EXECUTIVE SUMMARY

Mind the Gap 2021 explores what training looked like for the maternity services workforce during the COVID-19 pandemic, and how this relates to the factors that contribute to the avoidable harm and deaths of mothers, birthing people, and their babies. It is an ongoing piece of research by the charity Baby Lifeline. The report directly surveys recommendations from reports investigating avoidable harm and takes into account wider events affecting maternity care.

Training is a central recommendation for improving safety in maternity services. Gaps which already existed in training due to chronic underfunding and staff shortages have become worse, and this report will give recommendations to improve training nationally and locally at a critical time for maternity.

Survey Findings

Report Recommendations

1. URGENT SUPPORT IS NEEDED TO RETAIN SKILLED PROFESSIONALS IN MATERNITY

Staffing, venues, and sufficient resources remain a significant barrier to providing and attending training on the frontline.

Baby Lifeline's previous Mind the Gap report in 2018 demonstrated the need for urgent action to fill detrimental gaps in training to improve care and to retain skilled professionals. It should not be optional for the NHS to provide professionals with the resources and tools to give safe care and feel valued in their jobs. It was clear from survey responses that there is an appetite for change in maternity and a frustration that more could not be done due to fundamental systemic barriers.

The COVID-19 pandemic has put increased pressure on already fragile and depleted maternity services. It looks to get worse, with reports from the Royal College of Midwives that half of surveyed midwives will leave the NHS in the next year - the majority stressing that they are not satisfied with the quality of care they are able to give. Even before the pandemic, the Royal College of Obstetricians and Gynaecologists reported that most units had detrimental staffing gaps, and around a third of doctors training to be obstetricians were leaving.

There needs to be a significant increase in funding to allow professionals to develop and maintain skills and retain staff within maternity. This funding needs to properly support the expansion of the maternity workforce, attendance and backfill on professional development training, suitable IT facilities and equipment, and venues.

2. THE PANDEMIC HAS CREATED MORE BARRIERS, AND TRAINING HAS SUFFERED

Training provision has decreased from 2017/18, and there are more barriers to providing and attending training. The biggest barrier identified was the COVID-19 pandemic.

Methods of training have changed dramatically during the COVID-19 pandemic, with less opportunity for interaction with training facilitators and between professional groups.

Despite exceptional efforts by practice development teams, training nationally has suffered in the last year. Teams adapted by putting training online, but the amount of interactive team-training suffered as a result. Almost all maternity services (97%) identified barriers to providing training to the workforce. There was an increase in barriers identified overall from 2017/18, with venue availability and restrictions becoming more of an obstacle, and inadequate and insufficient IT systems inhibiting attendance. Staffing remains a significant barrier to providing and attending training.

As maternity services move toward a more blended approach of online and face-to-face training, it is important that training is developed to facilitate discussions and interactive learning, especially in a multi-professional environment.

3. TRAINING RELATING TO AVOIDABLE DEATHS AND HARM WAS PATCHY

Training elements of national initiatives to improve safety and save lives were not widely implemented. There were significant gaps identified in the provision of training elements within guidance, such as the Saving Babies' Lives Care Bundle and the Maternity Incentive Scheme.

Although there was an increase in the provision of training recommended by the Saving Babies' Lives Care Bundle, fewer than one quarter of maternity services provided all of the training elements outlined by the bundle. Similarly, two thirds of NHS Trusts in England provided training on all of the general topics relating to the safety actions within the Maternity Incentive Scheme, but only three Trusts provided training on the detailed aspects of safety training as specified within the guidance. National guidance like the Core Competency Framework is an opportunity to support practice development teams to prioritise and standardise life-saving training.

To support the level of demand on maternity services to implement quality and safety improvement initiatives, maternity services need to be properly staffed and resources for training should be prioritised. The current workforce does not have the infrastructure to support what is expected of them.

There should be a nationally agreed specification of ongoing training competencies for all staff, founded on evidence-based best practice, themes in avoidable harm, and clinical data. Compliance with training competencies should be externally validated regionally or by a national body, and actions taken to support any barriers identified.

4. THE NEEDS OF THE LOCAL POPULATION MUST BE CONSIDERED WITHIN TRAINING TO TACKLE INEQUITY AND INEQUALITY

There are training gaps for risk factors that influence health inequalities, and local population needs were not considered by 1 in 4 organisations when determining training priorities.

The COVID-19 pandemic has amplified pressure on the need to address health inequalities, and the newest reports looking at babies and mothers who died found that risks increased due to deprivation, maternal age, ethnicity, language, co-morbidities, and disability. Trusts need to understand their local population needs, and so it was discouraging that 1 in 4 trusts did not consider the needs of the local population when deciding training priorities. In addition, there were significant gaps in training for clinical signs on darker skin in an emergency, social complexities, communication, and cultural awareness.

Maternity services should use local population data to determine clinical and social risk factors and determinants of health, which should then guide their training priorities. Evidence-based training should be co-produced with family voices groups, both local and national to keep service users at the heart of improving the care.

5. DATA COLLECTED AND STORED ON MATERNITY TRAINING VARIES

Information provided by organisations regarding training was not consistent in its detail, and many organisations could not give us information on budgets for training. The time taken to complete the survey varied widely, with some accessing information more easily than others.

There were varying degrees of detail and gaps in information across all sections of the training survey, with responses on training budgets not being provided by one third of organisations and inconsistent information provided by most. The survey took some organisations less than 3 hours, but other organisations stated that it took them over 16 hours. The wide range in time it took for organisations to complete the survey, and variance in the quality of information provided, show the lack of a standard process to collect and store data on training happening on the maternity frontline. If we wish to measure the impact of quality improvement initiatives nationally, there need to be meaningful data on what training looks like.

There should be a nationally agreed method of monitoring training, and an auditing system developed to support professionals on the frontline to collect and utilise the data easily. This is particularly important if the training relates to national safety initiatives designed to save lives and reduce harm, and will enable a meaningful analysis of the impact of certain initiatives.