Annual Report 2017

National Women & Infants Health Programme

National Women & Infants Health Programme

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Message from the National Programme Director

I am pleased to present the HSE's second annual review of progress implementing the "National Maternity Strategy – Creating a Better Future Together".

This year was an important year for maternity services, with the establishment of the National Women and Infants Programme, who are charged with the implementation of the National Maternity Strategy. This is the first time a programmatic approach has been introduced to the management of maternity services. The Programme also has a remit for benign gynaecology and neonatology.

This annual report sets out some of the key developments during 2017. While we have made some good progress in delivering some key recommendations, much of 2017 was about laying the foundations for the significant re-orientation in our model of service delivery that is set out in the National Maternity Strategy.

These foundation steps include:

- Building the NWIHP team;
- Engaging with the delivery system (hospital and community) on key implementation activities;

- Developing a network of key stakeholders to ensure that our work always aligns to the needs of service users;
- Aligning the work of the Clinical Care Programmes relating to the maternity service, with our implementation.

Central to these foundations was the development and the publication of our Implementation Plan for the National Maternity Strategy. The Plan, which was developed in collaboration with our colleagues across the delivery system, and within the Department of Health, has enabled us to secure development funding of €4.5m in 2018.

With the funding secured to date, the support of the delivery system and our service users, and the exceptional colleagues I work with in NWIHP, we look forward to building on our solid foundations from 2017.

Kilian McGrane
National Programme Director
HSE National Women and Infants Health Programme

Part 1 - Introduction

The establishment of the National Women and Infants Health Programme (NWIHP) in January 2017 marked an important development in the planned improvements of our maternity services. In 2015 the Government determined that a programmatic approach, similar to that which was adopted for cancer care services in 2007, was required for maternity services. A robust policy framework was developed in January 2016 with the launch of the National Maternity Strategy – Creating a Better Future Together, 2016-2026, National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death (August 2016) and HIQA's Safer Better Health Standards for Maternity Services (December 2016). The NWIHP was then founded as the implementation body for these important policy documents.

The Programme has a broad remit with responsibility for maternity services, benign gynaecology and neonatology. This spans acute hospitals, primary care and community care settings; anywhere services are provided to women.

In 2017, the Programme focused on maternity services, and used the four strategic priorities from the National Maternity Strategy as the framework for our work. The four strategic priorities are:

- A health and wellbeing approach;
- Access to safe, high quality nationally consistent, women centred care;
- Providing women with informed choice as to their pathway of care;
- Ensuring the appropriate resourcing, governance and leadership for maternity services.

Our Approach

An initial key objective of the Programme was to develop a detailed understanding of our 19 maternity hospitals/units. This is a prime focus as although the Programme covers the continuum of care, the vast majority of maternity services are delivered within an acute setting.

All 19 maternity hospitals/units are part of the six hospital groups (appendix 1). There are four standalone maternity hospitals and 15 maternity units located on the grounds of

general hospitals. This explains why we refer to ‘maternity hospitals/units’ when describing the service delivery system in hospitals.

Following an engagement with the Hospital Group Chief Executive Officers, the Programme commenced initial site visits in early 2017.

There is significant variation between each of the 19 maternity hospital/units with a substantial range in the number of births per hospital/unit from over 9,000 in the largest to approximately 1,000 in the smallest.

Variation exists in physical infrastructure across all 19 maternity hospitals/units, with the majority of the 19 maternity hospitals/units requiring significant investment to meet current hospital accommodation standards. It is acknowledged that the four standalone hospitals are planned to collocate with an adult teaching hospital.

Our approach during the year has been to engage with all those either directly or indirectly involved in the provision of women and infants services. We have on-going and regular engagement with colleagues in the Department of Health and various stakeholders (see appendix 3).

This engagement has been essential in order for the Programme to best understand the landscape and determine the most appropriate way to implement the National Maternity Strategy.

Implementation Plan for National Maternity Strategy

The primary objective for the Programme in 2017 was to develop the Implementation Plan for the National Maternity Strategy.

As the NWIHP was established in 2017, the target set in the National Maternity Strategy of creating an Implementation Plan within six months of the Strategy’s launch was not achievable; the Implementation Plan was developed by late June 2017, six months after NWIHP was established. The process to achieve that is detailed further on in this report.

The NWIHP Team

To deliver on the objectives of the National Maternity Strategy, and the wider remit of the Programme, a dedicated team of suitably qualified people was required (see appendix 4). The NWIHP are fortunate to have recruited such a talented and committed group of people. The team was recruited during the course of 2017 and some vacancies remain. However notwithstanding the limited resources, good progress has been made.

The National Maternity Strategy Implementation Plan was developed the NWIHP and later launched by the Minister for Health, Mr Simon Harris T.D., in October 2017. The Implementation Plan describes 237 Actions across the 77 Recommendations of the Strategy to meet strategic priorities.

Whilst the framework's implementation will span over 10 years, the Programme prioritised the following objectives for the year 2017. These are in line with the HSE National Service Plan 2017:

National Maternity Strategy Implementation Plan

- Establish the National Women and Infants Health Programme to develop an action plan for the implementation of the National Maternity Strategy;
- Initiate 63 actions specific to 2017 (see appendix 5);

Health and Wellbeing

- Implement a range of improvement actions based on the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death across all 19 maternity units;
- Perinatal Mental Health;
- Smoking cessation supports in Maternity Hospitals/Units;

Quality and Safety

- Improve access to antenatal anomaly screening in all maternity units;
- Midwifery leadership;
- Irish Maternity Indicator System;

Choice

- Continue to support the Guideline Development Group for the National Clinical Effectiveness Committee for Childbirth Guidelines;
- Roll out the maternal and newborn clinical management system in phase 1 hospitals and commence phase 2 preparation and roll-out;
- Progress plans for the relocation of Dublin maternity hospitals and University Maternity Hospital Limerick;

Governance and Accountability

- Publish Maternity Patient Safety Statements for all maternity units/hospitals monthly;
- Managed Clinical Networks;
- Recruitment;
- Parliamentary Affairs.

Part 2 – Health and Wellbeing

National Standards for Bereavement Care

A vital focus specific to the Health and Wellbeing chapter of the National Maternity Strategy Implementation Plan was the improvement of support services for women who have experienced the loss of a baby. This was initiated through the launch of the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death across all 19 maternity units, published in August 2016.

A recruitment process commenced in 2017 and by December 2017, 13 of the 19 maternity hospitals/units Bereavement Clinical Midwife/Nurse Specialists were recruited and in place, with the remaining six posts to be filled in 2018.

Central to the implementation of the new National Standards, a national Bereavement Standards Implementation Team was established in March 2017, led by Dr Keelin O'Donogahue, and with programme manager Ms Riona Cotter. The team have visited all 19 maternity hospitals/units and developed reports on what additional supports are required to adhere to the standards. The development of a dedicated bereavement team in each maternity hospital/unit is a key priority.

Perinatal Mental Health

The National Maternity Strategy recognises the importance of perinatal mental health, and the need to develop clear pathways for women who have mental health issues during the perinatal period. The HSE Mental Health Division developed a Perinatal Mental Health Model of Care which was launched in November 2017. This plan will see each Maternity Network have a Hub and Spoke model, with key mental health professionals based in the tertiary centres, and perinatal mental health midwives located in the spoke units. A detailed referral pathway has been developed to ensure that women can access the right care they need in a timely manner.

The HSE's Mental Health Directorate secured the funding to support the mental health professional posts in 2017 and 2018. NWIHP secured development funding to appoint a Clinical Midwife Specialist in perinatal mental health to each maternity hospital/unit, to ensure that the referral pathways operate as planned. The recruitment and filling of these posts will take place during 2018.

Since 2017, the NWIHP and the Health and Wellbeing Directorate started to develop a new training programme to support appropriate personnel in the maternity hospitals/units to identify at risk women and how to refer that woman to the appropriate pathway.

Smoking Cessation

The NWIHP worked closely with the Health and Wellbeing Directorate to develop a joint estimates bid for the appointment of smoking cessation officers nationally in 2017. Providing support to women who smoke before, during, and after pregnancy is an important aspect regarding the Health and Wellbeing of women, supporting the implementation of the Healthy Ireland Framework (2013-2025).

While no additional resources for smoking cessation were secured for 2018, the HSE Health and Wellbeing Division and the NWIHP have collaborated to introduce pilot initiatives in 2018.

Part 3 – Quality and Safety

Scanning

The implementation of the National Maternity Strategy will assure equitable access to standardised ultrasound services which will accurately date the pregnancy and assess the foetus for ultrasound diagnosable anomalies. In early 2017, only seven maternity hospitals/units offered all women access to anomaly scans. This current inequitable situation needs to be addressed and the NWIHP recognises the need to recruit additional Sonographers.

NWIHP engaged with the Hospital Groups to assess the additional requirements to meet this objective. Funding for 28 Ultrasonographers was secured though the estimates process for 2018 and these posts have since been allocated to each Maternity Network. In line with the National Maternity Strategy, it is the objective of NWIHP to make routine anomaly scans available to all pregnant women within the public health system, based on the choice of the woman, and not limited by clinical indications. While challenges with training and recruitment of staff have been identified through the monthly Maternity Network meetings, NWIHP anticipates significant improvement in access to scanning in 2018.

Midwifery Leadership

Although the HIQA Portlaoise Report (2015) recommendations are not part of the National Maternity Strategy, one particular corresponding aspect shared between these frameworks is the acknowledgement that leadership in Midwifery improves quality, safety and the experience of women through clinical and corporate governance.

In 2017, there were Directors of Midwifery across all 19 maternity hospitals/units, either in an acting or substantive capacity.

The appointment of Directors of Midwifery has been a significant and positive development for our maternity services. While the large tertiary hospitals had dedicated Directors of Midwifery, the appointment of Directors of Midwifery to all maternity hospitals/units has been a very welcome development. They provide key clinical leadership and will be central to the implementation of the National Maternity Strategy.

Maternity Services will be underpinned by strong and effective leadership, management and governance arrangements. This will assure a person-centred approach is delivered by a skilled and competent workforce in partnership with women.

Irish Maternity Indicator System

Collecting, analysing, monitoring, and reviewing data underpin effective management of maternity hospitals/units. The Irish Maternity Indicator System (IMIS) was developed in 2014 by the National Clinical Programme for Obstetrics and Gynaecology (NCPOG) to provide standardised baseline data across maternity hospitals for senior hospital managers.

The IMIS encompasses a range of multidisciplinary metrics, including serious obstetric events, deliveries, neonatal metrics, infection and laboratory metrics, and hospital activities. It facilitates within-hospital tracking of monthly and annual data. It also provides national comparisons across all maternity units, where appropriate. Annual data are sent to the NCPOG and, since 2017, to the NWIHP, where they are analysed and compiled in a national annual report as well as individual hospital reports and Hospital Group reports. In 2017, the NWIHP began producing an Interim IMIS Report for the first half of the year.

Clear implementation guidelines underpin the IMIS data collection, definitions, and reporting procedures. There are also guidelines for escalation in the event of potential problems arising. The IMIS is an innovative and progressive tool in Ireland's maternity services, paving the way for more timely scrutiny of hospital processes and outcomes for women and infants. Since the introduction of the IMIS, there is evidence of improvements in approaches to data collection and review at maternity hospital/units. Moreover, there is evidence that timely scrutiny of the data has led to improvements in maternity settings and the quality of care delivered. These developments are part of the desired envisaged outcomes of multiple national recommendations for maternity services (for example, HSE NIMT Report (2013), HIQA Report (2013), Report of the CMO on Perinatal Deaths (2014), Safety Incident Management Policy (2014), HIQA Portlaoise Report (2015), Review by Dr Peter Boylan (2015)), as well as the National Maternity Strategy (2016) and NMS Implementation Plan (2017).

The successful implementation of the IMIS is directly attributable to the individual staff members at maternity hospitals who are continually striving to perfect their data systems. They are achieving these high standards whilst concurrently performing full-time midwifery and other roles in their hospitals and, in many cases, without modern electronic data systems.

Part 4 - Choice

Childbirth Guidelines

The vision of these Childbirth Guidelines is that women and babies have access to safe, consistent and high quality care in a setting that is most appropriate to their needs. Women and families are placed at the centre of all services and are treated with dignity, respect and compassion. Parents are supported before, during, and after pregnancy to allow them provide their child the best possible start in life. The guidelines, which are National Clinical Effectiveness Committee guidelines, are due to be completed at the end of 2018.

Maternal and Newborn Clinical Management System

Phase 1 of the Maternal and Newborn Clinical Management System (MN-CMS) commenced with the “go-live” of Cork University Maternity Hospital (CUMH) in December 2106. In 2017 University Hospital Kerry and the Rotunda Hospital went live. The completion of Phase 1 will be marked with the planned go-live of the National Maternity Hospital in January 2018.

A Phase 2 preparedness review commenced in late 2017, and will inform the decision about Phase 2 sites.

Part 5 – Governance and Accountability

Maternity Patient Safety Statements

Maternity Patient Safety Statements (MPSS) are published for each of the country's 19 maternity hospitals/units. Each maternity unit has published maternity patient statements since December 2015, publishing an updated statement each month, reporting two months in arrears.

The MPSS contains information on 17 metrics covering a range of clinical activities, major obstetric events, modes of delivery and clinical incidents.

The national reporting average of the MPSS for 2017 was 84.5%. The NWIHP reviews the MPSS on a monthly basis and engages with each Maternity Network on their reports.

Maternity Networks

A key recommendation of the National Maternity Strategy is the development of managed clinical networks – maternity networks – to ensure that all women receive consistent, high quality, safe care, across all 19 maternity hospitals/units. Maternity networks are the primarily vehicle for ensuring governance and leadership of maternity services.

NWIHP recognises that each hospital group has adopted a different approach to the establishment of clinical directorates, and has worked with all the hospital groups to establish maternity networks. Funding was provided in 2017 to provide clinical and midwifery leadership to each network.

In 2017 we saw good progress across most hospital groups in establishing maternity networks. NWIHP met with the maternity networks on a regular basis throughout 2017 with an agreed agenda, looking at the implementation of the National Maternity Strategy and also on-going quality and safety issues. Further work on clarifying the accountability structures in 2018 will further enhance the networks. Appendix 3 details the meetings with the maternity networks in 2017.

Recruitment

A key focus of 2017 was the recruitment of staff; both in-house for the Programme and nationally across maternity care settings.

The NWIHP team roles are listed below in the order they commenced working at the Programme:

- National Programme Director; January 2017
- Administrative Officer; March 2017
- Clinical Director; March 2017
- Director of Midwifery; June 2017
- Data & Quality Improvement Systems Manager; July 2017
- Senior Executive Officer, Project Management; October 2017
- Senior Executive Officer, Quality and Safety; November 2017

The provision of €6.8m to the Programme in 2017 afforded the full year costs of 2016 recruitment. This funding, along with funding for 2015 and 2016 allowed for the recruitment of:

- 177 additional midwives, as recommended by the Birth Rate Plus report;
- 15 bereavement midwives, to support families after pregnancy loss situations, from early pregnancy loss to perinatal death, as well as situations where there is a diagnosis of a life-limiting or fatal foetal anomaly;
- Additional consultant obstetricians, neonatologists, perinatal pathologist and perinatal psychiatrist to enable the establishment of the managed clinical network between the Coombe Women and Infants' University Hospital and Portlaoise Hospital, within the Dublin Midlands Hospital Group. Other support staff were also appointed;
- Funding to support the implementation of the Maternity and Newborn Clinical Management System.

The funding priorities for 2017 included:

- Supporting increased access to anomaly scanning;
- Financial support to facilitate establishment of the managed clinical maternity networks in each hospital Group;
- Establishment of quality and patient safety resource in each managed clinical maternity network.

Given the challenges with recruitment and training, it is anticipated that it may be at least 18 months before we can achieve 100% access to scanning, but the 2018 investment will bring tangible improvements.

Parliamentary Affairs

During 2017, the NWIHP were assigned and responded to 107 Parliamentary Questions. The Programme attended the Joint Committee on Health and Children, as well as the Joint Committee on the Eighth Amendment of the Constitution. The Programme recognises the importance of accountability and transparency and keeps this central to its workings.

Part 6 - Summary

Despite the absence of a dedicated team for much of 2017, a significant amount of progress was made in relation to the National Maternity Strategy. Key developments, such as the establishment of Maternity Networks, essential to the quality and patient safety agenda, and the recruitment of Directors of Midwifery, mark real progress in improving the provision of care to women and their babies. The further development of the NWIHP Office in 2018 will facilitate a more focused approach on the Strategy.

Specific priorities for 2018 will be:

- Quality and safety:
    - Establish a Serious Incident Management Forum in each Hospital Group;
    - Develop a maternity event review tool;
    - Ensure recommendations from incident reviews are disseminated.
- Implementing the Model of Care:
    - Specific focus on the supported care pathway.
- Anomaly scanning:
    - Ensure anomaly scanning at 20-22 weeks is available to all women attending ante-natal services.
- Health and wellbeing:
    - Develop a bespoke Make Every Contact Count programme for maternity services;
    - Launch two pilot smoking cessation projects.
- Obstetric anaesthetics:
    - Pilot the anaesthetics model of care.
- Maternal and Newborn Clinical Management System (MN-CMS):
    - Finish Phase 1 roll-out;
    - Agree Phase 2 sites of MN-CMS and commence rollout.
- Online resource:
    - Develop an online platform for maternity services.
- Benign gynaecology services:
    - Develop a national plan for benign gynaecology.
- Continue the recruitment of staff:
    - Developing the multidisciplinary teams in each Maternity Network, providing women with the appropriate support before, during and after their pregnancy.

- Continued learning:
    - By recognising various clinical specialties, relevant professions will be enhanced leading to an improvement in the quality of care delivered whilst increasing staff and user satisfaction.

Bibliography

- Healthy Ireland Framework (2013)
- HIQA Portlaoise Report (2015)
- Irish Maternity Indicator System (2018)
- National Maternity Strategy 2016-2026 (2016)
- National Maternity Strategy Implementation Plan (2017)
- National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death (2016)
- Specialist Perinatal Mental Health Services, Model of Care for Ireland (2017)

Appendices

Appendix 1: Maternity Hospitals/Units in Ireland

Appendix 2: Meetings with between Hospital Groups/Maternity Networks

Appendix 3: Stakeholders NWIHP have engaged with during 2017

Appendix 4: Organogram for National Women and Infants Health Programme

Appendix 5: Implementation Plan Actions specific to 2017

Appendix 1

Maternity Hospitals/Units in Ireland

The four standalone maternity hospitals in Ireland are:

1. The Rotunda Hospital (RCSI)
2. National Maternity Hospital (IEHG)
3. Coombe Women and Infant's University Hospital (DMHG)
4. University Maternity Hospital Limerick (ULHG)

The 15 collocated maternity units are:

5. Cork University Maternity Hospital; collocated with Cork University Hospital (SSWHG)
6. Cavan General Hospital (RCSI)
7. Our Lady of Lourdes Hospital, Drogheda (RCSI)
8. Wexford General Hospital (IEHG)
9. St Luke's General Hospital (IEHG)
10. Midlands Regional Hospital Mullingar (IEHG)
11. Midlands Regional Hospital Portlaoise (DMHG)
12. University Hospital Waterford (SSWHG)
13. University Hospital Kerry (SSWHG)
14. South Tipperary General Hospital (SSWHG)
15. University Hospital Galway (Saolta)
16. Portiuncula University Hospital (Saolta)
17. Mayo University Hospital (Saolta)
18. Sligo University Hospital (Saolta)
19. Letterkenny University Hospital (Saolta)

Appendix 2

Stakeholders NWIHP have engaged with during 2017

- Hospital Group CEOs
- HSE Primary Care
- HSE Quality Assurance and Verification Division
- HSE Quality Improvement Division
- HSE Health and Wellbeing
- HSE Mental Health
- Office of Nursing and Midwifery Services Division
- Institute of Obstetrics and Gynaecology
- Irish Nurses and Midwives Organisation
- Directors of Midwifery Forum
- Advocacy groups
- State Claims Agency
- National Clinical Programmes;
    - Obstetrics and Gynaecology
    - Anaesthetics
    - Critical Care Programme
    - Paediatrics and Neonatology
    - Diabetes

Appendix 3

Governance

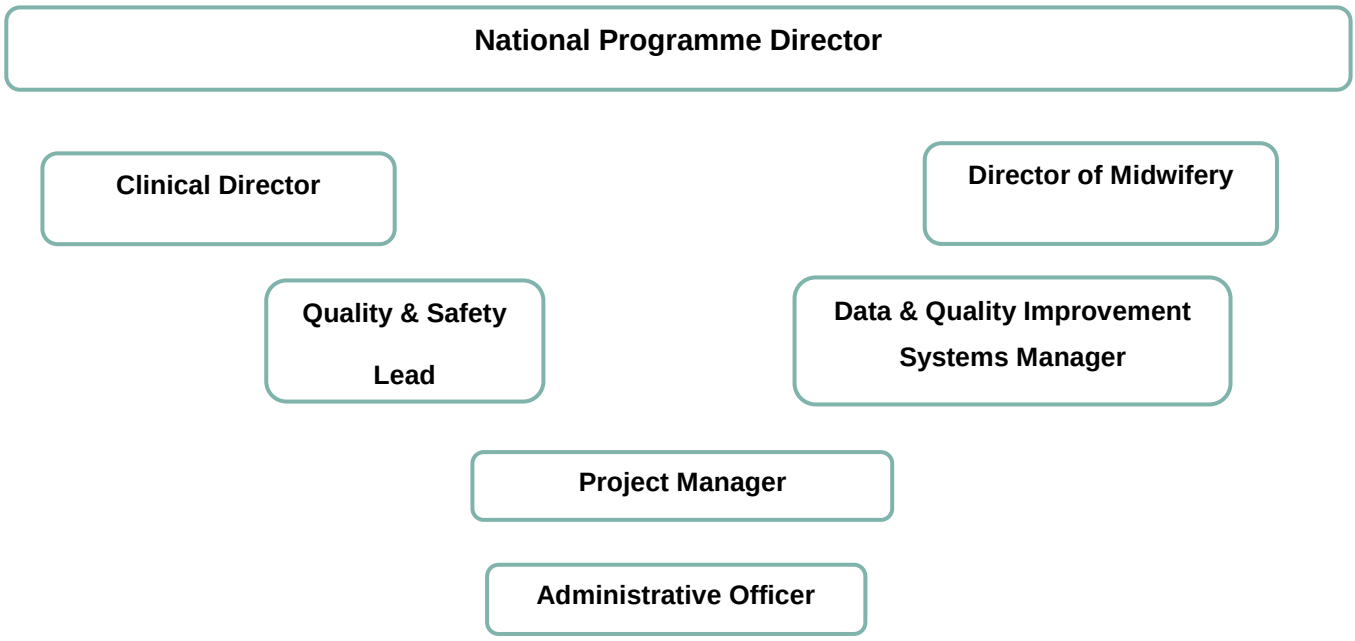
Meetings held between Hospital Groups/Maternity Networks and the National Women and Infants Health Programme in 2017.

2017	RCSI	IEHG	SSWHG	Saolta	ULHG	DMHG
January		✓				✓
February			✓	✓		
March	✓		✓	✓	✓	
April	✓					
May			✓	✓	✓	
June		✓				
July			✓	✓		✓
August	✓		✓	✓	✓	
September			✓	✓		
October						
November			✓	✓	✓	
December						✓

Appendix 4

Organogram for National Women and Infants Health Programme

Within the year 2017, the NWIHP Office was staffed by the following;



Appendix 5

Implementation Plan Actions specific to 2017

The table below displays recommendations and their associated actions in the National Maternity Strategy Implementation Plan to be initiated in 2017. Some actions are noted to be completed within 2017. The column to the right of this outlines the status of each action by colour:

- Blue – complete
- Green – on-going
- Amber – delayed
- Red – new completion date required
- Grey – National Patient Safety Office responsible

Where a new completion date is required, please find a commentary specific to the action in question.

National Maternity Strategy Implementation Plan								
No.	**Recommendation**	**Ref**	**Specific Actions**	**Responsible**	**Start**	**End**	**Status**	**Comment**
Health and Wellbeing								
1	Ensure that a health and wellbeing approach underpins both maternity policy and service delivery	1.1	Support policy alignment with other relevant strategies.	DoH Director Health and Wellbeing	On-going			
2	Engage with the education sector to ensure that a proactive approach to health and wellbeing begins early during school years.	2.1	Strengthen collaboration between the Health and Wellbeing Programme and the Department of Education and Skills, in partnership with the HSE and PDST (Professional Development Service for Teachers).	DoH Director, Health and Wellbeing with DES, HSE & PDST	On-going			
		2.2	Streamline and simplify current structures for the promotion of health and wellbeing in schools, including improving service alignment to support the delivery of SPHE and ensure the alignment of the Health Promoting Schools model with the Junior Cycle Wellbeing Guidelines.	DoH Director, Health and Wellbeing with DES, HSE & PDST	On-going			
3	Ensure that the WHO International Code of Marketing of Breast Milk Substitutes and subsequent relevant WHO resolutions are implemented.	3.1	Work closely with the HSE to implement the World Health Organisation International Code of Marketing of Breast Milk Substitutes.	DoH Director, Health and Wellbeing Programme & HSE	On-going			
		3.2	Develop a policy on the marketing of breast milk substitutes.	HSE Health and Wellbeing	Q2 2017	Q4 2018		
		3.3	Enforce the Infant and Follow-on Formulae regulations by the FSAI in partnership with the HSE Environmental Health Officers.	Director, Health and Wellbeing, FSAI & HSE	On-going			
4	*The Breastfeeding Action Plan 2016-20 is resourced and*	4.1	Oversee the implementation of the HSE Breastfeeding Action Plan (2016 - 2021) and	National Breastfeeding	On-going			

	implemented.		monitor progress in relation to breastfeeding targets; liaising with local breastfeeding committees, maternity hospitals, community health services and voluntary breastfeeding organisations.	Coordinator / Health and Wellbeing Division / NWIHP				
		4.2	Quantify the resource requirement to implement the Breastfeeding Action Plan, in conjunction with the National Breastfeeding Coordinator.	DOM NWIHP	Q4 2017	On-going		
5	Antenatal care encompasses a holistic approach to the woman's healthcare needs including her physical, social, lifestyle and mental health needs.	5.1	Develop a bespoke Make Every Contact Count (MECC) programme for maternity hospitals/units in conjunction with Health and Wellbeing Directorate (health promotion and improvement). This programme will focus on awareness and detection of issues associated with mental health, domestic violence, alcohol, tobacco, drugs and lifestyle.	BM NWIHP/Health and Wellbeing	Q4 2017	Q3 2018		
		5.5	Prepare and submit a business case for a minimum of one dedicated social worker for each maternity unit.	NPD NWIHP	Q3 2017	Q4 2018		

8	An on-line resource for maternity services is developed, to act as a one-stop shop for all maternity related information; any information provided will be understandable and culturally sensitive.	8.1	Develop a communication plan to advertise the implementation of the National Maternity Strategy, including timeframes for same. This will include details on where pilot initiatives are available, and how to access them. The existing HSE website will be used and updated as a matter of priority to explain the new model of care, in conjunction with other established web platforms.	BM NWIHP	Q4 2017	Q2 2018		
9	Midwives, obstetricians and GPs are alert to the heightened risk of domestic violence during pregnancy and postpartum. Women will be asked about domestic violence at antenatal and postnatal visits, when appropriate. This will be supported by appropriate training for frontline staff to ensure that all such enquiries and disclosures are handled correctly, and that referral pathways and support options for women who disclose domestic violence are clear.	9.4	Appropriate referrals are made in line with national guidelines and supported by the appropriate community team. This includes child protection (Children First refers).	Group CEOs	On-going			

11	Improved support for breastfeeding is provided both within the hospital and the community.	11.1	Build capacity by appointing a minimum of one CMS in lactation for each maternity hospital/unit. The CMS in lactation will ensure that the provision of breast feeding advice and support ante and post-natally, occurs in hospital and community settings in line with the new model of care.	NPD/DOM NWIHP & Group CEOs	Q2 2017	Q4 2018		
13	Breastfeeding promotion campaigns are tailored and targeted to help the wider community to play their role in improving Ireland's breastfeeding initiation and duration rates.	13.1	Appoint champions as spokespeople for breastfeeding, in conjunction with the Health and Wellbeing Directorate, and community and voluntary organisations. The champions will form part of a national campaign aimed at raising awareness.	National Breastfeeding Coordinator/DOM NWIHP	Q4 2017	On-going		
14	Maternity hospitals/units are tobacco free campuses and have an onsite smoking cessation services available for pregnant women.	14.1	Verify that all 19 maternity hospitals/units are tobacco-free campuses.	Group CEOs	Q4 2017	On-going		
19	Access to mental health supports are improved to ensure appropriate care can be provided in a timely fashion.	19.1	Engage with the HSE's Clinical Care Programme on Mental Health and the HSE's Mental Health Directorate to determine and prioritise the recruitment of consultant perinatal psychiatrists and multi-disciplinary team members. The Mental Health Directorate has developed a plan along the "hub and spoke" model, aligned to the Hospital Groups, and the maternity networks. The NWIHP will continue to work with the Mental Health Directorate to finalise the plan,	NPD/CD NWIHP	Q3 2017	Q2 2018		

			and determine resource requirements.					
		19.2	Make arrangements for the provision of 19 Clinical Midwife Specialists with appropriate training in perinatal mental health, with a minimum of one per unit and with larger units requiring more.	NPD/DOM NWIHP	Q 3 2017	Q2 2018		
24	Access to perinatal psychiatry and psychology services is standardised, and as a minimum provided on a maternity network basis.	24.1	Seek funding through the annual Estimates process for the perinatal mental health model, as described in 19.1.	NPD NWIHP	Q3 2017	Q3 2017		
25	Additional support is available for women who have experienced traumatic birth or the loss of a baby.	25.1	Establish a national group for the implementation of the Bereavement Standards.	NWIHP	Q1 2017	Q1 2017		
		25.2	Appoint a clinical lead and programme coordinator for the bereavement standards and visit all 19 maternity hospitals units.	Bereavement Standards Implementation Group	Q2 2017	Q4 2017		
		25.3	Maternity networks will ensure that all hospitals/units appoint a Clinical Specialist in Bereavement to support women and families following pregnancy loss, perinatal death or pregnancy complications.	Group CEOs	Q3 2016	Q1 2018		

Safety and Quality								
26	The independent national model for patient advocacy and the national patient safety surveillance function includes maternity services.	26.1	Conduct stakeholder and public consultation on the development of a patient safety complaints and advocacy policy.	NPSO	Q2 2017	Q2 2017		
		26.2	Draft patient safety complaints and advocacy policy.	NPSO	Q1 2017	Q4 2017		
		26.4	Scope NPSO surveillance function.	NPSO	Q4 2017	Q4 2018		
27	An annual survey of women's experience in maternity services is undertaken by HIQA in partnership with the HSE.	27.1	Plan NPES for maternity services.	DOH/HIQA/HSE	Q4 2017	Q1 2018		
28	The NCEC prioritises and quality assures National Clinical Audit and a set of National Clinical Guidelines for maternity services; guidelines on intrapartum care are a priority.	28.1	Appoint Guideline Development Group (GDG) Chair.	HSE	Q1 2017			
		28.2	Establish GDG.	GDG Chair	Q2 2017			
29	Safety and quality capacity is developed across the maternity service to ensure that each network and service has a defined patient safety and quality operating framework.	29.4	Develop a job specification and qualification criteria for a dedicated, full time, Quality and Patient Safety Manager, in conjunction with HR/QAVD and QID.	BM NWIHP	Q4 2017	Q4 2017		
		29.5	Prepare and submit business case for six Quality and Patient Safety Managers, one for each maternity network.	NPD NWIHP	Q4 2017	Q4 2017		
		29.9	Women and their families will be appropriately involved in reviews.	Group CEOs/NWIHP	Q4 2017	On-going		

		29.10	Implement HIQA National Standards for the Conduct of Reviews of Patient Safety Incidents.	Group CEOs/NWIHP	Q4 2017	On-going		
		29.11	Review work carried out by UCC on the current capacity for dating and anomaly scanning across the 19 maternity hospitals/units.	NWIHP	Q3 2017	Q3 2017		
		29.12	Seek details from each maternity network on the resources required (ultrasonographers and ultrasound machines) to provide access for 100% of pregnant women to dating and anomaly scans.	NWIHP	Q2 2017	Q3 2017		
		29.13	Seek the additional resources required to improve access to dating and anomaly scans.	NPD NWIHP	Q3 2017	Q3 2017		
31	Clinical leadership, support and resources are provided for the development and implementation of National Clinical Guidelines and National Clinical Audit.	31.1	Collaborate with the clinical care programme for obstetrics and gynaecology to ensure the optimal clinical involvement in national guidelines.	NWIHP/CCP	Q3 2017	Q3 2017		
		31.2	Support the clinical care programme in developing detailed, costed, implementation plans for all guidelines.	NWIHP	Q4 2017	Q4 2018		
Model of Care								
33	Maternity services are integrated with a multidisciplinary and evidence-based approach across all care settings.	33.1	NCEC guidelines for maternity care are in development. NWIHP will be responsible for ensuring that these guidelines are implemented across the maternity networks. This will include audits, and reviews, and compliance with the guidelines will form part of the monthly meetings between the NWIHP and the maternity networks.	NWIHP	Q3 2017	Q4 2018		

34	Women are empowered to make informed decisions about their care, in partnership with their healthcare professionals, across the trajectory of the care pathway.	34.1	All healthcare professionals involved in meeting women who are planning a pregnancy or at the early antenatal visits, including GPs and PHNs, will be in a position to inform women about the choices available, and how a woman can access their preferred pathway.	NWIHP/Primary Care	Q4 2017	Q1 2018		
38	Care pathways are clearly defined, evidence-based and publicly available.	38.1	The care pathways will be underpinned by the guidelines (action 33.1), which will be developed in line with international best practice, subject to appropriate peer review and published on the website when complete.	NWIHP	Q2 2017	Q4 2018		
43	Each maternity network provides discrete Alongside Birth Centres, ideally contiguous to a Specialised Birth Centre. Where this is not feasible, in the case of some small size/low activity units, a designated space for 'supported care' birthing will be provided within the Specialised Birth Centre.	43.1	Establish working group with HSE Estates to review all 19 hospitals/units (through maternity networks) to assess capital requirements for alongside birthing units. The review will reflect the development control plans for each site. (action 48 refers also)	NWIHP/Estates	Q4 2017	Q2 2018		
45	In the medium term, the implementation of Alongside Birth Centres is evaluated; service users will have an input into this evaluation.	45.1	Evaluate the effectiveness of alongside birthing centres once at least two have been operational for at least 6 months. The evaluation will be led by a multi-disciplinary group similar to the strategy development group.	DOM NWIHP	Q4 2017	Q3 2019		

46	Specialised Birth Centres have high-dependency or observation units for the critically ill pregnant woman.	46.1	Establish a review group to review high dependency capacity across the maternity networks, in consultation with the clinical care programme for critical care.	CD NWIHP/Group CEOs	Q4 2017	Q2 2018		
47	All birth centres have an emergency team available to provide an immediate response to obstetric emergencies.	47.1	Maternity networks will confirm the emergency response pathway in each of their hospitals/units to the NWIHP.	Group CEOs	Q4 2017	Q4 2017		
		47.2	Maternity networks will develop a register of the emergency response pathway, and escalation process for their maternity hospitals/units.	Group CEOs	Q4 2017	Q4 2017		
49	Birth centres have appropriate settings for families to afford privacy when receiving news of, or experiencing, bereavement.	49.1	Review the space available across each maternity network for communicating sensitive news to families.	Bereavement Standards Implementation Group	Q2 2017	Q4 2017		
		49.2	Output of review included in the capital plan (action 43.2) to ensure that all maternity hospitals/units have appropriate settings.	NWIHP	Q4 2017	Q2 2018		
51	All women have easy and appropriate access, in early pregnancy, to both emergency obstetric care and well-resourced Early Pregnancy Assessment Units, in all maternity units.	51.1	Establish a multi-disciplinary group to develop minimum standards for Early Pregnancy Assessment Units (EPAUs).	DOM NWIHP	Q4 2017	Q1 2018		
55	Comprehensive and standardised antenatal education is provided to prepare women for any complications that might arise and for the transition to motherhood.	55.1	Action 5.4 will develop the content required to educate women about potential complications of pregnancy, whilst encouraging the normalisation of birth. The content will reflect the services available in each location, as well as generic information.	DOM NWIHP	Q4 2017	Q4 2018		

56	Each maternity network scopes the necessity for the development of enhanced services at network level including dietetics, Perinatal psychiatry, psychology, Perinatal pathology, endocrinology, drug liaison, physiotherapy and medical social work. Access to microbiology, haematology and laboratory services should be standardised.	56.1	NWIHP has identified the requirement for additional: Obstetricians, Pathologists, Psychiatrists, Midwives (including CMS and AMP posts), dieticians, social workers and quality and patient safety resources.	NPD NWIHP	Q3 2017	Q3 2017		
		56.2	Actions in the implementation plan around developing diabetes services, perineal clinics, drug liaison specialists and other initiatives will inform the submission to future Estimates cycles.	NPD NWIHP	Q4 2017	Q3 2018		
61	Standards for Maternity Services are finalised; specific service issues raised during the public consultation, e.g. the need for specific appointment times, will be considered in the context of the development of the Standards.	61.1	National Standards for Safer Better Maternity Services published December 2016.	HIQA				
Governance & Workforce								
67	Provide strategic direction and leadership, drive improvement and foster a learning culture in maternity services that focuses on quality and patient safety.	67.1	Meet each maternity network on a monthly basis.	NWIHP	Q4 2017	On-going		NWIHP have not been able to meet with all Networks on a monthly basis
		67.2	Standard agenda will include: IMIS dataset; SIMF report; Incident review update; implementation plan update. Monthly review meetings will be learning events, with sharing of practice from units across the country.	NWIHP	Q4 2017	On-going		
		67.3	Rotate meetings across the individual hospitals/units within each network, to ensure NWIHP visits each hospital/unit.	NWIHP	Q4 2017	On-going		

		67.4	Account for the performance of all maternity hospitals/units within the network.	Group CEOs	Q4 2017	On-going		
		67.5	Escalate any arising issues of non-conformance in line with the Performance and Accountability Framework.	NWIHP	Q4 2017	On-going		
		67.6	Disseminate learning from incident reviews and ensure all recommendations are implemented nationally (action 29.8).	NWIHP	Q4 2017	On-going		
68	Oversee the establishment of maternity networks within each Hospital Group as a priority; networks will have robust governance arrangements, clear roles and responsibilities and a strong accountability framework.	68.1	Develop a governance model for the maternity networks in consultation with the Acute Hospital Division, Primary Care and the Department of Health. The agreed model will ensure responsibility for women and infants services are clearly defined at hospital/unit level, maternity network level and nationally.	NWIHP/DoH/ AHD/Primary Care	Q4 2017	Q1 2018		
		68.2	Ensure that a maternity network governance structure is in place with a Network Manager, Clinical Lead, Midwifery Lead and Quality and Patient Safety Lead clearly identified. A Business Manager post should be included, once the maternity networks are properly established.	Group CEOs/NWIHP	Q4 2017	Q2 2018		Two of the posts (Clinical Lead and QPS) have been funded and allocated for each Network.
69	Ensure that the new model of maternity care is implemented in each network within the context of robust evaluation and clinical governance frameworks.	69.3	KPIs and evaluation of the operation of the model of care and maternity networks will be considered at monthly meetings with the NWIHP. Monthly meetings will commence in Q4 2017, and as other actions are completed, the process of assessment will become more evidence-based.	NPD NWIHP	Q4 2017	On-going		NWIHP have not been able to meet with all Networks on a monthly basis

70	Scope out the multi-professional staffing requirement arising from the new model of care, and prepare a workforce plan to build capacity and a training needs analysis to build capability to deliver the new model of service; a review of obstetric anaesthesia staffing will be undertaken as a priority.	70.2	Working with the clinical care programme in anaesthesia, a plan will be developed to provide dedicated obstetric anaesthetic call for all maternity units that do not currently have this service.	NWIHP	Q3 2017	Q1 2018		
73	Within six months of the date of publication of this Strategy, develop a detailed implementation plan and timetable for the delivery of this Strategy, including the assignment of responsibility for required actions.	73.1	Plan developed June 2017.					
77	Commit to providing annual development funding for this Strategy.	77.1	Develop a detailed Estimates submission.	NPD NWIHP	Q2 2017	Q2 Annually		

National Women & Infants Health Programme

Dublin, August 2018