Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of healthcare service provider:	Rotunda Hospital
Address of healthcare service:	Parnell Square Dublin 1 DO1 PSW9
Type of inspection:	Announced
Date of inspection:	12 and 13 September 2023
Healthcare Service ID:	OSV-0001086
Fieldwork ID:	NS_0054

About the healthcare service

The following information describes the services the hospital provides.

Model of Hospital and Profile

The Rotunda Hospital is one of the largest public voluntary maternity hospitals in Ireland, governed by a Board of Governors (the Board), an independent group of directors established under the Royal Charter of 1756. The Rotunda Hospital is a member of the Royal College of Surgeons in Ireland (RCSI) Hospital Group[*] 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.[†]

The Rotunda Hospital is a public, voluntary hospital and one of four tertiary maternity hospitals[‡] in Ireland. In 2022, 8,292 births were recorded at the hospital, which was over 1,000 more births than those recorded in any of the other four tertiary maternity hospitals. The number of births recorded at the hospital in 2022 (8,292) were similar to the numbers recorded in 2019 (8,410) and 2020 (8,316) (pre the COVID-19 pandemic). However, there was a 9% decrease in the number of birth in 2022, when compared to the recorded number of births at the hospital in 2021 (9,147).

The Rotunda Hospital provides maternity care pathways in line with the National Maternity Strategy[§] – supportive care and community midwifery care pathway,[**]

[*] The Royal College of Surgeons of Ireland (RCSI) Hospital Group comprises the following hospitals: Beaumont Hospital; Connolly Hospital; Our Lady of Lourdes Hospital, Drogheda; Louth County Hospital; Cavan and Monaghan Hospital and Rotunda Hospital. The hospital group's academic partner is the Royal College of Surgeons in Ireland.

[†] 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.

[‡] These hospitals are the Rotunda Hospital; National Maternity Hospital; The Coombe Hospital and University Maternity Hospital Cork.

[§] *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.

assisted care pathway[††] and specialist care pathway.[‡‡] The hospital also provides a range of other maternity, gynaecology and neonatology services, which include fetal medicine, specialist gynaecology, pathology, maternal medicine, perinatal mental health and national neonatal transfers.

The following information outlines some additional data on the hospital.

Model of Hospital	Maternity
Number of beds	194 inpatient and day case beds, including: – 26 antenatal beds – 11-bedded Delivery Suite – 76 postnatal beds – 31-bedded gynaecology ward – 39 baby cots in the Neonatal Unit.

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 Rotunda 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[§§] reviewed information, which included previous inspection findings, information submitted by the Rotunda Hospital, unsolicited information[***] and other publicly available information.

During the inspection, the inspectors:

[††] 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.
[§§] 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*.
[***] 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.

- spoke with women who used the maternity services to ascertain their experiences of receiving care in the Rotunda 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 Rotunda Hospital
- observed care being delivered in the hospital, interactions with women who were receiving care in the Rotunda 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.

About the inspection report

A summary of the findings and a description of how the Rotunda Hospital performed in relation to compliance with the 11 national standards assessed during this 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 onsite inspection at the hospital.

1. Capacity and capability of the service

This section describes inspector's 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 Rotunda Hospital. It outlines whether there is appropriate oversight and assurance arrangements in place at the hospital and how people who work in the Rotunda 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 Rotunda 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
12 September 2023	09.00 - 17.30hrs	Denise Lawler	Lead
13 September 2023	09.00 - 15.00hrs	Patricia Hughes	Support
		Nora O Mahony	Support

Information about this inspection

This inspection focused on 11 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[†††] (including sepsis)[‡‡‡]
- transitions of care.[§§§]

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

- Early Pregnancy Assessment Unit (EPAU)
- Emergency and Assessment Service (EAS)
- General Antenatal (antenatal ward) where pregnant women received care
- Delivery Suite where women were cared for during labour and birth
- General Postnatal B (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 Rotunda Hospital:

- Representatives of the hospital's Executive Management Team:

[†††] 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.

[‡‡‡] Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency.

[§§§] 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.

  - Master
  - Director of Midwifery and Nursing (DOMN)
  - Secretary/General Manager
- Consultant Lead for the Non-Consultant Hospital Doctors (NCHDs)
- Two representatives from the NCHD group in the hospital
- Acting Chief Medical Pharmacist
- Chief Pharmacist from the Irish Medicines and Pregnancy Service
- Operational Assistant Director of Midwifery and Nursing
- Head of Quality, Risk and Patient Safety
- Head of Clinical Risk and Medicolegal Service
- Head of Human Resources and People Development Manager
- Head of Neonatology
- Neonatal Discharge Coordinator
- Representatives from each of the following hospital committees:
  - Infection Prevention and Control
  - Drug and Therapeutics Committee
  - High Dependency Unit Steering Group.

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 received in the Rotunda 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 EPAU, EAS, General Antenatal, Delivery Suite, General Postnatal B, Operating Theatre Department and Neonatal Unit.

The newly refurbished EAS was located on the ground floor of the hospital. The EAS had a defined inclusion and exclusion criteria, providing care for pregnant and postnatal women up to six week after birth, women with gynaecological conditions and babies up to two weeks old, who presented to the Rotunda Hospital for unscheduled care 24/7. Attendees to the EAS presented by ambulance, self-referred, were referred by their general practitioner (GP), Public Health Nurse (PHN) and or via internal referral pathways in the Rotunda Hospital. The EAS had a planned capacity of five single treatment bays and an ambulatory area comprising three treatment bays. In 2022, 25,532 women and babies attended the

hospital's EAS for unscheduled and emergency care, which equated to an average daily attendance rate of 70 women and or babies.

The Rotunda Hospital's EPAU comprised three rooms that 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 11.00am. The unit had a defined inclusion and exclusion criteria and accepted referrals from GPs, self-referrals and the hospital's gynaecology services. The hospital's Fetal Medicine Service (FMS) provided fetal medicine services to women booked for maternity care at the Rotunda Hospital and women referred from other maternity hospitals and units in Ireland. Fetal ultrasound scans were offered to all pregnant women attending for care in the Rotunda Hospital at intervals recommended in the national standards.

General Antenatal was a large 26-bedded ward comprising one 10-bedded multi-occupancy room ('nightingale ward'),[****] one six-bedded multi-occupancy room, one five-bedded multi-occupancy room and five single rooms (four of the five rooms had en-suite bathroom facilities). General Antenatal 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 for women to use. On the first day of inspection, 19 (73%) of the 26 beds were occupied.

The newly refurbished Delivery Suite had 11 single birthing rooms. Three of the 11 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, seven (64%) of the 11 birthing rooms were occupied.

General Postnatal B was a 26-bedded ward comprising one 10-bedded multi-occupancy room, one seven-bedded multi-occupancy room, one four-bedded multi-occupancy room, one three-bedded multi-occupancy room, and two single rooms with en-suite bathroom facilities. General Postnatal B 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, 15 (58%) of the 26 beds were occupied.

The Neonatal Unit in the Rotunda Hospital was a level 3[††††] tertiary unit where the full range of specialised care was provided to critically ill pre-term and term newborn infants. The unit accepted babies that required complex neonatal care from other maternity units within the RCSI Hospital Group and across Ireland. The unit comprised 39 cots — seven intensive care cots, 12 high dependency cots and 20 special care baby cots. The Neonatal Unit provided

[****] Nightingale ward is of one large room without subdivisions, comprising a large number of beds arranged along the sides of the room.

[††††] 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.

therapeutic cooling[‡‡‡‡] for infants born in the Rotunda Hospital and for infants transferred to the unit from other maternity services across Ireland.

The Rotunda Hospital's Operating Theatre Department comprised three operating theatres and a fourth operating theatre was located in the Delivery Suite. This operating theatre was refurbished to a high standard since HIQA's previous inspection in 2019.

The hospital's High Dependency Unit (HDU) was equipped to care for pregnant and postnatal women, and gynaecological patients who required a higher level of observation and or invasive cardiac monitoring. The unit was located in and staffed by nurses and midwives from the gynaecology. Pregnant, postnatal women, and or gynaecological patients admitted to the HDU were reviewed daily, or more frequently depending on their clinical needs by consultant obstetricians and consultant anaesthesiologists. Care provided in the HDU was formalised and underpinned by an up-to-date policy.

Inspectors spoke with women receiving care in the Rotunda 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 hospital's findings from the 2020 National Maternity Experience Survey,[§§§§] where the majority of women (86%) who completed the survey had a very good or good experience while attending the Rotunda Hospital for care. In general, women were satisfied with the care received in the hospital and described midwifery, medical and support staff as being *'good, kind, gentle and supportive', 'attentive and response'* and *'nice and very friendly.'* Women felt *'well supported and cared for.'* Notwithstanding this, women described how *'staff were very busy, especially at night'* and *'how more midwives were needed to support women and babies'.* Women were very complimentary about the amount of health promotion information received during pregnancy. With regard to areas for improvement, one women suggested that the space between beds in the multi-occupancy rooms could be increased. Women who spoke with inspectors were aware of how to make a complaint about the services and care they received in the Rotunda Hospital. They described 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'* and independent advocacy services could be more clearly displayed across all clinical areas in the hospital.

Overall, the women who spoke with inspectors during this inspection were very positive and complimentary about the staff they met, with the staff engagement and interaction, and

‡‡‡‡ 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 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/.

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 Rotunda Hospital and what inspectors observed in the clinical areas visited during inspection.

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 Rotunda Hospital was found to be compliant with one national standard (5.8), substantially compliant with two national standards (5.2 and 5.5) 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 that integrated corporate and clinical governance arrangements were in place in the Rotunda Hospital with clearly defined responsibilities and accountability arrangements. These governance arrangements were effective and efficient, and there was appropriate 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 Rotunda Hospital's Board and to the Chief Executive Officer (CEO) of the RCSI Hospital Group. These corporate governance arrangements were consistent with what inspectors found during inspection. Notwithstanding this, work should continue to progress the full implementation of a clinical maternity network encompassing the three maternity services in the RCSI Hospital Group.

Maternity Network at RCSI Hospital Group level

Since HIQA's last inspection in 2019, hospital management at the Rotunda Hospital had progressed a close working relationship and a collaborative and integrated approach to the delivery of maternity, gynaecology and neonatal services with the two co-located maternity units in the RCSI Hospital Group — Our Lady of Lourdes Hospital and Cavan General Hospital. This was not formalised as a clinical maternity network with a single governance structure as outlined in the National Maternity Strategy. However, the collaborative arrangements and network of adult and neonatal services within the RCSI Hospital group .facilitated the sharing of expertise and enabled the development of services and formalised clinical pathways between maternity services in the hospital group. The following were in place:

- at RCSI Hospital group level, a consultant obstetrician and gynaecologist from the Rotunda Hospital was the associate clinical director for Women and Children's Services.

This consultant also worked in Our Lady of Lourdes Hospital and Cavan General Hospital on a weekly basis

- four maternal fetal medicine physicians from the Rotunda Hospital had weekly sessional commitments to provide maternal fetal medicine and high-risk maternal medicine services in Our Lady of Lourdes Hospital and Cavan General Hospital
- a dedicated RCSI Hospital Group's Serious Incident Management Forum (SIMF) that met every month
- RCSI Hospital Group's neonatal network with formalised care pathways for the transfer of babies requiring intensive care
- two genetic perinatal hubs funded by the HSE's National Women and Infants Health Programme (NWIHP)
- the three DOMNs from the Rotunda Hospital, Our Lady of Lourdes Hospital and Cavan General Hospital met with the RCSI Hospital Group's Director of Nursing and Midwifery monthly
- a Fetal Medicine Midwife coordinated services across the Rotunda Hospital, Our Lady of Lourdes Hospital and Cavan General Hospital
- all post-mortem examinations across the RSCI Hospital Group were performed in Rotunda Hospital
- formalised care pathways underpinning the transfer of women with complex high-risk pregnancies from Our Lady of Lourdes Hospital and Cavan General Hospital to the Rotunda Hospital for more specialist care.

Others characteristics of a clinical maternity network, were not fully in place at the time of inspection. There was no rotation of midwifery and nursing staff between all three maternity services in the RCSI Hospital Group. While this is recognised as good practice to assist health professionals maintain clinical skills and competence, there was no contractual arrangement for midwifery and nursing staff to rotate from one hospital to another. Hospital management did support and facilitated midwives and nurses from other hospitals to attend the Rotunda Hospital to supplement and enhance their clinical experience, this was well developed with the neonatal team.

Corporate and clinical governance in the Rotunda Hospital

Inspectors found there were clear and defined lines of accountability with devolved autonomy and decision-making for maternity, gynaecology and neonatal services at the Rotunda 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 Rotunda Hospital. The Master, supported by the Executive Management Team (EMT), had oversight of the quality and safety of healthcare services provided at the hospital. The Master had defined reporting arrangements to the Rotunda Hospital's Board and to the CEO of the RCSI Hospital Group. The Master and other members of the hospital's EMT attended monthly performance meetings with the CEO of the RCSI Hospital Group and two-monthly meetings of the Rotunda Hospital's Board. The hospital's maternity and gynaecological activity metrics and key performance indicators (KPIs) were discussed and benchmarked against the other hospitals in

the RSCI Hospital Group at monthly performance meetings with the CEO of the RCSI Hospital Group.

Clinical governance and leadership at the Rotunda Hospital was led by the Master and the hospital's clinical director. The DOMN was responsible for the organisation and management of nursing and maternity services in the hospital. The DOMN also had a close working relationship with the chief director of nursing and midwifery for the RCSI Hospital Group. Both the clinical director and DOMN were members of the hospital's EMT. In addition, in line with the national standards, the Rotunda Hospital had designated clinical leads in the specialties of obstetrics, neonatology and anaesthesiology, 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 Rotunda Hospital. Inspectors found the EMT functioned effectively and efficiently, in line with its terms of reference. The EMT's terms of reference submitted to HIQA were dated April 2017 and needed to be updated. Documentation reviewed by inspectors and meetings with staff during inspection confirmed that the EMT met weekly and membership comprised the Master, secretary general manager, DOMN, head of human resources and people development manager and clinical director. Other senior managers attended and presented at meetings of the EMT as required. Minutes of meetings of the EMT, reviewed by inspectors were comprehensive, action-orientated and it was evident that the implementation of agreed actions was monitored from meeting to meeting. The EMT reported on the hospital's activity and performance against defined national KPIs to the CEO of the RCSI Hospital Group and to the Rotunda Hospital's Board via its subcommittee — Quality, Safety and Risk Committee. Minutes of performance meetings between the Rotunda Hospital and the RCSI Hospital Group and meetings of the Board's quality, safety and risk subcommittee reviewed by inspectors were comprehensive and action-orientated, and it was evident that the implementation of agreed actions was monitored.

Medical Executive Committee

The Medical Executive Committee was a forum where clinical leads in the different medical specialties from across the Rotunda Hospital met and discussed issues that impacted on the day-to-day operational effectiveness in their respective specialties, including staff resourcing and business continuity. Chaired by the hospital's clinical director, the committee met four times a year and via the Master reported on operational issues to the Rotunda Hospital's Board.

Quality and Safety Committee

Inspectors found the Rotunda Hospital's Quality and Safety Committee (QSC) functioned effectively and efficiently, in line with its terms of reference. The QSC's terms of reference

submitted to HIQA were not dated. The QSC provided the EMT with assurances on the effectiveness of the quality and safety programme that governed the delivery of healthcare services at the Rotunda Hospital. Chaired by the Master, the QSC met monthly and membership comprised senior executives with clinical representation from the different health professions and clinical departments in the hospital. Minutes of meetings of the QSC reviewed by inspectors were comprehensive and showed that the committee had effective oversight of the quality of healthcare services and the management of clinical risks in the Rotunda Hospital. Minutes of meetings also showed that the implementation of agreed actions was progressed from meeting to meeting. The QSC prepared a quality and safety report for the Master that was presented at each meeting of the quality, safety and risk subcommittee of the Rotunda Hospital's Board.

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 committees and subcommittees were in place:

- Infection Prevention and Control Committee (IPCC)
- Drug and Therapeutics Committee (DTC)
- Adult Medication Safety Committee (AMSC)
- Neonatal Medication Safety Committee (NMSC).

The Rotunda Hospital did not have a deteriorating patient programme but did have a number of committees or groups established to ensure the timely and effective care of women and babies who experience clinical deterioration. These included the:

- HDU Steering Group
- Management of the Blood Transfusion Committee
- Postpartum Haemorrhage (PPH) Working Group
- Respiratory and Resuscitation Group
- Fetal Monitoring Working Group.

The hospital did not have a Bed Management and or Discharge Committee that oversaw the safe transitions of care for women and babies within and from the Rotunda Hospital. Data on scheduled and unscheduled care activity, and inpatient bed capacity was discussed daily at a number of operational meetings and safety huddles, at weekly meetings of the EMT, at the four-monthly meetings of the Medical Executive Committee and monthly performance meetings between the Rotunda Hospital and the RCSI Hospital Group.

Infection Prevention and Control Committee

Inspectors found the Rotunda Hospital had a well-established multidisciplinary IPCC that functioned effectively and efficiently, in line with its terms of reference. Chaired by the Master, the IPCC met four times a year and reported via the hospital's QSC to the quality, safety and risk subcommittee of the Rotunda Hospital's Board. Oversight of specific infection prevention and control practices in the area of neonatal patients, sepsis management,

decontamination, hygiene and infectious disease was devolved to relevant subcommittees or subgroups of the IPCC who reported to the IPCC three-monthly. Comprehensive minutes of meetings of the IPCC reviewed by inspectors and meetings with staff during this inspection confirmed that the IPCC had effective 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, audit activity and the implementation of quality improvement initiatives to improve infection prevention and control practices in the hospital.

Drug and Therapeutics Committee

Inspectors found the Rotunda Hospital had a well-established multidisciplinary DTC that functioned effectively and efficiently, in line with its terms of reference. The DTC's terms of reference submitted to HIQA were dated May 2013 and needed to be updated. Chaired by the Master, the DTC met four times a year. The DTC reported via the hospital's QSC to the quality, safety and risk subcommittee of the Rotunda Hospital's Board. The DTC delegated elements of its assigned responsibility and function in the areas of adult and neonatal medication safety to subcommittees who reported to the DTC and QSC. Comprehensive 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 Rotunda Hospital's medication safety strategy and antimicrobial stewardship programme.*****

Medication Safety Committees

The Rotunda Hospital had two multidisciplinary Medication Safety Committees that were subcommittees of the DTC — one related to adults (Adult Medication Safety Committee (AMSC)) and the second related to neonates (Neonatal Medication Safety Committee (NMSC)). These subcommittees were responsible for implementing the hospital's medication strategy. The AMSC met twice a year and the NMSC met three-monthly. Minutes of meetings of the AMSC and NMSC reviewed by inspectors and meetings with staff during this inspection confirmed that the AMSC and NMSC were functioning effectively, in line with their terms of reference to ensure safe medication practices for adults and neonates receiving care in the Rotunda Hospital. The AMSC and NMSC reported on the progress in implementing the hospital's medication safety strategy and related annual operational plan to the DTC and QSC.

Sepsis Committee

The Rotunda Hospital had a multidisciplinary Sepsis Committee that oversaw the implementation of sepsis protocols and guidelines 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. However, it was unclear from the committee's terms of reference submitted to HIQA, dated 2017, who the Sepsis Committee reported. Other documentation reviewed by inspectors indicated the Sepsis Committee reported to the IPCC and that the 'sepsis report' was a

***** An antimicrobial stewardship programme refers to the structures, systems and processes that a service has in place for safe and effective antimicrobial use.

standing agenda item for the IPCC. This reporting arrangement should be set out in any updated versions of the Sepsis Committee's terms of reference.

In summary, inspectors found that there was effective and robust integrated corporate and clinical governance arrangements in the Rotunda 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. Since HIQA's last inspection in 2019, there was significant progress in establishing close, collaborative working arrangements across the maternity services within the RSCI Hospital Group. While acknowledging the difficulties presented by the hospital group's configuration of two statutory HSE funded maternity units — Our Lady of Lourdes Hospital and Cavan General Hospital and one voluntary hospital — the Rotunda Hospital with different governance arrangements, 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 as set out in the National Maternity Strategy.

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 and efficient management arrangements in place to support the delivery of safe, high-quality and reliable healthcare services in the Rotunda Hospital.

Findings relating to the emergency assessment service

The Rotunda Hospital's EAS operated 24/7 and was the point of entry into the hospital for pregnant and postnatal women, women who presented with gynaecological conditions and babies up to two weeks old requiring unscheduled or emergency care. Inspectors found that the hospital had appropriate systems and processes in place to support the effective functioning of the EAS and to manage the demand for emergency care at the Rotunda Hospital. Operational governance and oversight of the day-to-day workings of the EAS during and outside core working hours was the responsibility of the on-call consultant obstetrician and gynaecologist. During this inspection, the EAS was functioning well providing timely triage, medical review and assessment of women and babies 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 Rotunda Hospital. These supported the effective and efficient management of healthcare services at the hospital.

Infection, prevention and control

Operational responsibility for implementing the hospital's infection prevention and control programme[††††††] 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:

- 1.5 whole-time equivalent (WTE)[‡‡‡‡‡] consultant microbiologists. At the time of inspection 1.3 WTE microbiologist positions were filled. The microbiologists in position in the Rotunda Hospital also had sessional commitments to Temple Street, Children's Hospital Ireland. Hospital management were progressing with the recruitment of the outstanding 0.2 WTE to ensure the funded complement of 1.5 WTE microbiologists was filled. Clinical staff in the Rotunda Hospital confirmed they had access to a consultant microbiologist 24/7
- 1 WTE assistant director of midwifery and nursing (ADOMN)
- 1 WTE clinical midwife manager, grade 2 (CMM 2) in infection prevention and control
- 1 WTE antimicrobial pharmacist
- 1 WTE decontamination coordinator
- 1 WTE surveillance scientist.

Implementation of the Rotunda 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), *Antibiotic Resistant Enterobacterales, Methicillin-resistant Staphylococcus aureus* (MRSA) — antimicrobial stewardship practices, audit activity, relevant policy, procedure and guideline development, staff education and training and quality improvement initiatives implemented yearly to improve infection prevention and control practices across the Rotunda Hospital.

Medication safety

The Rotunda Hospital was funded for 11 WTE pharmacy staff, which was allocated as follows:

- 8 WTE pharmacists, which included
  - chief pharmacist (2 WTE) – 1.5 WTE positions were filled
  - 2 WTE senior grade pharmacists –1 WTE position was filled
  - 1 WTE antimicrobial pharmacist – 0.5 WTE position was filled
  - 1 WTE neonatal pharmacist – this position was filled
  - 1 WTE Irish Medicines in Pregnancy Service (IMPS) senior pharmacist –

[††††††] 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.

0.5 WTE position was filled
  - 1 WTE temporary senior pharmacist – this position was filled
- 3 WTE pharmacy technicians — 2 WTE technician positions were filled.

The 3.5 WTE (32%) shortfall in pharmacy staff (2.5 WTE pharmacists and 1 WTE pharmacy technicians) affected the ability to deliver a full pharmacy-led clinical pharmacy service. At the time of inspection, a pharmacist-led clinical pharmacy service§§§§§ was provided in line with the hospital's clinical pharmacy services guidelines. A formalised prioritisation tool was used to identify women needing pharmacy clinical review. Pharmacist-led medication reconciliation was carried out for women with pre-existing medical conditions and those that attended the maternal medicine service. Early in 2023, the Rotunda Hospital implemented an automated stockroom system through a customised medication dispensing robot. This dispensing robot improved medication practices and efficiencies in the pharmacy department by optimising workflows and processes.

Deteriorating patient

The Rotunda Hospital did not have a formal deteriorating patient improvement programme. The hospital had implemented the Maternal and Newborn Clinical Management System (MN-CMS) – an electronic healthcare record for all women and babies who access the maternity services in Ireland. The national early warning systems for the various cohorts of women — Irish Maternity Early Warning System (IMEWS)****** (version 2), INEWS (version 2) for non-pregnant patients receiving care in the Rotunda Hospital and the Identify, Situation, Background, Assessment, Recommendation (ISBAR) communication tool†††††† were integrated into the electronic healthcare record. Staff who spoke to inspectors confirmed that they were trained and inducted on how to use the MN-CMS. Staff training on the use of and escalation protocols for all the early warning systems used in the Rotunda Hospital was provided by clinical skills facilitators. Compliance with the early warning systems was collated monthly through 'Test Your Care'‡‡‡‡‡‡ nursing and midwifery quality care metrics. Compliance with the IMEWS and INEWS escalation protocols was also audited.

Transitions of care

Transitions of care incorporates internal transfers within the Rotunda Hospital, shift and interdepartmental handovers, and the transfer and discharge of women and babies from the

§§§§§ 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.
****** 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.
†††††† Identify, Situation, Background, Assessment, Recommendation (ISBAR) is a communication tool used to facilitate the prompt and appropriate communication in relation to patient care and safety during clinical handover.
‡‡‡‡‡‡ Quality care metrics that measure, monitor and track the fundamentals of nursing and midwifery clinical care processes.

Rotunda Hospital. Internal transitions of care at the hospital 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 Rotunda Hospital usually comprised the transfer of pregnant and or postnatal women to the Intensive Care Unit (ICU) in the Mater Misericordiae University Hospital (MMUH) or Beaumont Hospital, when their clinical condition required it. As a tertiary referral hospital, the Rotunda Hospital also received maternal and neonatal transfers from other maternity units within and outside the RCSI Hospital Group. These transfers were reported monthly as part of the HSE's reporting requirements — Irish Maternity Indicator System[§§§§§§] and Maternity Safety Statements,[*******] and were included in the Master's two-monthly quality and safety report for the quality, safety and risk subcommittee of the Rotunda Hospital's Board. 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 Rotunda Hospital. A neonatal discharge coordinator oversaw the safe transition of babies discharged home from the Neonatal Unit. 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 Rotunda Hospital to manage, support and oversee the delivery of high-quality, safe and reliable healthcare services in the Rotunda Hospital 24/7. It was clear that 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 Rotunda 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 in the Rotunda Hospital. Notwithstanding this, the shortfall in pharmacy staff impacted on the ability to provide a full pharmacy-led clinical pharmacy service for all women in all clinical areas.

Judgment: Substantially compliant

§§§§§§ 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.

******* 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 Rotunda 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 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)[†††††††] and Vermont Oxford Network.[‡‡‡‡‡‡‡] Collated performance data was reviewed at weekly meetings of the EMT and at monthly meetings of the QSC and performance meetings between the Rotunda Hospital and the RCSI Hospital Group.

Risk management

Inspectors found that the Rotunda 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 Hospital Risk Committee 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 team and recorded on the hospital's electronic risk management system. Serious risks that could not be managed at local clinical area level were escalated 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 Rotunda Hospital and the RCSI Hospital Group.

Audit activity

Inspectors found there was a strong culture of and a coordinated approach to auditing clinical practices in the Rotunda Hospital. The hospital had a comprehensive clinical audit programme that was overseen and monitored by the Clinical Audit Committee and the QSC. Other governance committees — the IPCC, DTC and Sepsis Committee — had oversight of clinical audit findings and initiatives implemented to address any identified shortfalls in care for their area of responsibility. Audits conducted in the hospital followed a prescribed structure, which included the actions planned to improve clinical practice and the sharing of learning. The hospital's clinical audit team, which comprised a consultant obstetrician and gynaecologist and a clinical audit facilitator at ADOMN grade, supported the dissemination of clinical audit findings and sharing of learning across the hospital. Clinical audit findings were also presented twice-yearly at the hospital's audit and research day.

[†††††††] 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.

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 Rotunda Hospital. Adverse clinical events that occurred in the hospital were reviewed by a multidisciplinary team comprising clinicians from the specialties of obstetrics, anaesthesiology and neonatology, midwifery and nursing and representatives from the clinical risk department. This team — Adverse Clinical Event (ACE) review meeting — met weekly or every two weeks to ensure adverse clinical events were managed in line with the HSE's Incident Management Framework and oversee the effectiveness of the mitigating actions implemented to improve patient safety. All adverse clinical events reviewed at the ACE review meeting were presented at weekly meetings of the EMT for further review and recommendations. The EMT escalated adverse clinical events to the RCSI Hospital Group's SIMF and a summary report was included as part of the Master's two-monthly quality and safety report for the quality, safety and risk subcommittee of the Rotunda Hospital's Board. Learnings from serious reportable events, serious incidents and patient-safety incidents were shared with clinical staff at clinical handover and multidisciplinary safety huddles.

Perinatal morbidity and mortality multidisciplinary meetings

Multidisciplinary perinatal mortality and morbidity meetings were held monthly in the Rotunda Hospital. The hospital's compliance with defined quality and safety indicators were reviewed, discussed and compared with similar data from other similar sized maternity services at these meetings. Learnings from these meetings were shared with clinical staff at clinical handover and safety huddles. The hospital did not participate in regular multidisciplinary perinatal morbidity and mortality meetings at RCSI Hospital Group level.

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 Rotunda Hospital. A secure patient feedback form was available on the hospital's website for women and their families to provide feedback. A summary report of all feedback received from women and or their families was submitted to the QSC every month. Findings from the hospital's 2020 National Maternity Experience Survey and the 2022 National Maternity Bereavement Survey were discussed at meetings of the QSC, EMT and the quality, safety and risk subcommittee of the Rotunda Hospital's Board. At the time of inspection, there was evidence that hospital management were working with the HSE to implement a number of time-bound quality improvement initiatives to improve healthcare services at the Rotunda Hospital. These included, improving:

- timely access to information and parent education classes
- antenatal education classes dedicated to next birth after caesarean section (NBAC) and multiple births
- access to maternity services and the transfer of clinical information between community and maternity services

- access to perinatal health services
- supports with infant feeding
- signage throughout the hospital campus via the wayfinding project
- staff training on domestic violence with Women's Aid.

Overall, inspectors found there was a strong culture of auditing and quality improvement at the Rotunda Hospital. There were effective, robust and systematic monitoring arrangements in place in the hospital to identify and act on opportunities to continually drive improvements in the quality, safety and reliability of healthcare services. There were also effective and robust systems and processes in place to minimise risks and to monitor and act on feedback from women and their families.

Judgment: 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 the clinical areas visited were not fully occupied. There was a potential risk that, the shortfall in midwifery staff found in some clinical areas, could have impacted on the delivery of safe care for women and babies if the clinical areas were fully occupied. Staffing shortfalls and recruitment challenges was a high-rated risk recorded on the hospital's corporate risk register. Workforce was also a standing agenda item for the weekly meeting of the EMT, the monthly performance meeting between the hospital and the RCSI Hospital Group, and was reported on in the Master's two-monthly quality and safety report for the quality, safety and risk subcommittee of the Rotunda Hospital's Board.

Medical workforce

The Rotunda 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 24 WTE consultant obstetrician and gynaecologists. 27 WTE consultant obstetrician and gynaecologist's positions were filled at the time of inspection. The Rotunda Hospital was funded for a total of seven WTE consultant neonatologists and all seven positions were filled at time of inspection. 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 Thursday and to 12.00pm on Friday, and was free from other duties during these sessions. The consultant on call for the weekend provided

consultant cover for Delivery Suite on Friday afternoon and over the weekend. The consultant obstetrician and gynaecologist on call also provided consultant cover for the EAS.

Consultant obstetrician and gynaecologists were supported by 41 WTE NCHDs in obstetrics at registrar grade and Senior House Officer (SHO) grade providing medical cover across the hospital 24/7. A rota of two NCHDs in obstetrics at registrar grade and one at SHO grade provided medical cover in the Delivery Suite 24/7. A third NCHD in obstetrics at register grade provided additional medical cover for the Delivery Suite during core working hours Monday to Friday. Two NCHDs in obstetrics, one registrar grade and one at SHO grade, provided medical cover to the EAS 24/7. A clinical handover meeting was held every Monday morning for obstetric medical staff to discuss activity over the preceding weekend and any actual and potential clinical risks. Clinical handover and safety huddles, which involved staff from General Antenatal, were held every morning and evening in the Delivery Suite.

Consultant neonatologists were supported by 23 WTE NCHDs in neonatology at registrar grade and SHO grade. Three (13%) of the 23 WTE NCHD in neonatology positions were unfilled at the time of inspection.

The Rotunda Hospital was funded for 11 WTE pharmacy staff — 8 WTE pharmacists and 3 WTE pharmacy technicians. 3.5 WTE (32%) pharmacy staff positions (2.5 WTE pharmacists and 1 WTE pharmacy technicians) were unfilled at the time of inspection. This affected the ability to deliver a full pharmacy-led clinical pharmacy service for all adults attending the hospital for care.

Midwifery and nursing workforce

It was not clear if hospital management used the Birthrate Plus® methodology to determine the hospital's midwifery and nursing staff requirements. Inspectors were told that the hospital was funded for 421.40 WTE midwives and nurses (inclusive of management and other grades). At the time of inspection, 2.5 WTE of the funded midwifery and nursing positions were unfilled. Shortfalls in the rostered complement of midwifery and nursing staff (including management and other grades) were evident in some clinical areas visited during the inspection — General Antenatal, Delivery Suite and gynaecology. On the first day of inspection, there was a reported shortfall of 22% (5.5 WTE) in the rostered complement of midwifery and nurse staffing positions in General Antenatal and a reported shortfall of one (33%) nurse on the rostered complement of three nurses for the night shift in gynaecology. Acknowledging that the HDU was staffed by nurses and midwives from gynaecology, inspectors requested a risk assessment be carried out to identify any actual and potential patient safety risk arising from the reported staffing shortfall and that controls be implemented to mitigate any risk. The completed risk assessment reviewed by inspectors did outline the risks to patient safety arising from the shortfalls in the rostered complement of midwifery and nursing staff and the actions implemented to mitigate those risks.

The Delivery Suite had a rostered complement of 57.04 WTE midwives. At the time of inspection, 2% (1 WTE) of these funded positions were unfilled. Inspectors were told that the

Delivery Suite had a rostered complement of 13 midwives during core working hours and 11 midwives outside core working hours. This complement of midwives was needed to enable the provision of midwifery one-to-one support§§§§§§§ for women in labour. On the first day of inspection, seven (53%) of the rostered complement of midwives were available to work during core working hours in the Delivery Suite, this included the CMM 3 who took a case load and was not considered supernumerary as would be the recommended practice. Any risk to women was mitigated by the fact that the Delivery Suite was not fully occupied at the time of inspection and midwifery one-to-one support was provided to the seven women in labour at 11.00am. However, if the 11 bedded Delivery Suite was fully occupied the shortfall on the rostered complement of midwives would have significantly impacted on the ability to provide women with midwifery one-to-one support.

The Neonatal Unit was funded for 89.10 WTE nursing and midwifery positions (inclusive of management and other grades). At the time of inspection, 87 WTE (98%) of these positions were filled. This ensured the care provided in the Neonatal Unit aligned to the nurse:patient ratios recommended by the British Association of Perineal Medicine (BAPM) framework******** and the HSE's Model of Care for Neonatal Services in Ireland.

After the onsite inspection, inspectors sought further information and assurances from hospital management on the staffing levels in the clinical areas visited during inspection. In their response to HIQA, hospital management confirmed the staffing levels and shortfalls for the clinical areas visited, and the short and medium-term actions implemented to ensure safe staffing and service sustainability, as reported in this inspection report. Inspectors were informed that an ADOM managed and deployed midwifery and nursing resources within the hospital when clinical areas were busy.

It was difficult to quantify the specific impact that the midwifery staff shortfalls had on care delivered because the proportion of care delayed, unfinished or omitted as a consequence of the midwifery shortfall was not formally measured by hospital management. Hospital management were actively trying to fill unfilled midwifery positions through continuous recruitment campaigns and hospital staff working additional hours. An ADOM managed and deployed the midwifery and nursing resources when needed to clinical areas 24/7. Hospital management and the RCSI Hospital Group had a comprehensive nursing and midwifery recruitment strategy to recruit and fill nursing and midwifery positions in the Rotunda Hospital.

§§§§§§§ 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/qs105/chapter/quality-statement-2-one-to-one-care#:~:text=A%20woman%20in%20labour%20is,for%20her%20and%20her%20baby.

******** 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.

Midwifery and nursing staff in the Rotunda Hospital were supported by maternity healthcare assistants (MCAs). The hospital was funded for 39.1 WTE MCAs and 52.3 WTE MCA's were in position. Short-term absenteeism during the first day of inspection did result in some shortfalls in the rostered complement of MCAs in General Antenatal and gynaecology.

Documentation submitted to HIQA after the onsite inspection at the Rotunda Hospital showed there were staffing challenges in other areas such as radiology and ultrasonography. There was evidence that hospital management, supported by the National Treatment Purchase Fund, were proactive and had outsourced hip and gynaecological ultrasound testing for women and babies to a third party to ensure the timely conduct of these tests.

Staff training and education

Staff who spoke with inspectors confirmed that midwifery staff, with the exception of the Neonatal Unit, rotated through different clinical areas in the hospital. This enabled the midwifery staff to maintain the required level of clinical competence and skills.

The Rotunda Hospital had a central mechanism to record staff uptake of essential and mandatory training. Attendance at essential and mandatory training by NCHDs was recorded on the National Employment Record (NER) system.[††††††††] 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). Midwifery and nursing staff attendance at essential and mandatory training was monitored at clinical area level by CMMs. The hospital had designed a bespoke in-house multidisciplinary professional training course in the management of obstetric emergencies.[‡‡‡‡‡‡‡‡] Clinical staff attended regular teaching sessions on interpretation of fetal heart recordings and scenario-based training for obstetric emergencies. 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 obstetric emergencies, early warning systems, basic life support and complaints management should be an area of focused improvement following this inspection. 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 and critical care.

[††††††††] 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.

[‡‡‡‡‡‡‡‡] The Practical Obstetric Multi-Professional Training (PROMPT) course or a similar bespoke course used by the Rotunda Hospital is an evidence-based training package that teaches healthcare professionals how to respond to obstetric emergencies.

In 2022, the Rotunda Hospital's staff absenteeism rate was 5.48% (3.80% non-COVID-19 and 1.68% COVID-19), marginally higher that the HSE's target of ≤4%. The staff absenteeism rate in September 2023 was 4.32% (including COVID-19). Occupational services, including an Employee Assistance Programme, were available for staff.

In summary, noting that the clinical areas visited during inspection were not fully occupied, the staffing arrangements in place at the time provided baseline levels of healthcare services. However, the shortfalls in midwifery and pharmacy staffing, as identified during inspection, posed a risk to service sustainability in the short-term. While not a significant risk, the risk could become substantial over time, if not addressed. All clinical staff should undertake training appropriate to their scope of practice at the required frequency.

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 Rotunda Hospital was found to be compliant with three national standards (1.7, 1.8 and 3.3), substantially compliant with three national standards (1.6, 2.8 and 3.1) and non-complaint with one national standard (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 Rotunda 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 EAS were accommodated in single cubicles, which facilitated and enabled the meaningful promotion of the woman's privacy, dignity and confidentiality, and was consistent with the human rights-based approach to care promoted by HIQA.[§§§§§§§§] 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, especially larger 'nightingale' 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

[§§§§§§§§] 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.

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 baby care and infant feeding, and personal care 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 evidence of a number of person-centred, quality improvement initiatives that supported autonomous decision-making and choice for women. These included:

- water immersion for pain management during labour
- different care pathways that align with those in the National Maternity Strategy
- a dedicated midwife-led birth reflection service for women
- a midwife-led next birth after caesarean (NBAC) service provided for women who had a previous caesarean section birth
- the use of the butterfly symbol to indicate a bereavement
- patient information leaflets on how to register the baby's birth
- 'beads of courage' initiative to help and support parent's understand the procedures and care their premature babies received in the Neonatal Unit
- ceramic hand and foot prints for bereaved parents.

These findings were consistent with the findings from the 2020 National Maternity Experience Survey, where the Rotunda Hospital scored well in areas related to decision-making and women being treated with respect and dignity. There was evidence that quality improvement initiatives were implemented to improve and promote women's privacy, dignity and autonomy, but multi-occupancy rooms impacted on the full promotion of a woman's privacy and confidentiality.

Judgment: Substantially compliant

Standard 1.7: Service providers promote a culture of kindness, consideration and respect.
Inspectors found that hospital management and staff promoted a culture of kindness, consideration and respect for women receiving care in all the clinical areas visited during inspection. Inspectors observed staff to be 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, in line with the woman's expressed needs and preferences. 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 the creation of a home away from home environment.
Judgment: Compliant

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 Rotunda 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 and aligned with the HSE's complaints management policy *'Your Service Your Say'*. The hospital's head of quality and patient safety 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 Rotunda 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 CMMs and escalated to the CMM 3 if not resolved. Written complaints were managed by the CMM 3 for their area of responsibility, with input from CMMs and midwives, as appropriate. Complaints were tracked and trended. Staff who spoke with inspectors confirmed feedback and learning from the tracking and trending of complaints was shared with them. In 2022, hospital management received a total of 108 written and verbal complaints. The majority (94%) of these complaints were resolved within the HSE's 30 working days' timeframe. In the nine months preceding this inspection, 67 complaints were received and 97% of these were resolved within the 30 days' timeframe. Quality improvement initiatives and or recommendations arising from the complaints resolution process were implemented in the Rotunda Hospital. The complaints officer oversaw and monitored the implementation of these initiatives and recommendations with oversight by the EMT, QSC and the quality, safety and risk subcommittee of the Rotunda Hospital's Board. A new system for return appointments and the establishment of the birth reflection service were two examples of improvements introduced following a complaint. The Rotunda Hospital did not have a dedicated patient advice and liaison service. Other hospitals do have this service to support patients, their families and carers to provide feedback or make a compliant about the care received in the hospital. Women who spoke with inspectors were not aware of any independent advocacy services available to them. Overall, inspectors found there were effective, coordinated systems and processes in the Rotunda Hospital to respond promptly and efficiently to complaints and concerns raised by women who use the healthcare services and or their families. These systems and processes were effective in resolving complaints and concerns within the HSE's timelines. Information on the hospital's complaints process and independent advocacy services could be displayed more across the hospital campus.
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.
The Rotunda Hospital is the oldest functional maternity hospital in the world, with clinical care provided in a protected and listed building. Inspectors found that the age and current footprint of the hospital's building presented many challenges and risks, which impacted on the hospital's 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 refurbishment of the Delivery Suite, EAS and the operating theatre in the Delivery Suite, expanded operating theatre capacity, complete refurbishment of the Neonatal Unit and extensive refurbishment of bathroom facilities throughout the hospital. Notwithstanding this, despite hospital management effort's, 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, the hospital's physical environment was not compliant with relevant legislative requirements or national standards and posed a risk to women, babies and hospital staff. The age and condition of the hospital, and the risk of healthcare associated infection were three high-rated risks recorded on the hospital's corporate risk register. Inspectors found that there was a small dirty utility room, no clinical or clean utility room or no treatment room in General Postnatal B. The physical infrastructure of the HDU did not meet recommended design for modern HDU[*********] and the physical space in HDU and other clinical areas, especially the larger 'nightingale' multi-occupancy rooms was limited, which made it difficult to maintain adequate physical spacing between beds and posed an infection risk. To align with infection prevention and control guidance, all multiple-bedded rooms should ideally include individual toilet and shower facilities for the sole use of the people occupying the room. 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 Rotunda 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,[†††††††††] when required. Cleaning of patient equipment was assigned to MCAs with oversight by the CMM. A tagging system was used to identify clean equipment. Inspectors observed equipment to be clean in all the clinical areas visited during inspection. Hazardous material and waste was stored safely

[*********] Department of Health United Kingdom. Health Building Note 09-02 Maternity Care Facilities. London: Department of Health. 2013. Available online from: https://www.england.nhs.uk/publication/maternity-care-facilities-planning-and-design-hbn-09-02/.

[†††††††††] Terminal cleaning refers to the cleaning procedures used to control the spread of infectious diseases in a healthcare environment.

and securely, and inspectors observed linen appropriately segregated into clean and used linen. There was insufficient storage space in all 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.[‡‡‡‡‡‡‡‡‡] Physical distancing was observed to be maintained between beds in some of the smaller sized multi-occupancy rooms, but this was not the case in the larger 'nightingale' multi-occupancy rooms.

There were isolation facilities in all clinical areas visited. The hospital had a total of 19 single rooms with en-suite bathrooms and hospital management felt that this was adequate for a tertiary referral hospital. There were sufficient 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 hospital policy. In General Postnatal B, the neonatal resuscitation equipment was located on the corridor, which following a risk assessment was deemed to be the most accessible and suitable place to resuscitate a collapsed baby. Inspectors were concerned that the physical environment in a four-bedded multi-occupancy room in General Postnatal B, did not enable ease of access of staff and necessary resuscitation equipment in the case of a maternal and or neonatal collapse or emergency. 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 affect the timely and effective response to a maternal and or neonatal emergency.

Hospital management were progressing with the implementation of an 11 phase project to upgrade the fire detection system and bring the Rotunda Hospital into full compliance with relevant fire standards and regulations. Remedial measures had been implemented across the hospital to ensure the existing fire detection and emergency lighting systems were effective in supporting the timely evacuation of women and babies should a fire occur at the hospital but more expansive work was needed to meet relevant regulations. Hospital management were

[‡‡‡‡‡‡‡‡‡] 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.

also progressing with a plan, approved by the HSE, to build a new critical care wing, which will address may of the issues with the physical environment identified by inspectors.

In summary, while the physical environment and clinical equipment was observed to be generally clean and well maintained, despite hospital management's efforts, it did not meet relevant legislative requirements or best practice guidelines and there was a risk of cross infection for women and babies. Refurbishment work had occurred since HIQA's last inspection in 2019 to a high standard. However, the age and current footprint of the hospital's building and physical environment presented many challenges and did not always support the delivery of high-quality, safe healthcare services. Specifically, there was inadequate storage space in all the clinical areas visited and adequate physical distancing between beds in 'nightingale' wards was difficult to maintain. Inspectors were also concerned that the physical environment in a multi-occupancy room did not support and enable ease of access of staff and necessary resuscitation equipment in the case of a maternal and or neonatal collapse or emergency. The physical infrastructure of the HDU did not meet recommended design for a modern HDU. Hospital management were progressing with the implementation of a project to upgrade the fire detection system and bring the hospital into full compliance with relevant fire regulations and standards and this needs to be progressed. Hospital management were also progressing a plan, approved by the HSE, to build a new critical care wing. Notwithstanding these plans, the physical environment did pose a risk to the delivery of safe high-quality care for women and babies. The RCSI Hospital Group and national HSE should support hospital management in their efforts to ensure the physical environment supports the delivery of high-quality, safe, reliable care and protects the health and welfare of women and babies, and staff.

Judgment: Non-compliant

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

Inspectors found that the Rotunda Hospital had efficient systems and processes in place to monitor, analyse, evaluate and respond to information from a variety of sources in order to support the continuous improvement of healthcare services. These sources included compliance with defined 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 Rotunda Hospital to other similar sized maternity services in Ireland. The hospital's performance and compliance with defined KPIs was reported as part of the Master's two-monthly quality and safety report for the Rotunda Hospital's Board quality, safety and risk subcommittee. The Rotunda 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 effective oversight and actively monitored the effectiveness of infection prevention and control practices at the Rotunda Hospital. In line with HSE's monthly reporting requirement, hospital management monitored and regularly reviewed the hospital's performance in relation to the number of healthcare-acquired infection.[§§§§§§§§§] The hospital publically reported on maternal and neonatal rates of:

- hospital-acquired *Staphylococcus aureus* blood stream infection
- *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 0.4 per 10,000 bed days, which was below the HSE's target (<0.8 per 10,000 bed days used) and three cases of CPE were reported that year. There were no new cases of hospital-associated *Clostridioides difficile* reported by the Rotunda Hospital in 2022.

It was evident from documentation and meetings with infection prevention and control representatives that monthly environmental, patient equipment and hand hygiene audits were undertaken at the Rotunda Hospital using a consistent approach. Caesarean section wound infection and compliance with peripheral and central venous catheter care bundles were also audited. Findings from environmental audits showed that all clinical areas visited during inspection scored 90% or above in the months preceding HIQA's inspection. Compliance with peripheral and central venous catheter care bundles was 98.5% and 100% respectively in the months preceding months HIQA's inspection. Clinical staff confirmed that findings from environmental hygiene audits were shared with them.

Regular hand hygiene audits were conducted across a wide range of staff in the Rotunda Hospital with oversight by the infection prevention and control team. Findings from hand hygiene audits carried out in 2022 showed that the majority of clinical areas visited during the inspection were compliant with the HSE's target of 90%. Additional training was implemented where compliance with hand hygiene standards fell below 90%. Areas for improvement were identified from the auditing of infection and prevention and control

[§§§§§§§§§] 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.

practices and it was evident that time-bound quality improvement plans were developed when standards fell below the expected standard. The infection prevention control team, CMMs and household supervisor were responsible for ensuring the implementation of time-bound quality improvement plans. The progress of implementation of these quality improvement plans was monitored by the IPCC and the quality and patient safety department.

Medication safety monitoring

Performance data relating to medication practices was collated monthly through the HSE's 'Test Your Care' nursing and midwifery quality care 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 Rotunda 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 that while the Rotunda Hospital's use of antimicrobials was higher than national rates, the hospital's use of mircobials was consistent with other maternity hospitals. Antimicrobial use was also monitored and a report detailing antimicrobial usage across the hospital was submitted to the QSC three-monthly. Trends and use of antimicrobials was discussed at monthly meetings between the antimicrobial pharmacist and microbiologist. Surveillance data showed that there was a decrease of 3.4% in antimicrobial use since 2020 across the Rotunda Hospital. It was evident from documentation reviewed by inspectors that time-bound quality improvement plans were developed when medication practices fell below expected standards. The implementation of these quality improvement plans was monitored by the DTC, MSCs and the hospital's quality and patient safety department. Quality improvement initiatives such as staff training and the introduction of different care bundles — use of oxytocin for induction and augmentation of labour, and PPH prophylaxis — were implemented to improve medication practices in the hospital. Clinical staff who spoke with inspectors confirmed findings from medication related audits, information on medication alerts and learning from medication related patient-safety incidents were shared with them.

Deteriorating patient monitoring

The Rotunda Hospital used the electronic healthcare record — MN-CMS. IMEWS, INEWS and ISBAR were integrated into the MN-CMS. 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 care metrics. Compliance with national guidance on the early warning system was 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 (above 90%) with IMEWS and INEWS use and escalation protocol. Time-bound quality improvement plans were developed when improvements were needed and the implementation of these plans was monitored by the Sepsis Committee.

Transitions of care monitoring

The Rotunda Hospital had a formalised acceptance and retrieval policy to support the transfer of women and babies to the hospital from other hospitals within the RCSI Hospital Group or other hospitals throughout the country. The numbers of in-utero transfers into and from the Rotunda Hospital were reported monthly as part of the HSE's Irish Maternity Indicator System and Maternity Safety Statements. Documentation submitted to HIQA showed high levels of compliance with clinical midwifery handover procedures in all clinical areas audited in the months preceding HIQA's inspection.

Overall, the Rotunda 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, but an audit plan covering all four areas of known harm would better support service improvements at the hospital. Quality improvement initiatives were implemented to ensure clinical practice and care aligned with clinical guidance and practice standards.

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 Rotunda Hospital to proactively identify, analyse, evaluate and manage immediate and potential risks to women and babies, but there were opportunities for improvement here. Operationally, the clinical risk team 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. The management of risk should be devolved to CMMs with support from and oversight by the clinical risk team.

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 and the hospital's risk management policy. Risks identified at local clinical area level were reported to the clinical risk team who assessed and analysed the risk. Controls were identified and applied to mitigate any potential and actual risk to patient safety. The clinical risk team and ADOMNs monitored the effectiveness of any controls applied. Risks were escalated to the 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 clinical risk team, Hospital Risk Committee, EMT and quality, safety and risk subcommittee of the Rotunda Hospital's Board. At the time of inspection, nine high-rated risks related to the four areas of known harm were recorded on the hospital's corporate risk register. These included risks associated with the

hospital's infrastructure and physical environment, capacity, hospital-associated infections, capacity of the laboratory to meet increasing demand and staff resourcing.

Infection outbreak preparation and management

Women attending the Rotunda Hospital for care were routinely screened for the following multi-drug resistant organisms (MDROs) — *Clostridioides difficile* infection, CPE, *Staphylococcus aureus* blood stream infections, *Vancomycin Resistant Enterococci* (VRE) MRSA, ESBL and COVID-19. Screening for CPE was as per national guidance. All babies in the Neonatal Unit were screened for CPE, MRSA, VRE, ESBL and congenital *Cytomegalovirus* (CMV). Compliance with MDRO screening processes was audited with oversight by the infection prevention and control team and the IPCC. Women requiring transmission-based precautions were isolated within 24 hours of admission or diagnosis, in line with national guidance. Alternatively, if no single rooms were available, potential risks were mitigated by cohorting women requiring transmission-based precautions in multi-occupancy rooms. In April 2023, the hospital's Neonatal Unit had an MRSA outbreak. It was evident from documentation reviewed by inspectors that the management of this infection outbreak was underpinned by an up-to-date outbreak management policy and in line with national guidance. A multidisciplinary outbreak team was convened to advise and oversee the management of the infection outbreak. The resulting summary report was comprehensive and 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 the IPCC monitored the implementation of recommendations arising from the review of the infection outbreak.

Medication safety

A full clinical pharmacy service was provided in line with the Rotunda Hospital's policy. 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 aligned with the acronym 'U PINCH A MOMM'********** and a list of sound-alike look-alike medications (SALADs). The Rotunda 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 antibiotic application for smartphones to support safe antimicrobial use.

Deteriorating patient

The IMEWS and INEWS observation chart and ISBAR were integrated into the electronic healthcare record. Staff in the clinical areas visited were knowledgeable about the IMEWS

********** Medications represented by the acronym 'U PINCH A MOMM' include unfamiliar medications, potassium, insulin, narcotics opioids/epidurals)/neuromuscular blockers (suxamethonium, pancuronium), cytotoxics, heparin and anticoagulants, antibiotics, magnesium, ocytocin, mifepristone and misoprostol.

and INEWS escalation process. Inspectors found the hospital had effective systems in place to review and manage women with a triggering early warning system. Staff confirmed that the ISBAR 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 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. Auditing of the timing of category 1 caesarean sections[††††††††††] was carried out to ensure this category of caesarean section was performed within 30 minutes of the decision to perform the procedure.

The Rotunda Hospital did not have a Level 3[‡‡‡‡‡‡‡‡‡‡] ICU onsite. Critically ill pregnant and or postnatal women requiring intensive care were transferred to MMUH or Beaumont Hospital, when required. This arrangement was formalised and the transfer of women to ICU was underpinned by a defined criteria. A number of consultant obstetricians and gynaecologists, and the majority of consultant anaesthesiologists in the Rotunda Hospital had joint appointments with the MMUH, which further enabled a close working relationship between the two hospitals and facilitated the timely transfer of women, when necessary to a level Model 4 hospital. MMUH was not in the RCSI Hospital Group, but the Rotunda Hospital and MMUH had a Memorandum of Understanding (MOU) to enable the movement of hospital staff between both hospitals when required for patient care. Clinical staff in the Rotunda Hospital also had 24-hour access to clinical advice from consultants in the specialties of cardiology, endocrinology, nephrology and psychiatry from MMUH, Beaumont and Connolly Hospitals who had sessional commitments at the Rotunda Hospital.

The Rotunda Hospital and MMUH 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 MMUH, if required in an emergency situation. A multidisciplinary maternal medicine team meeting was held monthly, with representation from staff in the Rotunda Hospital and MMUH to review and agree a plan of care for women with complex medical-obstetric histories at higher risk of complications. The team comprised consultant staff from the specialties of obstetrician and gynaecologists,

[††††††††††] 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.

[‡‡‡‡‡‡‡‡‡‡] 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.

anaesthesiologists, haematology, radiology, maternal medicine, midwifery staff, and staff from the pharmacy department. The hospital also had arrangements in place to support the birth of a baby at MMUH if the woman's medical condition required it.

The 'thrombocalc' venous thromboembolism risk assessment tool§§§§§§§§§§ was used to assess women's risk of developing a blood clot in a vein during pregnancy and after birth. Women identified at risk of developing a blood clot received preventative treatment and this practice was formalised and underpinned by an up-to-date policy. The PPH assessment and medication prevention bundle was also used in the Rotunda Hospital to improve and ensure compliance with national guidance on the management of PPH and improve clinical outcomes.

Safe transitions of care

The Rotunda 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 the RCSI Hospital Group. This process was formalised and underpinned by an up-to-date policy. During inspection, it became evident how inpatient capacity and delayed transitions of care from General Antenatal to the Delivery Suite had resulted in a number of women giving birth in General Antenatal. The number of times this occurred were tracked by hospital management. A total of 58 (0.7%) women experienced a delay in transfer from General Antenatal to Delivery Suite in 2022 and 45 (0.5%) women delivered their baby in General Antenatal. Year to date in 2023, 32 women experienced a delay in transferring from General Antenatal to Delivery Suite and 22 women delivered their baby in General Antenatal. This resulted in women not having the midwifery one-to-one support in labour that is recognised as best practice. Hospital management told inspections that there was zero tolerance to women labouring and birthing in General Antenatal, but the numbers to date in 2023 would suggest that, on average one woman laboured and gave birth in General Antenatal every two weeks. If this frequency was to continue, this will result in 30 women giving birth in General Antenatal this year without midwifery one-to-one support in labour. While the numbers giving birth in General Antenatal were small, given hospital management's commitment of zero tolerance to the practice, the timely transfer of all women in labour from General Antenatal to Delivery Suite should be an area of focused improvement following this inspection.

Policies, procedures and guidelines

The Rotunda Hospital had a group of up-to-date 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 up-to-date medication policies, procedures, protocols and guidelines based on National Clinical Effectiveness Committee (NCEC) guidelines including sepsis management, clinical handover, IMEWS and INEWS. All were available to staff and accessible via a computerised document management system.

§§§§§§§§§§ Thrombocalc was designed as a score-based tool to facilitate rapid assessment of all women after birth at risk of developing a clot in a vein (venous thromboembolism).

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 Rotunda Hospital were responsive in ensuring there were 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, inspectors found there were effective systems in place at the Rotunda Hospital to identify and manage the potential risk of harm for women and babies receiving care in the Rotunda Hospital, but responsibility for the management of risk should be devolved to CMMs for their areas of responsibility. Delays in transferring women to Delivery Suite from General Antenatal resulted in some women not having the level of midwifery one-to-one support in labour that is recognised as best practice. The timely transfer of women in labour to Delivery Suite should be an area of focused improvement following this inspection.

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 Rotunda 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),********** in line with the HSE's Incident Management Framework and the hospital's incident management policy. The Rotunda Hospital reported 2,725 patient safety incidents to NIMS in 2022, with the majority (83%) categorised as negligible or minor. This equated to an average of 225 patient-safety incidents reported monthly. This rate of reporting of patient-safety incidents was higher than those reported by other similar sized maternity hospitals in Ireland and this suggested there was a good culture of reporting in the Rotunda Hospital.

Staff who spoke with inspectors 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 Reviews†††††††††† were carried out to identify learning and service improvement following a patient-safety incident. Patient-safety incidents in relation to the four key areas

********** 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).

†††††††††† 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.

of known harm were tracked and trended by the hospital's clinical risk and legal departments and collated information on the number, type, location and categories of reported patient-safety incidents was reviewed at weekly or two-weekly meetings of the ACE review team and weekly meetings of the EMT. The EMT escalated adverse clinical events to the RCSI Hospital Group's SIMF for further review and a summary report was included as part of the Master's two-monthly quality and safety report for the quality, safety and risk subcommittee of the Rotunda Hospital's Board. A summary of all serious reportable events and serious incidents that occurred in the Rotunda Hospital were reported to the RCSI Hospital Group's SIMF monthly. Learnings from serious reportable events, serious incidents and patient-safety incidents were shared with clinical staff at clinical handover and multidisciplinary safety huddles. There was evidence that learning from clinical incidents had led to improvements in clinical practice and care in the areas of PPH and neonatal hypoxic-ischemic encephalopathy (HIE).[‡‡‡‡‡‡‡‡‡‡‡] This included the introduction of a 10.00pm clinical handover in the Delivery Suite, which was one of a series of recommendations following the comprehensive review of HIE cases in the Rotunda Hospital in 2021. The hospital's quality and patient safety department monitored the progress of implementation of recommendations from patient-safety incident reviews.

Infection prevention and control patient-safety incidents

The Rotunda 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

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 and MSCs 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 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 ensure service improvement. Learning was shared with clinical staff.

Judgment: Compliant

[‡‡‡‡‡‡‡‡‡‡‡] Neonatal hypoxic-ischemic encephalopathy (HIE) is a type of brain damage in the neonate. It is caused by a lack of oxygen to the brain before or shortly after birth. Many things can lead to neonatal HIE, such as problems during labour and birth. Often the exact cause of neonatal HIE is unknown.

Conclusion

Inspectors carried out a two-day announced inspection of the Rotunda 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 Rotunda Hospital was found to be;

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

Capacity and Capability

Inspectors found the Rotunda 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 the RCSI Hospital Group. The Rotunda Hospital's executive management team had good operational grip and there was clear lines of accountability with devolved autonomy and decision-making. There was a focus on ensuring and improving the quality and safety of healthcare services provided in the hospital.

There was evidence of good collaborative and integrated working arrangements among all the three maternity services within the RCSI Hospital Group — the Rotunda Hospital, Our Lady of Lourdes Hospital and Cavan General Hospital. Notwithstanding this, the collaborative arrangements was 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 within the RCSI Hospital Group. The hospital group comprises one voluntary hospital — the Rotunda Hospital and two HSE funded statutory maternity units — Our Lady of Lourdes Hospital and Cavan General Hospital. The Rotunda Hospital was not responsible for the governance of the other two maternity units, clinical responsibility and governance of these units lay with the HSE Board, while clinical responsibility and governance for the Rotunda Hospital lay with the hospital's Board of Governors. 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 all three maternity services in the RCSI Hospital Group should continue to be progressed to

further support, strengthen and improve the delivery of healthcare across the maternity services.

There were effective management arrangements in place in the Rotunda Hospital 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.

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 some clinical areas visited during inspection. The hospital's overall number of unfilled midwifery and nursing positions was small (2.5 WTE) when compared to other similar sized maternity units inspected to date by HIQA. However, at the time of inspection there were shortfalls in the rostered complement of midwifery and nursing staff in General Antenatal, the Delivery Suite and gynaecology ward. 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 fully occupied. However, if they were fully occupied, the staffing levels found during this inspection would present a risk to safe staffing and service sustainability. Hospital management were filling midwifery and nursing positions through continuous recruitment campaigns and hospital staff working additional hours, but the latter is not sustainable. Hospital management need to ensure that sufficient staff are available at the right time, with the right skills to deliver safe, high-quality care and given the demand-led nature of maternity services that there are contingencies in place to ensure that the Rotunda 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 the RCSI Hospital Group 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 Rotunda 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. Inspectors found that the systems and processes in place in the Rotunda Hospital to respond to complaints and

concerns raised by women and or their families were effective in resolving complaints and concerns promptly.

Inspectors found that despite hospital management's efforts, the physical environment in the clinical areas visited did not support the delivery of high-quality and safe maternity care. Since HIQA's previous inspection in 2019, a number of refurbishment projects have been completed at the hospital to a high standard, which is commendable. Hospital management were progressing with the repurposing and refurbishing of some clinical areas to support the delivery of safe, quality care. However, some of the multi-occupancy rooms were challenged for space and the configuration of large 'nightingale' multi-occupancy rooms did not support the promotion of privacy and confidentiality or effective infection prevention practices. Some hand hygiene sinks in the clinical areas visited did not conform to requirements. Measures to address the infrastructure and physical environment challenges were being prioritised in medium and long-term projects and plans currently underway at the hospital.

Information from monitoring and auditing activities was used to improve clinical practices in the Rotunda Hospital. There was a responsive and reactive approach to improving healthcare services for women and babies and there were systems in place at the Rotunda Hospital to identify, manage and minimise the potential risk of harm to women and babies. However, the management of identified risks and monitoring of the effectiveness of corrective measures introduced to mitigate any risk to patient safety should be devolved to managers in the clinical areas, who are supported in this role by the clinical risk team. Delays in transferring women from General Antenatal to Delivery Suite resulted in some women not having the midwifery one-to-one support in labour that is recognised as best practice. The numbers of women labouring and birthing in General Antenatal would suggest that, to date in 2023 an average of one woman laboured and gave birth in the antenatal ward every two weeks. If this frequency was to continue, this will result in 30 women giving birth in the antenatal ward this year, without the midwifery one-to-one support in labour. The timely transfer of women in labour to Delivery Suite should be an area of focused improvement following this inspection.

There was an effective and robust system in place in the Rotunda Hospital to identify, report, manage and respond to patient-safety incidents. The implementation of recommendations from patient-safety incidents was monitored and learning from incident reviews was shared with clinical staff, which is important when ensuring the quality and safety of maternity, gynaecology and neonatal services.

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 in the compliance plan to bring the Rotunda 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 11 national standards assessed during this inspection of the Rotunda 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 Rotunda 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 *National Standards for Safer Better Healthcare* (NSSBH) mapped to national standard from the *National Standards for Safer Better Maternity Services* (NSSBMS)	**Judgment**
Theme 5: Leadership, Governance and Management	
NSSBH Standard 5.2: Service providers have formalised governance arrangements for assuring the delivery of high-quality, safe and reliable healthcare. NSSBMS Standard 5.2: Maternity service providers have formalised governance arrangements for assuring the delivery of safe, high-quality maternity care.	Substantially compliant
NSSBH Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high-quality, safe and reliable healthcare services. NSSBMS Standard 5.5: Maternity service providers have effective management arrangements to support and promote the delivery of safe, high-quality maternity services.	Substantially compliant
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. NSSBMS Standard 5.8: Maternity service providers systematic monitor, identify and act on opportunities to improve the safety and quality of their maternity services.	Compliant
Theme 6: Workforce	
NSSBH Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare. NSSBMS Standard 6.1: Maternity service providers plan, organise and manage their workforce to achieve the service objectives for safe, high-quality maternity care.	Partially compliant

Quality and Safety Dimension	
National standard from *National Standards for Safer Better Healthcare* (NSSBH) mapped to national standard from the *National Standards for Safer Better Maternity Services* (NSSBMS)	**Judgment**
Theme 1: Person-Centred Care and Support	
NSSBH Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted. NSSBMS Standard 1.6: The dignity, privacy and autonomy of each woman and baby is respected and promoted.	Substantially compliant
NSSBH Standard 1.7: Service providers promote a culture of kindness, consideration and respect. NSSBMS Standard 1.7: Maternity service providers promote a culture of caring, kindness, compassion, consideration and respect.	Compliant
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. NSSBMS Standard 1.9: Complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Compliant
Theme 2: Effective Care and Support	
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. 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.	Non-compliant
NSSBH Standard 2.8: The effectiveness of healthcare is systematically monitored, evaluated and continuously improved. NSSBMS Standard 2.8: The safety and quality of maternity care is systematically monitored, evaluated and continuously improved.	Substantially compliant

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

Appendix 2 – Compliance Plan as submitted to HIQA for Rotunda Hospital

Compliance Plan Service Provider's Response

National Standard	Judgment
NSSBH Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare. NSSBMS Standard 6.1: Maternity service providers plan, organise and manage their workforce to achieve the service objectives for safe, high-quality maternity care.	Partially compliant

Outline how you are going to improve compliance with this standard. This should clearly outline:

(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards:

- Continue with proactive oversight of rosters to ensure optimal and safe staffing levels-offering overtime, Bank shifts and use of Agency resources as required
- Continue with operational ADOM 24/7 monitoring of activity via regular rounds and attendance at safety huddles and deployment of resources as required
- Recruitment to full time posts of all graduates of the BSc and HDip Midwifery programmes. 18 of the 19 2023 graduates have joined the workforce and we have retained all 19 upcoming March 2024 graduates of the HDip Midwifery programme
- 21 (10.5WTE) BSc Interns commenced in Jan 2024 and expected to graduate and join the workforce in Sept 2024
- 20 new students are commencing the HDip programme in March 2024

(b) where applicable, long-term plans requiring investment to come into compliance with the standard:

- Ongoing active recruitment including attending recruitment fairs in Ireland and overseas
- Engaging with recruitment agencies to look at oversea recruitment campaigns within the ethical framework defined by WHO
- Progressing provision of an adaptation programme to recruit candidates with NMBI decision letters
- Continue to work with NWIHP to develop a framework for safe staffing in maternity services

• Continue to advocate for an increase in funded baseline headcount with the RCSI HG and NWIHP based on accelerated birth rate and complexity of the Rotunda patient cohort.
Timescale: Short term is 1-2 years Long term is 4-5 years

National Standard	Judgment
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. 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.	Non-compliant

Outline how you are going to improve compliance with this standard. This should clearly outline:

(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards in short term:

- We have an ongoing programme of quality initiatives, which will continue to make improvements to our 1757 building. A list of these was sent to the review team.
- Annual programme of Minor capital works and AMRIC works to enhance the physical environment e.g. extensive programme of bathroom and shower upgrades/enhancement to single room accommodation in gynaecology and single room ward (Lille Suite).
- Strategic Plan 2022-2026 includes developing infrastructure to support our strategic principles, which is being progressed annually through the QIP programme.

We continue to optimise our multi-occupancy facilities care for as many women as possible by optimising flow of patients and admission avoidance through enhanced 7-day day service. While Rotunda bed management and flow is, pro-actively managed due to high activity levels - 8,500 births last year and capacity constraints we frequently find that we are at full occupancy with all single and multi-occupancy rooms occupied.

To increase single room capacity will require substantial long term investment

(b) where applicable, long-term plans requiring investment to come into compliance with the standard:

- Approval by the HSE Board of substantial investment for interim developments on the Parnell Square campus.
- Project Board appointed.
- Design team appointed.
- Strategic Assessment Report and Preliminary Business Case with options appraisal and recommendation submitted.

• Build of 4 story Critical Care Wing approved which will include significantly enhanced Neonatal facilities, increased Delivery suite capacity and an additional 19 single room post-natal beds. • Build programme is planned for 5 years with a target date for commissioning of 2028. • Enabling works will commence in 2025. • Decanted space in existing 1757 building will be reconfigured into single and multi-occupancy accommodation providing greater capacity. • The Earl Building has been procured by the HSE as a key enabler for this project. • In parallel, an Outline Development Control Plan is being drafted for the Rotunda campus for submission to DCC. This is a long-term plan to develop the whole site as a 240 single room accommodation block on a phased basis.
Timescale: Short term is 1-2 years Long term is 4-5 years