

Draft National Standards for Safer Better Maternity Services

Consultation feedback form



21 March 2016

Your views are very important to us. We would like to hear what you think about the *Draft National Standards for Safer Better Maternity Services*. Your comments will be considered and will inform the development of the final National Standards.

The draft standards contain standard statements, which describes an 'outcome' for women receiving care. Each standard statement also has a number of examples of good care, called features, listed underneath them. You can comment on any or all of them, or you may wish to make general comments. When commenting on a specific standard or feature, it would help us if you tell us the reference number of the standard (such as Standard 2.3) or feature (for instance, Feature 2.3.1) that you are commenting on.

The draft national standards cover pre-pregnancy, pregnancy, labour, birth and the postnatal period (up to six weeks after delivery), and are designed to apply to all maternity services. These include, but are not limited to, maternity units and primary and community care settings. The draft standards do not cover assisted human reproductive services. While it is expected that all maternity services will work to achieve each standard, not all features within each standard are relevant to all maternity services. For example, a number of the features refer specifically to requirements for maternity units that are not applicable to primary or community care settings.

Please note the focus for this consultation is the content, design and structure of the draft standards.

The closing date for consultation is 16May 2016 at 5pm.

You can email or post a completed form to us. You can also complete and submit your feedback on www.hiqa.ie.

About you

Name:	Cian O'Dowd, Policy and International Affairs Officer
Contact details*	IMO House, 10 Fitzwilliam Place, Dublin 2, D02 Y322 codowd@imo.ie 01 676 7273
Date	16 th May 2016
Are you commenting on behalf of your organization or in a personal capacity?	Organization <input checked="" type="checkbox"/> Personal <input type="checkbox"/>
Please include the name of the organization if making this submission on its behalf	Irish Medical Organisation
If you work in a maternity service, please specify your role	

* We are requesting your contact details as we may need to contact you to seek clarification on specific aspects of your feedback.

General feedback questions

The *Draft National Standards for Safer Better Maternity Services* are intended to provide a road map for the provision of safe, high-quality maternity care to women and their babies. They are being published to allow the public to offer feedback on them.

Therefore, we would like to hear your views on the use of these draft standards as part of an overall strategy to improve the safety and quality of maternity services in Ireland. We would like to find out what you think of the draft standards, for example:

- Do you think that all the areas that you consider important are covered?
- Are the standards and features clear and easy to understand?

Content of the draft standards

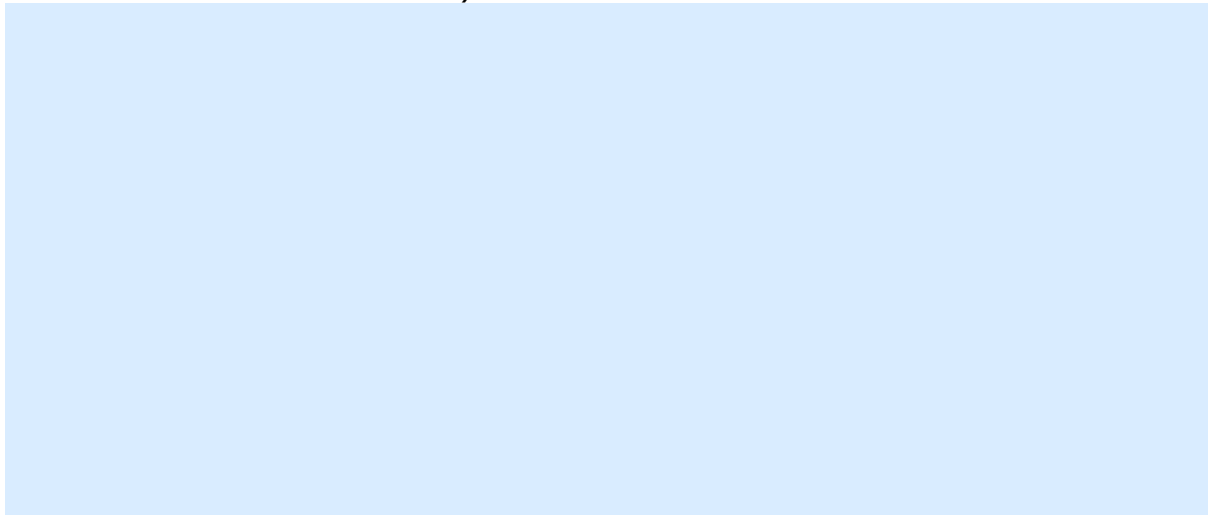
Layout and design

Please note that these are draft standards for consultation. The final document will contain different colours and images where suitable.

Question 1: a) Is the language used in the draft standards clear, easy to follow and easy to understand? **Yes** **No**

b) Is the layout and design of the draft standards clear, easy to follow and easy to understand? **Yes** **No**

Additional comments if necessary



Accessibility

It is intended that these draft standards will be frequently referenced by maternity service providers, by women using maternity services and by members of the public.

Question 2: What do you think would be the most useful format for the draft standards?

- | | |
|--------------|-------------------------------------|
| Hard copy | <input type="checkbox"/> |
| Electronic | <input checked="" type="checkbox"/> |
| Audio | <input type="checkbox"/> |
| Easy to read | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If other, please specify

Maternity services

Maternity services are any location, place or setting where maternity care is provided, for example, maternity units, and primary and community care settings. Maternity service providers are any person, organization or part of an organization delivering maternity services.

Question 3: What impact will the draft standards have on maternity services in Ireland when they are in place?

Comment

Well implemented and resourced standards should have the effect of improving quality of care and patient safety in Irish maternity services. Maternity care in Ireland, on general, is of a high standard however resource issues, as HIQA are aware, pose a risk to patient safety and quality of care. The HSE budget has fallen by 20% per person since 2009 while FEMPI cuts saw fees to GPs under the Maternity and Infant Care Scheme cut by 15%. At the same time pressure on public services has increased as private maternity care has closed and numbers holding private health insurance has fallen. Under-resourcing, difficult working conditions and risks related to obstetric care have led to difficulties in the recruitment and retention of consultant obstetricians and gynaecologists as well as NCHDs and many hospital services requires significant upgrading and capital investment. The IMO welcomes the development of quality standards however, appropriate resources must be allocated to ensure that maternity care in Ireland meets and exceeds HIQA standards.

Specific feedback questions

In this section, please provide your comments on the draft standards and or features. Please consider the following questions as part of your review.

- Have all important areas been covered within each Standard or are there any areas that should be included or excluded?
- Do the features listed provide sufficient guidance to service providers to meet the Standard?

In the case of each of your comments, please provide the reference number of the Standard (such as Standard 2.3) or Feature (for instance, Feature 2.3.1) that you are commenting on.

Theme 1: Person-centred Care and Support

Please include Standard and or Feature number

In Theme 1 there is almost no reference to the most at risk person in a maternity service - that is the baby. There should be explicit reference to the baby in Standards 1.1, 1.2, 1.3, and 1.6.

Standard 1.1.6 – While all medical professionals aim to provide services delivered at the indicated appointment time, current resourcing and manpower constraints within the public health service can create significant difficulties in ensuring that allocated appointment times correlate well with the actual time at which the service is delivered. Maternity services must be adequately resourced in terms of finance and manpower to ensure appointment times are adhered to.

Standard 1.2.4 – Maternity services need to be culturally and linguistically sensitive. Reference is made to this need within various sections of these Draft Standards, but given Ireland's changed demographics, particularly in relation to the use of maternity services by patients of non- Irish origins, more emphasis should be included. For instance, it is stated that basic materials should be

provided in English and if possible in other languages as well as in braille. Wherever possible they should be provided in a language that the mother can read and understand. This has been done with patient information materials in other areas of health care. Appropriate accommodation must also be made for patients who may be functionally illiterate. All such information material in relation to maternity services must be provided by the HSE.

Standard 1.3.2 to 1.3.4 – The IMO fully supports increased service access and provision to minority and lower socio-economic groups. While increased engagement with such groups, flexibility, and anti-discrimination training are highly desirable, it is beyond the means of general practices nationwide to effectively fund and conduct such initiatives. It is more appropriate to direct the onus for meeting these standards at State bodies, rather than individual service providers such as general practices and community care settings, as they may be unable to fully comply with the spirit of these standards without State support. This is also true of Standard 1.6.6, as training may need to be provided by State bodies to healthcare professionals to ensure the delivery of culturally appropriate care.

Standard 1.7.4 requires a healthcare professional to review a patient's health record before engaging with her, however this standard makes no reference to the data protection restrictions that may attach to such a record. The IMO is awaiting publication of the Health Information Bill to clarify regulations in relation to sharing of health data between healthcare services

Standard 1.7.6 requires that patients and their families be provided with access to counselling. The responsibility for providing appropriate counselling services cannot lie with individual service providers, such as general practices or primary care centres, which in many cases are already extremely under-resourced. This standard should be reflective of the requirement of the State's role in ensuring that support exists to provide such services.

Theme 2: Effective Care and Support

Please include Standard and or Feature number

Again in Theme 2 there is no reference to the baby in standards 2.2, 2.3 and 2.5.

The current wording of Standard 2.2.7 could prove unnecessarily onerous on healthcare professionals as, if strictly construed, the standard would require even short interaction, such as for blood testing, to be accompanied by a full assessment and re-evaluation of the patient. A preferable construction of such a standard would require assessment and re-evaluation of the patient to be conducted at clinically appropriate intervals, rather than at each interaction.

Standard 2.7.1 requires that the buildings of service providers of maternity care be fit for the purpose of delivering such care, in line with high clinical standards. All healthcare facilities throughout Ireland are required to comply with all relevant legislation and regulations, however where standards and guidelines necessitate the additional development of buildings, such requirements must be accompanied with appropriate resourcing and supports from the State .

Standard 2.8.11 should reflect the legal obligations to protect data under which healthcare professionals operate. No standard should encourage the releasing of data to relevant agencies where its release may leave healthcare professionals liable for breaches of data protection legislation.

Theme 3: Safe Care and Support

Please include Standard and or Feature number

Standard 3.5.3 obliges healthcare professionals to adopt a policy of open disclosure. The IMO supports open disclosure, however fear of litigation is a major barrier to open disclosure. The IMO is calling for legislation to provide protection to doctors from admitting liability when apologising to patients.. Such legislation has been promised by the Minister for Health, however no Bill on this matter has been presented to the Oireachtas.

Theme 4: Better Health and Wellbeing

Please include Standard and or Feature number

Criteria 4.1.3 it is not sufficient to simply provide information to women about vaccinations. Women should get person-specific advice about recommended vaccinations, e.g. pertussis, influenza.

In addition, the setting in which women may access each type of vaccination should be identified in the integration between maternity and community services.

Vaccination programmes must be appropriately funded as administration fees charged for the flu vaccination to women without a medical card or GP visit card can act as a deterrent.

Standard 4.1 Child health begins in the womb. The criteria in this standard focus on the health and well-being of the mother with insufficient reference to promoting the health and well-being of the baby.

There is no reference to promoting the health and well-being of fathers.

Theme 5: Leadership, Governance and Management

Please include Standard and or Feature number

Poor managerial decisions and lack of accountability harm patients just as much as a poor clinical or nursing decisions. This issue was highlighted in the Portlaoise report. It is important that the standards apply to managers and that they are held accountable.

Standard 5.5.1 places additional requirements on maternity care providers to assess and improve its management arrangements. This includes a range of administrative and clinical processes. Reviews and alterations of such processes, particularly those of an administrative nature, should not reduce the time available to medical practitioners to conduct ordinary clinical duties. Additional requirements for time to be invested in administrative processes must be accompanied by additional supports. The requirements of this standard could be more appropriately phrased as being subject to resource and clinical workload constraints.

Standard 5.10.1 requires service providers to conduct regular reviews of Irish and European legislation and regulations. Individual service providers, however, normally lack the necessary expertise to ascertain the full implications of new legislation and regulations, and so such a standard should require State bodies to furnish service providers with information on how legislative and regulatory requirements should be best complied with.

Theme 6: Workforce

Please include Standard and or Feature number

Standard 6.1.1 requires staffing levels to be maintained at adequate and internationally accepted standards. This is a laudable recommendation to which all healthcare services should aspire. Regrettably, however, medical manpower throughout many services in Ireland operates below the benchmarks recommended by international best practice. A measure that requires all healthcare facilities, including general practices and primary care centres, to operate according to such staffing standards, may place an unrealistic pressure on such smaller practices to hire staff that are simply unavailable.

Standard 6.1.7 and 6.1.8 refer to the reduction of the use of locums. In the Irish health services, where working conditions are frequently too poor to attract sufficient numbers of qualified personnel, it is necessary to rely on locums to provide necessary services. Likewise locums are vital for small practices throughout the country, allowing general practitioners to avail of annual leave, study leave, or other breaks from practice. It is more appropriate for these standards to require that management structures be put in place to ensure that patients receive consistently excellent care in healthcare facilities that use locum staff.

Theme 7: Use of Resources

Please include Standard and or Feature number

Under resourcing poses a significant threat to patient safety and quality of care. As mentioned above appropriate resources must be provided to ensure that maternity services meet and exceed HIQA standards.

Theme 8: Use of Information

Please include Standard and or Feature number

Standard 8.2.11 requires that arrangements be put in place for patients to access copies of their health information. This standard must comply with new Data Protection Legislation.

The IMO is awaiting publication of the Health Information Bill to clarify regulations in relation to sharing of health data between healthcare services

Are there any other general comments you would like to make? Please feel free to use additional space or continue on a separate page.

The draft standards focus on quality of care for mothers during pregnancy but fail to address sufficiently care for the baby.

There is also no reference throughout the document to fathers. While there are frequent cases where fathers may be absent, it is vital that standards for maternity services include fathers to the greatest extent possible.

Finally we know that outcomes are poorer in younger women in their teens and in older women, particularly in older first time mothers (an increasing trend these days), and in women from socio-economically deprived backgrounds. These latter women would include women who are members of the Travellers community and migrant women. More emphasis should be put on meeting the needs of particularly vulnerable mothers and their babies who are more likely to have poorer outcomes.

An increased risk to mother and child exists where the mother books late on in the antenatal period. Early booking visits need to be actively promoted and encouraged, particularly among more vulnerable women, who are more likely to be late bookers.

Thank you for taking the time to give us your views on the *Draft National Standards for Safer Better Maternity Services*.

Please return your form to us either by email or post.



You can download a feedback form at www.hiqa.ie and email the completed form to standards@hiqa.ie.



You can print off a feedback form and post the completed form to:

Health Information and Quality Authority
Draft National Standards for Safer Better
Maternity Services Consultation
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y



you have any questions on this document, you can contact the team by phoning 01 814 7400.

If

Please ensure you return your form to us either by email or post by 5pm Monday 16 May 2016. Unfortunately, it will not be possible to accept late submissions.

Please note that HIQA is subject to the Freedom of Information (FOI) Act and the statutory Code of Practice regarding FOI.

Following the consultation, we will publish a paper summarising the responses received. For that reason, it would be helpful if you could explain to us if you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.

