Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting

Wednesday 21st February 2018

Opening Statement

by

Mr. Kilian McGrane

National Programme Director

National Women & Infants Health Programme

Health Service Executive

Good morning Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. I am joined today by my colleagues:

- Ms. Angela Dunne, Director of Midwifery
- Dr. Peter McKenna, Clinical Director

The National Women and Infants' Health Programme was established in January 2017. The Programme has responsibility for maternity services, benign gynaecology and neonatology. The focus in 2017 was on building relationships around the 19 maternity hospitals/units; working with the hospital groups to establish maternity networks, and developing an implementation plan for the National Maternity Strategy.

The Implementation Plan for the National Maternity Strategy was completed in the summer of 2017, and launched by the Minister for Health, in October 2017. The implementation plan has over 230 specific actions, designed to achieve the four strategic priorities of the Strategy, and specifically to address the 77 recommendations contained within the Strategy.

NWIHP has identified three priorities areas, within the 230 plus actions, for attention in 2018. These are:

1. Anomaly scanning
2. Model of Care
3. Quality and Safety.

NWIHP were allocated €4.55m in development funding for 2018, to address the actions in the implementation plan. That funding is being targeted to address the following areas:

Anomaly scanning – each hospital group was asked to identify how many additional ultra-sonographers are required to ensure that 100% of women presenting at each maternity hospital/unit can be offered an anomaly scan. Hospital groups are being allocated funding in line with their requirements. In addition the Programme is working with the maternity networks to ensure fetal medicine expertise is available to support ultra-sonographer when an anomaly is identified. Given the challenges with recruitment and training, it is likely to be at least 18 months before we can achieve 100% access, but the 2018 investment will make tangible improvements.

Model of Care – The model of care is about providing women with informed choice regarding the care pathway they choose for their pregnancy. The specialised and assisted models are well established, and the Programme's focus is on implementing the supported care pathway. In 2018, 52 additional midwives have been approved to support the further rollout of the supported care pathway, and to start the process of providing women with improved access to ante-natal and post-natal care, closer to their homes. The Programme acknowledges that there will be challenges with recruitment, but implementing the model of care will provide midwives will greater choice about how they can best practice their profession.

Quality and Safety – The Programme recognises that while we develop the model of care, and increase access for women to the supported care pathway, we also need to build public confidence in our maternity services. How we deal with adverse incidents is critical to maintaining the trust and confidence of the general public, and in turn will encourage women to access the supported care pathway. The Programme has provided each maternity network with funding to support a quality and safety manager for women and infants. These posts will be central to the establishment within each network of a women and infants' only Serious Incident Management Forum. This Forum will ensure that all incidents for all maternity hospitals/units within the network are reviewed by a multi-disciplinary (midwives, obstetricians, neonatologists, anaesthetists and risk management) team. This level of scrutiny and support will ensure units do not review incidents in isolation.

The Programme has also developed a draft incident management framework for maternity services. This process, aligned to the development of the Serious Incident Management Forums, will focus on a small number of very severe adverse events, and seek to ensure that a similar methodology is in investigating and reporting on these events. By focusing on the more extreme events, in a systematic manner we aim to reduce the occurrence of these events, through improved quality and reviews and sharing of learning.

We would like to provide the committee with a broad outline of how the €4.55m allocated in Budget 2018 is being used.

We will fund nine additional obstetrician/gynaecologist posts. We have engaged with the hospital groups to identify the areas of need, and we hope this is the first step in adding the additional 100 obstetrician/gynaecologists identified by the Institute of Obstetrics and Gynaecology and by the HSE's Clinical Care Programme. We also aim to fund three perinatal pathologists.

We have approved the appointment of an additional 28 ultra-sonographers to support access to anomaly scanning. In addition to the 52 registered midwives for the model of care, we have approved an additional 15 Clinical Midwife specialists in mental health, to align with the specialist model launched in November 2017. We have allocated 12 health and social care professionals to support the health and wellbeing approach to maternity services, and to address identified need within the system. We acknowledge that outside of the large centres the availability of health and social care professionals is quite limited. We have also allocated resources to each hospital group to establish their maternity networks, and a small amount of resource to support the phase 1 sites who are live on the Maternal New Born Clinical Management System. In total, the €4.55m will support approximately 150 additional whole-time equivalents.

Finally the Programme acknowledges the importance of having a dedicated unit to focus on women and infants' issues, and that we received significant development funding in 2018. Our ambition is to ensure that the four strategic priorities of the National Maternity Strategy are delivered, and that we continue to build trust and confidence in the general public for our maternity service. We know that this will take investment over a number of budgets, but our goal is to ensure that every normal risk woman can access the same range of services, with the same level of quality, regardless of her location.

This concludes my opening statement and together with my colleagues we will endeavour to answer any questions you may have.

Thank you.