



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Guideline for the Feedback Survey for the Health Service  
Executive Home Birth Service**

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## 1. Guideline Statement

This guideline is provided to support the Designated Midwifery Officer (DMO) and the Self-Employed Community Midwife (SECM) in using the feedback survey to receive input from the women who have availed of the Health Service Executive (HSE) home birth service in order to provide assurance of the provision of a safe, quality service.

## 2. Purpose

- 2.1 This guideline aims to support the professional practice of the SECM in order to provide a safe, quality home birth service.
- 2.2 The feedback from women will inform the DMO of areas within the home birth service that need review and reform.

## 3. Scope

The scope of this document applies to the feedback survey and the feedback received from the women who avail of the HSE Home Birth Service.

## 4. Legislation, Codes of Practice, Standards and Guidance

- 4.1. Nurses and Midwives Act, 2011
- 4.2. Health Acts, 1947-2016 and regulations made thereunder
- 4.3. Data Protection Act, 1988 and Data Protection (Amendment) Act, 2003
- 4.4. Memorandum of Understanding between the HSE and the SECM (HSE 2014)
- 4.5. Agreement between the HSE and the SECM (HSE 2014)
- 4.6. The Code of Professional Conduct and Ethics for Registered Nurses and Midwives (NMBI 2014)
- 4.7. The Scope of Nursing and Midwifery Practice Framework (NMBI 2015)
- 4.8. Practice Standards for Midwives (NMBI 2015)

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

## 5. Definitions

- 5.1 **Feedback:** Information about reactions to a product, a person's performance of a task, etc. which is used as a basis for improvement. (Oxford Dictionary 2015)

## **6. Roles and Responsibilities**

### **6.1 HSE National Director of Primary Care**

Shall ensure:

- 6.1.1. The provision of appropriate systems and structures to support the Chief Officer (CO), DMO and SECM to provide home birth services.
- 6.1.2. That appropriate professional support is provided as required to the CO and DMO.

### **6.2 The Chief Officer (CO) or delegate**

Shall ensure:

- 6.2.1. That support is provided to the DMO and SECM to ensure that feedback from the HSE Home Birth Service is appropriately reviewed and actioned on from time to time.
- 6.2.2. That the risk register is updated as appropriate with information from the quarterly/annual report.

### **6.3 HSE Lead Midwife**

Shall ensure:

- 6.3.1. That he/she provides leadership, consultancy, support and guidance to a wide range of stakeholders on all aspects of professional midwifery matters.

### **6.4 The Designated Midwifery Officer (DMO)**

Shall ensure:

- 6.4.1. That a copy of this guideline is made available to all SECMs, and record same.
- 6.4.2. That she/he is cognisant of their responsibility to comply with data protection legislation.
- 6.4.3. That monitoring and audit of this guideline is undertaken on a regular basis.
- 6.4.4. That quarterly reports are provided electronically by the DMO to the relevant Chief Officer (CO) and copied to the National Director of Primary Care and the chair of the Designated Midwifery Officer (DMO) group.

### **6.5 The SECM**

Shall be:

- 6.5.1. Required to demonstrate compliance with this guideline.

## **7. Procedure for using the Feedback Survey for the HSE Home Birth Service**

- 7.1. The SECM should return the completed maternity record within four weeks (20 working days) to the DMO in the appropriate office.
- 7.2. The DMO shall review the midwifery notes for completion so that approval can be granted for payment.

- 7.3. The DMO shall contact the woman (via telephone, text or post) and request her to complete the feedback survey. The link to the survey can be found at <https://forms.hse.ie:443/FeedbackServer/fs-HomeBirth.aspx>. If the feedback survey is completed in hard copy format then a stamped addressed envelope will be provided.
- 7.4. The DMO shall retrieve completed data from this feedback survey by using the username and password provided in training.
- 7.5. Where information has been provided by a woman who requires follow-up by the DMO, she/he shall ensure that appropriate preventive or corrective action is implemented; the DMO shall consider the relevance of communicating the learning in writing to all DMOs.
- 7.6. Quarterly reports shall be provided electronically by the DMO to the relevant Chief Officer (CO) and copied to the National Director of Primary Care and the chair of the Designated Midwifery Officer (DMO) group.
- 7.7. The chair of the DMO group shall provide an annual report to the CO, the Director of Primary Care and the HSE Lead Midwife.
- 7.8. The chair of the DMO group shall provide an annual report by the 28<sup>th</sup> of February each year.
- 7.9. The CO shall ensure that the risk register is updated as appropriate with information from the quarterly/annual report.

## **8. Monitoring and Audit**

The HSE shall ensure that appropriate:

- 8.1. Monitoring of compliance with this guideline shall be undertaken by the DMO.
- 8.2. Audit of compliance with this guideline shall be undertaken by HSE professionals.

## **9. Training**

Training, as appropriate, shall be sourced from the Office of the Chief Information Officer and provided on a once-off basis to the DMO.

## **10. 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.

## **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 Siobhan Sweeney, Designated Midwifery Officer, HSE South & Project Manager CGG (Sub-group)

Ms Rosemary Ryan, Head of Client Enterprise Risk Management Services, IPB Insurance

Ms Sheila Sugrue, National Lead Midwife ONMSD

### **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)

## Signature Page

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

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Print Name	Signature	Area of Work	Date