The Maternity Safety Training Fund: An Evaluation

Health and Social Care Evaluations (HASCE)

December 2018

The evaluation project was commissioned by Health Education England.

This report was authored by Dr Tom Grimwood and Dr Laura Snell at Health and Social Care Evaluations (HASCE), University of Cumbria.

Executive summary

Context

Following the publication of *Better Births* (National Maternity Review, 2016), and to support the Government's target of halving stillbirths, neonatal and maternal deaths by 2025, Health Education England introduced the Maternity Safety Training Fund to distribute over £8.1 million to NHS trusts with maternity services in England. The purpose of this initiative was to fund multidisciplinary training to improve maternity safety and care for mothers and babies. Health and Social Care Evaluations was commissioned to conduct an evaluation of the impacts and outcomes of the Maternity Safety Training Fund.

Methodology

The evaluation was based on a realist methodology and used a mixed methods approach:

- Quantitative analysis of the survey data collected by Health Education England from 128 trusts in 2017/2018.
- Qualitative data collection through semi-structured interviews with 10 trusts.

Findings

Contexts:

- In total, 30,945 training places were delivered through the Maternity Safety Training Fund.
- A wide range of maternity professional groups engaged with the training courses.
- The trusts selected 41 courses from the Maternity Safety Training Catalogue and the ten most popular courses were: PROMPT, Child Birth Emergencies in the Community, Human Factors in Healthcare Trainers Course, CTG Masterclass, Labour Ward Leaders Workshop, Resilience Training for Maternity Healthcare Professionals, Newborn Life Support (NLS), Management of Labour Ward, Advanced CTG Masterclass and Maternal Critical Care.

Mechanisms:

- The funding of maternity safety training, both prior to the initiative and in the future, can be an issue for some trusts.
- Courses delivered in face-to-face formats with multi-professional groups were particularly valued by the trusts.

Outcomes:

- The trusts have successfully incorporated their learning and training skills into their mandatory programmes.
- The maternity safety training has impacted on everyday practice through: increasing confidence and empowering the maternity staff; enhancing skills, knowledge and awareness; improving multi-professional working and communication; improving patient safety; and encouraging cultural change.

Conclusions and Recommendations

- The Maternity Safety Training Fund has enabled a significant number of maternity staff to be trained, across many professional groups, and on a broad range of courses.
- The funding initiative presented a unique opportunity for the trusts to upskill their workforce and develop pathways for sustaining the learning through extending their mandatory training programmes, creating champions and training staff in key positions to disseminate the knowledge through everyday practice.
- Positive outcomes and sustainable learning can be achieved through identifying relevant maternity staff to train, selecting courses to meet the contextual needs of the service, training staff through face-to-face mechanisms with multi-professional groups, and disseminating the learning through mandatory training programmes.
- Ongoing financial support is needed to ensure that the benefits of the funding initiative and the impacts of the maternity safety training are sustained in the future.

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Acronyms

AHP	Allied Health Professional
ALSO	Advanced Life Support in Obstetrics
CPD	Continuing Professional Development
CTG	Cardiotocography
EaSi	eLearning and Simulation for Instrumental Delivery
eFM	Electronic Fetal Monitoring
GAP	Growth Assessment Protocol
GP	General Practitioner
HEE	Health Education England
HASCE	Health and Social Care Evaluations
LMS	Local Maternity Systems
MLU	Midwifery Led Unit
MSTF	Maternity Safety Training Fund
NLS	Newborn Life Support
O&G	Obstetricians and Gynaecologists
ODA	Operating Department Assistant
ODP	Operating Department Practitioner
PROMPT	PRactical Obstetrics Multi Professional Training
PTP	K2 MS™ Perinatal Training Program
RCM	Royal College of Midwives
ROBuST	RCOG Operative Vaginal Birth Simulation Training

1. Introduction

Health and Social Care Evaluations (HASCE) was commissioned by Health Education England (HEE) to conduct an independent evaluation of their Maternity Safety Training Fund. The first section of this report will introduce the aims of the evaluation and contextualise the funding initiative provided by HEE.

1.1 Aims of the evaluation

The aim of this project was to provide an independent evaluation of the impacts and outcomes of training funded through HEE's Maternity Safety Training Fund (MSTF). The evaluation sought to examine how NHS trusts have improved quality and safety within maternity services and the wider impact for mothers and babies, and the maternity workforce, as well as how these improvements can be continued beyond the MSTF. The findings are intended to provide evidence and recommendations to inform future policy decisions in this area.

1.2 Context

Following a national review of maternity services in 2016, *Better Births – Improving outcomes for maternity services in England* set out the vision for maternity services across England to 'become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances' (The National Maternity Review, 2016: 8).

The Maternity Transformation Programme was established to achieve the vision set out in *Better Births* by focusing on nine work streams: supporting local transformation; promoting good practice for safer care; improving access to perinatal mental health services; increasing choice and personalisation; improving prevention; transforming the workforce; sharing data and information; harnessing digital technology; and reforming the payment system.

1.3 Maternity Safety Training Fund

In 2016, the Maternity Safety Training Fund (MSTF) programme was introduced by the Department of Health and Social Care with the aim of delivering multi-disciplinary training to improve maternity safety and care for mothers and babies. This training fund initiative was incorporated into the 'promoting good practice for safer care' work stream of the Maternity Transformation Programme.

HEE distributed £8.1 million to NHS trusts with maternity services in England and created a catalogue of maternity safety training courses (see section 1.4 below). All trusts with maternity departments were invited to apply for the funding in order to implement multidisciplinary training; they could select courses from the Maternity Safety Training Catalogue or relevant courses from other providers. In total, 136 trusts were awarded funding through the MSTF, with 134 of these having maternity departments. The funding was awarded through regional Learning and Development Agreements with the intention that the training was to be completed by the end of March 2018.

1.4 Maternity Safety Training Catalogue

HEE's Maternity Safety Training Catalogue included 44 courses organised in eight main categories: Leadership; Fetal Growth; Fetal Monitoring; Team working and Communication; Team working and Skills and Drills; Skills and Drills; Cultural Capabilities; Other training/courses.

Table 1 (below) provides an overview of the 44 courses presented in the Maternity Safety Training Catalogue:

SKILL SET	COURSE NAME
Leadership	Management of Labour Ward
	Leadership - Everybody's Business
	Leadership Framework: from Theory to Practice
	Labour Ward Leaders Workshop - working together for safer care
Fetal Growth	Growth Assessment Protocol (GAP Toolkit)
Fetal Monitoring	Electronic Fetal Monitoring (eFM)
	K2 MS™ Perinatal Training Program (PTP)
	CTG Masterclass: Intrapartum Assessment of Fetus and Management of Fetus at Risk of Intrapartum Hypoxic Injury
	Advanced CTG Masterclass - extended version of CTG Masterclass
	Assessment of Fetal Wellbeing
	Intrapartum Fetal Surveillance
	E-learning with certification
Team working & communication	Human Factors in Healthcare Foundation Course
	Human Factors in Healthcare Managers Course
	Human Factors in Healthcare Trainers Course
	Developing 'Human Factors Skills': Improving Safety and Outcomes in the Delivery Suite
	Maternal Critical Care
	Women's Health Patient Safety Day
	Communication Skills eTutorial
	Human Factors eTutorial
	Improving Workplace Behaviours eTutorial
	Giving Effective Feedback Presentation
	Human Factors Masterclass
Team working & Skills and Drills	PRactical Obstetrics Multi Professional Training (PROMPT)
	ROBuST: Train the Trainers
	RCOG Operative Vaginal Birth Simulation Training (ROBuST)
	Advanced Life Support in Obstetrics (ALSO): Provider and Instructor Courses
Skills and Drills	Basic Practical Skills in Obstetrics and Gynaecology
	Child Birth Emergencies in the Community: Essential Skills and Drills for Those Who Attend Home Births
	Vaginal Breech
	Intrapartum Management of Pre-eclampsia
	Caesarean Section
	An Introduction to Cytomegalovirus (CMV)
	Thermoregulation: keeping the baby at the right temperature
	e-Learning for Healthcare: Perinatal Mental Health
	Newborn Life Support (NLS)
	Intrahepatic Cholestasis in Pregnancy (ICP)
	The Deteriorating Postpartum Mother
	Introduction to Emergency Situations
	Haemorrhage eTutorial
	EaSi (eLearning and Simulation for Instrumental Delivery)
	Intrapartum Management of Multiple Pregnancy
Cultural Capabilities	Resilience Training for Maternity Healthcare Professionals
Other training/courses	Reducing Avoidable Term Admissions

Table 1: Courses available in HEE's Maternity Safety Training Catalogue

2. Methodology

This section will outline the main research questions, the methodological approach to the evaluation, the quantitative analysis of the MSTF survey data, and the qualitative data collection through deep-dives with the trusts.

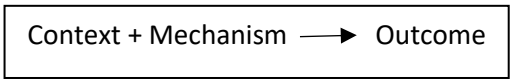
2.1 Research questions

The evaluation was designed to address three main research questions:

1. What was the impact of the funding?
2. How will Trusts ensure access to maternity safety training programmes/learning in the future and sustain the learning from these programmes?
3. What lessons can be learnt from this initiative?

2.2 Methodological approach

The approach to this evaluation was based on a realist methodology which involves forming and testing hypotheses on how the programme has been delivered (Pawson, 2013). Realist evaluation proposes that an outcome occurs because of the action of a mechanism, which operates in a particular context.



This approach involved identifying and linking together the contexts, mechanisms and outcomes of the MSTF initiative using the existing data gathered from the survey conducted by HEE and the qualitative data collected through the interviews with the Trusts.

2.3 Quantitative survey analysis

HEE distributed a survey to the 136 NHS trusts that were awarded funding through the MSTF. The survey questioned the trusts about the courses accessed, the number of people trained, the impact of the training, and their future commitments to maternity safety training. The survey was distributed in two phases via the Bristol Online Survey System, with 105 responses received in December 2017 and a further 25 responses in March/April 2018. Although the survey received 130

responses in total, it was identified that some of the trusts had responded twice at different stages of the data collection. Therefore, the survey contained data provided by 128 trusts, giving a response rate of 94.1%.

An interim report was produced by HEE in March 2018 to display the findings for the initial 105 survey responses collected in December 2017. The quantitative analysis in this report will present the findings for all 128 trusts. It should be noted that the data presented here was correct at the time when the organisations completed the survey in either December 2017 or March/April 2018. In addition, it should be noted that some of the organisations did not complete all parts of the survey questions and, therefore, the data displayed in this report is based on their actual responses.

The survey data for the trusts was configured into *contexts, mechanisms* and *outcomes*. This enabled the researchers to identify relationships between the data that suggested causality. The data was thus used to develop hypotheses about the reported outcomes and training in order to guide the qualitative data collection. In this way, interviews were theory-driven in order to explore the knowledge created by the survey in localised detail.

2.4 Qualitative interviews

The second stage of data collection involved conducting semi-structured interviews with 10 trusts.

2.4.1 The selection of NHS trusts

This evaluation was not designed to provide representative data due to the variation between the trusts and their training strategies. Instead, the strategy for identifying trusts was designed to capture variations and contextual differences in delivery, and use this to build a picture of what has worked for who in terms of the training fund overall. As such, we followed Sandall et al.'s (2014) findings that clinical maternity outcomes are related to the level of area deprivation, the size of the trust and the safety culture. Demographic data, NHS Workforce Statistics and Care Quality Commission (CQC) reports were used to initially identify 20 trusts to approach for the deep-dive data collection. The 20 trusts were selected as follows:

- 3 trusts in areas of high deprivation
- 3 trusts in areas of low deprivation
- 3 trusts with 'outstanding' CQC results

- 3 trusts with 'inadequate' CQC results
- 1 trust with a 'good' CQC result
- 1 trust with 'requires improvement' CQC result
- 3 'large' trusts (calculated by total number of midwives)
- 3 'small' trusts (calculated by total number of midwives)

Due to the time constraints of the project, and the time taken to respond by some trusts, following dialogue with HEE a further seven trusts were identified using the same criteria.

2.4.2 Recruiting the participants

HEE sourced the relevant contacts for each of the trusts identified through the initial selection process and the HASCE research team then approached each contact to invite them to take part in an interview. The participants were provided with an information sheet outlining the research process, and they also signed a consent form.

Due to a delayed response from some of the trusts when confirming contact details, a total of 13 trusts were approached for interview during the month of November. From this initial contact, 10 trusts accepted the invitation to participate in the evaluation. Following a discussion with HEE, it was agreed that 10 deep-dive interviews would be sufficient to provide a robust evaluation of the impacts and outcomes of the MSTF. Appendix 1 provides a synopsis of the 10 trusts involved in the qualitative data collection.

2.4.3 Conducting the interviews

The 10 interviews were conducted over the telephone and varied in length from approximately 25 minutes to 1 hour. All of the participants gave consent to audio record the interview for transcription purposes. The semi-structured design of the interviews allowed a template of questions to be used as a guide (see Appendix 2), but also gave participants the freedom to expand on their responses. Mason (2002: 67) suggests that interviewees often view this semi-structured approach 'like a conversation with a purpose'.

2.4.4 Analysing the data

The interviews were transcribed and anonymised to maintain confidentiality. Using the basic principles of thematic analysis (Braun and Clarke, 2006), the qualitative data collected through the interviews was categorised and coded to enable the identification of initial themes across the data. Following the realist methodology, the key themes were then configured across the categories of *contexts, mechanisms* and *outcomes*.

3. Findings

This section will present the findings from the analysis of the quantitative survey data and the qualitative data gathered through the deep-dive interviews with 10 trusts. As outlined in section 2.2, in order to allow the identification of causal relationships across the data, the findings have been configured as *contexts, mechanisms* and *outcomes*.

Table 2 provides an overview of the main themes and configurations identified across the data:

Contexts	Mechanisms	Outcomes
Rationale for decisions about funding/courses: - Multi-professional team approach - Specific needs of the Trust - Courses selected (catalogue and 'other') Identification of existing staff to train: - Key staff (e.g. leaders) - Staff in a position to disseminate learning - Open to all maternity staff	Flexibility of funding Difference the funding made to the Trust Format/delivery of training: - Face-to-face, e-learning - Multi-professional - Access to training places Empowering staff to train	Sustainable learning: - Changes to mandatory training programmes - Dissemination of learning Impacts on everyday practice: - Confidence - Skills & knowledge - Awareness - Multi-professional working - Communication - Team work - Change in practice - Patient safety - Cultural change

Table 2: Context, mechanism and outcome configurations of the main themes

In order to demonstrate how causal relationships were identified across the data, five examples of the Context (C), Mechanism (M) and Outcome (O) configurations are provided below:

- Trust 1 handpicked staff members in a position to influence change (C) and trained them on the face-to-face CTG course (M), which has enabled the dissemination of their learning within the maternity service (O).
- Trust 3 formed a multi-professional team to make decisions about the funding (C) and embraced the flexibility of the initiative by selecting face-to-face courses both from the catalogue and from external providers (M), which enabled them to create trainers to sustain the learning through their mandatory training programme (O).
- Trust 5 formed a multi-professional team to develop plans for a sustainable training model (C) and used the funding to train multi-professionals on a range of skills (e.g. human factors, fetal monitoring and ALSO) (M) which produced a positive cultural change within their maternity service (O), exhibited through improvements in communication, team working and patient safety.
- Trust 8 used a triangulation process (involving the consultant midwife, Risk and Governance, and maternity staff) to identify relevant courses (C) that could be delivered face-to-face and in-house to multi-professional groups (M), which has led to the staff feeling empowered through improvements in their communication and multi-professional working (O).
- Trust 10 identified the specific needs of their large maternity service (C) and used the funding to design a bespoke and sustainable training programme (M) with the aim of embedding team work within the culture of their organisation (O).

3.1 Contexts

This section will present data relating to the contexts of the maternity safety training, such as the trusts' rationales for their funding bid and the courses selected; the number of maternity staff and professional groups trained through the MSTF; and the strategies used by the trusts when identifying which staff members to train.

3.1.1 Rationale for decision-making about the funding

During the qualitative data collection, the trusts' rationales for their MSTF bids were explored, including their decision-making about the focus of training and the specific needs of their maternity service. A range of approaches emerged from this.

To ensure that the funding addressed all their learning needs within the maternity service, Trust 3 took a multi-disciplinary approach to their decision-making, as illustrated below:

> "First of all, we put a group, a multi-disciplinary team together, because this was about multi-disciplinary money and we wanted to make sure that everybody got equal access to the pot of that money, where they felt the need was. We had quite a varied team there to look at what we might spend the money on and what we might look at. We did choose some things from the catalogue that we wouldn't have had access to before. We also chose some outside of the catalogue that we felt that our organisation needed, to support the safety." (Trust 3)

Trust 5 also created a multi-professional group during the initial decision-making stage in order to ensure that the learning gained from the MSTF could be sustained through their in-house maternity training programme:

> "The prime purpose for us was that this money would be most likely a one-off fund. So, we had to, whatever we spent it on was about skilling people to be trainers internally, so that we could then sustain the training programme. We came up with five core days… I chaired a group called the Faculty of Multi-Professional Learning in Maternity,

> which we established. That had representation from anaesthetics, the ambulance service, obstetricians, midwives, our patient safety team, corporate leads within the trust and our operations and business management team within women's health. We met and basically mapped out what we wanted, and we came up with these five days." (Trust 5)

Other trusts reported contextual reasons for deciding to focus the training on certain skills. For example, Trust 9 concentrated on the detection of small babies and foetal surveillance due to concerns about high mortality rates across the region. Trust 1 was motivated to undertake training about the influence of human factors due to a serious incident, and Trust 7 focused on CTG interpretation due to an intrapartum death. Similarly, Trust 4 had previously commissioned an external review into their services due to a "higher than expected series of stillbirths and neo-natal deaths" and the report findings were used to guide their decision to focus the MSTF funding on training such as CTG interpretation skills. As Trust 4 explained:

"We were absolutely thrilled. This was phenomenal for us." (Trust 4)

> "When that report came back on the whole, they agreed that we weren't missing something, and we weren't practising really unsafely. But they did highlight some areas for improvement. [The report] was the basis of our bid." (Trust 4)

The rationale for Trust 6 was based on a review of their existing training programmes to establish how the MSTF award could be used to "enhance what we've got" and ultimately, to enable them to create champions in specific areas, such as human factors and CTG interpretation. Trust 2 used the findings from the Each Baby Counts research programme (Royal College of Obstetricians and Gynaecologists 2015) to guide their focus on human factors and resilience training.

In order to identify the specific needs of their service, Trust 8 utilised a triangulation process with input from the consultant midwife, risk and governance professionals, and the maternity staff:

> "I tried to identify what areas I originally wanted to spend some of the bid money on. Without sharing my opinion with anybody. I did that

> exercise, I sent the form around and asked the managers, what do you think we need to invest in? So, I tried to make them involved in the process. Then I went back to risk and governance and asked them what the key concerns and issues within the department were... Then we also put it out to the staff… I like triangulating. I don't like making the decisions just for myself and I feel very strongly that no clinical decision should be made without involving the clinicians. So, when it comes to training it is very much the same. It's very important that those who will be receiving the training have a say in what they want to hear about, more than just managers making decisions on their behalf." (Trust 8)

Furthermore, when making decisions about the selection of courses, Trust 8 was mindful of research and current issues within the field of maternity care:

> "We, as many other units in the UK, we know that research shows that we were having some trouble interpreting CTGs. Having disagreements between different classifications, so a lot of money went on to CTG training." (Trust 8)

In contrast, Trust 10 took a unique approach to their MSTF bid as they did not select courses from the training catalogue and instead, they used the funding to develop a bespoke training package focused on team work:

> "It was based on our adaptation of a US based programme called TEAMSTEPPS, which is an evidence-based team training programme which both developed team-based skills and behaviours, but also for those teams to lead change and improvement in their area of practise. It's a programme that we had been running in theatres for a year or two, which had obvious translation to the work undertaken within the maternity suite at [location]. So basically, it's an evidence-based programme that looks at principles of effective team structure, leadership and function. It has a number of tools and techniques which people can put into practise in their area, to meet their challenges or barriers that are put in front of them in terms of how

> they work effectively as a team under specific types of pressures." (Trust 10)

It was evident that instigating cultural change and ensuring sustainability were key drivers behind the development of this bespoke programme. While the approach to training was different to other trusts interviewed, the emphasis on cultural change involved emphasising multidisciplinary working in the context of specific Trust needs was similar. However, Trust 10 highlighted in their case the importance of allowing a bespoke training programme to address these needs in detail:

> "I think what we've done is introduce something which is truly innovative and sustainable and adaptable and dynamic, specific to the ongoing whatever needs arise. There's a true culture shift involved which attending off a catalogue of programmes will not address." (Trust 10)

3.1.2 Courses selected from the Maternity Safety Training Catalogue

As outlined in section 1.4, the Maternity Safety Training Catalogue contained 44 courses. In total, the trusts involved in this project selected 41 of these courses. Three e-learning courses were not selected by any organisation: Intrahepatic Cholestasis in Pregnancy; Human Factors eTutorial; Improving Workplace Behaviours eTutorial.

Table 3 shows the number of organisations that selected each of the 41 maternity safety courses:

Courses	Number of trusts that selected each course
Management of Labour Ward	33
Leadership - Everybody's Business	7
Leadership Framework - From Theory to Practice	3
Labour Ward Leaders Workshop - Working together for Safer Care	47
Growth Assessment Protocol (GAP Toolkit)	25
Electronic Fetal Monitoring (eFM)	8
K2 MS™ Perinatal Training Program (PTP)	21
CTG Masterclass: Intrapartum Assessment of Fetus and Management of Fetus at Risk of Intrapartum Hypoxic Injury	48
Advanced CTG Masterclass - extended version of CTG Masterclass	33
Assessment of Fetal Wellbeing	3
Intrapartum Fetal Surveillance	9
Fetal Monitoring - e-Learning with Certification	6
Human Factors in Healthcare Foundation Course	24
Human Factors in Healthcare Managers Course	16
Human Factors in Healthcare Trainers Course	51
Developing Human Factors Skills: Improving Safety and outcomes in the Delivery Suite	22
Maternal Critical Care	32
Women's Health Patient Safety Day	6
Communication Skills eTutorial	5
Giving Effective Feedback Presentation	2
Human Factors Masterclass	11
PRactical Obstetrics Multi Professional Training (PROMPT)	63
ROBuST: Train the Trainers	10
RCOG Operative Vaginal Birth Simulation Training (ROBuST)	9
Advanced Life Support in Obstetrics (ALSO): Provider and Instructor Courses	17
Basic Practical Skills in Obstetrics and Gynaecology	4
Child Birth Emergencies in the Community; Essential Skills and Drills for those who attend home births	54
Vaginal Breech	7
Intrapartum Management of Pre-eclampsia	3
Caesarean Section	2
An Introduction to Cytomegalovirus (CMV)	1
Thermoregulation: keeping the baby at the right temperature	3
e-Learning for Healthcare: Perinatal Mental Health	11
Newborn Life Support (NLS)	41
The Deteriorating Postpartum Mother	3
Introduction to Emergency Situations	1
Haemorrhage eTutorial	2
EaSi (eLearning and Simulation for Instrumental Delivery)	1
Intrapartum Management of Multiple Pregnancy	4
Resilience Training for Maternity Healthcare Professionals	42
Reducing Avoidable Term Admissions	11

Table 3: Total number of trusts that selected each course

Figure 1 presents the ten most popular maternity safety courses selected by the trusts:

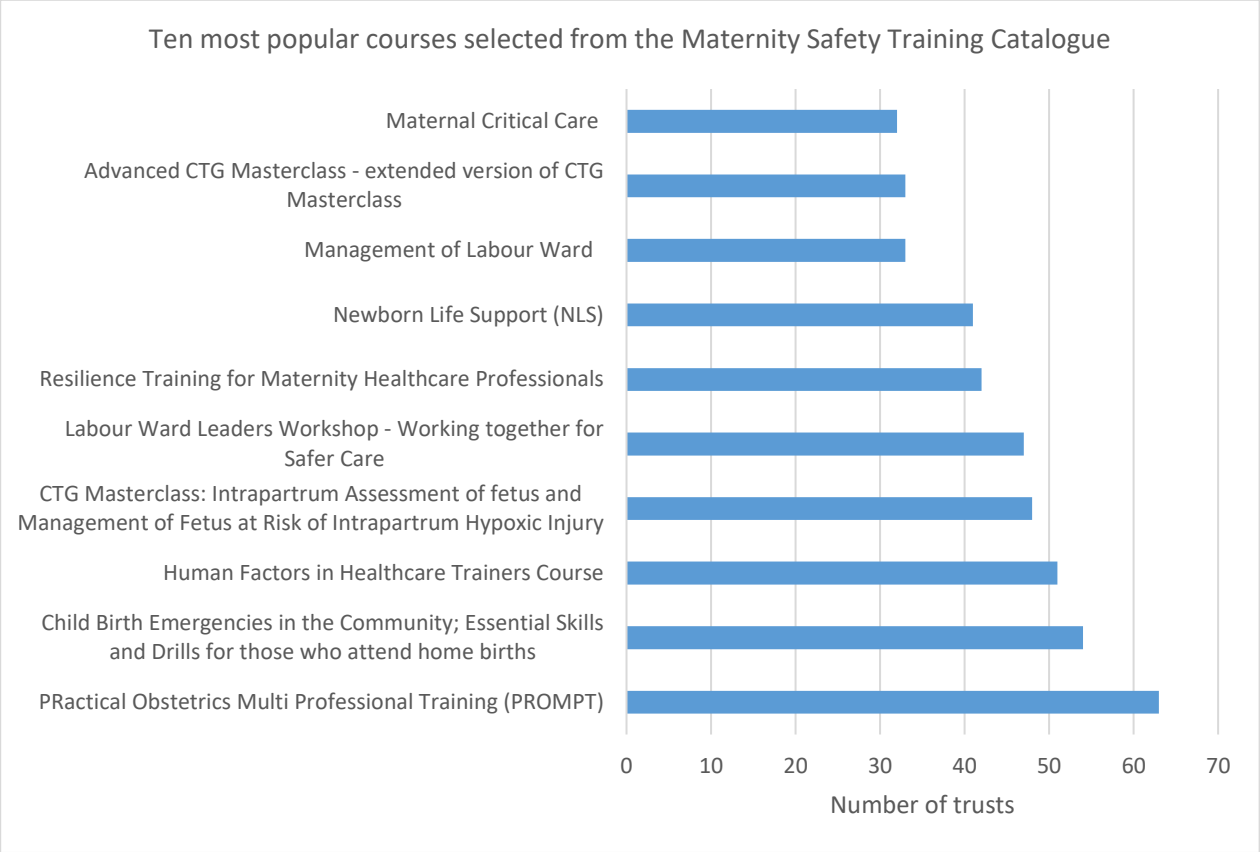


Figure 1: The ten most popular courses selected by the trusts

3.1.3 Number of maternity staff trained

The total number of training places delivered through the MSTF was 30,945. This figure consists of 26,161 training places on courses provided through HEE's Maternity Safety Training Catalogue, and a further 4,784 training places on other courses by different providers.

Figure 2 shows the total number of maternity staff trained on each of the 41 courses selected from the Maternity Safety Training Catalogue.

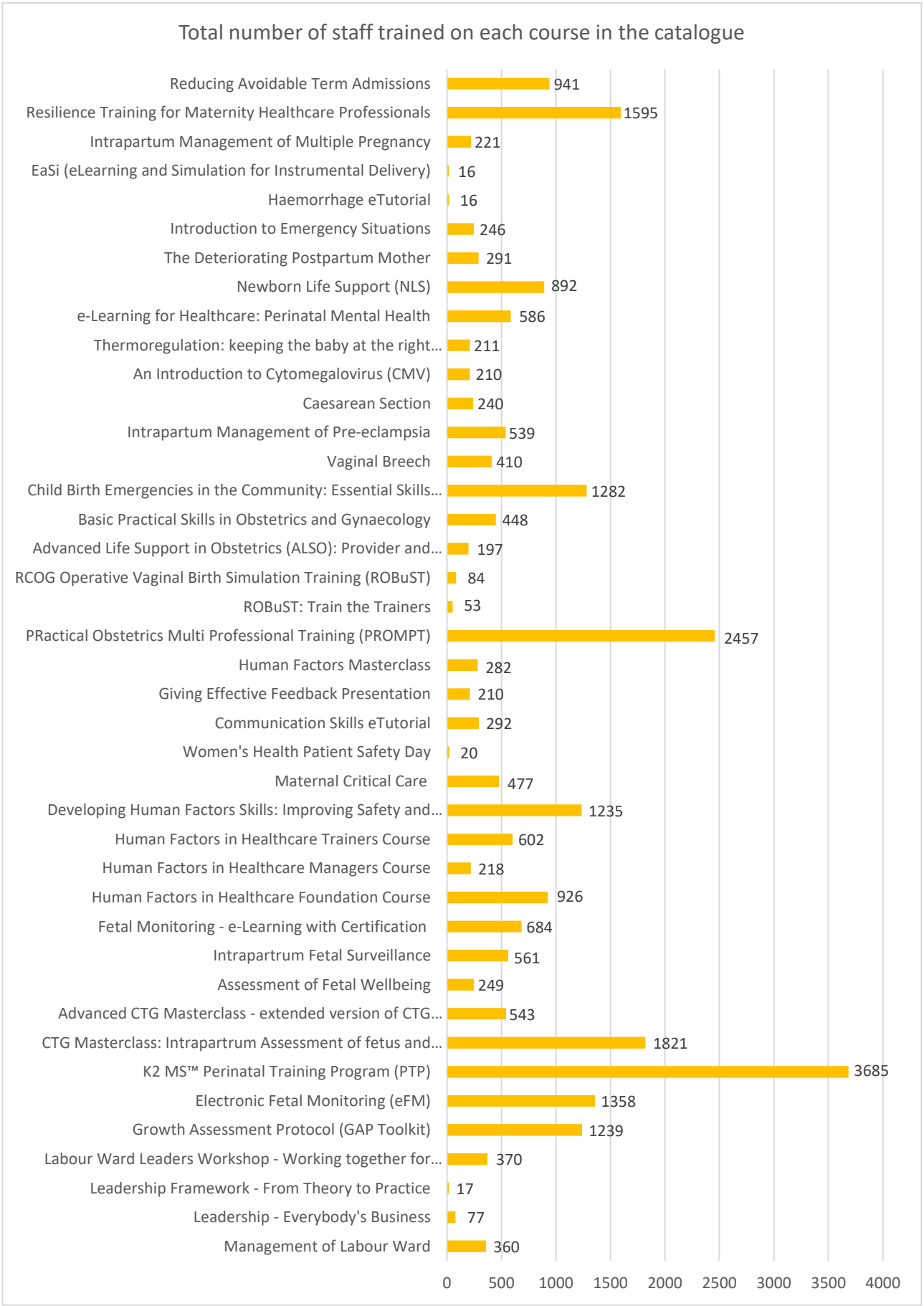


Figure 2: Number of training places accessed for each course in the Maternity Safety Training Catalogue

In terms of the number of training places accessed through the MSTF, Table 4 shows the ten courses that trained the most maternity staff:

Course	Number of training places accessed
K2 MS™ Perinatal Training Program (PTP)	3685
PRactical Obstetrics Multi Professional Training (PROMPT)	2457
CTG Masterclass: Intrapartum Assessment of Fetus and Management of Fetus at Risk of Intrapartum Hypoxic Injury	1821
Resilience Training for Maternity Healthcare Professionals	1595
Electronic Fetal Monitoring (eFM)	1358
Child Birth Emergencies in the Community; Essential Skills and Drills for those who attend home births	1282
Growth Assessment Protocol (GAP Toolkit)	1239
Developing Human Factors Skills: Improving Safety and outcomes in the Delivery Suite	1235
Reducing Avoidable Term Admissions	941
Human Factors in Healthcare Foundation Course	926

Table 4: The ten courses that trained the most maternity staff

3.1.4 'Other' courses accessed through the MSTF

Some of the trusts used their funding to access 4784 training places on 'other' courses not listed in the Maternity Safety Training catalogue. Table 5 shows the wide range of other courses selected:

'Other' course titles
Active birth programme
ALERT Course
ALSO Training
Antenatal CTG study day
APEC
Aromatherapy Safety Training
Baby Buddy
Baby Buddy Champion training
Baby Friendly Accreditation Training
Baby Life Line Care of the Deteriorating Childbearing Woman
Baby Life Line CTG
Baby Life Line Predict to Prevent
Balint Supervision

Better Births
Birth Rights
Birth trauma resolution
Birthrights for Safer Maternity Care
Birthrights legal issues in maternity safety
Birthrights training by Baby Lifeline
Bond Salon - Record Keeping
Bond Solon RCA training
Bos testing
Breech conference, 2 day course
Brief intervention smoking cessation
Capsticks Risk Management
Cell Salvage training for Obstetric Theatre Staff
Clinical leaders team building day
Coaching for Improvement
Collective Leadership Training
Community Midwife SIM
Consultant to provide scan teaching for junior obstetric staff
Creating a Learning Culture
Designated midwife for GAP programme implementation
Diabetes specialist Midwife
Duty of Candour Training
Early recognition of sepsis
Enhancing personalisation and safety in midwifery led settings
Enhancing safe, personalised care in midwifery led settings
Examination of the Newborn
Fetal heart and outcome study day - Professor Redman
GIC instructor course for NLS (newborn life support)
HDU Masters Module
High Dependency Practice for Midwives - UWL
High Performing Team Assessment
Human Factors Course
Human Given Courses
Hypnobirthing
In-house extended PROMPT
Intelligent IA for safe care in Midwifery led setting
International Confederation of Midwives Conference
K2
Lifestyle clinic
Local Leadership for Band 7 and 8
Mandatory CTG training - half day
Manikin for training
Maternal AIMS
Maternal and Neonatal Health Safety Collaborative
Maternal and Neonatal Safety Collaborative
Maternal Critical Care
Maternal Pathophysiology study day
Maternity Emergencies Simulation Training
Maternity Simulation Faculty Training
MESH community emergencies training
MIST - Midwifery stabilisation training for the neonate
MOET Course
MU net enhancing personalised care day 2 optimising normality in low risk birth settings
MUSIC course

National Perinatal Training
NCSCT brief intervention for pregnant women on-line training
NESTLED Sim training
NLS General Instruction Course
Optimising Birth Outcomes
Perinatal Mental Health
Perinatal mental health study day
Perinatal mental health - a multi-agency workshop
Pre Hospital PROMPT
Predict to Prevent
Predict to Prevent- Baby Life Line
PROMPT manuals for PROMPT3
RCA Training
RCM developing personal effectiveness: leadership
RCOG Fetal Medicine & Advanced Ante natal care
RCOG Midwives & Obs
RCOG Risk and Mediolegal Issues in Women's Healthcare
REACT - own course
Recognising the Acutely Deteriorating Pregnant woman
Resilience training full day
Resolve Restorative Practice training
Safeguarding Supervision Skills
Safer Care in Midwife Led settings
Safer care in Midwifery led units (3 individual days)
Safety in the Midwifery Led Care Setting
Sands
SCReaM (Surrey Crisis Resource Management training)
SimMum - implementation and evaluation of team training in acute obstetric emergencies using SimMum in a hi- fidelity simulation environment
Simulator mannequin
Skills and Drills in Midwifery Led Setting
STAN e-learning package
Team STEPPS Master Trainer
Teambuilding course for band 7 on d/suite
TeamSTEPPS Education days
Team working and communication
Third Trimester Scanning and Anomaly, Growth and Doppler Training
Third trimester screening for healthcare professionals
Third Trimester ultrasound scanning
Third trimester ultrasound course for Midwives
TRIM Practitioners Course
UCLH/LAS Joint Maternity Emergency training
Ultrasound Course
Ultrasound scanning course
Whose Shoes
Whose Shoes - service user engagement for service development
'Whose Shoes' Communication Workshop
Whose Shoes Conference
2 day bespoke 'Better Births, Better Training' programme - cross boundary training for Lancashire and South Cumbria Local Maternity System
3rd Trimester Ultrasonography

Table 5: Other courses funded by the MSTF

3.1.5 Professional groups trained

It is evident that the trusts engaged in a range of multi-professional training courses, and qualitative data confirmed that multi-professional engagement as a key impact. The charts displayed in this section will provide details about the professional groups trained for each of the ten most popular courses.

The data relating to the professional groups trained on the other 31 courses selected from the catalogue is presented in Appendix 3.

PRactical Obstetrics Multi Professional Training (PROMPT)

This course was selected by 63 Trusts and trained 2457 maternity staff members. Figure 3 shows that most of the people trained on this course were medical O&G and anaesthetists, along with midwifery staff including secondary care, managerial, specialist, community and perinatal. In addition, a range of maternity support staff, medical, nursing and AHP staff accessed the course.

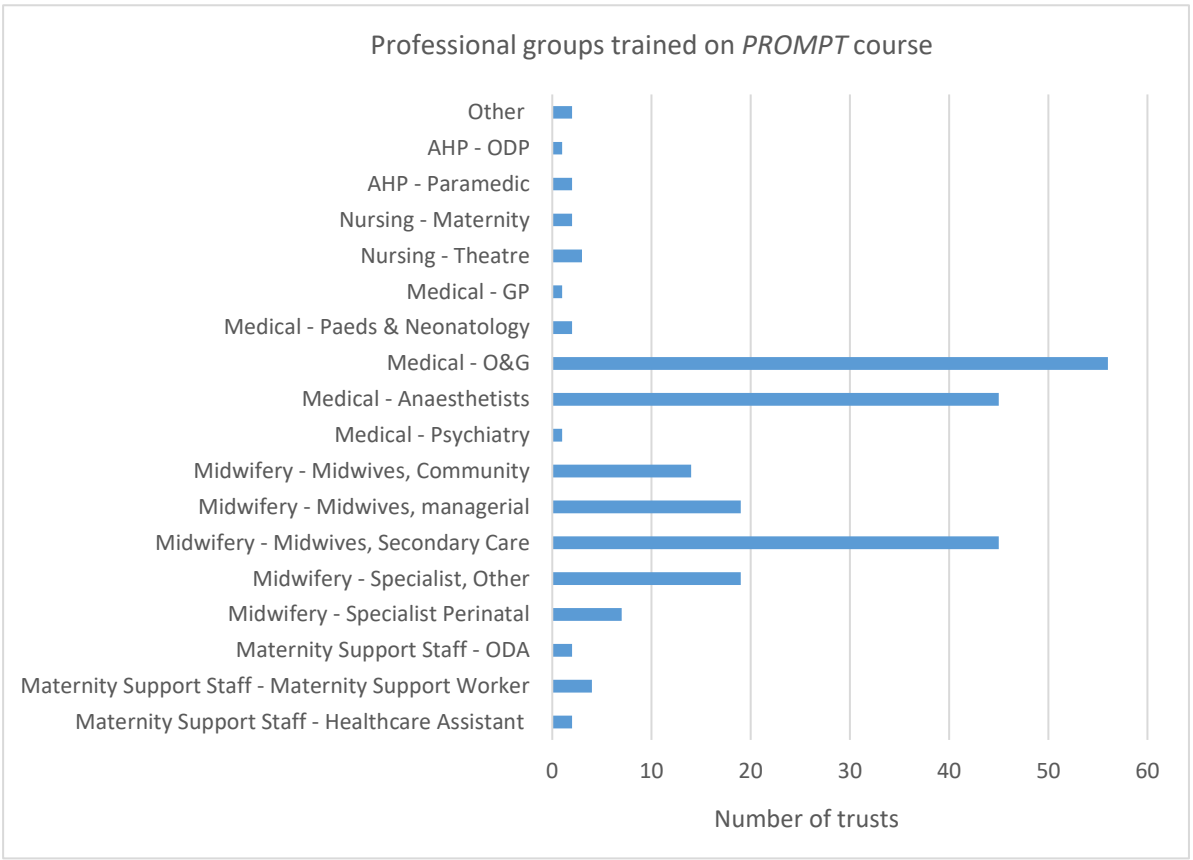


Figure 3: Professional groups reported by trusts to have accessed the *PROMPT* course

Child Birth Emergencies in the Community; Essential Skills and Drills for those who attend home births

This course was selected by 54 Trusts and trained 1282 maternity staff members. As shown in Figure 4, community midwives, along with other maternity staff such as secondary care, managerial, specialist, support staff and healthcare assistants were the most common attendees. In addition, a few medical and AHP staff accessed this course.

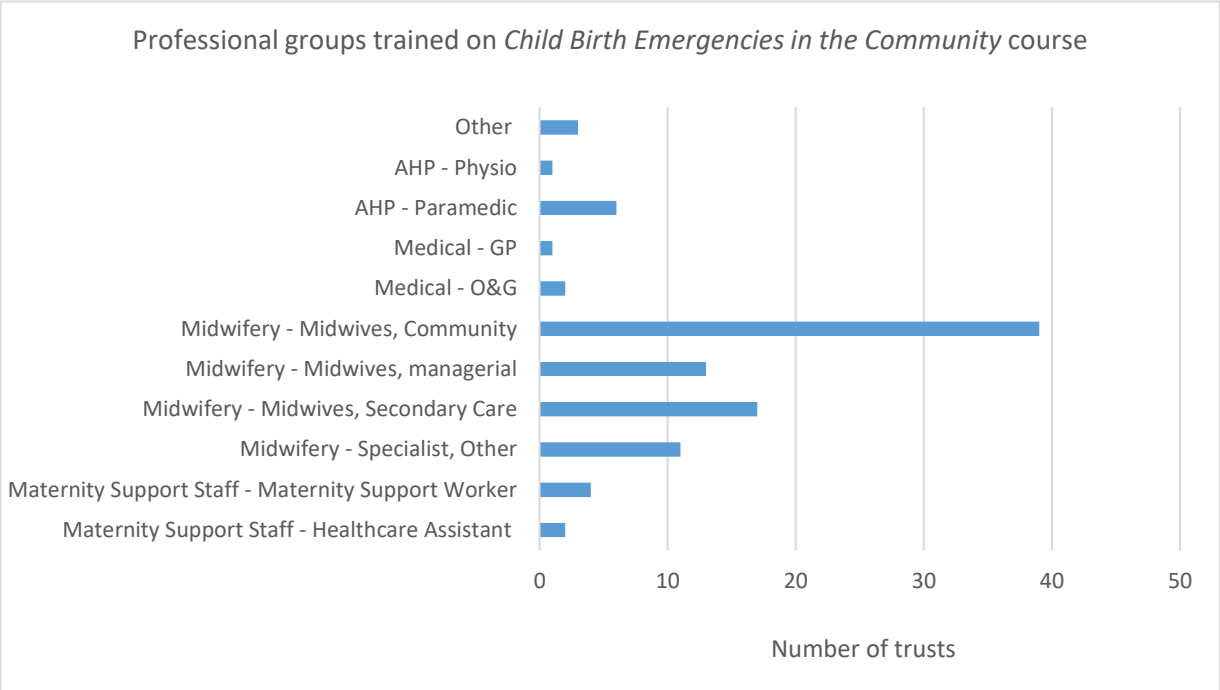


Figure 4: Professional groups reported by trusts to have accessed the *Child Birth Emergencies in the Community* course

Human Factors in Healthcare Trainers Course

This course was selected by 51 trusts and trained 602 maternity staff members. Figure 5 shows that the majority of staff trained were medial O&G and anaesthetists, along with a range of midwifery staff including secondary care, managerial, specialist, community and perinatal. In addition, maternity support staff, nursing staff and AHPs were trained.

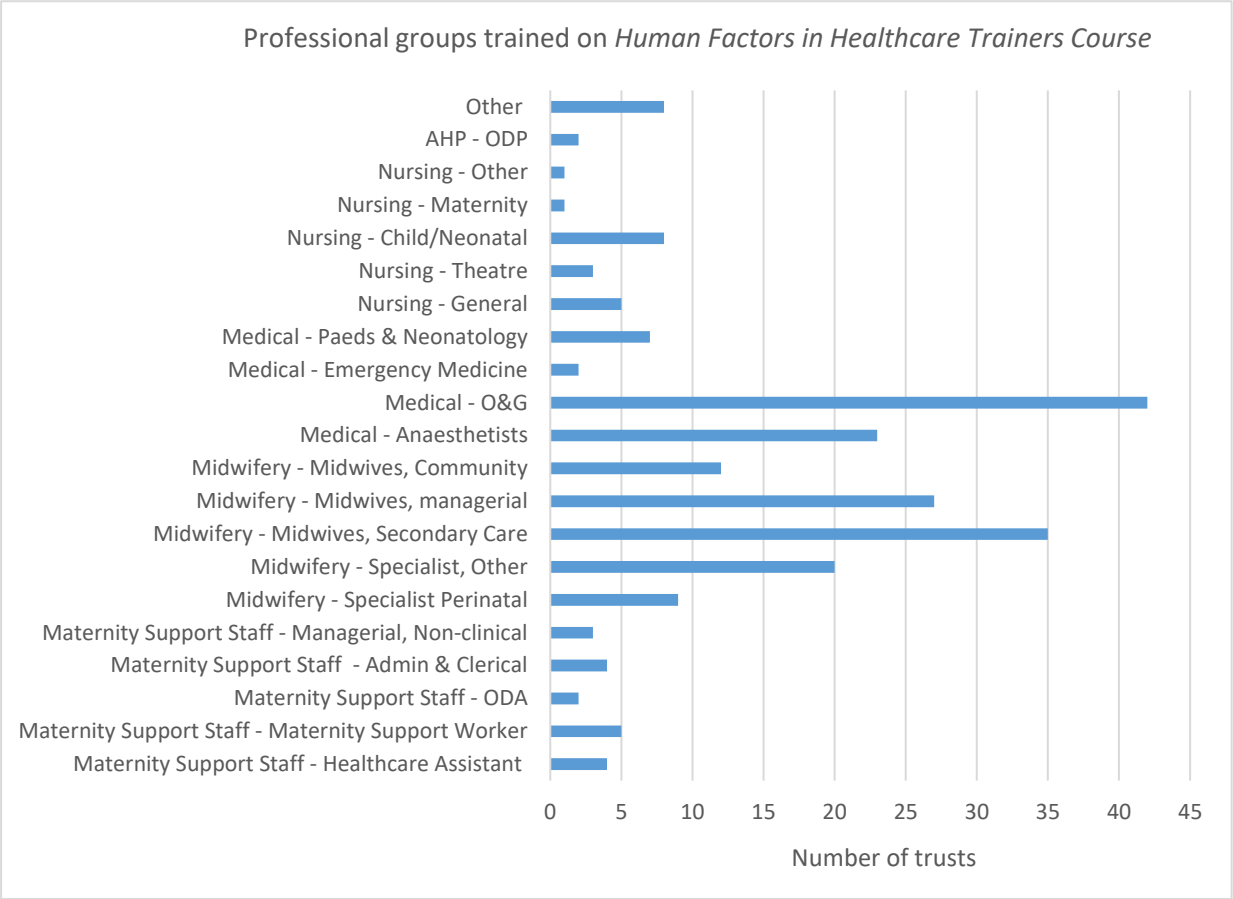


Figure 5: Professional groups reported by trusts to have accessed the *Human Factors in Healthcare Trainers Course*

CTG Masterclass: Intrapartum Assessment of Fetus and Management of Fetus at Risk of Intrapartum Hypoxic Injury

This course was selected by 48 trusts and trained 1821 maternity staff members, which were predominantly in medical O&G and midwifery roles (including secondary care, managerial, community and specialist), along with a few nursing staff – see Figure 6 below.

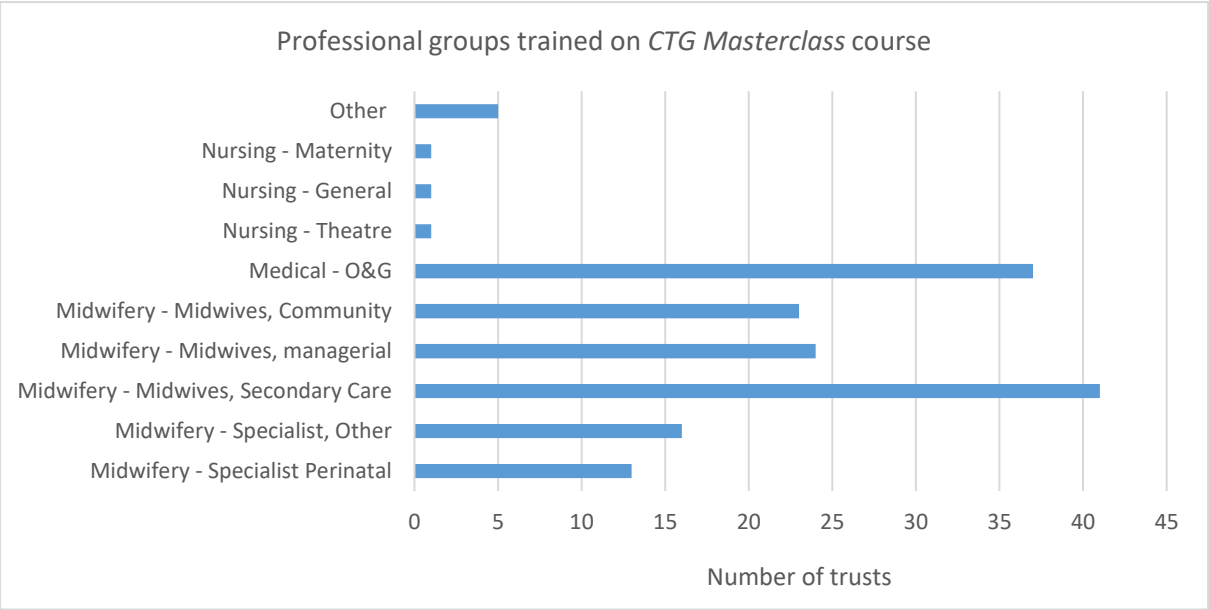


Figure 6: Professional groups reported by trusts to have accessed the *CTG Masterclass* course

Labour Ward Leaders Workshop - Working together for Safer Care

This course was selected by 47 trusts and trained 370 maternity staff members in medical O&G and midwifery roles, along with a few medical anaesthetists and nursing staff, as shown in Figure 7.

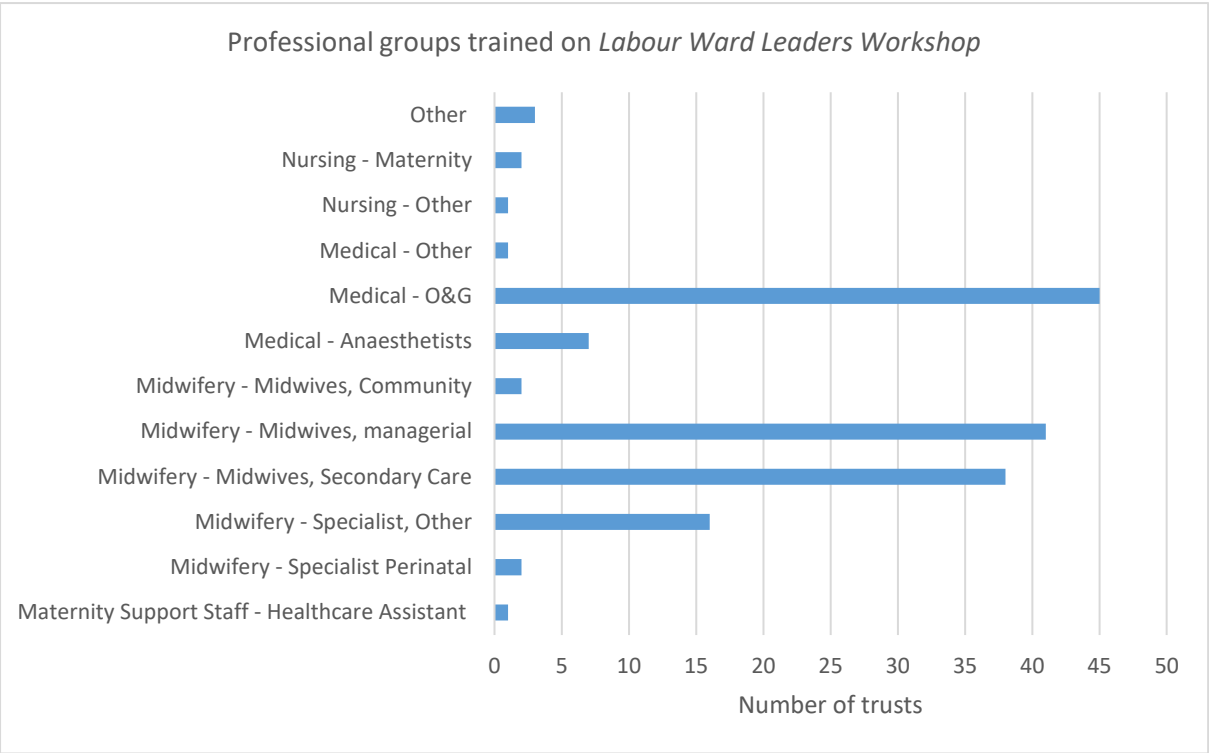


Figure 7: Professional groups reported by trusts to have accessed the *Labour Ward Leaders Workshop*

Resilience Training for Maternity Healthcare Professionals

This course was selected by 42 trusts and trained 1595 maternity staff members. Figure 8 shows that several midwifery professionals accessed this course (including: secondary care, community, managerial, specialist and perinatal roles), along with medical O&G, maternity support staff and nursing roles.

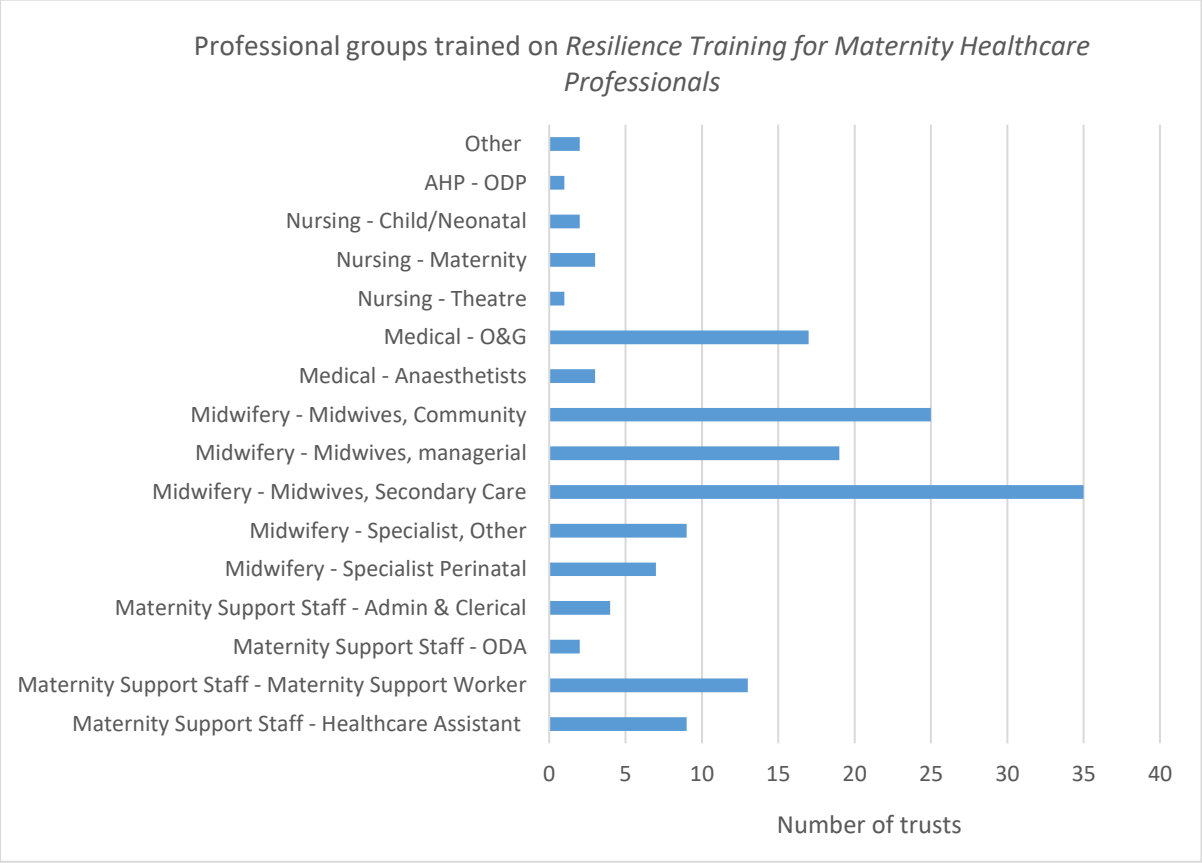


Figure 8: Professional groups reported by trusts to have accessed the *Resilience Training for Maternity Healthcare Professionals*

Newborn Life Support (NLS)

This course was selected by 41 trusts and trained 892 maternity staff members. As shown in Figure 9, the majority of staff trained through this course held midwifery positions - secondary, community, managerial, specialist. In addition, medical (paediatrics and neonatology, and GPs) and nursing staff (neonatal and maternity) accessed the course.

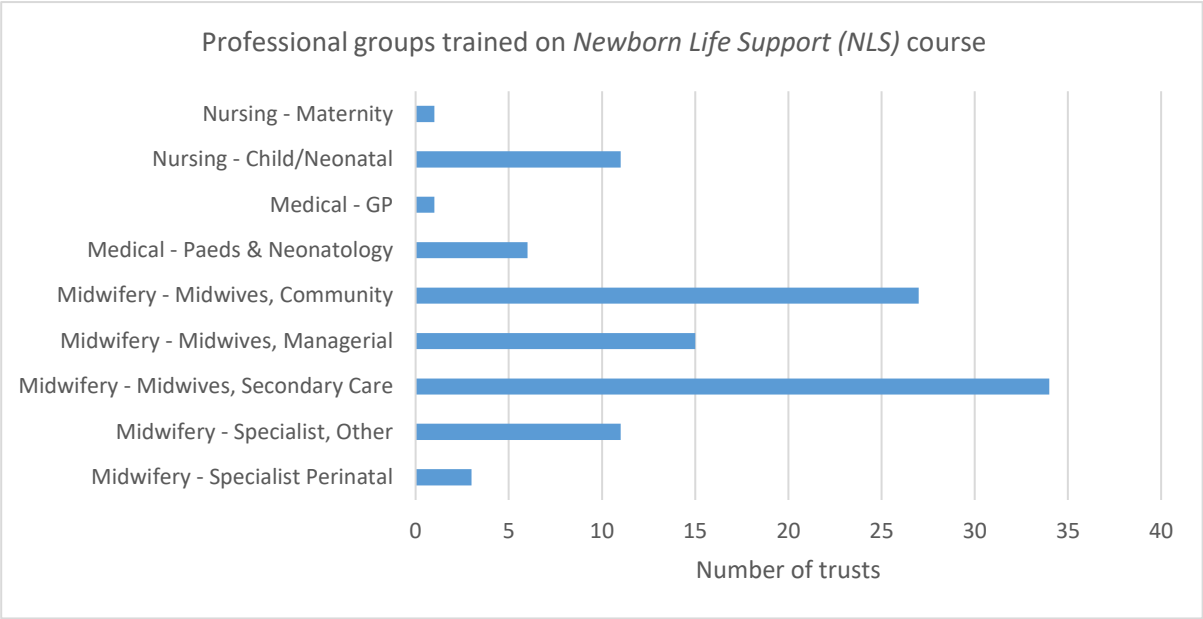


Figure 9: Professional groups reported by trusts to have accessed the *Newborn Life Support (NLS)* course

Management of Labour Ward

This course was selected by 33 trusts and trained 360 maternity staff members. Figure 10 indicates that this course predominantly trained medical O&G and midwifery staff (managerial, secondary care, specialist roles), along with anaesthetists, maternity support staff and AHPs.

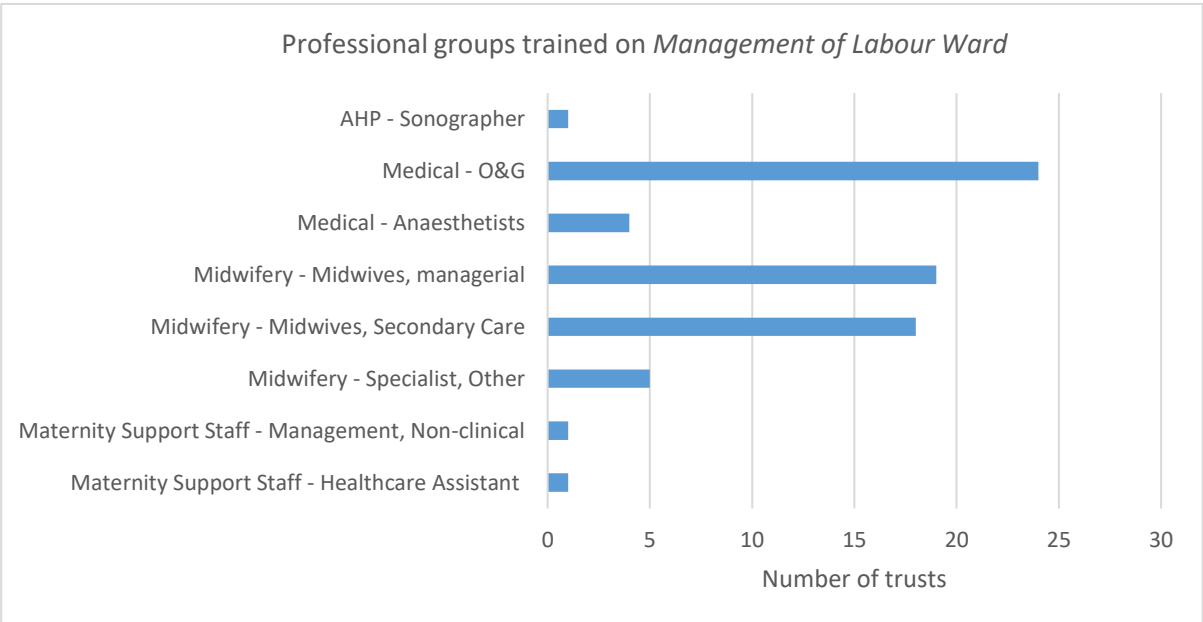


Figure 10: Professional groups reported by trusts to have accessed the *Management of Labour Ward* course

Advanced CTG Masterclass - extended version of CTG Masterclass

This course was selected by 33 trusts and trained 543 maternity staff members. Figure 11 shows that the two largest professional groups trained on this course were medical O&G and midwifery secondary care, followed by other midwifery roles (managerial, community, specialist and perinatal staff), AHP – sonographer and other roles.

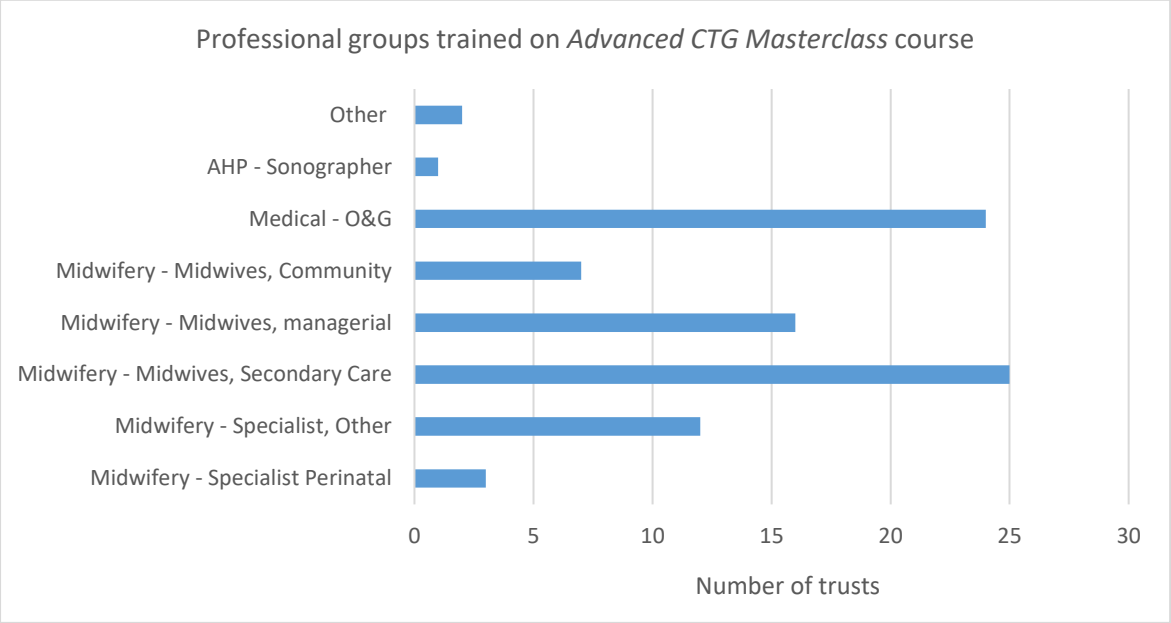


Figure 11: Professional groups reported by trusts to have accessed *the Advanced CTG Masterclass* course

Maternal Critical Care

This course was selected by 32 trusts and trained 477 maternity staff members. As show in Figure 12 below, the majority of professionals attending this course were secondary care midwives or medical O&G staff. In addition, a range of midwifery roles were trained (managerial, community, specialist including perinatal), along with nursing and medical staff.

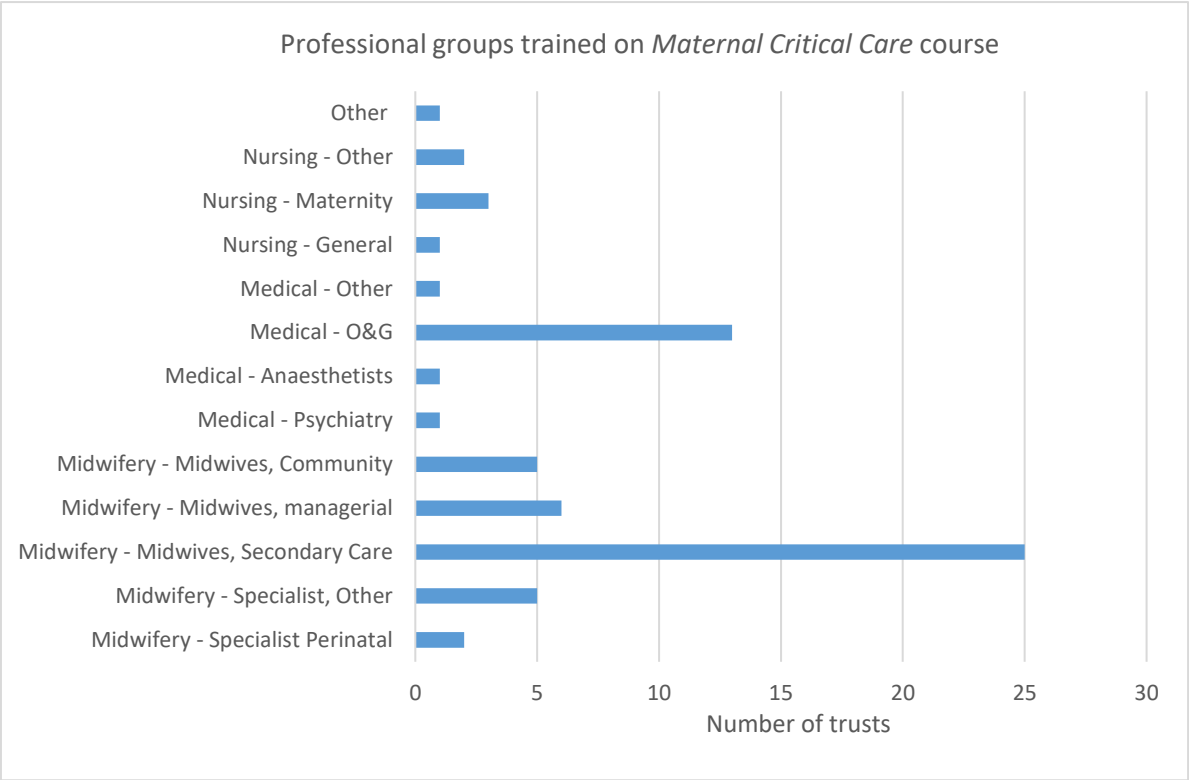


Figure 12: Professional groups reported by trusts to have accessed the *Maternal Critical Care* course

3.1.6 The identification of staff to participate in the training

During the deep-dive data collection, the trusts were questioned about the identification of maternity staff to participate in the training courses. It was evident that some of the trusts strategically selected staff who were leaders or in positions to disseminate the learning to others. It was also clear that the trusts deliberately tried to engage a wide range of professionals across their maternity services.

"...you don't get this sort of money very often and it's about how you can make best use out of it" (Trust 3)

For example, Trust 1 handpicked some of their staff to attend the CTG course, based on their skills and positions, specifically those in a position to influence change:

> "It was to do with their skills, but it was to do with their leadership positions and the positions that they are in to influence change." (Trust 1)

Similarly, Trust 3 identified maternity staff who could sustain the learning through disseminating their knowledge to colleagues:

> "…we looked at those people that were already quite closely involved… That made sense because then they would be able to build that through the training and it would have some longevity to it, if you like. Equally, similar people that were interested in teaching like the anaesthetic crew and some of the obstetric crew who were interested in teaching and taking it forward put themselves forward to do it." (Trust 3)

Enhancing patient safety was another focus when identifying who to train, as shown in this comment:

> "We sent 60 on the Labour Ward Leader's workshops and then we sent 90 staff on neo-natal life support training. That was so that all our midwives working in the home, working in our birth centres, all our labour ward coordinators, all our senior staff on the ward and we supported some of our neo-natal staff to go on the training. So that we had expertise in every single clinical setting in our service… We wanted to be sure that across the whole service, whichever setting a woman is giving birth in, she has got somebody with her with those advanced skills to support resuscitation of her baby." (Trust 4)

Two of the trusts explained that their focus was on training a broad range of professionals working in different roles across their maternity services:

> "We tried to do it evenly across the board. We tried to get a good mixture of both medical; doctors, midwives, support workers. Then we also wanted some of our neo-natal team as well, we tried to get them involved. Also, we went down the road of our theatre support team, but it was difficult to get them on board. It was mainly midwives, support staff from the maternity department and doctors from that department. We got some consultants to go too." (Trust 2)

> "The CTG one, I went, because I do most of the training on the CTG for education training support. And one of the consultants. We took one or two of the consultant obstetricians, mainly midwives from the delivery suite but we took one from the ward and one from the day unit, so we could get the diversity there as well, really. We didn't just stick to one area, we wanted it across the whole board.… Different roles and different grades. We took two quite newly qualified midwives, band 6's, so they might have only been qualified one or two years. We took them to the CTG as well. Because we thought we needed the broad aspect of it." (Trust 6)

A varied approach to identifying staff members for each course was adopted by Trust 9; whereas the fetal growth training was open to everyone, the CTG training was targeted at shift leaders of delivery suites or staff in senior band six positions as they had fewer places on the course. In addition, an application process was used to select the most appropriate staff members for one course:

> "The third trimester course, that was open to application. We had already asked for applications because we were going to fund that through our Learning Beyond Registration fund, but we actually got extra places through this, so we could actually send more staff that year. They were targeted by a general advert across the trust with an extensive interview by one of our consultant midwives that leads the foetal medicine department here." (Trust 9)

3.2 Mechanisms

This section presents both the quantitative and qualitative findings relating to the organisational mechanisms for delivering the maternity safety training and the training mechanisms involved in delivery.

3.2.1 Organisational mechanisms for delivery

3.2.1.a Funding before the MSTF

Figure 13 shows the organisational mechanisms for funding continuing professional development (CPD) in maternity safety prior to receiving a contribution from the MSTF. Some of the trusts indicated more than one funding source. The majority (63%) of the trusts reported that maternity safety training and CPD was funded by the trust/department's training budgets, with 14% funded by Learning Beyond Registration Funding (LBR), 14% funded by external sources and 9% by other mechanisms.

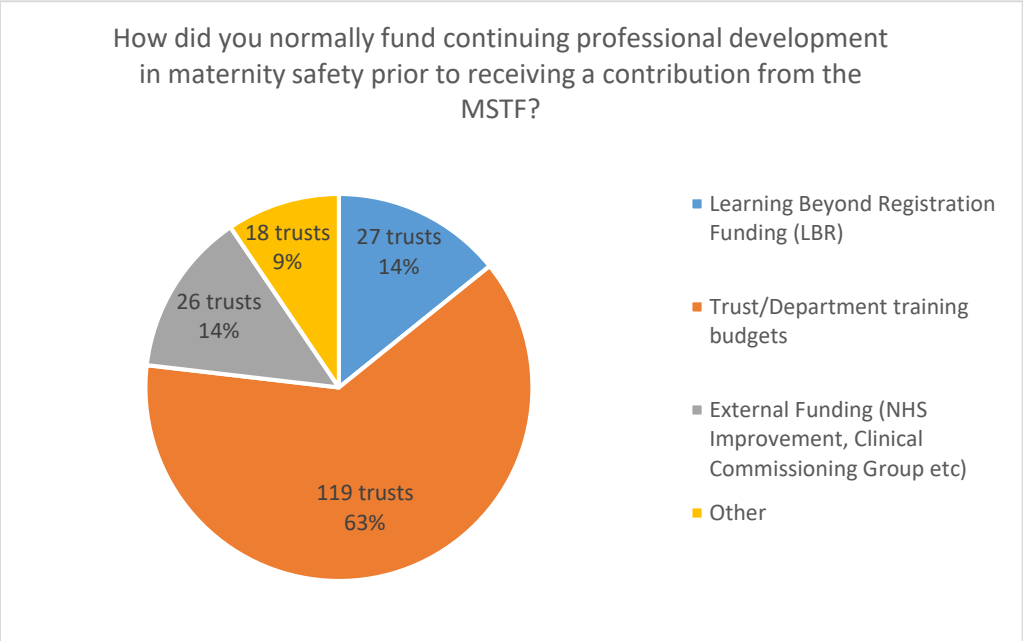


Figure 13: Funding sources for CPD prior to receiving a contribution from the MSTF

Table 6 (below) indicates the funding sources for the 18 organisations who responded 'other'. Some of the trusts indicated more than one funding source.

Funding source	Number of trusts
Charitable funds	9
Self-funding	3
LMS funds	2
HEE	2
RCM	1
Service level agreement (SLA) funds for CPD	1
No funding - only mandatory training is funded	1

Table 6: Other funding sources prior to contribution from the MSTF

Trust 1 explained that their maternity staff need to self-fund or source charitable funds in order to undertake any training besides their mandatory programme (which consists of three face-to-face training days, along with e-learning modules):

> "Any other thing like this we generally funded ourselves or we used to have a look to see if we had any charitable funds available that we could use to support staff… If I wanted to go to a CTG masterclass in the past, I would have had to have funded it myself. I would have had to have taken £120. I would have got my travel and my time, probably, but I would have had to have paid for the course. " (Trust 1)

Although all of the trusts offer various mandatory training programmes, it was evident that funding for additional (external) courses was limited for Trusts 1, 2, 6, 7 and 9. Trust 10 explained that a few of their midwives had been funded for academic modules but only "if they were income generating for the service". It was also noted that prior to the MSTF, some of the maternity staff had to access the external training courses in their own time (Trusts 1 and 2) as it was not possible to be released during working hours.

3.2.1.b Funding after the MSTF

Figure 14 shows how the organisations anticipate that funding for CPD in maternity safety will be provided in the future, after the MSTF. Some organisations indicated more than one funding source. The funding sources reported are similar before and after the MSTF contribution. However, there is an increase in the number of organisations which anticipate using external funding sources in the future: 26 trusts reported that they had used external funding prior to the MSTF contribution and 43 trusts anticipated using external funding for future maternity safety training.

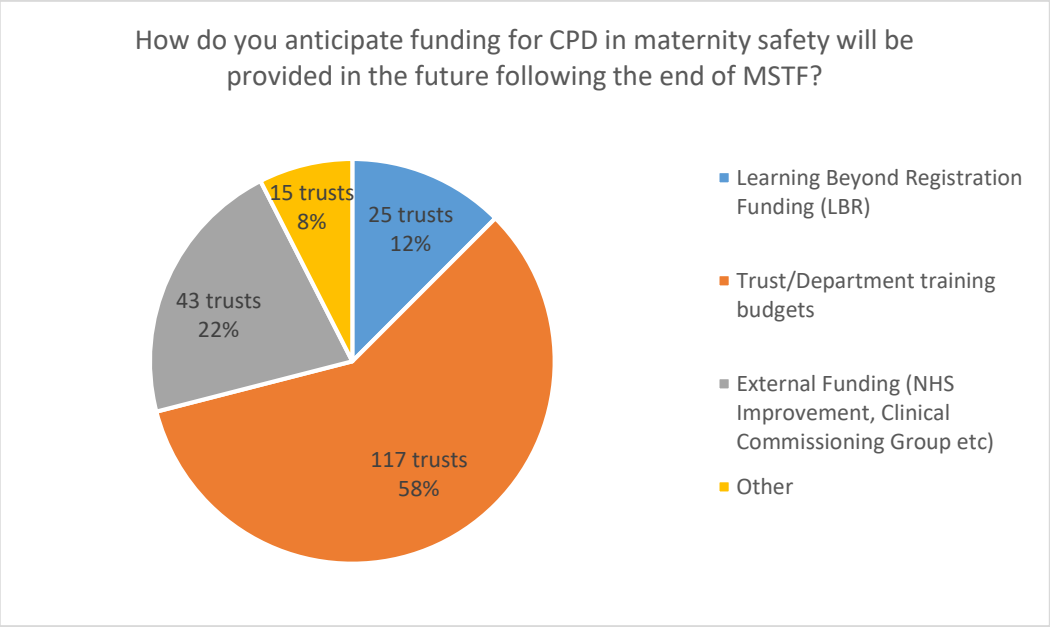


Figure 14: Potential funding sources for CPD in the future

Table 7 provides more details about the potential funding sources for the 15 trusts that responded 'other'.

Funding source	Number of trusts
Charitable funds	6
Self-funding	2
HEE	2
ERIC	1
Fundraising	1
Unsure as very little training monies available nationally	1
Generate income by developing training for external maternity teams	2

Table 7: Other potential funding sources for CPD in the future

During the qualitative data collection, several of the trusts reported a lack of internal funding for maternity safety training (Trusts 1, 3, 5, 7, 9), which left them feeling uncertain about how they would sustain the learning in the future:

> "There isn't any magical pot anywhere to continue with anymore training." (Trust 3)

> "I wish we could have it [MSTF] every year." (Trust 1)

Trust 3 explained that investing in the train the trainer courses was a mechanism for trying to sustain the learning and overcome some of the challenges of securing funding, at least in the short term. Furthermore, Trust 1 had been exploring creative ways to generate revenue through merchandise and training staff to be vaccinators for the flu vaccine. For example:

> "Every flu vaccine we give, we get £9… It would again go back into the service, so that's not for us to just have that money and do nothing with it. This is for us to put something meaningful back…" (Trust 1)

Since the MSTF initiative had finished, Trust 4 had successfully secured funding from the Maternity Transformation Board to extend the training across their maternity workforce as they reported "real improvement in patient safety" after undertaking courses such as Human Factors and Childbirth Emergencies in the Community. In addition, Trust 6 had received a small contribution from the Royal College of Midwives in order to purchase CTG textbooks for their library. Furthermore, in order to adapt their mandatory training to sustain the learning from the courses funded by the MSTF, Trust 5 had received funds from their hospital charity to purchase the necessary equipment.

"I think the shame is that without that funding continuing, it won't take long for Trusts to fall back into the position they were before." (Trust 7)

The experience of Trust 10 demonstrates how external factors can be a disabling mechanism in the delivery of maternity safety training. As outlined in section 3.1.1, Trust 10 used the funding to create a bespoke training programme to develop team working skills across their maternity service. A project lead was employed to oversee the programme development, including the online resources, pilot work was conducted and a small cohort of trainers was developed. As Trust 10 explains:

> "…the aim of the project, was to optimise the team working in areas. So, you go in and analyse where the problems are with the support of the staff. They know the problems, but it's helping them find the words for it. You look at their learning needs and you roll out education and skills practise to assist that change process. Then you support the ongoing development of the solutions." (Trust 10)

Although the training programme is now ready to be used with a range of professionals across their maternity service, Trust 10 have not yet been able to roll it out due to institutional challenges such as leadership changes and financial pressures. Trust 10 stated:

> "... [the MSTF] helped us to get to the position that we wanted, but we had not anticipated the fact that actually, having reached that position, external factors around us would then close the door to us implementing it." (Trust 10).

3.2.2 Training mechanisms involved in delivery

The 44 courses listed in the Maternity Safety Training Catalogue were provided in a range of formats: e-learning (23 courses, 52%), conferences (3 courses, 7%), workshops (4 courses, 9%), round table sessions (2 courses, 5%) and training courses ranging from one to five days in duration (12 courses, 27%).

3.2.2.a Training delivered to multi-professional or single professional groups

Table 8 (below) indicates the courses selected by the trusts that were delivered to multi-professional or single professional groups. In total, the trusts indicated that 20 courses were delivered to both groups; 12 courses were solely delivered to multi-professional groups, and one course was only delivered to a single professional group.

Data about the programme delivery was not provided for the following eight courses: Giving Effective Feedback Presentation; Intrapartum Management of Pre-eclampsia; Caesarean Section; An Introduction to Cytomegalovirus; Thermoregulation: keeping the baby at the right temperature; Haemorrhage eTutorial; EaSi (eLearning and Simulation for Instrumental Delivery); The Deteriorating Postpartum Mother.

Course Name	Multi- professional group	Single professional group
Management of Labour Ward	X	X
Leadership - Everybody's Business	X	X
Leadership Framework - From Theory to Practice	X	X
Labour Ward Leaders Workshop - Working together for Safer Care	X	
Growth Assessment Protocol (GAP Toolkit)	X	X
Electronic Fetal Monitoring (eFM)	X	X
K2 MS™ Perinatal Training Program (PTP)	X	
CTG Masterclass: Intrapartum Assessment of Fetus and Management of Fetus at Risk of Intrapartum Hypoxic Injury	X	X
Advanced CTG Masterclass - extended version of CTG Masterclass	X	
Assessment of Fetal Wellbeing	X	
Intrapartum Fetal Surveillance	X	
Fetal Monitoring - e-Learning with Certification	X	X
Human Factors in Healthcare Foundation Course	X	X
Human Factors in Healthcare Managers Course	X	X
Human Factors in Healthcare Trainers Course	X	
Developing Human Factors Skills: Improving Safety and outcomes in the Delivery Suite	X	X
Maternal Critical Care	X	X
Women's Health Patient Safety Day	X	
Communication Skills eTutorial	X	
Human Factors Masterclass	X	X
PRactical Obstetrics Multi Professional Training (PROMPT)	X	
ROBuST: Train the Trainers	X	X
RCOG Operative Vaginal Birth Simulation Training (ROBuST)	X	X
Advanced Life Support in Obstetrics (ALSO): Provider and Instructor Courses	X	X
Basic Practical Skills in Obstetrics and Gynaecology		X
Child Birth Emergencies in the Community; Essential Skills and Drills for those who attend home births	X	X
Vaginal Breech	X	
e-Learning for Healthcare: Perinatal Mental Health	X	X
Newborn Life Support (NLS)	X	X
Introduction to Emergency Situations	X	
Intrapartum Management of Multiple Pregnancy	X	
Resilience Training for Maternity Healthcare Professionals	X	X
Reducing Avoidable Term Admissions	X	X

Table 8: Courses delivered to multi-professional or single professional groups

3.2.2.b Format of courses selected by the Trusts

Figure 15 (below) presents the delivery formats for the ten courses identified in section 3.1.3 as providing the most training places. Five of the courses trained the maternity staff face-to-face through one-day courses: PRactical Obstetrics Multi Professional Training (PROMPT); Resilience Training for Maternity Healthcare Professionals; Child Birth Emergencies in the Community; Essential Skills and Drills for those who attend home births; Developing Human Factors Skills:

Improving Safety and outcomes in the Delivery Suite; Human Factors in Healthcare Foundation Course.

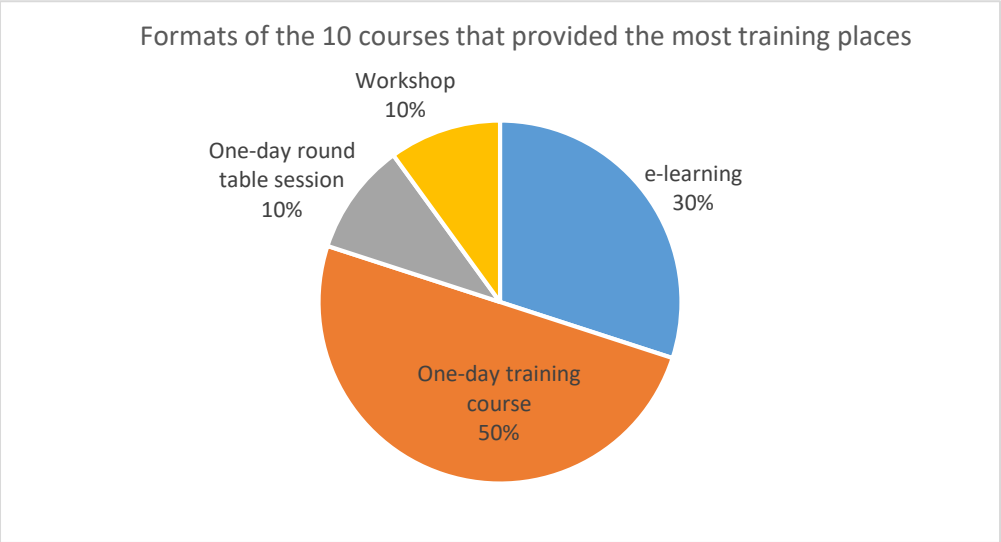


Figure 15: Formats of the 10 courses that provided the most training places

It is significant that the ten most popular courses selected by the trusts, as presented in Figure 1 in section 3.1.2, were all conducted face-to-face through slightly different formats. For example:

- *PRactical Obstetrics Multi Professional Training (PROMPT)* is a one-day evidence-based training course about obstetric emergencies, which is designed to improve knowledge, clinical skills and team working.
- *Child Birth Emergencies in the Community: Essential Skills and Drills for Those Who Attend Home Births* is a one-day training course to develop practical skills for professionals who attend planned or unplanned births in the community.
- *Human Factors in Healthcare Trainers Course* is a knowledge-based and interactive training course delivered over five days. This course is intended to develop the necessary skills, knowledge and expertise for the planning, design and delivery of human factors training sessions.
- *CTG Masterclass: Intrapartum Assessment of Fetus and Management of Fetus at Risk of Intrapartum Hypoxic Injury* is a one-day round table session. This evidence-based course provides training on CTG interpretation.

- *Labour Ward Leaders Workshop - Working together for Safer Care* is a one-day interactive workshop. This course addresses some of the challenges relating to leadership on the delivery suite and encourages collaborative working amongst labour ward leaders.
- *Resilience Training for Maternity Healthcare Professionals* is a one-day, multi-disciplinary training course designed to help frontline staff develop the attitudes, qualities and beliefs to improve their mental strength and resilience.
- *Newborn Life Support (NLS)* is a one-day, multi-professional training course which provides practical instruction about airway support for the resuscitation of newborns.
- *Management of Labour Ward* is a four-day conference/course which involves two modules: three days for the Management of the Labour Ward module and one day for the Labour Ward Lead module. This course is aimed at clinicians who spend a significant amount of time on the labour wards.
- *Advanced CTG Masterclass - extended version of CTG Masterclass* is a round table training session run over two days. This course is aimed at midwives, obstetricians and clinical negligence lawyers involved in interpreting CTG traces.
- *Maternal Critical Care* is a one-day, multi-disciplinary course which provides an overview of the principles of good teamwork in caring for a sick mother with critical illness.

"...this was a great opportunity to have some face-to-face stuff, to have that interaction." (Trust 3)

Although over half of the courses in the catalogue were delivered in e-learning formats, seven of the trusts involved in the qualitative data collection explained that they deliberately chose face-to-face training courses for their staff in order to provide opportunities to network, practise skills and to provide an alternative to the abundance of e-learning courses currently available in their trusts (Trusts 2, 3, 4, 6, 7, 8, 9). Trusts identified added benefits to face-to-face delivery, particularly in relation to enhancing multidisciplinary working. For example:

> "The fact that it was face-to-face training I think was influential in the decision making for the courses. Because we wanted staff to have an opportunity to go on interactive courses. Learning isn't just from the course content, is it? It's from the networking, the sharing experiences with other people from other trusts that are on these courses. And

> staff do an awful lot of e-learning. They get a bit fed up of it." (Trust 4)

> "We chose face-to-face rather than e-learning… staff members feel pressurised enough to complete the e-learning that they have to do mandatorily without an extra something to do on top of it, so we did go down the road of face-to-face courses rather than e-learning." (Trust 2)

Trusts 2 and 8 also noted that it was particularly beneficial when the face-to-face training was delivered onsite, as this can reduce travel costs and make it easier to coordinate the training sessions with staff rotas. As Trust 8 explained:

> "…the other thing was the possibility for the trainer or the training agency to deliver tailor-made training as well. So instead of us sending people out for them to come to us instead. I know there are times when we end up paying a bit more to do that, but it's so much easier to coordinate and to be able to release people for training, when you are delivering the training in-house. So we made sure, as much as we could, that we would explore to have them here instead of sending people out." (Trust 8)

3.2.2.c Flexible funding

The flexibility of the MSTF was an enabling mechanism for some of the trusts as they could select courses both from the catalogue and other providers, which helped them to meet the specific needs of their staff and maternity service. For example:

> "That was really good actually, that there was that flexibility because I think that all organisations have individual needs. We saw that as a great opportunity for us." (Trust 3)

> "We wanted something quite different to most maternity services. We didn't send staff on outside courses, there were a list of things that you could choose... [We] decided to fund a project lead, to implement

an evidence-based team training programme and deliver that in-house." (Trust 10)

In addition, the funding enabled the backfill of staff when releasing others to participate in the training, which was particularly significant for those trusts which usually require staff to self-fund or access training in their own time:

"…the backfill was very useful. It was an enabler really for us to do that. We could actually send people and pay for the staff as well." (Trust 2)

"Yes, and with the backfill as well, it's thousands of hours that have been released." (Trust 1)

"So even though we were spending the money on the courses, we still backfilled the staff to attend." (Trust 9)

Trust 7 reported that the flexibility of the funding was particularly beneficial as their service is geographically isolated and therefore, significant travel costs are incurred when accessing training. The MSTF enabled Trust 7 to include the necessary travel costs in their application which provided the opportunity to release and train more maternity staff.

"That was really good actually, that there was that flexibility because I think that all organisations have individual needs." (Trust 3)

3.2.2d Access to training places

Two of the trusts encountered a disabling mechanism when their attempted to book training places but found it was not possible as the courses were already full. For example, Trust 9 experienced difficulties with booking staff on the CTG courses that were running at nearby locations; although it was acknowledged that places were available on courses in other cities, Trust 9 explained that the travel costs impeded access to this training.

Similarly, Trust 1 encountered an issue with accessing the resilience training initially selected from the catalogue:

> "We couldn't book it through here, they were all full or they weren't available. That's one of the difficulties that we've found with some of the courses that we wanted to do… I don't know if that was anticipated or not, but we certainly struggled, and I don't think we were on our own.…I think if it comes up again, the funding is amazing but there needs to be the facility to be able to have enough places on the courses." (Trust 1)

3.3 Outcomes

This section will present the findings relating to the outcomes of the MSTF, specifically how the maternity safety training has impacted on service delivery and everyday practice, and how the trusts plan to sustain their learning.

3.3.1 Most common outcome/impact measures identified in the survey data

Further to HEE's interim report of the MSTF survey findings, published in March 2018, the five most common outcomes or impact measures of the MSTF initiative are identified below:

- Human factors training was reported to be a key outcome for 43 organisations.
- CTG monitoring and interpretation was identified by 37 organisations.
- Improvements in communication and team working were a key impact measure for 32 organisations.
- PROMPT and emergency maternity management were reported as outcomes by 21 organisations.
- Fetal monitoring and growth assessment was identified by 15 organisations.

The survey responses indicate that the MSTF has enabled maternity staff to develop their clinical skills, knowledge and awareness of issues relating to patient care and safety culture, along with improving opportunities for multi-professional working.

An example of the comments made by the survey respondents are shown below:

> "Human factors - Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organization on human behaviour and abilities and application of that knowledge in a clinical setting."
>
> "FIGO/CTG masterclass - completely changed our interpretation of CTGs."
>
> "PROMPT training implemented - skills and drills but greater focus on team working and communication during emergencies."

"Improvement in multi-disciplinary team working. Greater respect amongst team & NHS Trusts. Improvement in personalised care for women."

"Reduction in stillbirth rates – due to implementation of various training."

"Increased capacity to undertake growth scans in line with Saving Babies Lives."

The specific impacts of the funding initiative and maternity safety training were further explored through the interviews with individual trusts, as detailed below in sections 3.3.2 and 3.3.3.

3.3.2 Developing mandatory training programmes

A key outcome of the maternity safety training was that it influenced some of the trusts to develop their mandatory training programmes. The survey asked the trusts to identify any courses from the Maternity Safety Training Catalogue that had been added to their mandatory training programmes, and the results are shown below in Table 9:

Course Name	Number of trusts adding course to mandatory training	Number of trusts planning to deliver training to:	
		multi-disciplinary groups	single professional group
PRactical Obstetrics Multi Professional Training (PROMPT)	33	33	-
Growth Assessment Protocol (GAP Toolkit)	24	22	2
Newborn Life Support (NLS)	22	17	5
K2 MS™ Perinatal Training Program (PTP)	17	14	3
Electronic Fetal Monitoring (eFM)	19	17	2
CTG Masterclass: Intrapartum Assessment of Fetus and Management of Fetus at Risk of Intrapartum Hypoxic Injury	16	16	-
Child Birth Emergencies in the Community; Essential Skills and Drills for those who attend home births	13	7	6
Reducing Avoidable Term Admissions	10	6	4
Human Factors in Healthcare Foundation Course	9	9	
Vaginal Breech	9	8	1
e-Learning for Healthcare: Perinatal Mental Health	9	6	3
Maternal Critical Care	8	3	5
Intrapartum Management of Pre-eclampsia	8	7	1
Management of Labour Ward	8	8	-

Intrapartum Fetal Surveillance	7	7	-
Human Factors in Healthcare Trainers Course	7	7	-
The Deteriorating Postpartum Mother	7	5	2
Resilience Training for Maternity Healthcare Professionals	7	6	1
Developing Human Factors Skills: Improving Safety and outcomes in the Delivery Suite	6	6	-
Thermoregulation: keeping the baby at the right temperature	6	3	3
Labour Ward Leaders Workshop - Working together for Safer Care	6	6	-
Fetal Monitoring - e-Learning with Certification	5	2	3
Advanced CTG Masterclass - extended version of CTG Masterclass	4	4	-
Assessment of Fetal Wellbeing	4	4	-
Human Factors Masterclass	4	4	-
Advanced Life Support in Obstetrics (ALSO): Provider and Instructor Courses	4	4	-
Intrapartum Management of Multiple Pregnancy	4	3	1
Leadership - Everybody's Business	3	2	1
Human Factors in Healthcare Managers Course	3	3	-
Leadership Framework - From Theory to Practice	3	3	-
Women's Health Patient Safety Day	2	2	-
RCOG Operative Vaginal Birth Simulation Training (ROBuST)	2	1	1
Caesarean Section	2	-	2
Haemorrhage eTutorial	2	1	1
Giving Effective Feedback Presentation	1	1	-
ROBuST: Train the Trainer	1	1	-
Basic Practical Skills in Obstetrics and Gynaecology	1	1	-
An Introduction to Cytomegalovirus (CMV)	1	1	-
Intrahepatic Cholestasis in Pregnancy (ICP)	1	1	-
Introduction to Emergency Situations	1	1	-
Communication Skills eTutorial	1	1	-

Table 9: Maternity safety training courses to be included in the trusts' mandatory training programmes

It is evident that the majority of the courses (40 out of 41 courses) being added to the trusts' mandatory training programmes will be delivered to multi-professional groups. The data shows that 22 courses will be delivered to multi-professional groups only, with an additional 18 courses being offered to both multi-professional and single professional groups. Only one course about caesarean section was planned for single professional groups.

Several of the trusts also identified a range of 'other' courses which had been incorporated into their mandatory training programmes. Table 10 shows the titles of the 42 'other' courses identified by the trusts:

'Other' courses being added to the trusts' mandatory training programmes
2 day bespoke Better Births Better Training course
HDU Training
YMET
Third Trimester Scanning
Whose Shoes Communication Training will run 3 to 4 times a year as a tool for staff and maternity user communication
Better Births Course in line with National Publication
Maternity team building day
Examination of the Newborn
Smoking cessation e-learning (every 2 years)
Development and facilitation of simulation
ATAIN e-learning
Whose Shoes
Ultrasound scanning for GROW
Internal Human Factors training delivered on the PROMPT day by staff who attended the Human Factors Trainers Course
Human Factor
Community Midwife SIM
LAS/ UCLH Joint maternity training
Managing Obstetric Emergencies
Intelligent intermittent auscultation for safe care in low risk setting
Better Births
K2
Simulation training
Face to Face in-house CTG training
Perinatal Mental Health
Pre Hospital Prompt
BFI /breast feeding one day for all staff to be launched April 2018
Record Keeping
Fetal surveillance and outcome study day - Professor Redman
Coaching
NALS
Cell Salvage Training to be added as mandatory training for Operating department staff
Human Factors update training
Predict to Prevent
HDU Care (Once only)
Baby Buddy
ALERT
High Dependency Study Day
Face to face in-house GAP training
Fetal monitoring mandatory session
PEACHES training for staff – eLearning
Team building for band 7 on labour ward
Obstetric skills drills teaching to include human factors training and community specific emergency scenarios

Table 10: Other courses to be included in the trusts' mandatory training programmes

The qualitative data collection provided an insight into how the trusts were trying to sustain their learning through developing their existing mandatory, in-house training programmes.

"It's had a huge impact. I think we had a good programme, but it has strengthened it enormously." (Trust 4)

Trusts 1, 6, 7 and 8 have incorporated elements from the Human Factors course into their mandatory training programmes, and Trust 3 now uses real life cases when educating their staff. For example, Trust 7 explained how they apply their awareness of human factors:

> "…we've introduced Human Factors into our maternity study days. We talk about cases that we've had and where people may have been looking at, for instance, we had a lady that had low blood pressure, and staff were focused on the fact that her low blood pressure was due to the fact that she'd had some blood loss. Actually, she was getting sepsis, but the focus and the situational awareness were just focused on her having had a blood loss but didn't have the bigger picture. We dissect that and cut that case up into little bits and start to read bits out and say, what should we do next? What do you think should happen next? We do that with our cases with regards to Human Factors and Situational Awareness." (Trust 7)

The mandatory CTG training has been adapted for Trusts 4, 6, 8 and 9 to include more physiology and to raise awareness of recent changes to the CTG guidelines. PROMPT has being adopted by Trusts 4 and 8, and Trust 7 now has 12 PROMPT trainers within their service. In addition, Trust 2 trained nine staff members of the PROMPT course, which has clearly impacted on the dissemination of learning through their mandatory training:

> "We sent nine on the Prompt course. That was in London. That was the emergency training for skills drills. Since that course, from the beginning of this year, 2018, we've actually revamped our training to encompass that. There are things that they picked up from that course. We've got facilitators now to push that forward and change our training." (Trust 2)

As outlined in sections 3.1.1 and 3.2.1.b, Trust 10 developed a training programme with the intention of enhancing team work and embedding it within the culture of the organisation. Although this programme has currently stalled due to institutional changes and funding issues, if the programme is successfully implemented in the future, it will be a significant addition to Trust 10's mandatory training.

A strong example of how the MSTF initiative has impacted on the development of a mandatory training programme can be seen with the experience of Trust 5. They used the funding to develop trainers in certain areas in order to establish a sustainable programme specifically designed to meet the needs of their maternity service. Their programme contains five core training days: 1) human factors training using a model called SHEEP; 2) a bespoke simulation day which was designed by the trust; 3) foetal monitoring training, which has enabled the introduction of champions; 4) a bespoke training day about essential life support and obstetrics skills; 5) a maternity update day covering topics such as safeguarding, perinatal mental health and foetal growth. As Trust 5 explains:

"...whatever we spent it on was about skilling people to be trainers internally, so that we could then sustain the training programme." (Trust 5)

> "...the premise of spending the money was about sustaining the programme for us. We're now in the second year and... we're making some modifications to those days, but they are all running. We know that the people running them have been trained to do this, to do this training. That was quite important." (Trust 5)

3.3.3 Impacts of the training on everyday practice

As a consequence of accessing the training courses provided through the MSTF, the trusts reported a range of impacts for their maternity staff, for example: increased confidence and empowerment; enhanced skills, knowledge and awareness; improvements in multi-professional working and communication; improvements in patient safety; and cultural changes within their maternity service.

"...they should...bring back something of meaning to the workplace, whether that be a change for the women or a change to the environment or a practice change." (Trust 1)

3.3.3.a Confidence and empowerment

Trust 8 observed that some of their maternity staff were empowered by the training, which gave them the confidence to discuss issues and challenge other professionals within the service, indicating that the culture of the service had started to change:

> "I think that one of the most telling things is the ability of staff, firstly to be empowered, to challenge practice. So, when working clinically, people often refer to elements of practice that have been discussed in the training days. I strongly feel that they feel empowered to just have a professional discussion or conversation and challenge practice when necessary, which we never had here. It was not part of the culture." (Trust 8)

The CTG courses have reportedly increased the confidence of some maternity staff (Trusts 1 and 6), along with the training about human factors (Trust 6). For example:

"They feel more confident and they feel empowered." (Trust 8)

> "CTG is a very, very subjective area. The guidelines just changed last year. It's given them probably the confidence to challenge people if they want to question. Human Factors - I think they're more self-aware… Everybody is more confident when they come back from the NLS and the ALSO. Confident and more competent. They tend to pass that knowledge on and then they're there for support to other people.

It's the same with the Human Factors and the CTG training. It gives them more confidence." (Trust 6)

Trust 3 used some of their funding to access perinatal mental health training and reported the key impacts of this learning to be improvements in self-awareness and the psychological wellbeing of their staff. The impact of this course was assessed through conducting "an initial quality of life scoring" and then repeating the test six weeks later when they reported "definite improvements" relating to "people feeling better about their job and turning up for work" (Trust 3).

"I think they feel very valued in the fact that they have been invested in..." (Trust 7)

3.3.3.b Skills, knowledge and awareness

The funding provided through the MSTF has enabled the maternity staff to further their practical skills and knowledge, and increase their awareness of developments within the field. This impact has been particularly significant for trusts with limited opportunities to access training prior to the funding, such as Trust 7:

"I would say that people may have been working to possibly slightly outdated knowledge, because perhaps some of their updating and education may have been five, ten years ago. So therefore, staff tended to sit in their comfort zones a little bit." (Trust 7)

The training has also increased awareness of how maternity care can be delivered in different ways, as illustrated with this comment:

"Okay, some of the things in the CTG Masterclass are not what we do in this Trust, it's not in our guidance, but it's still underpinning knowledge as well, that they've got from that." (Trust 9)

Trust 6 explained that enhancing the knowledge of their staff has enabled the creation of champion roles, specifically in CTG interpretation and human factors. The purpose of having

champions is to provide a means of disseminating their learning and to provide support for the maternity team:

> "Yes, when you're in the clinical area and it's a stressful situation, that's when things need to -- we've got quite professional at all times and we've got quite a good team here. It was just to enhance their knowledge. And people to go to like CTG champions. People to go to if they're thinking, I just can't get this interpretation. I wonder what she would think? So then they'd go and have a look and -- you know, to enhance the practice. A fresh pair of eyes, hourly reviews and stuff. It has enhanced their knowledge in the clinical area." (Trust 6)

"It was to enhance the knowledge that we need... and be champions..." (Trust 6)

Furthermore, the training about human factors has raised awareness about the potential causes of error in everyday practice and the importance of collaborating with colleagues, as noted by Trust 6:

> "I think the Human Factors is an ideal situation where they tend to stand back. They never think about how they are feeling themselves, and what impact their mood, or what happens to them outside of work or if they're stressed or tired -- I think it's made people think about, what am I doing here? I need to get focused on what we're doing. And teamwork." (Trust 6)

As outlined in section 3.1.1, some of the trusts had contextual reasons for deciding to focus on certain skill sets and courses. For example, Trust 9 focussed on the detection of small babies and foetal surveillance due to concerns about high mortality rates across the region, and after undertaking training about GROW, they were optimistic that the new skills and knowledge would have a positive impact on their everyday practice:

> "I would hope that we were now having a more standardised approach to our plotting on growth charts, for instance. So simple, but we used to find quite a lot of errors." (Trust 9)

3.3.3.c Multi-professional working and communication

Through the deep-dive data collection, the trusts were able to provide examples of how the maternity safety training has impacted on their multi-professional working and communication skills.

"...you work better together if you train together..." (Trust 2)

As shown in section 3.2.2.a, the majority of the maternity safety training was delivered to multi-professional groups and this was perceived to be instrumental in building strong and collaborative working relationships with other professionals across the maternity service:

> "It's been proven that training together, you work better together if you train together. It's had a definite impact on our services. I think people are more comfortable and know exactly what their role is in a multi-disciplinary team and when emergencies do happen." (Trust 2)

> "I think the other big key is that actually, because they've been on these courses with our obstetric medical staff and anaesthetic staff, it's made the team a more cohesive team. They're more likely, not that they weren't before, but more likely to have very good, engaging, multi-disciplinary conversations about care provision." (Trust 7)

The working relationships between maternity services and external professionals have also improved for some trusts, and this was attributed to the Human Factors course. For example:

> "And because we've done such a lot of the Human Factors training, the essence of that has absolutely been teamworking. Where it really has strengthened multi-disciplinary working is with some of our external partners; with our ambulance service, with the community childbirth emergencies and with our anaesthetists. I feel we've involved them more in this, yes." (Trust 4)

> "I think it has improved our working relationships with other departments. Through the Human Factors training, we were able to train ambulance staff, theatre staff, anaesthetic staff and build those

relationships around training and development. Obviously, that extends then into everyday working practice." (Trust 5)

Furthermore, Trust 5 observed that the communication between professionals has become more transparent and collaborative as a result of the training, as illustrated in this comment:

"From the other direction of the senior midwives or doctors, there is now a question that I hear a lot, which is, "Does anybody else have anything to add?", or, "Does anybody else have any other ideas?" Before, that just wouldn't have been there on a ward round or on a handover. It would have been, "We're doing this." There certainly wouldn't have been an invite of discussion. Immediately that creates an openness and a transparency and builds relationships. That's improved massively." (Trust 5)

"I think it has improved our working relationships with other departments" (Trust 5)

3.3.3.d Patient safety

Trust 7 provided a detailed example of how improvements in communication amongst multi-professionals have enhanced patient safety and care within their service:

"For instance, a while ago we had a lady who was showing signs of pre-eclampsia. Very subtle signs of pre-eclampsia. The midwife has recognised this, the doctor maybe has been a little bit, let's watch and wait and the midwife says, "But you know, this is what we've learned on our High Dependency course and this is what we're going to do. Let's get the anaesthetist in." The doctor was all for it and actually, I think the woman's care was probably expedited. I don't think the outcome would have been any different, but actually the expedition of her care was much more seamless. People seemed to be less worried about having those multi-disciplinary conversations, getting people there, the critical care outreach, anaesthetists, all getting involved straight away." (Trust 7)

Trust 4 was proud to report a reduction in their perinatal mortality rates, along with a reduction in the number of babies with adverse outcomes due to CTG interpretations. Furthermore, Trust 4 believed that enabling the community midwives to train on the Newborn Life Support and the Childbirth Emergencies in the Community courses had positively impacted on their confidence and the safety of the women in their care:

> "It has had a really positive impact. We've seen a half a percent increase in our home births, we're starting to see an increase in the use of our birth centre. I think some of that… there was a degree of confidence issues with staff. I really believe that enabling Community Midwives to attend Childbirth Emergencies in the Community and the NLS training has given them the confidence to practise in those settings. The knock-on effect of that is that you encourage more women to give birth in those settings. That is definitely one of the impacts… I feel I've got a safe workforce out there. I feel that wherever women attempt to have their babies, we've got consistent standards of resuscitation being delivered. For me that's the most important thing, that women's safety is in no way compromised wherever they choose to have birth. Because our team have the skills to support the baby if needed." (Trust 4)

Another example of how the MSTF and maternity safety training impacted on patient safety and everyday practice was provided by Trust 5, who funded 16 people to train in the examinations of newborn babies. Trust 5 stated:

> "That's incredible, because that means we can improve the safety and the quality of the checks on babies. Also, the whole quality of the service for mothers waiting to have their baby checked, when actually then somebody else could have been trained to do it. You don't need a paediatrician." (Trust 5)

3.3.3.e Cultural change

Some of the comments presented in sections 3.3.3.a – 3.3.3.d have alluded to signs of cultural change within the trusts. It is evident that as the maternity staff have increased their confidence and refreshed their skills, their learning and knowledge has been applied through their everyday practice, which has impacted positively on patient safety and the culture of their organisation. This section will draw on the experiences of Trusts 1 and 5 as they provided explicit examples of how the culture within their maternity service is changing as a result of undertaking training funded through the MSTF.

"It's breaking down those barriers and working together and having the woman at the centre of all things is the important thing" (Trust 1)

Trust 1 has a midwifery-led unit so they used some of the funding to access a course about personalised care in midwifery-led settings. This training increased the midwives' confidence, led them to explore other courses (such as aromatherapy) and reinforced the philosophy behind midwife-led settings. Consequently, Trust 1 explained that they are trying to make a cultural shift by moving away from a consultant-led care model towards midwifery-led care:

> "The most important thing is about changing culture... We've worked in a culture where we've only had one - we used to have a standalone, going back a number of years, but we've had a consultant model for quite a long time. People think that's safe, don't they? But you've got the cascade of intervention. We've had to really rethink about that midwifery led care element and regaining those skills in the essence of midwifery led care. We're not there yet, completely. We are still on our journey, but I think by putting women through the MLU they are safer. A consultant model is good, but it increases intervention." (Trust 1)

It was evident that Trust 5 had experienced a significant change in their organisational culture by moving from a "toxic culture" to a more cohesive environment with staff across all levels now possessing the confidence and skills to interact with other professionals, which ultimately has a positive impact on patient safety. As Trust 5 explained:

> "We had a culture which basically said that midwives and doctors didn't work together. So the training was about that. We cover hierarchy and then negative impacts of hierarchy, deep hierarchy." (Trust 5)

For this trust, part of the training involved appraising decision-making within a multi-disciplinary setting, empowering staff to escalate potential issues appropriately:

> "We talk about critical decision making. A simple example would have been in the past, staff, midwives very competently managing an emergency, and then the doctor arrives, and everybody just downs tools and stops doing what they are doing. That has stopped. They've moved now to, yes, the doctor comes in, but what they are expected to do is give a quick SBAR communication and then get on with what they are doing with the doctor's support, rather than okay, the doctor has arrived, we're all going to stop now because this person has arrived. That has changed substantially. Other things, like support workers that would never have rung a doctor.... one example, a support worker was asked, thought the woman was sick, the midwife was very busy, it was a nightshift, I don't think there were many people around. The midwife said, "Ring the doctor." Now, ordinarily, in the past, that support worker would never have rung a doctor. They would just not have felt comfortable doing that. The doctor said to get the midwife to review the woman and then ring them. The support worker didn't leave it there, they used a tool that we teach them on Human Factors called CUSS around I'm concerned, I'm unsure, is this safe? And then stop. They used this CUSS tool to basically get the doctor to come and review the woman, because they thought that the woman had sepsis, and she did. She ended up very sick. That escalation happened quicker…" (Trust 5)

4. Conclusions and Recommendations

As outlined in section 2.1, this evaluation originally sought to address three main questions:

1. What was the impact of the funding?
2. How will trusts ensure access to maternity safety training programmes/learning in the future and sustain the learning from these programmes?
3. What lessons can be learnt from this initiative?

This final section of the report will present the conclusions for each of the three research questions, and then make recommendations for future policy decisions in relation to maternity safety training.

4.1 Conclusions

What was the impact of the funding?

- The Maternity Safety Training Fund successfully funded 30,945 training places on a wide range of courses in HEE's Maternity Safety Training Catalogue, along with courses from other providers.
- This funding enabled the trusts to train a significant number of their maternity staff across many professional roles, and this was achieved in a relatively short period of time.
- Furthermore, the funding successfully engaged a wide range of professional groups in multi-professional training; the qualitative data indicates that this has impacted positively on working relationships, communication skills and maternity safety.
- The funding was particularly beneficial for trusts with limited funding sources prior to the MSTF, especially those who were required to self-fund non-mandatory training.
- The flexibility of the funding enabled the trusts to meet the specific needs of their maternity service by designing bespoke courses that can offer sustainable learning for their workforce.

- The flexibility of the MSTF also enabled the trusts to overcome some of the barriers typically associated with accessing training, as funding was allocated for the backfill of staff and additional travel costs when accessing training off-site.
- Face-to-face courses were particularly valued by the trusts; this format provided the opportunity to network with other professionals whilst gaining knowledge and practical skills.
- A positive impact of the MSTF application process is that trusts were encouraged to reflect on their contextual needs, the skills and roles of their maternity staff, and their existing mandatory training programmes, which has resulted in some of the trusts developing robust plans for sustainable learning, training and dissemination within their maternity service.
- As a result of accessing the maternity safety training, the trusts reported a range of impacts on everyday practice: increased confidence and the empowerment of staff; enhanced skills, knowledge and awareness; improvements in multi-professional working and communication; improvements in patient safety (e.g. through CTG interpretation and awareness of human factors); and positive changes to the culture of their maternity services.

How will trusts ensure access to maternity safety training programmes/learning in the future and sustain the learning from these programmes?

- The qualitative findings demonstrate the trusts' awareness that the MSTF was a unique opportunity to upskill their workforce and develop pathways for disseminating and sustaining the learning, at least for the next few years.
- It is evident that the trusts have developed and extended their mandatory programmes to incorporate their learning from the maternity safety training courses. In some cases, the existing mandatory training was redesigned to create a more sustainable and bespoke programme to meet the specific needs of the maternity workforce.
- The introduction of 'champions' in some clinical areas has enabled the dissemination of learning in everyday practice.
- The availability of funding for maternity safety training has previously been an issue for some trusts and although the findings indicate a small increase in the number of trusts that anticipate applying for external sources in the future, there is an element of uncertainty about how future funding will be secured. Financial limitations and institutional challenges

will continue to exist beyond the MSTF, which might impact negatively on the sustainability of the learning gained through this initiative.

What lessons can be learnt from this initiative?

- Mechanisms for sustaining the learning and training need to be considered at the initial decision-making stage when the trusts are assessing their learning needs, selecting the courses and identifying maternity staff to undertake the training; this will ensure that the trusts get the most benefit from the training and are equipped to develop their mandatory programmes moving forwards.
- In order to create sustainable learning that benefits the maternity service by improving working relationships, developing skills and enhancing patient safety, the following points need to be considered:
    - the identification of relevant maternity staff to train, especially staff who are in key positions to influence change and disseminate the learning;
    - the selection of appropriate courses to meet the specific needs of the maternity service, including the development of bespoke training where appropriate;
    - the format of maternity safety training, particularly courses delivered through face-to-face formats which can present more opportunities for networking with other professionals; and
    - the delivery of training to multi-professional groups which can enhance communication skills and team work across maternity services.

4.2 Recommendations

- While sustainability of training beyond the funding period was an aim of the programme, the data collected suggested that without ongoing financial support, there is a risk that the benefits of the MSTF initiative and the impacts of the maternity safety training will diminish over time, especially for trusts that have not yet achieved a sustainable programme of learning. Therefore, it is recommended that maternity services receive regular funding in order to maintain their learning and training gained through the MSTF.
- The Maternity Safety Training Catalogue contained 44 courses with just over half (23 courses) being delivered through e-learning formats. The findings indicate that e-learning

is a typical feature of mandatory training for many organisations and therefore, the opportunity to participate in face-to-face training was particularly valued by the trusts. While this has a resource implication, the use of more face-to-face opportunities should be considered in the development of the training catalogue if the MSTF initiative is repeated in the future.

- Future funding for maternity safety training should continue to be flexible and enable the trusts to access courses from a range of providers so that bespoke training programmes can be developed to meet the specific contexts and learning needs of each trust. This is particularly pertinent when addressing specific workplace culture issues which may be having an effect on safety.

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Appendix 1: Synopses of trusts involved in qualitative data collection

As outlined in section 2.4.1, demographic data, NHS Workforce Statistics and CQC report ratings were used to identify the trusts for the qualitative data collection. This appendix will provide a brief overview of each trust and the funding they received.

To adhere to confidentiality, the trusts have not been identified by name and the exact amount of their funding has not been disclosed. Instead, the approximate value of the MSTF award will be indicated as follows: £0 - £20,000, £20,001 - £40,000, £40,001 - £60,000, £60,001 - £80,000.

Trust 1

Trust 1 was selected for interview because it is located in an area of high deprivation. The trust was awarded £40,001 - £60,000 to fund maternity safety courses focused on the following skill sets: leadership, fetal monitoring, team working and communication, skills and drills, and cultural capabilities. An example of the courses accessed by Trust 1 include: Labour Ward Leaders Workshop, Human Factors, CTG and Resilience Training.

Trust 2

Trust 2 was selected for interview because it was rated as 'good' in a recent CQC inspection. They were awarded £40,001 - £60,000 to focus on the following areas of maternity safety training: leadership, team working and communication, team working and skills and drills, and cultural capabilities. An example of the courses accessed by Trust 2 include: Human Factors in Healthcare, Resilience Training, PROMPT, Childbirth Emergencies in the Community and Management of Labour Ward.

Trust 3

Trust 3 was identified as a 'large' trust with a high number of midwives. This trust was awarded £40,001 - £60,000 and the funding was focused on: fetal growth, fetal monitoring, team working and communication, and cultural capabilities. Trust 3 accessed a range of courses including: CTG K2, Mental Health, Human Factors, Positivity and Resilience.

Trust 4

Trust 4 was selected for interview because it is located in an area of low deprivation. They were awarded £60,001 - £80,000 to fund courses about leadership, team working and communication, along with skills and drills. Trust 4 trained their staff on a range of courses including: CTG Masterclass, PROMPT, Human Factors, Labour Ward Leaders Workshop, Childbirth Emergencies in the Community and Newborn Life Support.

Trust 5

Trust 5 was recently rated as 'requires improvement' by CQC. The trust was awarded £60,001 - £80,000 to focus on the following skill sets: leadership, fetal growth, fetal monitoring, team working and communication, skills and drills. An example of the maternity safety training courses accessed by Trust 5 include: Human Factors, ALSO, Fetal Monitoring and Newborn Life Support.

Trust 6

Trust 6 was selected for interview as it is located in an area of high deprivation. The trust was awarded £20,001 - £40,000 of funding to enhance their skills in fetal monitoring, along with team working and skills and drills. Trust 6 accessed courses such as: Human Factors, CTG, ALSO and Newborn Life Support.

Trust 7

Trust 7 was identified as a 'small' trust with a low number of midwives. The trust was awarded £20,001 - £40,000 to focus on the following skill sets: fetal monitoring, team working and communication, skills and drills, along with team working and skills and drills. An example of the courses accessed by Trust 7 include: Human Factors, CTG and PROMPT.

Trust 8

Trust 8 was located in an area of low deprivation. The trust was awarded £60,001 - £80,000, which enabled them to address the following areas: leadership, fetal growth, fetal monitoring, team working and communication, team working and skills and drills, and cultural capabilities. Trust 6 trained their staff on courses such as: CTG, PROMPT, ALSO, Human Factors and Childbirth Emergencies in the Community.

Trust 9

Trust 9 was selected for interview as it recently received an 'outstanding' rating from CQC. The trust was awarded £40,001 - £60,000 to fund training focused on leadership, fetal growth, fetal

monitoring, team working and communication. Trust 9 used their funding to access courses about third trimester scanning and foetal monitoring in labour, along with the CTG Masterclass.

Trust 10

Trust 10 was identified as a 'large' trust with a high number of midwives. The trust was awarded £20,001 - £40,000 to develop their leadership and team working skills. Trust 10 used this funding to develop an adaptation of the TeamSTEPPS[1] education programme for their maternity service.

[1] TeamSTEPPS is an 'evidence-based teamwork system to improve communication and teamwork skills among health care professionals' (Agency for Healthcare Research and Quality).

Appendix 2: Interview Guide

1. Can you tell me about your role and responsibilities within the maternity department?

2. Prior to the receiving funding from the Maternity Safety Training Fund:
    - What maternity safety training was available in your department?
    - Internal/external courses?
    - How was the training usually funded?

3. Maternity Safety Training Fund:
    - How much funding did you receive and which areas did you focus on?
    - What was your involvement in the application process and decision-making?

4. The process of selecting maternity safety training courses:
    - Courses selected from the Maternity Safety Training Catalogue and/or different providers?
    - Decision-making regarding the courses selected (e.g. was your decision influenced by the format or delivery of the training)?
    - Identification of staff to take part in the training?

5. The training courses accessed by your maternity staff:
    - How did the maternity safety training meet the needs of your staff?
    - Appropriateness of the course formats/assessments?

6. The impact of the maternity safety training on everyday practice:
    - E.g. skills, competence, patient care, safety, multi-professional working, organisational culture?

7. Future plans for maternity safety training:
    - Have you made any changes to your existing training programmes?
    - How will you fund maternity safety training in the future (e.g. look for external funding sources)?

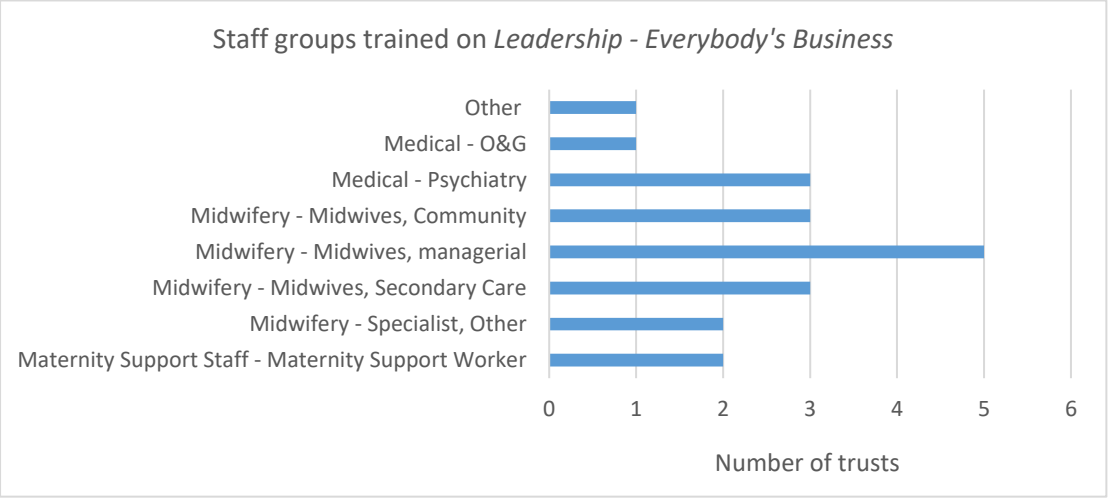
Appendix 3: Professional groups trained on courses selected by the trusts

The survey data relating to the professional groups trained for the ten most popular courses was presented in section 3.1.5. This appendix provides the survey data for the other 31 courses selected by the trusts.

Please note: the data relating to the number of staff trained and their professional groups was correct at the time when the organisations completed the survey in either December 2017 or March/April 2018. Also, some of the organisations did not complete all parts of the survey questions and therefore, the data presented here is based on their actual responses.

Leadership - Everybody's Business

This course was selected by seven trusts and trained 77 maternity staff members.

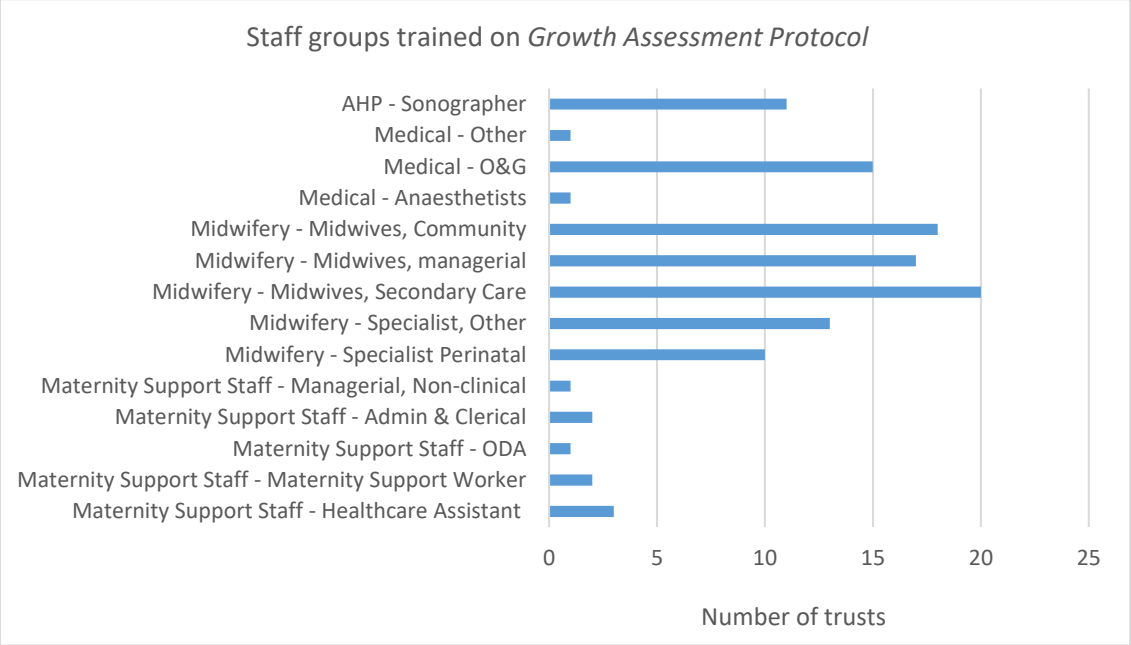


Leadership Framework - From Theory to Practice

This course was selected by three trusts and trained 17 maternity staff members, including: medical O&G, community midwives, managerial midwives, secondary care midwives and other specialist midwives.

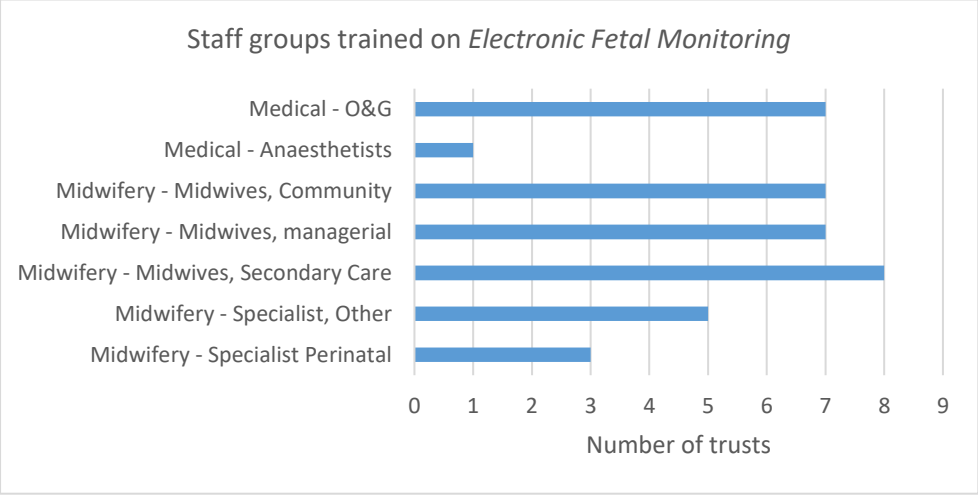
Growth Assessment Protocol (GAP Toolkit)

This course was selected by 25 trusts and trained 1239 maternity staff members.



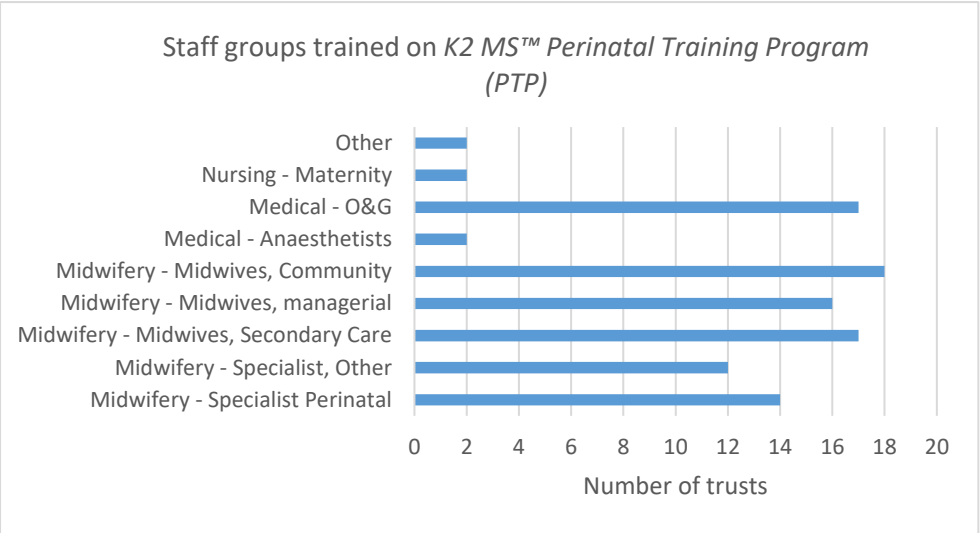
Electronic Fetal Monitoring (eFM)

This course was selected by eight trusts and trained 1358 maternity staff members.



K2 MS™ Perinatal Training Program (PTP)

This course was selected by 21 trusts and trained 3685 maternity staff members.

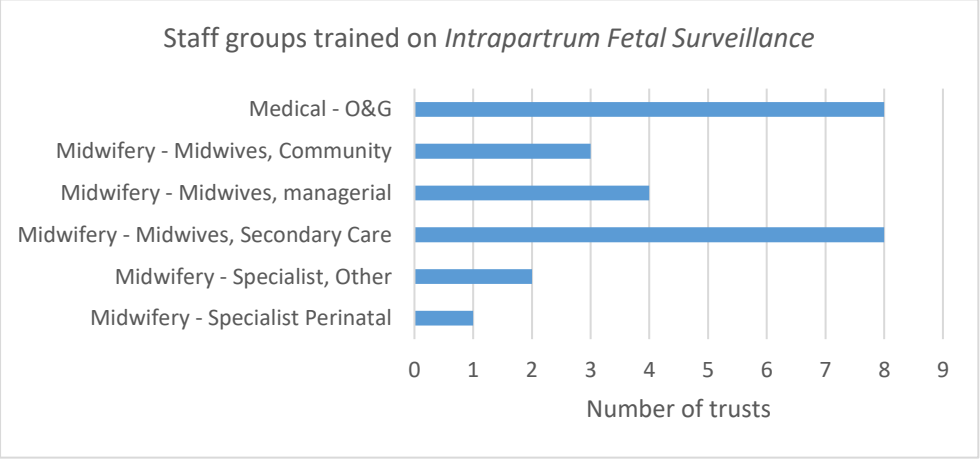


Assessment of Fetal Wellbeing

This course was selected by three trusts and trained 249 maternity staff, including medical O&G professionals and secondary care midwives.

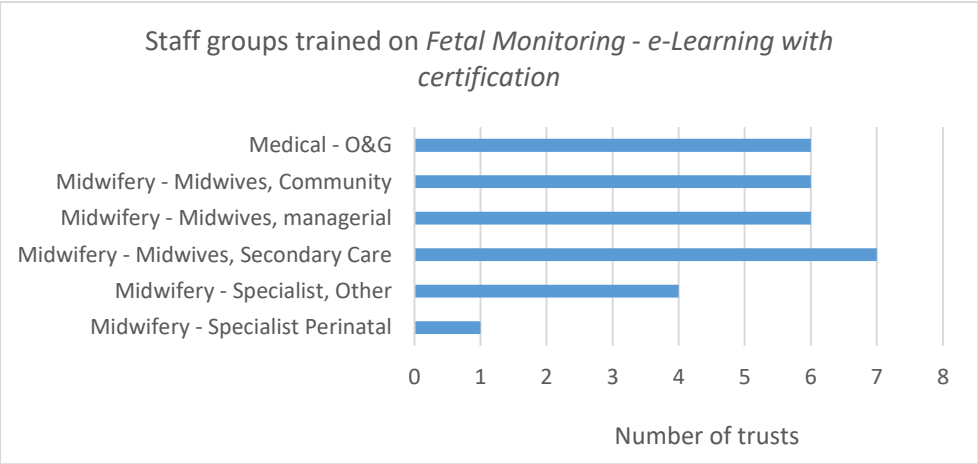
Intrapartum Fetal Surveillance

This course was selected by nine trusts and trained 561 maternity staff members.



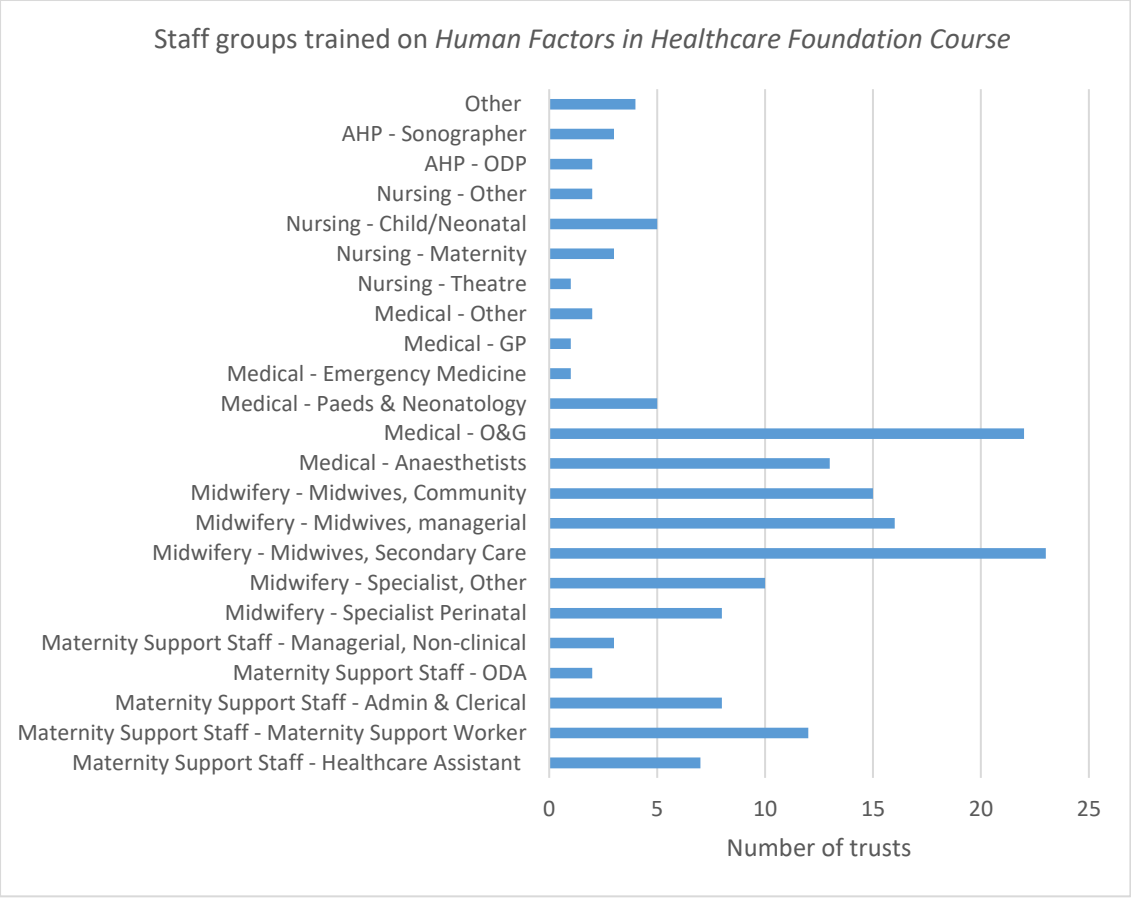
Fetal Monitoring - e-Learning with Certification

This course was selected by six trusts and trained 684 maternity staff members.



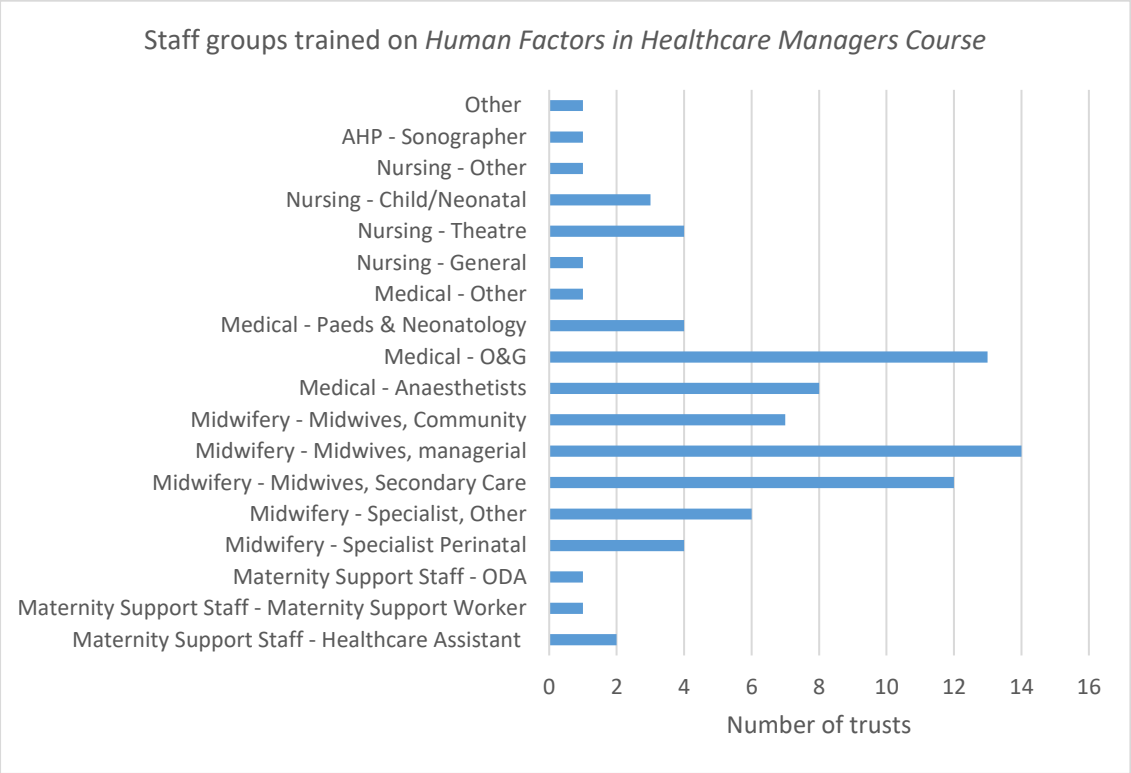
Human Factors in Healthcare Foundation Course

This course was selected by 24 trusts and trained 926 maternity staff members.



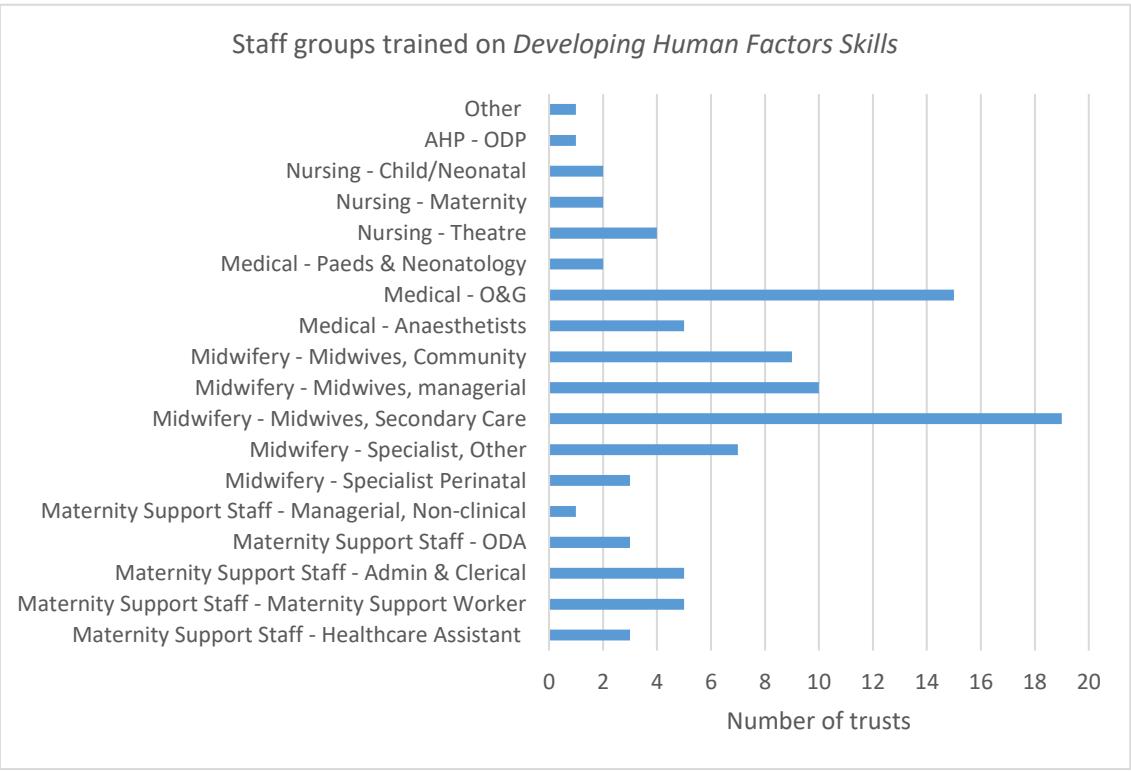
Human Factors in Healthcare Managers Course

This course was selected by 16 trusts and trained 218 maternity staff members.



Developing Human Factors Skills: Improving Safety and outcomes in the Delivery Suite

This course was selected by 22 trusts and trained 1235 maternity staff members.



Women's Health Patient Safety Day

This course was selected by six trusts and trained 20 maternity staff members. Their roles included: general nursing, medical O&G, community midwives, managerial midwives, secondary care midwives and other specialist midwives.

Communication Skills eTutorial

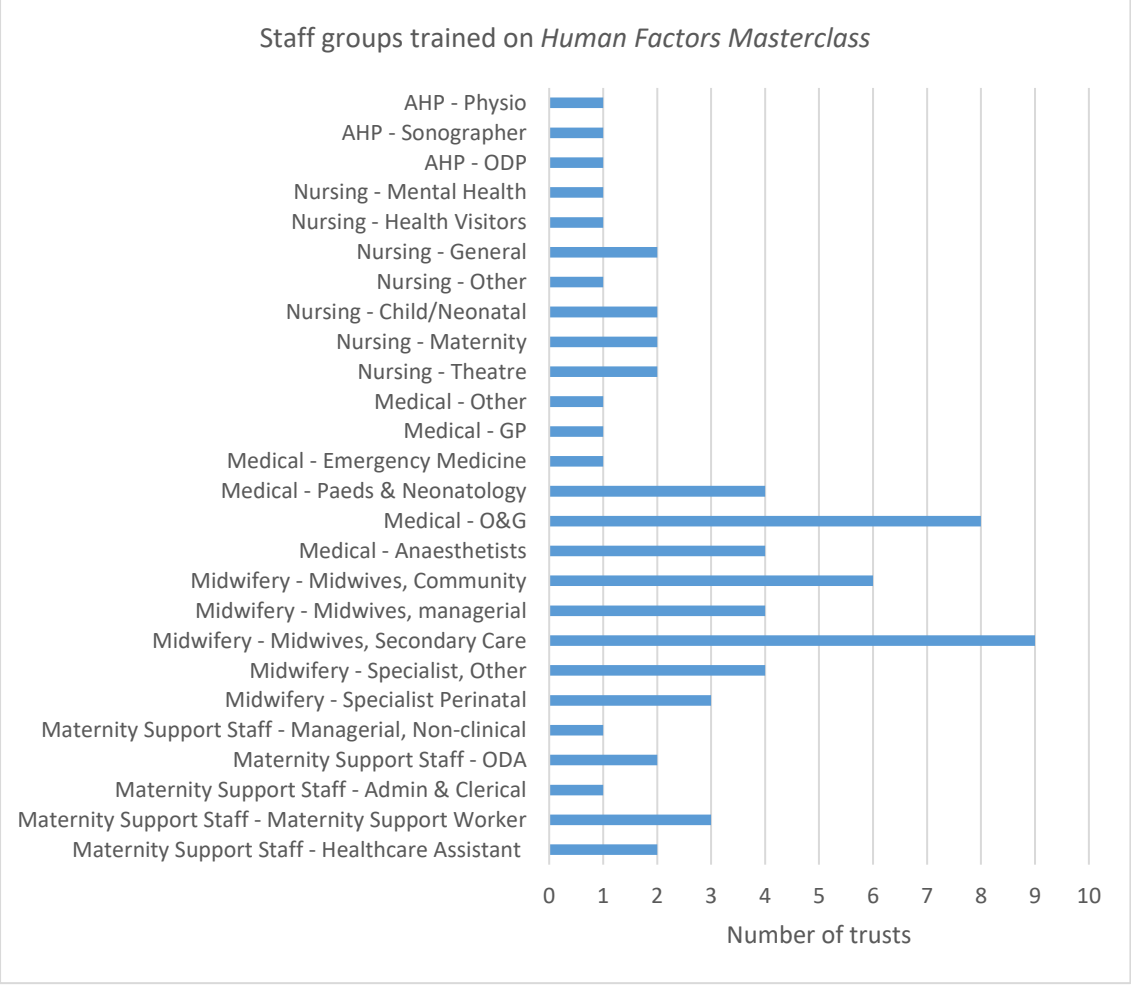
This course was selected by five trusts and trained 292 maternity staff members, including: midwifery admin and clerical staff, community midwives and secondary care midwives.

Giving Effective Feedback Presentation

This course was selected by two trusts and trained 210 maternity staff members. Neither of the organisations confirmed which staff groups had undertaken the training and whether the training was delivered to single or multi-professional groups.

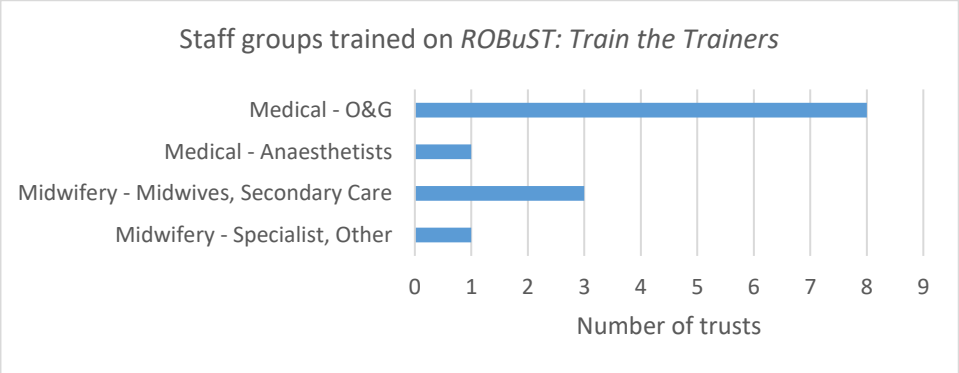
Human Factors Masterclass

This course was selected by 11 trusts and trained 282 maternity staff members.



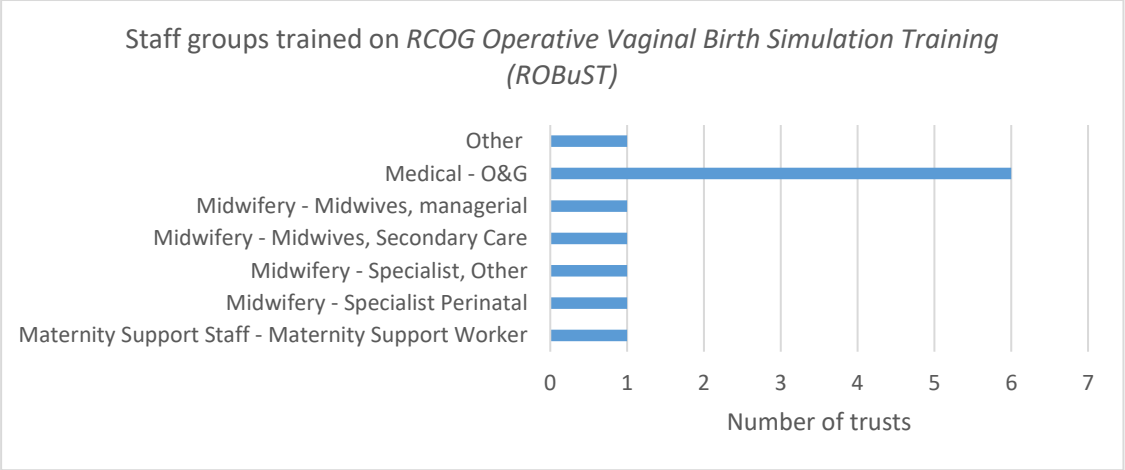
ROBuST: Train the Trainers

This course was selected by 10 trusts and trained 53 maternity staff members.



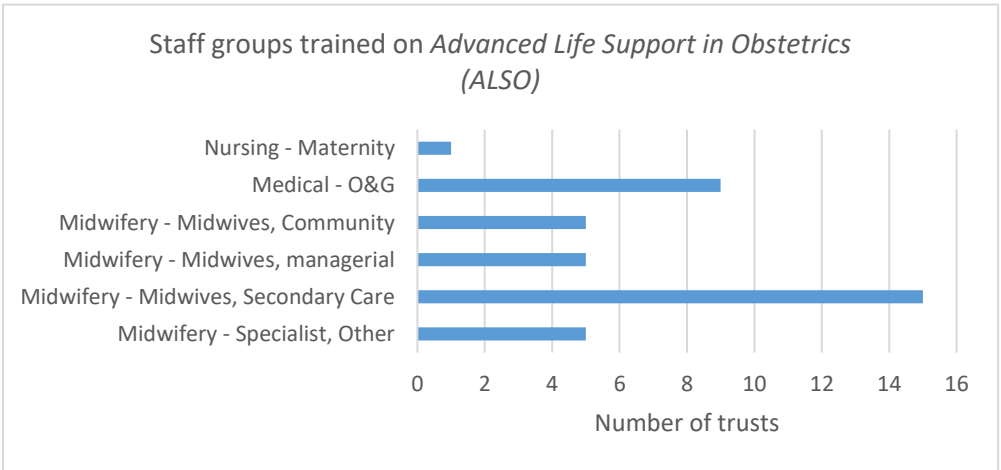
RCOG Operative Vaginal Birth Simulation Training (ROBuST)

This course was selected by nine trusts and trained 84 maternity staff members.



Advanced Life Support in Obstetrics (ALSO): Provider and Instructor Courses

This course was selected by 17 trusts and trained 197 maternity staff members.

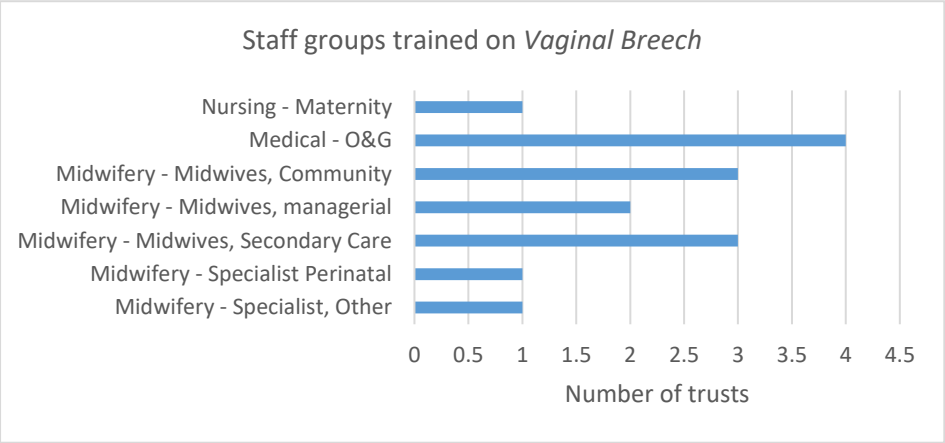


Basic Practical Skills in Obstetrics and Gynaecology

This course was selected by four trusts and trained 448 maternity staff members, including: medical O&G, community midwives, managerial midwives, secondary care midwives, specialist perinatal midwives and other specialist midwives.

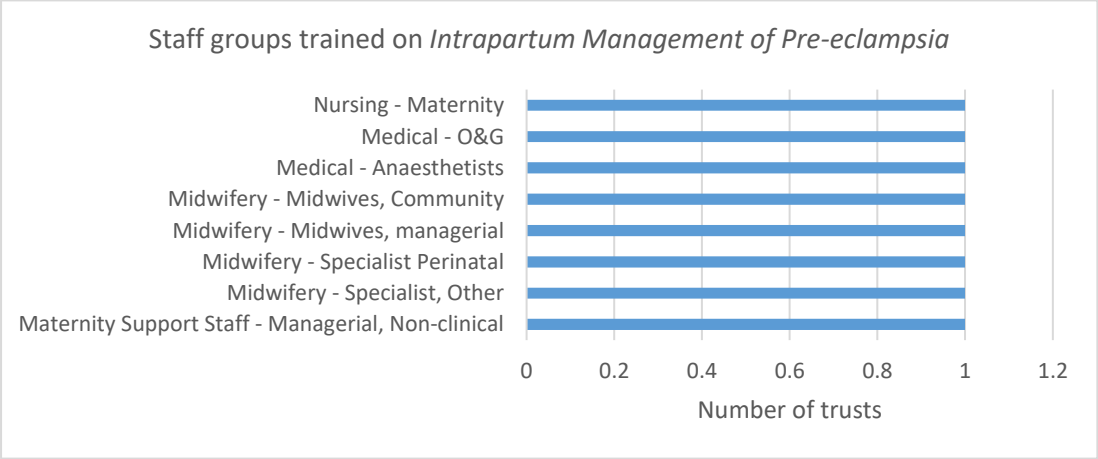
Vaginal Breech

This course was selected by seven trusts and trained 410 maternity staff members.



Intrapartum Management of Pre-eclampsia

This course was selected by three trusts and trained 539 maternity staff members.



Caesarean Section

This course was selected by two trusts and trained 240 maternity staff members. The survey respondents did not indicate the staff groups trained.

An Introduction to Cytomegalovirus (CMV)

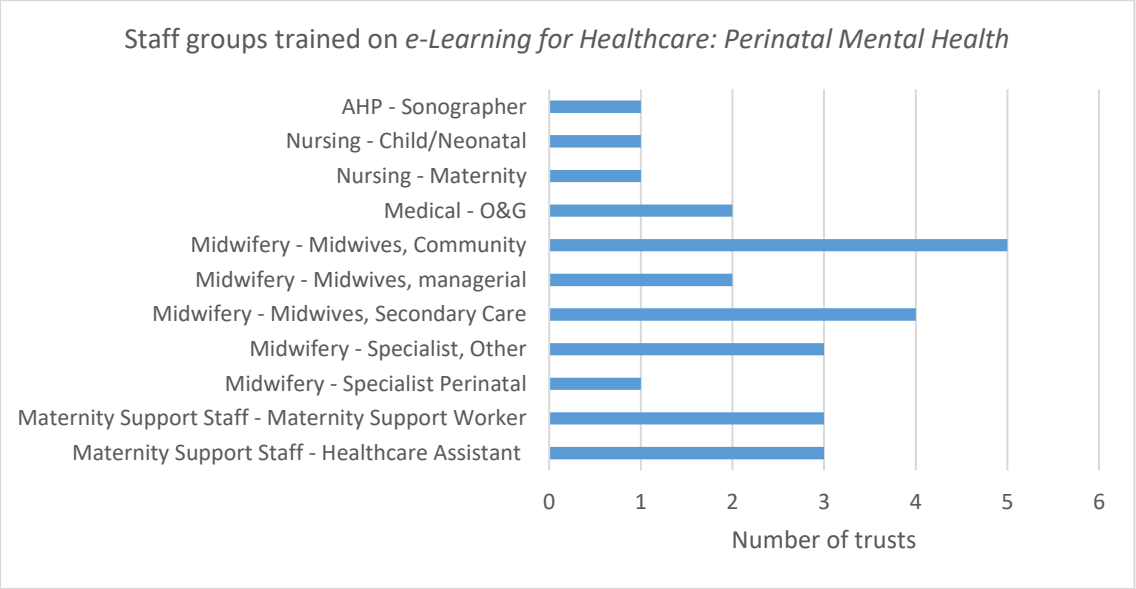
This course was selected by one trust and trained 210 maternity staff members. The survey respondents did not indicate the staff groups trained.

Thermoregulation: keeping the baby at the right temperature

This course was selected by three trusts and trained 211 maternity staff members, including: secondary care midwives, maternity support workers and healthcare assistants.

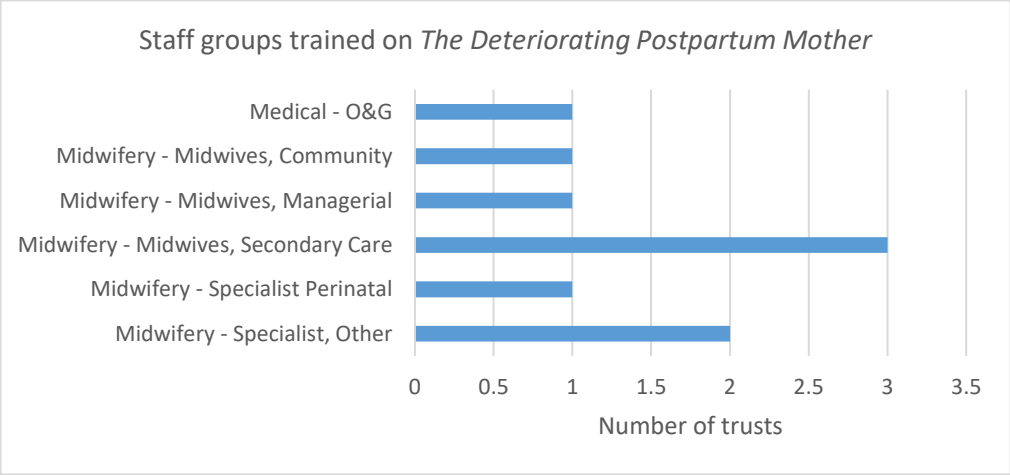
e-Learning for Healthcare: Perinatal Mental Health

This course was selected by 11 trusts and trained 586 maternity staff members.



The Deteriorating Postpartum Mother

This course was selected by three trusts and trained 291 maternity staff members.



Introduction to Emergency Situations

This course was selected by one trust and trained 246 maternity staff members: medical O&G, community midwives, managerial midwives, along with midwives working in secondary care, specialist perinatal and other specialist roles.

Haemorrhage eTutorial

This course was selected by two trusts and trained 16 maternity staff members. The survey respondents did not indicate the staff groups trained.

EaSi (eLearning and Simulation for Instrumental Delivery)

This course was selected by one trust and trained 16 maternity staff members, including: medical O&G, community midwives, managerial midwives, along with midwives working in secondary care, specialist perinatal and other specialist roles.

Intrapartum Management of Multiple Pregnancy

This course was selected by four trusts and trained 221 staff members, including medical O&G and secondary care midwives.

Reducing Avoidable Term Admissions

This course was selected by 11 trusts and trained 941 maternity staff members.