2 Summary of Recommendations

Recommendation 1

The National Standards for Symptomatic Breast Disease Services (2007) should be applied to all centres providing Symptomatic Breast Disease Services irrespective of whether they are in the public, private or voluntary sectors.[17]

Where the care of patients is shared across more than one facility or institution, arrangements must be in place to ensure effective governance, management and review. Regular multidisciplinary team meetings must be held (at least weekly) and in particular, clear leadership of care planning must be maintained.

Implementation of these standards should be subject to a co-ordinated process of quality review.

Recommendation 2

Where diagnostic services are provided by a third party facility (for example a HSE laboratory providing services for a private hospital), such an arrangement should be subject to a formal Service Level Agreement, or contract, which is effectively managed and regularly monitored to ensure appropriate governance and quality assurance of the service.

The HSE and voluntary hospitals should undertake a review of all such arrangements to ensure appropriate service agreements and monitoring are in place. Equally, private sector providers are strongly encouraged to review all relevant arrangements where care of their patients is shared between organisations.

Recommendation 3

UHG's experience in responding to this incident, including the process adopted for patient management, should be captured and used to inform the development and implementation of national guidelines for handling adverse incidents.

Recommendation 4

Units using breast Fine Needle Aspiration (FNA) as a diagnostic modality should do so only in an appropriate triple assessment context and with robust quality-assurance. This should include:

- *Clarifying the role of FNA cytology in the investigation of breast disease and applying agreed patient selection criteria*
- *Auditing the service against the minimum standards set by the United Kingdom NHS Breast Screening Programme (BSP). Audit should calculate sensitivity, specificity, positive predictive value of C5, false negative rate, false positive rate, inadequate rate, inadequate rate from cancers and suspicious rates*
- *Using the C1-C5 classification system to ensure reports are clear and unambiguous*[14]

Recommendation 5

A clearer direction is needed for the development and quality assurance of the diagnostic cytology service in UHG Pathology Department.

Recommendation 6

All pathology departments should implement the recommendations of the Faculty of Pathology's guidelines on histopathology quality assurance programmes in pathology laboratories.[18] This incorporates, among other things:

- *Intra-departmental consultation/peer review*
- *Multidisciplinary case discussion*
- *Incident reporting*
- *Vertical case review/audit*
- *Cytology quality assurance*

Implementation of these recommendations must be supported by appropriate Information Technology systems.

Recommendation 7

The HSE should review workforce planning at national and local levels to ensure that recruitment of consultants is more responsive to changing service needs and reliance on temporary staff is minimised. This should include measures to reduce the time-lag between authorisation to appoint and staff taking up post.

Recommendation 8

It is recommended that the HSE Risk Sub-Committee progress and publish their work on mitigating risks associated with the employment of permanent and locum consultant staff. In the meantime, all local service providers should review recruitment policies and procedures to ensure robust verification and assessment processes are in place.

Recommendation 9

A formal policy for the recruitment of locum and temporary consultant staff should be established and implemented nationally to ensure more robust and effective arrangements and quality assurance mechanisms. This should include:

- *Formalised agreements with specialist recruitment agencies which will include; their role, responsibility and area of accountability in the recruitment process. These agreements should be regularly monitored*
- *The provision for appointment panels to view and discuss all written references as part of the assessment process and before recommendation for appointment*
- *Account to be taken of existing competency levels of applicants as well as arrangements for their on-going development and support as temporary employees*
- *An agreed programme of audit against compliance*

Recommendation 10

The recommendations of the Lynott Report (2002) should be implemented by the HSE and other service providers and compliance should be audited regularly.[19]

Recommendation 11

The role of independent advocacy services should be developed in all hospitals. These advocacy services should facilitate patients coming forward to raise concerns and have them addressed. Hospitals should encourage such services as part of a helpline and/or as part of patients' hospital attendance.

Recommendation 12

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 plan should be made public and reported to the Board of the HSE.