**Notes & Actions – ED Taskforce Implementation Oversight Group Meeting**

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| Date:Time:Venue:Chaired by: | Wednesday 20th November 20192.00pm – 4.00pmIndigo Room, Dr Steevens’ HospitalMs Anne O’Connor, Chief Operating Officer, HSEMs. Phil Ni Sheaghdha, General Secretary, INMO |
| Attendees | * Ms Anne O’Connor (AC), Co-Chair
* Ms Phil Ní Sheaghdha (PNS), Co-Chair
* Mr Liam Woods (LW)
* Mr Greg Dempsey (GD)
* Mr. Joe Ryan (JR)
* Ms Angela Fitzgerald
* Dr Gerry McCarthy (GMcC)
* Professor Garry Courtney (GC)
* Dr Vida Hamilton (VH)
* Ms Sonya Cotter (SC)
* Mr Robert Morton (RM)
* Ms Anne-Marie Keown (AMK) on behalf of Ms Mary Day
* Mr Stephen Mc Mahon (SMcM)
* Ms Ann Martin (AM)
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| Apologies  | * Minister Simon Harris
* Mr Dean Sullivan
* Mr John Hennessy
* Ms Mary Day
* Mr David Walsh
* Dr David Hanlon
* Ms Anne Marie Hoey
* Mr Paul Connors
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| Attendees | * Ms Iseult Harding (IH)

Secretariat: Ms Sheila Corcoran Baxter (SCB) |
| Opening Remarks | AOC welcomed all attendees and introduced the session. |
| Agenda Item |  |
| 1. Draft minutes and actions from meeting held 10th October 2019
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|  | AOC referenced the circulated minutes and actions from the last ED Taskforce meeting dated 10th October 2019, subject to minor amendments minutes were adopted.**Actions Arising:**1. Revised minutes to be sent to Co-Chairs for final approval – SCB.
2. RM and SCB informed the Group that following consultation with all EDs, each site had confirmed sufficient supplies of pillows and blankets were in place.
3. Briefing note in relation to Waiting List protocols to be circulated in advance of the next meeting.
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| 2. Current Performance / Activity Overview – report circulated in advance of the meeting |  |
|  | SC presented the Unscheduled Care Current Performance and Activity Overview report. Key points of note as follows:* ED attendances have increased by 29,014 (2.7%) October 2019 (YTD) versus October 2018 (YTD) with ED attendances for patients >75years increasing by 4,186 (3.1%) for the same period.
* ED admissions have increased by 2,800 (3.1%) October 2019 (YTD) versus October 2018 (YTD) with ED admissions for patients >75years increasing by 688 (0.9%) for the same period.
* Compliance with 24 hour Patient Experience Time (PET) for YTD October 2019 was 95.6% reflecting a 1.3% decrease on compliance for period YTD October 2018.
* Compliance with 9 hour (>75yrs) Patient Experience Time (PET) for YTD October 2019 was 56.7% reflecting a 4.2% decrease on compliance for period YTD October 2018.
* October 2019 (YTD) 8am Trolley counts totalling 91,484 reflected an increase of 8,976 (9.7%) increase on October 2018 YTD figures.
* Average weekly Delayed Transfers of Care (DTOC) are 638 (October 2019 YTD) reflecting an average increase of 13.6% on same period 2018 or on average an additional 77 DTOCs per week.

SC gave an overview of activity and performance during the previous six weeks, up to week ending 12th November 2019 noting the following:* ED attendances have increased by 0.7% and by 5.9% for those attending aged >75 years on same period 2018.
* ED admissions have reduced by 3% on last year’s figures, with ED attend/admit conversion rate 1% lower in 2019 than for same period in 2018.
* ED admissions rate for patients >75years have increased by 2.2% compared to 2018 rate.
* 8am trolley count for this period peaked on 12th November 2019, reflecting a 32.3% increase on same period last year. 7 hospitals account for 50% of national trolley waits during this period – GUH 9.7%, CUH 8.6%, UHL 7.3%, MMUH 6.7%, UHW 6.6%, STGH 5.6% and LUH 5.4%.
* Number of DTOCs have increased by 13.5% during this period, with lowest level reported on 12th November 2019.

It was noted that there was a reduction in spend in line with budget in May 2019 with level of DTOCs within the system readjusting and preparing for Winter period. Capacity in acute and community settings remains challenging. Elective work being review in sites experiencing escalation with Clinical Directors and EMT in Hospital Groups making decision re same.AOC confirmed that site specific actions in line with National guidance were being invoked to de-escalate sites.PNS challenged that there was no evidence of de-escalation and that in her opinion the full capacity protocol is now the standard with additional trolleys on wards and in inappropriate areas of the hospital constantly. Figures of trolleys on wards set out. This process of de-escalation is not being operated in accordance with the agreement of 2016.Discussion and Positive impact of initiatives such as of Frail Intervention Therapy Teams (FITT) and Advanced Nurse Practitioners (ANPs) model in GUH acknowledged. Proposed opening of 40 beds in STGH and 60 beds in UHL welcomed but staffing of these beds is acknowledged as a major challenge.30 day readmission rate for >75 year old patients to be analysed. |
|  3. Update on Winter Planning 2019/2020 – Winter Plan circulated in advance of the meeting |  |
|  | AOC confirmed Winter funding totally €26m is in place until end of December 2019. Funding under Winter Plan will support discharges in the main along with allocation to each Winter Action Team (WAT), on a population basis, to support locally identified initiatives. Winter Oversight Group have been meeting for the last number of weeks.AOC confirmed that Fair Deal applications were now being processed within four weeks, currently there were no delays for Transitional Care approvals and funding for NTPF beds was available.SMcM queries whether funding should have been allocated on basis of >75yrs population. SC advised that majority of funding was aimed at supporting egress measures, aimed mainly at older persons, with WATs identifying older person focused initiatives in the main. SC emphasised that each WAT has identified their own Service Level Metrics. The Winter Plan based on local experience within common National Framework.PNS sought assurance that impact of Winter initiatives were monitored with AOC confirming that SDU representatives participate in each WAT with the Winter Oversight Group continually monitoring performance.It was noted that some initiatives relied on the provision of agency staff with request that a long-term workforce plan for nursing and medical staff be developed. |
| 4. ED Taskforce Terms of Reference & Membership – paper circulated in advance of the meeting |  |
|  | Paper circulated in advance of the meeting reflected all feedback received and was adopted. Further discussion to take place re invitations to groups agreed as part of the expanded taskforce. Revised ED Taskforce to meet formally 4 times per year with pre meeting with Co –Chairs, GD and SC, scheduled in advance of each meeting. |
| 5. AOB |  |
|  | * It was noted that influenza notifications remains low, however an increase in flu presentations in CHI was reported.
* Request by membership for mid term review of Winter Plan.
* RM confirmed the findings of the Independent Review of Unscheduled Care would be released in February 2020.
* Discussion surrounding revised title for Taskforce took place – suggested name Emergency Flow Taskforce.
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| Next Meeting |  |
|  | Thursday 30th January 2020 at 2pm, Room 631, DOH. |