



Subject/Title	Women's Health
EMT Lead	Dr Colm Henry, CCO
Prepared by	Kilian McGrane, National Programme Director
Purpose	Discussion

Recommendation to HSE Board

Consideration of the update in relation to the National Women and Infants Health Programme (NWIHP).

Statement of Strategic Objective for the HSE

National Women and Infants Health Programme (NWIHP) was established in January 2017, at the request of the Minister, to "lead the management, organisation and delivery of maternity, gynaecological and neonatal services within the HSE."

The establishment of NWIHP was in direct response to a range of significant adverse clinical events that had arisen in previous years including; HIQA review into Midlands Regional Hospital Portlaoise relating to obstetric and neonatal care; the tragic death of Savita Halappanavar; and the Flory review into obstetric care in Clonmel and Cavan. These and other related events severely dented public and political confidence in our maternity services.

The Current Status Update

On target

The Key issues arising

Challenges

Funding for women's health is an ongoing challenge. The NWIHP implementation plan (2017) costed the strategy at approximately €86m, up until 2027. However, to date investment in maternity care is a total of €29.5m. There has been other investment such as €12m for abortion services; €10m for gynaecology services; and €18m for fertility. In total approximately **€69.5m** have been invested with NWIHP since 2018. All this funding has gone into the 19 maternity hospitals/units, with the exception of investment in Tallaght for endometriosis.

NWIHP still have an overhang of unfilled posts, so recognise that continued investment has to be seen in that context. The real challenge is the lack of reliable funding, and unavailability of a fund to address issues relating to safety as they emerge.



The other challenge facing women's health is its position in the new health structure. Maternity is about 4% of the acute hospital budget, and we have to work hard to have our voice heard. In the context of the new health regions maternity will be less than 2% of a regional budget, and our ability to influence direction and investment may be negatively impacted.

The Assurance Process for the Board

Regular reporting to the EMT and the Safety & Quality Committee throughout the year, and is reported through the Board Strategic Scorecard Programme 19

The Key Performance Indicators (KPIs)/targets

- % of maternity units / hospitals with full implementation of IMEWS
- % of all hospitals implementing IMEWS
- % of maternity hospitals / units that have completed and published monthly Maternity Safety Statements
- % of Hospital Groups that have discussed a quality and safety agenda with National Women and Infants Health Programme (NWIHP) on a bi / quarterly / monthly basis, in line with the frequency stipulated by NWIHP
- % of patients seen by a forensic clinical examiner within 3 hours of a request to a Sexual Assault Treatment Unit (SATU) for a forensic clinical examination

The Implications for Other Strategic Priorities / Service Plan

NWIHP works closely with a number of other programmes and divisions within the HSE. For example, collaboration with the National Cancer Control Programme, National Screening Service with a particular focus on cervical cancer elimination to ensure strategic alignment around women's health issues.

The Approach to Stakeholder Management

NWIHP have a very collaborative approach to working with stakeholders. Pre Covid we have an extensive network of public/patient involvement in maternity services. We have had excellent PPI engagement in our abortion care work, perinatal genetics and also in AHR. We have a close working relationship with colleagues in the Department of Health, particularly the women's health taskforce on advancing the women's health agenda.