

Example Business Case — Training Request

This form must be completed for any new training initiative that requires resources or support. The purpose of this form is to ensure any new training initiative has been thoroughly thought through and approved prior to its commencement.

This form should be completed by the subject matter expert or project lead for any new training that is required to be delivered.

Please complete Part A to prepare for an initial discussion with Learning & Development colleagues to discuss the proposal and agree next steps.

PART A – Training Proposal

Subject name	Perinatal Bereavement
Name of person completing the application (Subject Matter Expert):	
Job title:	Bereavement Specialist Midwife
Department:	Maternity
Contact details:	
Date of completion of form:	
Name of relevant committee (for oversight and reporting)	Maternity Governance meeting

1. What is the aim of the training you are proposing/requesting?	To support staff in providing excellent bereavement care			
2. What is the rationale for providing this training? <i>What are the internal/external drivers? eg legislation, Care Quality Commission (CQC), national frameworks, professional bodies or local policies. How does it link to Trust/Health Board objectives?</i>	To be compliant with National Bereavement Care Pathway standards as recommended by the Ockendon report March 2022.			
3. What are the risks of not implementing the training?	<p>Increase in emotional distress and mental health illness for families experiencing perinatal loss. Reduced emotional resilience for staffing caring for bereaved families. Reduced awareness of the causes of perinatal death therefore less commitment to reducing perinatal death.</p> <p>Without adequately trained midwives too much reliance on bereavement midwife for maintaining systems and processes (single point of failure)</p>			
4. Are you requesting training to be a mandatory requirement?	Yes – as an essential skills subject			
5. If mandatory then what refresher period? <i>Is there a requirement for the training to be repeated</i>	Once only	Annual	2 yearly	3 yearly ✓

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<i>and if so how often and why? Please tick box.</i>	Reason for refresher period: Numbers of perinatal loss are relatively low but impact great for each family so staff need regular updates.
6. Who will this training be aimed at? <i>Eg clinical, non-clinical, specific staff or professional groups. Include different levels if applicable. Approx description only – more detailed info requested in Part B</i>	All registered midwives
7. How do you propose that staff will be trained? <i>Please outline the learning methods you have considered/would like to implement. What is the blend of learning? e.g. classroom training, virtual reality, video, animation, simulation, workbook</i>	Face to face full day training. Twice a year at least for 1 st 2 years, starting Feb 2023.
8. What resources and support are you requesting from L&D? <i>(classroom bookings, eLearning development, recording and reporting, AV equipment)</i>	Possibly a room if not Lecture Theatre
9. Are you working to a deadline? <i>If so when and why?</i>	No strict deadline but first session planned with facilitators for 17th February 2023.
*10. What are the costs of implementing training? <i>a) Cost in hours of staff time per year = duration of training x number of staff requiring / refresher period</i> <i>b) any other costs? Eg Cost of development time or buying in training/admin time, accreditation fees.</i>	7.5 hours x no. of midwives every 3 years = 2.5 hrs per midwife per year. No direct charge for facilitators PGMC cost?

**You may not have sufficient information to complete this section initially – support will be provided to establish numbers of staff to be trained.*

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PART B – Training Delivery Plan

If the L&D team are going to provide support with this training you will be asked to complete Part B, and if the request is for training to be mandatory the form will be submitted to Strategic Workforce Committee for approval.

1. Objectives/Learning Outcomes	
<p>List the training objectives (for each level if appropriate)</p> <p>They should be measurable and demonstrate improvements in practice.</p> <p>What do you want people to learn?</p> <p>What behaviour/knowledge/skill would change as a result of this learning?</p> <p>Any stated learning outcomes that must be met.</p>	<p>Increased knowledge of the causes and numbers of perinatal death.</p> <p>Increased understanding of how to prevent perinatal death.</p> <p>Increased understanding of the relevant paperwork and legalities required following perinatal death.</p> <p>Decreased errors in paperwork received in the mortuary.</p> <p>Increased confidence in supporting memory making activities.</p> <p>Increased understanding of trauma informed approach to care and communication.</p> <p>Increased emotional resilience for staffing caring for bereaved families.</p>
2. Current situation	
<p>Is this new training or a change to existing course or programme? (eg change to type/content of delivery or who needs the training). If training is already delivered please describe.</p>	<p>2018-2020 training was provided annually and midwives attended in own time at own cost (£15)</p>
3. Training approach	
<p>Links to other training/prerequisites</p> <p>Is this course part of a programme of other courses?</p> <p>Eg prior learning or assessment needed</p>	<p>N/A</p>
<p>Existing training materials</p> <p>Is there any existing training that could be used/modified eg national eLearning or resources that another trust could share?</p>	<p>Training slides and resources from previous training will be used</p>
<p>Versions of content</p> <p>Will the content be the same for all or is there a need for different versions eg nursing/medical or adult/paeds?</p>	<p>Same content for midwives and doctors (possibility of separate/different version aimed at MCA/MSW but may not be mandatory)</p>
<p>Stakeholders</p> <p>Do other leads/subject specialists need to be involved in the design of the training eg paediatrics, safeguarding team, IPC?</p>	<p>Co designed by Bereavement Specialist Midwife and Obstetric Bereavement Lead Consultant.</p>
<p>Facilitators</p> <p>Who will provide the training eg deliver face to face or develop resources?</p> <p>Do the trainers/facilitators hold training certificates/qualifications, or have they attended the train the trainer course?</p>	<p>Delivered by Bereavement Specialist Midwife and Obstetric Bereavement Lead Consultant. Maternal Mental Health service to support delivery.</p>
<p>Estimated Duration</p>	<p>7.5 hours</p>

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<i>How long do you expect learners to spend completing this training?</i>	
Access <i>If face to face where will it be delivered? Have you considered a 'virtual' option eg via Teams? If eLearning how will it be accessed? e.g . via a website or another platform.</i>	Face to face.
Quality Assurance <i>All training should be quality assured regularly, this is often done in line with the refresher period or when the content changes. How will you quality assure the training and who will carry this out?</i>	Training will be updated in line with guidelines (reviewed every 3 years). Peer review regularly undertaken between facilitators and in response to feedback.
Evaluation <i>Evaluation will help determine if the training has been effective in meeting its objectives and aims. How and when will you evaluate your training and who will you report your findings to? What audits/surveys/interviews will you conduct?</i>	Post training feedback questionnaire Discussion with midwives post bereavement re value of training. Audit of mortuary errors for perinatal loss with aim of reducing errors over time (3 year target to reduce from pre training baseline)

4. Training Needs Analysis		
<i>For mandatory/essential subjects please indicate whether this training would be for all staff or specific groups. Please describe the staff in each group to help work out numbers. Further details of roles and numbers in each category can be provided.</i>		
Staff group as classified in ESR	Description of which staff in this group (eg patient facing only, inpatient areas only) or 'all'	Number of staff (provided by L&D)
Nursing & Midwifery	All registered midwives	234
Medical and Dental Specify training and/or non-training grades		
Healthcare Scientists		
Estates and Ancillary		
Allied Health Professionals (AHP)		
Administrative and Clerical		
Additional Prof Scientific and Technical Eg psychologist, pharmacist, optometrist		
Additional Clinical Services eg HCA, associate practitioner nursing and healthcare science assistant		
Volunteers		
Totals		234

5. Inclusivity and accessibility

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<p><i>How will you ensure that your training delivery takes account of a range of learner needs and does not discriminate on any of the protected characteristics? It is important that content delivery is inclusive of all staff, which may require some adjustments to be made to be accessible for all. More information is available in the Equality Impact Assessments of the mandatory training policy and subject specific policies.</i></p>	<p>Consult guidance on ensuring training resources eg presentation slides meet requirements for dyslexia, visual impairment, colour blindness. Check venue with regard to audio and physical accessibility.</p>
<p>6. Administration and Recording</p>	
<p><i>If face to face how will bookings be managed (eg self booking on ESR, is manager approval required to book)?</i></p> <p><i>How will training be recorded? (on central Learning Management System or locally) NB a course form will be required for all centrally recorded classroom courses. Who will be responsible for inputting these records?</i></p>	<p>Self-booking on ESR, no manager approval needed.</p> <p>Record attendance on ESR.</p>
<p>7. Reporting</p>	
<p><i>Which committee will monitor compliance (if applicable) and can you confirm that monitoring compliance is included in this committee's terms of reference?</i></p> <p><i>Is there a requirement for compliance figures to be reported externally to the Trust/Board? If so please state reason and who requires report. Is there a specific % compliance target external to the Trust/Board? – if so please explain who has set the target</i></p>	<p>Bereavement Specialist Midwife to monitor attendance/compliance and report into Maternity governance meeting.</p> <p>No external requirement for compliance reporting. Use Trust 90% target.</p>
<p>8. Roll out and communication</p>	
<p><i>How will staff know about the training and who can help with the roll out?</i></p> <p><i>What are the estimated timescales for delivery and roll out? What channels will you use? E.g. Workplace, emails, champions, team brief, intranet</i></p>	<p>Maternity newsletter</p> <p>Workplace post</p> <p>Poster in staff room</p>

Sign-off

The content of this proposal must be signed off by a representative of the relevant committee.

Name of committee chair/representative: _____

Date of sign-off: _____

Related policy: Stillbirth guidelines. Respectful Disposal of Fetal Tissue and Remains Policy