

Implementation of the Hayes Review of Radiology Reporting and the management of GP referral letters at Adelaide and Meath Hospital, incorporating the National Children’s Hospital, (AMNCH) [Tallaght Hospital]

1.8.12

Rec. No.	Recommendation	Implementation to date
	RADIOLOGY – TALLAGHT HOSPITAL	
1	The recently circulated national guidelines on radiology reporting should be implemented with appropriate written protocols and staff training.	TALLAGHT HOSPITAL confirms that it has implemented the HSE process for “Prevention and management of radiology reporting backlogs”, that the CEO has signed the Standard Operating Procedures and that the Radiology Department maintains records of staff training and of staff sign-off on PPPGs (policies, procedures, protocols and guidelines)
2	There is a clearly identified need for additional consultant radiologists to avoid the same problem occurring, i.e. the creation of another backlog. In this regard the two posts signed by the HSE Network Manager in February 2010 should be approved and filled as a matter of urgency	HSE has approved an increase of four in the complement of consultant radiologist posts. Two are in place. Locums are in place pending completion of the recruitment process for the remaining two posts; the two successful candidates are due to take up their posts in September 2012
3	The Hospital should ensure the transfer of data from the original system to the upgraded system is completed as soon as possible pending a review	TALLAGHT HOSPITAL states that transfer from tape to disk storage is 86.86% complete and that the remaining data will continue to be stored on tape due to poor quality of the older hardware
4	The Hospital should take immediate steps to procure a voice recognition system which will allow reports to be produced in a timely fashion, such a step would free up valuable clerical and administrative resources	HSE has approved a Voice Recognition system, which will save on radiologist and clerical time. It was installed on a pilot basis in 2011 and has proven effective in expediting reports on radiology investigations. It is currently being implemented and its integration with the existing RIS system is being evaluated
5	A review of the performance of the current radiology IT systems should be undertaken which should take account of the recommendations of the NIMIS report (Appendix 2) and should be implemented as soon as feasible	TALLAGHT HOSPITAL is in the process of updating IT systems hospital-wide, and radiology IT systems will be ready for review against the Hayes Review criteria by December 2012
	RADIOLOGY - NATIONAL	
6	Consultant radiologist staffing should be reviewed to ensure it is appropriate to work load in all radiology departments. This may be best achieved by	The National Radiology Programme has included in its plan for 2012 the collection and analysis of data in order to make informed decisions and plan for the best delivery of Radiology services to

	evaluating the outcome of the recently established national survey of consultant radiologist staffing	meet the needs of the patients. This information will assist all hospitals with issues that include workforce planning, both in a national context and in the context of ongoing developments at a local level. The workload of Radiologists is determined by the demand for Radiology and the capacity of the radiology department to produce images to report. In 2012, the Programme will conduct a survey to establish current capacity of radiology departments and evaluate the outcomes of this survey. The programme will also advise on optimal capacity and how to resource departments to address changes in demand.
7	Workforce planning should be an integral part of the management process in all radiology departments. Where significant planned developments are undertaken within hospitals which are likely to impact on radiology workload, appropriate workforce planning should be undertaken. This particularly relates to the development of new services, the expansion of existing services, the appointment of new consultants in disciplines other than radiology and the introduction of new imaging technologies. Example of methods to help in work force planning include the Addenbrooke's formula (see footnote 19) , which help identify the number of radiology sessions required for an additional clinician (e.g. 3-4 radiology sessions for each new medical oncologist)	See 6
8	Consultant radiologist expertise should be used to its maximum efficiency. This can be achieved by optimizing workflow practices within radiology departments. Consideration should also be given to evaluating role expansion in other disciplines, through the recently established National Radiology Programme.	See 6 In addition, the Radiology Programme will work with radiology departments to support and facilitate practice improvement, starting in 2012 with support for a small number of pilot hospital sites in using practice improvement tools and methods
9	Where there is an identifiable shortage of radiologist staffing in a radiology department, recently introduced national guidelines on radiology reporting should be supported, implemented and monitored.	The focus of the Hayes review relating to radiology was on completed investigations that were found not to have been formally reported by an appropriate clinician. The HSE national guidelines for "Prevention and management of radiology reporting backlogs" are in place since 2010. The HSE has included quarterly reporting/assurance at regional level to the National Director from July 2012, supplemented by real-time reporting in case of identified delay in turnaround times for investigations that have been performed and await formal reporting. This will complement local (hospital level) monitoring by the HSE. This reporting relates to investigations (such as x-rays, CT scans, etc.) that have been performed but not reported. There is a separate work stream relating to delays in access to investigation

		(where clinicians refer a patient for an investigation and they are awaiting the investigation). This work will be reported elsewhere.
10	A structured equipment maintenance and replacement programme needs to be formulated for each radiology department, with clear time guidelines.	<p>HSE Medical Devices / Equipment Management Policy sets out HSE Policy in relation to the management of Medical Devices / Equipment within its services and within agencies funded by the HSE. The purpose of this policy is to ensure the Medical Devices/Equipment are managed in a way which complies with requirements of regulation and best practice. HSE Medical Devices/Equipment Management Policy (incorporating the Medical Devices Management Standard) is available to view on www.hse.ie</p> <p>The HSE's Capital Plan provides for assistance with the replacement of prioritized capital equipment across the public health sector. The HSE and TALLAGHT HOSPITAL continue to review options regarding a radiology equipment replacement programme for TALLAGHT HOSPITAL which can be then be accommodated under HSE Procurement's National Framework Agreements (NFA).</p> <p>HSE Procurement Strategy for Diagnostic Imaging Equipment has been to establish NFA which enable better value through aggregation of requirements and also responsive tender processes for the procurement of new and replacement equipment. HSE has put in place a NFA for Diagnostic Imaging Equipment outright purchase and a separate NFA which covers Diagnostic Imaging Managed Equipment Services (MES) which facilitates equipping and/or operation of Diagnostic Imaging Departments, on a cost per image basis.</p> <p>A priority list of medical equipment for immediate replacement (including gamma camera, endoscopy equipment and CT scanner) has been agreed between TALLAGHT HOSPITAL and HSE, and relevant capital funding of €2.7m has been approved. Further equipment replacement lists for 2012 and 2013, prioritised to reflect risk and capital availability, have been drafted for agreement. The HSE recently gave its approval for Tallaght Hospital to launch a procurement process to the value of €2.5 million and a call to tender is in progress</p>
11	In conjunction with the National Integrated Medical Imaging System (NIMIS) project the standard and functionality of existing RIS/PACS systems should be validated.	See 5
	GP REFERRAL LETTERS – TALLAGHT HOSPITAL	
12	Accelerate the processing of the remaining backlog to ensure those patients	At TALLAGHT HOSPITAL, the backlog of GP referral letters was cleared by December 2010. New

	<p>receive immediate clinical assessment. We are aware that the Hospital was providing regular reports on progress in clearing the backlog to the HSE Serious Incident Management Team. Whilst we were reassured with the approach which the Hospital had adopted to managing the backlog, the pace of progress is slow and it is apparent to us that clearance will not be achieved for several months. We recommend that a robust ongoing solution is put in place to deal with referrals received in 2010 and ongoing into the future. We conclude that while the backlog of unprocessed orthopaedic referrals which came to attention in March 2010 is being managed, this process is ongoing and will require a focus to bring it to completion. We recommend that systematic and effective plans are in place to prevent the problem from recurring.</p>	<p>protocols are in place to ensure the situation does not recur. From Jan. 2012, TALLAGHT HOSPITAL has included reporting on these items for its monthly IMR (integrated management reporting) meetings with the HSE. Nationally, local monitoring has been complemented from July 2012 by a system of formal monitoring at regional and national levels, supplemented by real-time reporting in case of identified delay in processing times.</p>
13	<p>Develop and implement policies and procedures for OPD referral handling. Clear timelines should be established and complied with and these timelines should be monitored and audited. Referral letters should be seen by the appropriate clinician within a specified number of days. Appointments should be scheduled on a clear basis such as urgent, soon or routine. This information should be communicated to the referring institution or GP and to the patient within an agreed timeframe. Ensure these procedures are consistent across services. Monitor with Key Performance Indicators (KPIs) to provide assurance that OPD referrals are being handled in a timely way which is consistent with policy and procedure. Ultimately, these KPIs should be reviewed at the Hospital's healthcare records committee and a written monthly summary should be seen by the Hospital Board.</p>	<p>TALLAGHT HOSPITAL has set up an Outpatients Department (OPD) Central Registration Office (OCRO) where all referrals are processed. The OCRO is showing steady progress and appropriate monitoring is in place. The hospital is not yet at what Hayes termed the "ultimate" point where Healthcare Records Committee reviews KPIs. Not all GPs use the standard HIOA referral form nor do they all address all referrals to the OCRO. The hospital engages with local GPs on an on-going basis and has sent formal notification to all GPs emphasizing importance of compliance; it continues to work with GPs where the standardised approach is not being used</p>
14	<p>The health care records committee to review and ensure compliance with HSE NHO Code of Practice for Healthcare Records Management.</p>	<p>TALLAGHT HOSPITAL has confirmed that the Director of ICT now chairs the Medical Records Committee and that an auditing process is in place to ensure compliance. Within the context of the HSE Standards and Recommended Practices for Healthcare Records Management (HCRM), the hospital has an action plan, with timelines, which has been reviewed by the HSE</p>
15	<p>Local GPs should be involved in process design in a meaningful way and should be part of a regular review process.</p>	<p>The TALLAGHT HOSPITAL OPD Committee counts a GP among its members. The TALLAGHT HOSPITAL GP Liaison Committee meets on a monthly basis with an active agenda; GPs are encouraged to work with the hospital's OPD Transformation Manager on the referrals process</p>
16	<p>Address the issue of the 12 month "<i>horizon</i>"—IT solutions may resolve this. Ensure that acknowledgements issue to all patients (and GPs) where a</p>	<p>TALLAGHT HOSPITAL has used IT Waiting List functionality across all specialties since early 2011, thus eliminating the "queue to queue" issues as so termed by Hayes. Acknowledgements</p>

	timely appointment might not be offered.	are being sent to GPs and patients
17	Develop and implement a monitoring framework for OPD access. Make results available to patients and GPs. Take cognisance of HSE development in this regard (how long waiting lists are for individual clinics)	Preparatory work has been carried out at TALLAGHT HOSPITAL. The out patient performance improvement programme set up by the HSE in 2011 is working with the Special Delivery Unit (SDU) in DOHC in finalising a new policy framework for OPD access. Like other hospitals, TALLAGHT HOSPITAL will be working with the SDU
18	Outpatient waiting times by consultant should be published by specialty and sub-specialty and made available to General Practitioners.	Waiting times by Consultant and speciality will be published in line with SDU OPD policies (see rec. 17). Like other hospitals, TALLAGHT HOSPITAL will publish figures in line with SDU requirements
19	All GP referrals should be recorded on a centralised registration/appointment system for overall management of OPD waits.	TALLAGHT HOSPITAL has set up an OPD Central Registration Office (OCRO) where all referrals are processed
20	A senior manager should be accountable for the effective management of the Outpatients Department and written policies, procedures and protocols should be developed and used to direct its management.	The Director of Support Services is currently accountable. Written policies have been developed and are applied
21	Establish a clinical directorate structure around orthopaedics (alone or in relevant specialist group). Within a clinical directorate structure identify a lead clinician and ensure executive support from a business manager. Implement a business planning process and devolve resources to this lead clinician. Develop and implement effective systems to monitor the performance of services at directorate level. Ensure that the clinical directorate structure provides a forum for engagement of all clinicians involved in the work of that directorate – from planning through to monitoring and evaluation of services.	At TALLAGHT HOSPITAL, the Orthopaedics service forms part of Perioperative Clinical Directorate. The Clinical Director of Perioperative Services is in place, as is the Lead Clinician in Orthopaedics. TALLAGHT HOSPITAL has confirmed to the HSE that all clinicians are engaged in the work of the directorate
22	Consideration should be given to administrative staff being managed through the clinical directorate structure.	TALLAGHT HOSPITAL is transitioning the governance and supervision of the clinical based clerical services and administrative functions from corporate management to the clinical directorate model of management; this will achieve a closer alignment and congruence of work between the clinicians and their clerical support. Consultations began in February 2012 and administrative supervisors will shortly report to a Business Manager in each Clinical Directorate
23	Clinical accountability – code of conduct and relevant policies, procedure and guidelines to be defined for all staff, including clinical staff. Staff must be accountable for behaviour and decisions outside these parameters.	The TALLAGHT HOSPITAL Code of Governance and Staff Handbook are in place. The hospital has also drawn up a new code of conduct, using the HSE code as a basis, as per the new HSE-wide policies on Service Arrangements for Non-Statutory (voluntary) Agencies (see rec. 37). The

	Clinical accountability is better provided for through recent reform of the consultant contract and this function should be discharged by the clinical director within a clear framework.	Hospital Board has approved the new Code. The Hospital CEO has agreed a revised job description with Clinical Directors.
24	Waiting list management, bed utilisation and theatre utilisation for the service and for individual consultants should be monitored at directorate level; variation should be examined and opportunities to deploy available resources more efficiently should be sought and implemented.	<p>TALLAGHT HOSPITAL confirms that:</p> <ul style="list-style-type: none"> • it operates a robust reporting system for waiting lists which is monitored through the clinical directorates; • it has implemented the Acute Medicine Programme recommendation, i.e. bed management and discharge planning are housed in one office; • a theatre IT system is in place. This has been independently assessed by at 83% (target 85%) – the highest rate among paediatric hospitals. <p>From January 2012, TALLAGHT HOSPITAL has included reporting on these items for its monthly IMR (integrated management reporting) meetings with the HSE</p>
25	Future consultant appointments – minimise split commitments to ensure that there is adequate commitment to the Hospital to ensure engagement in the planning and clinical governance of services as well as the actual delivery.	The Minister for Health has announced the formation of a project on hospital groups which will develop appropriate networks of hospitals. These networks will develop clinical services over a number of sites in line with quality and patient safety standards. All future consultant appointments will be made in line with service requirements and needs within these networks. Specifically in relation to TALLAGHT HOSPITAL, all new replacement appointments where a previous split commitment is in place will be considered in the light of this report with a view to ensuring appropriate and adequate commitment to each hospital involved. A process is in place within the area to examine the respective service provision across TALLAGHT HOSPITAL and Naas sites. The issue in relation to orthopaedic services is under current consideration with a view to rationalising how services are provided
26	Some consultants have split appointments with Naas; furthermore there are specialised orthopaedic surgery facilities at this site. Without undermining the quality and safety of services at either site, the Hospital should seek to capitalise on joint appointments and orthopaedic theatre facilities at Naas by providing an appropriate service across both sites e.g. day surgery.	See 25
27	In conjunction with the HSE determine the purpose and scope of orthopaedic services to be provided at the Hospital.	The HSE is working with the Irish Institute of Trauma and Orthopaedic Services on the reconfiguration of Orthopaedics services within the overall context of the national reconfiguration of services.

	GP REFERRAL LETTERS - NATIONAL	
28	<p>We strongly support the development of clinical directorates nationally and would urge that they are developed as quickly as possible. The role of Clinical Director is key to managing the quality and safety of clinical services and the HSE must ensure that there is a strategy in place to which maximise the benefit of the role; this includes ensuring that individuals who take on the role of Clinical Director are equipped with the necessary training and development to be effective.</p>	<p>The "Clinical Directorates – Principles and Framework" document (2009) represents the strategy for the development of clinical directorates nationally. A National Lead for the Clinical Director/Directorates programme was appointed in May 2012. This role will ensure that there is national leadership in implementing the role of Clinical Directors and the development of directorates. It will also ensure that their role is fully integrated into health management structures and that there is alignment between the Clinical Directors' capacity and capability to lead change with the implementation strategy of the National Clinical Programmes and other HSE initiatives. The second phase of the appointment of the clinical directors is due to commence shortly.</p> <p>Significant work has been done in the HSE South in relation to the development of the directorate model and they are now in a position to move forward with the roll of the clinical directorates within the acute system. The National Lead and Manager will continue to work with the other areas to develop clinical directorates in line with the agreed principles.</p> <p>The HSE is funding a "Leadership and Quality Improvement Programme" in conjunction with the Royal College of Physicians (RCPI) and a number of Clinical Directors are participating. TALLAGHT HOSPITAL is running a HSE/RCPI "patient safety improvement" training programme to support the development of clinical directorates</p>
29	<p>The HSE should oversee both the handling of the remaining backlog and the development and implementation of a robust plan to prevent a repetition of recent events</p>	<p>At TALLAGHT HOSPITAL, the backlog of GP referral letters was cleared by December 2010. From January 2012, TALLAGHT HOSPITAL has included reporting on these items for its monthly IMR (integrated management reporting) meetings with the HSE. Nationally, monitoring at hospital level has been complemented from July 2012 by a system of formal monitoring at regional and national levels, supplemented by real-time reporting in case of identified delay in OPD processing times</p>
30	<p>The HSE NHO Code of Practice for healthcare records management should be applied. One or more key performance indicators for monitoring the performance of OPD referral handling should be defined nationally and should be monitored and publicly reported.</p>	<p>The NHO Code of Practice for Healthcare Records Management was replaced by the HSE Standards and Recommended Practices for Healthcare Records Management (HCRM) V3.0 in August 2011 and in this context TALLAGHT HOSPITAL has developed an action plan, with timelines, which has been reviewed by the HSE.</p> <p>At national level, the HSE has developed and reviewed HSE Standards and Recommended Practices for Healthcare Records Management (HCRM). A more integrated Quality Management System (QMS) to facilitate self-assessment/reporting against all relevant standards was piloted in four hospitals during April and May 2012. An evaluation report is currently being finalised which</p>

		<p>will help to inform future plans.</p> <p>KPIs will be developed as part of the Outpatient Performance Improvement Programme in consultation with the Special Delivery Unit in DoHC. (see rec. 17)</p>
31	Orthopaedic services would benefit from a national strategy for orthopaedic services and trauma.	See 27
32	General Practice Information Technology (GPIT) Project /IT recommendations: we met with members of the GPIT Project group in the course of our review; the Hospital should give serious consideration to adopting their recommendations	<p>TALLAGHT HOSPITAL continues active participation in the HSE National Electronic GP Referral Pilot Project.</p> <p>The project plan foresees that, from Q4 2012, GPs will be able to send electronic referrals to hospitals participating in the pilot. These will be printed at a central registration point in each hospital, in the first phase. In phase 2, it is expected that the electronic solution will be available at hospital level so that point-of-entry printing can stop and consultants can view referrals electronically. This pilot complements the national electronic GP referral system for breast, prostate and lung cancer, which the Minister launched on 27 January.</p>
	COMMON THEMES AND GOVERNANCE	
33	We see no reason to dissent from the PWC report on governance, or to disagree with the main thrust of the recommendations that the size of the Board should be reduced from 23 to a more manageable 8-12, with the introduction of non-executive directors with appropriate skills and experience and a clear definition of the respective roles of the Board and senior management of the hospital. We have been advised by the Hospital that the PWC report has been adopted by the Board and that steps are being taken to streamline the Board and management arrangements within the Hospital. This action, we believe, will go a long way in providing the changes in governance and management that are required.	<p>As set out in the joint statement by the Minister and the President of TALLAGHT HOSPITAL on 9 November 2011, governance at TALLAGHT HOSPITAL is being progressed directly with the Minister and DOHC.</p> <p>A new Chair was appointed and the smaller, interim Board, whose non-executive members were appointed based on competencies identified for good governance, first met on 21 December 2011. The hospital executive management structure has been revised.</p> <p>The recent HIQA <i>Report of the investigation into the quality, safety and governance of the care provided by the Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital (AMNCH) for patients who require acute admission</i> (8 May 2012) points the way for further improvements</p>
34	In line with practice for boards generally we also recommend that there should be training for all Board members of all Hospitals on the requirements of their role under corporate governance and on fiduciary and other responsibilities of Board members.	See 33
35	We would urge that there should be a representative of local GPs on the Board and of a representative person who could articulate the needs and	See 33

	the expectations of the local population in the area served by the hospital.	
36	It is important to proceed rapidly with strengthening Board and Committee structures and to build on the work which has been put in hand by the former Chief Executive Officer Designate to transform management and to develop risk management and quality control. We commend steps already taken by the former Chief Executive Officer designate who has decided not to take up the post.	See 33
37	We recommend that the Management Framework for the Governance and Funding Arrangements with the non-statutory (voluntary) sector be introduced as soon as possible, and specifically, in relation to Tallaght Hospital, that any recommendations arising from our review which are accepted by HSE, should be made part of a service level agreement with the Hospital which will prescribe standards of service and provide for monitoring and auditing.	From January 2012 on, modifications to HSE-wide policies on Service Arrangements for Non-Statutory (voluntary) Agencies came into place. The onus is on the provider to demonstrate compliance ("the Provider will implement recommendations arising from both internal and external reviews/reports and investigations in collaboration with the Executive."). The modified Service Arrangements strengthen the HSE's monitoring and management of the individual funding relationships with non-statutory agencies, in terms of both the quality and quantity of services being delivered by those agencies.
38	There should be a Director of Operations who would act as Deputy, and take the load of day-to-day running of the hospital off the Chief Executive Officer, who would thus be able to concentrate on strategic issues in a role which requires whole-time and single-minded focus and commitment. Given the budgetary and other challenges in what is likely to be a period in which resources are likely to be constrained while demand keeps rising, there is a need too for a strong finance function to be reflected at Senior Management level.	Two Director posts have been filled at TALLAGHT HOSPITAL: Finance and Quality & Risk. The CEO is developing the Executive Management Team structure further.
39	We support the appointment of clinical directors who are an essential part of effective hospital management. Clinical directorates led by clinical directors should continue to be established locally and nationally. Clinical accountability is better provided for through recent reform of the consultant contract and this function should be discharged by the clinical director within a clear framework. As well as providing the framework for clinical accountability and clinical governance, the clinical director and clinical directorate structure has a key role in monitoring the split of consultant practice between the publicly funded and privately funded parts of the system. This should help to clarify the reporting arrangements. We are aware that this is a developmental agenda and that it will take planned and	See 28

	concerted effort to develop the role as we have described it above. A clear strategy and action plan must be developed by the HSE to give effect to the benefit of clinical directorate structures. This development must be prioritized by the HSE and must happen if clinical services are to be effectively led, governed and managed	
40	We are of the view that the recent proposal to disperse administrative staff within the clinical directorate structure will make for more effective operations. We were struck in interview by how poorly relationships were developed between administrative and clinical staff – there was no sense of a cohesive team – and an arrangement which places administrative staff within the clinical directorate structure can ameliorate this. However, in this model, the Hospital will need to ensure that there is an individual who has overall responsibility to develop policies and procedures and ensure that they are implemented and monitored. This position would cover the totality of the outpatient function.	See 22
41	The process for appointing consultants (new and replacement) should be modified significantly to ensure a transparent streamlined process, which addresses departmental deficiencies in a timely manner. The process should ensure that the cause of any delay is clearly demonstrable.	<p>A designated person has been assigned within each of the four RDO offices to coordinate consultant appointment applications. These designated officers oversee the preparation of the application for a consultant post and liaise between the hospital(s) involved and the HSE service and SLA manager. The purpose of this is to reduce delays and ensure smooth progress of the application process and the submission of complete applications to the Consultant Appointment Unit.</p> <p>In addition, the current status of an application for a consultant post is now reported on and included in the monthly IMR (integrated management reporting) meetings between the hospital(s) and HSE, allowing the appointment to be tracked or discussed as required.</p>
42	We recognise that local GPs in the Tallaght area do not speak with one voice, that there is no GP co-operative in the area, and no development of groups in which some GPs with a special interest could operate at a level which would obviate the need for some patients to be referred to hospital in the first instance. The queue does not start at the hospital door, and there is a need to develop outreach and procedures in co-operation with GPs which would provide better access, a more orderly flow of referrals and a better service for patients. This can be achieved through the continued roll out of the primary care strategy.	The Hospital has worked closely with GPs, e.g. through its GP Liaison Committee. This is an developmental agenda in tandem with the ongoing rollout of the HSE's national primary care strategy
43	We welcome the revival of the GP Liaison Committee, and believe that the	See 33

	situation could be further improved by having a GP representative on the Board.	
44	In line with national policy (see footnote 23) and in conjunction with the HSE, the Hospital should seek to find ways to engage with the local community and to engage the service user in advising on the quality of hospital care through involvement in panels and other methods.	The existing Patient Forum was enhanced through the TALLAGHT HOSPITAL User Engagement Strategy which commenced in March 2012
45	We understand that HIQA is responsible for promulgating national standards and has begun this process. We endorse this approach and recommend a speedy roll out of such standards. Hospitals should be required to adopt relevant protocols as a condition of licensing/registration. Such a system, developed and policed by HIQA, would go a long way towards preventing similar occurrences in the future although it will not entirely eliminate them.	-
46	The HSE should embody whichever of these recommendations it adopts in Service Level Agreements with the Hospital and monitor them to ensure compliance	See 37
	We have made some recommendations. So have others. There have been enough reviews and reports: what has been lacking is action and a sense of direction. The actual road-map used is less important than that all should be marching in the same direction and to the same drumbeat	