



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Policy for Governing Safety and Quality for the Delivery of the Health Service Executive Home Birth Service

Document reference number	HB001	Document developed by	Sub-group of the Clinical Governance Group for the HSE Home Birth Service chaired by Ms Rosemary Ryan
Revision number	2	Document approved by	Clinical Governance Group for the HSE Home Birth Service, chaired by Mr Bill Ebbitt
Approval date	January 2018	Responsibility for implementation	National Implementation Steering Group for Home Births, chaired by Ms Mary Wynne
Revision date	January 2020	Responsibility for review and audit	Clinical Governance Group for the HSE Home Birth Service

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1. Policy Statement

The Health Service Executive's (HSE) National Implementation Steering Group (NISG) for the HSE-funded Home Birth Services as provided by Self-Employed Community Midwives (SECM) mandates all SECMs to comply with the requirements of this policy and all supporting clinical guidelines, clinical policies and clinical procedures as may be provided from time to time.

2. Legislation, Codes of Practice, Standards and Guidance

- 2.1 Health Acts, 1947 to 2016 and regulations made there under Nurses and Midwives Act, 2011
- 2.2 Codes of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, Nursing and Midwifery Board of Ireland (NMBI 2014)
- 2.3 Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our Learning (HSE 2014)
- 2.4 Code of Practice for the Governance of State Bodies (Department of Finance 2009)
- 2.5 Swift 3000 Code of Practice for Corporate Governance Assessment in Ireland (NSAI 2010)
- 2.6 ISO 31000 Risk Management Standards
- 2.7 ISO 9001 Quality Management Standard
- 2.8 Practice Standards for Midwives (NMBI 2015)
- 2.9 Scope of Nursing and Midwifery Practice Framework (NMBI 2015)
- 2.10 National Standards for Safer Better Healthcare, Health Information and Quality Authority (HIQA 2012)
- 2.11 National Institute for Health and Care Excellence (NICE) Clinical Guideline 190 – Intrapartum Care: Care of Healthy Women and their Babies during Childbirth (NICE 2014)
- 2.12 Indemnity Statement re Self-Employed Community Midwives (State Claims Agency 2014)
- 2.13 Safety Incident Management Policy (HSE 2014)

This list is not exhaustive and reference should be made at all times to the guideline for reference sources or database of legislation, codes of practice, standards and guidance, (Clinical Governance Group for the HSE Home Birth Service 2018).

3. Purpose

The purpose of this policy governing quality and safety is to provide assurance to key internal and external stakeholders that the minimum statutory requirements have been met in respect of clinical governance.

4. Leadership

The leadership for governing quality and safety for the HSE Home Birth Service is illustrated and referenced in HSE reports, policies, procedures, protocols and guidelines.

5. Governance for Quality and Safety Programme

To assist healthcare providers, a suite of ten guiding principles for quality and safety in the Irish health context were developed with a title and descriptor. It is proposed that these principles inform each action and provide the guide for managers and clinicians in choosing between options.

Figure 1: Guiding principles



It is recommended that each decision (at every level) in relation to clinical governance development be tested against the principles set out in Figure 1 and described in Table 1.

Table 1: Guiding principles descriptor

Principle	Descriptor
Patient first	Based on a partnership of care between patients, families, carers and healthcare providers in achieving safe, easily accessible, timely and high-quality service across the continuum of care.
Safety	Identification and control of risks to achieve effective, efficient and positive outcomes for patients and staff.
Personal responsibility	Where individuals as members of healthcare teams, patients, and members of the population take personal responsibility for their own and others' health needs. Where each employee has a current job description setting out the purpose, responsibilities, accountabilities and standards required in their role.

Defined authority	The scope given to staff at each level of the organisation to carry out their responsibilities. The individual's authority to act, the resources available and the boundaries of the role are confirmed by their direct line manager.
Clear accountability	A system whereby individuals, functions or committees agree accountability to a single individual.
Leadership	Motivating people towards a common goal and driving sustainable change to ensure safe, high-quality delivery of clinical and social care.
Multi-disciplinary working	Work processes that respect and support the unique contribution of each individual member of a team in the provision of clinical and social care. Inter-disciplinary working focuses on the interdependence between individuals and groups in delivering services. This requires proactive collaboration between all members.
Supporting performance	Managing performance in a supportive way, in a continuous process, taking account of clinical professionalism and autonomy in the organisational setting. Supporting a director/manager in managing the service and employees, thereby contributing to the capability and the capacity of the individual and organisation. Measurement of the patients' experience being central in performance measurement (as set out in the National Charter, 2010).
Open culture	A culture of trust, openness, respect and caring where achievements are recognised. Open discussion of adverse events is embedded in everyday practice and communicated openly to patients. Staff willingly report adverse events and errors so that there can be a focus on learning, research and improvement, and appropriate action taken where there have been failings in the delivery of care.
Continuous quality improvement	A learning environment and system that seeks to improve the provision of services with an emphasis on maintaining quality in the future, not just controlling processes. Once specific expectations and the means to measure them have been established, implementation aims at preventing future failures and involves the setting of goals, education, and the measurement of results so that the improvement is ongoing.

6. Education and Professional Development

Evidence of continuing professional education and development shall be maintained by the SECM. This is considered a key requirement to support governance for quality and safety.

7. Risk Management

The SECM shall proactively consider risk and incorporate risk minimisation strategies within their practice. They shall be required to report near misses, adverse and serious reportable events to the National Incident Management System (NIMS).

8. Documentation

The SECM shall adhere to good practice in documentation and record management, as this reflects the quality and safety of the care provided within the HSE Home Birth Service.

9. Open Disclosure

The HSE Home Birth Service shall support an open, timely and consistent approach to communicating with service users and their families when things go wrong within the service, as per Open Disclosure: National Policy (HSE 2013)

10. Feedback

Feedback shall be sought from the SECMs and the women who respectively provide and avail of the HSE Home Birth Service to support governance for the quality and safety of the service.

11. Clinical Handover

The SECM shall adhere to the National Clinical Guideline No.5 Communication (Clinical Handover) in Maternity Services when transferring the professional responsibility and accountability, for some or all aspects of the care of a patient, to another person or professional group on a temporary or permanent basis (DOH 2014).

12. Organisational Structure

The organisational structure of health professionals involved in the HSE Home Birth Service is outlined in the appendix of this policy document.

13. Monitoring and Audit

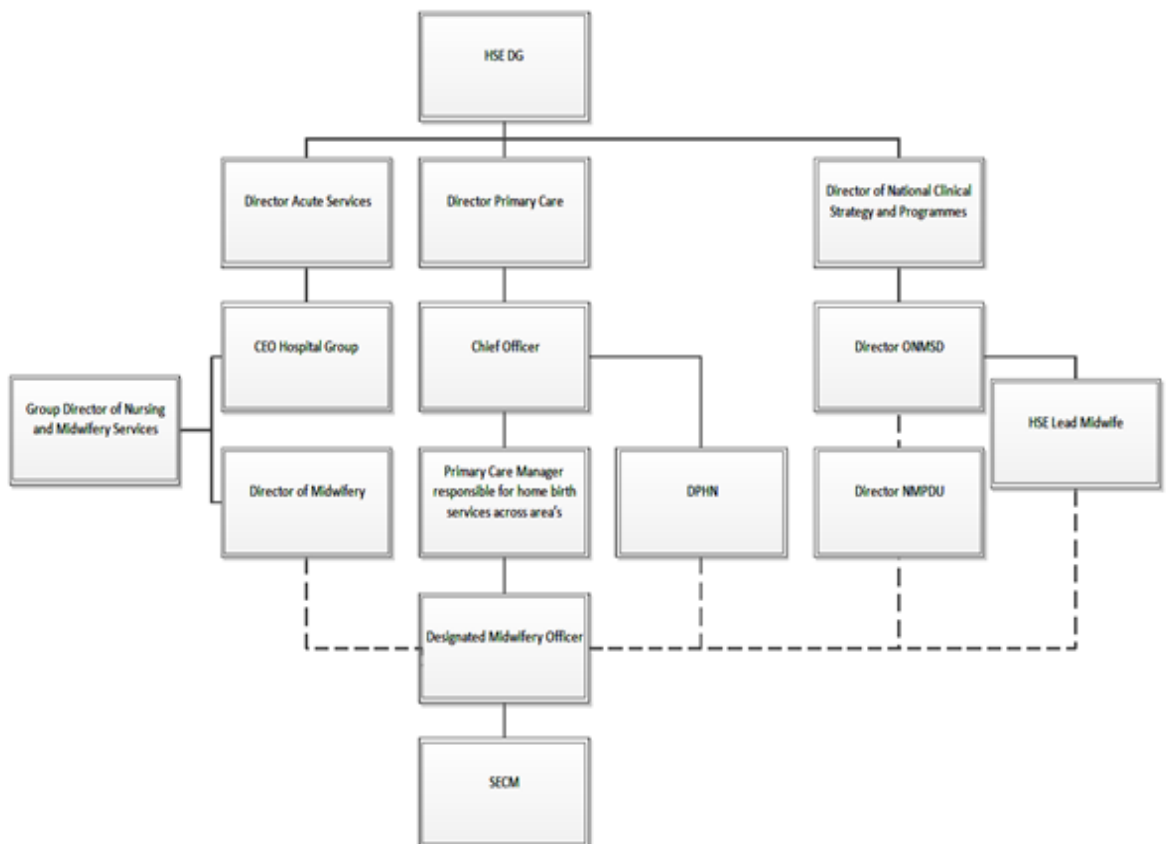
- 13.1 Monitoring of compliance with this clinical governance policy statement shall be undertaken by the DMO.
- 13.2 Audit of compliance with this clinical governance policy statement shall be undertaken by HSE professionals.

14. Implementation Plan

The Clinical Governance Group for the HSE Home Birth Service developed this document, which has been approved for implementation by the National Implementation Steering Group for the HSE Home Birth Service. This document will be piloted for a year from the approval date. It will be disseminated by the Designated Midwifery Officers to relevant healthcare personnel and to all Self-Employed Community Midwives who provide home birth services on behalf of the HSE.

15. Appendix I

Home Birth Organisational Structure 2015
 Continuous line is operational reporting structure
 Broken line indicates possible professional reporting structures



16. Membership of Working Group

The Clinical Governance Group (CGG) for the HSE Home Birth Service commissioned a Sub-Group (members below) to develop this document which was then reviewed by the Quality Assurance Sub Group (members below). A final draft was produced by the CGG members and recommended for approval to the National Implementation Steering Group for Home Births (NISG). Following a 12 month pilot of this document, the NISG have approved its revision and implementation.

Sub-Group Members:

Ms Rosemary Ryan, Head of Client Enterprise Risk Management Services, IPB Insurance
Ms Sheila Sugrue, National Lead Midwife ONMSD
Ms Siobhan Sweeney, Designated Midwifery Officer, HSE South & Project Manager CGG

Quality Assurance Sub-Group:

Dr Karen Robinson, Risk Advisor Clinical Indemnity Scheme (CIS) (Sub-group chair)
Ms Brigid Doherty, Patient Focus
Ms Virginia Pye, National Lead for Public Health Nursing (ONMSD)
Dr Edwina Dunne, Assistant National Director, Quality & Patient Safety (QPS)

17. Signature Page

I have read, understand and agree to adhere to the attached:

Print Name	Signature	Area of Work	Date