



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Statement of Outcomes

Report on the outcomes of the public consultation on the Draft National Standards for Safer Better Maternity Services.

2016

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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1. Introduction and background

The Health Information and Quality Authority (HIQA) has developed *National Standards for Safer Better Maternity Services* following the publication of the *Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise*, in May 2015 which identified the need to have nationally mandated service-specific maternity standards. The purpose of the National Standards for Safer Better Maternity Services is to describe what safe, high-quality maternity services should look like. The Standards have been designed so that they can be implemented in all maternity services and all maternity service providers can use them to improve the safety and quality of their care.

A review of international and national literature was undertaken and used to inform the development of the Standards. The review took account of published research, investigations and reviews of maternity services in Ireland, standards and guidelines in other countries and Government policy. The Standards have also been developed to support Ireland's National Maternity Strategy (*Creating a Better Future Together 2016*).

HIQA convened a Standards Advisory Group which included women who had recently used maternity services, patient advocates, healthcare professionals and representatives from the Department of Health and the Health Service Executive (HSE). Four meetings of the Standards Advisory Group were held, three of which took place before the public consultation. The final meeting of the group took place on 17 June 2016 to agree final changes to the Standards resulting from the public consultation.

In advance of the public consultation, HIQA engaged extensively with the Standards Advisory Group and through a series of focus groups undertaken in November and December 2015. The team conducted 12 focus groups in six locations nationally, meeting with 138 participants, including women and their partners and frontline staff working in maternity services to discuss their experiences of maternity services and to obtain their opinions as to what the National Standards should address. The team also met with a number of senior administrative staff while on-site in various locations.

To facilitate stakeholder engagement and participation in the development of the Standards, HIQA published the Draft National Standards for Safer Better Maternity Services in March 2016 for public consultation. The consultation period ran for eight weeks. During this time, interested parties were invited to submit their views and

feedback on the draft standards. In total, 127 responses were received over the eight-week public consultation phase. All submissions to the consultation informed the final National Standards for Safer Better Maternity Services. HIQA welcomes all these submissions and would like to thank all who took the time to contribute to the public consultation.

This document presents a Statement of Outcomes from the public consultation process and gives an overview of the submissions, suggestions and comments received as well as HIQA's response to the respondents.

2. The consultation process

The draft standards were launched for public consultation on 21 March 2016 and the consultation process ran for an eight-week period until 16 May 2016. The full text of the *Draft National Standards for Safer Better Maternity Services* and an *A5 Guide to the Draft National Standards for Safer Better Maternity Services* were made publicly available in downloadable format on the HIQA website www.hiqa.ie. A consultation form (See Appendix 3) was developed in order to assist people to make a submission. The form was available to download on www.hiqa.ie and responses could be emailed to a dedicated email address or posted to the Standards and Quality Improvement Directorate within HIQA. It was also possible to make an online submission using the online survey tool Polldaddy. Of the 127 submissions, 74% (92) responded via Polldaddy, 26% (33) emailed their responses and 2% (2) responses were received by post.

At the start of the consultation, HIQA notified the members of the Standards Advisory Group of the publication of the draft standards and requested that they notify members of the groups they were representing and other interested colleagues of the consultation process. HIQA also contacted all focus group participants, Clinical Directors, Group CEOs of the maternity networks, Group Director of Midwifery, General Managers, Directors of Midwifery and Clinical Directors of the 19 maternity units, the Children's Hospital Group, relevant professional bodies and health and social care regulators, Designated Midwifery Offices and the Heads of Midwifery Schools to notify them of the process and request that they disseminate information about the public consultation and encourage their colleagues to participate in the process. Posters raising awareness of the consultation were sent to the 19 maternity units in the country to be displayed in public areas to encourage staff and women using services to participate in the public consultation.

Each submission received was read in its entirety and a systematic process was applied to determine whether or not each individual comment would be incorporated. For quality assurance purposes, all submissions were reviewed by the project lead and clinical expert lead and subsequent changes agreed. In a number of cases, feedback was also discussed with the Manager and Director of the Standards and Quality Improvement Team.

3. Overview of consultation submissions

The consultation consisted of four general feedback questions and two specific feedback questions on each of the eight themes in the *Draft National Standards for Safer Better Maternity Services*. The aim of these general and specific feedback questions was to ascertain public opinion on the draft standards. This document provides an overview of the submissions received for each question.

In total, there were 127 responses received over the eight-week public consultation phase. In the “about you” section people were asked if they were commenting on behalf of an organization or in a personal capacity. They were asked to include the name of the organization if making the submission on its behalf. People who worked in a maternity service were asked to specify their role.

Of these, 63.8% (81 respondents) responded in a personal capacity, with 35.4% (45 respondents) responding on behalf of an organization and 0.8% (one respondent) not stating whether they were responding in a personal capacity or on behalf of an organization.

Of the 127 submissions, 45 (35.4%) were submitted on behalf of organizations. Of these:

- one was from a hospital group
- four were on behalf of maternity hospitals
- a group of four midwifery students, two healthcare assistants and 16 midwives made a submission on behalf of one of these four maternity hospitals
- six were on behalf of maternity units located in general hospitals
- one was on behalf of a children’s hospital.

A full list of the organizations that made submissions is documented in Appendix 1.

Of the 127 responses, 28.3% (36 submissions) specified their role or profession in a maternity service. Appendix 2 outlines the professions of participants who work in maternity services.

Of the 81 participants who responded in a personal capacity:

- one submission was from a service user
- thirty-six submissions were from people who worked in a maternity service:
 - twenty-six were from midwives who worked in a variety of posts
 - one was from a public health nurse
 - one was a single submission from a group of 22 higher diploma midwifery students
 - six were from consultants in a variety of specialties
 - three were from health and social care professionals
 - one was from a doula
- forty-four did not specify if they worked in a maternity service.

4. Feedback about the layout, design and format of the draft standards

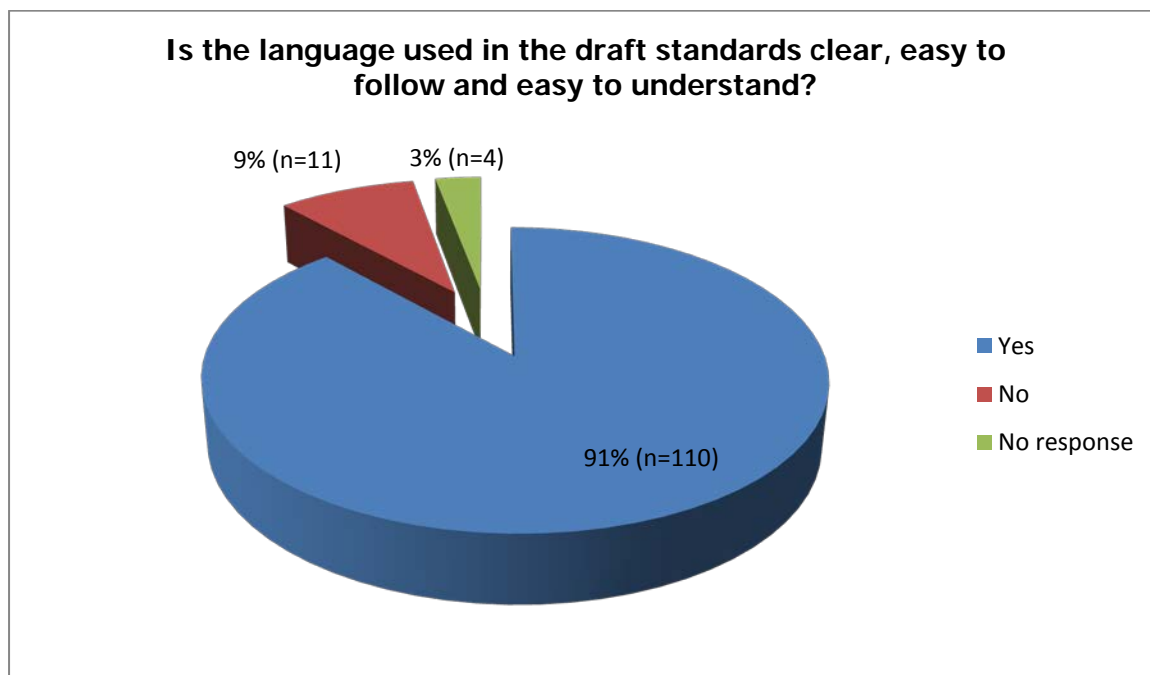
The first three questions sought feedback on the layout, design and format of the draft standards. This section provides an overview of the responses received in relation to these questions.

4.1 Question 1: Content of the draft standards – Layout and design

Question 1: (a) Is the language used in the draft standards clear, easy to follow and easy to understand?

This question required respondents to state whether the language used in the draft standards was clear, easy to follow and easy to understand. Of the respondents who answered this question, 91% stated that the language used in the draft standards was clear, easy to follow and easy to understand.

Figure 1 presents the number of Yes/No responses for whether the language used in the draft standards is clear, easy to follow and easy to understand.

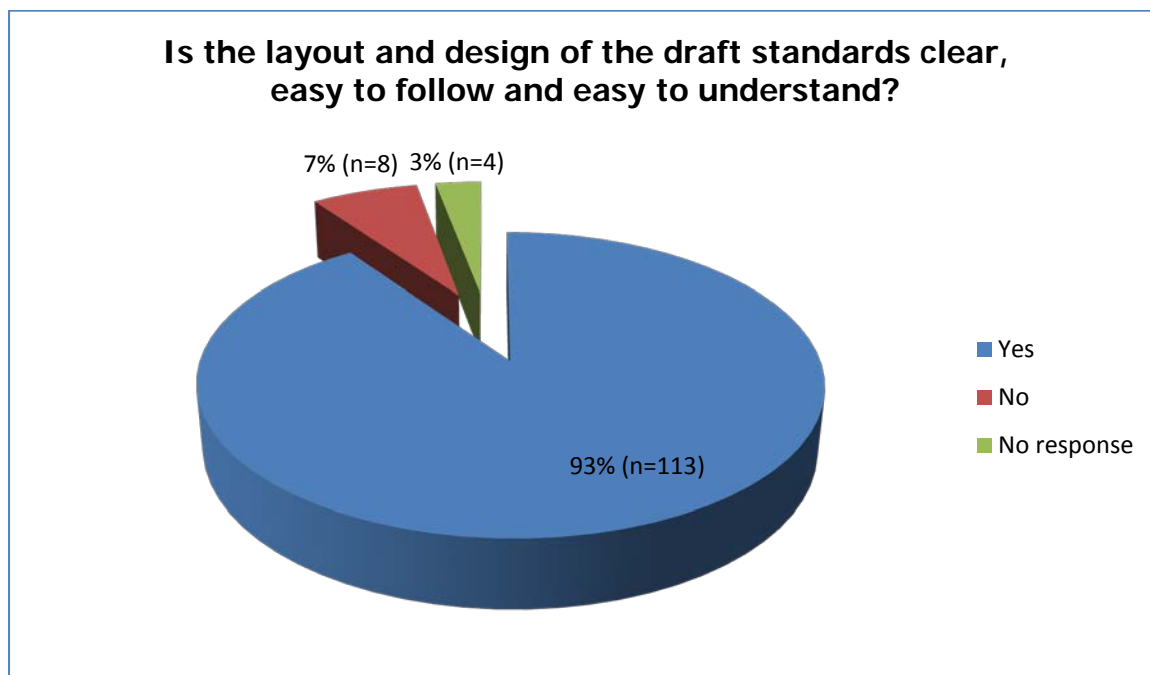
Figure 1. Responses to consultation Question 1 (a)

Question 1(b): Is the layout and design of the draft standards clear, easy to follow and easy to understand?

This question required respondents to state whether the layout and design of the draft standards is clear, easy to follow and easy to understand. Of the respondents who answered this question, 93% stated that the layout and design of the draft standards was clear, easy to follow and easy to understand.

Figure 2 presents the number of Yes/No responses for whether the layout and design within the draft standards is clear, easy to follow and easy to understand.

Figure 2. Responses to consultation Question 1 (b)



What the respondents said:

A number of respondents (33%) provided additional comments. Examples of additional comments received include:

"Very comprehensive. Easy to read. Plain English."

"It would be great to have standards available in different languages so a diversity of women are aware of what they can expect from Irish maternity services."

"In general there are too many standards and many standards are repeated."

"Wording was often negative. Disempowering. Would be better to see it written from angle of positivity, proactive."

"We welcome the Draft National Standards for Safer Better Maternity Services, overall the document is very comprehensive and user friendly."

"I like the idea of a short section to outline what the standard actually means for women."

4.2 Question 2: Accessibility

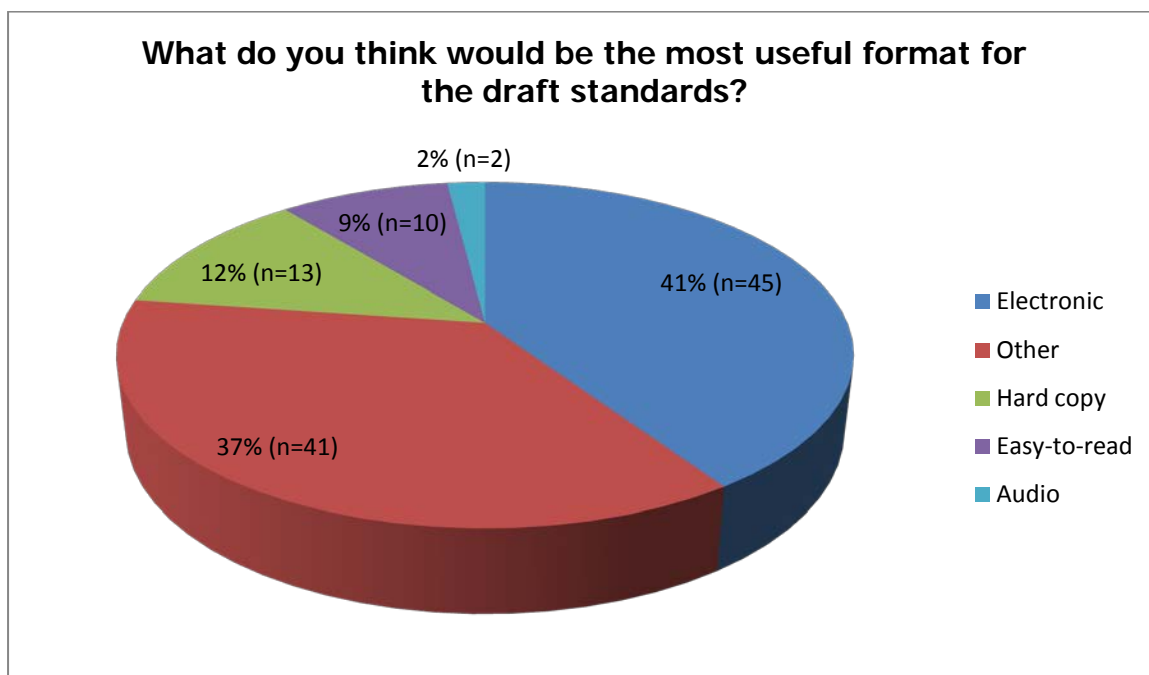
Question 2: What do you think would be the most useful format for the draft standards?

This question required respondents to state from an option of six, the most useful format for the draft standards. The options were:

- Electronic
- Hard copy
- Audio
- Easy-to-read
- Other

The responses are presented in Figure 3.

Figure 3. Responses to consultation Question 2



Of the responses received, 37% suggested other formats as follows:

- use of an app
- languages other than English in line with the documented ethnic and cultural backgrounds
- use of an interactive webpage
- use of diagrammatic pictures and posters

the implementation of the standards. Such improvements include empowerment, stated in 24 submissions, for both women and service providers. A number of respondents stated that when the standards are in place, women will be empowered to make a choice in relation to their care plan. Respondents also made reference to staff empowerment stating that when the standards are in place, staff working in maternity care services will gain more role recognition, role enhancement and role growth. Respondents also made reference to the impact the standards will have on promoting the normality of birth with equal focus on the normality of breastfeeding. Respondents said:

"The standards will drive change and give impetus and power to staff in maternity service."

"If implemented it will afford women more improved and increased choices in their maternity care."

Twenty-nine respondents (22.8%) stated that the standards will provide clear guidance and consistency and ensure standardization across maternity services. Some stated that standards will allow for quality assurance of maternity services. A number of respondents also stated that the standards will help assist in the monitoring, auditing and evaluation of maternity services. Specific responses were also made in relation to the positive impact that the standards will have on multidisciplinary training and education within maternity care, allowing for integration and shared learning between disciplines. A respondent said:

"These standards will have an enormous effect on how the Irish maternity services deliver care to mothers and babies. The impact will be huge with the introduction of the standards. The implementation of the standards will improve patient (mother and baby) safety by ensuring that the maternity care and healthcare providers do not operate below core mandatory standards that will be applied in a consistent and systematic way."

Five respondents also emphasized the improvement of community-based services when the standards are implemented. Specific emphasis was placed on the impact the standards will have on midwifery-led services when they are in place, allowing for each woman to be cared for individually. Respondents also highlighted the need for better communication between providers of community and acute maternity services. However, respondents also sought clarity in relation to primary care services and their role in maternity care within the standards. These respondents stated that primary care services need to be represented in proportion to the services they provide.

Five respondents made reference to the National Maternity Strategy specifically in relation to how the standards support and complement the strategy. Respondents stated that this support will allow for person-centred care to be at the centre of maternity care, helping to empower both women and the service provider. A respondent said:

“Detailed and comprehensive - compliment the National Maternity Strategy”.

Eighteen respondents (14.2%) provided feedback specifically stating that the standards will have little or no impact or little effect on maternity services. Specific feedback in relation to this included women not being at the centre of the standards and a lack of services available to allow the standards to be implemented such as dietetic services, mental health services, antenatal education and pathology support. Specific feedback also suggested that there would need to be a complete reconfiguration or a fundamental change to maternity services for the standards to have an impact. A respondent said:

“Judging from what I have read they will have little or no impact of improving standards of care. Women are not at the centre of the standards and power is not restored to women through this document.”

Clarity and guidance were sought by 22 respondents (17.3%) about available resources within maternity services and the impact a lack of resources would have on the implementation of, and level of compliance with, the standards. Respondents sought clarity on the implementation of the standards on services that may already be lacking in resources such as dietetic services, mental health services, pathology services and imaging services; including a lack of imaging equipment. Respondents also stated that the need for available resources to allow service providers to be supported in continuing education and training to maintain clinical competency should also be more evident within the standards. Respondents said:

“More resources (human and financial) to support implementation and audit of same will be required. Without adequate funding we are setting ourselves up to fail.”

“Resourcing will be important if the standards are to achieve the aim of safer, better maternity services.”

6. Feedback on specific themes

Within this section respondents were required to provide comment on each of the draft standards and or features. Respondents were asked to consider the following questions as part of their 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?

When providing their feedback, respondents were asked to reference the number of the standard and feature that they were commenting on. Table 1 provides a breakdown of the percentage of respondents that provided feedback in relation to each theme.

Table 1: Percentage of respondents that provided feedback on each theme

Theme	Percent	Number
Person-centred Care and Support	63%	80
Effective Care and Support	59%	75
Safe Care and Support	48%	61
Better Health and Wellbeing	47%	60
Leadership, Governance and Management	50%	64
Workforce	47%	60
Use of Resources	35%	45
Use of Information	37%	47

6.1 Person-centred Care and Support

Almost two thirds of respondents (64%) provided comments on Theme 1 Person-centred Care and Support.

What the respondents said

In this theme, a number of areas that needed to be strengthened were highlighted by respondents. This included having more emphasis on:

- the baby
- the role of the father or partner
- breastfeeding
- shared decision-making
- mental health and wellbeing.

Respondents also suggested that pre-pregnancy care should be strengthened throughout the theme and respondents suggested that the language used within the theme should enable women instead of assisting them. Clarification was also required by respondents in relation to antenatal classes and education. Respondents stated that too much emphasis was placed on poor outcomes throughout the theme. Respondents also raised concerns in relation to informed consent, informed refusal and the Eighth Amendment of the Irish Constitution.

HIQA's response

Care of the baby, the role of the father and or partner, shared decision-making and mental health and wellbeing were strengthened throughout Theme 1. The language used was revised to reflect that women are enabled rather than assisted. Specific policies and guidelines relating to supporting breastfeeding were referenced in the standards. More detail was included in relation to antenatal education. A new standard, Standard 1.8, was developed to incorporate all features relating to women who experience bereavement or pregnancy complications. In relation to the concerns raised regarding informed consent and informed refusal and the Eighth Amendment of the Irish Constitution, the standards have been written to align with the current legislative framework and refer specifically to the National Consent Policy, which will be updated in line with legislative changes as they occur.

6.2 Effective Care and Support

Three out of five respondents (60%) provided comments on Theme 2 Effective Care and Support.

What the respondents said:

Respondents suggested more emphasis in this theme was needed on:

- pre-pregnancy clinics and their services
- the trusting relationship between the patient and service provider
- breastfeeding, specifically facilitating skin-to-skin contact and the inclusion of specific national policies and guidelines to support breastfeeding
- immunization
- the role of the midwife in intrapartum care
- integrated care within and between maternity and other services
- the role of the GP
- the role of self-employed community midwives.

Respondents also made additional suggestions for the Glossary of Terms and suggested a number of language and wording changes throughout the theme. Respondents also requested that the care of the baby be strengthened throughout the theme and that the normalization of pregnancy, labour and birth be promoted.

HIOA's response

The need for a trusting relationship between women and service providers was emphasized in the introduction to Theme 2. Additional national policies and guidelines relating to breastfeeding have been included. The theme was also modified to strengthen a more supportive physical environment to facilitate breastfeeding. Immunization was strengthened in Theme 4 Better Health and Wellbeing as it is more relevant to Theme 4. Feedback in relation to pre-pregnancy care was also incorporated into Theme 4. The roles of midwives, GPs, public health nurses, community midwives and self-employed community midwives were emphasized. Features were amended to promote the normalization of pregnancy, labour and birth in this theme and in Theme 6 Workforce. Additional terms were added to the Glossary of Terms as suggested.

6.3 Safe Care and Support

Almost half of respondents (49%) provided comments on Theme 3 Safe Care and Support.

What the respondents said

Respondents requested changes to the language used in some cases and changes to the order of the standards. Respondents requested more emphasis on the inclusion of women's views in assessing the service. Respondents stated that a blame culture currently exists and there needs to be more emphasis on support for staff to enable a culture change.

HIQA's response

Changes were made in relation to the order of the standards and modifying them to accommodate the requested changes made by respondents. The order of the seven standards under Theme 3 was reviewed. A culture of safety and quality is now the first standard in this theme with patient safety incidents and protection from abuse being covered later in the theme. A just culture and support for staff are now more prominent as a result of this change.

6.4 Better Health and Wellbeing

Almost half of respondents (48%) provided comments on Theme 4 Better Health and Wellbeing.

What the respondents said

Much of the feedback provided in relation to Theme 4 overlapped with that of Theme 1, specifically in relation to emphasizing the role of the father and or partner and the care of the baby. Respondents requested that women would be provided with information based on best available evidence rather than provided with advice in a number of areas. It was requested that greater emphasis be placed on health promotion and pre-pregnancy care, for example smoking cessation support, immunizations and healthy eating. Respondents also requested that specific national policies and guidelines in relation to breastfeeding be included in the standards. A need for dedicated services provided by physiotherapists and dietitians as well as access to social workers and perinatal mental health services was identified. Clarity was sought about the lead healthcare professional for the postnatal period.

HIQA's response

The role of the father and or partner was strengthened in Themes 1 and 4 specifically in relation to involvement in antenatal education, in the postnatal period, developing parenting skills and facilitating an effective transition to parenthood. The wording of a number of features was revised to reflect that women are provided with information based on best available evidence as requested by the respondents. Specific national policies and guidelines on breastfeeding were included in footnotes in Themes 4 and 2. From the submissions it was clear that there was a need to specify the lead healthcare professional for the postnatal period. A footnote has been added to say that the lead healthcare professional for the postnatal period will be a public health nurse, a community midwife, a self-employed community midwife or a GP depending on the care pathway and the needs of the woman and her baby.

6.5 Leadership, Governance and Management

Over half of respondents (51%) provided comments on Theme 5 Leadership, Governance and Management.

What the respondents said

In general, respondents reported that this theme was dense and difficult to understand. It was stated that governance is currently weak with poor managerial decisions and a general lack of accountability. Respondents noted the need for governance and accountability at a national level. Clarification was sought as to who the identified senior individual is as referred to throughout Theme 5. The respondents welcomed the recognition of the importance of the Director of Midwifery. Respondents also specifically welcomed the inclusion of:

- maternity service liaison committees
- performance management of staff
- participation in regular multidisciplinary clinical audit
- the setting of SMART¹ objectives
- the role of the midwifery clinical skills facilitator
- the culture of openness and accountability to facilitate reporting in good faith and that staff are not negatively affected as a consequence.

Respondents identified a need for a labour ward lead in each maternity unit or maternity hospital. It was suggested that service providers should have a designated lead for quality improvement. Feedback suggested that standard 5.10 may pose difficulties as legislation in Ireland and Europe may differ. Feedback was also provided around training and education in a variety of areas.

HIQA's response

The language used throughout Theme 5 was reviewed and simplified where possible. In response to the feedback that governance is currently poor, the standards within this theme aim to address the current issues at individual service level. The two suggested designated leads (for labour ward and quality improvement) have been incorporated in Themes 5 and 3 respectively. The wording of Standard 5.10 has been amended to say that services are compliant with relevant legislation to avoid the confusion caused by use of Irish and European laws and regulations in the draft standards. Suggestions in relation to education and training have been addressed in Theme 6 which deals specifically with workforce.

6.6 Workforce

¹ Objectives that are specific, measurable, achievable, realistic, time-bound.

Forty-one percent of respondents provided comments on Theme 6 Workforce.

What the respondents said

Respondents welcomed:

- support for staff, specifically education, debriefing and counselling
- the recognition of support for ongoing continuing professional development
- protected time allocated to learning and development
- protected time allocated to audit
- performance appraisal
- input of healthcare professionals to the recruitment of locum staff.

Many respondents emphasized the importance of multidisciplinary team working and a multidisciplinary team approach to training. A number of respondents requested the inclusion of staff ratios in the standards for midwifery and medical staff. Views were mixed about the benefits of staff rotation between clinical settings and whether this would be an issue based on existing contracts. A number of respondents noted that this would be a positive move and should be extended to include staff other than midwives, and that rotation of midwives should take place between acute and community settings and rotation of staff within the network structure. Respondents also requested mandatory training for all staff in a variety of areas, for example smoking cessation support, bereavement support and breastfeeding support free from commercial interest. Respondents noted that greater emphasis should be placed on the role of healthcare assistants. It was suggested that all staff would benefit from a formal mentorship programme, not only non-consultant hospital doctors (NCHDs) as was specified in the draft standards.

HIQA's response

Multidisciplinary team working was strengthened as an underlying principle throughout the standards. The importance of a multidisciplinary team approach to training was specifically emphasized in Theme 6. It was decided that it would be too prescriptive to specify staffing ratios when guidelines and tools are in place that services can use to determine their staffing needs. Furthermore, as the standards apply to services of varying size and complexity it would not be possible to give specific ratios that would apply to all settings. The standards instead refer to the use of nationally agreed workforce planning tools and national guidelines on rostering. Staff rotation was strengthened and the standards state it should be done in a formalized way to maintain competence and skills. It was decided that no training would be specified as mandatory as training should be determined on the basis of needs. While certain training was specified in the draft standards, a feature has been added for service providers to undertake an annual training needs analysis for all

grades of staff to determine their particular training needs, and that healthcare professionals are involved in this process and have the opportunity to identify additional training needs throughout the year. Following the comments received, maternity care assistants have been included in two of the features within this theme. Formalized mentorship of the various healthcare professionals is the remit of their professional and regulatory bodies and as such cannot be specified other than the formal NCHD mentorship programme that is already in place but should be available irrespective of whether or not NCHDs are on a recognized training programme. It is outside the scope of the standards to specify a formalized programme for other professions. However, one feature was amended to state that healthcare professionals have the relevant competencies to fulfill their roles and are supported and mentored to do so.

6.7 Use of Resources

Over one third of respondents (36%) provided comments on Theme 7 Use of Resources.

What the respondents said

Respondents stated that there was a need for transparency around budgets, particularly in relation to funding allocated to education and training. Clarity was sought as to how the views of staff and women using the service about resource decisions would be sought. Respondents stated there was a need for a fair and transparent tendering process to reduce costs. Respondents suggested that resources which support and enable normal labour and birth should be included in this standard. Respondents noted that lack of resources poses a significant threat to patient safety and quality of care but welcomed the explicit ring-fenced budget for maternity services.

HIQA's response

The need for transparency around budgets was incorporated in Theme 6 Workforce which now specifies a dedicated education and training budget and identifies the need for transparency around how this budget is spent. It is anticipated that the views of staff and women using the service about resource decisions will be obtained through surveys and Maternity Service Liaison Committees. This has now been specified in the relevant feature. In response to the request for a fair and transparent tendering process, a feature was included to state that the procurement of external goods and services is in line with national policy. Supporting and enabling normal labour and birth has been addressed in Themes 2 and 6 in relation to facilities being available for normal labour and birth and training for staff to support and promote normal pregnancy, labour and birth.

6.8 Use of Information

Thirty-eight percent of respondents provided comments on Theme 8 Use of Information.

What the respondents said

Three respondents requested that HIQA define what it means by “quality information”. A request was made that women, their families and staff have the option to submit feedback and complete surveys without identifying themselves. Respondents requested that women’s information and that of their babies is collated and transferred between services in a reliable, timely and secure manner throughout the pregnancy and the postnatal period as the draft standards only referred to the postnatal period. One respondent provided specific feedback about including the parent-held child health record and its purpose. Feedback was received in relation to information based on best available evidence being provided to women to inform decision-making.

HIQA’s response

Quality information has been explained in a footnote and in the Glossary of Terms. The feature relating to the use of surveys in determining how the service is performing was modified to reflect the suggestion that women and their families and staff have the option to submit surveys without identifying themselves if they so wish. The feature relating to the collation and transfer of information between services was amended and no longer specifies only the postnatal period. The parent-held child health record and its purpose was specified in a feature and also in the section *What this means for you as a woman using maternity services*. The feedback relating to information based on best available evidence being provided to women relates more strongly to Themes 1, 2 and 4 and these suggestions have been incorporated accordingly.

7. General Comments

Question 4: Are there any other general comments you would like to make?

Over half of respondents (55%) answered this question.

Figure 5 represents the most frequent words used in respondents' feedback on general comments on the draft standards.

Figure 5. Most frequent words used by respondents in relation to general comments on the draft standards



What the respondents said

28 respondents provided positive feedback on the draft standards, with 12 respondents specifically stating that they welcome the standards. Respondents said:

"I welcome the draft standards and the positive focus they attract to maternity services. There is nothing unexpected or unusual in the proposed standards that haven't been implemented by other countries"

"We are delighted that these standards are being developed in order to support us to provide optimum care to the mothers and infants we provide services to"

"It will be a privilege to continue working in a service that see such improvements – often basic – but with such an emphasis on safety for mother and baby. I just hope to be part of this before I retire"

"Will have a very positive experience on the quality and experience for both service users and the staff"

Twelve respondents stated that the standards may not contribute to any safety improvements within maternity services. This feedback related to resource issues affecting implementation, the features being too focused on acute care and certain services that are currently unavailable to some women and babies.

It was also recommended that the use of other supportive services such as ambulance services and obstetric and paediatric services be more inclusive throughout the standards. Respondents stated that this should be made explicit in relation to both acute care and the community care setting, specifically when concerning the transfer of a sick infant to a paediatric intensive care unit (ICU).

Clarification was also sought by 11 respondents on the impact a lack of resources would have on governing the standards. Respondents expressed concern over how the standards would be attainable without such resources, stating that the necessary resources may not be put in place to facilitate units reaching the standard set. Five respondents also requested clarification on the assessment and monitoring of the standards, specifically seeking guidance into how compliance with the standards will be measured.

Respondents said:

" While it is a positive step in the right direction these standards alone cannot make a difference. They must be followed up with regulation, given a statutory footing and supported positively within the service."

"These standards are informing patients/users what they can expect but give little guidance to service providers on the specifics of what will be required to comply, or the level of detail required."

HIQA's response

For the most part, the responses received in this section related to resources and current barriers faced by maternity services. Many comments were outside the scope of what the standards can achieve, specifically in relation to resource implications and the political commitment necessary to implement the standards. Where it was possible to address issues raised, the relevant themes were amended to incorporate this feedback.

8. Conclusion

At the end of the consultation period the National Standards were revised to take account of the feedback from the consultation. A summary of the feedback and subsequent changes was presented to the Standards Advisory Group on 17 June 2016. The revised National Standards were approved internally by the HIQA Executive Management Team and subsequently by the HIQA Board on 6 July 2016. The Standards were submitted to the Minister for Health for approval on 10 October 2016.

The Standards were mandated by the Minister and published by HIQA on 21 December 2016.

Appendix 1: Organizations that made submissions to the public consultation

- Association for Improvements in the Maternity Services, Ireland
- Baby Feeding Law Group Ireland
- Baby Friendly Initiative in Ireland, National Committee
- Clinical Governance Group for Home Births and National Steering Implementation Committee for Home Births, Health Service Executive (HSE)
- Community Healthcare Organisation, HSE
- Cuidiú
- Faculty of Pathology, Royal College of Physicians of Ireland
- Governance for Safety and Quality Team, National Quality Improvement Team, HSE
- Homebirth Ireland
- Institute of Obstetrics and Gynaecology
- Institute of Public Health in Ireland
- Irish Association of Physicists in Medicine
- Irish Association of Social Workers
- Irish College of General Practitioners
- Irish Doula Directory
- Irish Hospital Consultants Association
- Irish Medical Organisation
- Irish Nurse and Midwives Organisation, Midwives Section
- Irish Nutrition and Dietetic Institute
- Katherine Howard Foundation
- La Leche League of Ireland
- Mental Health Commission
- Midland Regional Hospital Portlaoise
- National Breastfeeding Strategy Implementation Committee
- National Clinical Programme for Anaesthesia
- National Disability Authority

- National Group of the Professional Development Coordinators for Practice Nurses, HSE
- National Perinatal Epidemiology Centre
- National Women's Council of Ireland
- Office of the Nursing and Midwifery Services Director, Clinical Strategy and Programmes, HSE
- Our Lady's Children's Hospital, Crumlin
- Our Lady of Lourdes Maternity Unit, Drogheda
- Parents for Choice, Ireland
- Portiuncula Hospital
- Quality Improvement Division, HSE
- Rotunda Hospital
- Saolta University Health Care Group (University Hospital Galway, Mayo University Hospital, Sligo General Hospital, Letterkenny General Hospital and Portiuncula Hospital)
- Sexual Health and Crisis Pregnancy Programme, HSE
- State Claims Agency
- University Hospital Kerry
- University Maternity Hospital Limerick

Appendix 2: Types of healthcare professionals that made submissions in a personal capacity

- Antenatal education teacher
- Assistant director of nursing and midwifery
- Clinical midwife manager
- Clinical midwife specialists
- Clinical skills facilitator
- Clinical tutor
- Consultant anaesthetist
- Consultant microbiologist
- Consultant obstetrician and gynaecologist
- Consultant paediatricians
- Consultant pathologist
- Dietitian
- Director of a centre for midwifery education
- Director of nursing and midwifery
- Doula
- Maternity lecturer
- Midwives
- Midwifery students
- Pharmacist
- Public health nurse
- Risk assessment and management programme diabetes – team member
- Self employed community midwife

Appendix 3: Consultation feedback form

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 16 May 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:	
Contact details*	
Date	
Are you commenting on behalf of your organization or in a personal capacity?	Organization <input type="checkbox"/> Personal <input type="checkbox"/>
Please include the name of the organization if making this submission on its behalf	
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

Electronic

Audio

Easy to read

Other

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

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

Theme 2: Effective Care and Support

Please include standard and or feature number

Theme 3: Safe Care and Support

Please include standard and or feature number

Theme 4: Better Health and Wellbeing

Please include standard and or feature number

Theme 5: Leadership, Governance and Management

Please include standard and or feature number

Theme 6: Workforce

Please include standard and or feature number

Theme 7: Use of Resources

Please include standard and or feature number

Theme 8: Use of Information

Please include standard and or feature number

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

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



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

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) Acts 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.

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For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7
Phone: +353 (0) 1 814 7400

URL: www.hiqa.ie

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