

For Approval: Final Report to the Minister for Health – Conclusion of the Portlaoise Oversight Group

1. **Reason for Note:** The Portlaoise Oversight Group was established to oversee the implementation of recommendations arising from investigations into maternity services at Portlaoise Hospital by the CMO and HIQA in June 2015. The Group has now come to the view that continuing to meet in its current format is no longer required, given the progress that has been made in implementation. Approval of the Minister is therefore being sought to bring the work of the Group to a conclusion and to fold any remaining activities into existing reporting lines.

Background

2. Following the emergence of allegations concerning the level of maternity care being provided by Portlaoise Hospital, primarily through a *Primetime Investigates* programme broadcast on 30 January 2014, the Minister for Health asked the Chief Medical Officer (CMO) to undertake an immediate investigation of the issues that had been raised. The subsequent report¹ was published in February 2014. It contained a number of recommendations for actions to be carried out by the hospital itself, by the HSE and by HIQA, including that the latter undertake a full investigation. This was then taken forward under Section 9 (2) of the Health Act 2007, on the basis that there were reasonable grounds to believe that there was a serious risk to the health or welfare of persons receiving services at Portlaoise Hospital.
3. HIQA's report² was published in May 2015 and made eight overall recommendations. Among them was the establishment of a mechanism to oversee the implementation of the recommendations contained in the report. An Oversight Group was subsequently established by the Department, chaired by the Chief Medical Officer, with membership drawn from senior officials of the Department of Health and the Patient Focus advocacy group. The Terms of Reference of the Group are included at Appendix 1.

Progress to Date

4. The first meeting of the Oversight Group took place in June 2015, with the intention that it would be in a position to conclude its work by June 2016. However, in the event that has not proven possible. For the first year of its operation, the Group generally met on a monthly basis, while the frequency has been reduced in recent months. In total, the Group has met 16 times and has forwarded regular updates to the Minister on progress being made against the recommendations.
5. The Group has maintained a template to track progress being made in implementing the recommendations arising from the HIQA report, as well as certain recommendations from the

¹ HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006-date), Report to the Minister for Health Dr James Reilly TD from Dr Tony Holohan, Chief Medical Officer, 24 February 2014

² Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise, 8 May 2015

CMO’s report of February 2014. The various recommendations have been broken down into smaller steps in order to facilitate their execution, resulting in some 105 individual actions (referred to in the document as “milestones”) to be fulfilled either by Portlaoise Hospital, the Dublin Midlands Hospital Group, the HSE, the Department of Health or the Nursing and Midwifery Board of Ireland. Each milestone is associated with a named senior official responsible for ensuring it is completed. By the end of 2016, approximately half of the milestones had been completed, with 8 of the 9 milestones assigned to the Dublin Midlands Hospital Group having been completed and approximately 80% of the milestones assigned to the HSE having been completed or considered to be on track; 47% had been completed fully. Roughly half of the milestones assigned to the Department of Health had been completed or were considered to be on track.

Final stages of the Process

6. In order to provide independent assurance of the veracity of the progress which Portlaoise Hospital was reported to have made, in October 2015 the CMO wrote to the CEO of HIQA and requested that HIQA return to Portlaoise Hospital. The CEO of HIQA replied positively in November 2015, and two return visits were subsequently undertaken during 2016. The report arising from this request was published by HIQA in December 2016, and found that while many improvements had been made, progress was still required in relation to the overall future direction of Portlaoise Hospital. It found that the maternity services had been advanced significantly, including through the development of a clinical network with the Coombe Hospital, and that data from Portlaoise indicated that the hospital’s maternity services were performing in line with nationally reported rates. However, the report also pointed to the need for agreement on an overall strategic plan for the hospital to offer certainty to staff, patients and the local community, and to assist in attracting and retaining clinical expertise.

7. Current Situation with regard to the Implementation of the Recommendations

Overall Status of Milestones	
Complete	61
On Track	29
Minor Challenge	13
Major Challenge	0
Not due to start	2
Total:	105 ³

³ While there are 106 individual items for action, one of them, 7.12, links back to Milestone 6A and is not considered to be a stand-alone objective – hence the total in these tables comes to 105 rather than 106.

8. The above table represents the situation with regard to the implementation of the various milestones as at the end of March 2017. Some 61 actions have been completed, with a further 29 on track. 13 are listed as a “Minor Challenge”, while two have yet to start due to delays in other actions which are required to be completed in advance. The main areas of the Implementation Plan, and the progress that has been made in relation to these issues, are discussed below.
9. **HSE Areas of Responsibility** - The HSE has had responsibility for implementing approximately two-thirds of the actions in this process, and has made significant progress across all areas. These include:
- **Appointment of Directors of Midwifery**: The appointment of Directors of Midwifery to all maternity hospitals and units was a key recommendation; the model for the post of has been agreed for some time and there are presently 6 vacancies still to be filled, for which recruitment competitions continue to be run.
 - **Development of Improvement Plans and Strategic Plans**: Based on the outcomes of risk assessments each Hospital Group was to undertake in light of the Portlaoise Report findings, improvement plans were drawn up which in turn are now being incorporated into overall Strategic Plans; the latter are continuing to be developed. The Department is continuing to work with the HSE to ensure this item is dealt with appropriately.
 - **Development of Obstetric Networks / the National Women and Infant’s Programme**: The National Women and Infant’s Programme Office has been operational since January 2017; it has not yet reached its authorised headcount but is continuing recruitment. It is working with Hospital Groups to design and implement managed Clinical Networks in line with the National Maternity Strategy. Associated resource and physical requirements for maternity services are being pursued through the estimates process.
 - **Implement mandatory clinical training programmes**: Hospital Groups have confirmed a range of training programmes are now in place and are being reported on quarterly to the HSE.
 - **Patient Safety Statements**: Maternity Patient Safety Statements have been published on the HSE website since February 2016, beginning with data for December 2015. The HSE has indicated that publication of Hospital Patient Safety Statements should commence in April 2017. The CMO has maintained ongoing contact with Liam Woods, Interim Director of HSE Acute Hospitals Division in relation to the need to progress the Hospital Patient Safety Statement, and also with Kilian McGrane, head of the new National Women and Infant’s Programme, in relation to ensuring full reporting of Maternity Patient Safety Statements.
 - **Clinical Audit**: Hospital Groups are finalising plans to ensure appropriate levels of clinical audits are undertaken and published on the HSE website.

- Development of Leadership Capacity: The HSE are continuing to analyse data in relation to the existing leadership capacity and capability among clinical staff in order to put in place appropriate training and other programmes at national and local level.
 - Review the potential role of maternity care assistants: The HSE has conducted preliminary work in relation to developing the role of maternity care assistants in Ireland; it is planned to submit a draft job description to HSE HR for review by the end of April 2017.
 - Put systems in place in relation to complaints management: Each Hospital now has a named Complaints Officer listed on the HSE website, while the roll out of the complaints module of the National Incident Management System is due to be completed by the end of 2017. In addition, the first National Patient Experience Survey is currently underway, in a partnership between HIQA, the HSE and the Department.
 - Ensure timely completion of investigations: Significant work has been undertaken to enhance the arrangements in place to conduct investigations and to review patient safety incidents. Proposals in relation to resource requirements are currently under consideration by the HSE Leadership team.
 - Case Reviews: The review of individual cases, and associated care needs which may have arisen as a result, has not yet been fully finalised. The Department remains closely engaged with this process to ensure it is resolved appropriately.
 - Build capacity for safety and quality: This item is continuing to be developed; it will require each Hospital Group to develop appropriate policies, systems and processes to manage risk and may also have resource implications.
 - Engage with the State Claims Agency to develop an MOU: A Memorandum of Understanding has been implemented between the HSE and the State Claims Agency to ensure the timely sharing of information, data and analysis related to clinical risk.
10. **Actions by Dublin Midlands Hospital Group** – The Dublin Midlands Hospital Group has implemented all bar one of the milestones for which it was responsible, including up-skilling of staff, appointment of specialised nursing staff and establishment of a paediatric triage space. The outstanding item relates to the strategic plan for the future of the hospital, which remains under consideration by the Department.
11. **Department of Health Areas of Responsibility** - The Department has had responsibility for implementing approximately one-fifth of the actions in this process, including in relation to:

12. Development of a Patient Advocacy Service: Development of a new Patient Advocacy Service was delayed due to resourcing issues, however these have now been resolved. The National Patient Safety Office, established in December 2016, is taking this work forward and it is planned that it will be possible to determine appropriate policy options by the end of 2017. The Department is currently undertaking a public consultation exercise as part of the development of a new Patient Safety Complaints and Advocacy policy.
13. Development of a National Maternity Strategy: The National Maternity Strategy was launched in January 2016.
14. Development of Hospital Groups: Implementation of Hospital Groups is continuing on an administrative basis. Hospitals are starting to work together to support each other, providing a stronger role for smaller hospitals in delivering less complex care and ensuring that patients who require true emergency or complex planned care are managed safely in larger hospitals. The establishment of Hospital Groups on a statutory basis will be considered in the context of the forthcoming report of the Committee on the Future of Healthcare. For now, Hospital Groups will continue to operate within existing legislative frameworks governing the health services and the policy and accountability frameworks of the Department of Health and the HSE. Chairpersons are in place for six of the Hospital Groups. Board members are currently in place for two out of seven hospital groups. The arrangements to advance the filling of other Board vacancies, including the timetable for PAS campaigns, is under consideration, informed by the experience gained from campaigns in late 2016. The HSE publishes annual operational plans for each Hospital Group which set out their financial and workforce plans, initiatives to improve patient safety and quality, key performance indicators and activity targets. Each Hospital Group is now required to develop a Strategic Plan to describe how they will provide more efficient and effective patient services; reorganise these services to provide optimal care to the populations they serve; and how they will achieve maximum integration and synergy with other groups and all other health services, particularly primary care and community care services.
15. Processes to ensure maintenance of professional competence by NMBI: The Department will continue to work with the Nursing and Midwifery Board of Ireland to progress this element of the recommendations.

Broader Development of Portlaoise Hospital

16. As the Minister will be aware, the Department and the HSE are committed to securing and developing the role of Portlaoise Hospital within the Dublin Midlands Hospital Group. Reports on Portlaoise Hospital in recent years point to the need for reconfiguration of some services to ensure that patients are treated in the most appropriate setting by specialist staff that can safely meet their needs. The HSE submitted a draft Action Plan to the Department in December 2016 and it is currently being reviewed in detail. Any changes to services at Portlaoise, once approved, will be undertaken in a planned and orderly manner to further improve services for patients at the hospital and will take account of existing patient flows and demands in other

hospitals, as well as the need to develop particular services at Portlaoise in the context of the overall service configuration in the Dublin Midlands Hospital Group.

Proposed Way Forward: Mainstreaming of Milestones into existing Accountability mechanisms

17. The Group has now determined that continuing to meet in its current format is no longer required, given the progress that has been made in implementation and on the basis that a number of the identified milestones cannot be definitively “completed” due to their very nature, e.g. in relation to continuous professional development. In order to ensure the full implementation of the remaining milestones, the Group has determined that in the main they can best be progressed through folding them into existing lines of reporting between the HSE, the NMBI and the Department. In the main, this will involve reporting to the Acute Hospitals Division, however the National Patient Safety Office, the National HR Unit and the Governance and Clinical Indemnity Unit and the Office of the Chief Nurse will also each have roles, to varying degrees.

Ensuring the Needs of the Families are Met

18. The Dublin Midlands Hospital Group and the HSE have primary responsibility in relation to finalising the case reviews, and the associated communications with the families, as well as ensuring that any ongoing assistance which the families require is provided. The Department will continue to engage with the HSE as required to ensure these matters are either resolved appropriately, or where necessary, provision is made for continuing support.

Conclusion

19. Significant progress has been achieved in relation to Portlaoise Hospital’s maternity services in recent years. That progress has been verified by external oversight, including from HIQA and this Oversight Group. I would now request the approval of the Minister to proceed as outlined above, to bring the Oversight Group to a conclusion and to fold the outstanding activities into existing reporting lines.

*Dr Kathleen Mac Lellan
Director, National Patient Safety Office
8 June 2017*

Appendix 1:

Oversight Group for the Implementation of Recommendations in the HIQA Investigation Report on Portlaoise Hospital

Terms of Reference

The Terms of Reference of the Oversight Group are as follows:

- To set out what progress is expected to be achieved on each of the recommendations within a given timeline.
- To oversee, report on and highlight the extent of progress being made on the implementation of the HIQA recommendations
- To provide an update on progress of implementation to the Minister on a monthly basis.
- To publish an update on progress of implementation on a quarterly basis.
- To provide an overall assessment to the Minister in December 2015 of the progress being achieved on implementation and to recommend to the Minister what further action might be necessary to ensure full implementation of the recommendations in 2016.
- To conclude its work in June 2016 by providing a final report to the Minister on overall implementation and to recommend what further actions, if any, that are required to be taken. This final report will be published.

Appendix 2 – Status of Recommendations and Milestones

<u>Recommendation</u>	<u>Summary of Actions</u>	<u>HSE Ref</u>	<u>Summary of Milestones</u>	<u>Status</u>
<p>The Department of Health should commence discussions with the Health Service Executive (HSE) to establish an independent patient advocacy service, with a view to having a service in place by May 2016. This service’s role would be to ensure that patients’ reported experiences are recorded, listened to and learned from. Such learning needs to be shared between Hospital s within Hospital Groups; between Hospital Groups; nationally throughout the wider health system; and published. In the interim, the Department of Health and the HSE should provide regular updates on their websites to inform the public on the progress of establishing this service.</p>	<p>Establish a Patient Advocacy Service.</p>	1.1	Include funding requirement for a new advocacy service in the Department's 2016 Estimates bid	Completed
		1.2	Option Appraisal paper developed.	Minor Challenge
		1.3	Consultation process with key stakeholders completed.	Minor Challenge
		1.4	Short consultation process completed.	Minor Challenge
		1.5	Role and structure of new service agreed with Minister and resource requirements identified.	Minor Challenge
		1.6	Resource plan submitted to Department of Public Expenditure and Reform.	Minor Challenge
		1.7	Approval of resource received from DPER.	Minor Challenge
		1.8	Recruitment of staff nationally commenced.	Minor Challenge
		1.9	Patient Advocacy Service commences operation.	Minor Challenge
<p>The Department of Health should, in line with its published Profile Table of Priority Areas, Actions and Deliverables for the Period 2015-2017, ensure implementation of the recommendations contained in this investigation report and previous investigations undertaken by the Authority</p>	<p>Establish an Oversight Group to oversee implementation of the HIQA recommendations in the Portlaoise Report.</p>	2.1	Oversight Group established and project plan agreed.	Completed
		2.2	Report monthly to Minister and publish reports on website.	Completed
		2.3	Two follow-up visits by HIQA to Portlaoise to monitor implementation.	Completed

<p>A. The Department of Health must now develop a national maternity services strategy for Ireland, as specified in recommendation N7 of the Authority's October 2013 Investigation into the safety, quality and standards of services provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway, and as reflected in the care and treatment provided to Savita Halappanavar.</p> <p>B. The Department of Health should provide regular updates on its website to inform the public of progress with developing and implementing this national maternity strategy.</p>	Develop a National Maternity Strategy.	3.1	Steering Group Established.	Completed
		3.2	Web page on Strategy uploaded to Departments web site.	Completed
		3.3	Public consultation completed.	Completed
		3.4	Conduct focus groups.	Completed
		3.5	Thematic analysis of public consultation completed.	Completed
		3.6	Working Group report submitted to Minister.	Completed
		3.7	Strategy Published.	Completed
<p>In line with the Department of Health's policy to develop independent Hospital Groups, the Department should expedite the necessary legal framework to enable the Group boards of management and chief executive officers of each Hospital Group to comprehensively perform their governance and assurance functions.</p>	Establish Hospital Groups and establish legal framework.	4.1	All Hospital Group Boards established within agreed legal framework.	Minor Challenge
		4.2	Document the governance arrangements by way of a Memorandum of Agreement between the Department of Health, HSE and the academic partner.	Minor Challenge
<p>The Health Service Executive (HSE) should ensure the appointment of a director of midwifery, before September 2015, in all statutory and voluntary maternity units and Hospitals in Ireland that currently do not have such a post. (HIQA Report, Recommendation 5).</p>	<p>Appoint directors of midwifery or equivalent. Regarding numbers of directors requires discussion at DOH oversight meeting.</p>	5.1	Define model in consultation with director of nursing and midwifery services, chief nursing officer, Group CEO's, Chief Group Directors of Nursing & Midwifery and directors of midwifery in large maternity Hospitals.	Completed
		5.2	Meet with HIQA to agree model and	Completed

			timelines.	
		5.3	Advertise directors of midwifery posts.	Completed
		5.4	Appoint directors of midwifery or equivalent.	Minor Challenge
<p>The Health Service Executive (HSE), along with the chief executive officers of each Hospital Group, must ensure that the new Hospital Groups prioritise the development of strong clinical networks underpinned by:</p> <p>A group-based system of clinical and corporate governance informed by the National Standards for Safer Better Healthcare.</p> <p>A clearly defined, agreed, resourced and published model of clinical service delivery for each Hospital within the group. This must be supported by clearly defined, agreed and documented patient care pathways to ensure that patients are managed in or transferred to the most appropriate Hospital.</p>	Implementation of key findings from risk assessment.	6.1	Confirm scope and TOR of risk assessments.	Completed
		6.2	Design standard approach in conjunction with AHD.	Completed
		6.3	Conduct clinical risk assessment based on findings in Portlaoise.	Completed
		6.4	Conduct corporate governance risk assessment.	Completed
		6.5	Report on overall findings.	Completed
		6.6	Finalise an improvement plan based on the key findings.	Minor Challenge
		6.7	Implement improvement plan for 2016.	Completed
		6.8	Define immediate priorities for inclusion in 2016 service plan in terms of service design and clinical pathways in consultation with National Clinical Programme.	Completed
		6.9a	Hospital Group CEOs to engage in consultation process with service providers, clinical programmes and other stakeholders to inform the governance, risk management and clinical issues to be addressed in the Strategic Plans.	Minor Challenge
		6.10	Design the model for	On track

			the Network in consultation with National Women's and Infants Programme and other stakeholders (including National Clinical Care Programmes).	
		6.11	Define immediate resource requirements within the context of 2016 National Service Plan.	Completed
		6.12	Define overall resource and physical requirements having particular regard to recommendations 4,5,6,7,9 in Boylan Report (Midwives, Ultrasonographers, Perinatal Pathology, and Bereavement Counsellors).	Completed
		6.13	Group clinical network governance model in place in those groups that do not require MOUs.	On track
		6.14	Group clinical network governance model in place in those groups that require MOUs.	On track
		6.15	Complete birth rate plus workforce analysis.	Completed
	Leadership and Governance A National Women and Infants Programme Office will be established within the HSE's Acute Hospitals Division.	6.16	Advertise post of Programme Lead, Nursing and Midwifery Lead and Project Manager (Following DOH approval).	On Track
		6.17	Appoint selected candidates to key posts.	On Track
		6.18	Programme Office go live.	Completed
	Each Hospital should implement on-going	6.19	Define priorities for a clinical mandatory	Completed

	mandatory clinical training programmes for all clinical staff in respect of day-to-day care of pregnant women where such programmes do not already exist.		training programme for medical and other clinical staff in respect of the day to day care of pregnant women.	
		6.20	Design the metrics to measure compliance.	Completed
		6.21	First quarterly report on uptake in each Hospital on clinical mandatory training programme for clinical staff in respect of the day to day care of pregnant women.	Completed
	Patient Safety Statements Development and implementation of monthly Patient Safety Statement reporting and publication for Maternity and general Hospital services. Statements to be signed off by governance management teams and at board level.	6.22	Develop content/ metrics of Maternity Patient Safety Statements in consultation with Acute Hospitals Division & Clinical Programmes.	Completed
		6.23	Develop structures and processes to support the implementation of maternity metrics patient safety statements.	Completed
		6.24	Implement reporting of monthly maternity metrics patient safety statements.	Completed
		6.25	Hospital Groups have defined the initial content /metrics for inclusion in the Hospital Patient Safety Statement.	On Track
		6.26	Develop structures and processes to support the implementation of Hospital patient safety statements.	On Track
		6.27	Implement monthly reporting of Hospital patient safety statements.	On track

Regular evaluation and audit of the quality and safety of services provided.	Group Level Clinical Annual Audit Plan Each Hospital Group will put in place an annual clinical audit plan, in line with the National Clinical Effectiveness Committee (NCEC) model of national clinical audit, to assess compliance across the Group with quality, safety and risk standards, guidelines and processes. (Boylan Report, Phase 1, recommendation 2).	6.28	Develop audit clinical plan and template aligned with NCEC model of national clinical audit in consultation with AHD QPS.	Completed
		6.29	Assess capacity and resource requirements to undertake audits.	Completed
		6.30	Define and submit independent assurance audit requirements to QAVD for 2016.	Completed
		6.31	Hospital Groups to undertake their own clinical audits and improvement plans.	On track
		6.32	Conduct an independent assurance audit.	On Track
		6.33	Publish independent assurance audit report and improvement plan for system wide implementation.	On Track
Systems to support a competent and appropriately resourced workforce.	Develop leadership capability and capacity within Hospitals and ensure that clinical staff have the necessary skills and capacity to undertake their assigned roles. This will be measured by counting the number of people trained each month in each Hospital on the specific programmes as follows: general leadership and management training; leadership and management development programmes for nursing and midwifery; leadership and management development programmes for clinicians and management; training on open disclosure;	6.34	HSE monthly report submitted broken down by Hospital and training module (one month in arrears).	On Track

	and implement programmes for developing staff skills around compassion in practice (e.g. Florence Nightingale).			
	Review the potential role of maternity care assistants in Ireland.	6.35	Formulate group to scope out the potential role of maternity care assistants in Ireland.	Completed
		6.36	Review current status of maternity care assistants roles in Ireland.	Completed
		6.37	Review international evidence.	Completed
		6.38	Define role and job description for Ireland.	On Track
		6.39	Consult key stakeholders.	On Track
		6.40	Consider training implications.	On Track
		6.41	Agree role, job descriptions.	On Track
A system to proactively evaluate the culture of patient safety in each Hospital as a tool to drive improvement.	HSE to develop and submit for approval a business case for a national patient safety culture survey in each Hospital in partnership with HIQA and the DOH.	6.42	Prepare and submit a business case re patient safety culture.	Completed
Systems in place to ensure patient feedback is welcomed and used to improve services and that patient partnership and person-centred care is promoted, as per the National Standards for Safer Better Healthcare.	Complaints Management Each Hospital Group to develop an implementation plan to improve complaints management processes.	6.43	Improvement plans developed.	Completed
		6.44	Pilot complaints management module of NIMS.	Completed
		6.45	Roll out complaints management module of NIMS nationally.	On Track
		6.46	Report on analysis and learning from complaints published annually by HSE.	Completed

	Patient Experience Surveys HIQA is developing a Business Case for the commissioning of an annual national patient experience survey.	6.47	Delivery by the HSE of the necessary actions required as provided for in the HIQA business case.	On Track
Effective arrangements to ensure the timely completion of investigations and reviews of patient safety incidents and associated dissemination of learning. These arrangements must ensure that patients and service users are regularly updated and informed of findings and resultant actions. (HIQA Report, Recommendation 6g).	Systems Analysis Investigations Develop and implement a system to measure and report incidents, provide visibility investigations underway and investigation status (completed, on time, outcomes etc.).	6.48	Continue roll out of SRE monitoring and reporting process.	Completed
		6.49	Scope phase 2 roll out of National Incident Management System (NIMS).	Completed
		6.50	Roll out phase 2 National Incident Management System (NIMS).	Completed
		6.51	Assess resource requirements to conduct investigations and reviews of patient safety incidents.	On Track
		6.52	Train and develop investigators to conduct investigations and reviews of patient safety incidents.	Completed
		6.53	Set agreed timelines and reporting arrangements for completing non SRE investigations.	Completed
		6.54	Establish arrangements to monitor compliance with timelines for non SRE investigations (and SRE investigations).	Completed
		6.55	Produce an aggregate analysis based on known information for 2013.	Completed
		6.56	Produce an aggregate analysis based on known information for 2014.	On Track

		6.57	At Hospital Group level analyse findings and establish a programme to deliver on learnings (i.e. on 2013 info).	On Track	
<p>The Health Service Executive (HSE), in conjunction with the Chief Executive Officer of the Dublin Midlands Hospital Group should:</p> <p>7a. Review all of the findings of this investigation and address the patient safety concerns at the Midland Regional Hospital, Portlaoise.</p> <p>7b.Immediately address the local clinical and corporate governance deficiencies in the maternity and general acute services in Portlaoise Hospital.</p> <p>7c.Publish an action plan outlining the measures and timelines to address the safety concerns and risks at Portlaoise Hospital , to include both general and maternity services. This action plan should include a named person or persons with responsibility and accountability for implementation of recommendations and actions in internal and external reviews and investigation reports, and be continuously reviewed and updated in order to drive improvement and mitigate risk.</p> <p>7d.The HSE and Hospital Group CEOs must now ensure that every Hospital undertakes a self-assessment against the findings and recommendations of this investigation report, and develop, implement and publish an action</p>	<p>Full implementation of the National Early Warning Scores with immediate effect.</p>	7.1	Audit the implementation of the early warning score in all relevant areas of the Hospital.	Completed	
		7.2	Ensure all relevant staff are trained in the use of the early warning score (NEWS).	Completed	
		7.3	Ensure all relevant staff are trained in the use of Irish Maternity Early Warning Score (IMEWS).	Completed	
		7.4	Protocol agreed.	Completed	
		7.5	Confirm appointment and training of Advanced Nurse Practitioner.	Completed	
		7.6	Ambulance protocol in place.	Completed	
		7.7	Establish appropriate paediatric triage.	Ensure relevant staff are trained in paediatric triage.	Completed
				Establish physical space for paediatric minor injury service.	Completed
		7.9	HSE to produce an action plan to address clinical service reconfiguration in: Emergency Services, Medicine, Surgery and Critical Care in a planned and orderly manner in the context of overall service reorganisation in the Dublin Midlands Hospital Group.	Engage with key stakeholders to develop and implement service reconfiguration action plan.	On Track

<p>plan to ensure the quality and safety of patient services. (HIQA Report, Recommendation 7d).</p>	Case reviews phase 1 (Boylan).	7.10	Monthly report to be submitted, detailing progress against patient centred recommendations i.e. access to counselling and other service requirements, uptake on numbers of sessions and those still waiting for requested services.	On Track
	Case reviews phase 2 (Boylan).	7.11	Monthly report to be submitted, detailing progress against patient centred recommendations i.e. access to counselling and other service requirements, uptake on numbers of sessions and those still waiting for requested services.	On Track
		7.11 (b)	Prepare a summary report on the review of cases	On Track
	Please see 6A above.	7.12	Please see 6A above.	
	Build capacity for quality and safety across all services	7.13 (a)	Work with hospitals and hospital groups to develop a model for patient safety and quality which describes the core elements of patient safety and quality	On Track
		7.13 (b)	Build hospital and hospital group capacity to establish effective quality and safety structures and processes and to identify gaps and weaknesses	On Track

		7.13 (c)	Quality and safety operating model in place in all hospitals and hospital groups	On Track
The Health Service Executive (HSE), the chief executive officer of each Hospital Group and the State Claims Agency must immediately develop, agree and implement a memorandum of understanding between each party to ensure the timely sharing of actual and potential clinical risk information, analysis and trending data. This information must be used to inform national and Hospital - Group patient safety strategies.	Relationship with State Claims Agency National MOU between HSE and the State Claims Agency (SCA) to be developed and agreed.	8.1	Engage with State Claims Agency.	Completed
		8.2	Develop MOU.	Completed
		8.3	Implement MOU.	Completed
Recommendation 33 - CMO Perinatal Report on Portlaoise - The Nursing and Midwifery Board should prioritise the development of Rules relating to a professional competence scheme, in accordance with Section 13 of the Nurses and Midwives Act 2011.	Currently findings from national consultation and analysis via online and focus groups is being collated by a research team. On approval from the NMBI, a revised project will be put in place to include rules, and the proposed competencies.	9.1	Publication of research team report.	Completed
Recommendation 34 - CMO Perinatal Report on Portlaoise - The Department of Health should commence Part 11 of the Nurses and Midwives Act 2011 to ensure that midwives maintain their professional competence within their scope of practice utilising a scheme to be determined by the NMBI.	Following completion of the rules relating to the professional competency scheme in accordance with Section 13 of the Nurses and Midwives Act 2011 the Department of Health will commence Part 11 to ensure that midwives maintain their scope of practice.	9.2	Establish a working group to consider the report of the research team	Not due to start yet
		9.3	Development of an implementation plan by the working group to achieve professional competence for nursing and midwifery.	Not due to start yet