Report on progress in implementing recommendations arising from the report of the HIQA investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at the Mid-Western Regional Hospital Ennis.

Summary

This report sets progress which has been made by the HSE in relation to recommendations proposed by HIQA arising from an investigation into the quality and safety of services at Ennis Hospital. Many of the issues highlighted in the report have been addressed; in particular those issues of a local nature which were of concern to the investigation team. However, some of the recommendations concern strategic planning of services and will be managed through HSE plans to modify its organisational structures and reconfigure services. These are described in the Corporate Business Plan 2010 and progress can be monitored through the HSE Performance Report.

1. Introduction

The Health Information and Quality Authority (HIQA) was established through the Health Act 2007. It has a number of powers which include the power to undertake an investigation wherein there is a serious risk to the health or welfare of a person receiving those services; it may invoke this power autonomously or at the request of the Minister for Health and Children.

To date, HIQA has undertaken three investigations and issued recommendations to the HSE as a consequence. The first two investigations had a particular focus on breast services; the third investigation was more broadly concerned with the hospital reconfiguration agenda.

The third investigation concerned the general quality and safety of services at the MWRH Ennis (see Appendix 1 for Terms of Reference) and arose from concerns regarding weaknesses in care provided to patients with cancer. The scope of the investigation and the recommendations (see Appendix 2) was different to the first two investigations. Narrative account of HSE consideration of and response to the recommendation in the third report is provided. HIQA were fully briefed in relation to the HSE response to the report on the 8th of October 2009; this followed a helpful bilateral discussion on the implications of the report which took place in summer 2009.

The report of the third HIQA investigation is considered and responded to against a context of change at a local and national level. Services in the Midwestern region are undergoing reconfiguration, the planning and implementation of which commenced prior to the HIQA report. This change programme was announced by the HSE in January 2009 and is informed by a review of services in the region undertaken by Horwath and Teamwork. Nationally, the HSE commenced the implementation of a number of significant organisational modifications, known as the Integrated Services Programme, in October 2009. The Offices of the National Director for Primary, Community and Continuing Care and the National Director for Hospitals merged into a new Integrated Service Directorate. The Integrated Services Directorate aims to simplify the way many of our services are delivered and make it much easier for patients and service users to access them. It will also improve operational management by allowing more responsive local decision making and involve more clinicians such as doctors, nurses and allied health professionals in managing services. The Integrated Services Directorate is now under the leadership of two National Directors who have specific areas of responsibility: Performance and Financial Management; and Reconfiguration of acute hospital, primary care teams and pre hospital care. A Directorate for Quality and Clinical Care has been established to drive clinical governance, quality and risk and national standards and protocols across the HSE. Four Regional Director of Operations are now responsible for managing all health and social services in four regions.

2. Local developments

Recommendation cluster 1: emergency department services

A suite of protocols are now in place at MWRH Ennis since the 6th April 2009 governing emergency care provided at the hospital and providing for transfer of patients whose needs will not be met safely at the hospital: patients with major or complex conditions are now being routed to the specialist centre in MWRH Limerick for treatment and 24/7 emergency care service was been discontinued at MWRH Ennis since the 6th April 2009. A daytime Minor Injuries Service and Acute Medicine Unit are now in place 08:00Hrs-20:00Hrs 7 days a week at MWRH Ennis. Protocols were evaluated in summer 2009 following implementation and were updated based on the learning from the review. These changes were also informed by a review of emergency services in the region which led to the establishment of a region wide emergency service under the overall clinical governance of Consultants in Emergency Medicine based at MWRH Limerick; each of these Consultants has a formal commitment to a hospital off the Dooradoyle site. Consultant numbers will increase with the appointment of 2 additional Consultants to support this new cross-site service. Those posts have been advertised, interviewed by the Public Appointments Service and will commence in post in early 2010.

Recommendation cluster 2: surgical treatment

As part of the reconfiguration of services in the Midwest region, a review of acute and major elective surgery is in progress. The first phase of this process was completed on the 1st of July with the centralisation of all acute surgery a weekends (from Friday at 9am to Monday at 9am). Since the 1st of October 2009, all acute and elective in-patient surgery has been centralised under a region-wide Department based at MWRH Limerick. These developments also include outreach day surgery, including endoscope procedures, in the MWRH Ennis under a unified clinical management and governance system of the Regional Department of Surgery based at MWRH Limerick. This includes a single rota and the use of agreed integrated protocols and care pathways.

Recommendation cluster 3: cancer services

All new patients with symptoms of breast disease presenting at MWRH Ennis are referred immediately to the designated breast disease service at the MWRH Limerick. Explicit guidelines, protocols and standards have been developed in this area to guide, direct, monitor, and assure performance. These have been widely communicated. While a small number of patients recovering from breast cancer were undergoing periodic review at the hospital, the breast review clinics at MWRH Ennis have ceased since the end of August 2009. The care of these patients has transferred completely to the MWRH Limerick from 1st September 2009. Changes were communicated to GPs. A National Symptomatic Breast Referral form, along with referral guidelines, has been developed by the National Cancer Control Programme (NCCP) and the designated Symptomatic Breast Units. These have been circulated to all GP Surgeries in the Mid-West and are also available on the website of the Mid-Western Regional Hospital. A patient information leaflet entitled "A Guide for patients; Symptomatic Breast Clinics" has also been circulated to all GP surgeries as well as a range of community services in the Mid-West by the NCCP. The NCCP has published "Visiting the Symptomatic Breast Clinic: A Guide for Patients" which gives general information on what to expect from a visit to the Breast Clinic as well as information specific to the Mid-Western Regional Hospital Limerick. This booklet is provided to

all new patients and has been enclosed in their appointment letter since early August 2009. The Breast Unit also provides GP Education sessions for GPs in the region on a regular basis, the next session being scheduled for Autumn 2009 for members of the regional Out-of-Hours service Shannondoc. A clear framework for service improvement is in place which is based on a PDSA (Plan Do Study Act) audit cycle utilising a range of KPIs developed nationally by the NCCP in conjunction with the eight Symptomatic Breast Disease Units.

Recommendation cluster 4: critical care services
No level 2/3 patients have been treated in MWRH Ennis since April 2009. This change has been supported by a suite of protocols clearly setting out the range and type of services to be provided at the hospital and to provide for transfer and bypass arrangements. The operation of the protocols are reviewed by senior clinicians and management to ensure they are fit for purpose and improved where appropriate in line with evidence. This is an ongoing and continuous process. These protocols were evaluated following implementation, were updated and re-issued. A further audit will occur following implementation. Critical Care Services in MWRH Limerick were reviewed in 2008 by the National Review conducted by Prospectus; a final report is pending. That report is likely to recommend an increase in the number of critical care beds for the region. In the interim, 4 additional ICU beds will be provided at the MWRH Limerick. The capital and revenue requirements of the critical care services in the Mid-West have also been identified as part of the overall reconfiguration of services and an implementation plan for the short, medium and long term is in place. The HSE Senior Management Team have given approval for a new critical care block at the hospital.

Recommendation cluster 5: general medical services
The General Medicine Services are being reviewed as part of the reconfiguration project in the Mid-West with changes. This will lead to the development and implementation of revised model for integrated service provision and governance across the region which will provide clarity on both corporate and clinical governance and be underpinned by standards, protocols and clinical/care networks and pathways shared across primary and secondary care. This model will seek to ensure that services are provided safely, effectively and efficiently in the most appropriate location. It is expected to have this model in place no later than July 2010. Elderly care services are provided at MWRH Ennis in line with best practice led by a Consultant Geriatrician with multidisciplinary input.

Recommendation cluster 6: children's services
MWRH Ennis does not provide acute medicine for children. A protocol is in place to manage paediatric presentations to MWRH Ennis since 6th April 2009 and another protocol deals with the transport of paediatric patients. Protocols were evaluated following implementation. No acutely ill children were treated in Ennis post protocol implementation. Further audit will take place in December 2009. Inpatient paediatric surgery has ceased at MWRH Ennis. The issue of outreach day surgery will be addressed as part of the overall reconfiguration of day surgery services in the Mid-West. An evaluation of the requirements to continue with day dental surgery will be conducted in conjunction with principal dental surgeon.

Recommendation cluster 7: maternity services
MWRH Ennis no longer provides acute care for women with pregnancy related conditions. A protocol is in place for management of all pregnant women and newborns presenting to a non-obstetric hospital facility in the HSE Mid-West since 6th April. This protocol was evaluated and updated. Further audit will follow implementation of the revised protocol. Local matters relating to recruitment of the post of Radiographer-Ultrasound have been followed up and a Job Order is in place. A multi-disciplinary team at the Mid-Western Regional Maternity Hospital have developed an audit tool for outreach services and an audit programme will be implemented in 2010.

Recommendation cluster 8: diagnostic services
Diagnostic services were reviewed as an element of the planning for reconfiguration of services in the Mid-West and a full range of routine diagnostics, including plain X-ray, ultrasound, CT, cardiac tests, respiratory tests, Routine Pathology tests and Point-of-Care Tests (POCT), etc are planned. In the interim, the performance and reporting of CT scans at MWRH Ennis is on hold pending the appointment of staff with necessary experience and expertise. There is currently no significant backlog of radiology reporting at MWRH Ennis and thus there is currently no need to put in place ad hoc backlog clearing arrangements which were periodically required at the time of the events which led to the HIQA investigation; weekly reports in relation to the volume of backlog of reporting issues to the Hospital Manager. Interviews have taken place for two substantive consultants in radiology. These posts will have shared commitments between Dooradoyle and Ennis. This will see radiology services at MWRH Ennis finally integrated fully into a network-wide department to radiology centred on MWRH Limerick.

Recommendation cluster 9: ambulance services
Children and pregnant women now routinely bypass Ennis by ambulance in the case of emergency. This is governed by monitored and audited protocols which have been in place since 6th April 2009. Additional Paramedics have been employed in the region to release Advanced Paramedics from their roster to provide a 24/7 rapid response vehicle in Clare and Tipperary. Further Paramedics were employed to eliminate on call in Ennis and Nenagh and to provide an extra ambulance 24/7 in the Mid West Area. On call has been eliminated in Ennis and Nenagh from emergency rosters and reduced in some of the peripheral centres e.g. Roscrea and Scariff.

Recommendation cluster 10: admission and discharge
Hospitals in the Mid-West are implementing the HSE National Code of Practice for Integrated Discharge Planning across primary and secondary care through three Joint Implementation Groups which have senior management and clinical representation. Audits against the requirements within the Code have been conducted in June 2009 and improvement plans formulated thereon which are focusing on improving processes, communication, documentation and developing roles and competencies. The Mid-Western Regional Hospital is also one of five national pilot sites involved in improving the flow of patients such that bed capacity is optimised to meet the needs of patients admitted from the ED.

Recommendation cluster 11: leadership and governance

Management and governance structures nationally have been considered as part of the HSE's Integrated Services Programme which is informing recent organisational change. The HSE was established through the Health Act, 2004. The organisation is overseen by a Board which includes a Risk Committee. The Health Act, 2004 sets out the legal requirements for the HSE regarding its Code of Governance. The Code of Governance is comprised of a suite of inter-related documents that together form the Framework for Corporate and Financial Governance. This is publicly available at http://www.hse.ie/eng/services/Publications/corporate/corporategovernance.html. The Framework for Corporate and Financial Governance was initially approved by the Board in 2006 and following an update was approved by the Minister for Health and Children on 26th March 2008. In October 2009, The Offices of the National Director for Primary, Community and Continuing Care and the National Director for Hospitals merged into a new Integrated Service Directorate. The Integrated Services Directorate aims to simplify the way many of our services are delivered and make it much easier for patients and service users to access them. It will also improve operational management by allowing more responsive local decision making and involve more clinicians such as doctors, nurses and allied health professionals in managing services. The Integrated Services Directorate is now under the leadership of two National Directors who have specific areas of responsibility: Performance and Financial Management; and Reconfiguration of acute hospital, primary care teams and pre hospital care. A Directorate for Quality and Clinical Care has been established and Four Regional Director of Operations are now responsible for managing all health and social services in four regions. In November 2009, the HSE board considered proposals for the next phase of organisational construct below the level of the Regional Director of Operations. Hospital and community services in defined geographic areas will be managed as a single unit (Integrated Services Area) with a single point of accountability (Integrated Services Area Manager) reporting to the Regional Director of Operations. With regard to services in the Midwest, a named Integrated Services Manager is now in place. A named manager is also in place with responsibility for acute hospitals. Now that HSE policy on improved organisational structure is determined, further specific arrangements for the Midwest will be implemented in Q1 2010.

Recommendation cluster 12: responding to concerns and learning from adverse incidents

The review of risk management systems is under way including, complaints and FOI in the Mid West, which will report in Q1 2010. A Patient/Service User Forum is established; patients/service users are also represented on the Hospital Hygiene Services Committee, the Hospital Quality Risk and Patient Safety Committee and the Infection Control Committee. A Network Quality Risk & Patient Safety Steering Committee is in place incorporating all acute hospitals within the HSE Mid-West. This was established in January 2009 with monthly meetings. Each hospital in the region also has a Quality Risk & Patient Safety Committee in place. A Quality, Safety and Risk Management Framework is being implemented which includes provision for national programme of key performance indicators. MWRH Ennis is utilising the National Mediation Forum Panel of Mediators as requested.

Recommendation cluster 13: managing change and transition
The reconfiguration of services in the Midwest has clinical and executive leadership in place. Stakeholder engagement and communication is an element of the reconfiguration programme. Clinical Directors are now in place. Clinical and non-clinical management, leadership and governance arrangements will be developed as part of the second phase of the HSE Integrated Services Programme.

3. National developments

Recommendation cluster 1: emergency department services
Review of the configuration of emergency department services has been undertaken by the HSE as an element of its Service Plan for 2009. Audits of emergency department activity have been undertaken and actions arising from these have been taken in North East, South and Mid West regions. Further review will inform the reconfiguration of emergency departments in the context of hospital reconfiguration. This will be led by the service reconfiguration arm of the recently established Directorate for Integrated Care.

Recommendation cluster 2: surgical treatment
Review and reorganisation of surgical services will be a responsibility of the service reconfiguration arm of the recently established Directorate for Integrated Care and an area of joint working with the Directorate for Quality and Clinical Care. A national audit of out-of-hours surgical activity was completed in 2009. As part of that process, dialogue with HIQA would be anticipated with regard to its role in providing national guidance and standards in this area. The HSE's Service Plan for 2009 signalled a requirement to shift a quantum of elective surgical activity from an inpatient basis to a day-case basis. The NHO Performance Monitoring Unit reports on this as part of the Service Plan monitoring requirements. The HSE's HealthStat performance monitoring of acute hospitals produces monthly reports at hospital level under the "integration" category of metrics on day case rates, average lengths of stay, and day-of-procedure admission rates. The NHO's PMU reports on elective surgical admissions with Length Of Stay between 0 and 2 days. The HSE is working on 24 procedures, which have been adapted from the UK "basket of 25" (the omission being termination of pregnancy). This is entirely based on evidence. Day case discharges have increased overall by 4.5% on 2008 levels for the first 6 months of 2009. Performance information contained in HealthStat and the HSE's Performance Reports are publicly available.

Recommendation cluster 3: cancer services
The NCCP has a community oncology programme in place and is developing and embedding referral pathways in conjunction with the ICGP. GP guidelines have been developed and distributed. They have been embedded through training workshops. A communication strategy is also in place.

Recommendation cluster 4: critical care services
A review of adult critical care services has been undertaken and a report is being finalised. Once agreed, an implementation process will commence. This will be led by the service reconfiguration arm of the recently established Directorate for Integrated Care.

Recommendation cluster 5: general medical services
Review and reorganisation of general medicine services will be a responsibility of the service reconfiguration arm of the recently established Directorate for Integrated Care and an area of joint working with the Directorate for Quality and Clinical Care.

Recommendation cluster 6: children's services
Policy in this regard of children's services is the establishment of a National Children's Hospital of Ireland. The National Paediatric Hospital Development Board (NPHDB) was established by the Minister for Health & Children on May 23, 2007. The NPHDB is charged with planning, designing, building and equipping the Children's Hospital of Ireland. The NPHDB recognised that a new national model of care for paediatric healthcare services is required. It has convened a committee that included multidisciplinary representatives from all paediatric settings and the Model of Care Committee agreed principles under three headings of child-centred and family-focused care; patient safety and quality; and rights-based service.
Under the new model of care, paediatric healthcare services in Ireland will be delivered through an integrated clinical and organisational network of facilities. The network will consist of a number of interconnected complementary elements, each with the appropriate level of resources for the services it provides, in terms of expertise, equipment and operational support. The report of the model of care will be submitted to HSE for implementation.

Recommendation cluster 9: ambulance services
The HSE has tendered to purchase a priority based dispatch system and is currently negotiating contracts. The reconfiguration areas of the North East and Mid West are the two prioritised areas for immediate implementation post negotiations. The HSE is separating emergency and non-emergency activity through the implementation of Intermediate Care Crews. The implementation of this new tier of the service, whilst a requirement nationally, is being prioritised in the first instance to areas undergoing reconfiguration

Recommendation cluster 10: admission and discharge
The HSE has developed a National Code of Practice for Integrated Discharge Planning which was launched in November 2008 and provides the operational framework for consistent, coherent management of the patient's pathway of care across the hospital and community services (http://www.hse.ie/eng/services/Publications/services/Hospitals/Code_of_Practice_for_Integrated_Discharge_Planning.html). It is standards based and thus provides a reference point against which consultation and improvement can take place.
It comprises a suite of national standards, recommended practices, forms, toolkits, key metrics and audit tools covering the following areas:

- Communication and Consultation
- Organisational Structure & Accountability
- Management & Key Personnel
- Education & Training
- Operational Policies & Procedures for Discharge Planning
- Discharge Planning Process
- Audit & Monitoring
- Key Performance Indicators

The Code has been agreed with all stakeholder bodies through the A&E Forum and forms the foundation for a national admissions, discharge and escalation programme. In addition, national guidelines to support the nurses central role in facilitating the discharge process on a seven day basis are being finalised in consultation with the Forum were launched.

Recommendation cluster 12: responding to concerns and learning from adverse incidents
The HSE is currently reviewing the investigative procedures used across a number of polices and procedures with a view to improving consistency and effectiveness. This work should be completed in 2010. Service users are involved in this process and there is wide stakeholder consultation including HIQA. Responsibility for the ongoing implementation and support of the HSE Integrated Quality, Safety and Risk Management Framework will be carried by the newly established Directorate for Quality and Clinical Care. All complainants who have concerns regarding the services provided by the HSE have a statutory right to review through the office of the Ombudsman. The right of the complainant in this regard is already made clear in "Your Service Your Say" Policy and Procedure. This is made clear on the communications material associated with this policy and procedure, including the HSE website.

Linking national recommendation with the HSE Corporate Business Plan
The Health Act, 2004 Section 31 (1) and (2), requires the HSE to develop and implement a National Service Plan (NSP) setting out how the Vote (budget) allocated to the HSE will be spent in the given year on the type and volume of health and personal social services delivered to the people of the Republic of Ireland, within the approved employment levels set out in Government policy. In conjunction with the NSP, a HSE Capital Plan is submitted to the Minister for Health and Children within 21 days after the publication by Government of the Estimates for Supply Services for that financial year. NSP is the basis on which the Minister evaluates the performance of the HSE and our annual progress in meeting our legislative obligations. The HSE produces monthly Performance Reports which are available at www.hse.ie. Outside of our legislative requirements to the Minister and Department of Health and Children (DoHC), as an organisation it is important to monitor the totality of our business through an operational plan for the organisation. The Corporate Business Plan (CBP) translates the vision, mission and objectives of the organisation set out in the HSE three year Corporate Plan 2008 – 2011, into action. CBP (inc. NSP) 2010 describes all of our operational services and our support and corporate services.

Many of the national recommendations require a strategic planning response. The most effective, efficient and sustainable way for the HSE to manage change in relation to these issues is through the NSP 2010. The following recommendations link with specific Key Result Areas (KRAs) set by the HSE in the areas of Acute Hospital Services and Pre-Hospital Emergency Care and The National Cancer Control Programme. Further details are available in the HSE NSP2010 and monthly progress can be reviewed in the Performance Reports available at www.hse.ie

- Recommendation Cluster 1: KRA - Reconfigure emergency services to ensure that they serve an appropriate population catchment, and are resourced to provide

comprehensive 24/7 emergency services and care for other urgent needs and minor injuries

- Recommendation Cluster 2 and 5: KRA - Reorganise acute services in each HSE Area to ensure the provision, within each network, of both comprehensive 24/7 medical and surgical services and planned activity for comprehensive day case and diagnostic workloads.
- Recommendation Cluster 3: KRA - Community oncology
- Recommendation Cluster 4: KRA - Reconfigure critical care services to ensure that each critical care unit serves an appropriate catchment population and is resourced to provide comprehensive critical care services to that population.
- Recommendation Cluster 6: KRA - Configure paediatric services into one national integrated paediatric network with appropriate services provided at national, regional and local level
- Recommendation Cluster 9: KRA - Ensure that the ambulance strategy and the deployment of the Advanced Paramedic emergency workforce are in place to support the reconfiguration.
- Recommendation Cluster 10: KRA - Enhance Service Integration
- Recommendation Cluster 12: KRA - Quality and Risk Framework including Quality and Risk Management Framework, Incident Management, and Complaint and Incident Framework.

4. Conclusions

The National Hospitals Office developed this response to the recommendations based on input from relevant components of the HSE. This report provides the Risk Committee of the HSE Board with the position in relation to these recommendations 9 months on from publication of that report. Reconfiguration continues within the Midwest. Nationally, the recommendations have informed the Corporate Business Plan for the HSE in 2010 and can be tracked through monthly Performance Reports. Ongoing responsibility in relation to the implementation of recommendations in this report will be carried by the National Director of Quality and Clinical Care.

Appendix 1: Terms of Reference

The investigation was carried out under the following Terms of Reference:

In accordance with a request made by the Minister for Health and Children under Section 9(2) of the Health Act 2007 (the Act), the Health Information and Quality Authority (the Authority) will undertake an investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive (HSE) at the Mid-Western Regional Hospital Ennis (the Hospital).

Terms
The investigation will seek to ascertain whether safe, quality services and practices are in place and, if this is not the case, to ensure that where there may be a serious risk to the health or welfare of a person(s) receiving such services from HSE, these risks shall be identified and recommendations made with a view to eliminating or ameliorating the risks for patients. The investigation shall be carried out within the following terms:

1. To investigate the planning, management and provision of clinical services in the Hospital (including services provided in the emergency department) to include, but not be limited to, the referral, diagnosis, treatment and follow-up of patients.
2. In undertaking term 1, the Investigation Team will review the arrangements for providing safe, quality clinical care to include, but not be limited to: how the needs of patients to access safe, quality clinical care in the appropriate setting are being met within the Hospital's geographical region, including issues relating to service design, staff skills and teamwork the governance, management and leadership of the Hospital including the management and use of information, communication between staff and between patients and staff, the management of complaints and patient safety incidents and the related communications with patients and relatives/carers the resources available to HSE and the requirement that it uses its available resources in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.
3. The Investigation Team will take into account the experiences of patients and family members from recent cases as part of the investigation.
4. The Investigation Team will also take into account the findings and recommendations of previous investigations undertaken by the Authority and the recently published *Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance*.
5. The investigation shall be carried out in whatever manner and with whatever methodology the Investigation Team believes is the most appropriate. The scope of the investigation will be limited to those aspects of safety and quality that the Investigation Team considers are most relevant and material to the investigation.
6. If, in the course of the investigation, it becomes apparent that there are further reasonable grounds to believe that there is a serious risk to the health or welfare of any person and that further investigation is necessary beyond the scope of these terms of reference, the Investigation Team may in the interests of investigating all relevant matters, and with the formal approval of the Authority, extend these terms to include such further investigation within their

scope or recommend to the Authority, and the Minister for Health and Children, that a new investigation should be commenced as appropriate.

7. The Investigation Team shall undertake the work of the investigation in three months. Following this, the Investigation Team shall prepare a report which, once ready for publication by the Authority, will be submitted to the Board of the Authority for approval. This report shall outline the Investigation, itS findings, conclusions and any recommendations that the Investigation Team sees fit to make. In the interests of wider service improvement, national recommendations may also be made where the Investigation Team considers appropriate.

8. The investigation will be conducted by a Team appointed and authorised by the Authority in accordance with Section 70 of the Health Act 2007. The Team will carry out the investigation pursuant to powers contained in Part 9 of the Act.

Appendix 2: Recommendations

Recommendation cluster 1: emergency department services

Local

1.1 Patients with major or complex emergency conditions should not be treated in the emergency department in the Mid-Western Regional Hospital Ennis. In exceptional circumstances where such patients arrive in Mid-Western Regional Hospital Ennis they should be stabilised and transferred, as a priority, to a specialist centre.

1.2 The current provision of a 24-hour emergency care service is unsustainable and should be discontinued. A day-time minor injury service, as indicated by current activity, operating as a satellite of the regional centre should be developed and introduced.

1.3 The Health Service Executive must take prompt action to review the role of the Mid-Western Regional Hospital Ennis emergency department as part of the development of an urgent care network across the Mid-Western Hospital Network.

National

1.4 The Health Service Executive should undertake a strategic review of configuration for emergency care services. This should lead to a prioritised programme of service development aimed at consolidating emergency services in regional centres with smaller hospitals (having a similar activity profile to Mid-Western Regional Hospital Ennis) re-designated for minor injuries.

Recommendation cluster 2: surgical treatment

Local

2.1 The Mid-Western Regional Hospital Ennis should not provide acute, or elective inpatient surgical services. All acute and major surgery, including major elective and cancer surgery, should be transferred to the Mid-Western Regional Hospital Limerick.

2.2 The Health Service Executive should review day surgery provision at Mid-Western Regional Hospital Ennis and consider the feasibility of a new regional surgical service based at Mid-Western Regional Hospital Limerick providing an outreach day-surgery and day-procedure service, including endoscope procedures, in the Mid-Western Regional Hospital Ennis using regionally agreed integrated protocols and care pathways.

2.3 In order to create maximum capacity at the regional centre in Limerick, the day surgery review should include consideration of an extended range of surgical specialties at the Mid-Western Regional Hospital Ennis to allow the transfer of some current elective day surgery activity from the Mid-Western Regional Hospital Limerick to create capacity on that site.

National

2.4 The Health Service Executive should work with the relevant professional bodies, using current international evidence, to identify an indicative selection (basket) of surgical procedures, for which clinical teams should treat a minimum number to maintain their skills. These should then be monitored routinely.

2.5 In order to make the best use of available in-patient beds, the Health Service Executive should work with the relevant professional bodies, using current

international evidence, to identify a selection of suitable procedures to be undertaken as day surgery cases (in the absence of agreed contraindications).

2.6 Having identified benchmark activity volumes and suitable day surgery procedures, these should be routinely monitored and reported publicly at facility level. They should then be considered as part of annual service planning at national and local levels.

2.7 A focused review of acute surgical activity should be undertaken as a priority at hospitals with similar activity profiles to the Mid-Western Regional Hospital Ennis to determine whether they are safe according to international best practice.

Recommendation cluster 3: cancer services

Local

3.1 All women with symptoms of breast disease who present to the Mid-Western Regional Hospital Ennis should be referred immediately on to the designated symptomatic breast disease service at the Mid-Western Regional Hospital Limerick. The current breast review clinic at the Mid-Western Regional Hospital Ennis should cease.

3.2 Tailored awareness and education programmes for general practitioners (GPs), community services and the public in the midwest about new regional referral pathways and protocols, in particular for breast disease, should be developed and implemented.

3.3 The Health Service Executive should regularly audit the care pathways of patients with symptomatic breast disease, within the midwestern region, to ensure agreed best practice including access arrangements, is being complied with.

National

3.4 The National Cancer Control Programme Directorate of the Health Service Executive should ensure local service configuration and referral/access/ follow up pathways for each designated specialist cancer centre are communicated effectively to GPs and patients.

Recommendation cluster 4: critical care services

Local

4.1 The Mid-Western Regional Hospital Ennis should not care for patients requiring level 2/3 critical care services. Patients requiring level 2/3 critical care services should be taken directly to the Mid-Western Regional Hospital Limerick by the ambulance services. Where patients self-attend, or deteriorate at the Mid-Western Regional Hospital Ennis and require level 2/3 critical care services, they must be stabilised by appropriately trained staff and safely transferred as a priority to the Mid-Western Regional Hospital Limerick, or other appropriate centre with Level 2/3 critical care resources.

4.2 In the interim while acute medical and surgical services are provided at the Hospital, the level of care provided at the Mid-Western Regional Hospital Ennis should be consistent with level 0/1 only.

4.3 The relevant transfer and bypass protocols must be regularly reviewed on a multidisciplinary basis, compliance audited and updated as necessary.

4.4 The Mid-Western Hospital Network should review its provision of critical care services within the region to ensure safe patient services that comply with safe practice guidelines.

National

4.5 The Health Service Executive should review critical care provision in hospitals with a similar resource and activity profile to the Mid-Western Regional Hospital Ennis to ensure that services are being provided within safe practice guidelines. Where this is not the case, appropriate risk management measures, and the necessary service changes, should be implemented and managed to protect patients.

Recommendation cluster 5: general medical services

Local

5.1 The range of general medical services provided at the Mid-Western Regional Hospital Ennis should be reviewed by the Health Service Executive in light of the changes recommended to the emergency department, surgical and critical care services. A clear protocol-driven medical service model should be implemented that specifies which conditions can (and cannot) be treated safely in Mid-Western Regional Hospital Ennis. These protocols should be subject to regular audit.

5.2 The Health Service Executive should seek to ensure that as wide a range of medical services as possible, including out-patients, day procedures, day patient facilities and inpatient services, are safely provided in the Mid-Western Regional Hospital Ennis. These should be fully networked with the Mid-Western Regional Hospital Limerick with clear patient pathways designed and implemented.

5.3 For as long as the acute medical services remain on site, dedicated elderly care services should be re-established to provide an appropriate integrated approach by a multidisciplinary team.

National

5.4 The Health Service Executive should work with the relevant professional bodies to develop a national model for acute medicine that is stratified to allow centres to be designated as fit to provide services up to a certain level so it is clear which centres should provide which services. This acute medicine model should include taking into account the location of other acute services such as surgery, anaesthetics, maternity, children's and critical care at any one centre.

5.5 In order to make the best use of in-patient beds, the Health Service Executive should work with relevant professional bodies to identify a "basket" of conditions suitable (in the absence of agreed contraindications) to ambulatory (non-inpatient) patients requiring medical services.

5.6 Having identified conditions to be managed on an ambulatory basis, these should be monitored routinely and published on an institutional basis. They should then be considered as part of annual service planning at national and local levels.

Recommendation cluster 6: children's services

Local

6.1 Acutely ill children should not be cared for at the Mid-Western Regional Hospital Ennis. The ambulance service should take children directly to the paediatric services in Mid-Western Regional Hospital Limerick. Where children are brought to the Mid-Western Regional Hospital Ennis by other means, they must be stabilised and transferred to the regional paediatric

services in the Mid-Western Regional Hospital Limerick.

6.2 There should be immediate cessation of elective inpatient paediatric surgery.

6.3 The Health Service Executive should consider the feasibility of the Mid-Western Regional Hospital Limerick paediatric services providing a paediatric outreach day-surgery service in the Mid-Western Regional Hospital Ennis with integrated regional protocols and care pathways. Any surgical and anaesthetic day-case services must be provided in a child appropriate environment by healthcare teams competent in the clinical care and resuscitation of children.

National

6.4 The Health Service Executive should ensure that there is a clear national policy for the appropriate care setting for, and management of, acutely ill children and those requiring inpatient surgery.

Recommendation cluster 7: maternity services

Local

7.1 Women with pregnancy-related conditions should not be brought by the ambulance services to the Mid-Western Regional Hospital Ennis. These patients should be brought directly to the Mid-Western Maternity Hospital Limerick. Patients self-presenting to the hospital should be transferred as a priority to the regional centre at Mid-Western Maternity Hospital Limerick.

7.2 The Mid-Western Maternity Hospital Limerick should review the provision of ultrasound scans for women attending its outreach service in the Mid-Western Regional Hospital Ennis to ensure it is consistent with the service provided at its regional centre.

7.3 The Mid-Western Maternity Hospital Limerick should regularly audit its outreach services to ensure they are consistent with services at the regional centre.

Recommendation cluster 8: diagnostic services

Local

8.1 The future role of diagnostic services in the Mid-Western Regional Hospital Ennis should be clearly defined. A strategic review of the radiology and laboratory services should be undertaken leading to these services being outreach services from the Mid-Western Regional Hospital Limerick with centrally agreed integrated protocols and care pathways that will be fit for purpose in supporting the changes in services outlined in this report.

8.2 A quality assurance system, which includes rigorous procedures and protocols for requesting, prioritising, reading and reporting radiology examinations, with defined timelines and volumes, should be implemented, regularly reviewed and compliance audited.

8.3 The Mid-Western Regional Hospital Ennis should implement reliable mechanisms, for example multidisciplinary clinico-radiological meetings, whereby the referring clinician, including GPs, can discuss the imaging findings in complex cases in more detail with the radiologist or other individual who has reported the examination.

8.4 A robust system for the safe, timely management and reporting of all tests, both at local and regional laboratory level, should be developed, implemented and regularly audited. This system should involve the prioritisation of test

reporting and protocols for the follow up of the reports by the identified clinician.

Recommendation cluster 9: ambulance services

Local

9.1 The bypass protocols for maternity and children must be fully implemented immediately and the Health Service Executive should systematically evaluate all of its bypass protocols through audit and, as required, identified improvements should be implemented.

9.2 The Health Service Executive must ensure that there are appropriate numbers of suitably qualified ambulance staff to provide a safe emergency and non-emergency patient transport service in the midwest region within an established duty rota that does not rely on an on-call rota for the basic provision
of the service.

National

9.3 The Health Service Executive should ensure that the ambulance service has a recognised call prioritisation and dispatch system in place nationally in order to prioritise emergency calls to ensure that the right patient receives the right care by the right professional at the right time. This should be implemented in the midwest region as a priority.

9.4 The Health Service Executive should ensure that the ambulance service develops and implements arrangements to ensure that emergency ambulance crews are not providing transport for patients who do not require emergency care and that appropriate resources are established to better meet the needs for patients requiring non-emergency transportation.

Recommendation cluster 10: admission and discharge

Local

10.1 The Mid-Western Hospital Network should systematically evaluate its bed management processes, through audit, with required improvements implemented and re-evaluated to confirm continuous quality improvement. This should incorporate a robust discharge planning policy, which commences on admission and states that appropriate and open information must be provided to the patient and or their family members and the receiving care provider to ensure transfer and ongoing patient care pathways are safe and of a high quality.

10.2 The Health Service Executive should systematically evaluate all of its discharge protocols, through audit, and, as required, identified improvements should be implemented and the protocols re-evaluated to confirm continuous quality improvement.

National

10.3 The Health Service Executive nationally should further develop and implement an active bed management strategy with appropriate care pathways, access to diagnostics and integrated discharge planning.

Recommendation cluster 11: leadership and governance

Local

11.1 All the acute hospitals contributing to the midwest region acute care system should form a hospital group under an integrated operational governance

and management structure, based at the Midwestern Regional Hospital Limerick. The group should be led by a management board with executive accountability and the appropriate skills and experience to discharge these responsibilities and to manage the changes required in the transition of patient services across the areas. Satellite centres should have clear and appropriate day-to-day on-site operational management arrangements.

11.2 This hospital group should be led by a chief executive, who is ultimately accountable for the provision and management of the services provided by the group, and who is accountable to the Network Manager. The chief executive should lead an executive management board consisting of directors, who have the appropriate skills and experience to discharge their responsibilities and who are accountable to the chief executive. This board will be responsible for the provision of all services and implementation and management of the transition of patient services across the area. The smaller hospitals in the group should have clear and appropriate day to day operational management arrangements reporting to the group management board.

11.3 A code of governance should be established that sets out the management board's roles and responsibilities including an oversight role in respect of safety and quality of health services provided. This must include clear lines of accountability and devolved decision making.

11.4 The regional management tier at Network level, in conjunction with the executive management board of the hospital group should focus on strategic governance of the region, stakeholder engagement and performance management and monitoring of the hospitals.

11.5 The HSE should establish an active programme to address historical anomalies in reporting arrangements, in order to achieve clearer lines of accountability for clinicians and managers at hospital level. This should include all clinical consulting teams being appointed to, and organised from, the Mid-Western Regional Acute Hospital Group as part of a regional service.

11.6 Clinical teams in the Mid-Western Regional Acute Hospital Group should come under a unified clinical governance system led by regional clinical specialty groupings based in the regional centre in Limerick. This should incorporate the development of agreed patient pathways owned by the regional clinical departments each under the leadership of a clinical director.

11.7 For as long as an emergency service continues to be provided at the Mid-Western Regional Hospital Ennis, formal clinical accountability and reporting arrangements must be established immediately for emergency care physicians working in the emergency department.

Recommendation cluster 12: responding to concerns and learning from adverse incidents

Local

12.1 The Mid-Western Regional Hospital Ennis should ensure that a proactive patient-centred approach to risk management is taken and implemented throughout the Hospital according to national policies. This should include improving integration between its risk management, complaints, and Freedom of Information systems to facilitate timely, patient-focused responses and to enable shared learning.

12.2 The Mid-Western Regional Hospital Ennis should undertake a regular audit of the views of complainants to ascertain how the Hospitals approach to

complaints and concerns can be improved and the necessary changes identified in such audits should be implemented.

12.3 As recommended by the Authority in a previous investigation report(25), the MWRH Ennis should ensure that an effective independent advocacy service for patients is in place in the hospital. These advocacy services should support and facilitate patients coming forward to raise concerns and have them addressed.

12.4 The Health Service Executive should ensure that the new regional risk management structures, in the midwest, have clearly defined lines of responsibility and levels of accountability. The processes must be transparent, patient-focused and have clear learning pathways.

12.5 At a regional level the risk management process should be regularly monitored and audited with the outcomes reported through the national risk management structure to the Chief Executive Officer of the Health Service Executive.

12.6 The Health Service Executive should identify a suitable independent person or organisation, agreed with individuals/persons that request it, to offer mediation with a view to discussing in detail and resolving any residual concerns in the way with which their complaint was dealt.

National

12.7 Risk management and complaints processes in the Health Service Executive and health services generally must include a stage in the process to establish, understand and document the outcomes desired by affected patients/relatives before any investigation or review is undertaken.

12.8 The Health Service Executive should ensure the planned implementation of its new Quality and Risk Framework takes account of the lessons from this investigation and that an appropriate training programme on risk management and feedback is delivered that emphasises the importance of communication and outcomes as well as process.

12.9 The role of the Office of the Ombudsman for public services should be publicised more effectively by the Health Service Executive in relation to the handling of complaints in the health service to ensure complainants understand they can have the handling of complaints reviewed and national learning can be applied throughout the health service.

Recommendation cluster 13: managing change and transition

Local

13.1 The local change programme should be led by an experienced senior manager and the implementation programme must incorporate significant engagement with service user and clinical stakeholders.

13.2 A comprehensive programme of change, that is effectively led and managed, needs to be undertaken. This will take time to implement, and the Health Service Executive needs to ensure that appropriate facilities, resources and staff are in place throughout the current Mid-Western Acute Hospital Network in order that changes in the location of patient care can be safely accommodated.

13.3 The Health Service Executive should, as a priority, undertake a review of the clinical and non-clinical management, leadership and governance arrangements at Mid-Western Regional Hospital Limerick to ensure that the governance arrangements and organisational structure are fit for purpose, and

that clinicians and managers in key positions have the capacity and capability to manage the new role of the Hospital.

National

13.4 The corporate HSE executive management team should nominate a specific Director accountable for ensuring the development of an implementation plan for these recommendations. This should include a clear timeframe with milestones. Progress against the implementation plan should be made public and reported to the Board of the Health Service Executive.

13.5 There should be regular progress reports to the Minister for Health and Children.