

## Recommendations

The following are the recommendations following from this investigation.

### System of care

- SOC1.** The HSE and all healthcare service providers must take prompt action to ensure that any hospital providing 24-hour, seven-days a week emergency care ensures that the system of emergency care includes immediate access to clinical triage and assessment, resuscitation and diagnostic support and full-time on site senior clinical decision makers with the required competencies. Where such arrangements are not achievable or sustainable, the HSE should make the appropriate arrangements to discontinue the emergency service.
- SOC2.** The HSE should, as a priority, agree and implement a national early warning score to ensure that there is a system of care in place for the prompt identification and management of clinically deteriorating patients.
- SOC3.** The HSE should develop a national suite of pre-hospital emergency care bypass protocols to ensure a safe system of emergency care. Arrangements should be in place for the routine collection, validation and reporting of data pertaining to the protocol. This information should be used to evaluate the effectiveness of the protocol, with areas for improvement identified and implemented.
- SOC4.** The HSE and all healthcare service providers must ensure that ICS level 2/3 critical care is delivered to patients at a unit where there are on-site senior clinical decision makers with the required competencies available. Where this is not achievable or sustainable, the HSE should immediately put in place the necessary arrangements to discontinue the critical care service.
- SOC5.** The HSE must take immediate action to put arrangements in place for the implementation of national mandatory patient transfer and acceptance protocols to ensure the immediate and safe transfer of critically ill patients to a unit providing ICS level 2/3 critical care. Consideration should be given to a national managed critical care network to optimise critical care capacity regionally and nationally.
- SOC6.** The HSE must put in place arrangements for the routine collection and evaluation of critical care services demand and capacity information to inform any planned clinical service change.

- SOC7.** The HSE and all healthcare service providers should ensure anaesthesia is delivered in a safe and appropriate environment in line with national and international best available evidence.
- SOC8.** The HSE and all healthcare service providers must review the current models of delivery of surgical services to ensure they are safe and sustainable. This review must take into account best available national and international evidence, the volume and complexity of surgical procedures and the required competencies. Where safe surgical services cannot be sustainably provided, the HSE should transfer the service and ensure the appropriate arrangements, facilities, and resources are in place to safely accommodate this transfer.
- SOC9.** The HSE should participate in a national programme for clinical audit that is designed to measure and improve surgical outcomes and ensure compliance with national and international best available evidence.
- SOC10.** The HSE and all healthcare service providers must put in place arrangements to ensure that clinical competencies are maintained.

## **Governance**

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- G1.** The HSE and all healthcare service providers should have a publicly available statement of purpose describing the services that they can safely provide including how and where they are provided. The HSE should ensure that arrangements are in place to monitor and evaluate that the services being delivered are within the scope of the statement of purpose.
- G2.** The HSE and all healthcare service providers should ensure that all hospitals and hospital groups have integrated corporate and clinical governance structures with clear accountability arrangements in place. Organisational codes of governance, which clearly identifies safety and quality as core objectives should be implemented, monitored and evaluated.
- G3.** Hospitals should ensure that effective arrangements are in place for the timely and accurate collection, monitoring and reporting of all activity data at each site. Activity data should be reported and managed through the hospital and/or hospital group's governance structure.
- G4.** The HSE should ensure that there are arrangements in place to develop and support clinical directors. The necessary clinical leadership development programmes and business and administrative supports must be put in place in order for the clinical directors to effectively fulfill their role

- G5.** The HSE as a priority should ensure that there are robust arrangements in place to safely and effectively manage change in clinical services. These arrangements should include:
- identification of a named accountable person responsible for managing the implementation of the change process
  - rigorous evaluation of the impact of the service change to identify and address any unanticipated adverse consequences of changes implemented.
- G6.** The HSE should ensure, in advance of any clinical service change, that potential risks to patients associated with the current system of care are identified and analysed, with mitigation actions recorded and monitored through the local, regional and national risk register.
- G7.** The HSE should ensure that there are formalised arrangements in place for the coordination and alignment of the national clinical care programmes, the national cancer control programme and the regional configuration of acute hospital service.
- G8.** The HSE and all healthcare service providers must put arrangements in place to ensure that honest, open and timely information is communicated to patients once adverse events affecting them have occurred or become known.
- G9.** The HSE and all healthcare service providers should ensure that there are arrangements in place to promptly act upon the recommendations of national reports of reviews/investigations or enquiries in relation to the quality and safety of services provided by, or on behalf of the HSE. The HSE should ensure the system-wide application and dissemination of learning from these national reviews for the benefit of all service users.
- G10.** The HSE should nominate a specific director accountable for ensuring the development of an implementation plan for the recommendations of this investigation that includes a clear timeframe with milestones. The accountable director should ensure that implementation of these recommendations is monitored, evaluated and reported publicly through the HSE's monthly performance reports.