal Physiology, Antenatal CTG, Intrapartum CTG, Cord Blood Gas, Errors and Limitations, IA, use of local equipment, multiple	7.5 hours	CNST - Element 8 Core Competency 2 /Ockenden	90%	Face to Face	ESR - Class admin	Fetal Surveillance Lead Midwife	Annually	●	●	●	●	●	N/A	●	●	●	N/A	N/A
Saving Babies Lives (Multiprofessional Local Case history discussions - lessons learn't)	30 minutes			Face to Face			Annually											
EQUALITY, EQUITY AND PERSONALISED CARE DAY Total 7.5 hours (MMT Day 1)																		
Personalised Care and support planning : Informed decision making, consent, human rights and risk assessment	1.5 hours	CNST - Element 8 Core Competency 4	90%	Face to Face	ESR - class admin	Maternity Training Team	3 yearly	●	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A
Domestic Abuse	1hour					Safeguarding Team/HIDVA												
Personalised Care : Equality, Diveristy, cultural awareness and learning disabilities	1hour					Practice Development team												
Drug Abuse and Urine Toxicology	30 mins					Safeguarding Team												
Maternal Mental Health	1hour					Mental health Team Lead												
Perinatal Mental Health	1hour					Perinatal Mental Health team												
Safeguarding	1.25 hours					Safeguarding Team												
CARE DURING LABOUR Total 7.5 hours (MMT Day 2)																		
Care in Labour	1hour	CNST - Element 8 Core Competency 5	90%	Face to Face	ESR - class admin	Practice Development team	3 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VBAC and uterine rupture	30 mins					Practice Development team												
GBS	30 mins					Practice Development team												
Prevention of Pressure Ulcers (PUP) Training	30 mins					Tissue Viability Team												
Operative Birth	30 mins					Practice Development team												
Multiple Birth	30 mins					Practice Development team												
Bladder Care	1hour					Practice Development team												
Management of Epidural Anaesthesia	45 mins					Anaesthetist												
Recovery care after General Anaesthetic	30 mins																	
Maternal Critical Care	30 mins																	

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Maternity Mandatory courses	Duration	Core Element/ TNA	Compliance	Platform	Compliance Recorded	Facilitators	Frequency	M/W	CMW	ANC/HUB	Continuity	MSW	Infant Feeding Advisers /Housekeepers	CONS	REG	SHO	ANAESTHETISTS	THEATRES
CARE DURING LABOUR Total 7.5 hours (MMT Day 2)																		
Care in Labour	1 hour	CNST - Element 8 Core Competency 5	90%	Face to Face	ESR - class admin	Practice Development team	3 yearly	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VBAC and uterine rupture	30 mins					Practice Development team												
GBS	30 mins					Practice Development team												
Prevention of Pressure Ulcers (PUP) Training	30 mins					Tissue Viability Team												
Operative Birth	30 mins					Practice Development team												
Multiple Birth	30 mins					Practice Development team												
Bladder Care	1 hour					Practice Development team												
Management of Epidural Anaesthesia	45 mins					Anaesthetist												
Recovery care after General Anaesthetic	30 mins																	
Maternal Critical Care	30 mins																	
CARE DURING THE IMMEDIATE POSTNATAL PERIOD Total 7.5 hours (MMT Day 3)																		
COSMOS Update	1 hour	CNST - Element 8 Core Competency 5	90%	Face to Face	ESR - class admin	Assurance & Compliance MW	3 yearly	●	●	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A
Governance update	1 hour					Maternity Governance Lead												
Bereavement Care	1 hour					Bereavement Midwife												
Perineal Trauma/OASI Prevention	1 hour					Pelvic Health Midwife (LMNS)												
Infant feeding	1.5 hour					Infant Feeding Co-ordinator												
Neonatal Care and Escalation	45 mins					Practice Development team												
ATAIN	30 mins					Practice Development team												
SAVING BABIES LIVES VERSION 3 (SBL) Total 7.5 hours																		
Element 1- Reducing Smoking in Pregnancy	1 hour	CNST - Element 6 & 8 Core Competency 1	90%	Face to Face	ESR - class admin	Public Health Midwife	Annually	●	●	●	●	●	N/A	●	●	●	N/A	N/A
Element 2 - Fetal Growth: Risk assessment, surveillance and management	1 hour					Maternity Training Team												
Element 3 - Raising awareness of reduced fetal movements	45 minutes					Maternity Training Team												
Element 4 - Effective fetal monitoring	15 mins					Fetal Surveillance Lead Midw												
Element 5 - Reducing preterm birth	30 mins					Maternity Training Team												
Element 6 - Management of pre-existing Diabetes	1.5 hour					Diabetes Link M/W												
Digital Documentation update	2 hour	Local requirement				Digital Lead Midwives												
NHS Antenatal and Newborn Screening Programme	3 hours	Neonatal Screening policy	90%	E learning for Health	ESR - class admin	Online learning	2 yearly	N/A	●	●	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Manual Handling (Level 2)	2 hours	Local Trust Policy		Face to Face	ESR - class admin	Maternity Training Team	2 yearly	●	●	●	●	●	N/A	●	●	●	●	●
Breast Feeding Management Day (New Starters)	7.5 hours	BFI requirement		Face to Face	ESR - class admin	Infant Feeding Co-ordinator	Once only	●	●	●	●	●	●	N/A	N/A	N/A	N/A	N/A
Neonatal IV Therapy	N/A	Local Quality Improvement Plan		Compentency Document	Local Records	Maternity Training Team	Once only	●	N/A	N/A	●	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Blood Transfusion Training (+ competency assessment)	4 hours	Blood Transfusion - Trust Policy		Online ESR	ESR	Blood Transfusion Team	2 yearly	●	●	●	●	●	N/A	●	●	●	●	N/A

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Maternity Mandatory courses	Duration	Core Element/ TNA	Compliance	Platform	Compliance Recorded	Facilitators	Frequency	M/W	CMW	ANC/HUB	Continuity	MSW	Infant Feeding Advisers /Housekeepers	CONS	REG	SHO	ANAESTHETISTS	THEATRES
ADDITIONAL TRAINING																		
Newly Qualified Midwives Only - Band 5 Preceptorship Programme	12-18 Months	Local Trust Policy	100%	Face to Face	Local Records	Preceptorship Midwife	Once only	●	●	N/A	●	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Additional Training : NLS (Neonatal Life Support)	10 hours	Upskilling workforce	N/A	External Face to Face	ESR - CHEC	Resus Council	4 yearly	●	●	●	●	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Additional Training : Suturing	7.5 hours	Upskilling workforce	N/A	Online/ face to face	ESR - class admin	Preceptorship Midwife	Once only	●	●	●	●	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Additional Training: IV Training	4 hours	Upskilling workforce	N/A	In house face to face	Learning and Development	Learning and Development	Once only	●	●	●	●	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Additional Training: Venepuncture and Cannulation	7.5 hours	Upskilling workforce	N/A	In house face to face	Learning and Development	Learning and Development	Once only	●	●	●	●	●	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Additional Training: Practice Assessor Course	1 days	NMC	N/A	Worcester University	Learning and Development	Practice Facilitor Team	Once only	●	●	●	●	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Additional Training: Practice Assessor/Supervisor update	2 hours	NMC	N/A	In house Virtual	Learning and Development	Practice Facilitor Team	2 yearly	●	●	●	●	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Additional Training: NIPE (Examination of the Newborn) + Annual Updates	1 semester	Upskilling workforce	N/A	University Course (level	Local Records	NIPE lead	Once only	●	●	●	●	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

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Appendix A – TNA: Annual Staffing Delegates required

Course	Frequency	Delegates	Per Year	Sessions per year	Per session
SBLV3	Yearly	Midwives	@300	15 per year to meet 90% 300 divide by 15	20
		Obstetricians	@40	15 per year to meet 90% 40 divide by 15	2.6
		MSW Band 2-3	@60	15 per year to meet 90% 60 divide by 15	4
Day 1 & 3 – MMT Personalised Care and Care in the Postnatal Period	3 yearly	Midwives	@300	11 per year 33 sessions to meet 90% 300 divide by 33	9
		MSW Band 2-3	@60	11 per year 33 sessions to meet 90% 60 divide by 33	1.8
Day 2 – MMT	3 yearly	Midwives	@300	11 per year 33 sessions to meet 90% 300 divide by 33	9
PROMPT	Yearly	Midwives	@300	15 Sessions to meet 90% 300 divided by 15	20
		MSW Band 2-3	@60	15 Sessions to meet 90% 60 divided by 15	4
		Obstetricians	@40	15 Sessions to meet 90% 40 divided by 15	2.6
		Anaesthetists	@40	15 Sessions to meet 90% 40 divided by 15	2.6
		Total	440	440 divided by 15	29.3 staff per PROMPT
Fetal Surveillance Day	Yearly	Midwives	@300	15 Sessions to meet 90% 300 divided by 15	20
		Obstetricians	@40	15 Sessions to meet 90% 40 divided by 15	2.6
		Total	340	340 divided by 15	22.6 staff per Session

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Appendix B – Annual Faculty Requirements (protected time)

Course	Frequency	Faculty	Per Session		Sessions per year
SBL Version 3	Annually	Midwives	PDM Public Health Midwife Diabetes Link Fetal Surveillance Leads (M/W/Obs cons) Digital Midwives Manual Handling Team x 4	1 x 2.25 hours 1 x 1 hours 1 x 1.5 hour 1 x 15 minutes 1 x 1.5 hours 1 x 2 hours	15
Days 1 – 3 – MMT	3 yearly	Anaesthetists	Consultant/ Senior	1 x 2 hours	11
		Midwives	PDM Safeguarding Maternal Mental Health Perinatal Mental Health Assurance and Compliance M/W Maternity Governance Lead Bereavement Midwife Pelvic Health Midwife Infant feeding specialist Tissue Viability Link Nurse	1 x 6.75 hours 1 x 2.25hours 1 x 1 hour 1 x 1 hour 1 x 1 hour 1 x 1 hour 1 x 1 hour 1 x 1 hour 1 x 1.5 hour 30 minutes	11
EFM Day	Annual	Midwife	Fetal Surveillance Lead	1 x 4 hour	15
		Obstetrician	Fetal Surveillance Lead Consultant	1 x 4 hour	15
PROMPT	Annual	Obstetricians	Consultant/Senior x 1	1 x 4 hours	15
		Midwives	PDM Faculty Midwife NLS instructor	1 x 8 hours 2 x 6 hours 1 x 1 hours	15
		Anaesthetists	Consultant/ Senior x 1	1 x 4 hours	15

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Saving Babies Lives (version 3) day: A Care Bundle for Reducing Perinatal Mortality – Core Competency 1

Element One	Reducing smoking in pregnancy
Element Two	Fetal growth: risk assessment, surveillance and management
Element Three	Raising awareness of reduced fetal movements
Element Four	Effective fetal monitoring
Element five	Reducing pre-term birth
Element six	Management of pre-existing diabetes

Delegates – Maternity staff attendees should be 90% of each of the following groups: • Obstetric consultants • All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota • Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives).
Frequency – Annually
Recording – Compliance should be broken down by specific staff groups mentioned within the delegates section and recorded within the training team database and ESR.
Monitoring – Maternity Dashboard and to Divisional team for Assurance

Time	Subject	Faculty	Core
0830	Registration/Welcome		1
0845	**Element One**: Reducing smoking in pregnancy	*Public Health Midwives*	
0945	**Element Two**: Fetal growth: risk assessment, surveillance and management	*Practice Development Midwife*	
1045	*Comfort break*		
1100	**Element Three**: Raising awareness of reduced fetal movements	*Practice Development Midwife*	
1145	**Element Four**: Effective fetal monitoring	*Fetal Surveillance Midwife*	
1200	**Element five:** Reducing pre-term birth	*Practice Development Midwife*	
1230	Lunch		
1300	**Element six**: Management of pre-existing diabetes	*Diabetes Link Midwife*	
1430	**Digital Documentation Update**	*Digital Lead Midwife*	
	(Above session to Include a 15 min comfort break)		
1630	Evaluation and Close		

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Appendix D – MMT Day 1 programme

Equality, Equity and Personalised Care Day – Core Competency 4

Equality, Equity and Personalised care - Training must cover:

- Local pathways and key contacts when supporting families
- Learning from local needs, audits, incidents and service user feedback
- Local guidance on referral procedures for 'red flags' such as maternal mental health
- Risk assessment and risk communication/personalised care and support planning
- Informed decision making, enabling choice, consent and human rights
- Equality, diversity and cultural competence.

Delegates – 90% of staff: All Midwives/All support staff (MSW/MCA)/NHSP Midwives Student Midwives (optional)
Frequency – 3 yearly
Recording –Recorded on the Maternity Team database and ESR will be utilised to record compliance
Monitoring – Maternity Dashboard and to Divisional team for Assurance

Time	Subject	Faculty	Core
0830	Registration/welcome		4
0845	Personalised Care & support planning: informed decision making, consent, human rights and risk assessment.	*Practice Development Midwife*	
1015	Domestic abuse	*Safeguarding team/HIDVA*	
1115	Comfort Break		
1130	Personalised Care: Equality, diversity, cultural awareness and learning disabilities	*Practice Development Midwife*	
1230	Drug abuse – Urine toxicology	*Safeguarding Specialist Midwife*	
1300	Lunch		
1330	Maternal Mental Health	*Maternal Mental Health Lead*	
1430	Perinatal Mental Health	*Perinatal mental Health team*	
1530	Comfort break		
1545	Safeguarding	*Safeguarding Team*	
1630	Evaluation and Close		

NB One of the days MMT will have the Bespoke Maternity Manual Handling update attached 1700-1900

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Appendix D – MMT Day 2 programme

Care During Labour Day – Core Competency 5

Care during Labour – Training must cover:

- Learning from National investigations, local incidents, audit reviews, investigations, service user feedback & local learning, including positive case
- Deviations from the norm and escalation

Delegates – 90% of staff: Midwives/NHSP Midwives
Student Midwives (optional)
Frequency – 3 yearly
Recording –Recorded on the Maternity Team database and ESR will be utilised to record compliance
Monitoring – Maternity Dashboard and to Divisional team for Assurance

Time	Subject	Faculty	Core
0830	Registration/welcome		5
0845	Care in Labour	*Practice Development Midwife*	
0945	VBAC & Uterine rupture	*Practice Development Midwife*	
1015	GBS update	*Practice Development Midwife*	
1045	Comfort Break		
1100	PUP	*Tissue Viability Team*	
1130	Operative Birth	*Practice Development Midwife*	
1200	Multiple Birth	*Practice Development Midwife*	
1230	Lunch		
1330	Bladder care	*Practice Development Midwife*	
1430	Management of Epidural Anaesthesia	*Anaesthetist*	
1515	Recovery care after General Anaesthetic	*Anaesthetist*	
1545	Comfort Break		
1600	Critical care	*Anaesthetist*	
1630	Evaluations & Close		

NB One of the days MMT will have the Bespoke Maternity Manual Handling update attached 1700-1900

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Appendix D – MMT Day 3 programme

Care During the Immediate Postnatal Period Day – Core Competency 5

Care during the immediate postnatal period – Training must cover:

- Learning from National investigations, local incidents, audit reviews, investigations, service user feedback & local learning, including positive case
- Deviations from the norm and escalation

Delegates – 90% of staff: Midwives/NHSP Midwives
Student Midwives (optional)
Frequency – 3 yearly
Recording –Recorded on the Maternity Team database and ESR will be utilised to record compliance
Monitoring – Maternity Dashboard and to Divisional team for Assurance

Time	Subject	Faculty	Core
0830	Registration/welcome		5
0845	COSMOS Update	*Quality and Assurance Lead Midwife*	
0945	Governance update	*Maternity Governance Lead Midwife*	
1045	Comfort Break		
1100	Bereavement Care	*Bereavement Midwife*	
1200	Perineal trauma/OASI Prevention	*Pelvic Health Midwife (LMNS)*	
1300	Lunch		
1330	Infant feeding	*Infant feeding Specialist Midwife*	
1500	Comfort Break		
1515	Neonatal care and escalation	*Practice Development Midwife*	
1600	ATAIN	*Practice Development Midwife*	
1630	Evaluations & Close		

NB One of the days MMT will have the Bespoke Maternity Manual Handling update attached 1700-1900

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Appendix E - PROMPT programme

PROMPT – Detail of Training

One Day Face to Face Maternity Emergencies and multi-professional training must cover;

- A **minimum** of 4 emergencies per year with all scenarios covered in a 3-year period (as prescribed by the Core Competency Framework V2)
- Human Factors training
- Neonatal Basic Life Support

- There should be sharing of local maternal and neonatal outcomes, ideally benchmarked against other organisations with a similar profile.
- Learning should be from locally identified case studies/histories, serious incidents, local safety insights, near misses or HSIB cases, audits and thematic reviews, exemplars from National programmes e.g. National Maternity Perinatal Audit (NMPA), Getting It Right First Time (GIRFT), Healthcare Safety Investigation Branch (HSIB) and others.
- At least one scenario should include learning from an excellence case study.
- Scenarios should be tailored for the range of staff groups
- Service user feedback should be embedded into the day
- Evidence of shared Learning from across the LMNS (Forum with Wye Valley)
- Must include the identification of the deteriorating mother/baby and use of local recognition/deterioration charts as locally relevant.
- Deterioration, communication & escalation thresholds discussed for all
- Debrief, Datix & Documentation, recommendations explored
- At least one of the four emergency scenarios should be conducted in the clinical area, ensuring full attendance from the relevant wider multi-professional team. This will enable local system and environmental factors within the clinical setting to be considered, any risks and issues identified and an action plan developed to address these.

Recording – Compliance (%) should be broken down by specific staff groups mentioned within the guidance. Communication of compliance data will be shared on maternity dashboards and to Divisional Team. ESR will be used as the database

Faculty – Multi-professional. (NLS instructor as Faculty for teaching of basic neonatal resus.)

Delegates: Human factors and obstetric emergencies- Maternity staff attendees should include 90% of each of the following groups: • Obstetric consultants • All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota • Midwives (including midwifery managers and matrons, community midwives; birth centre midwives, (working in co-located and standalone birth centres and bank/agency midwives) • Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum) • Obstetric anaesthetic consultants • All other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) contributing to the obstetric rota

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Delegates: Neonatal Basic Life Support – • All staff in attendance at births should attend a local neonatal life support training every year. • Attendance on separate certified NLS training for maternity staff should be locally decided but this would be the gold standard. • Those attending a NLS programme every 4 years will attend annual local neonatal life support training in between. • Staff to attend, • Midwives (including midwifery managers and matrons, community midwives; birth centre midwives, (working in co-located and standalone birth centres and bank/agency midwives) • Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum). * Neonatal consultants, Neonatal Junior doctors who attend births, Neonatal nurses (band 5 and above) Advanced Neonatal Nurse practitioner (ANNP) (*******Neonatal staff may attend either the PROMPT session or bespoke in house local updates, All data feeds into the same compliance figures)*

PROMPT – Annual			
Human Factors	Emergencies (rotational basis)	Breakout Room	NLS
• Classification • Escalation/SBAR • Psychological safety • Civility • Situational Awareness • Behavioural Charter	Obs Unit- PPH Obs Unit - Pre-eclampsia Obs Unit – Sepsis Obs Unit – APH Obs Unit – Uterine Rupture Obs Unit – Maternal Resus/Care of Critically ill patient CHEC - Breech CHEC - Cord prolapse CHEC - Shoulder Dystocia CHEC – Maternal Collapse (at home) CHEC – Impacted Fetal Head	• *Inpatient Staff* – Anaesthetic Emergencies • *Outpatient/ Continuity Staff* – Community related issues • *Maternity Support Workers* – Bladder Care	• Prepare • Identify • NLS Algorithm • Timings • How to escalate • SBAR • Recognition
Staff Cohorts to attend			
All Delegates	All Delegates	Midwives and MSW's	

Neonatal Life Support – additional information

• Checking of equipment in all environments (i.e. resusitaire/homebirth set up)
• Identification of a baby requiring resuscitation after birth
• Knowledge and understanding of the NLS algorithm (theory and practice)
• Hands on scenario based practice
• How to call for help/escalate
• Situation, Background, Assessment, Recommendation (SBAR) handover tool
• Recognition of the deteriorating newborn infant and actions to be taken
• Use of I Gel equipment

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Appendix F – Fetal Surveillance Day

Fetal Surveillance Training – Core Competency 2		
Delegates - Midwives (including midwifery managers and matrons, community midwives; birth centre midwives and bank/agency midwives). Staff who have an intrapartum obstetric responsibility (including antenatal and triage) such as Obstetric consultants and all other obstetric doctors contributing to the obstetric rota. **Compliance:** Maternity staff attendees must be 90% compliant for each of the above groups to meet the minimum standards. **Frequency** – Annually **Recording** –Recorded on the Maternity training database and ESR will be utilised to record compliance **Monitoring** – Maternity Dashboard and to Divisional team for Assurance **K2 Platform –** this will be used in the cross over period whilst the face to face study day is launched. Pass rate set at 85%. Accessible online on: https://training.k2ms.com/Secure/Logon.aspx?ReturnUrl=%2FUserHome.aspx		
CTG study day topics covered:	Fetal Physiology Antenatal CTG Intrapartum CTG (including risk assessment) Intermittent Auscultation and IA Use of local equipment Cord Blood Gas Errors and Limitations in Fetal Monitoring Intermittent Auscultation Fetal monitoring of multiple pregnancies Escalation pathways/SBAR Fresh eye reviews Multi-disciplinary local case history discussions – lessons learnt (including service user feedback) Tailored for specific staff groups (e.g. homebirth & birth centre teams)	Annual Competency based. 85% pass rate
SBL – MMT	Multi-disciplinary local case history discussions – lessons learnt	yearly
CTG meetings	Multi-professional case history discussions	Weekly
Band 5 Midwives	Bespoke CTG Workshop	On induction

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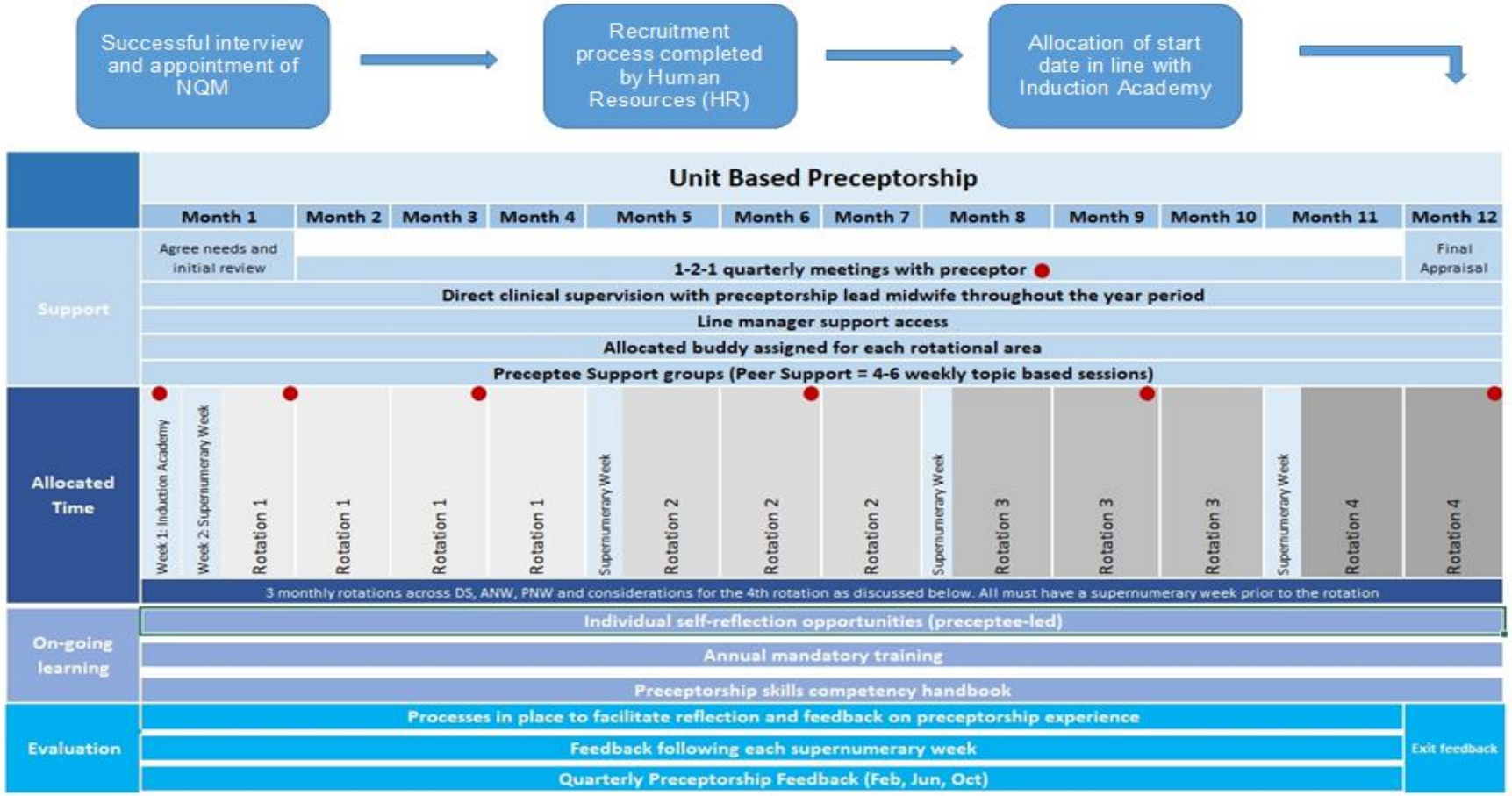
Appendix G – Preceptorship Framework: Unit Based Model



Considerations:

Support is the first item of the framework to reflect its importance. The first preceptor meeting should ideally take place within the first week and agree the elements of the preceptorship programme **per preceptee needs.**

A minimum of three rotations are required as suggested above. The 4th rotation can be used to return to ward allocations whereby gaps have been identified. This will need to be individualised for each preceptee. This 4th rotation may also be used to facilitate a community/continuity rotation.

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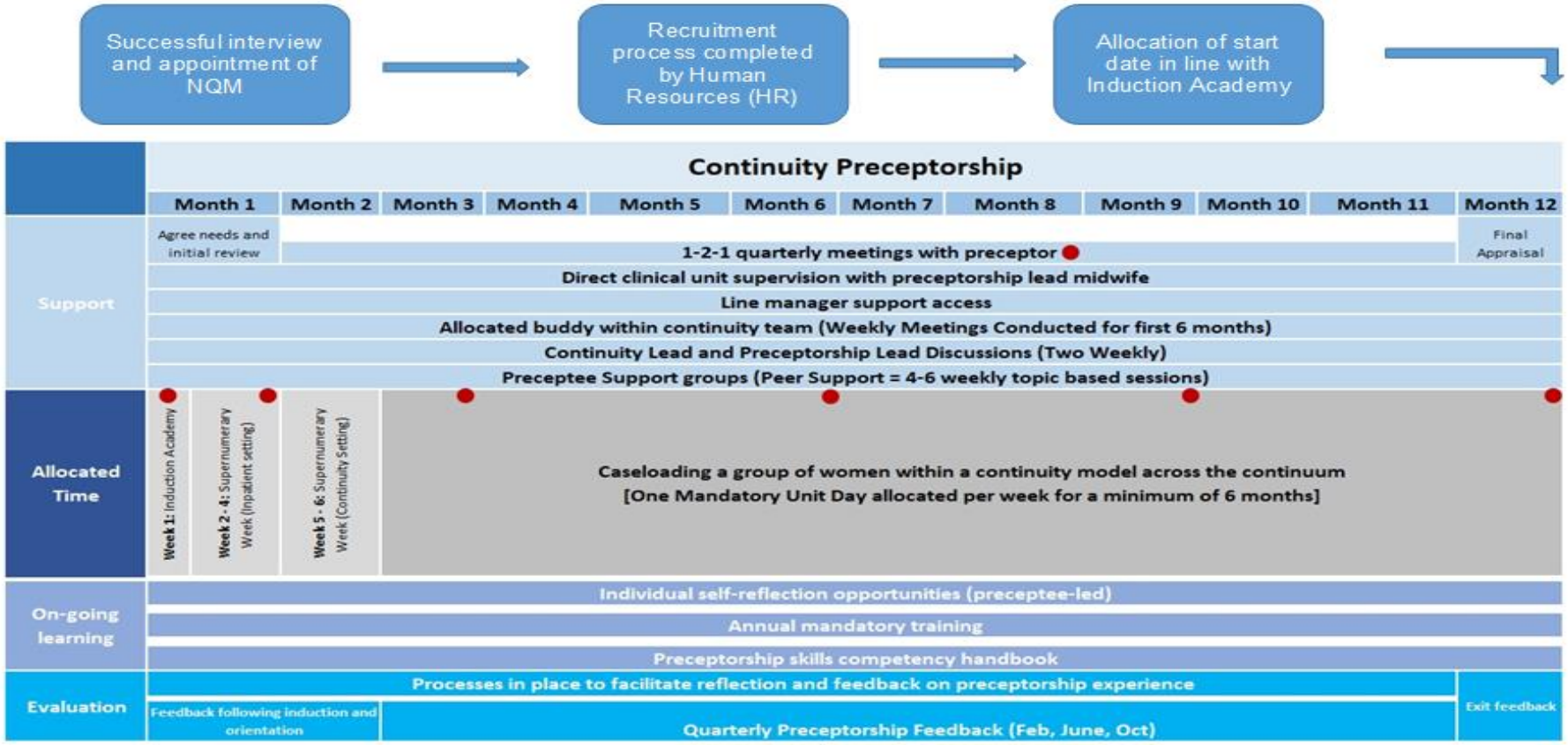
Preceptorship Framework: Continuity Based Model



Considerations:

Support is the first item of the framework to reflect its importance. The first preceptor meeting should ideally take place within the first week and agree the elements of the preceptorship programme **per preceptee needs.**

Allocated Time allows for a NQM within a continuity model to have a reduced caseload to enable the allocation of a unit day per week. This unit day is in place for the first 6 months to ensure inpatient experience and help with the achievement of clinical skills such as cannulation and suturing. Extension beyond 6 months needs to be negotiated with the continuity lead midwife and preceptorship lead midwife on an individual basis with a specific learning focus and regular review.

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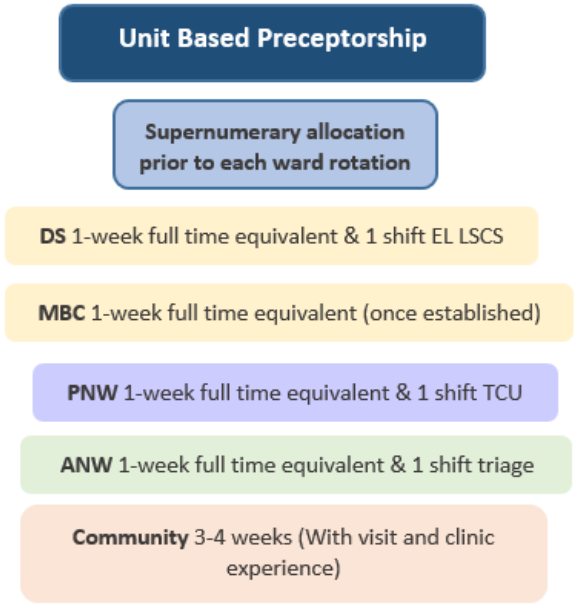
Appendix H – Supernumerary (SN) Plan for Newly Qualified Midwives (NQM)

This Appendix covers supernumerary time for NQM across the 3 models in the preceptorship framework. National frameworks recognise the needs of a supportive comprehensive orientation within preceptorship and therefore recommended protected supernumerary time prior to each rotation. The supernumerary time should be in addition to induction requirements, however individual needs should also be recognised.

Allocation of the supernumerary period:

The Preceptorship Lead Midwife allocates the supernumerary period for all Band 5 New Starters and facilitates the rotation of preceptees across all ward areas if unit based. This is the agreed supernumerary period for all NQM within the WAHT. This may need to be longer and individualised if a NQM has not completed their undergraduate level training within the trust.



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Definition of Supernumerary

Within the supernumerary period the NQM is the primary care giver and should be providing all essential care while practicing under their own NMC registration. The NQM is supported by a senior member of staff to provide a comprehensive orientation. The below definitions clarify the supernumerary term for all ward areas.

Inpatient Ward Areas (Antenatal/Postnatal Ward)

"When a staff member works in the clinical area and is in addition to the staffing numbers for that shift, the staff member is indirectly supervised by an allocated core team member or midwife in charge to take a small caseload of women (4 women/babies) to ensure support and orientation but also aids skills surrounding prioritisation and case loading"

Intrapartum Care (Delivery Suite/MBC)

"When a staff member works in their clinical area and is in addition to the staffing number for that shift, the staff member is directly supervised by an allocated core team member to ensure appropriate support with labour care and theatre cases. This direct supervision can be tailored to more indirect supervision across the supernumerary period depending on the individual needs of the NQM"

Community

"When a staff member works in their clinical area and is in addition to the staffing numbers for that shift, the staff member is directly supervised by an allocated core team member to ensure appropriate support with community visits and antenatal clinics. This direct supervision should be an initial measure and then can be tailored to indirect supervision whereby the support on visits is accessed by a phone call with an allocated buddy or the buddy is outside the clinic room"

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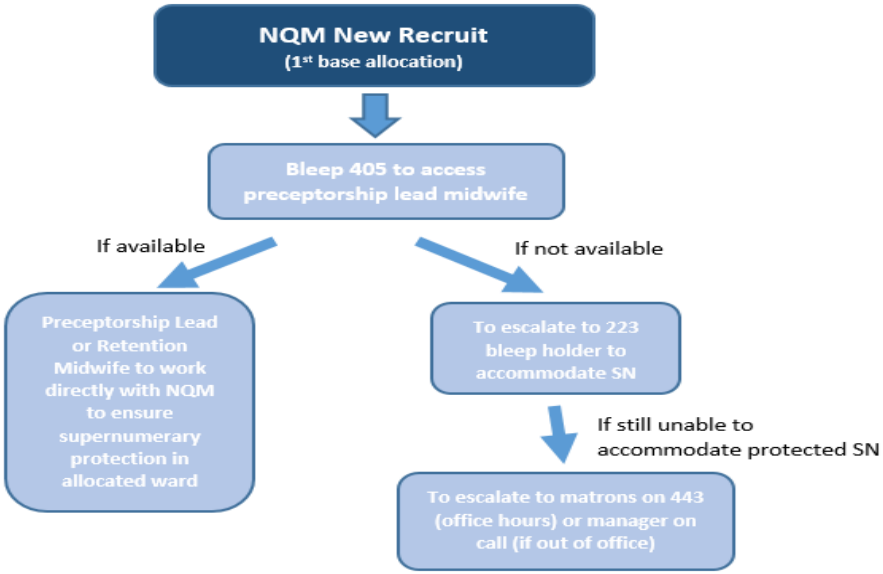
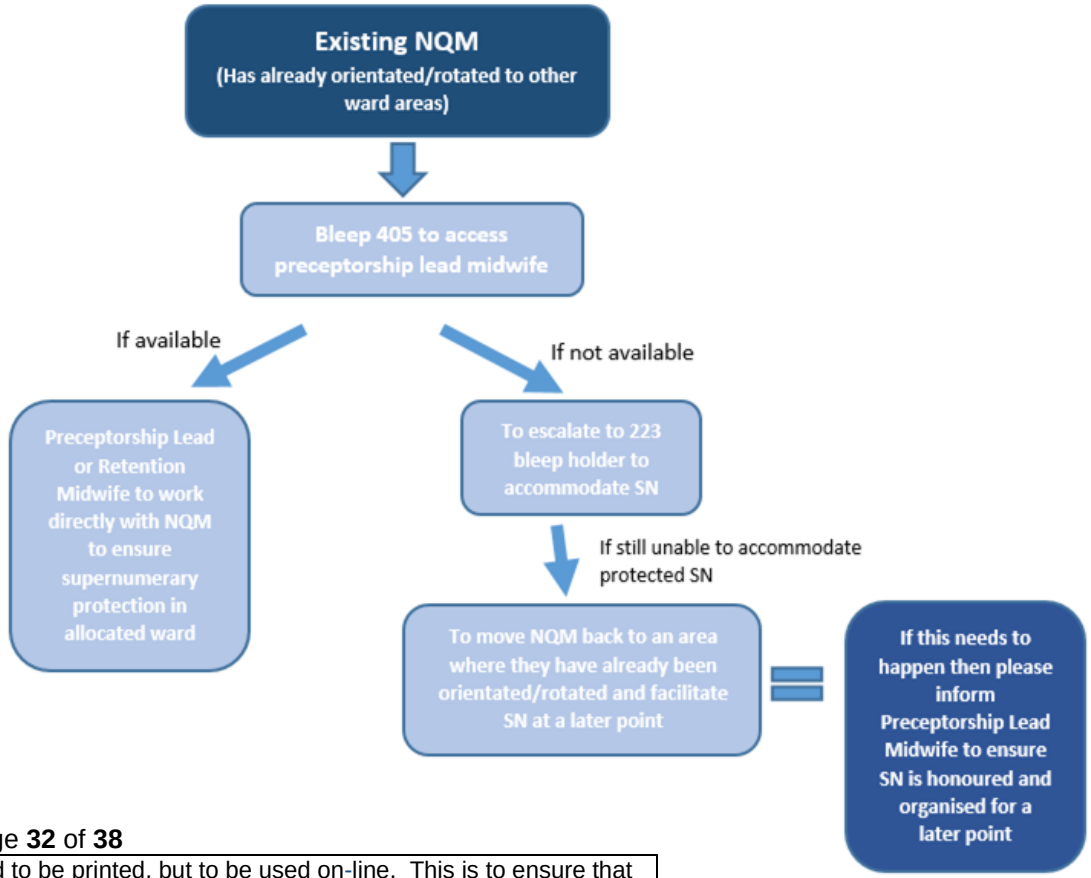
Escalation Process

The below flow chart outlines the escalation process if the trust is unable to facilitate protected supernumerary as set out by Ockenden, RCM and National Frameworks.





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Appendix I – Expected milestones and timescales across Preceptorship

Milestone Point	Time Period	Events/Content	Expected Achievements
End of month 1	Month 1	Orientation Period (Supernumerary clinical time and study time as outlined in orientation programme)	As per maternity orientation checklist
		Study/theory as detailed	Completes medical devices training Completes IT/Allscripts PAS training Completed medicines management online modules and has discussion re: PGD and midwives exemptions Completed blood transfusion training (ESR Modules and NPSA Competencies) Other completed training: Mask Fit Testing Donning and Doffing Training Covid Swabbing Training
		Professional development preceptorship meeting	Preceptorship 1-month meeting takes place
		Feedback	Completes induction and orientation survey
End of Month 3	Months 2 - 3	Study/theory detailed	Registers and begins K2 CTG Fetal Monitoring Package Begins ESR Online Learning Modules Book onto Venepuncture & Cannulation and IV Therapy training
		Consolidation of clinical competencies	Self-assessment against competencies for 1st clinical area. Meeting with preceptor and plan developed to action any support/learning needs with clinical competencies
		Preceptorship meeting milestone point	3-month preceptorship meeting takes place

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Milestone Point	Time Period	Events/Content	Expected Achievements
End of month 6	Months 4 - 6	Study/theory detailed	Completed K2 CTG Fetal Monitoring Package Completes ESR Online Learning Modules (100% ESR Compliance) Attended IV Therapy and Venepuncture and Cannulation Training Days Attended suturing study day if rotated/near rotation to delivery suite Attended Infant Feeding Study Day
		Consolidation of clinical competencies	Self-assessment against competencies for 2nd clinical area. Meeting with preceptor and plan developed to action any support/learning needs with clinical competencies
		Preceptorship meeting milestone point	6-month preceptorship meeting takes place
		Feedback	Completes SN week feedback following rotation and participates in preceptorship quarterly audits
End of month 9	Months 6-9	Study/theory detailed	Attended PROMPT – skills and drills study day Attended suturing workshop if rotated/near rotation to delivery suite Attended CTG Workshop Attended Maternity Mandatory Training
		Consolidation of clinical competencies	Self-assessment against competencies for 3rd clinical area. Meeting with preceptor and plan developed to action any support/learning needs with clinical competencies
		Preceptorship meeting milestone point	9-month preceptorship meeting takes place
		Feedback	Completes SN week feedback following rotation and participates in preceptorship quarterly audits

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Milestone Point	Time Period	Events/Content	Expected Achievements
End of month 12	Months 9 - 12	Study/theory detailed Clinical Consolidation Personal Development Review Preceptorship meeting milestone point Feedback	Enrolled on practice assessor course Evidence of completion for all online training and attendance at all mandatory study days Reflections completed and evidenced All self-assessments from clinical areas experienced complete. All competencies signed and evidence including all clinical skills achieved and confident in these areas. PDR with line manager Successfully achieves Band 6 position and preceptorship completion evidenced in handbook Completes end of preceptorship feedback

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Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

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Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Consultant Obstetricians
Junior Doctors – O&G
Director of Midwifery
Maternity Governance Team
Maternity Training Team
Maternity Matrons
Senior Midwives
Team Leaders
Midwives
MSWs

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

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Worcestershire Acute Hospitals NHS Trust

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.

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