**Approved Notes & Actions - ED Taskforce Implementation Oversight Group Meeting**

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| Date:  Time:  Venue:  Chaired by : | Monday 12th March 2018  4.00pm – 6.00pm  Indigo Room, Dr Steeven’s Hospital, Dublin 8  Mr John Connaghan, Deputy Director General  Ms Phil Ní Sheaghdha, General Secretary, INMO |
| In attendance: | * Mr John Connaghan (JC), Chair * Ms Phil Ní Sheaghdha (PNS) * Minister Simon Harris, Minister for Health (SH) * Ms Rosarii Mannion (RM) * Ms Anne O’Connor (AOC) * Mr Dean Sullivan (DS) via teleconference * Mr Paul Connors (PC) * Mr John Hennessy (JH) * Mr Stephen McMahon (SMcM) * Professor Garry Courtney (GC) * Dr Gerry McCarthy (GMcC) – via teleconference * Mr Michael Fitzgerald (MF) * Dr David Hanlon (DH) * Ms Angela Fitzgerald (AF) * Mr Damien McCallion (DMcC) * Grace Rothwell (GR) * Dr John Martin Cuddihy (JMC) * Mr Paul Bolger (PB) * Ms Susan Scally (SS) * Ms Ann Martin (AM) * Ms KathyAnn Barrett (KAB) * Ms Joanne Lonergan (JL) * Ms Breda Naddy (BN) * Sheila Corcoran Baxter – Business Manager SDU |
| Opening Remarks | JC and PNS agreed to rearrange the Agenda to allow the meeting to focus on issues surrounding current high trolley numbers and hospital overcrowding covered by Agenda Item 3 as first item of the Agenda. |
| Agenda Item |  |
| 1. Notes and Actions from Meeting 7th December 2017 |  |
|  | Draft Notes and Actions from previous meeting held on 8th January 2018 taken as read.  **Action:**   1. **Members asked to bring any comments or amendments to the attention of the Secretariat.** |
| 1. Current Performance / Activity Overview) |  |
|  | Agenda item suspended. |
| 1. Update Winter 2017/2018 |  |
| 1. Impact of Flu | JMC presented on update on the Influenza season 2017/2018, update circulated in advance of the meeting. It was noted that this flu season was one of the worst on record with more weeks over thresholds and with subsequent pressure on the system over many weeks.  **Action:**  **Members asked to submit any questions on the report to the Secretariat.** |
| 1. HSE National Winter Plan 2017/2018 Progress Report   And   1. HSE Escalation actions to address current ED situation | PNS outlined concerns for patient safety and staff given the continued high trolley numbers and sought confirmation of immediate actions to reduce trolley numbers, including implementation of the major incident protocol, cancellation of elective, and focus week-end discharge, especially as we approach bank holiday weeken.  DMcC updated the meeting on the high levels of ED attendances (an increase of 15,000 ytd to the end of February 8%), and noted that the Influenza rate was now 12 weeks above the baseline. He noted significant surge capacity in use and further noted the sustained high level of Ons and Offs in relation to Delayed Discharges.  DMcC referenced the further impact of ‘Storm Emma’ with a decrease in attendances and a significant decrease in discharges which was then immediately followed by a surge in attendances and admissions.  DMcC acknowledged the efforts of staff during the period of bad weather.  DMcC outlined the key elements of the plan as follows:   1. Cancellation of all non-essential electives (noting that patients will be advised with sensitivity) 2. Cancellation of all Day Surgery as appropriate 3. Increased use of TCBs 4. Increased use of HCPs 5. Maximum use of CIT (noting a 17% increase in referrals this winter to date) 6. Focus on ‘operational grip’ and ‘integrated working’ at site and at Hospital Group / CHO level 7. Targeted daily discharges – 7 days 8. Control of admissions via Outpatients and other sources 9. Admission avoidance via the NAS 10. Ongoing focus on daily rounding by Senior Decision Makers 11. Additional diagnostics out of hours and at weekends as appropriate 12. Publicise MIUs as an alternative for patients with minor injuries   JC thanked DMcC for the assurance in terms of a recovery plan and noted that this was in place prior to ‘Storm Emma’ as part of winter planning, which started well before Christmas 2017. JC asked if any of the members had anything to add to the list of 12 key actions itemised in DMcC’s report. There were no additional substantive actions though members were reminded of the Capacity Review which identified a shortage of bed capacity. The recovery plan was endorsed by all members present.  JC asked MF and AOC to recap on the community side, acknowledging the additional funding for HCPs and TCBs.  AC and MF noted significant activity, with a focus on now discharging patients that were admitted for respite, effectively restoring HCPs to the pre storm levels and an increased focus now on acute discharges.  MF noted some challenges in terms of providers and referenced the use of TCBs for any delay in setting up HCPs.  SH acknowledged the superb work of staff throughout the recent bad weather and acknowledged that some sites continued to perform well.  Discussion ensued re the Escalation Framework, which is the current agreed process for unscheduled care. DMcC noted that MEP is designed for a specific incident and noted that it is also an interagency framework.  DMcC talked the meeting through a typical day in terms of engagement both at national and at local levels. DMcC to recirculate the agreed winter protocol.  PNS queried the learning from RCSI, considering the strict and consistent implementation of the escalation policy which demonstrated results. JC proposed that the ED Taskforce might conduct ‘a compare and contrast’ exercise in the future.  **Action:**  **a) Winter Protocol to be recirculated in the system DMcC**  SMcM shared his experience and his findings of his recent visit to Tallaght Hospital praising the ‘team effort’ he witnessed and queried further cancellation of outpatients etc. JC noted that 50% of cancers are detected at outpatients and as such outpatients are an essential element in healthcare. We should not enter into a blanket cancellation of outpatients especially if they are essentially outpatient in nature.  AF noted the current priorities as a focus on discharges, noting electives have been cancelled, and that options in terms of private hospitals continue to be explored and utilised where possible.  PNS reminded that the health and safety of staff working in these constant overcrowded situations must be prioritised and risk assessment undertaken.  JC finished up the meeting by thanking everyone for their contribution and the detailed examination and development of the planning arrangements. It was proposed that the ED Taskforce at some point focus on the many areas of sound practice and offer their encouragement.  SH proposed moderate incremental day on day improvements as a measure of success to be achieved before the next meeting. |
| 1. Future of ED Taskforce |  |
|  | Agenda item to be tabled at a future meeting. |
| 1. Acute Floor Implementation Plan |  |
|  | Agenda item to be tabled at a future meeting. |
| 1. HSE Unscheduled Care 3 Year Plan and 5 Fundamentals |  |
|  | Agenda item to be tabled at a future meeting. |
| 1. Review of National Escalation Directive | Monday 12th March 2018. |
|  | Agreement was reached to convene a subgroup to review the directive to date and the application of the National Escalation Directive, composing of AF and DMC and PB and SS.  **Action:**  **Subgroup to review the Escalation Framework as set out above and feedback to the Co-Chairs.** |
| 1. AOB |  |
| a) National Emergency Medicine Programme Attendance Research | Agenda item to be tabled at a future meeting. |
| Next Meeting |  |
|  | Members agreed to an early meeting date.  **Action:**  **Secretariat to circulate future meeting date.** |