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

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| Date:  Time:  Venue:  Chaired by: | Monday 26th November 2018  10.00am – 12.00pm  Indigo Room, Dr. Steeven’s Hospital  Ms. Anne O’Connor, Deputy Director General Operations  Ms. Phil Ni Sheaghdha, General Secretary, INMO |
| Attendees | * Ms. Anne O’Connor (AOC), Co-Chair * Ms Phil Ní Sheaghdha (PNS), Co-Chair * Mr Simon Harris (SH) * Dr Vida Hamilton (VH) * Mr. Liam Woods (LW) * Ms. Angela Fitzgerald (AF) * Ms. Grace Rothwell (GR) * Professor Garry Courtney (GC) * Dr David Hanlon (DH) * Mr David Walsh (DW) * Mr Paul Bolger (PB) * Mr Paul Connors * Ms Susan Scally (SS) * Mr Stephen Mc Mahon (SMcM) * Ms Ann Martin |
| Apologies | * Mr Dean Sullivan * Dr Colm Henry * Ms Mary Day * Mr. Joe Ryan * Dr Gerry McCarthy * Ms Rosarii Mannion * Dr Kevin Kelleher |
| Attendees | * Sarah Bardon (SB) * Mr Tim Cotter (TC)   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 27th September 2018 |  |
|  | AOC referenced the circulated minutes and actions from the last ED Taskforce meeting dated 27th September 2018. PB had minor amendment, pending same minutes and actions were approved.  **Action:**   1. PB to advise SCB of amendment to draft minutes and actions.   **Update on Actions from previous meeting:**   1. LW advised on follow up discussion with GMcC in relation to ED attendances research proposal and funding. 2. LW examined NHS ‘Starline’ initiative which would require significant investment. 3. ED Taskforce members’ feedback and comments on USC Forum Findings Report received by GR. |
| 1. Current performance / activity overview – October 2018 data |  |
|  | GR presented an overview of current performance for October 2018 and year to date.  October YTD data showing 3.7% (38,491) increase in ED attendances and 2.4% (6,658) increase in ED admissions on last year’s figures.  ED attendances and ED admissions by persons >75 years have shown an increase of 5.8% (7,149) and 5.4% (3,695) respectively, impacting on available beds.  8am Trolley counts have shown an increase of 3.1% YTD with high trolley numbers in Q1 2018 resulting in overall increase despite decrease in numbers for period May – October 2018.  Mater, Limerick, CUH, GUH and OLOL have experienced high levels of ED attendances.  Delayed discharges tracking higher with overview of current levels within each Category (Type A 156, Type B 325, Type C 116) reviewed. DW provided further information in relation to levels of delayed discharges in Tallaght and St James’s adding that there had been significant movement across all types. LW stressed the requirement for the tracking of the volume of delayed discharges rather than total numbers as a performance indicator.  **Action:**   1. Tracking of volumes of delayed discharges required. |
| 1. Update on Winter Planning |  |
|  | AOC outlined the current status of Winter Planning currently work in progress with imminent submission to DOH planned.  GR gave an overview of the key elements of the plan which focuses on local ownership and responsibility, intensified local oversight and local actions along with collaborative integration. Winter Plan will have a 4 week focus period with emphasis on 9 sites of concern and will lead to the establishment of Winter Action Teams at each site.  GR advised that submission had been sought and received from each focus site in relation to Winter preparedness, focus period and enhanced measures. PNS queried the 4 week focus period and suggested the focus should be on the first 3 weeks in January 2019.  PNS highlighted the requirement for discussion in relation to proposed Winter Plan staffing arrangements at the relevant forum which AOC agreed to. GR advised that final submissions were due from hospital groups and CHOs.  PNS queried increased access to diagnostics with LW informing the meeting that Hospital Groups were examining expansion of their own capacity which would be coupled with purchasing of diagnostics from the private sector. LW further advised that discussion were ongoing with the NTPF with maximum focus post Christmas and diverting from GP setting directly to private diagnostic provider.  PNS queried elements of draft Winter Plan concerning dignity of patients given current level of unfilled posts. GR advised that each ED would have 1 HCA to ensure comfort of patients. LW detailed the status of the current unfilled posts, referencing the Drennan Report which will form the basis of discussion with DOH and 2019 Service Plan.  SMcM queried influence of Capacity Plan on the Winter Plan, whether plan took account impact of flu and infection control effects. LW advised on current monitoring of infection, clinical guidance and improved diagnosing of infection.  PB stated that proposed Winter Plan had flexibility to expand if required with focus on additional benefits along with all current services and measures.  GC outlined the impact of CPE infection and advised on benefit of cleaning technicians available over the weekend.  Patterns of surgery over the Winter period were discussed.  SH referenced the results of the recent National Patient survey in which 84% of patients surveyed had had a good experience in the health service. SH wished to take the opportunity to express and record his gratitude to the staff of the health service and to note the increase in performance throughout the HSE.  SH advised that the proposed Winter plan was innovative and referenced the lessons learned from planning and experience of the recent Papal visit.  SH emphasised the requirement for reduction in length of stay and requested that a mapping exercise was undertaken to identify the potential reductions in delayed discharges at sites. PB asked that data on length of stay and source of ED attendances and admission be captured and presented.  SH asked that advice on alternatives to presentation at EDs was required and a clear emphasis on the availability of Senior decision makers, importance of comfort and dignity in ED for older people and importance of relationship with nursing homes during the Winter period must be included in the plan.  VH outlined the proposed work of the Winter Ready Clinics and the identification of patients within the community to attend same. SMcM suggested discussion with Pharmacy unions to assist in identifying patients.  Members discussed ED attendances by nursing home patients with agreement that nursing home sector play a crucial role in Winter planning and sector should be encouraged to be winter ready. Agreement was reached on the inclusion of access to palliative care during the Winter period was required.  VH provided an insight into the Winter ready campaign due to commence in the first week of December 2018. AOC advised that a comprehensive communications plan would underpin the Winter Plan.  SMcM sought reassurance auditing and servicing of medical devices was up to date to reduce likelihood of breakdowns during the Winter period. LW assured that this was in order.  AOC advised that she was happy to endorse the proposed Winter Plan with PNS agreeing to same subject to further consultation and agreed with staffing panel.  **Action:**   1. Proposed Winter Plan staffing arrangements for discussion with staff panel. 2. Mapping of reduction in delayed discharges at site level to be undertaken. 3. Ensure inclusion of importance of availability of Senior Decision Makers, ensuring comfort and dignity in ED for older persons and importance of relationships with nursing homes is included in the Winter Plan. 4. Undertake discussions with Pharmacy unions to assist in the identification of clients to attend the Winter Ready Clinics. 5. Arrangements for access to palliative care during Winter period to be included in the Winter Plan. 6. Data on length of stay and source of ED attendances and admission be captured and presented. |
| 4. Update on ED Taskforce Actions  5. USC Forum Findings  6. Future of ED Taskforce |  |
|  | GR advised that the majority of recommendations of the ED Taskforce, report published in 2015, were complete or started and ongoing.  AOC advised that it would be prudent to close out the recommendations of the 2015 report and that the Co Chairs would seek agreement on a new ways of working with the DOH. This was agreed by the ED Taskforce. Co Chairs undertook to update the original Taskforce members of same.  GR presented the Findings of the USC Forum outlining that the consensus from the Forum was a focus on the following:   * Expansion of FIT Teams * National expansion of CIT * Development of dashboards and access to live data * Improved access to diagnostics * Provision of weekend discharging * Discharge to assess * SAFER   The key findings of the USC Forum will form the basis of discussion surround the future workings of the ED Taskforce.  **Action:**   1. Co Chairs to discuss and agree new ways of working with DOH. 2. Original Taskforce members to be updated on status of their Report and new ways of working. |
| 1. Correspondence received from Nursing Homes Ireland |  |
|  | Correspondence was noted by the members and discussion re possible future engagement was discussed. |
| AOB |  |
|  | GC highlighted issue with NCHDs in non training posts and agreed to send a paper regarding same to SH.  **Action:**   1. GC to forward information to SH re NCDs in non training posts. |
| Next Meeting | Tuesday 15th January 2019 3pm – 5pm – Indigo Room, Dr Steeven’s Hospital |

**Summary of Actions:**

1. PB to advise SCB of amendment to draft minutes and actions.
2. Tracking of volumes of delayed discharges required for Winter Reporting – GR
3. Proposed Winter Plan staffing arrangements for discussion with staff panel – AOC and PNS.
4. Mapping of reduction in delayed discharges at site level to be undertaken - ?
5. Ensure inclusion of importance of availability of Senior Decision Makers, ensuring comfort and dignity in ED for older persons and importance of relationships with nursing homes is included in the Winter Plan – AOC.
6. Undertake discussions with Pharmacy unions to assist in the identification of clients to attend the Winter Ready Clinics - ?
7. Arrangements for access to palliative care during Winter period to be included in the Winter Plan – GR.
8. Data on length of stay and source of ED attendances and admission be captured and presented – GR.
9. Co Chairs to discuss and agree new ways of working with DOH – AOC and PNS.
10. Original Taskforce members to be updated on status of their Report and new ways of working – AOC and PNS.
11. GC to forward information to SH re NCDs in non training posts – GC.