Interim Report on Progress on:

Implementation of the 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.

The Report was published by HIQA, and accepted by the HSE, at a time when the health system was already undergoing significant levels of change and positive reform. A key principle in developing the implementation approach to the Tallaght / HIQA report has been to utilise and harness existing change management and care transformation programmes already in development and undergoing implementation within the HSE and more broadly within the health sector. The continued implementation of the Emergency Medicine Programme, the Acute Medicine Programme and others as well as the work of the Special Delivery Unit across Scheduled and Unscheduled Care are critical to the overall delivery of the Reports findings.

The Report is also being implemented against the backdrop of increased demand and complexity in the provision of services to our patients and within the context of reduced resources. These factors contribute to an operating environment which continues to be challenging on a day to day basis and in this regard the continued management of risk and patient safety issues is paramount.

In this update the HSE sets out its progress in implementation and its plans for the Report’s continued execution and mainstreaming within the system.

Approach to date:

In line with established HSE policy on the receipt and implementation of major reports, the HSE established an Implementation Oversight Group to progress the Report’s recommendations. One of the Group’s earliest tasks was to identify responsibility and accountability for the Reports recommendations at the appropriate level across the system. Accountability for the delivery of the recommendations rests within the Integrated Services Directorate, through the Regional Directors of Operations and Hospital Management and Group Chief Executives, where relevant. Supporting line management in the implementation of the recommendations and the achievement of the desired patient outcomes is a key role for the HSE Implementation Group and the relevant leads. Accordingly, the Implementation Oversight Group includes expertise from a number of these areas in the organisation who are leading on significant programmes of change within hospitals.

Whilst recognising that the HSE is the primary route for implementation, clarity and direction around how particular actions are to be undertaken may be provided from outside the HSE. Indeed a number of recommendations fall to the Department of Health for implementation. In this regard, the Group has worked closely with colleagues within the Executive and the Department of Health to agree ownership around how the necessary actions are to be taken forward.
Given the breadth and scope of the Report, the HSE Implementation Group gave its initial priority to those recommendations which it considered to relate directly to safer patient care. In all there are 33 recommendations which have been prioritised by the HSE Implementation Oversight Group at this time. Of these, 17 relate to Unscheduled Care, 13 relate to Scheduled care and 3 to Board Governance.

Supporting Implementation:

As referenced at the outset, the Report was published at a time when the HSE, the Department and HIQA were already progressing significant initiatives aimed at further enhancing the safety and efficacy of our services. Service users, through the analysis of complaints, patient safety champions, and representative groups are also contributing to this change. In this regard, the work of the Implementation Group should be viewed as part of this broader, systematic approach to the improvement of our care processes.

The scope of some of the major initiatives is outlined below (see diagram) and represents the positive contribution and input from the key stakeholders to the delivery of safer patient care.

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The HSE programmes of work and operational processes depicted in the chart are informed by the Tallaght report. They focus mainly on the patient safety issues and immediate management/governance issues at a site or service level.

The Department of Health and Government initiatives are required to provide overall direction – in particular to hospital configuration and management; address the major governance issues that arise within the new structures and funded services; and outline user expectations through the national standards.

HIQA provides a robust evidence base for change in the recommendations from major investigations; Health Technology Assessments; and the development of standards. These
inputs inform the HSE and Department of Health programmes of work and clinical service delivery.

HSE Programmes:

Clinical Governance: A Quality and Patient Safety Clinical Governance Initiative has been underway within the HSE for some time with the aim of building clinical leadership capacity, supporting culture and focussing on systems and methodologies for same. A further positive development is the continued evolution of the clinical directorate function within the HSE. The HSE has appointed a lead clinical director to work with all CDs nationally to develop and strengthen their current role, position and skill base across hospitals.

Clinical Directors: The Clinical Directors’ programme includes a planned series of training/workshop days to build the capacity and capability of the clinical directors to fulfil their role as part of their organisation’s management teams. The appointment of Clinical Directors alone will not provide the clinical management, oversight and governance required in the services without this strong programme of capacity building and on site support.

Special Delivery Unit: The work of the Special Delivery Unit across Scheduled and Unscheduled programmes of care has been central to designing and supporting the necessary process and work practice changes to improve the accessibility and responsiveness of our services. Active management and support for providers in the delivery of these changes has been a hallmark of the approach taken by the SDU. This work has complemented the continued implementation of the Clinical Care Programmes and in particular the leadership shown by the Emergency Medicine and Acute Medicine Programmes.

Implementing National Standards: An Acute Care Collaborative has been set up to support service providers in implementing the National Standards for Safer Better Healthcare. This has included developing a Quality and Performance Improvement Tool to support assessment against the Standards and the development of improvement action plans to address any gaps. The Quality and Performance Improvement Tool identifies those ‘Essential Elements of Quality’ that a service will have in place when they have implemented the National Standards. Under Theme 3 – Safe Care and support there is an Essential Element that relates to the implementing of national standards, policies, procedures, guidelines and report recommendations.

HSE Processes:
The HSE continues to commission healthcare assurance audits on areas relevant to many of the recommendations and themes in the HIQA Tallaght report. Some examples include:

- Degree to which Quality Improvement Plans from voluntary hospitals are signed off monitored by Senior Management Teams and boards of the hospitals (ongoing).
- Admission and discharge communication between acute hospitals and residential facilities for older persons regarding patients/residents MRSA status.
- Compliance with the National Ambulance Service (NAS) Refusal of Care guidelines.
- Compliance with National Thrombolysis Guidelines for Cerebral Infarction.
- Implementation of recommendations from Hayes report.
• Compliance of the National Ambulance Service appropriate hospital access protocol for trauma.
• Accountability arrangements for quality and patient safety in acute hospitals (ongoing).
• Compliance with the Health record Standard (in progress).

National Office of Clinical Audit (NOCA): this has been established through the collaboration of the HSE’s Quality and Patient Safety Directorate and Clinical and Strategy Programmes Directorates together with the Royal College of Surgeons in Ireland and the College of Anaesthetists. The Royal College of Surgeons in Ireland will be responsible for the administration and operation of NOCA on behalf of the HSE.

The operational plan for 2013 includes the Irish Audit of Surgical Mortality. This confidential, independent, peer review audit will provide documented, critical analysis of the outcomes of surgical care. It will allow for the detection of system issues and emerging trends and will enable Irish clinicians to benchmark clinical outcomes against international standards. Other audits in the plan are an Irish National Orthopaedic Register – a national register to record and monitor joint replacement and a National Intensive Care Audit – to monitor patient care and outcomes in intensive care.

Quality indicators: The National Quality and patient Safety Indicators Committee has identified key indicators to measure the quality of services being delivered by the hospital system. The QPS Directorate has developed structure content for a quality profile that each Accountable officer will be required to populate for their organisation. The profile will cover:

• Patient experience
• Staff experience
• Quality improvement
• Quality indicators and outcome measures.

One of the outcome measures that will be included is Comparative Hospital Mortality (CHM) – using international analytical techniques to enable valid comparisons across hospitals having regard to confounders such as age, gender, type of admission, number of previous admissions, co-morbidities etc. (Phase 1).

A specific quality scorecard/dashboard is being developed in Compstat and will contain Quality Patient Safety indicators as they are approved, commencing in Q3 2013.

The quality profile that will be developed by hospitals will contain the key quality information. The content of the dashboard and the profile will be continuously updated as measures are introduced.

Service Arrangements and Performance Reporting (PR): The national template for Service Arrangements has been modified for 2013 to take account of the launch of the National Standards and the Tallaght report. Some aspects of the Tallaght recommendations can not be incorporated at this stage until new governance and legislation are in place for funded services. The national scorecard for the Service Plan includes more quality focussed measures of performance and, as they get populated through the year, will add more rigour to the quality aspects of the monthly Performance Review process.
The HSE has continued to develop its performance management and reporting systems, outside of its formal Performance Review process. Taking the lessons learnt from its Health Stat experience, it has developed a specific performance management method called Compstat. The dashboard element of the quality profile will become a quality scorecard within Compstat later in the year.

**Incident Management and patient feedback:** Over the last five years the HSE has centralised the management of serious incidents and incidents that have required significant stakeholder management. This was to ensure that these events were effectively managed, had a robust investigation process, identified key causal factors, and made sound recommendations. While many of the objectives of the national process were very successful, the capability and capacity building in the services for investigation, as well as the dissemination of learning can be improved on. Therefore the HSE is revising its Incident Management Policy and is in the process of re-focussing the resources at a national level to provide more support to capacity building and to dissemination of the learning from incidents. The changes will take effect in the second half of 2013.

One element of the learning from major investigations was that the approach and effectiveness of the organisation in implementing recommendations could be improved. The response has improved significantly over the last 2 years with the operation of a defined procedure for receipt and implementation of reports. The Tallaght Report Implementation Oversight Group is an example of this procedure in action.

The Advocacy function has produced an analysis of the key findings from complaints in the ED and maternity services. This is informing the development of the corresponding clinical programmes and service delivery. Further areas of service delivery will be analysed in 2013.

**Department of Health:**

The publication of the Department of Health’s *Future Health* Strategy document (November 2012) has focused the HSE on the broader strategic direction for the development of its structures and major change goals. With the publication of “The Establishment of Hospital Groups as a transition to Independent Hospital Trusts”, the development of hospital groups with the eventual move to hospital trusts will create new opportunities for the further development of appropriate management and clinical governance structures and the re-organisation of patient services on a more rational basis.

The Department’s revised *Integrated Reform Plan for the Health Sector* builds on the previous Integrated Reform Plan and encompasses the actions set out in *Future Health the Strategic Framework for Reform of the Health Service 2012 – 2015*. This integrated plan is a central tool to the planning and sequencing of health sector reforms. Progress on implementing this plan will support the implementation of the Tallaght HIQA report recommendations.

Following on from the enactment of the HSE (Governance) Bill, the HSE has formally appointed its new National Director of Acute Hospitals and will commence the development of an appropriate planning process to give effect to the opportunities afforded by the new structure. This will include the process for implementing the *Framework for Development – Securing the Future of Smaller Hospitals*. 


Determining Progress on Tallaght / HIQA Implementation:

On receipt of the Report last May, the HSE disseminated copies to all relevant care providers and requested local assessment against its recommendations across the various headings. In June 2012, the CEO wrote to all hospital managers outlining the recommendations and seeking assurance that each management team was reviewing the recommendations to identify the implications for their hospitals. He also sought assurance that progress in implementation was being discussed at the management team meetings.

In December 2012, the HSE Implementation Oversight Group sought formal progress (from the period May – December 2012) against the recommendations it had prioritised. Detailed information around implementation was sought in respect of all hospitals to which the recommendations were relevant and from other stakeholders who were / are leading out on aspects of the Report.

A facility was made available through the HSE Implementation Oversight Group to address any queries which arose in the completion of the exercise to provide clarity, insofar as possible, around what was being sought.

This information was aggregated and analysed at national level. It was then validated at regional (RDO) / Hospital Group level and at National level (HSE Implementation Group) to determine the degree to which its findings reflected the experience of those working with hospitals around the country on a day to day basis. They were also asked to flag any systemic issues emerging, responses required at national level and areas which might be prioritised for audit or further assurance.

Progress in Implementation & HSE response:

In general terms, there was a strong progress evident in the results submitted.

Strong showings in key areas such as the completion of early morning ward rounds, the application of the Manchester triage system and the robust review of waiting lists all speak to the strong national leadership and levels of local engagement around these critical issues.

There was however some scope for improvement and enhanced implementation. In some cases, greater clarity for the system around what is required of them from those leading at national level was sought. The reinforcement of good practice and active support for its implementation is a key action emerging from the analysis. Continued implementation of the clinical programmes and the national standards will continue to sustain key achievements to date and address improvement challenges in services where progress to date has not been optimal.

For the most part, hospitals self-assessment correlated with the experience of those engaged in day to day interactions with the hospitals around the themes and issues identified in the Report. There was some variation in this however and this will be addressed through the existing work-streams and processes as well as being followed up as part of the assurance process which is being instituted as part of the next phase of implementation.

In reviewing the data at HSE Implementation Oversight level, there were some areas of concern raised which warrant further focus and follow-up.
The status of NEWS implementation in Emergency Department requires urgent attention given its centrality to the care process. The NEWS continues to make progress in implementation and is now operational in almost all hospitals. The iMEWS for maternity services is now operational in all maternity sites.

The use of inappropriate space to accommodate patients is closely monitored daily by the SDU with hospitals. This Specific review of hospital actions to address housing of patients outside of the ED are undertaken on a continuous basis with targeted hospitals with the objective of minimising this requirement and working toward ceasing such practices as soon as possible. The SDU also have a process for monitoring where this situation arises on an occasional basis in hospitals outside of targeted hospitals.

In addition to the above, the Integrated Services Directorate has led out on the development of appropriate short term risk mitigation responses to the issue of inappropriate spaces. In collaboration with other Directorates and the Special Delivery Unit, the following actions have been undertaken:

- The SDU has developed a standardised definition of “appropriate spaces”.
- The clinical programmes have been grouped under different themes to reflect the best approach to issues that emerge across care programmes. Under this grouping process, the National Clinical Strategy & Programmes Directorate, Quality & Patient Safety Directorate including the CO programme and the SDU have established a joint Unscheduled Care Group to oversee quality, access and value issues in the delivery of unscheduled care and associated targets of the National Clinical Programmes across the health system. This was one of the first issues considered by this group.
- The Clinical Strategy and Programmes Directorate have recently finalised an agreed patient transition document that has been communicated to all clinical directors. This policy was developed to address the specific issue of hospitals requesting a specialist assessment from an in-house team, the communication between the ED team and in-house team regarding the patient assessment and acceptance of the referral and how pathway interdependencies are best managed. The policy also identifies the care, management and follow up of patients for in-house teams where tests are commenced in the ED.

The HSE is progressing a number of initiatives to increase the availability of senior decision makers within the system. From time to time the HSE, like other health systems, can experience recruitment difficulties in particular specialities. Currently the HSE is experiencing difficulty in recruiting for the area of emergency medicine. We are engaged in an international recruitment initiative to try and address this need and are planning additional NCHD posts for July 2013. The HSE will also be targeting NCHD recruitment in the areas of surgery and anaesthetics.

In terms of Tallaght Hospital specifically, the hospital has made significant progress in 2012 in implementation of the recommendations from both a care delivery and a governance perspective and the ED performance in the hospital reflects this.

Other issues which emerged related to staffing issues, capacity challenges and ICT requirements. These are being addressed as part of the next phase of implementation.
Progress in Implementation & DOH response:

There are a number of recommendations in the report – particularly in the area of national planning, accountability and oversight, where the Department of Health has a lead role. These recommendations are being considered and progressed in the context of the overall reform programme, as set out in “Future Health: A Strategic Framework for Reform of the Health Service 2012-2015”, the recently published report “The Establishment of Hospital Groups as a transition to Independent Hospital Trusts”, and the Integrated Reform Plan for the Health sector.

Impact of recommendations on HSE funded External Agencies:

The Internal audit function of the HSE has also carried out an assessment of the impact of the governance and funded related recommendations.

In 2010, the HSE’s total grants to external agencies amounted to €3.647 billion. Of this, €1.9 billion went to 16 voluntary acute hospitals. The remaining €1.743 billion (including €23.7 million from other government sources disbursed via the HSE) was granted to approximately 3,130 different agencies. Many agencies and grants are small, and the 31 agencies who received grants over €10 million accounted for 64% of the total funding provided.

A total of 373 agencies received funding over €250,000 in 2010, under Service Arrangements with the HSE, accounting for 95% of the total funding provided to the sector, excluding voluntary acute hospitals.

Over 2,750 agencies received funding of less than €250,000, under Grant Aid Agreements with the HSE, but representing only 5% of the total funds provided.

The governance and board related recommendations would have significant impact if applied to the thousands of organisations funded for services, some of which are charitable organisations. The administrative burden which would also ensue is sizeable.

Further Monitoring & Assurance:

For the most part assurance around implementation will be provided by the National Director of Acute Hospital Services, Regional Directors of Performance and Integration, Group Hospital CEO / Hospital CEO / Manager.

As part of the HSE Implementation Oversight Groups ongoing monitoring process, hospitals will be expected, from time to time, to submit evidence or important documentation as identified by the group for review. The group will also be able to commission level two assurance audits from the Healthcare Assurance Audit function of Quality and Patient Safety. The group may request hospitals to attend from time to time to present on plans or progress reports and to discuss barriers to implementation.

Priority areas for further analysis and audit have been identified on foot of the first data collection exercise in December 2012. These are:

- Monitoring of use of inappropriate space to accommodate patients.
- Availability of Senior Decision Makers.
- Early Morning Ward Rounds.
• Active waiting list management.

The nature of this further analysis and the scheduling of it are currently being finalised. The HSE Implementation Group is seeking, where feasible and appropriate, to synergise its efforts with the work its subject matter experts and clinical leads are undertaking within these areas already.

The Group will initiate a second review of progress in quarter 2, 2013. Each lead support will assist the Chair of the group in ensuring that the overall report reflects their inputs and views. It will continue to provide support to line management in the Reports implementation through its subject matter experts. In this regard, the Special Delivery Unit are giving consideration to making progress around these recommendations a formalised part of their liaison meetings with hospitals.

Next Steps:

To date the HSE has prioritised those recommendations which it considers to relate directly to the safe care of our patients. In moving to the next stage of implementation, it is seeking to widen its approach to address those elements of the Report that relate to both Board Governance and Executive Management. In this regard, the HSE has been working closely with the Department to agree relative responsibilities around the implementation of the balance of the recommendations. The approach taken to date – tying implementation to advancing work streams where feasible – will continue, as the HSE looks to maximise its opportunities for mainstreaming this work within the system in line with its target timescale of year-end 2013. In this regard, the strategies and processes set out in the diagram above offer significant continued potential for this approach.

The HSE will continue to address those elements of the governance/management recommendations which it has the authority to progress. These include the structure, membership, codes of practice, management arrangements and performance management process for hospital groups; management and performance management of non acute services; and performance management of funded services that can be achieved through the existing Service Arrangements.

Those elements that require legislative change, new structures (trusts, patient safety agency, changes to voluntary boards, reporting requirements of funded organisations to PAC, etc) will be required to be progressed by the Department of Health. As outlined above, the HSE is working with the department on these and the transition plans that are required to minimise the impact on services as these changes take place. The internal audit report on the governance and reporting recommendations will inform this work.

In this phase of transition some aspects of the governance recommendations will only be addressed fully when the new legal and governance arrangements are in place.

There has already been significant change in the governance of the health service during the period encompassed by this progress report. As referenced earlier, this is likely to continue with the publication of the recent reports on hospital groups and smaller hospitals. Within the HSE, the appointment of a Chief Operating Officer, a new National Director for Acute Hospital Services and new Regional Directors of Performance and Integration will also impact on the accountability framework within which this first report has been prepared.
The environment within which the health service is operating continues to be dynamic with growing demand and expectations, coupled with advances in medical practice and treatment. Against a backdrop of reduced financial and human resources, the challenge of sustaining system performance and improving quality is a one of continuous focus.

HSE: July 25th 2013