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Cwm Taf Morgannwg
University Health Board

Ref: MAT TNA

Maternity Training Needs Analysis and Training Matrix Clinical Guideline

V1

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1. Aim/Purpose of this guideline

- 1.1. To ensure that maternity services assess and update the Training Needs Analysis of staff within the Women's Directorate.
- 1.2. To give clear guidance to staff on their mandatory training needs and how they may seek to undertake training required.
- 1.3. To fulfil the Health Boards responsibility in ensuring that all members of the organisation are valued by attending mandatory training. Mandatory training provision should be part of the individual's working hours.
- 1.4. To provide Integrated Locality Group assurance for Bridgend ILG and Merthyr Cynon ILG of the appropriate multi-disciplinary skilled workforce as per the mandate set out in the Training Needs Analysis.
- 1.5. To ensure staff receive the opportunity to access training to minimise risk to mothers, babies and staff and enable staff to deliver a safe quality service within our maternity units.
- 1.6. To set down the ideal standard for mandatory training monitoring.
- 1.7. To provide a way for designated managers to schedule and track staff progress with mandatory training.

2. The Guidance

Cwm Taf Morgannwg UHB (CTM UHB) is committed to the Maternity Care in Wales - A 5 year vision for the future by providing safe and high quality care for mothers and babies throughout pregnancy, birth and following birth. Through education and training it will provide safer care by breaking down barriers, creating safe learning environments where all staff can learn from errors made, the women are the centre of our care, treated with openness and honesty and whereby staff are trained to focus on the woman's and her family's needs.

The Government has set the target of halving the rates of stillbirths, neonatal and maternal deaths and brain injuries associated with delivery, by 2025 with an aim of it to be reduced by 20% by 2020.

The Welsh Government had issued in November 2018 the intrapartum fetal surveillance standards that had been developed by clinicians in Wales.

The Welsh Government has issued in October 2019 that as a minimum standard they expect that staff, including midwives, obstetricians and anaesthetists who regularly provide maternity care to undertake Practical Obstetric Multi Professional Training (PROMPT) Wales's training annually with an aim to get 100% staff trained by March 2020 with an ongoing aim of 95% of all staffed to trained annually.

2.1 Training Needs Analysis

A Training Needs Analysis (TNA) has been undertaken (see appendix A) and is reviewed annually, agreed at maternity education and training forum in conjunction with maternity governance team. It is updated when necessary to determine mandatory maternity specific training requirements.

To ensure a well skilled workforce all employees are required to undertake the mandatory maternity specific training as per TNA.

The training syllabus should be based on current evidence, national guidelines/recommendations, any relevant local audit findings, risk issues and case review feedback and with inclusion of local charts, emergency boxes, algorithms and pro-formas. Feedback from local maternal and neonatal outcomes should also be included.

Maternity staff attendees should include: obstetricians (including Consultants, staff grades and trainees); obstetric anaesthetic staff (Consultant and relevant trainees); midwives (including midwifery managers, matrons, community midwives, birth centre midwives, bank midwives); maternity theatre staff; health care support workers and maternity support workers and other relevant clinical members of the maternity team.

PROMPT, fetal monitoring training and Mandatory Midwifery Training programmes (MMT) are planned and all relevant staff groups will take responsibility to attend annually to meet the TNA.

To meet the national standard of compliance the training syllabus has added a fourth day to meet the TNA of all staff whereby fetal surveillance, basic life support and new-born basic life support requirements can be met annually.

The Professional Update day was reviewed by the Practice Development midwives (PDM) and agreed within the Maternity Workforce and Development Forum to expand specialist specific areas. The syllabus has been developed for 2 years rolling programme to maintain compliance of all subjects and allow space for updates for each area. Only midwives are to attend this day. The day consists of subject specialists updating staff on current evidence based information and training. This training is mandatory with an expectation of compliance to be >95% annually.

The Mandatory & Statutory day (M&S) was reviewed by the Practice Development midwives (PDM) and agreed within Maternity Workforce and Development Forum. This day is compulsory for all staff; midwives, HCA's, MSW's, Nursery nurses etc. The M&S training is essential in order to comply with Trust Policies, improve the skills and knowledge of maternity staff and maintain a safe working environment. The training is mandatory with an expectation of compliance to be >95% annually.

The Mandatory Midwifery Training during a pandemic can be accessed virtually and staff will be required to provide the requested evidence to the PDM team.

The Fetal Surveillance, BLS and NLS day 4 training was developed to keep in guidance of the Welsh Governments standards for fetal surveillance for midwives and clinicians to attend as well as maintaining the required skills necessary for Basic Life Support and New-born Basic Life Support within the clinical setting. This training is mandatory with an expectation of compliance to be >95% annually. In conjunction to this day midwives and clinicians are to complete their CTG Passport and return to the Fetal Surveillance Midwife to maintain full compliance of their CTG competency. The CTG Passport can be completed by also attending multi-disciplinary team meetings, incident review meetings, CTG workshops etc. No member of staff should provide intrapartum care without evidence of training and competence within the previous year.

PROMPT training is mandatory annual training day that all professionals within the obstetric area need to attend with a compliance aim of >95%. The training is mandatory for all midwives, obstetricians, HCSW's, MSW's, RGN and anaesthetists who cover Labour ward. The training is optional for ODP's, medical students, 3rd year student midwives and neonatal staff. This training package has shown to have directly improved care for women and their babies, reducing harm and overall improved maternal and neonatal outcomes. Human Factors training is embedded into the day which

provides awareness of interactions among the maternity team and how they communicate with one another, work as a team and have situational awareness.

Community specific training; it was identified that all community staff should attend in-house PROMPT training but it lacked the emphasis of community obstetric emergencies and evidence has proven teams who work together in their clinical environment train together to improve outcomes. Therefore an additional training package to specifically target community based obstetric emergencies, will be developed in January 2020. The Community PROMPT Wales training will be specific for community midwives, MSW's and paramedics with community train the trainer facilitators as well as support from the Practice Development Midwife to implement this training.

Maternity support workers and nursery nurses update day was reviewed by the Practice Development midwives (PDM) and agreed within the Maternity Workforce and Development Forum to expand specific subjects that meets the requirements specific to their job role.

In conjunction to the four MTT's maternity staff need to maintain >80% compliance within their ESR matrix via e-learning. This is governed by the Trust's Learning and Development Department and will alert you to when you required to update yourself with the subject. All registered professionals are required to maintain their GAP and GROW compliance e-learning package annually. The Perinatal Institute will alert staff members when to update via email which sends a link for easy access to the site.

2.2 Role of subject specialists:

The mandatory training days all have subject specialist:

They are responsible for:

- Ensuring training sessions for their subject area are current evidence based information and reflects the needs of the learners as well as best practice.
- Updating their sessions annually or as directed by latest evidence.
- Responding to evaluation and taking action to make changes accordingly.
- Are aware of all dates planned for their training sessions annually and they have the responsibility to ensure their training session is provided if not able to provide it themselves.

- Provide information for online learning within their specialist subject when face to face teaching cannot be given i.e. COVID pandemic.

2.3 Role of staff members

Each staff member are responsible for:

- Understanding and monitoring their own compliance with the required mandatory and statutory training.
- Prioritising attendance at mandatory training and completing the mandatory training within the required annual timeframe to ensure ongoing compliance.
- Liaising with their line manager to ensure release from clinical duties to enable attendance at mandatory training days and monitoring their own roster on a regular basis in view of training date changes.
- Informing their line manager of an inability to attend a booked training day (e.g. in the event of sickness absence) and therefore in this absence on return to work it is their responsibility to negotiate with their line manager another date to complete the training and maintain compliance and competency.
- Complete training evaluation forms to enable the continuous review and development of courses.
- To keep records of their attendance at all training as evidence of attendance and as part of their revalidation/appraisal.

3. Compliance & Monitoring

3.1 Booking Mandatory Training

The maternity service aspires to achieve >95% attendance/compliance (after excluding staff on long term sick and maternity leave) for all mandatory training requirements.

Staff are responsible to maintain a log of all bookings of their MTT with their line managers. Any changes should be discussed with the line managers and PDM team.

To maintain compliance the PDM team have developed annual calendars which have been sent to all line managers to maintain compliance whereby staff will be rostered to the MTT as per previous year. This will also assist the line managers to have an assurance that all staff are compliant in their areas.

It is the responsibility of the staff member to remember which months they have done MTT and repeat the training in the same month as the previous

year. If there are discrepancies in months allocated or staff have been allocated too soon or more than two months out of compliance then this is the responsibility of the individual to identify this and notify their line manager and PDM team at their soonest convenience. The PDM team will also have oversight of all training databases with weekly compliance reports and will notify line managers and educational leads of any discrepancies.

If a staff member has booked annual leave on the date they are due MTT then it is their responsibility to plan ahead and swap with another member of staff who is of equal grade/profession to them either a month before or a month after the date. If a staff member is on a period of sickness or on maternity leave then it is the responsibility of their line manager to notify the PDM of their absence for training and to roster those onto the MTD at the earliest opportunity on their return to work and therefore notifying the PDM team of their return.

3.2 Attendance on Mandatory Training

Staff members must arrive on time for the training sessions. It is at the trainer's discretion whether to permit late entry. If unable to attend on the day then they should inform the training lead and line managers as soon as possible. Failure to report their absence to these individuals will be considered as unauthorised absence. Attendance must be for the whole session and staff should sign the register with payroll or ID number as this is the record of their attendance which is then sent to ESR to be updated. If staff members leave early without justifiable reason it will be reported back to their line managers.

3.2.1. Midwives

It is the responsibility of the Senior Midwife/Matron to inform the PDM team of newly qualified midwives or any other new staff members in advance of their start date. The new starter will then attend the corporate induction day as well as arranging a meeting with the PDM to discuss and arrange training requirements during their supernumerary period.

Mandatory training should not be cancelled and staff should not be removed from training due to high clinical activity, staff shortages or other adverse conditions. However, should a reason occur for training to be cancelled or staff removal then it should be agreed by the Head of Midwifery, Deputy Head of Midwifery or Clinical Director of Obstetrics, with data records amended accordingly.

For all four MTT – all staff members will be notified of their need to attend via their roster as well as an email 2 weeks prior to the date. It is also the

staff members own responsibility to inform their line managers and PDM's if they are out of compliance or require additional training to maintain their own professional portfolio.

ESR will remind staff when they are also due to update certain training subjects.

All training sessions should be recorded on the CTM band 5,6,7 passports as evidence of ongoing training at PADRs/annual supervisory appraisals.

3.2.2 Maternity Support Workers/Health Care Assistants/Nursery Nurses

Mandatory and Statutory days are provided for all MSW/HCA's and nursery nurses to attend. It is mandatory for only MSW/HCAs to attend an annual PROMPT training day also. The line managers will allocate via roster these dates and ensuring their attendance. Attendance of these days will be updated on the training database.

3.2.3 Obstetric Consultants, staff grades and doctors in training

It is the Lead Obstetrician for obstetrics responsibility to ensure all relevant members of the obstetric team attend relevant training. All consultant, staff grade obstetricians and obstetric doctors in training must attend PROMPT annually.

The PROMPT Obstetric Lead will co-ordinate the attendance and bookings of all consultants, staff grades but it is also the responsibility of the obstetrician to maintain their own compliance with training. If new to the Health Board then it is the clinicians' responsibility to inform the PROMPT Obstetric Lead of any recent PROMPT training with evidence or non-attendance of PROMPT within the last 12 months as well as informing them if they are faculty trained to give availability to maintain PROMPT faculty status.

Both Lead Obstetrician and PROMPT Obstetric Lead will co-ordinate booking of training with the medical staffing co-ordinator and secretaries in advance to maintain annual compliance.

3.2.4 Anaesthetists

It is the Lead Anaesthetist for obstetrics and the PROMPT Anaesthetic Lead responsibility to ensure that all relevant members of the obstetric anaesthetic team attend training.

The PROMPT Anaesthetic Lead will co-ordinate the attendance and bookings of all consultants, staff grades but it is also the responsibility of the

anaesthetist to maintain their own compliance with PROMPT training. If new to the Health Board then it is the anaesthetist's responsibility to inform the PROMPT Anaesthetic Lead of any recent PROMPT training with evidence or non-attendance of PROMPT within the last 12 months as well as informing them if they are faculty trained to give availability to maintain PROMPT faculty status.

3.3 Non-Attendance at mandatory training

Following each training session the PDM or person responsible for the training will input the attendees into the training database system and identify any staff member who has not attended. The PDM or person responsible for the training will send an email to the staff member and the staff member's line manager or lead and a new date must be arranged as soon as possible by the line manager and PDM or via ESR booking to maintain training compliance. The database will be amended accordingly.

Staff who are unable to attend face to face training sessions must ensure that their place is cancelled by informing the PDM and their line managers with plenty of notice to re-arrange.

Staff who fail to attend booked sessions where they have been allocated study leave via rostering system will be recorded as absent having taken unauthorised leave and maybe subject to disciplinary action. Staff who are booked for MTT should not be allocated or given extra bank shifts the evening (twilight shift) or night shift before a training day which would consequently hinder their ability to attend the MTT. This is not permitted as it will affect the overall training compliance of the health board.

For staff members who fail to attend a second time, without acceptable reason, the senior midwives will be informed and asked to investigate the reason for non-attendance. Appendix C will assist line managers and senior midwives with the management of non-attenders.

3.4 Training Databases

The training spreadsheet is an electronic format held on a secure shared folder. The PDMs and Fetal Surveillance Midwife have access. Following each training event the registers are used to update the database on a weekly basis. On a quarterly basis the PDM will report to the Education and Training forum on compliance of midwives training and any problems with training delivery. The PDM will also provide an end of year report on each mandatory training compliance i.e. PROMPT to the Deputy Head of Midwifery and Clinical Governance team.

The Infant Feeding Coordinators hold the Breastfeeding Training Database.

Blood transfusion competency is recorded by the Lead Blood Transfusion Practitioners.

The medical staffing coordinator and the Lead Obstetrician is responsible for monitoring the attendance of all obstetric doctors including new staff members. The PROMPT Obstetric Lead is responsible for monitoring attendance/compliance for obstetric attendance at PROMPT.

The Obstetric Anaesthetic Lead and Anaesthetic PROMPT Lead are responsible for monitoring training compliance of all anaesthetists including new staff members.

ESR records are updated by inputting the attendance register for face to face training sessions.

ESR records are updated via completion of e-learning packages.

4. Ownership & Responsibilities

Midwifery specific mandatory training provision is co-ordinated by the PDM team, Fetal Surveillance midwife, the Maternity Workforce & Development Forum as well as the Learning and Development Department. Delivery of training may be undertaken by a range of staff within the Trust. This ensures that subjects are taught by experts where necessary.

This section gives a detailed overview of the strategic and operational role responsibilities for the development, management and implementation of the guideline. It includes details of the groups and committees as well as individual responsibility.

4.1 Director Midwifery (DoM) & the Heads of Midwifery (HoM)

Both will ensure that training needs analysis is implemented. Receive and act upon any information from the Education and Training forum in relation to problems with attendance at mandatory training days (MTD), escalation as per Appendix B.

4.2 Senior Midwives/Midwifery Matrons

They have the responsibility for ensuring the Midwifery, Nursery nurses and Health Care Support/maternity support workers attends training as indicated in the training needs analysis (appendix A). Ensuring that all new staff attends the corporate induction training and any staff new to the maternity services receives a local induction programme and maternity

mandatory training sessions as per training needs analysis. The senior midwives should also ensure that subject specialists who support training i.e. midwifery faculty for PROMPT are released from clinical duties in advance to maintain a robust teaching programme and having adequate subject specialists available in due course for the proposed training dates.

4.3 PROMPT Faculty

The PROMPT Faculty is a multi-professional team who meet every four months. These meetings give the opportunity to discuss feedback from delegates, review clinical incidences which drives the renewal of annual training programmes as well as national excellence in practice and updating of local authority guidelines. The faculty ensures training is nationally benchmarked, evidence-based, and relevant to the needs of the service and is delivered in a consistent and informative manner.

To maintain this consistent and informative manner, PROMPT faculty should facilitate on a minimum of 3 PROMPT training sessions within 12 months as well as maintaining their annual update as a delegate. This will maintain their PROMPT Faculty status within the health board. It would be acceptable for PROMPT faculty to do more than 3 training sessions should they wish too.

Any further training needs identified by the Education and Training Forum and Clinical Governance reviews will be discussed at the PROMPT Faculty planning meetings. For example: results from audits, learning from incidents, complaints, claims and information from any other sources.

4.4 The Maternity Workforce and Development Forum

The Group will have overall responsibility for Education and Training within Maternity, Gynaecology and Integrated Sexual Health Services and will oversee the strategic planning and development of Education and Training for the represented departments and will report and monitor performance and targets for delivery of training and Education programmes. The group will convene, coordinate and monitor subordinate working groups as appropriate. The group will report to the quality and safety forum within Service Delivery Units as agreed.

The group will be convened on no less than a bi-monthly basis. The group will be co-chaired by the Head of Midwifery and Clinical Education Lead Obstetrician or nominated person in their absence. The role of the chair, deputy and facilitator will be reviewed annually and the quorum is set at 50% of the fixed members, of which four needs to be clinical.

4.4.1 Purpose of the forum

- To ensure resources – both in terms of money spent and time spent by individuals – are used efficiently and effectively with overall responsibility for education and training budgets.
- To provide and ensure the co-ordination of training and development needs within the represented departments by offering support to all staff groups, ensuring that knowledge, skills and competencies of staff are up to date for present and future health care delivery.
- To provide a forum for monitoring and evaluation of training and education for all staff within.
- To consider and advise on the strategic direction of education, training and development within Maternity, Gynaecology and Child Health.
- To consider issues raised by policy directives that may impact on education, training and development.
- To promote the concept of education and development within the Maternity, Gynaecology and Integrated Sexual Health Services.
- To ensure that educational efforts are co-ordinated on an organisational basis to avoid duplication of effort and optimise use of resource.
- To consider the training requirements of both midwives, nurses and the medical team
- To be responsible for developing partnerships with educational establishments and leading on training programmes.
- To ensure that education and development is equally accessible to all staff.
- To promote the concept of CPD and lifelong learning toward revalidation for all staff and training and development for individuals based on a Personal Development Plan derived from a robust PDAR process.
- To promote innovative ways for providing education, training and development.

- To provide an effective communication process with the Quality and Safety Forum.
- To support the all Wales Healthcare support worker framework.

4.5 The Practice Development Midwifery (PDM) Team

The PDM has the responsibility for the planning and coordinating of the education and mandatory training sessions for all post-registration midwives and MSW/HCAs. This role consists of developing the content for the training sessions as identified in relation to the needs of the maternity service in the community and hospital environment in line with the Training Need's Analysis Matrix (TNA, see appendix. The PDM will also provide support for the newly qualified midwives, new to the health board midwives or midwives who wish to consolidate a new skill, in the clinical setting. The PDM ensures that the training database is updated following each mandatory training session.

The SIFT Midwife role

The role of the SIFT funded Midwife Lecturer is to work under the guidance of the designated SIFT consultant to collaboratively create a programme of learning experiences for fourth year Cardiff Medical School students during their Obstetrics and Gynaecology placement. The Sift Midwife Lecturer may provide pastoral support, placement guidance as well as facilitated learning in the clinical area, skills suite, and the classroom.

The Midwife Lecturer may also be designated as an educational supervisor for a small number of students ensuring they achieve all learning outcomes as specified by Cardiff Medical School, completing their end of placement interview, and liaising with the University regarding any concerns.

The role also entails promoting the education of 4th year medical students during this block, providing supporting and encouragement to those overseeing them in practice particularly with regards to assessments and any concerns that may arise.

4.6 Clinical Governance Team

The Clinical Governance Team consists of a Governance Matron, Clinical Risk Midwives which are based on both sites POW/PCH and also the Senior Midwifery Team.

The role of the Governance Team is to lead on all incidents within datix ensuring these incidents are reviewed in a timely manner. Cases which are reported as Moderate have an SBAR created and are discussed on a weekly

basis in an MDT meeting where both our clinical obstetric lead for risk and our clinical lead for anaesthetics attends to review the care and provide their opinion on whether the care was managed appropriately and in line with guidelines. These cases then go our Senior Maternity Team for final approval and agreement of learning/actions. Where applicable cases which trigger as a Serious Incident have a rapid review meeting with senior MDT input and investigators are allocated and this is then reported to WAG within the required deadlines.

Staff who are identified as being involved in providing care are contacted to provide a statement and the aim is for the review to be completed within 60 working days. The report goes through a very robust QA process and then has sign off corporately before being fed back to the women and their families and also the staff.

All staff need to ensure they are aware of how to report incidents within Datix and training is provided when they commence employment. Updates should be provided on a yearly basis where staff can be given a refresher on how to report incidents and also it gives the team an opportunity to feedback any themes or incidental learning from reviews. This is also an opportunity to the feedback any findings from any National Reports e.g. MBBRACE.

The Governance Team works closely with the Clinical Supervisor of Midwives to ensure any learning is fed back to staff whether that is through weekly themes and trends/ safety briefs or lunch and learns. Occasionally cases are discussed through audit also where this gives an opportunity for wider learning and further discussions.

Training to conduct RCA training will be available on ESR going forward so senior members of the Midwifery/ Obstetric team can undertake the training in order to contribute to any ongoing reviews.

4.7 Ward Managers/Team Leaders

Ward managers and community team leaders are responsible for ensuring that their team is allocated to training via the rostering system so that no clinical commitments are allocated. Team leaders and ward managers will be responsible for investigating non-attendance at training and will ensure the attendee is re-booked for the next available training session.

Non-attendance on a mandatory training day for clinical need must be agreed by the DHOM or HOM.

Ward managers and team leaders are also responsible for clinical equipment training in their area i.e. Biliometers in community or IV devices

within the labour ward setting. This is to ensure that all team leaders and ward managers are aware and satisfied that their teams are competent and safe to use the equipment provided for everyday use.

4.8 Fetal Surveillance Midwife

The Fetal Surveillance Midwife (FSM) is responsible for coordinating and facilitating training in all aspects of fetal monitoring during the Antenatal and Intrapartum period for Obstetricians and midwives. This includes training in GAP and GROW as well as ensuring Perinatal Institute GAP e learning compliance. The role includes development of training packages for intrapartum fetal monitoring in line with All Wales Fetal Surveillance standards to be used in both low risk and acute settings. The role also involves facilitating sessions and coordinating the team of Fetal Monitoring champions to provide training and support within the working environment.

The role also involves participation in coordinating reflection teaching sessions in a virtual format across sites to enable staff to achieve compliance in CTG passport scheme.

The FSM ensures the training database is updated following each mandatory teaching session as well as following weekly reviews of Perinatal Institute database.

4.9 Infant Feeding Coordinator

The Infant Feeding Co-ordinators plan and deliver education on infant feeding and the importance of early relationships to childhood development. They maintain a written curriculum for staff education programme and that clearly covers all of the standards. Training is to all staff groups, midwives, nursery nurses, MSWs, health care assistants, paediatrics and obstetrics. They maintain a database of infant feeding training

The external UNICEF BFI assessments and annual audits of both staff and mothers drives the renewal of annual training programme.

4.10 Clinical Supervisors

Clinical supervision for midwives aims to motivate and support midwives to embrace the quality and safety culture that improves outcomes for women and their families. This will include the facilitation of a strong interface between clinical supervisors, risk management personnel, practice development midwives and clinical governance structures within Health Board to ensure learning from events is embedded in practice and that any themes or trends identified are acted upon. Clinical supervisors will provide this through two core elements: - group supervision and individual support

Supervision is beneficial during critical moments in midwives career e.g. when there is a change in role, long term sickness absence, the return from maternity leave career advice and guidance.

In addition to the yearly mandatory requirement of four hours per year the participation in yearly/ongoing audits is a requirement of the NMC code. The clinical supervisor will facilitate a documentation audit that will support your compliance.

4.11 Safeguarding Midwife

The Safeguarding Midwife has the responsibility for the planning and coordination of safeguarding education for all post-registration midwives and MSW/HCAs.

The Safeguarding Midwife's role is to offer midwives advice, guidance and support around safeguarding and to promote a non-judgemental service to care for our most vulnerable women and their families. The role involves safeguarding supervision with the community teams and offering specific training to the acute and community settings. The safeguarding midwife works closely with other colleagues in health, the safeguarding cooperate team, children services and our local domestic abuse services to offer up to date training and advice to the midwifery team .

4.12 Diabetes Midwife

The Diabetes Midwife has the responsibility to educate and update post-registration midwives and support newly qualified and students regarding diabetes care management in pregnant women. This role consists of consolidating evidence based guidance across CTMHB, working alongside diabetes teams to unify care processes.

Providing diabetes support to core and community teams alike in all aspects of diabetes care management, in antenatal, labour and postnatal period, to meet the needs of the maternity service. Providing annual teaching and update at ward level and lectures, and most recently online learning tools in aspects of diabetes care, such as Diabetes in Pregnancy Learning Package 1 and Hypoglycaemia in Pregnancy. Five Diabetes Champions have also been recruited with an aim to support ongoing teaching and new developments in diabetes care.

The PDM ensures that the training database is updated following each mandatory training session.

4.13 Bereavement Midwife

The bereavement midwife is responsible for coordinating and facilitating training in bereavement care, pregnancy loss remains management, and post mortem consent for Obstetricians and Midwives. The role includes managing a caseload of bereaved families, in addition to leading on, and overseeing all aspects of the bereavement service across the health board, ensuring the delivery of gold standard bereavement care.

The role also involves acting as the lead within midwifery alongside the risk matron for perinatal mortality reviews (PMRT). PMRT is a UK wide perinatal review tool used to review cases of stillbirth and neonatal death following robust reporting to MBRACE.

The bereavement midwife also acts as the PD for the obstetric Human Tissue Authority licence (HTA licence) and cascades the necessary education around HTA policies to all clinicians via training sessions, ensuring compliance is monitored through regular audit and inspection.

'Pregnancy loss and the death of a baby'' training sessions are held on a three monthly basis and include a rounded approach to bereavement care training in keeping with national standards, these sessions are inclusive of live patient stories, memory making workshops and guest speakers from SANDS and 4Louis charity.

Pregnancy loss remains (PLR) management sessions in keeping with the health board HTA licencing are available as a self-directed package via maternity file share, and should be undertaken annually by all registered clinicians. The competency tool is emailed back to the bereavement midwife who monitors compliance via an annual database.

Post mortem consent training is available virtually and is open to all registrants from obstetrics, gynaecology and neonates. Training must be repeated every two years, and training is only valid if undertaken in Wales by a registered trainer. Compliance is monitored by a traffic light system database and staff will receive an email when they are approaching a lapse in compliance, and advised of the next available training session.

4.14 Perinatal Mental Health Midwife

The Perinatal Mental Health specialist midwife is employed by the Perinatal Mental Health Team (PMHT), and so will provide additional midwifery support for those clients who come under the remit of the perinatal mental health team, working alongside the named midwife. Part of the role is provide a link between the two different services. The PMH midwife is also responsible for promoting mental health awareness – maternal, paternal and infant and the wider family. The PMH midwife is a source of knowledge,

and will support other health professionals through education and training, thus promoting mental health and wellbeing.

5. TNA Compliance

To maintain a high standard of training and education within CTM maternity, the TNA compliance will be reported on monthly by each of the specialist groups i.e. **CTG, PROMPT, GAP/GROW, ESR** and shared via the Maternity Workforce and Development Forum. This will in turn help to identify any concerns/issues that could arise when trying to provide training and its effects on the overall compliancy.

6. Guideline Review

The Maternity Training Needs Analysis and Training Matrix Clinical Guideline will be reviewed every 4 years in line with the renewal of the year 2 mandatory training programmes, or sooner if required.

6. References

Appendix A – Training Needs Analysis Matrix

Staff Group						Midwifery				Support Group			Medical/Obstetrics			
Training Topic Relevant to role	Trust training	Update frequency	Expected attendance or compliance %	Mandatory	Optional	Midwives	CMW	ANC MWs	MLU MWs	Health Care Assistants	Nursery nurses & Infant feeding advisors	Consultants	Registrars	SHOs	Anaesthetists	
**trust training requirements 95% compliance PDR annually trust compliance 100%																
Obstetric emergencies																
Antepartum or/& Postpartum Haemorrhage	✓	Annually	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓	
Cord prolapse	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓	
Maternal collapse –BLS update	✓	Annually	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓	
Sepsis	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓	
Pre-eclampsia	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓	
Shoulder Dystocia	✓	Annually	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓	
Vaginal Breech	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓	
Neonatal emergencies																
Neonatal Resuscitation-NLS update	✓	Annually	95%	✓		✓	✓	✓	✓	✓		✓	✓			
Neonatal Advanced Life Support - NALS		4 yearly	n/a		✓	✓	✓	✓	✓	✓		✓	✓		✓	
Emergency training																
PROMPT Wales (Practical Obstetric Multi-Professional Training)	✓	Annually	>95%	✓		✓	✓	✓	✓	✓		✓	✓		✓	
Adult Resuscitation - ILS	✓	Annually	n/a		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Fetal monitoring and surveillance																
CTG Study day/session	✓	Annually	>95%	✓		✓	✓	✓	✓			✓	✓			
CTG 5 Case reviews/meetings	✓	Annually	>95%	✓		✓	✓	✓	✓			✓	✓			
CTG Review - at PDR/Annual appraisals	✓	Annually	100%	✓		✓	✓	✓	✓			✓	✓			
GAP & GROW		Annually	>95%	✓		✓	✓	✓	✓			✓	✓			

Staff Group						Midwifery				Support Group		Medical/Obstetrics			
Training Topic Relevant to role	Trust training	Update frequency	Expected attendance or compliance %	Mandatory	Optional	Midwives	CMW	ANC MWS	MLU MWS	Health Care Assistants	Nursery nurses & Infant feeding advisors	Consultants	Registrars	SHOs	Anaesthetists
**trust training requirements 95% compliance PDR annually trust compliance 100%															
Maternity Mandatory Training															
Infant feeding	✓	Annually	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓
Bereavement	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓
Mental Health in pregnancy	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓
Antenatal screening	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓
Safeguarding Level 3	✓	3 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓
Minimising 3rd & 4th degree tears	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓		✓	✓		✓
Episiotomy & suturing CMW only	✓	2 yearly	95%	✓		✓									
Episiotomy & suturing update for Hospital MWS	✓	2 yearly	n/a		✓	✓									
Medicines Management	✓	Annually	>95%	✓		✓									
Manual handling assessment	✓	2 yearly	95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Documentation and record keeping	✓	Annually	100%	✓		✓									
Online mandatory training/ESR															
ANTT level 1		3 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Violence and Aggression (Module B)		3 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Better Blood Anti-D and blood transfusion		2 yearly	>95%	✓		✓	✓	✓	✓			✓	✓	✓	✓
Fire Safety		2 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Equality and Diversity		3 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Health and Safety level 1		3 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Infection Prevention		Annually	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Information Governance		2 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moving and Handling level 1		3 yearly	>95%	✓		✓	✓	✓	✓	✓	✓				
Safeguarding adults level 2		3 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Safeguarding children level 2		3 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Violence against women, domestic abuse and sexual violence		3 yearly	>95%	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix B:

Failure to attend allocated Mandatory Training Days Guide

