

MONAGHAN GENERAL HOSPITAL
PROPOSALS FOR FURTHER AND FUTURE
DEVELOPMENT

23 July 2003

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I was appointed in December 2002 by Mr. Micheal Martin, TD, Minister for Health and Children, following the Independent Inquiry into events surrounding the birth and death of baby Bronagh Livingstone with the following terms of reference:

- To assist and work with the Board in implementing the findings of the Report of the Independent Review Panel
- To recommend an appropriate management structure for Monaghan Hospital and assist the Board in implementing the structure
- To facilitate the resolution of outstanding issues pertaining to the provision of services at Monaghan Hospital, with particular reference to emergencies.

I would like to begin by extending my sympathy to Bronagh's mother Denise and her family.

Since my appointment I have met all the main parties with an interest in Monaghan General Hospital – Members and the Executive of the North Eastern Health Board (NEHB), relevant staff in the hospital and also in Cavan General Hospital, local TDs as well as local community groups – the full list is at **Appendix 1**. I would like to thank all those involved for their openness, frankness and cooperation.

I would like in particular to thank Sister Brenda, Ms. Josephine O'Hagan and other staff in Monaghan Hospital for all their help.

One cannot visit Monaghan Hospital without feeling the sense of community that exists there and the degree to which staff are willing to support each other and the hospital in which they work. There is also a palpable willingness to learn and to achieve higher skill levels. All this results in excellent patient care.

There is however a great need for more consultation and involvement of staff in the management of the hospital and in the delivery of services. Staff are frustrated, as they perceive that they are not able to get their points of view heard. This leads staff to seek other avenues to get their points of view across. There is therefore a requirement for increased and appropriate involvement of staff in the running of the Hospital, as well as more delegation and empowerment. The new management structures for the Hospital Group that I am recommending will help to achieve these goals, but to allow maximum cooperation and involvement a more open attitude is needed at all levels. It is the responsibility of management to put the necessary structures in place and there are numerous templates for such structures in other

employments that can be adapted to suit the circumstances in Cavan/Monaghan. Delegation should include delegation of budgets and resources.

In view of a number of issues that arose surrounding the role of Monaghan Hospital over the last two decades, there exists a huge chasm of mistrust between the community that the hospital serves and the North Eastern Health Board. There is a need to develop a mutually trusting relationship for the overall good of the hospital. There have been a number of reports and reviews of services in the NEHB area over the past few years and these have added further to a view in peoples' minds that there is an agenda to close or downgrade the Hospital.

The first principle in developing a new trust must be an acceptance by all involved that **the hospital is not going to be closed**. On the contrary, it must be accepted that there is a vital role for Monaghan Hospital as an acute hospital serving the local community as part of a Cavan/Monaghan Hospital Group and indeed that extra services can be provided by the hospital to everybody's benefit. It should also be recognised that the pattern of delivering services is changing world-wide and that Monaghan's best guarantee for the future is to participate in and accept changes which will ensure its viability and sustainability.

There is an onus on management and staff at all levels to develop a good working relationship with those who support Monaghan Hospital's case for improved services and sustainability. A higher profile by the Board's management at local and regional level is desirable in the hospital and the wider community and some of the recommendations in this report seek to address this issue.

The issues arising from the Baby Livingstone case and the general debate surrounding the future of the Hospital have not surprisingly given rise to considerable debate in the media at both local and national level, and while this has served to highlight the problems involved, it has also had the effect of portraying a negative view of the hospital that is not in the long term interest of staff or patients. In my view, every effort must be made to arrive at a consensus view on the future of the hospital and where differences of opinion arise they should be addressed by debate and discussion between the parties involved. In arriving at this consensus, recognition has to be given to the roles and views of the various statutory and regulatory bodies as well as having regard to issues of safety, quality, good practice and sustainability.

Conclusions/Recommendations

I will now outline my findings, conclusions and recommendations in accordance with my terms of reference.

1. Implementation of Independent Review Panel Report

- ***Protocol***

The Independent Review Panel recommended a review of the existing protocol for emergency obstetric cases presenting at Hospitals such as Monaghan which have no on-site obstetric expertise, and the implementation of a revised protocol. They also recommended that each maternity incident should be reviewed by a multidisciplinary team from the Cavan Monaghan Group.

With a view to implementing these recommendations, a multidisciplinary team chaired by Dr Alan Finan, Consultant Paediatrician, Cavan/Monaghan Hospital Group was established by the Chief Executive Officer to conduct the protocol review. I met this group and have been keeping in touch with the work of the Group. A draft of a revised protocol has been prepared and has been circulated widely for comment – to Staff, the Board's insurers, Consultants' insurers, Professional Registration Bodies and so on. I understand that agreement on a new protocol is almost finalised.

There is overall acceptance that the revised protocol needs to be widely circulated and understood and that measures to achieve this will be put in place by Health Board and Hospital management. Meetings regarding the implementation of the revised protocol involving multidisciplinary staff at each hospital will be held. The Board also accept that each maternity incident should be reviewed as recommended.

- ***Runner System***

It was recommended that the hospital runner system should be re-established, so that a nurse or nurse/midwife is available for ambulance transfer of emergency cases.

I have been informed that nurses at Monaghan formerly assigned to the Children's Ward continue to work their previous rotas. They report on taking up duty to the Administration Office and are deployed in accordance with the needs of the hospital, including the runner role.

- ***Flying Squad***

The Independent review panel recommended that a flying squad, i.e. an expert multidisciplinary team, should be in place to assist in emergency cases where delivery is imminent or a mother or baby are at risk. The availability of such a flying squad demands that adequate non-consultant hospital doctors are rostered on a 24-hour basis to facilitate a situation where either a registrar or a consultant can become part of the flying squad team. It was the view of the Panel that this service should be provided from Drogheda as it is the tertiary referral centre within the Health Board area.

This recommendation was referred by the CEO to the Kinder Task Force for urgent research and recommendation. The Task Force concluded as follows:

- in the light of its extensive review of international experience and the judgement of senior medical staff in obstetrics and paediatrics, the Task Force does not recommend the establishment of a dedicated regional flying squad as the best means to assist and backup emergency cases where delivery is imminent or a mother or baby are at risk;
- that further resources should be made available on a national basis to support the National Neonatal Transport Programme so that the level of the service which it is able to offer can be improved;
- that the best means of providing rapid response within the region should be considered with advice from local medical, nursing and ambulance staff. To this end, the Task Force would wish to make their views known to the regional obstetric and paediatric consultant groups and also to the two Care Process Groups in Louth/Meath and Cavan/Monaghan and to facilitate these groups in the formulation of appropriate procedures and protocols.”

The Task Force felt it was likely that the outcome of this work will require some additional medical and nursing staff but this investment in staff would be more cost-effective than creating and maintaining a flying squad.

One member of the Task Force, Professor John Bonnar, who had extensive experience of participating in flying squad operations, considered that the flying squad concept had changed over the years and that the principle of emergency care would now be to resuscitate the mother and/or baby and make her fit for transfer to an appropriate hospital as quickly as possible. He said that women should be given clear guidance to call an ambulance in any emergency.

A copy of the Kinder Task Force’s views is at **Appendix 2**.

In accordance with their views, the Task Force have been asked by the CEO to contact the regional consultant groups, with a view to formulating appropriate procedures and protocols.

As regards finding a solution in the national context, this is a matter which requires to be considered by the relevant bodies at national level.

- ***Adequate facilities at Monaghan Hospital***

The Panel recommended that adequate facilities for the delivery and management of a pre-term infant must remain at Monaghan Hospital.

The revised protocol mentioned earlier will outline the requirements and I have been assured by the NEHB that the necessary facilities and equipment are in place in the event of an emergency situation presenting and any requirements outlined in the revised protocol will be provided.

- ***Management Capability and Structures***

The Panel felt that management capability and structures should be significantly enhanced and a manager appointed to the Monaghan site.

I fully accept this recommendation and I have asked the Health Board to put arrangements in train for the appointment of an Assistant General Manager for the Hospital Group with specific responsibility for the Monaghan site. The person appointed will be based in Monaghan General Hospital and will be a member of the management team for the Cavan/Monaghan Group. A new overall management structure for Cavan/Monaghan is outlined in Section 2 of my report.

The North Eastern Health Board had already commissioned an independent review by Capita Consultants to analyse and recommend appropriate management structures in the board's hospital services. I have had regard to these reports in making my recommendations.

- ***Expert Process of Facilitation***

The Panel said that an expert process of facilitation involving organisational development should be implemented, to create an environment in which staff are supported and feel they have an important role in the delivery of services and that roles and responsibilities are understood.

I fully support this objective and feel it can be achieved through improved organisation and management. New management structures are recommended and a priority for the new hospital manager should be to put in place structures which will lead to increased involvement of staff, and more delegation and empowerment, as well as a clear understanding of roles and responsibilities for all staff. The new manager should also have a key role in a project management approach to implementing this report.

Several initiatives on staff support have already been taken - the establishment in 2002 of the Staff Forum for staff except the consultants, which was facilitated by Mr. Conal Devine and also the engagement of the St. Paul group for consultant staff. I believe that the best way forward is through the development by management of appropriate in-house structures to facilitate this process of involvement, delegation and empowerment.

2. Management Structures

It has become clear to me following my visits to Cavan/Monaghan and my meetings with various parties that the management structures at the Cavan/Monaghan Group need to be changed to allow for more involvement by staff in the operation of the hospitals. The energies which exist at all levels are not being properly channelled to achieve maximum effort and as mentioned earlier, staff are seeking alternative channels to get their views across.

Doctors and in particular the consultants need a more direct input into the organisation and management of the hospital and as indispensable hospital staff their

views need to be taken on board. This is a two way street of course – while the views of medical staff need to be listened to, medical staff need to adopt a co-operative, constructive and teamwork approach with a view to reconciling any conflicting views within the management structures of Cavan/Monaghan and the NEHB.

The lack of involvement by medical staff has many disadvantages from a management point of view which in turn will reflect in the level of patient care – lack of cross-site medical leadership, dearth of cross-site hospital information, protocols, care plans/pathways, joint peer review programmes and audit.

A Joint Medical Committee should therefore be established, which will set out a medical management process across the hospital group, to the benefit of both hospital sites and their patients. All consultants should be involved in the establishment of the Joint Medical Committee. The Chair of this Committee should in due course be a member of the Hospital Group Management Team.

A new and more inclusive management team is recommended in the interim for Cavan/Monaghan as follows:

General Manager
Assistant General Manager
Director of Nursing
Matron, Monaghan
Group Accountant
Group HR Manager
Group Medical Manpower Manager
Group Risk Advisor
Chair, Medical Board, Cavan
Chair, Medical Board, Monaghan

Meetings of this management team should take place at least once a month and alternate between Cavan and Monaghan.

Management Fora should also be established at both sites, with a view to considering local issues in particular and highlighting problems to the Group Management Team for consideration and decision.

The Fora would have the following membership:

| Cavan | Monaghan |
|--|--|
| General Manager (Chair) | Assistant General Manager (Chair) |
| Hospital Administrator | Hospital Administrator |
| Medical Board Nominee | Medical Board Nominee |
| Director of Nursing | Matron |
| Nursing Nominee | Nursing Nominee |
| Professions allied to Medicine Nominee | Professions allied to Medicine Nominee |
| Clerical Staff Nominee | Clerical Staff Nominee |
| Non-Nursing/Maintenance Nominee | Non-Nursing/Maintenance Nominee |

These groups should normally meet a week before the Group Management Team meetings to allow issues to be referred on.

3. Facilitate a resolution of outstanding issues pertaining to the provision of services at Monaghan Hospital, with particular reference to emergencies

This part of my task proved to be a formidable challenge. Following my meetings with the various parties mentioned earlier I had a range of views regarding the best way to resolve the issues that had arisen surrounding the provision of services at Monaghan and in particular with regard to the provision of emergency services. I became aware during my discussions with various parties of the changing environment in medicine with regard to the accreditation of Junior Doctor (NCHD) posts for training purposes and various other requirements relating to Accident & Emergency (A&E) and Surgical departments.

It has been well documented already that Monaghan Hospital was taken off call for emergencies on 2nd July 2002. A proposal to provide NCHD anaesthetic cover for Monaghan as part of a Cavan/Monaghan Team was facilitated by the College of Anaesthetists and was accepted by management. Agreement was not reached in the discussions between the NEHB management and the consultants based at Monaghan on this proposal.

Management met with the Monaghan consultants and the Irish Hospital Consultants Association (IHCA) in an effort to find a solution to the situation. A proposal put forward by the Monaghan Medical Board was considered by the CEO but found to be unacceptable, following advice from the Board's Medical Advisor and other independent medical advice.

In trying to resolve the impasse the CEO said he was seeking a solution within the following criteria:

- the range of services to be provided at the hospital would be safe, sustainable and guaranteed for the foreseeable future
- Board policy
- the role of Monaghan Hospital within the Cavan/Monaghan Group
- the direction and guidance of the various regulatory bodies.

In September 2002, the CEO proposed the following service configuration for the Monaghan site:

- Elective Medical Services and an emergency medical service 24 hours a day 7 days a week on a protocol basis

- A protocol-driven five-day elective surgery service. Major elective and emergency surgical services for the Group to be provided at Cavan or other hospitals, in line with the recommendation of Royal College of Surgeons as considered and adopted by the Independent Review Group on Surgical, Orthopaedic Trauma and A+E services in June 2002
- Day services including day surgery, gynaecology, general medicine, dermatology, rehabilitative medicine and diagnostic services
- A Treatment Room seven days a week 9am to 9pm under the management of the Department of Surgery
- Outpatient services to continue or be developed as appropriate
- Dermatology services for Cavan/Monaghan
- A Midwifery-led Maternity Unit in accordance with the recommendations of the Review Group on Maternity Services and the task force set up to implement the recommendations
- Appropriate diagnostic and support services.

These proposals were not acceptable to the Medical Board or the local community in Monaghan.

I can understand the reasons for them taking that view.

Up until recently the Accident & Emergency or Casualty Departments at hospitals around the country were normally supervised by Consultant Surgeons and staffed by surgical trainees (NCHDs). In recent years with the introduction of Consultants in Emergency Medicine, the regulatory and training bodies have issued revised requirements in respect of the recognition of training posts in A&E departments. Basically there is now a requirement for Hospitals with A&E departments to have at least an 8 session commitment from a Consultant in Emergency Medicine and that the NCHDs are trained in A&E medicine and are not on call to surgical consultants. This requirement is causing extreme service difficulties in smaller hospitals in a number of Health Boards and the North East is no different.

Management of the NEHB agreed with the RCSI in late 2001 to establish a review of its Surgical, A&E and Trauma Orthopaedic services in the context of the future training requirements of NCHDs. This review known as the “Sgrave Review” has recently reported.

Prior to making any recommendations on this issue I had to take cognisance of the views and requirements of the Statutory and Regulatory bodies as well as the views of the wider community that is served by Monaghan Hospital. I have come up with what I feel is a reasonable solution to a very difficult issue. I believe my proposals are the best hope in ensuring the future viability, sustainability and development of the Monaghan site.

Taking into account the views I have heard, particularly in Monaghan, and the various reports and reviews to date, I am recommending the following as a basis for the provision of services in Cavan/Monaghan and in particular Monaghan for the future.

Medical Services

A Joint Department of Medicine involving all Consultants in the Hospital Group should be formed as soon as possible.

Elective medical services to be provided on both sites.

Emergency medical services to be provided 24/7 at both sites on a protocol basis agreed by all consultants

There will be a need for on-call anaesthetic cover to provide resuscitation, intubation or ventilatory support in the HDU/ICU or medical wards.

At the moment there is approval for a third consultant physician at Monaghan and the post was advertised in late January. This appointment needs to be made as a matter of urgency to allow sufficient medical cover at Monaghan. This is equally true of the replacement Consultant Anaesthetist post vacant since December 2001 and filled by a Temporary consultant. This post was also advertised by the Local Appointments Commission in late January.

- **Surgical Services**

There is an important role for Monaghan in the delivery of Surgical Services for the Hospital Group.

Taking into account the recommendations of the Royal College of Surgeons as considered and adopted by the Independent review Group on Surgical, Orthopaedic Trauma and A+E services in June 2002, the recently published St Paul Report and discussions I have had with a representative of the Royal College of Surgeons and the staff at Monaghan, I am recommending the following;

A Joint Department of Surgery for the Hospital Group should be formed as soon as possible involving all Consultant Surgeons, Anaesthetists and possibly the Consultant Obstetricians/Gynaecologists. This group would agree the appropriate deployment of NCHD staff within the department.

Major elective and emergency surgical services from a safety point of view must be delivered at Cavan and other appropriate hospitals. It is an incontrovertible fact that services of this nature require throughput and equipment that cannot be delivered in Monaghan.

That this fact must be accepted should not lead to the conclusion that there is not a substantial and significant role for Monaghan General Hospital – there are a large number of services which can be provided at Monaghan.

A substantial part of the total range of Day Services for the group should be provided at Monaghan thereby making best use of resources and also easing pressures on the Cavan site. This will require the development of a dedicated Day services Unit at Monaghan.

Five-day elective surgery on a protocol basis should be provided at Monaghan and the list to be done at Monaghan will have to be agreed by the consultants at each site.

Surgical and Anaesthetic NCHDs assigned to the Group should rotate through Monaghan, with the Consultant Surgeons and Anaesthetists doing day and 5-day elective work at Monaghan. Further, NCHDs should take part in on-call at Monaghan for 14/28 days to provide support for the medical and surgical wards and the Treatment Room after hours.

Cross-site schedules for the consultants should as a matter of priority be formally negotiated with each consultant grouping by Hospital management.

- **Day Services**

Day services will be provided as follows:

Monaghan –

- Medicine
- Surgery (General)
- Gynaecology
- Dermatology
- Paediatrics
- ENT (To be developed)
- Urology (To be developed)
- Ophthalmology (To be developed)

Cavan –

- Medicine
- Surgery (General)
- Gynaecology
- Dermatology
- Paediatrics
- ENT (To be developed)
- Urology (To be developed)
- Ophthalmology (To be developed)

Day surgery should be clearly defined by the consultants at both hospitals.

The capacity of the Endoscopy Unit at Monaghan should be evaluated and any increased capacity made available to other NEHB hospitals and Northern Ireland if required.

In addition, bronchosopic examinations which were previously provided by the Unit should recommence.

- **Emergency Services**

This is the issue with which I had the most difficulty. As people are aware Comhairle na nOspideal established a Committee to undertake a national review of the structure, operation and staffing of A+E Services and Departments.

This Committee, which reported in early 2002 consulted widely and had regard to best practice on patient care. It identified five principles that should underpin the future structure of emergency services in Ireland:

- patients should be brought to the hospital most capable of providing them with appropriate care
- all the services involved in the management of emergency health needs must be integrated. These services should include pre-hospital care, emergency transport, hospital based services of varying complexity and primary care
- within the hospital, emergency care should be organised to provide distinct care pathways for patients, prioritise for acuity and be managed as a single integrated comprehensive service unit
- a network of resources should be formed in each Health board area to provide comprehensive emergency care to patients
- all emergency services should be guided by agreed protocols and standards underpinned by data systems for planning, audit and evaluation.

The Committee recommended in respect of the North Eastern region the creation of three additional posts of Consultant in Emergency Medicine - two in Louth/Meath based at Drogheda, one with a commitment to Dundalk and one with a commitment to Navan, and one in Cavan/Monaghan, with access to the Regional Emergency Department in Drogheda. The Board are currently proceeding with these appointments.

The Treatment/Emergency Room at Monaghan is currently acting as a Casualty Department on a 24/7 basis without ambulance admissions. The space now occupied by the Treatment/Emergency Room was not designed for this purpose and is insufficient for its needs. Given the numbers treated at the Unit (approximately 10,000 per annum), I consider it highly unlikely that in the foreseeable future a Consultant in Emergency Medicine would be approved for the Monaghan site alone. The post approved for Cavan/Monaghan will in conjunction with the other consultants at Monaghan have an input into the operation of the Treatment Room.

The CEO's proposal of September last provided for a treatment room facility 7 days a week from 9am to 9 pm under the management of the Department of Surgery. There is however a need for a service to be provided outside of this timeframe. The

question arises then of how to best provide such a service. One solution put forward by the St. Paul group was that the service be provided by GPs and in time by Advanced Nurse Practitioners, as they are trained, with on-call medical, surgical and anaesthetic staff available if and as required. There are well documented examples of this type of GP service in successful operation.

I would agree that Nurse Practitioners when available should in the future take over the day-to-day management of the Treatment Centre.

In the interim I am proposing the following solution to be applied and reviewed after twelve months:

Treatment Centre to operate each day on an 8am – 12pm basis under the management of the Department of Surgery

Outside of this timeframe the following arrangements will apply:

To access the Treatment Centre after midnight, a patient must be referred by their GP, NEDOC or the Ambulance Service. No walk-in patients would be seen after midnight.

The Treatment Centre as it exists is totally inadequate and should be upgraded. It should be expanded appropriately and moved to a larger, more appropriate space.

The A&E Consultant at Cavan/Monaghan when appointed should have an overseeing role in the Treatment Centre at Monaghan.

- **Out-patient Services**

A comprehensive range of out-patient services will be provided and developed across both sites.

- **Dermatology Services**

The North Eastern Health Board is committed to developing specialist acute hospital services in line with the needs and requirements of a resident population in excess of 340,000 and in becoming self-sufficient in a range of regional specialities, including dermatology.

The Board proposes to have one Dermatologist based at Monaghan Hospital with an outreach service to Cavan and Dundalk. Inpatient services for Dermatology will be provided at Monaghan as part of the medical bed complement. An appointment to this post is imminent.

- **Maternity Services**

The Kinder Report – Report of the Maternity Services Review Group, September 2001 – recommended midwife-led units in Cavan and Drogheda, with the phased opening of units in Dundalk and Monaghan as soon as possible, given that steps need to be taken to meet the requirements of midwives and to provide them with adequate support.

A midwifery-led Maternity Unit should be provided at Monaghan in accordance with the recommendations of the Review Group. The provision of such a unit will restore much confidence to the community and will be of enormous benefit to staff morale at the hospital. There is a requirement that the midwife-led units planned for both Drogheda and Cavan come into operation as soon as possible in order that their working can be evaluated prior to the opening of similar units in Dundalk and Monaghan. The building of new facilities at Monaghan will be required to facilitate this development.

The provision of a midwifery-led unit will cost €3.85m.

- **Paediatric Services**

It is NEHB policy that in-patient Paediatric services are provided in Cavan for the Hospital Group and I recommend no change in this regard. A wide range of out-patient and community paediatric services can continue to be provided at Monaghan.

- **Mortuary Services**

Adequate Mortuary services should be provided at the Hospital. The current mortuary is not ideally situated and I would agree with the Board's plans for the re-siting and development of Mortuary facilities in their Capital project plan for the Hospital site.

- **Diagnostic and Support Services**

Appropriate diagnostic and support services will need to be provided to support the range of services at both sites. These will have to be agreed by the Consultants and Management in line with allocated resources. Capital costs will be involved in the provision of these supports. It should be also possible to develop the use of tele-links across the region for specialist diagnosis and to facilitate improved out of hour's services.

General Maintenance

There has been a serious lack of investment in the general physical infrastructure at Monaghan over the past number of years. There are major plans in place at Health Board level under the National Development Plan, but approval to proceed has not to

date been forthcoming from the Department of Health & Children. I believe the hospital requires an immediate investment of minor capital funding to address the more immediate areas. This would have the effect of dealing with some priority health and safety issues and would also be a clear indication to the hospital staff and the community that Monaghan has a sustainable future. A capital allocation would I feel be required as a matter of urgency over the next 2 – 3 years.

Relationship with Community

As I mentioned above, there is a need for improved communications with community groups. To ensure that there is continued dialogue I would recommend that meetings are held at least twice a year between the NEHB/Monaghan Hospital and community representatives, with a view to keeping them informed of developments and to consult with them on proposals and ascertain their views.

Costs

The proposals contained in my report will require some additional revenue and capital investment over the coming years. An approximate costing of the plan for Monaghan is in Table 1, amounting to €14.035m in total.

Implementation

The recommendations above are complex and will require a project management approach for implementation. The new AGM in Monaghan should as already mentioned have a key role in this process.

Summary

I believe my proposals respond to the principal demands which were articulated by local opinion in Monaghan, in particular with respect to maternity and emergency services.

These proposals provide a sound basis for Monaghan to continue providing excellent patient care which complements services being provided elsewhere. It is vital that all Consultants in Cavan/Monaghan agree and actively support these proposals and participate in the preparation and implementation of the necessary protocols etc.

I would hope that a consensus can be achieved to develop Monaghan on the lines set out as continuing controversy can only serve to further damage Monaghan's image, to the detriment of patients and staff, and also can result in difficulties in attracting high calibre clinical staff to work in the hospital.

I would again like to thank all those who contributed to the compilation of the report and in particular I again wish to thank the staff at Cavan and Monaghan for their

input. I would also like to acknowledge the full cooperation of the CEO and his staff. In particular I would like to thank Mr Jim Reilly for his help and assistance in facilitating my review.

Based on my discussions with the Department and the CEO of the NE Health Board, I am confident that that the necessary measures will be put in place to ensure implementation of my recommendations.

To ensure that the necessary actions are taken, I feel it would be useful if the implementation of the recommendations were monitored on a six monthly basis.

KEVIN BONNER

23 July 2003

APPENDIX 1

Denise Livingstone and family
NEHB - Board Members, CEO and staff
General Manager and staff, Cavan General Hospital
Matron, Administrator and staff, Monaghan
Consultants in Cavan and Monaghan
Cavan/Monaghan TDs
Pat Kinder
St Paul Consultants
Capita Consultants
Finbar Lennon, Medical Director
Alan Finan, Chair, Protocol Review Group
Cornelia Stuart, Risk Management, NEHB, Kells
Monaghan General Development Committee, incorporating the Retention Committee
1983
County Monaghan Community Alliance
Staff Forum, Monaghan Hospital
Prof. Arthur Tanner, RCSI

