

Recommendations

Local recommendations that are specific to the Hospital are coloured in green, and national recommendations are coloured in blue.

Recommendations – Unscheduled Care

Emergency Department Services

1. The Hospital's operational and executive management structures, with the assistance of the National Emergency Medicine Programme (NEMP), should have the necessary arrangements in place to implement the NEMP. The executive must provide periodic assurances to the Board of the Hospital regarding the quality, safety and timeliness of unscheduled patient care delivered at the Hospital.
2. The Hospital should have effective arrangements in place to manage and monitor the utilisation of the Clinical Decision Unit in order to ensure that the length-of-stay timeline for patients is less than 24 hours.
3. Every hospital should cease the use of any inappropriate space (for example, a hospital corridor or a parking area for trolleys) to accommodate patients receiving clinical care.
4. All hospitals providing an emergency department service should undertake a periodic analysis of the types and profiles of patients who re-attend or leave without being seen and the underlying causes for re-attendance. Any potential improvements identified as a result should be implemented and evaluated. Using this data, the HSE should set national key performance indicators (KPIs). These KPIs should be monitored, managed and reported publicly and include benchmarking against EDs with a similar casemix.
5. All hospitals providing emergency care must continually manage and review the effectiveness of the patient-streaming, patient discharge arrangements, access to diagnostic investigations and fast-tracking systems in place.
6. The working hours and availability of emergency medicine consultants and senior clinical decision makers should be reviewed and amended in line with the objectives and recommendations of the National Emergency Medicine Programme.
7. The Manchester Triage System must be implemented, managed and periodically evaluated to ensure that it is being applied effectively in all hospitals.
8. The National Early Warning Score (NEWS) should be implemented in all clinical areas providing inpatient care. An emergency department specific system of physiological monitoring and triggered responses comparable to the NEWS should be implemented.

9. The involvement of general practitioners nationally in emergency departments, currently a reality in only a minority of hospitals, should be further enhanced and established on a formalised basis in partnership with primary care in all acute hospitals providing 24/7 care.
10. The working hours and availability of consultants on call in other emergency service areas in acute hospitals, such as acute medical units, should also be reviewed and amended where necessary.

Clinical Governance

11. All hospitals must have the necessary arrangements in place to ensure that there is a named consultant clinically responsible and accountable for a patient's care at all points in the patient journey and throughout their hospital stay.
12. All hospitals should have the appropriate implementation and monitoring arrangements in place to ensure that on-call clinical teams are available to see patients in the emergency department.
13. The Health Service Executive should review the current national position of the expanded roles within nursing and allied health professionals and implement a plan to roll out a more extensive programme of expanded practitioners within the appropriate clinical settings and with the necessary clinical governance arrangements in place nationally and locally.

Managing Performance and Information

14. The total patient time spent in the emergency department should be less than six hours. This time should be measured from the time the patient arrives in the ED to the time of departure from the ED. These KPIs should be monitored, managed and reported publicly and include benchmarking against EDs with a similar casemix
15. National data pertaining to the quality, safety and timeliness for patients in all hospitals providing emergency department services should be monitored and published at local, regional and national level.
16. The HSE, in conjunction with the Special Delivery Unit, should develop, monitor and publish a suite of composite quality, safety and access indicators measuring key points throughout the totality of unscheduled and scheduled patient care.
17. All hospitals in Ireland should monitor the implementation of the National Ambulance Patient Handover Time in line with the National Emergency Medicine Programme which requires 95% of patients being handed over from an ambulance crew to the emergency department staff in less than 20 minutes, and where this is not met, corrective action should be taken.

Recommendations – Scheduled Care

Managing the Patient Admission and Discharge Pathway

1. The Hospital must engage fully and effectively with the range of stakeholders, including general practitioners, in order to ensure the most effective referral process for patients. This should be monitored and evaluated on an ongoing basis.
2. The HSE nationally and the Special Delivery Unit must ensure that there is a nationally integrated programme-managed approach to the implementation of the Clinical Care Programmes and patient admission and discharge strategies across the country which is effectively led, governed, managed and monitored at national level. This process should provide active support to local service providers in order to ensure that the local implementation of each National Clinical Programme is managed as a single integrated and seamless improvement plan within a hospital and community and not as separate, fragmented and isolated initiatives that have the potential to result in competing priorities and resources.
3. All hospitals should have the appropriate implementation and monitoring arrangements in place to ensure that early morning ward rounds are undertaken by senior clinical decision makers and that these form part of the explicit responsibilities of each consultant. Wherever possible, to facilitate multidisciplinary interactions and timely ward rounds, patients should be accommodated in centralised areas aligned to their admitting speciality.
4. All hospitals in Ireland should ensure that active patient discharge planning management is in place to include each patient having an individual discharge care plan with an estimated date of discharge from hospital.
5. The Health Service Executive and the Department of Health must as a priority review the current arrangements to provide patient access to multidisciplinary rehabilitation, community support and intermediate- and long-term care for patients requiring residential services. An integrated approach should be implemented, involving all health and social care professionals, with identified critical decision making at key points and key performance indicators to ensure a timely and seamless transition for the admission to and discharge from the acute service.
6. All hospitals should consider, where appropriate, safe mechanisms for implementing nurse-led patient discharge processes with the appropriate supporting clinical governance arrangements.

Clinical Governance

7. All hospitals should have effective arrangements in place to ensure that all patient waiting lists are periodically reviewed by a senior clinical decision maker to ensure that the clinical priority and urgency for each patient is managed and subject to regular review. Arrangements should include two-way communication with the patient and their general practitioner.
8. Voice recognition and clinical alert software with a formalised process for critical alerts to GPs for abnormal patient imaging results must be put in place in all hospitals and monitored and evaluated on an ongoing basis.

Managing Performance and Information

9. The Hospital should ensure that all initiatives taken to improve the efficiency and effectiveness of the Outpatient Department's 'Did Not Attend' rate should be monitored to measure their impact, and to identify any areas where additional gains may be achieved.
10. The Hospital should formally review and validate the patient waiting list for diagnostic imaging on an ongoing basis and establish a prioritisation process with appropriate monitoring mechanisms.
11. An analysis of activity, demand and utilisation should be undertaken in each hospital providing diagnostic services with a view to extending opening hours to better meet the needs of patients.
12. Access to high demand, low capacity diagnostic imaging (for example, CT and MRI scans) should be reviewed at a regional and national level and the HSE nationally should develop, manage and coordinate access and waiting times for this type of imaging as a shared resource across all hospitals and primary care – particularly where there are long waiting times for patients.
13. Benchmarking and publication of outpatient department (OPD) appointment wait times across all hospitals at a national, regional, local and consultant level should be put in place.

Recommendations – Board Governance

Governance Arrangements of Boards

1. The Charter should be replaced by the necessary legislative means to establish a fit-for-purpose Board.
2. The current AMNCH Interim Board should be dissolved in the coming months, and, through a managed transition, a new substantive Board should be appointed.
3. The Department of Health should ensure that any required legislative amendments to the constitution of existing healthcare organisations in receipt of State funds take account of these recommendations.
4. All health and social care service providers in receipt of State funds should ensure their compliance with the *Code of Practice for the Governance of State Bodies*.
5. The chairpersons of all hospital boards (in the first instance) in receipt of State funds should be line managed by a nationally designated post-holder for the purpose of holding the chairperson and the board accountable for the provision of well governed and effectively managed services and in relation to the appointment, performance and termination of the chief executive (this post-holder may be, for example, the Director General of the new HSE structure, or equivalent).
6. All health and social care service providers in receipt of State funds should come under the remit of the Comptroller and Auditor General and should be compliant with all directives from the Departments of Finance and Public Expenditure and Reform (particularly in relation to finance, procurement and staffing).
7. A mechanism should be established through which Foundations, Trustees and other community stakeholders, can continue to be involved in the development of hospitals in a non-governing and non-managerial way.
8. The establishment of boards of 'Hospital Groups/Networks' should be in accordance with the recommendations of this Report.

Board Structure and Composition

- 9.** Boards should be of a sufficient size (up to a maximum of 12) and expertise to effectively govern the organisation. The board should be selected and appointed through an independent process established by the State and on the basis of having the necessary skills, experience and competencies required to fulfil the role effectively. The board should comprise non-executive directors and a chairperson and, in keeping with good governance, individuals with conflicts of interest, including employees of the hospital and those with other relevant conflicts of interest, should not be appointed to the board. The chief executive, and other designated executive officers (to include as a minimum, the equivalent of the director of finance, medical/lead clinical director and director of nursing) should be formally in attendance at the board with combined shared corporate accountability for the effective governance and management of the hospital.

In advance of such an independent process being established, the members of boards with the necessary knowledge, skills, competencies and experience should be appointed by the Minister for Health.

- 10.** The Minister for Health should consider introducing remuneration of members of boards of organisations that are in receipt of State funds. A stronger performance management of board members should be introduced with consideration of the capitation of remuneration based on a defined percentage of the remuneration allocated as a core fee and the remainder based on the assessment of a board member by the chairperson within a performance criteria that includes attendance and contribution.
- 11.** Existing boards should undertake an assessment of the composition, competency profile and potential conflicts of interest of board members and make the necessary changes required to ensure that the board is constituted appropriately and in accordance with modern day corporate governance of boards and the recommendations contained in this Report.
- 12.** Existing boards of hospitals should consider replacing current and future vacant board director positions by using the independent process established by the State.
- 13.** A mandatory board induction programme should be in place for all new board members, and executive directors, covering such topics as the role and responsibilities of a board member, the role and responsibilities of executives, corporate and clinical governance, financial oversight, ethics and business conduct and their roles and responsibilities in achieving board objectives specific to the organisation.
- 14.** There should be a mandatory ongoing development programme for board members, informed through the annual self-evaluation of the effectiveness of the board, covering topics such as emerging governance issues and practices, quality and safety and financial management as well as more detailed information on organisation-specific issues.

Conducting Business of Boards

- 15.** The role and functions of boards must be clearly defined and the board should:
- ensure that there is an effective management team in place
 - oversee the development of, approve, and monitor the implementation of the hospital's strategic plan
 - ensure that there is an effective code of governance in place that is subject to ongoing review
 - require the executives to provide concise, understandable and relevant information that demonstrates that the hospital is achieving its strategic objectives, effectively managing its available resources and providing good, safe care
 - challenge the executives of the hospital when it is not clear that the hospital is achieving its objectives, and hold executives accountable for performance
 - provide assurances to the public that the service is managing its resources to provide sustainable safe, effective person-centred care
 - oversee and approve the development of the hospital's quality, safety and risk management plan and regularly evaluate the hospital's risk register and risk management activities
 - monitor rates of mortality and other outcomes for patients. This information should inform the board's discussions about the quality of services at the hospital, and also inform action that may be required to improve outcomes for patients.
- 16.** Board members should understand:
- their fiduciary duties to act as members of the board of an organisation and not representatives of any group
 - their equal responsibility for the consequences of the board's decisions, actions or non-actions
 - the need to support and abide by decisions made by the board even if, as individuals, they did not participate in the decision or did not agree with the decision.
- 17.** There should be a register of interests in place in relation to individuals with potential and/or actual conflicts of interest, in accordance with the requirements of the Ethics in Public Office Act, that includes board members and employees of the hospital and those with other relevant conflicts of interest. This should be subject to no less than annual review by the chairperson and chief executive.

- 18.** There should be an effective process in place for board members to declare potential and/or actual conflicts of interest whilst conducting board business that would allow the chairperson and board secretary to consider for themselves if there were agenda items that might possibly present a conflict of interest for any member of the board. All potential and/or actual conflicts that arise and decisions in relation to them should be documented.
- 19.** Boards should oversee and support the building of strategic partnerships with other stakeholders, including community organisations, primary and secondary care providers, in order to achieve the organisational objectives and to ensure that the organisation does not operate in isolation of the national and local system for the delivery of care and support to its population.
- 20.** A board should have access to the appropriate information in order to fulfil its role of effectively governing the delivery of high quality, safe and reliable healthcare. This should include the development of a quality and safety assurance framework with key performance indicators (KPIs) to assure patient safety, patients' experience, access and financial management. Every board should use these KPIs and other quality and safety information to assure itself about the quality and safety of care being provided and publish this information.
- 21.** A clear scheme of delegation of accountability from the board to chief executive and executive directors should be in place. This should include unambiguous delegated executive accountability and responsibility for the quality and safety of patient care.
- 22.** The board should ensure that the scheme of delegation for critical decision-making, including financial thresholds and policy decisions, is clear and unambiguous and is subject to no less than annual review by the board.
- 23.** The business of boards in receipt of State funds should be conducted openly and transparently. All boards should hold the maximum amount of their board meetings in public by June 2013 including conducting an Annual General Meeting in public from 2013.
- 24.** Boards should carry out an annual self-evaluation of the board, chairperson and board members, board committees, board operations and implement any improvements identified.
- 25.** Boards should put in place arrangements to facilitate staff to raise concerns about the quality and safety of patient care, and to allow escalation of these concerns to the board for their consideration.
- 26.** Boards should have in place processes that allow them to consider information provided by external sources (including from patient advocates) in relation to the delivery of safe care to patients.

- 27.** The existing boards of healthcare organisations in receipt of State funds should review the effectiveness of the corporate and clinical governance and management arrangements in place in the organisation in order to satisfy themselves that they are consistent with these recommendations and develop and implement an action plan to meet them accordingly.
- 28.** The chairperson must be accountable for ensuring that there are annually agreed objectives in place for the chief executive that accurately reflects the realm of their accountability, responsibility and authority.
- 29.** The chairperson must be accountable for ensuring that there is an effective process in place to support, develop and manage the performance of the chief executive. This process should incorporate the views of the Director of Hospital Care (or other designated individual) and other key stakeholders and should be undertaken by an appropriate committee of the board. Where there are issues of poor performance, the chief executive should be supported, developed and where these issues persist, action should be taken accordingly and within an agreed process.

Recommendations – Executive Management

- 1.** All service providers must have clear accountability and performance management arrangements in place to achieve the delivery of high quality, safe and reliable healthcare
- 2.** The Chief Executive, and the Executive Management Team, should ensure that the implementation of the organisation's strategy, and the operational running of the business, is specifically and effectively aligned to the delivery of good quality and safe care within the available resources. The relationships with stakeholders, engagement with the public, organisational structure, delegated roles and responsibilities, governance fora, output and outcome measures and the business content of meetings should all reflect this purpose.
- 3.** The Chief Executive must be accountable for ensuring that there is an effective process in place to annually agree objectives that reflect the delegated accountabilities and responsibilities for executive directors, and all staff within the organisation in order to deliver high quality safe services to patients.
- 4.** The Chief Executive must ensure that there is an effective performance management and development system in place to support, develop and manage the performance of the executive directors and all staff within the organisation. Where there are issues of poor performance, the member of staff should be supported, developed and where these issues persist, action should be taken accordingly and within an agreed process.
- 5.** As part of the establishment of 'Hospital Groups/Networks' from the current State funded hospitals, competent high performing chief executives and executive directors (including director of finance, medical/lead clinical director and director of nursing) with clear delegated accountability should be appointed.
- 6.** The appointment of a chief executive of a service provider in receipt of State funds should be overseen by the board with the appropriate degree of involvement from the director of hospital care (or equivalent designated individual).
- 7.** The chief executives of all hospitals (in the first instance) in receipt of State funds, should be line managed by the chairperson as their direct line manager and, in addition, by a nationally designated post-holder for the purpose of holding the chief executive accountable for the performance and delivery of the commissioned service (this may be, for example, the Director of Hospital Care of the new HSE structure, or equivalent).
- 8.** There should be a clear career progression for leaders and managers – both in non-clinical and clinical areas, to ensure that individuals receive the appropriate vocational training and development and human factor skills required for a senior management role.

Recommendations – Planning, Accountability and Oversight

Planning

1. The Department of Health should develop a national plan defining what tertiary and quaternary specialist services should be provided at which facility across the country, or contractually by other jurisdictions, based on informed factors including population need, forecasted activity and geographical distribution. This should be determined and implemented in advance of the universal health insurance system.
2. A comprehensive analysis, rationalisation and re-organisation of the distribution and provision of the types, number and operational times of (specific types of) hospital services in the Dublin area should be undertaken by the Department of Health and the HSE. The analysis should be based on current and future forecasted population demographics, needs, demand, activity, resource requirements and service utilisation. The analysis should inform the development and implementation of a Dublin Regional Healthcare Services Plan in order to provide the optimum services required to best meet the needs of the population in the most effective and efficient way.
3. A population and policy-informed needs-based allocation for health services in Ireland, that reflects current and future demand and capacity, should be undertaken by the Department of Health. Such a model should recognise the need for research and innovation where appropriate and should inform the resource-base for the modernising of service configuration.

Accountability and Oversight

4. The Department of Health should establish an Operating Framework for the health and social care system that outlines the key elements for the effective operation of a high quality, safe and reliable health system which is optimally designed and held to account to deliver the most accessible service in the most cost and clinically effective way within the resources available and in keeping with national policy. The core elements of this framework should include:
 - clarity of the types of services provided in different types of facilities
 - the process by which specialist services are identified, resourced, delivered and monitored
 - the basis of resource allocation for defined services and service providers and a provision for variation of services
 - clear principles outlining the provider and the commissioner roles, responsibilities and relationship
 - an effective and deliverable contractual arrangement between the provider and the commissioner.

- 5.** Structured quarterly and annual accountability reviews with the chairperson and chief executive of each healthcare provider in receipt of State funds (in the first instance hospital services) should be established through a defined mechanism involving, for example, the director of hospital services and the Chief Executive of the HSE, or the future Director General of the HSE.
- 6.** The Department of Health should ensure that a suite of national key performance indicators for hospitals that measure core aspects of the business and include quality and safety, patient experience, access to services and financial management are developed. These should be collated, monitored and managed by hospitals in receipt of State funds and reported publicly.
- 7.** The Department of Health should put in place a Special Measures Framework to actively address and act on circumstances in which substantial poor performance of the board and/or executive management of a hospital occur. This Framework should contain the provisions for intervention orders where the Minister for Health, or delegated individual or agency (for example the chief executive or future Director General of the HSE), believes that a hospital is not performing one or more of its functions adequately or at all, or that there are significant failings in the way the hospital is being run (including quality of care, patient safety, financial management issues), and is satisfied that it is appropriate for him/her to intervene. In such circumstances, an intervention order should be made.
- 8.** A nationally deployed resource to support hospitals (and other healthcare organisations) that are challenged and struggling in relation to areas such as leadership, governance, management, quality and safety, access, service design and financial management should be established. This type of support should be able to provide development and interventions that include coordinating and supporting interim management where required, and providing tailored development.
- 9.** The Minister for Health should, as a priority, establish an oversight committee in the Department of Health to ensure the implementation of the governance recommendations contained within this Report. The Committee should report to the Minister for Health and include international experts in the area of governance and also patient representation.