



# Report of an inspection against the *National Standards for Safer Better Healthcare.*

Name of healthcare service provider:	The Coombe Hospital
Address of healthcare service:	Cork Street Dublin 8 DO8 XW7X
Type of inspection:	Announced
Date of inspection:	11 and 12 October 2023
Healthcare Service ID:	OSV-0001020
Fieldwork ID:	NS_0058

## About the healthcare service

The following information describes the services the hospital provides.

### Model of Hospital and Profile

The Coombe Hospital is a public voluntary maternity hospital, governed by a Board of Governors and Directors (the Board). It is one of the largest providers of maternity, gynaecology and neonatology services at local, regional and national levels. The Coombe Hospital is a member of the Dublin Midlands Hospital Group (DMHG)\* providing healthcare services on behalf of the Health Service Executive (HSE) under Section 38 of the Health Act 2004, an arrangement that is underpinned by the principles set out in the HSE's national financial regulations.†

In 2022, there were 6,786 births recorded at The Coombe Hospital. This represented a 12% decrease on the recorded number of births in the hospital in 2021 (7,716). The hospital provides maternity care pathways in line with the National Maternity Strategy‡ – supportive care and community midwifery care pathway,§ assisted care pathway\*\* and specialist care pathway†† and provides a range of maternity, gynaecology and neonatology services, including maternal medicine, fetal medicine, specialist gynaecology, perinatal mental health and national neonatal transfers.

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\* The Dublin Midlands Hospital Group (DMHG) comprises the following hospitals: The Coombe Hospital; Midland Regional Hospital Portlaoise; Midland Regional Hospital Tullamore; Naas General Hospital; St James' Hospital; St Luke's Radiation Oncology Network and Tallaght University Hospital. The hospital group's academic partner is Trinity College Dublin (TCD).

† The national financial regulations apply to all staff in all divisions, community healthcare organisations and hospital groups where services are provided on behalf of the HSE. This includes permanent, temporary and agency staff. See:

<https://www.hse.ie/eng/about/who/finance/nfr/nfrb6.pdf>.

‡ *National Maternity Strategy-Creating a Better Future Together 2016-2026* sets out a plan for maternity and neonatal care in Ireland, to ensure its safe, standardised, of high quality and offer a better experience and more choice to women and their families.

§ The supported care pathway is intended for normal-risk women and babies, with midwives leading and delivering care within a multidisciplinary framework. Responsibility for the co-ordination of a woman's care is assigned to a named Clinical Midwife Manager, and care will be delivered by the community midwifery team, with most antenatal and postnatal care being provided in the community and home settings. The woman, along with her healthcare professional, can choose where to give birth, in an alongside birth centre in the hospital, or at home.

\*\* The assisted care pathway is intended for women and babies considered to be at medium risk, and for normal risk women who choose an obstetric service. Responsibility for the co-ordination of a woman's care is assigned to a named obstetrician, and care is provided by obstetricians and midwives, as part of a multidisciplinary team. Care is provided across both the hospital and community, and births take place within a hospital setting in a specialised birth centre.

†† The specialist care pathway for high-risk women and babies is led by a named obstetrician, and is provided by obstetricians and midwives, as part of a multidisciplinary team. Care is, in the main, provided within a hospital setting and births take place in the hospital, in a specialised birth centre.

**The following information outlines some additional data on the hospital.**

<b>Model of Hospital</b>	Maternity
<b>Number of beds</b>	244 including baby cots and day patient beds.

**How we inspect**

Under the Health Act 2007, Section 8(1)(c) confers the Health Information and Quality Authority (HIQA) with statutory responsibility for monitoring the quality and safety of healthcare. HIQA carried out a two-day announced inspection at The Coombe Hospital to assess compliance with 11 national standards from the *National Standards for Safer Better Healthcare*. The 11 national standards assessed during the course of the inspection were mapped to the national standards from the *National Standards for Safer Better Maternity Services* (see Appendix 1), which sit within the overarching framework of the *National Standards for Safer Better Healthcare*.

To prepare for this inspection, the inspectors<sup>##</sup> reviewed information, which included previous inspection findings, information submitted by the provider, unsolicited information<sup>§§</sup> and other publicly available information.

During the inspection, the inspectors:

- spoke with women who used the maternity services to ascertain their experiences of receiving care in The Coombe Hospital
- spoke with staff and management to find out how they planned, delivered and monitored the service provided to women and babies who received maternity care and treatment in The Coombe Hospital
- observed care being delivered in the hospital, interactions with women who were receiving care in The Coombe Hospital and other activities to see if it reflected what women told inspectors during the inspection
- reviewed documents to see if appropriate records were kept and that they reflected practice observed and what women told inspectors during the inspection.

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<sup>##</sup> Inspector refers to an authorised person appointed by HIQA under the Health Act 2007 for the purpose in this case of monitoring compliance with the *National Standards for Safer Better Healthcare*.

<sup>§§</sup> Unsolicited information is defined as information, which is not requested by HIQA, but is received from people including the public and or people who use healthcare services.

## About the inspection report

A summary of the findings and a description of how The Coombe Hospital performed in relation to compliance with the 11 national standards assessed during inspection are presented in the following sections under the two dimensions of *Capacity and Capability* and *Quality and Safety*. Findings are based on information provided to inspectors at a particular point in time — before, during and after the inspection.

### 1. Capacity and capability of the service

This section describes inspectors' evaluation of how effective the governance, leadership and management arrangements are in supporting and ensuring that good quality and safe healthcare services are being sustainably provided in The Coombe Hospital. It outlines whether there is appropriate oversight and assurance arrangements in place at the hospital and how people who work in The Coombe Hospital are managed and supported to ensure the safe delivery of high-quality care.

### 2. Quality and safety of the service

This section describes the experiences, care and support women using the healthcare services in The Coombe Hospital receive on a day-to-day basis. It is a check on whether the service is a good, quality and caring one that is both person centred and safe. It also includes information about the healthcare environment where women and babies receive care. A full list of the 11 national standards assessed as part of this inspection and the resulting compliance judgments are set out in Appendix 1.

#### This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
11 October 2023	09.00 - 17.30hrs	Denise Lawler	Lead
12 October 2023	09.00 - 16.00hrs	Geraldine Ryan	Support
		Emma Cooke	Support

## Information about this inspection

This inspection focused on national standards from five of the eight themes of the *National Standards for Safer Better Healthcare*. These national standards were also mapped to comparative national standards from the *National Standards for Safer Better Maternity Services*.

The inspection focused on four key areas of known harm, these were:

- infection prevention and control
- medication safety
- the deteriorating patient<sup>\*\*\*</sup> (including sepsis)<sup>†††</sup>
- transitions of care.<sup>‡‡‡</sup>

Over the course of the inspection, the inspection team visited the following clinical areas:

- Early Pregnancy Assessment Unit
- Emergency Assessment Centre
- St Monica's Ward (antenatal ward) where pregnant women received care
- Delivery Suite where women were cared for during labour and birth
- Our Lady's Ward (postnatal ward) where women and babies were cared for after birth
- Operating Theatre Department
- Neonatal Unit.

During the inspection, the inspection team spoke with the following staff at The Coombe Hospital:

- Representatives of the hospital's Executive Management Team:
  - Master
  - Director of Midwifery and Nursing
  - Secretary/General Manager
  - Chief Clinical Operations Officer
  - Chief Operations Officer
  - Human Resources Manager
  - Financial Controller
  - Quality, Risk and Patient Safety Manager

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<sup>\*\*\*</sup> The National Deteriorating Patient Improvement Programme (DPIP) is a priority patient safety programme for the Health Service Executive. Using Early Warning Systems in clinical practice improves recognition and response to signs of patient deterioration. A number of Early Warning Systems, designed to address individual patient needs, are in use in public acute hospitals across Ireland.

<sup>†††</sup> Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency.

<sup>‡‡‡</sup> Transitions of care include internal transfers, external transfers, patient discharge, shift and interdepartmental handover. World Health Organization. *Transitions of Care. Technical Series on Safer Primary Care*. Geneva: World Health Organization. 2016. Available on line from <https://apps.who.int/iris/bitstream/handle/10665/252272/9789241511599-eng.pdf>

- Consultant Lead for the Non-Consultant Hospital Doctors (NCHDs)
- A representative from the NCHDs
- Practice Development Coordinator
- Chief Medical Pharmacist
- Operational Assistant Director of Midwifery and Nursing
- Patient Liaison Manager
- Representatives from each of the following two hospital committees:
  - Infection Prevention and Control
  - Drug and Therapeutics.

### **Acknowledgements**

HIQA would like to acknowledge the cooperation of the hospital's management team and staff who facilitated and contributed to this inspection. In addition, HIQA would also like to thank women using the maternity services who spoke with inspectors about their experiences of the care they received in The Coombe Hospital.

## **What people who use the healthcare services told inspectors and what inspectors observed in the clinical areas visited**

During the inspection, inspectors visited six clinical areas — the Early Pregnancy Assessment Unit (EPAU), interim Emergency Assessment Centre (EAC), St Monica's Ward, Delivery Suite, Our Lady's Ward, Operating Theatre Department and Neonatal Unit.

The newly refurbished EAC was located on the ground floor of The Coombe Hospital. This was a temporary location for the EAC. Hospital management were awaiting funding for a capital development project for a larger purpose built Acute Assessment Centre for all maternity, gynaecology and neonatal unscheduled care attendances to the hospital. The EAC had a defined inclusion and exclusion criteria. It provided care for pregnant women and postnatal women up to six weeks after birth, and women with gynaecological conditions who presented to The Coombe Hospital for unscheduled care 24/7. Attendees to the EAC presented by ambulance, self-referred, were referred by their general practitioner (GP), and or via internal referral pathways in The Coombe Hospital. The EAC had a total planned capacity of five treatment bays. The EAC had a reported average daily attendance rate of 40 women, which amounted to 14,600 attendances yearly. Care provided in the EAC was formalised and underpinned in a standard operating procedure.

The Coombe Hospital's EPAU supported the provision of specific care required by women experiencing complications in the first 12 weeks of pregnancy. The EPAU operated Monday to Friday from 07.30am to 4pm. The unit had a defined inclusion and exclusion criteria and accepted referrals from GPs and the hospital's EAC. Fetal ultrasound scans were offered to

all pregnant women attending for care in The Coombe Hospital at intervals recommended in the national standards.

St Monica's Ward was a large 26-bedded ward comprising three six-bedded multi-occupancy rooms, two three-bedded multi-occupancy rooms, and two single rooms (no en-suite bathroom facilities). St Monica's Ward accommodated women in early labour and or those categorised with a high-risk pregnancy requiring admission for inpatient assessment, monitoring and care. The clinical area had adequate communal toilet and bathroom facilities (five showers and five toilets) for women to use. On the first day of inspection, 22 (85%) of the 26 beds were occupied.

The newly refurbished Delivery Suite had 10 single birthing rooms, two assessment rooms and two high dependency rooms. All 10 birthing rooms had en-suite bathroom facilities. One room had a birthing pool for women choosing immersion in water as a method of pain management during labour. On the first day of inspection, six (60%) of the 10 birthing rooms were occupied.

Our Lady's Ward was a 34-bedded ward comprising four six-bedded multi-occupancy rooms, one four-bedded multi-occupancy room, one three-bedded multi-occupancy room and three single rooms (no en-suite bathroom facilities). Our Lady's Ward accommodated postnatal women and babies, and on occasion accommodated pregnant women requiring admission for inpatient assessment, monitoring and care. The clinical area had adequate communal toilet and bathroom facilities for women to use. On the first day of inspection, 26 (76%) of the 34 beds were occupied.

The Neonatal Unit in The Coombe Hospital was a level 3<sup>§§§</sup> tertiary unit where the full range of specialised care was provided to critically ill pre-term and term babies. The unit accepted babies that required complex neonatal care from other maternity units within the DMHG and across Ireland. The unit comprised 40 cots – 14 intensive care cots, 10 high dependency cots and 16 special care baby cots. The Neonatal Unit provided therapeutic cooling<sup>\*\*\*\*</sup> for infants born in The Coombe Hospital and for infants transferred to the unit from other maternity services across Ireland.

The Coombe Hospital's Operating Theatre Department comprised four operating theatres and a fifth operating theatre was located on the Delivery Suite. Three of the four operating theatres in the main operating theatre department were operational at the time of inspection. The fourth operating theatre was small and was only used in the case of obstetric emergencies. The operating theatre in the Delivery Suite was operational Monday to Friday during core working hours.

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<sup>§§§</sup> The primary function of tertiary neonatal units is to provide specialised care to infants who are critically unwell. Most of the workload is concentrated on very preterm infants, unwell term infants and infants with major congenital malformations.

<sup>\*\*\*\*</sup> Whole body neonatal cooling or therapeutic cooling is 'active' (not passive) cooling administered during the current birth episode as a treatment for hypoxic ischemic encephalopathy. WBNC is only conducted in the four large tertiary hospitals in Dublin and Cork.



The hospital's High Dependency Unit (HDU) comprised two high dependency rooms located in the Delivery Suite. The HDU was equipped to care for pregnant, postnatal women and gynaecology patients who required a higher level of observation and or invasive cardiac monitoring. Pregnant and or postnatal women and gynaecology patients admitted to the HDU were reviewed daily, or more frequently depending on their clinical needs by both the consultant obstetricians and consultant anaesthesiologists.

Inspectors spoke with women receiving care in The Coombe Hospital and observed staff interactions with women over the course of the inspection. Experiences of receiving care, as recounted to inspectors during this inspection, were consistent with the findings from the hospital's 2020 National Maternity Experience Survey,<sup>+++</sup> where the majority of women (88%) who completed the survey had a very good or good experience while attending The Coombe Hospital for maternity care. In general, women were satisfied with the care received and described the midwifery, medical and support staff as *'very good, kind, friendly, supportive and responsive'*. Women felt *'well supported'* and described the care provided as *'excellent'* and that *'staff explained everything.'* Women appreciated how midwives *'kept a close on women and their babies'*. With regard to areas for improvement, one women described the space between the beds in multi-occupancy rooms as *'very tight'* and how fewer beds in the multi-occupancy rooms might help women get more sleep and rest. Women who spoke with inspectors were aware of how to make a complaint about the care they received in The Coombe Hospital. They recounted how they and or family members would speak to a member of staff or go to the hospital's website to make a complaint. Information on the HSE's *'Your Service, Your Say'*<sup>+++</sup> and independent advocacy services could be more clearly displayed across all clinical areas in The Coombe Hospital.

Overall, the women who spoke with inspectors during inspection were very complimentary about the staff they met, with the staff engagement and interaction, and with the care received in all the clinical areas visited during the inspection. Furthermore, there was consistency in what women told inspectors about their experiences of receiving care in The Coombe Hospital and what inspectors observed in the clinical areas visited during inspection.

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<sup>+++</sup> The National Care Experience Programme, is a joint initiative from the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. It was established to ask women about their experiences of care in order to improve the quality of maternity services in Ireland. The National Maternity Experience Survey is a nationwide survey asking patients about their recent experiences in hospital. The purpose of the survey is to learn from women's feedback in order to improve maternity care. The findings of the survey are available at: <https://yourexperience.ie/maternity/national-results/>.

<sup>+++</sup> Health Service Executive. *Your Service Your Say. The Management of Service User Feedback for Comment's, Compliments and Complaints*. Dublin: Health Service Executive. 2017. Available online from: <https://www.hse.ie/eng/about/who/complaints/ysysguidance/ysys2017.pdf>.



## Capacity and Capability Dimension

Inspection findings in relation to the capacity and capability dimension are presented under four national standards (5.2, 5.5, 5.8 and 6.1) from the two themes of leadership, governance and management and workforce. The Coombe Hospital was found to be substantially compliant with three national standards (5.2, 5.5 and 5.8) and partially-complaint with one national standard (6.1) assessed. Key inspection findings leading to the judgment of compliance with these four national standards are described in the following sections.

### Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

Inspectors found there were integrated corporate and clinical governance arrangements in place with clearly defined responsibilities and accountability arrangements in The Coombe Hospital. These governance arrangements had oversight of the quality and safety of healthcare services provided at the hospital. Organisational charts submitted to HIQA detailed the direct reporting arrangements of various governance and oversight committees to hospital management, to The Coombe Hospital's Board and to the Chief Executive Officer (CEO) of the DMHG. While these corporate governance arrangements were mainly consistent with what inspectors found during inspection, the hospital's quality and safety assurance structures was being reviewed and reconfigured, and were evolving at the time of inspection. The existing hospital's governance structures may need to be reconfigured when the quality and safety assurance structures are fully embedded and the revised reporting arrangements should be detailed in updated organisational charts.

#### **Maternity Network at DMHG level**

Since HIQA's last inspection in 2019, hospital management at The Coombe Hospital had progressed a collaborative and integrated approach to the delivery of maternity, gynaecology and neonatal services and the sharing of expertise between The Coombe Hospital and the Midland Regional Hospital Portlaoise (MRHP). While this collaborative approach was not formalised within a clinical maternity network under a single governance structure as outlined in the National Maternity Strategy, the following arrangements were in place:

- joint appointments of consultant obstetricians and gynaecologists, and neonatologists working across the maternity services in The Coombe Women Hospital and MRHP. The consultant obstetricians and gynaecologists participated in the consultant on-call rota for the maternity service at MRHP. These arrangements supported the standardisation of policies, procedures, protocols and guidelines for maternity and neonatal care, and obstetric and paediatric teams caring for women and babies in The Coombe Hospital and MRHP

- formalised care pathways underpinning the transfer of women with complex high-risk pregnancies from MRHP to The Coombe Hospital for more specialist care. Where possible, women transferred from MRHP to The Coombe Hospital were admitted under the care of the consultant obstetrician who worked between the two hospitals, which supported continuity of carer and care
- a Women's and Infants Executive Management Team within DMHG, chaired by the CEO of DMHG with representation from both DMHG and The Coombe Hospital
- a dedicated DMHG's Serious Incident Management Forum (SIMF) that met every month
- a combined perinatal morbidity and mortality meeting for both The Coombe Hospital and MRHP with maternity, neonatal and pathological presentations on cases from both sites every month
- a National Women and Infant Health Programme (NWIHP) maternity forum with representation from both The Coombe Hospital and MRHP that meet regularly.

There was rotation of NCHDs for non-scheme placement between The Coombe Hospital and MRHP, and others hospital within DMHG. Midwifery and nursing staff (excludes midwifery students) did not rotate between The Coombe Hospital and MRHP. While this is recognised as good practice to assist health professionals maintain clinical skills and competence, there was no contractual arrangement to allow midwifery staff to rotate from one hospital to another.

### **Corporate and clinical governance in The Coombe Hospital**

Inspectors found there were clear and defined lines of accountability with devolved autonomy and decision-making for maternity, gynaecology and neonatal services provided at The Coombe Hospital. It was clear that the Master was the accountable officer with overall responsibility and accountability for the governance of healthcare services provided in the hospital. The Master, supported by the Executive Management Team (EMT), had oversight of the quality and safety of healthcare services provided at The Coombe Hospital. The Master, as CEO was a member of The Coombe Hospital Board of Directors and had a defined reporting arrangement to the CEO of the DMHG. Other members of the hospital's EMT attended monthly meetings of the various subcommittees of The Coombe Hospital's Board and attended meetings of The Coombe Hospital Board of Directors as required. The EMT also attended scheduled performance meetings with the CEO of the DMHG.

Clinical governance and leadership at the hospital was led by the Master and the hospital's chief clinical operations officer. The Director of Midwifery and Nursing (DOMN) was responsible for the organisation and management of nursing and maternity services in The Coombe Hospital. The DOMN also had a close working relationship with the chief director of nursing and midwifery for the DMHG. Both the chief clinical operations officer and DOMN were members of the hospital's EMT. In addition, in line with the national standards, The Coombe Hospital had designated clinical leads in the specialties of obstetrics, gynaecology, neonatology, anaesthesiology, fetal medicine and ultrasound, perinatal mental health and pathology appointed on a rotational basis who provided clinical leadership and were

responsible for the organisation and management of healthcare services within their specialty.

### **Executive Management Team**

The EMT was the senior executive decision-making team with responsibility for reviewing the hospital's activity, managing clinical risks and ensuring effective oversight of the quality and safety of healthcare services provided in The Coombe Hospital. Inspectors found the EMT functioned effectively and efficiently, in line with its terms of reference. Documentation reviewed by inspectors and meetings with staff during inspection confirmed that the EMT met at least weekly and membership comprised the Master, DOMN, chief clinical operations officer, human resources manager, chief operations officer, quality, risk and patient safety manager, secretary/general manager and the financial controller. Other senior managers attended and presented at meetings of the EMT as required. Action logs from meetings of the EMT, reviewed by inspectors were comprehensive and action-orientated with time-bound actions assigned to named persons. The Master reported on the hospital's activity and performance against defined national key performance indicators (KPIs) to The Coombe Hospital's Board. The quality, risk and patient safety manager also provided an update on the hospital's performance with quality indicators at meetings of The Coombe Hospital's Board and to the audit and risk, and quality and patient safety subcommittees of The Coombe Hospital's Board. The Master and EMT were supported to manage the day-to-day operations of the hospital by the Hospital Management Forum (HMF).

### **Hospital Management Forum**

The HMF implemented policies and agreed actions from The Coombe Hospital's Board and EMT to enable the day-to-day operational effectiveness of the hospital. Chaired by the Master, membership of this forum comprised all members of the EMT and representation from the different departments and professions providing care across the hospital. The forum met two-monthly and reported to the EMT.

### **Quality and Patient Safety Committee**

At the time of inspection, inspectors were told that the EMT were implementing and strengthening the quality and patient safety function at The Coombe Hospital by embedding the new operational structures in the recently resourced quality and patient safety department. The EMT were progressing with plans to establish an executive hospital quality and patient safety committee, which when fully operational will provide the EMT with assurances on the effectiveness of the quality and safety of healthcare services at The Coombe Hospital.

At the time of inspection, assurance on the quality and safety of healthcare services, including the management of risks was provided by a subcommittee of The Coombe Hospital's Board – Quality and Patient Safety Committee (QPSC). This subcommittee met four times a year and submitted a report to The Coombe Hospital's Board quarterly and an annual report at the end of each calendar year. Minutes of meetings of the QPSC reviewed

by inspectors were comprehensive and showed the committee functioned effectively and efficiently, in line with its terms of reference. The QPSC had oversight of the hospital's compliance with defined KPIs, the effectiveness of risk management processes, the monitoring of the quality of services and quality improvement initiatives implemented to improve services. Members of the EMT conducted monthly quality and safety walk-arounds with clinical midwife managers (CMMs) in the clinical areas they had responsibility for. During these walk-arounds, feedback and learning from patient-safety incidents and complaints, and actions to address any areas for improvement were identified and discussed with the CMMs. Collated information on the hospital's compliance with quality KPIs were included in the monthly quality and patient safety update for The Coombe Hospital's Board and performance meetings between the hospital and the DMHG Hospital Group.

At operational level, inspectors found that there were clear lines of devolved responsibility and accountability for two of the four areas of known harm – infection prevention and control and medication safety. At the time of inspection, the following two committees were in place:

- Infection Prevention and Control Committee (IPPC)
- Drug and Therapeutics Committee (DTC).

The Coombe Hospital did not have a formal deteriorating patient programme but the hospital's EMT confirmed that several committees were well-established and other committees were being established to provide governance and oversight to ensure the timely and effective care of women and babies who experience clinical deterioration. Some committees already in existence included the sepsis committee, haemovigilance committee and there were plans to establish or re-initiate the venous thromboembolism committee and postpartum haemorrhage (PPH) committee.

The hospital did not have a formal Bed Management and or Discharge Committee. This role was encompassed within the role of Assistant Director of Midwifery and Nursing (ADOMN) who oversaw and co-ordinated the safe transitions of care for women and babies within and from The Coombe Hospital with further oversight and governance provided by the Master, chief clinical operations officer and DOMN. Data on scheduled and unscheduled care activity and inpatient bed capacity was discussed daily at a number of operational meetings, at weekly meetings of the EMT and monthly performance meetings between The Coombe Hospital and the DMHG.

### **Infection Prevention and Control Committee**

Inspectors found The Coombe Hospital had a well-established multidisciplinary IPCC with relevant representation from the EMT, microbiology and clinicians, public health and quality and patient safety department. Chaired by the chief clinical operations officer, the IPCC met two-monthly. The IPCC reported via the chair to the Master and provided a verbal update to the EMT after each meeting of the IPCC. Oversight of specific infection prevention and control practices in the areas of sepsis management and decontamination was devolved to

relevant subcommittees of the IPCC. The neonatal hygiene committee ('bug busting team') was a subcommittee of the IPCC assigned with the responsibility for ensuring effective hygiene standards in the neonatal unit. All subcommittees of the IPCC had a formalised reporting structure to the IPCC. Minutes of meetings of the IPCC reviewed by inspectors and meetings with staff during this inspection confirmed that the IPCC functioned in line with its terms and had oversight of the hospital's compliance with defined infection prevention and control KPIs and standards, the management of infection prevention and control risks and patient-safety incidents, hygiene standards, audit activity, the implementation of quality improvement initiatives to improve infection prevention and control practices across The Coombe Hospital and occupational health issues. The IPCC should ensure that any actions agreed by the committee are time-bound and assigned to an individual person who is responsible for ensuring the implementation of the agreed actions.

### **Drugs and Therapeutics Committee**

Inspectors found The Coombe Hospital had a well-established multidisciplinary DTC with appropriate representation from the EMT, pharmacy staff from community and acute hospital settings, clinicians and the quality and patient safety department that functioned effectively and efficiently, in line with its terms of reference. Chaired by the chief clinical operations officer, the DTC met four times a year and reported via the chair to the Master. The chair also provided a verbal update to the EMT after each meeting of the DTC. The DTC delegated elements of its assigned responsibility and function in the areas of neonatal medication safety, haemovigilance and antimicrobial stewardship to subcommittees who reported to the DTC. Inspectors were told that the EMT was progressing with the establishment or re-initiation of two other subcommittees – venous thromboembolism committee and PPH committee – to oversee the timely and effective care of women and babies who experience clinical deterioration. Minutes of meetings of the DTC reviewed by inspectors and meetings with staff during this inspection confirmed that the DTC had effective oversight of the implementation of The Coombe Hospital's medication safety plan.

### **Sepsis Committee**

The Coombe Hospital had a multidisciplinary Sepsis Committee that oversaw the prevention, early recognition and timely management of sepsis across the hospital. Minutes of meetings of the committee reviewed by inspectors and meetings with staff during this inspection confirmed that the committee was functioning effectively, in line with its terms of reference and was action-oriented. However, the committee should ensure that the actions agreed by the committee are time-bound and the progress of implementation of these actions are monitored from meeting to meeting.

### **Antimicrobial Stewardship Committee**

Inspectors found The Coombe Hospital had a well-established multidisciplinary Antimicrobial

Stewardship Committee (AMSC) with appropriate representation from clinicians, the infection prevention and control team, midwifery and microbiology that functioned effectively and efficiently, in line with its terms of reference. Co-chaired by the chief clinical operations officer and consultant microbiologist, the AMSC met four times a year and reported to the IPCC and DTC. Minutes of meetings of the AMSC reviewed by inspectors and meetings with staff during this inspection confirmed that the AMSC had effective oversight of the implementation of The Coombe Hospital's antimicrobial stewardship programme.<sup>§§§§</sup>

In summary, inspectors found that there were integrated corporate and clinical governance arrangements in The Coombe Hospital with clearly defined reporting structures, responsibilities and accountability arrangements. Notwithstanding this, a formalised clinical maternity network, was not fully established and implemented as recommended in the National Maternity Strategy, but since HIQA's last inspection in 2019, there was significant progress in establishing collaborative working arrangements across the maternity services in The Coombe Hospital and MRHP. Arrangements characteristic of a clinical maternity network, such as joint medical consultant appointments were in place across the maternity services in the DMHG. Hospital management, together with the hospital group and the HSE's NWIHP, should continue to prioritise and progress the full implementation of a clinical maternity network, while acknowledging the difficulties this may present by the hospital group's composition of one statutory HSE funded maternity unit and one voluntary hospital with different governance arrangements. Plans to strengthen and consolidate the quality and patient safety function in The Coombe Hospital should be progressed and time given for revised structures to embed. Current governance structures may need to be revised to take account of the new quality assurance structures and organisational charts may need to be modified to incorporate any changes in reporting arrangements for the various governance committees.

**Judgment:** Substantially compliant

Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high-quality, safe and reliable healthcare services.

HIQA found there were effective management arrangements in place to support the delivery of safe, high-quality and reliable healthcare services in The Coombe Hospital.

### **Findings relating to the interim emergency assessment centre**

The Coombe Hospital's EAC operated 24/7 and was the point of entry into the hospital for pregnant and postnatal women and women who presented with gynaecological conditions requiring unscheduled or emergency care. Inspectors found that hospital management had appropriate systems and processes in place to support the effective functioning of the EAC

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<sup>§§§§</sup> An antimicrobial stewardship programme refers to the structures, systems and processes that a service has in place for safe and effective antimicrobial use.

and to manage the demand for emergency care at The Coombe Hospital. During core working hours, clinical governance and oversight of the day-to-day workings of the EAC was the responsibility of the EAC designated consultant obstetrician and gynaecologist. Outside core working hours, the on-call consultant obstetrician and gynaecologist provided clinical governance and oversight of the EAC. During this inspection, the EAC was functioning well providing timely triage, medical review and assessment of women who presented for unscheduled and emergency care.

### **Findings relating to the wider hospital and clinical areas visited**

Inspectors found there were effective management arrangements with defined lines of responsibility and accountability, devolved autonomy and decision-making in place across The Coombe Hospital, which supported the effective and efficient management of healthcare services at the hospital.

### **Infection, prevention and control**

Operational responsibility for implementing The Coombe Hospital's infection prevention and control programme<sup>\*\*\*\*\*</sup> and service plan was assigned to the hospital's multidisciplinary infection prevention and control team. The team also provided and supported staff with specialist infection prevention and control knowledge and skills. The team comprised:

- 1.2 whole-time equivalent (WTE)<sup>†††††</sup> consultant microbiologists. At the time of inspection, 0.2 WTE consultant microbiologist positions were filled. This consultant microbiologist had sessional commitments to Children's Hospital Ireland at Crumlin Hospital. Clinical staff in The Coombe Hospital confirmed they had access to a consultant microbiologist 24/7
- 1 WTE CMM 3 in infection prevention and control
- 1 WTE CMM 2 in infection prevention and control
- 1 WTE antimicrobial pharmacist
- 0.5 WTE surveillance scientist.

Implementation of The Coombe Hospital's infection prevention and control programme service plan was appropriately monitored and overseen by the IPCC and EMT. The IPCC had oversight of the infection prevention and control surveillance monitoring – *Clostridioides difficile* infection, *Carbapenemase-Producing Enterobacterales* (CPE) *Staphylococcus aureus* blood stream infections, *Extended-Spectrum Betalactamase* (ESBL), *Methicillin-resistant Staphylococcus aureus* (MRSA) – antimicrobial stewardship practices, audit activity, relevant policy, procedure and guideline development, staff education and training and quality

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\*\*\*\*\* An agreed infection prevention and control programme as outlined in the *National Standards for the Prevention and Control of Healthcare-Associated Infections in Acute Healthcare Services* (2017), sets out clear strategic direction for the delivery of the objectives of the programme in short-, medium- and long-term, as appropriate to the needs of the service.

††††† Whole-time equivalent (WTE) is the number of hours worked part-time by a staff member or staff member(s) compared to the normal full time hours for that role.



improvement initiatives implemented to improve infection prevention and control practices across The Coombe Hospital.

### **Medication safety**

The pharmacy service at The Coombe Hospital provided a pharmacy service to all clinical areas visited during inspection, but the hospital did not have a comprehensive pharmacy-led clinical pharmacy service for all adults.<sup>\*\*\*\*</sup> A comprehensive clinical pharmacy service was provided in the Neonatal Unit. Pharmacist-led medication reconciliation was carried out on women and babies categorised as high priority using clearly defined criteria. The hospital was funded for 8.0 WTE pharmacy staff, which included:

- 5 WTE pharmacists, this included a chief pharmacist (one WTE), one WTE senior grade pharmacist, one WTE antimicrobial pharmacist and 2 WTE basic grade pharmacists. At the time of inspection, 20% (one WTE) of the hospital's funded pharmacist's positions were unfilled, which did impact on the ability to deliver a comprehensive pharmacy-led clinical pharmacy service.
- 3 WTE pharmacy technicians – at the time of inspection, all pharmacy technician positions were filled.

### **Deteriorating patient**

The Coombe Hospital did not have a formal deteriorating patient improvement committee. However, there were many other committees and clinical practices in place to ensure the timely recognition and appropriate management of the deteriorating patient. The national early warning systems for the various cohorts of women – Irish Maternity Early Warning System (IMEWS)<sup>§§§§</sup> (version 2), INEWS (version 2) for non-pregnant patients and the Identify, Situation, Background, Assessment, Recommendation/Read Back/Risk (ISBAR<sub>3</sub>) communication tool<sup>\*\*\*\*\*</sup> were used. Clinical skills facilitators provided staff with training on the use of and escalation protocols for all the early warning systems used in the hospital. Compliance with the early warning systems was collated monthly through 'Test Your Care'<sup>†††††</sup> nursing and midwifery quality metrics and quality improvement plans were introduced when practice fell below expected standards.

### **Transitions of care**

Transitions of care incorporates internal transfers within The Coombe Hospital, shift and

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<sup>\*\*\*\*</sup> A clinical pharmacy service is a service provided by a qualified pharmacist which promotes and supports rational, safe and appropriate medication usage in the clinical setting.

<sup>§§§§</sup> Irish Maternity Early Warning System (IMEWS) is for use in all cases during pregnancy and during the first 42 days after the end of pregnancy irrespective of the gestation and irrespective of the presenting condition of the person.

<sup>\*\*\*\*\*</sup> Identify, Situation, Background, Assessment, Recommendation/Read Back/Risk (ISBAR) is a communication tool used to facilitate the prompt and appropriate communication in relation to patient care and safety during clinical handover.

<sup>†††††</sup> Performance metrics that measure, monitor and track the fundamentals of nursing and midwifery clinical care processes.

interdepartmental handovers, and the transfer and discharge of women and babies from The Coombe Hospital. Internal transitions of care comprised the transfer of women and or babies to and from the:

- different care pathways – supported, assisted or specialist – based on a woman’s risk categorisation
- community midwives services
- Delivery Suite
- HDU
- Neonatal Unit.

External transitions of care from The Coombe Hospital usually comprised the transfer of pregnant and or postnatal women to the Intensive Care Unit (ICU) in St James’ Hospital (SJH), when their clinical condition required it. As a tertiary referral hospital, The Coombe Hospital also received maternal and neonatal transfers from other maternity units within and outside the DMHG. The number of transfers into and from The Coombe Hospital were reported monthly as part of the HSE’s reporting requirements – Irish Maternity Indicator System<sup>\*\*\*\*\*</sup> and Maternity Safety Statements,<sup>§§§§§§</sup> and were included in the monthly quality and patient safety update for the performance meeting between The Coombe Hospital and the DMHG. An ADOMN, had oversight of the issues contributing to and impacting on the safe transfer of care for women and babies within and from The Coombe Hospital. The safe transfer of women and babies to and from the hospital was formalised and underpinned by an inter-hospital transfer policy.

In summary, inspectors found there were defined, responsive and reactive management arrangements in place at The Coombe Hospital to manage, support and oversee the delivery of high-quality, safe and reliable healthcare services in the hospital 24/7. The EMT had good operational grip and there were defined lines of responsibility and accountability with devolved autonomy and decision-making for the governance and management of healthcare services at the hospital. Appropriate and effective arrangements were in place to ensure and assure the safety and quality of care provided to women and their babies receiving care. Notwithstanding this, the shortfall in pharmacy staff significantly impacted on the ability to provide a comprehensive pharmacy-led clinical pharmacy service for all women.

**Judgment:** Substantially compliant

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<sup>\*\*\*\*\*</sup> This Irish Maternity Indicator System encompasses a range of multidisciplinary metrics, including hospital management activities, deliveries, serious obstetric events, neonatal, and laboratory metrics. It provides within hospital tracking of both monthly and annual data. It also provides national comparisons across all maternity units, allowing hospitals to benchmark themselves against national average rates and over time.

<sup>§§§§§§</sup> The Maternity Safety Statement contains information on 17 metrics covering a range of clinical activities, major obstetric events, modes of delivery and clinical incidents.

Standard 5.8: Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Inspectors found The Coombe Hospital had systematic monitoring arrangements in place for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services provided at the hospital. Information on a range of different clinical data related to the quality and safety of healthcare services provided in The Coombe Hospital was collected, collated and published, in line with the HSE's reporting requirements – Maternity Safety Statements and Irish Maternity Indicator System. Performance data was also submitted to the National Perinatal Epidemiology Centre (NPEC)<sup>\*\*\*\*\*</sup> and Vermont Oxford Network.<sup>+++++</sup> Collated performance data was reviewed at weekly meetings of the EMT, at monthly meetings of The Coombe Hospital's Board and performance meetings between The Coombe Hospital and the DMHG.

### **Risk management**

Inspectors found that The Coombe Hospital had an overarching risk management framework with formalised structures and processes to proactively identify, analyse, manage and minimise risks to women and babies. The EMT and the quality and patient safety subcommittee of The Coombe Hospital's Board had oversight of the effectiveness of the hospital's risk management systems and processes. Risks were identified and managed at local clinical area level, with input from the clinical risk managers. Serious risks were escalated appropriately to the EMT and recorded on the hospital's corporate risk register. High-rated risks not managed at EMT level were discussed at the monthly performance meetings between The Coombe Hospital and the DMHG. At the time of inspection, the EMT were progressing plans to introduce departmental risk registers where the identification, analysis and management of local risks would be devolved to CMMs with oversight by the quality, risk and patient safety team and the EMT.

### **Audit activity**

Inspectors found there was a strong culture of and a coordinated approach to auditing clinical practices in The Coombe Hospital. The hospital had a comprehensive clinical audit plan that was overseen and monitored by the committee assigned with responsibility for clinical audit and quality improvement (AQuA committee). Other governance committees – the IPCC, DTC and Sepsis Committee – had oversight of clinical audit findings and initiatives implemented to address any identified shortfalls in clinical care for their area of responsibility. Audits conducted in the hospital followed a prescribed structure. Clinical audit findings were shared

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\*\*\*\*\* The National Perinatal Epidemiology Centre conducts ongoing national audits of perinatal mortality, maternal morbidity and home births in Ireland.

+++++ The Vermont Oxford Network is a voluntary collaborative group of health professionals committed to improving the effectiveness and efficiency of medical care for newborn infants and their families through a coordinated programme of research, education, and quality improvement projects.

with staff at clinical handover, at weekly NCHD meetings and presented at formal learning meetings that occurred four times a year.

### **Oversight of serious reportable events and patient-safety incidents**

Inspectors found there was effective and efficient oversight of the reporting and management of serious reportable events, serious incidents and patient-safety incidents that occurred in The Coombe Hospital. A multidisciplinary Concise Review Team (CRT) comprising clinicians from obstetrics, gynaecology, paediatrics, anaesthesiology, midwifery and nursing, haemovigilance and other specialties met two-weekly to review moderate and major or extreme patient-safety incidents. Adverse clinical events that occurred in the hospital was also reviewed by the hospital's multidisciplinary Serious Incident Management Team (SIMT), which comprised clinicians from the specialties of obstetrics, anaesthesiology and neonatology, midwifery and nursing and representatives from the quality, risk and patient safety department. This SIMT met monthly to ensure patient-safety incidents and adverse events were managed in line with the HSE's Incident Management Framework and recommendations from reviews and quality initiatives were implemented. All adverse clinical events reviewed at SIMT were presented at meetings of the EMT. The EMT escalated adverse clinical events to the DMHG's SIMF and a summary report of these events was included as part of the Master's composite report for meetings of The Coombe Hospital's Board. Learnings from serious reportable events, serious incidents and patient-safety incidents were shared with clinical staff at clinical handover, presented at formal quarterly learning meetings and Grand Rounds. \*\*\*\*\*

### **Perinatal morbidity and mortality multidisciplinary meetings**

Multidisciplinary perinatal mortality and morbidity meetings were held monthly in The Coombe Hospital where the hospital's compliance with defined quality and safety indicators were reviewed, discussed and compared with similar data from other similar sized maternity services. Learnings from these meetings were shared with clinical staff at clinical handover, presented at formal quarterly learning meetings and NCHD meetings.

### **Feedback from women using the maternity services**

Inspectors found there was a formalised process in place to monitor and act on feedback from women who received care at The Coombe Hospital. A secure patient feedback form was available on the hospital's website for women and their families to provide feedback. Updates on feedback received from women and or their families was shared at weekly meetings of the EMT by the quality and patient safety manager and was also included in the quality updates to The Coombe Hospital's Board. Findings from the hospital's 2020 National Maternity Experience Survey and the 2022 National Maternity Bereavement Survey were discussed at meetings of the EMT and the quality and patient safety subcommittee of The Coombe Hospital's Board. At the time of inspection, there was evidence that hospital management

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\*\*\*\*\* Grand Rounds are designed to facilitate up-to-date knowledge dissemination and discussion regarding clinical issues among clinicians.

were working with the HSE to implement a number of time-bound quality improvement initiatives to improve healthcare services at The Coombe Hospital. These included:

- improving timely access to information and parent education classes
- improving supports with infant feeding
- providing communication skills workshop for staff
- introducing a postnatal liaison nurse to support parents of babies in the Neonatal Unit
- developing an information booklet for parents of babies in the Neonatal Unit
- supporting and listening to women who gave birth or plan to give birth in The Coombe Hospital.

Overall, inspectors found there was a strong culture of auditing and quality improvement at The Coombe Hospital. There were systematic monitoring arrangements in place in The Coombe Hospital to identify and act on opportunities to continually drive improvements in the quality, safety and reliability of healthcare services. There were arrangements to monitor and act on feedback from women and their families. There was also effective and robust systems and processes in place to identify, manage and minimise risks to women and babies using the healthcare services, but these systems and processes will be further strengthened when the management of risks are devolved to CMMs at local departmental level.

**Judgment:** Substantially compliant

Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare.

Inspectors found that the staffing arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare services on the days of inspection were appropriate, but this was within the context of the hospital not functioning at full capacity. If the clinical areas visited were fully occupied, the number of unfilled positions across a number of professions would have impacted on the provision of safe care for women and babies. Staffing shortfalls and the resultant impact on patient care were medium and high-rated risks recorded on the hospital's corporate risk register. Recruitment of staff was overseen by the hospital's Manpower Planning Committee who met monthly. Workforce was also a standing agenda item for the weekly meeting of the EMT, the monthly performance meeting between The Coombe Hospital and the DMHG, and was included in the Master's composite report to The Coombe Hospital's Board.

### **Medical workforce**

The Coombe Hospital was staffed with medical staff in the specialties of obstetrics, anaesthesiology and neonatology who were available onsite to provide care to women and babies 24/7. The hospital was funded for a total of 46.29 WTE medical consultants across a range of specialties. At the time of inspection, 44.67 WTE (95%) of these medical consultant's positions were filled. The hospital was funded for a total of 23 WTE consultant

obstetrician and gynaecologists. At the time of inspection, all consultant obstetrician and gynaecologist's positions were filled. All permanent consultants were on the relevant specialist division of the register with the Irish Medical Council (IMC). A consultant obstetrician provided clinical oversight of the care provided in the Delivery Suite 24/7. A consultant obstetrician was rostered to be in attendance in the Delivery Suite during core working hours Monday to Friday and was free from other duties during these sessions. The consultant on call for the weekend provided consultant cover for the Delivery Suite over the weekend and bank holidays. A second on-call consultant obstetrician was also rostered with a third consultant, the Master, available if required.

Medical consultants in The Coombe Hospital were supported by 77 WTE NCHDs at registrar, Senior House Officer (SHO) and other grades providing medical cover across the hospital 24/7. Seven of the 77 WTE (9%) NCHD positions were unfilled at the time of inspection. A rota of two NCHDs in obstetrics at registrar and one at SHO grade provided medical cover in the Delivery Suite 24/7. Two NCHDs in obstetrics – one at registrar and one at SHO grade provided medical cover to the EAC 24/7. A clinical handover meeting was held every Friday and Monday morning for the obstetric medical staff to handover information to the obstetric medical team coming on and going off on call.

The Coombe Hospital was funded for 8 WTE pharmacy staff, with one WTE pharmacist's positions unfilled at the time of inspection. This did impact on the ability to provide a comprehensive clinical pharmacy service to all clinical areas. Similar to other maternity hospitals inspected to date by HIQA, The Coombe Hospital were experiencing challenges in recruiting to and filling health and social care professionals, especially physiotherapists, medical social workers and dieticians. At the time of inspection,

- 5.98 WTE (68%) of the funded 8.74 WTE physiotherapist's positions were filled
- 9.2 WTE (90%) of the funded 10.2 WTE medical social worker's positions were filled
- 3 WTE (75%) of the funded 4 WTE dietician's positions were filled.

The shortfall in recruiting to funded health and social care professionals were further compounded by approved and planned short-term absenteeism, where the position was not back filled.

### **Midwifery and nursing workforce**

Hospital management used the Birthrate Plus® methodology to determine the hospital's midwifery and nursing staff requirements. Midwifery and nursing staff in The Coombe Hospital were supported by maternity healthcare assistants (MCAs). The hospital was funded for 414.7 WTE midwives and nurses (inclusive of management and other grades). At the time of inspection, 51.59 WTE (12%) of the funded midwifery and nursing positions were unfilled. Shortfalls in the funded and actual filled midwifery and nursing staff positions were evident in all clinical areas visited during inspection. On the first day of inspection, there was a reported shortfall of:

- 29.4% (4.24 WTE) in the rostered complement of midwifery staffing positions in EAC



- 5% (1.04 WTE) in the rostered complement of midwifery staffing positions in St Monica's Ward
- 38% (21.75 WTE) in the rostered complement of midwifery staffing positions in the Delivery Suite
- 21% (5 WTE) in the rostered complement of midwifery staffing positions in Our Lady's Ward
- 15% (13.65 WTE) in the rostered complement of midwifery and nurse staffing positions in the Neonatal Unit. This shortfall impacted on the ability to align with the staffing requirement for neonatal units recommended by the British Association of Perineal Medicine (BAPM) framework.<sup>§§§§§§</sup>

At the time of inspection, the shortfall in midwifery staffing was further compounded by short-term absenteeism. A review of staffing rosters for the four weeks preceding HIQA's inspection showed there were shortfalls in the rostered complement of midwifery staff across the clinical areas visited by inspectors. On the first day of inspection, the Delivery Suite was three (30%) midwives short on the rostered 10 midwives and one (33%) short on the rostered three MCAs during the day, with a similar shortfall in midwifery and MCA staff for the night shift. Inspectors were told that the Delivery Suite prioritised the provision of midwifery one-to-one support<sup>\*\*\*\*\*</sup> for women in labour, this included the CMM 2 taking a case load, so the CNM2 was not supernumerary as would be the recommended best practice. On the day of inspection, the risk to women arising from the shortfalls in the rostered complement of midwifery and nursing staff was mitigated by the fact that the clinical areas were not fully occupied. If the clinical areas were working to full capacity, the shortfall in the rostered complement of midwives and nurses would have significantly impacted on the ability to provide women with midwifery one-to-one support in labour and effective, quality care.

It was difficult to quantify the specific impact that the midwifery and nursing staff shortfalls had on care delivered in the clinical areas visited during inspection because the proportion of care delayed, unfinished or omitted as a consequence of the midwifery and nursing shortfall was not formally measured at the hospital. Hospital management were trying to fill unfilled midwifery and nursing positions through continuous recruitment campaigns, agency staff and hospital staff working additional hours. Hospital management and DMHG had a comprehensive nursing and midwifery recruitment strategy and annual plan to recruit and fill nursing and midwifery positions in The Coombe Hospital. Staff who spoke with inspectors confirmed that midwifery staff rotated through the different clinical areas, with the exception

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§§§§§§ The British Association of Perineal Medicine (BAPM) framework provides guidance on the optimal size and activity levels of Neonatal Intensive Care Units (NICUs) in the UK and medical staffing. See: <https://www.bapm.org/resources/296-optimal-arrangements-for-neonatal-intensive-care-units-in-the-uk-2021#:~:text=This%20framework%20provides%20guidance%20on,the%20updated%20version%20in%202021.>

\*\*\*\*\* A woman in labour is cared for by a midwife who is assigned and looking after just her – this is called 'one-to-one care'. One-to-one care aims to ensure that the woman has a good experience of care and reduces the likelihood of problems for her and her baby. See: <https://www.nice.org.uk/guidance/gs105/chapter/quality-statement-2-one-to-one-care#:~:text=A%20woman%20in%20labour%20is,for%20her%20and%20her%20baby.>



of the Neonatal Unit. This enabled midwifery staff to maintain the required level of clinical competence and skills.

### **Staff training and education**

The Coombe Hospital did not have a central mechanism to record staff uptake of essential and mandatory training. Midwifery and nursing staff attendance at essential and mandatory training was monitored at clinical area level by CMMs. Attendance at essential and mandatory training by NCHDs was recorded on the National Employment Record (NER) system.<sup>+++++++</sup> Midwifery and nursing, medical and support staff who spoke with inspectors confirmed that they had received formal induction training on commencement of employment in the hospital. Midwifery and nursing staff were required to complete essential and mandatory training in infection prevention and control, medication safety and the early warning systems on the HSE's online learning and training portal (HSELand).

Training records reviewed by inspectors showed that the uptake of essential and mandatory training in hand hygiene and fetal monitoring was satisfactory. However, training in transmission and standard-based precautions, the management of obstetric emergencies,<sup>+++++++</sup> early warning systems and basic life support should be an area of focused improvement following this inspection. Clinical staff attended regular teaching sessions on interpretation of fetal heart recordings and scenario-based training for obstetric emergencies. Hospital management confirmed there was a plan to improve staff attendance at mandatory training. Staff were also supported to undertake additional postgraduate educational courses in ultrasound, neonatal care, high dependency and critical care.

The Coombe Hospital's non COVID-19 staff absenteeism rate in September 2023 (4.2%) was slightly higher than the HSE's target of  $\leq 4\%$  (non COVID-19 absence rates). Occupational services, including an Employee Assistance Programme, were available for staff and staff who spoke with inspectors were aware of these support services. The Coombe Hospital, with the support of DMHG's chief director of nursing and midwifery had implemented performance development planning (PDP's) for midwifery and nursing staff and had introduced the 'spotlight award – shining light' staff initiative, in recognition and acknowledgement of all hospital staff who excelled in their role.

In summary, the clinical areas visited during inspection were not fully occupied, so the staffing arrangements in place at the time of inspection provided baseline levels of healthcare services safely. However, running a healthcare service that was fully occupied with shortfalls in rostered midwifery and nursing numbers, pharmacy staff and health and social care professionals, as identified in this inspection report would have had a significant impact on

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<sup>+++++++</sup> The National Employment Record is a national system for recording non-consultant hospital doctor paperwork, including evidence of training. The system was designed to minimise repetitive paperwork requirements for non-consultant hospital doctors and eliminate duplication when rotating between employers.

<sup>+++++++</sup> The Practical Obstetric Multi-Professional Training (PROMPT) course is an evidence-based training package that teaches healthcare professionals how to respond to obstetric emergencies.

service sustainability and patient safety. Hospital management in The Coombe Hospital need to be further supported in their efforts to address ongoing staffing shortfalls across the professional groups. All clinical staff should undertake training appropriate to their scope of practice at the required frequency, in line with national standards.

**Judgment:** Partially compliant

## Quality and Safety Dimension

Inspection findings in relation to the quality and safety dimension are presented under seven national standards (1.6, 1.7, 1.8, 2.7, 2.8, 3.1 and 3.3) from the three themes of person-centred care and support, effective care and support, and safe care and support. The Coombe Hospital was found to be compliant with two national standards (1.7 and 1.8), substantially compliant with three national standards (2.8, 3.1 and 3.3), partially compliant with one national standard (1.6) and non-compliant with one national standards (2.7) assessed. Key inspection findings informing judgments on compliance with these seven national standards are described in the following sections.

### Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.

Staff in The Coombe Hospital were committed to promoting a person-centred approach to care. Inspectors observed staff communicating effectively and actively engaging with women, taking the time to speak with and listen to women and to address their individual needs. Women receiving care in the EAC were accommodated in single cubicles. While the cubicles were small in size, they facilitated and enabled the meaningful promotion of the woman's privacy, dignity and confidentiality, which was consistent with the human rights-based approach to care promoted by HIQA.<sup>§§§§§§§§</sup> In general, the physical environment in the inpatient clinical areas visited also promoted women's privacy, dignity and confidentiality. Privacy curtains were used when women were receiving care in multi-occupancy rooms. However, within the context of this large room and shared environment, privacy curtains did not support the effective promotion of confidentiality and privacy when discussing individualised care and treatment with women.

Inspectors observed staff in the clinical areas being responsive and attentive to the woman's individual needs in a respectful way, while taking account of a woman's preference and choices. Staff were observed assisting with personal and baby care and infant feeding, when needed. Women who spoke with inspectors confirmed that they had received information on infant feeding and supports available to them when discharged home. Inspectors found

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<sup>§§§§§§§§</sup> Health Information and Quality Authority. Guidance on a Human Rights-based Approach in Health and Social Care Services. Dublin: Health Information and Quality Authority. 2019. Available online from: <https://www.hiqa.ie/reports-and-publications/guide/guidance-human-rights-based-approach-health-and-social-care-services>.

evidence of a number of person-centred, quality improvement initiatives, which supported autonomous decision-making and choice for women. These included:

- water immersion for pain management during labour and birth
- different care pathways that align with those in the National Maternity Strategy
- a dedicated midwife-led birth reflection service for women
- enhanced staff communication and interaction skills
- a mother and baby room in the Neonatal Unit
- mobile epidural as a method of pain management for women in labour
- doulas to support women in labour
- a midwife-led clinic – Daisy clinic – for vulnerable and displaced women
- a business case to establish a dedicated clinic for women experiencing obstetric and sphincter injuries\*\*\*\*\* was submitted to the HSE and NWHIP.

Healthcare records were readily available at the end of each bed, but while accessible to clinicians and women, this arrangement resulted in them being easily accessible to others, including visitors. This was not in line with general data protection and regulation legislation and was brought to the attention of the CMM for immediate remedy. These findings were consistent with the findings related to decision-making and women being treated with respect and dignity from the 2020 National Maternity Experience Survey. While quality improvement initiatives were implemented to improve and further promote women’s privacy, dignity and autonomy, the large multi-occupancy rooms and ease of accessibility of healthcare records impacted on any meaningful promotion of confidentiality and privacy.

**Judgment:** Partially compliant

#### Standard 1.7: Service providers promote a culture of kindness, consideration and respect.

Inspectors found that hospital management and staff throughout The Coombe Hospital promoted a culture of kindness, consideration and respect for women and families. Inspectors observed staff being pleasant, courteous, respectful, kind and caring towards women. Staff were observed actively listening to and effectively communicating with women in an open and sensitive manner. This was confirmed by women who spoke positively about their interactions with staff. A culture of kindness, consideration and respect was promoted through the implementation of a number of practices, including women being called by their preferred name, staff wearing name badges and providing woman’s catering preferences.

**Judgment:** Compliant

\*\*\*\*\* Obstetric anal sphincter injuries are also known as third and fourth degree perineal tears. These types of tears usually occur unexpectedly during childbirth and it is not possible to predict these types of tears. These are tears that involve the muscle (the anal sphincter) that controls the anus, known as a third degree tear. If the tear extends into the lining of the anus or rectum, it is known as a fourth degree tear.

Standard 1.8: Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

There were systems and processes in place at The Coombe Hospital to respond to complaints and concerns received from women and their families. The process was formalised and underpinned by an up-to-date policy that aligned with the HSE's complaints management policy '*Your Service Your Say*'. The hospital's quality and patient safety manager was the designated complaints officer and was the principal point of contact for women and or families wanting to make a complaint or raise a concern about the care received in The Coombe Hospital. The quality and patient safety manager was supported in that role by a patient liaison manager. The patient liaison manager supported women and their families to provide feedback or make a complaint about the care received in the hospital.

Staff who spoke with inspectors were knowledgeable about the hospital's complaints management processes. Hospital management supported and encouraged point of contact complaint resolution in line with national guidance. Verbal complaints were managed at local clinical area level by clinical staff and line managers as appropriate and then CMMs and escalated further to the CMM3 or appropriate line manager and or patient liaison manager if not resolved. Written complaints were managed by the patient liaison manager, with input from CMMs and midwives, as appropriate. Complaints were tracked and trended. In 2022, hospital management received a total of 240 new complaints. The majority (83%) of these complaints were resolved within the HSE's 30 working days timeframe. Year to date in 2023, 115 complaints were received and 50% of those were resolved within the 30 days' timeframe.

The most common occurring themes related to communication and information, access and safe and effective care. The complaints officer and patient liaison manager monitored and oversaw the implementation of recommendations arising from the complaint process with oversight by the EMT. Information on complaints were included as part of the quality and patient manager's update to The Coombe Hospital's Board. Women who spoke with inspectors were aware of how to make a complaint if they wanted to, but were not aware of any independent advocacy services available to them.

Overall, inspectors found there were effective, coordinated systems and processes in The Coombe Hospital to respond timely and efficiently to complaints and concerns raised by women who used the healthcare services and or their families. The hospital's systems and processes were effective in resolving complaints and concerns within the HSE's 30 day timeframe. Information on the hospital's complaints process and independent advocacy services could be displayed more in the hospital. A formal standardised system should also be implemented to facilitate the sharing of learning from complaints and the complaints resolution process. This will help reduce reoccurrence of the same issues for women using the healthcare services.

**Judgment:** Compliant

Standard 2.7: Healthcare is provided in a physical environment which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of service users.

Inspectors found that that the age and current footprint of The Coombe Hospital presented many challenges and risks, which impacted on the ability to conform to international best practice standards for the physical infrastructure. Since HIQA's previous inspection in 2019, a number of refurbishment projects have been completed at the hospital to a high standard. These included the operating theatre in the Delivery Suite, the interim EAC and St Patrick's Ward (antenatal and postnatal ward), upgrade of ward bathroom facilities and pantry areas, refurbishment of isolation facilities, single rooms and negative pressure clinical areas. Notwithstanding this, the hospital's age, current configuration and physical environment continues to be a significant constraint to the delivery of safe, high-quality healthcare services. Inspectors found that, despite hospital management's efforts, the hospital's physical environment was not compliant with relevant legislative requirements or national standards and posed a risk to women, babies and staff working in that environment. The physical infrastructure and the risk of acquiring healthcare associated infections were high-rated risks recorded on the hospital's corporate risk register.

The physical space in clinical areas, especially the larger multi-occupancy rooms was limited, which made it difficult to maintain adequate physical spacing between beds and posed an infection risk. Inspectors were concerned that the lack of space in a six-bedded multi-occupancy room in St Monica's Ward had the potential to impact on the timely resuscitation of pregnant women and or babies. Inspectors requested the CMM carry out a risk assessment to identify the potential and actual risk to the timely resuscitation of pregnant women and or babies and to implement actions to mitigate the risk. The completed risk assessment reviewed by inspectors detailed the corrective actions applied to mitigate any potential and actual risk to women and or babies in St Monica's Ward.

Inspectors found the physical environment in the clinical areas visited was generally clean and well maintained with few exceptions. General wear and tear on woodwork and floor surfaces did not facilitate effective cleaning and posed an infection risk. CMMs who spoke with inspectors were satisfied with the level of cleaning resources in place during core and outside core working hours. Environmental cleaning was carried out by staff from The Coombe Hospital and an external contract cleaning company, with cleaning staff available 24/7. CMMs and household supervisors had oversight of the standard of cleaning and cleaning schedules in their clinical areas of responsibility. Designated staff carried out discharge and terminal cleaning,<sup>+++++</sup> when required.

The cleaning of patient equipment was assigned to MCAs with oversight by the CMM. The hospital did not use a system to identify clean equipment and inspectors found it difficult to decipher what was clean equipment and what equipment was in need of cleaning. Hazardous material and waste was stored safely and securely, and inspectors observed linen appropriately segregated into clean and used linen. There was inadequate storage space in all

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<sup>+++++</sup> Terminal cleaning refers to the cleaning procedures used to control the spread of infectious diseases in a healthcare environment.

the clinical areas visited. Supplies and equipment were stored on public corridors, which was inadequate and inappropriate, and posed a risk to patient safety.

Inspectors observed signage on hand hygiene and infection prevention and control signage in relation to transmission and standard-based precautions clearly displayed in all clinical areas visited. Wall-mounted alcohol-based hand sanitiser dispensers and personal protective equipment (PPE) were also strategically located and readily available in all clinical areas visited. Inspectors observed staff in the clinical areas wearing appropriate PPE in line with public health guidelines in place at the time of inspection. Not all hand hygiene sinks in the clinical areas visited conformed to requirements.\*\*\*\*\*

While there were isolation facilities in all clinical areas visited and at wider hospital level. There was a total of 10 purpose built isolation rooms for adults use across the hospital, but this number was insufficient for a tertiary referral hospital. Notwithstanding this, inspectors found there were adequate processes in place to prioritise and ensure appropriate placement and management of women and or babies requiring transmission-based precautions. Patient placement was overseen by the hospital's infection prevention and control team and if needed, women and or babies requiring transmission-based precautions were cohorted in a multi-occupancy room, which was in line with national guidance.

Emergency supplies and equipment including relevant medications to manage obstetric and neonatal emergencies were readily available and accessible in all clinical areas visited. There was documentary evidence that emergency equipment was checked daily and weekly, and serviced regularly as per the hospital's policy. In St Monica's Ward, the maternal resuscitation equipment was located in the Delivery Suite, which was adjacent to St Monica's Ward and was swipe access. Inspectors were concerned about the potential impact the proximal location of the maternal resuscitation equipment would have on the timely resuscitation of a woman and or baby in St Monica's Ward. Inspectors requested that a risk assessment be carried out by the CMM and corrective measures be implemented to mitigate any actual and potential risk that may impact on the timely and effective response to a maternal and or neonatal emergency in St Monica's Ward. The maternal resuscitation equipment for Our Lady's Ward was located in the central concourse of the first floor and the equipment comprised one maternal resuscitation trolley that served three clinical areas – St Patrick's Ward, Our Lady's Ward and St Joseph's Ward. While scenario-based training for maternal and neonatal resuscitation was carried out regularly by the resuscitation officer, inspectors were concerned that only one maternal resuscitation trolley serving three clinical areas presented a risk to the timely resuscitation of woman, especially if two or more woman were to require resuscitation simultaneously. This concern was raised with the ADOMN at the time of inspection.

In summary, while the physical environment and clinical equipment was observed to be generally clean and well maintained, it did not meet relevant legislative requirements or best practice guidelines and there was a risk of cross infection for women and babies.

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\*\*\*\*\* Department of Health, United Kingdom. *Health Building Note 00-10 Part C: Sanitary Assemblies*. United Kingdom: Department of Health. 2013. Available online from: [https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN\\_00-10\\_Part\\_C\\_Final.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN_00-10_Part_C_Final.pdf).

Refurbishment work had occurred since HIQA's last inspection in 2019. However, the age and current footprint of The Coombe Hospital and physical environment presented many challenges and did not always support the delivery of high-quality, safe healthcare services. The hospital did not have adequate isolation facilities for women and babies, but a work around ensured that women and or babies requiring transmission-based precautions were cohorted in a multi-occupancy room in line with good practice guidelines. Hospital management were progressing with the implementation of a project to upgrade and refurbish the current physical environment and infrastructure. Notwithstanding this, the physical environment and infrastructure in other clinical areas such as St Monica's Ward, Our Lady's Ward and the operating theatre department did not meet international best practice guidelines and posed a significant risk to patient safety.

**Judgment:** Non-compliant

Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Inspectors found that there were efficient systems and processes in place at The Coombe Hospital to monitor, analyse, evaluate and respond to information from a variety of sources to support the continuous improvement of healthcare services provided in the hospital. Sources included KPIs, findings from audit activity, risk assessments, patient-safety incident reviews, complaints and feedback from women and their families. Hospital management used this information to compare and benchmark the quality of services provided in The Coombe Hospital to other similar sized maternity services in Ireland. The hospital's performance and compliance with defined KPIs was reported on as part of the Master's composite report to The Coombe Hospital's Board. The Coombe Hospital also published a comprehensive clinical report annually that detailed the services provided at the hospital, service activity, maternal and neonatal outcomes and quality improvement initiatives implemented to improve clinical practices and healthcare services for women and babies.

### **Infection prevention and control monitoring**

Inspectors found that the IPCC had oversight of and actively monitored the effectiveness of infection prevention and control practices at The Coombe Hospital. Hospital management monitored and regularly reviewed the number of healthcare-acquired infections and in line with the HSE's monthly reporting requirement,<sup>§§§§§§§§</sup> publically reported on maternal and neonatal rates of:

- hospital-acquired *Staphylococcus aureus* blood stream infection

§§§§§§§§ Health Service Executive. *Performance Assurance Process for Key Performance Indicators for HCAI AMR in Acute Hospitals*. Dublin: Health Service Executive. 2018. Available on line from: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/performance-assurance-process-for-kpis-for-hcai-amr-ahd.pdf>.



- *Clostridioides difficile* infection
- CPE
- COVID-19
- maternal bacteraemia
- early onset neonatal bacteraemia
- maternal sepsis
- retained swabs.

In 2022, the hospital's rate of new cases of hospital-acquired *Staphylococcus aureus* blood stream infection was 1.9 per 10,000 bed days, above the HSE's target (<0.8 per 10,000 bed days used). 86% of *Staphylococcus aureus* blood stream infection were in babies and 14% were in adults. There were no new cases of CPE reported in the hospital in 2022 and the reported rate of new cases of hospital-associated *Clostridioides difficile* was lower (0.24) than the HSE'S target (<2 per 10,000 bed days used) for that year.

The Coombe Hospital participated in the HSE's annual sepsis audit and was found to be 76.67% compliant with the national guidance on sepsis management for adults (including maternity). Quality improvement actions were introduced to bring the management of sepsis at the hospital into full compliance with national guidance. These actions included updating the hospital's sepsis guideline, providing relevant staff training on sepsis management, including scenario-based training and the development of a new 'maternity observation booklet'. It was evident that that these actions were being implemented to improve compliance with national guidance at time of inspection. The Sepsis Committee and infection prevention and control team monitored the implementation of these actions.

Infection prevention and control representatives told inspectors that monthly hand hygiene audits were undertaken at The Coombe Hospital using a consistent approach, but environmental and patient equipment audits were not carried out in the months before HIQA's inspection because of a technical issue with the audit tool. Inspectors were told that the monthly environmental and patient equipment audits were to be re-commenced in quarter three of 2023. Findings from an environment and patient equipment hygiene audit in the month preceding HIQA's inspection found that the hospital was 82.8% compliant with environmental and 96.4% compliant with patient equipment hygiene standards. Actions were taken to improve environment hygiene standards and the implementation of these actions was monitored by the CMM. Compliance with peripheral and central venous catheter care bundles were also audited.

Findings from hand hygiene audits carried out in 2022 showed that the majority of clinical areas visited during the inspection were not always compliant with HSE's target of 90%. Overall hand hygiene compliance for medical consultants was reported as 51%, nurses and midwives was 71% and NCHDs was 95%. Additional staff training was implemented to bring hand hygiene standards into compliance with the HSE's target of 90%. It was evident that time-bound action plans were developed when infection prevention and control practices fell below expected standards. CMMs and the household supervisor were responsible for ensuring

the implementation of these action plans and the progress of implementation was monitored by the infection prevention and control team and IPCC.

### **Medication safety monitoring**

Performance data relating to medication practices was collated monthly through the HSE's 'Test Your Care' nursing and midwifery quality metrics. Documentation submitted to HIQA showed a high level of compliance with these metrics in all clinical areas visited in the months preceding HIQA's inspection. The Coombe Hospital submitted information on antimicrobial consumption to the Health Protection Surveillance Centre (HSPC). The hospital also participated in the national Point Prevalence Survey (PPS) of antimicrobial use, which showed a 5% decrease in antimicrobial consumption in The Coombe Hospital in 2022 when compared with 2021. Antimicrobial use in The Coombe Hospital was monitored and collated information was presented at quarterly meetings of the Sepsis Committee. Information from this monitoring process was used to inform changes to the hospital's antimicrobial guidelines. The antimicrobial pharmacist and microbiologist also carried out daily antimicrobial stewardship rounds. Time-bound quality improvement plans were developed when medication practices fell below expected standards and the implementation of these plans was monitored by the DTC. Clinical staff who spoke with inspectors were not aware of findings from medication related audits.

### **Deteriorating patient monitoring**

The Coombe Hospital used IMEWS, INEWS and ISBAR. Information relating to the hospital's compliance with the escalation process and response rate when a woman's early warning system triggered and or clinical condition deteriorated was collated monthly through 'Test Your Care' nursing and midwifery quality metrics. Compliance with national guidance on the early warning system was also audited at the hospital using a standardised approach. Findings from auditing activity in the months preceding HIQA's inspection showed a high level of compliance with IMEWS and INEWS use and escalation protocol, with the majority of clinical areas achieving above 90%. Time-bound quality improvement plans were developed when improvements were needed to ensure the timely response when a woman and or baby's clinical condition deteriorated. The implementation of these plans was monitored by the Sepsis Committee and the quality and patient safety department.

### **Transitions of care monitoring**

The Coombe Hospital had a formalised inter-hospital policy to support the transfer of women and babies to the hospital from within DMHG or other hospitals. The numbers of in-utero transfers into and from The Coombe Hospital were reported monthly as part of the HSE's Irish Maternity Indicator System and Maternity Safety Statements.

Overall, The Coombe Hospital had effective systems in place to monitor and evaluate healthcare services provided at the hospital and this information was used to improve healthcare services for women and babies. Areas requiring improvement was identified through clinical audit activity. Including the four areas of known harm in future audit plans

would better support service improvements at the hospital. Quality improvement actions were implemented to improve compliance with clinical guidance and practice standards. Implementing a formal standardised system to facilitate the sharing of learning from auditing activity and quality improvement initiatives will enable continuous service improvement in The Coombe Hospital.

**Judgment:** Substantially compliant

**Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.**

Inspectors found there were arrangements in place in The Coombe Hospital to proactively identify, analyse, evaluate and manage immediate and potential risks to women and babies, but there were opportunities for improvement in this area. Operationally, CMMs oversaw the day-to-day management of clinical risks and the effectiveness of any controls introduced to mitigate any potential and actual risks to patient safety. Inspectors were told that hospital management were progressing with plans to establish departmental risk registers and to devolve the oversight and management of risks to CMMs. This process will be formalised and underpinned by a risk management policy that was being revised at time of inspection.

Documentation reviewed by inspectors and meetings with staff representatives over the course of the inspection confirmed that the management of identified risks was in line with the HSE's integrated risk management policy. Risks identified at local clinical area level were reported to the quality, risk and patient safety manager and or the hospital's secretary and general manager who assessed and analysed the risk. Controls were identified and applied to mitigate any potential and actual risk to patient safety. Risks were discussed with the wider EMT and recorded on the hospital's corporate risk register. The corporate risk register, along with the effectiveness of the controls, was reviewed and updated regularly by the quality, risk and patient safety manager, EMT and quality and patient safety subcommittee of The Coombe Hospital's Board.

At the time of inspection, 52 risks were recorded on the hospital's corporate risk register. Seventeen high-rated risks related to the four areas of known harm. These included risks associated with the hospital's infrastructure and physical environment, capacity, hospital-associated infections, availability of medications, increased complexity of women presenting for care and staff resourcing.

### **Infection outbreak preparation and management**

Women attending The Coombe Hospital for care were routinely screened for the following multi-drug resistant organisms (MDROs) – *Clostridioides difficile* infection, CPE, *Carbapenemase-Resistant Enterobacteriaceae* (CRE), *Staphylococcus aureus* blood stream infections, *Vancomycin Resistant Enterococci* (VRE), MRSA and COVID-19. Compliance with MDRO screening processes was audited with oversight by the infection prevention and

control team and IPCC. Women requiring transmission-based precautions were isolated within 24 hours of admission or diagnosis, in line with national guidance. Alternatively, when no single rooms were available, potential risks were mitigated by cohorting women requiring transmission-based precautions in multi-occupancy rooms.

In April 2022, the hospital's Neonatal Unit reported infection outbreaks in *Serratia Marcescens* and *Methicillin Sensitive Staphylococcus Aureus*. It was evident from documentation reviewed by inspectors that the management of these infection outbreaks was underpinned by an up-to-date outbreak management policy and was in line with national guidance. Multidisciplinary outbreak teams were convened to advise and oversee the management of the infection outbreaks. The comprehensive summary reports from the infection outbreaks outlined the control measures to mitigate the risk to patient safety in the short-term, potential contributing factors and recommendations to reduce the possibility of reoccurrence. The hospital's infection prevention and control team and IPCC monitored the implementation of recommendations arising from the reviews of infection outbreaks.

### **Medication safety**

The Coombe Hospital did not have a comprehensive clinical pharmacy service. Pharmacist-led medication reconciliation was carried out on women and babies categorised as high priority using clearly defined criteria. Medication stock control was carried out by pharmacy technicians in all clinical areas visited. Staff were observed using risk-reduction strategies to support the safe use of high-risk medicines. The hospital had a list of high-risk medications that aligned with the 'A PINCH'\*\*\*\*\* MOP+++++++ and NERP\*\*\*\*\* acronyms, and a list of sound-alike look-alike medications (SALADs). The Coombe Hospital's medication formulary, prescribing guidelines, including antimicrobial guidelines and medication information were readily available and accessible to staff at the point of care. Staff also had access to an application for smartphones to support safe medication practices at the hospital.

### **Deteriorating patient**

Inspectors found the hospital had effective systems in place to review and manage women with a triggering early warning system. Staff in the clinical areas visited were knowledgeable about the IMEWS and INEWS escalation process. Staff confirmed that the ISBAR<sub>3</sub> communication tool was used when requesting medical review for a woman with a triggered early warning system. There was access to designated obstetric operating theatres 24/7. There was an agreed process in place for accessing and staffing an operating theatre for emergency surgery during and outside core working hours. During core working hours, emergency surgery such as emergency caesarean sections were performed in a designated

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\*\*\*\*\* Medications represented by the acronym 'A PINCH' include anti-infective agents, anti-psychotics, potassium, insulin, narcotics and sedative agents, chemotherapy and heparin and other anticoagulants. The National Maternity Hospital used 'A PINCHO' with O representing other medicines.

+++++++ Medications represented by the acronym 'MOP' include magnesium, oxytocin and prostaglandins.

\*\*\*\*\* Medications represented by the acronym 'NERP' include neurological medications, epidural, rate related infusions and paracetamol.

obstetric operating theatre located in the Delivery Suite. There were robust procedures in place to ensure the rapid transfer of pregnant and or postnatal women to the main operating theatre department, when needed. Arrangements were also in place to manage two coinciding emergencies 24/7 and to ensure that emergency caesarean sections could be performed within essential timelines when required. Audit was carried out to ensure that category 1 caesarean sections<sup>§§§§§§§§§§</sup> were carried out within 30 minutes of the decision to perform the procedure.

The Coombe Hospital did not have a Level 3<sup>\*\*\*\*\*</sup> ICU onsite. Critically ill pregnant and or postnatal women requiring intensive care were transferred to SJH, when required. This arrangement was formalised and multi-agency scenario-based training involving the transfer of a critically ill women to ICU in SJH had occurred in the months preceding HIQA's inspection. The transfer of women to ICU was formalised and underpinned by a policy, but this policy was dated 2018 and was due to be reviewed.

Clinical staff in The Coombe Hospital had 24-hour access to clinical advice from consultants in many other specialties including cardiology, endocrinology, nephrology, haematology, gynaecology oncology, specialist vascular surgeons and psychiatry from SJH, the Mater Misericordiae University Hospital, Tallaght University Hospital and other hospitals as appropriate, some of whom had sessional commitments at The Coombe Hospital. A number of consultant obstetricians and gynaecologists, and consultant anaesthesiologists had joint appointments between The Coombe Hospital and SJH, which further enabled a close working relationship between the two hospitals. The Coombe Hospital and SJH had agreed pathways in place for the management of pregnant and postnatal women with complex medical conditions and measures were in place to access consultant specialists such as a vascular surgeon in SJH, if required in an emergency situation.

### **Safe transitions of care**

The Coombe Hospital had a system in place to reduce the risk of harm associated with the process of maternal and neonatal transfer from other maternity services in DMHG. This process was formalised and underpinned by a policy and an external transfer handover communication form was used to support the effective sharing of relevant medical information between services.

### **Policies, procedures and guidelines**

The Coombe Hospital had a group of infection prevention and control policies, procedures, protocols and guidelines, which included policies on standard and transmission-based precautions and infection outbreak management. The hospital also had a group of medication

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<sup>§§§§§§§§§§</sup> The National Institute for Health and Care Excellence (NICE) recommends four categories when determining the urgency of caesarean sections. Category 1 is the most urgent where there is an immediate threat to the life of the woman or foetus that necessitates prompt delivery of the baby by caesarean section.

<sup>\*\*\*\*\*</sup> Level 3 critical care is the level of care required for patients who need advanced respiratory support (mechanical ventilation) alone or basic respiratory support along with support of at least one additional organ.

policies, procedures, protocols and guidelines based on National Clinical Effectiveness Committee (NCEC) guidelines including sepsis, clinical handover, IMEWS and INEWS. Many of the policies, procedures, protocols and guidelines reviewed by inspectors needed to be updated in line with the three year review timeframe recommended by the HSE. All were available to staff and accessible via a computerised document management system.

Pregnant women, wishing to have a homebirth, could register for the homebirth service if they met the defined eligibility criteria. This service was provided by self-employed community midwives (SECM) on behalf of the HSE under the National Homebirth Service. At the time of inspection, the HSE were in the process of developing and defining an overarching clinical governance framework for the homebirth services. In the interim, hospital management at The Coombe Hospital were responsive in ensuring there was effective governance and oversight arrangements to underpin the care provided within the SECM homebirth pathway and ensure midwives worked within their scope of practice.

In summary, there were effective systems in place at The Coombe Hospital to identify and manage the potential risk of harm for women and babies receiving care in the hospital, but the devolvement of responsibility for the management of risk to CMMs at department level should be progressed as planned to further strengthen the management of risk at The Coombe Hospital.

**Judgment:** Substantially compliant

### Standard 3.3: Service providers effectively identify, manage, respond to and report on patient-safety incidents.

Inspectors found there were effective management systems in place at The Coombe Hospital to identify, report, manage and respond to patient-safety incidents in line with national guidance. Patient-safety incidents that occurred in the hospital were reported to National Incident Management System (NIMS),<sup>+++++</sup> in line with the HSE's Incident Management Framework and the hospital's incident management policy. The Coombe Hospital reported 2,000 patient safety incidents to NIMS in 2022, with the majority categorised as negligible (44%) or moderate (45%). This equated to an average of 167 patient-safety incidents reported monthly. This rate of reporting of patient-safety incidents was similar to other similar sized maternity hospitals in Ireland and suggested there was a good culture of reporting in The Coombe Hospital.

Staff who spoke with HIQA were knowledgeable about what to report and how to manage and respond to a patient-safety incident. Staff also confirmed that debriefing and After Action

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<sup>+++++</sup> The National Incident Management System (NIMS) is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation to the State Claims Agency (Section 11 of the National Treasury Management Agency (Amendment) Act, 2000).

Reviews<sup>\*\*\*\*\*</sup> were carried out to identify learning and service improvement following a patient-safety incident. Patient-safety incidents in relation to the four key areas of known harm were tracked and trended by the quality and patient safety department and collated information on the number, type, location and categories of reported patient-safety incidents was reviewed at weekly meetings of the EMT, two weekly meetings of the CRT, monthly meetings of the hospital's SIMT and was included in quality and patient safety updates to The Coombe Hospital's Board. There was a process in place to share the learning from patient-safety incidents, but staff who spoke with inspectors described how the busyness of the clinical ward often made it impossible to attend these information sessions. Alternative ways of sharing the learning with staff without necessitating staff to leave busy clinical areas should be explored.

The EMT escalated adverse clinical events to DMHG's SIMF. Clinical staff confirmed learnings from serious reportable events, serious incidents and patient-safety incidents were shared with staff at clinical handover and quarterly learning meetings. Oversight and monitoring of the implementation of recommendations arising from reviews of patient-safety incidents lay with the quality, risk and patient safety manager and respective governance committees for their areas of responsibility.

### **Infection prevention and control patient-safety incidents**

The hospital's infection prevention and control team reviewed all infection prevention and control related patient-safety incidents and made recommendations for corrective measures to reduce reoccurrence of the incident. The IPCC had oversight of the effectiveness of any control measures implemented to mitigate patient safety risks arising from infection prevention and control patient-safety incidents.

### **Medication patient-safety incidents**

In 2022, 129 medication related patient-safety incidents were reported in The Coombe Hospital with 66% of the incidents reported by midwives and nurses. The majority of medication patient-safety incidents related to medication administration. Medication patient-safety incidents were categorised according to the severity of outcome as per the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) medication error categorisation. The DTC had oversight of the effectiveness of any control measures implemented to mitigate patient safety risks arising from medication patient-safety incidents in the hospital.

Overall, inspectors found there was an effective system in place at to identify, report, manage and respond to patient-safety incidents. Patient-safety incidents, were tracked and trended, and the implementation of recommendations from patient-safety reviews were monitored to

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<sup>\*\*\*\*\*</sup> After Action Review is a structured facilitated discussion of an event, the outcome of which enables the individuals involved in the event to understand why the outcome differed from that which was expected and what learning can be identified to assist improvement.



ensure service improvement. Alternative ways of sharing the learning from patient-safety incidents that do not require staff to leave busy clinical areas should be explored.

**Judgment:** Substantially compliant

## Conclusion

Inspectors carried out a two-day announced inspection of The Coombe Hospital to assess compliance with national standards from the *National Standards for Safer Better Health*. The 11 national standards assessed during the course of the inspection were mapped to the national standards from the *National Standards for Safer Better Maternity Services*, which sit within the overarching framework of the *National Standards for Safer Better Healthcare*. The inspection focused on four areas of known harm – infection prevention and control, medication safety, deteriorating patient and transitions of care. Overall, inspectors found a good level of compliance with the 11 national standards assessed, but as outlined in this inspection report, opportunities for improvement were identified. The Coombe Hospital was found to be;

- compliant with two national standards assessed (1.7, 1.8)
- substantially compliant with six national standards assessed (5.2, 5.5, 5.8, 2.8, 3.1, 3.3)
- partially compliant with two national standards assessed (1.6 and 6.1)
- non-compliant with one national standard assessed (2.7).

### Capacity and Capability

Inspectors found The Coombe Hospital had formalised corporate and clinical governance arrangements in place to assure the delivery of high-quality, safe and reliable healthcare services provided at the hospital. There was effective oversight by the hospital's Board of Governors and Directors and DMHG. The Coombe Hospital's executive management team had good operational grip and there was clear lines of accountability with devolved autonomy and decision-making with a focus on ensuring and improving the quality and safety of healthcare services provided in the hospital. Plans to strengthen and consolidate the quality and patient safety function in The Coombe Hospital should be progressed. Current governance structures may need to be revised to take account of the new quality assurance structures and organisational charts may need to be modified to incorporate any changes in reporting arrangements for governance committees.

There was evidence of good collaborative working arrangements between The Coombe Hospital and MRHP. Notwithstanding this, the collaborative arrangements were not formalised within a clinical maternity network under a single governance structure, as described in the National Maternity Strategy. Specific considerations need to be taken into account when establishing a clinical maternity network under a single governance structure in DMHG. The hospital group comprises one voluntary hospital – The Coombe Hospital and a HSE funded statutory maternity unit – MRHP. The Coombe Hospital was not responsible for the governance of the maternity unit in MRHP, clinical responsibility and governance of this unit lay with the HSE Board, while clinical responsibility and governance for The Coombe Hospital lay with the hospital's Board. So, establishing a clinical maternity network under a single governance structure will require some accommodation at hospital, hospital group and national HSE levels. In the interim, the progression and implementation of a clinical

maternity network incorporating the maternity unit in MRHP and The Coombe Hospital should continue to be progressed to further support, strengthen and improve the delivery of maternity services across DMHG.

The Coombe Hospital had effective management arrangements in place to manage and oversee the delivery of high-quality, safe and reliable healthcare services in the areas of infection prevention and control, medication safety and deteriorating patient. There were defined, responsive and reactive management arrangements in place to manage increases or decreases in service demand and ensure the quality of care for women and their babies 24/7. The hospital also had effective, robust and systematic monitoring arrangements to identify and act on opportunities to continually drive improvements in the quality of healthcare services, and to minimise risks to women and babies. These systems and processes will be further strengthened when planned devolvement for the management of risks to departmental level is progressed and completed.

Hospital management were actively recruiting to fill unfilled medical, midwifery and nursing, and health and social care professional positions. Nevertheless, this inspection identified there were shortfalls in the rostered complement of midwifery and nursing staff in the clinical areas visited. The overall number of unfilled midwifery and nursing positions was 12% (51.59 WTE) and this manifested in a 5% shortfall in the rostered complement of midwifery and nursing staff in St Monica's Ward, a 38% shortfall in the rostered complement of midwifery and nursing staff in the Delivery Suite and a 21% shortfall in the rostered complement of midwifery and nursing staff in Our Lady's Ward. The 15% shortfall in midwifery and nurse staffing levels in the Neonatal Unit impacted on the ability to align to recommended nurse:patient ratios for the unit. At the time of inspection, the potential and actual risks to patient safety arising from the staffing shortfalls was mitigated by the fact that the clinical areas were not working to full capacity. However, if they were at full capacity, the staffing levels found during this inspection would present a significant risk to safe staffing and service sustainability. This finding was consistent with the other maternity hospitals inspected to date as part of HIQA's monitoring programme. Hospital management were filling midwifery and nursing positions through continuous recruitment campaigns, agency staff and hospital staff working additional hours but this was not sustainable and did not align with the concept of continuity of care. Hospital management should ensure that appropriate staff are available at the right time, with the right skills to deliver safe, high-quality care and that there are contingencies in place to ensure that The Coombe Hospital can meet the demand for healthcare services. Hospital management need to continue in their efforts to recruit and retain staff and should be supported by DMHG and national HSE to ensure safe staffing levels at the hospital. It is also essential that hospital management ensure that all clinical staff have undertaken mandatory and essential training appropriate to their scope of practice and at the required frequency, in line with national standards.

### **Quality and Safety**

Inspectors found staff in The Coombe Hospital promoted a person-centred approach to care and staff were observed being respectful, kind, courteous and caring towards women

receiving care in the hospital. Staff were aware of the need to respect and promote the dignity, privacy and autonomy of women, which is consistent with the human rights-based approach to care promoted by HIQA. Hospital management used feedback from women and their families to prioritise and identify areas for service improvement, but large multi-occupancy rooms and the ease of accessibility of healthcare records at the bedside impacted on any meaningful promotion of confidentiality and privacy. Inspectors found that the systems and processes in place to respond to complaints and concerns raised by women and or their families were effective in resolving complaints and concerns promptly within the HSE's 30 days' timeframe. Information on the hospital's complaints process and independent advocacy services could be displayed more in the hospital. A formal standardised system should also be implemented to facilitate the sharing of learning from the complaints resolution process to help reduce reoccurrence of the same issues for women using healthcare services in The Coombe Hospital.

Inspectors found the physical environment in the clinical areas visited did not support the delivery of high-quality and safe maternity care. The physical environment and infrastructure in the clinical areas visited did not meet international best practice guidelines and posed a significant risk to patient safety. Hospital management were progressing with the refurbishing and repurposing of some clinical areas to support the delivery of safe, quality care. Notwithstanding this, the number of isolation facilities at the hospital were insufficient, for a tertiary referral hospital. Some of the multi-occupancy rooms were challenged for space and the configuration of large multi-occupancy rooms did not support the promotion of privacy and confidentiality and possibly the timely resuscitation of women and babies. Some hand hygiene sinks in the clinical areas visited did not confirm to requirements.

Information from monitoring and auditing activities was used to improve clinical practices in The Coombe Hospital. There was a responsive and reactive approach to improving healthcare services for women and babies and there were systems in place at the hospital to identify, manage and minimise the potential risk of harm to women and babies. The planned devolvement of responsibility for the management of risk to CMMs at departmental level should be progressed. The Coombe Hospital had an effective and robust system in place to identify, report, manage and respond to patient-safety incidents. The implementation of recommendations from patient-safety incidents was monitored, but sharing the learning from incident reviews with clinical staff should be an area of focused improvement. Following this inspection, HIQA will, through the compliance plan submitted by hospital management (see Appendix 2), continue to monitor the progress in implementing the actions identified to bring The Coombe Hospital into full compliance with the *National Standards for Safer Better Healthcare*.

## Appendix 1 – Compliance classification and full list of standards considered under each dimension and theme and compliance judgment findings

### Compliance classifications

An assessment of compliance with selected national standards assessed during this inspection of The Coombe Hospital was made following a review of the evidence gathered prior to, during and after the onsite inspection. The judgments on compliance are included in this inspection report. The level of compliance with each national standard assessed is set out here and where a partial or non-compliance with the standards is identified, a compliance plan was issued by HIQA to hospital management. In the compliance plan, hospital management set out the action(s) taken or they plan to take in order for the healthcare service to come into compliance with the national standards judged to be partial or non-compliant. It is the healthcare service provider's responsibility to ensure that it implements the action(s) in the compliance plan within the set time frame(s). HIQA will continue to monitor the hospital's progress in implementing the action(s) set out in any compliance plan submitted.

HIQA judges the service to be **compliant, substantially compliant, partially compliant** or **non-compliant** with the standards. These are defined as follows:

**Compliant:** A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.

**Substantially compliant:** A judgment of substantially compliant means that on the basis of this inspection, the service met most of the requirements of the relevant national standard, but some action is required to be fully compliant.

**Partially compliant:** A judgment of partially compliant means that on the basis of this inspection, the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks, which could lead to significant risks for people using the service over time if not addressed.

**Non-compliant:** A judgment of non-compliant means that this inspection of the service has identified one or more findings, which indicate that the relevant national standard has not been met, and that this deficiency is such that it represents a significant risk to people using the service.

Capacity and Capability Dimension	
National standard from <i>National Standards for Safer Better Healthcare</i> (NSSBH) mapped to national standard from the <i>National Standards for Safer Better Maternity Services</i> (NSSBMS)	Judgment
Theme 5: Leadership, Governance and Management	
<p>NSSBH Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high-quality, safe and reliable healthcare.</p> <p>NSSBMS Standard 5.2: Maternity service providers have formalised governance arrangements for assuring the delivery of safe, high-quality maternity care.</p>	Substantially compliant
<p>NSSBH Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high-quality, safe and reliable healthcare services.</p> <p>NSSBMS Standard 5.5: Maternity service providers have effective management arrangements to support and promote the delivery of safe, high-quality maternity services.</p>	Substantially compliant
<p>NSSBH Standard 5.8: Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.</p> <p>NSSBMS Standard 5.8: Maternity service providers systematic monitor, identify and act on opportunities to improve the safety and quality of their maternity services.</p>	Substantially compliant
Theme 6: Workforce	
<p>NSSBH Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare.</p> <p>NSSBMS Standard 6.1: Maternity service providers plan, organise and manage their workforce to achieve the service objectives for safe, high-quality maternity care.</p>	Partially compliant

Quality and Safety Dimension	
National standard from <i>National Standards for Safer Better Healthcare (NSSBH)</i> mapped to national standard from the <i>National Standards for Safer Better Maternity Services (NSSBMS)</i>	Judgment
Theme 1: Person-Centred Care and Support	
<p>NSSBH Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.</p> <p>NSSBMS Standard 1.6: The dignity, privacy and autonomy of each woman and baby is respected and promoted.</p>	Partially compliant
<p>NSSBH Standard 1.7: Service providers promote a culture of kindness, consideration and respect.</p> <p>NSSBMS Standard 1.7: Maternity service providers promote a culture of caring, kindness, compassion, consideration and respect.</p>	Compliant
<p>NSSBH Standard 1.8: Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</p> <p>NSSBMS Standard 1.9: Complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</p>	Compliant
Theme 2: Effective Care and Support	
<p>NSSBH Standard 2.7: Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.</p> <p>NSSBMS Standard 2.7: Maternity care is provided in a physical environment which supports the delivery of safe, high-quality care and protects the health and welfare of women and their babies.</p>	Non-compliant
<p>NSSBH Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.</p> <p>NSSBMS Standard 2.8: The safety and quality of maternity care is systematically monitored, evaluated and continuously improved.</p>	Substantially compliant



Quality and Safety Dimension	
National standard from <i>National Standards for Safer Better Healthcare</i> (NSSBH) mapped to national standard from the <i>National Standards for Safer Better Maternity Services</i> (NSSBMS)	Judgment
Theme 3: Safe Care and Support	
<p>NSSBH Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.</p> <p>NSSBMS Standard 3.2: Maternity service providers protect women and their babies from the risk of avoidable harm through the appropriate design and delivery of maternity services.</p>	Substantially compliant
<p>NSSBH Standard 3.3: Service providers effectively identify, manage, respond to and report on patient-safety incidents.</p> <p>NSSBMS Standard 3.5: Maternity service providers effectively identify, manage respond to and report on patient safety incidents.</p>	Substantially compliant

**Appendix 2 – Compliance Plan as submitted to HIQA for The Coombe Hospital**

**Compliance Plan Service Provider’s Response**

<b>National Standard</b>	<b>Judgment</b>
<p>NSSBH Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare.</p> <p>NSSBMS Standard 6.1: Maternity service providers plan, organise and manage their workforce to achieve the service objectives for safe, high-quality maternity care.</p>	<p>Partially compliant</p>
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p>(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards.</p> <ul style="list-style-type: none"> <li>• Ongoing risk assessment where necessary to identify, mitigate and manage risks associated with workforce shortages and recruitment</li> <li>• Continue to work collaboratively with all existing staff, graduates and students to enable and facility               <ul style="list-style-type: none"> <li>○ career development and enhancement</li> <li>○ specialist roles and advanced practice opportunities</li> <li>○ flexible working hours</li> <li>○ practice development plans</li> <li>○ educational and training opportunities</li> <li>○ financial support to undertake education programmes</li> </ul> </li> <li>• Continue to incentivise staff financially to undertake additional shifts/hours.</li> <li>• Continue to incentivise staff by seeking funding and identifying all options available for short term living accommodation</li> <li>• Continue to encourage all staff to engage and avail of the HR, people and culture committee and social activities to promote, foster and maintain a positive, healthy and sustainable work environment for all</li> <li>• Continue to attend employment and recruitment fairs and use employment agencies to attract new employees</li> <li>• Continue to provide a formalised structured orientation and induction programme with appropriate mentorship and support</li> <li>• Ongoing risk assessment where necessary to identify, mitigate and manage risks associated with HSE recruitment embargo</li> <li>• Ongoing risk assessment where necessary to identify, mitigate and manage risks associated with FORSA industrial action</li> <li>• Continue to work with the HSE, DMHG, NWIHP, NMBI and all government and private agencies to encourage, enable and facilitate all recruitment where necessary</li> <li>• Continue to collaborate with NWIHP with regards to future workforce plans</li> <li>• Continue to engage and collaborate with secondary schools, transition year and third level students to encourage and promote career opportunities within the hospital</li> </ul>	

- Ongoing review of job descriptions and roles and responsibilities of front line health care professionals to reassign duties as appropriate to effectively manage and maximise skills within the workforce.
- (b) where applicable, long-term plans requiring investment to come into compliance with the standard.
- Continue all efforts to collaborate with the government and all associated agencies to continue to recruit and retain staff and provide ongoing safe, high quality maternity care.

Timescale: Ongoing

National Standard	Judgment
<p>NSSBH Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.</p> <p>NSSBMS Standard 1.6: The dignity, privacy and autonomy of each woman and baby is respected and promoted.</p>	Partially compliant
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p>(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards.</p> <ul style="list-style-type: none"> <li>• Complete a risk assessment and review of current practices within all inpatient areas of the hospital with regard to the management and storage of medical records- to be completed by February 2024.</li> <li>• Continually encourage all staff to identify, mitigate and manage any risks associated with the dignity, privacy and autonomy of each woman and baby, in particular in relation to the storage of medical records.</li> <li>• Continue to engage with the Data Commissioner and review the guidance with regards to the management of medical records- of note the hospital was deemed compliant in relation to this in the most recent internal audit of GDPR compliance, conducted in 2023 by the hospitals internal auditors BDO.</li> </ul> <p>(b) where applicable, long-term plans requiring investment to come into compliance with the standard.</p> <ul style="list-style-type: none"> <li>• Progress with the implementation of MN-CMS project which is currently at project team recruitment phase. The current project completion time frame is 17 months (will continue throughout 2024/2025)</li> </ul>	
<p>Timescale: Review to be completed Feb 2024. MN-CMS full implementation approx. 2025</p>	

National Standard	Judgment
<p>NSSBH Standard 2.7: Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.</p> <p>NSSBMS Standard 2.7: Maternity care is provided in a physical environment which supports the delivery of safe, high-quality care and protects the health and welfare of women and their babies.</p>	<p>Non-compliant</p>
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p>(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards.</p> <ul style="list-style-type: none"> <li>• Continue to identify, mitigate and manage any risks associated with the hospital environment</li> <li>• Continue with programme of minor works and refurbishment projects in line with the overall hospital campus plan (as provided pre-inspection)</li> <li>• Continue to collaborate with the HSE and NWIHP in relation to risk assessments provided to seek funding and prioritise areas for essential improvement and capital development projects</li> </ul> <p>(b) where applicable, long-term plans requiring investment to come into compliance with the standard.</p> <ul style="list-style-type: none"> <li>• Continue to work collaboratively with the HSE and associated government agencies as appropriate to develop further facilities within the current hospital structure and a new hospital block development to include;</li> <li>• Extended Women’s Health Unit</li> <li>• Operating Theatre Department</li> <li>• Neonatal Unit</li> <li>• Alongside Birth Centre</li> <li>• Acute Care Assessment Unit</li> </ul> <p>Work collaboratively with government and in line with national policy to move to a co-located/tri-located site with adult general hospital and paediatric hospital.</p>	
<p>Timescale: Ongoing</p>	